



DENTAL CARE BENEFITS

**Sun Life
Plan #100602**

INTRODUCTION

The Dental Plan provides assistance in meeting the cost of proper dental care. Not all dental services are covered and certain maximums apply. If you are unsure of the dental procedures covered under the plan, and to what extent, you should contact Human Resources before beginning treatment.

PAYMENT OF BENEFITS

The Dental plan pays 100% of eligible Basic Services, 50% of Major Services and 50% of Orthodontic Services.

MAXIMUM BENEFIT

The calendar year combined maximum benefit for Basic Services and Major Services under this plan is \$1,500 per person. The calendar year maximum for Orthodontic Services is \$1,000 per person, with a lifetime maximum for Orthodontic Services of \$2,000 per person.

TREATMENT PLAN

In order for you and your dentist to learn in advance how much the insurance company will pay and how much you will have to pay, it is recommended that a Treatment Plan be filed with the insurer when the total cost of the proposed dental work is expected to exceed \$500. This Treatment Plan identifies coverage and limitations for specific services. It also clarifies insurance percentages, specific limits and the Dental Fee Guide allowance, before dental treatment commences. The Treatment Plan is not intended to limit you in your choice of dentist; to tell you or your dentist what treatment should be performed; or to tell the dentist what fee to charge, nor to guarantee reimbursement after coverage ceases.

A Treatment Plan is a plan of dental treatment (including x-rays if required) showing the patient's dental needs, a written description of the proposed treatment necessary in the professional judgement of the dentist, and the cost of the proposed treatment.

ELIGIBLE EXPENSES

Eligible expenses are those which are recommended as necessary by a physician or dentist, and are not in excess of the suggested fee for General Practitioners in the current Dental Fee Guide or the minimum fee specified in the current Denturist Fee Guide used in the Province of Alberta.

Dental treatments are considered eligible if performed by a dentist or denturist who practices within the scope of his license.

There are several dental procedures which are covered by Provincial Health Plans up to certain maximums. If the dentist or dental surgeon chooses to charge more than the amount payable by the Provincial Plan, legislation in some provinces does not permit the excess charges to be eligible under this Plan.

Situations may arise where alternate methods of treatment may be available. It is solely up to you and your dentist to decide which method will be used. As the basis for determining its liability, the insurer reserves the right to use the least expensive method of treatment that will provide a professionally adequate result.

Only those treatments listed are eligible.

Basic Services

Diagnostic Services

- initial examination, or new patient, once every 24 months
- recall or specific examinations, once every nine months for adults (over 18 years of age) and twice per calendar year for dependent children (18 years of age and under)
- emergency examination
- sinus examination
- bitewing films, once every nine months for adults (over 18 years of age) and twice per calendar year for dependent children (18 years of age and under)
- full mouth series of films excluding interpretation, once every 24 months
- panoramic films, once every 24 months
- periapical, occlusal, intra-oral and extra-oral films
- consultation required by the attending dentist, twice per calendar year
- pulp vitality tests
- diagnostic laboratory procedures
- sialography

Preventive Services

- prophylaxis (light cleaning and polishing of teeth), once every nine months for adults (over 18 years of age) and twice per calendar year for dependent children (18 years of age and under)
- topical fluoride treatment or supervised fluoride brush-in, but excluding home application of fluoride, once every nine months for adults (over 18 years of age) and twice per calendar year for dependent children (18 years of age and under)
- initial oral hygiene instruction, once every 24 months
- recall oral hygiene instruction, once every nine months for adults (over 18 years of age) and twice per calendar year for dependent children (18 years of age and under)
- sedative dressing for the relief of dental pain
- caries susceptibility
- for dependent children under 16 years of age in respect of deciduous teeth only:
 - a) passive space maintainers for missing teeth, which are deemed to be preventive in nature
 - b) pit and fissure sealants at the rate of one application only, per tooth
 - c) interproximal discing

Restorative Services

- amalgam, silicate, acrylic, composite resin, and glass ionomer restorations, including finishing of restorations
- retentive pins
- posterior composites and acid etch restorations
- pre-formed stainless steel or polycarbonate crowns

Endodontic Services

- treatment of the diseases of the dental pulp (including root canal therapy)

Periodontal Services

- treatment of the tissues and bones supporting the teeth including surgery, provisional splinting, occlusal equilibration (not exceeding 8 units of time per calendar year) and periodontal scaling/root planing (not exceeding 12 units of time per calendar year).

However, procedures for guided tissue regeneration are considered eligible only if performed in conjunction with the following periodontal surgical procedures: Flap approach or Osseous grafts - autographs or allografts, provided natural teeth are involved.

