Risk conditions include:

- A history of infective endocarditis
- Certain congenital heart defects (such as having one ventricle instead of the normal two)
- Heart valve defects caused by acquired conditions like rheumatic heart disease
- Hypertrophic cardiomyopathy, which causes abnormal thickening of the heart muscle
- Individuals with pulmonary shunts or conduits
- Mitral valve prolapse with regurgitation (blood leakage)
- Stem cell (bone marrow) transplant
- Organ transplant
- HIV positive status
- Sjogren’s Syndrome

Other at-risk conditions

Who else qualifies for enhanced coverage?

Delta Dental is among the first in the industry to add enhanced coverage for:

- People whose immune systems are suppressed because of:
  - Chemotherapy and/or radiation treatment
  - HIV positive status
  - Organ transplant
  - Stem cell (bone marrow) transplant

What will be covered?

- People with these conditions are eligible for coverage of four prophylaxes (tooth cleanings) or periodontal maintenance cleanings per benefit period, rather than the typical two. Those who are undergoing head and neck radiation treatment are also eligible for coverage of professionally applied fluoride treatments up to twice per benefit period. The prophylaxes and fluoride are covered at the same level as other preventive services. The periodontal maintenance cleanings are covered at the same level as other preventive services, unless the group contract covers this service at the preventive level. All services are subject to the annual maximum. (Typical coverage of professionally applied topical fluoride is twice per benefit period only for people to age 19.)

Who else qualifies for enhanced coverage?

Other at-risk conditions

What else qualifies for enhanced coverage?

Other key points

How will you determine who is eligible for these benefits?

Delta Dental is communicating this information to the dental profession. We require that the treating dentist provide information on the claim form regarding the patient’s at-risk condition. If our records do not confirm the condition, the dentist will be asked to submit documentation.

Will enhanced benefits for at-risk individuals increase my group’s costs?

The cost of making these changes is minor—less than one percent in total. Since the enhanced services are expected to help at-risk individuals better manage their disease, the net effect should be lower overall health care costs.

What’s the health benefit?

It is well established scientifically that people with serious health conditions like those outlined are at increased risk for infection, generally because their immune system response has been weakened. These individuals may benefit from having their teeth cleaned professionally at more frequent intervals to reduce the build-up of bacteria in the mouth. This can help lower the risk that bacteria will enter the bloodstream, create infection, and further compromise their health.

Timing is crucial

It is important to note that the timing of treatment can be critically important for at-risk patients. Dental treatment should be provided at the appropriate time, as determined by the individual’s dentist and physician, based on the specific circumstances of the case.
Delta Dental was the pioneer in using evidence-based research to design our dental plans, helping establish standards now followed by the entire industry. Today, we continue our quest to use scientific research to work to generate smart plan designs that reduce overall costs and improve health. However, we don’t simply jump on the latest bandwagon. We won’t base our plans—and waste our customers’ money—on changing or adding benefits when the strength of scientific evidence is still in doubt. Since Delta Dental is the expert in dental benefits, you can rely on us to make changes only when we believe the research is credible and compelling.

Our Research and Data Institute, established in 2005 to formally bring together the groundbreaking work being done by our Informatics department, Research Committee, and expert consultants, focuses on two key areas: 1) using the knowledge we gain from our data to find new ways to improve our processes and service, and 2) developing new plan designs based on scientific evidence.

The most recent changes to our benefit plans include the addition of coverage for implants (previously available by contract rider only), and enhanced preventive benefits to improve the health of people with specific high-risk health conditions. The following questions and answers provide more detailed information.

### Implant Coverage

**What is a dental implant?**
A dental implant is a small device that is used to replace a missing tooth. There are several types, and Delta Dental is adding coverage for the endosteal implant. An endosteal implant is surgically placed in the upper or lower jaw, where it will fuse to the jawbone in three to six months. A crown is then attached to a post that extends from the implant above the gum line. The finished implant looks and feels like a natural tooth. Another type of implant in use today, subperiosteal, fits on top of the bone under the gums and will not be covered because it has a high failure rate.

**Why did Delta Dental add implant coverage?**
Although dental implants were first introduced in the 1960s, major advances in the last 10 years have greatly increased their rate of success. Delta Dental was among the first carriers to offer an implant rider to groups wishing to cover this service, and we have closely monitored advances in implant materials, training, and technology. Today, implants are often a better alternative for replacing a single missing tooth in a healthy patient than a bridge because the procedure for a conventional fixed bridge requires dentists to cut down and crown healthy teeth on either side of the missing tooth to support the bridge. Implants generally have a lower cost over their lifetime than bridges, which can require repairs and replacements. In addition, they look and feel more natural than bridges and dentures, leading to higher patient satisfaction.

