



CENTRAL LABORERS WELFARE FUND -DENTAL BENEFITS
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DENTAL GROUP # SID1246

Eligibility

Calendar Year? **Yes**

Child to age: 26 years if eligibility requirements are met.

Waiting Periods? **No**

Plan Information

Maximum: \$2,500.00 per Calendar Year

Deductible: **No**

Paid at UCR? **Yes**

Preventative/Diagnostic: 80 % Basic: 80 % Major: 80 %

Basic includes: X Restorative X Endo X Perio X Oral Surgery

Major includes: X Crowns X Bridges X Dentures X Partials X Implants

Orthodontic Benefits

Age: NO AGE LIMIT Maximum: \$ 1,500.00 per Lifetime Paid at 50 % includes orthodontic related extractions.

(Please note, additional information may be required to determine eligibility for this coverage.)

(Please note, all Orthodontic Benefits will accumulate toward the Orthodontic Lifetime Maximum of \$1,500.00 as well as the Annual Dental Maximum of \$2,500.00. The Annual Dental Maximum shares both dental and orthodontic services within the calendar year.)

Frequencies

Exams: 1 (every 6 months)

Prophylaxis **OR** Periomaintenance **OR** Full Mouth Debridement: 1 (every 6 months)- shared frequency

FMX or Pano: 1 / 36 mo. -shared frequency

BWX: Covered? **Yes** (Please note, charges are reviewed for medical appropriateness.)

Fluoride to the age of: 19 yrs. 1 (every 6 months)

Sealants: Up to age 17. Payable for one application during a 36-month period-per tooth.

Night guards? **Yes** Paid at 80 % (Please note, the underlying diagnosis for the guard is required.) If for TMJ they would need submitted to Medical Insurance Carrier.

Space Maintainers? Up to age 19 yrs. (Please note, a narrative may be required for review.)

Scaling and Root Planing: Can all quads be on same day? **Yes**

Restorations: Not Limited

Crowns: 1/5 yrs. Bridges: 1/5 yrs. Dentures: 1/5 yrs. Partials: 1/5 yrs. Implants 1/5 yrs.

(Please note, all major services will require the original placement date if the service is a replacement. (This needs to include the month and year of placement, and the reason for replacement.) **Also note, all major services will be reviewed for medical necessity.** Payment will not be made toward a replacement if the appliance could have been made serviceable, if the appliance was lost or if the appliance was stolen. The missing tooth clause also applies. Please refer to the Additional Information section below.)

General Provisions

The Alternate Benefit means that the benefits for certain services will be reduced to the least expensive course of treatment. This is applicable to the materials used in the construction of major appliances, such as crowns, composite materials and other services. This would also apply to a procedure regarding age.

Major Services: **Billed on Prep date**

Missing Tooth Clause? **Yes**

Cosmetic Services

Covered Benefit? **No**

Implants

Covered Benefit? **Yes** (based on missing tooth clause)

Separate Maximum? **No**

Code Specific

D4910 - Considered under the prophylaxis limitation

D0431 - Cancer Screenings are not covered

D4381 - A covered benefit

Please note, specific exclusions do apply to the dental benefits. Those exclusions are not listed on this summary. Prior to receiving services, patients or their parent/guardian are encouraged to reference information related to their dental benefits, which is available to them in their Central Laborers' Welfare Fund Summary Plan Description.

Additional Information

Benefit Calculations: Based on an approved fee and subject to Usual & Customary fee Schedules.

Coordination of Benefits: It is important to check the patient eligibility as well as whether the provider in the practice is covered with the primary plan. If the Provider is out-of-network, it may result in a penalty that could reduce or exclude a benefit payment. All patients who have a primary coverage must obtain services from network providers and follow the primary plan rules to avoid a coordination of benefits penalty. Payment of benefits when coordinating on a claim would be considered as standard and only allow up to what the Fund would consider and pay as primary.

Eligibility Date: Individual and/or Dependent eligibility under the dental benefit plan may differ. In addition, eligibility for plan participants may be subject to change, based on the contributions received or transferred. Therefore, you are encouraged to contact the Fund Office to confirm eligibility before services are rendered.

Missing Tooth Clause: The plan makes benefit payments based on the missing tooth clause, which means that installation of an appliance to replace natural teeth, accidentally injured or diseased and were removed, will only occur if the removal or extraction occurred when the Participant or Dependent was eligible for benefits.

Assignment of Benefits: Yes (If member has paid in full, form should be marked accordingly.)

This Summary of Benefits may contain only highlights of certain features of the Central Laborers' Welfare Fund. Full details are contained in the documents that establish the Plan provisions. If there is a discrepancy between the wording here and the documents that establish the Plan, the document language will govern. The Trustees reserve the right to amend, modify or terminate the Plan at any time.
