

DENTAL PLAN - BENEFITS AT A GLANCE

COVERED EXPENSES	DENTAL PLAN 1	DENTAL PLAN 2
DEDUCTIBLE	Nil	Nil
REIMBURSEMENT		
Basic Services	100%	No Coverage unless noted below
Endodontic	100%	100%
Periodontal	100%	100%
Dentures	100%	100%
Crowns	50%	50%
Bridges	50%	50%
Inlays & Onlays	50%	50%
Orthodontics	50%	No Coverage
MAXIMUMS	<p>\$2,000 per person per calendar year for basic, endodontic, periodontal & dentures</p> <p>\$2,000 per person per calendar year for crowns, bridges, inlays and onlays</p> <p>\$2,500 per person lifetime for orthodontics</p>	\$2,000 per person per calendar year for all covered services combined (see above)
COVERED FEE	Fee stated in the Ontario Dental Association Fee Guide for General Practitioners – one year prior to the date the expense is incurred	Fee stated in the Ontario Dental Association Fee Guide for General Practitioners – one year prior to the date the expense is incurred
PRE-DETERMINATION	Recommended for expenses in excess of \$300	Mandatory as only major dental services are covered

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BASIC SERVICES	Fillings, space maintainers for missing primary teeth, fluoride, polishing, protective athletic appliances, caries, trauma and pain control Anesthesia	<p style="text-align: center;">No Coverage</p> <p>Included when required in conjunction with covered expenses</p>
BASIC SERVICES (cont')	Extraction of teeth Examinations including: <ul style="list-style-type: none"> - initial examinations - recall examinations - emergency or specific examinations Consultations with another dentist, retentive pins, prefabricated full coverage restorations X-rays including <ul style="list-style-type: none"> - 1 complete series of x-rays or 1 panorex every 24 months - bitewing X-rays and specific diagnostic X-rays 	Extractions directly relating to crown, bridge and denture services <p style="text-align: center;">No Coverage No Coverage No Coverage</p> Consultations with another dentist included but only where directly relating to covered expenses <p style="text-align: center;">No Coverage No Coverage</p>
ENDODONTIC SERVICES	Root canal therapy and root canal fillings, and treatment of disease of the pulp tissue	Root canal therapy and root canal fillings, and treatment of disease of the pulp tissue

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PERIODONTAL SERVICES	Treatment of disease of the gum and other supporting tissue	Treatment of disease of the gum and other supporting tissue
DENTURE SERVICES	Complete upper and lower dentures limited to once every three years Partial dentures limited to once every three years Denture adjustments, repair, relining and rebasing of existing partial or complete dentures Laboratory fees associated with denture services	Complete upper and lower dentures limited to once every three years Partial dentures limited to once every three years Denture adjustments, repair, relining and rebasing of existing partial or complete dentures Laboratory fees associated with denture services
BRIDGES, CROWNS, INLAYS, ONLAYS	Bridges and crowns including repairs; inlays, onlays and pins in inlays; post and core	Bridges and crowns including repairs; inlays, onlays and pins in inlays; post and core
ORTHODONTIC SERVICES	Examinations, diagnosis, consultations, appliances and other services for the straightening of the teeth	No Coverage

NOTE:

If you do not elect coverage under one of the Dental Plans at your retirement date, Dental coverage is no longer available to you at any future date with one exception. If you have waived the dental coverage because you are covered under your spouse's/partner's employer's group plan, you may join the Colleges' Dental plan within 31 days of losing that coverage. Proof of the loss of coverage will be required by your college benefits plan administrator.

You may view a copy of this benefit information on the web at www.thecouncil.ca under the "Benefits" section.