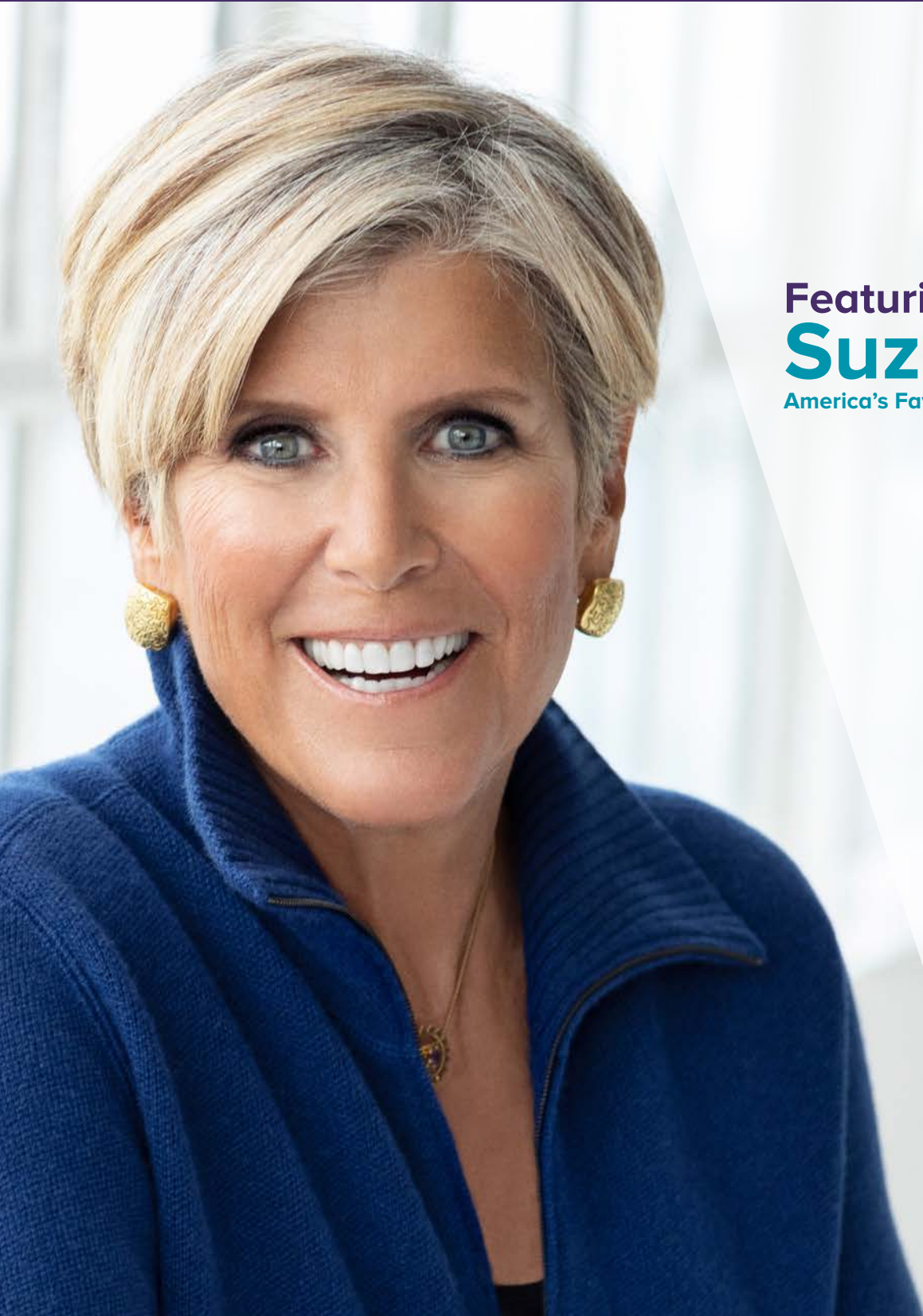


What Every Medicare Enrollee Needs to Know About Medicare & Dental Care



Featuring
Suze Orman
America's Favorite Personal Finance Expert

2024

Medicare and Dental Plans

Medicare typically isn't much help if you need extensive dental care. Purchasing a separate dental savings plan is the best way to care for your teeth and protect your wallet.

