



Dental Care Benefits – WA Health Maintenance Plan 102 3 Sixty Secure

General Information

Managed Dental Care is an alternative to the traditional fee-for-service or conventional dental insurance program. The unique features of the Managed Dental Care program represent advantages not customarily found in other dental benefit plans.

Advantages to the Patient

- all specialty care available;
- coverage for specialty services is based on the applicable Specialty Fee Guide, not the Fee Guide for General Practitioners;
- more comprehensive plan design;
- no claim forms to complete;
- no pre-determinations required;
- provincial dental fee schedules in effect at the time services are obtained are always applicable - you are not penalized as dental fees increase each year;
- pre-existing conditions are covered for all major restorative procedures;
- direct access to quality assurance system to address any questions or grievances.

How does Managed Dental Care work?

A network of participating dental providers has been pre-selected to provide your dental care under this program. The program's benefits are only available from these dentists. They are not paid based on the number of procedures they accomplish. They have agreed to an alternative form of reimbursement which provides financial incentive for them to obtain and maintain a good state of dental health for those who have assigned themselves to their office.

Eligibility for Dental Care Benefits

All full-time members, and their dependents, who have completed the eligibility requirements as outlined in the General Provisions Section of this booklet are eligible for dental benefits.

As explained below please establish if your dental benefits are available only at W. A. Health Maintenance Dental Offices.

These offices are “State-of-the-Art” facilities containing fully-equipped dental suites and provide a wide range of dental services to eligible members and their families. The dental offices are open for extended hours and members wishing to book an appointment should call the receptionist at the office nearest to you.



All members with the following preface on their postal codes wishing to receive dental benefits must attend the W. A. Heath Maintenance Dental Offices:

GTA Area

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|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| LOH | LOJ | L3P | L3R | L3S | L3T | L3X | L4A | L4B | L4C |
| L4E | L4G | L4H | L4J | L4K | L4L | L4P | L4R | L4S | L4T |
| L4V | L4W | L4X | L4Y | L4Z | L5A | L5B | L5C | L5E | L5G |
| L5H | L5J | L5K | L5L | L5M | L5N | L5P | L5R | L5S | L5T |
| L5V | L5W | L6A | L6B | L6C | L6E | L6G | L6J | L6K | L6M |
| L6P | L6R | L6S | L6T | L6V | L6W | L6X | L6Y | L6Z | L7A |
| L7B | L7E | L7J | M1B | M1C | M1E | M1G | M1H | M1J | M1K |
| M1L | M1M | M1N | M1P | M1R | M1S | M1T | M1V | M1W | M1X |
| M2H | M2J | M2K | M2L | M2M | M2N | M2P | M2R | M3A | M3B |
| M3C | M3H | M3J | M3K | M3L | M3M | M3N | M4A | M4B | M4C |
| M4E | M4G | M4H | M4J | M4K | M4L | M4M | M4N | M4P | M4R |
| M4S | M4T | M4V | M4W | M4X | M4Y | M5A | M5B | M5C | M5E |
| M5G | M5H | M5J | M5K | M5L | M5M | M5N | M5P | M5R | M5S |
| M5T | M5V | M5X | M6A | M6B | M6C | M6E | M6G | M6H | M6J |
| M6K | M6L | M6M | M6N | M6P | M6R | M6S | M8V | M8W | M8X |
| M8Y | M8Z | M9A | M9B | M9C | M9L | M9M | M9N | M9P | M9R |
| M9V | M9W | | | | | | | | |

HAMILTON Area

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|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| L8E | L8G | L8H | L8J | L8K | L8L | L8M | L8M | L8P | L8R |
| L8V | L8W | L9A | L9B | L9C | L9G | L9H | L9K | L8S | L8T |

WINDSOR Area

| | | | | | | | | | |
|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| N8P | N8R | N8S | N8T | N8V | N8W | N8X | N8Y | N9A | N9B |
| N9C | N9E | N9G | N9J | N9H | N8N | N9K | | | |

NIAGARA Area

| | | | | | | | | | |
|-----|-----|-----|-----|-----|-----|-----|-----|--|--|
| L2E | L2G | L2H | L2J | L2M | L2N | L3B | L2V | | |
|-----|-----|-----|-----|-----|-----|-----|-----|--|--|

