

# Colorado's Oral Health Coverage Paradox

Increased Insurance Coverage is Not Translating to Oral Health Improvement

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DELTA DENTAL OF COLORADO  
FOUNDATION



COLORADO HEALTH INSTITUTE

# Introduction

The Delta Dental of Colorado Foundation (DDCOF) partnered with the Colorado Health Institute to sponsor oral health questions on the 2025 Colorado Health Access Survey (CHAS). The biennial CHAS surveys over 10,000 households about oral health and experiences accessing services. DDCOF's sponsorship since 2021 has expanded the number of oral health-related questions asked each survey period and allowed for better understanding of oral health trends over time. The most recent 2025 CHAS asked Coloradans a new question to understand reasons for not having dental health insurance. This report explores this new question and provides an overview of Colorado's oral health landscape by examining trends in oral health utilization, insurance access, and oral health status, as well as ongoing and emerging oral health challenges.

# Colorado's Oral Health Landscape

## More Coloradans Are Going to the Dentist

The percentage of Coloradans visiting the dentist has fluctuated over the past 15 years, but the overall trend has moved upward from 66.4% in 2009 to 72.5% in 2025 (See Figure 1).

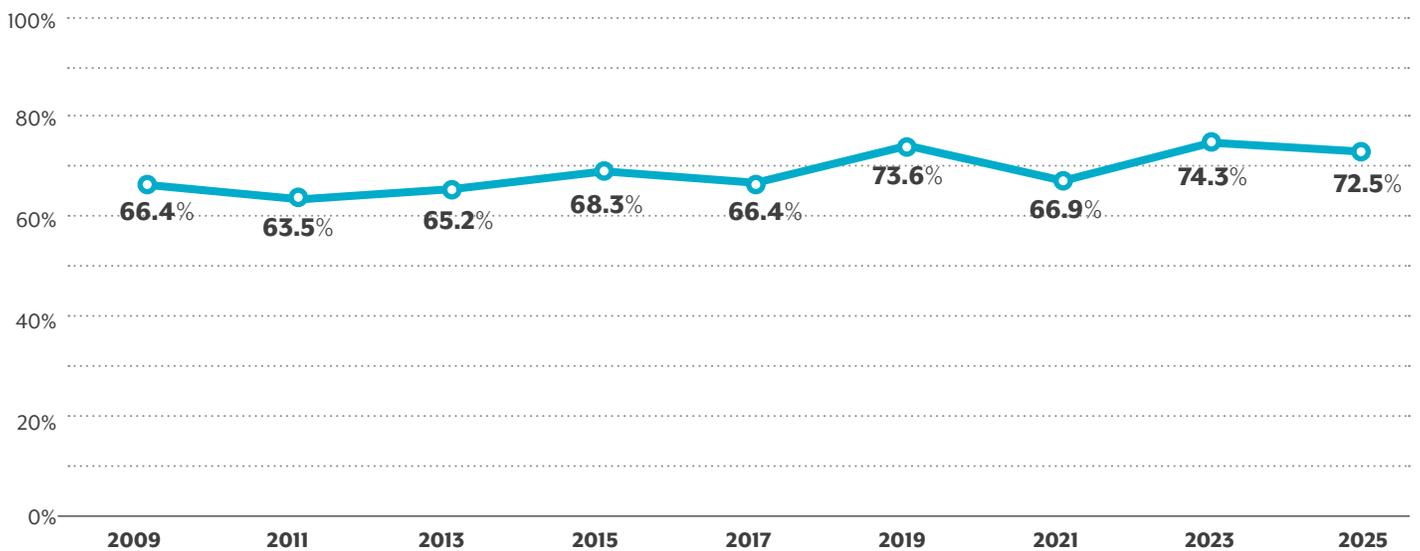
Increases in dental insurance coverage have likely contributed to these improving utilization rates in recent years. The percentage of Coloradans with dental insurance has increased drastically from 63.0% in 2009 to 81.0% in 2025 (See Figure 2).

In 2025, Coloradans with dental insurance reported seeing the dentist more often (78.2%) and were more likely to report excellent, very good, or good oral health (85.4%) compared with those without dental insurance (50.7% and 76.5% respectively), a trend that has remained consistent since 2017.

