

Dental coverage in Medicare Advantage plans: A first look at 2025 coverage levels

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Traditional Medicare generally excludes coverage for dental services; as a result, Medicare Advantage (MA) supplemental dental benefits have become a key source of dental insurance for seniors and other Medicare-eligible populations. As of September 2024, 50.5% of the nation's 68 million Medicare beneficiaries were enrolled in an MA plan.¹ Dental services are among the most common mandatory supplemental benefits (MSBs) offered in MA plans and they are also included in a majority of optional supplemental benefits (OSBs) packages that MA enrollees may opt into for additional premium.

Dental coverage in MA plans has changed dramatically over time, with rapid expansion of both the scope of services covered and the benefit level (i.e., maximum plan benefit). At first, MA supplemental dental coverage, if it was offered, was often limited to simple preventive and diagnostic services. By 2024, nearly all MA plans included a supplemental preventive and diagnostic dental benefit, and well over 80% of enrollees in MA plans with a dental MSB also had access to advanced dental procedures including services like prosthodontics (e.g., dentures), restorations, periodontics, and endodontics. In our annual Medicare Advantage Dental Landscape article series, most recently continued in September 2024,² we have reviewed these trends in detail.

Increases in dental coverage over time came with associated increases in cost to plans to offer the benefit. The combination of multiple years of enhancements to covered services, higher benefit limits, increased member and provider awareness of the benefit, and specific marketing of dental coverages by plans and brokers as a key consideration when choosing a plan all resulted in utilization and costs that outpaced many plans' projections. After several years of significant benefit enhancements, for the 2024 plan year MA dental coverages began to level off. With near universal enrollment in MA plans that included dental benefits, continuing to increase benefit richness offered less differentiation than in the past. As dental costs increased, plans also began right-sizing the coverage to make room for other non-dental supplemental benefits. Additionally, broader MA cost and margin pressures due to Star Ratings program changes, MA payment rate trends, the impact of the Inflation Reduction Act (IRA) on Part D liability, and other changes have caused plans to pull back on supplemental benefit richness more generally.³

This white paper utilized the [Milliman MACVAT®](#) to analyze 2025 MA dental plan designs alongside associated expected September 2024 cross-walked enrollment to provide insights into MA dental coverage changes for this year. We assessed overall market trends as well as trends specific to general enrollment (GE) plans compared with special needs plans (SNPs). We will continue to analyze these topics and provide further insights as the 2025 actual enrollment picture becomes clearer.

1. CMS (September 2024). Medicare Monthly Enrollment. Retrieved February 10, 2025, from <https://data.cms.gov/summary-statistics-on-beneficiary-enrollment/medicare-and-medicaid-reports/medicare-monthly-enrollment>.

2. Fontana, J., Youngblood, G., & Hosein, M. (September 10, 2024). Dental Coverage in Medicare Advantage Plans: Nationwide Market Landscape, 2024 Update. Milliman White Paper. Retrieved February 10, 2025, from <https://www.milliman.com/en/insight/dental-coverage-medicare-advantage-plans-nationwide-market-landscape-2024-update>.

3. Friedman, J., Cates, J., & Phillips, E. (December 16, 2024). State of the 2025 Medicare Advantage Industry: General Enrollment Plan Valuation and Selected Benefit Offerings. Milliman White Paper. Retrieved February 10, 2025, from <https://www.milliman.com/en/insight/state-of-medicare-advantage-general-enrollment-2025>.

2025 CHANGES IN CMS PLAN BENEFIT PACKAGES FOR DENTAL

When comparing MA dental coverages over time, it is important to understand the recent changes in dental plan benefit package (PBP) definitions. For plan year 2025, the Center for Medicare and Medicaid Services (CMS) instituted revised PBP definitions for dental procedures. Packages continue to be defined broadly into diagnostic and preventive dental and comprehensive dental components, but the categories included within each component and the level of detail available have been updated to better align with Current Dental Terminology (CDT) dental procedure coding. The changes include:⁴

- Any dental services covered by traditional Medicare (which are very limited and are only covered when such procedures are inextricably linked to the success of a covered medical procedure) are now identified separately from non-covered dental services, as “PBP 16a.”
- Diagnostic and preventive dental offered as a supplemental benefit category 16b includes oral exams, x-rays, prophylaxis (cleanings), fluoride, and other preventive and diagnostic services. These definitions are broadly similar to those from 2024. In 2024 and prior, this category was defined as 16a.
- Supplemental comprehensive dental, or service category 16c, has been split out in more detail, allowing for a more thorough understanding of coverage scope. The previously broad “Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services” category has now been split into:
 - Fixed prosthodontics
 - Removable prosthodontics
 - Maxillofacial prosthetics
 - Oral surgery
 - Implants
 - Orthodontics
 - Adjunctive general services

Extractions, which in prior years were in their own category, are now part of the “Oral Surgery” category.

