1st choice

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Dental Plan

Alberta

Dental Plan

The Dental Plan provides coverage for basic, major and orthodontic treatment. The option levels for dental are Opt Out, Core or Enhanced coverage. The premiums for Core coverage are paid by the Employer. If you choose Enhanced coverage, you will be required to pay benefit premiums when due, including during periods of leave without pay. For premium information, refer to your **1st***choice Premium Rate Sheet.*

SUMMARY OF BENEFITS

Dental Service	Core Coverage	Enhanced Coverage
Basic Services	• 80%	• 80%
Major Services	• 50%	• 80%
Orthodontics	• 50%	• 60%
Maximums	• $2,000 per person per benefit year on Basic and Major services combined • $2,000 lifetime maximum per person on Orthodontics	• No maximums
Dental Implants	• 50% • One per benefit year within the maximum of $2,000 on Basic and Major services combined	• 80% • Two per benefit year to a maximum of $3,000
Cost Sharing	• 100% employer paid	• Employer and employee contribute the same premium amount as under Core and the employee pays an additional premium for the Enhanced services

The basis of payment for the dental plan is the Alberta Blue Cross Usual and Customary dental fees, which aligns with the Alberta Dental Association and College fee guide. These guides are typically updated in January, however implementation under the GoA plans will be delayed by 18 months. Implementation occurs at the beginning of the benefit plan year (July 1), at which time the GoA dental plan will update the basis of payment to the prior year's fee guide (ex: the 2020 Alberta Blue Cross Usual and Customary dental fee guide will be implemented July 1, 2021).

The plan will pay for dental service charges up to and including the fees in the fee guide in effect under the GoA dental plan at the time the service is provided. Charges exceeding the fee guide will not be paid by the plan.

Charges incurred for services, supplies and products provided by an immediate family member of the patient are not eligible for reimbursement.

Benefit Year

July 1 to June 30

Claims Adjudicator

All claims are adjudicated by Alberta Blue Cross.

PLAN DESCRIPTION

CORE COVERAGE

The most common dental procedures and limitations are listed on the following pages. If you are unsure a procedure is covered, contact Alberta Blue Cross.

Basic Services — 80% Reimbursement

- Adult and child oral exams, bite-wing x-rays and polishing; limited to once per benefit year
- Scaling and root planning; limited to a combined maximum of 12 time units in a 12-month period
- Fluoride application — two per benefit year (children only)
- Full mouth series of x-rays every 24 months
- Panoramic x-rays once every five years
- Space maintainers
- Oral hygiene instruction; adults limited to once per lifetime; children twice per benefit year
- Fillings
- Extractions
- Oral surgery
- Drugs and injections
- Endodontic treatment (root canals)
- Periodontic treatment
- Consultations
- Rebases and relines of existing dentures
- Necessary treatment for relief of dental pain

Major Services — 50% Reimbursement

- Inlays and crowns (once every five years per tooth)
- Initial prosthodontic appliance (i.e., dentures)
- Replacement of prosthodontic appliances (under some circumstances; once every five years per appliance)
- Procedures using gold (in the absence of a reasonable substitution)
- Denture adjustments
- Dental implant (one per benefit year within the maximum of $2,000 on Basic and Major Services combined)

Orthodontics — 50% Reimbursement

- Oral exam
- Surgery
- Observations and adjustment to orthodontic appliances
- Diagnostic procedures

Maximums

- $2,000 per person per benefit year on Basic and Major Services combined
- $2,000 lifetime maximum per person for Orthodontic Services

ENHANCED COVERAGE

In addition to the procedures listed under the Core coverage, the Enhanced coverage provides the following:

Basic Services — 80% Reimbursement

- Child oral exams, bite-wing x-rays, polishing and scaling; twice per benefit year
- Adult oral exams, bite-wing x-rays, polishing and scaling; once in a nine-month period
- Scaling and root planning; limited to a combined maximum of 14 time units in a 12-month period

Major Services — 80% Reimbursement

- Dental implants (two per benefit year to a maximum of $3,000)

Orthodontic Services — 60% Reimbursement

Maximums

- There is no benefit year maximum for Basic or Major Services
- There is no lifetime maximum for Orthodontic Services
- There is a $3,000 maximum on two dental implants per benefit year

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DENTAL COVERAGE EXCLUSIONS (NOT ALL-INCLUSIVE)

There is no coverage for:

- Services provided free
- Services paid for by an extended medical care plan
- Procedures not recognized by the Alberta Dental Association
- Prosthetics ordered while the claimant was covered but which were installed after termination of coverage
- Crowns and veneers on a tooth not functionally impaired
- Treatment covered by Workers' Compensation
- Cosmetic services
- Lost or stolen dentures
- Completion of claim forms
- Missed appointments
- Services or supplies for full mouth reconstructions, vertical dimension corrections or as a treatment for temporal mandibular joint dysfunction (TMJ)
- Charges incurred for dental services provided by an immediate family member of the patient

COVERAGE CLASS

The coverage class is either **Single** or **Family**.

