

Operating Engineers Local 139 Health Benefit Fund Dental Benefits Summary Effective March 1, 2022

PPO Dental Provider: Anthem Blue 100/200/300

Electronic claims and pre-determinations: Use Payer ID #84105

Paper claims and pre determinations: Mail to Anthem Dental Claims, PO BOX 659444, San Antonio, TX 78265-9444

****Even if a Pre-D is completed, a claim needs to be submitted after services are complete.****

All claims must be submitted with the full ID number.
Please see patient's insurance card for full ID Number

Procedure	Frequency	Anthem PPO %	Non-PPO %
Exam	Two times per cal yr	95%	90%
Prophy (cleaning)	Two times per cal yr	95%	90%
Bitewing x-rays	Two times per cal yr	95%	90%
Fluoride (adult & children)	Two times per cal yr	95%	90%
Sealants D1351	n/a	95%	90%
Full mouth x-rays	One time every 2 cal yrs.	95%	90%
Periodontal cleaning (4910)	Four times per cal. yr	85%	80%
Periodontal scaling per quadrant		85%	80%
Root Canal		85%	80%
Restorative Fillings or Crowns	(no down grading)	85%	80%
Bridge/Partial/Denture	(Replacement after 5 years)	85%	80%
Dental Implants		85%	80%
Extractions (D7140, D7210)	(simple erupted under dental)	85%	80%

Effective June 1, 2017, The Fund no longer covers the cost of medical services from providers that do not participate in the Anthem PPO Network. Certain ADA Codes may be covered under medical and subject to the medical plan deductible.

Please submit a Pre-Determination for the following procedures. Claims must be submitted to Anthem medical as services are covered under the medical benefits.

- Extractions (D7240, D7230, D7220)
 - Bone grafts (D7950-D7955)
 - Perio Treatment (D4210-D4212, D4245-D4278)
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Orthodontics:

- Dependent children only
 - 80% of contracted amount, paid monthly
 - Under 19, no lifetime maximum
 - Age 19-26, \$5,000 life time maximum. Includes services incurred when dependent was under age 19)
 - Send copy of ortho contract to Operating Engineers Local 139 Health Benefit Fund
PO Box 160, Pewaukee, WI 53072
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Comments:

- Preventive services are not subject to yearly maximums
- No Deductible for any services under the Dental Benefit.
- Preventive Services do not have to be 6 months apart.
- Temporary/Interim work is not covered.
- There is no waiting period.
- No missing tooth exclusion.
- Cosmetic services are not covered.
- Relines/rebases dentures not allowed within 6 months of the initial or more than once in 36-month period.
- There is no coverage for replacement of a lost or stolen appliance or of duplicate appliances.
- Diagnostic/Preventative is not subject to the \$2,500/calendar year maximum/per person.

This breakdown is not a guarantee of benefits. All benefits are based on benefits in effect at the time of service and the participant / dependent's eligibility at the time of service. For verification of eligibility contact the Fund office at 1-800-242-7018.

****** Please allow 21 days prior to checking on claim status ******