Restorative, endodontic, and periodontic services are categorized similarly to 2024. In 2024 and prior, this category was defined as 16b.

These changes allow for easier understanding of exactly what is covered in a given plan. For example, it is now clear whether a plan covers services like dentures (removable prosthodontics) or implants, both important features for seniors. The changes also directly align the services with CDT nomenclature, an accepted industry categorization approach. While this makes comparisons of 2024 to 2025 coverage levels more complex, going forward we will be able to assess trends at this more granular level.

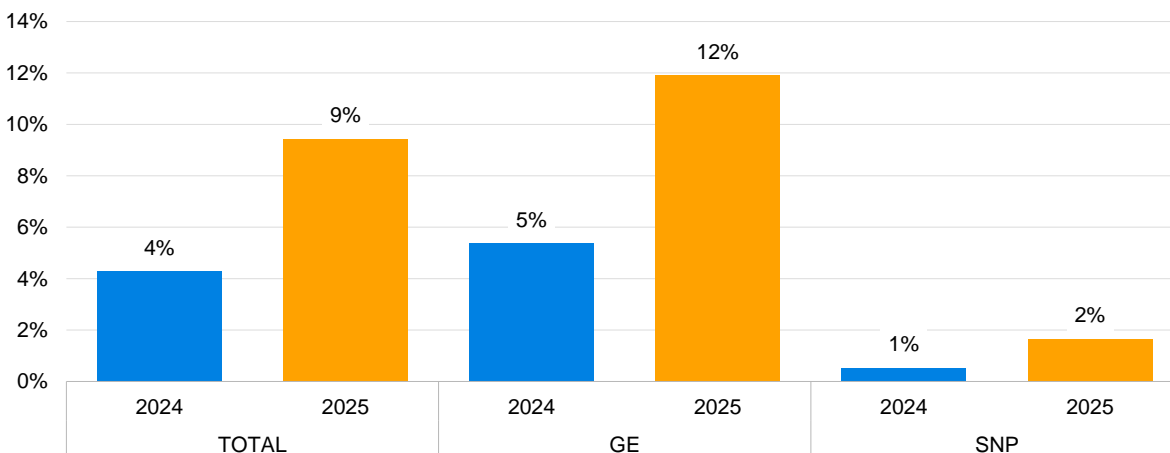
2025 trends in Medicare Advantage dental enrollment by covered services

After several years of dramatic changes in the scope of dental services covered under MSBs, dental benefits were tightened in 2024 and that trend is continuing for 2025. Within the universe of MA plans that included a mandatory supplemental dental benefit, we observed the following key trends.

GREATER ENROLLMENT IN PLANS COVERING DIAGNOSTIC AND PREVENTIVE DENTAL ONLY

Enrollment in plans with diagnostic and preventive mandatory supplemental dental coverage only—that is, in plans that do not include any mandatory supplemental coverage for comprehensive dental services—increased from 4% in 2024 to 9% in 2025. This trend was much more prevalent in GE plans, with such enrollment increasing from 5% to 12%. Almost all SNP plans’ dental benefits still include at least some comprehensive services; only 1% (2024) and 2% (2025) are diagnostic and preventive only. Often, comprehensive dental coverage is still available to these beneficiaries, but as an optional supplemental benefit package rather than a mandatory benefit.

