CUPE 2424 - Casual Dental Plan

We are pleased to offer you our services. As we adhere to principles of inclusion, all genders are incorporated in the language used in our communications with you.

BENEFIT DETAILS

Canada Life™ is a leading Canadian life and health insurer. Canada Life's financial security advisors work with our clients from coast to coast to help them secure their financial future. We provide a wide range of retirement savings and income plans; as well as life, disability and critical illness insurance for individuals and families. As a leading provider of employee benefits in Canada, we offer effective benefit solutions for large and small employee groups.

Canada Life Online

Visit our website at www.canadalife.com for:

- information and details on Canada Life's corporate profile and our products and services
- investor information
- news releases
- contact information
- online claims submission

My Canada Life at Work

As a Canada Life plan member, you can register for My Canada Life at Work™ at www.mycanadalifeatwork.com. Make sure to have your plan and ID numbers available when registering.

With My Canada Life at Work you can:

- Submit claims quickly
- Review your coverage and balances
- Find healthcare providers like chiropractors and massage therapists near you
- Save your benefits cards to your payment service application or program
- Get notified when your claims have been processed

Canada Life's Toll-Free Number

To contact a customer service representative at Canada Life for assistance with your dental coverage, please call 1-800-957-9777.

Customer complaints

We are committed to addressing your concerns promptly, fairly and professionally. Here is how you may submit your complaint.

- Toll-free:
  - Phone: 1-866-292-7825
  - Fax: 1-855-317-9241
- Email: ombudsman@canadalife.com
- In writing:

The Canada Life Assurance Company
Ombudsman's Office T262
255 Dufferin Avenue
London, ON N6A 4K1

For additional information on how you may submit a complaint, please visit www.canadalife.com/complaints.

The information provided in the booklet is intended to summarize the provisions of Plan Document No. 51801. If there are variations between the information in the booklet and the provisions of the plan document, the plan document will prevail to the extent permitted by law.

This booklet contains important information and should be kept in a safe place known to you and your family.

The Plan is administered by

This booklet was prepared on February 27, 2023 and reflects the plan design as of November 1, 2022

Legal Actions

No legal action to recover non-insured benefits under this plan can be introduced for 60 days after notice of claim is submitted, or more than two years after a benefit has been denied.

Appeals

You have the right to appeal a denial of all or part of the coverage or benefits described in this plan as long as you do so within two years after the denial. An appeal must be in writing and must include your reasons for believing the denial to be incorrect.

Benefit Limitation for Overpayment

If benefits are overpaid you are responsible for repayment within six months, or within a longer period if agreed to by your employer. If you fail to fulfill this responsibility, further benefits will be withheld until the overpayment is recovered. This does not limit your employer's right to use other legal means to recover the overpayment.

Quebec Time Limit for the Payment of Benefits

Where Quebec law applies, benefits will be paid in accordance with the terms set out in this plan within 60 days following receipt of the required proof of claim.

Employer Role

For insured benefits, the employer's role is limited to providing employees with information and not advice.

Protecting Your Personal Information

At Canada Life, we recognize and respect the importance of privacy. Personal information about you is kept in a confidential file at the offices of Canada Life or the offices of an organization authorized by Canada Life. Canada Life may use service providers located within or outside Canada. We limit access to personal information in your file to Canada Life staff or persons authorized by Canada Life who require it to perform their duties, to persons to whom you have granted access, and to persons authorized by law. Your personal information may be subject to disclosure to those authorized under applicable law within or outside Canada.

We use the personal information to administer the group benefits plan under which you are covered. This includes many tasks, such as:

- determining your eligibility for coverage under the plan
- enrolling you for coverage
- investigating and assessing your claims and providing you with payment
- managing your claims
- verifying and auditing eligibility and claims
- creating and maintaining records concerning our relationship
- underwriting activities, such as determining the cost of the plan, and analyzing the design options of the plan
- Canada Life's and its affiliates' internal data management and analytics
- preparing regulatory reports, such as tax slips

Your employer has an agreement with Canada Life in which your employer has financial responsibility for some or all of the benefits in the plan and we process claims on your employer's behalf. We may exchange personal information with your health care providers, your plan administrator, any insurance or reinsurance companies, administrators of government benefits or other benefit programs, other organizations, or service providers working with us or the above when relevant and necessary to administer the plan.

