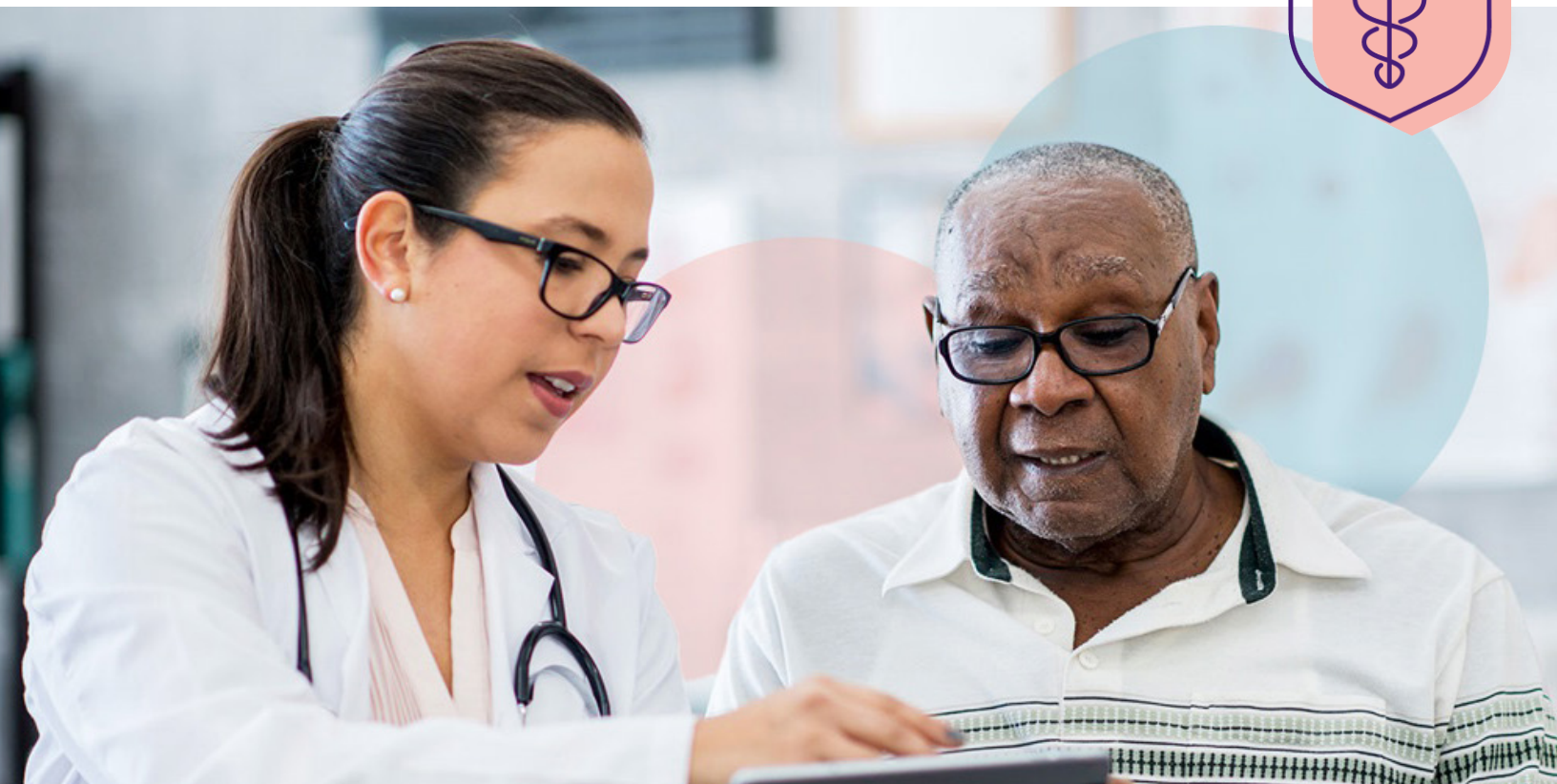


LACK OF COVERAGE FOR VISION, HEARING, AND DENTAL CARE PRESENTS CHALLENGES FOR MEDICARE BENEFICIARIES

FEBRUARY 2021



Access to medically necessary healthcare is critical for successful patient outcomes, yet patients' access to needed care and treatment is often impeded or blocked entirely by out-of-pocket costs. These costs can take the form of high premiums and deductibles, as well as high coinsurance and co-pays for services that are covered by their health plans. High out-of-pocket costs also occur when patients need treatments that are not covered by their health plans—in these cases, the patient must cover the entire cost of the treatment. These out-of-pocket healthcare expenses hit older adults especially hard because care for some health problems that are very common among seniors is not covered by Medicare. This Issue Brief describes several of these health problems and why lack of Medicare coverage for their treatment presents serious challenges to millions of older adults.



