

A Comparative Analysis of Dental Insurance Coverage in United States, United Kingdom and India – A review¹Dr Anushka Waghmare, BDS, Goregaon Dental Centre, Goregaon, India²Dr Anoli Agrawal, BDS, MDS, Public Health Dentistry, ACPM Dental College and Hospital, Dhule.**Corresponding Author:** Dr Anushka Waghmare, BDS, Goregaon Dental Centre, Goregaon, India**Citation of this Article:** Dr Anushka Waghmare, Dr Anoli Agrawal, “Delays in diagnosis of oral cancer a public health crisis affecting surgical outcomes-A Review”, IJDSIR – September – 2026, Volume – 9, Issue – 4, P. No. 72 – 79.**Copyright:** ©2026, Dr. Aryan Pratap, et al. This is an open access journal and article distributed under the terms of the creative common's attribution non-commercial License. Which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given, and the new creations are licensed under the identical terms.**Type of Publication:** Review Article**Conflicts of Interest:** Nil**Abstract**

Dental insurance plays an important role in improving access to oral healthcare and reducing the financial burden of dental treatment. This study compares dental insurance coverage and oral healthcare systems in the United States, United Kingdom and India using information collected from published articles, reports and policy documents. The study found clear differences in the way dental care is financed and delivered in these countries. In the United States, dental care mainly depends on private insurance companies, but out-of-pocket expenditure still remains high because many people either lack insurance coverage or have limited benefits. In the United Kingdom, dental services are mostly provided through the National Health Service, which helps make treatment more affordable and accessible to the population. However, challenges such as waiting times and limited availability of NHS dentists still exist. In India, dental insurance coverage is very limited, and most people pay directly for dental treatment, which affects access to care, especially in rural and low-income populations. Overall, the study

highlights the importance of improving dental insurance coverage and integrating oral healthcare more effectively into healthcare policies to achieve better oral health outcomes.

Keywords: Dental Insurance Coverage, Oral Healthcare, Oral Health Policy, National Health Service, Oral Health Financing**Introduction**

Oral health is an important component of general health and overall, well-being, yet access to dental care remains uneven across the world due to financial barriers and limited insurance coverage. According to World Health Organization, oral diseases- affecting nearly half of world's population (3.7 billion people or 45%) such as dental caries affect around 2.5 billion individuals worldwide, including 2 billion people with decay in permanent teeth and 510 million children with decay in deciduous teeth while periodontal diseases affect about 1 billion people¹. Dental insurance is often excluded or partially included in many national health financing systems. As a result, a significant proportion of dental treatments expenses are paid out of pocket, which can

limit access to preventive and restorative services, particularly among the economically vulnerable populations². Financial protection through dental insurance is therefore considered an important mechanism to improve accessibility, utilization of dental services, and overall health outcomes³.

Financial protection against the cost of dental care services varies widely across and within high income countries. Different countries have adopted varying models for financing dental care, reflecting differences in health system structure, policy priorities, and economic development. While some nations provide publicly funded dental services through national healthcare programs, others rely largely on private insurance models or direct payment by patients³.

In the United States, dental insurance is predominantly provided through private insurance plans, often linked to employment, while public programs such as Medicaid offer limited dental benefits depending on state policies. Consequently, a substantial portion of dental expenses in the United States is paid out of pocket, which may restrict access to necessary dental care, particularly for low-income groups and uninsured individuals⁴. This reliance on private insurance and personal expenditure has been associated with disparities in dental service utilization and oral health outcomes. In contrast, the United Kingdom provides dental services through publicly funded National Health Service, where dental care is partially subsidized but still involves a patient co-payments system depending on the type of treatment required. Although the NHS provides broadest access to dental services compared with fully private systems, challenges such as limited provider availability, waiting times, and patient charges still influence utilization patterns. Meanwhile, in India, dental insurance coverage remains relatively underdeveloped, and most dental

treatments are financed through out-of-pocket payments by patients. While few private insurance companies India such as - Star Health and Allied Insurance, Care Health Insurance, Max Bupa Health Insurance, HDFC ERGO Health Insurance, Bajaj Allianz General Insurance, ICICI Lombard General Insurance, Tata AIG Health Insurance, New India Assurance - have begun to include dental benefits in their health insurance plans, comprehensive dental insurance remains uncommon. In most cases, coverage is restricted to hospitalization arising from dental conditions or procedures, while routine dental care and outpatient treatments are generally not included. Additionally, oral health services are not fully integrated into many public health insurance schemes, resulting in limited financial protection for dental care. This situation contributes to inequalities in access to dental services, particularly among rural and economically disadvantaged populations.

