

DENTAL CARE PLAN BOOKLET

FOR

**FULL TIME EMPLOYEES OF
THE UFCW LOCALS 175 & 633
ONTARIO DENTAL BENEFIT TRUST FUND**

PLAN ADMINISTRATOR AND CONSULTANT:

**BENEFIT PLAN ADMINISTRATORS LIMITED
P.O. BOX #3071, STATION "A" MISSISSAUGA, ON L5A 3A4**

**TEL: TORONTO AREA (905) 275-6466
TOLL FREE: 1-800-867-5615
FAX: (905) 275-6462**

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May 2022

TO ALL ELIGIBLE MEMBERS:

The UFCW Locals 175 and 633 Ontario Dental Benefit Trust Fund was created in 1995 for the sole use of UFCW members of participating employers. It evolved from a predecessor plan, the Ontario Retail Employees Dental Benefit Trust Fund which had been in existence since 1972.

The Plan operates under the terms of a Trust Agreement which provides for a Board of Trustees made up of three Union Trustees and three Management Trustees. The Plan is administered by an independent administration company and an independent consultant to review the Plan on an ongoing basis to ensure proper benefit levels and financial stability.

It is the intention of the Board of Trustees to provide the most comprehensive plan of Dental Benefits possible, always having regard for maintaining the sound financial condition of the Fund. The Board of Trustees are allowed to amend the coverage of the plan from time to time based upon the financial position of the Trust Fund.

Many benefit changes have taken place over the years. This booklet incorporates all changes up to and including those made on May 1, 2022. The purpose of this booklet is to explain, as briefly and clearly as possible, each of the benefits to which you are entitled. It also tells you how to file a claim. However, this booklet is not, in itself, a legal contract, so it follows that the terms and conditions of Trust Agreement and Plan Text, and of the governing legislation, take precedence in case of dispute. Any amendment to the governing documents is effective without notice to you. **Possession of this booklet does not guarantee entitlement to the benefits described herein.**

Please read the following pages carefully so that you understand the Plan thoroughly and file it in a safe place for future reference.

Yours very truly,

THE BOARD OF TRUSTEES

YOUR PRIVACY

The Trustees and the Administrative Agent are required to collect personal information about you, your spouse or same-sex partner, beneficiaries and dependents in order to administer your benefits. The personal information you share with the Trustees and the administrator stays confidential and is used only to determine your benefit entitlements under the Trust Fund. The administrator will however, provide personal information to other parties such as Auditors, to determine benefit entitlements when payments are made to you or your dependents, or as required by law. All third parties are also required by law to respect the confidentiality of any such information.

If you need more information regarding the Privacy Policy of the Trust Fund, you may contact the administrators' office.

Attention:

Privacy Officer

UFCW Locals 175 & 633 Ontario Benefit Trust Fund

90 Burnhamthorpe Road West, Suite 300

Mississauga, Ontario L5B 3C3

Tel: 905-275-6466

Fax: 905-275-6461

Toll Free: 1-800-867-5615

Email: privacy_officer@bpagroup.com

THE DENTAL PLAN ... AT A GLANCE

- You will be covered by the Plan following three months of Full-time employment service with a contributing employer, for which Contributions are made to the Plan. More information starts on page 4.
- Although coverage ceases upon your resignation, discharge or transfer out of a participating Bargaining Unit, the Plan may continue coverage free of charge, or let you keep your benefits by paying a monthly subscription rate, in such events as: disability, layoff and leave of absence. More information in Section 3.
- The Plan has a portability feature, so that if you are rehired by the same, or different Contributing Employer, you may not have to re-complete the three-month employment service waiting period. See Section 3 – Reinstatement for details.
- The Plan pays for such routine dental services as examinations, x-rays, fillings, extractions, anesthesia as well as periodontics and endodontics. The Plan pays 100% of these expenses, up to the fee shown in the Ontario Dental Association suggested Fee Guide for General Practitioners for the year determined from time to time by your Board of Trustees. The Plan also pays 90%, up to the above-mentioned Fee Guide, for complex and costly dental services, such as: partial and full dentures, fixed bridgework, crowns, inlays and onlays. Orthodontic services have a \$50 Deductible per Treatment Plan. After you satisfy the deductible, Orthodontia is covered at 75%. Go to Section 4 for complete details.
- You, your Spouse and each of your covered children, are entitled to \$2,000 in dental benefits, every calendar year. Orthodontic expenses are covered up to \$2,000 lifetime for you, your Spouse and each of your covered children, provided treatment starts before the patient turns age 20 for dependent children.
- The Plan has a special feature, known as "Predetermination of Benefits". Please see section 5 – Pre-determination of Benefits: Treatment Plan to find out how you can get advance information on what the Plan will pay.