4. CMS. Plan Benefit Package (PBP) CY2025 User Guide. HPMS.

FIGURE 1: MA PLANS WITH DENTAL MSBS: PERCENTAGE OF ENROLLMENT IN PLANS COVERING PREVENTIVE DENTAL ONLY, 2024-2025

STABILIZATION OF COMPREHENSIVE BENEFITS

Enrollment in plans with various categories of comprehensive benefits generally stayed stable or decreased slightly from 2024 to 2025. After several years of increases, the scope of services for many MA dental plans has become quite broad, sometimes broader than typical commercial dental insurance. However, this trend may have begun to reverse in 2025 as it appears Medicare Advantage organizations (MAOs) have started to balance the value of dental coverage with its cost. We observed the following trends, where the percentages represent the proportion of enrollment in plans covering each service:

- Restorative coverage (fillings and the like) continues to be very highly covered for both GE (approximately 92%) and SNP (above 99%) populations. This category has been very commonly covered for several years and showed little change from 2024 to 2025, as addressing cavities is generally considered a critical dental treatment.
- As of 2021, around 71% of enrollees in MA comprehensive dental plans had periodontic (treatment of gum disease) coverage. Since then, coverage has risen and remains very high, at approximately 95% for GE and even higher for SNP enrollees, based on 2024 enrollment mapped to 2025 plans. Given the well-studied connections between gum disease and chronic medical conditions like diabetes and chronic obstructive pulmonary disease (COPD),⁵ it makes sense that periodontal maintenance would be considered important for MA enrollees. It is not immediately clear, however, what proportion of plans cover various types of periodontics. Plans indicating coverage of a particular PBP category are not required to cover all procedures within that category. In addition to periodontal maintenance, scaling and root planing, debridement, and other nonsurgical procedures, the category also includes surgical periodontics, which are generally more expensive services. As such, there may still be substantial variation in covered procedures among plans showing a periodontic benefit.
- Endodontics coverage (root canals, etc.) has also grown significantly in recent years. At under 60% in 2021, the coverage became much more common over the last few years, but has leveled off and begun to decrease slightly from 2024 to 2025 for both GE (from 86% to 84%) and SNP (96% to 94%) coverage.

Due to the change in dental PBP categories, for other comprehensive benefits it is more difficult to assess year-over-year changes, but the 2025 PBP detail allows for more detailed analysis on prosthodontics, oral surgery, and implant coverages. In 2024, 91% of MA dental plan enrollees had “Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services” coverage. This catchall category included a wide range of prosthodontic, surgical, and other dental procedures. Figure 2 shows what we see ahead for 2025.

5. Cleveland Clinic (October 20, 2022). How Your Oral Health Affects Your Overall Health. Retrieved February 10, 2025, from <https://health.clevelandclinic.org/oral-health-body-connection>.

FIGURE 2: DENTAL COVERAGE FEATURES IN 2025

2025 PBP	% MA COMPREHENSIVE DENTAL ENROLLMENT WITH THIS BENEFIT			
	2024	2025 (BASED ON 2024 ENROLLMENT CROSS-WALKED TO 2025 PLANS)		
		TOTAL	GENERAL ENROLLMENT PLANS	SPECIAL NEEDS PLANS
Fixed Prosthodontics	91%* (89% GE, 97% SNP)	78%	76%	86%
Removable Prosthodontics		82%	79%	92%
Maxillofacial Prosthetics		36%	29%	57%
Implants		21%	18%	27%
Orthodontics		11%	9%	17%
Oral Surgery	95%** (94% GE, 98% SNP)	94%	93%	97%

* Fixed and Removable Prosthodontics, Maxillofacial Prosthetics, Implants, and Orthodontics were all part of a broader catchall category in 2024. The catchall also included Oral Surgery (but not simple Extractions).

** We show 2024 results for the Extractions PBP category, which was separate in 2024 but was incorporated into the Oral Surgery PBP category in 2025. Other oral surgery procedures were included in the catchall category in 2024.

It is valuable to consider these results in the context of general knowledge of employer-sponsored dental plans, prior trends in the MA space, and the benefit levels of GE plans versus SNPs.

- Prosthodontics are covered for the majority of MA enrollees with comprehensive dental coverage; this is important given the need for dentures and bridges among the MA population. From our work with clients we know that MA dental prosthodontic coverage has increased significantly over the past several years, and the new PBP categorization allows us to confirm that it is relatively commonplace in 2025.
- Though less common than other procedure categories, coverage of maxillofacial prosthetics is available to many enrollees. Many maxillofacial prosthetic procedures are typically excluded in employer-sponsored commercial dental plans; it is interesting that a non-negligible proportion of MA comprehensive dental plans include it. These procedures, while utilized relatively infrequently, tend to be specialized and expensive.
- Orthodontic procedures are covered by only a small minority of plans, highlighting the need for further research to clarify the scope and value proposition of this benefit. Key questions include: Is coverage limited to medically necessary cases, or does it extend to cosmetic orthodontics? Which specific procedures are included? Further analysis is needed to determine whether this benefit serves primarily as a marketing tool to enhance overall dental coverage appeal or is intended more for rare, medically required cases.
- SNPs are relatively more likely to cover each of these procedure categories than GE plans, likely due to greater dental care needs in this population, with the most notable differences in coverage of maxillofacial prosthetics and orthodontics.

