



This policy outlines the terms and conditions of the Dental Care benefits. If you have purchased any of the other options please refer to those policies for their respective terms and conditions.

DENTAL CARE BENEFITS

1. If You have selected the Dental Care option and have submitted the required payment, Group Medical Services ("GMS") agrees to pay Dental Care benefits within Canada based on the Dental Fee Guide within Your Province of Residence as follows:

1st Policy Year - 75% of the charges for eligible Basic Dental Services, to a maximum of \$500 per person per Policy Year. (Waiting period applies.)

2nd Policy Year - 80% of the charges for eligible Basic Dental Services and 50% of the charges for eligible Major Dental Services, to a combined maximum of \$750 per person per Policy Year.

3rd Policy Year - 80% of the charges for eligible Basic Dental Services and 50% of the charges for eligible Major Dental Services, to a combined maximum of \$1,000 per person per Policy Year.

2. **BASIC DENTAL SERVICES**

Subject to the limitations and exclusions stated elsewhere herein, "Basic Dental Services" means:

- a) Complete dental examinations shall be covered once per three (3) policy years, including the current policy year.
- b) Limited oral examination procedures. Recall and specific examinations will be subject to a combined maximum of two (2) examinations per policy year. Emergency examinations are unlimited.
- c) Dental x-rays. One of either a complete series or panoramic x-ray per three (3) policy years, including the current policy year. Intra-oral and extra-oral x-rays to a maximum of ten (10) films per two (2) policy years, including the current policy year.
- d) Treatment planning and consultation.
- e) Diagnostic casts are covered once per three (3) policy years, including the current policy year.
- f) Scaling, limited to a maximum combined with periodontal root planning of ten (10) time units per policy year.
- g) Polishing, limited to two (2) time units per policy year.
- h) Topical fluoride treatment, limited to two (2) time units per policy year.
- i) Pit and fissure sealants, once per tooth for dependent children under eighteen (18) years of age.
- j) Protective mouth guards, one (1) per policy year for dependant children under sixteen (16) years of age, and one (1) per three (3) policy years, including the current policy year, for adults.
- k) Space maintainers and maintenance when a dentist has removed a primary tooth and an appliance is used to maintain space for a permanent tooth.
- l) Interproximal diskings of teeth.
- m) Occlusal adjustment and equilibration, limited to a maximum of four (4) time units per policy year.
- n) Basic restorations of teeth including caries, trauma and pain control, amalgam restorations, prefabricated restorations, and plastic restorations.
- o) Endodontic treatment for permanent teeth including treatment of the pulp chamber, root canal therapy, periapical services, miscellaneous surgical services (root amputation, hemisection, replantation, and perforations), and miscellaneous Endodontic procedures (open and drain and non vital bleaching). Root canal therapy is limited to one (1) per tooth per five (5) policy years, including the current policy year.
- p) Non-surgical periodontal services including management of oral disease and desensitization.
- q) Surgical periodontal services including gingival curettage, gingivoplasty, gingivectomy, and flap approach. Each type of surgery is limited to one (1) per site (sextant) per policy year.
- r) Periodontal root planning, limited to a maximum combined with scaling of ten (10) time units per policy year.
- s) Removable prosthodontic services including denture repairs and additions, tissue conditioning for dentures and miscellaneous denture services (resilient liner and resetting of teeth).

- t) Denture relining and rebasing, limited to once per three (3) policy years, including the current policy year, per arch.
- u) Fixed prosthodontic repairs including replacement repairs, removal of existing fixed bridge/prosthesis, reinsertion, recementation, and fixed bridge/prosthesis repairs.
- v) Basic oral surgery including erupted teeth extractions, surgical extractions, surgical excisions, surgical incisions, and post surgical care.
- w) Anesthesia.

3. MAJOR DENTAL SERVICES

Subject to the limitations and exclusions stated elsewhere herein, "Major Dental Services" means:

- a) Inlays, onlays, crowns, and veneers are covered when a tooth has extensive structural loss due to traumatic injury, fracture of the tooth or cusps, or where significant areas of previous fillings and decay prevent the use of more traditional filling materials to adequately restore the tooth. Replacements must be separated by at least five (5) years.
- b) Initial complete or partial dentures are limited to teeth extracted while You are covered under this plan, to a maximum of one (1) per arch.
- c) Replacement complete or partial dentures are limited to teeth extracted while You are covered under this plan, or provided the existing complete or partial denture is at least five (5) years old. The cost of transitional dental work will be deducted from the final bridge or denture, if done within one (1) year.
- d) Denture adjustments, limited to once per policy year.
- e) Denture remakes, limited to when a replacement partial denture would be eligible for coverage.
- f) Initial bridge pontics and fixed bridge retainers are limited to teeth extracted while You are covered under this plan.
- g) Replacement bridge pontics and fixed bridge retainers are limited to teeth extracted while You are covered under this plan, or provided the existing bridge pontic or fixed bridge retainer is at least five (5) years old.

