

Research Brief

Key Insights on Dental Insurance Decisions Following the Rollout of the Affordable Care Act

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Key Messages

- *There is a general lack of knowledge among Americans on how dental insurance is addressed within the Affordable Care Act.*
- *When asked about preferences for medical and dental plans, the majority of adults indicate they prefer a dental plan that costs less and has limited provider choice. In contrast, for medical plans, the majority of adults indicate they prefer a plan that costs more and has a broader choice of providers.*
- *Young adults and low-income adults have the strongest preference for less costly dental plans that have a more limited choice of providers.*
- *Just over one percent of adults and two percent of children obtained dental insurance through the health insurance marketplaces.*
- *Among those who shopped for dental insurance in the health insurance marketplaces, key reasons for not purchasing a plan include plans being too expensive, inability to find plans that cover services of interest, and the lack of a requirement to purchase dental insurance.*

Introduction

As a result of the Affordable Care Act (ACA) Americans have new choices when it comes to purchasing health and dental insurance. At the same time, there are significant shifts occurring in dental insurance coverage, dental care use, and financial barriers to dental care.¹ For example, the percentage of adult Americans with dental insurance has declined over the past decade,² as has dental care utilization, especially among younger adults.^{3,4} Adults continue to face financial barriers to dental care⁵ and emergency room use for dental conditions is rising.⁶ For children, the trends are very different. Dental insurance coverage has been expanding steadily, as has dental care use, particularly among low-income children.^{3,7}

Research Brief

Under the ACA, pediatric dental services are one of the ten essential health benefits (EHB) that all small group and individual market health plans are required to cover.⁸ Dental services for adults, however, are not an EHB under the ACA. Health plans may still offer adult dental coverage, but they are not required to do so. Medicaid expansion under the ACA may expand dental coverage to over 8 million adults.⁹ Early estimates also indicated that as many as three million children and 800,000 adults could gain private dental insurance through the health insurance marketplaces by 2018.¹⁰ However, these estimates assumed a mandate to purchase dental insurance for children within the health insurance marketplaces. This turned out not to be the case. Marketplace medical plans are not required to include pediatric dental benefits. The interpretation of EHB rules allowed health plans sold through the marketplaces to forgo covering pediatric dental services as long as there are stand-alone dental plans (SADPs) available for purchase.¹¹ All SADPs offered through the marketplaces must include pediatric dental benefits.¹² Medical plans sold through the marketplaces may include adult-only dental benefits, but adult-only SADPs are not allowed.

While pediatric dental benefits are “essential” under the ACA, consumers are not penalized if they fail to purchase dental insurance for their child.¹³ Allowing marketplaces to offer SADPs essentially disconnected pediatric dental insurance from the tax penalty.¹⁴

Because there is no true requirement to purchase pediatric dental insurance under the ACA, the structure of a state’s marketplace plays a crucial role in the expansion of dental insurance coverage for children. The purchase of pediatric dental insurance through the marketplace is only guaranteed if a state either (1) only offers medical plans that embed or bundle pediatric dental benefits, or (2) requires consumers that purchase pediatric medical insurance to also purchase pediatric dental insurance. For plan year 2014, all of

the medical plans offered in Connecticut, the District of Columbia, Vermont, and West Virginia include embedded pediatric dental benefits.^{15,16} Additionally, Kentucky, Nevada and Washington require consumers to purchase pediatric dental insurance.¹⁷

Following the close of the first marketplace open enrollment season, the U.S. Department of Health & Human Services (HHS) reported that over eight million people enrolled in a health insurance marketplace medical plan.^{18,19} Researchers immediately began studying the impact of the marketplaces on health insurance coverage, particularly among the previously uninsured.^{20,21,22} However, not much attention has been paid to the impact of the marketplace on dental insurance coverage.

The enrollment data released by HHS¹⁹ suggest that many consumers are forgoing the purchase of dental insurance in the health insurance marketplace, particularly in those states that do not have a purchase requirement. Specifically, the final average take-up rate of child SADPs across 41 states is about 15.8 percent.²³ The final average take-up of adult SADPs was only slightly higher at 18.8 percent. The HHS data release does not account for dental benefits obtained through a medical plan and, therefore, potentially undercounts the true take-up of dental insurance.

Numerous public opinion polls also indicate that many Americans continue to not understand many aspects of the ACA. For example, a February 2014 poll conducted by the Kaiser Family Foundation found that, among uninsured individuals aged 18-64, 63 percent knew little or nothing about the health insurance marketplaces.²⁴ As far as we know, no research to date has examined public awareness of dental insurance provisions within the ACA.

In this research brief, we analyze public awareness of the ACA’s dental insurance provisions, the consumer

Research Brief

experience when shopping for dental insurance within the health insurance marketplaces, and consumer preferences for medical and dental insurance.

Data & Methods

Our findings are based on an online survey that Harris Poll carried out on behalf of the ADA Health Policy Institute (HPI) in April 2014. The survey asked respondents about their insurance status, children's insurance status (if applicable), preferences, marketplace experience (if applicable), Medicaid experience (if applicable), and oral health. Harris Poll collected data from a nationally representative sample of 3,007 adults. A copy of the survey is available in Appendix A. In this research brief, we provide a summary of key findings related to the health insurance marketplace experience as it relates to dental insurance.

Survey respondents were asked whether they have medical insurance for 2014, and if so, how they obtained their medical insurance. Respondents could choose one of the following options: employer (mine or my spouse/partner's); through the new health insurance marketplace; directly from the insurance company, not through the marketplace; Medicaid; Medicare; through a government program other than Medicaid/Medicare (e.g., VA, TRICARE, SSI); or Other. One hundred and twenty-six respondents obtained medical insurance through the marketplace. We collected information on adult dental insurance marketplace purchases from this group.

We asked whether a respondent's child has medical insurance for 2014, and how they obtained that medical insurance. Again, respondents could choose one of the following options: employer (mine or my spouse/partner's); through the new health insurance marketplace; directly from the insurance company, not through the marketplace; Medicaid; Medicare (for example, dually eligible children that qualify for

Medicaid and Medicare); through a government program other than Medicaid/Medicare (e.g., VA, TRICARE, SSI); or Other. Twenty-two respondents had children who obtained medical insurance through the marketplace. We collected information on pediatric dental insurance marketplace purchases from this group.

