

Crossing Borders for Care

Dental Tourism among US Adults

Dental tourism — traveling to another country to receive dental care — is the most prevalent form of medical tourism among US residents. In 2019, nearly half a million Americans traveled abroad for dental care. In 2023, experts estimated the global market for dental tourism at 10.9 billion US dollars, and they expect this market to continue growing.

Common reasons for seeking dental care abroad include lack of dental insurance and significantly lower cost of dental services compared to the US. Approximately 69 million adults in the US (about 26%) do not have dental insurance, and cost remains a major barrier to accessing care. In fact, a study of seven major industrial countries found that the US ranks as the most expensive place to receive common dental procedures such as cleanings, extractions, fillings, crowns, and root canal treatments. For example, a dental cleaning in Canada and France costs on average \$136 and \$115, respectively, compared with \$163 in the US. Even starker is the disparity in the cost of a root canal, averaging \$542 in Canada and \$436 in France compared with \$838 in the US. However, it is important to note that health care system infrastructure and care standards can vary, so a direct comparison can be difficult. It is estimated that by traveling abroad, individuals can pay up to 75% less on dental care than in the US. Beyond affordability, some patients choose international dental care to receive services in their preferred culture or language or to combine their dental care with a vacation.

Known dental tourism destinations include, but are not limited to, countries in North America (e.g., Mexico), Asia (e.g., Thailand), and Europe (e.g., Hungary). With the growing market for dental tourism, specialized companies have been founded to help individuals choose reputable dental providers abroad and plan their travel. The benefits of dental tourism can be appealing, but quality of care outside the US can vary and does come with potential risks. Dental standards for infection control and equipment

may differ by country, making it difficult to assess the quality of care in a particular location. Additionally, receiving necessary follow-up evaluations or adjustments after a dental procedure abroad can be challenging and costly without an established dental home in the US, especially if complications or infections arise. If complications do arise, it may also be difficult to establish legal accountability with the provider abroad or to find a US provider who can correct any issues.

This study is the first to present findings on dental tourism from a nationally representative oral health survey. The results reveal how many US adults say they have ever traveled outside the country for dental treatment, the reasons for seeking dental care abroad, and who is more likely to travel abroad to receive dental care.

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Key Results

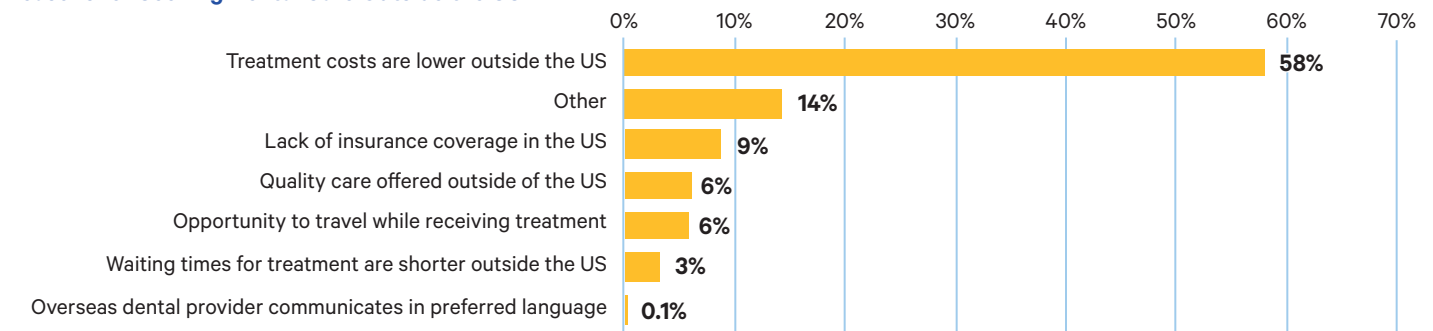
Overall, 3.9% of SOHEA survey respondents, equivalent to 9.6 million adults,* indicate that they traveled outside the US to receive dental treatment at some point in time. There were no statistically significant differences in traveling outside the US for dental care by adults' education status, employment status, or income level. Males report traveling for dental care slightly more often than females (4.2% versus 2.9%, respectively). Adults identifying their race/ethnicity as Asian/Pacific Islander (9.4%) or Hispanic (8.5%) report traveling for dental care in greater percentages than adults identifying as white (2.2%). Adults aged 30–44 years report traveling abroad for dental care at the highest rate (5.2%), and adults aged 60 or above do so at the lowest rate (2.3%).

Adults are equally likely to have traveled outside the US for dental care regardless of whether they have dental insurance or what type. However, adults who say they do not plan to visit a dentist in the coming year because they lack dental insurance report a higher rate of having traveled for dental care at some point (5.4%) compared with adults who do not cite lack of insurance as a barrier (2.3%). Additionally, adults who reached their maximum dental benefit in the past year report traveling for dental care at some point in the past at a higher rate (7.6%) compared with adults who did not reach their maximum dental benefit in the past year (2.7%).