- You may change from the Family to Single class of coverage at any time.
- You may change from Single to Family at a Choice Time or **within 31 days** of a Life Event.
- You must enrol all eligible dependents in the Dental Plan in order for them to be covered.

LEVEL OF COVERAGE

There are three levels of coverage under the Dental Plan:

1. Opt Out
2. Core
3. Enhanced

ENROLMENT UPON COMMENCEMENT OF EMPLOYMENT

To enrol in the Dental Plan, sign on to MyAGent and submit your choices electronically or complete and submit a **1st***choice Enrolment/Change Form*. This must be completed within 31 days of your date of hire. Upon initial enrolment you may:

- Enrol in any coverage level of the plan; or
- Opt out.

Note: If you do not enrol, you will be without coverage in this benefit plan.

EFFECTIVE DATE OF COVERAGE

If you commence or are eligible for benefits on the first day of the bi-weekly pay period (which is a Sunday), your coverage is in effect immediately and the full premium will be deducted.

If you commence employment or are eligible for benefits on the second day of the pay period or later, your coverage will start on the first day of the following pay period and a full premium will be deducted from that bi-weekly paycheque.

If you do not enrol in the Dental Plan upon commencement, you will be able to enrol at the next Choice Time or **within 31 days** of a Life Event.

SURVIVOR BENEFITS

Survivor Benefits provide ongoing premium-free coverage in the Core or Enhanced dental plan for 90 days after your date of death to those dependents already enrolled in your Dental Plan and who remain eligible as per plan rules.

Survivor Benefit coverage is only available if dependents were already enrolled in coverage at the time of death. The coverage is based on the plans and levels in place at the time of death and no subsequent changes can be made to the benefit coverage by your dependents.

CHANGING YOUR BENEFIT COVERAGE

After you have been enrolled in **1st***choice*, you may subsequently change your coverage when:

- There is a Choice Time, or
- A Life Event occurred and you request a change in coverage within 31 days from when the event occurred.

Dental Plan	Anytime	Choice Time	Life Event
Level of Coverage (i.e., moving between Opt Out, Core or Enhanced)	• No change allowed	• Increase coverage one or two levels • Decrease from Enhanced to Core only if one Choice Time has passed • Decrease from Core to Opt Out	• Increase coverage one or two levels
Coverage Class			
Change from Family to Single	• Yes	• Yes	• Yes
Change from Single to Family	• No	• Yes	• Yes
When to Change		• Between specified dates each year	• Within 31 days of event occurring

Examples:

- ➤ To increase one level is to move from Opt Out to Core or from Core to Enhanced.
- ➤ To increase two levels is to move from Opt Out to Enhanced.
- ➤ To decrease one level is to move from Enhanced to Core or from Core to Opt Out.

Note: When you make changes to your benefit coverage, verify that the changes were accurately updated by reviewing your Benefit Summary and pay advice on MyAGent within one pay period. Contact your Ministry Pay and Benefits Office if there are errors.

CHOICE TIME

Choice time is a specific time frame which occurs late May/early June each year and provides you with the opportunity to change your benefit coverage subject to the rules of each benefit plan. The Choice Time open enrolment dates are announced early in May at www.psc.alberta.ca/choicetime. You are responsible to check this website and make changes to your benefit coverage within the open enrolment period. Choice Time will be communicated via a number of venues, but will not be sent directly to each employee. Set yourself a reminder in May each year to check the website so you don't miss out. The changes would be effective the first day of the pay period that includes July 1st. You may make the following changes under your dental coverage:

- You may increase one or two levels of coverage from Opt Out to Core or Enhanced, or from Core to Enhanced.
- You may decrease from Enhanced to Core, only after one Choice Time has passed. For example, if you selected Enhanced coverage during Choice Time 2016, you will not be able to decrease your coverage to Core until Choice Time 2018.
- You may decrease from Core to Opt Out.
- You may change your coverage class from Single to Family or from Family to Single.