For all the fantastic medical coverage that is provided by Medicare, I need you to understand that dental care is typically a gaping hole. **Many Medicare plans do not provide dental coverage**, and even those that do typically set very low annual spending limits.

My advice is to not assume you can rely on Medicare for dental coverage. If you need any serious work on your teeth or gums, you will likely find that most of the cost is going to come out of your own pocket, even if you do have coverage through a Medicare plan.

Those of you who are in the process of enrolling in Medicare for the first time need to be careful and smart. Please don't fall for the advertisements crowing about a certain type of Medicare plan offering you dental (and maybe vision) care. Again, you need to be aware that the annual spending limits are typically way too low to cover extensive work. And most important, I don't want anyone to choose a Medicare plan on the basis of dental care. You pick a plan that best meets your need for medical coverage. Dental is not the driver of that decision.

Your Suze-Approved Strategy for How to Take Great Care of Your Teeth and Gums Once You Turn 65

The best way to protect your wallet and your mouth is to not rely on Medicare for dental coverage. My strong recommendation is that once you are enrolled in Medicare that you also purchase a separate dental savings plan.

Hear me out. **Paying an annual fee for a dental savings plan can save you a ton. Just one surprise dental bill can easily drain thousands from your savings.**

For those times when you need some serious work—crowns, implants, root canal and so on — **the cost can quickly add up to \$5,000-\$10,000 or more.** Yet among Medicare Advantage plans that offered dental coverage in 2023, the majority set a dollar limit on annual coverage. And the typical annual spending limit was \$1,300.

See my point? A spending limit of \$1,300 or so isn't going to be enough protection if you need major dental work that costs \$5,000 or more.

The bottom line is that **most Medicare plans that provide dental coverage don't really provide the financial protection you need.** And the whole point of a dental plan should be to protect you from those times when you have a serious (expensive) dental problem!



I hope you will consider what I have done.

I am enrolled in Medicare. And I also have a separate dental savings plan (not dental insurance) that has saved me a ton of money. My dentist accepts my dental savings plan, which means when I need care, he offers me big discounts on procedures. Big, as in discounts that are typically at least 50% of the listed fee.

Here's my guide to making smart Medicare and dental care choices.

- ✓ **Enroll in Medicare**
- ✓ **Join a Dental Savings Plan**



our complete

Medicare
Insurance Kit

Comprehensive
insurance policy

The Big Decision

Okay, before we talk about dental coverage, I want to make sure you have the information to make the right Medicare choice. There are two broad types of Medicare plans: Original Medicare and Medicare Advantage.

I think a lot of the people who choose Medicare Advantage when they are healthy at age 65 aren't fully aware of how the coverage will work if and when they become seriously ill.

