

**RIVER EAST TRANSCONA
SCHOOL DIVISION**

DENTAL BENEFITS

Your Plan Consultant:

MERCER HUMAN RESOURCE CONSULTING

Table of Contents

Introduction	1
Eligibility	2
Dental Benefits	3
Basic Services Covered	3-4
Major Services Covered	4
Orthodontic Services Covered.....	5
Pre-Treatment Authorization	5
Importance of the Fee Guide.....	5
Exclusions and Limitations	6
General Exclusions.....	7
Coordination of Benefits	8
Claiming for Benefits.....	9
Changes in Status.....	10

Introduction

Welcome!

Manitoba Blue Cross is very pleased to have been selected to provide these dental benefits.

This booklet has been prepared to provide you with a convenient summary of your benefits, in non-technical language. In all cases, the specific benefits available and the terms and conditions under which they are provided, are governed by the Group Agreement between the MAST/MTS Dental Trust Committee and Manitoba Blue Cross. In the event of any difference between the terms in the book and those of the Group Agreement, the terms of the Group Agreement shall prevail.

If you should require any further information concerning your benefits, you are encouraged to contact your division's Payroll Department, or to call the Manitoba Blue Cross offices directly at **(204) 775-0151** or toll-free (within Manitoba) at **1-800-873-2583** or (outside Manitoba but within Canada) at **1-888-596-1032**.

We look forward to serving you!

Note: In any communication with Manitoba Blue Cross please make reference to your group number.

JANUARY 2007

Eligibility

Dental benefits are available to all regular full-time or part-time teachers signed to a Teacher General Contract, and to teachers on a Limited Term Contract of at least 60 consecutive teaching days. Benefits are also available to spouses of teachers and their dependent children. Newly-hired teachers become eligible for plan benefits on their date of employment.

The term "Spouse" means the person with whom you are living in a conjugal relationship.

The term "Dependent" means all natural children, legally adopted children, stepchildren and children for whom you are the legal guardian. Children of the person with whom you are living in a conjugal relationship are also eligible, provided such children are living with you. All children must be unmarried, under the age of 19 and dependent upon you for support, or unmarried and under the age of 25 and be in full-time attendance at a specialized school, college, or university.

The age restriction does not apply to a physically or mentally incapacitated child whose incapacitation commenced while they satisfied the definition of a dependent child, as described above.

Participation in the dental plan is compulsory for all newly-hired teachers. (Enrollment is not required of new teachers who are already covered under another dental plan.)

Dental Benefits

Basic and Major dental benefits are subject to a maximum of \$1,500 per person per calendar year.

You will be reimbursed:

- 100% of eligible expenses for “Basic” dental services, and
- 80% of eligible expenses for “Major” dental services, and
- 50% of eligible expenses for “Orthodontics” (braces) for dependent children under 19 years of age. Orthodontic benefits are subject to a lifetime maximum of \$1,500 per child.

Benefit payments are based on the Dental Fee Guide, excluding the Manitoba Northern Fee Guide, established by the Manitoba Dental Association which is in effect at the time the services are provided.

Basic Services Covered

1. Diagnostic:

- Complete examination, once every 3 calendar years.
- Recall or oral examinations covered twice in each calendar year.
- Periapical x-rays.
- Full mouth x-rays or panorex x-rays once every 2 calendar years if necessary.

2. Preventive:

- Combination of 1 1/2 units of polishing and/or scaling (the removal of deposits and stains from the tooth surface) twice in each calendar year.
- Topical application of fluoride. Up to 2 applications in each calendar year.
- Space maintainers (except when used for orthodontic purposes).

3. Extractions:

- Uncomplicated procedures for the removal of teeth which are beyond restoration.

4. Oral surgery:

- Complicated surgical procedures performed in the dentist's office including post-operative care.

- 5. Restorative:**
 - Fillings made of amalgams, silicates, plastics and synthetic porcelains.
 - Repair of damaged dentures. Adding teeth to existing dentures. Relining or rebasing the dentures is limited to once every 3 calendar years.
- 6. Accidental injury:**
 - Major and orthodontic dental services as a result of an accident, to a maximum of \$1,000 per year per person. Treatment must commence within 90 days of the accident.
- 7. Endodontics:**
 - The usual procedures required for pulpal therapy and root canal filling.
- 8. Periodontics:**
 - The usual procedures for treatment of the diseases of the tissues and bones supporting the teeth.
- 9. Anesthesia:**
 - General anesthesia or nitrous oxide analgesia administered in the Dentist's office.
- 10. Consultations:**
 - Consultations required by attending dentist.
- 11. Drugs:**
 - Cost of medication and injections given in the dentist's office.

Major Services Covered

- 1. Extensive restorations:**
 - Inlays and onlays (One per tooth every 5 calendar years).
 - Jackets, crowns and bridges to rebuild and replace missing teeth. (Only one procedure per tooth every 5 calendar years.)
 - Note: Please refer to point number 6 of "Exclusions and Limitations".
- 2. Prosthetic:**
 - Partial or complete upper and lower dentures, provided by a dentist or licensed denturist. Each procedure limited to once every 5 calendar years. Allowances include all adjustments.

Orthodontic Services Covered

Orthodontic services normally specify an initial fee, and monthly or quarterly fees for on-going treatment. You will receive reimbursement towards the initial fee, and on-going services as they are received. You will not be reimbursed in advance for orthodontic services not yet received.

Pre-Treatment Authorization

The pre-authorization requirement has been established primarily to protect you, by having possible misunderstandings resolved before expensive dental work is carried out.

If the cost of all treatments planned is expected to exceed \$500, Manitoba Blue Cross must approve the work in advance. After listing the work planned, your dentist will submit your claim form, with supporting x-rays, directly to Manitoba Blue Cross. A notice of assessment will be issued to you and your dentist.

