

DENTAL CARE

You or your eligible dependents may incur reasonable and customary charges for services and supplies provided by or under the supervision of a licensed, certified or registered oral surgeon or dentist within Canada. Eligible services are those that are recommended as necessary by a physician or dentist. Dental treatments are considered eligible if performed by a dentist or denturist who practices within the scope of his/her license.

Members may choose to either have their dental care provided by the Insured Dental Plan or by enrolling in the LiUNA Local 183 Dental Clinic. LiUNA Local 183 Dental Clinic Members and their eligible dependents must use the Dental Clinic for their Dental Care needs. Members and eligible dependents enrolled in the LiUNA Local 183 Dental Clinic that incur services outside of the LiUNA Local 183 Dental Clinic, while enrolled in the Clinic, will **not** be eligible for reimbursement.

The following chart provides an illustration of the dental coverage provided under the Plan.

Summary of Dental Care Benefits		
Dental Clinic / Insured Plan	<ul style="list-style-type: none"> • Calendar Year Maximum • Dental Fee Guide Reimbursement • Diagnostics: exams, x-rays • Endodontics: root canals • Periodontics: root planing and surgery • Preventative: polishing, scaling, fluoride • Dentures: Partial • Dentures: Complete • Crowns / Bridgework / Implants • Restorative: fillings, crowns • Surgical: extractions, oral surgery • Orthodontics: (dependent children 18 years of age or younger) 	<ul style="list-style-type: none"> • \$3,000 per person / year • 2016 O.D.A. • 100% • 100% • 100% • 100% • 80% • 100% • 100% • 100% • 100% • 60% • <i>(max of \$2,500 per lifetime)</i>

BENEFITS

The total benefits payable are subject to the following maximums:

		<u>Calendar Year Maximum (per individual)</u>
Dental Clinic / Insured Plan	-	\$3,000 per Calendar Year
		<u>Lifetime Maximum (Dependent Children Only – 18 years of age or younger)</u>
Orthodontics	-	\$2,500 Lifetime Maximum

PERCENTAGE PAYABLE

This is the percentage of covered charges that are paid. Covered Charges are charges up to the amount shown in the Fee Guide for needed Dental Care, services or supplies, while you are covered for either a disease or injury that is non-occupational.

DENTAL FEE GUIDE

Payments under the Insured Dental Plan will be based on the 2016 Ontario Dental Fee Guide.

ROUTINE DENTAL CARE SERVICES

You and your eligible dependents are covered for charges up to the benefit maximum as follows:

- Oral examinations, prophylaxis (light scaling and polishing of teeth) and bite-wing X-rays, up to once every 6 months.
- Scaling, root planing or occlusal equilibration (limited to 8 units per calendar year for all procedures combined).
- Fluoride treatment for the maintenance of sound natural teeth (dependent children age 16 or younger).
- Dental X-rays (full mouth series of X-rays or Panoramic X-ray once every 24 months).
- Complete exams covered once in every 24 months.
- Fillings, including porcelain fillings on all teeth and surfaces.
- Oral surgery and extractions for the removal of teeth, including the excision of impacted wisdom teeth.
- Anesthesia and its administration when made necessary due to a dental procedure.
- Space maintainers and pre-fabricated full coverage restorations for primary teeth.
- Repair, relining or rebasing of dentures.
- Repair or re-cementing of crowns, inlays, onlays or bridges.
- Periodontal treatment for disease of the bone and gums of the mouth, including tissue grafts, bone grafts and occlusal guards, but not athletic guards.
- Endodontic treatment, including initial root canal therapy and pulp conservation and root resection.
- Root canal once per lifetime per tooth.
- Scaling and cleaning of teeth may be done by a licensed dental hygienist.
- Fee for the root canal has been reduced by ½ of the fee paid for pulpectomy.

MAJOR RESTORATIVE SERVICES

You and your eligible dependents are covered for charges up to the benefit maximum as follows:

DENTURES

- First installation, including adjustments, of partial, permanent or complete temporary or permanent removable dentures to replace 1 or more natural teeth extracted while you are covered if you are covered for less than 12 consecutive months.
- Denture adjustments that occur more than 3 months after installation.
- Replacement of an existing partial or full removable denture, if it was installed at least 5 years before and cannot be made serviceable or is a temporary full denture which replaces one or more natural teeth extracted while the person is covered if the person has been covered for less than 12 months, and for which replacement by a permanent denture is required and takes place within 1 year from the date the temporary denture was installed. The cost of a temporary denture will be deducted from the cost of a permanent denture.
- Addition of teeth to an existing partial denture, if required to replace 1 or more natural teeth extracted while the person is covered.
- Installation, adjustment, repair, relining or rebasing of dentures may be done by a dentist, denture therapist, technician or mechanic, who is registered and practicing within the scope of his/her license.
- Denture Relines/Rebases are covered once every 24 months per arch.
- Denture repairs/adjustments are not eligible within 3 months of the date the denture was inserted.
- Cost of denture may apply towards Initial Bridge when missing 3 or more teeth within the same arch.

