

# Voluntary Dental Plan

## Introduction

This information has been prepared to give you an informal summary of the main features of your dental care plan. This is not an insurance policy, and does not grant or confer any contractual rights. All rights under this program shall be governed by the provisions of the master policy and by applicable law.

## Plan Coverage

All eligible regular staff may elect on an optional basis to join the plan. The cost of coverage is shared equally between the employee and the University.

The University of King's College Dental Insurance Plan provides coverage for both basic and major restorative dental treatments. Medavie Blue Cross administers the plan and will determine the amount of benefit to which a participant is entitled, and issue any payment associated with all claims.

## Eligibility

The employee and his/her spouse and each unmarried dependent child under age 21 or under 25 if a full-time student or mentally or physically disabled may be insured for the basic and major restorative benefits. A dependent child includes a step-child, adopted child or foster child and any child of an unmarried minor dependent of an employee. A dependent child is defined as one who is chiefly dependent upon the employee for support and maintenance, and for whom the employee is entitled to an exemption for income tax purposes.

## Amount of Benefit

The plan provides a wide range of necessary dental treatments. Your benefit for covered expenses will consist of 100% reimbursement (no deductible) on basic expenses (preventative and minor restorative), 90% reimbursement for endodontic and periodontic services and 70% reimbursement for major restorative treatment (crowns, bridgework, dentures). The plan covers all eligible dental expenses up to the amount prescribed in the 2005 Nova Scotia Dental Schedule of Fees and any subsequent schedules which may be approved from time to time for the operation of the University plan. There is an annual maximum of \$1,000 per participant for major treatment.

To be considered as a "covered expense", your treatment must be determined as "necessarily rendered". The charge for a particular service must be reasonable and customary for the service provided in the area where the expense is incurred, and will be limited to the applicable maximum fee level of your province of residence.

The plan covers necessary dental treatment by a dentist, physician or other qualified personnel under the direct supervision of the dental or medical profession (i.e., dental assistants and dental hygienists) and will also cover services rendered by specialists, dental mechanics, denturologists, denturists, denture therapists, etc., where permitted by law to deal directly with the public.

## Treatment Plan

Before your dentist starts a course of treatment, (s)he will, upon request, prepare a "treatment plan" - a written report describing (her)his recommendations as to necessary treatment and cost.

You are requested to submit a "treatment plan" to Medavie Blue Cross before treatment commences for any basic or major treatment expected to cost more than \$500. This enables Medavie Blue Cross to determine in advance its share of the cost of the proposed treatment, and thus allows you to know the extent of any part of the cost you will have to pay.

If you do not submit a "treatment plan", where required, you may find that your claim, or a portion of it, may not be covered.

NOTE: If the proposed course of treatment does not commence within 90 days, a new treatment plan should be provided before benefits will be paid.

Coverage under the dental plan will cease when you terminate employment with the University and no benefits will be payable for treatment rendered to an employee or a dependent after the date of termination of coverage.

The following are the eligible expenses that are covered under the plan.

**Basic Benefits**

**- Payable at 100% of Eligible Expenses**

Diagnostic and Preventive Services

**Exams** - Complete oral examination, limited oral examination of a new patient, emergency exam, specific oral exam, consultation with patient.

Periodontal, endodontics, prosthodontic, surgical, or orthodontic exams, stomatognathic dysfunctional exam, or oral pathology exam.

Re-examination of a previous patient limited to once in a calendar year.

**X-Rays** - Intraoral-periapical-complete series x-rays (including bitewing) limited to one in a calendar year.

Fully mouth series of x-rays, provided that a period of at least 12 consecutive months has elapsed since the last such series of x-rays was performed.

Intraoral-occlusal, extraoral, perapical films.

Two intraoral-bitewing per calendar year.

Postero-anterior and later skull and facial bone survey films.

Panoramic film once in 12 consecutive months.

Sialography, fistulography, cystography, hand and wrist, use of radiopaque dyes to demonstrate lesions, temporomandibular joint, arthrography.

Other radiographs, interpretation of radiographs.

**Preventive Services** - Prophylaxis (light scaling and polishing of teeth), topical fluoride applications, each limited to one in a calendar year.

**Minor Restorative Services** - Amalgam restorations (primary, permanent, permanent anterior and bicuspid teeth, permanent molar teeth), retentive pins per restoration, space maintainers.

Silicate restorations, acrylic or composite resin restorations, finishing restorations, caries control, prophylactic odontology, preformed steel or plastic crown.