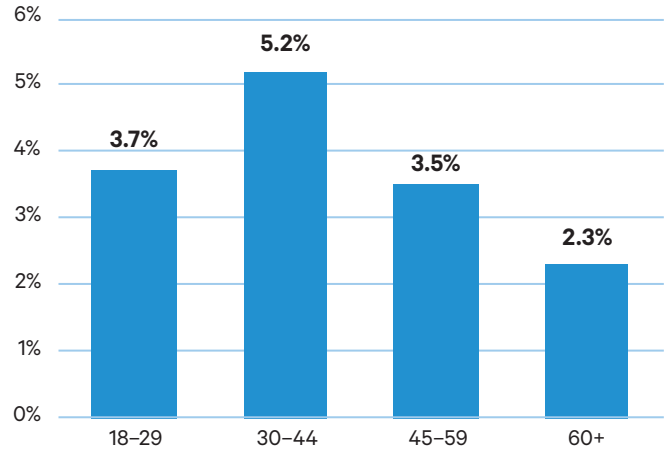
Adults who reported adding dental insurance in the past year were more likely to have ever traveled abroad for dental care (7.4%) than those who did not add coverage (2.3%). Those who added dental insurance in the past year may include both adults who did not have dental insurance in the prior year and those who changed dental insurance plans during the year.

Adults were asked to identify the primary reason they sought dental care outside the US. More than half (58%) say they did so because dental treatment costs are lower outside the US. Relatedly, 9% say they traveled abroad for care because they do not have dental insurance. Additional reasons include receiving quality dental care outside the US, having the opportunity to travel while also receiving care, and taking advantage of shorter waiting times for dental treatment.

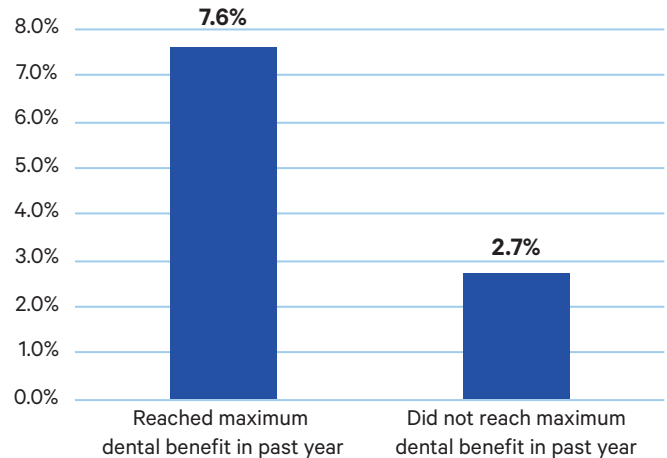
Reasons for Seeking Dental Care Outside the US



Dental Tourism by Age



Dental Tourism by Having Reached Dental Benefit Maximum in the Past Year



Of those adults who say they have an “other” reason for seeking dental care outside the US, the most common reason given was that they were living or on vacation outside the US and sought care while living or visiting abroad. After this, the most common reason was having a dental emergency while traveling outside the US, followed by overseas military deployment.

Conclusions

Dental tourism is a notable trend among US adults, with about 3.9% — or nearly 9.6 million adults — reporting that they have traveled outside the country for dental care. More than half of adults (58%) cite cost savings as their primary driver for seeking care outside the US. Treatment costs abroad can be lower than in the US, where [dental costs are among the highest globally](#). Adults also say they have sought dental care outside the US because of a lack of insurance, perceived quality of care, and the opportunity to combine treatment with travel.

Although dental tourism may offer financial benefits and convenience, it also carries potential risks such as differences in [safety standards, challenges in follow-up care](#), and limited legal recourse if complications occur. For individuals choosing to seek dental care abroad, safety should be a top priority. Travelers should thoroughly research dental providers, confirm their credentials, consult reputable sources such as the [CDC's medical tourism guidance](#), and consider enlisting organizations that specialize in connecting patients with accredited international clinics. Planning in advance

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for follow-up care in the US and maintaining copies of all dental records may also help avoid or mitigate potential complications. Ultimately, taking proactive steps is crucial to ensure quality and safety during and after receiving dental treatment abroad.

At the same time, improving the accessibility and affordability of dental care within the US is vital to reduce the need for individuals to turn to dental tourism to obtain oral care. Variations in dental coverage, high out-of-pocket costs, and long wait times for treatment can often [prevent people from seeking care from dental providers domestically](#). Possible solutions to improve access and affordability within the US include expanding dental benefits covered by both public and private insurance, lowering the cost of care through alternative care models (e.g., [teledentistry](#), [dental hygiene direct access](#), [medical-dental integration](#)), and addressing oral health provider shortages. These systemic improvements have the potential to promote equitable access to safe, high-quality care in the US and to reduce reliance on dental tourism for those who are seeking affordable dental care.

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%.

Respondents were asked, "Have you ever traveled outside the United States (50 states + District of Columbia) for dental treatment?" Those who responded "yes" were then asked, "What was the primary reason why you traveled outside the US for dental treatment?" Response options included lower treatment costs, shorter wait times for treatment, a lack of insurance coverage in the US, an opportunity to travel while receiving treatment, quality of care offered outside the US, ability to communicate in a preferred language with a dental provider outside the US, and other.

Chi-square analyses were conducted to evaluate statistical significance between groups on the variables of interest. All results presented are statistically significant at the $p < 0.05$ level unless otherwise noted.

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.

* 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.

Suggested Citation:

CareQuest Institute for Oral Health. *Crossing Borders for Care: Dental Tourism among US Adults*. Boston, MA: April 2026.

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