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Managing Dental Care Costs

We have seen an increased number of calls to the Board on Aging and Long Term Care Medigap Helpline regarding the management of dental care costs for individuals in Wisconsin. Although our primary focus is not dental insurance, here are some resources that individuals may use to help manage dental care costs associated with routine care and treatment of dental ailments not covered by Medicare.

Talk to your dentist first. Many private dental clinics allow **discounted fee and self-pay arrangements** to reduce the cost of services if the patient agrees to pay the bill in full at the time of service or agrees to a payment plan.

Some Wisconsin Forward Health Medicaid plans provide health care for those who qualify based on age, income and disability status. These plans include dental care and treatment benefits. Check with your county income maintenance specialist to understand your Medicaid Benefits and check with your dentist to determine if they participate in the Medicaid program.

Wisconsin's Donated Dental Program, in conjunction with the Wisconsin Dental Association, is directed to people who are unable to afford needed dental care if the patient meets age, income, and disability criteria.

Some of **Wisconsin's Dental Schools and Technical Colleges** sponsor dental clinics that may be accessed by the public for various levels of dental care and treatment at varying cost levels.

Consider a **Dental Discount Plan** that may be free or require the payment of a membership fee. Unlike dental insurance, dental discount plans have shorter waiting periods and low monthly costs, usually without annual maximums, deductibles or coinsurance. Be sure your dentist is a participant before having services.

Individual Dental Insurance is a type of health insurance designed to pay a portion of the costs associated with preventive, diagnostic and restorative dental procedures. These plans require the payment of a monthly premium and may have waiting periods before full benefits are paid. They may have deductibles and coinsurance costs as well as policy maximums. You can also cover your dependents for an additional premium. These plans may be used in conjunction with a **Health Savings Account** or a **Medical Savings Account**, individual tax qualified accounts used to reimburse certain expenses.

You may be eligible to join an employer based **Group Dental Insurance plan**. These plans provide benefits for employees and their dependents to cover the costs of most dental care and treatment needs. This type of insurance provides the highest level of benefits but contain waiting periods before all services are covered and include deductibles and coinsurance costs as well as policy maximums. Premiums are paid by both the employer and employee.

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These types of plans may be used in conjunction with a **Flexible Spending Arrangement** or a **Healthcare Reimbursement Account**, tax qualified accounts sponsored by employers used to reimburse certain expenses. If you are leaving your employment you may be able to elect to have your dental benefits continued for up to 18 months under **COBRA**.

If you are enrolled in Medicare you may want to consider a **Medicare Advantage Plan with Dental Coverage** or a **Dental Insurance Rider**. Plans with *built in* coverage provide limited dental care benefits but do not require the payment of an additional premium. However you may only enroll to them during the Annual Election period. *Rider coverage* is broader and benefit levels tend to increase if you pay a larger premium for them. Dental insurance riders do not offer dependent coverage but you can add or drop rider coverage at any time of year. Call us for more information about this option as enrolling into a Medicare Advantage Plan may also change how medical coverage is received.

Dental benefits are provided by the **Department of Veterans Affairs** to some veterans according to law. In some instances, the VA is authorized to provide extensive dental care, while in other cases treatment may be limited. Check with your local VA Services Officer for details. Veterans who are not eligible for VA Dental benefits but still wish to purchase a group style dental insurance plan may access the **VA Dental Insurance Program (VADIP)** and can enroll each year beginning November 15th with coverage starting the following January.

If you would like more information on any of these resources or insurance arrangements contact the Medigap Helpline @ 1-800-242-1060.

*By: Steve Shapiro
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(07/13)*

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