

St. James-Assiniboia School Division
Non-Union Employees

Dental Plan

Eligibility

Dental benefits are available to permanent full-time and part-time employees. Benefits are also available to your eligible dependents. New employees become eligible for benefits on their date of employment. Coverage is mandatory for permanent non-union employees, unless you have alternate employer-administered group coverage. Coverage is optional for term non-union employees hired for at least 60 consecutive working days.

Dependents are defined as your spouse and dependent children as described below.

The term “spouse” means the person with whom you are legally married or have continuously resided with for at least one year in a conjugal relationship.

You must add your spouse to your plan when they become eligible (date of marriage or one year from the date of cohabitation). If the change is reported within 90 days of the date of eligibility (date of marriage or one year from date of cohabitation), coverage for the spouse and dependent children (if any) will commence on the date of eligibility. If not reported within 90 days, Dental benefits are subject to a benefit restriction for the first year.

The term “dependent children” means all natural children, legally adopted children, stepchildren and children for whom you are the legal guardian. Children of the person with whom you are living in a conjugal relationship are also eligible, provided such children are living with you. All children must be unmarried, under the age of 21 and dependent upon you for support, or unmarried and under the age of 25 and in full-time attendance at an accredited educational institution, college or university.

The age restriction does not apply to a physically or mentally incapacitated child whose incapacitation commenced while they satisfied the definition of a dependent child, as described above.

Enrollment

You must enroll according to your true family status, listing all eligible dependents.

To protect the viability of these plans, once enrolled, you are not permitted to opt out while still employed, except in the event of recently obtained alternate employer-administered group coverage. Notification of alternate coverage is required within 90 days of acquiring the alternate plan.

Leaves of Absence

Coverage may be continued with premium during a leave of absence provided it is for the full duration of the leave, unless coverage under an alternate employer-administered group plan is acquired.

Dental Benefits

Basic and Major dental benefits are subject to a combined maximum of $1,000 per person per calendar year.

You will be reimbursed:

- 100% of eligible expenses for “Basic” dental services,
- 50% of eligible expenses for “Major” dental services, and
- 50% of eligible expenses for “Orthodontics” (braces) for dependent children up to the age of 21 or up to the age of 25 if in full-time attendance at an accredited educational institution, college or university. Orthodontic benefit payments will cease at these ages. Orthodontic benefits are subject to a lifetime maximum of $1,000 per child.

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).
   - Appliances to control harmful oral habits.
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 5 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, once per lifetime per tooth.

Orthodontic Services Covered

Orthodontic services normally specify an initial fee, and monthly or quarterly fees for on-going treatment. You will receive reimbursement towards the initial fee, and on-going services as they are received. You will not be reimbursed in advance for orthodontic services not yet received.

Please Note: Orthodontic benefit payments will cease when dependent children no longer meet the eligibility requirements of the plan.

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.

Dental Exclusions and Limitations

Manitoba Blue Cross will not pay for the following:

1. Fees arising out of extra services arranged for privately between the patient and dentist.
2. Oral hygiene instruction and plaque control programs.
3. Charges for appliances, which have been lost, broken or stolen.
4. 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.
5. Separate charges for general anesthesia except in connection with office procedures as specified in your plan.
6. Bleaching of teeth.
7. Root canal on a permanent tooth more than once per lifetime per tooth.
8. Snoring or sleep apnea appliances.
9. 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.
10. Diagnostic photographs.
11. Precision attachments.
12. Hypnosis and dental psychotherapy.
13. Provision for facilities in connection with general anesthesia.
14. Polishing restorations.
15. Any procedure in connection with forensic dental.

General Exclusions

Manitoba Blue Cross will not pay for the following:

- Any services or supplies received unless the person is covered by the government health plan in their home province.
- 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.
- Services or supplies not listed as covered expenses.
- Services or supplies for cosmetic purposes.
- Services related to the treatment of Temporo-Mandibular Joint dysfunction.
- Charges for completing claim forms or missed appointments.
- Services covered or provided through Workers' Compensation legislation, any government agency or a liable third party.
- Charges for services provided prior to the effective date of coverage.
- Expenses for services and supplies, rendered or prescribed by a person who is ordinarily a resident in the patient's home or who is a close relative of the patient.
- Manitoba Blue Cross is not responsible for the availability or provision of any of the services or supplies described herein.
- Services rendered by a practitioner whose qualifications do not meet the criteria established by Manitoba Blue Cross, and whose services have been deemed ineligible by Manitoba Blue Cross.

