American Dental Association

Changing Payment System

Medicare Coverage Addendum

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pwc

Contents

Overview of Benefit Implementation Strategies

Disclaimer

PwC was engaged to perform actuarial cost estimates for hypothetical dental benefit offerings under the Medicare program. PwC does not advocate for or against a public policy change that includes dental coverage for Medicare beneficiaries.

Analysis: Expansion of Medicare Benefits to include Dental Services

Background

- Under the current Medicare system, existing beneficiaries can only obtain dental coverage through Medicare Advantage (MA) as a supplemental benefit, or through stand-alone individual payer-specific offerings or through employer sponsored retiree group coverage
- To potentially expand access to dental care, two new retiree dental programs through Medicare were considered. The first was a new voluntary stand-alone dental program similar to Part D, but called Part "T" for "Teeth". The second option was as an expansion to the existing Part B program, where professional dental services would be treated similarly to other medical services performed by provider specialists

Part "T"

- In this option, dental benefits through a voluntary dental program would be competitively bid by payers, with base coverage through standard plan designs required of bidders
- Low income beneficiaries (< 150% FPL) would receive additional subsidies toward premiums and cost sharing

- Three benefit plan designs were modeled (with two different dentist reimbursement levels and two different voluntary enrollment take-up rates) to determine the aggregate annual federal cost based on these features. In general, the plan designs are similar in nature to those found in the commercial group market
- Costs were broken out between Low Income (LI) and non-LI beneficiary cohorts to estimate assumed premium subsidies provided to these groups through Medicare, total federal program costs (on a 2017 basis) were then estimated by scenario

Expansion of Part B

- Current Medicare Part B would be expanded to include dental benefits, this mandate extends to MA as well
- Low income beneficiaries (< 150% FPL) would receive additional subsidies toward premiums and cost sharing

- Four plan designs were modeled (with two different dentist reimbursement levels and non-LI premium requirements) with varying levels of plan richness to determine the aggregate annual federal cost based on these features. Variation in plan designs primarily revolve around the maximum benefit and total beneficiary Out-of-Pocket (OOP) maximum
- No profit margins or administrative fees were assumed under any plan design
- Costs were broken out between Low Income (LI) and non-LI beneficiary cohorts to estimate assumed premium subsidies provided to these groups through Medicare, total federal program costs (on a 2017 basis) were then estimated by scenario

Comparison of Part "T" Strawman vs. Part B Expansion Programs (including dentist reimbursement features)

Program Component	Part "T"	Part B Expansion
Plan Sponsor & Administration	• Private insurers/payers sponsor plan through competitively bid Part "T" dental products, similar to Part D offerings on the drug side • Could be individual product (with voluntary enrollment) or self-insured/fully insured group product similar to Employer Group Waiver Products (EGWPs) for employer retiree plans • Insurer must comply with CMS regulations around open enrollment, payment policies and marketing materials etc.	• CMS is the plan sponsor • Individuals coverage • Automatically enrolled for expanded dental coverage when they enroll in Part B for their non-hospital medical services
General Program Federal Funding (i.e. Subsidies)	• CMS reimburses insurers based upon pre-defined capitation amounts per covered beneficiary and the insurer is than at risk to manage plan to for overall profitability of the plan	• CMS reimburses dentists for services performed according to applicable Medicare Dental Fee Schedule
Federal Premium Subsidies for Low Income Beneficiaries	• CMS is assumed to waive (i.e. pay for) the low income beneficiaries' share of the Part T premium costs	• CMS is assumed to waive (i.e. pay for) the low income beneficiaries' share of the Part B premium costs
Federal Cost Sharing Subsidies for Low Income Beneficiaries	• CMS is assumed to waive (i.e. pay for) the low income beneficiaries' share of the deductibles and coinsurances required by the plan	• CMS is assumed to waive (i.e. pay for) the low income beneficiaries' share of the deductibles and coinsurances required by the plan

