

# Maxed Out

## The Reality of Reaching Dental Insurance Limits

When an individual has dental insurance, their plan usually pays for all or part of the dental services they receive up to a certain dollar amount, known as the [annual maximum benefit](#). If the cost of an individual's dental care reaches this maximum, the individual is responsible for 100% of any additional dental expenses for the rest of that plan year, typically a calendar year. Most plans offer an [annual maximum of \\$1,500 or more](#).

The good news is that [many preventive services](#), such as dental cleanings, often don't count toward the annual maximum. This design encourages patients to pursue preventive services but does not as comprehensively cover individuals who have substantial dental disease or need restorative treatment (e.g., dental fillings, crowns). These [costly dental restorative needs](#) more often affect those who earn lower incomes, belong to minority racial or ethnic groups, or have less formal education. In fact, low-income families spend a [much larger share of their income](#) on dental care, paying 7.4 times more out of pocket than high-income families.

One [survey of dental insurance plans](#) found that from 2014 to 2023, fewer than 5% of consumers actually reached their annual maximum. This statistic does not necessarily indicate adequate coverage; rather, it may reflect unmet dental needs and barriers to care access. Although 74% of adults, or about 197.6 million people, [reported having dental insurance in 2025](#), nearly one third (30%) said they hadn't visited a dentist in the past year.

Challenges in finding a local dental provider, long waiting lists for appointments, difficulties scheduling visits because of work or family obligations, and existing health care debt can all serve as barriers to visiting a dentist. As of 2024, around 57 million Americans live in a [dental health professional shortage area](#), which limits the number of providers available to deliver care. Additionally, one national survey found that [41% of US adults have debt](#)

[from medical or dental bills](#), disproportionately affecting individuals with lower income and people of color, leading some individuals to avoid necessary care.

This study leverages the 2025 State of Oral Health Equity in America (SOHEA) survey to understand how many adult respondents reached or exceeded their dental benefit annual maximum dollar amount in 2024, and their associated sociodemographic characteristics. Additionally, it explores how consumers navigated their dental treatment after reaching this maximum. The SOHEA survey, administered by CareQuest Institute for Oral Health, is the largest nationally representative survey focused exclusively on adults' knowledge, attitudes, experiences, and behaviors related to oral health.

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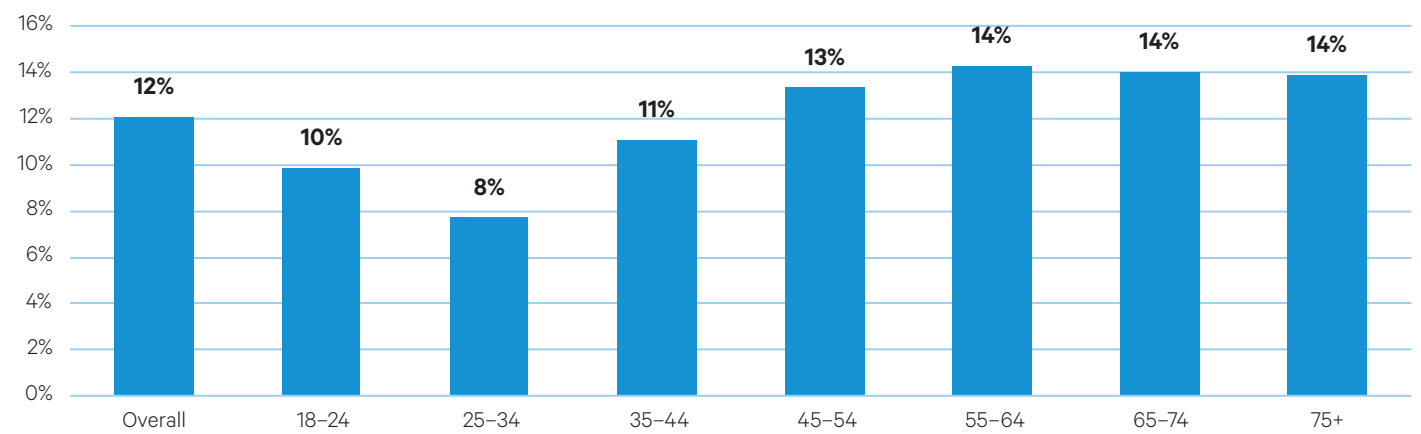
# Key Results

