

Background

Timely dental care can help Medicare beneficiaries maintain the health of their teeth and gums and prevent infection and oral diseases.

This analysis uses data from the Medicare Current Beneficiary Survey (MCBS) to look at utilization of select dental services and out-of-pocket expenses associated with dental care among Medicare beneficiaries living in the community in 2021.

Methods

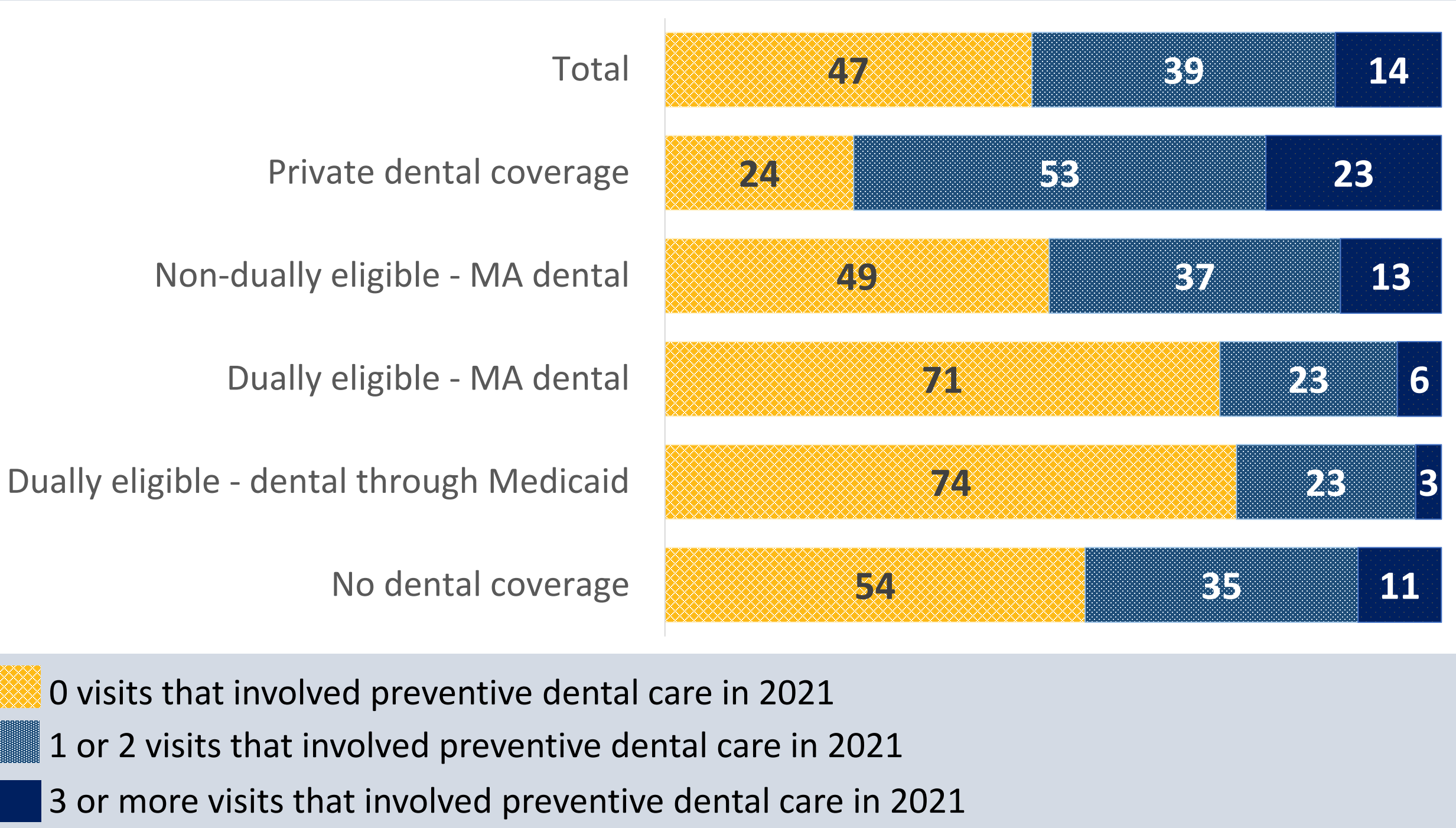
The type of dental coverage that someone has may be determined by a variety of different factors, which include (but are not limited to) availability of coverage from a current or former employer, state of residence, eligibility for different government programs, ability to afford coverage, perceived need for dental services and personal preferences.

