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## **Core Coverage and Services**

Your plan sponsor has chosen to offer the following benefits to form the coverage in this program.

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## Dental

Benefit Details	Your Plan's Coverage
Waiting Period	first of the month following 3 months
Deductible	None
Dental Fee Guide	<p>Current Fee Guide for General Practitioners for your Province of Residence</p> <p>If you reside in Alberta, the current Fee Guide is considered to be the 1997 Alberta Dental Association Fee Guide for General Practitioners plus inflationary adjustment as determined by Manulife Financial</p>
Coverage ends	At your retirement
Combined Maximum applies to: Level I Level II Level III Level IV	\$2,000 per calendar year
Maximum applies to: Level V	\$1,500 per lifetime
<p>Level I - Basic Services</p> <p>Includes items such as:</p> <ul style="list-style-type: none"> <li>• complete oral exam, one per 2 calendar years</li> <li>• full-mouth x-rays, one per 2 calendar years</li> <li>• one unit of light scaling and one unit of polishing twice per calendar year, or prophylaxis twice per calendar year, when the service is performed in Quebec</li> <li>• recall exams, bitewing x-rays, and fluoride treatments, twice per calendar year</li> <li>• initial oral hygiene instruction, plus one recall</li> <li>• routine diagnostic and laboratory procedures</li> <li>• fillings, retentive pins and pit and fissure sealants. Replacement fillings are covered provided:               <ul style="list-style-type: none"> <li>- the existing filling is at least 12 months old and must be replaced either due to significant breakdown of the existing filling or recurrent decay, or</li> <li>- the existing filling is amalgam and there is medical evidence indicating that the patient is allergic to amalgam</li> </ul> </li> </ul>	<p>100% to a combined maximum of \$2,000 per calendar year</p>

<ul style="list-style-type: none"> <li>• pre-fabricated full coverage restorations (metal and plastic)</li> <li>• space maintainers (appliances placed for orthodontic purposes are not covered)</li> <li>• minor surgical procedures and post surgical care</li> <li>• extractions (including impacted and residual roots)</li> <li>• consultations, anaesthesia, and conscious sedation</li> <li>• denture repairs, relines and rebases, only if the expense is incurred later than 3 months after the date of the initial placement of the denture</li> <li>• injection of antibiotic drugs when administered by a Dentist in conjunction with dental surgery</li> </ul>	
<p>Level II - Supplementary Services</p> <p>Includes items such as:</p> <ul style="list-style-type: none"> <li>• surgical procedures not included in Level I (excluding implant surgery)</li> <li>• periodontal services for treatment of diseases of the gums and other supporting tissue of the teeth, including: <ul style="list-style-type: none"> <li>- scaling not covered under Level I, and root planing, up to a combined maximum of 16 units per calendar year(s) ;</li> <li>- provisional splinting; and</li> <li>- occlusal equilibration, up to a maximum of 8 units per calendar year(s)</li> </ul> </li> <li>• endodontic services which include root canals and therapy, root amputation, apexifications and periapical services</li> <li>• root canals and therapy are limited to one initial treatment plus one re-treatment per tooth per lifetime</li> <li>• re-treatment is covered only if the expense is incurred more than 12 months after the initial treatment</li> </ul>	<p>100% to a combined maximum of \$2,000 per calendar year</p>
<p>Level III - Dentures</p> <p>Includes items such as:</p> <ul style="list-style-type: none"> <li>• initial provision of a full or partial removable dentures</li> <li>• replacement of removable dentures, provided the dentures are required because:</li> </ul>	<p>50% to a combined maximum of \$2,000 per calendar year</p>

<ul style="list-style-type: none"> <li>- a natural tooth is extracted and the existing appliance cannot be made serviceable;</li> <li>- the existing appliance is at least 60 months old; or</li> <li>- the existing appliance is temporary and is replaced with the permanent dentures within 12 months of its installation</li> </ul> <ul style="list-style-type: none"> <li>• dentures required solely to replace a natural tooth which was missing prior to becoming insured for this eligible expense, are not covered</li> </ul>	
<p>Level IV - Major Restorative Services</p> <p>Includes items such as:</p> <ul style="list-style-type: none"> <li>• crowns and onlays when the function of a tooth is impaired due to cuspal or incisal angle damage caused by trauma or decay</li> <li>• inlays, covering at least 3 surfaces, provided the tooth cusp is missing</li> <li>• initial provision of fixed bridgework</li> <li>• replacement of bridgework, provided the new bridgework is required because: <ul style="list-style-type: none"> <li>- a natural tooth is extracted and the existing appliance cannot be made serviceable;</li> <li>- the existing appliance is at least 60 months old; or</li> <li>- the existing appliance is temporary and is replaced with the permanent bridge within 12 months of its installation</li> </ul> </li> <li>• bridgework required solely to replace a natural tooth which was missing prior to becoming insured under this Plan is not covered</li> </ul>	<p>50% to a combined maximum of \$2,000 per calendar year</p>
<p>Level V - Orthodontics</p> <p>Includes items such as:</p> <ul style="list-style-type: none"> <li>• orthodontic services for dependant children only, provided treatment commences prior to reaching age 18</li> </ul>	<p>50% to a maximum of \$1,500 per lifetime</p>
<p><u>Exclusions</u></p> <ul style="list-style-type: none"> <li>• <i>self-inflicted injuries</i></li> <li>• <i>war, insurrection, the hostile actions of any armed forces or participation in a riot or civil commotion</i></li> <li>• <i>committing or attempting to commit an assault or criminal offence</i></li> <li>• <i>dental care which is cosmetic, unless required because of an accidental injury which occurred while the patient was insured under this benefit</i></li> <li>• <i>anti-snoring or sleep apnea devices</i></li> </ul>	

- *broken dental appointments, third party examinations, travel to and from appointments, or completion of claim forms*
- *services which are payable by any government plan*
- *services or supplies provided by an employer's medical or dental department*
- *services or supplies for which no charge would normally be made in the absence of insurance*
- *treatment rendered for a full mouth reconstruction, for a vertical dimension or for a correction of temporomandibular joint dysfunction*
- *replacement of removable dental appliances which have been lost, mislaid or stolen*
- *laboratory fees which exceed reasonable and customary charges*
- *services or supplies which are performed or provided by the insured person, an immediate family member or a person who lives with the insured person*
- *implants, or any services rendered in conjunction with implants*
- *treatment which is not generally recognized by the dental profession as an effective, appropriate and essential form of treatment for the dental condition*
- *services or supplies which are not specified as a covered expense under this benefit*

*If you anticipate charges for any treatment to exceed \$500, please submit a pre-treatment plan before receiving the service so you can understand what portion your plan may cover.*

*Your plan will pay benefits for the least expensive course of treatment when there are two or more courses of treatment covered that would produce professionally adequate results for a given condition. Manulife's professional dental consultant will aid in evaluating the various courses of treatment available to determine which is professionally adequate.*

*If you apply for coverage for Dental insurance late, Late Dental Application insurance will be limited to \$125 for each insured person for the first 12 months of coverage.*

*All claims must be submitted within 12 months after the date the expense was incurred. However, upon termination of your insurance, all claims must be submitted no later than 90 days from the termination date.*