**Figure 1. The rate of Coloradans visiting a dentist or dental hygienist has increased.**

**Topic:** The percentage of Coloradans who visited a dentist or dental hygienist in the past year.

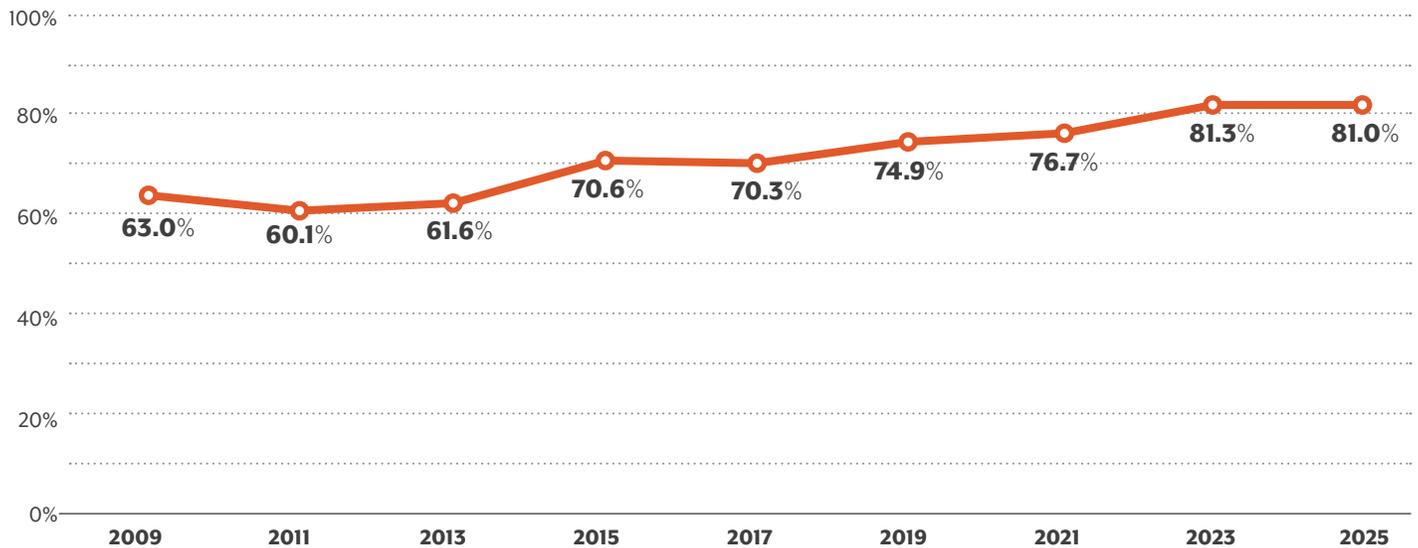
**Population:** Coloradans 18 and older. **Years:** 2009-2025.



**Figure 2. Dental insurance coverage has increased.**

**Topic:** Coloradans with any kind of insurance coverage that pays for some or all routine dental care in the past 12 months.

**Population:** Coloradans 18 and older. **Years:** 2009-2025.



## Ongoing and Emerging Oral Health Challenges

Having dental insurance is associated with better utilization and oral health status, but improvements in insurance coverage over the past decade haven't been enough to move the needle on oral health outcomes overall. Despite improvements in oral health insurance and oral health care use, self-reported oral health status has remained unchanged since 2013, with about 83.3% of Coloradans reporting excellent, very good, or good oral health in 2025. This plateau is likely due to persistent barriers to care, systemic dental insurance challenges, and large disparities in oral health status by income, race/ethnicity, disability status, rurality, and age.

### Barriers to Care

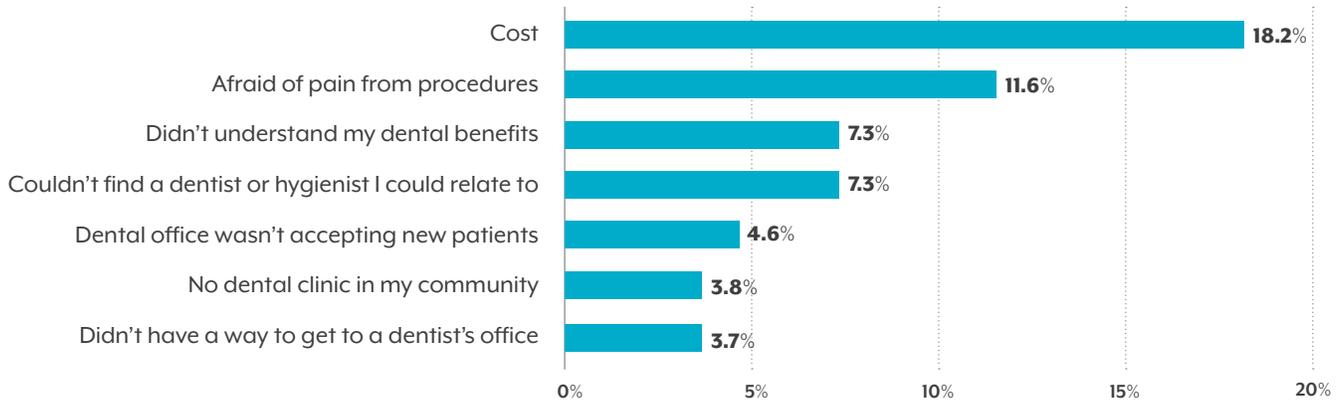
Cost has been a persistent barrier and the most reported reason for going without needed dental care over the past decade. About one in five Coloradans (18.1%) reported cost as a barrier

to care in 2025, suggesting that improvements in insurance coverage alone aren't solving ongoing affordability issues.

In addition to cost, over one in 10 Coloradans (11.6%) reported that fear of pain from dental procedures prevented them from getting care in 2025, and 7.3% said they did not understand their benefits (See Figure 3). Not understanding dental benefits was almost four times higher among individuals covered by Medicaid or CHP+ (15.4%) compared with employer-sponsored insurance (4.9%), Medicare (4.5%), or individual insurance (4.2%). Benefit clarity has been an ongoing issue for Medicaid enrollees since 2021, indicating that coverage information may not be available, culturally competent, or comprehensive enough for some members. Limited awareness of dental benefits may also impact a person's perception of care costs. For example, Medicaid covers most dental procedures in Colorado, yet 21.2% of members reported cost as a barrier to getting oral health care in 2025, and 62.2% said they didn't have dental insurance because costs were too high.