Services that are covered under Medicare

Established in 1965, Medicare is a federal health insurance program that covers people over the age of 65, as well as people under 65 with long-term disabilities and end-stage renal disease. The program covers a wide range of health services and support, and as of July 2020, there were 62.6 million people enrolled in Medicare¹. Eligible people can get Medicare coverage in two ways: through Original Medicare or a Medicare Advantage plan. Benefits under Original Medicare are divided into three groups:

Medicare Part A is hospital insurance, which covers:

- Inpatient hospital care
- Skilled nursing home care
- Hospice care
- Home healthcare

Medicare Part B is medical insurance, which covers:

- Services from doctors and other healthcare providers
- Outpatient care
- Home healthcare
- Durable medical equipment (wheelchairs, walkers, hospital beds, and other equipment)
- Many preventive services (screenings, shots or vaccines, and yearly wellness visits)

Medicare Part D covers prescription drugs, including some recommended vaccinations. Part D drug plans are run by private insurance companies that follow rules set by Medicare.

Medicare Advantage is an all-in-one alternative to Original Medicare. Medicare Advantage plans cover the same Part A and Part B services and supports that are provided in Original Medicare, and most Medicare Advantage plans also include prescription drug coverage. An important distinction between Medicare Advantage and Original Medicare is that Medicare Advantage plans frequently cover extra services that are not covered in Original Medicare.



Three services are not covered under Original Medicare

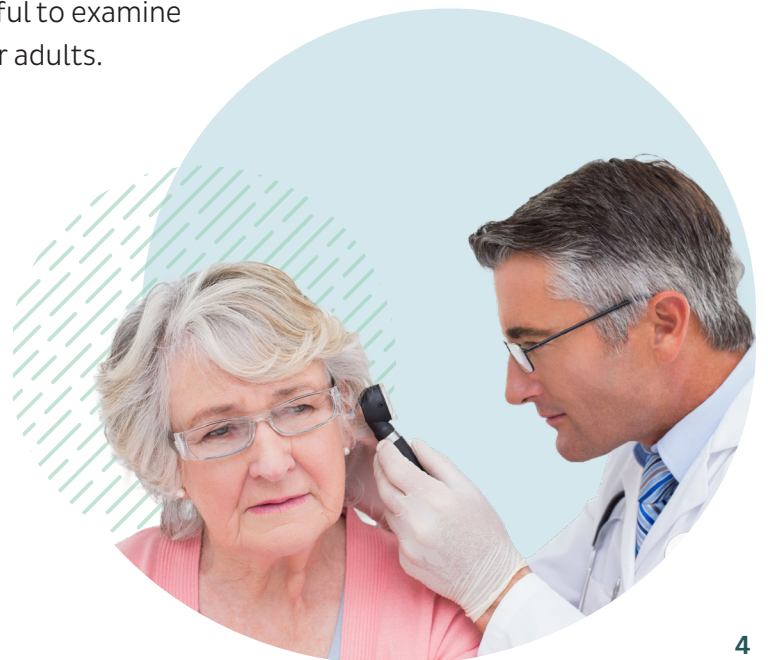
Original Medicare does not cover routine vision, hearing, or dental services as shown in the table below.

Services not covered by Original Medicare		
Vision	Hearing	Dental
<ul style="list-style-type: none">• Routine eye exams• Prescription glasses• Contact lenses	<ul style="list-style-type: none">• Routine hearing exams• Hearing aids• Office visits to fit hearing aids	<ul style="list-style-type: none">• Teeth cleaning• X-rays• Fillings• Dentures• Extractions

Enrollees in Original Medicare are responsible for 100 percent of the cost of routine vision, hearing, and dental exams.^{2,3,4} Likewise, eyeglasses and contact lenses, hearing aids, and fillings are not covered by Original Medicare and enrollees are responsible for 100 percent of the cost of these services and supports. These expenses can be considerable: hearing aids, for example, can cost between \$1,000 and \$6,000.⁵ The out-of-pocket costs for vision, hearing, and dental care hit economically vulnerable older adults the hardest.

