



State of Wisconsin Board on Aging and Long Term Care

Medigap Helpline: 1(800) 242-1060
Email: BOALTCMedigap@wisconsin.gov
Webpage: <http://longtermcare.wi.gov/>



The State of Wisconsin Medigap Helpline and Medigap Part D & Prescription Drug Helpline are a part of the Wisconsin State Health Insurance Assistance Program (SHIP). Our phone number can be found on the back of the Wisconsin Medicare and You Book. Insurance counseling and resources are available for beneficiaries with any Medicare-related questions.

The packet attached includes information and an application for the State of Wisconsin's SeniorCare Program, a pharmaceutical assistance program for Wisconsin residents aged 65 or older.

Enclosed you will find:

- A fact sheet explaining vaccine coverage offered by Wisconsin SeniorCare.
- A fact sheet explaining the basic information about Wisconsin SeniorCare.
- A fact sheet explaining how SeniorCare and Medicare Part D interact.
- A SeniorCare application. If applying, please note that the completed application form and the \$30 application fee (*\$60 for a married couple **applying** jointly*) must be returned, together, directly to SeniorCare at the following address:

SeniorCare
P.O. Box 6710
Madison, WI 53716-0710

Please direct any questions regarding the SeniorCare program or requests for assistance filling out the application to the **SeniorCare Customer Service Hotline (1-800-657-2038)**.

If you find that our agency can be of any service to you or if you still have questions, please do not hesitate to contact us again at either of the numbers below. In your message be sure to include your name, address, call back number, email address (if available), and reason for your call. Program staff will contact you using the information you provide.

Medigap Helpline: (800) 242-1060 or BOALTCMedigap@wisconsin.gov

Medigap Part D & Prescription Drug Helpline: (855) 677-2783

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Get the Vaccines You Need With SeniorCare

It's easier than ever to stay healthy with SeniorCare. You can protect yourself by getting key vaccines with no out-of-pocket costs. Depending on any other coverage you have in addition to SeniorCare, you may need to get some vaccines at a pharmacy and others at your doctor's office. Refer to this handy chart for details, and check with your doctor or pharmacist if you have questions.



Vaccine	Medicare Part B or D Coverage	Primary Insurance Coverage	No Other Coverage
<ul style="list-style-type: none"> • COVID-19 • Flu • Pneumonia 	<p>These vaccines are covered by Medicare Part B. Original Medicare commonly covers these vaccines at 100% of the Medicare-approved amount. Check with your plan on where you can get these vaccines.</p> <p>If you have Medicare Part D, but not Medicare Part B, you will use your Part D coverage first, then SeniorCare will cover any copays or deductibles when these vaccines are given at a pharmacy.</p>	<p>If you have other primary insurance coverage (such as through a current or former employer or the VA), follow their guidance for getting vaccines at a doctor's office or pharmacy.</p>	<p>If you have no other coverage through Medicare Part B or D or primary insurance, vaccines will be covered by SeniorCare when you get them at a pharmacy.</p>
<ul style="list-style-type: none"> • Chickenpox • Hepatitis A • Meningitis • Shingles • Tdap 	<p>If you have Medicare Part D, you will use this coverage first for these vaccines, then SeniorCare will cover any copays or deductibles when these vaccines are given at a pharmacy.</p>	<p>If they cover vaccines at a pharmacy, use this coverage first. Then SeniorCare will cover any copays or deductibles.</p>	
<ul style="list-style-type: none"> • Hepatitis B 	<p>If you have Medicare Part B and meet Medicare criteria, use your Medicare part B for this vaccine. Original Medicare commonly covers this vaccine at 100% of the Medicare-approved amount. Check with your plan on where to get this vaccine.</p> <p>If you do not meet Medicare Part B criteria, get this vaccine at a pharmacy with your SeniorCare coverage.</p> <p>If you have Medicare Part D, you will use this coverage first, then SeniorCare will cover any copays or deductibles when these vaccines are given at a pharmacy.</p>		

If you have Medicare Part C, also called Medicare Advantage, follow your Medicare plan's guidance for how to receive a vaccine. SeniorCare will cover copays or deductibles for vaccines received at a pharmacy. If you only have Medicare Part A, refer to the **No Other Coverage** column.

