

Dental Benefit

Purpose of Coverage

Blue Cross will pay the Eligible Expenses described in this benefit, subject to the conditions outlined below.

Additional Definition

The following definition applies to this benefit, in addition to those found under the *Key Terms* provision of this booklet.

Unit: A 15 minute interval of time or any portion of a 15 minute interval of time.

Exception: When coverage is limited by Units but fees are not described in terms of Units by either:

- the fee guide in effect where Treatment is rendered; or
- the fee guide specified by this plan;

each incident of service is considered 1 Unit, regardless of its duration.

What Blue Cross Will Pay

Blue Cross will pay Eligible Expenses subject to the following terms and conditions:

- payment of all Eligible Expenses is limited to the reimbursement level and benefit maximums specified below and/or in the Summary of Benefits;
- the Member must pay the Deductible, if any, specified in the Summary of Benefits;
- the amount of the Eligible Expense to which the reimbursement level applies is the lesser of:
 - the expense actually incurred by the Member; or
 - the fee amounts specified in the dental fee guide approved by Blue Cross (the applicable guide and annual edition are specified in the Summary of Benefits);
- the Eligible Expenses for laboratory fees are reimbursed to 100% of the provider fee suggested in the fee guide;
- Eligible Expense must have been performed by:
 - a licensed dentist;
 - a licensed denturist when the services are within the scope of their profession; or
 - a licensed dental hygienist under the supervision of a licensed dentist or independently where permitted by provincial legislation; and
- payment is limited in accordance with the Exclusions and Limitations provision of this benefit.

This benefit covers the expenses explicitly listed in the following categories, provided they also meet the definition of Eligible Expenses under the *Key Terms* provision of this booklet.

Preventive Care

Oral Examinations and Diagnosis: Charges for:

- complete or general oral examination to a maximum of 1 per 3 calendar years;
- recall oral examination;
- emergency oral examination;
- limited or specific oral examination;



Helpful Tip

Blue Cross limits its payments to the amount listed in the fee guide specified in the Summary of Benefits.

Before starting your Treatment, ask your dentist if they follow the provincial fee guide.



Helpful Tip

You are responsible for paying any expenses in excess of the fee guide listed in the Summary of Benefits. This is important to consider, since it can directly impact your out-of-pocket expenses.



Helpful Tip

If a dental procedure is required as a result of an accident, it is considered as an extended health care expense rather than a dental benefit expense.

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- orthodontic examinations, 1 procedure per provider every 3 calendar years; and
- unmounted orthodontic diagnostic casts.

X-rays: Charges for:

- complete series to a maximum of 1 per 12 consecutive months;
- panoramic to a maximum of 1 per 12 consecutive months;
- intra-oral:
 - periapical; and
 - occlusal and bitewings to a maximum of 4 per calendar year;
- sialography; and
- radiopaque dyes.

Laboratory Tests and Examinations: Charges for:

- bacterial culture;
- biopsy of soft oral tissue;
- biopsy of hard oral tissue; and
- cytological examination.

Preventive Treatment: Charges for:

- polishing of teeth;
- fluoride treatment;
- pit and fissure sealants;
- scaling;
- space maintainers;
- periodontal appliances to a maximum of 1 per 2 calendar years; and
- appliances to control harmful oral habits.

Restorations: Charges for:

- amalgam, acrylic, silicate or composite restorations on anterior and posterior teeth;
- retentive pins;
- pre-fabricated steel or plastic restorations; and
- pulp capping.

Removable Denture Adjustments: Charges for:

- repairs;
- adjustments;
- rebasing or relining to a maximum of 1 per 2 calendar years; and
- prophylaxis and polishing.

Oral Surgery: Charges for:

- removal of teeth and roots;
- surgical exposure and movement of teeth;
- surgical incision, excision and drainage of tumours or cysts;
- frenectomy (surgical alteration of the frenum);
- removal, reduction or remodelling of bone or gum tissue; and
- post-surgical care.

