East Bay Drayage Drivers Security Fund

Send claims to:
Anthem Blue Cross
PO Box 659444
San Antonio, TX 78265

Claims and Eligibility Questions Call:
Phone: 1-855-263-7242
Group #: 2785120001
Payer ID: 84105

Anthem Blue Cross PPO/Self-Funded Dental Plan

Pre-Determination (Expires after 180 days)	Suggested for treatment plans over $300 and other services as shown below with *
Deductible	No Annual Deductible
Annual Maximum	No Annual Maximum
Diagnostic & Preventive/Basic/Major	90% of PPO (in-network) 90% of UCR (out of network)
Orthodontics	70% of UCR up to $3,000 lifetime maximum (diagnostic services & extractions are covered under the regular plan, not under orthodontics)
Missing Tooth Clause or Waiting Period	No
Fee Schedule	Dental Blue Complete
Coordination of Benefits	Standard
Prophylaxis/Periodontal Maintenance	Limited to 2 per 12 month period
Exam	Limited to 2 per 12 month period (D0140 excluded from frequency limits)
FMX (Full Mouth X-Ray)	Limited to one set every 5 years (unless special need is shown)
Panoramic X-Ray	Combined frequency with FMX
BWX (Bitewing X-Ray)	Adults 18 & older: 1 in 12 month period Children through age 17: 2 in 12 month period
Periapical (PA) X-Ray	Covered if necessary to complete procedure
Flouride	2 in 12 month period for children through age 17
Sealants	Covered for children under age 14, posterior teeth only, every 3 years
Space Maintainers	Covered
Root Planing/Deep Cleaning/Scaling (SRP)	Limited to 4 quadrants during any 12 month period (need perio chart if all quadrants done on same day)
Crown/Bridge	Once every 5 years per tooth (Seat date billing). If posterior, alternate benefits given
Fillings/Composites	Once every 3 years per tooth. If posterior, alternate benefits given
Tooth Extractions	Covered
Dentures	Full set (maxillary and mandibular) once every 5 years
Relines*	Allowed following healing period of immediate denture or 6 months following placement of denture, and once every 12 months thereafter
Stayplates*	Allowed during healing period of upper/lower arch anterior tooth extraction, as an anterior space maintainer for children, or temporary alternate to a permanent denture in the presence of periodontal disease which would be evaluated by the dental consultant*
Occlusal Guard/Night Guard	Not covered
Bone Grafts	Not covered
Implants	Not covered. If done in conjunction with a covered Prosthodontic appliance the plan will pay benefits for standard denture or partial
TMJ (Temporomandibular Joint)	Not covered
General Anesthetic	Covered for oral surgery procedures
Nitrous Oxide/IV Sedation	Nitrous not covered. IV not covered for children under age 14

*This is a general breakdown of benefits and not a guarantee of payment. Payment is based on eligibility on the date of service and on the guidelines outlined in the Summary Plan Description (SPD). **We suggest submitting a pre-determination if there is *any question* as to what is going to be covered.**