



## Dental Care

<b>Benepac® Insurer</b>	Green Shield Canada
<b>Benefit Details</b>	<p>Refer to the Schedule of Benefits for maximums, deductibles, limitations and general exclusions which may apply.</p> <p>Eligible Services listed below are not an attempt to dictate dental health requirements. Your dentist is best able to determine the dental treatment program for you, although those services may not be eligible under this plan.</p>
<i>Overall Limitation</i>	<p><b><u>Examination/Assessments/Evaluations, Re-evaluations and Analysis</u></b> Any of the listed, whether by General Practitioner or Specialist and whether recall, complete, limited, specific, periodontal or emergency as well as assessments and/or evaluations and/or analysis by any Dental Health Care Provider registered licensed, or qualified to do so, will be limited to two (2) per calendar year.</p>
<i>Predetermination</i>	<p>If the cost of any proposed dental treatment is expected to exceed \$300.00, submit to Green Shield a detailed treatment plan from your dentist <b><u>before your treatment begins</u></b>. Both you and your dentist will be advised of the amount you are entitled to receive.</p> <p>If a description of the procedures to be performed and an estimate of the dentist's charges <b><u>are not submitted in advance</u></b>, Green Shield reserves the right to make a determination of benefits payable, taking into account alternate procedures, services or course of treatment, based on accepted standards of dental practice.</p>
<i>Limited Benefit Clause</i>	<p>Contract provisions that authorize Green Shield to determine the amount of benefits payable, giving consideration to limited procedures, services, or courses of treatment that may be performed to accomplish the desired result. The attending dentist and the patient have the option of which procedure to use, although payment for the procedure may be based on the "limited treatment" principle. The Limited Benefit Clause is a financial limitation and not intended as a comment regarding any treatment recommended or performed by a dentist.</p>



## Schedule of Eligible Services

### Basic Services

The following Eligible Services shall be paid at the level stated in the Schedule of Benefits according to the licensed dentist's and/or licensed dental treatment provider's usual, reasonable and customary charge in accordance with the General Practitioners Fee Guide:

- Complete, general or comprehensive oral examination once every 3 years, recall examinations twice in 12 months.
- Dental x-rays, including complete mouth x-rays and panoramic x-ray once every 3 years; bitewing x-rays twice in 12 months; and other dental x-rays as required in connection with the diagnosis of a specific condition requiring treatment.
- Tests and laboratory examinations including biopsies.
- Treatment planning for extra time spent on unusually complicated cases or where the patient demands unusual time in explanation or where diagnostic material is received from another source. Usual case presentation time and usual treatment planning time are implicit in the examination fee and in the radiographic interpretation fee.
- Cleaning of teeth and topical application of fluoride twice in 12 months.
- Proper and effective home care oral hygiene instruction/re-instruction (care of the mouth) twice in 12 months.
- Pit and fissure sealants, a plastic coating sealed into the chewing surface of the tooth.
- Space maintainers that replace prematurely lost teeth for children.
- Amalgam, tooth coloured filling restorations and temporary sedative fillings.
- Inlay restorations - these are considered basic restorations and will be paid to the equivalent non-bonded amalgam.
- Extractions, including simple and complicated removal of erupted teeth, partially or completely bone impacted teeth, extra teeth, teeth in an unusual position, or residual roots.
- General anaesthetics and Intravenous sedation

### Endodontic Treatment

- root canal therapy (up to 3 or more roots)
- pulpotomy (removal of the pulp from the crown portion of the tooth)



- pulpectomy (removal of the pulp from the crown and root portion of the tooth)
- apexification (assistance of root tip closure)
- apical curettage, root resections and retrograde fillings (cleaning and removing diseased tissue of the root tip)
- root amputation and hemisection
- bleaching of non-vital tooth/teeth
- emergency procedures including opening or draining of the gum/tooth

**Periodontal treatment of diseased bone and gums including:**

- scaling, root planing, provisional splinting, and certain periodontal appliances
- displacement packing, management of infections and desensitization
- grafts using patient's own tissue, excluding synthetic materials
- occlusal equilibration - selective grinding of tooth surfaces to adjust a bite

*The fees for periodontal treatment are based on units of time (15 minutes per unit) and/or number of teeth in a surgical site in accordance with the General Practitioners Fee Guide.*

**Standard Denture Services**

- denture repairs and/or tooth/teeth additions
- standard relining and rebasing of dentures only after 6 months have lapsed from the installation of an initial or replacement denture, but not more than one standard relining or rebasing in any period of 3 years
- denture cleaning twice in 12 months
- soft tissue conditioning linings for the gums to promote healing
- remake of a partial denture using existing framework

**Surgical Services**

- surgical exposure, repositioning, transplantation or enucleation of teeth
- alveoplasty, gingivoplasty and/or stomatoplasty - shaping or restructuring of bone or gum for the better accommodation of any prosthetic appliance
- removal of cysts and tumors
- incision, drainage and/or exploration of soft or hard tissue
- fractures including the treatment of the dislocation and/or fracture of the lower or upper jaw and repair of soft tissue lacerations



- frenectomy - surgery on the fold of the tissue connecting the lip to the gum or the tongue to the floor of the mouth

### Major Restorative

The following Eligible Services shall be paid at the level stated in the Schedule of Benefits **Services** according to the licensed dentist's and/or licensed dental treatment provider's usual, reasonable and customary charge in accordance with the **General Practitioners Fee Guide**:

- Standard dentures including complete, immediate, transitional, and partial dentures once every 5 years.
- Denture adjustments, remount and equilibration procedures, only after 3 months have lapsed from the installation of an initial or replacement denture.
- Onlays or crown restorations to restore diseased or accidentally injured natural teeth once every 5 years.
- Repair or recementing of crowns, onlays and bridgework on natural teeth.
- Bridges, including pontics, abutment retainers/crowns on natural teeth once every 5 years.

