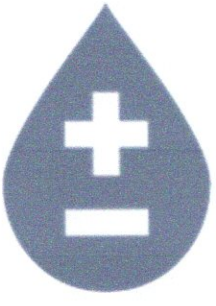
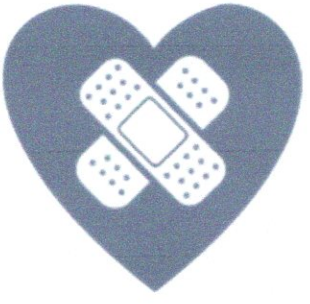
UFCW New England Health Fund

Good Health Starts with a Healthy Mouth

Protecting at-risk member health with extra dental cleanings

Some medical conditions are linked to gum disease. Delta Dental's Integrated Oral Health Option helps members at risk for gum disease better manage their oral health—and help protect their overall health.

The Integrated Oral Health Option offers you up to four dental cleanings and/or periodontal maintenance procedures per benefit period instead of the usual two cleanings per year.

Diabetes	Heart Disease	Pregnancy
		

Am I eligible for extra dental cleanings?

You're eligible if you have been diagnosed by your physician as having any of the following medical conditions:

What do I need to do next?

Ask your physician to complete and sign the Integrated Oral Health Option Qualification form.

290 POST ROAD WEST, P.O. BOX 5160, WESTPORT, CT 06880-9917
TEL (860) 470-8551 * 888-705-1092 * FAX (860) 470-8552 * www.ufcwnewenglandhealthfund.com

DELTA DENTAL

Delta Dental of New Jersey, Inc.
Integrated Oral Health Option - Qualification Form

Oral health is one important factor in managing your overall health. Scientific findings have shown an association between the presence of oral disease and serious chronic medical conditions. While the science is still emerging, there is general agreement that unchecked oral disease can adversely impact overall health.

Your dental plan administered by Delta Dental of New Jersey, Inc. offers the ***Integrated Oral Health Option,*** which enables eligible enrollees who have been diagnosed with certain qualifying conditions to receive up to two additional dental cleanings and/or periodontal maintenance procedures in any combination per benefit period beyond the plan's ordinary limit. The qualifying conditions are:

- Diagnosis of diabetes by a physician

- Diagnosis of cardiovascular disease by a physician

- Women who are or become pregnant during the course of the pregnancy until delivery

This benefit is an option offered to employers. Your employer must have elected this feature for you to qualify. To qualify for the **Integrated Oral Health Option**, your physician must provide proof of one of the qualifying conditions by completing the form below. Once completed, your physician can fax, mail, or email the form to:

Delta Dental of New Jersey, Inc.
P.O. Box 222
Parsippany, NJ 07054

Fax: 973-285-4141 E-mail: Service@DeltaDentalNJ.com

You will be enrolled in the **Integrated Oral Health Option** once your completed form is received by Delta Dental.

Questions? Call Fund Office at 1-888-705-1092.

INTEGRATED ORAL HEALTH OPTION QUALIFICATION FORM

Enrollee Name: _____

Member Name: _____

Member ID Number: _____ Group ID Number: _____

Group Name: _____

Diagnosis Provided (check one):
____Diabetes: Date of Diagnosis: _____
____Cardiovascular Disease: Date of Diagnosis: _____
____Pregnancy: Expected Due Date: _____

Physician Name: _____ Physician License Number: _____

Physician Address: _____

Physician Signature: _____