CROWNS, INLAYS, ONLAYS

- Inlays, onlays, gold fillings and crowns.
- First installation of inlays or onlays, and crowns are covered when a natural tooth has extensive loss.
- Replacement of an existing inlays, onlays, and crown, but only if it was installed at least 5 years before and cannot be made serviceable.

BRIDGEWORK

- First installation of a fixed bridge is covered when 2 or less natural teeth have been extracted while insured under the LiUNA Local 183 Members' Benefit Fund.
- Replacement of an existing bridge, but only if it was installed at least 5 years before and cannot be made serviceable.

IMPLANTS

- First installation of an implant is covered if the natural tooth (teeth) have been extracted while insured under the LiUNA Local 183 Members' Benefit Fund.
- The cost of a bridge will be applied towards the implant treatment, when missing 2 teeth or less.
- The cost of a denture will be applied towards the implant treatment, when missing 3 teeth or more.
- Replacement of an existing implant crown, but only if it was installed at least 5 years before and cannot be made serviceable.
- Implant claims are reimbursed in two portions of the approved amount. 50% is reimbursed when the surgical stage is completed, and the remaining 50% will be paid when restorative crown is placed.
- Implants up to a maximum of \$3,000 per calendar year, per individual inclusive of all other dental care services (Routine Dental Care Services and Major Restorative Services).

ORTHODONTICS

Your dependent children 18 years of age or younger are covered for charges as follows:

- Orthodontic treatments are reimbursed at 60% of the total submission, up to an overall maximum of \$2,500 per lifetime.
- An estimate must be submitted prior to any incurred orthodontic treatments.
- Initial treatment cannot exceed 35% of the total cost of orthodontic treatment.
- Treatment must commence prior to the dependent reaching 19 years of age.
- Services will only be eligible if rendered in Canada.
- Reimbursement of orthodontic benefits will only be made if the Member is in benefit at the time the service is rendered.
- Diagnostic procedures, initial fee, monthly, and quarterly fees will be reimbursed as services are rendered.
- Orthodontic reimbursements are limited to a monthly fee, therefore, no lump sums will be reimbursed. Should you choose to pay your orthodontist the entire treatment fee up front, you will only be reimbursed for the services as they are actually rendered. Prepayments are not reimbursable under this plan.

ALTERNATE BENEFITS CLAUSE

If alternative services may be performed for the treatment of a dental condition, the maximum amount payable will be the amount shown in the Fee Guide for the least expensive service or supply required to produce a professionally adequate result.

PREDETERMINATION OF BENEFITS

If charges for a planned Course of Treatment by a licensed dentist in Canada will exceed \$300, proposed details and x-rays should be submitted to the Administrative Agent for pre-approval.

Failure to do so may result in payment of a lesser benefit amount because of the difficulty in determining the need for such treatment after it has been provided. Dental x-rays will be promptly returned to the dentist.

Course of Treatment means one or more services rendered by one or more dentist for the correction of a dental condition diagnosed as a result of an oral exam starting on the date the first service to correct such condition is rendered.

EXCLUSIONS AND LIMITATIONS

No benefit will be paid for:

- Dental care or appliances that are deemed to be for cosmetic purposes.
- Replacement of tooth structure lost due to incisal wear.
- Fillings are limited to once every 12 months per tooth, per surface.
- Expenses submitted more than 18 months after the date of service are not covered.
- Perio-Splinting is not eligible unless performed in conjunction with periodontal surgery.
- Crowns, Abutments and Pontics on molar teeth will be limited to the cost of metal appliance.
- Fees associated with travel, completion of claim forms and or missed appointment fees.
- Services that are not performed by a licensed dentist.
- Services incurred outside of Canada.
- Dental care covered under a medical plan provided by an Employer or Government.
- Space maintainers and pre-fabricated full coverage restorations for permanent teeth.
- Oral hygiene instruction or nutritional counseling.
- Protective athletic appliances.

- A full mouth reconstruction for a vertical dimension correction, or for diagnosis or correction of a temporomandibular joint dysfunction.
- Replacement of a lost or stolen prosthesis.
- Prosthesis, including crowns and bridgework, and the fitting there of which were ordered while the person was not covered, or which were ordered while the person was covered but which were finally installed or delivered after this benefit is discontinued or more than 90 days after termination of coverage for any other reason.

GENERAL INFORMATION

The eligibility and benefit provisions set out above are general and for information only. The benefit booklet is not, in itself, a legal contract. The terms and conditions of the insurance policies take precedence in case of dispute. Should you require further information on eligibility or benefits, please contact the Administrative Agent.