

Manitoba Government Employees

DENTAL PLAN

This information is a synopsis of the benefits provided under the Dental Plan. In the event of any difference between the terms of this synopsis and the terms of the Group Agreement the latter will prevail.

If you have any questions regarding the Group Agreement, please contact your Human Resource department or Manitoba Blue Cross.

In determining the basis of payment, Manitoba Blue Cross reserves the right to assess payment on the basis of the approved fee guide for the service in question, or the reasonable and customary charges as deemed appropriate by Manitoba Blue Cross.

ELIGIBILITY

Full-time Employees

- (a) *Regular employees* upon completion of 6 months of calendar service from the date of employment.
- (b) *Term employees* upon completion of 12 months of calendar service from the date of employment.
- (c) *Departmental employees* upon completion of 12 months of calendar service within a period of 36 consecutive months.

Part-time Employees

- (a) *Regular employees* upon completion of 6 months of calendar service from the date of employment.
- (b) *Term employees* upon completion of 12 months of calendar service from the date of employment.

The following family members are eligible for coverage:

- a. A legal or common-law spouse. To be eligible, a common-law spouse must be registered at the time of employment. Where

registration does not occur at the time of employment there shall be a one-year waiting period from the date of registration.

- b. Natural, legally adopted children or step-children under 22 years of age, provided they are unmarried and unemployed.
- c. Children under 25 years of age who are full-time students at a specialized school, college or university.
- d. The age restriction does not apply to a physically or mentally incapacitated child who had this condition prior to the attainment of age 22.

COVERAGE

The Dental Plan shall pay for eligible dental care expenses as follows:

(a) Full Time Employees

- i. 80% for eligible Basic Dental Care Services,
- ii. 60% for eligible Major Dental Care Services, and
- iii. 50% for eligible Orthodontic Services.

(b) Part-time Employees

- i. 80% for eligible Basic Dental Care Services,
- ii. 60% for eligible Major Dental Care Services, and
- iii. 50% for eligible Orthodontic Services.
- iv. Part-time employees will be eligible for family coverage only.

MAXIMUMS

The maximum amount per eligible person payable in each calendar year for combined Basic, Major, and Orthodontic services is as follows:

- a. \$1,475 for full-time employees, and
- b. \$738 for part-time employees.

Orthodontic services are subject to a lifetime maximum per eligible dependent child as follows:

- a. \$1,675 for full-time employees, and
- b. \$838 for part-time employees.

DENTAL FEE GUIDE

Effective January 1, 2007, and limited to services performed on or after that date, the basis for payment shall be the 2007 Manitoba Dental Association Fee Guide.

Effective January 1, 2008 and limited to services performed on or after that date, the basis for payment shall be the 2008 Manitoba Dental Association Fee Guide.

Effective January 1, 2009 and limited to services performed on or after that date, the basis for payment shall be the 2009 Manitoba Dental Association Fee Guide.

The Plan also recognizes specialists, dental mechanics and denturists where permitted by law to deal with the public.

ELIGIBLE EXPENSES

Eligible expenses under this plan include:

Basic Dental Care Services

- a. Oral examinations once in any plan year.
- b. Cleaning of teeth, fluoride treatments, and bite-wing x-rays twice in any plan year, but not more than once in any five-month period.
- c. Full-mouth series of x-rays once every 24 months.
- d. Extractions and alveolectomy (bone work) at time of tooth extraction.
- e. Dental surgery.
- f. General anaesthesia and diagnostic and laboratory procedures required for dental surgery.
- g. Amalgam, silicate, acrylic and composite fillings.
- h. Necessary treatment for relief of dental pain.
- i. Cost of medication and injections given in the dentist's office.
- j. Space maintainers for missing teeth and habit-breaking appliances.
- k. Consultations required by attending dentist.
- l. Surgical removal of tumours, cysts, neoplasms.
- m. Incision and drainage of abscesses.
- n. Endodontics (root canal therapy).
- o. Periodontics (gum and tissue treatment).

Major Dental Care Services

- a. Provision of crowns and inlays, if such treatment could not have been performed at a lower cost by any other procedure consistent with generally accepted dental practice.
- b. If such treatment could have been rendered at a lower cost, that will be the maximum allowable coverage.
- c. Provision of an initial prosthodontic appliance, (e.g. fixed bridge restoration, removable partial and complete dentures).
- d. Replacement of an existing prosthodontic appliance if:
 - i) it is over five years old and cannot be repaired, or
 - ii) it is a temporary one installed after the employee first became covered by the plan (in this instance the replacement is considered a permanent one); or
 - iii) it is required due to the installation of an initial opposing denture after the date the employee became covered by the plan; or
 - iv) it is required as the result of accidental injury after the employee became covered by the plan; or
 - v) the extraction of additional teeth, after coverage has begun, requires a new appliance. If the existing appliance can be made serviceable, only the expense for the portion required to replace the teeth extracted is covered.
 - vi) Bridge and denture repairs, including relining and rebasing once every 3 years.
 - vii) Procedures involving the use of gold if such treatment could not have been rendered at lower cost by means of a reasonable substitute, only the expense that would have been incurred for treatment by means of the reasonable substitute shall be covered.

