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Details: Emergency Rule extension requests by Department of Veterans Affairs.
(FORM UPDATED: 08/11/2010)

WISCONSIN STATE LEGISLATURE ... PUBLIC HEARING - COMMITTEE RECORDS

2009-10

(session year)

Joint

(Assembly, Senate or Joint)

Committee for Review of Administrative Rules ...

COMMITTEE NOTICES ...

- Committee Reports ... **CR**
- Executive Sessions ... **ES**
- Public Hearings ... **PH**

INFORMATION COLLECTED BY COMMITTEE FOR AND AGAINST PROPOSAL

- Appointments ... **Appt** (w/Record of Comm. Proceedings)
- Clearinghouse Rules ... **CRule** (w/Record of Comm. Proceedings)
- Hearing Records ... bills and resolutions (w/Record of Comm. Proceedings)
 - (**ab** = Assembly Bill) (**ar** = Assembly Resolution) (**ajr** = Assembly Joint Resolution)
 - (**sb** = Senate Bill) (**sr** = Senate Resolution) (**sjr** = Senate Joint Resolution)
- Miscellaneous ... **Misc**

* Contents organized for archiving by: Stefanie Rose (LRB) (June 2012)



Jim Doyle, Governor
John A. Scocos, Secretary

STATE OF WISCONSIN, DEPARTMENT OF VETERANS AFFAIRS

30 West Mifflin Street, P.O. Box 7843, Madison, WI 53707-7843
PHONE: (608) 266-1311 1-800-WIS-VETS (947-8387)
E-MAIL: Headquarters@dva.state.wi.us
WEB SITE: www.dva.state.wi.us
FAX: (608) 267-0403

October 26, 2009

The Honorable Jim Holperin
Senate Co-Chair, Joint Committee for Review of Administrative Rules
409 South, State Capitol
Madison, WI 53702

The Honorable Josh Zepnick
Assembly Co-Chair, Joint Committee for Review of Administrative Rules
219 North, State Capitol
Madison, WI 53702

Re: EmR0911, Emergency Rule-Assistance for Needy Veterans Grant Program (Health Care)

Dear Senator Holperin and Representative Zepnick:

The Department of Veterans Affairs (DVA) has an emergency rule in effect relating to the Assistance for Needy Veterans-Health Care Aid grant program that will expire before the permanent rule is effective unless the emergency rule is extended. Pursuant to s. 227.24 (2), Stats., the department requests a 60-day extension of emergency rule EMR0911.

The emergency rule provides a definition of "vision care" and imposes fiscal limits for dental care, hearing care and vision care. The emergency rule also limits on the frequency of specific health care (such as the purchase of dentures or hearing aids). The economic recession and the maturation of the state's veteran population have accelerated the use of the program's limited funds and the continuation of this emergency rule is necessary to ensure a modicum of service under this program. As discussed below, these limitations have allowed the department to serve the largest population of eligible veterans and ensure the delivery of minimal health care for that population.

The budget for the Assistance to Needy Veterans-Health Care Aid grant was \$746,000 for both SFY 2008 and SFY 2009. Due to legislative changes introduced in the 2007-2009 biennial budgets, the SFY 2008 budget eventually spent \$1,236,000. It should be noted that the program was on track to spend over \$1,800,000 if the budget changes had been in place before late October, 2007. In order to meet current commitments, funds had to be transferred from the SFY 2008 Subsistence Aid Grant budget and the budget for SFY 2009 Health Care Aid. The Health Care Aid program experienced a fund outage from October 2008 until July 1, 2009. Prior to the funding outage the program expended \$346,000 in a period of just over 3 months. The department projected the annualized expenditure would have been approximately \$1,400,000.

The Honorable Jim Holperin
The Honorable Josh Zepnick
October 26, 2009
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Currently the budget for SFY 2010 is authorized at \$921,700 and \$1,069,800 is authorized for SFY 2011. The department has set up projections assuming various payout rates to veterans. Based on user data through September 2009, it is projected that the authorized budget for this program would be fully committed around mid-April 2010 if the payout rate reaches 90 percent. Should the payout rate average at least 80%, the authorized budget is projected to be fully committed in late May 2010.

The Board of Veterans Affairs has initiated the promulgation process for a permanent rule, authorizing a statement of scope at its August 21, 2009 board meeting and draft language to amend the administrative code at its October 16, 2009 board meeting. The draft language and a fiscal estimate for the permanent rules will be provided to the Legislative Clearinghouse within the next five days. The promulgation process is not anticipated to be concluded until May, 2010. Assuming this emergency rule is extended for the full period allowed by law, it will still expire completely before the promulgation process is completed. Allowing the emergency rule to expire any earlier would have negative implications on the program's budget for SFY 2010 and SFY 2011.

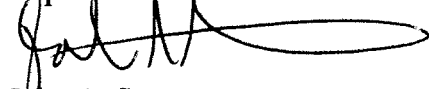
Assuming the rule is extended, the department projects a potential deficit of \$144,500 in SFY 2010. If the rule is allowed to expire on November 27, 2009, the department expects expenditures similar to what was experienced during SFY 2008 and SFY 2009, between \$115,000 and \$150,000 per month. Either rate of expenditure will exceed the current budget, leaving the department to declare another funding outage or request additional funding from the SFY 2011 budget under the passive review process. Extension of the emergency rule is necessary for preservation of public welfare as the rule allows the department to continue medical assistance to a broader group of veterans by limiting the dollar amount of assistance available in any year.

The emergency rule was effective July 1, 2009, and will expire after [REDACTED] if no extension is granted. A 60-day extension of the emergency rule is requested to prevent a lapse in the department's authority during the period before the permanent rule is effective.

If you have any questions regarding EmR0911 or the promulgation process for the permanent rule, please contact James A. Stewart at (608) 266-3733.

Sincerely,

State of Wisconsin
Department of Veterans Affairs



John A. Scocos
Secretary

Cc: Board of Veterans Affairs
Sen. James Sullivan
Rep. Steve Hilgenberg

ORIGINAL UPDATED

LRB or Bill No./Adm. Rule No.
 VA 2.01 (1)(u) VA 2.01 (1)(v) VA
 2.01 (3)(d) VA 2.01 (3)(e)
 VA 2.01 (3)(f) VA 2.01 (3)(g)
 Amendment No. if Applicable

FISCAL ESTIMATE
 DOA-2048 N(R10/94)

CORRECTED SUPPLEMENTAL

Subject

Creating administrative rules relating to the assistance to needy veterans grant program.

Fiscal Effect

State: No State Fiscal Effect

Check columns below only if bill makes a direct appropriation or affects a sum sufficient appropriation.

Increase Costs - May be possible to Absorb Within Agency's Budget Yes No

- Increase Existing Appropriation Increase Existing Revenues
- Decrease Existing Appropriation Decrease Existing Revenues
- Create New Appropriation

Decrease Costs

Local: No local government costs

- | | | |
|--|--|--|
| 1. <input type="checkbox"/> Increase Costs
<input type="checkbox"/> Permissive <input type="checkbox"/> Mandatory
2. <input type="checkbox"/> Decrease Costs
<input type="checkbox"/> Permissive <input type="checkbox"/> Mandatory | 3. <input type="checkbox"/> Increase Revenues
<input type="checkbox"/> Permissive <input type="checkbox"/> Mandatory
4. <input type="checkbox"/> Decrease Revenues
<input type="checkbox"/> Permissive <input type="checkbox"/> Mandatory | 5. Types of Local Governmental Units Affected:
<input type="checkbox"/> Towns <input type="checkbox"/> Villages <input type="checkbox"/> Cities
<input type="checkbox"/> Counties <input type="checkbox"/> Others _____
<input type="checkbox"/> School Districts <input type="checkbox"/> WTCS Districts |
|--|--|--|

Fund Sources Affected

GPR FED PRO PRS SEG SEG-S

Affected Ch. 20 Appropriations
\$20.485 2(vm)

Assumptions Used in Arriving at Fiscal Estimate

This proposed administrative rule creates VA 2.01 (1) (u), VA 2.01 (1) (v), VA 2.01 (3) (d), VA2.01 (3)(e), VA 2.01 (3)(f) and VA 2.01 (3)(g) relating to the assistance to needy veterans grant program that will establish a definition for the vision care assistance and program limitations for the aid offered through the program.

The proposed administrative rule establishes the following provisions governing the grant program:

1. Limit "dental care" not to exceed \$1,400 every 5 years
2. Limit "hearing care" not to exceed \$1,300 per ear every 4 years
3. Establish "vision care" not to exceed \$400 per year

Provisions of 2007 Wisconsin Act 20 eliminated caps for dental care, hearing care and vision care and increased the lifetime cap to \$7,500. Prior to those changes, the annual cap for dental care was \$2,500, \$1,500 per hear for hearing care and \$500 for vision care. The lifetime cap was \$5,000. The authorized funding for the 2007-09 biennium was \$1,492,000. Of that amount, expenditures in FY08 were \$1,277,700, which left a balance of \$214,300 to cover FY09 payments. As a result, the program was closed in October, 2008 (FY08-09 expenditures \$1,662,500); the provisions of Act 20 had increased the expenditures more than projected. The authorized funding for 2009-11 biennium is \$1,991,500. However, based on the proposed rule changes the estimated demand is \$1,493,500 (\$711,200+\$782,300) which would decrease expenditures by \$210,550in FY10 and \$287,500 in FY11. Thus the projected biennial savings as a result of the proposed rule changes would be approximately \$498,000.

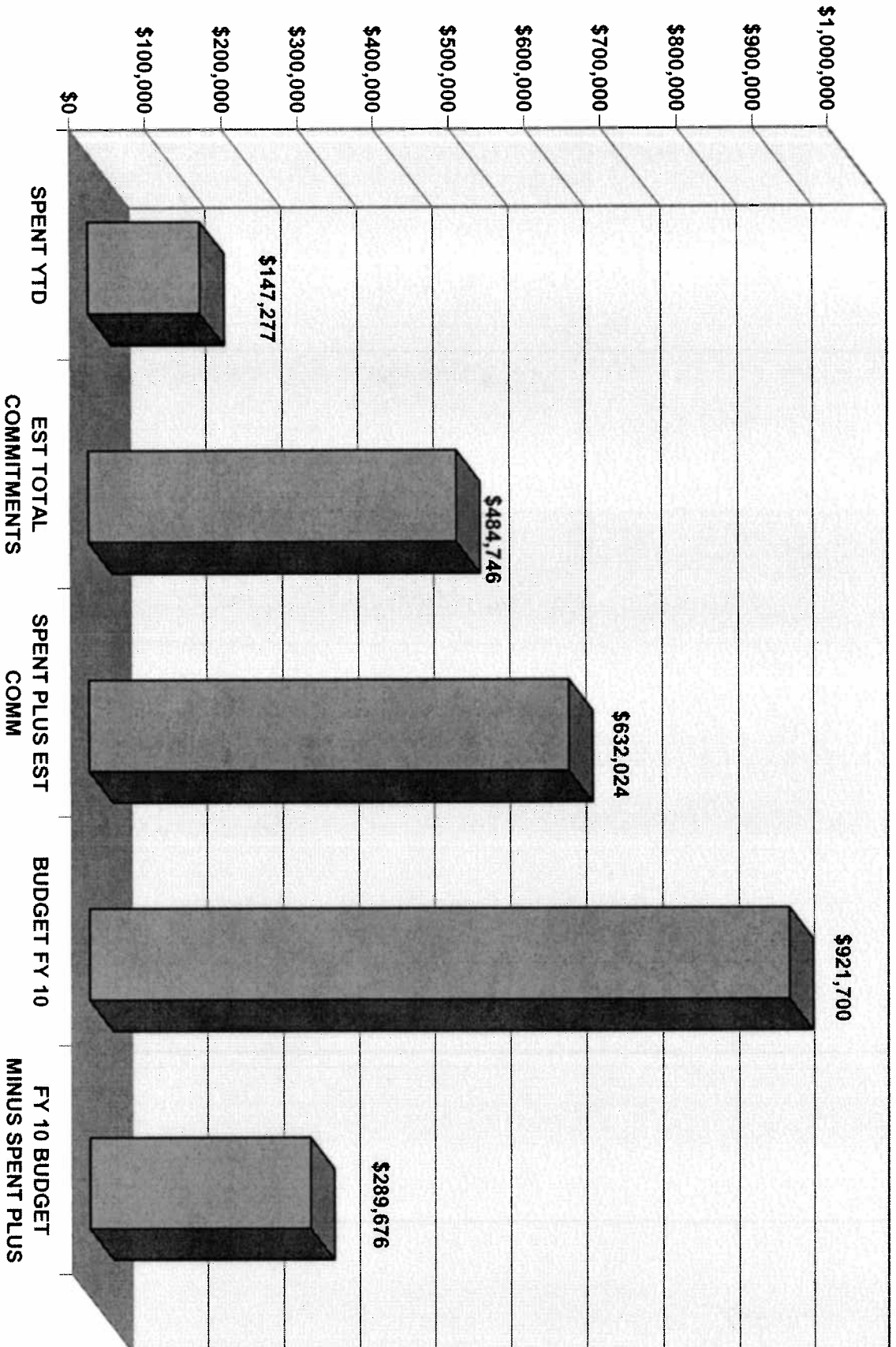
Long-Range Fiscal Implications

Agency/Prepared by: (Name & Phone No.)
Zolonda Eubanks 264-7072
 Dept. of Veterans Affairs

Authorized Signature/Telephone No.
Kenneth B. Black 266-2256

Date
10/27/09

ANVG-H FY 10 SPENT/COMMITTED as of December 31, 2009



* The chart above is not a budget projection. Insufficient data is currently available to calculate payout rates for the program. Total spending is expected to be less than the total committed.

