

Summary of Dental Benefits

Policy #	SSQ Policy #32S20
Effective Date	October 1, 2008
Deductible	Nil
Co-Insurance	100% - Basic Services 75% - Major Services 75% - Orthodontics 100% - Accidental Dental
Annual Maximum	Unlimited
Late Submission	Unlimited – Basic Services \$2,000 each calendar year – Major Services \$1,500 lifetime – Orthodontics Unlimited – Accidental Dental
Eligibility	You and your dependents will become eligible based on the Union Contract Agreement. Member can waive Health & Dental if covered under spousal plan. Evidence of insurability for you and your dependents must be provided.
Survivor Benefits	2 years

Basic Services – 100% of eligible expenses

Benefit Description	Yes/No	Comments
Complete Exams	Yes	Once every 36 months
Oral Examination (Recall Exam)	Yes	Twice every 12 months but limited to one in any 12 month period that a complete examination is also performed.
Periodontal Exam	Yes	Twice every 12 months
Recall Exam		
Polishing	Yes	Twice every 12 months
Flouride Treatment	Yes	Twice every 12 months
Emergency Exam	Yes	
Specific Exam	Yes	
Study Casts	Yes	
Consultations	Yes	
Intra Oral X-Rays	Yes	15 films every 36 months
Complete X-Ray Series/Panoramic	Yes	Once every 36 months
Bitewings	Yes	
Diagnostic & Lab Procedures	No	
Space Maintainers	Yes	
Pits & Fissures Sealants	Yes	For bicuspid/molars every 60 months
Oral Hygiene Instruction	Yes	Once per lifetime
Oral Surgery	Yes	
Anaesthesia/Conscious Sedation	Yes	
Extractions	Yes	
Restorative	Yes	
• Amalgam	Yes	
• Composite	Yes	
• Acrylic	Yes	
• Retentive Pins/Posts	Yes	
• White Fillings On Molars	No	
Endodontics	Yes	
• Root Canal Therapy	Yes	One treatment per tooth. Retreatment covered only if original treatment fails after the first 18 months.
• Occlusal Adjustment And Equilibration	Yes	4 units every 12 months
• Pulpectomy	Yes	
Periodontics	Yes	
• Perio Appliance	No	
• Scaling & Root Planning Combined	Yes	6 units every 12 months
Denture Reline	Yes	After 6 months installation and once every 36 months
Denture Rebase	Yes	For dentures at least 2 years old and once every 36 months
Denture Resilient Liner	Yes	Once every 36 months
Accidental Dental (Code 00010)	Yes	Unlimited paid at 100%. Work must start within 60 days of date of accident and completed within 12 months.

Summary of Dental Benefits

Major Services – 75% of Eligible Expenses

Benefit Description	Yes/No	Comments
Crowns	Yes	Replacement once every 5 years
Inlays/Onlays	Yes	Replacement once every 5 years
Veneers	No	
Dentures	Yes	See limitations
Denture Remake	Yes	Once every 36 months
Denture Adjustments	Yes	Once every 12 months
Denture Repairs/Additions/ Resetting/Tissue Conditioning	Yes	
Bridgework	Yes	See limitations
Removal And Recementation Of Bridgework	Yes	
Implants	No	
Orthodontics	Yes	For children age 6 to 18 when treatment starts. Paid at 75% up to a lifetime maximum of \$1,500
Bridge Repair	Yes	
Temporary Dentures/Bridge	Yes	

Limitations

Initial Dentures and Bridgework	When required to replace one or more teeth extracted while the person is covered. Overdentures and Bridgework are covered only when standard complete or partial dentures are not viable treatment options.
Replacement Dentures/Bridgework	Replacement is covered when existing appliance is a covered temporary appliance; the existing is at least 5 years old and cannot be made serviceable. If additional teeth are extracted and the existing cannot be made serviceable.
Replacement Crowns	When existing crown is at least 5 years old.

Dependents

Eligible dependents under this plan shall include:

- (a) Your spouse, legal or common-law.
- (b) Your unmarried children under age 21, or under age 25 if they are full time students.

Children under age 21 are not covered if they are working more than 30 hours a week, unless they are full time students.

Children who are incapable of supporting themselves because of physical or mental disorder are covered without age limit if the disorder begins before they turn 21, or while they are students under 25, and the disorder has been continuous since that time.