As a plan member, you are responsible for the claims submitted. We may exchange personal information with you and a person acting on your behalf when relevant and necessary to confirm coverage and to manage the claims submitted.

You may request access or correction of the personal information in your file. A request for access or correction should be made in writing and may be sent to any of Canada Life's offices or to our head office.

For a copy of our Privacy Guidelines, or if you have questions about our personal information policies and practices (including with respect to service providers), write to Canada Life's Chief Compliance Officer or refer to www.canadalife.com.

Notice of Liability for Benefits

Your employer has entered into an agreement with The Canada Life Assurance Company whereby the Dentalcare benefits outlined in this booklet are uninsured and your employer has liability for them.

This means that the Dentalcare benefits are:

- an unsecured financial obligation and are payable from your employer's net income, retained earnings or other financial resources; and
- not underwritten by a licensed insurer or regulated insurer.

All claims will, however, be processed by Canada Life.

If British Columbia law applies, the giving of this notice exempts your employer from the requirements under the Financial Institutions Act (British Columbia).

If Quebec law applies, any uninsured benefit is not under the supervision and control of the Autorité des marchés financiers.

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Benefit Summary

This summary must be read together with the benefits described in this booklet.

Dentalcare

Covered expenses will not exceed customary charges

Payment Basis

- for treatment rendered inside Canada	The dental fee guide in effect on the date treatment is rendered for the province in which treatment is rendered
- for treatment rendered outside Canada	The dental fee guide in effect in your province of residence on the date treatment is rendered

Specialist fee guides are applicable only when a specialist performs periodontal, surgical and endodontic examinations.

Deductible	Nil

Reimbursement Levels

Basic Coverage	100%
Major Coverage	80%
Orthodontic Coverage	50%

Plan Maximums

Basic Coverage	Unlimited
Major Coverage	$2,000 each calendar year
Orthodontic Coverage	$2,500 lifetime

COMMENCEMENT AND TERMINATION OF COVERAGE

You are eligible for benefits:

- immediately if you are a full-time employee,
- immediately if you are a part-time employee who holds an appointment of 4 months or more with a workload equal to 50% or more of full-time workload, or
- on the date your original appointment is extended if you are a part-time employee who holds an appointment of less than 4 months which is extended beyond 4 months
- after 3 months of continuous employment if you are a temporary employee with a workload equal to 50% or more of full-time workload. You are considered continuously employed only if you satisfy the actively at work requirement throughout the eligibility waiting period.

In addition, to qualify for coverage you and your dependents must be covered under the government health plan in your province of residence.

- You and your dependents will be covered as soon as you become eligible.

  You may waive health and/or dental coverage if you are already covered for these benefits under your spouse's plan. If you lose spousal coverage you must apply for coverage under this plan. If you do not apply within 31 days of loss of such coverage, or you were previously declined for coverage by Canada Life, you and your dependents may be required to provide evidence of good health acceptable to Canada Life to be covered for health benefits, and may be declined for or offered limited dental benefits.

- You must be actively at work when coverage takes effect, otherwise the coverage will not be effective until you return to work.

  Increases in your benefits while you are covered by this plan will not become effective unless you are actively at work.

- Seasonal employees may not join the plan.

Your coverage terminates when your employment ends, you are no longer eligible, or the plan terminates, whichever is earliest.

- Your dependents' coverage terminates when your coverage terminates or your dependent no longer qualifies, whichever is earlier.

- Your coverage may be extended if it would have terminated because you are not actively at work due to disease or injury, temporary lay-off or leave of absence. See your employer for details.

- When your coverage terminates, you may be entitled to an extension of benefits under the plan. See your employer for details.

Survivor Benefits

If you die while your coverage is still in force, the dental benefits for your dependents will be continued as follows:

- for non-retired employees who are past the normal retirement age, and active employees who would be eligible to retire, until the end of the month in which they cease to be qualified dependents, or the due date of the first payment to which they have not made a required contribution for survivor coverage, whichever happens first.

