Fidelio DENTAL INSURANCE

Heavy & Highway

Health and Welfare Fund (S50-1)
Dental Plan Summary
Silver I Plan
Group #(HHSIL1)

Coverages	In-Network Participating Dentist		Out-of-Network Non-Participating Dentist	
Plan Benefit Year: **January 1 to December 31**	***Dentist Accepts Fidelio UCR Fee Schedule*** *(Reduced Fees)* *Dentist has agreed to accept Fidelio's UCR as payment in full.*		***Patient is subject to Balance Billing*** *(*Balance Billing is the difference between the provider charge and Fidelio UCR.)* *Dentist DOES NOT accept Fidelio's UCR Fee Schedule*	
Annual Maximum **Maximum dollar amount paid by insurance in a benefit year.**	$1,500 per eligible individual, up to $5,000 family maximum. Any eligible individual under the age of 19 will have no annual maximum; however, benefits paid exceeding $1,500 have a 20% patient responsibility and are still subject to standard plan rules.		$1,500 per eligible individual, up to $5,000 family maximum. Any eligible individual under the age of 19 will have no annual maximum; however, benefits paid exceeding $1,500 have a 20% patient responsibility and are still subject to standard plan rules.	
Predetermination **Required for proposed treatment plans over $300 before services are performed.** **(not a guarantee of coverage)**	Explanation of Benefits will be mailed to both provider and patient. All pre-treatment plans will clearly define benefits to be paid by Fidelio and patient responsibility. *(Emergency visits do not require Predetermination)*		Explanation of Benefits will be mailed to both provider and patient. All pre-treatment plans will clearly define benefits to be paid by Fidelio and patient responsibility. *(Emergency visits do not require Predetermination)*	
Deductible **The amount required to pay for services before insurance coverage begins.**	$50 Individual/ $150 Family (Deductible is applied to all services except for Preventative, Diagnostic, and Basic Restorative.)		$50 Individual/ $150 Family (Deductible is applied to all services except for Preventative, Diagnostic, and Basic Restorative.)	
% of Fidelio UCR Paid By	**Fidelio**	**Patient**	**Fidelio**	**Patient**
Preventive / Diagnostic **(Cleaning, Exam)**	100% of UCR	0% of UCR	100% of UCR; Patient is responsible for balance billing.	* Balance Billing
Basic Restorative Services **(Fillings)**	100% of UCR	0% of UCR	100% of UCR; Patient is responsible for balance billing.	* Balance Billing
Major Restorations **(Dentures, Crowns, Bridges)**	80% of UCR	20% of UCR	100% of UCR; Patient is responsible for balance billing.	* Balance Billing
Endodontics **(Root Canal Therapy)**	100% of UCR	0% of UCR	100% of UCR; Patient is responsible for balance billing.	* Balance Billing
Oral Surgery **(Extractions, etc.)**	100% of UCR	0% of UCR	100% of UCR; Patient is responsible for balance billing.	* Balance Billing
Periodontics **(Treatment of Gum Disorders)**	100% of UCR	0% of UCR	100% of UCR; Patient is responsible for balance billing.	* Balance Billing
**** Orthodontics - Adolescent (under age 19)** **(Straightening of Teeth)** **(Based on 24 Month Treatment)**	Fidelio pays up to $3,200 Lifetime Ortho Maximum per eligible adolescent when medically necessary. (Ortho benefits do not come from Individual Annual Maximum.)		Fidelio pays up to $2,500 Lifetime Ortho Maximum per eligible adolescent when medically necessary. (Ortho benefits do not come from Individual Annual Maximum.)	
**** Orthodontics - Adult (age 19 and over)** **(Straightening of Teeth)** **(Based on 24 Month Treatment)**	Fidelio pays up to $2,400 per eligible adult from Individual Annual Maximum and patient is responsible for the remaining balance.		Fidelio pays up to $2,400 per eligible adult from Individual Annual Maximum and patient is responsible for the difference between provider charge and the Fidelio payment.	

***** Invisalign is not a covered benefit.***

4/3/2023