PATIENT-FOCUSED

A Study of Oral Health Motivations and Benefit Utilization

DTA

Dental Benefit Understanding and Utilization:

Age-Related Disparities

September 2025

Produced by CHARM ECONOMICS

Table of Contents

Introduction

Understanding dental insurance benefits is key for using coverage effectively, particularly for preventive care, where early intervention improves patient quality of life, reduces disease progression, and reduces long-term costs.[1] Yet many Americans remain unsure about what their plans cover, how deductibles and plan limits work, or which providers are in-network. This confusion undermines effective utilization, even when services may be fully covered. Unlike medical insurance, dental plans often operate separately, with distinct cost-sharing rules, annual limits, and pre-determined coverage gaps. These complexities make benefit literacy especially important. Still, a recent survey conducted by Charm Economics on behalf of the Dental Trade Alliance of 1,006 adults reveals that comprehension is far from uniform: dental benefit understanding follows a U-shaped curve by age, with the lowest levels of understanding among the youngest and oldest adults. This pattern of understanding is significant and warrants further examination, which is the focus of this research brief.

Survey Specifications

N = 1,006

Sample:

- Age 18+
- People with current active dental insurance

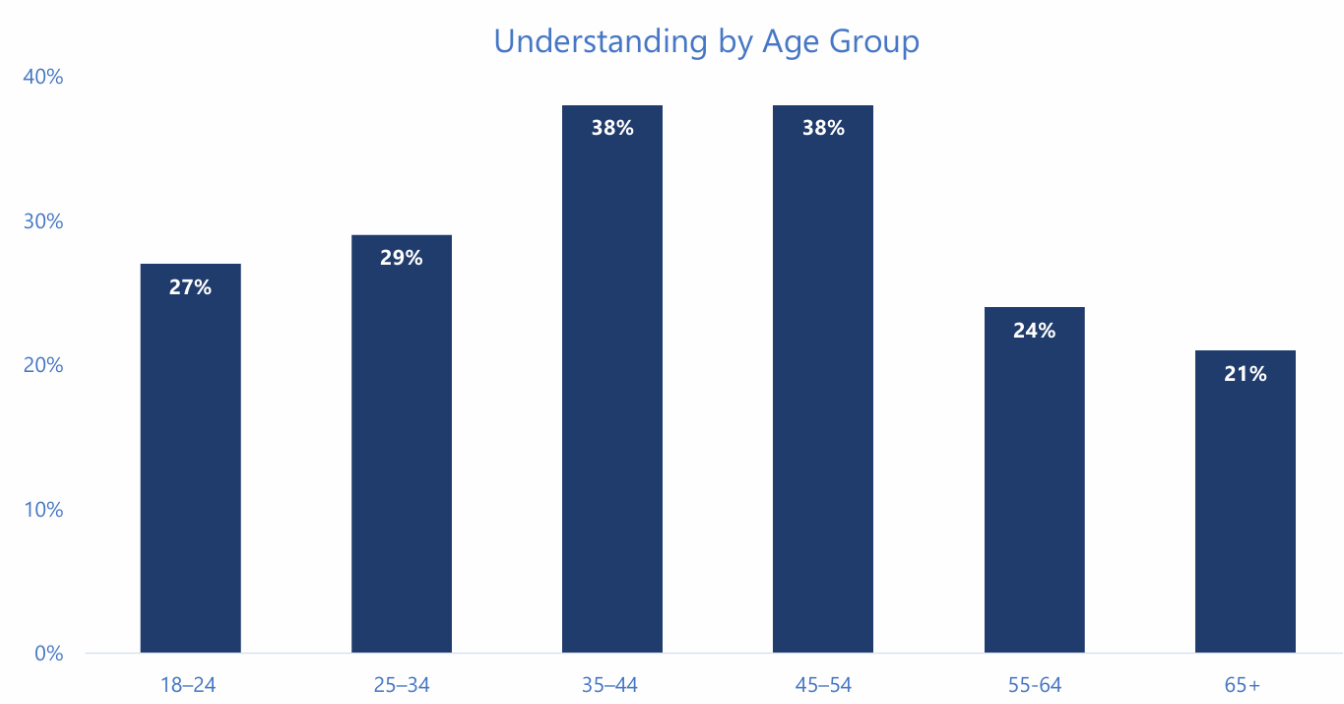
Mode: web, all devices

Only 21% of adults aged 65+ and 27% of adults aged 18–24 report strong understanding of their dental coverage, compared to a peak of 38% among adults aged 35–54. These same groups also show higher rates of government-based or transitional coverage, such as Medicaid, ACA marketplace plans, or Medicare Advantage, which often involve more fragmented or unclear dental provisions.

