

**Line Construction Benefit Fund “LineCo”**  
**DENTAL BENEFITS SUMMARY**

Mailing Address: 821 Parkview Blvd  
 Lombard, IL 60148



**Electronic Dental Claim Submitter Payor ID#:**  
**LCB01 via Change Healthcare /**  
**WebMD / Emdeon**  
*No electronic attachments accepted*

**Benefit Summary: Dental: Description of benefit does not constitute a guarantee of coverage or payment – all claims are subject to eligibility and Plan limitations at the time services are rendered.**

<p><b>Overview</b></p>	<p>In general, the Plan covers necessary dental expenses at 80% of the usual and customary charges for services rendered, subject to the annual deductible, maximum benefit, the treatment plan required and other specific limitations.</p> <p>The Dental Benefit is available to all active employees and their covered dependents, as well as retirees who have chosen dental and vision coverage and their covered dependents.</p>
<p><b>Dental Network of America</b></p>	<p>Lineco uses a dental preferred provider organization (PPO) called Dental network of America (DNoA). Use of a PPO provider is <i>voluntary</i>. To find a DNoA dentist, go to <a href="http://www.dnoa.com">www.dnoa.com</a>.</p>
<p><b>Treatment Options</b></p>	<p>In general, benefits are limited to the least costly treatment which is generally considered appropriate by the dental profession. The plan may allow an alternate benefit allowance. If you choose more costly treatments, you are responsible for the difference in cost.</p> <p>Treatment in other than office (hospital, surgi-center, etc.) requires pre-approval.</p>
<p><b>Treatment Plan</b></p>	<p>Have your dentist submit a treatment plan and request a pre-treatment estimate prior to beginning work which will total more than \$1,000. This way you will be sure of what the Plan will cover before you receive treatment.</p> <p><i>This is not mandatory, however, an alternate benefit may apply to a treatment plan</i></p>

**\*\* PATIENT MUST BE ELIGIBLE AT TIME OF SERVICE \*\***

(continued)

<b>Dental Deductible (Calendar Year)</b>	\$100 per Covered Person, No Family Deductible
<b>Dental Maximum Benefit (Calendar Year)</b>	\$2,000 per Covered Person – all services apply to max
<b>Dental Maximum Benefit – Patients Age 0 - 20</b>	\$2,000 per Covered Person – Exclusion See Below.

<b>Diagnostic and Preventative Services **Patients Age 0 – 20</b>	<b>No deductible applies, 80% **No deductible or maximum applies, 100%</b>
Routine Dental Exams	2 per calendar year at any time (CDT Codes – 0120, 0145, 0150, 0180 – Shared Frequency)
Prophylaxis	2 per calendar year at any time
Bitewing X-Rays	1 set per calendar year at any time
Fluoride	2 per calendar year at any time – up to age 18
Sealants	Dependent children up to age 15, 6 & 12 yr molars, 5 year replacement rule
Periapical X-Rays	Allowed as necessary
Periodontal maintenance	2 allowed in addition to regular prophy if previous periodontal history (CDT Code – 4346 or 4910)
Full Mouth X-Rays	Allowed every 36 months, including panorex

<b>Restorative Services</b>	<b>Deductible applies, 80%</b>
Root Planning and Scaling	Allowed as necessary, annually per quadrant (CDT Code – 4341)
Full Mouth Debridement	Allowed once per lifetime (CDT Code – 4355)
Arestin	Allowed, deductible and 80% coinsurance applies (CDT Code – 4381)
Posterior Composites	Covered and not downgraded
Crowns, Bridges, Dentures, & Implants	Pre-treatment x-ray may be required along with age and serviceability for replacements. Paid on prep date.
Endodontic & Oral Surgery	Allowed as necessary

<b>Orthodontia No deductible, 80%, \$2,000 Lifetime Maximum</b>
Allowed for dependents <b>ONLY</b> up to age 26, no coverage for employee or spouse. Will allow up to 25% of the total case fee at banding, the balance will be divided by the number of treatment months. Initial claim needs to be mailed including banding date, total case fee, initial fee and number of treatment months. No automatic payments, monthly or quarterly claims must be submitted for continued payment. Benefits not to exceed length of treatment.

<b>Limitations and Exclusions</b>	
Dentures	Paid on impression date
Oral Cancer Screening	Not Covered
Occlusal / Night Guards	Not Covered (CDT Code – 9940)
Nitrous Oxide	Not Covered (CDT Code – 9230)
General Anesthesia / I.V. Sedation in the dentist's office	Children thru age 5 – deductible, 80% Age 6 thru age 12 – deductible, 50% All others require necessity review
Implants and all related services	Send pre-treatment estimate including x-rays and perio charting if necessary
Replacement Rule - Every 5 Years as necessary	crowns, bridges, dentures, inlays, onlays & implants

**No waiting periods**

**No Missing Tooth Clause**

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