

Benefits beyond smiles

Enhanced coverage for
enrollees with certain medical
conditions



The health of gums and teeth is part of a bigger picture — overall body wellness. Gum disease is associated with a number of systemic conditions, and people with certain chronic conditions may benefit from additional periodontal (gum) cleanings and maintenance.

That's why Delta Dental's¹ **SmileWay® Wellness Benefits** option offers expanded coverage for those diagnosed with **diabetes, heart disease, HIV/AIDS, rheumatoid arthritis or stroke²**.

How do groups get SmileWay Wellness Benefits?

Talk to your Delta Dental representative to learn how to add Delta Dental's SmileWay Wellness Benefits to a plan!

What does expanded coverage look like?

100% coverage for one periodontal scaling and root planing procedure per quadrant (D4341 or D4342) per calendar year

Four of the following (any combination) per calendar year

- prophylaxis (teeth cleaning) (D1110 or D1120), **covered at 100%**
- periodontal maintenance procedure (D4910), **covered at 100%**

Some smiles need a little more support. SmileWay Wellness Benefits can provide extra coverage for enrollees who need it most.

It's easy for enrollees to opt in!

For groups with this benefit, enrollees simply sign up online at **deltadentalins.com**. After logging in to their Online Services account, they click on the Optional Benefits tab and then select Opt In.

Take a look for yourself

The left screenshot shows the Delta Dental of California website with the 'Optional Benefits' tab selected. It displays a table of enrollees and their status for the SmileWay Wellness Benefits.

Enrollee	Status	Actions
Tammy Burton	Not receiving this benefit	Opt-In
Raymond Burton	Receiving this benefit	Update Opt-Out
James Burton	Not receiving this benefit	

The right screenshot shows the 'Opt-In' process for the SmileWay Wellness Benefits. It includes a list of conditions and a confirmation checkbox.

SMILEWAY® WELLNESS BENEFITS

Selected Enrollee: (NAME)

Mark the selected enrollee's condition. If multiple apply, please indicate only the primary condition:

- ☐ diabetes
- ☐ heart (cardiovascular) disease
- ☐ HIV/AIDS
- ☒ rheumatoid arthritis
- ☐ stroke (cerebrovascular disease)

☐ I certify that the selected enrollee has the condition marked above and thus is eligible for this program. I understand that Delta Dental has the right to confirm this information.

Name of physician:

Phone number of physician:

[Opt-In](#) [Cancel](#)

¹ Our Delta Dental enterprise includes Delta Dental of Pennsylvania, Delta Dental Insurance Company, Delta Dental of California, Delta Dental of New York, Inc. and our affiliated enterprise companies.

² The SmileWay Wellness Benefits option is available for groups with a PPO plan only; specific coverage may vary by plan.