

Elizabeth O'Brien's Retire Well

Obamacare isn't good for your teeth

Published: Jan. 24, 2014 at 8:01 a.m. ET

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Health reform hasn't reduced adult dental costs. How to protect your teeth and wallet

Obamacare is a boon for boomers in various ways. Dental coverage, alas, isn't one of them.

More Americans lack dental coverage than health insurance, and while dental bills rarely reach the stratospheric heights of medical bills, they can still take a big bite out of retirees' savings. But while the Affordable Care Act has created a new way to shop for dental insurance, it hasn't improved the quality of that coverage, nor has it made the economics any friendlier—at least not for adults.

For the most part, Medicare doesn't cover dental care; the program pays only in certain cases where dental and medical needs intersect. And only 2% of retirees have dental coverage through a prior employer, according to Oral Health America, a Chicago-based nonprofit that works on dental access and education issues. Nationwide, 126.7 million Americans lack dental coverage, nearly three times the number of medically uninsured, according to the National Association of Dental Plans.

The stakes for this coverage gap are high when it comes to your health and your wallet. Not only are dental problems costly and painful in their own right, but inadequate dental care can negatively impact your overall health.

To name just a few examples: Diabetes can contribute to gum disease, which in turn may exacerbate diabetes. Studies have also suggested a link between gum disease and increased stroke risk. Weak teeth can make it harder to eat a nutritious diet, worsening overall health, said Dr. Charles Norman, president of the American Dental Association.

Even those with dental insurance will find themselves on the hook for a potentially big share of the bill when their needs are more-than-routine. The typical dental plan—offered through an employer or on the individual market—pays between \$1,000 and \$2,000 in annual benefits per patient. That might be fine for the young and cavity-free, but it doesn't go so far if you need a full set of dentures at more than \$3,000, or a mouthful of implants at \$4,000 per tooth.

In this respect, dental coverage differs from medical coverage. The Affordable Care Act, informally known as Obamacare, imposed annual caps on patients' out-of-pocket costs for medical care within their plan network. Previously, some plans on the individual insurance market didn't have any spending limits at all, leaving patients vulnerable to financial ruin in the face of a devastating illness.

What's more, Obamacare banned discrimination based on health status. People with pre-existing conditions (and it's the rare boomer who doesn't have at least one) can no longer be charged more on the individual insurance market for health coverage or denied coverage altogether.

Yet with most dental plans, the tooth you lost before you enrolled is your problem; the plan generally isn't going to cover anything in conjunction with that missing tooth.

Why dental is different

So why is Obamacare toothless when it comes to adult dental benefits? The law named pediatric dental benefits one of 10 essential health benefits, which starting this year must be included in certain health plans. The law imposes annual out-of-pocket caps on certain pediatric dental expenses, limiting families' financial exposure.

But those benefits don't extend to adult dental. Medicare doesn't cover routine dental care, and "that inertia spilled over into the ACA," said Dr. David Krol, senior program officer at the Robert Wood Johnson Foundation, a philanthropy devoted to health and health care.

A visitor to healthcare.gov—the Obamacare portal for residents of 36 states—might be forgiven for thinking that patient spending caps apply to adult dental coverage. Stand-alone dental plan descriptions on the window-shopping section of the site list the limits on out-of-pocket spending that apply to pediatric coverage (referred to as the "out-of-pocket maximum"). But generally, the description doesn't indicate these limits apply only to kids. This makes the plans look much more generous than they really are for adults.

To get full plan details while window-shopping, including the annual benefit limits for adults, you need to click out of healthcare.gov to see each insurance company's own plan brochure.

The picture becomes clearer for registered users of healthcare.gov who use the "plan compare" feature for dental coverage—those descriptions note the out-of-pocket maximums apply only to child essential health benefits. But that's a step that some shoppers may not take.

It's misleading that adult benefit caps aren't shown earlier in the shopping process, said Jonathan Wu, CEO of Valuepenguin.com, a consumer finance website offering analysis on health care, auto insurance and other topics. It's easy to imagine a boomer needing a root canal on a molar (at a national average of \$919, excluding the final crown, according to the American Dental Association) or a porcelain crown (\$1,026), browsing the site and thinking he'd discovered a much better option than existed before.

