



Dental Plan

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INTRODUCTION

The University of Saskatchewan dental plan is designed to promote good dental health for you and your family by helping you cover the cost of many dental services.

ELIGIBILITY

Grant holders, subject to the availability of the grant to pay the employer's share of benefit costs, can decide to extend benefit coverage to all of their eligible employees. If the grant holder is unable to authorize coverage due to lack of funds, benefits can be offered when the grant is renewed and budget is provided for this item.

Eligible employees are employees who work at least half time and are in a term appointment of at least six months. The ***eligibility date*** is defined as the date the grant holder offers the benefit package to an ***eligible employee***. If a benefit package is offered, benefits cannot be cancelled at any time throughout the duration of the employee's contract.

ELIGIBLE DEPENDENTS

Your dependents must be a resident in Canada. Your eligible dependents include:

Your spouse - legal or common-law spouse provided your common-law spouse is publicly represented as your spouse and you have co-habited for one year.

Dependent child - means an unmarried natural, adopted, or stepchild who is dependent upon you for financial support and who is:

- 1) under 21 years of age,
- 2) under 26 years of age and attending a college or University full time,
- 3) or physically or mentally incapable of self-support and became incapable to that extent while entirely dependent on the member for maintenance and support under 1) or 2) above.

The children of the subscriber's common law spouse shall be covered provided the children are living with the subscriber.

EFFECTIVE DATE OF COVERAGE

You will be covered by the Dental Plan on the day following three months of continuous employment.

Employees who go on leave of absence, other lay-off or seasonal lay-off prior to completing the waiting period will not be covered until the day following three months of continuous service commencing from their date of return or recall.

If you are absent from work on the day your coverage would otherwise have taken effect, your coverage will begin on the date you return to work.

If you leave the University, or affiliated employer, and are rehired as an eligible employee within six months, you will be covered under the Plan without having to complete the three-month waiting period.

BENEFITS

The Dental Plan will reimburse you for the following (subject to certain limits):

- **100%** of Basic Dental Services
- **50%** of Major Dental Services, and
- **50%** of Orthodontic Services for children under age 19 to a lifetime maximum of \$2,000 per child.

There is a Basic and Major Services combined maximum of \$2,000 per person per calendar year. The Plan has no deductible.

Fee Guide: The current fee guide for general practitioners approved by the Dental Association in the employee's province of residence.

For each dental procedure, only reasonable expenses will be covered, up to the usual charge for the most economical alternate procedure, service or treatment consistent with accepted dental practice.

For an implant related crown or prosthesis, Sun Life will pay the benefit that would have been payable under this plan for a tooth supported crown or a non implant related prosthesis, respectively. Sun Life will take into account any limitations that would have applied if there had been no implant. All other expenses related to implants, including surgery charges, are not covered.

BASIC SERVICES

Preventive dental procedures

- complete exam once every three benefit years
- recall exam once every five months, to a maximum of two exams per benefit year
- emergency or specific exams limited to two per benefit year per type of exam
- complete series of X-rays OR one panorex once every three benefit years
- bitewing x-ray once every five months, to a maximum of two sets per benefit year
- radiograph to diagnose or examine progress
- required consultations with another dentist
- polishing/cleaning and topical fluoride treatment every five months, to a maximum of two per benefit year
- emergency or palliative services
- diagnostic tests and lab exams
- removal of impacted teeth and anaesthesia

- space maintainers for primary teeth
- pit and fissure sealants
- oral hygiene instruction once per benefit year

Basic procedures

- fillings:
 - amalgam (silver)
 - composite (white) on all teeth
 - acrylic (replaced by composite)
- removal of teeth (except impacted teeth)
- prefab metal restorations/crowns and repairs (not custom made)
- endodontics (root canal therapy/fillings, treat disease of pulp tissue)
- periodontics (treatment of bone and gum disease)
- surgery and related anaesthesia (except removal of impacted teeth)
- repair of bridges or dentures
- rebase or relin denture

MAJOR SERVICES

- inlays and onlays
- crowns
- bridges and dentures (prosthodontic) – construction and insertion of bridges or standard dentures (not dentures with precision attachments). Replacement after five years

ORTHODONTIC SERVICES

- interceptive, interventive or preventive services
- comprehensive treatment
- habit breaking appliances

GENERAL EXCLUSIONS AND LIMITATIONS

Sun Life will not pay for services or supplies payable or available (regardless of any waiting list) under any government-sponsored plan or program unless explicitly listed as covered under this benefit.

Sun Life will only pay for a procedure that has a reasonably favourable prognosis in the opinion of Sun Life.

Sun Life will not pay for:

- procedures performed primarily to improve appearance.
- the replacement of dental appliances that are lost, misplaced or stolen.
- charges for appointments that a person does not keep.
- charges for completing claim forms.
- services or supplies for which no charge would have been made in the absence of this coverage.

- procedures or supplies used in full mouth reconstruction (capping all of the teeth in the mouth), vertical dimension corrections (changing the way the teeth meet) including attrition (worn down teeth), alteration or restoration of occlusion (building up and restoring the bite), or for the purpose of prosthetic splinting (capping teeth and joining teeth together to provide additional support).
- charges related to the temporomandibular joint (TMJ) treatment, except otherwise indicated in the list of covered expenses.
- experimental treatments.