In addition, all respondents were asked a series of questions to assess their knowledge about how dental insurance is addressed within the Affordable Care Act as well as a series of questions related to preferences for different types of medical and dental plans.

HPI analyzed the data by income and age. We created four income categories based on 2014 HHS federal poverty level (FPL) guidelines.^{25,26} We also created four age categories based on each respondent's reported birth year.²⁷

HPI developed the survey questions, and Harris Poll advised on the contents of the survey and programmed the survey for data collection via the Internet. Harris Poll fielded the online survey from April 8, 2014 through April 21, 2014. General population weights account for differences in age, gender, race and control for biases inherent to fielding an online survey. For more information on the creation of these general population weights, please see Appendix B. Harris Poll provided the data set to our research team at HPI. We analyzed the raw data using STATA 13, weighting the responses using the general population weights provided by Harris Poll. For more information on Harris Poll, please see Appendix C.

Results

Public Awareness and Knowledge of the ACA's Pediatric Dental Insurance Provisions

Approximately 56.1 percent of adults are aware that the ACA created marketplaces where they can go to purchase medical insurance. However, only a quarter of adults are aware that pediatric dental services are an EHB and 40.2 percent of adults are aware that financial assistance, or tax credits, can be applied toward the cost of pediatric dental insurance (see Figure 1).

When looking at these results by age (see Figures 2 and 3) a higher percentage of adults aged 65 and older report being unsure whether pediatric dental benefits are an EHB (71.6 percent), and not knowing whether financial assistance can be applied to the cost of pediatric dental insurance (81.8 percent). On the other hand, adults aged 18-34 had the highest percentage responding in the affirmative that pediatric dental benefits are an EHB (29.9 percent) and that financial assistance can be applied toward the cost of pediatric dental insurance (46.8 percent).

There is slightly less variation when looking at the public's knowledge of the ACA pediatric dental provisions by income. Adults with incomes below 100 percent FPL and above 400 percent FPL are slightly more aware that pediatric dental benefits are an EHB at 28.4 percent and 27.6 percent respectively (see Figure 2). There is little difference in the percentage of adults that are aware that financial assistance can be applied toward the cost of pediatric dental insurance (see Figure 3).

Insurance Plan Preferences

In general, adults are more concerned about choice when it comes to their medical provider network than their dental provider network (see Figure 4). When

initially asked about provider network and cost preferences, 51.3 percent of adults indicated preference for a medical plan that costs more but has a broader provider network. Comparatively, only 38.4 percent of adults initially indicated that they prefer a dental plan that is more costly but has a broader provider network.

When adults initially preferring a lower cost medical plan were informed that they may no longer be able to visit their usual doctor or hospital with such a plan, 29.5 percent changed their preference to a higher cost plan. Comparatively, only 18.1 percent changed their preference when informed they may no longer be able to visit their usual dentist.

When adults initially preferring a higher cost medical plan were informed that a plan with a narrower provider network might result in a savings of roughly 25 percent, 24.9 percent switched their preference to a lower cost, narrower network plan. Similarly, when adults initially preferring a higher cost dental plan were informed that a plan with a narrower provider network might lower monthly costs, 21.0 percent switched their preference to a lower cost, narrower network plan.

Combining responses from these various questions, ultimately, 52.9 percent of adults prefer a more costly medical plan that allows them to see a broader range of providers. Only 41.5 percent of adults prefer a more costly dental plan that allows them to visit a broader range of providers.

When we examine plan preferences by age and income, important differences emerge (see Figure 5). Only 41.7 percent of adults aged 18-34 prefer a more costly, broader network medical plan compared to 67.1 percent of adults aged 65 and older. Looking at medical plan preferences by income, only 38.2 percent of adults with incomes below 100 percent FPL prefer

Research Brief

more costly, broader network medical plans.

Comparatively, 65.7 percent of adults with incomes above 400 percent FPL prefer more costly, broader network medical plans.

Looking at dental plan preferences by age, no group indicates a preference for a more costly, broader network dental plan to a less costly, narrower network plan. By income, most income groups prefer a less costly dental plan. Only adults with incomes above 400 percent FPL prefer a more costly, broader network plan, with a slight majority at 52.9 percent.

Marketplace Purchases

Approximately 86.6 percent of adults report having medical insurance for calendar year 2014. Of those with medical insurance, about five percent purchased their 2014 medical insurance through the marketplace. Additionally, approximately 1.2 percent of adults purchased dental insurance for themselves through the marketplace.

The percentage of adults with children that have medical insurance for 2014 is higher at 95.3 percent. Of those adults whose children have medical insurance, approximately 4.1 percent purchased that insurance through the marketplace. Additionally, 2.2 percent of adults purchased dental insurance for their children through the marketplace.

Approximately 27.0 percent of the adults that purchased medical insurance for themselves and/or their children through the marketplace also purchased dental insurance.²⁸ Adults purchasing dental insurance

