



## **Dental Care Benefits – WA Health Maintenance Plan 102 B**

WA Health will not pay for dental work performed outside of your chosen Dental Centre unless you are referred to a Specialist by your WA Health dentist.

If an eligible member or dependent has a **dental emergency** and a network dentist is not available, the patient may see another dentist to alleviate the emergency and receive up to \$100 reimbursement per emergency visit.

If you are referred to a specialist, WA Health normally pays 50% of the cost of such dental work.

### **Who is covered by this Plan?**

If you are a full-time employee, this Plan covers:

- you
- your spouse
- your dependent, unmarried children who are under 19 years of age and living in your household, (in the case of a dependent child who is a full-time student, coverage ends once they reach age 21 except for orthodontics which is age 19.)

**NOTE:** If your spouse also has a dental plan through their job, they can only claim from their own plan, unless the dental work is performed at a WA Health dental office.

### **What is covered?**

- Current year O.D.A. Fee Guide
- No Deductible
- Maximum Annual Benefit
  - 1<sup>st</sup> year \$750 single/\$1500 family
  - 2<sup>nd</sup> year \$1,000 single/\$2,000 family
- Orthodontic Lifetime Maximum of \$1,000 - Dependent Children under 19 years old (Orthodontic maximum only applies if work performed at Dentistry on the Falls)
- Benefit Year: **January 1 – December 31**



**The following services are covered at 80% if they are performed by a WA Health Maintenance dentist:**

- Diagnostic (Exam, x-rays)
- Preventative (Cleanings)
- Minor Restorative

**\*\*Note that all scaling and/or root planning is 8 units per person per calendar year.**

**The following specialty services are covered @ 65% if performed by your W.A. Health Maintenance Dental Office (General Dentist Fee Guide):**

- Molar endodontics
- Complex Extractions and removal of impacted teeth
- Periodontal (Gum) surgery

**The following services are covered at 50%**

- **Endodontic, periodontal and surgical** services performed by a specialist to whom you have been referred by your W.A. Health Maintenance Dentist
- **Prosthodontic** services, such as dentures, denture repairs, relines, crowns and bridges

### **Limitations**

- Complete oral exam (once every three (3) years)
- Recall oral exam (once every six (9) months)
- Full mouth x-rays (once every three (3) years)
- Bitewing x-rays (once every six (9) months)
- Prophylaxis – to include scaling and polishing (once every six (9) months)

### **Exclusions**

The following procedures are not covered benefits:

- Procedures or courses of treatment in which, in the professional judgment of the attending dentist, a satisfactory result is not likely to be obtained or which is not necessary, appropriate or customary.
- 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 Network office selected by the Insured, will not be paid for unless expressly authorized in writing by WA Health.



- Treatment for any condition for which benefits of any nature are recovered or found to be recoverable whether by adjudication or settlement under any Worker's Compensation (WSIB) or Occupational Disease Law or Accidental Dental Coverage 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.
- 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 for making any payment.
- 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.
- Care or treatment obtained which is payable by any Federal, Provincial or other governmental agency, including any foreign government.
- A prosthetic appliance for the purpose of replacing an existing functional appliance will not be provided during the first coverage year of any person and not more often than once in every four years.
- Dental treatment for cosmetic purposes.
- Treatment for congenital malformations.
- Hospitalized dental treatment.
- Any procedures and materials related to implants.
- Examinations, reports or other records required for use of a third party.
- Laboratory charges for tests, biopsies, reports, study casts and space maintainers.
- Any charge made for the cost of replacement and/or repair of an orthodontic appliance furnished to the patient, which is lost or broken through no fault of the Practitioner.
- Topical Fluoride treatment over age 18.
- ODA code 99333 (in-office lab) & code 99555 (dental material costs).
- Intentional self-inflicted injuries while sane or insane.
- Any treatment/procedure which is deemed experimental.
- Major restorative services rendered for the purpose of changing or treating the patient's vertical dimension, occlusion or temporal-mandibular dysfunction syndromes.
- Any charges for time spent traveling, broken appointment, transportation costs, completion of claim forms, or advice and/or consultation given by telephone or any other means of telecommunication.



- Fees charged in excess of the current Provincial Fee Guide.
- Maximum payable for laboratory fees (99111) for major restorative is 60% of professional fee.
- Pathology reports and/or treatments provided by an Oral Pathologists.
- Extensive specialized radiographs ordered or performed by a Radiologist.
- Expenses arising from war, insurrection or voluntary participation in a riot.
- Dental services commenced during the term of the Plan, which require completion following the expiry or termination of the Plan will not be covered after 30 days following expiry or termination.
- General anaesthetic and conscious sedation services other than Nitrous Oxide administered alone without any other sedative drugs.

**If you have any questions regarding your Managed Dental Care Program please contact:**

**WA Health Maintenance  
149 Main St East  
Hamilton, ON L8N 1G4**

**Telephone #: (905) 281-9948  
Fax #: (905) 281-9948**

### **Dental Office Location**

\*Effective January 1, 2016

**Dentistry on the Falls  
5628 Main Street  
Niagara Falls, ON L2G 5Z4  
Phone: (905) 374-2295  
Second Line: (905) 374-4203**