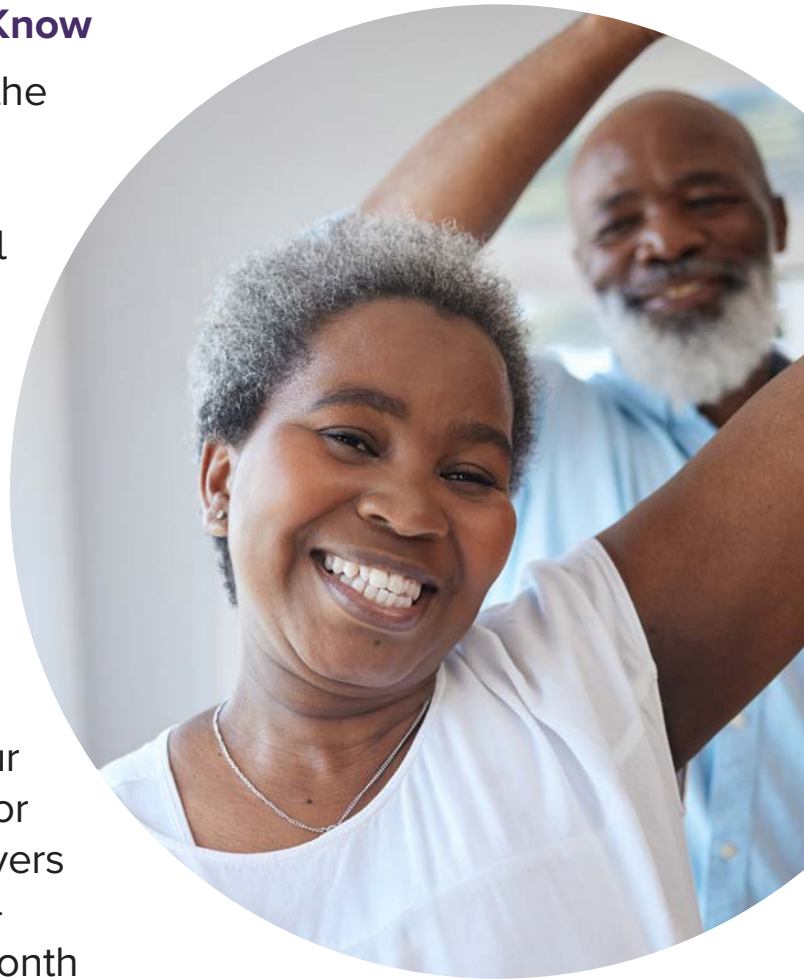
Please take the time to learn how each program works and then make an informed decision based on what you think will be the best for a much older you. The reality is that the type of plan you choose when you first enroll may likely be the plan you will need to stick with for the rest of your life.



Original Medicare

Original Medicare: What You Need to Know

- You can see any doctor, anywhere in the U.S. who accepts Medicare (most do).
- Only 80% of the cost of out-of-hospital care (referred to as Medicare Part B) is covered. Enrollees are responsible for the other 20%, and there is no annual limit on what that 20% can run up to.
- A Medigap policy is a “supplemental” policy you can purchase from a private insurer that will cover the 20% of Part B that is your responsibility. The monthly premium for the best* Medigap policy (one that covers everything with no co-insurance or co-pays) may cost you \$120 to \$300 a month depending on where you live.
- When you first enroll in Medicare you are guaranteed to be approved for a Medigap policy regardless of any pre-existing conditions, at no extra cost.
- You must purchase a separate Medicare Part D plan for prescription drug coverage. The monthly premium cost is the monthly premium cost will be about \$55.50 in 2024. There are limits on how much of your costs are covered.



Medicare Advantage

Medicare Advantage: What You Need to Know

- You are typically limited to seeing doctors that are in your plan's network
- You may not owe any additional monthly premium
- Prescription drug coverage is typically included; there may be a relatively small monthly premium for coverage. There are limits on how much of your costs are covered.
- Limited dental (and vision) care may be included in coverage
- When you need medical care, you will typically owe a copay or coinsurance. In 2024 the maximum annual out of pocket costs a Medicare Advantage enrollee is responsible for may not exceed \$8,300 for in-network services, and \$12,450 for in-network and out-of-network services combined. However, plans may set lower limits. That is per enrollee, not per household.



My Tips for Choosing Between Medicare Advantage and Original Medicare

Those are the most important features to be aware of. Your next job is to carefully consider not just what you think you need today, but to consider what might be best 10 or 20 years from now. There are four critical questions to ask yourself:



1

Do I want complete freedom to choose doctors?

If that matters to you, Original Medicare may be your best option. Or, if you are interested in Medicare Advantage, and want to continue working with your current care team, check with each doctor and facility to confirm they will accept the Medicare Advantage plan you are looking at.

2

Will I be able to get care if I spend part of the year away from my home?

I am not talking about vacations, rather if you are a snowbird who spends months in a different location. With Original Medicare you will be able to get covered care in either destination. Medicare Advantage coverage is typically restricted to a region. Make sure you understand the rules before enrolling in a Medicare Advantage plan, and have a strategy for coverage outside of your region.