Given these variations in health system structures and financing mechanisms, a comparative analysis of Dental Insurance models across different countries provides valuable insights into how policy frameworks influence access to oral healthcare. Understanding the strength and limitations of existing systems may help policymakers identify strategies to improve financial protection and expand access to dental services.

Therefore, the present study aims to conduct a comparative analysis of Dental Insurance coverage in the United States, United Kingdom and India, focusing on the structure of insurance systems, extent of population coverage and implication for access to dental services. Such comparisons may identify key gaps and policy opportunities for strengthening oral health financing systems, particularly in countries where dental insurance coverage remains limited.

Material and methods-

Study Design: This study was conducted as a narrative literature review aimed at comparing dental insurance coverage systems in the United States, United Kingdom, and India. The review focused on analyzing existing evidence related to oral health financing, insurance models, and access to dental care services across these countries.

Data Sources: The data for this study were obtained from secondary sources, including:

- Peer reviewed articles indexed in PubMed, Scopus, Web of Science and Google Scholar.
- International health reports from the World Health Organization.
- National healthcare policy documents, including these from the National Health Service.
- Government and Institutional reports such as those from Centers for Medicare and Medicaid Services'
- Publications from global organizations such as the Organization for Economic Cooperation and Development.

Search Strategy

A structured literature search was conducted using relevant keywords and Boolean operators. The search was primarily performed on PubMed and supplemented with other academic and policy sources. The keywords used included: “dental insurance”, “dental coverage”, “oral health financing”, “health policy”, “United States”, “United Kingdom”, “India”, “comparative analysis”. A typical search string used was: (“dental insurance” OR “dental coverage” OR “oral health financing”) AND (“United States” OR “United Kingdom” OR “India”) AND (comparative OR policy)

Inclusion and Exclusion criteria

Inclusion criteria

- Articles focusing on dental insurance, oral health financing, or dental care systems.
- Studies related to United States, United Kingdom, India
- Review articles, comparative studies, and policy analyses.
- Articles published in English
- Publications from the last 10-15 years, along with relevant older references.

Exclusion criteria

- Clinical studies unrelated to insurance or healthcare policy
- Articles without full text availability
- Non-English publications
- Duplicate studies

United States

Dental insurance coverage in the United States is largely characterized by a predominantly private, employer-based system, with limited inclusion within publicly funded healthcare programs. Despite the availability of advanced dental care services, oral health outcomes among older adult's unmet needs. Epidemiological evidence suggests that approximately 96% of older adults have experienced dental caries, with nearly 16% presenting untreated caries, and a mean DMFT score of 16.7, indicating a substantial burden of disease^{5,6}. In addition, periodontal disease is highly prevalent with a large proportion of older adults demonstrating clinical attachment loss, further reflecting compromised oral health status⁶.

In the United States, dental insurance mainly depends on private companies such as Delta Dental, Cigna, Aetna, and United Healthcare. These insurers typically offer employer-sponsored or individual plans, often structured

around preferred provider organizations (PPOs) or health maintenance organizations (HMOs), with features such as annual benefit limits, deductibles, and co-payments⁴.

Public insurance programs provide partial support but are associated with important limitations. Medicare, introduced in 1965, provides medical coverage for older adults but largely excludes routine dental services, covering only specific related procedures⁷. Medicaid, a joint federal-state program, provides mandatory dental coverage for children; however, adult dental benefits are optional and vary considerably across states. Less than half of the state's offer comprehensive dental coverage for adults, and difference reimbursement policies further influence access to care^{8,9}. Additionally, many private practitioners do not participate in Medicaid due to low reimbursement rates and administrative challenges, further restricting access for beneficiaries.