A 2016 report from the Commonwealth Fund showed that low-income Medicare beneficiaries were less likely to have vision, hearing, or dental care, and more likely to have trouble seeing, hearing, and eating.⁶

To understand the impact of lack of coverage for vision, hearing, and dental services under Original Medicare, it is useful to examine how often these health problems occur among older adults.



Frequency of vision, hearing, and dental problems among older adults

Lack of coverage for vision, hearing, and dental services under Original Medicare is notable because older adults have an extremely high prevalence of health problems in these areas, and the prevalence of these conditions must be interpreted in the context of actual numbers of older adults. The U.S. Census Bureau reported that in 2019, there were more than 54 million Americans over the age of 65,⁷ so age-related health conditions that occur in a relatively small proportion of the older population will still impact millions of seniors. Vision, hearing, and dental problems occur in a very high proportion of older adults and because these health conditions are not covered by Original Medicare, tens of millions of older adults incur high out-of-pocket costs to manage them.

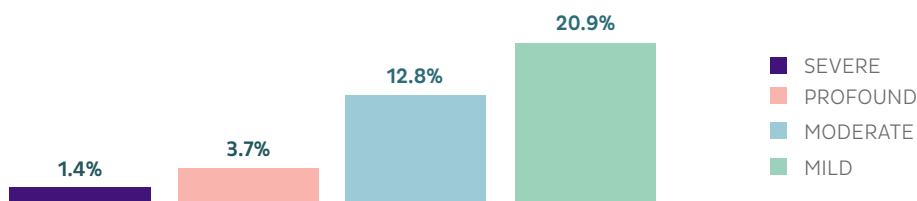
Vision: The prevalence of several vision-related health problems increases markedly with age, as shown in the table below.

Vision-related health condition	Age group				
	60-64	65-69	70-74	75-79	80+
Glaucoma ⁸	-	2.1%	2.9%	3.9%	7.9%
Macular degeneration ⁹	0.6%	0.9%	1.6%	3.2%	11.7%
Cataract ¹⁰	15.4%	24.7%	36.5%	49.5%	68.3%

A report by the National Academy of Sciences (NAS) found that conditions that lead to vision deterioration and loss not only impact quality of life, independence, and mobility, they also increase risk of falls and fractures, and have an unfavorable impact on mental health, cognition, and social function. The NAS report also showed that vision loss amplifies the impact of other health conditions and makes these conditions more difficult to manage.¹¹ Regular eye exams can identify vision problems early, and appropriate treatment, including corrective lenses, can help mitigate the impact of these conditions. Yet, these exams and treatments are not covered under Original Medicare.

Hearing: Although a large percentage of older adults experience hearing loss—it is the most common sensory deficit among seniors—the number of people who have hearing aids is quite low. Among adults aged 70 and older with hearing loss who could benefit from hearing aids, only 30 percent had ever used them.^{13, 14} The disconnect between the need for and utilization of hearing aids is important because like vision loss, untreated hearing loss has an unfavorable impact on older adults. Hearing loss creates communication barriers, enhances the risk of isolation, depression, and dependence on others, and it can also create challenges for older adults managing chronic conditions.^{15,16,17} Audiology testing and fitting hearing aids help identify and treat early hearing loss, thereby reducing the impact of untreated hearing loss among older adults. But these services are not covered under Original Medicare.

PERCENTAGE OF HEARING LOSS IN ADULTS AGED 60 AND OLDER, 2016¹²



Dental: In 2017, 49 percent of Medicare beneficiaries had not visited the dentist in the past 12 months.¹⁸ Yet national data for adults aged 65 and older show that 96 percent of people in this age group have cavities, and 16 percent have untreated tooth decay.¹⁹ Importantly, oral health problems do not have a uniform impact on older adults. The prevalence of these health conditions is related to poverty, as shown in the table below.

Oral health condition	Affected adults age 65 and older				
	<=100% FPL	100%-199% FPL	>=200% FPL	200%-399% FPL	>=400% FPL
Tooth decay (%) ¹⁹	33.1	26.9	9.9	-	-
Gum disease (%) ²⁰	62.1	57.0	-	48.2	33.0
Tooth loss ¹⁹ (# missing teeth)	10.8	8.8	5.3	-	-
Dentist visit in past year ¹⁸ (%)	42.7	42.8	74.4	-	-

This data also shows that the likelihood of visiting a dentist in the past year is associated with poverty status. Thus, economically vulnerable older adults are less likely to have dental care, and more likely to have oral health problems. Yet, routine dental care is not covered under Original Medicare, the insurance program that is designed to protect the health of Americans as they age.