Beneficiaries were classified into five mutually exclusive categories based on their dental coverage type:

- 1) Private coverage: Private dental coverage includes coverage through a private dental plan or private plan that covers dental services. Some beneficiaries with private dental coverage may also have coverage of dental services through a Medicare Advantage plan or be dually eligible and live in a state where Medicaid covers some dental services. This analysis used information on dental coverage through a private plan that was self-reported by Medicare beneficiaries.
- 2) Non-dually eligible beneficiary with dental coverage through a Medicare Advantage (MA) plan: Beneficiaries were classified as having dental coverage through an MA plan if they did not have a private dental plan, were enrolled in an MA plan and reported having dental coverage through that plan.
- 3) Dually eligible beneficiary with dental coverage through an MA plan: Dually eligible beneficiaries with MA dental were classified as having dental coverage through an MA plan even if they also lived in a state that provided coverage of dental services to Medicaid recipients in 2021.
- 4) Dually eligible beneficiary with dental coverage through Medicaid: The analysis used information on beneficiary's state of residence and state coverage of dental services for Medicaid recipients as of 2021 to identify whether the beneficiary lives in a state with extensive or limited coverage of dental services through Medicaid. Information on coverage of dental services for Medicaid beneficiaries by state was obtained from https://www.chcs.org/media/Medicaid-Adult-Dental-Benefits-Overview-Appendix_091519.pdf.
- 5) No dental coverage.

Results

Figure 1: Percentage of Medicare beneficiaries living in the community with dental visits that involved preventive care, 2021



Source: Medicare Current Beneficiary Survey, 2021 Survey File and 2021 Cost Supplement.
Note: Dental visit that involved preventive care is a visit where any of the following services were performed: dental examination, cleaning, x-rays, fluoride treatment, or sealants. Non-preventive services may have also been performed during these visits. Estimates may not add up to 100 percent due to rounding.

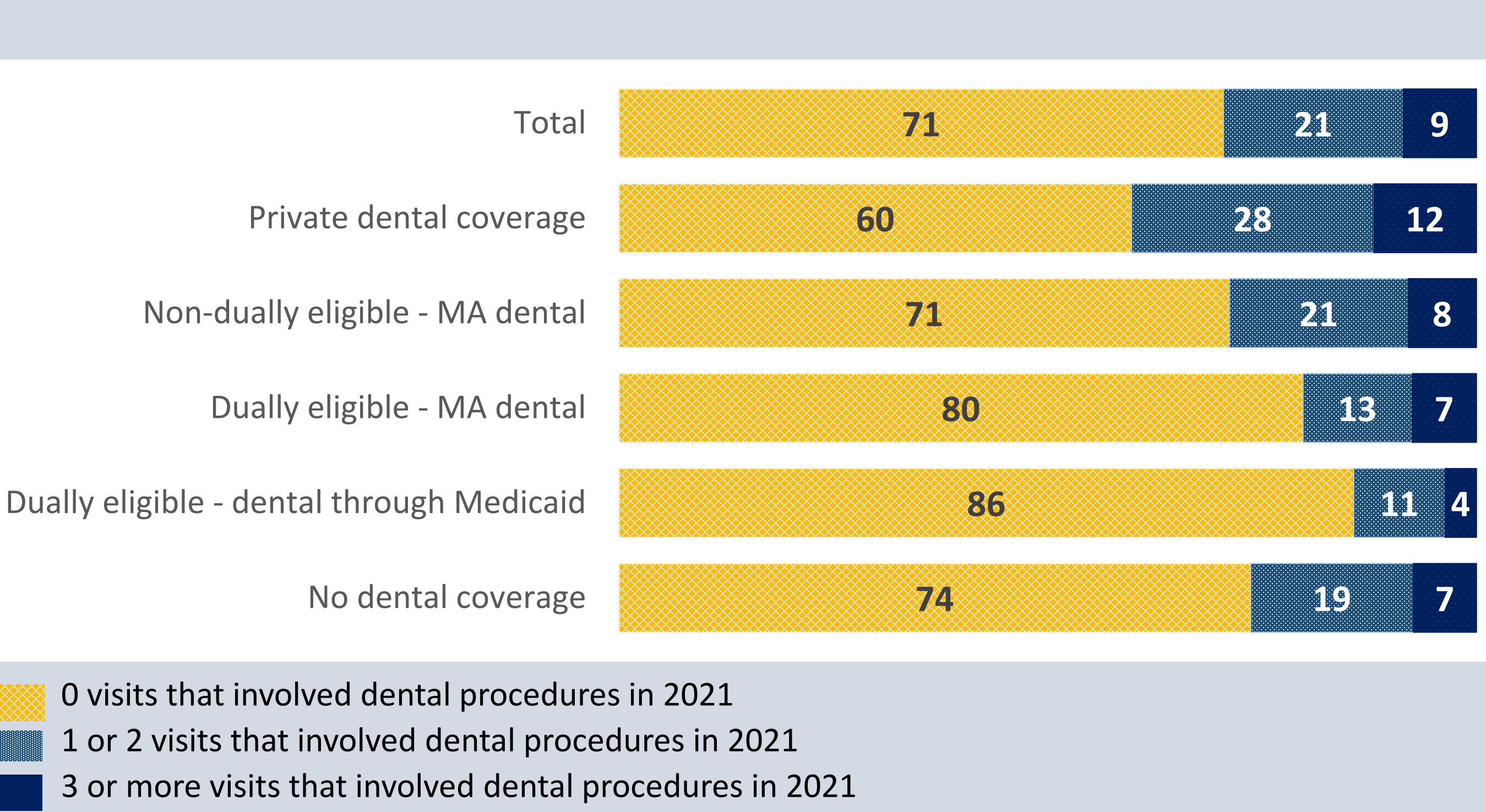
Table 1: Utilization of select dental services by Medicare beneficiaries living in the community, 2021