General adjunctive services: Charges for:

- anesthesia (related to surgery); and
- temporary dressing for the emergency relief of pain.



Helpful Tip

Scaling refers to removal of plaque, calculus, and stains from teeth.



Helpful Tip

Restorations (fillings) refer to dental material used to restore the function and integrity of a tooth.

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TMJ (Temporomandibular joint)/Myofascial pain dysfunction services: Charges for:

- X-rays to a maximum of 4 per calendar year; and
- appliances to a maximum of 1 per 2 calendar years.

Basic Care

Endodontic Services: Charges for:

- pulpotomy;
- pulpectomy;
- root canal therapy;
- endodontic surgery;
- bleaching (endodontically treated teeth); and
- apexification.



Helpful Tip

Endodontic Services refer to treatment of infected root canals and tissues surrounding the root of the tooth.

Periodontic Services: Charges for:

- periodontal surgery;
- provisional splinting;
- management of acute infections;
- desensitization;
- periodontal curettage;
- root planing;
- occlusal adjustments;
- adjustments to appliances; and
- other adjunctive periodontal services.



Helpful Tip

Periodontic Services refers to prevention, diagnosis and treatment of gum diseases.

TMJ (Temporomandibular joint)/Myofascial pain dysfunction services: Charges for adjustments and relines.

Major Restoration

Extensive Restorations: Charges for:

- inlays;
- onlays; and
- crowns: for teeth damaged due to caries or traumatic injury (does not include pre-fabricated steel restorations).

Other Restorative Services: Charges for:

- cast post;
- prefabricated metal post;
- recementation of inlays, onlays or crowns; and
- removal of inlays, onlays or crowns.

Prosthodontic Services: Charges for:

- complete and partial dentures to a maximum of 1 per 5 calendar years;
- bridgework;
- implants; and
- restorations on implants (i.e. crowns, bridgework and dentures), if specified in the Summary of Benefits.



Helpful Tip

Prosthodontic Services refers to diagnosis, treatment, rehabilitation and maintenance of oral function, comfort, appearance and health, for patients with clinical conditions associated with missing or deficient teeth.

Payment of Claims

How Payments are Made

At the time of purchase, the Approved Provider will either submit the Participant's claim to Blue Cross or provide a completed claim form and proof of payment to the Participant to submit to Blue Cross. The Participant will then be required to either:

- pay the portion of the claim that is not covered by this benefit and Blue Cross will reimburse the balance to the Approved Provider directly; or
- pay the total amount requested by the Approved Provider and the Participant will receive the portion of the expenses refundable by Blue Cross.

Time Limit to Submit a Claim

Blue Cross must receive proof of claim within 24 months of the date the Eligible Expense was incurred.

Predetermination for Claims over \$500

If the total cost of any Treatment is expected to exceed \$500, the Member must submit to Blue Cross, before the Treatment begins, a detailed Treatment plan outlining the type of Treatment to be provided and the amounts to be charged.

Blue Cross will then notify the Member of the amount eligible for reimbursement. The Treatment must be performed by the dentist who prepared the Treatment plan, otherwise a new Treatment plan must be submitted to Blue Cross for re-assessment.

Date of Treatment

Eligible Expenses are considered to have been incurred on the date the service or supply was provided. For procedures requiring more than 1 appointment, the Eligible Expense is considered to have been incurred on the date that the entire procedure was completed or the appliance was placed.