**Figure 3. Cost and fear of pain were the biggest barriers to care.**

**Topic:** Barriers to dental care in the past 12 months. **Population:** Coloradans 18 and older. **Year:** 2025.



### Dental Insurance Challenges

While most Coloradans (81.0%) reported having dental insurance in 2025, an estimated one million people were without it. Coloradans with individual insurance had the lowest rates of dental insurance (51.6%), followed by Medicare (70.6%), Medicaid (87.7%), and employer-sponsored (92.3%). The 2025 CHAS asked Coloradans without dental insurance about their reasons for opting out of coverage. Cost-related barriers were the top reasons, with 71.5% reporting that the dental insurance plan didn't reduce the cost of care enough and 64.6% reporting that the cost of the plan was too high (See Figure 4).

About a third of Coloradans reported they didn't have dental insurance because the plan didn't cover the types of services they need (35.5%), indicating that Coloradans don't consider available plans comprehensive enough for the types of procedures or services they need. Employers can play a vital role in ensuring their employees have access to dental insurance, yet 30.0% of people who didn't get dental coverage said their employers didn't offer it.

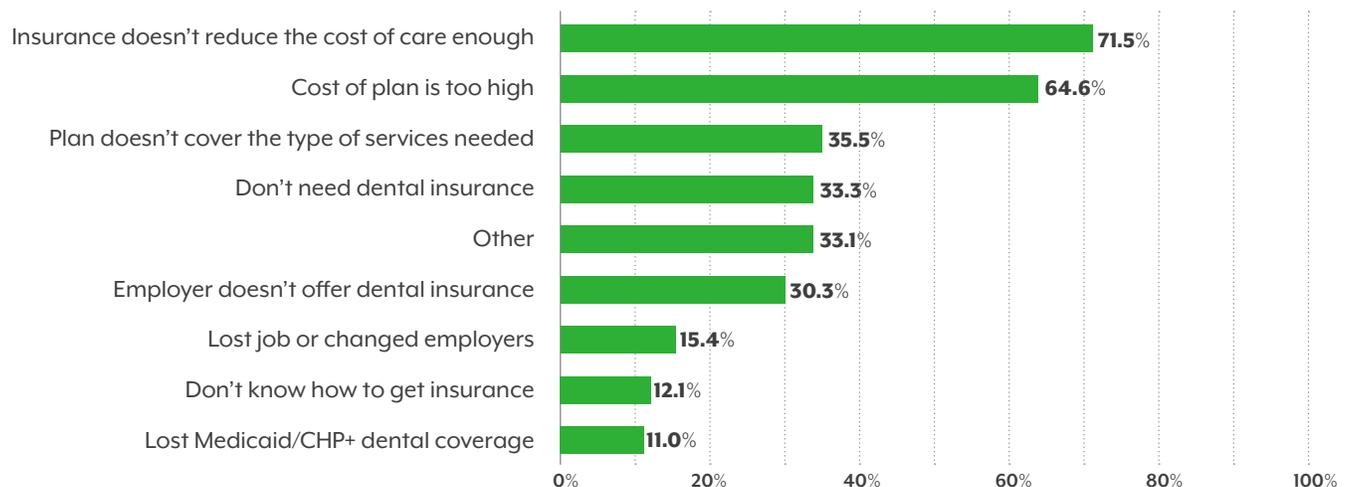
### Oral Health Disparities

Not all Coloradans are seeing improvements in access and coverage. Coloradans who

**Figure 4. Cost kept Coloradans from obtaining dental insurance.**

**Topic:** Reasons for not having dental insurance.

**Population:** Coloradans 18 and older who reported not having dental insurance in the past 12 months. **Year:** 2025.



earn lower incomes, are Hispanic/Latino, have a disability, live in rural areas, are young adults (19-29), or are older adults (65 and over) reported the poorest oral health status. These populations were less likely to have dental insurance and more likely to report barriers to oral health care, including cost, transportation, lack of providers they can relate to, fear of dental procedures, and not understanding dental benefits.

As part of its [strategic plan](#), many of DDCOF’s activities and investments reach its identified communities of focus, including low- to moderate-income households, rural and underserved communities, people of color, children 9 and under, and older adults. While oral health disparities have narrowed in some cases, more work is needed to ensure equitable access to oral health care.