2025 trends in Medicare Advantage dental enrollment by benefit limit

Benefit limits define the maximum total claim cost that a plan will cover within a given time period. For MA mandatory dental coverage, benefit limits can be set separately for preventive and comprehensive dental services, or plans can offer a shared limit covering both preventive and comprehensive dental services. Shared limits can also apply to a broader set of benefits, including not only dental but also vision, hearing, or other supplemental benefits that might be offered under a plan, which is commonly known as a “combined (or combo) benefit package” or a “flex benefit package.” Benefits such as these are discussed more in the Milliman article [2024 Combined Benefits in Medicare Advantage – Tracking benefit strategy and options](#).

Shared limits have grown in popularity over the years; in 2025 over 70% of enrollees with mandatory comprehensive dental coverage have a shared dental limit covering both preventive and comprehensive dental services. We see this trend for both GE and SNP enrollees.

While, at a national level, the magnitude of dollar limits has not changed dramatically from 2024 to 2025, we do believe plans are taking other actions to limit costs via reductions to dental coverage. Strategies include reducing the number of plans with unlimited dollar maximums, combining dental benefits with other MSBs in combo benefit packages, and adjusting limits on covered services. As mentioned earlier, one method of limiting services is to maintain a limited covered procedure code list rather than allowing all procedures within a given PBP category to be covered. For example, a plan can indicate coverage of the Oral Surgery PBP category while excluding particular types of surgical procedures. Furthermore, an increasing number of plans are imposing stricter frequency limitations—limits on the number of services covered per period—to manage utilization. While we cannot directly compare all dental service categories year-over-year due to changes in PBP categories from 2024 to 2025, for some categories we can see that the proportion of enrollees in plans with MSB comprehensive dental coverage without frequency limits has decreased.

FIGURE 3: PROPORTION OF COMPREHENSIVE DENTAL MSB ENROLLEES IN PLANS WITH NO FREQUENCY LIMITS BY PBP CATEGORY, 2024 AND 2025

PBP CATEGORY	TOTAL		GENERAL ENROLLMENT PLANS		SNP PLANS	
	2024	2025	2024	2025	2024	2025
Restorative Services	41%	33%	44%	39%	31%	20%
Endodontics	42%	35%	45%	40%	31%	21%
Periodontics	36%	30%	38%	35%	30%	19%
Prosthodontics*	40%	36%	43%	42%	31%	20%

* 2025 Removable Prosthodontics and Fixed Prosthodontics PBPs were weighted together to compare to 2024 Prosthodontics PBP.

What's next

After a few years of a “race to the top” to offer more dental services and richer coverage, MA mandatory supplemental dental benefits appear to be beginning to contract on average. Under competitive pressures to offer the most MSB value within tightening budgets, plans are likely to right-size dental benefits to provide appeal to members while better managing utilization and cost. While member awareness of dental benefits has increased over the last several years, the requirement beginning in 2026 for plans to notify enrollees of unused supplemental benefits between June 30 and July 31 of the plan year will likely further increase benefit awareness and increase the percentage of members utilizing their dental benefits.⁶ Having benefit designs that offer robust coverage while also controlling for potential unnecessary utilization will become even more critical.

Broader MA and traditional Medicare developments will also continue to affect dental offerings in the Medicare space, including any MA funding changes, Star Ratings program changes,⁷ and any further expansions of Medicare-covered dental procedures under future Physician Fee Schedule Final Rules. As companies monitor and adapt to industry changes, it is crucial to take a data-driven approach to market analysis and to work with dental vendors to maintain desirable and financially supportable dental benefit offerings.

6. Centers for Medicare & Medicaid Services (April 4, 2024) Contract Year 2025 Medicare Advantage and Part D Final Rule (CMS-4205-F) Retrieved February 10, 2025 from <https://www.cms.gov/newsroom/fact-sheets/contract-year-2025-medicare-advantage-and-part-d-final-rule-cms-4205-f>.

