

How Does the Affordable Care Act Affect Dental Insurance?

The Patient Protection and Affordable Care Act (ACA), more commonly known as ObamaCare, presents major changes to our nation's health care industry and has generated a lot of discussion. The discussion has mainly centered on the medical coverage offered by the ACA health exchanges. The question of how the ACA handles dental coverage has, to a large extent, been overlooked.

Yet dental care plays a role in our health and well-being. The tragic death of 12-year old Deamonte Driver in 2007, drove this point home. Deamonte died of a tooth infection that spread to his brain; this tragedy may have been avoided with a simple tooth extraction. Deamonte's mother had no health insurance, so the infection went undetected until too late.

Is Dental Care for Children Covered Under the ACA?

Under the ACA, dental care for children is considered to be an Essential Health Benefit (EHB) for children up through the age of 18. ACA health exchanges must offer pediatric dental care either as part of a medical plan or as a stand-alone plan.



Under Federal Law, parents do not have to purchase these plans. Yet some states, such as Nevada and Washington State, do require pediatric dental coverage as part of a medical plan or as a stand-alone plan. No federal subsidies are available for stand-alone pediatric dental policies.

The ACA also removes the annual limits on pediatric dental insurance. Pediatric dental coverage typically includes basic or preventative treatment: cleanings, x-rays, fillings, and orthodontics deemed to be medically necessary.

The American Dental Association (ADA) estimates that the number of children without dental care could decrease by 55 percent with 8.7 million children expected to have dental coverage by 2018.

Does the ACA Cover Adult Dental Services?

The story is different for adults. The ACA does not consider dental care to be an EHB for adults so health exchanges are not required to offer adult dental coverage in their medical plans. Exchanges may offer stand-alone plans but adults must buy one of these plans as part of a medical plan; stand-alone dental plans cannot be purchased independently.

Adults who choose not to purchase dental coverage will not incur any penalties. Adult stand-alone plans are not eligible for federal subsidies.

What About Young Adults?

Young adults under the age of 26 can receive dental coverage under their parents' medical plan, if that plan includes dental services. This does not apply to stand-alone adult plans purchased by their parents.

Does Medicaid Offer Adult Dental Coverage?

The ACA allows states to offer adult dental coverage as part of expanded Medicaid plans but it is up to the individual state to decide if it will offer expanded Medicaid plans and whether these plans will include dental coverage and to what extent.

Some states have decided not to offer expanded Medicaid benefits. Even for the ones that do, dental benefits may be limited. As a result, the National Association of Dental Plans estimates that 11 million Americans will not continue dental care once their children are dropped from their plans.

What About Seniors?

If you have Medicare, and live in a state where the exchanges are offered directly through the Federal Government, adults 65 and over will not be able to buy their own dental plan. States who handle their own exchanges may offer a stand-alone dental plan for seniors.

Will Adults Be Adequately Covered?

Adult dental coverage may decrease under the ACA, due to the high cost of medical plans and the lack of an EHB requirement for adult dental coverage.

Still Have Questions?

For more information about dental coverage under the ACA, please call our office. Or you may call the Healthcare.com call center at 1-800-318-2596 (TTY: 1-855-889-4325), 24 hours a day, 7 days a week.