

periodontal (gum) disease is plaque, but other factors affect the health of your gums.” Those factors include:

- Your age
- Smoking/tobacco use
- Genetics
- Stress
- Medications
- Clenching or grinding your teeth
- Systemic disease, including cardiovascular disease, diabetes, and rheumatoid arthritis
- Poor nutrition and obesity

Factors Addressed in Your Benefits Plan

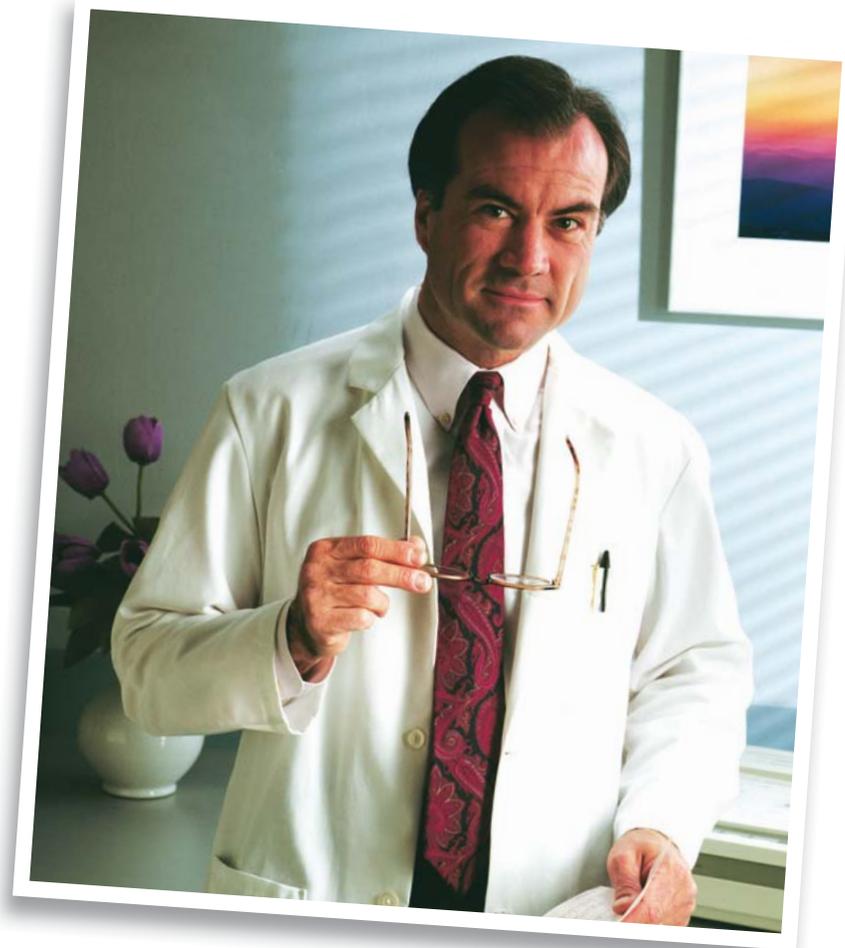
The RightSize Dental plan uses the following risk factors to determine your eligibility for payment for more than one cleaning: diabetes, history of stroke or heart attack, renal failure/dialysis, suppressed immune system, pregnancy, and radiation treatment for head/neck cancer. In addition, the plan may offer payment for additional cleanings to those who test positive to a genetic test they believe indicates you may be at greater risk for developing periodontal disease.

The Appeals Process

Recognizing that there are circumstances where there may not be agreement on your assigned risk status, your dentist may assist you in appealing that decision directly to Delta Dental of Michigan. Because coverage limitations are defined by the plan contract, Delta’s appeal decision will be final.

The Bottom Line

Dental benefits coverage is an aid to employees everywhere, helping them cover the costs for maintaining good oral and overall health. Together with your dentist, you may find that the level of core coverage provided by your plan meets your clinical needs. If not, you may choose to seek coverage for additional cleanings. Because of the limitations to the coverage provided, it is likely that some patients may have to pay more out of pocket in order to obtain the level of preventive care to maintain good oral health.



Important Information About Dental Benefits Coverage and You

Brought to you by your dentist and the Michigan Dental Association

Information about your new dental benefits plan – called RightSize Dental – has been provided directly to you by your employer. Your dentist has also been informed about the plan. This brochure provides information about the impact of the new plan on your dental care.

Your Oral Health is #1

Your oral health is of primary concern to your dentist. Good dental care, including thorough exams and appropriate treatments when necessary, is essential to your general health. As always, your own dentist evaluates you as an individual and makes treatment recommendations based on your personal needs. Together, the dentist and patient make the decision about what care you receive.

Dental Plans in General

Employee dental benefits plans are not really insurance, but a benefit provided by an employer to help employees pay for routine dental care. The employer usually selects a plan based on the benefit provided and the cost per month. Dental benefits plans are not expected to cover all costs of dental care. Dental coverage is not based on what the patients need or what the dentist recommends, but what the employer wishes to pay for.

Your New Dental Benefits Plan

The number of dental exams per year is unchanged (two per year), but your new plan has reduced its core coverage for adults 18 and over from two cleanings per year to one. To qualify for more than one cleaning in a year, you must have one of the medical conditions recognized by your employer, or test positive for a specific gene by submitting to an oral swab genetic test.

Your Treatment Plan

Your dentist will take all the risk factors into account, as well as the results of the clinical examination and your personal history for plaque build-up, and talk with you regarding the number of cleanings recommended for you. This may be one, two, or even more, depending upon your personal circumstances.

Eligibility for Payment for More Cleanings

In order to obtain approval for payment for more than one

cleaning per year, your new plan requires you to complete an “online risk assessment” that utilizes the plan criteria and addresses the genetic risk through a DNA test performed in your dentist’s office. This personal health information is shared with the insurance company in order to determine the level of coverage. It is up to you to decide whether you wish to complete the online risk assessment and DNA test.

The DNA Test

To perform the test, a health care provider uses a swab on the inside of your cheek to gather cells, and sends the sample to the laboratory. Results of the test will be shared with your dental benefits provider as well as your dentist. It remains to be seen who else may have access to the results of your genetic test.

The science of risk assessment and the use of genetic markers to predict disease are still evolving. This is especially true for such a complex disease as chronic periodontitis. According to the American Dental Association, the ability of the genetic test to predict or “diagnose” your risk for periodontal disease has not yet been established. Plus, genetic tests are not regulated in the United States, although the Food and Drug Administration has expressed concern about the ability of a genetic test to predict clinical outcomes. More scientific studies are needed to determine their clinical validity.

Factors Impacting the Number of Cleanings Needed

While two cleanings per year are typically covered by dental benefits plans, the actual number of cleanings patients receive per year varies, and there is no “magic number” that everyone needs. From a clinical perspective, the purpose of cleaning your teeth is to remove the plaque and reduce the likelihood of developing periodontal disease (often called “gum disease.”) Periodontal disease can lead to inflammation, bleeding, receding gums, infection and even tooth loss, so preventing periodontal disease is critical. Of course, patients also appreciate the look and feel of a sparkly clean smile!

The American Academy of Periodontology is the organization of dentists who have advanced education and specialize in periodontal disease. AAP’s website offers information for the public at www.perio.org, and notes that “The main cause of