**Income.** A person’s income can influence their oral health and ability to access oral health care. Coloradans earning lower incomes experience more barriers to oral health care, leading to fewer

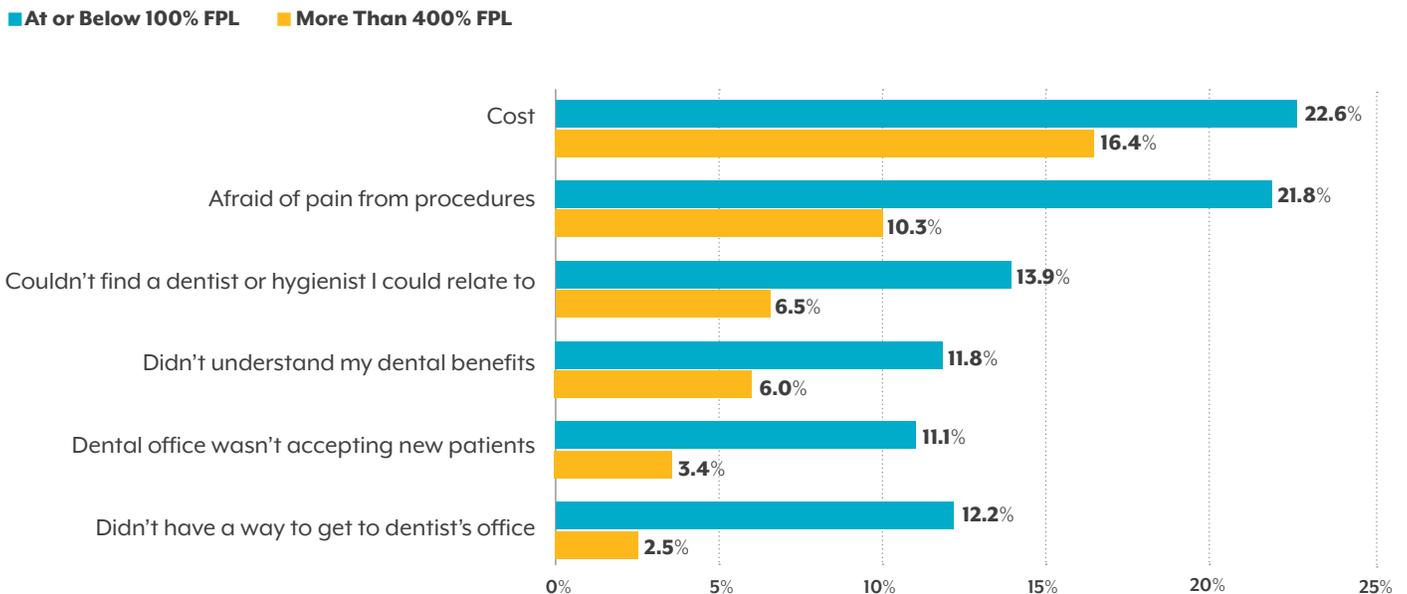
dental appointments and worse oral health outcomes than their middle- to higher-income peers. While insurance coverage is similar across income levels, individuals earning lower incomes reported higher rates of transportation challenges, fear of dental procedures, and being turned away from care due to providers not accepting new patients (See Figure 5).

**Race/ethnicity.** While racial/ethnic disparities in access to care have narrowed over time, they still persisted in 2025. Insurance coverage has been trending upward for all racial/ethnic groups since 2017 (See Figure 6). However, dental insurance rates for Hispanic/Latino Coloradans have been consistently lower compared with all other racial/ethnic groups since 2021.

Access rates are mostly trending upward, but 2025 data show persistent disparities, with rates actually declining slightly for Hispanic/Latino Coloradans (Figure 7).