If I were to have a serious illness, could I handle potential out-of-pocket costs of up to \$7,500 or so a year?

Medicare Advantage is great when you are healthy. You may have no monthly premium, or a small premium. Whereas with Original Medicare I insist you also purchase a separate Medigap policy, and the monthly premium for a Medigap policy may cost you \$120-\$300, depending on your age and where you live. So I get it: When you are healthy, Medicare Advantage looks like the better deal.

But my friend, health insurance is all about how much it will protect you when you are actually sick or injured. As I mentioned, Medicare Advantage has copays and coinsurance that in 2024 can cost you as much as \$8,300 for in-network care. So here's the question only you can answer: Can you handle that potential out of pocket cost? Not just for one year. Let's be realistic and think through if you develop a chronic condition, or a condition that requires care over at least two calendar years. Can you afford potentially large out-of-pocket costs for two or more years? (And to be clear, that \$8,300 is just for 2024; the limit is set by the government, and can be raised each year.)

If you can't afford a large out-of-pocket then my recommendation is to choose Original Medicare. Yes, with Original Medicare you will need to pay a monthly premium to purchase a Medigap policy. But if you choose a Medigap "G" policy, you will have complete coverage for out-of-hospital coverage (referred to as Medicare Part B) after paying a relatively small deductible, which was \$233 in 2023.

That's a lot of peace of mind for \$120-\$300 or so a month.

(Note, you will also need to purchase a separate insurance policy, known as Medicare Part D, to help pay for your prescription drug costs. The typical monthly premium is around \$55.50.)



If I choose Medicare Advantage, will I be happy sticking with it for the rest of my life?

Please listen up. This is one of the most misunderstood rules when choosing a Medicare plan. You will hear and read about how you can always change your mind and switch from Medicare Advantage to Original Medicare.

That is technically true. But it leaves out a whopper of a problem: If you want to switch to Original Medicare, you know by now I insist that you also purchase a Medigap policy to cover the 20% of Medicare Part B (charges outside of hospital care) that is the responsibility of the enrollee.

And as I explained, when you are first signing up for Original Medicare, you are eligible for any Medigap policy regardless of pre-existing conditions. You will not be charged more for any pre-existing condition.

But that is only when you first sign up for Medicare. If say two or three years down the line you become sick and the doctor, or hospital, you want to work with isn't in your Medicare Advantage network, switching to Original Medicare isn't really going to work. That's because you will most likely have to go through a "medical underwriting" review for a Medigap policy. Translation: pre-existing conditions can and will be considered when you want to switch to Original Medicare at least a year after enrolling in Medicare Advantage.

If you are trying to switch to Original Medicare because of a new illness/injury, you need to understand that illness is going to count as a pre-existing condition. That means you may be turned down for a Medigap policy, turned down for a policy that covers your pre-existing condition, or offered a plan that charges an astronomical premium. In other words, it will likely not be practical to switch to Original Medicare because you will not be able to afford the 20% of Part B charges that will remain your responsibility without a Medigap policy.

Please note: Some states have different rules on qualifying for Medigap after your initial enrollment period. If you are considering Medicare Advantage, please make sure you understand the rules if you later decide you want to switch to Original Medicare.

My Bottom Line for Choosing a Medicare Plan:

If you are going to choose Medicare Advantage, please make sure you have your eyes wide open to the potential costs and limitations if you were to become seriously ill. We all have to make our own decisions. My goal is that you make an informed decision that does not rely on advertising that often leaves out important details.



Why You Need a Dental Savings Plan in Addition to Medicare

Okay, now let's talk about dental care.