Vision, hearing, and dental coverage under Medicare Advantage

As noted above, Medicare Advantage plans frequently offer coverage for vision, hearing, and dental services, and the share of Medicare Advantage plans that offer this coverage has increased over time.²¹ However, beneficiaries' out-of-pocket costs for these services under Medicare Advantage plans is not necessarily lower than the same costs for seniors who don't have this coverage under Original Medicare. The table below shows that older adults with vision, hearing, and dental coverage under a Medicare Advantage plan continue to have considerable out-of-pocket expenses for vision, hearing, and dental care. In many cases, these Medicare Advantage beneficiaries spend just as much out of pocket on their vision, hearing, and dental services as beneficiaries with Original Medicare who **are not covered** for these services.

Use and cost of vision, hearing, and dental services among Medicare beneficiaries, by type of insurance, 2016²²

	Original Medicare (n = 31,079,963)		Medicare Advantage (n = 15,833,189)	
	Covered	Not covered	Covered	Not covered
Vision				
Has vision insurance	4%	96%	67%	33%
Out-of-pocket spending on vision care among those with a visit	\$252	\$242	\$215	\$271
Hearing				
Has hearing insurance	0	100%	52%	48%
Out-of-pocket spending on hearing care among those with a visit	-	\$1,116	\$924	\$1,393
Dental				
Has dental insurance	21%	79%	62%	38%
Out-of-pocket spending on dental care among those with a visit	\$872	\$1,005	\$1,009	\$833

This data shows striking similarities between out-of-pocket costs for vision, hearing, and dental services between people with coverage for these services through their Medicare Advantage plans and people without any coverage under Original Medicare. For example, people with vision coverage through a Medicare Advantage plan paid \$215 out of pocket for their vision care, only \$27 (12 percent) less than what people with Original Medicare without vision coverage paid for these services (\$242).

The same pattern was true for out-of-pocket costs for hearing services. Notably, people with dental coverage through Medicare Advantage paid \$1,009 out of pocket for dental services, \$4 more than their counterparts with Original Medicare who had no dental coverage. This data demonstrates that coverage for vision, hearing, and dental services under Medicare Advantage plans does not shield older adults from the costs of these services, and in some cases, they pay more out-of-pocket than people with Original Medicare who have no coverage.

Special coverage circumstances for vision, hearing, and dental coverage under Medicare

Under very specific circumstances, Original Medicare covers certain aspects of care for vision, hearing, and dental problems.



Vision

Some of the special circumstances under which Original Medicare may cover vision or eye care include:

- Eye examinations for diabetic retinopathy once each year for people with diabetes.²³
- Annual glaucoma tests for high risk people, including African Americans aged 50 and older, Hispanics aged 65 and older, and people with diabetes or a family history of diabetes.²⁴
- Certain diagnostic tests and treatment for people with age-related macular degeneration.²⁵
- Cataract surgery and corrective lenses for people who have cataract surgery.²

Although these special services are covered under Original Medicare, beneficiaries who receive them are still responsible for out-of-pocket costs in the form of deductibles and co-pays. These include 20 percent of doctor's or surgical fees, the Part B deductible, and co-pays for care that is delivered in outpatient settings.



Hearing

As noted earlier, Original Medicare does not cover hearing aids or exams to fit hearing aids. However, it does cover diagnostic hearing and balance exams if a healthcare professional orders these services to determine if the beneficiary needs medical treatment for a health condition other than hearing loss. Dizziness and vertigo are examples of health conditions that may lead a healthcare professional to order a hearing or balance exam. However, like the special vision services described above, enrollees still pay applicable out-of-pocket costs in the form of deductibles and co-pays.



Dental services

There are also special circumstances in which Original Medicare may cover some dental care. These include dental services integral to a covered procedure such as reconstruction following an accident, or tooth extractions prior to radiation treatment for tumors involving the jaw. Original Medicare might also provide coverage for oral examinations prior to kidney transplant or heart valve replacement when performed by a dentist on the hospital's staff.²⁶

Other examples of special circumstances when Original Medicare might cover dental services include reconstruction of part of the jaw when a facial tumor is removed, surgery to treat fractures of the jaw or face, and dental splints and wiring needed after jaw surgery. Like the special vision and hearing services described above, deductibles and co-pays still apply to the services. In addition, follow-up dental care after the initial dental services is not covered under Original Medicare, so enrollees must pay 100 percent of the cost of follow-up dental care for the procedures that were originally covered.