**Figure 5. Coloradans earning lower incomes experienced more barriers to care than those earning higher incomes.**

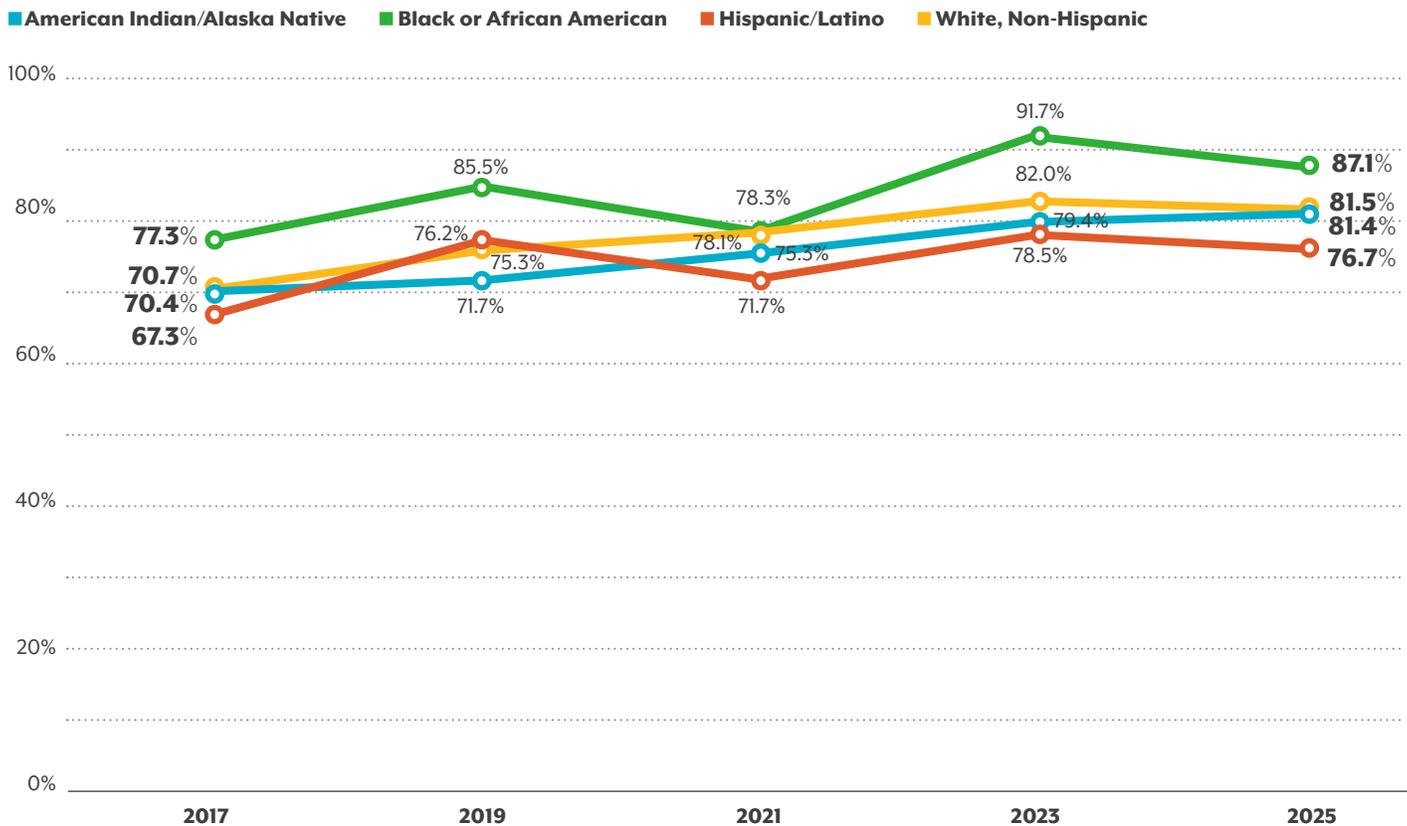
**Topic:** Barriers to dental care in the past 12 months. **Population:** Coloradans 18 and older. **Year:** 2025.



**Figure 6. Insurance coverage has trended upward for all racial/ethnic groups.**

**Topic:** Coloradans with any kind of insurance coverage that pays for some or all routine dental care in the past 12 months.

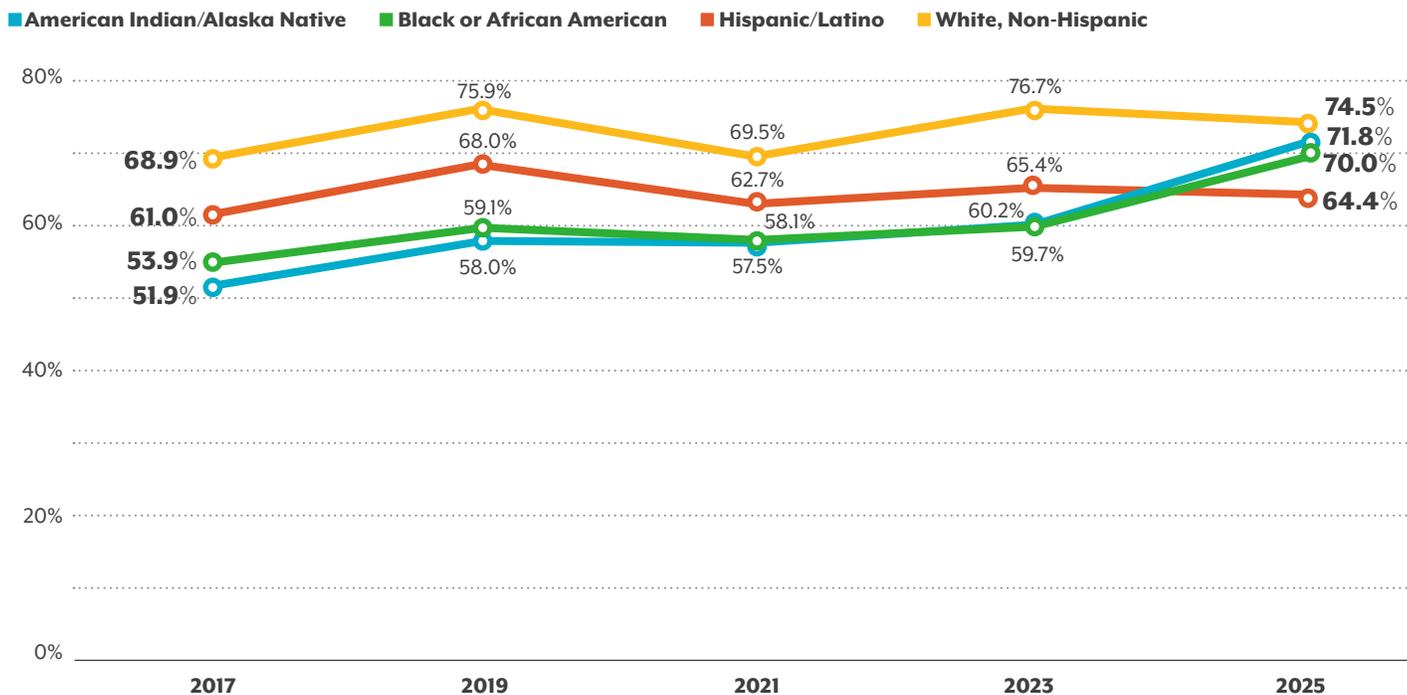
**Population:** Coloradans 18 and older. **Years:** 2017–2025.