SECTION 1: FIRST THINGS FIRST

While most dentists charge according to a fee guide, dentists are allowed to charge whatever fees they like for the services they perform. To avoid unexpected out of pocket expenses, take a few moments to consider the following recommendations.

- Read this booklet carefully, so that you will have a clear understanding of what is covered and what is not, and which services automatically require that you pay part of the bill.
- Consider discussing fees with your Dentist, in advance of treatment, so that both of you know where you stand. You should keep in mind that effective May 1, 2022, the Plan uses the 2021 Ontario Dental Association Fee Guide (General Practitioners) as the Basis of Payment. Thereafter, the plan may be upgraded as determined by the Board of Trustees. Any upgrade to the Dental Fee Guide will be announced to you under separate notification. Check with the Plan Administrator for the fee year in effect. Your Dentist is free to charge over and above this Guide. If your Dentist charges more than the Guide, then the extra charge is automatically your responsibility. You should find this out before treatment begins.
- Assure yourself that you thoroughly understand the pre-determination of benefits service (outlined in Section 5). If you are contemplating dental services that will exceed \$500, or the dental services listed on page 14, regardless of their cost, it is important to submit a pre-treatment plan to the Administrator before the dental work is started.

NOTE: Make sure your Dentist understands your Plan's requirements before treatment starts

- You may want to consider sharing the information in this booklet with your dental office so that they are aware of the type of services and the reimbursement levels available to you under your Plan.

SECTION 2: WHO IS ELIGIBLE?

You are eligible to join the Plan provided you are a regular, Full-Time Employee of an Employer who is contributing to the Plan.

A Full-Time Employee is a person who is regularly scheduled to work at least 25 hours per week.

YOU MUST JOIN THE PLAN TO BE ELIGIBLE TO RECEIVE ITS BENEFITS:

In order to join the Plan, you must complete a Member Information Card. This card will be given to you by your Employer and should be mailed to the Administrator when completed.

Subsequent changes in information, such as marital status, Dependents or address must be promptly reported to the Administrator:

UFCW LOCALS 175 AND 633
ONTARIO DENTAL BENEFIT TRUST FUND
c/o BENEFIT PLAN ADMINISTRATORS LTD.
P.O. BOX #3071, STATION "A" MISSISSAUGA, ONTARIO
L5A 3A4 TEL: 905-275-6466

YOUR DEPENDENTS ARE ALSO COVERED:

The Plan is designed to provide benefits for your eligible Dependents. This includes your spouse and unmarried children up to and including age 21 who are claimed as Dependents for income tax purposes. Dependents who are unmarried and are enrolled in an accredited educational institute on a full time basis remain covered up to and including age 24. Unmarried children will remain covered if they are mentally and physically incapable of supporting themselves. Proof of physical or mental impairment must be provided to the Administrator before the child's 21st birthday. Periodic updates may be requested thereafter. You also must notify the Administrator in writing of your Dependents and any changes that affect them.

SURVIVOR BENEFIT:

In the event of your death while covered by the Plan, your eligible Dependents will remain covered for up to two years after the month of your death providing they remain eligible Dependents as previously defined. No premium payments are required for this extension of coverage.

