

PREFACE

This booklet will help you to understand how to use your dental benefits. It explains the dental plan for all Government employees.

This booklet will:

- explain dental procedures covered by your dental plan
- clarify who is eligible for coverage
- explain how to submit a claim

Your plan number is 9D

Your membership number is the eight or nine digit number on your I.D. card.

Disclaimer

This handbook provides a summary of the dental plan available for eligible government employees. The governing terms and conditions of the plan are outlined in the agreement between the Government and the Administrator. If there is any difference between the information in this brochure and the agreement with the Administrator, the latter will prevail.

This plan is administered by:

Green Shield Canada P.O. Box 1608 WINDSOR, ONTARIO N9A 7G1

Claims – Customer Service Department 1-888-711-1119

ELIGIBILITY

You and your dependants are eligible for coverage under this plan. A dependant means a person living with you who is:

- your spouse (including common-law)
- your child, step-child, adopted child, or foster child who is:
 - under 21 years old and dependant on you for support

or

- is 21 years old or over and is dependant on you because of mental or physical illness
- A relative who is wholly dependant on you for support because of mental or physical illness

Your child can attend school or another institution outside of your community of residence and remain a dependant.

An enrolment form must be completed and signed by the employee. The employee must inform your Benefits Officer of any changes in dependants.

WAITING PERIOD

The coverage starts as follows:

The coverage starts as folk	7413.
TYPE OF EMPLOYEE	WAITING PERIOD
Term & Indeterminate	Coverage begins after a 6 month waiting
	period.
Casual	Coverage begins after 6 months of
	continuous employment. (No break greater
	than 30 days)
Seasonal	Coverage begins after 6 months of
	continuous employment. The employee
	will be covered even during the off season.
Employees on Maternity	All employees taking these types of leave
Leave, Adoption Leave,	and who are in the dental plan before start-
or Sick Leave	ing the leave are entitled to continuous
	coverage until their employment ends.

Once coverage has started, employees will receive an identification card. This card must be presented to the dentist before having any work done.

COST OF THE DENTAL PLAN

There is no cost for the dental plan other than the following deductibles:

- \$25 a year for single coverage
- \$50 a year for a member with dependants

If the dental claim is expected to exceed \$500, it is strongly suggested that the dentist or employee submit an estimate of the expenses to Green Shield before the dentist does any work. This will ensure that the procedures the dentist recommends are eligible for coverage.

Dental coverage (excluding orthodontic services) has a maximum benefit of \$1000 per benefit year, per dependant.

Orthodontic coverage has a lifetime limit of \$3000 per dependant.

Avoid Duplication

In order to avoid duplication in coverage, an employee or dependant who is eligible to participate in another dental plan may decide not to be covered under this plan.

CO-ORDINATING DENTAL COVERAGE

The GNWT Dental Plan is a payer of last resort. If you or your dependants are entitled to coverage from another source, you should use those benefits first. You can co-ordinate an eligible claim between this plan and other dental coverage to get reimbursement up to 100%. Total payments must not exceed eligible expenses. If you or your dependants have other coverage for dental expenses you should indicate this in the EMPLOYEE'S STATEMENT section of your claim form and provide the requested details.

If your children have dental expenses, and you and your spouse have different dental coverage, then the parent born earliest in the calendar year (first or principal payer) must claim the children first.

Example: The father was born November 10. The mother was born April 21. The mother is the first born in the calendar year. Therefore her plan becomes the principal payer for all eligible children in the family. Any balance not reimbursed from the mother's plan may then be claimed against the father's plan. The reverse is true if the father's birthday is earlier in the calendar year.

HOW TO SUBMIT A CLAIM

Most dentists in the NWT are familiar with the GNWT dental plans. They may do all the administrative work and you need only to show them your dental plan card, check over the submission form and sign it. The dental office will mail it in for payment. This is called assignment of payment.

If this is not done at your dental office, you should take the following steps to get reimbursement for your dental expenses:

Before going to your dentist

- 1. Pick up the proper form for your dental plan (9D) from your Benefits Office.
 - Each claim submitted under the plan should be on the claim form specifically for this dental plan.
- 2. Complete part two and three of the STANDARD DENTAL CLAIM FORM.

Note: Wait until after your treatment is completed before signing the form.

At the dentist's office

- 3. After you pay the dentist, ask the dental office to complete part one of the form.
- 4. Sign the claim and send to:

Green Shield Canada

P.O. Box 1608

WINDSOR, ONTARIO N9A 7G1

A claim must be submitted within 12 months of the date the dental services are provided for the eligible expenses to be reimbursed.

Claims are reimbursed according to the NWT Dental Association fee guide or other recognized fee schedule where the services were rendered.

The reimbursement cheque is made out to the employee and will be mailed to the address on the form.

When the payments are assigned to the dentist, Green Shield occasionally conducts audits on the claims. If you assign the payment to the dentist, you may receive a letter asking you to verify the work billed was actually done.

STANDARDS DENTAL CLAIM FORM



DENTALCLAIMFORM

PO Box 1608, Windsor, Ontario N9A 7G1

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PART1 PROVIDER									Unique No						Spec	Pi	Patient's Office Account No.					I hereby assign my benefits payable from this claim to the named provider and authorize				
PATLE	_	Patient Last Name Given Name Address Apt.								P payment directly to himher O V I D																
N T	•	City Province Postal Code] ε										Signature of Subscriber								
For provider's use only - for additional information, diagnosis, procedures, or spe consideration										ecia	l	Iunderstandthat the fees listed in this claim may not be covered by or may exceed my pl benefts. I understand that I am financially responsible to my provider for the entire treatme lacknowledge that the total fee of \$									me for					
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This is an accurate statement of services performed and the total fee due and payable, E & OE.							TAL	TAL FEE SUBMITTED																		
Ple	INSTRUCTIONS FOR CLAIM SUBMISSION Please carefully fill in all pertinent areas and sign the completed claim form. (Refer to Green Shield Identification Card for correct patient information) Incomplete or incorrect claim forms will be returned or rejected and will result in a delay in reimbursement.																									

