



**Line Construction Benefit Fund "LINECO"
Dental Benefits Summary**



Mailing Address:
821 Parkview Blvd
Lombard, IL 60148

Electronic Dental Claim Payor ID#: LCB01
via Change Healthcare/WebMD/Emdeon
No Electronic Attachments Accepted

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

Overview
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.
The dental Benefit is available to all active employees and their covered dependents, as well as retirees, and their covered dependents, who have chosen dental and vision coverage.

Network Options
Lineco uses a dental preferred provider organization (PPO) called Dental Network of America (DNoA). There may also be other active contracts with DNoA's subsidiary networks with Anthem, Careington, Dentemax, Maverest, 4Most, Qualident, and United Concordia. Use of a PPO provider is *voluntary*. Please visit www.dnoa.com for more information.

Treatment Options
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 the patient chooses more costly treatments, they will be responsible for the difference in cost.
**** Dental treatment other than in a dentist's office (hospital, surgical center, etc) requires prior approval. ****

Treatment Plan
It is strongly recommended to a submit a pre-estimate with the proposed treatment plan prior to beginning work which will total more than \$1,000. This way, you will be sure of what the Plan will cover before treatment begins.
This is not mandatory, however, an alternate benefit may apply to a treatment plan.

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

Dental Deductible - Calendar Year	\$100 per person, no family
Dental Maximum - Calendar Year	\$2,000

Diagnostic and Preventive Services	
Children ages 0 through 20	100%, no deductible or calendar year max applies
Adults and children over age 21	80%, no deductible applies
Routine Dental Exam	2 per calendar year at any time CDT codes 0120, 0145, 0150, 0180 - Shared Frequency
Limited Oral Eval	No frequency, allowed as necessary (CDT Code - 0140)
Prophylaxis	2 per calendar year at any time
Bitewing X rays	1 set per calendar year at any time
Fluoride	2 per calendar at any time - up to age 18
Sealants	Dependent children up to age 15 Limitation: 6 & 12 year 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 or Panoramic	Allowed every 36 months

Restorative Services	
Adults and Children - Deductible applies, 80%	
Root Planing and Scaling	Allowed as necessary, annually per quadrant. All quads can be done on the same day. (CDT Code - 4341, 4342)
Full Mouth Debridement	Allowed once per lifetime (CDT Code - 4355)
Arestin	Allowed as necessary (CDT Code - 4381)
Posterior Composites	Covered; not downgraded
Crowns, Bridges, Dentures, Implants	Pre-treatment xrays and / or perio charting may be required * Pre-Estimate suggested * Payable on prep date. Dentures payable on impression date.
Endodontics	Allowed as necessary
Oral surgery	Allowed as necessary. Payable under Dental only

Orthodontia	
No deductible applied, 80%, \$2,000 Orthodontia Lifetime Maximum	
Allowed for dependents ONLY up to age 26; no coverage for the employee or spouse. Lineco will allow up to 25% of the total case fee at bandling. The balance will be divided by the number of treatment months. Initial claim needs to be mailed including the banding date, total case fee, initial fee and number of treatment months. <i>No automatic payments are issued.</i> Please submit monthly or quarterly claims for continued payment. Benefits not to exceed length of treatment. Treatment in progress is covered.	

Limitations and Exclusions	
Oral Cancer Screening	Not Covered
Occlusal / Night Guards	Not Covered (CDT Code 9940)
Nitrous Oxide	Not Covered (CDT Code 9230)
Palliative Services	Covered; treatment allowed same day
General Anesthesia, I.V. Sedation in the dentist's office	Children through age 5 - subject to the deductible, 80% Children age 6 through 12 - subject to deductible, 50% All others require necessity review.
Replacement Rule	Every 5 years as necessary for Crowns, Bridges, Dentures, Inlays, Onlays and Implants. Age and serviceability required. Pre-Estimate strongly suggested

No Waiting Periods

No Missing Tooth Clause

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