**Tests and Laboratory Exams** - Microbiology, caries susceptibility tests, biopsy of hard or soft tissue, pulp vitality tests, miscellaneous and other tests and laboratory exams, procuring or a cytologic smear and report from the oral cavity.

Aspiration of hard or soft tissues, diagnostic casts, pathological report.

**Surgical Services** - Uncomplicated removal of teeth (extractions) and routine post-surgical care, surgical removals.

Alveoplasty, surgical excision (not in conjunction with tooth removal) surgical incision, other oral surgery, and appliances to control harmful habits, diagnostic acrylic splints, and ridge extension.

**General Services** - General anaesthesia, consultation with member of the profession, referred services, professional visits (house call, emergency visit, office visit), drugs (therapeutic intra-muscular or intravenous).

Miscellaneous services - application of desensitizing medicaments, special consultation, in-office laboratory procedures, occlusion analysis.

**Periodontic Services (treatment of gum disease)** - Payable at 90% of eligible expenses. Non-surgical services, surgical services (including anaesthetics, surgical dressing, sutures, adjunctive periodontal procedures and post-treatment evaluation), correction of temporal mandibular joint dysfunction.

**Removable Prosthetics** - Repairs relining and rebasing, and adjustments to dentures.

**Endodontic Services (Root Canal) - Payable at 90% of Eligible Expenses** - Pulp capping, pulpotomy, root canal therapy, periapical services, palliative pulp (sedative) dressing, mummification of the pulp, smooth traumatized tooth, relieving traumatic occlusion (as a separate procedure).

Reimplantation of luxated tooth, repositioning of traumatically displaced tooth.

### **Major Restorative Treatment - Payable at 70% of Eligible Expenses**

Crowns - Crowns, plastic (acrylic), processed, or plastic, transitional direct (chairside) or indirect, metal transitional, direct (chairside).

Transitional restoration of fractured anterior.

Porcelain, porcelain fused to metal base, metal full cast, metal 3/4 cast, preformed steel or plastic crown.

Cast metal post and core (additional) - separate procedure, cast metal post and core (two sections).

Removable Prosthetics - Complete standard maxillary or mandibular dentures, partial transitional maxillary or mandibular dentures.

Fixed Prosthodontics - (Fixed Bridges)

Bridge Pontics - Cast metal core or core with separate porcelain jacket pontics, porcelain fused to metal or porcelain ponticaluminous.

Retainers - Metal inlay - two surfaces or three or more surfaces (used with broken stress technique), metal onlay.

Abutments - Acrylic crown - direct (chairside) transitional during healing.

Plastic-to-processed-to-metal, porcelain, porcelain fused to metal.

Metal, 3/4 cast and metal, full cast.

Repairs - Maxillary partial dentures and mandibular partial denture additions.

Replace broken pin facing, broken facing where post is intact or broken, replace broken facing with acrylic, replace broken Tru-Pontic, recementation of fixed bridge.

NOTE: If, for medical reasons presented in writing by the attending physician, a procedure listed above is substituted by a less expensive procedure, not described above, such procedure, is subject to approval by Medavie Blue Cross, and may be considered as an eligible expense.

### **Late Applicants**

If you do not enroll in the dental program within 60 days of first becoming eligible or acquiring your first dependent, for dependent coverage, and you subsequently make application for coverage for you and/or your dependents, benefits for late entrants will be restricted to basic treatment only to a maximum of \$150 per late entrant in the first 12 months after the effective date of coverage. Full routine and major benefits will be provided after this period.

For plans that include orthodontic coverage, orthodontic treatment will not be considered for benefit payment until 24 months after the effective date of coverage.

### **Claiming Benefits**

If you are in doubt as to whether a particular course of treatment would be covered under the dental insurance plan, it would be advisable to contact Medavie Blue Cross at 1-800-667-4511 for pre-determination of coverage.

You will be required to pay the dentist for the treatment performed and submit your receipts along with the appropriate claim form to Medavie Blue Cross for reimbursement. Please include your subscriber number and policy number (0002182000).

### **Notice of Claim**

Notice and proof of claim should be given to Medavie Blue Cross within four months of the date of the service. Failure to furnish such proof within the time required will not invalidate any claim if it is not reasonably possible to furnish the proof within such time, provided such proof is given within 24 months of the date of the service.

