

Operating Engineers Local 139 Health Benefit Fund

Dental Benefits Summary Effective 01/01/2026

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

All claims must be submitted with the full 9-digit ID number.

Employer: Operating Engineer Local 139 Fund Group: JWI

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	No Frequency, No Age Limit, No Tooth restriction	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) Crowns replacement every 5 years Crowns paid on seat date	85%	80%
Bridge/Partial/Denture	(Replacement after 5 years)	85%	80%
Dental Implants		85%	80%
Extractions (D7140, D7210)	(simple erupted under dental)	85%	80%

Comments:

- \$2,500 annual maximum on restorative dental care
- 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.

Oral Surgery:

Dental Oral Surgery includes surgical removal of teeth or multiple extractions, removal of impacted teeth, bone or soft tissue grafts, alveolectomy, gingivectomy, apicoectomy, torus palatines, torus mandibulous, frenectomy, excision of cysts, osteoplasty, and stomatoplasty

- 90% in-network - 80% of UCR out-of-network
 - No annual maximum
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Orthodontics:

- Dependent children only
 - 80% of contracted amount, paid monthly
 - Under 19, no lifetime maximum
 - Age 19-26, \$5,000 lifetime maximum. Includes services incurred when dependent was under age 19)
 - Invisalign or similar appliance limited to one course of treatment per lifetime.
 - Send copy of ortho contract to Operating Engineers Local 139 Health Benefit Fund
PO Box 160, Pewaukee, WI 53072
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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 ******