**What is the benefit level and maximum for implants?**
Delta Dental covers implants at the same level as other prosthetic denture services. Our payments for implants will be charged against the patient’s annual maximum.

**What has changed?**
Delta Dental’s standard benefit plans include coverage of up to four prophylaxes (teeth cleanings) or periodontal maintenance cleanings per benefit period for people with diabetes who also have periodontal disease. Prophylaxes are covered at the same level as other preventive services. Periodontal maintenance cleanings are covered at the same level as other periodontal services, unless the group contract covers this service at the preventive level. Both services are subject to the annual maximum.

**What’s the health benefit?**
The relationship between diabetes and oral health, specifically periodontal disease, is recognized in the medical and dental communities. Research has confirmed that diabetes worsens periodontal disease, and it strongly suggests that severe periodontal disease increases the severity of diabetes. A number of studies, including one funded by Delta Dental at the University of Michigan and the University of Detroit Mercy, strongly indicate that when people with diabetes receive more frequent professional teeth cleanings, their blood glucose levels are much better controlled.

**Why is this important?**
Diabetes is the sixth leading cause of death in the United States, and it has a total economic cost in medical expenditures and lost productivity estimated at $1.35 trillion per year. Glycemic control has proven to be one of the best ways to prevent complications of diabetes; which can include blindness, kidney failure, heart disease, stroke, nervous system disease, amputations, and pregnancy complications. Our goal in including an enhanced benefit for people with diabetes and periodontal disease is to improve health and lower overall health care costs.

**Will implant coverage increase my group’s costs?**
Both of these services, a three-unit fixed bridge or a single implant, will generally use an enrollee’s entire annual maximum, so his or her choice of treatment should not have much impact on overall costs.

**How long does treatment take?**
Treatment time from placement of the implant to final restoration may take anywhere from three to 12 months. The time frame varies according to each person’s rate of healing. Since the implant placement and the final crown restoration are two separate procedures, they can be performed and billed in two benefit periods.

**Are implants a specialty procedure?**
No. Any licensed dentist can perform the entire procedure. However, a general dentist may refer implant patients to a specialist (usually an oral surgeon or a periodontist) for the implant surgery, with the general dentist placing the final crown or other restoration.

**Do implants work for anyone missing a tooth or teeth?**
No. Not everyone is an ideal candidate for implants. The patient should be in good general and oral health, have adequate bone density in the jaw to support the implant, and be free of periodontal disease. If the proposed implant site must be repaired to improve bone quality and mass or to correct a deformity, Delta Dental will not cover these services. However, we will cover the implant that follows. Use of tobacco products is harmful to oral health, and smoking can adversely affect the success rate of dental implants.
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**Implant coverage for at-risk individuals**

**Diabetes**

**What has changed?**

Delta Dental’s standard benefit plans cover up to four prophylaxes (teeth cleanings) or periodontal maintenance cleanings per benefit period for individuals who are pregnant and have periodontal disease. Prophylaxes are covered at the same level as other preventive services. Periodontal maintenance cleanings are covered at the same level as other periodontal services, unless the group contract covers this service at the preventive level. Both services are subject to the annual maximum.

**What is the health benefit?**

Some studies have shown that women with periodontal disease may be up to 7.5 times more likely to have a pregnancy complication. According to the National Institutes of Health, as many as 18 percent of the 250,000 premature, low birthweight infants born in the United States each year may be attributed to infectious oral disease. In addition, it is known that premature babies are much more likely to have long-term—and costly—health problems than those who are born full term. Research is continuing on the potential linkage between periodontal disease and pregnancy outcomes. In the meantime, a coverage change is being made given the importance of maintaining good oral health during pregnancy.

**Pregnancy**

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Delta Dental’s standard benefit plans cover up to four prophylaxes (teeth cleanings) or periodontal maintenance cleanings per benefit period for women who are pregnant and have periodontal disease. Prophylaxes are covered at the same level as other preventive services. Periodontal maintenance cleanings are covered at the same level as other periodontal services, unless the group contract covers this service at the preventive level. Both services are subject to the annual maximum.