Orthodontic Services

- a. Services for the correction of malocclusion (straightening of the teeth), only for dependent children up to the child's 19th birthday, provided:
 - i) orthodontic treatment was approved by the carrier and commenced prior to the child's 18th birthday;
 - ii) the child continues to be a dependent of the employee.

NOTE: Treatment plans for orthodontic services normally specify an initial fee, and monthly or quarterly fees for on-going treatment. The plan will provide

reimbursement towards the initial fee, and on-going services, as they are received. The plan will not pay in advance for orthodontic services not yet received.

GENERAL EXCLUSIONS

This plan does not cover the following:

- a. Injury sustained while working for pay or profit other than with the employees' employer.
- b. Injury of a dependent while working for pay or profit.
- c. Any portion of dental expense covered under Worker's Compensation or some similar program.
- d. Services to which the patient is entitled without charge, or for which there would be no charge if there were no coverage.
- e. Services or portions thereof provided under government sponsored programs.
- f. Cosmetic treatment, experimental treatment, dietary planning, instruction in plaque control, oral hygiene instructions, congenital or developmental malformation.
- g. Expense for dentures which have been lost, mislaid or stolen.
- h. Charges made by a dentist for broken appointments or for completion of claim forms required for the claims adjudicator.
- i. Treatment received from a dental or medical department maintained by the employer, a mutual benefit association or similar type of group.
- j. Treatment furnished without charge, or paid for directly or indirectly by any government agency for which government legislation prohibits payment of benefits.
- k. Dental treatment required as a result of any self-inflicted injury, war or engaging in a riot or insurrection.
- l. Services or supplies rendered for full-mouth or major reconstruction.
- m. Services for Temporo-Mandibular Joint Dysfunction, including night guards.
- n. Root Canal on permanent tooth more than once per lifetime per tooth.

TERMINATION OF COVERAGE

Dental plan coverage ceases on the date in which employment with the Government of Manitoba is terminated.

Seasonal employees, subject to lay-off, are covered for 30 days after lay-off date.

Employees on an apprenticeship program continue to be eligible for Dental Plan benefits.

Employees on the Long Term Disability (LTD) Plan are not covered by the Dental Care Plan.

Employees on Maternity Leave (Plan A or Plan B) or Adoptive Leave will continue to be eligible for Dental Plan benefits for the first seventeen (17) weeks of leave.

REINSTATEMENT

An employee who returns to work following a leave without pay, educational leave without pay or within 12 months of the date the employee was laid-off is eligible for Dental Plan benefits effective on the date of return to work.

HOW TO MAKE A CLAIM

When you, or a member of your family, plan to visit your dentist:

- a. Obtain a Dental Claim Form from your Human Resource department or print a copy of the form. A separate claim form is required for each member of your family obtaining dental services. [\(Click for a copy of the Dental Form\)](#)
- b. Complete the subscriber and patient part of the form. Be sure to provide all information or payment of your claim may be delayed.
- c. Present the claim form to your dentist at your first appointment. Following the examination, your dentist will discuss a proposed course of treatment with you and possible book follow-up appointments. If the cost of treatment planned exceeds \$500, it will be necessary for your dentist to submit a completed claim form to the Manitoba Blue Cross for approval before treatment is started. If the cost is less than \$500, the dentist will usually retain the claim form until the course of treatment has been completed.
- d. Your dentist has the option of billing Manitoba Blue Cross directly, or of continuing to bill you. Please ask at the beginning of treatment how the billing will be made.
- i. Should your dentist choose to seek payment directly from the Manitoba Blue Cross, it will not be necessary for you to submit a claim. You will be asked to sign the Plan benefits over to the dentist, where indicated on the claim form.

- ii. Should your dentist choose to bill you, it will then be necessary for you to submit the completed claim form to Manitoba Blue Cross for reimbursement.

A proper claim form must be used or a delay in payment may result. Claim forms must be properly completed or the claim will be returned. Claims must be submitted within 2 years of the date of service.

Claims submitted for payment more than 2 years after the date of service will not be accepted.

STATEMENT OF BENEFITS

Upon receipt of your claim form, the Manitoba Blue Cross will process the claim in accordance with the Plan benefits.

You will receive a "Statement of Benefits" from Manitoba Blue Cross which will indicate how the payment was calculated.

COORDINATION OF EMPLOYEE/SPOUSE PLANS

Coordination of benefits is available if both spouses in a family are regularly employed and health and/or dental plans are provided at 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 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 should submit the claim form to their insurer. After receiving payment, any unpaid eligible expenses can be submitted to Blue Cross with a completed 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:

- a. The plan of the parent with custody of the child,
- b. The plan of the spouse of the parent with custody of the child,
- c. The plan of the parent without custody of the child,
- d. The plan of the spouse of the parent without custody of the child.

Where an employee and spouse both work for the Province of Manitoba, or any Government Agency, Commission or Board, and are covered simultaneously by this Plan, payment of benefits shall be co-ordinated and/or reduced to the extent that benefits payable from all Plans shall not exceed 100% of the actual incurred expenses.

PRE-TREATMENT AUTHORIZATION

For any course of treatment estimated to cost more than \$500, you must ask your dentist to complete a written report describing the treatment and the anticipated cost. This "treatment plan" should be forwarded to the Manitoba Blue Cross office for approval prior to work being commenced.

CHANGES IN STATUS

In order to ensure proper coverage please notify your Human Resource department immediately of any changes in marital or dependent status or change of residence.