DENTAL CARE PLAN BOOKLET

FOR

PART 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
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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

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THE DENTAL PLAN....AT A GLANCE

• You will be covered by the Plan following one year of employment service, in any capacity, with a Contributing- Employer, provided your Employer has contributed to the Trust Fund for at least the last three months. More information starts in Section 3.

• After you have been covered by the Plan for four continuous years, coverage is extended to your unmarried children. See Section 3.

• Although coverage ceases upon your resignation, discharge or transfer out of a participating Bargaining Unit, the Plan continues coverage free of charge, or lets you keep your benefits by paying a monthly subscription rate, in such events as: disability, layoff and leave of absence. More information go to Section 3 – When does coverage terminate?.

• The Plan has a portability feature, so that if you are rehired by the same, or different Contributing Employer, you may not have to complete the one year employment service waiting period. See Section 3 – Reinstatement for details.

• The Plan pays for such routine dental services as examinations, x-rays, fillings, extractions, anaesthesia, as well as periodontia and endodontia. 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 80%, 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. Orthodontia is not covered. Got to Section 4for complete details.

• You, and each of your covered children, are entitled to $1,500 in benefits, every calendar year.

• The Plan has a special feature, known as "Predetermination of Benefits". Please refer to 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 cover. 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, Part-Time Employee of an Employer who is contributing to the Plan.

A Part-Time Employee is a person who is regularly scheduled to work 24 or fewer 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 LIMITED
P.O. BOX #3071, STATION "A" MISSISSAUGA, ONTARIO
L5A 3A4 TEL: 905-275-6466

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SECTION 3: WHEN AM I COVERED?

You will be covered by the benefits of the Plan on the first day of the month following one year of continuous employment provided your Employer has contributed to the Trust Fund for at least the last three months, and you have filed your Member Information Card with the Administrator. For example, if you are continuously employed on a Part-Time basis from December 14, 2015, you will have completed one year of employment on December 13,2016. You will be covered on January 1, 2017 assuming, of course, that your Employer has made contributions to the Trust Fund during the twelve-month period ended December 31, 2016 and you have given the Administrator your completed Member Information Card.

"Continuous Employment" includes all service with the same Employer (as a Full-Time or Part-Time Employee, Union or non-Union) subject to the following:

If, during the one-year waiting period:

(a) You **resign** or are **discharged** and are subsequently rehired, previous employment does not count and the one-year waiting period starts from the date of rehire;

(b) Your employment is interrupted for up to three months due to **approved leave of absence** or **lay-off**, the period of absence is not counted toward the waiting period but your previous continuous employment will be counted. The count will continue upon your return to work;

If the leave of absence or layoff exceeds three months, previous employment does not count and the one-year waiting period starts from the date of your return to work;

(c) Your employment is interrupted due to **disability** or **pregnancy leave**, regardless of the duration of such interruption, your previous continuous employment will be counted. The count will continue upon your return to work:

DOES THE PLAN COVER DEPENDENTS?

For the first four years of Plan membership (which does not include the 12 month waiting period), the Plan covers only the Employee. There is no spousal coverage available under the part-time dental program. After completing four, continuous years of Plan membership, coverage is extended to your unmarried dependent 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.

Claims will not be paid for dependent children unless you have filed an Application Card with the Administrator identifying those children. If you do not file such an Application Card on a timely basis - that is, when you first join the Plan or immediately upon completion if four years' Plan Membership- claims incurred by your children will be paid for services rendered only in the six-calendar months prior to the month in which you submit your Card, or the date on which they would have been covered, whichever is the shorter period of time.

For example, if you complete four years' Plan Membership in June 2016, your children are covered effective July 1, 2016. You have until the end of December 2016, to file your Card with the Administrator and your children will be covered from July 1st. If, for example, you don't submit your Card until April 2017 then your children's coverage starts October 1, 2016.

WHEN DOES COVERAGE TERMINATE?
Since you 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 cease on the last day of your 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)** an appliance, or modification of an 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 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 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 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, your coverage 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.

"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 will continue, at no cost to you, for the three months following the month in which you last worked.

5. If your employment is interrupted due to **leave of absence**, you may maintain benefits 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.

6. If your employment is interrupted due to a **work stoppage**, you may maintain benefits 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 the necessary payments by 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 were last eligible for benefits. Benefits for the dental services mentioned under item (1) above, 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 your employment is interrupted for any of the following reasons and you recommence Part-Time work with the same or another participating Employer, you will again be eligible for full benefits as outlined below:

Reason For Interruption	**Return to Work No Later Than**	**Coverage Effective**
Resignation or Discharge	End of the month following month you resigned or were discharged	Immediate
Retirement	End of the 4th month following month of retirement	Immediate
Disability or Leave of Absence	End of the 7th month following the month in which you were last eligible	Immediate

Disability or Leave of Absence	After 7 months	1st of the month coincident with or next following 3 months
Layoff	End of the 7th month following month of termination	Immediate
Any Other Reason	1 year following termination	1st of the month coincident with or next following 3 months

If more than one year elapses, you must again complete the one year waiting period.