SECTION 3: WHEN AM I COVERED?

You and your eligible Dependents will be covered by the benefits of the Plan on the first day of the month following three months of continuous employment provided your Employer has contributed to the Trust Fund for that period, and you have filed your Member Information Card with the Administrator. For example, if you are continuously employed on a Full-Time basis from December 14, you will have completed three months of employment on March 13. You will be covered on April 1, assuming, of course, that your Employer has made contributions to the Trust Fund during this three-month period and you have given the Administrator your completed Member Information Card.

WHEN DOES COVERAGE TERMINATE?

Since you or an eligible Dependent may be undergoing a series of dental treatments at a time when your employment is either interrupted or terminated, the Plan includes an extension of benefits. The degree of extended benefits is governed solely by the reason for which your employment was interrupted or terminated, as follows:

1. If your employment is terminated due to **discharge** or **resignation** or you remain with your Employer but transfer out of the participating Bargaining Unit, benefits for you and your eligible Dependents cease on the last day of employment in the participating Bargaining Unit. Benefits are extended, at no cost to you, for a further 30 days for the following specific services:

- (a) a dental appliance, or modification of a dental appliance, for which the impression was taken while the person was a covered individual, or
- (b) a crown, bridge or gold restoration for which a tooth was prepared while the person was a covered individual, or
- (c) root canal therapy for which the pulp chamber was opened while the person was a covered individual.

2. If your employment is interrupted due to **layoff**, the full benefits of the Plan for you and your eligible Dependents will continue, at no cost to you, for three months following the month in which you last worked.

If you are still laid-off after three months, you may continue for a further three months by paying a monthly premium directly to the Administrator. This Monthly Pay Direct Premium amount is set from time to time by the Trustees of the Plan. The amount will be enough to cover the expected cost of benefits plus the associated administration fee.

"Lay-off" means a temporary interruption of earnings due to a shortage of work, where you have received from your Employer a Separation Certificate indicating the reason for separation as work shortage.

3. If your active employment is interrupted due to **disability**, the full benefits of the Plan for you and your eligible Dependents will continue at no cost to you, while you are disabled up to a maximum of 12 calendar months following the month you became disabled. If you are still disabled after this time, coverage for you and your eligible Dependents will be continued up to your Age 65 if the degree of your disability is such that you are in receipt of a Canada Pension Plan Disability Benefit, or you are not receiving such a Benefit solely due to insufficient CPP Credited Service.

If, while awaiting confirmation of benefits from CPP Disability, you make direct payments to maintain coverage under the Plan and CPP Disability benefits are subsequently approved retroactively, apply in writing to the Administrator for a refund of your Pay Direct payments covering the period for which the Disability Pension Payments are made by CPP. If you are disabled for longer than 12 months following the month in which you last worked and your disability would not qualify for a CPP disability pension, you may continue your coverage on a PAY DIRECT basis until Age 65, provided you retain your status as an employee and remain disabled. The cost is set by the Trustees as described under item (2) above.

"Disability" means your inability to perform each and every duty of your normal occupation in the first 12 months of your disablement and thereafter your inability to pursue any substantially gainful employment.

4. If your employment is terminated because of **retirement**, the full benefits of the Plan for you and your eligible Dependents will continue, at no cost to you, for three months following the month in which you last worked.

5. In the event of your **death** while insured, the full benefits of the Plan will continue for your eligible Dependents for up to two years (providing they remain eligible dependents as previously defined) following the month of your death. No premium payments are required for this Survivor Benefit.

6. If your employment is interrupted due to a **leave of absence**, you may maintain benefits for you and your eligible Dependents for a period of up to six months following the month in which you last worked by means of paying a Monthly Pay Direct Premium directly to the Administrator.

However, if your employment is interrupted due to an **Approved Pregnancy Leave of Absence and/or Approved Parental Leave of Absence**, you and your eligible Dependents will remain covered by the Plan, at no cost to you, up to the maximum Leave for which provision is made in the Employment Standards Act, Ontario.

