

## **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.

Coverage and eligibility may differ from bargaining group to bargaining group. If you are uncertain of your eligibility and / or coverage limits or if you have any questions regarding the Group Agreement, please contact your Pay & Benefits Administrator or Manitoba Blue Cross before undertaking treatment.

In determining the basis of payment, Manitoba Blue Cross reserves the right to assess payment based on 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 an accredited educational institution, 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% of eligible expenses for "Basic" dental services,
- II. 60% of eligible expenses for "Major" dental services, and
- III. 50% of eligible expenses for "Orthodontics" (braces) for dependent children up to their 19th birthday provided Orthodontic treatment commenced prior to the dependent child's 18th birthday.

#### **(b) Part-time Employees**

- I. 80% of eligible expenses for "Basic" dental services,
- II. 60% of eligible expenses for "Major" dental services, and
- III. 50% of eligible expenses for "Orthodontics" (braces) for dependent children up to their 19th birthday provided Orthodontic treatment commenced prior to the dependent child's 18th birthday.

## Maximums

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

- a) **\$1,650** for full-time employees, and
- b) **\$990** for part-time employees.

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

- a) **\$1,850** for full-time employees, and
- b) **\$1,110** for part-time employees.

## Eligible Expenses

Eligible expenses under this plan include:

### Basic Services Covered

#### 1. Diagnostic:

- Complete, recall or oral examinations covered once in a calendar year. Complete examination is limited to once every 3 calendar years.
- Periapical x-rays.
- Full mouth x-rays or panorex x-rays once every 2 calendar years if necessary.
- Bite-wing x-rays twice per calendar year, but not more than once in a 5 month period.
- Biopsies.

#### 2. Preventive:

- 1 unit of polishing, twice in each calendar year, but not more than once in a 5 month period.

- Topical application of fluoride. Up to 2 applications in each calendar year, but not more than once in a 5 month period.
- Space maintainers (except when used for orthodontic purposes).
- Appliances to control harmful oral habits.

**3. Extractions:**

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

**4. Restorative:**

- Fillings made of amalgams, silicates, plastics and synthetic porcelains.

**5. Endodontics:**

- The usual procedures required for pulpal therapy and root canal filling.

**6. Periodontics:**

- The usual procedures for treatment of the diseases of the tissues and bones supporting the teeth.
- Bruxism appliance, once every 3 calendar years for an upper and lower.

**7. Oral surgery:**

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

**8. Anesthesia:**

- General anesthesia or nitrous oxide analgesia administered in the dentist's office.

**9. Consultations:**

- Consultations required by attending dentist.

**10. Drugs:**

- Cost of medication and injections given in the dentist's office.

**11. Habit Breaking Appliances:**

- Charges for habit breaking appliances.

**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 number 5 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.
- Repair of damaged dentures. Adding teeth to existing dentures. Relining or rebasing the dentures is limited to once every 3 calendar years.
- Dental implants, once per lifetime per tooth.

## **Orthodontic Service**

Services for the correction of malocclusion (straightening of the teeth), only for dependent children up to the child's 19th birthday, provided:

- a) orthodontic treatment was approved by the carrier and commenced prior to the child's 18th birthday.
- b) the child continues to be a dependent of the employee.

Note: 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.

## **Importance of the Fee Guide**

The most current Manitoba Dental Association Fee Guide becomes effective April 1st of each year.

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. Fees arising out of extra services arranged for privately between the patient and dentist.
2. Oral hygiene instruction and plaque control programs.
3. Charges for appliances, which have been lost, broken or stolen.
4. 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.

5. Separate charges for general anesthesia except in connection with office procedures as specified in your plan.
6. Bleaching of teeth.
7. Root canal on a permanent tooth more than once per lifetime per tooth.
8. Snoring or sleep apnea appliances.
9. 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.
10. Diagnostic photographs.
11. Precision attachments.
12. Hypnosis and dental psychotherapy.
13. Provision for facilities in connection with general anesthesia.
14. Polishing restorations.
15. Any procedure in connection with forensic dental.

General Exclusions may apply.

### **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 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) Print a copy of a Dental Claim Form. A separate claim form is required for each member of your family obtaining dental services. [Click here for a printable claim form](#). Present the claim form to your dentist at your first appointment.
- 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) 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, or if it consists of major dental services (crowns, bridges, orthodontics) 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, or is for basic dental services, 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 continuing to bill you. Please ask at the beginning of treatment how the billing will be made.
- e) Claims can also be submitted online through [mybluecross®](#).

If your dentist chooses to seek payment directly from 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.



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, 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 have health and/or dental plans provided by their 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 their 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 Manitoba Blue Cross with a completed Manitoba Blue Cross claim form (including your contract number) and the statement of benefits paid or denied 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 and as follows.

### **In single custody situations**

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.

### **In joint custody situations**

The plan that will pay benefits for your dependent children will be determined in the following order:

- The plan of the parent with the earliest month and day of birth,
- The plan of the other parent,
- The plan of the spouse of the parent with the earliest month and day of birth,
- The plan of the spouse of the other parent.

### **Other scenarios**

If you are covered by an employer and an individual policy, the individual plan may be considered second payer to coverage available under your group plan.

If you are covered by a group and retiree plan, claims should be submitted to your group plan first as your retiree plan is considered second payer.

**Please Note:** Health Spending Account Plans are payers of last resort. All other coverage should be exhausted prior to submission under a Health Spending Account. Claims should not be submitted to Manitoba Blue Cross when another company is the primary carrier, and your dependent(s) is/are covered by another company. In cases

where there is an unpaid balance on a claim paid by another company, Manitoba Blue Cross will process the remaining balance. Please remember to include a copy of the payment summary, or explanation of benefits issued by the other company with your claim so that the unpaid balance may be processed for reimbursement of up to 100% of the value of the claim.

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 coordinated and/or reduced to the extent that benefits payable from all Plans shall not exceed 100% of the actual incurred expenses.

### **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.

### **Changes in Status**

In order to ensure proper coverage please notify your Pay & Benefits administrator immediately of any changes in marital or dependent status or change of residence.