Comparison of Part "T" Strawman vs. Part B Expansion Programs (including dentist reimbursement features)

Program Component	Part "T"	Part B Expansion
Premium Surcharge for High Income Beneficiaries	• High income beneficiaries are charged a greater proportion of the Part T cost through higher premiums, based upon prior year beneficiary income	• High income beneficiaries are charged a greater proportion of the Part B cost through higher premiums, based upon prior year beneficiary income
Benefit Design	• Many benefit design offerings permissible, with a standard basic design dictated as minimum coverage level. Enhanced richer plan options available, requiring full buy-up of incremental cost by beneficiary	• A single uniform benefit design and cost sharing nationwide, coordinating with other Part B features such as deductibles applicable to dental benefits too
Payment Model & Rate Determination	• Various dentist reimbursement options likely to be contracted between payers and dentists ranging from Fee-for-Service arrangements to capitation	• CMS reimburses dentists who accept CMS payment rates (called assignment) under a Fee-for-Service payment arrangement • CMS determines RBRVS type fee schedule and annual changes

Comparison of Part "T" Strawman vs. Part B Expansion Programs (including dentist reimbursement features)

Considerations	Part "T"	Part B Expansion
Possible Impact of Future Competition	• Competitive bidding of the bidders to capture greater market share will continue to drive down reimbursement rates as market becomes more efficient, large profit margins are no longer allowed	• No impact of future competition on CMS determined RBRVS reimbursement rates
Risks	• Initial shock to system with new members and overdue dental care – pricing challenges • Rate reductions (e.g. sequestration) due to federal budgetary shortfalls • Administrative complexities / compliance requirements / audits and possible penalties for non-compliance against regulations	• Likely large disparity between Medicare dental RBRVS and commercial dental reimbursement rates • Rate reductions (e.g. sequestration) due to federal budgetary shortfalls
Quality / Other Aligned Incentives	• Risk sharing arrangements between insurers and dentists could make dental reimbursement contracting more lucrative through quality care and profit sharing	• MACRA type federal quality bonus payments may be applicable, but could result in greater reimbursement levels for dentists providing quality care

PwC Dental Pricing Model

Assumptions and Considerations

- Self-insured rates, representing 2016 average costs based on PwC's rate model
- ASO fees assumed at $2.00 PMPM (primarily large employers)
- Pricing excludes orthodontic benefits
- No assumed changes in negotiated/allowed fees for dental procedures, except where noted
- Model pricing includes utilization adjustments, based on Journal of Dental Education study
- Non-covered services in today's market have not been added back into the underlying cost structure
- Pricing normalized to average ADA market rates, inclusive of both self-insured and full-ensured plans, for classic plan design of $28 for large group (assumed self-insured) and $32 for small group (assumed fully insured)
  - Profit margins for fully insured products range from 1.3% to 33.1%, with an average of 12% [1]
  - Premium taxes for fully insured dental plans were assumed to be 2%

[1] S&P Global Market Intelligence. http://www.snl.com/.

PwC Dental Pricing Model

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PwC was engaged to perform actuarial cost estimates for hypothetical dental benefit offerings under the Medicare program. PwC does not advocate for or against a public policy change that includes dental coverage for Medicare beneficiaries.

Subject to reliance on the data provided, all estimates are based on information available as of a point in time and are subject to ongoing unforeseen and random events. As such, any cost estimates must be viewed as having a likely range of variability from the estimate, both up and down. Differences between our estimates and actual results depend on the extent to which future experience conforms to the assumptions made for this analysis. It is certain that actual experience will not conform exactly to the assumptions used in this analysis. Although estimated amounts have been somewhat rounded, no inference should be made regarding the precision of such results.