This report examines the drivers of this U-shaped knowledge gap, focusing on how benefit confusion at both ends of the age spectrum affects care decisions. We highlight contributing factors, such as plan complexity and life-stage transitions, and propose targeted, age-specific solutions to improve understanding, increase preventive care utilization, and reduce avoidable downstream utilization.

The Knowledge Gap

Survey findings reveal a distinct U-shaped pattern in dental benefit understanding across age groups. The youngest and oldest insured adults, those in groups aged 18 to 24 and 65 and older, consistently report the lowest levels of comprehension. Only 27% of young adults and just 21% of older adults say they have a strong understanding of their dental insurance. In contrast, adults aged 35 to 54 report the highest level of understanding, with 38% indicating confidence in navigating their coverage. This pattern shows that comprehension is particularly weak at two critical transition points: when individuals first enter the insurance system and when they move into Medicare or other retirement-related coverage options.



Q: "How would you rate your current understanding of your [dental plan]?" (N = 1006)*P < 0.05; differences between age groups are statistically significant.

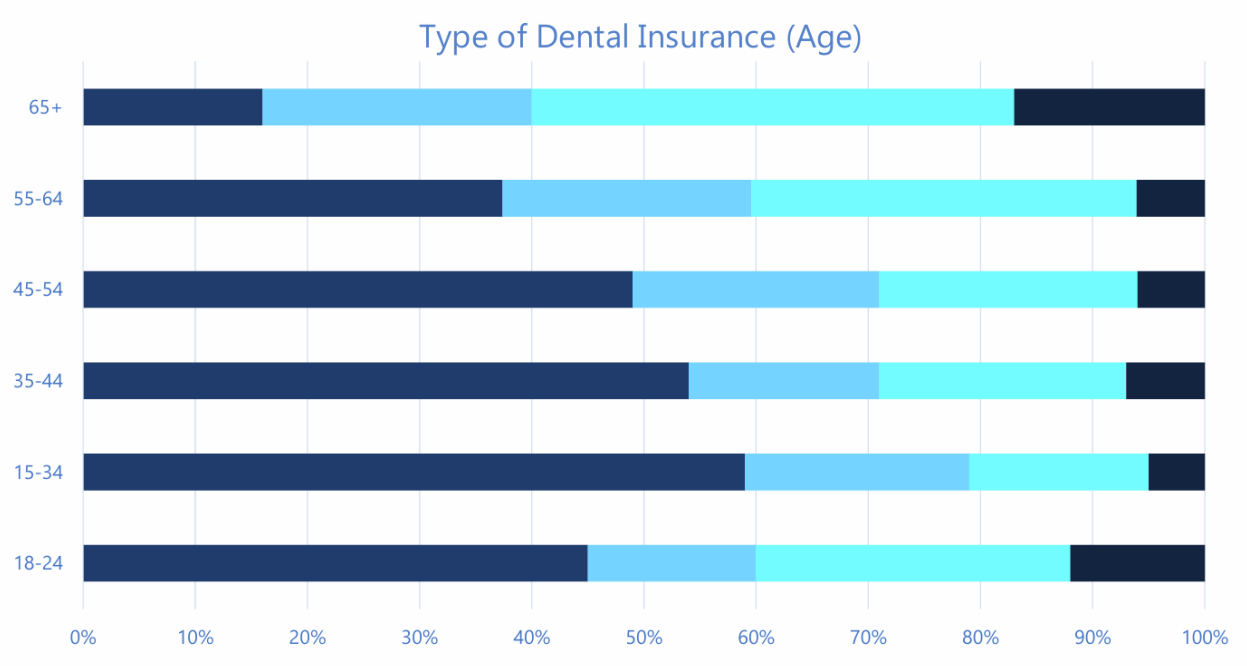
Beyond overall comprehension, specific aspects of plan structure remain especially unclear. Among adults over 65, 26% reported not knowing whether their plan includes a deductible, compared to just 5–8% of middle-aged respondents. These figures point to more than just unfamiliarity; they indicate a deeper uncertainty