7. If your employment is interrupted due to a **work stoppage**, you may maintain benefits for you and your eligible Dependents for a period of up to six months following the month in which you last worked by means of paying a monthly Pay Direct Premium directly to the Administrator.

If you wish to become a Pay Direct Subscriber, as provided above, it is your responsibility to contact the Administrator and make necessary payments by on or before the 15th of each benefit month. Coverage is terminated if you fail to make the necessary payments on time.

If you choose to not continue your coverage, your coverage ends at the end of the month you last eligible for benefits. Benefits for the dental services mentioned under item (1) Of this section, that are in progress on your last day of work, will continue for 30 days.

The Monthly Pay Direct Rate is set by the Trustees from time to time to reflect changes in the cost of providing you the Plan, and it is your responsibility to contact the Administrator to learn the Rate in effect at the time you become a Pay Direct Member.

It is important to note that your coverage will terminate immediately if your Employer ceases to be a participating Employer under the Dental Fund, or if the Plan is terminated, or no longer recognizes you as an employee. In all cases Pay Direct Subscribers will cease coverage at the end of the month for which the Employer has ceased Participation or the month for which the plan is terminated.

REINSTATEMENT:

If you had previously been eligible for benefits, then become ineligible, you can re-establish your eligibility as follows:

(a) If you resigned or were discharged and are rehired by the same or another participating Employer not later than the end of the month following the month in which you resigned or were discharged, you will again be eligible for full benefits upon recommencing Full-Time work.

(b) If you retired and are hired again by any participating Employer not later than the end of the fourth month following the month in which you retired, you will again be eligible for full benefits upon recommencing Full Time work.

(c) If your coverage is terminated due to other than resignation or discharge and you return to work with the same Employer, coverage is reinstated on the first month coincident with, or first following, the date of such re-employment.

(d) If you terminate for any reason other than those above and recommence Full-Time work for any Participating Employer no later than the end of the seventh month, following the month in which you terminated, you will again be eligible for benefits in the Full-Time plan upon commencement of Full-Time work.

Remember however, it is your responsibility when being hired or rehired to promptly advise the Employer of your previous status.

PORTABILITY OF BENEFITS:

It is the intention of the Board to provide continuous benefits to you and to your eligible Dependents while you are actively employed, provided that you have completed the waiting period described under "WHEN AM I COVERED" and changed your place of employment from one participating Employer to another participating Employer.

The only requirements are that you must become actively employed on a full-time basis with your second or subsequent Employer no later than the end of the month following the month in which your employment terminated with your former Employer. You must advise your subsequent Employer of your previous coverage.

As an example, if you are covered by the Dental Plan and permanently cease employment with a Participating Employer on January 20, and commence full-time employment with another participating Employer on February 5, you will not be required to again complete the three month waiting period for benefits. However, dental services provided between January 20 and February 5 will not be eligible expenses unless they are included in paragraph (1) sub-paragraphs (a) to (c) under Section 3 – “When does coverage terminate?”.

TRANSFER TO FULL-TIME STATUS:

If you had been covered as a Part-Time Employee and become a Full-Time Employee with the same Employer you will be covered by the benefits of the Part-Time Employees' Dental Plan for three months following the month your status changes provided your Full-Time employment is with a participating Employer. Thus, you will be covered continuously. You should review the coverage that may be in place for your Children since you must have had four years of plan membership before your Children would have been covered under the Part-Time Employees' Dental Plan.

If you have not achieved four years of plan membership, then your Children would not have been covered in the Part-Time Employees' Plan and therefore will not be covered under this Dental Plan (for Full-Time members) for three months following the month in which your status changes.

