



ORAL HEALTH IS INTEGRAL TO OVERALL HEALTH

- Oral diseases and disorders affect overall health and well-being throughout life.ⁱ
- Dental caries (tooth decay) and periodontal disease (gum disease) are preventable but common among Americans. More than 14% of older adults have untreated cariesⁱⁱ, and 68% have periodontal disease.ⁱⁱⁱ
- Oral diseases and conditions are associated with other health problems including diabetes, heart disease, adverse pregnancy outcomes, dementia, respiratory conditions, and kidney disease.

DENTAL BENEFITS PLAY KEY ROLE IN PROMOTING ORAL HEALTH

- The dental benefits industry is robust and competitive: most states average 21 dental plan options and premiums are low and stable (growth ranging from -0.06% to 1.35% over the last 5 years).
- Consumers with dental benefits are nearly twice as likely to go to the dentist at least annually than those without benefits.^{iv}
- Approximately 254 million Americans or 78% of the population have dental benefits. 166 million Americans have private dental coverage. More than 99% obtain dental benefits separate from their medical policy.^v
- Older Americans are more likely to lack dental coverage; 35% of Medicare beneficiaries have dental coverage.
- Almost half of all Medicare beneficiaries did not have a dental visit within the past year, with higher rates among those who are black or Hispanic, have low incomes, and are living in rural areas, as of 2016.^{vi}
- Lack of dental insurance is the most common reason for not visiting the dentist, more so than fear of visiting the dentist.

TOPICS FOR CONSIDERATION IN DEVELOPING A MEDICARE DENTAL BENEFIT

Consistent with its commitment to quality, affordable dental care for all Americans, the National Association of Dental Plans (NADP) supports including dental benefits within the Medicare program. Following are key topics for consideration in designing a Medicare dental benefit.

Medicare beneficiaries with existing dental coverage: In 2016, 20 million Medicare beneficiaries had dental benefits through employer-sponsored coverage, retiree benefits, individual market insurance, discount plans, Medicare Advantage plans, and Medicaid. *Will seniors with current dental coverage be allowed to keep their plan and dentist?*

Benefit design and affordability: In selecting dental benefits, some consumers prioritize lowest premium and out-of-pocket cost while others want coverage for major services. *How will premiums and program costs be kept affordable?*

Provider participation: The vast majority of dentists (>99%) are not enrolled in Medicare. *How would dentists be enrolled and reimbursed to ensure adequate access for beneficiaries?*

Administration: Billing codes, diagnosis codes, claim forms, and electronic transactions supporting dental and medical services are different, and CMS does not currently support administration of a dental benefit. *How would a benefit be administered to utilize current private market efficiencies and expertise?*

What is a “typical” dental plan?

A typical dental plan is designed to promote frequent preventive care and early treatment while also providing some coverage of major services:

	Standard Private Market DPPO
Prevention & Diagnosis Office visit, cleaning, x-rays & sealants	100%
Basic Services Fillings and other restorations	80%
Major Services Crowns, root canals, etc.	50%
Orthodontia	50% with lifetime limit of \$1,500
Deductible	\$50 applied to basic, major, and orthodontia
Annual Limit	\$1,500 each family member

A typical policy has a \$25-\$30 monthly premium, a very low deductible, no cost-sharing for preventive care, and low cost-sharing for basic care like fillings.

95% of Americans with coverage never hit the annual benefit maximum in a year. (A typical limit is \$1,500, with a range of \$1,000 - \$2,000)

Sources:

ⁱ U.S. Department of Health and Human Services. Oral Health in America: A Report of the Surgeon General. Rockville, MD: U.S. Department of Health and Human Services, National Institute of Dental and Craniofacial Research, National Institutes of Health, 2000.

ⁱⁱ Kaiser Family Foundation analysis of National Health and Nutrition Examination Survey (NHANES), 2015-2016; unpublished estimates.

ⁱⁱⁱ Eke PI, Dye BA, Wei L, et al. Update on Prevalence of Periodontitis in Adults in the United States: NHANES 2009 to 2012. J Periodontal 2015;86(5):611-22. <http://bit.ly/2YPViaS>

^{iv} NADP Consumer Survey-Dental Health and Benefits, December 2018

^v 2018 NADP Dental Benefits Report on Enrollment

^{vi} Kaiser Family Foundation. Drilling Down on Dental Coverage and Costs for Medicare Beneficiaries. March 2019. <http://bit.ly/2ID8qw0>