**Figure 7. Utilization disparities have narrowed but persist.**

**Topic:** Coloradans who visited a dentist or dental hygienist in the past year.

**Population:** Coloradans 18 and older. **Years:** 2017–2025.



These utilization disparities may exist because communities of color often experience greater barriers to care compared with white, non-Hispanic Coloradans due to historic and systemic discrimination impacting care affordability and accessibility (Figure 8).

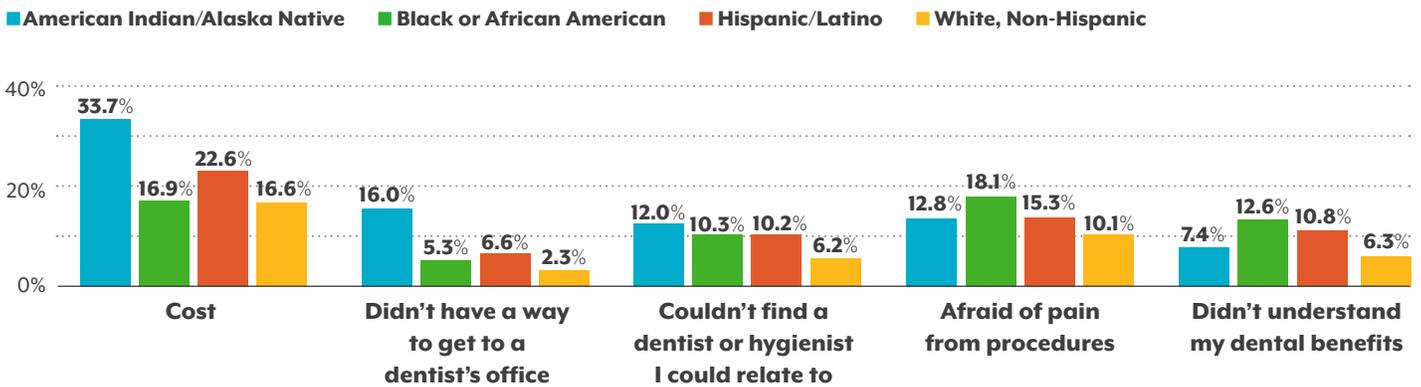
Investments in oral health initiatives that have prioritized people of color may be contributing to longer-term improvements in utilization and coverage. DDCOF has been among these investors. It has prioritized supporting strategies that elevate community voice and reduce systemic barriers to access, such as funding workforce diversification efforts that elevate bilingual, bicultural staff and community-rooted roles that build trust with providers. DDCOF has also supported initiatives that use culturally responsive, bilingual approaches that meet families where they are. While progress has been made, additional efforts are needed

to further reduce community-specific barriers, such as cost and transportation barriers among American Indian and Alaska Native populations or confusion about coverage and fear of pain among Black or African American Coloradans.

**Disability.** The oral health care system is not meeting the needs of many Coloradans with disabilities. Reported barriers suggest that dental offices, providers, and benefits are not as inclusive or welcoming for people with physical or cognitive disabilities (Figure 9). Likely due to these barriers, Coloradans with disabilities accessed dental health services at lower rates (63.3%) compared with their nondisabled counterparts (73.9%). With greater barriers and worse access, Coloradans with disabilities reported lower rates of excellent/very good/good oral health (62.1%) compared with Coloradans without disabilities (86.5%).

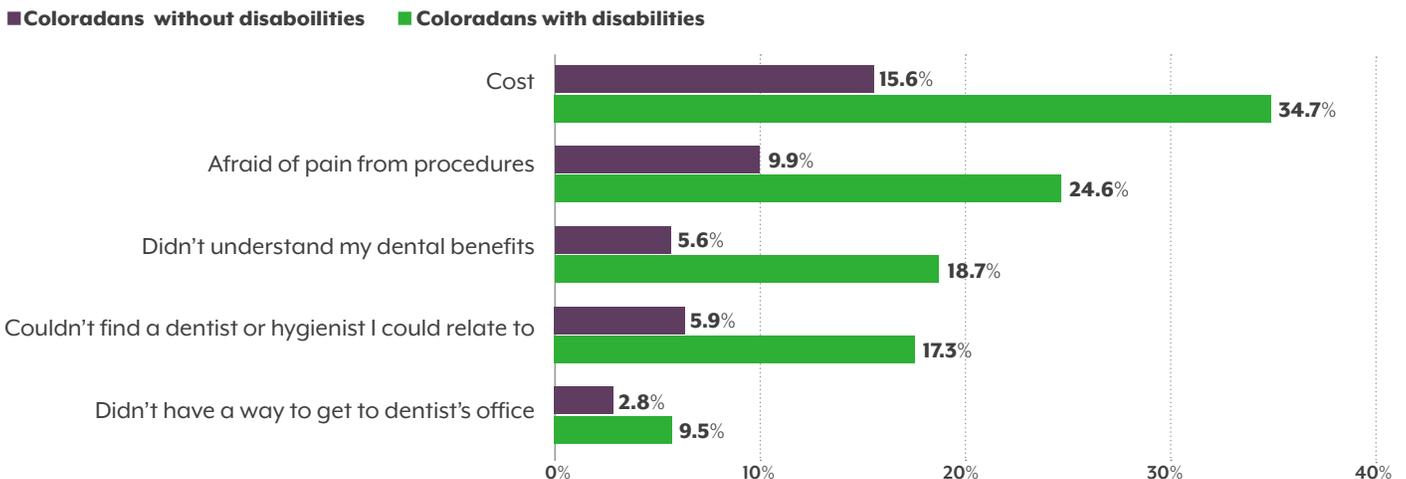
**Figure 8. Communities of color face greater barriers to care.**