Exclusions and Limitations

Unless otherwise specified in the Summary of Benefits, no payment will be made (or payment will be reduced) for:

- a) services, treatment, articles or supplies that do not fall within the categories of Eligible Expenses listed in this benefit;
- b) services, treatment or supplies covered by any government health care coverage or charges payable under a workers' compensation board/commission, automobile insurance bureau or other similar law or public plan;
- c) dental care that was covered under any government health care coverage or charges payable under a workers' compensation board/commission, automobile insurance bureau or other similar law or public plan, when this benefit was issued but has since been modified, suspended or discontinued;
- d) services, treatment or supplies the Participant receives free of charge;
- e) charges that would not have been made if no coverage had existed;
- f) anti-snoring or sleep apnea devices;
- g) services rendered by a dental hygienist but not administered under the supervision of a dentist, except in provinces where such supervision is not legally required;
- h) services, treatment or supplies that are:
 - i. not Medically Necessary (except for Preventive Care services);
 - ii. for cosmetic purposes only; or
 - iii. experimental or investigative;
- i) services or expenses incurred as a result of:
 - i. voluntary participation in a riot, insurrection or in any war (declared or not). This includes any condition caused directly or indirectly by the hostile action of the armed forces of any country; or
 - ii. participation in a criminal act or attempt to commit a criminal act, regardless of whether charges are laid or conviction is obtained;

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- j) expenses incurred after the termination date of the Participant's coverage, even if a detailed treatment plan was submitted and accepted by Blue Cross before this date;
- k) services that are eligible under the extended health care (if applicable);
- l) splinting for periodontal reasons, where cast crowns, inlays or onlays are used for this purpose;
- m) treatment or appliance, related directly or indirectly to full mouth reconstruction, to correct vertical dimension and/or TMJ (temporomandibular joint)/myofascial pain dysfunction;
- n) veneers;
- o) implants and related services;
- p) extra supplies that are spares or alternates; or
- q) charges for missed appointments or for the completion of forms.

Rights and Responsibilities Under the Plan

What Are My Responsibilities Under the Plan?

Keeping Your Employer Informed

It is your responsibility to provide your employer with a completed and signed application form, including accurate information on your family status. You must complete the group benefits application form within 60 days from the date you become eligible for coverage.

To ensure coverage is kept up-to-date for you and your Dependents, it is important to report any changes to your employer within 60 days of the change. Changes that must be reported to your employer include:

- Adding/ removing a Dependent
- Status updates of a Dependent student
- Change in marital status
- Application for benefits previously waived

Beneficiary Designations

Unless otherwise designated, all benefits are payable to you.

Providing Proof of Claim

You must submit your claims for Eligible Expenses within the applicable time limitations outlined under each benefit. Proof of claim must be provided in writing and in a form considered acceptable by Blue Cross.

Blue Cross must approve your proof of claim and may require you to provide additional information and/or require you to undergo a medical examination by a physician or Health Professional as often as deemed necessary. Blue Cross reserves the right to suspend or deny a claim until you have submitted the additional information requested to process the claim.

Costs associated with providing proof of claim are your responsibility.

Submitting Claims After Your Group Plan Terminates

If this plan has terminated, proof of claim for Insured Benefits must be received by Blue Cross:

- for accidental damage to natural teeth, **within 6 months** following the termination date of this group plan; or
- **within 90 days** following the termination date of this group plan for all other Insured Benefits(if applicable).

Recovering Damages From a Third Party (Subrogation)

If you have the right to file legal action against a third party (individual or corporate body) for a loss relating to any claim submitted under this group benefits plan, Blue Cross is entitled to acquire your rights for recovering damages for any portion of the loss that has been paid by Blue Cross.

You must sign and return the necessary documents to facilitate this process and you must do everything that is required of you to protect your rights to recover damages from the third party.

Reporting Health Insurance Fraud

Health insurance fraud is the intentional act of submitting false, deceiving or misleading information for the purpose of financial gain.

Whether fraud schemes are committed on a small or large scale, fraud can lead to significant financial losses to the benefit plan and result in higher premiums and decreased coverage. Blue Cross is committed to protecting the integrity of our benefit programs for our plan sponsors and members by monitoring and resolving any abusive or fraudulent activity.



Helpful Tip

Your proof of claim must be submitted in either English or French. If the original proof of claim is in a language other than English or French, you are responsible for any costs associated with translating your proof of claim.



Helpful Tip

Health care fraud in Canada is estimated to cost between \$2 billion and \$12 billion annually.