Evaluation of Health Care Benefit Levels For Aid To Needy Veterans

Cost of Dentures

Dentures Only at Affordable Dentures* <http://www.affordabledentures.com/>

	Madison	Milwaukee	Green Bay	Eau Claire	Rochester	Duluth
Economy						
Full Set	\$380	\$395	\$395	\$395	\$380	\$395
Full Upper or Lower	\$260	\$270	\$275	\$270	\$275	\$285
Partial Upper or Lower	\$260	\$270	\$350	\$270	\$275	\$285
Custom						
Full Set	\$680	\$680	\$680	\$680	\$695	\$695
Full Upper or Lower	\$415	\$415	\$420	\$415	\$430	\$430
Partial Upper or Lower	\$415	\$415	\$445	\$415	\$430	\$430
Premium						
Full Set	\$895	\$895	\$895	\$895	\$950	\$950
Full Upper or Lower	\$550	\$550	\$545	\$550	\$555	\$555
Partial Upper or Lower	\$550	\$550	nd	\$550	\$555	\$555

New Wearer Denture Package at Affordable Dentures* <http://www.affordabledentures.com/>

	Madison	Milwaukee	Green Bay	Eau Claire	Rochester	Duluth
Economy Package						
Full Set	\$825	\$795	\$795	\$795	\$825	\$825
Single/Partial	\$525	\$520	\$520	\$520	\$555	\$555
Custom Package						
Full Set	\$1,050	\$1,040	\$1,050	\$1,040	\$1,050	\$1,050
Single/Partial	\$645	\$640	\$640	\$640	\$660	\$660
Premium Package						
Full Set	\$1,225	\$1,195	\$1,150	\$1,195	\$1,250	\$1,250
Single/Partial	\$760	\$755	\$755	\$755	\$760	\$760

*Affordable Dentures is a corporate name. Prices are provided for purposes of comparison only not to imply an endorsement.

The New Wearer Denture Package includes examination and fitting for an immediate denture, an aftercare treatment plan, a second (permanent denture) and subsequent adjustments.

These costs are roughly in line with other providers' prices. Cf: www.denture.com and www.costhelper.com/cost/health/dentures.html These sources suggest that \$1,400 should be more than adequate to cover the cost of a premium set of full dentures and necessary attendant procedures. Similarly, \$900 should more than cover the cost of a premium upper or lower denture and necessary procedures. It is therefore our position that the benefit with respect to the cost of dentures contained in the current emergency rule is clearly in excess of the amounts needed.

The cost of a dental examination and attendant procedures varies widely and is dependant on the procedures performed. These may include occasional relining of dentures. It is therefore not unreasonable to set \$500 as a benefit limit for annual dental examinations. We concur with this benefit level.

Frequency of Replacement of Dentures

As per www.denturehelp.com/Pages/facts1.html) typical replacement intervals for dentures are five to seven years. Similarly, according to both the Denture Information Center and Affordable Dentures, the American Dental Association recommends replacement of dentures every 5 years. (www.denturist.com/denture_information_center_information_center.html) (www.affordabledentures.com/services.htm)

This notwithstanding, dentures should generally be refitted or relined every 2 years. (www.wellsphere.com).

This replacement cycle is in accord with the Medicaid programs of the following states which permit replacement of dentures at 5 year intervals and, in some of these cases, relining of dentures as well at 1 or 2 year intervals:

- California
- Connecticut
- Idaho
- Illinois
- Iowa
- Maine
- North Dakota
- Pennsylvania
- South Dakota
- Wisconsin

In a number of cases, the denture replacement cycle is longer and in only one, Minnesota, is it shorter (ie., three years). <http://medicaidbenefits.kff.org/>

It is our position that, in permitting denture replacement every 48 consecutive months, the emergency rule is somewhat too accommodating. A five year replacement cycle for dentures with relining every 1 or 2 years would be sufficient.

Cost of Hearing Aids

Cost Per Ear

Source of Estimate	Analog	Digital	Average
http://ohioline.osu.edu/ss-fact/0165.html	\$600	\$2,000+	
www.mayoclinic.com	\$900- 1,200	\$1,300- 3,000	
www.dizziness-and-balance.com/disorders/hearing/hearing-aids/hearing_aid.html	\$850- 1,500	\$1,399- 2,999	
http://en.wikipedia.org/wiki/Hearing_aid	\$500	\$6,000	
www.hearsource.com	-	\$2,000-	

		3,000	
www.carecredit.com/hearing/avgcost.html		\$1,200-6,000	\$3,000
www.earinfo.com/hearing-aids-faq/hearing-aids-cost	\$300	\$3,000	
www.consumeraffairs.com/health/hearing/hearing_aids			\$2,300
www.hearingresearch.org/Dr.Ross/why do HAs Cost.htm		\$1,390-2,559	
www.helathyhearing.com/questions/30928-much-do-hearing-aids	\$1,000	\$4,000	

The various estimates provided above would indicate that a benefit of \$1,300 per ear for an analog (non-programmable) hearing aid is ample. In that case, the provision of \$1,875 per ear in the emergency rule far exceeds necessity. If, however, it is the intention of the emergency rule to provide for purchase of a digital hearing aid, then \$1,875 would be well within the range of typical costs for such a single device.

Frequency of Replacement of Hearing Aids

Source of Estimate	Years
http://hearing.osu.edu/8590.cfm	5
www.directhearing.co.uk/faq's.htm	3-5 analog 5-15 digital
www.hearingservicesofantioch.com/html/faq.html	4-6
www.newportaudiology.com/faq.php	3-5
http://nilssonaudiology.com/Answers.html	3-7 / 5 avg
www.health.gov.on.ca/english/public/pub/adp/hearaid.html	3
www.earinfo.com/hearing-aids-faq/hearing-aids-replace	5-7
www.helathyhearing.com/questions/30928-much-do-hearing-aids	3-5+
VHA Directive 2008-070, October 28, 2008	3-4

The emergency rule is well conceived with respect to a replacement cycle of 48 months as that is the central tendency of the estimates above.

Cost of Eyeglasses

There are numerous discount retailers of eyeglasses throughout Wisconsin. For example, Lenscrafters (www.lencrafters.com) and America's Best Contacts and Eyeglasses (www.twopair.com) have locations statewide and frequently offer deeply discounted single vision eyeglasses with eye examinations for less than \$100 total.

Eyemart Express, with locations in Ashwaubenon, Appleton, Madison, Lacrosse, Duluth, Rockford and Dubuque now offers a special of two pairs of single lens glasses for \$98.61. Regular pricing is \$99.00 for single lenses and \$169 for trifocals with "hi-index coating". With frames costing between \$20 and \$100 dollars. Their maximum price for glasses would then be \$270. (cf. www.eyemartexpress.com/noflash/index.php)

Similarly, our current contract with the VHA provides for a maximum cost of \$244 for trifocal transitional lenses, frames and an ophthalmological eye examination. A followup examination if required would cost an additional \$79.37 for a total cost of \$323.37 for the most costly glasses offered.

In light of these comparative prices, it appears that the emergency rule provides more than a reasonable allowance for eye examinations and eyeglasses.

Frequency of Replacement of Eyeglasses

The Medicaid programs of the following states provide for replacement of eyeglasses every year:

- Alaska
- Nebraska (to meet minimum required diopter correction)
- New Hampshire (to meet minimum required diopter correction)
- Wisconsin (to meet minimum required diopter correction)

The following states and territories permit replacement every two years:

- Alabama
- Arkansas
- California
- District of Columbia
- Hawaii
- Indiana
- Michigan
- Missouri
- Montana
- Nevada
- New Jersey
- New Mexico
- New York
- Oregon
- Rhode Island
- Washington
- Guam
- Northern Mariana Islands

The other states and territories do not provide Medicaid payments for eyeglasses, provide for longer replacement cycles or provide a single lifetime benefit for certain medical conditions. (cf., <http://medicaidbenefits.kff.org>)

In this light, the emergency rule which provides for replacement of eyeglasses annually with no showing of refractive change permits more latitude than Wisconsin's Medicaid program. It would be more appropriate to establish a permanent rule which provides for annual replacement only given a showing of sufficient refractive error coupled with presumptive replacement every two years.

Other Comments

The emergency rule omits provisions for exceptional medical circumstances which would justify a more lenient hearing or eye benefit limit and/or a shorter replacement interval in an individual case given appropriate justification from a health care provider.

