Fidelio DENTAL INSURANCE

Heavy & Highway

Health and Welfare Fund (S50-2)
Dental Plan Summary
Silver II Plan
Group #(HHSIL2)

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.**	No Plan Maximum -- Plan Coverage limited to one (1) exam of any type and one (1) cleaning per eligible individual payable per six (6) months.	No Benefits if Dentist is Out-Of-Network.
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.**	No Deductible	No Benefits if Dentist is Out-Of-Network.

% of Fidelio UCR Paid By	Fidelio	Patient	Fidelio	Patient
Preventive / Diagnostic **(Cleaning, Exam)**	100% of UCR	0% of UCR	No Benefits if Dentist is Out-Of-Network.	* Balance Billing
Basic Restorative Services **(Fillings)**	Patient is responsible for total UCR.	Submit Predeterminaton	No Benefits if Dentist is Out-Of-Network.	* Balance Billing
Major Restorations **(Dentures, Crowns, Bridges)**	Patient is responsible for total UCR.	Submit Predetermination	No Benefits if Dentist is Out-Of-Network.	* Balance Billing
Endodontics **(Root Canal Therapy)**	Patient is responsible for total UCR.	Submit Predeterminaton	No Benefits if Dentist is Out-Of-Network.	* Balance Billing
Oral Surgery **(Extractions, etc.)**	Patient is responsible for total UCR.	Submit Predeterminaton	No Benefits if Dentist is Out-Of-Network.	* Balance Billing
Periodontics **(Treatment of Gum Disorders)**	Patient is responsible for total UCR.	Submit Predeterminaton	No Benefits if Dentist is Out-Of-Network.	* Balance Billing
**** Orthodontics - Adolescent (under age 19)** **(Straightening of Teeth)** **(Based on 24 Month Treatment)**	Patient is responsible for total UCR.		No Benefits if Dentist is Out-Of-Network.	
**** Orthodontics - Adult (age 19 and over)** **(Straightening of Teeth)** **(Based on 24 Month Treatment)**	Patient is responsible for total UCR.		No Benefits if Dentist is Out-Of-Network.	

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

4/3/2023