

Understanding Your Dental Benefits

Your employer selected a plan that includes enhanced benefits for prevention and/or treatment of gum disease—an oral health condition that can have an effect on the overall health of your body.

Smile for Health® Maternity Benefit:

Provides coverage for an additional cleaning and periodontal services for women during their pregnancy. Extra oral care during pregnancy helps prevent pregnancy gingivitis—a mild form of gum disease resulting from changes in the body’s hormone levels.

Smile for Health® Enhanced Dental Benefit:

This benefit provides an additional diagnostic, preventive and periodontal service and increases the amount your plan will pay for these services.

Plan highlights include:

Coverage Level by Class/ General Description*	ADA Code	Procedure Description	Smile for Health® Benefit Details	Linked Medical/ Dental Condition(s)
Class I	D1110	Routine prophylaxis adult	1 additional cleaning during pregnancy	Preterm Births
Increased nonsurgical periodontics payment percentage	D0415	Collection of microorganisms for culture and sensitivity	1 per lifetime	Diabetes Preterm Births Heart Disease
	D0425	Caries susceptibility tests	1 per lifetime	Caries Prevention
	D1206	Topical application of fluoride varnish	2 per 12 months following perio surgery or active periodontal therapy	Caries Prevention
	D4341	Periodontal scaling and root planing—four or more teeth per quadrant	1 per 24 months per area of mouth	Diabetes Preterm Births Heart Disease
	D4342	Periodontal scaling and root planing—one to three teeth per quadrant	1 per 24 months per area of mouth	Diabetes Preterm Births Heart Disease
	D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	1 per lifetime	Diabetes Preterm Births Heart Disease
	D4910	Periodontal maintenance	2 in 12 months	Diabetes Preterm Births Heart Disease
	D7288	Brush biopsy—transepithelial sample collection	1 per lifetime	Oral Cancer
	Class III (or 50% if no Class III coverage is offered)	D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	6 occurrences per 12 months; regardless of tooth number or area of the mouth

*Current Dental Terminology © American Dental Association

*The coverage level listed in the first column determines the amount United Concordia will pay toward the corresponding ADA code/procedure description shown. Please refer to your Schedule of Benefits for the amounts paid by the plan.

Visit UnitedConcordia.com for more information.