Seth Perelman / 608-266-0644/ seth.perelman@dva.state.wi.us / August 14, 2009

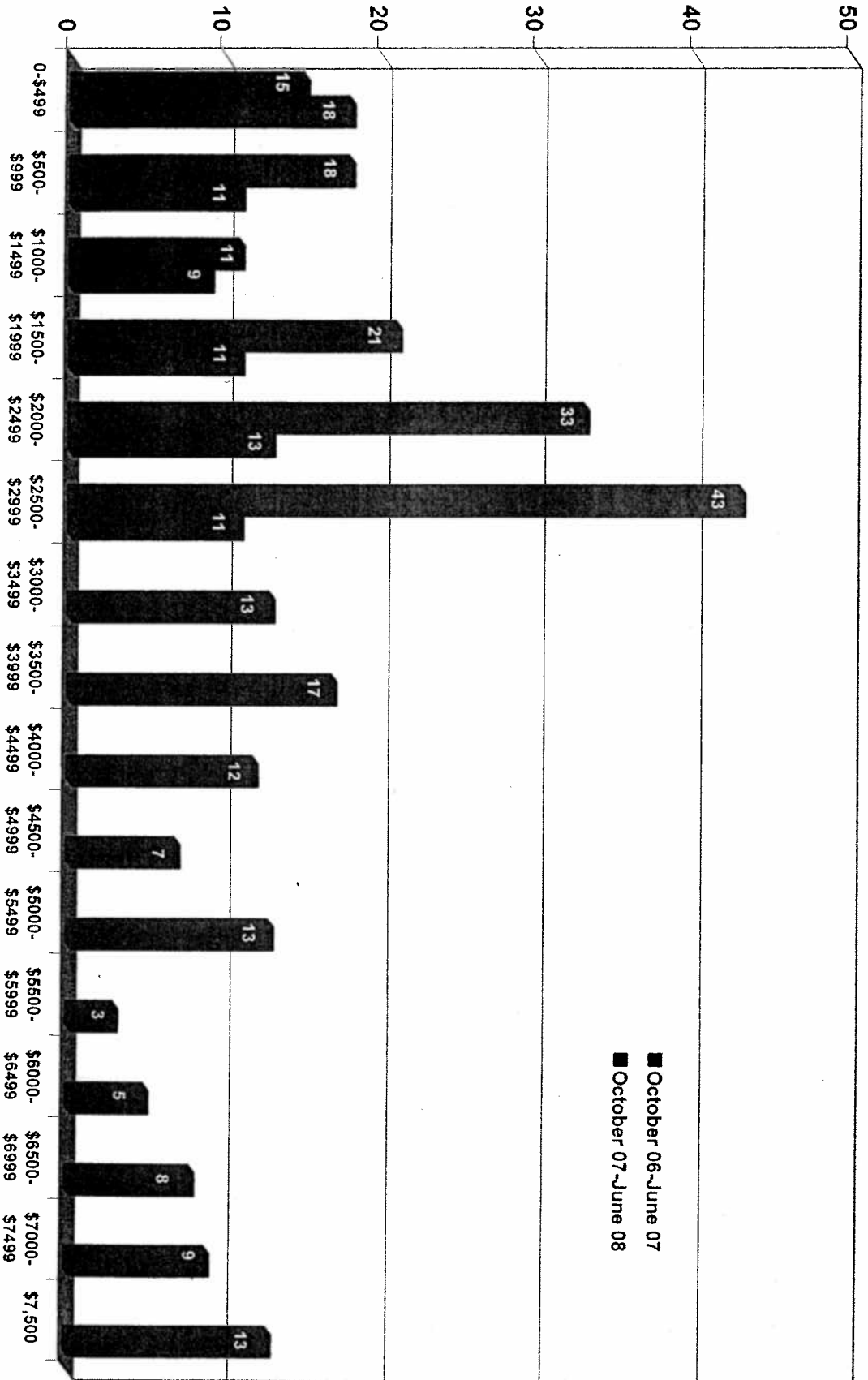
ANV Grant

	HCAG		SAG	
	FY08	FY09	FY08	FY09
Budget	\$ 746,000	\$ 746,000	\$ 172,000	\$ 172,000
Demand	\$ 1,212,648	\$ 1,829,037	\$ 143,143	\$ 151,732
Surplus (Shortfall)	\$ (466,648)	\$ (1,083,037)	\$ 28,857	\$ 20,268

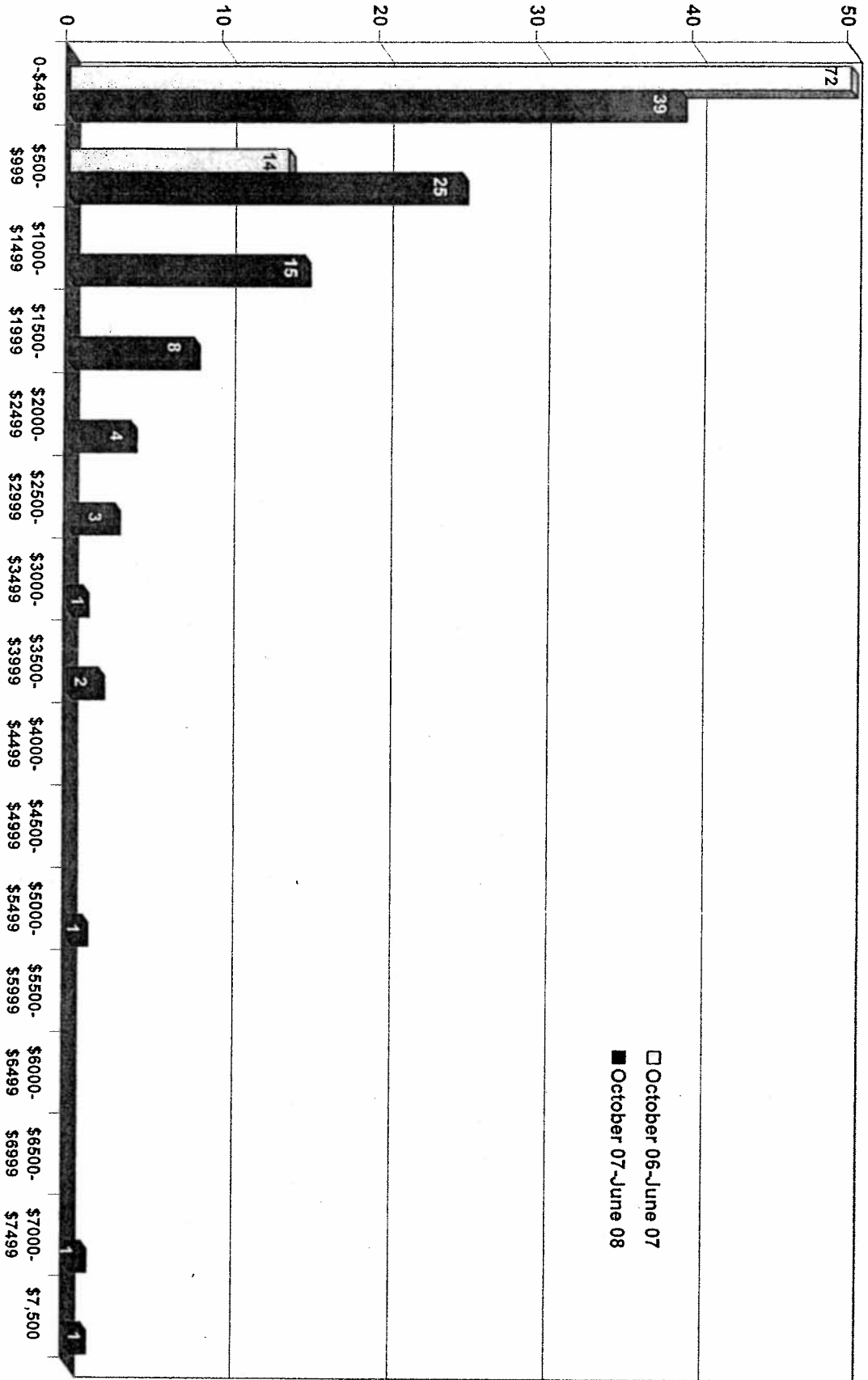
	Projected			Previous	Budget
	Expenditures	Base Funding	Increase	Shortfall	Request
HCAG					
FY10	\$ 1,938,779	\$ 746,000	\$ 1,192,779	\$1,549,685	\$ 2,742,464
FY11	\$ 2,055,106	\$ 746,000	\$ 1,309,106		\$ 1,309,106
Total	\$ 3,993,885	\$ 1,492,000			\$ 4,051,570

	SAG	FY10	FY11	Total
		\$ 143,143	\$ 151,732	\$ 294,876
		\$ 172,000	\$ 172,000	\$ 344,000
		\$ (28,857)	\$ (20,268)	\$ (49,124)
		\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -

Dental Grants Before and After Cap Were Removed



Vision Grants Before and After Cap Were Removed



Dental

	# Vets	\$	Ave
October 06-June 07	141	\$ 251,719	\$ 1,785
October 07-June 08	173	\$ 627,519	\$ 3,627

Vision

	# Vets	\$	Ave
October 06-June 07	86	\$ 32,874	\$ 382
October 07-June 08	100	\$ 113,058	\$ 1,131

Hearing

	# Vets	\$	Ave
October 06-June 07	6	\$ 13,007	\$ 2,168
October 07-June 08	3	\$ 7,239	\$ 2,413

ANVG-HEALTH CARE AID BUDGET OVERVIEW

1. Program Redesign in 2005
 - Targeted Gaps in Fed VA Health Care System- Spending Caps
 - Budget Set at \$650K\Yr
2. Program Under Spent Budget
 - FY 06 \$280K
3. Feb '06 Income Limit increased 100% to 130% of Fed Poverty Guidelines
 - Allowed more vets to qualify
 - FY 07 \$569K (>Double)
4. October 2007 Spending Caps Removed and Lifetime Cap \$5K to \$7.5K
 - Expenditures took Sharp Upward Trajectory-Only added \$96K
 - Transfer \$370K from FY 09 into Carryover Fund for FY 08 Apps
 - FY 08 Spending projected at \$1.2 M
 - FY 09 Spending projected at \$1.8 M
 - FY 10 Projected \$1.9 M
 - FY 11 Projected \$2.1 M
5. Extravagant Spending on Eye Care
 - Expensive Custom Frames\Lenses
 - Multiple Pairs of Glasses
 - 1st Lasik Surgery Bill has appeared – Lens Replacement Next?
 - * AVG Vision Care Grant has tripled since caps removed *
 - REALITY: Currently no limit on type of vision care provided-No legal mechanism for denying these grants
 - Worth Noting: WDVA was not getting Complaints on \$500 Cap
6. Dental Spending \$
 - Spending on Dental Care Far Outstrips Spending on Vision Care
 - Unlike most private Dental Care Coverage - No Real Limits on type of Dental Care ANVG covers–Extremely Liberal-Covering any care given to teeth (Dentist) CROWNS, POSTS, ROOT CANALS, DENTURES, even TEETH WHITENING
 - For FY 08 we estimate that for every \$1 Spent on Vision Care we'll spend \$6.50 on Dental Care (Where the Big Spending is)

ANV Summary 2006-2008

Fiscal Yr.	Dental	Number	Amount	Average	
2006 Total		133	\$ 272,378	\$ 2,048	
2007 Total		222	\$ 383,705	\$ 1,728	
	2008 Before the caps were removed.	96	\$ 158,141	\$ 1,647	July 1, 2007 to October 26, 2007
	2008 After caps were removed.	173	\$ 627,519	\$ 3,627	October 27, 2007 to June 30, 2008
2008 Total		269	\$ 785,660	\$ 2,921	
Vision					
2006 Total		62	\$ 25,406	\$ 410	
2007 Total		123	\$ 47,554	\$ 387	
	2008 Before the caps were removed.	47	\$ 20,562	\$ 437	July 1, 2007 to October 26, 2007
	2008 After caps were removed.	100	\$ 113,058	\$ 1,131	October 27, 2007 to June 30, 2008
2008 Total		147	\$ 133,620	\$ 909	
Hearing					
2006 Total		11	\$ 23,185	\$ 2,108	
2007 Total		15	\$ 21,202	\$ 1,413	
	2008 Before the caps were removed.	2	\$ 3,613	\$ 1,806	July 1, 2007 to October 26, 2007
	2008 After caps were removed.	3	\$ 7,239	\$ 2,413	October 27, 2007 to June 30, 2008
2008 Total		5	\$ 10,852	\$ 2,170	

Eye exams/glasses
Selling Agreement number: V69DS-1070

ROUTINE EYE EXAMS and EYEGLASSES

Under the authority of Public Law 104-262 and 38 USC 8153, the William S. Middleton Veterans Hospital, hereinafter called VA Madison, agrees to provide routine eye exams and eyeglasses to the Wisconsin Department of Veterans Affairs, hereinafter called WDVA, Health Care Aid Grant eligibles.

PURPOSE/BACKGROUND

To obtain benefits and services from the WDVA, veterans must meet military service requirements and state residency requirements set by the State Legislature. In 1997, the Legislature extended eligibility for WDVA benefits to Wisconsin veterans who served on active duty for at least two continuous years—regardless of when they served. In some instances, family members of eligible Wisconsin veterans also may obtain WDVA benefits.

WDVA provides grants, loans and a variety of services to eligible Wisconsin veterans and their families. Specifically, Health Care Aid Grants provide financial assistance for medical treatment or hospitalization when the veteran is unable to pay such expenses.

WDVA has a grant program which funds glasses for veterans and dependents who:

- 1) are not eligible for eyeglasses under the federal VA healthcare program, and
- 2) are in significant financial need. This grant consists of up to \$250.00 per veteran or dependent to receive glasses and fittings.