SeniorCare and Medicare Part D

SeniorCare and Medicare Part D are programs that help Wisconsin residents age 65 or older pay for prescription drugs and vaccines. You can enroll in both programs at the same time, or just one.

The SeniorCare Prescription Drug Assistance Program is considered “creditable coverage.” This means it’s as good as the standard Medicare Part D plan, and you will not have a penalty if you choose SeniorCare instead of Medicare Part D.

If you’re enrolled in SeniorCare, you can keep your coverage and not pay extra if you choose to enroll with Medicare Part D later. If you let your SeniorCare coverage end without enrolling in a Medicare Part D plan, you may have to pay more if you decide to enroll later.

If you don’t have creditable prescription drug coverage for 63 days or longer, your monthly premium for Medicare Part D will go up at least 1% for each month you don’t have coverage.

For example, if you go nine months without coverage, your premium will always be at least 9% higher than what most people pay.

For more information, call SeniorCare Customer Service at **800-657-2038**.

Enrolling in Medicare Part D

If you enroll in a Medicare Part D plan, your coverage will begin about a month after you enroll. If you need help paying for prescription drugs and you’re currently enrolled in SeniorCare, you should stay on SeniorCare until your Medicare Part D coverage begins.

If you don’t enroll in a Medicare Part D plan when you’re eligible, you can still enroll, you may just have to wait until the next enrollment period. That’s Oct. 15 through Dec. 7, for coverage that begins Jan. 1.

Extra Help for Medicare Part D Costs

Extra Help is a federal program that helps people with limited income and resources pay Medicare prescription drug program costs, like premiums and deductibles. Nearly one in three people with Medicare qualify for Extra Help. If you get Extra Help, Medicare will pay for almost all of your prescription drug costs, including premiums, deductibles, and copayments.

To apply or learn more, visit the federal Extra Help webpage or call the Social Security Administration at **800-772-1213** or **800-324-0778** TTY and ask about the program.

You may be automatically enrolled in Extra Help when you apply for Medicare Part D, or you may have to enroll separately. If you are eligible for Extra Help, you must pick a primary drug plan and enroll in that plan.

Out-of-Pocket Costs for SeniorCare and Medicare Part D

Out-of-pocket costs for both SeniorCare and Medicare Part D depend on how much income you have. People with a higher income can expect higher out-of-pocket costs.

For Medicare Part D, the out-of-pocket costs also depend on whether you're eligible for Extra Help and which plan you enroll in. Some plans have higher premiums than others.

People with a lower income who enroll in a Medicare Part D plan may have better coverage if they qualify for Extra Help and the drugs they need are covered by their plan.

More Resources

Before you enroll in a Medicare Part D plan, carefully review the coverage it offers. If you need help choosing a prescription drug plan that is best for you, call your local aging and disability resource center (ADRC) and ask for a benefits specialist. You can find your local ADRC by going to www.findmyadrc.org.

You can also call:

- SeniorCare Customer Service at **800-657-2038** for questions about SeniorCare.
- The Prescription Drug Helpline at **855-677-2783** for questions about Medicare Part D.

We are an equal opportunity employer and service provider. If you have a disability and need to access this information in a different format, or in another language, call SeniorCare Customer Service at **800-657-2038**. Translation services are free.

If you have a civil rights question, call **608-267-4955**, TTY: 711 or email dhsrc@dhs.wisconsin.gov.

Information About SeniorCare

What is SeniorCare?

SeniorCare is a program for Wisconsin residents who are 65 or older. The program helps seniors pay for prescription drugs and vaccines.

Who can enroll in SeniorCare?

