

Building & Construction
Health and Welfare Fund (S10-1)
Dental Plan Summary
Silver I Plan
Group #(BCSIL1)

<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.	\$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. <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.	\$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	80% 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.**