



# Support Staff

Dental Care Plan

Updated September 2012



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## Article I Definitions

In this document, the following terms shall have the meaning as set forth below, unless otherwise specially provided:

1. **“Accidental Dental Injury”** means an unexpected and unforeseen injury (an event that occurs by chance) to the mouth which results in injury to the dental and contiguous structures.
2. **“Dental Plan Administrator”** means the third party independent of the Employer, who shall determine the amount of benefits payable under all claims submitted to them and who provides claims payment and record keeping as arranged between the Employer and the Dental Plan Administrator
3. **“Dependant”** means;
  - a. The Employee’s opposite or same sex spouse by marriage or common-law partner with whom the Employee has cohabitated with for a minimum of 12 months in a marriage-like relationship.
  - b. The Employee’s child(ren) including spouses’ child(ren) who are unmarried or not in any formal union recognized by law who are legally dependent upon the Employee for support and maintenance, and;
    - i. Under 21 years of age; or
    - ii. At least 21 but under 25 years of age and is a registered student in full-time attendance at a university or similar institution of learning; or
    - iii. 21 years of age or over and incapable of self-sustaining employment due to mental or physical disability.
4. **“Employee”** means a person who:
  - a. Is employed on the support staff of the Employer in a benefit eligible appointment as outlined in the collective agreement between the Non-Academic Staff Association and the Governors of the University of Alberta.
  - b. Any other person or group of persons who the Employer deems to cover under this Plan.
5. **“Employer”** means the Governors of the University of Alberta.
6. **“Insured”** means an eligible covered Employee or Dependant.
7. **“Plan”** means the Support Staff Employee Dental Care Plan.
8. **“Practitioner”** means an individual who is legally licensed and regulated by provincial legislation and respective Provincial Associations in the jurisdiction in which the service is provided. Services eligible under this Plan shall not include those of any person who is a member of the Employee’s immediate family. Only services specifically referenced in this plan are covered.
9. **“Schedule of Fees”** means the current fee schedule as established by the Dental Plan Administrator including specialists’ fees, where applicable.
10. **“Support Staff Benefits Committee (SSBC)”** means the joint University of Alberta and Non-Academic Staff Association body responsible for the management of the Support Staff Employee Dental Care Plan.

11. **“Treatment Period”** means the period during which a planned course of basic, restorative or orthodontic treatment is to be performed as estimated in the Treatment Plan, for the complete correction of any dental disease, dental defect or Accidental Dental Injury.
12. **“Treatment Plan”** means a written report, prepared by the attending Practitioner as the result of his examination of the patient and providing the following:
  - a. The recommended treatment for the complete correction of any dental disease, defect or Accidental Dental Injury; and
  - b. The period during which such recommended treatment is to be performed; and
  - c. The estimated cost of the recommended treatment and necessary appliances.
13. **“University Administrator”** means the person delegated by the University who is responsible for the internal administration of this plan on behalf of the Employer.
14. **“Year”** means the calendar year January 1 to December 31.

## **Article II – Eligibility**

1. An Employee is eligible for benefits under the Plan commencing on the date on which his/her benefit eligible appointment commences.
2. If an Employee has Dependants on the date he/she becomes eligible for benefits, then such Dependants will also be eligible on such date. If the Employee acquires a Dependant(s) after he/she becomes eligible for benefits, then such Dependant(s) shall be eligible on the date the Employee advises the University Administrator, in writing, that he/she is eligible for Dependant coverage.
3. The eligibility of an Employee and his/her Dependants to participate in the plan ceases when he/she ceases to be an Employee.
4. In the event of the Employee's death in service, eligible Dependants shall continue to be covered for Plan benefits for six (6) months following the date of the Employee's death.

## **Article III – Description of Benefits**

Insured members (Employees and Dependents) are eligible for Basic Services, Restorative Services and Orthodontia Services as detailed in this Article, subject to the limitations detailed in Article IV. For each dental procedure only reasonable expenses are covered. Payment is limited to the Schedule of Fees in effect at the time treatment is received. In all cases where alternate procedures are part of usual and accepted dental work, the Plan will cover the reasonable cost of the least expensive alternate procedure.

