

Following breakdown is consistent for all active and eligible MOKAN Members

MO-KAN SHEET METAL WORKER'S WELFARE FUND DENTAL BREAKDOWN

DENTAL MAILING ADDRESS BCBSKC ATTN: DENTAL PO BOX 419169 KANSAS CITY, MO 64141

DENTAL CLAIMS FAX# (816) 278-1950

PAYER ID# 47171 GROUP NUMBER: 85000000

MOKAN SHEETMETAL WORKER'S WELFARE FUND CUSTOMER SERVICE NUMBER (816) 531-0334

Basic information:

Dependents up to their 20th birthday-No calendar year max

Members and dependent children 20 and over-\$1600.00 calendar year max

All basic and major services, including periodontics, endodontics, implants, and oral surgery process at 80% subject to individual \$25.00 deductible

All preventative services process at 100% subject to the calendar year max, unless considered pediatric

Preventative Services

Routine Cleaning and Exams-payable 2 times per calendar year at 100%

Bitewings-Payable 2 times per calendar year at 100%

FMX/Pano/Cone Beam X-Ray-Share frequency, payable 1 time every 36 months at 100%

Periapical-as needed no frequency, payable at 100%

Fluoride-Limited to dependents under the age of 26, payable 2 times per calendar year at 100%

Sealants-Limited to dependents under the age of 26, only payable on the permanent molars that have had no previous restoration, once in a lifetime

Perio:

D0140-Payable at 80% subject to deductible and calendar year max

D4910-either/or code D1110 (cleaning) 2 times per calendar year at 80%

D4341-Payable at 80% 1 time every 36 months (all 4 quads ok)

D4355-Payable at 80% 1 time every 36 months (all 4 quads ok)

D4381- Payable at 80% 1 time every 12 months, Requires the tooth number

D4346- Payable at 80% no frequencies

D9945-Payable at 80% 1 time per calendar year, subject to individual deductible and calendar year max

(CODE MUST INCLUDE SURFACE AREA/QUADRANT)

Oral Surgery:

All Oral Surgery is covered at 80% subject to deductible and calendar year max (includes all exams and x-rays).

Extractions/Impacted Wisdom Teeth-Payable at 80% subject to deductible and calendar year max.

Sedation is only covered for extractions and impacted wisdom teeth, is not covered for any preventative service at 80%.

Nitrous is only covered for restorative services and extractions at 80%.

NO DOWNGRADES

NO MISSING TOOTH CLAUSE

NO WAITING PERIOD

CLAIMS ARE PAID ON PREP DATE NOT SEAT DATE

ALL MAJOR DENTAL HAVE A 5 YEAR REPLACEMENT TIME FRAME

Ortho:

Subject to \$25.00 deductible, payable at 50% up to \$1850.00, No age limit. Adult lifetime max

Pediatric Ortho up to the member's 20th birthday, subject to \$25.00 deductible payable at 50% up to initial \$1850.00 will require a Letter of Medical Necessity, treatment plan and supporting documentation for review of additional payments.

Waived dollar limit on pediatric if medically necessary. Please fax all documents directly to the fund office at (816) 753-7252

Bone Grafts/Tissue Grafts:

Exclusion under the dental benefit. Please file on a medical claim form with valid CPT and ICD 10 to your local BCBS.

***Benefits that are given are subject to the plan's eligibility requirements and all plan exclusions and are subject to change
For any additional specific codes not listed above, please submit a Predetermination.***