### **Exclusions**

Covered expenses do not include and no payment is made for:

- treatment furnished without charge or paid for directly or indirectly by any government or for which a government prohibits payment of benefits;
- replacement dentures required less than 5 years after initial or replacement dentures were provided by the plan;
- cosmetic treatment, experimental treatment, dietary planning, plaque control, oral hygiene instructions, congenital or developmental malformation;
- treatment received from a dental or medical department maintained by a mutual benefit association, labour union, trustee or similar type of group;
- dental treatment that is not "necessarily rendered". However, Medavie Blue Cross may consider as an eligible expense that portion of the expense that would have been incurred for an alternate form of treatment that would qualify as "necessarily rendered";
- expense of dentures which have been lost, mislaid or stolen;
- expense of dental treatment required as a result of any self-inflicted injury, war or of engaging in a riot or insurrection;
- charges made by a dentist for broken appointments or which are in excess of the charges that would have been made if a reasonable substitute could have been used;
- orthodontic treatment;
- services or supplies rendered for full mouth reconstruction, for vertical dimension correction;
- partial dentures made by a dentist.

### **Orthodontic Coverage**

If you are a member of faculty, which has chosen to incorporate adult and child orthodontic benefits, orthodontic treatment is available for your spouse and your dependent children who are between the ages of 6 and 18 years at the time of commencement of treatment.

Orthodontic treatment would involve necessary procedures for the correction of malposed teeth. Expenses will be reimbursed at 50% of the cost and the maximum lifetime benefit per person will be \$3,000. It will be necessary to submit a treatment plan, as previously outlined for the basic and major restorative coverage, to Medavie Blue Cross prior to commencement of orthodontic treatment. Because orthodontic treatment is normally rendered over a long period, in calculating the insurance benefits such expenses are considered to be spread over the treatment period in the manner specified below, regardless of the way in which the orthodontist's bill is actually paid.

#### Single Charge Basis

If your orthodontist submits a cost estimate showing a single charge for the total treatment, then the single charge is divided by the number of months of the treatment period. The amount is then paid on a quarterly basis subject to the co-insurance factor.

#### Itemized Basis

If your orthodontist estimates a separate cost for initial appliances (i.e., braces) the first month's covered expense for orthodontia is considered to be:

- a) the estimated cost of these appliances, or
- b) 25% of the total estimated orthodontic covered expense, whichever is the smaller amount. The remainder of the orthodontic expenses are averaged over the remaining months of the treatment period.

The same exclusions as applied to the basic and major restorative benefits, except, of course, the orthodontic exclusion, are applicable to the orthodontic portion of the plan. If the dental plan available to

your group incorporates orthodontic coverage, you must be insured for this benefit whether you elect coverage under the single or family plan. If you do not apply for coverage within 60 days of becoming eligible or within 60 days of acquiring dependents, late entrant status will apply as outlined for the basic and major restorative benefits.

### **Continuation of Dental Care Insurance**

If Medavie Blue Cross has commenced payment for orthodontic treatment and the benefits for the person receiving the treatments terminates, orthodontic benefits will be continued during the 3-month period immediately following termination of insurance.

The following are the eligible expenses that are covered under this portion of the plan:

#### Miscellaneous Services

Observation and adjustments, observation per appointment or for tooth guidance.

Removal appliances, fixed appliances, repairs, alternations, recementation, separation.

#### Active Appliances for Tooth Guidance or Uncomplicated Tooth Movement

Removable, fixed or cemented, bilateral.

Space regaining (lingual arch with molar bands, tubes, locks).

Cross bite correction, dental arch expansion, headgear, rapid maxillary expansion, closure of diastemas, simple alignment of incisor teeth.

Cross-bite correction - complex, closure of diastemas-complex, alignment of incisor teeth - complex.

Fixed or cemented, unilateral, space regaining, cross bite correction (posterior - two molar bands).

Grassline or elastic ligature - per visit.

#### Appliances to Control Harmful Habits

Myofunctional therapy.

#### Retention Appliances - Orthodontic Retaining Appliances

Removable, fixed or cemented.

### **Co-ordination of Benefits**

If a plan member's spouse has similar benefits through this or any other policy, the amount payable through this plan shall be coordinated so that the total payment from all coverages shall not exceed the lesser of the actual expense or twice the plan's maximum payment for the benefit claimed.

### **Surviving Spouse**

In the event that the employee dies in service, dental coverage may continue if the employee is within 10 years of normal retirement, has 10 years of service and has been in the plan for 5 years. Coverage will continue until the month when the employee would have turned 65.