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LIFE EVENT

A Life Event occurs on:

- Marriage or meeting the requirements for a benefit partner;
- Divorce or death of a spouse;
- Dissolution of a benefit partner relationship or death of a benefit partner;
- Birth, adoption or guardianship of a first child;
- Change in your child's eligibility that allows coverage under the GoA group plans;
- Dependent child's loss of coverage under an individual or other parent's benefit plans; or
- Employee's and/or spouse or benefit partner's loss of coverage under individual or group benefit plans.

Note:

- Once divorced an employee cannot provide coverage for an ex-spouse under the GoA benefit plans. If a court order indicates benefit coverage must be maintained for the ex-spouse the employee will need to purchase a private plan.
- Employees may need to repay the appropriate Trust for claims paid for an ineligible dependent.

By applying online through MyAGent or contacting your Ministry Pay and Benefits Office **within 31 days** following the occurrence of a Life Event, you may request the following changes to your dental coverage:

- You may increase one or two levels of coverage from Opt Out to Core or Enhanced, or from Core to Enhanced.
- You may change your coverage class from Single to Family or from Family to Single.

COORDINATION OF BENEFITS

If you have family coverage under one or more dental plans, you and your dependents may be eligible to coordinate benefits. Coordination of benefits is the process whereby an individual or family with multiple plans may coordinate claims to receive payment of up to 100% of eligible expenses from both plans combined.

You and your spouse or benefit partner should submit claims under your own benefit plan first. After you are reimbursed from that plan, you can submit a claim to the other plan to be reimbursed for any remaining eligible expenses. If your spouse or benefit partner works for the Government of Alberta and is covered under this benefit plan or the My**CHOICE** Dental Plan, your claim will be coordinated by Alberta Blue Cross provided all the necessary information has been submitted. If your dependent children are covered under both your plan and your spouse or benefit partner's plan, the claim should first be submitted to the plan of the parent with the birthday earliest in the calendar year, then to the other parent's plan.

TERMINATION OF COVERAGE

Your **1st***choice* Dental Plan coverage ceases for you on the last day of the pay period that you:

- Terminate employment; or
- Transfer to a position which is not included in the group eligible for **1st***choice* benefits; or
- Die.

Coverage for a dependent under your Dental Plan ceases on:

- The last day of the pay period:
  - that you terminate coverage; or
  - when the dependent is no longer a spouse or benefit partner as defined under the plan; or
  - when the dependent/guardian child no longer meets the eligibility requirements as defined under this plan.
- 90 days after your date of death if the dependent remains eligible (refer to Section on SURVIVOR BENEFITS).

Note: Employees may be required to repay the appropriate Trust for claims paid for an ineligible dependent.

PRE-APPROVAL OF SERVICES OVER $800

If your dentist recommends dental work that is expected to exceed $800, it is advisable that you ask your dentist to submit a pre-approval to Alberta Blue Cross **VYZcfY'h\ Y'hfYUha Ybh'VY[ ]bg**. The dentist is required to provide Alberta Blue Cross with a detailed description of the proposed treatment and the estimated costs. Alberta Blue Cross will prepare an estimate of the expenses covered under your plan so you are aware of your share of the costs in advance.

Note: Pre-approvals only take into account the accumulated maximums and fee schedule in place at the time of authorization and are in effect for a maximum of 120 days from the date of approval or until the patient ceases to be covered under this plan, whichever occurs first. Plan changes, including the fee schedule, typically occur at the beginning of the plan year (July 1).

If a pre-approval is submitted before July 1 but the service is not completed until July 1 or later, the estimated costs identified in the pre-approval may change if the fee schedule was amended July 1.

ORTHODONTIC TREATMENT PLANS

Your orthodontist must complete and submit an orthodontic treatment plan to Alberta Blue Cross prior to submitting a claim for reimbursement. The treatment plan must provide an explanation of the proposed treatment, anticipated length of time per course of treatment and a breakdown of estimated costs. If the appliance was placed prior to becoming covered under this plan, the treatment plan must also include the date the appliance was placed.

Note: If the patient began orthodontic treatment prior to becoming a participant of this dental plan, only expenses for dates of service after the date you became covered under this plan are considered eligible expenses.