SECTION 4: WHAT ARE THE BENEFITS? **WHAT IS NOT COVERED?**

The Plan provides benefits for a great range of dental services, both routine and complex, performed by a Dentist. Please review the definition of Dentist in Section 6 – Definitions. The services are divided between Class A, Class B and Class C, since the amount paid will vary depending upon the class of service. Subject to a Deductible, Maximum Benefit Amounts and Basis of Payment Limitations outlined later on in this Section, the Plan will pay for the following services:

CLASS A	100%
CLASS B	90%
CLASS C	75%

ANNUAL DEDUCTIBLE

There is no deductible for Class A or Class B or Class C services.

MAXIMUM BENEFIT

Claims will be paid based upon the date the service is rendered. The Plan will pay Class A and/or Class B benefits up to an overall total of \$2,000 for each Employee and each eligible Dependent in any calendar year.

The Plan will pay up to \$2,000 of the amount charged for Class C services for each Covered Employee and for each Covered Dependent during that person's lifetime.

CLASS A SERVICES:

1. Oral examinations, including scaling* and cleaning of teeth, but not more than one examination in any period of nine (9) consecutive months.

***Note: Scaling is limited to eight units of time per calendar year.**

2. Topical application of sodium or stannous fluoride, but only if the person has not attained the age of 18 years.

3. Dental X-rays- one full mouth series every 24 months, and one bitewing series every nine (9) months.

4. Oral Surgery, including excision of impacted teeth.

- 5.** Fillings (includes amalgam restorations on molar teeth) and extractions.
- 6.** Anesthetics administered in connection with oral surgery or other dental services covered by this Plan.
- 7.** Treatment of periodontal* and other diseases of the gums and tissues of the mouth.
*Note: Scaling is limited to eight units of time per calendar year.
- 8.** Endodontic treatment, including root canal therapy which is allowed once per tooth under the plan.
- 9.** Injections of antibiotic drugs by the attending Dentist.
- 10.** Oral hygiene instruction (once per person per lifetime).

CLASS B SERVICES:

- 1.** Initial installation (including adjustments during the six-month period following installation) of partial or complete removable dentures to replace one or more natural teeth that have been extracted while insured under the Plan.
- 2.** Replacement of an existing partial or complete removable denture or fixed bridgework by another of its kind, or the addition of teeth to an existing partial removable denture or to bridgework to replace extracted natural teeth, but only if evidence satisfactory to the Trustees is presented that:
 - (a)** the replacement or addition of teeth is required to replace one or more natural teeth extracted while insured under the plan; or
 - (b)** the existing denture was installed at least five **(5)** years prior to its replacement and that the existing denture cannot be made serviceable; or
 - (c)** the existing bridgework was installed at least three **(3)** years prior to its replacement and that the existing bridgework cannot be made serviceable; or
 - (d)** the existing denture is an immediate temporary denture and replacement by a permanent denture is required, and takes place within twelve **(12)** months from the date of installation of the immediate temporary denture.

3. Space Maintainers.
4. Repair or re-cementing of crowns, inlays, bridgework, or dentures. Relining of dentures once every twenty-four (24) months.
5. Rebasing of dentures once every twenty-four (24) months
6. Inlays, gold fillings, crowns and initial installation of fixed bridgework (including inlays and crowns being used as abutments) to replace one or more natural teeth extracted while insured under the plan.
7. Onlays on natural teeth.
8. Replacement of an unserviceable crown or gold restoration more than five (5) years old.

CLASS C SERVICES:

Orthodontic Procedures (Program to Straighten Teeth) provided such treatment is required to correct:

1. an overbite of at least four millimetres; and/or
2. upper and/or lower arches in either protrusive or retrusive relation of at least one cusp; and/or
3. cross-bite;

and is contained in an Orthodontic Treatment Plan, prepared by your Dentist, that has been approved by the Administrator. A Treatment Plan must be submitted to the Administrator prior to the commencement of treatment and no services that may be deemed cosmetic will be approved.

The following items are **NOT COVERED by the Plan:**

1. Anything not furnished by a Dentist (except X-ray or lab services or supplies ordered by a Dentist, and services rendered by a licensed Dental Hygienist acting under the Dentist's supervision); anything not necessary or not customarily provided for dental care.