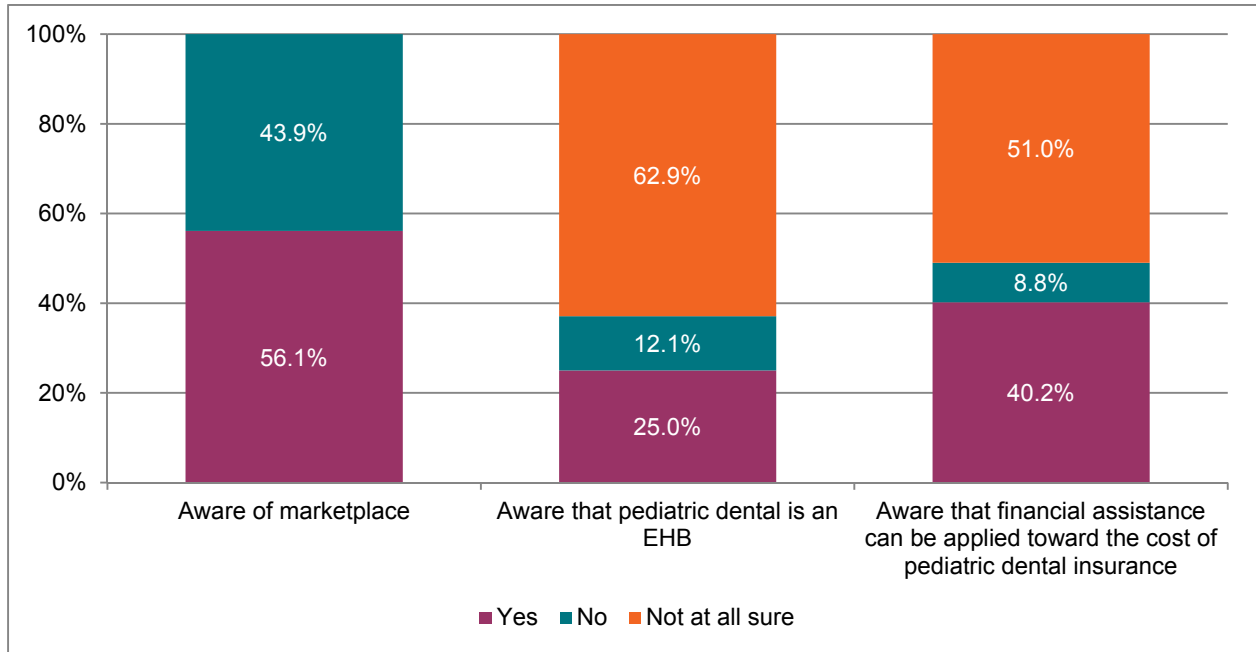
for themselves or their children through the marketplace may have a choice between purchasing a medical plan that includes embedded dental benefits or a stand-alone dental plan. Our survey results indicate that in 40.6 percent of cases purchased dental benefits were embedded within medical plans while 59.4 percent were stand-alone.²⁹

There are numerous reasons why adults forewent the purchase of dental insurance. Reasons include: dental plans being too expensive, inability to find a plan that covers the services an individual is interested in, an individual believing their mouth is healthy enough to forgo visiting the dentist, and the fact that individuals are not required to purchase dental insurance.

Marketplace Experience

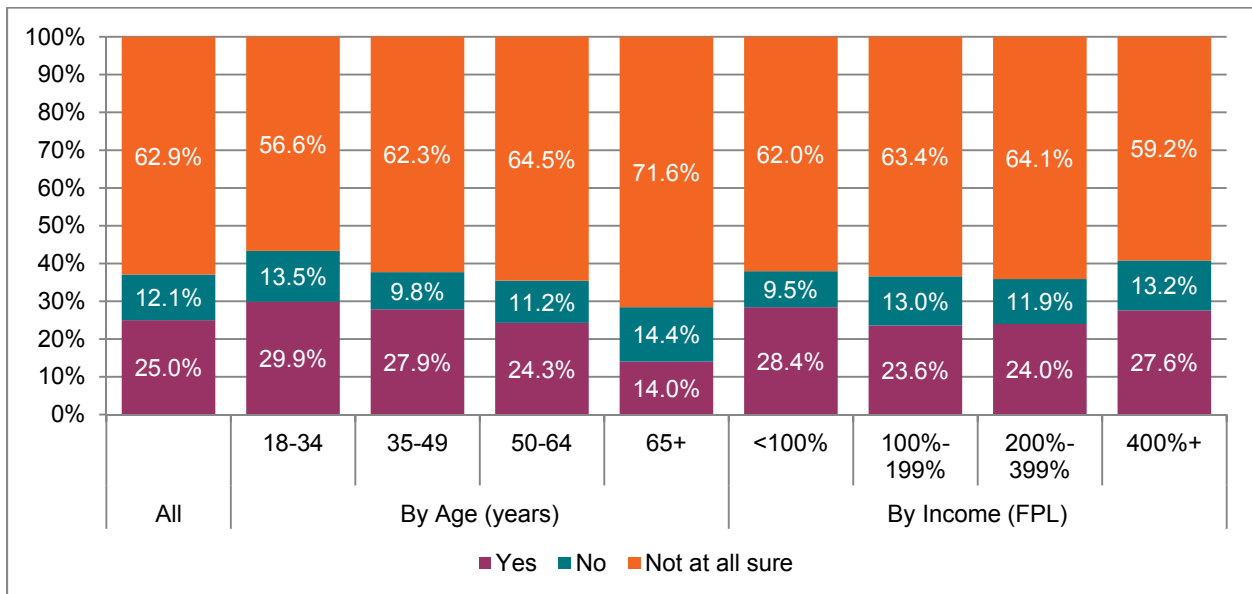
In general, adults found it easy to shop for insurance through the marketplaces. Adults indicate less difficulty finding information about dental plans compared to medical plans (Figure 6). Specifically, 81.7 percent of adults shopping for either adult or pediatric dental plans report ease in finding information about different plans compared to 67.0 percent of adults shopping for medical plans. Additionally, 76.2 percent of adults shopping for dental plans report ease in finding a plan with the type of coverage they need, compared to 65.4 percent of adults shopping for medical plans. However, adults report less ease when asked about finding affordable dental plans. Approximately 38.7 percent of adults report difficulty finding an affordable dental plan compared to 32.0 percent reporting difficulty finding an affordable medical plan.