	Any preventive dental service or dental procedure	Dental exam	Cleaning	X-ray	Filling	Crown	Extraction
Total	56.6	45.5	46.2	32.6	8.9	9.9	6.9
Private dental coverage	78.3	68.0	69.9	48.2	12.3	16.4	7.9
Non-dually eligible - MA dental	54.9	42.0	43.6	31.6	8.8	9.1	6.1
Dually eligible - MA dental	33.3	22.1	17.2	17.9	5.7	*	6.4
Dually eligible - dental through Medicaid	29.3	21.7	19.0	12.3	5.4	*	5.3
No dental coverage	50.5	38.9	39.8	28.0	7.7	8.4	6.7

50 percent or more of beneficiaries in the group received this service in 2021
Between 30 and 50 percent of beneficiaries in the group received this service in 2021
Fewer than 20 percent of beneficiaries in the group received this service in 2021
An estimate is not presented because it does not meet suppression and/or reliability standards

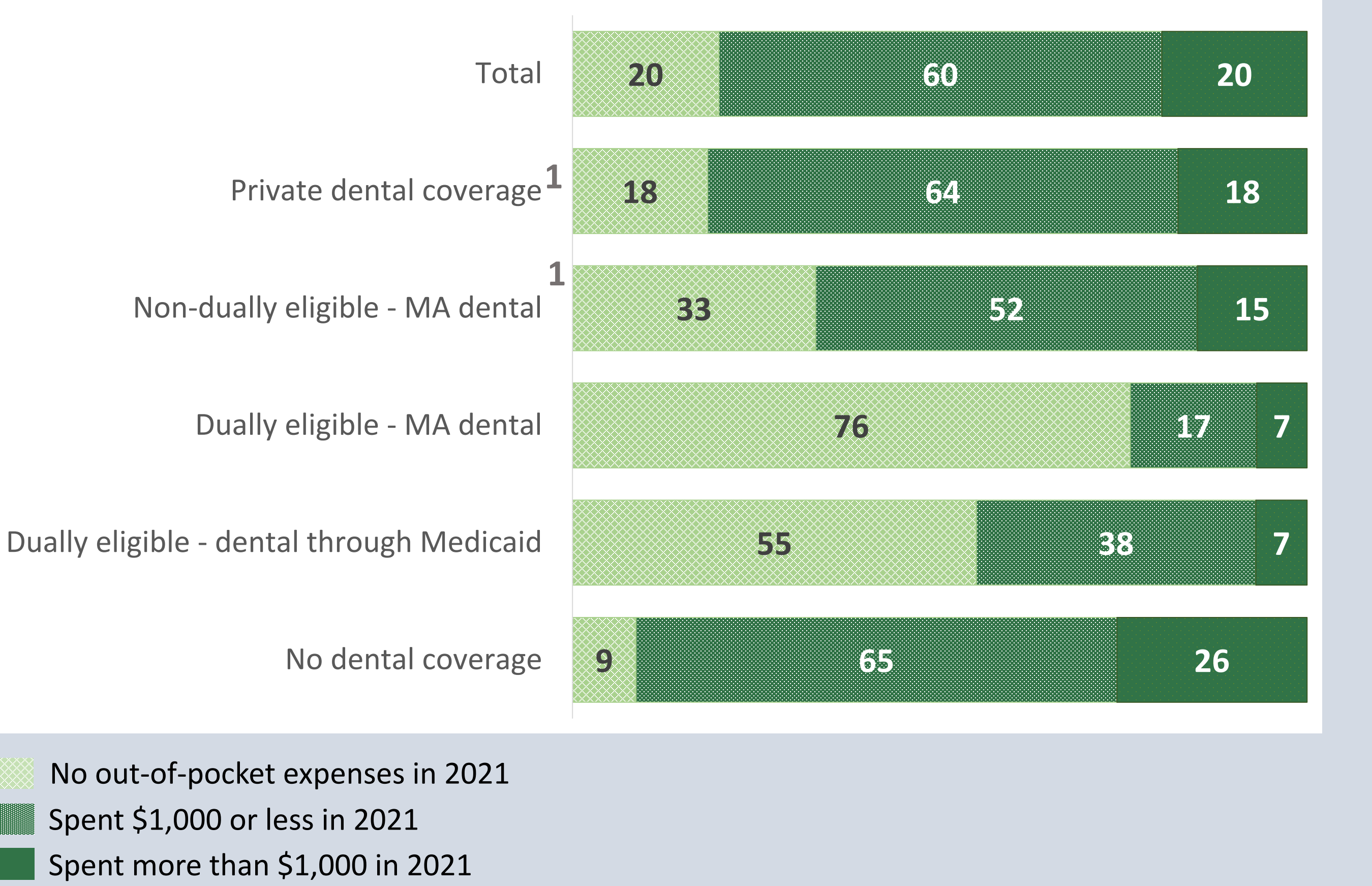
Source: Medicare Current Beneficiary Survey, 2021 Survey File and 2021 Cost Supplement.