Importance of the Fee Guide

Benefits paid by the plan are based on a specific dental fee guide established by your provincial Dental Association. While they are not required to do so, the majority of dentists charge according to the rates set out in the fee guide.

When going to a dentist for the first time, it is suggested that you inquire about how they set the rates before any work is carried out. If the dentist charges more than the fee guide, you will be responsible for the excess. In no event will the plan pay more than the dentist's actual charge.

Exclusions and Limitations

Manitoba Blue Cross will not pay for the following:

1. Services purely cosmetic in nature, or for cosmetic reasons.
2. Congenital malformations i.e. cleft palate prosthesis.
3. Fees arising out of extra services arranged for privately between the patient and dentist.
4. Oral hygiene instruction and plaque control programs.
5. Charges for appliances, which have been lost, broken or stolen.
6. Gold, crown, fixed bridge, veneers or other extensive treatment when another material or procedure would have been a reasonable substitute consistent with generally accepted dental practice. Where a reasonable substitute was possible, the covered expense would be that of the customary substitute.
7. Separate charges for general anesthesia except in connection with office procedures as specified in your plan.
8. Bleaching of teeth.
9. Root canal on a permanent tooth more than once per lifetime per tooth.
10. Snoring or sleep apnea appliances.
11. Charges for treatment other than by a dentist, except for treatment performed in a dental office under the supervision and direction of a dentist by personnel duly licensed or certified to perform such treatment under applicable professional statutes and regulations.
12. Diagnostic photographs.
13. Precision attachments.
14. Hypnosis and dental psychotherapy.
15. Provision for facilities in connection with general anesthesia.
16. Polishing restorations.
17. Any procedure in connection with forensic dental.
18. Services and supplies the person is entitled to without charge by law or for which a charge is made only because the person has coverage under a plan.

Exclusions and Limitations (continued)

19. Services related to the treatment of Temporo-Mandibular Joint dysfunction.
20. Dental implants.
21. Charges for completing claim forms or missed appointments.
22. Services covered or provided through Workers' Compensation legislation, any government agency or a liable third party.
23. Charges for services provided prior to the effective date of coverage.
24. Services or supplies not listed as covered expenses.

Coordination of Benefits

Coordination of benefits is available if both spouses in a family are regularly employed and dental plans are provided by both places of employment.

Under the "Coordination of Benefits" provision, you are entitled to claim benefits from both plans, as long as the total benefits received do not exceed the actual expenses incurred.

If the services are provided to you then Manitoba Blue Cross would be the "primary" carrier and would pay benefits first. The other insurer would then be responsible for any unpaid eligible expenses.

If the services are provided to your spouse, then the other insurer would be the "primary" carrier and would pay benefits first. Your spouse would submit the claim form to their insurer. After receiving payment, any unpaid eligible expenses can be submitted to Manitoba Blue Cross with a completed Manitoba Blue Cross claim form (including your contract number) and the statement of benefits paid from the other insurer.

If the services are provided to a dependent child, the plan of the covered person with the earlier day and month of birth would be the "primary" carrier. The claim would then be processed according to the procedures listed above.

If you are separated or divorced, the plan that will pay benefits for your dependent children will be determined in the following order:

- The plan of the parent with custody of the child,
- The plan of the spouse of the parent with custody of the child,
- The plan of the parent without custody of the child,
- The plan of the spouse of the parent without custody of the child.

Claiming for Benefits

Dental Benefits

1. Obtain a dental claim form from Manitoba Blue Cross or your Payroll Department. (A separate claim form is required for each member of your family obtaining dental services.) Present the claim form to your dentist on the first appointment.
2. Following the examination, the dentist will discuss a proposed course of treatment and possibly book follow-up appointments. If the cost of treatment exceeds \$500, or if treatment consists of major dental services (crowns, bridges, orthodontics, etc.) the dentist will have to submit a completed claim form to Manitoba Blue Cross for approval prior to treatment being started. If the treatment cost is less than \$500 or is for basic dental services, the dentist will retain the claim form until the course of treatment has been completed.
3. Your dentist has the option of billing Manitoba Blue Cross directly, or continuing to bill you. Please inquire at the beginning of treatment how billing will be made. Should your dentist choose to seek payment directly from Manitoba Blue Cross, it will not be necessary for you to submit the claim. You will be asked to sign the benefits over to the dentist, where indicated on the claim form.

Note: Claims for all benefits listed in this booklet submitted more than two years after date(s) services are provided, will not be accepted.

Changes in Status

Reporting Changes

You must notify your Payroll Department and Manitoba Blue Cross within 90 days of change in your own or your dependents' status resulting from marriage, divorce, separation, termination of conjugal relationship, death, change of residence, birth or legal adoption.

The majority of status changes may be reported using the "Notice of Change" form available through your Payroll Department.

If you have opted out of the dental plan due to spousal coverage that subsequently terminates, you must advise your Payroll Department and Manitoba Blue Cross within 90 days if you wish to be covered under this plan.

Births

Your newborn children must be added to your plan as dependents, within 90 days from the date of birth.

Divorce

In the event of divorce, your divorced spouse and/or dependent children may apply for continuation of coverage. For further information contact Manitoba Blue Cross.

Termination of Coverage

Your coverage will automatically be cancelled upon termination of employment.

To continue with similar coverage on an individual basis, contact Manitoba Blue Cross for more details.

Note: Once enrolled in this group plan, you will not be permitted to opt out while still employed by the Division except in the event of duplicate coverage through your spouse. If this situation arises, your request to cancel must be received by Manitoba Blue Cross within 90 days of the effective date of the new plan.

Identification Card

If you require a new identification card, please contact your Payroll Department and arrangements will be made to provide you with a new one.