

Medicare Savings Programs

Wisconsin's Medicaid program may be able to help pay for certain Medicare costs if you are eligible to enroll in a Medicare Savings Program. Medicare Savings Programs are for those who receive Medicare benefits and who have limited countable income and assets. See the tables for these income and asset limits.

If you are eligible to enroll in a Medicare Savings Program, Medicaid may pay some or all of your out-of-pocket costs for Medicare Part A (hospital-related costs) and B (physician-related costs), depending on the program.

Medicare Savings Programs

Qualified Medicare Beneficiary (QMB)

The first day of the month after your application is approved, Medicaid pays Medicare Part A and B premiums, deductibles, and coinsurance if **all** of the following apply:

- You are entitled to Medicare Part A.
- You have countable assets at or below the program limit.
- You have countable monthly income at or below 100% of the federal poverty level (FPL) after certain credits are applied.

Specified Low-Income Medicare Beneficiary (SLMB)

Up to three months before your application date, Medicaid pays Medicare Part B premiums if **all** of the following apply:

- You are entitled to Medicare Part A.
- You have countable assets at or below the program limit.
- You have countable monthly income between 100% and 120% of the FPL after certain credits are applied.

Specified Low-Income Medicare Beneficiary Plus (SLMB+)

Up to three months before your application date, Medicaid pays Medicare Part B premiums if **all** of the following apply:

- You are entitled to Medicare Part A.
- You have countable assets at or below the program limit.
- You have countable monthly income between 120% and 135% of the FPL after certain credits are applied.
- You are not enrolled in full-benefit Medicaid, Family Planning Only Services, or Tuberculosis-Related Only Services.

Qualified Disabled and Working Individual (QDWI)

Up to three months before your application date, Medicaid pays Part A premiums if **all** of the following apply:

- You are disabled and employed.
- You are entitled to Medicare Part A.
- You have countable assets at or below the program limit.
- You have countable monthly income less than 200% of the FPL after certain credits are applied.
- You are not enrolled in Medicaid.

2020 Monthly Income Limits*

Group Size	100% of FPL	120% of FPL	135% of FPL	200% of FPL
1	\$1,063.33	\$1,276.00	\$1,435.50	\$2,126.66
2	\$1,436.67	\$1,724.00	\$1,939.50	\$2,873.34

2021 Asset Limits*

QMB, SLMB, SLMB+	
Group Size	Asset Limit
1	\$7,970
2	\$11,960

QDWI	
Group Size	Asset Limit
1	\$4,000
2	\$6,000

*Not all of your income and assets will be counted in determining if you can enroll in a Medicare Savings Program. Income and asset limits may change each year. For current income and asset limits, call 800-362-3002 or go to www.dhs.wisconsin.gov/medicaid/fpl.htm.

You May Already Be Getting Medicare Savings Program Benefits

Medicaid should already be paying your Medicare Part A and B costs (meaning you do not need to apply for Medicare Savings Program benefits) if you receive Medicare and Medicaid and either of the following apply to you:

- You are enrolled in the Supplemental Security Income (SSI) program.
- You were enrolled in SSI but lost it for one of the following reasons:
 - You were getting Old Age Survivors Disability Insurance (OASDI).
 - You are the disabled adult child of parents who died or became disabled, causing you to get an increased or initial Social Security payment that made you unable to get SSI.
 - You are the disabled or elderly spouse of a person who died, causing you to get a Social Security benefit that made you unable to get SSI.

When will payments begin?

If you are eligible to enroll in a Medicare Savings Program, please allow at least two months for payments to begin. This is the time that is needed for payments to be adjusted by Wisconsin Medicaid, Medicare, and the Social Security Administration.

When Medicaid starts paying your Medicare costs, your Social Security payment will increase, and you will get a notice from the Social Security Administration. The Social Security Administration will give you a refund for any payment you made after the date you were enrolled in a Medicare Savings Program.

How to Apply

You can apply online at access.wi.gov, over the telephone, by mail, or in person with your local agency. To find the address or phone number for your agency, go to www.dhs.wisconsin.gov/forwardhealth/resources.htm or call Member Services at 800-362-3002. Your agency can also send you an application and answer any questions you may have about the application or these programs.

Questions

Wisconsin offers a variety of resources to help Medicare beneficiaries understand options and solve problems related to their health insurance benefits. These resources are funded through the federal State Health Insurance Assistance Program (SHIP). For more information:

- Call the Wisconsin Medigap Helpline at 800-242-1060.
- Visit www.dhs.wisconsin.gov/benefit-specialists/index.htm to locate a benefit specialist who serves your county or tribe.

If you have a disability and need to access this information in an alternate format or need it translated to another language, please contact 608-266-3356 (voice) or 711 (TTY). All translation services are free of charge. For civil rights questions, call 608-266-9372 (voice) or 711 (TTY).

Nondiscrimination Notice: Discrimination is Against the Law – Health Care-Related Programs

The Wisconsin Department of Health Services complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. The Department of Health Services does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

The Department of Health Services:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters.
 - Written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters.
 - Information written in other languages.

If you need these services, contact the Department of Health Services civil rights coordinator at 844-201-6870.

If you believe that the Department of Health Services has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Department of Health Services, Attn: Civil Rights Coordinator, 1 West Wilson Street, Room 651, PO Box 7850, Madison, WI 53707-7850, 844-201-6870, TTY: 711, fax: 608-267-1434, or email to dhsrcc@dhs.wisconsin.gov. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Department of Health Services civil rights coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Español (Spanish) ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 844-201-6870 (TTY: 711).	Deutsch (Pennsylvania Dutch) Wann du Deitsch (Pennsylvania Dutch) schwetzscht, kannscht du ebber griegie as dich helfe kann mit Englisch, unni as es dich ennich eppes koschte zellt. Ruf 844-201-6870 uff (TTY: 711).
Hmoob (Hmong) LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 844-201-6870 (TTY: 711).	ພາສາລາວ (Laotian) ເຊີນຊາບ: ຖ້າທ່ານເວົ້າພາສາລາວ ແມ່ນມີບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ ບໍ່ເສຍຄ່າໃຫ້ທ່ານ. ໃຫ້ໂທຫາເບີ 844-201-6870 (TTY: 711).
繁體中文 (Traditional Chinese) 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 844-201-6870 (TTY: 711)。	Français (French) ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 844-201-6870 (ATS : 711).
Deutsch (German) ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 844-201-6870 (TTY: 711).	Polski (Polish) UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 844-201-6870 (TTY: 711).
العربية (Arabic) ملحوظة: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 844-201-6870 (رقم هاتف الصم والبكم: 711).	हिंदी (Hindi) ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए सुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 844-201-6870 (TTY: 711) पर कॉल करें।
Русский (Russian) ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 844-201-6870 (телетайп: 711).	Shqip (Albanian) KUJDES: Nëse flisni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 844-201-6870 (TTY: 711).
한국어 (Korean) 알림: 한국어 지원 서비스를 무료로 이용하실 수 있습니다. 844-201-6870 (TTY: 711) 번으로 전화해 주십시오.	Tagalog (Tagalog – Filipino) PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 844-201-6870 (TTY: 711).
Tiếng Việt (Vietnamese) CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 844-201-6870 (TTY: 711).	Soomaali (Somali) FIIRO GAAR AH: Haddii aad ku hadashid af Soomaali, adeegyada caawinta luuqada, oo bilaash ah, ayaa lagu heli karaa. Soo wac 844-201-6870 (TTY: 711).