Overall, 12% of surveyed adults who said they had dental insurance within the past year report that they reached or exceeded the annual maximum dollar amount covered by their dental insurance plan in the last year. This percentage equals approximately 32 million adults.\*

Of all age groups, adults aged 25–34 reported the lowest rate (8%) of reaching their maximum benefit. Starting at age 35,

the percentage of adults reporting reaching their maximum increases with age, with 14% of adults aged 65 and over reaching their maximum in the prior year. There were no statistically significant differences in the percentages by gender, race/ethnicity, annual household income, or metropolitan residential status.

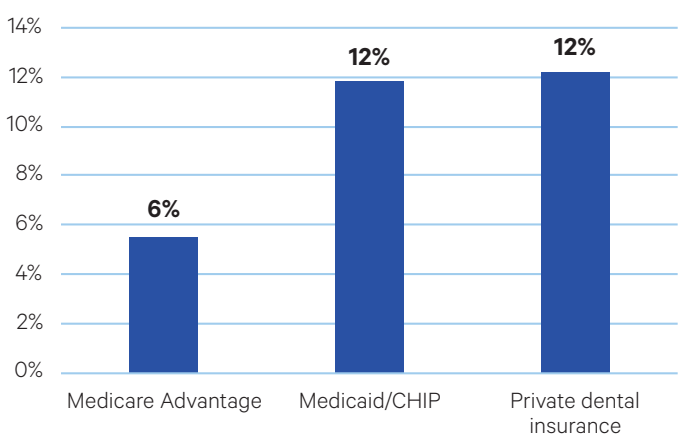
Maximum Dental Benefit Reached in Last Year by Age



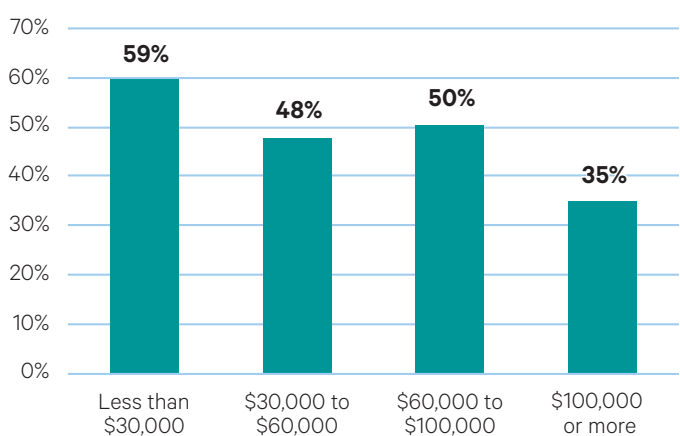
Only 6% of adults with Medicare Advantage dental insurance — generally those aged 65 and older who pay out of pocket for these supplemental plans — say they reached their maximum in the prior year. The corresponding percentage of adults with state-administered Medicaid plans — who are generally younger than 65 years — was twice that, at 12%.\*\* The percentage of respondents with private dental insurance who report reaching their maximum was also 12%.

Of adults who reached or exceeded their maximum benefit, nearly half (46%) agree that this prevented them from seeking additional dental treatment. While 59% of adults in households earning less than \$30,000 annually say that reaching their maximum kept them from seeking additional dental care, only 35% of adults with an annual household income of \$100,000 or more say the same.