- for all other non-retired employees, for 3 months or until they no longer qualify, whichever happens first.

Normal Retirement Date

Your normal retirement date is:

- The first day of September coinciding with or next following the date you reach age 65 if you joined the plan before July 1, 1957

- The first day of July closest to the date you reach age 65 if you joined the plan on or after July 1, 1957

DEPENDENT COVERAGE

Dependent means:

- Your spouse, legal or common-law.

  A common-law spouse is a person who has been living with you in a conjugal relationship for at least 12 months or, if you are a Quebec resident, until the earlier birth or adoption of a child of the relationship.

- Your unmarried natural, adopted, foster or step-child, including any natural child of an unmarried minor dependent and any other unmarried child for whom you have been appointed legal guardian for all purposes by a court of competent jurisdiction, under age 21, or under age 25 if they are full-time students.

  Children under age 21 are not covered if they are working more than 30 hours a week, unless they are full-time students.

  Children who are incapable of supporting themselves because of physical or mental disorder are covered without age limit if the disorder begins before they turn 21, or while they are students under 25, and the disorder has been continuous since that time.

BENEFICIARY DESIGNATION

You may make, alter, or revoke a designation of beneficiary as permitted by law. Any designation of beneficiary you made under your employer's previous policy prior to the effective date of this policy applies to this policy until you make a change to that designation. You should review your beneficiary designation from time to time to ensure that it reflects your current intentions. You may change the designation by completing a form available from your employer.

DENTALCARE

A deductible may be applied before you are reimbursed. All expenses will be reimbursed at the level shown in the **Benefit Summary**. Benefits may be subject to plan maximums and frequency limits. Check the **Benefit Summary** for this information.

The plan covers customary charges to the extent they do not exceed the dental fee guide level for a general practitioner shown in the **Benefit Summary**, except that:

- denturist fee guides are applicable when services are provided by a denturist.
- dental hygienist fee guides are applicable when services are provided by a dental hygienist practising independently.
- specialist fee guides are applicable only when a specialist performs periodontal, surgical and endodontic examinations.

All covered services and supplies must represent reasonable treatment. Treatment is considered reasonable if it is recognized by the Canadian Dental Association, it is proven to be effective, and it is of a form, frequency, and duration essential to the management of the person's dental health. To be considered reasonable, treatment must also be performed by a dentist or under a dentist's supervision, performed by a dental hygienist entitled by law to practise independently, or performed by a denturist.

Treatment Plan

- Before incurring any large dental expenses, or beginning any orthodontic treatment, ask your dental service provider to complete a treatment plan and submit it to the plan. The benefits payable for the proposed treatment will be calculated, so you will know in advance the approximate portion of the cost you will have to pay.

Basic Coverage

The following expenses will be covered:

- Diagnostic services including:
    - one complete oral examination every 36 months
    - periodontal, surgical and endodontic examinations
    - limited oral examinations once every 5 months, except that only one limited oral examination is covered in any 12-month period that a complete oral examination is also performed
    - limited periodontal examinations once every 5 months
    - specific oral and emergency oral examinations once every 12 months
    - complete series of intra-oral x-rays once every 24 months
    - intra-oral x-rays:
        - periapical x-rays
        - bite-wing x-rays once every 5 months
    - panoramic x-ray every 24 months
    - histological and pulp vitality tests
    - consultation with patient

- Preventive services:
  - polishing once every 5 months
  - scaling, limited to a maximum combined with periodontal root planing of 16 time units every 12 months

    A time unit is considered to be a 15-minute interval or any portion of a 15-minute interval
  - topical application of fluoride once every 5 months
  - oral hygiene instruction once every 5 months
  - pit and fissure sealants on bicuspids and permanent molars every 60 months for dependent children only
  - interproximal disking for dependent children under age 12
  - recontouring of teeth for functional reasons
- Minor restorative services:
  - caries, trauma, and pain control
  - amalgam and tooth-coloured fillings
  - retentive pins and prefabricated posts for fillings
  - prefabricated crowns
  - natural tooth preparation
  - acrylic or composite resin (white fillings) restoration on permanent molars without the limitation of amalgam equivalent

