



REIMBURSEMENT OF **OUT-OF-NETWORK IMPLANTOLOGY**

(Documentation for employees of construction companies and families)



DOCUMENTATION

To initiate the reimbursement procedure for out-of-network implantology services, the member or dependent family member of the beneficiary must present the following forms to the Construction Fund/EdilCassa:

- [REIMBURSEMENT REQUEST FORM](#)
- [CLINICAL DIARY*](#)
- COPY OF PRE- AND POST-IMPLANT X-RAY AND RELATED REPORTS
- COPY OF INVOICE (itemised) **
- COPY OF AN ID DOCUMENT

Only obligatory when the request is submitted by e-mail.

LIMITS

The **out-of-network** mode in the implantology guarantee provides for a sub-limit equal to 80% of the rates provided for the in-network mode:

BASIC plan		PLUS plan	
Out-of-network sub-limit	In-network limit	Out-of-network sub-limit	In-network limit
Three or more implants € 1.345	Three or more implants € 1.680	Three or more implants € 2.400	Three or more implants € 2.800
Two implants € 840	Two implants € 1.050	Two implants € 1.400	Two implants € 1.750
One implant € 420	One implant € 525	One implant € 730	One implant € 910

* The CLINICAL DIARY, duly completed by your dentist, must indicate the services performed, the relative amount and the date of execution of each service.

** The "itemised invoice", i.e. with an analytical indication of the items of expenditure incurred and coinciding with those referred to in the clinical diary.



How to submit reimbursement requests

To request reimbursement for out-of-network implantology services, the member or the fiscally dependent family member can use the following channels:

A **Digital Portal portale.fondosanedil.it**

Once registered in the Reserved Area of the Fund's digital portal, the member, or his/her family member, may request reimbursement of the cost of out-of-network implants, which will be processed by an operator of the Cassa.

B **Construction Fund/EdilCassa counter**

Presentation at the counter of the Construction Fund/EdilCassa to which the worker is registered or, if not registered, to the Construction Fund/EdilCassa to which his place of work refers. Before going to the counter, we recommend that you fill in the refund request form and arrive already equipped with the documentation to be attached.

C **Person delegated (facilitator)**

The provisions of the previous letter A may be done through a facilitator (with the exception of the services required for the members' family members).

D **E-mail or registered mail**

Forward the documentation to the Construction Fund/EdilCassa to which the worker is registered by e-mail or registered mail with return receipt; for the employee, refer to the Construction Fund/EdilCassa of the Province in which the company where he is hired is based.

IMPORTANT POINTS

A Within the limits set by the Health Plans, the member who will receive the reimbursement of the services provided and promptly indicated in the Clinical Diary must be **covered by insurance** on the date of each service reported herein.

B Implantology claims started before **01/05/2022, even if they are concluded after 01/05/2022**, cannot be refunded.