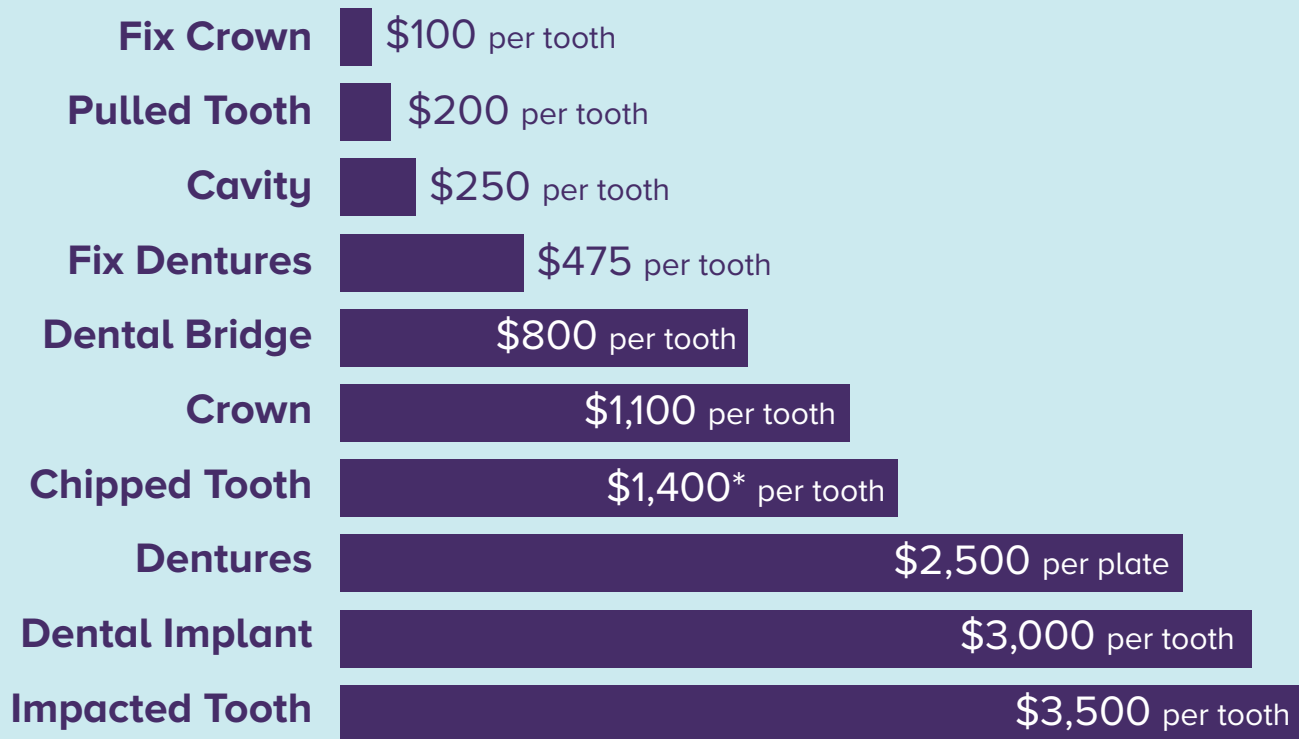
Original Medicare does not cover standard dental procedures. The only coverage is for major traumatic injuries that are treated in a hospital.

Medicare Advantage does offer dental coverage. But most Medicare Advantage plans limit the amount of coverage. Nearly 8 in 10 Medicare Advantage plans that offered “extended” dental coverage in 2023, limited that coverage to an average of \$1,300.

That's not nothing. And most Medicare Advantage dental coverage includes basic checkups at no additional cost. But I want you to understand that the typical Medicare Advantage dental coverage isn't going to provide full protection for those times when you need extensive work.



Here's What Full Price Looks Like for Dental Care.



*Cost for bonding and composite veneers

These costs don't include the cost of any X-rays needed to figure out treatment.

As you can see, a spending limit of \$1,300 or so a year may be just a fraction of what you're charged for extensive dental work.

Job one, if you are going to rely on Medicare Advantage for dental coverage, is to check what the annual spending limits are. If you are considering a plan that offers unlimited, or generous coverage, that's great! But as I have just explained, that's not common.