How You Can Help

As a group plan member, you can help us eliminate fraudulent abuse of your plan:

- keep your identification card, plan number, member identification number and related information confidential and secure;
- carefully review your receipts for products and services claimed to ensure:
 - you understand the charges billed; and
 - the charges reflect the services received.

If you are unclear about any of the charges on your receipt, ask your provider to explain the charges to you:

- carefully review your Explanation of Benefits claim statements (EOB) for any discrepancies in services received compared to services claimed;
- never sign a blank claim form;
- from time to time, we send member verification questionnaires to confirm treatments and other related information. If you receive one of these questionnaires, please complete it and return it promptly. These questionnaires make an essential contribution to our fraud deterrence efforts.



Helpful Tip

If you suspect health care fraud, please refer it to Blue Cross through one of the following confidential methods:

Toll free:
1-877-412-8809

StopFraud@medavie.
bluecross.ca

www.medavie.bluecross.
confidenceline.net

What Are My Rights Under the Plan?

Privacy

In the course of providing customers with quality health and travel coverage, Blue Cross acquires and stores certain personal information about its clients and their dependents.

Protecting the confidentiality of client information is fundamental to the way we do business. Our staff takes our privacy policies and procedures very seriously.

What is personal information?

Personal information includes details about an identifiable individual and may include name, age, identification numbers, employment data, marital and dependent status and medical records.

How is Your Personal Information Used?

Your personal information is necessary for Blue Cross to process your application for coverage under its health and travel plans. Your personal information is used to provide the services outlined in your group plan of which you are an eligible Member, to understand your needs so that we can recommend suitable products and services, and to manage our business.

To Whom Could This Personal Information be Disclosed?

Depending on the type of coverage you carry with us, release of selected personal information to the following may be necessary in order to provide the services outlined in the group plan of which you are an eligible member:

- specialized health care professionals when required to assess benefit eligibility;
- government and regulatory authorities in an emergency situation or where required by law ;
- third parties, on a confidential basis, when required to administer your benefits; or
- the plan member in any contract under which you are a participant.



Helpful Tip

For more information on our privacy protection practices, please visit our website.

Rights and Responsibilities Under the Plan

We do not provide or sell personal information about you to any outside company for use in marketing and solicitation. Personal information about you or your Dependents is not released to a third party without permission unless necessary to fulfil the services Blue Cross is contracted to provide to you.

By becoming a Blue Cross customer or filing a claim for benefits, you are agreeing to allow your personal information to be used and disclosed in the manner outlined above.

Disputing a Claim Decision

In the event Blue Cross determines that benefits are not payable, you have the right to appeal the decision by providing written notice to Blue Cross within 30 days from the date of the written denial.

The time limitation to bring an action against Blue Cross under the group plan begins on the date of the initial written denial from Blue Cross and runs until the expiry of the minimum limitation period as prescribed by the applicable provincial legislation.

Every action or proceeding against Blue Cross for the recovery of insurance money payable under the plan is absolutely barred unless commenced within the time set out in the Insurance Act or other applicable legislation.

Copy of the Group Plan

Where legislated, you have the right to request a copy of the contract for Insured Benefits (if applicable), your application for benefits and any written statements or other record provided to Blue Cross as proof of your health.

The Rights of Blue Cross Under the Plan

Right to Audit

Blue Cross has the right, at any time, to inspect or audit the health and claim records of a Participant in relation to a claim for benefits.

Recovery of Overpaid Amounts

Blue Cross has the right to recover from a Participant:

- any amount paid in error;
- any amount paid as a result of claims made by the Participant on the basis of fraudulent pretenses or misrepresentations; or
- any amount paid that has resulted in overpayment to the Participant.

If overpayment amounts or amounts paid in error cannot be recovered, Blue Cross has the right to reduce future benefit payments to the Participant until the amount is fully recovered.

