



Dental Plan

Dental Plan

The Dental Plan provides coverage for basic, major and orthodontic treatment. The option levels for dental are Opt Out, Core or Enhanced coverage. The premiums for Core coverage are paid by the Employer. If you choose Enhanced coverage, you will pay a premium. For premium information, refer to your **1stchoice Premium Rate Sheet**.

Summary of Benefits

Dental Service	Core Coverage	Enhanced Coverage
Basic Services	<ul style="list-style-type: none"> 80% 	<ul style="list-style-type: none"> 80%
Major Services	<ul style="list-style-type: none"> 50% 	<ul style="list-style-type: none"> 80%
Orthodontics	<ul style="list-style-type: none"> 50% 	<ul style="list-style-type: none"> 60%
Maximums	<ul style="list-style-type: none"> \$2,000 per person per benefit year on Basic & Major services combined \$2,000 lifetime maximum per person on Orthodontics 	<ul style="list-style-type: none"> No maximums
Dental Implants	<ul style="list-style-type: none"> 50% One per benefit year within the maximum of \$2,000 on Basic & Major services combined 	<ul style="list-style-type: none"> 80% Two per benefit year to a maximum of \$3,000
Cost Sharing	<ul style="list-style-type: none"> 100% employer paid 	<ul style="list-style-type: none"> Employer and employee contribute the same premium amount as under Core and the employee pays an additional premium for the Enhanced services

The Plan will pay for dental service charges up to and including the fees in the fee schedule in effect at the time the service is provided. Charges exceeding the fee schedule will not be paid by the Plan.

Charges incurred for dental services provided by an immediate family member of the participant are not eligible for reimbursement by the Plan.

Benefit Year

July 1 to June 30.

Claims Adjudicator

All claims are adjudicated by Alberta Blue Cross.

Plan Description

Core Coverage

The most common dental procedures and limitations are listed on the following pages. If you are unsure a procedure is covered, contact Alberta Blue Cross.

Basic Services — 80% Reimbursement

- Oral exams, bite-wing x-rays and polishing; limited to once per benefit year
- Scaling and root planning; limited to a combined maximum of 16 time units per benefit year
- Fluoride application — 2 per benefit year (children only)
- Full mouth series of x-rays every 24 months
- Panoramic x-rays once every 5 years
- Space maintainers
- Oral hygiene instruction; adults limited to once per lifetime; children twice per benefit year
- Fillings
- Extractions
- Oral surgery
- Drugs and injections
- Endodontic treatment (root canals)
- Periodontic treatment
- Consultations
- Rebases and relines of existing dentures
- Necessary treatment for relief of dental pain

Major Services — 50% Reimbursement

- Inlays and crowns (once every 5 years per tooth)
- Initial prosthodontic appliance (i.e., dentures)
- Replacement of prosthodontic appliances (under some circumstances; once every 5 years per appliance)
- Procedures using gold (in the absence of a reasonable substitution)
- Denture adjustments
- Dental implant (one per benefit year within the maximum of \$2,000 on Basic and Major Services combined)

Orthodontics — 50% Reimbursement

- Oral exam
- Surgery
- Observations and adjustment to orthodontic appliances
- Diagnostic procedures

Maximums

- \$2,000 per person per benefit year on Basic and Major Services combined
- \$2,000 lifetime maximum per person for Orthodontic Services

Enhanced Coverage

In addition to the procedures listed under the Core coverage, the Enhanced coverage is at a higher level for the following:

Basic Services — 80% Reimbursement

- Oral exams, bite-wing x-rays, polishing and scaling; twice per benefit year

Major Services — 80% Reimbursement

- Dental implants (two per benefit year to a maximum of \$3,000)

Orthodontic Services — 60% Reimbursement

Maximums

- There is no benefit year maximum for Basic or Major Services
- There is no lifetime maximum for Orthodontic Services
- There is a \$3,000 maximum on two dental implants per benefit year

Dental Coverage Exclusions (not all-inclusive)

There is no coverage for:

- Services provided free
- Services paid for by an extended medical care plan
- Procedures not recognized by the Alberta Dental Association
- Prosthetics ordered while the claimant was covered but which were installed after termination of coverage
- Crowns and veneers on a tooth not functionally impaired
- Treatment covered by Workers' Compensation
- Cosmetic services
- Lost or stolen dentures
- Completion of claim forms
- Missed appointments
- Services or supplies for full mouth reconstructions, vertical dimension corrections or as a treatment for temporal mandibular joint dysfunction (TMJ)
- Charges incurred for dental services provided by the participants' immediate family member

Coverage Class

The coverage class is either **Single** or **Family**.

