FREE PRINTABLE GUIDE · 2026–2027 EDITION

Your Medicare Advantage dental benefit

8 questions to ask your plan before you see the dentist

The essentials

1. Original Medicare covers very little dental care. Dental coverage usually comes with Medicare Advantage plans.
2. Almost all of those plans include dental, but each one is different. They have a yearly limit, and you pay part of major treatments.
3. Before treatment, call your plan with the 8 questions in this guide. At PureSmile we check your plan for free.

Does Medicare pay for the dentist?

Original Medicare (Parts A and B) does not pay for cleanings, fillings, extractions, dentures or implants. It only pays in cases tied to medical treatment, such as before heart surgery.

Medicare Advantage plans (Part C) are private plans approved by Medicare. In 2026, 98% of these plans include some dental benefit.

What does a plan usually include?

About $1,300

is the average yearly dental limit. Some plans offer more: ask how much yours has.

A share

of major treatments, like crowns or dentures, is yours to pay. In many plans it is half.

2 in 3

plans charge you nothing for prevention: exams, cleanings and X-rays.

National averages (KFF). Every plan is different, so it pays to ask.

Words you will hear

In parentheses, the Spanish term your family may hear.

Annual maximum *(tope anual)*: the most your plan pays for dental care in a year. Anything above that, you pay.

Copay *(copago)*: a fixed amount you pay for a service, for example a cleaning.

Coinsurance *(coseguro)*: your share of the cost, as a percentage. At 50%, you pay half.

Network *(red)*: the dentists who have a contract with your plan. Outside the network, your plan may pay less or nothing.

Prior authorization *(autorización previa)*: the approval some plans require before a treatment. Without it, they may not pay.

Waiting period *(periodo de espera)*: how long you must be on the plan before it covers certain treatments.

Who can help you compare plans?

- **Florida SHINE:** free, unbiased and confidential help. **1-800-963-5337**.
- **Medicare:** 1-800-633-4227 (TTY 1-877-486-2048), 24 hours a day. Medicare.gov.

PureSmile does not sell or recommend plans. We help you understand and use the one you have.

Which dates should I write down?

October 15 – December 7, 2026	Open Enrollment. You can join a Medicare Advantage plan, switch plans or go back to Original Medicare. Changes start January 1, 2027.
December 31, 2026	In many plans, the last day to use this year's dental benefit. Check yours.
January 1 – March 31, 2027	If you already have Medicare Advantage, you can switch to another Medicare Advantage plan or go back to Original Medicare.

8 questions for your plan

Call the member services number on the back of your plan card. Have your member number ready and write the answers here.

- [ ] 1. Does my plan include dental? Only prevention, or treatment too?

- [ ] 2. What is my yearly dental limit? How much do I have left this year?

- [ ] 3. Do I need an in-network dentist? Is this dentist in the network?

- [ ] 4. What do I pay for the exam, X-rays and cleaning?

- [ ] 5. What do I pay for fillings, extractions, crowns and deep cleaning? Is it a copay or coinsurance?

- [ ] 6. Does it cover dentures or implants? How often?

- [ ] 7. Does any treatment need prior authorization or have a waiting period?

- [ ] 8. What date does my dental benefit renew?

I spoke with: _____ Date: _____ Reference #: _____

Tip: ask for the answer in writing, or write down the call reference number.

What papers does your plan send you?

By September 30, your plan must send you the **Annual Notice of Change** and the **Evidence of Coverage**. They show what dental care is covered next year. If you did not get them, ask your plan.

In the Evidence of Coverage, look for the dental section. It usually lists each service with a code that starts with D, and how often it is covered.

How PureSmile helps

- We check your plan for free before your visit: whether we are in network, what it covers and how much of your limit is left.
- You get the treatment plan and the price in writing before we start.
- We see you in English or Spanish. Your son or daughter is welcome to come along.

What should I bring?

- [ ] Your Medicare Advantage plan card
- [ ] A photo ID
- [ ] Your list of medications
- [ ] Your denture, if you wear one
- [ ] This guide with your plan's answers

Call us: (305) 787-3642

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We open Monday, November 2, 2026. Monday to Friday, 9:00 a.m. to 7:00 p.m., and Saturdays, 10:00 a.m. to 5:00 p.m.
Something unclear? Call us and we will explain it again, at your pace.

Sources: CMS, *Medicare & You 2027*; Medicare.gov, *Dental services*; KFF, *Medicare and Dental Coverage: A Closer Look* (2021) and *Medicare Advantage 2026 Spotlight* (2025); SHIP TA Center. Accessed October 2026.

General educational information. It does not replace a dental exam or your plan's official information. Benefits, costs and dates depend on each plan.

PureSmile Miami is a private dental office. We are not a health plan, agent or broker, and we are not affiliated with or endorsed by Medicare, CMS or the federal government. We do not recommend any plan.

Need help in another language? It is free: call (305) 787-3642. PureSmile Miami does not discriminate on the basis of race, color, national origin, age, disability or sex.

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