



Delta Dental of Illinois' Enhanced Benefits Program

Oral health meets overall health.

* Effective July 1, 2009

People Eligible	Treatment	Coverage Level	Frequency per Benefit Year	Applies to Annual Max
All Enrollees	† Oral CDx Brush Biopsy	Same % as the Group Contracted Benefit Level	N/A	YES
Diabetics	Prophylaxis (General Cleaning) and Periodontal Maintenance	Same % as the Group Contracted Benefit Level	4x total	YES
	OR Periodontal Maintenance	Same % as the Group Contracted Benefit Level		YES
Pregnant Women	Prophylaxis (General Cleaning) OR Periodontal Maintenance	Same % as the Group Contracted Benefit Level	3x total	YES
Individuals with Periodontal Disease	Prophylaxis (General Cleaning) and Periodontal Maintenance	Same % as the Group Contracted Benefit Level	4x total	YES
	OR Periodontal Maintenance	Same % as the Group Contracted Benefit Level		YES
	Topical fluoride treatment (no age limits)	Same % as the Group Contracted Benefit Level	Frequency Determined by Group Contract	YES
* Individuals with Kidney Failure/ Undergoing Dialysis	Prophylaxis (General Cleaning) and Periodontal Maintenance	Same % as the Group Contracted Benefit Level	4x total	YES
	OR Periodontal Maintenance	Same % as the Group Contracted Benefit Level		YES

† The OralCDx brush biopsy is standardly covered under oral surgery in Delta Dental of Illinois' plans.

People Eligible	Treatment	Coverage Level	Frequency per Benefit Year	Applies to Annual Max
* Individuals with High-Risk Cardiac Conditions Conditions include: <ul style="list-style-type: none"> • A history of infective endocarditis • Certain congenital heart defects • Individuals with artificial heart valves • Heart valve defects caused by acquired conditions like rheumatic heart disease • Hypertropic cardiomyopathy, which causes abnormal thickening of the heart muscle • Individuals with pulmonary shunts or conduits • Mitral valve prolapse with regurgitation (blood leakage) 	Prophylaxis (General Cleaning) and Periodontal Maintenance	Same % as the Group Contracted Benefit Level		YES
	OR		4x total	
* Individuals with Suppressed Immune Systems Includes: <ul style="list-style-type: none"> • HIV positive • Organ transplant • Stem cell (bone marrow) transplant 	Prophylaxis (General Cleaning) and Periodontal Maintenance	Same % as the Group Contracted Benefit Level		YES
	OR		4x total	
	Periodontal Maintenance	Same % as the Group Contracted Benefit Level		YES
* Cancer Related Chemotherapy and/or Radiation Patients	Topical fluoride treatment (no age limits)	Same % as the Group Contracted Benefit Level	Frequency Determined by Group Contract	YES
	OR		4x total	
	Periodontal Maintenance	Same % as the Group Contracted Benefit Level		YES
* Cancer Related Chemotherapy and/or Radiation Patients	Topical fluoride treatment (no age limits)	Same % as the Group Contracted Benefit Level	Frequency Determined by Group Contract	YES