



Dental Insurance – Why It Matters

Medicare does not cover most routine dental care. A separate dental plan can help with cleanings, fillings, extractions, and sometimes major work. Understanding what is typically covered — and what is not — helps you choose wisely.

Why Dental Coverage Matters

- Original Medicare generally does not pay for routine cleanings, fillings, extractions, or dentures.
- Dental problems can become expensive quickly and can affect overall health.
- Preventive care (cleanings and exams) is usually the most cost-effective part of any dental plan.
- Many people on fixed incomes benefit from predictable coverage for basic dental needs.

What's Typically Covered

- Preventive: cleanings, exams, X-rays (often at 100%)
- Basic: fillings, simple extractions, periodontal maintenance
- Major (on many plans): crowns, bridges, dentures, root canals — usually at a lower percentage
- Annual maximum benefit (common limit on how much the plan will pay in a year)
- Waiting periods may apply for basic or major services

What's Usually Not Covered

- Cosmetic work (whitening, veneers, etc.)
- Orthodontics on many adult plans
- Services above the annual maximum
- Work done during a waiting period
- Some implants or specialized procedures (varies widely by plan)
- Always check the outline of coverage for exact exclusions and limitations

Practical Tips

Look at the annual maximum, waiting periods, and network dentists. A plan with a lower premium but a very low annual maximum or long waiting periods may not meet your needs. Preventive care is usually the best value.

HOW HUGS CAN HELP

Dental coverage is one piece of a complete protection plan. We can help you compare options and see what fits your needs and budget. At HUGS we have no greater joy than to hear that our clients are walking with confidence.