



Understanding Your Dental Plan

All Government Employees Effective - 17 March 2001

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:

TYPE OF EMPLOYEE	WAITING PERIOD
Term & Indeterminate	<ul style="list-style-type: none"> • Coverage begins after a 6 month waiting period.
Casual	<ul style="list-style-type: none"> • Coverage begins after 6 months of continuous employment. (No break greater than 30 days)
Seasonal	<ul style="list-style-type: none"> • Coverage begins after 6 months of continuous employment. The employee will be covered even during the off season.
Employees on Maternity Leave, Adoption Leave, or Sick Leave	<ul style="list-style-type: none"> • All employees taking these types of leave and who are in the dental plan before starting 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.

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% reimbursement (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

- Amalgam, acrylic and composites are covered.

Endodontics

- 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 periodontal surgery required in conjunction with restoration of teeth 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

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

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

** 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.*

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.