If the Medicare Advantage plan you are considering has a set annual spending limit for dental, **I want you to think long and hard on an important “what if”:**

What if at some point you need \$10,000 or more of dental care. How will you pay for it? If your Medicare Advantage plan only covers say \$1,300, that's \$8,700 you need to pay for on that \$10,000 bill.

The same goes for those of you who sign up for Original Medicare. What's your plan for affording dental care? Sure, you can buy a private dental insurance plan. But please be careful. Most affordable private dental plans have annual spending limits of \$1,500 - \$2,000, or so. And as we've just went over, that could cover just a fraction of the cost of major dental work.

Potentially large out-of-pocket dental costs are another reason why I am so insistent that everyone work on having a large emergency savings fund.

But if you don't have a large emergency fund set up yet, **I hope you can see how insufficient coverage through a Medicare Advantage plan, or a private dental insurance plan may be.**

I want to be clear: I think it is crazy that Medicare does not provide robust dental care. No one should have to forego dental care because of cost. Especially given that research has shown that poor dental care can lead to other serious illness. But this is the world we live in.

And given that reality, **I think purchasing a dental savings plan is so smart.**



Dental Savings Plans

Dental savings plans are not insurance. The way a dental savings plan works is that you pay less than \$20 a month on average, billed annually, and then when you go to a dentist who is in the plan's network, you will receive big discounts for care. Plan members can save an average of 50%* on most dental procedures. Even cosmetic treatments are included in these plans – if teeth whitening has been on your radar or if you need a dental implant, this is for you!

When I needed a few procedures recently, I used my dental saving plan and saved more than \$1,100. Let me show you:

| Procedure | List Price | Discounts | Due Today |
|------------------|-------------------|--------------------|-----------------|
| Oral Evaluation | \$105.00 | -\$38.00 | \$67.00 |
| Full Mouth X-Ray | \$148.00 | -86.00 | \$62.00 |
| Recement Bridge | \$185.00 | -\$75.00 | \$110.00 |
| Crown | \$1,638.00 | \$913.00 | \$725.00 |
| | \$2,076.00 | -\$1,112.00 | \$964.00 |
| | | | Pay This Amount |

What makes these plans unique is that there are **no health restrictions or annual limits** to navigate. You join, show your card, and automatically qualify for big discounts on the dentist's regular listed fees.

And a lot of dental savings plans are actually more than dental. Many give you savings on vision and hearing care, chiropractic care, prescription drugs and telehealth.

Common Questions

I get asked about dental savings plans a lot. I want to share my answers to two common questions:

“Suze, I’m enrolled in Original Medicare. Can I use a dental savings plan too?”

You know it. Since Original Medicare does not include dental care, you can use a dental savings plan to save on your dental care every time you go to the dentist. (The only time you would not be able to use your plan is on those very limited dental procedures that Medicare does cover. The only dental care Medicare covers are for in-hospital treatment of traumatic dental injuries.)

“Suze, I’m thinking about Medicare Advantage. Can I use a dental savings plan alongside a Medicare Advantage plan?”

The answer is yes, and no. Medicare Advantage and a dental savings plan can be used together, but not for the same procedure. That said, if you have both types of coverage, you can use them for different procedures related to the same care.

For example, let’s say you max out your Medicare Advantage after one root canal, but you need a dental implant too. You can use a dental savings plan to save on your implant without waiting for your Medicare Advantage plan to reset for the next calendar year.