Current legislation involving non-covered services

The absence of coverage for dental, vision, and hearing services has caught the attention of some lawmakers. In the 116th Congress there were at least 10 bills introduced to add these benefits to Medicare Part B. The Elijah E. Cummings Lower Drug Costs Now Act (H.R. 3), which passed the House in December 2019 included provisions to do the following:

Dental provision: The Medicare Dental Coverage Act of 2019 calls for the addition of preventive and screening dental services, including oral exams and cleanings under Part B. It would also cover procedures such as tooth restorations and extractions, bridges, crowns, root canal treatments, implants, and dentures. Beneficiaries would pay the standard 20 percent for basic treatments and a larger share of costs for major treatments.²⁷

Vision provision: The Medicare Vision Act of 2019 calls for the addition of routine eye exams and contact lens fittings to coverage through Part B, with beneficiaries generally paying 20 percent of the cost. It also would provide some coverage toward contact lenses or eye glasses.²⁸

Hearing provision: The Medicare Hearing Act of 2019 calls for Part B coverage of hearing exams and hearing aids, with beneficiaries contributing 20 percent.²⁹

Conclusion

It's clear that older adults increasingly need dental, vision, and hearing services. It's also clear, unfortunately, that existing coverage options for Medicare beneficiaries aren't enough.

Supporting older adults with preventative services and more could help improve overall health and well-being of more than 62 million, but that will require Medicare reform. Until this type of legislation is enacted, routine vision, hearing, and dental services will continue to be associated with high out-of-pocket costs for millions of Medicare beneficiaries.



PAN Foundation

The PAN Foundation is an independent, national 501 (c)(3) organization dedicated to helping underinsured people with life-threatening, chronic, and rare diseases get the medications and treatments they need by assisting with their out-of-pocket costs and advocating for improved access and affordability.

For more information about this Issue Brief, contact Amy Niles, Executive Vice President, at aniles@panfoundation.org.

Supporting Literature

- ¹ Centers for Medicare and Medicaid Services. Medicare Enrollment Dashboard. Available at: <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Dashboard/Medicare-Enrollment/Enrollment%20Dashboard.html>. Accessed August 31, 2020.
- ² Medicare.gov. Eye Exams (Routine). Available at: <https://www.medicare.gov/coverage/eye-exams-routine>. Accessed August 31, 2020.
- ³ Medicare.gov. Hearing Aids. Available at: <https://www.medicare.gov/coverage/hearing-aids>. Accessed August 31, 2020.
- ⁴ Medicare.gov. Dental Services. Available at: <https://www.medicare.gov/coverage/dental-services>. Accessed August 31, 2020.
- ⁵ Healthy Hearing. Hearing Aid Prices. Available at: <https://www.healthyhearing.com/help/hearing-aids/prices>. Accessed August 31, 2020.
- ⁶ Schoen C, Davis K, and Willink A. The Commonwealth Fund. Medicare Beneficiaries' High Out-of-Pocket Costs: Cost Burdens by Income and Health Status. August 31, 2020. <https://www.commonwealthfund.org/publications/issue-briefs/2017/may/medicare-beneficiaries-high-out-pocket-costs-cost-burdens-income>. Accessed August 31, 2020.
- ⁷ United States Census Bureau. Older Population and Aging. Available at: <https://www.census.gov/topics/population/older-aging.html#:~:text=Older%20Population%20in%20the%20U.S.&text=According%20to%20the%20U.S.%20Census,million%20on%20July%201%2C%202019>. Accessed August 27, 2020.
- ⁸ National Eye Institute. Glaucoma Tables. Available at: <https://www.nei.nih.gov/learn-about-eye-health/resources-for-health-educators/eye-health-data-and-statistics/glaucoma-data-and-statistics/glaucoma-tables>. Accessed August 31, 2020.
- ⁹ National Eye Institute. Age-Related Macular Degeneration (AMD) Tables. Available at: <https://www.nei.nih.gov/learn-about-eye-health/resources-for-health-educators/eye-health-data-and-statistics/age-related-macular-degeneration-amd-data-and-statistics/age-related-macular-degeneration-amd-tables>. Accessed August 31, 2020.
- ¹⁰ National Eye Institute. Cataract Tables. Available at: <https://www.nei.nih.gov/learn-about-eye-health/resources-for-health-educators/eye-health-data-and-statistics/cataract-data-and-statistics/cataract-tables>. Accessed August 31, 2020.
- ¹¹ National Academies of Sciences, Engineering, and Medicine; Health and Medicine Division; Board on Population Health and Public Health Practice; Committee on Public Health Approaches to Reduce Vision Impairment and Promote Eye Health. Making Eye Health a Population Health Imperative: Vision for Tomorrow. Editors: Annalyn Welp, R. Brian Woodbury, Margaret A. McCoy, and Steven M. Teutsch. Washington (DC): National Academies Press (US); 2016.
- ¹² Goman AM, Lin FR. Prevalence of Hearing Loss by Severity in the United States. *Am J Public Health*. 2016 Oct;106(10):1820-2.
- ¹³ Ciorba A, Bianchini C, Pelucchi S, Pastore A. The Impact of Hearing Loss on the Quality of Life of Elderly Adults. *Clin Interv Aging*. 2012; 7: 159-163.
- ¹⁴ National Institute on Deafness and Other Communication Disorders. Quick Statistics About Hearing. Available at: <https://www.nidcd.nih.gov/health/statistics/quick-statistics-hearing>. Accessed August 31, 2020.
- ¹⁵ National Institute on Aging. Hearing Loss: A Common Problem for Older Adults. Available at: <https://www.nia.nih.gov/health/hearing-loss-common-problem-older-adults>. Accessed August 27, 2020.
- ¹⁶ American Speech-Language Hearing Association. Untreated Hearing Loss in Adults—A Growing National Epidemic. Available at: <https://www.asha.org/articles/untreated-hearing-loss-in-adults/>. Accessed August 27, 2020.
- ¹⁷ Walling AD, Dickson GM. Hearing Loss in Older Adults. *Am Fam Physician*. 2012 Jun 15;85(12):1150-1156.
- ¹⁸ Kramarow EA. Dental Care Among Adults Aged 65 and Over, 2017. NCHS Data Brief, no 337. Hyattsville, MD: National Center for Health Statistics. 2019.
- ¹⁹ Centers for Disease Control and Prevention. Oral Health Surveillance Report, 2019. Available at: <https://www.cdc.gov/oralhealth/publications/OHSR-2019-index.html>. Accessed August 31, 2020.