A range of results, different from those presented could be considered reasonable. Future actuarial measurements may differ significantly from the current measurement presented due to a number of factors including, but not limited to: plan design differing from that anticipated by the economic and demographic assumptions; increases or decreases expected as part of the natural operation of the methods used for these measurements; rounding conventions; and changes in Plan provisions or applicable law. Due to the limited scope of this report, an analysis of the potential range of such future measurements has not been performed.

[1] S&P Global Market Intelligence. http://www.snl.com/.

Medicare "Part T" Offering

Various plan designs were considered under the Medicare Part "T" scenario

Scenario Overview

- The federal government will establish a "defined standard" plan design that carriers would offer and individuals could purchase on a voluntary basis, similar to the current Part D program
- A competitive bidding process would be used to determine the per-member bid (premium equivalent) amounts
- Profit margin was estimated to be at 3.5% for all plan designs, reduced from ~ 12% levels in the commercial market
- Low income subsidies applied to premiums and cost sharing, similarly high income beneficiaries pay surcharge

		Part "T" Plan Designs					
		PPO		PPO without Annual Maximum		Low Cost Plan	
Plan Structure	Dentist Reimbursement Levels	Market Rate	20% Reduction off Market Rate	Market Rate	20% Reduction off Market Rate	Market Rate	20% Reduction off Market Rate
	Annual Maximum (Non-Ortho)	$1,500	$1,500	Unlimited	Unlimited	Unlimited	Unlimited
Plan Coinsurance	Class I - Preventive	0%	0%	0%	0%	0%	0%
	Class II - Minor Restorative	20%	20%	20%	20%	N/A	N/A
	Class III - Major Restorative	50%	50%	50%	50%	N/A	N/A
Pricing Estimates	Total Allowed PMPY	$640	$510	$680	$550	$190	$150
	Beneficiary OOP PMPY	$210	$150	$180	$140	$0	$0
	Net Plan Liability PMPY	$430	$360	$500	$410	$190	$150
	Actuarial Value of Benefits	67%	70%	74%	74%	100%	100%
	ASO/Admin Fee PMPY	$24	$24	$24	$24	$24	$24
Monthly Premium Estimates	Base Income Premium	**$9.75**	**$8.25**	**$11.50**	**$9.25**	**$4.50**	**$3.75**

The federal annual aggregate costs vary widely based on the Part "T" plan design features, assumed federal subsidy levels and enrollment take-up rate

Assumed Part D Membership LESS MA members with dental coverage

		Part "T" Plan Designs – No MA Membership with dental included					
		PPO		PPO without Annual Maximum		Low Cost Plan	
Plan Structure	Dentist Reimbursement Levels	Market Rate	20% Reduction off Market Rate	Market Rate	20% Reduction off Market Rate	Market Rate	20% Reduction off Market Rate
Premium	Beneficiary Premium Percent	25%	25%	25%	25%	25%	25%
Estimated Total Cost	Bid Amount Federal Subsidy	$12.1B	$10.3B	$14.4B	$11.6B	$5.7B	$4.7B
	LI Premium Federal Subsidy	$1.3B	$1.1B	$1.5B	$1.2B	$0.6B	$0.5B
	LI Cost Sharing Federal Subsidy	$2.4B	$1.7B	$1.9B	$1.5B	$0	$0
	Less HI Premium Surcharge	($0.4B)	($0.3B)	($0.4B)	($0.4B)	($0.2B)	($0.1B)
	Total Estimated Federal Cost	**$15.4B**	**$12.8B**	**$17.4B**	**$13.9B**	**$6.1B**	**$5.1B**

Assumed Part D Membership WITH MA members with dental coverage assumed to migrate to New Part "T"

