

Coverage	Benefit Description
<b>Basic Services</b> <ul style="list-style-type: none"> <li>100% coverage based on Usual and Customary Fees</li> </ul>	<ul style="list-style-type: none"> <li>diagnostic, preventive, minor restorative and certain oral surgical services, periodontics (treatment of gum disease), endodontics (root canal work), removable prosthodontics (removable dentures)</li> <li>oral examinations once in a 24 calendar month period</li> <li>recall exams for adults once in a 12 month calendar month period</li> <li>recall exams for dependents under age 18 twice in a 12 calendar month period provided they are 6 months apart</li> <li>complete series of x-rays once in a 24 calendar month period</li> <li>bite-wing x-rays once in a 12 month calendar month period</li> <li>cleaning or scaling for adults in a 12 month calendar month period</li> <li>cleaning or scaling and fluoride treatments for dependents under age 18 twice in a 12 calendar month period provided they are 6 months apart</li> <li>extractions and other oral surgery including pre and post operative care</li> <li>amalgam, synthetic porcelain and plastic fillings</li> <li>diagnostic and treatment procedures for root canal therapy</li> <li>diagnostic and treatment procedures for treatment of tissues supporting the teeth</li> <li>partial or full-removable dentures</li> <li>replacement dentures limited to once every 5 years unless existing dentures cannot be made serviceable</li> </ul>
<b>Restorative Services</b> <ul style="list-style-type: none"> <li>80% coverage for the repair of existing crowns and bridges</li> <li>50% coverage for new crowns, bridges and major restorative benefits</li> </ul>	<ul style="list-style-type: none"> <li>repair of existing crowns and bridges including recementing of inlays/onlays and crowns, removal of crowns and inlays/onlays, and retentive pre-formed posts</li> <li>new crowns and bridges, inlays and onlays</li> <li>fixed bridgework</li> <li>replacement of bridgework limited to once every 5 years unless existing bridgework cannot be made serviceable</li> </ul>
<b>Orthodontic Services</b> <ul style="list-style-type: none"> <li>50% coverage</li> <li>Maximum of \$2,000 per covered person per lifetime</li> </ul>	<ul style="list-style-type: none"> <li>procedures for the correction of malposed teeth</li> </ul>
<b>Tooth Implants</b> <ul style="list-style-type: none"> <li>50% coverage</li> <li>Maximum of \$1,250 coverage per implant</li> <li>Maximum of 2 implants per member per calendar year</li> </ul>	<ul style="list-style-type: none"> <li>includes the cost of the appliance on top of the implant (crown) at 50% of the cost of the crown</li> </ul>
<b>Exclusions</b> <ul style="list-style-type: none"> <li>Some examples of the types of items not covered</li> </ul>	<ul style="list-style-type: none"> <li>replacement of mislaid, lost or stolen appliances</li> <li>crowns, bridges, or dentures for which impressions were made prior to the effective date of coverage</li> <li>charges for broken appointments or completion of claim forms</li> <li>experimental or cosmetic procedures</li> <li>orthodontic services or treatment prior to the effective date of coverage for orthodontic benefits</li> <li>services or supplies intended for sport or home use (e.g. mouth guards)</li> <li>fluoride treatments for members or dependents over age 18</li> </ul>
<b>Pre-Authorizations</b>	<ul style="list-style-type: none"> <li>pre-authorization must be obtained for treatment or services expected to exceed \$800</li> </ul>

*The Dental Plan is not provided through a contract of insurance. For this Plan, the benefits are payable from premiums, interest or investment earnings and an excess of revenue over expenditures.*

**This summary provides general information only. The terms and conditions of the collective agreement will apply.**