- You may change from the Family to Single class of coverage at any time
- You may change from Single to Family at a Choice Time or **within 31 days** of a Life Event
- You must enrol all eligible dependents in the Dental Plan in order for them to be covered

Level of Coverage

There are three levels of coverage under the Dental Plan:

1. Opt Out
2. Core
3. Enhanced

Enrolment Upon Commencement of Employment

To enrol in the Dental Plan, complete and submit a **1st choice Enrolment** Form. Upon initial enrolment you may:

- Enrol in any coverage level of the plan; or
- Opt out

Note: If you do not enrol, you will be without coverage in this benefit plan.

Effective Date of Coverage

Coverage in the Dental Plan will start immediately if you commence or are eligible for benefits on the first day of the bi-weekly pay period (which is a Sunday). Your coverage is in effect for that pay period and the full premium will be deducted.

If you commence employment or are eligible for benefits on the second day of the pay period or later, your coverage will start on the first day of the following pay period and a full premium will be deducted from that bi-weekly paycheque.

If you do not enrol in the Dental Plan upon commencement, you will be able to enrol at the next Choice Time or **within 31 days** of a Life Event.

Changing Your Benefit Coverage

After you have been enrolled in **1stchoice**, you may subsequently change your coverage when:

- There is a Choice Time, or
- A Life Event occurred and you request a change in coverage within 31 days from when the event occurred

Dental Plan	Anytime	Choice Time	Life Event
Level of Coverage (i.e., moving between Opt Out, Core or Enhanced)	<ul style="list-style-type: none"> • No change allowed 	<ul style="list-style-type: none"> • Increase coverage one or two levels • Decrease from Enhanced to Core only if one Choice Time has passed • Decrease from Core to Opt Out 	<ul style="list-style-type: none"> • Increase coverage one or two levels
Coverage Class Change from Family to Single Change from Single to Family	<ul style="list-style-type: none"> • Yes • No 	<ul style="list-style-type: none"> • Yes • Yes 	<ul style="list-style-type: none"> • Yes • Yes
When to Change		<ul style="list-style-type: none"> • Between specified dates 	<ul style="list-style-type: none"> • Within 31 days of event occurring

Examples:

To increase one level is to move from Opt Out to Core or from Core to Enhanced.

To increase two levels is to move from Opt Out to Enhanced.

To decrease one level is to move from Enhanced to Core or from Core to Opt Out.

Choice Time

Choice Time is a specific time-frame which occurs during June/July of the odd-numbered years (i.e., 2011, 2013, etc.), and provides you with the opportunity to change your benefit coverage subject to the rules of each benefit plan. You may make the following change under your dental coverage:

- You may increase one or two levels of coverage from Opt Out to Core or Enhanced, or from Core to Enhanced
- You may decrease from Enhanced to Core, only after one Choice Time has passed. For example, if you selected Enhanced coverage in 2009, you will not be able to decrease your coverage to Core until 2013
- You may decrease from Core to Opt Out
- You may change your coverage class from Single to Family or from Family to Single

Life Event

A Life Event occurs on:

- Marriage or meeting the requirements for an eligible benefit recipient
- Divorce, death, or loss of an eligible benefit recipient
- Birth, adoption or guardianship of a first child;
- Change in your child's eligibility
- Dependent child's loss of coverage under an individual or other parent's benefit plans; or
- Employee's and/or eligible benefit recipient's loss of coverage under individual or group benefit plans

By applying to your Ministry Pay and Benefits Office within 31 days following the occurrence of a Life Event, you may request the following changes to your dental coverage:

- You may increase one or two levels of coverage from Opt Out to Core or Enhanced, or from Core to Enhanced
- You may change your coverage class from Single to Family or from Family to Single

Co-ordination of Benefits

If you have family coverage under one or more dental plans, you and your dependents may be eligible to co-ordinate benefits. Co-ordination of benefits is the process whereby an individual or family with multiple plans may co-ordinate claims to receive payment of up to 100% of eligible expenses from both plans combined.

