

FREQUENTLY ASKED QUESTIONS FOR DENTAL CLAIMS

I went to the dentist, now what?

- For all participants (Active, pre-Medicare retirees, and Medicare primary retirees) , the dentist's office will submit the claim to be processed by the Fund Office based on the instructions on your Health Fund ID card.

What dental benefits do I have?

- Your dental coverage pays \$2,500 per person per calendar year (January thru December).
 - Routine cleanings, exams and x-rays are not applied towards this maximum.
- You are able to visit the dentist of your choice. The Fund is contracted with Anthem's Dental Blue 100/200/300 dental Network. Although the Fund doesn't require you go to an in-network dentist, your \$2,500 could go further, and you could pay less, if services are performed by an in-network dentist.
- The Dental Benefit Includes:
 - Cleanings Two per year, Paid at 90%
 - Exams Two per year, Paid at 90%
 - X-rays (bite wings) Twice per year, Paid at 90%
 - Full Mouth X-ray Once every two years, Paid at 90%
 - Fillings Paid at 80%
 - Crowns Paid at 80%
 - Dentures Paid at 80%
 - Tooth Removal Paid at 80%

What benefit is available for Orthodontics?

- Orthodontics is covered at 80% for dependent children up to the age of 26 years old. For dependent children under the age of 19 years old, there is no lifetime maximum for services. Once the child is 19 years or older, there is a lifetime maximum of \$5,000. *This maximum includes any orthodontic benefits paid before and after the age of 19 years old.*
- ***Please ask the Orthodontic office to submit the signed orthodontic agreement with the first claim.***

Are any dental services covered by the medical benefit?

- Yes, oral surgeries and certain wisdom teeth removal procedures are covered under the medical benefits.
 - For coverage under the medical benefit, the services must be completed by an Anthem medical or dental in-network provider.
 - If the provider is out of network, you can contact the Fund Office requesting to apply coverage for oral surgery procedures under your available \$2,500 dental benefit.
- If you plan on having any major dental work/surgery performed, please have the dentist contact the Fund Office for verification of the benefit available.

**If you have any questions regarding claims,
please contact the Fund Office at 262-549-9190, option 3.**

This document is to be used as reference and is not to be signified as a guaranty of eligibility or benefits. In the event of any conflict, the Summary Plan Description and it's amendments supersede this document. Final determination of benefits will be made based on the submitted claim and/or supporting documentation.