about how dental insurance works and what financial responsibilities patients face when seeking care. These knowledge gaps can translate into delays in treatment, avoidance of preventive services, or unexpected out-of-pocket costs.

Taken as a whole, this data reinforces the need for lifecycle-aware approaches to plan education and design. Identifying which groups struggle most with benefit comprehension and what they struggle with is a critical first step toward improving utilization and ensuring that coverage translates into actual care.

Contributing Factors

The U-shaped pattern in dental benefit understanding is closely tied to differences in coverage type and life-stage transitions. Older adults, particularly those over 65, often experience a sharp shift in insurance structure as they transition to Medicare. Traditional Medicare does not include dental benefits, requiring individuals to either purchase standalone dental coverage or enroll in Medicare Advantage plans, which often have complex and unfamiliar benefit designs.



Q: "Which of the following best describes your dental insurance?"(N = 1006) *P < 0.05; differences between age groups are statistically significant.

Young adults face a different but equally challenging situation. Many in the 18–24 age range remain on a parent's plan, enroll in Medicaid, or purchase coverage through the ACA marketplace, each with varying levels of dental integration. Some Medicaid plans include limited dental services, while others do not, and ACA dental benefits are often offered as standalone products, which require separate enrollment and plan comprehension.[2] For young adults with little experience navigating insurance, this can lead to a poor understanding of coverage and underuse of available benefits. Both age groups are also navigating major transitions. For young adults, this may be their first time interacting with the healthcare system independently.

For adults, retirement often brings a loss of employer-sponsored dental insurance and the need to make new, often confusing decisions about coverage. In both cases, there may be limited structured support to guide individuals through these changes.[3] Brokers are commonly used among Medicare beneficiaries to assist with plan selection; each year during open enrollment brokers actively market and enroll older adults into Medicare Advantage and Part D plans, often highlighting supplemental benefits like dental coverage.[4] However, this broker support is far less prevalent among younger adults, who typically do not utilize brokers when entering the insurance market.[5] The result is a heightened risk of misunderstanding key plan elements, leading to underutilization and poor care outcomes.

Utilization Consequences

Low levels of dental benefit understanding, particularly among young (18-24) and older (65+) adults, translate directly into suboptimal patterns of care. When individuals are unsure about what their insurance covers, they are less likely to seek preventive services, such as annual cleanings and exams, even when those services are fully covered. Survey data shows that adults with weak benefit literacy are significantly less likely to use their coverage for routine visits, missing key opportunities to maintain oral health and avoid more costly interventions later.

Confusion around cost-sharing is a major barrier. Older adults who are unsure about deductibles or copayments may avoid scheduling appointments out of fear of unexpected expenses. Similarly, younger adults, especially those new to the insurance system, may not understand how to identify or interpret their coverage parameters.[6] This uncertainty often leads to two outcomes: delaying care or incurring avoidable out-of-pocket costs by inadvertently using out-of-network providers. Over time, these care delays contribute to worse health outcomes and higher costs. Preventable conditions such as tooth decay and gum disease can progress without routine monitoring, leading to more invasive treatments like extractions, root canals, or emergency procedures.[7] For payers and public programs, poor benefit comprehension ultimately drives up total system costs by reducing the effectiveness of preventive coverage and increasing reliance on urgent or complex care.[8]

The link between benefit understanding and utilization is clear: when individuals do not fully grasp how their coverage works, they are less likely to use it effectively. Addressing this gap is important not only for improving oral health outcomes, but also for controlling costs and strengthening the overall value of dental coverage.