You and your eligible benefit recipient should submit claims under your own benefit plan first. After you are reimbursed from that plan, you can submit a claim to the other plan to be reimbursed for any remaining eligible expenses. If your eligible benefit recipient works for the Government of Alberta and is covered under this benefit plan or the **MyCHOICE** Dental Plan, your claim will be co-ordinated by Alberta Blue Cross provided all the necessary information has been submitted. If your dependent children are covered under both your and your eligible benefit recipient's plans, the claim should first be submitted to the plan of the parent with the birthday earliest in the calendar year, then to the other parents' plan.

Termination of Coverage

Your 1stchoice dental plan coverage ceases for you on the last day of the pay period that you:

- Terminate employment; or
- Transfer to a position which is not included in the group eligible for 1stchoice benefits; or
- Die

Coverage for a dependent under your dental plan ceases on the last day of the pay period:

- That you terminate coverage; or
- When the dependent is no longer an eligible benefit recipient as defined under the plan; or
- When the dependent child turns age 21 or 25 years of age and no longer meets the eligibility requirements as defined under the plan.

Pre-Approval of Services over \$800

If your dentist recommends any dental work that is expected to exceed \$800, and you want to find out in advance how much your dental plan will cover, you can do so by asking your dentist to submit a pre-approval to Alberta Blue Cross **before the treatment begins**. The dentist is required to provide Alberta Blue Cross with a detailed description of the proposed treatment and the estimated costs. Alberta Blue Cross will then advise you of the expenses covered under your plan and you will know in advance, your share of the costs.

Note: Pre-approvals only take into account the accumulated maximum at the time of authorization and are in effect for a maximum of 120 days from the date of approval or until the patient ceased to be covered under this plan, whichever occurs first.

Orthodontic Treatment Plans

Your orthodontist must complete and submit an orthodontic treatment plan to Alberta Blue Cross prior to submitting a claim for reimbursement. The treatment plan must provide an explanation of the

proposed treatment, anticipated length of time per course of treatment and a breakdown of estimated costs. If the appliance was placed prior to becoming covered under this plan, the treatment plan must also include the date the appliance was placed.

Note: If the patient began orthodontic treatment prior to becoming a participant of this dental plan, only expenses for dates of service after the date you became covered under this plan are considered eligible expenses.

Claim Procedures

Alberta Blue Cross allows all Alberta dental offices to bill them directly for services provided to you. If your dentist uses this method, this means you will only be required to pay the amount not covered by your plan.

If your dentist does not use this method, you will be required to pay the full cost for the services and then submit a dental claim form to Alberta Blue Cross for reimbursement. Your dentist must complete a section of this form. Your reimbursement cheque will be payable to you as the insured employee, and sent to your home address. The financial settlement of the cost of dental services is between you and your dentist.

Claims must be submitted within 12 months of the date services were provided.

Considerations in Choosing Dental Coverage

- Think about your present and anticipated need of dental services — both for yourself and your family
- Do you have coverage through your eligible benefit recipient's employer?
- Are you better off paying a premium for four or more years of Enhanced coverage or choosing Core and paying out-of-pocket for additional expenses?
- Do you anticipate orthodontic expenses?

For Further Information

Contact Alberta Blue Cross if you have questions on a claim, or on the benefits and services covered under this plan (have your Alberta Blue Cross card handy when you call). Your Group Number is 5.

Calgary	403-234-9666
Edmonton	780-498-8000
Fort McMurray	780-790-3390
Grande Prairie	780-532-3505
Lethbridge	403-328-1785
Medicine Hat	403-529-5553
Red Deer	403-343-7009

A toll free line is available for people living outside these major areas: 1-800-661-6995.

You may also contact the Government of Alberta Time and Benefits Support Line at 780-644-8114 or via e-mail at GOA.TimeAndBenefits@gov.ab.ca for any additional information.

**Outside of Edmonton, dial toll free 310-0000 followed by 780-644-8114 or hold or press 0 for operator assistance.*

This handbook provides a summary of the principal features of the Dental Plan for the Government of Alberta managers and non-union employees. The terms and conditions of the plan are governed by a Trust Agreement approved by the Government of Alberta.