### Orthodontic Services

Orthodontic treatment to straighten teeth and correct the bite including: diagnostic records

- interproximal discing of teeth to alleviate crowding
- observation and adjustment
- removable or fixed appliances
- repairs, alterations and recementation
- removable or fixed retention appliances

\* Orthodontic Services apply to eligible employees, their dependent spouse and children.

### Limitations

1. Laboratory charges must be completed in conjunction with other services and will be limited to the reimbursement percentage of such services. Laboratory charges that are in excess of 40% of the dentist's fee in the General Practitioners Fee Guide will be reduced accordingly.



2. For complete or partial denture services, standard relining and rebasing, crowns and bridges, if you and your dentist decide on personalized restorations or specialized techniques such as precision attachments or stress-breakers, reimbursement of the applicable percentage of the cost of standard services only will be made, and the balance of any cost will remain your responsibility.
3. Major reconstruction (crowns) of decayed teeth is eligible only when basic restoration methods (fillings) cannot be used satisfactorily. Restorations necessary for wear, acid erosion, vertical dimension and/or restoring occlusion are not eligible. Crowning of teeth includes temporary protection of prepared teeth.
4. Core build-ups are eligible only for the purpose of retention and preservation of a tooth when performed with crown treatment. Necessity must be evident on mounted pretreatment x-rays. Core build-ups to facilitate impression taking and/or block out undercuts are not covered and are considered included in the cost of the crown.
5. When a lump sum fee has been paid toward orthodontic treatment, the total amount of the claim will be split into equal portions to include the initial fee and a monthly/ quarterly fee and will be reimbursed over the duration of the treatment.
6. If orthodontic treatment is terminated for any reason before completion, the obligation to pay benefits will cease with payment to the date of termination. If such services are resumed, benefits for the services, to the extent remaining, shall be resumed. The benefit payment for orthodontic services shall be only for the months that coverage is in force.
7. When more than one surgical procedure is performed during the same appointment in the same area of the mouth, only the most comprehensive procedure will be eligible for reimbursement.
8. General anaesthetic must be administered by a separate qualified dentist or medical doctor other than the attending dental surgeon, and only when medically necessary and administered in conjunction with oral or dental surgery.
9. When periodontal surgery flap approach codes are submitted on a predetermination or claim form, periodontal surgery graft codes will not be eligible for reimbursement if the grafts are done in the same section of the mouth and during the same appointment.
10. Root Planing is not eligible if done at same time as gingival curettage.
11. Reimbursement will be pro-rated and reduced accordingly when time spent by the dentist is less than the average time assigned to a dental service procedure code in the General Practitioners Fee Guide.
12. Reimbursement will be limited to the cleaning of a standard denture and not for an implant retained prosthesis. Reimbursement for the cleaning of a standard denture which includes implant retained prosthesis will be reduced accordingly.
13. Reimbursement for retreatments, remakes, duplications and replacements will be based on contractual frequency limitations for crowns, bridges, standard dentures and standard relines and rebasing.



14. Reimbursement for root canal therapy will be limited to payment once, and thereafter only once for possible follow-up procedures such as apioectomies, root resections, retrofilling and extractions.
15. The total fee for root canal includes all pulpotomies and pulpectomies performed on the same tooth.
16. Treatment rendered by a Specialist will be assessed in accordance with the General Practitioners Fee Guide.
17. Common surfaces on the same tooth/same day will be assessed as one surface. If and when individual surfaces are restored on the same tooth/same day, payment will be assessed according to the procedure code representing the combined surface. Payment will be limited to a maximum of 5 surfaces in any 36 month period.
18. The benefits payable for multiple restorative services in the same quadrant performed at one appointment will be reduced by 20% for all but the most costly service in the quadrant.

### **Exclusions**

In addition to the General Exclusions found under the General Information, Eligible Services do not include and reimbursement will not be made for:

1. Services or supplies for implantology, including tooth implantation and surgical insertion of fabricated implants.
2. Diagnostic and/or intraoral repositioning appliances including maintenance, adjustments, repairs and relines related to treatment of temporomandibular joint dysfunction.
3. Appliances related to treatment of myofacial pain syndrome including all diagnostic models, gnathological determinants, maintenance, adjustments, repairs and relines.
4. Posterior cantilever pontics/teeth and extra pontics/teeth to fill in diastemas/spaces are not eligible for reimbursement.
5. Removal of an amalgam or tooth coloured restoration and its replacement with an alternate material unless there is evidence of recurrent decay or significant breakdown.
6. Services, procedures or appliances which are not listed in the General Practitioners Fee Guide.