		Part "T" Plan Designs – With migration of MA Dental Membership					
		PPO		PPO without Annual Maximum		Low Cost Plan	
Plan Structure	Dentist Reimbursement Levels	Market Rate	20% Reduction off Market Rate	Market Rate	20% Reduction off Market Rate	Market Rate	20% Reduction off Market Rate
Premium	Beneficiary Premium Percent	25%	25%	25%	25%	25%	25%
Estimated Total Cost	Bid Amount Federal Subsidy	$15.3B	$13.0B	$18.2B	$14.7B	$7.2B	$6.0B
	LI Premium Federal Subsidy	$1.3B	$1.1B	$1.5B	$1.2B	$0.6B	$0.5B
	LI Cost Sharing Federal Subsidy	$2.4B	$1.7B	$1.9B	$1.5B	$0	$0
	Less HI Premium Surcharge	($0.4B)	($0.3B)	($0.4B)	($0.4B)	($0.2B)	($0.1B)
	Total Estimated Federal Cost	**$18.6B**	**$15.5B**	**$21.2B**	**$17.0B**	**$7.6B**	**$6.4B**

Illustrative Premium Detail – Part "T"
Market rate PPO with annual maximum
Assumed Part D enrollment (with MA members with dental coverage)

Cost Factors

- **Bid Amount Federal Subsidy:** For non-low/high income beneficiaries, there is a federal subsidy of 75% of the PMPM bid (plan liability) amount, the remaining 25% is the base beneficiary premium amount
- **Low Income (LI) Federal Premium Subsidy:** For beneficiaries <150% FPL, the federal subsidy extends to 100% of the PMPM bid (plan liability) amount (i.e. the government pays the remaining 25% beneficiary premium amount on behalf of the LI member)
- **Low Income (LI) Federal Cost Share Subsidy:** For beneficiaries <150% FPL, there is also a federal subsidy that covers 100% of out-of- pocket costs
- **High Income (HI) Premium Surcharge:** High income beneficiaries pay a larger percent of the PMPM bid (plan liability) amount

Income Group	Premium Bracket	Estimated Enrollment	Beneficiary Premium Percent	Estimated Beneficiary Premium Amount PMPM
Low	<150% FPL (<$18,000)	11,000,000	0%	$0.00
	150%-399% FPL ($18,001-$48,000)	16,800,000	25%	$9.75
Base	($48,000-$85,001)	13,200,000	25%	$9.75
High	($85,001-$107,000)	1,100,000	35%	$13.75
	($107,001-$160,000)	1,000,000	50%	$19.25
	($160,001-$214,000)	300,000	65%	$25.00
	(>$214,001)	600,000	80%	$31.00

Observations on Part "T" scenarios

- Depending on the level of reimbursement, plan design, and enrollment, the estimated total annual federal cost (at 2017 levels) would range from **$5.1 billion** to **$21.2 billion** based upon the scenarios modeled
- Payments in the first few years may be highly volatile as previously-untreated patients start coverage. This volatility would decline over time as enrollment stabilizes and population oral health is expected to be improved
    - Because Part "T" would be a voluntary opt-in program, there would likely be anti-selection as the sickest members would be the first to enroll. Premium penalties for delayed enrollment would mitigate much of this financial risk, similar to Part D
- The competitive nature of bidding by Part "T" plan administrators would likely drive down the federal cost amounts and possibly change (reduce) the payment reimbursement levels to dentists
- Profit margins for dental programs – which currently trend higher than for other medical programs – would likely fall significantly under federal scrutiny as dental benefits become subject to competitive bidding and CMS pricing guidelines
- Variations and enhancements to benefits may emerge as external payers attempt to compete against peers (similar to what has occurred in Part D over the past 12 years)
- Enrollment and utilization mimic post-65 employer sponsored dental plans

Medicare Part B Expansion

The financial impacts of expanding Part B to include professional dental services were considered (Commercial Fee Model)

Scenario Overview

- The federal government will expand the Part B program to cover dental procedures, which will result in added subsidies flowing through to the Medicare Advantage plans to also provide dental coverage
- Profit margin and incremental administrative expense is assumed to be 0% for all scenarios
- Enrollment is based off of the April 2017 Medicare enrollment reports:
  - Traditional FFS Medicare: ~38.0M members
  - Medicare Advantage: ~19.7M members
- Low income subsidies applied to premiums and cost sharing, similarly high income beneficiaries pay surcharge