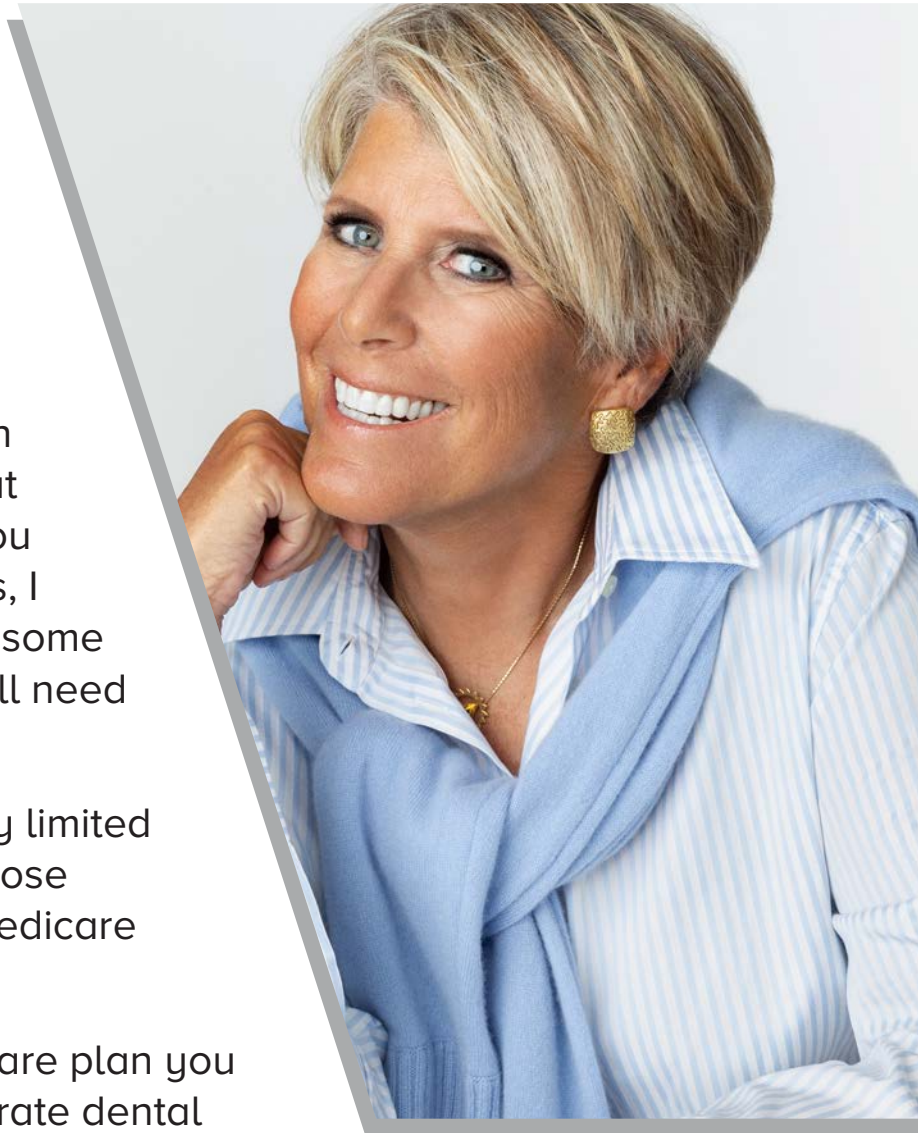


My Bottom Line

You know that I am a big believer in “hope for the best, plan for the worst.” In terms of your dental care, **I want you to plan for a time when you may need a series of costly procedures.** I hope your mouth at age 65 is in great shape, and stays that way for a long time with frequent cleanings and exams. But given there’s a 50% probability you will live until at least your mid 80s, I think it’s smart to presume that at some point (maybe a few points) you will need some involved dental care.

Right now, Medicare provides only limited dental care at best, and just for those people who choose to enroll in Medicare Advantage.

My advice: no matter what Medicare plan you choose; I think purchasing a separate dental savings plan is a smart financial decision.



**It’s Time to Find Your Dental Plan
Visit DentalPlans.com Now**

**For more financial advice, visit suzeorman.com/podcast
to listen to my podcast, **WOMEN & MONEY.****

Disclaimers: *Referring to Plan G. Full price costs shown are averages for uninsured patients and are based on an overview of pricing information from DentalPlans.com and may vary according to dentist and location. Sources: Kaiser Family Foundation <https://www.kff.org/medicare/issue-brief/medicare-and-dental-coverage-a-closer-look>

Evaluating Your Dental Options

by DentalPlans.com



The information below is from DentalPlans.com. It provides additional details on dental plan options for people who are, or will soon be, Medicare recipients. The information in this section is not guidance from Suze Orman.