Claiming Benefits

Claim forms for the following benefits are available online at:

www.mpsebp.ca or www.mb.bluecross.ca

Please retain your “Statement of Benefits” for income tax purposes as original medical receipts will not be returned.

Note: Claims for all benefits listed below more than 24 months after date(s) services are provided, are not eligible. Every action or proceeding against an insurer (i.e. the Company) for the recovery of insurance money payable under the certificate is absolutely barred unless commenced within the time set out in the Insurance Act.

Dental Benefits

Present the dental claim form to your dentist on the first appointment. A separate claim form is required for each member of your family obtaining dental services.

Following the examination, the dentist will discuss a proposed course of treatment and possibly book follow-up appointments. If the cost of treatment exceeds $500, or if treatment consists of major dental services (crowns, bridges, orthodontics, etc.) the dentist will have to submit a completed claim form to Manitoba Blue Cross for approval prior to treatment being started. If the treatment cost is less than $500 or is for basic dental services, the dentist will retain the claim form until the course of treatment has been completed.

Your dentist has the option of billing Manitoba Blue Cross directly, or continuing to bill you. Please inquire at the beginning of treatment how billing will be made. If your dentist chooses to seek payment directly from Manitoba Blue Cross, it will not be necessary for you to submit the claim. You will be asked to sign the benefits over to the dentist, where indicated on the claim form.

Coordination of Benefits

Coordination of benefits is available when both spouses in a family have health and/or dental plans provided by their places of employment, or through retiree or individual plans.

Under the “Coordination of Benefits” provision, you are entitled to claim benefits from both plans, as long as the total benefits received do not exceed the actual expenses incurred.

If the services are provided to you, then Manitoba Blue Cross would be the “primary” carrier and would pay benefits first. The other insurer would then be responsible for any unpaid eligible expenses.

If the services are provided to your spouse, then their insurer would be the “primary” carrier and would pay benefits first. Your spouse should submit the claim form to their insurer. After receiving payment, any unpaid eligible expenses can be submitted to Manitoba Blue Cross with a completed Manitoba Blue Cross claim form (including your certificate number) and the statement of benefits paid or denied from the other insurer.

If the services are provided to a dependent child, the plan of the covered person with the earlier month and day of birth would be the “primary” carrier. The claim would then be processed according to the procedures listed above.

In single custody situations

The plan that will pay benefits for your dependent children will be determined in the following order:

- 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 without custody of the child,
- The plan of the spouse of the parent without custody of the child.

In joint custody situations

The plan that will pay benefits for your dependent children will be determined in the following order:

- The plan of the parent with the earliest month and day of birth,
- The plan of the other parent,
- The plan of the spouse of the parent with the earliest month and day of birth,
- The plan of the spouse of the other parent.

Other scenarios

If you are covered by an employer and an individual policy, the individual plan may be considered second payer to coverage available under your group plan.

If you are covered by a group and retiree plan, claims should be submitted to your group plan first as your retiree plan is considered second payer.

Claims should not be submitted to Manitoba Blue Cross when another company is the primary carrier and your dependent(s) is/are covered by another company. In cases where there is an unpaid balance on a claim paid by another company, Manitoba Blue Cross will process the remaining balance. Please remember to include a copy of the payment summary, or explanation of benefits issued by the other company with your claim so that the unpaid balance may be processed for reimbursement of up to 100% of the value of the claim.

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Access Your Plan in One Easy Step!

Register today for mybluecross® to access all of your plan information anytime, anywhere.

Get Quick Access to:

My Claims:

- Submit a claim
- View claim history
- View payment history

My Coverage:

- Access coverage information
- Confirm claiming requirements
- Check benefit eligibility

My Account:

- Change your email password and security question
- Request a new ID card
- Update direct deposit information
- Update certificates

Plus, with mybluecross® you'll also gain exclusive access to My Good Health® (our online health resource) and Blue Advantage® (our national discount program).

