

Excluded from Medicare Coverage: Long-Term Care, Dental, and Vision

Long-term care and Medicare

Long-term care (LTC), also called long-term services and supports (LTSS), refers to a range of services that help you perform everyday activities. LTC can be provided in a nursing home, assisted living facility, or other setting, and may include medical care, therapy, 24-hour care, personal care, and custodial care (homemaker services). **Medicare usually does not cover non-medical, or non-skilled, LTC services.** However, if you need care, there are other organizations and forms of insurance you can try:

- **Medicaid** is the country's largest payer of long-term services and supports and will pay for nursing home care. Contact your local Medicaid office to see if you are eligible for Medicaid in your state.
- **Long-term care insurance** generally covers nursing home care and custodial care. Note that LTC policies can be very expensive, and you can only purchase certain LTC policies if you are in good health.
- An **Area Agency on Aging (AAA)** may be able to provide counseling and connect you with services in your area. For example, AAAs can connect you with local senior centers that may have programs for meal delivery, transportation, shopping assistance, or case management.
- **Geriatric care managers** are health and human service professionals who work privately with you and your family to create a plan of care.



Dental services and Medicare

Medicare does not cover dental services that you need primarily for the health of your teeth, such as routine checkups, cleanings, fillings, most tooth extractions, and dentures. Medicare does, however, offer very limited coverage for dental care needed to protect your general health, or for dental care needed for another Medicare-covered health service to be successful. For example, Medicare may cover:

- An oral examination in the hospital before a kidney transplant
- Surgery to treat fractures of the jaw or face
- Dental splints and wiring needed after jaw surgery
- Removal of a tooth in order to access and treat a cancerous growth



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Vision services and Medicare

Routine eye care services, such as regular eye exams, are excluded from Medicare coverage. However, Medicare does cover certain eye care services if you have a chronic eye condition, such as cataracts or glaucoma. Medicare covers:

- Surgical procedures to help repair the function of the eye due to chronic eye conditions.
 - For example, Medicare will cover surgery to remove a cataract and replace your eye's lens with a fabricated intraocular lens.
- Eyeglasses or contacts if you had an intraocular lens placed in your eye after cataract surgery.
- An eye exam to diagnose potential vision problems.

Medicare only covers annual eye exams by state-authorized eye doctors if you have diabetes or are at high risk for glaucoma.



How to access dental and vision care






Although most dental and vision care is excluded from Medicare coverage, you can access this care in other ways:

- **Medicare Advantage Plans:** Some Medicare Advantage Plans offer routine dental and/or vision coverage as supplemental benefits. Contact the plan to learn about services it may cover, any rules or restrictions, and costs.
- **Medicaid:** In some states, Medicaid covers some dental and vision services. You may qualify for Medicaid if you have limited income and assets. Contact your local Medicaid office for more information.
- **Private plans:** You can purchase a separate dental and/or vision plan from a private insurance company.
- **Federally Qualified Health Centers (FQHCs):** FQHCs are health care facilities located in medically underserved areas. Some FQHCs may offer dental or vision care.
- **Community Health Centers (CHCs):** CHCs provide free or reduced-cost health services, including dental care and sometimes vision care.
- **Dental and optometry schools:** Some schools provide low-cost dental care. Dental and optometry students work with patients under the supervision of licensed professionals.

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Protect yourself from marketing violations and enrollment fraud

Some Medicare Advantage Plans may offer dental coverage, vision coverage, and other supplemental benefits beyond traditional Medicare. Be aware, though, that there are often rules and restrictions around these supplemental benefits. Sometimes, plan marketing materials can even make it seem that it offers additional services, when these services are actually covered by Medicare. If you are comparing Medicare Advantage Plans, practice being an informed consumer to avoid being enrolled in a plan that does not meet your needs or expectations. For example, ask plan representatives questions like:

-  Is this benefit offered to everyone enrolled in the plan, or is it an optional benefit I sign up for?
-  Is there an additional premium I must pay for this benefit?
-  Are there limits to how much I can use this service?
-  Are there restrictions on where and how I can access these services?
-  Are there copays or coinsurance charges for these services?

Specifically, when asking about supplemental dental and vision coverage, make sure you know exactly which dental and vision services are covered, at what cost, and how often. You can also request that a representative send this information to you in writing.

If you would like unbiased assistance comparing Medicare Advantage Plans and their supplemental benefits, contact your local State Health Insurance Assistance Program (SHIP).

If you sign up for a plan after being told that certain services were covered, but later receive a denial because those services are not covered, you may have experienced potential enrollment fraud. If you believe potential Medicare fraud, abuse, or errors occurred, you should call your local Senior Medicare Patrol (SMP).

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Where can I go for more help?

Your doctor: Reach out to your doctor if you would like to discuss your needs around long-term care, dental services, and vision care.

State Health Insurance Assistance Program (SHIP): Contact your local SHIP to learn more about Medicare’s coverage rules or to receive assistance comparing Medicare Advantage Plans’ supplemental benefits. Your SHIP contact information is at the bottom of this page.

Senior Medicare Patrol (SMP): Contact your SMP if you have concerns about potential Medicare fraud, abuse, or errors. Local SMP contact information is at the bottom of this page.

Medicare: Call 1-800-MEDICARE or Medicare.gov to review your Medicare coverage.

Your Medicare Advantage (MA) Plan: If your Medicare coverage is through a MA Plan, contact your plan to learn more about how your plan covers dental or vision care.

Eldercare Locator: Use the Eldercare locator to be connected with senior centers and other local services. Visit their website, www.eldercare.acl.gov, or call 800-677-1116.

Local SHIP contact information	Local SMP contact information
<p>Toll-free phone number: 877-839-2675 (To connect with your SHIP, say “Medicare”)</p>	<p>Toll-free phone number: 877-808-2468 (To connect with your SMP, say “Medicare Fraud”)</p>
<p>Online SHIP Locator: www.shiphelp.org</p> <p>Click: </p>	<p>Online SMP Locator: www.smpresource.org</p> <p>Click: </p>
<p>SHIP National Technical Assistance Center: 877-839-2675 www.shiphelp.org info@shiphelp.org SMP National Resource Center: 877-808-2468 www.smpresource.org info@smpresource.org © 2021 Medicare Rights Center www.medicareinteractive.org </p> <p><i>The Medicare Rights Center is the author of portions of the content in these materials but is not responsible for any content not authored by the Medicare Rights Center. This document was supported, in part, by grant numbers 90SATC0002 and 90MPRC0002 from the Administration for Community Living (ACL), Department of Health and Human Services, Washington, D.C. 20201. Grantees undertaking projects under government sponsorship are encouraged to express freely their findings and conclusions. Points of view or opinions do not, therefore, necessarily represent official Administration for Community Living policy.</i></p>	