

Northeast Delta Dental

Health *through* Oral Wellness® (HOW®)

Summary of Enhanced Benefits*

Available for Northeast Delta Dental patients whose employer participates in the HOW® program. Patients meeting these criteria may qualify for Enhanced Benefits if they are determined to be at risk for caries and/or periodontal disease based on the results of a PreViser™ risk assessment performed in a dental office. Procedures limited in frequency during a 12-month period may be measured based on a calendar year or on a rolling 12-month period depending on the group policy.

Enhanced benefits are subject to change and are subject to standard policy provisions, including, but not limited to, coinsurance percentages, copayments, and plan maximums. As with all benefits, eligibility confirmation should be obtained via Northeast Delta Dental’s Benefit Lookup site at www.nedelta.com or from customer service at 1-800-832-5700.

Oral Health Condition	Benefits	CDT Codes	Frequency
Caries <div style="border: 1px solid black; padding: 10px; width: fit-content; margin: 10px auto;"> Risk Score 3-5 </div>	Caries Susceptibility Test	D0425	Once per 12 months
	Child Prophy or Adult Prophy or Scaling in the Presence of Gingival Inflammation	D1120/ D1110/D4346	Combination up to 4 per 12 months ³
	Fluoride Varnish or Topical Fluoride	D1206/D1208	Combination up to 4 per 12 months
	Nutritional Counseling or	D1310	Once per 12 months ¹
	Oral Hygiene Instruction	D1330	Once per 12 months ¹
	Sealants	D1351	Once per 3 years ²
Periodontal Disease <div style="border: 1px solid black; padding: 10px; width: fit-content; margin: 10px auto;"> Risk Score 3-5 OR Gum Disease Score 4-100 </div>	Child Prophy or Adult Prophy or Scaling in the Presence of Gingival Inflammation	D1120/ D1110/D4346	Up to 4 per 12 months ³
	Nutritional Counseling or	D1310	Once per 12 months ⁴
	Tobacco Cessation Counseling or	D1320	Once per 12 months ⁴
	Oral Hygiene Instruction	D1330	Once per 12 months ⁴
	Full Mouth Debridement	D4355	Once in a lifetime ³
	Periodontal Maintenance	D4910	Up to 4 per 12 months ³

¹ Either one nutritional counseling or one oral hygiene instruction is covered in a 12-month period.

² Sealants are a covered benefit based on caries risk assessment for unrestored primary molars and for unrestored permanent premolars, molars; one sealant per tooth every three years.

³ Combination of prophylaxis, periodontal maintenance, or full mouth debridement (once in a lifetime benefit) not to exceed four in a 12-month period.

⁴ Either one nutritional counseling, or one oral hygiene instruction, or one tobacco cessation counseling is covered in a 12-month period.

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