**Topic:** Barriers to dental care in the past 12 months. **Population:** Coloradans 18 and older. **Year:** 2025.



**Figure 9. Coloradans with disabilities experienced more barriers to care than Coloradans without disabilities.**

**Topic:** Barriers to dental care in the past 12 months. **Population:** Coloradans 18 and older. **Year:** 2025.

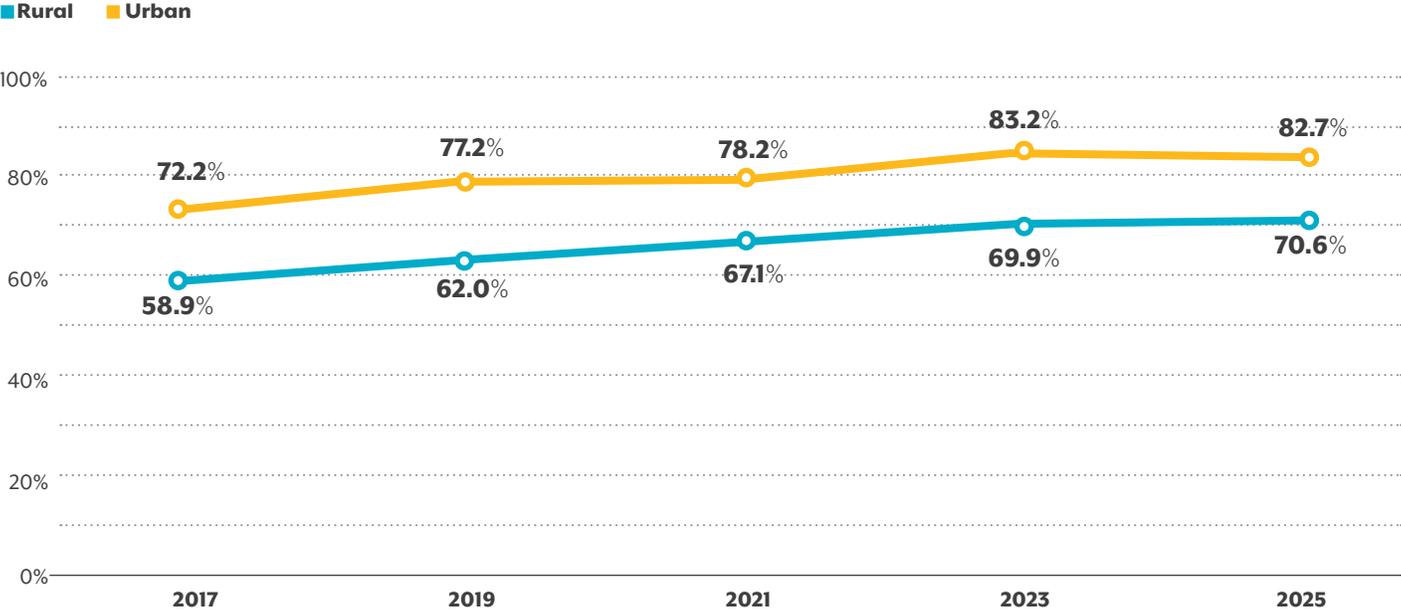


**Rurality.** Coloradans in rural areas have consistently reported lower insurance and utilization rates compared with their urban counterparts. In 2025, Coloradans living in rural areas were less likely to have dental insurance (70.6%) compared with their urban peers (82.7%) and visited the dentist at lower rates (67.8%) compared with those in urban areas (73.3%) (Figure 10). Additionally, Coloradans in rural areas reported access-related barriers to care at higher rates than their urban counterparts: 8.1% of rural Coloradans reported not having a dental office or clinic in their community compared with 3.1% of urban Coloradans.

While oral health utilization and insurance coverage disparities between urban and rural Coloradans remain, both access and coverage rates are improving in rural communities. The percentage of rural residents who reported visiting a dental provider increased from 61.3% in 2017 to 67.8% in 2025. Dental insurance coverage showed an even bigger increase, with 58.9% of rural Coloradans reporting having coverage in 2017 to 70.6% in 2025. DDCOF has been an ongoing investor in supporting initiatives that address geographic inequities. The foundation’s investments in delivery models that bring oral health services directly into rural and underserved communities, reducing transportation, workforce, and infrastructure barriers, may be contributing to these gains in rural Colorado.