Figure 1: Knowledge about the Marketplaces and Pediatric Dental Insurance



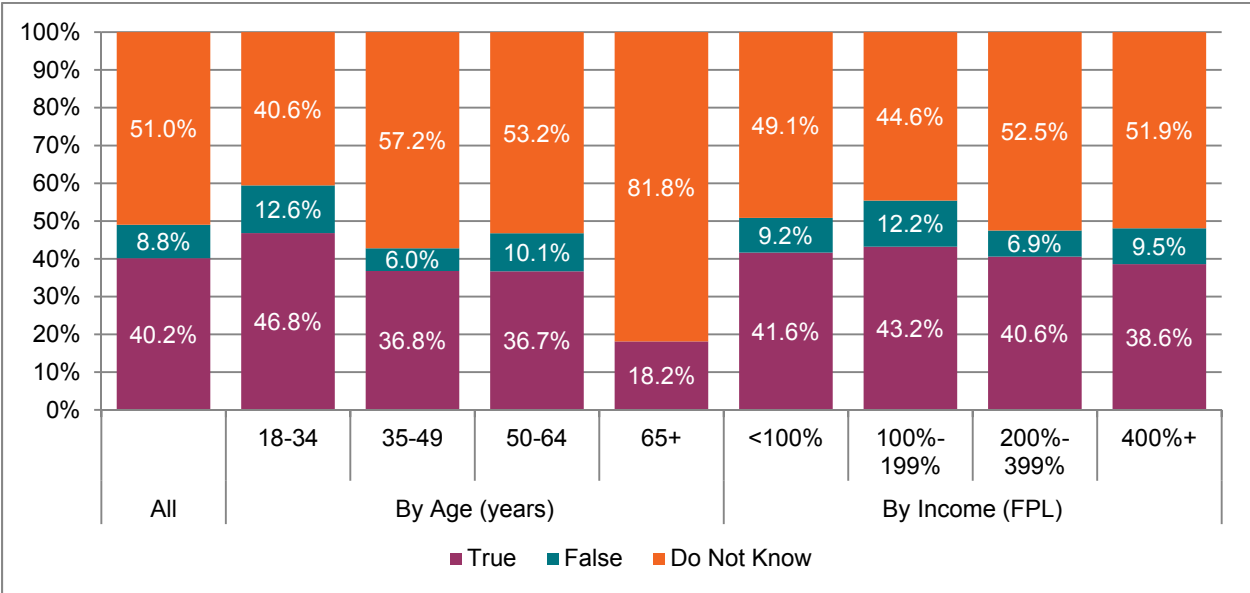
Source: ADA Health Policy Institute analysis of Harris Poll survey data collected April 2014. **Notes:** Marketplace and EHB results based on 3,007 observations. Financial assistance results based on 658 observations. Respondents were asked whether they were not at all aware, somewhat aware, very aware, or extremely aware of the new marketplace in their state. HPI combined responses of not at all aware and somewhat aware to represent “no” and very aware or extremely aware to represent “yes.” Respondents were asked whether it was true or false that financial assistance can be applied to the cost of dental insurance for children. HPI treated responses of false as “no” and responses of true as “yes.” All survey responses are weighted by general population weights provided by Harris Poll.

Figure 2: Knowledge that Pediatric Dental Care is an Essential Health Benefit



Source: ADA Health Policy Institute analysis of Harris Poll survey data collected April 2014. **Notes:** Results based on 3,007 observations. Age categories calculated based on adults’ reported year of birth. Income categories calculated based on HHS 2014 Federal Poverty Guidelines. All survey responses are weighted by general population weights provided by Harris Poll.

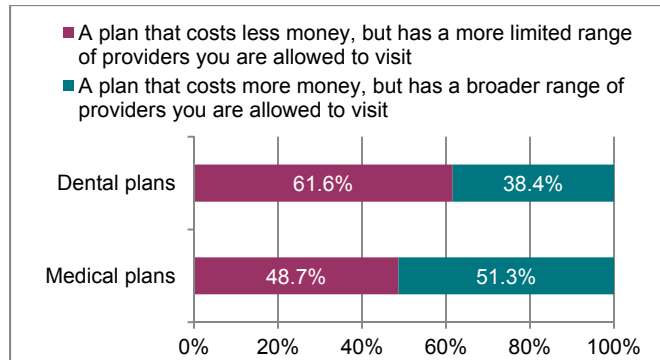
Figure 3: True or False – Financial Assistance Can Be Applied to the Cost of Pediatric Dental Insurance



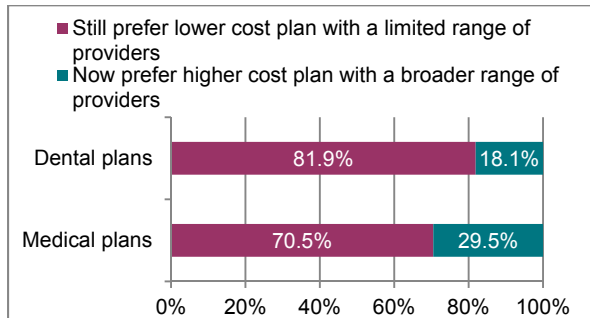
Source: ADA Health Policy Institute analysis of Harris Poll survey data collected April 2014. **Notes:** Results based on 658 observations. Age categories calculated based on adults' reported year of birth. Income categories calculated based on HHS 2014 Federal Poverty Guidelines. All survey responses are weighted by general population weights provided by Harris Poll.

Figure 4: Adult Plan Preferences

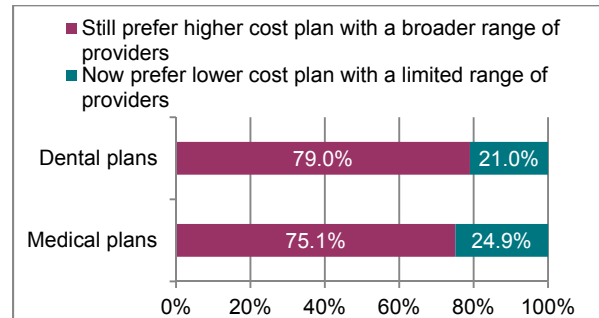
Asked of all adults: What type of insurance plan would you rather have?



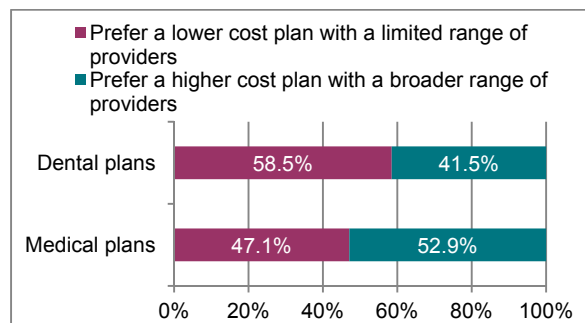
Those who prefer lower cost plans with a more limited range of providers were asked: Now suppose that with this plan you would not be able to visit the providers you usually go to. Knowing this, which plan would you prefer?



Those who prefer higher cost plans with a more broad range of providers were asked: Now suppose there was a plan that limited the range of providers you can visit, but could save you roughly 25 percent on your health care costs. Knowing this, which plan would you prefer?

