BREAKDOWN OF OPERATING ENGINEERS LOCAL 139 HEALTH BENEFIT FUND DENTAL BENEFITS EFFECTIVE AS OF JUNE 1, 2013

PLEASE ALLOW 21 DAYS PRIOR TO CHECKING CLAIM STATUS

**Paper claims only to: PO Box 160 Pewaukee, WI 53072*

Procedure	Frequency	Percentage	
Exam	Two times per cal yr	90% of UCR*	*NO DEDUCTIBLE FOR*
Prophy (cleaning)	Two times per cal yr.	90% of UCR*	*ANY SERVICES UNDER THE*
Bitewing x-rays	Two times per cal yr.	90% of UCR*	*DENTAL BENEFIT.*
Fluoride (adult & children)	Two times per cal yr.	90% of UCR*	*PREVENTIVE SERVICES DO NOT*
Sealants D1351/per tooth	Two times per cal yr.	90% of UCR*	*HAVE TO BE 6 MONTHS APART.*
Full mouth X-ray	One time every 2 cal yrs.	90% of UCR*	
Periodontal cleaning (4910)	Two times per cal yr	80% of UCR	
Periodontal scaling per quadrant		80% of UCR	
Root canal		80% of UCR	
Restorative-Crowns/Fillings		80% of UCR	(No down grading)
Bridges/Partials/ Full Dentures	After 5 year period	80% of UCR	
Dental Implants		80% of UCR	
Extractions (simple/erupted under dental) D7140,D7210		80% of UCR	

Extractions (D7240,D7230, D7220)	***Must submit claim to Anthem**** Medical Only***
Bone grafts (D7950-D7955)	***Must submit claim to Anthem**** Medical Only***
Perio Treatment (D4210-D4212, D4245-D4278)	***Must submit claim to Anthem**** Medical Only***
Orthodontics (dependent children only) *Copy of contract is required*	80% of UCR Under 19: No $ limit Age 19-26: $5,000 life time max (*Please note: This maximum includes services incurred when dependent was under age 19*)

*Temporary/Interim work is not covered. *There is no waiting period. *No missing tooth exclusion.

*Cosmetic services are not covered. *There is no age limit on sealants or fluoride.

*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.

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. Any claim submitted to Anthem may be subject to PPO Medical Deductible.

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 time of service. For verification of eligibility contact the Fund office at 1-800-242-7018.