Sun Life will also not pay for dental work resulting from:

- the hostile action of any armed forces, insurrection or participation in a riot or civil commotion.
- dental services required due to congenital malformation.
- participation in a criminal offence.

PRE-TREATMENT PLAN

If your dentist recommends any dental procedure that is expected to cost over \$500, you should have your dentist complete a pre-treatment plan. Submit this plan to the insurer, and you will be advised of the benefits payable for the course of treatment.

Submitting a pre-treatment plan ensures that there are no misunderstandings about what reimbursement you will receive for expensive courses of treatment.

CLAIM PROCEDURES

Claims must be submitted within 90 days of the end of the calendar year of receiving the service or supplies. If you have a dental expense that is either fully or partially covered by the plan, you can submit your claim in one of three ways.

Electronic Submission: Many dentists choose to submit claims electronically on behalf of their patients and will agree to have the reimbursement made directly to the dentist's office. This means you won't need to complete a claim form. However, you should remember that having the reimbursement paid directly to your dentist does not discharge your obligation to the dentist should the reimbursement be less than the dentist's fee.

Online: Sign up to my Sun Life at www.mysunlife.ca and enter your access ID and password. If you do not have an access ID, click on Register now and follow the steps. You will need your member ID (your university employee number) and contract number (150798). Once you have logged in sign up for direct deposit. You can submit claims online and have your payment deposited directly into your bank account, usually within 24 to 48 hours from the time your claim has been processed. When your claim has been processed, Sun Life will send you an e-mail to notify you about the status of your claim.

Mail: All eligible expenses can be claimed by mailing your claim submissions. Complete Sun Life's "Dental and Health Spending Account Claim Form", enclose the original receipts and mail

it to the address below. Be sure to keep a copy of the claim form and receipts for your records.

When completing your claim, please note

- Policy Number - the University's group policy number is 150798.
- Member ID – the ten digit displayed on your wallet card.

ALL MAIL CLAIM FORMS ARE TO BE FORWARDED TO:

Sun Life Assurance Company of Canada
PO Box 2010 Stn Waterloo
Waterloo, ON N2J 0A6

Telephone: 1-800-361-6212
Online: www.sunlife.ca

BENEFIT PERIOD

Each benefit period covers one calendar year. Limits apply on a CALENDAR YEAR BASIS.

COORDINATION OF BENEFITS

If you or your dependents are covered for Dental Care under this plan and another plan, your benefits will be coordinated with the other plan following insurance industry standards. These standards determine which plan you should claim from first.

The plan that does not contain a coordination of benefits clause is considered to be the first payer and therefore pays benefits before a plan which includes a coordination of benefits clause.

For dental accidents, health plans with dental accident coverage pay benefits before dental plans.

The maximum amount that you can receive from all plans for eligible expenses is 100% of actual expenses.

Where both plans contain a coordination of benefits clause, claims must be submitted in the order described below.

Claims for you and your spouse should be submitted in the following order:

- the plan where the person is covered as an employee. If the person is an employee under two plans, the following order applies:
 - the plan where the person is covered as an active full-time employee.
 - the plan where the person is covered as an active part-time employee.
 - the plan where the person is covered as a retiree.
- the plan where the person is covered as a dependent.

Claims for a child should be submitted in the following order:

- the plan where the child is covered as an employee.
- the plan where the child is covered under a student health or dental plan provided through an educational institution.
- the plan of the parent with the earlier birth date (month and day) in the calendar year. For example, if your birthday is May 1 and your spouse's birthday is June 5, you must claim under your plan first.
- the plan of the parent whose first name begins with the earlier letter in the alphabet, if the parents have the same birth date.

The above order applies in all situations except when parents are separated/divorced and there is no joint custody of the child, in which case the following order applies:

- the plan of the parent with custody of the child.
- the plan of the spouse of the parent with custody of the child.
- the plan of the parent not having custody of the child.
- the plan of the spouse of the parent not having custody of the child.

When you submit a claim, you have an obligation to disclose to Sun Life all other equivalent coverage that you or your dependents have.

CONTINUATION OF COVERAGE

Coverage under the dental plan is in effect while you are actively at work. It continues while you are ill or for up to three months while you are on paid vacation. Coverage will also continue during an approved leave of absence with pay. If you are on an approved leave of absence without pay, coverage will continue for up to 36 months provided that you pay the premiums.

TERMINATION OF COVERAGE

Coverage for you and your dependents will cease on the earliest of:

- the date your employment terminates,
- your retirement date,
- if you are deceased,
- the end of the period for which the last premium was paid,
- the date you are no longer an eligible employee, or
- the date the policy terminates.

In the event of your death, coverage for eligible dependents will continue for dental benefits, if applicable, for a period of two years without payment of premiums until the earliest of:

- the date similar coverage is obtained elsewhere,
- the date which is 24 months from your death, or
- the date the Policy terminates.

The information contained herein is intended only as a summary of your Dental Plan which is administered by Sun Life under policy number 150798. In the event of any misunderstanding or discrepancy, benefits will be paid according to the policy and applicable legislation.