Medicare and dental care

Original Medicare does not cover routine dental care.

Original Medicare does cover dental treatment when oral health is “inextricably linked, substantially related and integral to” the clinical success of specific, covered medical treatments.

These treatments include organ transplant, cardiac valve replacement, and, starting in 2024, head and neck cancer treatment.

Medicare Advantage Plans often offer dental insurance – either as a benefit or an optional add-on.

If you choose Original Medicare, with or without a Medigap plan, you will want either a dental savings plan or dental insurance to help reduce the costs of your dental care.

If you choose a Medicare Advantage plan with dental insurance, you will want to figure out whether the dental coverage offered by the plan fully meets your needs. If not, consider joining a dental savings plan.





The information below is from DentalPlans.com. It provides additional details on dental plan options for people who are, or will soon be, Medicare recipients. The information in this section is not guidance from Suze Orman.

Medicare Advantage and dental insurance

There are two common types of dental insurance. It's important to be aware of the benefits and limitations of each type, whether you are evaluating Medicare Advantage plans or purchasing your own dental insurance.

Dental Health Maintenance Organization (DHMO) plans

- Don't have waiting periods or annual spending limits.
- May limit how often you can get certain types of care.
- Restricts coverage to in-network dentists only.
- Dental care is supervised by your primary dentist, who refers you to specialists as needed.

Dental Preferred Provider Organizations (DPPO) insurance

- Allow you to see any dentist, though you'll save more if you see an in-network provider.
- Typically impose a 6-12 month waiting period before you can save on restorative care.
- Have annual spending limits. When you exceed that limit – typically \$1,000-\$1,500 – you must pay for any additional dental care out of your own pocket.
- Typically, do not cover costs for treating oral health problems that you have prior to purchasing insurance.

Evaluating Your Dental Options

by DentalPlans.com



The information below is from DentalPlans.com. It provides additional details on dental plan options for people who are, or will soon be, Medicare recipients. The information in this section is not guidance from Suze Orman.

Dental savings plans

Dental savings plans are a trusted and affordable alternative to traditional dental insurance. DentalPlans.com is the largest dental plan marketplace, with over 25 plans from the most trusted brands in healthcare, accepted by 70% of dentists. Plan members report saving an average of 50%* on their dental care.

- Unlike insurance, dental savings plans have **no annual spending limits**.
- **No waiting**. Your discounted rates can be used as soon as the plan activates, within 72 hours of joining.
- Offer **significant savings on expensive procedures** such as crowns, root canals, partial or full dentures and more
- Many plans provide **savings on dental implants** to replace missing teeth or stabilize dentures, which is not typically covered by insurance.
- **Simply pay the reduced rate** directly to any participating dentist or specialist after receiving care.

Which option is right for you?

Dental savings plans tend to be a great choice when you need more than basic preventive care. Dental insurance can be a good fit when you want to maintain already excellent oral health.

Need help evaluating your options? Give us a call at **833-251-5611** or visit **DentalPlans.com** today.

**Find Your Best Dental Plan on
DentalPlans.com Today**

*Discount Health Program consumer and provider surveys indicate average savings of 50%. Savings may vary by provider, location, and plan. Savings range from 10-60% off. Savings plans are NOT insurance and the savings will vary by provider, plan and zip code. These plans are not considered to be qualified health plans under the Affordable Care Act. Please consult with the respective plan detail page for additional plan terms. The discounts are available through participating healthcare providers only. To check that your provider participates, visit our website or call us. Since there is no paperwork or reimbursement, you must pay for the service at the time it's provided. You will receive the discount off the provider's usual and customary fees when you pay. We encourage you to check with your participating provider prior to beginning treatment. Special promotions including, but not limited to, additional months free are not available to California residents or on Fully Insured Plans. Note - not all plans and offers available in all markets.