AJAX Area

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|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| L0B | L0H | L1E | L1G | L1H | L1J | L1K | L1L | L1M | L1N |
| L1P | L1R | L1S | L1T | L1V | L1W | L1X | L1Y | | |

KITCHENER/WATERLOO/CAMBRIDGE Area

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|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| N0B | N1C | N1E | N1G | N1H | N1K | N1L | N1P | N1R | N1S |
| N1T | N2A | N2B | N2C | N2E | N2G | N2H | N2J | N2K | N2L |
| N2M | N2N | N2P | N2R | N2T | N2V | N3A | N3C | N3E | N3H |

LONDON Area

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|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| L6J | L9N | N0L | N0M | N4G | N5P | N5R | N5V | N5W | N5X |
| N5Y | N5Z | N6A | N6B | N6C | N6E | N6G | N6H | N6J | N6K |
| N6L | N6M | N6N | N6P | | | | | | |



Specialty Care Provisions

Referral to a specialist is initiated through your selected participating general dentist. Since specialists are not part of the provided network, assignment of benefits may or may not be accepted. Your general dentist will provide you with a Specialty Referral Form to be completed by the specialist. Should assignment be accepted, the Administrator will reimburse the specialist for that portion of the fee covered by your dental plan. Should assignment not be accepted it will be necessary for you to forward the Referral Form and the ODA Claim Form to W. A. Health Maintenance and you will be reimbursed directly for covered benefits.

Emergency Care

Participating dentists are required to respond to emergency needs in the same fashion as for any other office patient. If you are more than 80 kilometers from your selected dental centre and an emergency arises you may seek care from any dentist. You will be reimbursed up to \$100 for the emergency treatment. This amount should be sufficient to cover services needed to control the emergency until you can access your participating dentist for further treatment.

Beginning and Termination of Benefits

Benefits under the Managed Dental Care program begin on the first day of the month following your eligibility, selection and enrolment in the program and terminate on the last day of the month in which your eligibility terminates.

Questions about the Program

Staff is available for you to obtain assistance in regard to any aspect of the program. You may contact W. A. Health Maintenance at (905) 281-9948.

Co-payments

This dental program includes the need for you to pay a portion of some services provided.

Financial arrangements are made directly with the dental centre.

Co-ordination of Benefits

Should you be entitled to dental coverage through this program in addition to others (i.e. spousal benefits), benefits of all programs will be adjusted so that you do not receive benefits totaling more than 100% of the fees charged or their equivalent. **All dentistry must be performed by a Network Dentist.** Any adjustments of benefits will be based on the Agreement with the Trust Fund and standard insurance industry practice.

**WA Health Maintenance
149 Main St East
Hamilton, ON L8N 1G4
Telephone #: (905) 281-9948
Fax #: (905) 281-2912**



**SCHEDULE OF BENEFITS
(W.A. Health Maintenance)**

The Dental Services listed in this Schedule are subject to the limitations, exclusions and other provisions of the program.

This W.A. Health Maintenance program covers the following percentage of the fee as set forth in the Dental Association Fee Guide for General Practitioners of Specialists, if applicable, in the Province and in effect at the time services are rendered subject to the following:

Deductible:

All members

Nil

Calendar Year Maximum:

All members

\$3,000 per person per year

DENTAL SERVICES COVERED

1. Diagnostic Services - 80% of the fee for the following services: **

Codes 01101 through 02209

02601

02801 through 02809

04101 through 04401

04911 through 04924

05201 through 05209

**** Any associated laboratory fees are paid by the patient**

2. Preventive Services - 80% of the fee for the following services: **

Codes 11101 through 11109

11201 through 12603

131101, 13102, 13211, 13212, 13231, 13241

13301 through 13409

13502 (once every 24 months)

13701, 13702, 13901, 13909

14101, 14102, 14201, 14202

14401 through 14409

15101 through 15604

**** Any associated laboratory fees are paid by the patient**

3. Minor Restorative Services - 80% of the fee for the following services:**

Codes 20111 through 23515 (excluding 21301, 21302)