7. Rogers, H., Smith, M., Nelson, P. & Yurkovic, M. (October 30, 2023). The future is now: 2024 Star Ratings release. Milliman White Paper. Retrieved February 10, 2025, from <https://us.milliman.com/en/insight/the-future-is-now-2024-star-ratings-release> and Rogers, H., & Smith, M., (June 12, 2023). Recalculating Medicare Advantage: Potential SCAN and Elevance ruling implications for MA stakeholders. Milliman White Paper. Retrieved February 10, 2025, from <https://us.milliman.com/en/insight/recalculating-medicare-advantage-scan-elevance-ruling-implications>.

Methodology

The Milliman MACVAT[®] was used to compare 2024 and 2025 MA dental enrollment and trends. Medicare-Medicaid plans (MMPs), employer group waiver plans (EGWPs), Program of All-Inclusive Care for the Elderly (PACE) plans, Part B-only plans, Cost plans, and Medicare Medical Savings Account (MSA) plans were excluded. For this paper, the plans with mandatory supplemental dental benefits include plans offering preventive benefits, as well as plans that offer both preventive and comprehensive mandatory supplemental benefits.

CAVEATS, LIMITATIONS, AND QUALIFICATIONS

The information in this paper is intended to describe changes and trends in the Medicare Advantage dental market. It may not be appropriate, and should not be used, for other purposes.

We relied on publicly available enrollment and premium data from the Centers for Medicare and Medicaid Services (CMS) and the Milliman MACVAT to support the data presented in this paper. If this information is incomplete or inaccurate, our observations and comments may not be appropriate. We reviewed the data for reasonability but did not audit the data.

Milliman has developed certain models to estimate the values included in this paper. The intent of the models was to estimate the enrollment in plans with particular dental MSB characteristics. Milliman has reviewed the models, including their inputs, calculations, and outputs, for consistency, reasonableness, and appropriateness to the intended purpose and in compliance with generally accepted actuarial practice and relevant Actuarial Standards of Practice (ASOP).

Joanne Fontana is a member of the American Academy of Actuaries and meets the qualification standards of the American Academy of Actuaries to render the actuarial opinion contained herein.

PREVIOUS PAPERS

- 2018, see Fontana, J.E. (November 2018). Dental coverage in Medicare Advantage plans: Nationwide market landscape. Available at: <https://us.milliman.com/en/insight/dental-coverage-in-medicare-advantage-plans-nationwide-market-landscape>.
- 2019, see Fontana, J.E., and Bryniarski, J. (November 2019). Dental coverage in Medicare Advantage plans: Nationwide market landscape, 2019 update. Available at: <https://www.milliman.com/en/insight/dental-coverage-in-medicare-advantage-plans-nationwide-market-landscape-2019-update>.
- 2020, see Fontana, J.E., Bryniarski, J. & Tang, C. (January 2021). Dental coverage in Medicare Advantage plans: Nationwide market landscape, 2020 update. Available at: <https://www.milliman.com/en/insight/Dental-coverage-in-Medicare-Advantage-plans-Nationwide-market-landscape-2020-update>.
- 2021, see Fontana, J.E. and Tang, C. (September 2021). Dental coverage in Medicare Advantage plans: Nationwide market landscape, 2021 update. Available at: <https://www.milliman.com/en/insight/Dental-Coverage-in-Medicare-Advantage-Plans-Nationwide-Market-Landscape-2021-Update>.
- 2022, see Fontana, J.E., Tang, C. & Youngblood, G. (August 2022). Dental coverage in Medicare Advantage plans: Nationwide market landscape, 2022 update. Available at: <https://us.milliman.com/en/insight/dental-coverage-in-medicare-advantage-plans-nationwide-market-landscape-2022-update>.
- 2023, see Fontana, J.E. & Youngblood, G. (October 2023). Dental coverage in Medicare Advantage plans: Nationwide market landscape, 2023 update. Available at: <https://us.milliman.com/en/insight/dental-coverage-medicare-advantage-plans-nationwide-market-landscape-2023-update>.
- 2024, see Fontana, J.E., Youngblood, G., & Hosein, M. (September 2024). Dental coverage in Medicare Advantage plans: Nationwide market landscape, 2024 update. Available at: <https://www.milliman.com/en/insight/dental-coverage-medicare-advantage-plans-nationwide-market-landscape-2024-update>.

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