

Dental Benefits Summary

Line Construction Benefit Fund



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

Mailing Address: LINECO
821 Parkview Blvd
Lombard, IL 60148

Group Name: LINECO
(No Group Number)

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 diagnostic & preventive dental expenses at 100% of the usual and customary charges. The plan covers restorative services at 80% of the usual and customary charges, subject to the annual deductible, maximum benefit 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 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, services rendered in accordance with accepted standards of dental or orthodontic practice are covered under the Plan. The plan does not cover services/supplies that are cosmetic in nature, replacements of lost or stolen appliances or prosthetic devices, treatment related to TMJ or appliances to control harmful habits. A full list of exclusions can be found in the Summary Plan Description (SPD). ** Dental treatment other than in a dentist's office (hospital, surgical center, etc) requires prior approval. **

Register at LINECO.org for LINECO's secure Provider Portal.

Once registered you can quickly view:

Eligibility

Deductible & Maximums

Claim Status

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

Diagnostic and Preventive Services

Adults & Children: 100% (Deductible and Calendar Year Maximum do not apply)

Routine Dental Exam	2 per calendar year at any time. (D0120, D0145, D0150, D0180 share frequency)
Limited Oral Eval	No frequency, allowed as necessary (D0140)
Prophylaxis	2 per calendar year (any time)
Periodontal maintenance	2 in addition to regular prophy if previous periodontal history (D4346 or D4910)
Fluoride	Children only: up to age 18 , 2 per calendar (any time)
Sealants	Children only: up to age 15, 6 & 12 year molars. 5 year replacement rule
Space Maintainers	Children only: up to age 18
Periapical X rays	Allowed as necessary
Full Mouth X rays or Pano	Allowed every 36 months
Bitewing X rays	1 set calendar year (any time)

Restorative Services (Basic & Major)

Deductible and Calendar Year Maximum applies, 80% (Adults & Children)

Calendar Year Deductible : \$100 per person, no family deductible

Calendar Year Maximum: \$3,000 per person

Root Planing and Scaling	Allowed as necessary, annually per quadrant. (CDT Code - 4341, 4342) All quads can be done on the same day.
Full Mouth Debridement	Allowed once per lifetime. (CDT Code - 4355)
Arestin	Allowed as necessary (CDT Code - 4381)
Posterior Composites	Covered; not downgraded
Endodontics	Allowed as necessary
Oral surgery	Allowed as necessary. Payable under Dental (no coverage under Medical)
Crowns, Bridges, Dentures, Implants	Crowns payable on prep date / Dentures payable on impression date. PreTreatment xrays and/or perio charting may be required. 5 year replacement rule.

Orthodontia

Children up to age 26 only; not covered for the Employee or Spouse.

No Deductible, 80%, \$2,000 Lifetime Maximum.

Up to 25% of the total case fee allowed at banding. Balance is divided by the number of treatment months.

Please mail initial claim with: banding date, total case fee, initial fee and number of treatment months. Submit monthly or quarterly claims for continued payment. Benefits not to exceed length of treatment. Treatment in progress is covered.

Limitations, Exclusions, and FAQ

Palliative Services	Covered; treatment allowed same day
Occlusal / Night Guards	Not Covered (D9940)
Oral Cancer Screening	Not Covered (D0431)
Nitrous Oxide	Not Covered (D9230)
Replacement Rule	Every 5 years as necessary for Crowns, Bridges, Dentures, Inlays, Onlays & Implants. Age and serviceability required.
General Anesthesia, I.V. Sedation (in the dentist's office)	Children through age 5 - Deductible & Calendar Year Maximum, 80% Children age 6 through 12 - Deductible & Calendar Year Maximum, 50% All others require necessity review.
Assignment of Benefits	Assignment of Benefits accepted both in & out-of-network
Coordination of Benefits	Standard
Waiting Periods	No Waiting Periods
Are prior extractions covered?	No Missing Tooth Clause