**** Cosmetic dentistry is not covered**



4. Endodontic Services - 80% of the fee for the following services if performed by a participating general dentist:*

- **50% of the fee for the following services if performed by a specialist:****

Codes 32221 through 34453
 34511 through 39212

** Endodontic services on molar teeth are not covered*

5. Periodontal Services - 80% of the fee for the following services if performed by a participating general dentist:**

- **50% of the fee for the following services if performed by a specialist:****

Codes 11111 through 11119
 41101 through 41219
 41301 through 43631
 49101 through 49219

*** Any associated laboratory fees are paid by the patient*

6. Surgical Services - 80% of the fee for the following services if performed by a participating general dentist:

- **50% of the fee for the following services if performed by a specialist:**

Codes 71101 through 75302
 76941 through 77803
 79311 through 79604

7. Prosthodontics Services - 50% of the fee for the following services:

Codes 54201 through 55402
 56211 through 56322

8. Adjunctive Services - 80% of the fee for the following services if performed by a participating general dentist:

- **50% of the fee for the following services if performed by a specialist:**

Codes 91121 through 91129*
 92212 through 92309*
 92421 through 92429*
 96201, 96202*

**Only when used in conjunction with Oral Surgery*

EXPLANATION OF DENTAL BENEFIT

A. Plan pays **80%** of the fee for the following services: **

- Oral examination
- Consultation and treatment planning
- X-rays and study casts*
- Emergency treatment
- Prophylaxis - to include scaling and polishing twice per policy year.
- Fluoride treatment every six months for dependents to age 19
- Instruction in personal oral hygiene



- Biopsy of oral tissue (not including pathology laboratory cost) *
- Extractions
- Oral Surgery when performed by participating General Dentist
- Amalgams, plastic, silicate or composite fillings
- Endodontics if performed by participating General Dentist
- Periodontics if performed by participating General Dentist *
- Space maintainers if performed by participating General Dentist*

*** Not including applicable laboratory fees**

B. Plan pays 50% of the charge for the following services:

- Repair, adjustment, relines, and rebase of dentures

C. Plan pays **50%** of the charge for the following services:*

- Periodontics if performed by a specialist
- Oral surgery if performed by a specialist
- Endodontics if performed by a specialist
- Pedodontics if performed by a specialist

*** Referral to Specialist must be made by the participating dental office**

Should this program be terminated or the employee no longer be eligible for benefits, then the fee for any dental services obtained after such termination or loss of eligibility date shall be the dentist's usual and customary fee.

LIMITATIONS

1. New patient or complete oral exam limited to one every 3 years. Recall exams limited to two per calendar year.
2. Benefits for full mouth x-rays are limited to one set in a 36 month period and bitewing x-rays no more than twice per calendar year.
3. Benefits for light scaling and polishing limited to two courses of treatment per calendar year. Scaling and/or root planning limited to 12 units of time per calendar year.
4. Fluoride treatments limited to once every 6 months for dependents to age 19.

EXCLUSIONS

1. Reimbursement to the patient or another dental office for the cost of services secured from other physicians, dentists, or dental surgeons, other than the Dental Group Office selected by the Insured, will not be paid unless expressly authorized in writing by WA Health Maintenance.
2. Treatment for any condition for which benefits of any nature are covered or found to be recoverable whether by adjudication or settlement under any Workplace Safety & Insurance Board or Occupational Disease Law even though the Insured or Dependent fails to claim his right to such benefits, provided that this exclusion shall only apply to the extent that such



- benefits are payable through such other plans.
3. Treatment for any disease contracted, or injuries sustained, as a result of war declared or undeclared, or any illness or injury occurring after the effective date of this agreement and caused by atomic explosion, whether or not the result of war.
 4. Care or treatment obtained from or for which payment is made by any Federal, Provincial or other governmental agency, including any foreign government.
 5. Any of the following procedures are not covered benefits:
 - a) Dental treatment for cosmetic purposes.
 - b) Treatment for congenital malformations.
 - c) Hospitalized dental treatment.
 - d) Charges made for osseous graft material.
 - e) Any procedures and materials related to implants.
 - f) Any treatment related to temporomandibular joint dysfunction or associated syndromes.
 - g) No coverage for Bridge, Crowns, Dentures (except repair) or Orthodontics.
 - h) Laboratory charges for tests, biopsies, or reports.