		"Expanded" Part B Plan Designs			
		Limited Comprehensive		Comprehensive	
Plan Structure	Dentist Reimbursement Levels	Market Rate	20% Reduction off Market Rate	Market Rate	20% Reduction off Market Rate
	Annual Maximum (Non-Ortho)	$1,500	$1,500	Unlimited	Unlimited
Plan Coinsurance	Class I - Preventive	20%	20%	20%	20%
	Class II - Minor Restorative	20%	20%	20%	20%
	Class III - Major Restorative	20%	20%	20%	20%
Estimated Pricing	Total Allowed PMPY	$640	$510	$680	$550
	Beneficiary OOP PMPY	$220	$150	$140	$110
	Net Plan Liability PMPY	$420	$360	$540	$440
	Actuarial Value of Benefits	66%	71%	80%	80%
	ASO/Admin Fee PMPY	$3	$3	$3	$3

The Part B expansion scenarios were modeled using different federal subsidies to quantify the net change in total annual costs (Commercial Fee Model)

75% federal subsidy of premium		Expanded Part B Plan Designs			
		Limited Comprehensive		Comprehensive	
Premium	Beneficiary Premium Percent	25%	25%	25%	25%
	Base Income Premium	$8.83	$7.59	$11.45	$9.17
Estimated Total Cost	Federal Cost New Benefits	$24.5B	$21.0B	$31.7B	$25.4B
	Beneficiary Premiums for non-LI	($5.0B)	($4.3B)	($6.4B)	($5.1B)
	Less HI Premium Surcharge	($0.4B)	($0.4B)	($0.5B)	($0.4B)
	Total Estimated Cost	**$19.1B**	**$16.3B**	**$24.8B**	**$19.9B**

50% federal subsidy of premium		Expanded Part B Plan Designs			
		Limited Comprehensive		Comprehensive	
Premium	Beneficiary Premium Percent	50%	50%	50%	50%
	Base Income Premium	$17.66	$15.17	$22.89	$18.34
Estimated Total Cost	Federal Cost New Benefits	$24.5B	$21.0B	$31.7B	$25.4B
	Beneficiary Premiums for non-LI	($9.9B)	($8.5B)	($12.8B)	($10.3B)
	Less HI Premium Surcharge	($0.1B)	($0.1B)	($0.1B)	($0.1B)
	Total Estimated Cost	**$14.5B**	**$12.4B**	**$18.8B**	**$15.0B**

The financial impacts of expanding Part B to include professional dental services continued (Median Billed Fee Model)

Scenario Overview

- The federal government will expand the Part B program to cover dental procedures, which will result in added subsidies flowing through to the Medicare Advantage plans to also provide dental coverage
- Profit margin and incremental administrative expense is assumed to be 0% for all scenarios
- Enrollment is based off of the April 2017 Medicare enrollment reports:
  - Traditional FFS Medicare: ~38.0M members
  - Medicare Advantage: ~19.7M members
- Low income subsidies applied to premiums and cost sharing, similarly high income beneficiaries pay surcharge

		"Expanded" Part B Plan Designs Median Billed Fees*	
		Limited Comprehensive	Comprehensive
Plan Structure	Dentist Reimbursement Levels	Median Billed Fees	Median Billed Fees
	Annual Maximum (Non-Ortho)	$1,500	Unlimited
Plan Coinsurance	Class I - Preventive	20%	20%
	Class II - Minor Restorative	20%	20%
	Class III - Major Restorative	20%	20%
Estimated Pricing	Total Allowed PMPY	$750	$870
	Beneficiary OOP PMPY	$280	$180
	Net Plan Liability PMPY	$470	$690
	Actuarial Value of Benefits	63%	80%
	ASO/Admin Fee PMPY	$3	$3

* ***The Billed Fees*** were provided by the ADA and are defined as the national level full fee dental costs as self reported by dentist via survey. These fees reflect full costs before member discounts or insured network discounts.

