



Your Dental Benefits Enrollment Guide

The following is a summary of dental benefits and is intended solely to help you make your enrollment choice. It does not provide all the information on which benefit payments will be determined. This summary is based on the Dental Care Plan's insurance contract, which contains all the terms and conditions of the plan and which will govern in case of any discrepancy with this summary. This plan is subject to change.

YOUR DENTAL CARE CHOICES

You may choose Option A or Option B. You may also opt out of the Dental Care plan, provided you have coverage under your spouse's plan where he or she works. If you do not return the enrollment form, you will automatically be covered under option B.

The option you choose can differ from the option you selected under the Health Care Plan. Your choice of dental care coverage will remain in effect until July 1, 2008. Afterward, your choice will remain in effect for a minimum of two years. However, you may change your coverage anytime if a major life event occurs (e.g. marriage, divorce, and loss of coverage under spousal plan).

Both dental options cover major services at the same level (70% reimbursement). Only option A covers core and preventative services (70% reimbursement).

	Option A	Option B
	Core and Preventative services	Major services Only

Here's an overview of these benefits

Option A reimburses 70% of eligible expenses for core and preventative services. They include

Core and
Preventative
services

1 Regular checkup every 12 months

This normally includes exam, scaling, and polishing

1 complete oral exam every 24 months

This exam is more comprehensive than a regular checkup. It's normally done when you visit your dentist for the first time. He or she will open a file in your name and do the necessary examination, tests, and X-rays to have as much information as possible on your dental health.

Fillings (other than gold) and other minor restorative treatment

Other core and preventative services are also offered, subject to certain limitations and maximums. Details will follow shortly. Before you incur any expenses, however, be sure to verify with the Human Resources Department for coverage information or contact Atlantic Blue Cross Care at 469-7009. You need to tell them your policy # is 3700.

Major
services

Both options A and B reimburse 70% of eligible expenses for major services. These include:

Endodontics

This involves the treatment of pulp disorders and root canal therapy.

Periodontics

This refers to the treatment of gum disease.

Prosthodontics

This deals with the bridge and dentures

Major restoration

This includes crowns and veneers, inlay and onlay restorations, and gold fillings when teeth cannot be restored with other material. –Note fillings are covered under core and preventative services only.

Oral surgery

This means getting teeth pulled, the removal of roots, and surgical incisions or excisions.

Major services are also subject to certain limitations and maximums. Details will follow shortly. As with the core and preventative services, before you seek to have any major services done, please check with the Human Resources Department for coverage information or contact Atlantic Blue Cross Care at 496-7009. You need to tell them your policy number is 3700.

MAXIMUM REIMBURSEMENT

Regardless of the option you choose, the Dental Care Plan reimburses up to \$1,000 per person per calendar year, for all services combined.

DENTAL FEE GUIDE

The amounts reimbursed under the Dental Care Plan are based on the current Dental Fee Guide published by the Nova Scotia Dental Association for general practitioners. This guide describes various dental treatments and suggests the fee for each treatment. Your dentist may charge more or less than what is indicated in the dental guide, but the plan’s reimbursement will be based on the actual fee charged or the suggested fee in the guide, whichever is lower.

COST OF COVERAGE

Both you and the Halifax Regional Water Commission pay 50% of all costs of coverage, regardless of the option you choose.

Your cost will depend on the option and whether you choose single or family coverage

YOUR BIWEEKLY COST

	<u>Single</u>	<u>Family</u>
Option A	\$5.10	\$12.25
Option B	\$2.57	\$6.16

BEFORE YOU MAKE A DECISION ...

Before you make any enrollment choices, here is a list of questions to help you determine your needs and those of your family.

- What is the general state of your dental health and of your family?
 - Have your dental care expenses been typically low, moderate, or significant? What have your bills been like in the past two years?
 - Do you have an idea of what your dental expenses are likely to be in the next two years? If so, which level of coverage (A or B) do you think is likely to provide you with the greatest value?
 - If you have a spouse who is employed, does he or she have coverage at work? If so, do you feel you need extra coverage under the Dental Care Plan?
- Were most of your dental expenses in the past for routine exams and cleaning? Did you know that the cost of a routine check-up is about \$70?
 - Did you know that MSI sponsors the Nova Scotia Children’s Oral Health Program? Essentially, this program covers the following for children until they reach the age of 10:
 - Diagnostic services: 1 exam and two bitewing X-rays per year.
 - Preventative services: including 1 prevention session with a dentist/hygienist, and 2 topical fluoride applications if the child has a cavity.
 - Treatment services: fillings.

For more details on this government program, Please call 496-7037, 496-7067 or 496-7044.