Dental Office Locations

July 01, 2021

All members eligible for Managed Dental Care through W. A. Health Maintenance must complete a blue enrolment card and indicate which dental office he/she and their dependents will attend. Please see the website for the most up to date dental office locations.

→ Register online at: www.wahealthmaintenance.ca

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|---|-----------------------------|
| Ajax Dental Office 161 Harwood Ave. North, Unit 5B Ajax, ON L1Z 0A1 | #0000 (905) 426-8304 |
| City South Dental Office 7700 Hurontario Street Brampton, ON L6Y 4M3 | #0003 (905) 459-1742 |
| Dentistry on Steeles 7007 Islington Avenue Woodbridge, ON L4L 4T6 | #0005 (905) 856-7999 |
| Dentistry on the Falls 5628 Main Street Niagara Falls, ON L2G 5Z4 | #0006 (905) 374-2295 |



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|---|-----------------------------|
| Dentistry on the Mountain 651 Upper James Street, Unit # 105 Hamilton, ON L9C 5R8 | #0007 (905) 667-0490 |
| Dr. A. Balakrishnan 2436A Bloor Street West Toronto, ON M6S 1P9 | #0008 (416) 604-4009 |
| Dr. A. Ouanounou 1017 Wilson Ave, #203 Toronto, ON M3K 1Z1 | #0009 (416) 633-5721 |
| Lakeshore Dental Office 611 Lakeshore Road East Mississauga, ON L5G 1H9 | #0010 (905) 278-2913 |
| Dr. J. Fingrut 2780 Jane Street, Suite 102 Toronto, ON M3N 2J2 | #0011 (416) 748-3353 |
| Dr. V. Radevski 658 Danforth Avenue, #206 Toronto, ON M4J 5B9 | #0012 (416) 466-7777 |
| Dr. Yong Lu, University & Dundas Dental Clinic 250 Dundas Street West, # 105 Toronto, ON M5T 2Z5 | #0013 (416) 916-8811 |
| Kennedy Dental & Orthodontics 49 Hillcrest Avenue, Suite 102 Brampton, ON L6W 4V4 | #0016 (905) 453-2440 |
| Dr. Gopalkrishnan 385 Silverstar Blvd, Suite 309 Scarborough, ON M1V 0E3 | #0019 (416) 491-4533 |



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| Dr. Min Park, Mississauga Hanin Dental Clinic 333 Dundas Street East, Suite 201 Mississauga, ON L5A 1X1 | #0020 (905) 281-2875 |
| Monarch Dentistry 51 Benton St. Kitchener, ON N2G 3H1 | #0021 (519) 208-0690 |
| Warden Dental Clinic 2190 Warden Avenue #205 Scarborough, ON M1T 1V6 | #0022 (416) 491-9993 |
| 0123 Dental 1403 - 123 Edward St. Toronto, ON M5G 1E2 | #0026 (416) 977-0123 |
| Jackson Square Dental 2 King St. W. Hamilton, ON L8O 1A1 | #0027 (905) 524-2979 |
| Pearl Dental 205 Queen St. S. Mississauga, ON L5M 1L4 | #0028 (905) 826-3363 |
| Bathurst Smiles Dental Centre 102 - 800 Bathurst St. Toronto, ON M5R 3M8 | #0030 (416) 532-9373 |
| Markham Dental 8241 Woodbine Ave., Unit #17 Markham, ON L3R 2P1 | #0032 (905) 470-0220 |



Apple Tree Dental

1365 Beaverbrook Ave. Unit #102
London, ON N6H 0J1

#0033 (519) 641-1411

600 Tecumseh Dental

600 Tecumseh Rd. E. Unit 139B
Windsor, ON N8X 4X9

#0034 (519) 254-7511
ext. 2

Carling Dental

100 - 125 Carling Ave.
Ottawa, ON K1Z 8R9

#0035 (613) 722-7272