ESTIMATED WORKLOAD

	Est WDVA patients: 104	Current VA workload
Single Vision	16	15%
Bifocal Vision	83	80%
Trifocal Vision	5	5%
Polycarbonate lenses	21	20%

PRICING

	Single Vision	Bifocal Vision	Trifocal Vision	Transitional Lenses
Routine eye exam, eye glasses (complete with frames, lenses and case)	\$ 100.47	\$ 105.22	\$ 110.47	\$ 150.97
Routine eye exam, eye glasses, including Ophthalmologist Consultation, if required	\$ 132.47	\$ 137.22	\$ 142.47	\$ 182.97
Follow Up exam, if required	\$ 28.57	\$ 28.57	\$ 28.57	\$ 28.57

Add'l cost:	*Prism	\$ 2.00
	*Polycarbonate lenses	\$ 3.00

* Note - eyeglasses and additional cost items will be billed at current VISN 12 eyeglass contract rate not to exceed maximum WDVA grant of \$250. Contract rates are subject to change per contract terms and conditions. WDVA shall pay prevailing contract rates not to exceed maximum WDVA grant of \$250. Current VISN 12 eyeglass contract expires April 30, 2004.

OPTION YEAR PRICING:

VA Contracting Officer reserves the right to annually renegotiate unit price fees to include raises that encompass either inflation or actual cost increases. Prior to exercising option years, VA Contracting Officer will obtain updated cost analysis from Decision Support System (DSS) and Fiscal Service.

Eye exams/glasses
Selling Agreement number: V69DS-1070

EYE EXAMINATIONS

VA Madison shall provide routine eye examinations for eligible WDVA Health Care Grant beneficiaries. VA Optometrists or Ophthalmologists shall perform services during normal operating hours of Monday through Friday, 8:00 a.m. – 4:30 p.m., excluding federal holidays.

The components of this examination are to include:

- 1) patient demographics (age, race, sex)
- 2) chief complaint with appropriate history
- 3) patient ocular history (including surgery, laser, trauma)
- 4) patient medical history (including diabetes, hypertension, pulmonary disorders, cardiac problems, stroke and any other pertinent history)
- 5) family ocular history (including glaucoma and blindness)
- 6) ocular medications (including medication, dosage, schedule and time of last dose)
- 7) pertinent systemic medications (including prednisone)
- 8) medical allergies
- 9) distance visual acuity (with current rx if available) and pinhole
- 10) neutralization of current rx
- 11) manifest refraction for distance and near with best visual acuity for each eye at distance and for both eyes at near
- 11a) rx given if different from manifest refraction
- 12) pupils (including direct, consensual response and presence or absence of afferent pupillary defect)
- 13) motility of extraocular muscles
- 14) confrontation visual fields
- 15) external exam (as indicated)
- 16) slit lamp exam (including lids/lashes, conjunctiva, cornea, anterior chamber, iris, lens)
- 17) applanation tonometry (including time and date)
- 18) dilated fundus exam (including complete description of cup/disc ratio, presence of notching or pallor, documentation of macula, posterior pole, vessels, periphery and vitreous)
- 20) impression and plan should be written clearly and concisely indicating appropriate follow-up time and recommended testing required for each diagnosis listed.

Eligible WDVA veteran beneficiaries will be directly referred from the WDVA to VA Madison through the appropriate County Veterans Service Officer (CVSO) for services. The CVSO/veteran shall be responsible for contacting VA Optometry Eye Clinic to schedule appointments. Estimated number of patients to be seen in the VA Eye Clinic is approximately 2-3 per week. WDVA patients will be identified to VA Madison as an eligible beneficiary through presentation of a WDVA Certificate of Entitlement.

VA Madison will provide a specific format for documentation of the eye examination that shall be kept in the veteran's V.A. medical record (if the veteran is enrolled and receiving care) or sent to the veteran. VA Madison shall contact the veteran for the purpose of discussion of findings for appropriate follow up. The veteran will be responsible for obtaining follow on care.

VA Madison shall provide documentation in the medical note regarding a patient's decision to a right of refusal for dilations.

Eyeglasses will be mailed directly to the veterans (dependent's) home. When fulfilling prescriptions, VA Madison shall provide completely assembled eyeglass frames placed in standard alignment and include mounting of lenses. In addition, VA Madison will provide one eyeglass case at no charge with each pair of eyeglasses furnished. Eyeglass cases shall be the sliding style or snap style.

In the event eyeglasses are broken or defective, the veteran (dependent) shall mail or physically drop off the eyeglasses at the VA Eye Clinic for resolution.

Eye exams/glasses
Selling Agreement number: V69DS-1070

Veterans may go to a local eyeglass shop/Optometrlist for fittings and adjustments at their own expense. If no local shop exists, the veteran (dependent) may request to be rescheduled to have the adjustment done at VA Madison at no charge.

CONFIDENTIALITY OF PATIENT RECORDS

When VA is providing services involving patient records to non-Federal entities, the records maintained by VA in providing those services are subject to the Privacy Act, FOIA, and other VA specific laws regarding the confidentiality of patient records. The party to whom VA is providing the services will want to review those records in order to ensure that VA is providing quality care in accordance with the contract. In order for VA to be able to release those records the following language applies:

The WDVA is a VA contractor and will assist in the provision of health care to patients seeking such care from or through VA. As such, the WDVA is considered as being part of the Department health care activity. WDVA is considered a VA contractor for purposes of the Privacy Act, Title 5 U.S.C. 552a. Further, for the purpose of VA records access and patient confidentiality, WDVA is considered to be a VA contractor for the following provisions: Title 38 U.S.C. 5701, 5705, and 7362. Therefore, WDVA may have access, as would other appropriate components of VA, to patient medical records including patient treatment records pertaining to drug and alcohol abuse, HIV, and sickle cell anemia, to the extent necessary to perform its contractual responsibilities. However, like other components of the Department, and notwithstanding any other provisions of the sharing agreement, the WDVA is restricted from making disclosures of VA records, or information contained in such records, to which it may have access, except to the extent that explicit disclosure authority from VA has been received. The WDVA is subject to the same penalties and liabilities for unauthorized disclosures of such records as VA.

The records referred to above shall be and remain the property of VA and shall not be removed or transferred from VA except in accordance with U.S.C.551a (Privacy Act), 38 U.S.C. 5701 (Confidentiality of claimants records), 5 U.S.C. 552 (FOIA), 38 U.S.C. 5705 (Confidentiality of Medical Quality Assurance Records) 38 U.S.C. 7332 (Confidentiality of certain medical records) and federal laws, rules and regulations. Subject to applicable federal confidentiality or privacy laws, the WDVA, or their designated representatives, and designated representatives of federal regulatory agencies having jurisdiction over WDVA, may have access to VA's records, at VA's place of business on request during normal business hours, to inspect and review and make copies of such records.

LIABILITY

WDVA shall indemnify the VA against lawsuits brought by their employees or clients, and, for law suits brought by clients for events related to services provided solely or to the extent by WDVA as permitted under Wisconsin law. Lawsuits that arise from tortuous actions of the WDVA's employees or clients will be handled as permitted under Wisconsin law.

PAYMENT

Payment of sums due the VA will be paid monthly by the WDVA upon submission of a properly prepared Optional Form 1114, Bill for Collection, submitted to the WDVA by VA. Payment terms are NET 30 days and should be mailed to:

William S. Middleton Memorial Veterans Hospital
Attn: Fiscal Service (04)
2500 Overlook Terrace
Madison, WI 53705

WDVA Taxpayer ID: 39-73-1021-K

Eye exams/glasses
Selling Agreement number: V69DS-1070

LATE PAYMENT AND OTHER CHARGES

Payments of amounts owed under this agreement are due and payable within 30 calendar days from the date of the Bill for Collection or other notice provided by the VA. Payments not made within that time will be subject to interest, penalties, and collection in accordance with Public Law 96-466, U.S.C. 501(a) & 5315, and 38 CFR 1.919.

TERM OF AGREEMENT

The initial term of this agreement shall be for a trial period of 6 months starting on March 24, 2004 and ending on September 23, 2004. Both parties will review the arrangement prior to the expiration of the trial period to determine if continuing the agreement is feasible. If mutually agreeable to both parties, the term would be extended for a period of one-year with the option to exercise (3 1/2) one-year annual renewal options by mutual consent of both parties (maximum term authorized is 5 years). Renewal option fees will be in accordance with the pricing structure outlined in the paragraph entitled Option year pricing.

MONITORING

Doreen Reilly, Eye Clinic Representative, or designee, is designated as Contracting Officer's Technical Representative (COTR) to monitor this agreement. The COTR will be responsible for the day-to-day administration of this sharing agreement but is not authorized to execute modifications or cancellations to the sharing agreement.

PRIORITY FOR VETERANS

VA reserves the right to deny provision of service to WDVA where service is unavailable, or if provision of service to WDVA would deny or delay care to eligible veterans. VA agrees to notify WDVA of any changes in availability of services specified in this sharing agreement.

Determinations by the VA concerning the availability of VA services pursuant to this sharing agreement are conclusive, binding on the parties to this sharing agreement, and non-reviewable.

CANCELLATION

VA or WDVA may cancel this sharing agreement provided at least 90 days written notice by the VA Contracting Officer or the WDVA, without further liability to VA or WDVA. The WDVA is liable for any payments due VA prior to cancellation.

INDEPENDENT CONTRACTORS

For the purpose of this sharing agreement and the services provided by the VA hereunder, the relationship of the Parties is not and shall not be construed or interpreted to be a partnership, joint venture or agency. The relationship of the Parties is an independent contractor relationship and not agents or employees of the other party. Neither party shall have authority to make any statements, representations or commitments of any kind, or to take any action which shall be binding on the other party, except as may be expressly provided for herein or authorized in writing.

NOTICES

Any notices required by this sharing agreement shall be in writing directed to the following addresses (or such other address for a party as shall be specified by like notice) and shall be deemed to have been duly given (i) three days subsequent to mailing if mailed by certified or registered mail, postage prepaid; or (ii) when transmitted if sent by telecopier or electronic mail, provided that a written acknowledgment of receipt is transmitted back to the sender by the recipient, addresses as indicated in this sharing agreement; or (iii) when hand delivered, provided that a written receipt is supplied by the recipient.

Eye exams/glasses
Selling Agreement number: V69DS-1070

Department of Veterans Affairs Representatives:

Contract Administration: Carol Murphy or designee, Contracting Officer
 5000 West National Avenue - Bldg. 5
 Milwaukee, WI 53295-0005
 (414) 902-5429 - phone
 (414) 902-5440 - fax

Eye Clinic VA Madison: Doreen Relly or designee,
 Wm. S. Middleton Memorial Veterans Hospital
 2500 Overlook Terrace
 Madison, WI 53705
 (608) 256-1901 - phone
 (608) 280-7140 - fax

WDVA Representative:

John Scocos, Secretary
 The Wisconsin Department of Veterans Affairs
 30 W. Miffin St.
 PO Box 7843
 Madison, WI 53707-7843
 (608) 266-1311-phone
 (608) 267-0403 -fax
 or toll-free 1-800-947-8387
 E-mail: wdvaweb@dva.state.wi.us

GOVERNING LAW

This sharing agreement shall be governed, construed, and enforced in accordance with Federal Law.

CONTRACT DISPUTES

All disputes arising under or relating to this sharing agreement shall be resolved in accordance with this clause.

As used herein, "claim" means a written demand or assertion by one of the parties seeking, as a legal right, the payment of money, adjustment or interpretation of sharing agreement terms, or other relief, arising or relating to this sharing agreement.

Any controversy or claim arising out of or relating to this sharing agreement on behalf of the WDVA shall be presented initially to the VA Contracting Officer for consideration. The VA Contracting Officer shall furnish a written reply on the claim to the WDVA within 30 calendar days of receipt of the claim.

In the event the parties cannot amicably resolve the matter, any controversy or claim arising out of or relating to this sharing agreement, or breach thereof, shall be settled by arbitration at the VA Board of Contract Appeals in accordance with procedures set forth in the Alternative Means of Disputes Resolution, VA Directive 7433, and the Administrative Disputes Resolution Act of 1996, and judgment upon any award rendered by the Arbitrator(s) may be entered into any Court having jurisdiction thereof.

