



I.B.E.W. Local Union No.
124
Health and Welfare Fund
305 E 103rd Terrace
Kansas City, MO 64114

SUMMARY OF DENTAL BENEFITS



BlueCross BlueShield
of Kansas City

An Independent Licensee of the
Blue Cross and Blue Shield Association

GROUP NAME – IBEW LOCAL #124 / GROUP NUMBER – 85000009
NETWORK/FEE SCHEDULE – BCBS PPO CHOICE / GRID / GRID +
CALENDAR YEAR MAX – IN NETWORK \$2000 / OUT OF NETWORK \$1500
CALENDAR YEAR MAX APPLIES TO PREVENTATIVE & DIAGNOSTIC SERVICES

STANDARD COORDINATION / TIMELY FILING IS 1 YEAR FROM DATE OF SERVICE / PRE-D NOT REQUIRED / RUNS ON CALENDAR YEAR

PREVENTATIVE & DIAGNOSTIC – DEDUCTIBLE - \$0.00

IN NETWORK - 100% OF CONTRACTED RATE / OUT OF NETWORK - 80% OF REASONABLE & CUSTOMARY

D1110 D1120 D4910 D9932 D9933 – 2 PER CALENDAR YEAR

D0210 – 1 EVERY 36 MOS.

D0120 D0140 D0145 D0150 D0160 D0170 D0171 D0180 - 2 PER CALENDAR YEAR (ALL EXAM CODES SHARE A FREQUENCY)

D0270 D0272 D0273 D0274 D0277 - 1 PER CALENDAR YEAR

D0220 D0230 D0330 D0364 D0365 D0366 D0367 D0460 D0801 - NO FREQUENCY / NO DOWNGRADES

D1203 D1204 D1206 - 1 PER CALENDAR YEAR UP TO THE AGE OF 19

D1351 D1352 – 1 PER TOOTH EVERY 5 YEARS UP TO THE AGE OF 19

D1510 1516 1517 – 1 PER TOOTH/QUAD PER LIFETIME UP TO THE AGE 15

D2991

BASIC – NO FREQUENCIES / ALL QUADS SAME DAY / NO HEAL TIME / NO DOWNGRADES DEDUCTIBLE - \$0.00

IN NETWORK - 80% OF CONTRACTED RATE / OUT OF NETWORK - 80% OF REASONABLE & CUSTOMARY

RESTORATIONS – ENDO – PERIO – PALLIATIVE – CONSULTATION – EXTRACTIONS – ORAL SURGERY – SEDATION

D1353 D1354 D2140 D2150 D2160 D2161 D2330 D2331 D2332 D2335 D2391 D2392 D2393 D2394 D2989 D3110 D3120 D3220 D3221

D3222 D3230 D3240 D3310 D3320 D3330 D3331 D3332 D3346 D3347 D3348 D3428 D3429 D3430 D3432 D4210 D4241 D4260 D4261

D4263 D4264 D4265 D4266 D4277 D4278 D4283 D4341 D4342 D4346 D4355 D4381 D4921 D7310 D7311 D7320 D7321 D7111 D7140

D7210 D7220 D7230 D7240 D7241 D7250 D7251 D7280 D7953 D7956 D7960 D7961 D7962 D9110 D9120 D9210 D9219 D9222 D9223

D9230 D9248 D9310 D9612 D9910 D9911

OCCLUSAL GUARDS (D9944 D9945 D9946 D9947) – 1 EVERY 3 YEARS NO COVERAGE FOR TMJ

MAJOR – 5 YEAR REPLACEMENT / NO DOWNGRADES / NO MISSING TOOTH CLAUSE DEDUCTIBLE - \$0.00

IN NETWORK - 50% OF CONTRACTED RATE / OUT OF NETWORK - 50% OF REASONABLE & CUSTOMARY

CROWNS – BUILD-UPS - DENTURES – BRIDGES – PARTIALS – INLAYS – ONLAYS

D0470 D2390 D2510 D2520 D2530 D2542 D2543 D2544 D2610 D2620 D2630 D2642 D2643 D2644 D2650 D2651 D2652 D2662 D2663

D2664 D2710 D2712 D2720 D2721 D2722 D2740 D2750 D2751 D2752 D2753 D2780 D2871 D2782 D2783 D2790 D2791 D2792 D2794

D2799 D2910 D2915 D2920 D2928 D2929 D2930 D2931 D2932 D2933 D2934 D2940 D2950 D2951 D2952 D2954 D2990 D5110 D5120

D5130 D5140 D5211 D5212 D5213 D5214 D5221 D5222 D5223 D5224 D5225 D5226 D5282 D5283 D5284 D5286 D5410 D5411 D5421

D5422 D5511 D5512 D5520 D5650 D5710 D5711 D5720 D5721 D5730 D5731 D5740 D5741 D5750 D5751 D5760 D5761 D5850 D5851

D5862 D6052 D6055 D6056 D6057 D6058 D6059 D6060 D6061 D6062 D6063 D6064 D6065 D6066 D6067 D6068 D6069 D6070 D6071

D6072 D6073 D6074 D6075 D6076 D6077 D6082 D6083 D6084 D6085 D6086 D6087 D6088 D6094 D6097 D6098 D6110 D6111 D6112

D6113 D6114 D6115 D6116 D6117 D6118 D6119 D6210 D6211 D6212 D6214 D6240 D6241 D6242 D6243 D6245 D6250 D6251 D6252

D7953

IMPLANTS – 5 YEAR REPLACEMENT / NO DOWNGRADES / NO MISSING TOOTH CLAUSE \$4000 LIFETIME MAX

IN NETWORK - 80% OF CONTRACTED RATE / OUT OF NETWORK - 80% OF REASONABLE & CUSTOMARY

IMPLANTS - D6010 D6011 D6012 D6013 D6040 D6050

SUBJECT TO MAJOR MEDICAL DEDUCTIBLE

ORTHO – NO WAITING PERIOD / NO AGE LIMIT / WORK IN PROGRESS IS COVERED

50% UP TO \$2500 LIFETIME MAX – PROVIDER MUST BILL MONTHLY OR QUARTERLY / NO AUTO PAY

PLEASE CALL THE BENEFITS OFFICE TO VERIFY COVERAGE IF THE CODE IS NOT LISTED

**CLAIMS ADDRESS: BLUE CROSS & BLUE SHIELD OF KC
PO BOX 419169
KANSAS CITY, MO 64141-6169**

**PAYOR ID: 47171
(LOCAL PROVIDERS ONLY)**