Dental Coverage for Retirees

Getting dental care is at least as important when you're older as when you're younger, and maybe more so. Past dental problems may require additional treatment over time, such as when a filling becomes broken or chipped. Risks for tooth loss as a result of tooth decay and gum disease grow with age, because of many factors. For example, you may have decreased saliva production (dry mouth) from medications taken to treat medical conditions. And, chronic diseases such as diabetes may increase the risk of gum disease. Cognitive or physical limits may make routine brushing and flossing harder, which can get in the way of keeping your teeth healthy.

Dental insurance can help make sure you can afford the dental care you need as you get older. If you're working, you may get dental coverage through your employer. But, once you retire, getting dental coverage may not be as easy.

Starting at age 65, Americans can get health insurance from Medicare, a federal government program. Since most people retire around that age, Medicare is often thought of as health insurance for retirees. (Actually, some people on Medicare keep working, and Medicare also covers disabled people and people with end-stage renal disease.) But, except as described below, Medicare doesn't cover most dental services. So, if retirees want dental insurance, they have to look elsewhere.

Some retirees have dental insurance through a prior employer—retiree dental coverage paid by the employer or an employee fund—though this is not common. And, it has only been relatively recently that options existed for older Americans to obtain dental coverage as individuals.

This guide will tell you:

- What kinds of dental care Medicare does and doesn't cover; and
- Where you can find dental coverage other than Medicare.

Dental Care Covered by Medicare

Medicare covers dental care only when it's deemed medically necessary. An example is pulling teeth after an injury, or treating fractured jaws. Medicare Part A (hospital insurance) does cover limited dental services if you receive them in a hospital, and if they're necessary to help perform a covered, non-dental procedure or medical service. An example is if you have a facial tumor removed and have dental jaw ridge reconstruction as part of that procedure.

But, Medicare doesn't cover routine dental care such as cleanings, fillings, root canals, implants or dentures. Nor does Medicare cover the follow-up treatment for services covered for medical necessity. For example, Medicare will cover the removal of teeth in preparation for radiation therapy, but not pay any of the costs for replacement of those extracted teeth. If Medicare paid for a tooth to be removed as part of surgery to repair a facial injury you got in a car accident, it will not pay for any other dental care you may need later because you had the tooth removed.

Dental Coverage through Medicare Advantage

Medicare Advantage plans, also known as Part C Medicare, let you get your Medicare benefits through a private health insurer. Medicare Advantage plans often charge a premium in addition to your Medicare Part B premium. They also may have other costs and limits. But, they may offer some advantages to you, based on your circumstances.

For example, some Medicare Advantage plans cover routine dental care. If you're shopping for a Medicare Advantage plan, look for one that does. If you already have one, check to see what dental services may be covered.

For more on Medicare Advantage plans, and to find and compare plans in your area, click here.

Individual Dental Plans

An individual plan gets its name because you buy it as an individual, not as a member of a group. But, these plans offer coverage for your family members as well as you.

Individual dental plans are available from a number of sources. In some cases, you may buy one directly from an insurance company. The insurance company may offer you a dental plan as you retire from your employer, or offer you a plan as an individual retiree regardless of where you were employed. Brokers or agents also may offer retiree individual plans. You may also be able to buy an individual dental plan from an association of which you're a member. For example, if you're an AARP member, you can buy dental coverage through AARP.

You may be able to buy a dental plan from the health insurance marketplaces (exchanges) created by the Affordable Care Act. Your state may have its own marketplace. If not, you can use the federal marketplace, healthcare.gov. Some of the medical plans in the state and federal marketplaces include dental benefits for adults. A few of the state-run marketplaces sell stand-alone dental plans without requiring you to buy a medical plan. If your state has its own marketplace, the state will appear on this list. Check with your state's marketplace for details. If your state does not have a marketplace, you may be able to buy stand-alone dental plans through the federal marketplace. To buy one there, though, you also have to buy a medical plan. And, there are no subsidies to help you pay for stand-alone dental plans on the federal or state exchanges.

For general information on dental plans and how to choose one, see our guide, Dental Plans.

Dental Coverage for Veterans and Their Families

Are you a retired service member or a family member of one? If you are, or if you fall within certain other military-related groups, you can choose to enroll in the TRICARE Retiree Dental Program. If you enroll, you'll pay a monthly premium, which can be deducted from your retirement pay. Exams and cleanings are free, and dental accident coverage is 100 percent. For other covered services, you pay a percentage and the plan pays the rest. There are annual deductibles (an amount you have to pay before the plan starts paying anything) and annual maximums (the most the plan will pay per year). For orthodontic care, there is a lifetime maximum. For more information, click here.

Medicaid

Medicaid is a partnership between the federal government and the states. It provides free or low-cost healthcare coverage for low-income Americans, including those who are elderly. State Medicaid programs don't have to provide dental benefits, but are allowed to do so. Many states do provide dental benefits, but the details differ from state to state and from year to year. Contact your state Medicaid agency here to learn more or to apply for Medicaid coverage.

Dental Discount Plans

Dental discount plans are not insurance, but a way of getting lower prices for all dental care, including routine dental care. For a yearly fee, you get access to a network of dentists who have agreed to offer discounted rates to members. You pay the full discounted rate for each service. The amount of the savings (discount) varies by the plan.

Learning More about Dental Care Costs

Whether or not you have dental insurance, or a dental discount plan, you can arm yourself with information about dental care costs. Use our FH® Dental Cost Lookup to see estimated costs for specific dental procedures in your area. That can help if you're uninsured or if you're seeing a dentist who isn't in your dental plan's network. If your dentist charges you more than the estimates, you can talk to him or her about lowering

prices, or shop for a different dentist. You also can use the information to budget for dental procedures that you know you may need.

Your Action Plan: Getting Dental Insurance If You're Retired

If you're retired and you want dental insurance:

- Look for a Medicare Advantage plan that includes dental benefits;
- Shop for an individual dental plan from a broker, agent, insurance company, AARP or your state or federal health insurance marketplace;
- Consider the TRICARE Retiree Dental Program if you're a retired service member or a family member of one;
- Consider Medicaid if your income is low and if your state Medicaid agency provides dental benefits;
- Consider a dental discount plan, which may save you money even though it's not insurance; and
- Use the FH Dental Cost Lookup to get useful information about dental care costs.