Termination or Suspension of Benefit Payments

The rights and benefits of a Participant may be suspended or terminated without prior notice in the following circumstances:

- the discovery of a claims discrepancy or the initiation of a claim abuse investigation; or
- the filing of criminal charges or initiation of disciplinary action against the Participant by Blue Cross or the plan sponsor.

Payment of a claim may also be suspended or denied if it relates to services or supplies prescribed, provided or dispensed by a provider who is under investigation by a regulatory body or by Blue Cross or has been charged with an offence in regards to their conduct or practice.



Helpful Tip

The right to inspect or audit applies to records held by Blue Cross or Approved Providers.

How to Obtain More Information

How to Obtain a Claim Form

Health benefit claim forms can be obtained from any one of the following sources:

- the plan member website (see instructions below);
- your group benefits administrator; or
- our Customer Information Contact Centre at the toll-free number listed below.

How to Submit a Claim

Blue Cross offers several convenient options to quickly and efficiently submit your health benefit claims:

- **Provider eClaims**
For Approved Providers who have registered to submit claims to Blue Cross through our electronic claims submission service, our e-claim service allows approved health care professionals to instantly submit claims at the time of service. This eliminates the need for you to submit your claim to Blue Cross and means you only pay the amount not covered under your group benefits plan (if any).
- **Member eClaims**
You can quickly and easily submit your health, drug, dental and Health Spending Account claims (as applicable) through our secure plan member website. Simply take or scan a digital image of your paid-in-full receipts and submit it through the applicable link on our plan member website.
- **Mobile App**
Filing a claim has never been quicker or easier! Submit your claims through the Medavie Mobile app and have your reimbursement deposited directly to your bank account.

Visit www.medavie.bluecross.ca/app for more information or to download the app.

- To find the Medavie Blue Cross office nearest you, visit our website at www.medavie.bluecross.ca/ouroffices.
- You can also mail your completed claim form to the nearest Medavie Blue Cross office.



Helpful Tip

Instead of a cheque by mail, get reimbursement directly to your bank account by signing up for direct deposit. It's fast, and convenient. Visit our website to register.

Plan Member Website

The plan member website is a secure, user-friendly website that is available 24 hours a day, 7 days a week. The website provides additional information regarding your coverage and other useful options including:

- **Coverage inquiry:** Detailed information about your group benefits plan;
- **Forms:** Printable versions of Blue Cross forms;
- **Requests for new identification cards;**
- **Addition/updating of banking information** for direct deposit of claim payments;
- **Member statements:** view claims history for you and your Dependents;
- **Record of payments:** view transactions issued to yourself or the service provider;
- **Submit claims** electronically.

To register for the plan member website, visit www.medavie.bluecross.ca and log in.



Helpful Tip

For security reasons, the plan member website is for your use only. Dependents and other family members will not have access to the site.

Additional Resources and Member Services

Blue Cross Contact Information

For more information about your group benefits coverage or the plan member website, please contact our Customer Information Contact Centre toll free at:

Ontario: 1-800-355-9133

Quebec: 1-888-588-1212

All Other Provinces: 1-800-667-4511

Alternatively, you can email your question(s) to inquiry@medavie.bluecross.ca or visit our website at www.medavie.bluecross.ca.

Connect with Blue Cross

Like us on Facebook at facebook.com/MedavieBlueCross

Follow us on Twitter at [@MedavieBC](https://twitter.com/MedavieBC)

My Good Health®

My Good Health is a secure, interactive web portal that provides valuable health information and tools for managing your health. You can create your own health profile and use it to map personal goals using My Good Health resources.

Blue Cross is proud to help point your way to healthier living. Go to medaviebc.mygoodhealth.ca and simply follow the instructions to register for your free account!



Savings are available to Blue Cross Members across Canada. To take advantage of these savings, simply present your Blue Cross identification card to any participating provider and mention the **Blue Advantage®** program. A complete list of providers and discounts is available at www.blueadvantage.ca.



Helpful Tip

Have your group plan number and identification number ready when you call for questions regarding your coverage.