A spokesperson for the Centers for Medicare and Medicaid Services, which is responsible for the site, said the information that plans must provide now is much clearer and more standardized than it was before the law.

No a la carte options

Consumers seeking dental help on healthcare.gov may also find another source of frustration: The stand-alone dental plans shown on the website can only be purchased by consumers who have bought health insurance on the site. In other words, those who get health but not dental insurance through their employer—a very large group—won't be able to buy just the dental on healthcare.gov. (A very small number of health plans on healthcare.gov—less than 1%, according to an analysis by Valuepenguin.com—offer adult dental benefits within the plan.)

Approaches differ among the states that are running their own exchanges. For example, Colorado, Connecticut, Vermont and Maryland allow consumers to buy just a dental plan and not a medical plan; New York offers dental plans to adults who have bought medical coverage on the marketplace; while Covered California currently has no stand-alone adult dental offerings.

In any case, the federal subsidies that help income-eligible consumers pay for their health insurance can't be used toward adult dental coverage.

Given its limitations, it's best to think of dental coverage in general as a pay-as-you-go (or prepaid) benefit as opposed to "insurance," said Dr. Steven Bornfeld, a Brooklyn, N.Y. dentist in private practice with his twin brother, Mark. We generally buy insurance to protect us against the unexpected and catastrophic. Dental plans, by contrast, cover the routine and expected: regular cleanings, cavities and the like. "When you really, really need it, it covers less," Bornfeld said.

Plans usually cover preventative services like routine cleanings at 100%, and then cover bigger expenses like crowns or implants at a lower rate until you hit the annual benefit cap. Patients sometimes stagger needed care over a span of years to stay within their annual limit, Bornfeld said.

A financial plan for your teeth

Whether you have dental coverage or not, it's important to budget for oral health expenses as you get older, experts say. Dana Anspach, a financial planner in Scottsdale, Ariz., says she asks all her new clients for a budget of their expenses. "In 18 years, I've never seen dental as a line item," said Anspach, who is also [a MarketWatch RetireMentor columnist](#). (Read [3 retirement planning questions for second marriages](#).)

Some might benefit from setting up a dedicated savings account just for dental expenses, so they won't be tempted to use the money for something else, Anspach said. Also, when a dental need arises, having a dedicated pot of money means people may be more likely to seek prompt care. Consider allocating around \$100 a month toward future dental expenses, Anspach said.

If you have a health savings account, a tax-advantaged savings account available to certain consumers enrolled in high-deductible health plans, you can use that to fund dental expenses, a strategy that Anspach uses herself. She also pays \$17 a month to be part of a regional dental group. It's not insurance, but a kind of membership plan that gives her discounts on treatments within the group.

Many boomers seek out major dental care abroad, where the costs can run much less. Mexico and Costa Rica are two popular destinations, according to Patients Beyond Borders, a publisher of consumer and reference information on medical tourism. Josef Woodman, CEO of Patients Beyond Borders, said that a patient who was quoted \$60,000 for a mouthful of implants in the U.S. was charged \$17,000 for the same work in Costa Rica.

Those who'd rather stick closer to home can seek out discounted treatment at dental schools and other clinics. Each institution sets its own eligibility criteria, and often there's a wait involved, but most places "bend over backwards" to accommodate people, said Beth Truett, president of Oral Health America.

Low-income adults on Medicaid may get dental benefits; that program is administered at the state level, and the extent of adult dental benefits varies greatly from state to state, Truett said. Oral Health America runs a website with [an interactive map](#) at toothwisdom.org/care that helps older adults across the country find affordable dental care in their area.

Folks are often blindsided by their dental needs, but they shouldn't be, Anspach said. This is especially true since boomers will be one of the first generations to grow old with all or most of their original teeth, experts say. Just like older bodies, older teeth will require maintenance. "It shouldn't be unexpected," Anspach said, "It should be, 'I have teeth, and they'll need care over the years.'"