To enroll in SeniorCare you must be:

- A Wisconsin resident.
- A U.S. citizen or qualifying immigrant.
- Age 65 or older.

How do I apply for SeniorCare?

To apply for SeniorCare, request an application from the SeniorCare Customer Service hotline at 800-657-2038 or print one at www.dhs.wisconsin.gov/seniorcare.

When can I apply for SeniorCare?

You can apply for SeniorCare the month you turn 65. Once you're 65, you can apply at any time. Coverage begins the month after you apply.

How much will SeniorCare cover?

Your annual income determines your level of coverage in SeniorCare and how much SeniorCare will cover. See the table on the following page for out-of-pocket expenses and benefits for each level of participation.

Is there an enrollment fee?

Yes. It's \$30 per person per year.

What drugs are covered by SeniorCare?

The program covers most medically necessary drugs as long as the drug manufacturer has signed a rebate agreement with SeniorCare. There are exceptions, though. You may be asked to use the generic form of a drug or to get a prior authorization for certain medicines. A prior authorization means the medicine must be approved by SeniorCare first to be covered.

What if I have other prescription drug coverage and I enroll in SeniorCare?

You can enroll in SeniorCare no matter what coverage you have—unless you're enrolled in Medicaid. SeniorCare will coordinate your coverage with your other insurance. That includes Medicare Part B or D.

What is a copay?

A copayment, or copay, is the amount you pay for each prescription you get. All SeniorCare participation levels have copays. The copay is \$5 for each covered generic drug, \$15 for each covered brand-name drug, and \$0 for vaccines.

What is a deductible?

A deductible is how much a participation level 2A, 2B, or 3 member of SeniorCare pays each year for covered drugs before they can move to the copay level.

Only SeniorCare covered prescription drugs can be used toward your deductible.

What is the SeniorCare rate?

The rate is a discount that Wisconsin sets on most covered prescription drugs. It is the rate that members pay during the phase when they're meeting their deductible.

What is a SeniorCare Spenddown?

Spenddown is the amount that a participation level 3 member must pay for covered prescription drugs during a 12-month benefit period. It is equal to the difference between your annual income and 240% of the federal poverty level (FPL). In 2026, that's \$38,304 for an individual, or \$51,936 for a married couple living together. After the spenddown has been met, you still need to meet a deductible.

SeniorCare 2026 Annual Income Limits and Out-of-Pocket Expenses by Level of Participation		
Level	Income Limits	Out-of-Pocket Expenses
1	Income at or below 160% of the FPL Individual: \$25,536 Couple: \$34,624	<ul style="list-style-type: none">• No deductible or spenddown.• \$5 copay for each covered generic prescription drug.• \$15 copay for each covered brand name prescription drug.• \$0 for vaccines
2A	Income between 160% and 200% of the FPL Individual: \$25,537 to \$31,920 Couple: \$34,625 to \$43,280	<ul style="list-style-type: none">• \$500 deductible per person.• Pay the SeniorCare rate for covered drugs until the \$500 deductible is met.• After \$500 deductible is met, pay a \$5 copay for each covered generic prescription drug and a \$15 copay for each covered brand name prescription drug.• \$0 for vaccines
2B	Income between 200% and 240% of the FPL Individual: \$31,921 to \$38,304 Couple: \$43,281 to \$51,936	<ul style="list-style-type: none">• \$850 deductible per person.• Pay the SeniorCare rate for covered drugs until the \$850 deductible is met.• After \$850 deductible is met, pay a \$5 copay for each covered generic prescription drug and a \$15 copay for each covered brand name prescription drug.• \$0 for vaccines
3	Income more than 240% of the FPL Individual: \$38,305 or more Couple: \$51,937 or more	<ul style="list-style-type: none">• Pay retail price for covered drugs during the spenddown phase.• After the spenddown is met, meet an \$850 deductible per person.• Pay the SeniorCare rate for covered drugs until the \$850 deductible is met.• After \$850 deductible is met, pay a \$5 copay for each covered generic prescription drug and a \$15 copay for each covered brand name prescription drug.• \$0 for vaccines

Where can I get more information?

