How patients are using – and underusing – their dental benefits

Dental benefits play an important role in making oral health care more accessible and affordable. A recent consumer survey by Humana[1] suggests many patients may not be taking full advantage of the coverage available to them, particularly when it comes to preventive care and other services that can support long-term oral health.

That disconnect matters. When patients don't fully understand what their dental plan covers, or why certain services are worth using, they're more likely to delay care, miss preventive visits or overlook benefits that could improve their oral health and reduce more complex needs down the road.

Preventive care remains an important area of opportunity

One of the clearest areas of underuse is preventive care. Among dental insurance decision-makers, 58% report having used preventive services such as routine cleanings and exams within the past year.[1] Because preventive care is often one of the most accessible and foundational parts of a dental plan, that figure suggests there is still considerable room to improve engagement with routine care.

Preventive services are designed to support early intervention and ongoing oral health maintenance. When they go underused, patients miss opportunities to address issues earlier, before they become more complex. This creates an important opening for dentists and insurers alike to reinforce the everyday value of these benefits and help members better understand how preventive care fits into overall health and wellness.

Coverage availability does not always translate into utilization

The survey also points to a gap between benefit availability and benefit usage in elective categories. While 37% of patients report having access to cosmetic dental coverage, 29% say they have used those benefits.[1]

These differences likely reflect the reality of how patients make care decisions. Even when benefits are available, treatment may still feel optional, financially difficult or easy to defer. Patients are often balancing perceived need, timing, household budgets and competing priorities.

For dentists, that context is important. Low utilization is not always a sign that patients lack access. In many cases, it may reflect hesitation, confusion or delayed decision-making even when some level of coverage exists.

Humana®

Source:

1. "Humana Dental Insurance," Opinium Research, June 2025.

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Utilization patterns vary across patient groups

Benefit usage also differs across household types. Among parents with children younger than 18 years old, 79% report using their dental benefits within the past year, compared with 60% of parents with adult children and 57% of non-parents.[1]

For providers, these differences offer a more nuanced view of the patient base. Parents of younger children may already be accustomed to scheduling and using care consistently, while other groups may be less engaged and more likely to postpone appointments or treatment. Recognizing those patterns can help dentists better understand which patients may need more guidance, more reminders or more support in moving from coverage to actual care.

Supporting better benefit utilization

Taken together, these findings point to a more complex picture of utilization than coverage figures alone can capture. Many patients have benefits available to them, yet real-world factors such as uncertainty, competing priorities, cost concerns and delayed decision-making still shape whether they seek care.

A deeper understanding of how patients perceive their benefits and act on them can lead to more productive conversations, better-informed treatment planning and a clearer view of the obstacles that may stand between coverage and care.

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1. "Humana Dental Insurance," Opinium Research, June 2025.

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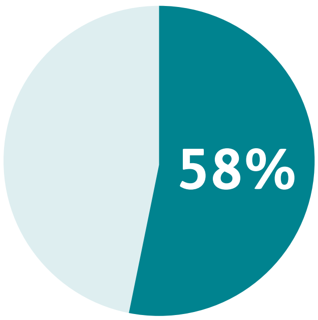

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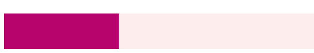

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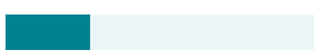

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Household snapshot

Parents with children younger than 18

Parents with adult children

Non-parents

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