DENTAL CARE CONDITIONS AND LIMITATIONS

The following conditions and limitations apply to the Dental Care benefits:

1. Services totaling \$300 or more must have prior approval from GMS before the services are begun. If a dental pre-authorization is not submitted prior to commencement of services, benefits, otherwise payable, shall be limited to \$300 for the services performed.
2. This Policy covers only necessary and adequate dental services. The excess charges of alternate courses of treatment over and above the charges for necessary and adequate dental service in the circumstances shall not be covered by this policy and shall be Your responsibility. Where there is any dispute as to necessary and adequate dental services, the reasonable determination of GMS shall be final.
3. GMS will pay for services and procedures only to the maximum amounts as provided for in the Dental Fee Guide. Any charges over and above the Dental Fee Guide will be Your responsibility.
4. Coverage must be continuous for Dental Care benefits to be maintained. Upon cancellation, all Dental Care benefits will cease, including any pre-approved services or treatments.
5. GMS will not pay for the item classified as an "examination" in the Dental Fee Guide where the dentist performs any other separately itemized treatment, such as an extraction, a filling, endodontic treatment, periodontic treatment or the provision of prosthetics or the construction of crowns, in instances where a prior "examination" has determined that the separately itemized treatment is necessary.
6. GMS will cover a standard cast chrome with external clasp retainers only or acrylic partial denture and where a more complicated or precision appliance is supplied, the extra cost is Your responsibility.
7. If You and the dentist decide on a personalized restoration in the construction of a denture, or specialized techniques are employed as opposed to standard procedures, GMS will provide benefits at the appropriate amount for a standard denture and the difference in cost will be Your responsibility.
8. Only dentists will be paid for x-rays.
9. The provision of prosthetic devices including complete dentures, partial dentures, fixed bridgework (and crowns that are part of the bridgework) shall not be covered under this policy if the device was ordered or the service for the device was started before the person became covered by this policy.
10. If there were three or more teeth missing prior to You becoming eligible for coverage under this policy, then GMS will pay for a partial denture only.

11. Replacement of identical restorations will only be covered once every twelve (12) months.

GMS plan provided coverage only for Accidental injury to natural teeth.

- b) In situations where a person is transferring from another insurance carrier, waiting periods will be waived for the Dental Care benefits which were covered under the previous carrier's plan, if the person was enrolled in that plan for at least three (3) months. Proof of previous coverage is required in order to have benefit waiting periods waived.

DENTAL CARE EXCLUSIONS

The following services or supplies are excluded from coverage under this benefit:

1. Services or supplies for injuries or conditions which are compensable under Worker's Compensation Laws.
2. Services or supplies which are provided by any Government Agency.
3. Services or supplies associated with:
 - Treatment performed for cosmetic purposes only
 - Congenital defects or developmental malformations or replacements of congenitally missing teeth
 - Temporomandibular Joint disorders
4. Services or supplies for implantology, including tooth implantation, crowns involved in an implant procedure and surgical insertion of fabricated implants.
5. Procedure, appliances or restorations used to increase vertical dimension, repair or restore teeth damaged or worn due to attrition or vertical wear.
6. Orthodontics.
7. Periodontal appliances, unless specified as a covered benefit.
8. Replacement of lost or stolen dentures.
9. Spare or duplicate prosthetic devices or appliances.
10. Missed appointments.
11. Completion of claim forms or pre-determinations.
12. Instruction in dental hygiene.
13. Nutritional counselling.
14. Hypnosis.
15. Prescribed drugs.
16. Experimental procedures.
17. Tissue grafts.

CLAIMS SUBMISSION

The following is the procedure for claims submission of Dental Care benefit expenses:

1. GMS may pay benefits under this policy to You, or in some situations GMS may pay part or all of the benefit directly to the provider of the service.
2. A GMS dental claim form or a standard dental claim form must be completed and submitted when making a claim, with the following information: Your name, GMS number, address and phone number, date and details of the service.

GENERAL CONDITIONS AND EXCLUSIONS

The general conditions and exclusions as listed in Your Health policy apply to the Dental Care policy. The following condition also applies to this policy.

1. The Dental Care option can only be purchased on the anniversary date of Your Health policy.

STATUTORY CONDITIONS

The statutory conditions as listed in Your Health policy apply to the Dental Care policy.

DEFINITIONS

The definitions as listed in Your Health policy apply to the Dental Care policy.

WAITING PERIODS

1. The effective date for Dental Care coverage occurs after being enrolled in this optional benefit for three (3) months.
 - a) In situations where a person is changing from another GMS plan, waiting periods will be waived for any Dental Care benefits which were covered under the previous GMS plan, if the person was enrolled in that plan for at least three (3) months. The waiting period will not be waived if the previous