

Building & Construction
Health and Welfare Fund (B10)
Dental Plan Summary
Bronze Plan
Group #(BCBRON)

<u>Coverages</u>	<u>In-Network</u> Participating Dentist		<u>Out-of-Network</u> Non-Participating Dentist	
Plan Benefit Year: January 1 to December 31	<i>Dentist Accepts Fidelio UCR Fee Schedule</i> <i>(Reduced Fees)</i> <i>Dentist has agreed to accept Fidelio's UCR as payment in full.</i>		<i>Patient is subject to Balance Billing</i> <i>(*Balance Billing is the difference between the provider charge and Fidelio UCR.)</i> <i>Dentist DOES NOT accept Fidelio's UCR Fee Schedule</i>	
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. <i>(Emergency visits do not require Predetermination)</i>		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. <i>(Emergency visits do not require Predetermination)</i>	
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 Predetermination	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 Predetermination	No Benefits if Dentist is Out-Of-Network.	* Balance Billing
Oral Surgery (Extractions, etc.)	Patient is responsible for total UCR.	Submit Predetermination	No Benefits if Dentist is Out-Of-Network.	* Balance Billing
Periodontics (Treatment of Gum Disorders)	Patient is responsible for total UCR.	Submit Predetermination	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.**