Any claim by the WDVA must be presented no later than 30 calendar days after cancellation, or final expiration of this sharing agreement, whichever occurs earlier, otherwise the WDVA forfeits its right(s) to relief.

MODIFICATIONS

This sharing agreement may need to be modified from time to time. All modifications shall be in writing and, except for cancellation, have the written consent of both parties. Only those individuals authorized below may approve binding modifications to this sharing agreement.

Eye exams/glasses
Selling Agreement number: V69DS-1070

SHARING AGREEMENT ADMINISTRATION

After signature by both parties, Ms. Carol Murphy or designee, VA Contracting Officer, shall be responsible for administration throughout the duration of this sharing agreement.

Accepted for VA

Rhonda Stark 3/24/04
Rhonda Stark or designee Date
VISN 12 Selling Officer

Accepted for VA
John A. Scocos 3/29/04
John A. Scocos or designee Date
Secretary, WDVA

ANV Estimate

	# Grants*	Grant Amnt	Total
Dental	400	\$1,500	\$600,000
Vision	300	\$ 193	\$ 57,900
Hearing	25	\$1,800	\$ 45,000
Total	725		\$702,900
FY 09 Budget			\$746,000

*Based on approximation of FY 08 rate of demand

12/5/2008

ANV Estimate

	# Grants	Ave. Grant	Total
Dental	389	\$ 1,000	\$ 389,000
Vision	302	\$ 193	\$ 58,286
Hearing	21	\$ 1,800	\$ 37,800
	712		\$ 485,086

Dec. 4, 2008

** At FY 08 Rate of Demand*

Oct. 2008 ANV Estimate

	Unique			
	Veterans	Ave. Grant		Total
Dental	349	\$ 1,400	\$	488,600
Vision	157	\$ 193	\$	30,301
Hearing	9	\$ 3,600	\$	32,400
FY08 Total			\$	551,301

Assuming 10% annual demand increase

FY09 Est.			\$	606,431
FY10 Est.			\$	667,074
FY11 Est.			\$	733,782

Assumes:

Maximum \$1400 for dental

Maximum \$1800 per ear for hearing

Maximum \$193 for tri-focals for vision

Assuming Max

ANVG – HEALTH CARE AID GRANT BUDGET FACTORS

- SPENDING CAPS REMOVED AND LIFETIME LIMIT RAISED TO \$7,500 EFFECTIVE OCTOBER 27, 2007
- FY SPENDING STARTS VERY SLOWLY AND SNOWBALLS AS SERVICES ARE PROVIDED AND BILLS SUBMITTED
- CARRYOVER FUND MUST BE ESTABLISHED TO HONOR BILLS IN SUBSEQUENT FISCAL YEAR
- ELIGIBLE VETS HAVE 90 DAYS TO OBTAIN SERVICES BUT DOB CAN BE EXTENDED FOR 90 DAYS (180 TOTAL) AND OFTEN IS FOR DENTAL WORK
- ALL DOBS CURRENTLY OUTSTANDING ARE FOR DENTAL WORK
- PROVIDERS ARE INSTRUCTED TO SUBMIT BILLS WITHIN 30 DAYS OF THE FINAL CARE DATE BUT WDVA DOES PAY BILLS THAT OCCASIONALLY ARRIVE LATE – NO STATUTORY AUTHORITY TO DENY LATE BILLS
- MOST OR ALL BILLS WOULD BE EXPECTED TO BE RECEIVED BY END OF JANUARY 09
- STATUTES ALLOW FOR SUPPLEMENTAL BUDGET FUNDING VIA 14 DAY PASSIVE REVIEW

ANVG SPENT FY 09 YTD	SUBSISTENCE	SUB PER MO	HEALTH	HEALTH PER MO
JULY	\$2,435	\$2,435	\$2,407	\$2,407
AUGUST	\$11,694	\$9,259	\$22,819	\$20,412
SEPTEMBER	\$17,694	\$6,000	\$37,896	\$15,077
OCTOBER	\$33,248	\$15,554	\$136,370	\$98,474
NOVEMBER	\$39,839	\$6,591	\$185,461	\$49,091
DECEMBER		-\$39,839		-\$185,461
JANUARY		\$0		\$0
FEBRUARY		\$0		\$0
MARCH		\$0		\$0
APRIL		\$0		\$0
MAY		\$0		\$0
JUNE		\$0		\$0

ANVG – HEALTH CARE OUTAGE

- BUDGET WAS SET AT \$746K PER YEAR FOR FY 08-09 TO COVER PROGRAM CHANGES (PREVIOUS BUDGETS WERE \$650KIYR) } cap removals
lifting lifetime
cap to \$7.5K
- \$50K TRANSFERRED FROM FY 08 ANVG – SAG SURPLUS TO COVER 08 HEALTH CARE EXPENDITURES IN JUNE 08
- \$425K TRANSFERRED FROM FY 09 BUDGET TO FY 08 CARRYOVER FUND TO COVER FY 08 COMMITMENTS (\$370K IN JULY, \$55K IN SEPT)
- TOTAL HEALTH CARE EXPENDITURES FOR FY 08 APPROX \$1.2M
- PAYOUT RATE HAS CONTINUED TO CLIMB FROM 25% IN MARCH 08 TO ~~40%~~ 40% IN OCTOBER – TRAJECTORY SO FAR HAS REMAINED STEADILY UPWARDS
- PROJECTIONS SHOWED REMAINING FY 09 BUDGET (\$746K - \$425K = \$321K) FULLY COMMITTED ON OCTOBER 6th

4190



VETERANS AFFAIRS

STATE OF WISCONSIN, DEPARTMENT OF VETERANS AFFAIRS

30 West Mifflin Street, P.O. Box 7843, Madison, WI 53707-7843

PHONE: (608) 266-1311 1-800-947-8387 (WIS VETS)

WEB SITE: <http://dva.state.wi.us>

E-MAIL: Headquarters@dva.state.wi.us

FAX: (608) 267-0403

Jim Doyle, Governor
John A. Scocos, Secretary

October 7, 2004

Dr. Robert A. Petzel
VISN 23
5445 Minnehaha Ave South, 2nd Fl.
MINNEAPOLIS MN 55417

Dear Dr. Petzel:

I want to thank you for all the great medical support your people provide to our Wisconsin Veterans. Your support helps our disabled veterans and provides needed care to many of our less fortunate veterans. I would like to share with you an initiative between VISN-12, the Madison VA Medical Center and my department that is targeted at helping to provide critical quality of life medical assistance to needy Wisconsin Veterans.

This spring the WDVA and Madison VA Medical Center entered into a sharing agreement to provide eye exams and glasses to Wisconsin veterans and dependants who were not eligible for USDVA care but did meet eligibility for state assistance through our Health Care Aid Grant. Under the agreement the WDVA refers qualifying veterans to the Madison eye clinic and reimburses the clinic for their exam and any glasses provided. VISN 12 Director Dr. Cummings has been very supportive of this agreement as it represents a perfect example of cooperation between state and federal governments and is a true benefit to our veterans. This agreement allows WDVA to assist more Wisconsin veterans with better care at lower costs and also helps the USDVA earn additional revenue.

Since becoming Secretary I have been focused on using our limited resources to provide the maximum benefit to our veterans. We are currently reengineering all of our programs and looking for opportunities to partner with other providers in mutually beneficial arrangements. I am very excited about the possibilities that exist with not only the VA and eyeglasses but with hearing aids and dental work as well.

I would like to provide more details at our upcoming meeting and hope that we can discuss the possibility of entering into a similar agreement with VISN 23. I have enclosed a copy of the current sharing agreement with the Madison VAMC for your review. Again thank you for all the things that you and your people do for our Wisconsin veterans.

Sincerely,
DEPARTMENT OF VETERANS AFFAIRS

JOHN A. SCOCOS
Secretary

enclosure

Modification Five (5)
 V69DS-1070
 Routine Eye Exams and Eyeglasses
 Wisconsin Department Veterans Affairs (WDVA)

The above sharing agreement is hereby modified as follows:

1. EXTEND the term of this sharing agreement for the period of April 1, 2008 through March 31, 2009 at the pricing indicated below. All other terms and conditions remain unchanged and in full force and effect.

2. PRICING

	Single Vision	Bifocal Vision	Trifocal Vision
Routine eye exam, eye glasses with clear plastic lenses (complete with frames, lenses, and case)	\$162.79	\$162.79	\$166.71
Routine eye exam, eye glasses with polycarbonate lenses (complete with frames, lenses, and case)	\$166.31	\$168.29	\$176.19
Routine eye exam, eye glasses with transitional lenses (complete with frames, lenses, and case)	\$183.11	\$197.45	\$210.75

Add'l cost:	Prism (less than 7 degrees)	No charge
	Prism (press on)	\$50.00
	Follow Up exam, if required	\$90.97

Accepted for VA

Carol A. Murphy 3/31/08
 CAROL A. MURPHY Date
 Contracting Officer

Accepted for The Wisconsin Department of Veterans Affairs

John Scocos 4/07/08
 John Scocos or designee Date
 Secretary
 The Wisconsin Department of Veterans Affairs



SENIOR HEALTH

Paying for your hearing aid

The cost of hearing aids varies widely. A quality analog model can cost from \$900 to \$1,200, while a digital aid can range from \$1,300 to \$3,000. Talk to your audiologist about what your needs and expectations are. If cost is an issue, there are still good instruments available at reasonable prices. Medicare and most private insurance policies usually don't cover the cost of hearing aids, though some Medicare plans known as Medicare Advantage plans might. Qualified veterans may be eligible for free hearing aids through the Veterans Affairs.

Ohio State University Extension

Senior Series

How Much Do Hearing Aids Cost?

The more sophisticated the technology, the more expensive the hearing aid. Costs of hearing aids can range from \$600 for a conventional hearing aid to more than \$2,000 for a fully digital hearing aid. Rarely do insurance policies cover the cost of a hearing aid; however, the cost of the hearing evaluation may be covered. Check with your insurance provider for specifics about their guidelines for obtaining coverage for a hearing evaluation. A frequently asked question is whether or not the expense of new hearing aid technology is worth considering. Typically for those who have tried conventional hearing aids with limited success or those who live or work in a noisy environment with significant demands on their hearing, it is worth the investment if you can afford it. A licensed and certified audiologist or hearing aid specialist can guide you in making this decision.

Dentalfind.com

Denture Cost

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Dental Bonding

Dental Crowns

Dental Bridges

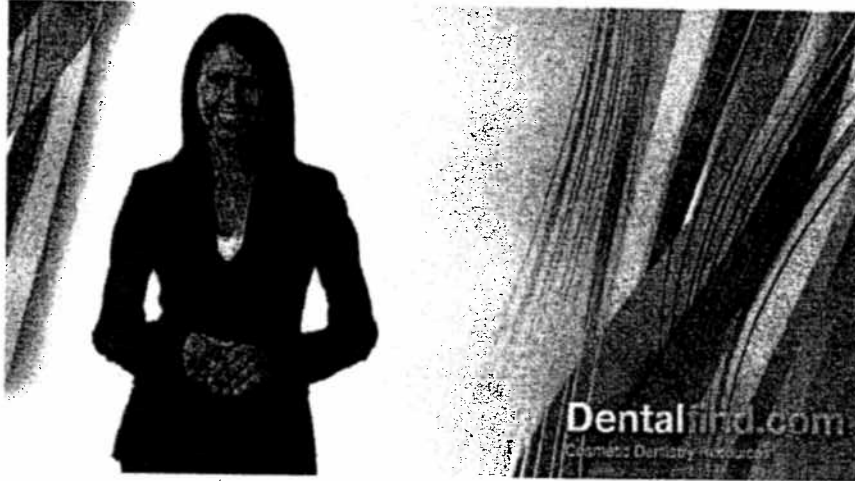
Dentures

Dental Fillings

Orthodontics

Dentistry News

Dental Glossary



Contact Dentist Form

Please use the convenient form below to contact a dentist

Name:

Comments:

E-Mail:

Phone:

City: City:

Procedure:

Security Code:

7450

SUBMIT

Featured Cosmetic Dentists

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Long Beach

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Los Angeles

New Jersey

New York

Newport Beach

Dentures Cost and Dentures Prices

There's an old buyer's axiom that goes: you get what you pay for, and nothing more. It's not often that this saying is wrong, and it couldn't be more right than with denture prices.

