

# How to Pay for Dental Health Services\*



## PUBLIC INSURANCE

- A patient can pay for dental health services through public health insurance like Medicaid, the Children's Health Insurance Program (CHIP), or with a plan through the Affordable Care Act (ACA) health exchange.
- Because of the ACA, more people qualify for Medicaid, which covers some preventive and treatment dental services for children.
- The Early Periodic Screening, Diagnostic, and Treatment (EPSDT) program mandates states provide dental screening, diagnostic, preventive, and treatment services even if those services are not usually provided through the state's program for children covered under Medicaid and CHIP.

## PRIVATE INSURANCE

- Dental coverage for children up to age 19 is a required benefit included in all individual and small group health plans that comply with the ACA.
- Some people have employer-sponsored dental health insurance—in this situation, the employer and employee usually share the cost of coverage for eligible employees.
- Private, nongroup dental health insurance, can be purchased from an insurance exchange or directly from insurance companies.
- Insurance exchanges may offer dental health insurance:
  - As part of a health plan
  - As a stand-alone plan bundled with a health plan—this option may be more expensive due to higher deductibles and out-of-pocket costs
  - As a separate stand-alone plan—the ACA federal premium subsidies do not apply to stand-alone plans

## SPECIAL PROGRAMS

Families may not qualify for public health insurance or be able to afford private health insurance.

If the family must pay the full amount for dental health services, there are special programs or self-pay patient fees available. For example,

- Many federally funded community health centers offer services at no cost for families who meet eligibility requirements, or they price their services on a sliding scale according to families' ability to pay.
- Payment plan and self-pay discount options are available from some dental providers.
- If none of the payment options listed above apply and the patient is responsible for paying the full amount, most offices will provide a 10 or 20 percent discount if the patient pays at the time of the visit.

## SLIDING SCALE FEE

To apply for a sliding scale fee, most health centers will ask the patient to provide the following information:

- Photo ID
- Proof of income – paystubs or a letter from an employer
  - Ask the health center for employer letter requirements. A letter may need to be on company letterhead and include the amount paid to the employee, frequency of pay, and length of employment.
  - If the applicant does not have one or more of these documents he or she can ask what other documentation is acceptable.
- Proof of residency – utility bill
- Number of people in the family – only immediate family members

\* The Dientes Fuertes, Vida Sana Training Guide provides general information about public and private dental health insurance and self-pay programs. However, health care plans, programs, and eligibility requirements vary by state and are subject to change. For accurate information, (1) consult your state's health care exchange at [www.healthcare.gov](http://www.healthcare.gov) and [www.medicaid.gov](http://www.medicaid.gov), and (2) contact dental providers directly to obtain information about their programs for low-income families.