The Part B expansion scenarios were modeled using different federal subsidies to quantify the net change in total annual costs (Median Billed Fee Model)

75% federal subsidy of premium		Expanded Part B Plan Designs Median Billed Fees*	
		Limited Comprehensive	Comprehensive
Premium	Beneficiary Premium Percent	25%	25%
	Base Income Premium	$9.95	$14.50
Estimated Total Cost	Federal Cost New Benefits	$27.6B	$40.2B
	Beneficiary Premiums for non-LI	($5.6B)	($8.1B)
	Less HI Premium Surcharge	($0.5B)	($0.7B)
	Total Estimated Cost	**$21.5B**	**$31.4B**

* ***The Billed Fees*** were provided by the ADA and are defined as the national level full fee dental costs as self reported by dentist via survey. These fees reflect full costs before member discounts or insured network discounts.

Commentary on Part B Expansion scenarios

- Depending on the level of reimbursement, plan design, and enrollment, the estimated annual federal cost (at 2017 levels) would range from **$12.4 billion** to **$31.4 billion** based upon the scenarios modeled
- Under a Part B expansion, members would be automatically entitled to dental benefits. Therefore, the anti-selection issue of a Part "T" voluntary program would not be relevant under this scenario
- Medicare would likely dictate the dentist reimbursement rates for dental services covered under the program, and disparities between commercial and Medicare rates could grow to be significant
- It is most likely that an unlimited annual maximum benefit would be design of choice, to be consistent with the majority of Part B cost sharing

Appendix

Medicare Enrollment Figures (as of April, 2017) Part I

Dental Benefits for Individual MA Members by State	Total Medicare Eligibles	Enrolled In Medicare Advantage	Enrolled In Individual Medicare Advantage	Number of Individual MA Enrolled in Cleaning Benefit*	% of Individual MA Enrolled in MA Cleaning Benefit*	% of Total Medicare Enrolled in MA Cleaning Benefit*
(A)	(B)	(C)	(D)	(E)	(F)=(E)/(D)	(G)=(E)/(B)
Alabama	1,000,683	358,855	254,594	146,474	58%	15%
Alaska	87,891	1,003	0	0	N/A	0%
American Samoa	7,053	0	0	0	N/A	0%
Arizona	1,210,800	464,911	415,167	168,535	41%	14%
Arkansas	614,288	131,494	123,364	97,151	79%	16%
California	5,912,094	2,473,711	1,929,849	507,099	26%	9%
Colorado	843,993	310,867	260,141	66,654	26%	8%
Connecticut	648,436	181,620	165,240	97,429	59%	15%
Delaware	189,747	21,503	13,559	8,812	65%	5%
Florida	4,242,873	1,802,860	1,660,452	1,304,571	79%	31%
Georgia	1,610,117	556,460	410,057	332,070	81%	21%
Guam	16,023	0	0	0	N/A	0%
Hawaii	256,049	116,264	88,351	36,357	41%	14%
Idaho	300,381	93,804	90,446	12,971	14%	4%
Illinois	2,139,625	505,857	311,874	249,969	80%	12%
Indiana	1,193,443	312,881	246,487	206,865	84%	17%
Iowa	594,037	104,901	84,119	24,350	29%	4%
Kansas	505,349	76,301	65,819	28,319	43%	6%
Kentucky	889,461	247,177	148,083	132,805	90%	15%
Louisiana	827,238	272,342	248,549	140,467	57%	17%

*This percentage doesn't consider other forms of dental coverage such as employer sponsored group coverage to individual supplemental policies available on the market

