



Dental Care Benefits – WA Health Maintenance G4S

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 and part-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

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

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		
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AJAX Area

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

KITCHENER/WATERLOO/CAMBRIDGE Area

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

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:

Full-time members	Nil
Part-time members	Nil

Calendar Year Maximum:

Full-time members	\$3,000 per person per year
Part-time members	\$ 750 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 (**once every 3 years**)
 - Consultation and treatment planning
 - X-rays and study casts*
 - Emergency treatment (**Once every 12 months**)
 - Full mouth x-rays once every 3 years
 - Recall exam (Every 9 months)
 - 6 units of scaling per calendar year
 - Prophylaxis - to include scaling and polishing twice per policy year.
 - Fluoride treatment every nine months for dependents to age 19
 - Instruction in personal oral hygiene
 - Biopsy of oral tissue (not including pathology laboratory cost) *
 - Uncomplicated extractions
 - 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, reline, 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 6 units of time per calendar year. (Up to 3 units allowed per visit)
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. 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.
3. Care or treatment obtained from or for which payment is made by any Federal, Provincial or other governmental agency, including any foreign government.
4. 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.

➔ Register online at: www.wahealthmaintenance.ca

Ajax Dental Office

#0000 (905) 426-8304

161 Harwood Ave. North, Unit 5B
Ajax, ON L1Z 0A1

City South Dental Office

#0003 (905) 459-1742

7700 Hurontario Street
Brampton, ON L6Y 4M3

Dentistry on Steeles

#0005 (905) 856-7999

7007 Islington Avenue
Woodbridge, ON L4L 4T6



Dentistry on the Falls 5628 Main Street Niagara Falls, ON L2G 5Z4	#0006 (905) 374-2295
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
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