



MANITOBA
SCHOOL EMPLOYEES
BENEFIT PLANS

Retiree Dental Benefits

Dental Benefits

Basic and Major dental benefits are subject to a combined maximum of \$1,500 per person per calendar year.

You will be reimbursed:

- 80% of eligible expenses for “Basic” dental services, and
- 50% of eligible expenses for “Major” dental services.

Benefit payments are based on the Dental Fee Guide, excluding the Manitoba Northern Fee Guide, established by the Manitoba Dental Association which is in effect at the time the services are provided.

Basic Services Covered

1. Diagnostic:

- Complete examination, once every 3 calendar years.
- Recall or oral examinations covered twice in each calendar year.
- Periapical x-rays.
- Full mouth x-rays or panorex x-rays once every 2 calendar years if necessary.
- Biopsies.

2. Preventive:

- 1 unit of polishing twice in each calendar year.
- Topical application of fluoride. Up to 2 applications in each calendar year.
- Space maintainers (except when used for orthodontic purposes).

3. Extractions:

- Uncomplicated procedures for the removal of teeth which are beyond restoration.

4. Oral surgery:

- Complicated surgical procedures performed in the dentist's office including post-operative care.

5. Restorative:

- Fillings made of amalgams, silicates, plastics and synthetic porcelains.
- Repair of damaged dentures. Adding teeth to existing dentures. Relining or rebasing the dentures is limited to once every 3 calendar years.

6. Accidental injury:

- Major and orthodontic dental services as a result of an accident, to a maximum of \$1,000 per person per calendar year. Treatment must commence within 90 days of the accident.

7. Endodontics:

- The usual procedures required for pulpal therapy and root canal filling.

8. Periodontics:

- The usual procedures for treatment of the diseases of the tissues and bones supporting the teeth.
- Bruxism appliance, once every 3 calendar years for an upper and lower.

9. **Anesthesia:**
 - General anesthesia or nitrous oxide analgesia administered in the dentist's office.
10. **Consultations:**
 - Consultations required by attending dentist.
11. **Drugs:**
 - Cost of medication and injections given in the dentist's office.

Major Services Covered

1. **Extensive restorations:**
 - Inlays and onlays (One per tooth every 5 calendar years).
 - Jackets, crowns and bridges to rebuild and replace missing teeth. (Only one procedure per tooth every 5 calendar years.)
 - Note: Please refer to point number 6 of "Exclusions and Limitations".
2. **Prosthetic:**
 - Partial or complete upper and lower dentures, provided by a dentist or licensed denturist. Each procedure limited to once every 5 calendar years. Allowances include all adjustments.
 - Dental implants will be covered at the least cost alternative of a 3-unit bridge (lab charges covered at 50% of the cost of a 3-unit bridge).

Pre-Treatment Authorization

The pre-authorization requirement has been established primarily to protect you, by having possible misunderstandings resolved before expensive dental work is carried out.

If the cost of all treatments planned is expected to exceed \$500, Blue Cross must approve the work in advance. After listing the work planned, your dentist will submit your claim form, with supporting x-rays, directly to Blue Cross. A notice of assessment will be issued to you and your dentist.

Importance of the Fee Guide

Benefits paid by the plan are based on a specific dental fee guide established by your provincial Dental Association. While they are not required to do so, the majority of dentists charge according to the rates set out in the fee guide.

When going to a dentist for the first time, it is suggested that you inquire about how they set the rates before any work is carried out. If the dentist charges more than the fee guide, you will be responsible for the excess. In no event will the plan pay more than the dentist's actual charge.

Exclusions and Limitations

Manitoba Blue Cross will not pay for the following:

1. Services purely cosmetic in nature, or for cosmetic reasons.
2. Fees arising out of extra services arranged for privately between the patient and dentist.
3. Oral hygiene instruction and plaque control programs.
4. Charges for appliances, which have been lost, broken or stolen.
5. Gold, crown, fixed bridge, veneers or other extensive treatment when another material or procedure would have been a reasonable substitute consistent with generally accepted dental practice. Where a reasonable substitute was possible, the covered expense would be that of the customary substitute.
6. Separate charges for general anesthesia except in connection with office procedures as specified in your plan.
7. Bleaching of teeth.
8. Root canal on a permanent tooth more than once per lifetime per tooth.
9. Snoring or sleep apnea appliances.
10. Charges for treatment other than by a dentist, except for treatment performed in a dental office under the supervision and direction of a dentist by personnel duly licensed or certified to perform such treatment under applicable professional statutes and regulations.
11. Diagnostic photographs.
12. Precision attachments.
13. Hypnosis and dental psychotherapy.
14. Provision for facilities in connection with general anesthesia.
15. Polishing restorations.
16. Any procedure in connection with forensic dental.
17. Services and supplies the person is entitled to without charge by law or for which a charge is made only because the person has coverage under a plan.
18. Services related to the treatment of Temporo-Mandibular Joint dysfunction.
19. Charges for completing claim forms or missed appointments.
20. Services covered or provided through Workers' Compensation legislation, any government agency or a liable third party.
21. Charges for services provided prior to the effective date of coverage.
22. Services or supplies not listed as covered expenses.