The implementation of the Affordable Care Act improved overall healthcare access but did not mandate comprehensive dental coverage for adults. While pediatric dental services were included as an essential benefit, adult dental coverage limited, and standalone dental plans are generally not subsidized under the policy framework.¹⁰

Although private insurance is an important part of the US dental system, out-of-pocket spending still remains very high. Coverage among older adults is limited, with only about 29% having dental insurance, and this percentage decreases further with age⁵. According to the Care Quest Institute for Oral Health, around 27% of adults in the United States do not have dental insurance¹¹. Recent data from the American Dental Association also showed that between 2023-2024, private dental insurance spending increased by 2.3%, while out-of-pocket expenditure increased by 3.3%¹². These findings show that even though private insurance is widely used, many people

still pay a significant amount for dental treatment from their own pocket.

Overall, the dental insurance system in the United States demonstrates a heavy reliance on private coverage with limited public support, resulting in substantial out-of-pocket expenditure and disparities in access to care. These structural characteristics contribute to inequalities in oral health outcomes, particularly among older adults and socioeconomically disadvantaged populations^{5,13}.

United Kingdom

Oral health care services for adults in United Kingdom are primarily delivered through the publicly funded National Health Service (NHS), with most of the care provided by independent general dental practitioners operating within primary care settings. This system is designed to promote broad access to dental services, with most patients contributing through structured co-payment model, while certain groups- such as individual low income, older adults, meeting eligibility criteria, and vulnerable populations- are exempt from charges.¹⁴

The NHS offers a wide range of dental treatments, including preventive care and restorative procedures. Prosthodontic rehabilitation, and periodontal therapy. However, access to more advanced procedures such as dental implants is limited within the publicly funded framework and is often available only through private care. Although the organization and delivery of dental services vary across the constituent countries of the United Kingdom, remuneration systems generally emphasize operative clinical activity, with comparatively less focus on preventive strategies.^{14,15}

Despite the structured public system, oral health challenges persist among older adults. In particular, dependent elderly individuals residing in long term care facilities represent a vulnerable group with significant unmet oral health needs. Preventive approaches for this

population focus on reducing the incidence of oral disease, minimizing pain, and managing comorbid conditions. These priorities are reflected in guidelines developed by the National Institute for Health and Care Excellence, which aim to improve and maintain oral health among care home residents.¹⁶

However, implementation of these guidelines has been inconsistent. Evaluations conducted by the Care Quality Commission have highlighted deficiencies in oral healthcare provision within residential care settings, including inadequate staff training, poor awareness of guidelines, and limited integration of oral health into routine care practices¹⁷. Ongoing initiatives, such as improving the Oral Health of Older People in Care Homes (TOPIC) study, are focused on enhancing the implementation of evidence-based practices in these settings¹⁸.

In addition to publicly funded services, private dental care and insurance options are available and are often utilized by individuals seeking shorter waiting times or treatment not fully covered under the NHS. While private insurance plays a supplementary role, the number of private providers offer dental coverage, including major health insurers such as Bupa, AXA Health, and Aviva, as well as specialized providers such as Simply health. The plans like Denplan help people manage dental expenses through regular monthly payments¹⁹. Unlike traditional insurance, these plans mainly focus on making routine and preventive dental care more affordable and easier to access. Despite the availability of both public and private options, dental insurance coverage in the United Kingdom system remains predominantly publicly funded, offering relatively greater population coverage and financial protection compared to predominantly private systems.