Targeted Solutions

Addressing the U-shaped gap in dental benefit understanding requires age-specific strategies that meet people where they are, both in life stage and in communication preferences. For young adults, digital-first outreach is key. Many in this group are engaging with insurance for the first time and are accustomed to mobile communication. Visual benefit summaries, simple explainer videos, and interactive onboarding (potentially via chatbots) during open enrollment can help clarify coverage and connect members to care. Embedding dental benefit literacy into college health services, early employment onboarding, and Medicaid enrollment processes can also ensure young adults receive the information they need when they are most receptive.

For older adults, more traditional channels are often more effective. Printed materials, live phone support, and in-person walkthroughs during dental visits can provide accessible, trusted sources of information. While many older adults may use brokers to navigate decisions about Medicare enrollment, better research on how brokers educate and understand dental coverage options is important. Brokers and plan representatives should receive training on how to explain dental coverage options clearly, particularly for those clients navigating Medicare Advantage or standalone plans for the first time. Lastly, dental providers and front-office staff can play a valuable role here and can be equipped with scripts or handouts to guide patients through key benefit features for common plans in their area.

Across all age groups, simplifying benefit language and presentation is key. Plans should move away from jargon and adopt simple-language explanations of deductibles, copays, and coverage limits. Providing interactive tools, such as online portals or apps, or easy to reference "placemats" with large-print and visually appealing summaries of what is covered may boost engagement and further reduce confusion. Plans that succeed in communicating clearly will not only improve member experience, but also drive better care utilization and outcomes.

Conclusion

Improving dental benefit understanding is a critical and cost-effective way to close gaps in care. The pronounced U-shaped curve in benefit literacy highlights the need for lifecycle-aware communication, targeting younger (18-24) and older (65+) adults with tailored, accessible tools. Insurers, plan designers, brokers, and policymakers have a clear opportunity to embed health literacy into benefit design, simplify communication, and support smoother transitions across coverage types. By doing so, they can drive better utilization, reduce unnecessary costs, and promote more equitable oral health outcomes across the lifespan.

References

1. Kaiser Family Foundation. Health Insurance Literacy: A Hidden Hurdle to Coverage and Care. December 13, 2021. https://www.kff.org/affordable-care-act/poll-finding/assessing-americans-familiarity-with-health-insurance-terms-and-concepts/.
2. Williams, Elizabeth, and Robin Rudowitz. Variation in Use of Dental Services by Children and Adults Enrolled in Medicaid or CHIP. Kaiser Family Foundation, May 29, 2024. https://www.kff.org/medicaid/issue-brief/variation-in-use-of-dental-services-by-children-and-adults-enrolled-in-medicaid-or-chip/.
3. Quincy, Lynn. What the Health Insurance Marketplace Offers Consumers: Recommendations for Standardized, Consumer-Friendly Plan Information. Consumers Union, January 2012. https://advocacy.consumerreports.org/wp-content/uploads/2013/03/Consumer_Difficulties_Selecting_Health_Plans_Jan2012.pdf.
4. Pollitz, Karen, Cynthia Cox, Lindsey Dawson, and Nambi Ndugga. How Health Insurers and Brokers Are Marketing Medicare. San Francisco: Kaiser Family Foundation, April 2024. https://www.kff.org/affordable-care-act/poll-finding/kff-survey-of-consumer-experiences-with-health-insurance/
5. Further Team. "How Brokers Can Help Young Adults Maximize Their Healthcare Benefits." Further Blog, December 5, 2019. https://hellofurther.com/blog/how-brokers-help-young-adults-maximize-healthcare-benefits/.
6. Quincy, Lynn. What the Health Insurance Marketplace Offers Consumers: Recommendations for Standardized, Consumer-Friendly Plan Information.
7. U.S. Department of Health and Human Services. Oral Health in America: Advances and Challenges. National Institutes of Health, 2021. https://www.nidcr.nih.gov/research/oralhealthinamerica.
8. Oral Health in America: Advances and Challenges. Bethesda, MD: National Institute of Dental and Craniofacial Research, December 2021. NCBI Bookshelf. Accessed July 25, 2025. https://www.ncbi.nlm.nih.gov/books/NBK578297/.

CHARM ECONOMICS