- ²⁰ Eke PI, Dye BA, Wei L, et al. Update on Prevalence of Periodontitis in Adults in the United States: NHANES 2009 to 2012. *J Periodontol*. 2015 May;86(5):611-22.
- ²¹ Jacobson G, Freed M, Damico A, Neuman T. Kaiser Family Foundation. A Dozen Facts About Medicare Advantage in 2019. Available at: <https://www.kff.org/medicare/issue-brief/a-dozen-facts-about-medicare-advantage-in-2019/>. Accessed August 31, 2020.
- ²² Willink A, Reed NS, Swenor B et al. Dental, Vision, And Hearing Services: Access, Spending, And Coverage For Medicare Beneficiaries. *Health Aff*. 2020;39(2): 297-304.
- ²³ Medicare.gov. Eye Exams (for Diabetes). Available at: <https://www.medicare.gov/coverage/eye-exams-for-diabetes>. Accessed August 31, 2020.
- ²⁴ Medicare.gov. Glaucoma tests. Available at: <https://www.medicare.gov/coverage/glaucoma-tests>. Accessed August 31, 2020.
- ²⁵ Medicare.gov. Macular Degeneration Tests & Treatment. Available at: <https://www.medicare.gov/coverage/macular-degeneration-tests-treatment>. Accessed August 31, 2020.
- ²⁶ Centers for Medicare & Medicaid Services. Medicare Dental Coverage. Available at: <https://www.cms.gov/Medicare/Coverage/MedicareDentalCoverage/index>. Accessed August 31, 2020.
- ²⁷ United States Congress. H.R.4650 - Medicare Dental Coverage Act of 2019. Available at: <https://www.congress.gov/bill/116th-congress/house-bill/4650>. Accessed August 31, 2020.
- ²⁸ United States Congress. H.R.4665 - Medicare Vision Act of 2019. Available at: <https://www.congress.gov/bill/116th-congress/house-bill/4665?q=%7B%22search%22%3A%5B%22H.R.+4665%22%5D%7D&s=1&r=1>. Accessed August 31, 2020.
- ²⁹ United States Congress. H.R.4618 - Medicare Hearing Act of 2019. Available at: <https://www.congress.gov/bill/116th-congress/house-bill/4618?q=%7B%22search%22%3A%5B%22H.R.+4618%22%5D%7D&s=2&r=1>. Accessed: August 31, 2020.