How to Register:

- Visit www.mb.bluecross.ca
- Click on Register at the top right corner of any page
- Enter your ID Card information and verify your account

The protection of information is very important to us at Manitoba Blue Cross. You can be assured all your information is kept safe and confidential.

For more information please call Manitoba Blue Cross at 204.775.0151 or toll free at 1.800.USE.BLUE (873.2583).

Direct Deposit

Once you register for mybluecross® you can then apply for Direct Deposit and enjoy the convenience of having your claims payments deposited directly into your bank account.

Direct Deposit is a system of transferring money from one bank account directly to another without any paper money changing hands.

Direct Deposit is a safe and secure method of receiving claims payments.

Direct Deposit helps to eliminate lost or stolen cheques and prevents the possibility of cheques being sent to an incorrect address.

Once you have registered for Direct Deposit you will be notified by e-mail when your claim has been paid and reimbursement has been deposited. You will have access to online claims details and claims statements which are available for review and printing. You can also access and change your banking information anytime you need.

As with any web services offered, integrity and protection of information is of high importance to Manitoba Blue Cross. You can be assured all your information is kept safe and confidential.

Changes in Status

Reporting Changes

You must notify your employer within 90 days of change in your own or your dependents' status resulting from marriage, divorce, separation, termination of conjugal relationship, death, change of residence, birth or legal adoption.

The majority of status changes may be reported using the "Notice of Change" form available from your employer.

If you have opted out of the plan due to alternate employer-administered group coverage that subsequently terminates, you must advise your employer within 90 days of losing coverage in order to be covered under this plan. You will only be permitted to join this plan with proof that the alternate employer-administered group coverage you were enrolled in has terminated.

Births

Your newborn children must be added to your plan as dependents, within 90 days from the date of birth.

Divorce

In the event of divorce, your divorced spouse and/or dependent children may apply for continuation of coverage. For further information contact Manitoba Blue Cross.

Termination of Coverage

Once notice of termination is received, your coverage will automatically be cancelled at the end of the month in which employment is terminated.

With the exception of 12-month non-teaching employees, if your employment terminates at the end of the school year in June or during the summer months, coverage and premiums continue to the end of August.

To continue with similar coverage on an individual basis, contact Manitoba Blue Cross for more details.

Note: Once enrolled in this group plan, you will not be permitted to opt out while still employed by your employer except in the event of alternate employer-administered group coverage. If this situation arises, your request to cancel must be received by your employer within 90 days of the effective date of the new plan.

Identification Card

Soon after you enroll, you will receive an identification card. This card identifies you and your eligible dependents, and your coverage. Whenever you are claiming benefits from this Plan, be sure to quote your certificate number in the space provided on the claim form.

If you have lost or misplaced your ID card, log on to mybluecross® to print a temporary ID card. A message will automatically be sent to Manitoba Blue Cross to issue you a new, permanent ID card. This new card will be sent to you within five business days.

Important: Please Read

Your benefits program is provided directly by the Manitoba Public School Employees Benefits Trust, which retains the sole responsibility of funding claims (excluding travel). Manitoba Blue Cross retains the responsibility on travel claims.

This booklet represents a synopsis of the benefits provided for under the Client Agreement. In the event of any difference between the terms of this synopsis and those of the Client Agreement, the terms of the Client Agreement shall prevail.

Manitoba Blue Cross provides reimbursement of eligible expenses (either directly to you or to the service provider) in accordance with the Client Agreement, but cannot guarantee the availability or provision of services.

Also, in determining the basis for payment, Manitoba Blue Cross reserves the right to assess payment on the basis of the approved fee guide for the service in question, or the reasonable and customary charges as deemed appropriate by Manitoba Blue Cross.

We're here for you.

ONLINE

www.mb.bluecross.ca

Coverage information, claims history and online claim submission through mybluecross®

24 hours a day

IN PERSON

Customer Service Centre 599 Empress Street

9:00 a.m. – 4:00 p.m.

Monday through Friday

Claims Drop Box

24 hours a day

BY PHONE

204.775.0151 (within Winnipeg)

1.888.596.1032 (toll-free)

8:00 a.m. - 5:30 p.m.

Monday through Friday

BY MAIL

Manitoba Blue Cross PO Box 1046 Stn Main

Winnipeg MB R3C 2X7

BY FAX

204.772.1231 (Claims only)

24 hours a day

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