Call SeniorCare Customer Service at **800-657-2038** or **711** (TTY) or visit the SeniorCare website at www.dhs.wisconsin.gov/seniorcare.

Shade Circles Like This--> ●
Not Like This--> ⊗

¿Prefiere las notificaciones en español? Yes No

APPLICATION

Select One: New Application Add Spouse Reapplication

SECTION I – APPLICANT INFORMATION

Are you requesting SeniorCare? Yes No Wisconsin Resident? Yes No U.S. Citizen? Yes No Gender? Male Female

Race/Ethnicity (Optional) American Indian/Alaskan Native Hawaiian/Other Pacific Islander Black/African American
Choose all that apply White Asian Hispanic Ethnicity

Current Marital Status:
 Married Divorced
 Widowed Separated
 Single

Last Name: _____

First Name: _____ Middle Initial: _____

Birth Date: ____/____/____ Soc. Sec. No. ____-____-____

If married or separated, are you
 Living with spouse
 Not living with spouse

SECTION II – SPOUSE INFORMATION (IF LIVING WITH APPLICANT)

Are you requesting SeniorCare? Yes No Wisconsin Resident? Yes No U.S. Citizen? Yes No Gender? Male Female

Race/Ethnicity (Optional) American Indian/Alaskan Native Hawaiian/Other Pacific Islander Black/African American
Choose all that apply White Asian Hispanic Ethnicity

Last Name: _____

First Name: _____ Middle Initial: _____

Birth Date: ____/____/____ Soc. Sec. No. ____-____-____

SECTION III – MAILING ADDRESS

Street: _____ Apartment: _____

City: _____ State: _____ Zip Code: _____

Phone: ____-____-____

Address is: Same as residence Different than residence Your Authorized Representative's / Legal Guardian's / Power of Attorney's address



SECTION IV – EXPECTED ANNUAL INCOME (Required)

For each item below, enter the total gross (before deductions) expected ANNUAL income for you and your spouse for the next 12 months.
ROUND INCOME TO THE NEAREST DOLLAR – DO NOT INCLUDE CENTS

	APPLICANT		SPOUSE (If Living with Applicant)
Gross Social Security	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>	Gross Social Security	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Gross Wages	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>	Gross Wages	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Interest, Dividends, and Capital Gains	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>	Interest, Dividends, and Capital Gains	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Net Self-Employment Income	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>	Net Self-Employment Income	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Retirement Income	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>	Retirement Income	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Other Income	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>	Other Income	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Grand Total	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>	Grand Total	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>

SECTION V – SIGNATURE (Required)

I understand the questions and statements on this application form. I understand the penalties for giving false information or breaking the rules as outlined in the rights and responsibilities section of the SeniorCare application instructions. I certify, under penalty of perjury and false swearing, that all my answers are correct and complete to the best of my knowledge, including information provided about the citizenship or immigration status of my spouse and myself. I understand and agree to provide documents to prove what I have said. I understand that the agency may contact other persons or organizations to obtain the necessary proof of my eligibility and benefits.

SIGNATURE – Applicant or Representative

PRINTED NAME – Applicant or Representative

Signature of: Applicant Authorized Representative Legal Guardian Power of Attorney / Durable Power of Attorney

Two witness signatures are required only if you sign with an "X."

Witness 1

Witness 2

SECTION VI – ENROLLMENT FEE (Required)

Enrollment Fee Enclosed \$30 – One Applicant
 \$60 – Two Applicants

Make check or money order payable to: State of Wisconsin
(Include names of all applicants on payment.)

Return completed application form and fee to:
 SeniorCare
 PO Box 6710
 Madison, WI 53716-0710

OFFICE USE ONLY

None

Other