- 2.** Services for which provision is made under any government legislation or plan under which the individual is or could be covered, including services due to an accident related to employment or disease covered under Workers' Compensation or similar laws.
- 3.** Replacement of lost or stolen appliances.
- 4.** Replacement of, or modification to, a partial or complete removable denture, crown or gold restoration unless the appliance has been installed for five (5) or more years.
- 5.** Replacement of, or modification to, fixed bridgework unless the appliance has been installed for three (3) or more years.
- 6.** Appliances or restorations for the purpose of splinting, or to increase vertical dimension or restore occlusion in connection with an orthodontic treatment plan.
- 7.** Services for cosmetic purposes unless made necessary by an accident occurring while covered. Facings on molar crowns or pontics are always considered cosmetic. Veneers are not covered by this plan.
- 8.** An Orthodontic Procedure for which an active appliance was installed before the patient became a Covered Employee or Covered Dependent.
- 9.** Where a Covered Employee fails to submit an Orthodontic Treatment Plan, those rendered services are considered ineligible.
- 10.** Fees charged by a Licensed Denture Therapist in excess of the Ontario Dental Association Suggested Fee Guide or the Ontario Association of Denture Therapist Schedule, whichever is less. (Fee Guide year to be determined by the Trustees).
- 11.** Extra fees for associated services (for example, X- rays and occlusal adjustments with root canal therapy, crowns, bridges and dentures) that provision is not made for in the Ontario Dental Association Fee Guide.
- 12.** The cost of any dental services covered by OHIP, which covers certain dental procedures of a surgical nature, provided they are rendered in a hospital. OHIP's payment is all that you will receive for services covered by OHIP since the Health Services Insurance Act prevents private plans from making any payment. Therefore, if OHIP does not pay your bill in full, you must pay the balance.

13. Expenses for lab services in excess of 50% of the dentist's maximum allowable fee for his personal services which required lab services.

It is important that your Dentist show lab services clearly on any bill submitted for payment.

SECTION 5: HOW DO I FILE A CLAIM?
HOW ARE MY BILLS PAID?

A standard dental claim form must be completed by your dental office and signed by you. The form can be obtained from the Administrator's web site www.bpagroup.com , or by calling the Administrator's customer service department or from your Employer, or your Union Office. The claim must be submitted to the Administrator within 90 days of occurrence of the charges. Mail the Claim Form to:

UFCW LOCALS 175 AND 633
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c/o BENEFIT PLAN ADMINISTRATORS LIMITED
P.O. BOX #3071, STATION "A" MISSISSAUGA, ON L5A 3A4
TEL: TORONTO AREA (905) 275-6466
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A cheque representing your benefits will be mailed to you. If you prefer your Dentist be paid directly, please sign the reassignment of benefit payment box provided on the Claim Form.

HOW DOES THE PLAN WORK?

The Plan is designed to assist you with the payment of eligible dental services, and shares the cost with you. The Plan will pay benefits based upon the usual and customary fee charged by the Dentist, up to the Ontario Dental Association Suggested Fee Guide for General Practitioners for the year determined from time to time by the Trustees.

When more than one type of treatment is suitable under customary dental practice for the condition being treated, then for purposes of payment by the Plan the least expensive of the suitable services will be considered to have been performed and reimbursement will be made accordingly.

Payments made for Orthodontic services are made in equal monthly payments over the term of the services.

It is recommended that you discuss fees with your Dentist, since the Plan has limited its liability as discussed in Section 4. Under the Plan, you will be required to pay a part of eligible expenses with the balance being paid by the Plan.

Examples of the Plan pays are shown in Section 7.

PRE-DETERMINATION OF BENEFITS: TREATMENT PLAN

On some occasions, the dental care you require will be complex in nature and expensive. In such cases, hopefully your Dentist will have discussed with you the treatment he plans and fees that will be involved. In order that you will know, in advance, the financial assistance that is available to you through your dental plan, we recommend that you have your dentist provide you with a treatment plan (predetermination of benefits estimate). It is the purpose of the Plan to pay the least expensive, professionally adequate method of treatment. Since the more complex forms of dentistry may offer more than one choice of treatment Plan, the Plan requires that you give advance notification to the Administrator when the charges for proposed dental services will be greater than \$500.

