

Benefits at a Glance – Dental Plan Edmonton Fire Fighters' Union Edmonton

Coverage	Benefit Description
Basic Services • 100% coverage of Alberta Blue Cross Usual and Customary Dental Fee Guide	• diagnostic, preventive, minor restorative and certain oral surgical services, periodontics (treatment of gum disease), endodontics (root canal work), removable prosthodontics (removable dentures)
	• complete oral examinations once every 2 years
	• recall exams once in a 12 month period
	• recall exams for dependents under age 18 once every 6 months
	• complete series of x-rays once every 2 years
	• bite-wing x-rays once every 12 months
	• bite-wing x-rays for dependents under age 18 once every 6 months
	• cleaning and fluoride treatments once every 12 months
	• cleaning and fluoride treatments for dependent under age 18 once every 6 months
	• scaling limited to a maximum of 32 time units in any 12 month period
	• extractions and other oral surgery including pre and post operative care
	amalgam, synthetic porcelain and plastic fillings
	 diagnostic and treatment procedures for root canal therapy
	• diagnostic and treatment procedures for treatment of tissues supporting the teeth
	partial or full-removable dentures
	• replacement dentures limited to once every 5 years unless existing dentures cannot be made serviceable
 Restorative Services 80% coverage for the repair of <i>existing</i> crowns and bridges 	• repair of <i>existing</i> crowns and bridges including recementing of inlays/onlays and crowns, removal of crowns and inlays/onlays, and retentive pre-formed posts
	• <i>new</i> crowns and bridges, inlays and onlays
 50% coverage for <i>new</i> crowns, bridges and major restorative benefits 	• replacement of bridgework limited to once every 5 years unless existing bridgework cannot be made serviceable
Orthodontic Services	procedures for the correction of malposed teeth
• 50% coverage	
• Maximum of \$2,500 per covered person per lifetime	
Exclusions	• replacement of mislaid, lost or stolen appliances
• Some examples of the types of items not covered	• crowns, bridges, or dentures for which impressions were made prior to the effective date of coverage
	charges for broken appointments or completion of claim forms
	experimental or cosmetic procedures
	• orthodontic services or treatment prior to the effective date of coverage for orthodontic benefits
	• services or supplies intended for sport or home use (e.g. mouth guards)
Pre-Authorizations	 pre-authorization must be obtained for treatment or services expected to exceed \$800

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 take precedence.

May 2022

