

DENTAL PROGRAM

ELIGIBILITY

Dental Program eligibility information is included in the General Information Pamphlet.

Participation in the Dental Program is **optional**. However, if you choose to participate, you must remain in the program for a **minimum period of 2 years**.

Dental benefits are based upon the usual and customary charges, up to the New Brunswick Dental Fee Guide for general practitioners. Dental coverage is **not** adjusted automatically to reflect the current Fee Guide. Revisions to coverage must be approved and are usually accompanied by a corresponding rate increase. To determine the N. B. Dental Fee Guide year in effect, contact your Human Resource office.

The benefits provided under this Program are not intended to fix the values of dental services, and dentists are free to charge their usual fees. Any shortfall is the responsibility of the employee.

If you or your dependents incur charges for any of the following, the insurer will reimburse you at the rate of 80%.

BENEFITS

Diagnostics

- complete clinical oral examination
- one recall oral examination (check-up) in a calendar year
- complete x-ray series – once per calendar year
- panoramic films – one per calendar year
- periapical x-ray – 10 films per calendar year
- occlusal x-rays – once per calendar year
- bitewing x-rays – once per calendar year
- TMJ x-rays – 4 films per calendar year

Preventative Services

- cleaning and polishing – once per calendar year
- fluoride treatments – once per calendar year
- sealants
- space maintainers
- mouthguards – one per calendar year

Restorative Services

- Fillings: amalgam (silver) and composite (white)

- Repairs, removal and cementing of inlays/ onlays/ crowns

Note: Inlays/ onlays/ crowns are not eligible benefits.

Endodontic Services

- Root canals

Note: Posts and crowns are not eligible benefits.

Periodontic Services

- surgical services
- scaling and root planing
- perio appliances – one upper and one lower per 2-calendar years

Prosthetic Services

- denture repairs and adjustments
- denture relining and rebasing – one upper and one lower per 2-calendar years
- tissue conditioning

Surgical Services

Extraction of teeth

General Services

- local anesthesia
- general anesthesia
- conscious sedation
- consultation with another dentist

Dental services required as a result of natural teeth being damaged by a direct accidental blow to the mouth is provided under the Health Program (see Health and Travel Programs pamphlet).

EXCLUSIONS AND LIMITATIONS

The Dental Program does not cover:

- services for which the employee or dependent is entitled and/or prohibited to indemnity from a public Government program, or any plan arrangement;
- dental treatment required as a result of self-inflicted injuries, insurrection, war or engaging in a riot;
- services for which the Government prohibits the payment of benefit;
- services provided without charge or paid for by your Employer;
- services performed by an unqualified practitioner;
- missed appointments or the completion of claim forms; and
- services not listed as a covered benefit.

CLAIMS

Claims must be submitted to the Program carrier for reimbursement. If your dentist is proposing extensive treatment, it is recommended you have a Treatment Plan completed and submitted for review to determine, **in advance**, how much will be covered.

Additional information is included in the General Information pamphlet.

No rights are conferred by this pamphlet. For more or updated information, contact your Human Resource office or the Pensions and Employee Benefits Division, Department of Human Resources at 506-453-2296 or toll free at 1-800-561-4012.

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