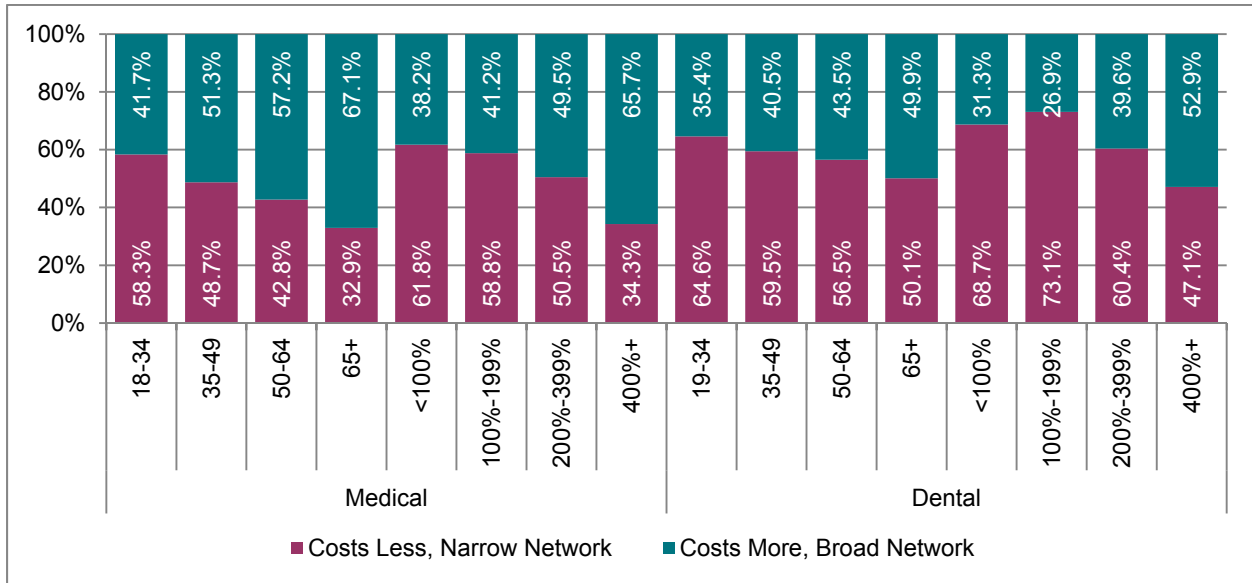


Combining responses from these various questions led to the following plan preferences for all respondents:



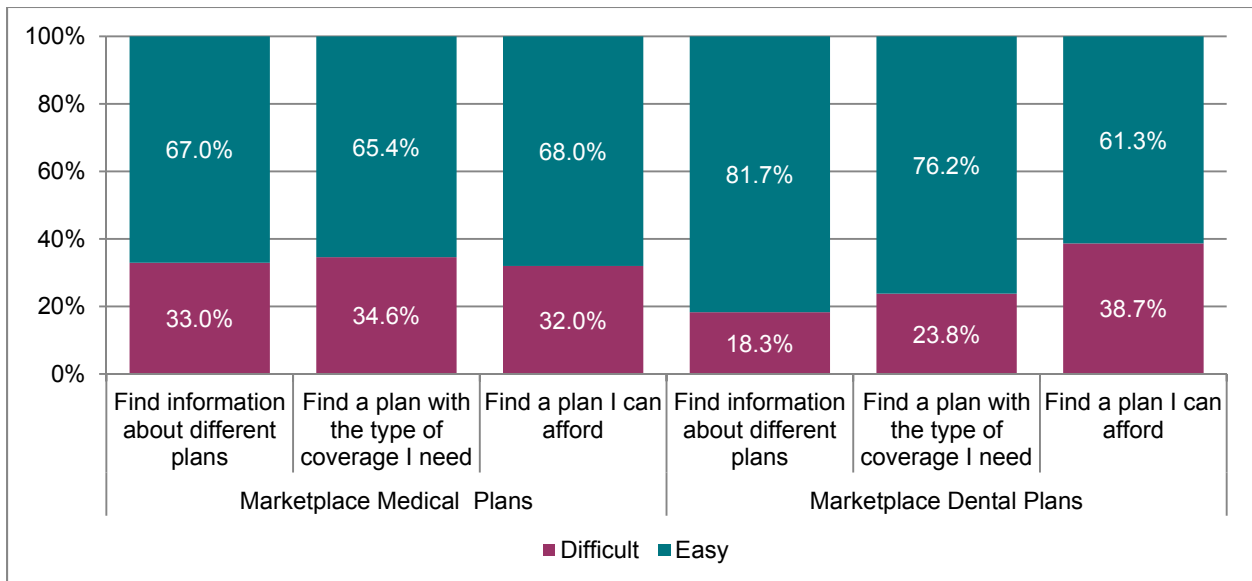
Source: ADA Health Policy Institute analysis of Harris Poll survey data collected April 2014. Notes: Results based on 3,007 observations. HPI combined responses from the three survey questions to understand adults' final plan preferences. Combining response calculations are based on final preferences after adults were provided the choice to switch their initial plan preferences upon being informed of potential cost and provider choice implications. All adults were questioned about medical and dental plan preferences separately. All survey responses are weighted by general population weights provided by Harris Poll.

Figure 5: Adult Medical and Dental Plan Preferences by Age and Income



Source: ADA Health Policy Institute analysis of Harris Poll survey data collected April 2014. **Notes:** Results based on 3,007 observations. Percentages represent household income relative to the federal poverty level. All survey responses are weighted by general population weights provided by Harris Poll. Calculations are based on final preferences after adults were provided the choice to switch their initial plan preferences upon being informed of potential cost and provider choice implications.

Figure 6: How Easy or Difficult Was It To:



Source: ADA Health Policy Institute analysis of Harris Poll survey data collected April 2014. **Notes:** Marketplace Medical Plan analysis is based on 132 observations. Marketplace Dental Plan analysis is based on 42 observations. Respondents were asked whether it was very difficult, somewhat difficult, somewhat easy, or very easy to (1) find information about the different health or dental plans available for purchase, (2) find a health or dental plan with the type of coverage they need, and (3) find a health or dental plan that they can afford. Responses of very or somewhat difficult were combined to create the response category “difficult” and responses of very or somewhat easy were combined to create the response category of “easy.” Respondents were asked about health and dental plans separately. Respondents with children were asked these questions about pediatric dental plans, and their responses were combined with the responses from adults purchasing dental insurance for themselves. Due to the small number of observations for marketplace dental plans, results should be interpreted with caution. All survey responses are weighted by general population weights provided by Harris Poll.