Dental Insurance Maximum Reached by Dental Insurance Type



Reaching Maximum Dental Benefit Preventing Adults from Seeking Dental Treatment by Income



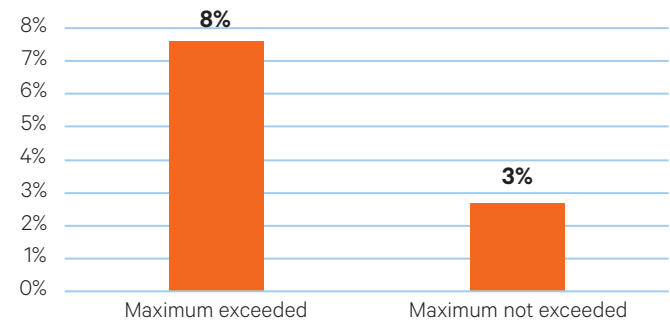
Eight percent of adults who exceeded their maximum dental benefit in the previous year say they traveled outside the US to receive dental care at some point in time, compared with 3% of adults who did not exceed their maximum benefit. Adults were not specifically asked, however, if reaching their maximum benefit led them to seek dental care outside the US.

While only 2% of adults who did not exceed their maximum dental insurance benefit sought dental care from a provider outside a dental office or from an unlicensed dental provider, 5% of those who exceeded their maximum benefit sought this type of care. However, it is unclear whether seeking care from an unlicensed provider was directly related to reaching the maximum dental benefit.

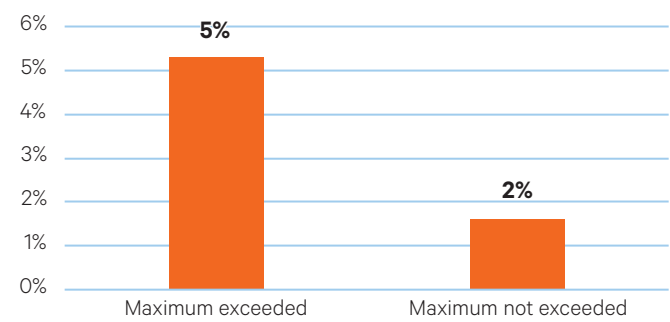
Fifty-six percent of adults who exceeded their maximum dental benefit used an at-home remedy for oral pain, while 50% of those who did not exceed their maximum benefit did the same. Respondents were not specifically asked, however, if reaching their maximum benefit led them to use an at-home remedy for oral pain.

Finally, individuals were asked how they navigated dental care after reaching their maximum dental benefit. Equal percentages of adults (39%) report that they either paid full price to continue their treatment as needed or discontinued/delayed treatment until their dental benefits renewed. Thirteen percent say they negotiated a discounted fee with their dentist for care, and 3% report using other savings options, like a dental savings plan.

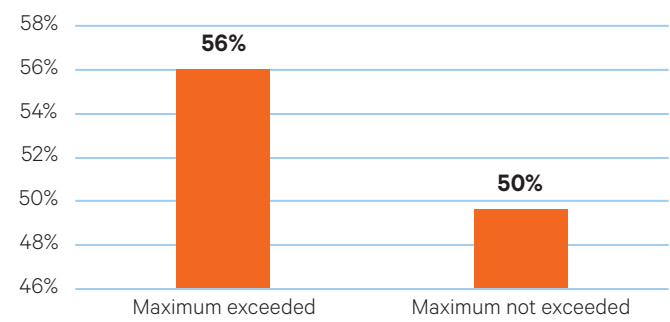
Seeking Dental Care Outside the US by Maximum Benefit Reached



