

## Management Dental Plan

**Edmonton** 

| Basic Services     100% coverage of Usual and Customary Fees  | <ul> <li>diagnostic, preventive, minor restorative and certain oral surgical services, periodontics (treatment of gum disease), endodontics (root canal work), removable prosthodontics (removable dentures)</li> <li>oral examinations once every 2 years</li> <li>recall exams for adults once a year</li> <li>recall exams for dependents under age 18 once every 6 months</li> <li>complete series of x-rays once every 2 years</li> <li>bite-wing x-rays once every 12 months (under 18 years every 6 months)</li> <li>cleaning or scaling and fluoride treatments once every 12 months (under 18 years every 6 months)</li> <li>extractions and other oral surgery including pre and post operative care</li> <li>amalgam, synthetic porcelain and plastic fillings</li> <li>diagnostic and treatment procedures for root canal therapy</li> <li>diagnostic and treatment procedures for treatment of tissues supporting the teeth</li> <li>partial or full-removable dentures</li> <li>replacement dentures limited to once every 5 years unless existing dentures cannot be made serviceable</li> </ul> |
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| Restorative Services     80% coverage for the repair of existing crowns and bridges     50% coverage for new crowns, bridges and major restorative benefits | <ul> <li>repair of existing crowns and bridges including recementing of inlays/onlays and crowns, removal of crowns and inlays/onlays, and retentive pre-formed posts</li> <li>new crowns and bridges, inlays and onlays</li> <li>fixed bridgework</li> <li>replacement of bridgework limited to once every 5 years unless existing bridgework cannot be made serviceable</li> </ul>  |
| Tooth Implants  ■ 50% coverage  | <ul> <li>includes the cost of the appliance on top of<br/>the implant (crown) at 50% of the cost of</li> </ul>  |

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| <ul> <li>Maximum of \$1,250 coverage per implant</li> <li>Maximum of 2 implants per member per calendar year</li> </ul> | the crown   |
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| Orthodontic Services  | <ul> <li>procedures for the correction of malposed teeth</li> </ul>   |
| Exclusions  • Some examples of the types of items not covered   | <ul> <li>replacement of mislaid, lost or stolen appliances</li> <li>crowns, bridges, or dentures for which impressions were made prior to the effective date of coverage</li> <li>charges for broken appointments or completion of claim forms</li> <li>experimental or cosmetic procedures</li> <li>orthodontic services or treatment prior to the effective date of coverage for orthodontic benefits</li> <li>services or supplies intended for sport or home use (e.g. mouth guards)</li> </ul> |
| Pre-Authorizations  | <ul> <li>pre-authorization must be obtained for<br/>treatment or services expected to exceed<br/>\$800</li> </ul>   |

The Dental Plan is not provided through a contract of insurance. For this Plan, the benefits are payable from premiums, interest or investment earnings and an excess of revenue over expenditures. This summary provides general information only. For more information or to confirm coverage call Alberta Blue Cross Customer Services at 1-800-661-6995 or 780-498-8000 (Edmonton and area) or the City's Employee Service Centre at 780-944-4311.

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