Discussion

This is the first analysis that we know of that has examined experiences in the health insurance marketplaces as they relate to dental insurance. In terms of general knowledge about dental insurance provisions within the ACA, our analysis indicates low awareness for the majority of Americans. Adults aged 18-49 report slightly higher percentages of knowledge about ACA pediatric dental provisions compared with the other age groups, perhaps because these individuals are more likely to have children. Knowledge about ACA pediatric dental provisions across income brackets produced less varied results.

The survey found the health insurance marketplace take-up rate of dental insurance among adults and children to be 27.0 percent (i.e. among those purchasing medical insurance through the health insurance marketplaces, what percent also purchase dental insurance). Our analysis did not produce a sufficient sample size to examine the take-up rate separately for children and adults. Still, this is the first data we are aware of on health insurance marketplace dental insurance purchases that incorporates both purchases of medical plans with embedded dental benefits and SADPs. Previous analysis that included only stand-alone dental plan purchases indicated a take-up rate of 18.8 percent for adults and 15.8 percent for children.²³ However, this earlier analysis excludes purchases of medical plans with embedded dental benefits, and such medical plans are available for purchase in most health insurance marketplaces.

In terms of plan preferences, our analysis provides several important insights. In general, Americans prefer more costly medical plans that have broader provider networks to choose from, results that mirror findings from the Kaiser Family Foundation tracking poll conducted in February 2014.²⁴ We found that these preferences vary across age groups, with adults

aged 18-34 preferring less expensive medical plans and adults aged 65 and older preferring more expensive medical plans with greater provider choice. We also observe variation across incomes, with lower income adults preferring less expensive medical plans and higher income adults preferring more expensive medical plans.

However, preferences for dental plans are different. In general, more Americans prefer dental plans that cost less and have more limited provider choice, even if this means adults might no longer be able to visit their usual dentist. Unlike medical plan preferences, adults across all ages prefer less expensive dental plans with narrower provider choice. In terms of differences across incomes, only adults with incomes above 400 percent FPL prefer higher cost, broader provider choice dental plans.

Coupled with our previous investigation of the dental insurance offerings in the health insurance marketplaces¹⁶ and the SADP take-up rates among adults and children for various states,²³ the analysis in this research brief enriches our understanding of adult purchasing behavior and preferences for dental insurance within the health insurance marketplaces. Our findings suggest that having more dental insurance plans that are associated with less provider choice, but emphasize quality and value, could lead to increased purchases of dental insurance in the health insurance marketplaces, particularly among young adults. Going forward, the ADA Health Policy Institute will continue to monitor dental insurance purchases, with a focus on children, a target group under the ACA, and young adults who are experiencing significant financial barriers to dental care.⁵ Longer term, it is vital for the policy community to understand how changes in dental insurance coverage affect access to care and, ultimately, oral health. It is also important to

understand the implications associated with adult choice regarding lower premiums and more limited provider choice. Finally, the implications of purchasing dental insurance as a stand-alone product versus embedded within a medical plan are important to understand. The ADA Health Policy Institute will continue to pursue this very rich research agenda to help inform the policy decisions of key stakeholders.

Acknowledgments

We thank Professor Jonathan Gruber of the Massachusetts Institute of Technology for continued guidance on analytic approach and for comments on an earlier draft. We also thank Krishna Aravamudhan, B.D.S., M.S., Janice Kupiec, Thomas J. Spangler, J.D., and Rebecca Starkel from the American Dental Association for input and suggestions in designing the survey.

Appendix A: ADA Affordable Care Act Dental Insurance Survey

SCREENER AND CORE QUESTIONS – All Respondents

- Q1** In which country or region do you currently reside?
- Q2** Are you...? Male or Female
- Q3** In what year were you born? Please enter your response as a four-digit number (for example, 1977).
- Q4** In what state or territory do you currently reside?
- Q5** What is your zip code?
- Q6** Including yourself, how many people age 18 or older live in your household?
- Q7** How many people under the age of 18 live in your household?
- Q8** **Ask if RESPONDENT HAS AT LEAST ONE CHILD IN HOUSEHOLD** For how many of these children under the age of 18 are you the parent or guardian?

Section I: Knowledge of the ACA – All Respondents

- Q9** In October 2013, under the health reform law also known as the Affordable Care Act or “Obamacare,” new health insurance marketplaces opened in each state. People who do not have affordable health insurance through a job can shop and sign up for health insurance. How aware are you of this new marketplace in your state?
- Q10** Under the new health insurance law, there are 10 categories of health care services that health insurance must cover. To the best of your knowledge, is **dental care for children** one of these 10 essential services?
- Q11** **Ask if PARENT OF CHILD UNDER AGE 18** Please tell us if the following statement is true or false, to the best of your knowledge. If a person is eligible for financial assistance, they may be able to apply some of it to the cost of dental insurance for children.

Section II: Plan Preferences – All respondents

- Q12** What type of **health insurance plan** would you rather have?
- A plan that **costs less** money, but has a more **limited range** of doctors and hospitals you are allowed to visit
 - A plan that **costs more** money, but has a **broader range** of doctors and hospitals you are allowed to visit
- Q13** **Ask if PREFERS LOWER COST/LIMITED RANGE PLAN** Now suppose that with this health insurance plan you would not be able to visit the doctors and hospitals you usually go to. Knowing this, which health insurance plan would you prefer?
- Still prefer lower cost plan with a limited range of doctors and hospitals
 - Now prefer higher cost plan with a broader range of doctors and hospitals
- Q14** **Ask if PREFERS HIGHER COST/BROADER RANGE PLAN** Now suppose there was a health insurance plan that limited the range of providers you can visit, but could save roughly 25% on your health care costs. Knowing this, which health insurance plan would you prefer?
- Still prefer higher cost plan with a broader range of doctors and hospitals
 - Now prefer lower cost plan with a limited range of doctors and hospitals
- Q15** What type of **dental insurance plan** would you rather have?
- A plan that **costs less** money but has a more **limited range** of dentists you are allowed to visit
 - A plan that **costs more** money but has a **broader range** of dentists you are allowed to visit
- Q16** **Ask if PREFERS LOWER COST/LIMITED RANGE PLAN** Now suppose that with this dental insurance plan you would not be able to visit the dentist you usually go to. Knowing this, which dental insurance plan would you prefer?