Pre-Determination is also required, regardless of the cost, for the following proposed dental services:

- crowns, cast restorations (inlays/onlays) or veneer applications
- bridges and dentures (new or replacement)
- specialized forms of treatment
- orthodontics

Please follow these steps:

- 1.** Obtain a copy of the Dentist's Treatment Plan, or have the Dentist complete the Plan's Claim Form clearly indicating that the services are proposed and not completed.
- 2.** Forward this information to the Administrator.
- 3.** The Administrator will advise you, in writing what the Plan will pay if the Dentist completes the treatment described in his Treatment Plan, assuming you are insured when the services are rendered.

This extra service is for your benefit, so that you will know in advance what you will have to pay from your own pocket and be able to budget for it. If you don't take advantage of it, you may find you have received dental services which are in excess of what the Plan covers. Any such excess cost will be your responsibility.

If the above procedures are not followed, and your Dentist will not lend pre-operative X-rays, etc., after treatment, the Administrator will settle the claim on obtainable evidence.

SECTION 6: DEFINITIONS

The following are definitions of key words used in describing the benefits of the Plan. These are included to make our description of the benefits clearer and to help reduce misunderstanding.

"Child", or "Children" means those persons who are up to and including age 21 and who are the unmarried natural children, step-children or legally adopted children of the Employee, who are claimed as Dependents by the Employee or the Employee's Spouse for income tax purposes. Children of a person who qualifies as a Spouse under the one-year cohabitation rule will be regarded as the Employee's Dependents on the date that person fulfills the cohabitation rule. Children are covered as Dependents, up to and including age 24, if they are enrolled in an accredited educational institute on a full-time basis.

"Covered Dependent" - means an eligible Dependent of a Covered Employee.

"Covered Employee" - means an Employee who has fulfilled the Enrolment Waiting Period of the Plan, if any, and is covered by the benefits of the plan.

"Deductible" - means that part of a Dentist's charge for Eligible Expenses for which no benefit is payable by the Plan.

"Dentist" - means a person who is licensed to provide any of the Eligible Services by the appropriate regulatory authority who has jurisdiction over that person's profession. Without limiting the generality of the foregoing, a "Dentist" includes a Dental Surgeon, a Physician, a Denture Therapist (Denturist) and a Dental Hygienist.

"Dependent" - means the Employee's Spouse and/or the Employee's Children, provided that such Dependents are listed by the Employee with the Administrator on the Member Information Card provided by the Administrator or Employer.

"Disability" - means your inability to perform each and every duty of your normal occupation in the first 12 months of your disablement and thereafter your inability to pursue any substantially gainful employment.

"Eligible Services" - means those professional services and/or supplies ordered, prescribed or provided by a Dentist, and which are specifically listed as being covered by the Plan.

“Employee” or “Full-time Employee” means a person who is regularly scheduled to work at least 25 hours per week for an employer participating in this plan and making contributions on behalf of the employee.

"Lay-off" - means a temporary interruption of earnings due to a shortage of work, where you have received from your Employer a Separation Certificate indicating the reason for separation as work shortage.

"Maximum Benefit" - means the maximum benefit payable by the Plan on account of any person, service or series of services, or period of time, as provided for in the Plan.

"Orthodontic Procedure" - means the movement of teeth by means of active appliances to correct the position of maloccluded or malpositioned teeth. (Program to straighten teeth)

"Orthodontic Treatment Plan" - means a Dentist's report, on a form satisfactory to the Administrator, which provides a classification of the malocclusion or malposition, which recommends and describes the Orthodontic Procedure, which estimates the duration over which treatment will be completed, which-estimates the total charge for such treatment, and which is accompanied by cephalometric X-rays, study models and such other evidence as the Trustees may require.