PART 2 - EMPLOYEE/PLANMEMBER/SUBSCRIBER

Subscriber's Name (Please Print)		Subscriber's Identification Number	Group Number	Subscriber's Date of Birth
Last Name	Given Names	-00		Day Mo Yr

PART 3 - PATIENT INFORMATION

Patient's Name (Please	Print)	Patient's Identification Number	Potient's Date of Birth
Last Name	Given Names		Day Mo Yr
Patient: Relationship	to Subscriber	Is any treatment required as the result of an accident? If Yes, give date and details separately.	No Yes
If child indic	ate: Student Handicapped I	If denture, crown or bridge, is this initial placement? Give date of prior placement and reason for replacement.	No Yes
ii student,	marcate across	5. Is any treatment required for orthodontic purposes?	No Yes
insurance or dental plan	ts or services provided under any other group , W.C.B. or GovernmentPlan? No Yes	1. authorize the release of any information or records requi- claim to insurer/plan administrator and certify that the informa- correct and complete to the best of my knowledge.	
Name of other Insuring	Agency or Plan	· I	Date
All information recorded of	on this form is confidential.	Signature of Subscriber	Day Month Ye

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TYPES OF DENTAL WORK COVERED

You and your dependants are entitled to three types of dental services: basic, major, and orthodontic.

Basic Dental Services

100% reimbersment (unless otherwise stated and subject to a year maximum

Examinations

- A complete oral examination once every 3 years.
- A recall oral examination once in any consecutive 9 month period.
- Emergency examinations whenever medically necessary.

Teeth cleaning and light scaling/polishing of teeth (Prophylaxis)

Once in any 9 consecutive months. The dentist or legally qualified dental personnel removes slight stains and light build up of calculus and polishes the teeth.

X-rays

Certain x-rays are covered on a regular basis:

- full series/panorex: once every 3 years
- Bite wings once every 12-month period.

Pit and fissure sealant (age limitation)

 Coverage is limited to dependents 14 years and under and only on permanent molars.

This is the process used to seal deep indentation in the tooth's chewing surface.

Space Maintainer (age limitation)

Coverage is at 50% to persons who began treatment before age 19. These appliances are placed on children's teeth to aid teeth in growing in straight and in the correct location. They help extensively in preventing costly orthodontic procedures in the future.

TYPES OF DENTAL WORK COVERED

Fillings	·	Amalga covered
Endodontics		Root ca

Amalgam, acrylic and composites are covered.

 Root canal therapy is covered once per tooth. (Retreatment is not eligible.)
 Other areas covered under endodontics are periapical services, removal of diseased tissue, banding of teeth and some emergency procedures.

Periodontics

 Coverage is at 50% and includes some grafting and numerous special services.

• Coverage is at 100% for scaling.

Denture Repairs

 Existing dentures will be repaired, adjusted and relined. Reimbursement for denture relines is based in standard relines only.

Oral Surgery

 Please consult your dentist for clarification on this procedure. These services are covered only at certain levels. The dentist should make sure that Green Shield is informed of the estimated costs.

^{*} Note: A benefit year is April 1 to the following March 31.

MAJOR DENTAL SERVICES

50% Reimbursement, subject to a yearly maximum

- Major surgery at certain levels
- Crowns and onlays (once every 5 years)
- Certain peridontal surgery required in conjunction with restoration of teet and gums
- Partial dentures, once every 5 years, based on standard partials only
- Full dentures, once every 5 years, based on standard dentures only
- Fixed bridgework once every 5 years

ORTHODONTICS

50% Reimbursement, subject to a lifetime maximum (age requirement: children under the age of 19 are eligible)

- Oral examinations
- Diagnostic procedures
- Surgery
- Appliances
- Observations
- Adjustments to orthodontic appliances

DENTAL SERVICES NOT COVERED

- Procedures not recognized by the Northwest Territorial Dental Association
- Charges for either broken appointments or for completion of claim forms
- Dentures which have been lost, stolen or mislaid
- Cosmetic services
- Treatment covered by Workers' Compensation
- Dental services required as a result of an accident which are covered under an extended medical benefits plan in which the employee participates
- Prosthetic devices ordered while the claimant is covered under the dental plan but installed after termination of coverage
- Services or supplies for full mouth reconstruction for vertical dimension correction or for correction of temporal mandibular joint dysfunction (treatment of jaw bones)
- Replacement of space maintainers which have been lost, stolen or mislaid
- Expenses incurred other than the procedures listed on the Dental Plan contract with Green Shield

Upon request, Benefits Offices will provide employees with a list of covered procedure codes.

TERMINATION OF COVERAGE

Coverage under this plan terminates on an employee's last day of employment or when the employee no longer qualifies under the eligibility criteria. Employees must turn in their dental cards upon termination of employment.

^{*} Note: For major surgery, the dentist should make sure that Green Shield is informed of the estimated costs and benefits.

^{*} NOTE: To ensure your expenses will be covered, before any orthodontic treatment starts, request that the dentist send an estimate of costs to Green Shield.