- Endodontic services:
  - treatment of the pulp chamber
  - root canal therapy
  - apexification
  - periapical services. Apicoectomies are covered for permanent teeth only
  - isolation of teeth
  - bleaching
  - emergency procedures
- Periodontal services including:
  - root planing, limited to a maximum combined with preventive scaling of 16 time units every 12 months
  - periodontal surgery
  - occlusal adjustment and equilibration, limited to a combined maximum of 8 time units every 12 months

    A time unit is considered to be a 15-minute interval or any portion of a 15-minute interval
  - periodontal appliances, once every 5 years including adjustments, relines and repairs
  - temporomandibular joint appliances including adjustments, relines and repairs

- post surgical treatment
- desensitization
- periodontal re-evaluations
- temporomandibular joint x-rays
- surgical excision of benign cysts and granulomas
- denture-related surgical services for remodelling and recontouring oral tissues
- dislocation management of temporomandibular joint

- Denture maintenance, including:
  - denture relines for dentures
  - denture rebases for dentures
  - denture repairs and additions and resetting of denture teeth
  - tissue conditioning
- Oral surgery
- Adjunctive services

Major Coverage

- Prosthodontic examinations
- Interpretation of x-rays or models from another source
- Diagnostic casts
- Maxillofacial prosthesis
- Master cast techniques

- Crowns. Coverage for crowns on molars is limited to the cost of metal crowns. Coverage for complicated crowns is limited to the cost of standard crowns

- Onlays. Coverage for tooth-coloured onlays on molars is limited to the cost of metal onlays

- Inlays. Coverage for tooth-coloured inlays on molars is limited to the cost of metal inlays

  Replacement crowns, onlays and inlays are covered when the existing restoration is at least 5 years old and cannot be made serviceable

- Bridgework when required to replace one or more teeth extracted while the person is covered. Coverage for tooth-coloured retainers and pontics on molars is limited to the cost of metal retainers and pontics. Bridgework is also covered when:

  - it replaces a covered temporary appliance

  - it replaces a bridge that is at least 5 years old and cannot be made serviceable. If the existing appliance is less than 5 years old, a replacement will still be covered if the existing appliance becomes unserviceable while the person is covered for major coverage as a result of the placement of an initial opposing appliance or the extraction of additional teeth while covered.

  The following bridgework related items are also covered:

  - recontouring of retainers/pontics

  - fixed prosthetics

  Alternative benefits will be provided for the services or supplies for implantology, including tooth implantation and surgical insertion of fabricated implants, limited to the cost of a bridge if a bridge is considered a reasonable treatment.

- Appliance maintenance including:
  - repairs to covered bridgework
  - removal and recementation of bridgework

Orthodontic Coverage

- Orthodontics are covered for persons age 6 or over when treatment starts

Limitations

If you do not apply for dentalcare coverage within one month after you become eligible, benefits are limited to $250 during the first 12 months of your coverage, unless the expenses are incurred solely as a result of an accident occurring after the coverage takes effect.

No benefits are paid for:

- Duplicate x-rays, occlusal x-rays, custom fluoride appliances, group or audio-visual oral hygiene instruction and nutritional counselling
- Removal of an amalgam restoration and its replacement with a composite restoration, unless there is evidence of recurrent decay or significant breakdown
- The following endodontic services – endosseous intra coronal implants, intentional removal of tooth apical filling and replantation, removal of root filling materials or foreign bodies and mummification
- The following periodontal services - topical application of antimicrobial agents, subgingival periodontal irrigation and dental floss ligation
- Resilient liner in relined or rebased dentures

- The following oral surgery services:

  - implantology
  - surgical movement of teeth other than surgical repositioning
  - remodeling of bone
  - extraoral surgical incision and drainage, and surgical incision for removal of foreign bodies
  - surgical excision of malignant tumors
  - cheiloplasty
  - augmentations of the jaw
  - sequestrectomy
  - mandibulectomy
  - maxillectomy
  - treatment of fractures
  - treatment of maxillofacial deformities other than frenectomy or frenoplasty
  - treatment of muscular disorders
  - treatment of salivary glands
  - treatment of neurological disturbances
  - antral surgery for oro-antral fistula closure – gold plate
  - surgical grafts
  - emergency office procedures

- The following adjunctive services:

  - hypnosis or acupuncture
  - emergency services not specified in Guide
  - local anaesthesia
  - provision of general anaesthetic facilities, equipment and supplies by a separate anaesthetist
  - laboratory procedures

- Veneers, staining porcelain and copings related to covered crowns
- Expenses covered under another group plan's extension of benefits provision
- Expenses private benefit plans are not permitted to cover by law
- Services and supplies you are entitled to without charge by law or for which a charge is made only because you have coverage
- Services or supplies that do not represent reasonable treatment
- Treatment performed for cosmetic purposes only other than bleaching
- Congenital defects or developmental malformations in people 19 years of age or over, except orthodontics
- Temporomandibular joint disorders. This limitation does not apply to temporomadibular joint radiographs and appliances, management of a temporomandibular joint dislocation and occlusal equilibration.
- Vertical dimension correction except occlusal equilibration
- Myofacial pain
- Services or supplies rendered for the correction of any congenital or developmental malformation which is not a Class I, Class II or Class III malocclusion
- Expenses arising from war, insurrection, or voluntary participation in a riot
- Lost, stolen or mislaid appliances
- Failure to keep a scheduled appointment with the dentist
- A duplicate device or appliance

- Expenses for which benefits are payable under a Workers' Compensation Act, Workplace Safety and Insurance Act or a similar statute

- Expenses incurred due to intentionally self-inflicted injuries

- Expenses for services performed by a person who is ordinarily a resident in the patient's home or who is closely related to the patient by blood or marriage

- Treatments or services by any person other than a denture therapist or dentist, except that scaling and cleaning of teeth and topical application of fluoride may be performed by a licensed dental hygienist, if the treatment is rendered under the supervision and guidance of the dentist

- Services rendered through a medical department, clinic or similar facility provided or maintained by your or your dependent's employer

- Services or supplies which do not meet accepted standards of dental practice, including charges for services which are experimental in nature

How to Make a Claim

- **Claims for expenses incurred in Canada** may be submitted online. Access My Canada Life at Work to obtain a personalized claim form or obtain form M445D from your employer and have your dental service provider complete the form. The completed claim form will contain the information necessary to enter the claim online. To use the online service you will need to be registered for My Canada Life at Work and signed up for direct deposit of claim payments with eDetails. For online claim submissions, your Explanation of Benefits will only be available online.

  Online claims must be submitted to Canada Life as soon as possible, but no later than 12 months after the dental treatment.

  You must retain your receipt for 12 months from the date you submit your claim to Canada Life as a record of the transaction, and you must submit it to Canada Life on request.

- **For all other Dentalcare claims**, access My Canada Life at Work to obtain a personalized claim form or obtain form M445D from your employer. Have your dental service provider complete the form and return it to the Canada Life Benefit Payment Office as soon as possible, but no later than 18 months after the dental treatment.

COORDINATION OF BENEFITS

- Benefits for you or a dependent will be directly reduced by any amount payable under a government plan. If you or a dependent are entitled to benefits for the same expenses under another group plan or as both an employee and dependent under this plan or as a dependent of both parents under this plan, benefits will be co-ordinated so that the total benefits from all plans will not exceed expenses.

- You and your spouse should first submit your own claims through your own group plan. Claims for dependent children should be submitted to the plan of the parent who has the earlier birth date in the calendar year (the year of birth is not considered). If you are separated or divorced, the plan which will pay benefits for your children will be determined in the following order:

  1. the plan of the parent with custody of the child;
  2. the plan of the spouse of the parent with custody of the child;
  3. the plan of the parent without custody of the child;
  4. the plan of the spouse of the parent without custody of the child

  You may submit a claim to the plan of the other spouse for any amount which is not paid by the first plan.

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