CLAIM PROCEDURES

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Alberta Blue Cross allows all Alberta dental offices to bill them directly for services provided to you. If your dentist uses this method, this means you will only be required to pay the amount not covered by your plan.

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If your dentist does not direct bill Alberta Blue Cross, you will be required to pay the full cost for the services and then submit a dental claim to Alberta Blue Cross for reimbursement. Your dental office will either complete a section of the *Œ‡à^¦ãæÁÔ|ˇ^ÁÔ¦[••ÁÖ^}œæ|ÁÔ|æã{* form which can be found on the Alberta Blue Cross website at ab.bluecross.ca or provide you with a printout of the expenses and services performed.

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Use the Alberta Blue Cross *T ˆÁÖ^}^-ãœ•* app or visit ab.bluecross.ca to make a claim. Online claim submission is possible provided that:

- the claim does not exceed $3,000;
- the expense was incurred in Canada;
- the product of service was paid in full and the claim is payable to you for either services incurred by you or your eligible dependent and not to the provider of the service; and
- the product or service does not require additional documentation from your dental provider (such as an x-ray)

For Coordination of Benefit guidelines, please visit the Alberta Blue Cross website at ab.bluecross.ca or contact Alberta Blue Cross directly.

By submitting claims online, you agree to keep your original receipts for a 12-month period from the date of service so that they are available for audit purposes. All claims that are submitted online will be reimbursed through direct deposit only.

The financial settlement of the cost of dental services is between you and your dentist.

Alberta Blue Cross will send you an email notification each time you are issued a claim payment, claim statement of treatment plan.

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MANUAL SUBMISSION OF CLAIM FORMS

If you are unable to submit your claim online, you can attach the original receipt along with a completed *Alberta Blue Cross Dental Claim* form, which is available from the Alberta Blue Cross website at ab.bluecross.ca, and mail it to:

Alberta Blue Cross
10009-108 Street, NW
Edmonton, Ab T5J 3C5

Your reimbursement cheque will be mailed to your home address unless you set up direct deposit through the Alberta Blue Cross member online services website.

CLAIMING LIMITATION – TIME FRAME

You must submit your claim within 12 months from the date the service was provided in order to be reimbursed under this Plan. Claims submitted beyond the 12-month claiming limitation period will automatically be denied by Alberta Blue Cross.

If you provide a written explanation for the submission of a late claim to the Trustees of the Dental Plan Trust, and if they consider the explanation sufficient and that it would be reasonable to do so, they can instruct Alberta Blue Cross to deal with your claim as if it had been received within the 12-month claiming limitation period.

ONLINE ACCESS TO CLAIMS AND DIRECT DEPOSIT

Register through the Alberta Blue Cross secure website to submit claims online and access detailed information on treatment plans, claims, and payment information as well as have claims reimbursed directly into your bank account.

Go to the Alberta Blue Cross website at ab.bluecross.ca, click on "Sign in" and choose "Plan members" to register or sign in.

Once you are registered, Alberta Blue Cross will send you an e-mail notification each time you are issued a claim payment, claim statement, or treatment plan.

CONSIDERATIONS IN CHOOSING DENTAL COVERAGE

- Think about your present and anticipated need of dental services — both for yourself and your family.
- Do you have coverage through your spouse or benefit partner's employer?
- Are you better off paying a premium for two or more years of Enhanced coverage or choosing Core and paying out-of-pocket for additional expenses?
- Do you anticipate orthodontic expenses?

FOR FURTHER INFORMATION

Contact Alberta Blue Cross Customer Services if you have questions on a claim, or on the benefits and services covered under this plan (have your Alberta Blue Cross card handy when you call). Your Group Number is 5.

Calgary 403-234-9666
Edmonton..........................780-498-8000
Grande Prairie 780-532-3505
Lethbridge 403-328-1785
Medicine Hat 403-529-5553
Red Deer 403-343-7009

A toll-free line is available for people living outside these major areas: 1-800-661-6995.

Alberta Blue Cross office hours are 6:00 a.m. to 6:00 p.m. (MT) Monday to Friday.

You may also contact the Government of Alberta Time and Benefits Support Line at 780-644-8114 or via e-mail at GOA.TimeAndBenefits@gov.ab.ca for any additional information.

Outside of Edmonton, dial toll-free 310-0000 followed by 780-644-8114 or hold or press 0 for operator assistance.