The dentures cost anywhere from a few hundred dollars to a few thousand dollars. Usually the price reflects both the complexity and the robustness of the designed dentures. Of course, there are also some basic dentist's fees related to the daily operation of the office, administration, and any checkups that may be required first.

Most dentists offer a range of dentures from the high-end to the low-end. Higher end models tend to have more guarantees and warranties, while with the lower end models most of the liability shifts to the client. The following price estimates are for a full set (upper and lower jaw) of dentures. For a single denture simply divide the price in half for a rough estimate, though this is not always the case.

High-end 'premium' models are anywhere from \$1000 up to \$5000. That's a serious investment of cash and you do end up getting a fair bit in the deal. With a high-end model you can expect many things. First of all, they'll probably be the most life-like dentures money can buy. Often the materials have a very realistic color to them. The 'gum' portion of the denture is often the hardest to realistically replicate. High-end models use advanced materials to simulate the look and color of the gums. Next come the teeth. They're usually long lasting, life-like, and use composite acrylic resins. Most come with some sort warranty against chipping and cracking that can last several years.

Working our way down to the low end, most of the warranties slowly diminish from years to months. A basic denture can be as cheap as \$300. However, these basic dentures look phony, don't last very long, and have limited warranties. Overall the quality difference is very noticeable, especially to the person wearing it.

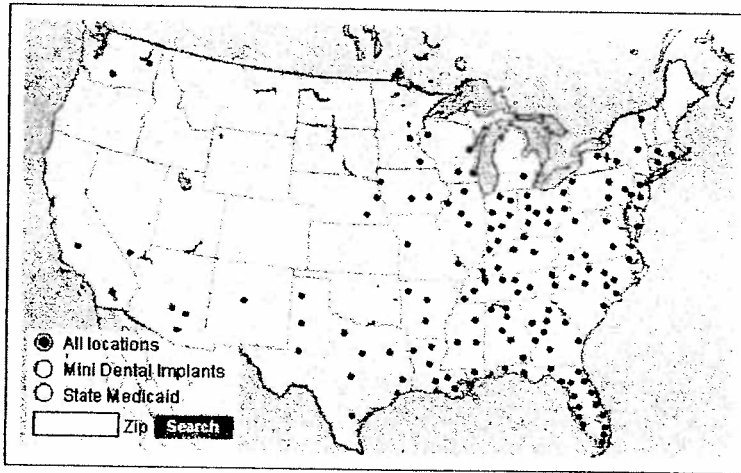
On average, the mid-range options usually offer the best mix of comfort, quality, price, and longevity. A mid-range denture costs no more than \$1000, and should have a basic warranty that lasts 1 to 2 years. Unless you have a lot of money to spend on a top-of-the-line denture, the mid-range is probably the best choice for you. Spending \$300 on the basic denture can seem tempting, but considering their short useful life spans and unsightly appearance, it's usually not even worth the money.

Dentures are a serious investment of your time and money. Be sure to consult a dentist for prices specifically related to your situation. Good luck with your search for that perfect set of dentures to suit your needs!

- Home
- About the Practices
- Patient Satisfaction
- Locations & Fees
- Mini Dental Implants
- Frequently Asked Questions
- Outside Agencies
- Contact Us
- Employment Opportunities

AFFORDABLE DENTURES®
A Good Reason To Smile.
 1-800-DENTURE

Express Contact Form



"Oral health and general health are inseparable... the oral health and well-being of all Americans stands as a major challenge, one that demands the best efforts of public and private agencies and individuals."

-From "Oral Health in America: A Report of the Surgeon General"



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Having trouble with your **lower denture?** [CLICK HERE](#)



About the Practices

- [Background and Services](#)
- [Same Day Dentures](#)
- [Treatment Schedule](#)
- [Payment, Insurance and Gift Certificates](#)
- [Existing Dentures](#)
- [Special Needs](#)

Affiliated Practices Background (Return to top)

The first affiliated dental practice opened in 1975 when the founding dentists, Dr. George L. Edwards, Jr., and Dr. Donald L. Henson, saw a growing need to provide dentures and offer them in a same day service. At that time, there were very few facilities offering dentures at economical fees, and people often had to travel great distances for service. The founding dentists opened the first affiliated dental practice in Kinston, North Carolina, to fill the needs of their community.

With the number of practices now over 110, we continue to benefit from the clinical and technical experiences the affiliated practices are able to share as a common network of dental caregivers. Regardless of your dental history or financial resources, the practice's mission is to provide you with patient care and dental services at a fee you can afford.

Services

The core dental services provided at each practice include the following:

- Full set and single dentures
- Partial dentures (cast metal and acrylic)
- X-ray and Extraction Services
- Repairs
- Relines
- Gold Crowns on Dentures
- Adjustments

Also available for the first time denture wearer is the **New Denture Wearer PackageSM**. This package provides all the services you need to help you adjust to wearing a denture for the first time, at a discounted fee.

How We Provide Dentures In The Same Day At Such Affordable Fees (Return to top)

First, the practice does not require appointments and the dentist provides only denture and extraction services to the patients. Therefore, the practice is able to help treat a greater number of patients.

Next, each practice has its own on-site lab designed to process each patient's denture efficiently. Since the lab is here for the practice's patients only, this saves time and allows us to provide quicker service for you. Skilled laboratory technicians complete many complex procedures to produce a denture suited to each patient's needs.

The network of almost 110 affiliated practices allows the purchase of supplies in large quantities in order to receive volume discounts. You can be confident in the dentures we produce for you because all materials are accepted by the **American Dental Association**.

Finally, the practice is furnished to provide a modest, yet comfortable environment. All these savings are passed on to you through lower fees for our services.

Treatment Schedule Information

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Since appointments are not required, we recommend that patients arrive at the office at opening time to register for services. We'd like to ask for your patience during your visit with us. Because the practice wants to make the best possible denture at a reasonable fee, please be willing to invest your time with us. We feel certain that you'll find the visit well worth your time and we'll do our best to make your visit with us comfortable.

Often patients notice that they may not be seen in the order in which they arrived. In order to provide services efficiently, service times will vary for each patient, based upon his or her required treatments. Specifically, if you require denture adjustments or are in need of extraction services only, please call the practice to confirm the time that you should arrive.

Payment, Insurance and Gift Certificates

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Payment is required at the time services are performed. If you will be receiving a new denture, payment must be made after the impression for your denture is taken, usually in the morning.

We gladly accept payment by cash, MasterCard, Visa and Discover Card. Some offices are able to accept personal checks. You will need to check with the offices you are visiting to confirm their payment policies.

In order to reduce our administrative costs, we are usually **unable to accept dental insurance** as payment for the services you receive in our office. However, we are able to provide you with the appropriate dental statement so you can file your claim and receive payment directly from your insurance company. It is important for you to bring your insurance forms with you on your visit to the office.

Gift Certificates are available at most practices for purchase by credit card. Please contact the practice that will provide the services. The local phone number can be found by clicking on the **Locations and Fees** button.

To purchase a Gift Certificate, a staff member will work with you to **estimate** the cost of services you are providing for your friend or loved one. Please understand, it is not always possible to determine exactly what treatment plan each patient will require. Therefore, some changes to the original estimate may be required once the dentist examines the patient. Your information is confidential and secure, and you will be informed if additional charges are necessary, or if the service can be provided at a lower cost.

Existing Dentures

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We often are asked why we like you to bring in your existing dentures during your visit to the practice. This allows you to discuss any particular likes or dislikes of your existing denture with the dentist, and will assist the on-site lab in making a denture that meets your needs.

We'd like to remind you that the lab will use your existing denture for several hours during your visit. Our staff will gladly inform you of the length of time we will need to keep your dentures.

Special Needs

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We want to be sensitive to patients with special needs. If you have a health condition or physical impairment that requires special attention, please let us know. We'll make our best effort to accommodate your needs.

Please understand that if you have certain health conditions, or are taking certain medications, we may need to receive a report from your doctor prior to providing treatment. It is very important that the dentist be made aware of your specific health situation.

Also, if you require more extensive services than those provided by the practice, the dentist may need to refer you to another dental practice that can accommodate your specific needs. We encourage you to call the office if you are uncertain about your particular circumstances.

"I visited your office after seeing your TV commercial and calling the 800 number and receiving a brochure. This has been a great experience for me, especially after so many years of ill-fitting dentures. Now I seem to be smiling all the time instead of trying to hide my teeth. I love showing off my smile."



L.C. Alderson, WW



AFFORDABLE DENTURES®

A Good Reason To Smile.

1-800-DENTURE

Having trouble with your **lower denture?** [\[CLICK HERE\]](#)

[home](#)

Frequently Asked Questions

On this page you'll find answers to frequently asked questions about services available at the affiliated practices providing AFFORDABLE DENTURES®.

How can your fees be so low?

Do you accept dental insurance?

What styles of full dentures are offered?

What types of partial dentures are available?

What information is available for first-time denture wearers?

Are any services other than dentures offered?

Any suggestions for adjusting to dentures?

How do I care for my dentures?

When should I replace my denture?

How can your fees be so low?

(Back to top)

"Too good to be true" is a common reaction from patients when they discover our low denture fees and our ability to deliver dentures on the same day. We believe patients should be asking why dentures usually take so long to make and cost so much.

Key to our practice is the fact that we have an on site denture lab that operates only to serve our practice. We have eliminated the "middle-man" cost that other dentists must incur when they send out their dentures to commercial labs. This allows us to keep fees low and work closely with the professional laboratory technicians to ensure the quality of your denture.

Being part of a large network of over 120 practices allows us to buy materials in volume so our costs are the lowest in the industry. We have a strict policy that all materials used in our dentures must be accepted by the American Dental Association.

You will also note we only serve denture and extraction patients so this allows us to standardize our process of serving patients in a cost efficient manner. In 30 years we have treated over 3 million patients.

We have developed a practice that is unique and different from other dental practices and the combination of all these factors allow us to provide treatment at an affordable fee and usually on the same day.

Do you accept dental insurance?

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We are usually unable to accept insurance as payment for the services you receive in our office. However, we are able to provide you with the appropriate dental statement so you can file your claim and receive payment directly from your insurance company.

What styles of full dentures are offered?

(Back to top)

The AFFORDABLE DENTURES® practice wants you to have the best denture you can afford. That's why we offer you a choice of three styles of dentures, each style having its own distinct advantages.

The ECONOMY DENTURE is the most affordable denture and is selected by many patients. It is processed by our on-site lab and individually fit for you. The dentist and lab technician will determine the size, shape and look of the teeth, based on your needs. The Economy Denture is available with same-day service.

CUSTOM DENTURES are made with more expensive teeth for a more natural-looking denture. Denture teeth are set in a wax base so you may try them in to see how the denture will look before it is completed. You may make changes to suit you, consistent with your dental needs. After you have approved the look of your Custom Dentures, the lab will custom finish your denture in the permanent acrylic base material. It's like designing your own smile!

The Custom Denture is often available the same day, however in some cases it may take longer. The practice will inform you of their delivery times.

PREMIUM DENTURES are the most natural-looking dentures. They are made with the best denture teeth available, which are highly resistant to wearing down and do not stain easily. As with the Custom Denture, the teeth are first set in wax for you to try-in. Changes may be made at the time of try-in. After you have approved the look of your Premium Denture, the lab will then custom finish your denture in the permanent acrylic base material.

The Premium Denture is also often available the same day, however in some cases it may take longer. The practice will inform you of their delivery times.

What types of partial dentures are available?

[\(Back to top\)](#)

The AFFORDABLE DENTURES® practice also offers two types of partial dentures - Cast Metal and Acrylic partials.

CAST METAL PARTIAL

The Cast Metal partial denture is the best partial denture, and is stronger, less bulky and offers the best fit. The Cast Metal partial is fabricated using a metal framework to which the on-site laboratory will attach higher grade denture teeth. This partial denture will take from two to three weeks to make since our special metal framework is made by an outside laboratory.