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Some studies have shown that pregnant women—why isn’t Delta Dental? There is no scientific evidence to support it. The credible research studies to date have focused solely on pregnant women who have periodontal disease. We do not believe it is in our customers’ best interest to promote a benefit enhancement that lacks scientific foundation—benefit dollars can be spent more wisely elsewhere.

**Infective endocarditis**

**What has changed?**

Delta Dental’s standard benefit plans cover up to four prophylaxes (teeth cleanings) or periodontal maintenance cleanings per benefit period for individuals with heart conditions that put them at moderate or high risk for infective endocarditis, a potentially deadly heart infection. Prophylaxes are covered at the same level as other preventive services. Periodontal maintenance cleanings are covered at the same level as other periodontal services, unless the group contract covers this service at the preventive level. Both services are subject to the annual maximum.

**What is the health benefit?**

A recent guideline released by the American Heart Association (AHA) indicates that an individual’s overall oral health may be the most important factor in avoiding infective endocarditis. Data compiled by the Delta Dental Research and Data Institute estimates a 20 percent mortality rate from infective endocarditis. And the cost of infective endocarditis, measured in terms of medical bills and employee absenteeism, is estimated at over $100,000 per case. The new benefit was developed to help at-risk individuals better maintain their oral health to reduce bacteria levels in the mouth in an effort to lower their risk for infective endocarditis.
Risk conditions include:
• A history of infective endocarditis
• Certain congenital heart defects (such as having one ventricle instead of the normal two)
• Heart valve defects caused by acquired conditions like rheumatic heart disease
• Hypertrophic cardiomyopathy, which causes abnormal thickening of the heart muscle
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**Other at-risk conditions**

Who else qualifies for enhanced coverage?
Delta Dental is among the first in the industry to add enhanced coverage for:
• People whose immune systems are suppressed because of:
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What coverage will be provided?
People with these conditions are eligible for coverage of four prophylaxes (teeth cleanings) or periodontal maintenance cleanings per benefit period, rather than the typical two. Those who are undergoing head and neck radiation treatment are also eligible for coverage of professionally applied fluoride treatments up to twice per benefit period. The prophylaxes and fluoride are covered at the same level as other preventive services. The periodontal maintenance cleanings are covered at the same level as other preventive services, unless the group contract covers this service at the preventive level. All services are subject to the annual maximum. (Typical coverage of professionally applied topical fluoride is twice per benefit period only for people to age 19.)

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It is well established scientifically that people with serious health conditions like those outlined are at increased risk for infection, generally because their immune system response has been weakened. These individuals may benefit from having their teeth cleaned professionally at more frequent intervals to reduce the build-up of bacteria in the mouth. This can help lower the risk that bacteria will enter the bloodstream, create infection, and further compromise their health.

Head and neck radiation causes some specific oral health problems. According to the National Institute of Dental and Craniofacial Research (NIDCR), prevention of problems in the mouth is critical to obtaining the maximum benefit from cancer treatment, and people are encouraged to see a dentist before beginning treatment. Because a common side effect of head and neck radiation is an increase in cavities, the NIDCR recommends fluoride treatment and the use of prescription-strength fluoride toothpaste by those undergoing this treatment. Prescription-strength toothpaste and mouth rinses are often covered by medical/prescription drug benefit plans.

**Other key points**

How will you determine who is eligible for these benefits?
Delta Dental is communicating this information to the dental profession. We require that the treating dentist provide information on the claim form regarding the patient’s at-risk condition. If our records do not confirm the condition, the dentist will be asked to submit documentation.

Will enhanced benefits for at-risk individuals increase my group’s costs?
The cost of making these changes is minor—less than one percent in total. Since the enhanced services are expected to help at-risk individuals better manage their disease, the net effect should be lower overall health care costs.

How should we inform our employees/members about the new benefits?
Oral health flyers explaining the new benefits are available from Delta Dental on request for you to distribute to employees/members or to use in other internal communications. Also, an overview is posted on our websites for your reference.

What other enhancements are under consideration?
We continually monitor scientific research to determine how best to evolve our dental plans in the best interest of our customers and enrollees. We currently are reviewing the scientific merit of enhanced benefits for people recovering from the placement of a prosthetic hip or knee, for those who have an autoimmune disease, or for those with Sjögren’s Syndrome. Watch for more information from Delta Dental on these important topics in the future.

**Timing is crucial**
It is important to note that the timing of treatment can be critically important for at-risk patients. Dental treatment should be provided at the appropriate time, as determined by the individual’s dentist and physician, based on the specific circumstances of the case.