Medicare Enrollment Figures (as of April, 2017) Part II

Dental Benefits for Individual MA Members by State	Medicare Eligibles	Enrolled In Medicare Advantage	Enrolled In Individual Medicare Advantage	Number of Individual MA Enrolled in Cleaning Benefit*	% of Individual MA Enrolled in MA Cleaning Benefit*	% of Total Medicare Enrolled in MA Cleaning Benefit*
(A)	(B)	(C)	(D)	(E)	(F)=(E)/(D)	(G)=(E)/(B)
Maine	318,290	88,121	73,187	53,047	72%	17%
Maryland	976,914	107,504	69,502	64,340	93%	7%
Massachusetts	1,262,380	285,551	243,449	87,889	36%	7%
Michigan	1,966,603	713,473	385,281	323,162	84%	16%
Minnesota	960,917	545,295	500,062	120,307	24%	13%
Mississippi	579,433	94,103	89,717	58,409	65%	10%
Missouri	1,177,364	376,764	321,911	249,271	77%	21%
Montana	212,672	42,854	41,197	37,571	91%	18%
Nebraska	327,147	42,046	35,956	22,166	62%	7%
Nevada	483,022	170,046	159,435	127,276	80%	26%
New Hampshire	277,851	28,308	20,430	9,198	45%	3%
New Jersey	1,542,912	330,128	211,612	88,188	42%	6%
New Mexico	392,255	130,617	108,119	26,534	25%	7%
New York	3,459,239	1,335,888	1,086,909	697,725	64%	20%
North Carolina	1,854,630	589,852	438,236	207,245	47%	11%
North Dakota	122,825	21,466	21,078	1,310	6%	1%
Ohio	2,229,970	862,529	658,234	537,760	82%	24%
Oklahoma	704,580	124,541	109,946	67,048	61%	10%
Oregon	799,196	356,520	302,659	62,344	21%	8%
Pending State Designation	449,425	210	176	88	50%	0%

*This percentage doesn't consider other forms of dental coverage such as employer sponsored group coverage to individual supplemental policies available on the market

Medicare Enrollment Figures (as of April, 2017) Part III

Dental Benefits for Individual MA Members by State	Medicare Eligibles	Enrolled In Medicare Advantage	Enrolled In Individual Medicare Advantage	Number of Individual MA Enrolled in Cleaning Benefit*	% of Individual MA Enrolled in MA Cleaning Benefit*	% of Total Medicare Enrolled in MA Cleaning Benefit*
(A)	(B)	(C)	(D)	(E)	(F)=(E)/(D)	(G)=(E)/(B)
Pennsylvania	2,617,852	1,138,470	848,846	612,620	72%	23%
Puerto Rico	783,866	574,658	483,400	384,075	79%	49%
Rhode Island	210,033	89,730	83,186	10,065	12%	5%
South Carolina	993,186	252,793	231,028	188,943	82%	19%
South Dakota	162,836	32,666	31,936	5,588	17%	3%
Tennessee	1,283,345	466,648	437,156	337,641	77%	26%
Texas	3,839,894	1,332,479	1,095,841	642,406	59%	17%
Utah	365,414	129,209	124,166	66,548	54%	18%
Vermont	137,548	11,714	9,776	367	4%	0%
Virgin Islands	20,109	45	0	0	N/A	0%
Virginia	1,421,914	270,814	228,687	126,231	55%	9%
Wake Island	1	0	0	0	N/A	0%
Washington	1,259,576	384,652	335,631	153,942	46%	12%
Washington D.C.	91,082	14,064	10,451	9,590	92%	11%
West Virginia	427,276	107,594	50,002	40,546	81%	9%
Wisconsin	1,100,320	435,693	388,735	222,986	57%	20%
Wyoming	100,343	3,134	1,784	0	0%	0%
Total	**58,001,801**	**19,522,990**	**15,753,872**	**9,203,324**	**58%**	**16%**

*This percentage doesn't consider other forms of dental coverage such as employer sponsored group coverage to individual supplemental policies available on the market