- Still prefer lower cost plan with a more limited range of dentists
- Now prefer higher cost plan with a broader range of dentists

Q17 Ask if PREFERS HIGHER COST/BROADER RANGE PLAN Now suppose there was a dental insurance plan that limited the range of dentists you can visit, but could save roughly 25% on your dental care costs. Knowing this, which dental insurance plan would you prefer?

- Still prefer higher cost plan with a broader range of dentists
- Now prefer lower cost plan with a limited range of dentists

Section III: Insurance Status – All Respondents

Q18 Do you currently have **health insurance** for 2014? Yes or No

Q19 Ask if PARENT OF CHILD UNDER AGE 18 Does your child under age 18 currently have health insurance for 2014? Yes or No

Section IV: Marketplace Shopping and Purchases – Respondents Enrolled in Health Insurance Plan for 2014

Q20 How did you obtain your health insurance for 2014? Select all that apply.

- Employer (mine or my spouse/partner's)
- Through the new health insurance marketplace
- Directly from the insurance company, not through the marketplace
- Medicaid
- Medicare
- Through a government program other than Medicaid/Medicare (e.g., VA, TRICARE, SSI)
- Other

Q21 Ask if: CHILD ENROLLED IN HEALTH INSURANCE PLAN FOR 2014 How did you obtain health insurance for your child/children for 2014? Select all that apply.

- Employer (mine or my spouse/partner's)
- Through the new health insurance marketplace
- Directly from the insurance company, not through the marketplace
- Medicaid
- Medicare
- Through a government program other than Medicaid/Medicare (e.g., VA, TRICARE, SSI)
- Other

Marketplace – Respondent or Child Obtained Insurance through Marketplace

Q22 There are individuals available to help you decide which health plan works best for you. Did someone help you find the health plan you purchased through the marketplace?

Q23 How easy or difficult was it to do each of the following things on the health insurance marketplace?

- Find information about the different health plans available for purchase (e.g., monthly cost, services covered, providers you are allowed to go to, how much of your own money you must spend on services)
- Find a health plan with the type of coverage you need
- Find a health plan that you can afford

Q24 **Ask if RESPONDENT OBTAINED INSURANCE THROUGH MARKETPLACE** Did you shop for **dental insurance** for yourself through the marketplace?

Q25 **Ask if SHOPPED FOR DENTAL INSURANCE FOR SELF** How easy or difficult was it to do each of the following things regarding **dental plans** on the health insurance marketplace?

- Find information that allows you to compare dental plans (e.g., monthly cost, services covered, provider you are allowed to go to, how much of your own money you must spend on services)
- Find a dental plan with the type of coverage you need
- Find a dental plan that you can afford

Q26 **Ask if SHOPPED FOR DENTAL INSURANCE FOR SELF** Did you purchase dental insurance for yourself through the marketplace?

Q27 **Ask if PURCHASED DENTAL INSURANCE FOR SELF** Is the dental insurance you purchased for yourself included in your health plan, or is it a separate dental-only insurance plan?

- Included in my health plan
- A separate dental-only insurance plan
- I don't know

Q28 **Ask if DID NOT PURCHASE DENTAL INSURANCE FOR SELF** Why did you not purchase dental insurance for yourself through the marketplace? Please select **all** that apply.

- I already have dental insurance.
- My mouth is healthy – I don't really feel I need a lot of dental care.
- The plans are too expensive for the benefits you get.
- The plans do not cover the services I am interested in.
- I am not required to purchase dental insurance, so I did not.
- My state's marketplace does not offer dental insurance for adults.
- Other

Q29 **Ask if CHILD OBTAINED INSURANCE THROUGH MARKETPLACE** When you visited the marketplace, were you prompted or notified to consider purchasing **dental insurance** for child? Yes, No, I don't remember

Q30 **Ask if CHILD OBTAINED INSURANCE THROUGH MARKETPLACE** Did you shop for **dental insurance** for your child through the marketplace?

Q31 **Ask if SHOPPED FOR DENTAL INSURANCE FOR CHILD** How easy or difficult was it to do each of the following things regarding dental insurance for your child?

- Find information that allows you to compare dental plans (e.g., monthly cost, services covered, providers your child is allowed to go to, how much of your own money you must spend on services)
- Find a dental plan with the type of coverage your child needs
- Find a dental plan that you can afford

Q32 Ask if SHOPPED FOR DENTAL INSURANCE FOR CHILD Did you purchase dental insurance for your child?

Q33 Ask if PURCHASED DENTAL INSURANCE FOR CHILD Is the dental insurance you purchased for your child included in their health plan, or is it a separate dental-only insurance plan?

- Included in their health plan
- A separate dental-only insurance plan
- I do not know

Q34 Ask if DID NOT PURCHASE DENTAL INSURANCE FOR CHILD Why did you not purchase dental insurance for your child through the marketplace? Please select **all** that apply.

- My child has dental insurance through a different source.
- My child's teeth and mouth are healthy – I don't really feel they need a lot of dental care.
- The plans were too expensive for the benefits you get.
- The plans did not cover the services I am interested in.
- I am not required to purchase dental insurance for my child, so I did not.
- I could not easily find a dentist through the available insurance plans.
- Other

Q35 Ask if PURCHASED DENTAL INSURANCE FOR SELF OR CHILD Please rank the top three factors in choosing dental insurance through the marketplace. Enter a "1" next to the factor that is the most important, a "2" next to the second-most important factor, and a "3" next to the factor that is the third-most important to you.

- How much the plan costs per month
- The services the plan covers
- The dentists the plan allows me to see
- How much of my own money I have to spend on services before my plan starts paying
- Other

Section V: Medicaid – Respondent or Child Enrolled in Medicaid

Q36 How easy or difficult was it to find out what health care services are covered by Medicaid?

Q37 How easy or difficult was it to enroll in Medicaid?

Q38 Ask if RESPONDENT IS ENROLLED IN MEDICAID Does your Medicaid program cover **dental services** for you? Yes, No, Not Sure

Q39 Ask if CHILD IS ENROLLED IN MEDICAID Does your Medicaid program cover dental services for your child? Yes, No, Not Sure

Section VI: Oral Health Status – All Respondents

Q40 In the last few years, about how often have you visited the dentist?

