UFCW New England Health Fund

If you have a history of periodontal disease, the Oral Health Enhancement Option offers extra cleanings each year to help protect your health.

Good Health Starts with a Healthy Mouth

Research shows a possible link between the presence of periodontal (gum) disease and serious chronic medical conditions. Our Oral Health Enhancement Option helps members at risk for gum disease better manage their oral health – and protect their overall health as well.

What the Oral Health Enhancement Option offers you:

- Eligible members who have been previously treated for periodontal (gum) disease will receive up to four dental cleanings and/or periodontal maintenance procedures per benefit period. Most plans limit these treatments to two per year. (Please refer to your benefit summary regarding how many you are eligible for under your plan).
- Managing periodontal disease may help you reduce tooth loss and avoid the pain and expense of tooth replacement

How does the program work?

- Eligible patients must have a claim history or submit evidence of having periodontal surgery or periodontal scaling and root planing.
- Members automatically qualify if they have had periodontal surgery or periodontal scaling and root planing while covered by Delta Dental. For members who have not had Delta Dental in the past, or newly eligible members, proof can be provided in one of three ways:
    - Sending a copy of an explanation of benefits from a prior insurance carrier that shows the most recent date(s) of periodontal surgery or periodontal scaling and root planing.
    - Send a copy of a bill from the treating dentist that clearly shows the more recent date(s) of either periodontal surgery or periodontal scaling and root planing.
    - Having the dentist complete the "Oral Health Enhancement Option Qualification Form" and fax, mail or email the form to Delta Dental of New Jersey.

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DDNJ OHE-B Enroll 6/2009

DELTA DENTAL

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

INDIVIDUALS TREATED FOR PERIODONTAL (GUM) DISEASE

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 *Oral Health Enhancement Option*, which enables eligible enrollees who have been treated for periodontal (gum) disease to receive up to two additional dental cleanings and/or periodontal maintenance procedures in any combination per benefit period beyond your plan's ordinary limit. **This benefit is an option offered to employers. Your employer must have elected this feature for you to qualify**.

To qualify for the *Oral Health Enhancement Option*, you must provide proof of having received periodontal surgery or periodontal scaling & root planing. You can do this in one of three ways:

1) Send a copy of an explanation of benefits from a prior insurance carrier that clearly shows the most recent date(s) that you received either periodontal surgery or periodontal scaling & root planing;
2) Send a copy of a bill from the treating dentist that clearly shows the most recent date(s) that you received either periodontal surgery or periodontal scaling & root planing;
3) Have your dentist complete the form below and fax, mail or e-mail the form to:

Delta Dental of New Jersey, Inc.
P.O. Box 222
Parsippany, New Jersey 07054
Fax: (973) 285-4141 E-Mail: service@deltadentalnj.com

You will be enrolled in the *Oral Health Enhancement Option* once your complete form and documentation is received by Delta Dental of New Jersey. Note: If you receive periodontal surgery or periodontal scaling & root planing after you are covered by Delta Dental of New Jersey, you will be automatically enrolled once your claim for these services has been processed. Questions? Call Customer Service at 1-800-452-9310.

Oral Health Enhancement Option **Enrollment Form**

Enrollee Name: _____

Member Name: _____

Member ID Number: _____ Group ID Number: _____

Group Name:_____

Documentation Provided (check one):

___ Explanation of Benefits from Prior Carrier ___ Bill from Treating Dentist ____ Confirmation from Dentist (completed below)

Dentist Name: _____ Dentist License Number: _____ State:_____

Dentist Signature: _____

Services Received (check all appropriate):

___ Periodontal Surgery If checked provide most recent date service provided: _____

___ Periodontal Scaling & Root Planing If checked, provide most recent date service provided: _____