OTHER PARTIAL DENTURES

Acrylic partial dentures are a more affordable partial. The Economy partial has an acrylic base upon which the teeth are set and is attached to natural teeth with small metal clasps.

In some cases, a Custom or Premium partial may be available with the more expensive teeth.

What information is available for first-time denture wearers?

[\(Back to top\)](#)

Are you about to become a first-time denture wearer? Please read the following information carefully.

If you have come to the practice because you suffer from tooth pain or discomfort, the dentist will suggest an X-ray be taken of your mouth. After reviewing the X-ray the dentist will consult with you regarding a recommended course of treatment. You may require the extraction of teeth and the placement of a new denture.

For the sake of appearance following extractions, most people want a temporary denture, called an **Immediate Denture**. Your immediate denture not only helps you to feel comfortable with your appearance, but we feel it will help in the healing process of your gums. We encourage you to wear your new denture immediately after extractions. This will assist with healing by acting as a band-aid to help control bleeding, and minimize discomfort when the swelling subsides.

When you have had extractions, remember that the healing process takes time... often at least six months, and sometimes more. Each person's physical health and oral conditions are unique, and the healing process will vary from patient to patient.

During healing, it is common for the gum tissue to change and shrink. These changes during the months following extractions often result in space between the gum tissue and the denture. Hence, the immediate denture may not fit as well as when first inserted.

Please note that you may require a reline and/or a new denture following the shrinkage of your gums, for which standard fees will be charged.

The **New Denture Wearer PackageSM** is available for first time denture wearers and offers a significant savings to patients who have had extractions and require an immediate denture. For one package payment you will receive an immediate denture, a final denture and all the other services needed to help you adjust to wearing dentures for the first time. Our staff will be glad to explain the details of the package and the related savings that you will enjoy.

Are any services other than dentures offered?

(Back to top)

The practice performs **Extractions** on a same-day basis in most cases. However, please remember that your health conditions, any medications you may be currently taking and the complexity of the extraction may affect this service. The dentist will gladly discuss circumstances that may affect the availability of extractions on a same-day basis.

The practice performs **Adjustments** at no charge during the first 60 days after you receive your dentures. After the first 60 days, adjustments are available at a nominal fee. Please remember that an adjustment is not the solution to a loose-fitting denture; it merely helps to alleviate soreness due to high spots where the denture rests upon your gums.

The practice performs **Relines**, which is a denture that has been refit to the gums by way of a new impression. A reline may provide a solution to a loose-fitting denture.

There are two basic types of **Repairs**: simple repairs and repairs with impressions. Different fees apply to each type of repair. The dentist will need to see the denture to determine the extent of the repair required, or if the denture even can be repaired. It may not be possible to repair an older denture that has experienced considerable wear.

Please do not try to repair the dentures yourself. This may result in the need for a new denture for which standard charges will apply. Also note that you will need to be present in the office the day a repair is being performed on your dentures.

Gold Crowns are available on all dentures and usually are available through special order.

Any suggestions for adjusting to dentures?

(Back to top)

Discomfort for the first denture wearer and discomfort of a new denture on a long time wearer is a common occurrence. New dentures can be a somewhat trying experience for some patients, especially for first time wearers. Initially dentures often will feel strange and bulky, and will cause a feeling of fullness of the lips and cheeks. In time these feelings will subside, and you will feel more comfortable. **Time and patience** will be your biggest allies.

Other symptoms you may experience with new dentures are slurred speech, gagging, excessive salivation and funny or diminished taste. Again, these symptoms usually disappear over time. However, if they continue please contact our office to let the dental staff know about your particular difficulty. We are here to help you.

Here are some helpful suggestions to assist in your adjustment to a new denture:

Learning to chew with new dentures takes time. Start with soft foods and gradually introduce more difficult foods. Chew on both sides of your mouth at the same time to stabilize your teeth. Avoid biting into foods with your front teeth as it may dislodge your dentures.

It is especially difficult to adjust to a lower denture. Try resting your tongue against the back of the front of the lower denture to help hold it in place. Until you learn good tongue and lip control, it may be wise to use adhesives to help hold your lower denture in place. Adhesives may also be useful for upper dentures. (If

you are an existing denture wearer and have become accustomed to adhesives, you most likely will have to continue using adhesives for your dentures.)

It is important to remember that a lower denture often "floats" on your lower gums and will not have the suction that your upper denture has. It will move around in your mouth, even out of your mouth, until you have mastered it. This takes time, willpower and patience.

At first, you may want to consider wearing your dentures all the time, even at night, to adapt to them more quickly. After you have become accustomed to them, it is advisable to take them out at night.

It is common to feel sore places on your gums as you adjust to your new dentures. If you develop a sore spot, rinse your mouth with warm salt water and return to the practice as needed for an adjustment to the denture. Adjustments are free for the first 60 days and are an expected part of any new denture.

How do I care for my dentures?

(Back to top)

Daily care and cleaning of a new denture is very important to help maintain good dental health. For everyday cleaning, use a soft brush and a cleaning agent, such as soap and water, or products sold especially to clean dentures. Be sure to brush both the inside and outside of your denture. This will help eliminate harmful bacteria. We also suggest soaking your denture in water or a denture cleaning agent when you take them out at night.

We strongly recommend you hold your dentures over a sink filled with water when you are cleaning your denture. This will help to prevent breakage if the denture is accidentally dropped. You may also want to cushion the sink and counter with a soft cloth or towel.

When should I replace my denture?

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The **American Dental Association** recommends dentures should be replaced every **five to seven years**.

It is important to get yearly check-ups so that the dentist may check on the wear of your dentures and perform an oral exam to help maintain your dental health. The dentist will also check for signs of oral cancer and other conditions that can cause problems if ignored.

People's mouths change over the years. Gradual and unnoticeable changes over time may require replacement of your dentures. As an example, consider eyeglasses. Even though a pair of eyeglasses may be in good shape and fit comfortably, most people realize that gradual, almost unnoticeable changes in their sight require periodic exams and new glasses. Dentures are very much the same. Changes in your mouth may require the need for replacement dentures even though you may consider your current dentures to look and fit fine.

"After having my third child, I was determined to get my teeth fixed. I was so self-conscious I rarely smiled...it affected how I acted in public, in job interviews, and around friends and family. I came to your office and now I feel like a new person. I'm comfortable and confident. You and your caring staff gave me a good reason to smile."



-S.D., Three Oaks, MI



New Dentures- Partial Dentures and Denture Products

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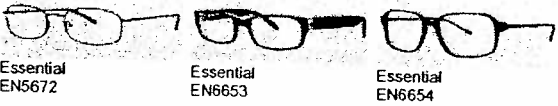
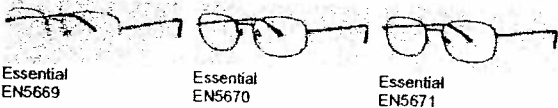
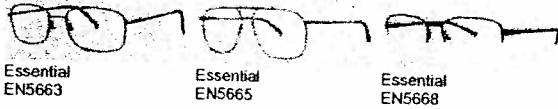
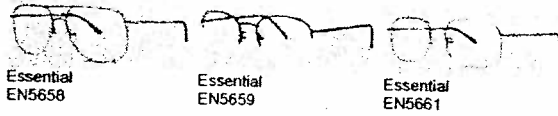
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Combine any of these frames with single-vision DURALENS® lenses and pay just \$99.95. See offer details.



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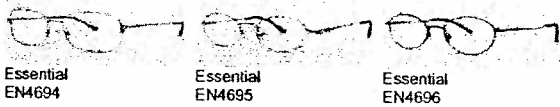
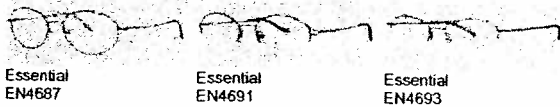
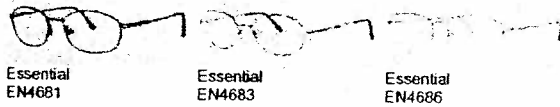
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\$99.95
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
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 Acuvue 2 (6 lenses)	\$19.99	\$16.24
 Acuvue 2 Enhancer Tint (6 lenses)	\$34.99	\$31.24
 Acuvue 2 Opaque Tint (6 lenses)	\$34.99	\$31.24
 Acuvue Advance (6 lenses)	\$24.99	\$21.24
 Acuvue Advance for Astigmatism (6 lenses)	\$42.99	\$39.24
 Acuvue Bifocal (6 lenses)	\$39.99	\$36.24
 Acuvue Oasys (6 lenses)	\$34.99	\$29.99

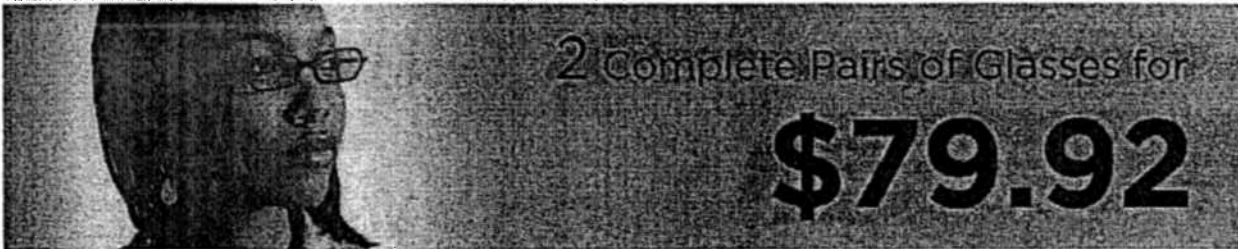
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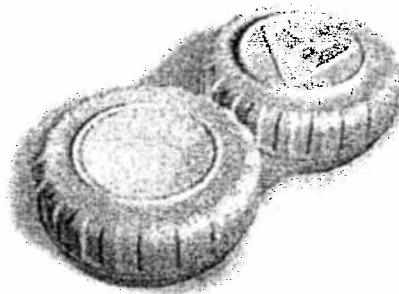
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Glasses

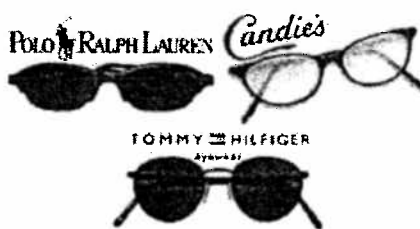
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Tommy Hilfer • Guess • Calvin Klein - and many others!

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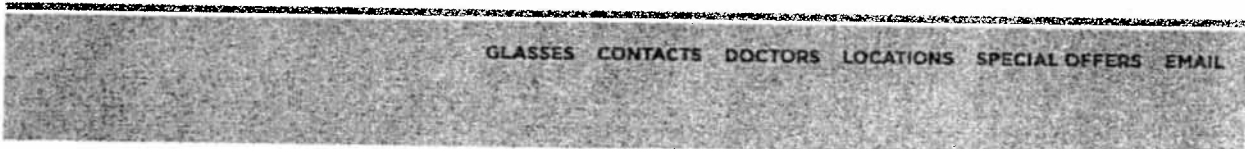
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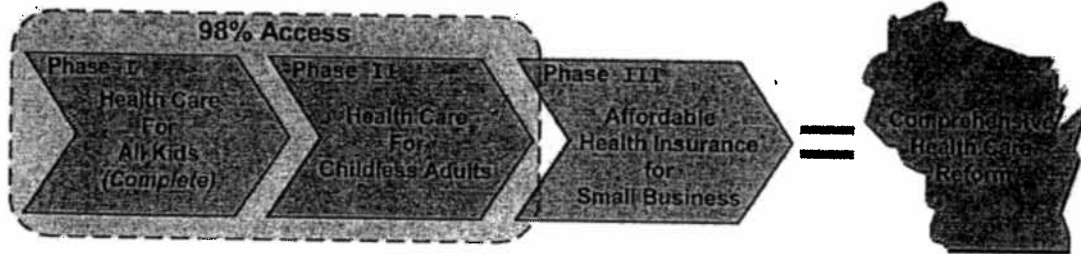


BADGERCARE+

Health Insurance for Childless Adults

In his January 2006 State of the State address, Wisconsin Governor Jim Doyle stated that "no child should ever be without health insurance." BadgerCare Plus – Health Insurance for All Kids – was implemented on February 1, 2008. BadgerCare Plus covers all children and more pregnant women, parents and caretaker relatives.