Figure 2: Percentage of Medicare beneficiaries living in the community with dental visits that involved dental procedures, 2021



Source: Medicare Current Beneficiary Survey, 2021 Survey File and 2021 Cost Supplement.
Note: Dental visit that involved a dental procedure is defined as a visit where non-preventive services were performed (filling, inlay, crown, root canal, extraction, implant, oral surgery, dentures and denture repair, dental bonding treatment, etc.). Preventive services may have also been performed during these visits. Estimates may not add up to 100 percent due to rounding.

Figure 3: Out-of-pocket dental expenditures among Medicare beneficiaries living in the community who utilized any dental services, 2021 (percent distribution)



Source: Medicare Current Beneficiary Survey, 2021 Survey File and 2021 Cost Supplement.
¹ The difference between the percentage of Medicare beneficiaries with private coverage who spent more than \$1,000 and the percentage of non-dually eligible Medicare beneficiaries with coverage through an MA plan who spent more than \$1,000 is not statistically significant at the 90 percent level of confidence.

Summary

Among Medicare beneficiaries living in the community in 2021:

Figure 1

- 47 percent had no dental visits that involved preventive care, 39 percent had 1 or 2 visits, and 14 percent had 3 or more visits.
- Those with dental coverage through a private plan had the highest utilization of preventive dental services (53 percent had 1 or 2 visits and 23 percent had 3 or more visits) compared with those who had other types of coverage or no dental coverage.
- Dually eligible beneficiaries were least likely to have a dental visit that involved preventive dental care in 2021 – approximately 70 percent had no preventive dental services.

Figure 2

- 71 percent had no dental visits that involved dental procedures, 21 percent had 1 or 2 visits, and 9 percent had 3 or more visits.
- Those with dental coverage through a private plan were most likely to have at least one dental procedure in 2021.

Table 1

- 56.6 percent had at least one preventive dental service or dental procedure.
- Those with dental coverage through a private plan had the highest utilization of dental services. For example, 68 percent of beneficiaries with a private plan had a dental exam, compared with 42 percent of non-dually eligible beneficiaries with dental coverage through an MA plan or 39 percent of beneficiaries with no dental coverage.
- Dually eligible beneficiaries were the least likely to utilize dental services in 2021.

Figure 3

- 20 percent had no out-of-pocket expenses, 60 percent spent \$1,000 or less, and 20 percent spent more than \$1,000.
- 18 percent of beneficiaries with dental coverage through a private plan and 15 percent of non-dually eligible beneficiaries with dental coverage through an MA plan spent more than \$1,000 in 2021.¹
- Those with no dental coverage were most likely to have the highest out-of-pocket costs in 2021, 26 percent spent more than \$1,000 on dental services.

For information on how to access MCBS data, please visit <https://www.cms.gov/mcbs>.

For questions, please contact mcbs@cms.hhs.gov

Data

The analysis uses data from the 2021 MCBS Survey File and 2021 MCBS Cost Supplement. These files include representative samples of Medicare beneficiaries of all ages, including both Medicare Advantage and Traditional Medicare Fee-For-Service (FFS) beneficiaries. All estimates are weighted to represent the national population of community-living beneficiaries enrolled in Medicare at any point in 2021. Medicare beneficiaries who lived in facilities in 2021 are not included in this analysis.