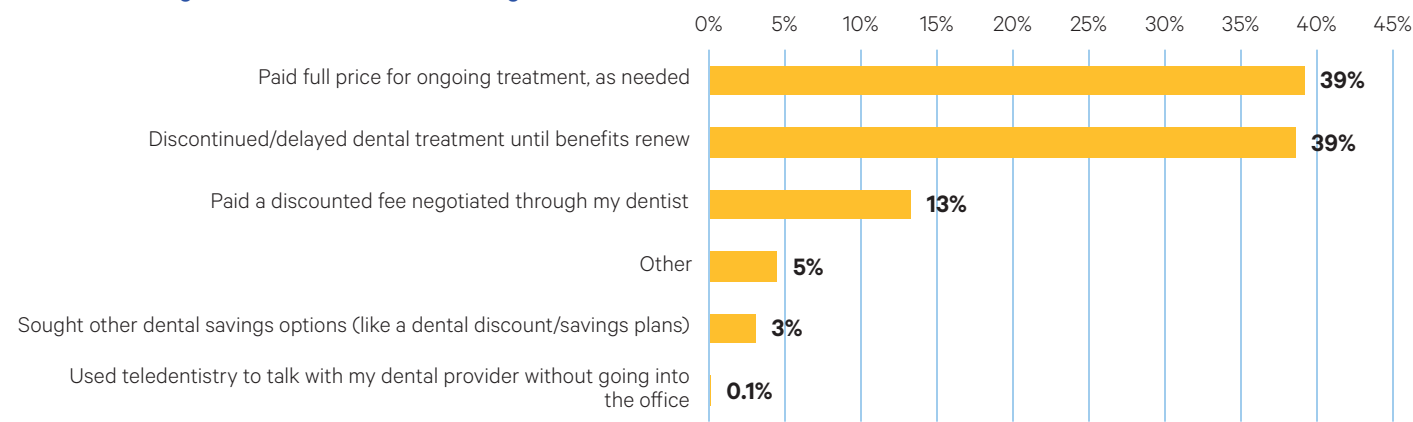
Seeking Dental Care from Unlicensed Provider by Maximum Benefit Reached



Used At-Home Remedy for Oral Pain by Maximum Benefit Reached



How Adults Navigate Dental Care after Reaching Their Maximum Dental Benefit



## Conclusions

The results of this survey indicate that, in 2025, about one in eight adults (12%) surveyed report maxing out their dental insurance benefits in the last year. This is higher than some [reports from dental insurance plans](#), which claim that fewer than 5% of consumers reached their annual maximum. The percentage of adults reaching their maximum increases beginning at age 35 and reaches about 14% at age 55 and older. A lower percentage of those with Medicare Advantage dental insurance (6%) report reaching this maximum than adults with Medicaid or private dental insurance (12%). Since Medicare Advantage plans [vary in what they cover](#), older adults with these plans may be paying more out of pocket for complex restorative care (e.g., crowns, bridges, implants). Although preventive services are typically covered in full, major and restorative treatments often are not. In 2018, half of Medicare Advantage dental beneficiaries who received dental care [paid an average of \\$874 out of pocket](#), and 20% spent more than \$1,000. As Medicare Advantage beneficiaries may pay for more complex dental care out of pocket, they may be less likely to reach the maximum of their dental benefits.

Of adults who reached their annual maximum dental benefit, nearly two out of five discontinued their dental treatment. The same proportion paid out of pocket to continue their dental care. Additionally, just under one in ten adults reported traveling outside the US to receive dental care. While respondents were not asked whether reaching their maximum benefit led them to use an at-home remedy for pain, more than

half of adults who exceeded their annual dental benefit also reported using an at-home remedy to manage oral pain.

Adults with lower income are more likely to delay care after reaching their maximum. Delays in care can increase the risk of [oral health conditions](#), such as untreated dental decay, periodontal disease, and tooth loss, which can lead to increasingly costly future dental treatment. As the [costs of dental services are expected to continue to rise](#) for consumers, higher costs will potentially force patients to delay care or seek alternative care or payment arrangements.

