

Extra benefits when you need them!

Evidence-based dentistry benefit (EBD) is up to four cleanings for those with periodontal disease and the following conditions: diabetes, pregnancy, infective endocarditis, renal failure or undergoing dialysis, or those whose immune systems are suppressed because of chemotherapy/radiation treatment, HIV positive status, organ transplant, or stem cell transplant.

Treatments	Frequency per benefit period
Members with diabetes and periodontal disease	
Prophylaxis	4 times total
Periodontal maintenance cleaning	4 times total
Pregnant woman with periodontal disease	
Prophylaxis	4 times total
Periodontal maintenance cleaning	4 times total
Individuals with renal failure/dialysis	
Prophylaxis	4 times total
Periodontal maintenance cleaning*	4 times total
Individuals with suppressed immune systems	
<ul style="list-style-type: none"> • Chemotherapy/radiation • Organ transplant • HIV positive • Stem cell (bone marrow) transplant 	
Prophylaxis	4 times total
Periodontal maintenance cleaning	4 times total
Head and neck radiation patients	
Prophylaxis	4 times total
Periodontal maintenance cleaning	4 times total
Topical fluoride treatment	2 times total
Individuals at risk for infective endocarditis	
Prophylaxis	4 times total
Periodontal maintenance cleaning	4 times total
Treatment Coverage Level	
Prophylaxis	Same percentage as preventive services
Periodontal maintenance cleaning	Same percentages as other periodontal services*
Topical fluoride treatment	Same percentage as preventive services

*Unless covered by group contract at preventive level
 NOTE: Not all Delta Dental contracts cover these services

Scientific research shows that oral health can have a significant impact on specific medical conditions.

Because of this connection, your Delta Dental coverage may include additional routine teeth cleanings (prophylaxes) or periodontal maintenance cleanings per benefit period (rather than the standard two) for people with certain at-risk conditions.

Be sure to visit your dentist regularly for preventive care that can help keep your whole body healthy.

Diabetes and gum disease

Research confirms that diabetes worsens gum disease, and it strongly suggests that severe gum disease increases the severity of diabetes.¹ Studies strongly indicate that when people with diabetes receive more frequent professional teeth cleanings, their blood glucose levels are much better controlled.^{2,3}



Pregnancy and gum disease

High maternal levels of the bacteria that causes cavities may contribute to low infant birth weight.⁴ Clearly, it is important to maintain good oral health during pregnancy for the health of both the baby and the mother.⁵



Individuals at risk for infective endocarditis

Despite medical advances, there is still a 20 percent mortality rate from infective endocarditis, a potentially deadly heart infection.⁶ The American Heart Association states that good oral health is an important factor in reducing the risk for infective endocarditis.⁷



Other at-risk conditions

People with serious health conditions are often at an increased risk for infection due to weakened immune system response.⁸ Having teeth cleaned professionally more frequently helps lower the risk that bacteria will enter the bloodstream, create infection and further compromise their condition.



Head and neck radiation causes some specific oral health problems. The National Institute of Dental and Craniofacial Research encourages people to see a dentist before beginning cancer treatments.⁹ A common side effect of head and neck radiation is an increase in cavities.

Based on this evidence, enhanced coverage is available for:

- People with renal failure or who are undergoing dialysis
- People whose immune systems are suppressed because of:
 - Chemotherapy and/or radiation treatment
 - HIV positive status
 - Organ transplant
 - Stem cell (bone marrow) transplant



If you have one or more of the conditions listed above, ask your dentist and physician how you can better manage your oral health to prevent infection and improve your condition.

Keep in mind, the timing of your treatment can be critically important. Your dentist and physician can help you make the best treatment decisions at the most appropriate time, based on your health and history.

1. Borgnakke WS, Ylostalo PV, Taylor GW, Genco RJ. Effect of periodontal disease on diabetes: systematic review of epidemiologic observational evidence. *J Clin Periodontol.* 2013;40(suppl 14):S135-S152.
2. Madianos, P. N. & Koromantzos, P. A. (2017). An update of the evidence on the potential impact of periodontal therapy on diabetes outcomes. *Journal of Clinical Periodontology*, <https://doi.org/10.1111/jcpe.12836>.
3. Sanz M, Ceriello A, Buysschaert M, et al. Scientific evidence on the links between periodontal diseases and diabetes: Consensus report and guidelines of the joint workshop on periodontal diseases and diabetes by the International Diabetes Federation and the European Federation of Periodontology. *J Clin Periodontol.* 2017;00:1-12. <https://doi.org/10.1111/jcpe.12808>
4. Li, Y et al., "Mode of Delivery and Other Maternal Factors Influence the Acquisition of Streptococcus Mutans in Infants," *Journal of Dental Research* 84, no. 9 (2005): 806-11.
5. Daalderop LA, Wieland BV, Tomsin K, et al. Periodontal Disease and Pregnancy Outcomes: Overview of Systematic Reviews. *JDR Clin Trans Res.* 2018;3(1):10-27.
6. Cleveland Clinic Center for Continuing Education, "Infective Endocarditis," web.
7. WebMD, "Dental Health and Endocarditis Prevention," web.
8. Healthline, "Immunodeficiency Disorders," web.
9. National Institute of Dental and Craniofacial Research, "Head and Neck Radiation Treatment and Your Mouth," web.