### **Basic Services**

The following services and supplies are reimbursed at actual cost to a maximum of 100% of the Schedule of Fees determined by the Dental Plan Administrator when performed or prescribed by a Practitioner:

1. **Oral examination.** One (1) complete examination covered once every 5 years. A complete examination includes charting of the hard and soft structures, periodontal charting, pulp vitality tests and recording history. One (1) recall examination covered once in any Year for each Insured age 16 and over and twice in any Year (with a minimum of 5 consecutive calendar months between services) for Insured under age 16.
2. **Prophylaxis (cleaning and scaling of teeth).** Covered once in any Year for each Insured age 16 and over and twice in any Year (with a minimum of 5 consecutive calendar months between services) for Insured under age 16.
3. **Bitewing x-rays.** Two (2) films are covered once in any Year for each Insured age 16 and over and twice in any Year (with a minimum of 5 consecutive calendar months between services) for Insured under age 16.
4. **Topical application of fluoride solutions.** Covered once in any Year for each Insured age 16 and over and twice in any Year (with a minimum of 5 consecutive calendar months between services) for Insured under age 16.
5. **Oral hygiene instruction.** Covered once in any Year for each Insured age 16 and over and twice in any Year (with a minimum of 5 consecutive calendar months between services) for Insured under age 16.
6. **Pit and fissure sealants** for Insured under age 16 only.
7. **Full-mouth series of x-rays** are covered provided that a period of at least 24 months has elapsed since the last such series of x-rays were performed.
8. **Extractions** and all alveolectomy at the time of tooth extraction.
9. **Amalgam, silicate, acrylic and composite restorations.**
10. **Dental surgery.**
11. **Diagnostic x-ray and laboratory procedures** required in relation to dental surgery.
12. **General anesthesia** required in relation to complicated dental surgery.
13. **Endodontic treatment (root canal therapy).**



14. **Periodontic treatment**, in excess of scaling performed at the time of an annual examination, that is for the treatment of bone and gum disease is covered to a maximum of eight (8) time units (15 minutes per unit) per Insured per Year.
15. Necessary treatment for **relief of dental pain**.
16. The cost of **medication and its administration** when provided by injection in the dentist's office.
17. **Space maintainers** for missing primary teeth and habit-breaking appliances.
18. **Consultations** required by the attending dentist.
19. **Repairing, relining and rebasing dentures**. Repair of broken or damaged dentures and for one (1) reline or one (1) rebase in a 12 month period. These services include six (6) month follow-up care.

### **Restorative Services**

The following services and supplies are reimbursed at 50% of the Schedule of Fees determined by the Dental Plan Administrator when performed or prescribed by a Practitioner:

1. Provision of **crown and inlays**. Replacement of existing crowns or inlays must be separated by at least five (5) years. Dental implants will be covered to the cost equivalent of a crown.
2. Provision of **veneers** only for teeth that cannot be restored with a regular filling and not used primarily to improve appearance. Replacements must be separated by at least three (3) years.
3. Provision of a **prosthodontics appliance** (e.g. fixed bridge restoration, removable partial or complete dentures).
4. **Replacement of an existing prosthodontics appliance** when the existing appliance cannot be made serviceable and it is at least 5 years old.
5. **Repairs to existing dentures and fixed bridgework**.

Procedures involving the use of gold are covered if such treatment could not have been provided at a lower cost by means of a reasonable substitute consistent with generally accepted dental practice.

### **Orthodontic Services**

Treatments performed by a Practitioner for the **correction of Class I, Class II, and Class III malocclusions** in relation to a primary, mixed or permanent dentition, including the provision of orthodontic appliances, shall be reimbursed at 50% of the Schedule of Fees determined by the Dental Plan Administrator when performed or prescribed by a Practitioner.

Insured members shall submit a Treatment Plan to the Dental Plan Administrator prior to the commencement of any orthodontic services treatment.