While this study highlights opportunities to address challenges with dental benefit annual maximums, it is important to put these challenges in the context of the dental coverage landscape:

- **Medicare Dental Coverage:** Traditional Medicare does not cover dental services except in limited circumstances. Some Medicare Advantage plans include dental coverage, but often [do not cover comprehensive treatment](#) and may have [limited provider networks](#). As a result, enrollees may not reach their benefit maximums if this limited coverage requires them to pay for most of their care out of pocket or if they are unable to find an available provider.
- **Medicaid Adult Dental Coverage:** Coverage of dental services for adults [varies by state](#), with some states covering more services than others. Provider networks are often limited. Similarly, enrollees may not hit their benefit maximums if their state offers insufficient coverage that requires extensive out-of-pocket payments. Comprehensive Medicaid adult dental benefits with an adequate annual benefit maximum are needed in all states to address coverage gaps among adults.
- **Private Dental Insurance:** To keep up with the rising costs of dental services, dental insurance companies (including plans offered by employers and those purchased directly from a broker) may need to revisit annual benefit limits on their plans and strongly encourage preventive service utilization. For dental plans purchased on the Affordable Care Act (ACA) marketplace, annual limits are common for adult dental benefits but not allowed on children's benefits.

The findings from this study underscore gaps in dental coverage that may lead to delayed or discontinued care, particularly among older adults and those with limited insurance benefits. Expanding comprehensive dental coverage across Medicare and Medicaid and reevaluating private dental coverage is needed to improve access to oral health care.

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# Methodologies

The State of Oral Health Equity in America survey is a nationally representative survey of adults' attitudes, experiences, and behaviors related to oral health. The study was designed by CareQuest Institute for Oral Health. Information was collected by NORC at the University of Chicago from January through February 2025, from adults 18 and older on the AmeriSpeak panel. AmeriSpeak is a probability-based panel designed to be representative of the US household population. Randomly selected US households were sampled using area probability and address-based sampling, with a known, nonzero probability of selection from the NORC National Sample Frame. Sampled households were contacted by US mail, telephone, and field interviews. An additional general population sample was selected at the state level to increase the number of complete interviews for individual state oversamples. In 2025, a sampling unit of 19,193 was used, with a final sample size of 9,450, a survey completion rate of 43.8%, and a final weighted cumulative response rate of 9.0%. All data presented account for

appropriate sample weights. The margin of error for the survey is 1.61%. All results presented are statistically significant at the  $p < 0.05$  level unless otherwise noted.

Respondents were asked, "In the last year, have you reached or exceeded the annual maximum dollar benefit your dental insurance plan provides?" Those who responded "yes" were then asked, "Has reaching your annual maximum prevented you from seeking dental treatment?" and "What did you do when you reached your annual maximum?" Response options for the question on behavior after reaching the annual maximum included discontinuing/delaying dental treatment until benefits renewed, paying full price for ongoing treatment, paying a discounted fee negotiated through their dentist, seeking other dental saving options, using teledentistry to talk with a dental provider without going into the office, and other. Chi-square analyses were conducted to evaluate statistical significance between groups on the variables of interest.

\* To estimate the number of adults represented by percentages reported in the 2025 SOHEA survey, the percentage of a variable reported is multiplied by 266,978,268, which represents the estimated number of adults aged 18 and above living in the US in July 2024 (the most recent estimate available as of the publication of this report) as reported by the US Census (<https://www.census.gov/data/tables/time-series/demo/popest/2020s-national-detail.html>). Each estimated value should be considered within the context of the 1.61% margin of error for the survey. For example, 26% of 2025 SOHEA respondents say they do not have dental insurance; this corresponds to approximately 69.4 million adults (26% of 266,978,268). The 1.61% margin of error is then both subtracted from and added to the estimated value of 26% to create a range around the estimated value, in which the true estimated value is likely to fall. Therefore, the true estimates of this figure (26% and 69.4 million adults) likely fall between 24.4% and 27.6%, or between 65.1 and 73.7 million adults.

\*\* In terms of dental insurance coverage, the weighted number of 2025 SOHEA respondents who had Medicare dental insurance and reached their maximum dental benefit was 31 out of 560 Medicare enrollees; 53 out of 449 Medicaid/CHIP enrollees; and 451 out of 3,701 private insurance enrollees.

While the cross-sectional nature of these data does not allow for causal conclusions to be drawn, future research should focus on examining underlying factors (e.g., insurance coverage, demographic factors, and other socioeconomic factors) that may help further explain these findings.

## Suggested Citation:

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