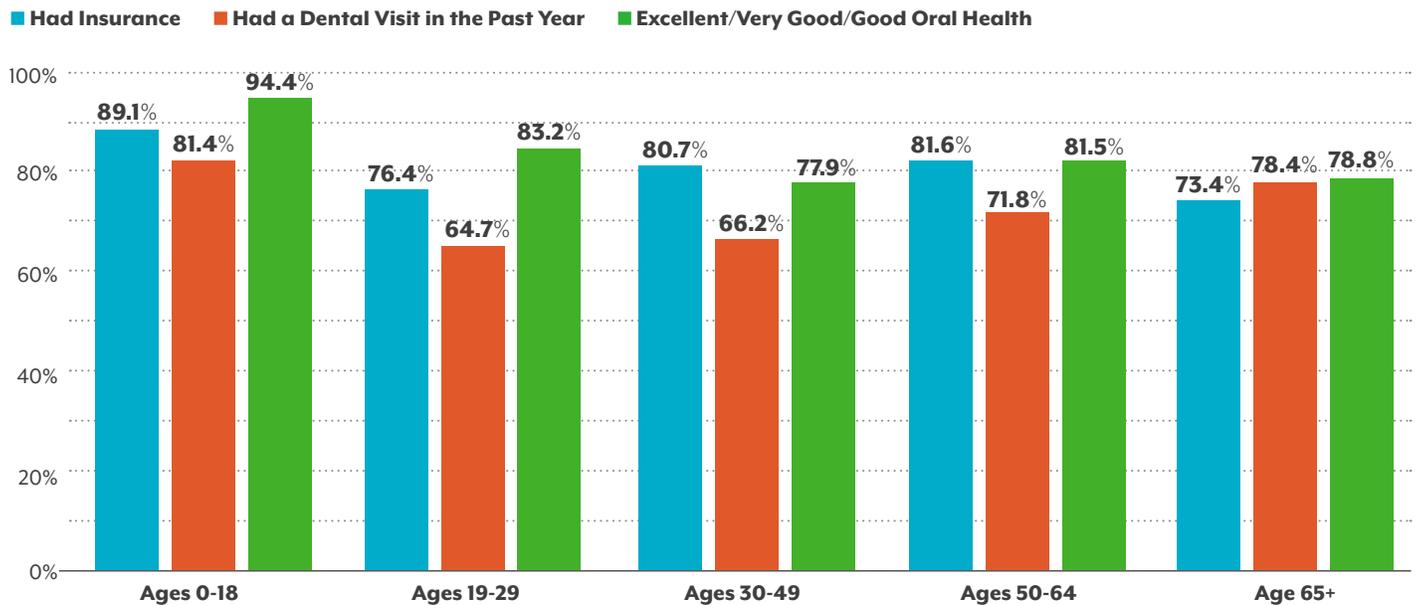
**Figure 10. Rural Coloradans consistently reported lower rates of dental insurance.**

**Topic:** Coloradans with any kind of insurance coverage that pays for some or all routine dental care in the past 12 months.  
**Population:** Coloradans 18 and older. **Year:** 2017-2025.



**Figure 11. Dental insurance, utilization, and health change across the lifespan.**

**Topics:** Coloradans with any kind of insurance coverage that pays for some or all routine dental care in the past 12 months; Coloradans who visited a dentist or dental hygienist in the past 12 months; Coloradans who reported good, very good, or excellent oral health in the past 12 months. **Population:** Coloradans by age. Year: 2025.



**Age.** Coloradans across the age spectrum have varying experiences with oral health care and utilization (Figure 11). Youth, who are likely still covered by their parents' or guardians' insurance, likely have more opportunities to access care, but that coverage access drops for young adults. Young adults had among the lowest rates of dental insurance and utilization and were more likely to report barriers to care, such as cost and not understanding their dental benefits, compared with other age groups. Older adults reported the lowest rates of dental insurance, likely because in most cases Medicare doesn't cover dental services.<sup>1</sup> Despite having the lowest rates of dental insurance, older adults reported some of the highest utilization rates. This could suggest that many older adults, who generally face more severe and complex dental issues than younger adults, are paying more out of pocket.

## Conclusion

Colorado is experiencing an oral health paradox. Insurance coverage has increased significantly but utilization has only slightly increased and oral health isn't improving, suggesting that insurance alone isn't enough to improve access and outcomes. Colorado has seen improvements in insurance access across demographic groups, but systemic barriers and inequities remain. Additionally, new CHAS data reveal challenges with oral health insurance cost and coverage. Coloradans are opting to go without dental health coverage because it doesn't reduce the cost of care enough, it's too expensive, or it doesn't cover a comprehensive range of services. Findings from this report suggest that Colorado's oral health landscape is improving overall, but more work is needed to address dental health affordability and accessibility for all Coloradans.

<sup>1</sup> Medicare.gov. Dental Services. <https://www.medicare.gov/coverage/dental-services>