Overall, the dental care systems in the UK represent a mixed model with strong public sector involvement, facilitating broader access to services. Nevertheless, challenges such as workflow distribution, variability in service provision, and limitations in preventive care integration continue to influence the accessibility and quality of oral healthcare, particularly for older and dependent populations.^{15,17}

India

Dental healthcare financing in India is predominantly characterized by high out-of-pocket expenditure and limited insurance coverage, with oral health services largely excluded from mainstream health financing mechanisms. Unlike many developed healthcare systems, India does not have well-established, standalone dental insurance structure, and most individual bear the cost of dental treatment directly.^{20,21}

Health insurance coverage in India remains restricted to a relatively small segment of the population, primarily those employed in the organized sector. Even within this group, dental benefits are minimal and typically limited to emergency or hospitalization-related procedures, rather than comprehensive preventive or restorative care. As a result, routine dental services are rarely covered under insurance policies, contributing to delayed treatment-seeking behavior and increased disease burden.^{21,22}

Although national health initiatives have expanded access to general healthcare, the integration of dental services into insurance frameworks remains limited. Government-sponsored schemes such as Ayushman Bharat have improved financial protection for medical care; however, dental treatments are not comprehensively included, thereby restricting their impact on oral healthcare accessibility. Similarly, programs under the National Health Mission, including the National Oral

Health Programme, primarily focus on service delivery and health promotion rather than financial risk protection through insurance mechanisms^{23,24}.

The absence of dedicated oral health insurance policy and the low prioritization of oral healthcare within overall health expenditure further contribute to limited financial protection. Additionally, low awareness regarding available health insurance schemes and oral health benefits, particularly among older adults, results in underutilization of existing services, these factors correctively reinforce dependence on direct payments for dental care and contribute to inequalities in access,

especially among economically disadvantaged and rural populations.^{20,22,24}

Overall, the dental healthcare system in India reflects minimal insurance penetration, restricted coverage scope, and a strong reliance on out-of-pocket financing, which together limit access to timely and preventive dental care. Expanding insurance coverage to include comprehensive dental services and improving awareness of oral health financing mechanisms are essential for reducing disparities and improving oral health outcomes^{21,24}.

Comparative Discussion: Dental Insurance Coverage (United States vs United Kingdom vs India)

Sn.	Parameter	United States	United Kingdom	India
1	Healthcare Model	Predominantly private, employer-based insurance system	Publicly funded system via National Health Service	Limited insurance, largely self-financed system
2	Insurance Coverage	Moderate; significant gaps among elderly and low-income groups	High population coverage through public funding	Very low, limited to small, organized sector
3	Public Programs	Medicare (limited dental), Medicaid (state-dependent)	NHS provides subsidized dental services with exemptions	Ayushman Bharat (limited dental inclusion)
4	Out-of-pocket expenditure	High	Moderate	Very high
5	Access to Dental Care	Unequal; depends on insurance status	Relatively better, but affected by waiting times	Limited; financial and geographic barriers
6	Preventive Care Focus	Limited coverage in many plans	Available under NHS but less emphasized in reimbursement	Poor utilization; mostly treatment-oriented
7	Equity in Access	Significant disparities (income, insurance status)	Better equity due to public system	Major disparities (urban vs rural, income-based)
8	Challenges	Lack of universal coverage, high costs, disparities	Workforce shortage, waiting lists, regional variation ¹	Lack of insurance, low awareness, high-cost burden
9	Policy Integration	Dental Care separate from general healthcare	Better integration within public health system	Poor integration into health policy
10	Impact on Oral Health	Moderate outcomes with inequalities	Better outcomes comparatively	High burden of untreated disease

Conclusion

In conclusion, this study shows that dental insurance plays an important role in how people access dental care and how much they have to pay for it. In the United States, the system mainly depends on private insurance, but even then many people still have to pay a lot from their own pocket. This is because the coverage is not complete and includes limits and co-payments. Because of this, many people delay treatment or avoid visiting

dentist, especially older adults and those with low income.

In the United Kingdom, the dental care mainly provided through the National Health Service. This system makes the dental treatment more affordable and accessible for most people. Many basic treatments are covered, and some groups do not have to pay at all. Still, there are some challenges like long waiting time, fewer NHS dentist in some areas, and difficulty getting in appointments.

In India, dental insurance is very limited, and most people pay directly for their treatment. This makes it difficult for many people to get dental treatment on time, especially in rural areas. Lack of awareness about oral health and insurance also affects how people use dental services.

Overall, it is clear that better dental insurance can improve access to care and reduce the financial burden on patients. There is a need to improve dental care more in healthcare policies, improve awareness, and focus more on prevention so that oral health can improve for everyone.

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