## **Healthcare Spending Account (HSA)**

A Healthcare Spending Account (HSA) will be added to the Support Staff Dental Care Plan/Supplementary Health Care Plan for eligible Employees effective January 1, 2013. HSA credit allocation on January 1, 2013 will be \$1000 per eligible Employee. HSA credits are for Employee discretionary use within the following guidelines:

- Eligible Expenses

Eligible expenses are those recognized by the Canada Revenue Agency under the Income Tax Act (ITA Section 118(2)). Receipts must be dated after the date of account commencement and claimed in the Year in which they are incurred. Claim submission deadline is 90 days after the end of the Year in which the expense was incurred.

- Credit Carry Forward

Unused credits may be carried forward for one Year after the Year in which the credits are allocated. At the end of the second year (December 31), unused credits are subject to forfeiture. For example, credits allocated on January 1, 2013 and not used by December 31, 2014 would be forfeit.

## **Article IV – Benefit Limitations**

Benefit payments are subject to the following limitations:

1. No payment is made for services and supplies available without charge or if covered under any other group plan including any government health plan.
2. No payment is made for charges for missed appointments or completion of claim forms.
3. No payment is made for procedures performed primarily to improve appearance.
4. No payment is made for replacement of lost, misplaced or stolen dental appliances.
5. No payment is made for supplies intended for sport or home use, for example mouth-guards, sleep apnea appliance.
6. No payment is made for services and supplies rendered for a full mouth reconstruction, for a vertical dimension correction or for a temporomandibular joint dysfunction(TMJ).
7. No payment is made for treatment resulting from war, riot or insurrection.
8. No payment is made for experimental treatments.
9. All benefit payments are limited to the appropriate covered percentage as indicated in Article III.
10. An eligible expense is deemed on the date that;
  - a. a single appointment or orthodontic procedure is performed; or
  - b. a multiple appointment procedure (other than orthodontic) is completed.
11. No payment is made for services provided or expense incurred before the effective date of coverage.
12. No benefits are payable for expenses incurred following the date on which an Employee ceases to be eligible for coverage, except if:
  - a. The expenses are incurred for treatment which commenced prior to such date of termination; and
  - b. Benefits had been paid in respect of such course of treatment prior to the date of termination.
13. No payment is made for a claim received by the Dental Plan Administrator more than Two (2) years from the date of service. Effective January 1, 2013 no payment will be made for claims received by the Dental Plan Administrator more than 90 days following the end of the Year in which the expense is incurred.

## **Article V – General Provisions**

1. The Plan does not give any Employee any right to be retained in the services of the Employer.
2. In a case where a claim payment has been disputed, it may be appealed to the University Administrator. The SSBC shall have the final authority regarding such payment and shall use such authority in keeping with the general intent of the Plan.
3. All claims for benefits under this Plan shall be authorized by the Employee (except in the case of electronic submission).
4. If the Insured incurs expenses which are also covered under any other plan or policy, payment of benefits shall be coordinated to the extent that benefits from all such plans will not exceed the actual costs incurred.
5. All payment for benefits under the Plan shall be payable in the lawful currency of Canada.
6. The Employer, upon making any payment or assuming liability under this Plan, shall be subrogated to all rights of recovery of the Employee, or any of his/her Dependents, against any person, and may bring action in the name of the Employee to enforce such rights. If at the time of a loss or the incurring of an expense covered by this Plan, there is any other coverage which would be provided if this Plan had not been in effect, the Employer shall be liable only for the excess, if any, of the expenses over the applicable coverage of the other plan covering the loss.
7. No person, Employee or former Employee, shall have any recourse under any provisions of this Plan against any past, present or future Governor, Officer, or employee of the Employer who shall be free from all liability, except in the case of willful misconduct.
8. The Employer expects and intends to maintain the plan indefinitely, but reserves the right to amend, modify or discontinue the Plan either in whole or in part, subject to the requirement of any applicable legislation, collective agreement, or policy. Where the amendment directly or indirectly affects the benefits due to the Employee, notice shall be given to Employees.

## NOTES

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