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

TRANSFER TO PART-TIME STATUS:
If you had been covered as a Full-Time Employee and become a Part-Time Employee with the same Employer you will be considered for the purposes of termination of benefits under the Full-Time plan, as having been "laid off'.

Whether or not you had been covered under the Full-Time Plan at the time of becoming a Part-Time Employee, if you had one or more years of continuous service with a participating Employer and are transferred to Part-Time status, your date of eligibility in the Part-Time Plan is the date you become a Part-Time Employee.

If you had less than one year of continuous service with a participating Employer and are transferred to Part-Time status, your previous Full-Time service counts towards fulfilment of the one year's service required for eligibility under the Part-Time plan.

Until you have achieved four years of continuous plan membership, your children will not be covered in the Part-Time Plan. Once you have achieved four continuous years of Part-Time Plan Membership your children will be covered, provided you have supplied the Administrator with a current Member Information Card. There is no spousal coverage under the part-time dental program.

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 on Page 15. The services are divided between Class A and Class B, since the amount paid will vary depending upon the class of service.

Subject to Maximum Benefit Amounts and Basis of Payment of Limitations, the Plan will pay for the following services:

CLASS A 100%
CLASS B 80%

ANNUAL DEDUCTIBLE
There is no annual deductible under the Plan.

MAXIMUM BENEFIT
Claims will be paid based upon the date the service is rendered. The Plan will pay benefits up to an overall total of $1,500 for each Employee and each eligible Child in any calendar year.

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. Dental X-rays - one full mouth series or panorex every 24 months, and one bitewing series every nine **(9)** month**s**.

3. Oral surgery, including excision of impacted teeth.

4. Fillings (amalgam restorations on molar teeth) and extractions.

5. Anesthetics administered in connection with oral surgery or other dental services covered by this plan.

6. 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.

7. Endodontic treatment, including root canal therapy which is allowed once per tooth under this plan.

8. Injections of antibiotic drugs by the attending Dentist.

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 ~~or~~ Relining or rebasing of dentures once every twenty-four months (24) months.

5. 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.

6. Replacement of an unserviceable crown or gold restoration more than five **(5)** years old.

SERVICES NOT COVERED BY THE PLAN:

The following items are not covered by the Plan:

1. Orthodontics (a program to straighten teeth).

2. 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.

3. 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.

4. Replacement of lost or stolen appliances.

5. 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.

6. Replacement of, or modification to, fixed bridgework unless the appliance has been installed for three **(3)** or more years.

7. Appliances or restoration for the purpose of splinting, or to increase vertical dimension or restore occlusion in connection with an orthodontic treatment plan.

8. 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.

9. Fees charged by a Licensed Denture Therapist in excess of the Ontario Dental Association Suggested Fee Guide or the Ontario Association of Denture Therapists Schedule, whichever is less. (Fee Guide year to be determined by the Trustees).

10. 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.

11. 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.

12. 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:

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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

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 on the usual and customary fees charged by the Dentist, up 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.

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 how the Plan works 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 the 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) as 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, 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

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 consider if the Dentist completes the treatment described in his Treatment Plan, assuming you are insured when the services are rendered and have not met your calendar year maximum

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 to reduce misunderstanding:

"Child" or "Children" - means those persons who are under Age 22 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 Age 25, if they are enrolled in an accredited educational institute on a full-time basis. Proof of student status is required each year for dependents age 22 to 24

"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 Children, provided that such Dependents are listed by the Employee with the Administrator on the Member Information Card provided by the Administrator.

"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” -means an Employee is a person who is regularly scheduled to work 24 or fewer hours per week. Is also referred to as a Part-time Employee in this plan.

"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.

"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 of indefinite duration due to a labor 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

		2022	**2021**	**2021**
Description of Service		**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	**$1,497.20**
Your Total Cost	**$ 280.80**
The Plan Pays – Class A –100%	**$ 806.00**
You Pay – Class A –	**$ 62.00**
The Plan Pays – Class B – 80%	**$ 691.20***
You Pay – Class B –	**$ 218.80***

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?

The many instances of working spouses, and the prevalence of group dental plans, may mean that you and your Children have duplicate coverage. You may be covered by this Plan as an Employee, and your 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 special "no profit" 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

The Local Union for All Workers
UFCW
Locals 175 & 633
CANADA