Q41 How would you rate your overall oral health?

Q42 How important is your oral health to you?

Q43 Do you plan to visit the dentist in the next 12 months?

Q44 Ask if RESPONDENT DOES NOT PLAN TO VISIT DENTIST OR IS NOT SURE Why do you not plan to visit a dentist in the next 12 months? Please select **all** that apply.

- My mouth is healthy – I do not need to visit the dentist.
- It is too hard to find a dentist that accepts my dental plan or Medicaid.
- I cannot find the time to get to a dentist (e.g., cannot get the time off from work, dentist does not have convenient office hours).
- Many services are not covered by my dental plan or Medicaid, so I end up having to pay with my own money.
- I cannot get to a dentist easily (e.g., do not have transportation, located too far away).
- Other

Q45 Ask if PARENT OF CHILD UNDER AGE 18 In the last few years, about how has your child visited the dentist?

Q46 Ask if PARENT OF CHILD UNDER AGE 18 How would you rate your child's overall oral health?

Q47 Ask if PARENT OF CHILD UNDER AGE 18 How important is your child's oral health to you?

Q48 Ask if PARENT OF CHILD UNDER AGE 18 Do you plan to take your child to the dentist in the next 12 months?

Q49 Ask if RESPONDENT DOES NOT PLAN TO TAKE CHILD TO DENTIST OR IS NOT SURE Why do you not plan to take your child to visit a dentist in the next 12 months? Please select **all** that apply.

- My child's mouth is healthy – they do not need to visit the dentist.
- It is too hard to find a dentist that accepts my child's dental plan or Medicaid.
- I cannot find the time to get to a dentist (e.g., cannot get the time off from work, dentist does not have convenient office hours).
- Many services are not covered by my child's dental plan or Medicaid, so I end up having to pay with my own money.
- I cannot get to a dentist easily (e.g., do not have transportation, located too far away).
- Other

Section VII: Respondent Demographics – All Respondents

Q50 What is your marital status?

Q51 Which one of the following best describes your employment status?

Q52 What is the highest level of education you have completed or the highest degree you have received?

Q53 Which of the following income categories best describes your total 2012 household income (before taxes?)

Q54 Are you of Spanish or Hispanic origin, such as Latin American, Mexican, Puerto Rican or Cuban?

Q55 Do you consider yourself...? [Race]

Appendix B: Harris Poll Survey Methodology and General Population Weights

Harris Poll Survey Methodology

This survey was conducted online within the United States by Harris Poll on behalf of the American Dental Association between April 8-21, 2014 among 3,007 US residents age 18 or older. The analyses in this document were conducted by the American Dental Association. Figures for age, sex, race/ethnicity, education, region and household income were weighted where necessary to bring them into line with their actual proportions in the population. Propensity score weighting was also used to adjust for respondents' propensity to be online.

All sample surveys and polls, whether or not they use probability sampling, are subject to multiple sources of error which are most often not possible to quantify or estimate, including sampling error, coverage error, error associated with nonresponse, error associated with question wording and response options, and post-survey weighting and adjustments. Therefore, the words "margin of error" are avoided as they are misleading. All that can be calculated are different possible sampling errors with different probabilities for pure, un-weighted, random samples with 100% response rates. These are only theoretical because no published polls come close to this ideal.

Respondents for this survey were selected from among those who have agreed to participate in our surveys. The data have been weighted to reflect the composition of the U.S. adult population. Because the sample is based on those who agreed to participate in the Harris Poll panel, no estimates of theoretical sampling error can be calculated. These statements conform to the principles of disclosure of the National Council on Public Polls.

General Population Weights

Harris Poll deployed an internet-based survey to collect responses to our survey questions. In order to address selection bias associated with individuals that have chosen to be part of the internet population, Harris Interactive employed a technique entitled propensity score weighting in an effort to reduce the impact of fundamental differences between our survey population and the demographics of the national population. To create propensity score weighting, Harris Interactive asks online survey respondents a battery of attitudinal, behavioral and demographic questions. The questions include, but are not limited to, attitudes toward sharing and using information, social engagement/participation, age, sex, education, race, region, and household income. The attitudinal and behavioral questions are used to develop measures of attitudes and behaviors that are correlated with the decisions to go online, join an online panel, and respond to an online survey. The demographic questions are used to weight data to remove the effects of different demographic response rates and skews in online panels.

Harris also collects the same data via a bi-monthly telephone study to reach those individuals that are offline. Both sets of data are merged and a statistical model is estimated to predict whether an online respondent "looks like" the type of respondent who would be more likely to answer by phone versus online. All respondents are segmented into groups based on the propensity scores calculated for each respondent. These groups are anchored on one end by respondents who demographically, attitudinally, and behaviorally look like the type of person who would be likely to answer an online survey and anchored on the other end by respondents who would be more likely to answer a survey by telephone. Once classification into segments is complete, the online respondents are demographically weighted (using standard weighting techniques) to match U.S. population targets for age, sex, region, race, education, and household income. In addition the propensity score is included in the weighting scheme as an additional factor in order

to balance the attitudes and behaviors of the online respondents. Typical factors used in Harris Interactive's propensity score models are measures of activity, knowledge, and attitudes.

Appendix C: About Nielsen and The Harris Poll

On February 3, 2014, Nielsen acquired Harris Interactive and The Harris Poll. Nielsen Holdings N.V. (NYSE: NLSN) is a global information and measurement company with leading market positions in marketing and consumer information, television and other media measurement, online intelligence and mobile measurement. Nielsen has a presence in approximately 100 countries, with headquarters in New York, USA and Diemen, the Netherlands. For more information, visit www.nielsen.com.

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²⁷ Age categories include: aged 18-34, 35-49, 50-64, and 65 and older.

²⁸ Given the small number of marketplace dental insurance purchases, we combined results for both adults and adults with children. This dental insurance take-up rate calculation is based on 132 observations and should be interpreted with caution due to the limited sample size.

²⁹ Again, given the small number of marketplace dental insurance purchases, we combined results for both adults and adults with children. This dental insurance take-up rate calculation is based on 27 observations and should be interpreted with caution due to the limited sample size.

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