



STATE OF WISCONSIN  
BOARD ON AGING AND LONG TERM CARE

MEDIGAP HELPLINE SERVICES

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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. Contact your local Aging and Disability Resource Center to learn more and check with your dentist to learn if they participate in the Wisconsin Medicaid program.

**Wisconsin Dental Association Donated Dental Program** assists people who are unable to afford needed dental care if the patient meets age, income, and disability criteria. This is a formal assistance program so an application approval is necessary. Also the **WDA's Mission of Mercy** events are held around the state each year providing free critical dental care. Contact WDA for more information by calling 866-812-9840.

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. For example; the Marquette School of Dentistry in Milwaukee, the Madison Area Technical College in Madison, Chippewa Valley Technical School in Eau Claire and Northeast Technical College in Green Bay.

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. Ask your dentist for a referral and if they participate 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 an **Individual Health Savings Account** or **Medical Savings Account**, that are individual tax qualified accounts used to reimburse certain expenses.

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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. These types of plans may be used in conjunction with a **Flexible Spending Arrangement, Health Reimbursement Account** or **Health Savings Account** which offer tax incentives and are 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** or convert it to an individual policy.

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 in these plans during the Annual Election period each year between October 15<sup>th</sup> and December 7<sup>th</sup>. *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.

With the passage of the Affordable Care Act individuals can now consider using the services of a **Federally Qualified Health Center** or **HRSA Health Center** for primary care needs. Located throughout WI, Some FQHC's and HRSA Centers provide dental services and discount the costs of services for patients with no dental insurance, some as much as 50% of the usual and customary charges for similar dental procedures.

Some charitable organizations, such as the **Saint Vincent DePaul Society** operate dental clinics on a discounted fee basis, in Wisconsin the SVDP has such a clinic located in Sauk, WI. Check with the Wisconsin Department of Health Services for more information. Ask for the Consumer's Guide to Healthcare: Free or reduced dental fee services.

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 15<sup>th</sup> 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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(07/15)*

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