Prosthetic Services

- denture adjustments and denture repairs, twice per calendar year
- relining or rebasing of dentures, once every 24 months
- retentive pins

Surgical Services

- anaesthesia associated with oral surgical procedures, excluding acupuncture, hypnosis, and dental psychotherapy
- single tooth or residual root extractions erupted or unerupted
- multiple tooth extractions preparatory to the installation of dentures subject to the TREATMENT PLAN provision
- excision of carious lesions, tumours, cysts or abscesses
- oral surgery or treatment in connection with the removal of malignant tumours
- incision and drainage
- osteoplasty
- alveoplasty, removal of neoplasms and enucleation of teeth
- stomatoplasty, frenectomy and sialolithotomy
- removal of root from maxillary sinus

Major Services

Diagnostic Services

- examination, diagnosis, consultation with another Dentist or Physician, study models and duplicate films if such are requested by the insurer for a TREATMENT PLAN

Restorative Services

- inlays, onlays and crowns cast or formed from stainless steel, porcelain or acrylic material
- inlays, onlays and crowns of cast gold or gold foil where such restoration is performed on a tooth or teeth posterior to the second bicuspid

Prosthetic Services

- construction and initial installation of:
 - a) partial or complete dentures, excluding transitional dentures and over-dentures, to replace at least one natural tooth
 - b) fixed bridgework including inlays, onlays and crowns to form abutments to replace at least one natural tooth
- replacement of an existing prosthodontic appliance if the existing appliance is at least 5 years old and cannot be restored to normal function.
- once during any 24 consecutive month period, extension of or addition of teeth to an existing prosthodontic appliance where the alteration is required to replace at least one natural tooth
- conditioning of tissue and equilibration in connection with denture repair provided a period of at least 24 months has elapsed since the last such service was rendered
- recementation and repair of existing crowns, inlays and fixed bridgework

Surgical Services

- excision of hyperplastic tissue

Orthodontic Services

- correction of malocclusion caused by dental irregularity and in respect of the following orthodontic treatment, services and appliances, excluding cleft palate therapy:
 - a) examination and consultation for purposes of determining the course of orthodontic treatment, including diagnostic laboratory procedures, x-rays and study models
 - b) interceptive, corrective or preventative orthodontic procedures and appliances
 - c) surgical extractions and exposure of teeth for orthodontic treatment, including anaesthesia and post-surgical treatment
 - d) fixed appliances including diagnostic procedures, formal full-banded treatment, retention and headgear
 - e) habit breaking appliances, including diagnostic procedures, therapy and retention

EXPENSES NOT COVERED

No payment will be made for expenses resulting from:

1. Self-inflicted injuries or illness while sane or insane.
2. Any injury or illness for which the insured person is entitled to indemnity or compensation under any workers' compensation act.
3. Charges levied by a physician or dentist for time spent travelling, broken appointments, transportation costs, room rental charges or for advice given by telephone or other means of telecommunication.
4. Cosmetic surgery or treatment (when so classified by the insurance company) unless such surgery or treatment is for accidental injuries and commenced within 90 days of an accident.
5. Injury resulting directly or indirectly from insurrection, war, service in the armed forces of any country or participation in a riot.
6. Services, treatments or supplies, eligible under this Plan and payable under any government plan, whether or not the claimant is covered under such a plan. The insurer will only consider that amount of an eligible expense which is over and above the amount that would be payable by the government plan.
7. Examinations required for the use of a third party.
8. Dental treatment received from a dental or medical department maintained by an employer, an association, or a labour union.
9. The replacement of an existing dental appliance which has been lost, mislaid or stolen.
10. Dental services and supplies rendered for full-mouth reconstruction, for a vertical dimension correction, or for a correction to temporomandibular joint dysfunction.

EXTENSION OF BENEFITS

In most cases no Dental benefits are payable for expenses incurred after the date your insurance terminates, even if a Treatment Plan has been filed and benefits have been determined by the insurance company prior to the date your insurance terminates. However, benefits are payable under the following circumstances:

1. Where an impression for denture, bridge, crown, inlay or onlay had been taken prior to the date your insurance terminated and the appliance is installed after the insurance terminates, Dental expenses in connection with this procedure, and incurred within 30 days after the termination of insurance, are eligible.
2. If your insurance terminates due to your death, dental expenses incurred on behalf of your dependents will be eligible for payment as outlined under the Dependent Coverage Extension Section below.

DEPENDENT COVERAGE EXTENSION

Dependent coverage for Dental will extend for a maximum of 24 months after your death, without payment of premiums. Coverage will cease on the remarriage of your spouse.