"Spouse" - means that person of the same or opposite sex to the Employee to whom the Employee is legally married or with whom the Employee has lived for at least twelve consecutive months and whom the Employee has held out publicly to be the Employee's spouse.

"Treatment Plan" - means a written report provided by a Licensed Dental Professional which itemizes the Eligible Services recommended for necessary dental care, and which lists the charge for each such Eligible Service and which is accompanied by such pre-operative X-rays and/or study models of such other pre-operative evidence as the Trustees may accept or require.

"Work Stoppage" - means an interruption of work for an indefinite duration due to a labour dispute.

SECTION 7: EXAMPLES OF WHAT THE PLAN PAYS

Payment is based on the 2021 General Practitioner's Dental Fee Guide

CLASS A SERVICES	2022	2021
Description of Service	Dentist Charge	Plan Allowance
Complete Examination (Adult Initial)	\$157.00	\$148.00
Full Mouth Series X-Rays	\$144.00	\$139.00
Polishing (1 Unit)	\$ 33.00	\$ 32.00
Scaling (1 Unit)	\$ 63.00	\$ 58.00
TOTAL BILL	\$397.00	\$377.00
The Plan Pays 100% of Allowance		\$377.00
You Pay (\$397.00 – \$377.00)		\$ 20.00

CLASS A AND CLASS B SERVICES COMBINED

Description of Service	2022	2021	2021
	Charge	Class A	Class B
Complete Examination (Adult Initial)	\$157.00	\$148.00	
Full Mouth Series X-Rays	\$144.00	\$139.00	
Simple Tooth Extraction Tooth #14	\$193.00	\$169.00	
Complicated Tooth Extraction Tooth #46	\$278.00	\$260.00	
Polishing (1 Unit)	\$ 33.00	\$ 32.00	
Scaling (1 Unit)	\$ 63.00	\$ 58.00	
Total -Class A	\$868.00	\$806.00	
Porcelain Crown Tooth #11	\$910.00*		\$864.00*
Total -Class B	\$910.00*		\$864.00*

TOTAL BILL	\$1,778.00
Plan Pays	\$1,583.60
Your Total Cost	\$ 194.40
The Plan Pays – Class A –100%	\$ 806.00
You Pay – Class A –	\$ 62.00
The Plan Pays – Class B – 90%	\$ 777.60*
You Pay – Class B –	\$ 132.40*

Note: Payment is limited to fee guide allowance and annual maximums applicable for services rendered.

*lab fees have not been included in this example.

SECTION 8: WHAT IF I HAVE DUPLICATE COVERAGE?

In many instances of working spouses, and the prevalence of group dental plans, may mean that you, your Spouse and your Children have duplicate coverage. You may be covered by this Plan as an Employee, and your Spouse and Children are covered as your Dependents; at the same time, your Spouse is covered as an Employee in her/his Plan, and you and your Children are covered as her/his Dependents. In order to prevent a payment by both Plans for the same expense that results in payments exceeding the amount charged, our Plan (and many others) contains a Coordination of Benefits (COB) provision.

For any person who is covered under more than one plan, benefits will be payable first under the plan where he/she is the insured Member and secondarily where he/she is covered as a Dependent.

Dependent children are covered first by the parent whose birthday comes first in the year. Any unpaid balances may then be submitted to the other parent's plan for consideration.

Please be sure to keep a copy of your claim before you submit the signed original to the Plan Administrator for consideration.

The claim will be assessed and an explanation of benefits will be sent to you to explain the payment or the declination of services. Once you have received the explanation of benefits/cheque from your plan you can then submit the copy of the claim and your plan's payment/denial to your spouse's benefit program for consideration of any unpaid balances or services not covered.



Email: claims@bpagroup.com



Phone: 905-275-6466
Toll Free: 1-800-867-5615



Address: Benefit Plan Administrators Limited
P.O. Box 3071 Station A
Mississauga, Ontario L5A 3A4

