Retirees Group #06173

Effective date: 1/1/2023

## Smile Way 'Your smile. Your health. Your way.

## Support for chronic conditions

Your plan offers additional dental coverage to support your overall health



Chronic conditions and the medications used to treat them can impact your oral health. If you or a covered family member has been diagnosed with a chronic medical condition like diabetes, cancer or rheumatoid arthritis, you may benefit from additional teeth and gum cleanings.

Take advantage of expanded coverage<sup>1</sup> to help safeguard your oral health. To qualify, you or a covered family member must be diagnosed with any of the following:

- Amyotrophic lateral sclerosis (ALS)
- Cancer
- · Chronic kidney disease
- Diabetes
- Heart disease
- HIV/AIDS
- Huntington's disease

- Joint replacement
- Lupus
- Opioid misuse and addiction
- Parkinson's disease
- · Rheumatoid arthritis
- Sjögren's syndrome
- Stroke

## SmileWay® Wellness Benefits

100% coverage	One periodontal scaling and root planing procedure per quadrant (D4341 or D4342) per calendar or contract year <sup>2</sup>
Four of the following (any combination) per calendar or contract year:2	
100% coverage	Prophylaxis (teeth cleaning) (D1110 or D1120)
	Periodontal maintenance procedure (D4910)
	Scaling in presence of moderate or severe gingival inflammation (D4346) <sup>3</sup>

- Please refer to your plan booklet for specific coverage details. Delta Dental PPO™ and Delta Dental Premier® dentists agree to accept their contracted fees as payment in full for covered dental services and not to balance bill you up to their submitted charge. You are responsible for any applicable deductibles, coinsurance, amounts over annual or lifetime maximums and charges for non-covered services. Non-Delta Dental dentists may bill the difference between their usual fee and Delta Dental's maximum contract allowance (a practice known as balance billing).
- <sup>2</sup> SmileWay Wellness Benefits are not subject to the Benefit Year Deductibles or Maximums. The terms and conditions outlined in the Evidence of coverage apply.
- <sup>3</sup> Your plan also provides 100% coverage for prophylaxis for a child (D1120), scaling in presence of moderate or severe gingival inflammation (D4346) periodontal scaling and root planing (D4341 and D4342) and periodontal maintenance (D4910). These procedures are exempt from the benefit year maximum and deductible, and the waiver for diagnostic and preventive services still applies.

In California, Delta Dental PPO™ is underwritten by Delta Dental of California.

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