In his 2007 State of the State Address, Governor Doyle expanded this initiative to include low-income childless adults. Expanding BadgerCare Plus to childless adults will ensure access to health insurance for 98% of Wisconsin's citizens. In the future, Wisconsin will create a one-stop shop for small businesses and the self-employed to connect with private health insurance plans available in the State. These initiatives represent innovative and comprehensive health care reform for Wisconsin.



Expanding BadgerCare Plus to childless adults will:

- ★ Ensure that 98% of Wisconsin residents have access to health care
- ★ Provide health insurance coverage for childless adults
- ★ Centralize enrollment services through the Enrollment Services Center
- ★ Simplify change reporting and provide 12 continuous months of membership
- ★ Create a consumer-driven health care program for childless adults

Childless adults that qualify for BadgerCare Plus have the following characteristics:

- ★ Ages 19-64
- ★ No dependent minor children
- ★ Income at or below 200% of the FPL (\$20,800 for a single person, \$28,000 for 2 people)
- ★ Not pregnant, disabled, or otherwise qualified for any other Medicaid, Medicare or SCHIP program
- ★ No private health insurance coverage now or in the previous 12 months

The BadgerCare Plus Core Plan for Childless Adults will provide access to basic health care services, including primary and preventive care and generic drugs. The BadgerCare Plus Core Plan for Childless Adults will be less comprehensive than traditional Medicaid and BadgerCare Plus for Children and Families.

Wisconsin has created, for the first time, a Clinical Advisory Committee on Health and Emerging Technology (CACHET) to advise Department of Health Services Secretary Karen Timberlake on the inclusion of and prioritization of services in the BadgerCare Plus Core Plan for Childless adults. The CACHET will integrate evidence-based medicine, identify centers of excellence, develop therapy guidelines and research new and emerging technologies and procedures.

Building on Wisconsin's success in managed care, all members will be enrolled in one of the sixteen Wisconsin managed care health plans currently providing services to BadgerCare Plus members.

<http://www.badgercareplus.org/>

BADGERCARE+

Health Insurance for Childless Adults

Health plans will be placed into one of two tiers based on cost effectiveness and quality of care. Members will be able to choose a health plan from either tier but will have a lower cost-sharing if they enroll in a Tier 1 plan. Wisconsin has designed this tiered structure to encourage the provision of high quality health care by harnessing the power of informed consumer choice.

All BadgerCare Plus childless adults will have reasonable cost-sharing. Members will pay an application processing fee and have affordable co-payments for services where applicable. Co-payments will be waived for preventive services.

Federal Poverty Level	Application Fee		Non-Institutional Services	Drugs	Outpatient Hospital	Emergency Services	Inpatient Hospital
	Tier 1	Tier 2					
0-100%	\$60	\$75	Nominal	\$5	Nominal	Nominal	Nominal
100-200%	\$60	\$75	Nominal	\$5	\$15	\$60	\$100

o Nominal co-payments range from \$0.50 - \$3 where applicable
o Co-payments waived for preventive services
o Cost-sharing will be capped consistent with the Standard Plan

BadgerCare Plus will be simple to understand, to enroll in, and to administer. Application processing, enrollment and case management services will be managed by a single statewide Enrollment Services Center. The Enrollment Services Center will be staffed by State experts prepared to answer member questions.

Wisconsin will require that all applicants fill out a Health Needs Assessment (HNA) in order to complete their enrollment in BadgerCare Plus. The HNA will collect a brief health history from each applicant that will be used to match applicants with health plans that can best meet their health needs. All childless adults will be required to get a comprehensive physical exam within the first year of enrolling in BadgerCare Plus to ensure the establishment of a medical home. This exam will identify any untreated health issues and will establish a medical status baseline for each member. Wisconsin believes that this is the first time a state Medicaid program has required a comprehensive physical exam as a term of enrollment.

Because of the recent downturn in the national economy, the expansion of childless adults will be implemented in phases. We are committed to ensuring that the approximately 7,000 individuals on Milwaukee County's General Assistance Medical Program receive the health care they need. Individuals already enrolled in GAMP will be enrolled into the Badgercare Plus Core Plan for Childless Adults during the first phase of implementation. We will be working with Milwaukee County to determine the transition of GAMP members to the BadgerCare Plus Core Plan for Childless Adults. This program will replace GAMP and funding currently used to support GAMP will be used to expand health care to childless adults.

Once 98% access to health insurance has been achieved through BadgerCare Plus, Wisconsin will move toward the final phase of comprehensive health care reform: creating a consumer-driven health care market for approximately 800,000 small business owners and their employees as well as the self-employed.

Core Plan for Childless Adults 1800-362-3002

COVERED SERVICES FOR THOSE WHO WERE ENROLLED IN A GENERAL ASSISTANCE/GENERAL RELIEF MEDICAL PROGRAM

If you are enrolled in Milwaukee County's General Assistance Medical Program (GAMP) or in any other counties' General Assistance/General Relief Medical Program in December 2008, you will be automatically enrolled in the BadgerCare Plus Core Plan for Childless Adults on January 1, 2009. This plan replaces the health care benefits you have under the General Assistance/General Relief Medical Program in your county. You will receive more specific information about this change in the mail in mid-December 2008.

These are the services BadgerCare Plus is planning to cover under the Core Plan. These covered services may change.

BadgerCare Plus Core Plan will cover these services:

- | | |
|--|---|
| • Doctor visits | • Physical therapy (includes cardiac therapy) |
| • Hospital services | • Occupational therapy |
| • Emergency room visits | • Speech therapy |
| • Emergency ambulance rides | • Durable medical equipment |
| • Emergency dental services | • Disposable medical supplies |
| • Prescription drugs (see below for details) | • Dialysis/kidney-related services |

Some services covered under the BadgerCare Plus Core Plan will have a co-payment. The co-payments listed below are for those who will be automatically enrolled in the BadgerCare Plus Core Plan for Childless Adults effective January 1, 2009.

COVERED SERVICES	CO-PAYMENT
Visits to the doctor <ul style="list-style-type: none"> Includes office visits and surgical procedures. Mental health visits are only covered when they are with a psychiatrist. For substance abuse, physician services are covered. Routine eye exams are not covered. 	\$0.50 to \$3 per service, limited to \$30 per provider per calendar year. No co-payments for emergency services, preventive care, anesthesia, or clozapine management.
Hospital services <ul style="list-style-type: none"> This includes inpatient and outpatient visits. Inpatient mental health and substance abuse services are not covered. 	For outpatient visits, \$3 per visit. For inpatient visits, \$3 per day. For each stay, you will not have to pay more than \$75 in co-payments. You will not have to pay more than \$300 per year in co-payments for all of your hospital services.
Emergency room visits and ambulance rides for emergencies.	\$0
Emergency dental services.	\$0
Prescription drugs - See page 2.	
Physical therapy, occupational therapy, and speech therapy <ul style="list-style-type: none"> There is a limit of 20 visits per year for each type of therapy. Cardiac rehabilitation is included under physical therapy. 	\$0.50 to \$3 per service. Co-payments will not be charged after the first 30 hours or \$1,500 of each type of therapy, whichever occurs first, each calendar year.
Durable Medical Equipment <ul style="list-style-type: none"> This has a benefit limit of \$2,500 per year. Rental items count towards the limit. 	\$0.50 to \$3 per priced unit.
Disposable Medical Supplies <ul style="list-style-type: none"> This is limited to syringes, diabetic pens, and items used with durable medical equipment. 	\$0.50 to \$3 per priced unit.
Dialysis and other kidney-related services for people with end-stage renal disease, who do not qualify for Medicare end-stage renal disease services.	\$0

GENERAL ASSISTANCE/RELIEF MEDICAL PROGRAM PRESCRIPTION DRUG COVERAGE

In most cases, generic drugs and some over-the-counter drugs are covered at a cost to you of up to \$5 for each item. Your co-pay will be \$20 per pharmacy, per month for drugs prescribed by your physician. Certain "brand name" drugs may also be covered by the BadgerCare Plus Core Plan. Your drug coverage information is below. If you have any questions, please contact Member Services at 1-800-362-3002.

Mental Health Drugs*

- From January 1, 2009 through March 31, 2009, the Core Plan will cover any mental health drug you are currently taking to treat depression, Alzheimer's disease, Parkinson's disease, epilepsy and other seizure disorders, bipolar disease and schizophrenia, and drugs used to treat attention deficit disorder.
- Beginning April 1, 2009, the Core Plan will cover your mental health drugs. If you are taking drugs for Alzheimer's disease, bipolar disease or schizophrenia, you will continue on any drug used to treat these two conditions as long as you remain enrolled in the Core Plan.
- Beginning April 1, 2009, the Core Plan will continue to cover the specific drug you are currently taking to treat depression, Parkinson's disease, epilepsy and other seizure disorders, and attention deficit disorder, as long as you remain enrolled in the Core Plan. If you need to change to a different drug for these conditions, it may not be covered under the BadgerCare Plus Core Plan. Please see the "All Other Medications" section below.

Asthma and Diabetes Drugs*

- From January 1, 2009 through March 31, 2009, the Core Plan will cover any insulin you are currently taking to treat diabetes and some inhalers you are currently taking to treat asthma.
- Beginning April 1, 2009, the only insulin that will be covered under the Core Plan are Humalog and Lantus.
- Beginning April 1, 2009, the only asthma inhalers that will be covered under the Core Plan are Flovent, Serevent and Proventil HFA.
- Other asthma and diabetes medications may be covered under the Badger Rx Gold program.

All Other Medications*

- Beginning January 1, 2009, generic drugs and a limited number of over the counter (OTC) drugs will be covered under the Core Plan.
- Beginning January 1, 2009, brand name drugs and other drugs not covered under the Core Plan will be available through the Badger Rx Gold program.
- If you have any questions, please contact Member Services at 1-800-362-3002.

The BadgerCare Plus Core Plan does not cover these services:

- | | |
|--|--|
| • Non-emergency dental services | • Non-emergency transportation |
| • Chiropractic services | • Nursing home care |
| • Hearing services | • Podiatrist Services |
| • Routine vision exams | • Reproductive health services at a Family Planning Clinic (these services are covered through BadgerCare Plus Family Planning Waiver program) |
| • Home health care | • Services for children and pregnant women |
| • Hospice | |
| • Inpatient mental health and substance abuse treatment services | |

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BadgerCare Plus Core Plan for Childless Adults

[Benefits](#)[Comparison](#)[Eligibility](#)[Comparison](#)[Executive](#)[Summary](#)[Fact Sheet](#)

The BadgerCare Plus Core Plan for Childless Adults will provide access to basic health care services, including primary and preventive care and generic drugs to low-income adults. Income-eligible adults, from age 19 through 64 who do not have children or do not have dependent children under age 19 living with them, may be able to enroll in the BadgerCare Plus Core Plan.

The BadgerCare Plus Core Plan for Childless Adults is not a standard Medicaid benefit nor an entitlement program, and will be a limited benefit due to strict state and federal budgetary limits. This health insurance plan is for adults who were previously not eligible to enroll in state and federal health programs. In addition, individuals who have had health insurance or had access to employer subsidized health insurance during the previous 12 months are not eligible for the Core Plan.

Because of the recent downturn in the national economy, the expansion of childless adults will be implemented in phases. Wisconsin is committed to ensuring that people receive the health care they need. During the first phase of implementation, individuals already enrolled in Milwaukee County's General Assistance Medical Program (GAMP) and other county general assistance medical programs will be automatically enrolled into the BadgerCare Plus Core Plan for Childless adults on January 1, 2009. Further implementation information will be available in 2009.