



Dental Care Benefits – WA Health Maintenance USW – Security Officers Plan 016

Eligibility for Dental Care Benefits

All full-time members and their dependents and part-time members who have completed the eligibility requirements as outlined in the General Provisions Section of this booklet and have maintained eligibility in the Steelworkers' Benefit Plan for six (6) consecutive months are eligible for dental benefits.

As explained on the following pages, please establish if your dental benefits are available only at the Steelworkers' Dental Centres or Affiliated Dental Offices.

Steelworkers' Dental Centres

The Board of Directors proudly operates their ultra-modern Dental Offices located at:

Toronto, 33 Cecil Street	Local	(416) 343-0086
	Toll Free	1-888-427-5555

Ottawa, 2285 St. Laurent Blvd., Unit D-9	Local	(613) 731-2111
	Toll Free	1-888-574-0143

Hamilton, 1031 Barton St. East	Local	(905) 545-1041
	Toll Free	1-888-251-0845

Mississauga, 1158 Aerowood Drive	Local	(905) 238-1414
	Toll Free	1-888-835-6667

These offices contain 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 Steelworkers' Dental Office:

J8P	J8R	J8T	J8V	J8X	J8Y	J8Z	J9A
K0A	K0B	K0C	K0E	K0G	K1B	K1C	K1E
K1F	K1G	K1H	K1J	K1K	K1L	K1M	K1N
K1P	K1R	K1S	K1T	K1V	K1W	K1X	K1Y
K1Z	K2A	K2B	K2C	K2E	K2G	K2H	K2J
K2K	K2L	K2M	K2P	K2R	K2S	K2T	K2W
K2Z	K4A	K4B	K4C	K4H	K4K	K4M	K4P

L0A	L0B	L0C	L0E	L0G	L0J	L0N	L0P
L0R	L3M	L3R	L3T	L3X	L3Y	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	L6C	L6G	L6H	L6J	L6K	L6L	L6M
L6P	L6R	L6S	L6T	L6V	L6W	L6X	L6Y
L6Z	L7A	L7B	L7E	L7G	L7J	L7L	L7M
L7N	L7P	L7R	L7S	L7T	L8E	L8G	L8H
L8J	L8K	L8L	L8M	L8N	L8P	L8R	L8S
L8T	L8V	L8W	L9A	L9B	L9C	L9G	L9H
L9J	L9K	L9L	L9M	L9P	L9R	L9T	L9W
M1K	M1L	M1N	M1P	M1R	M1S	M1T	M1V
M1W	M1Z	M2A	M2H	M2J	M2K	M2L	M2M
M2N	M2P	M2R	M3A	M3B	M3C	M3H	M3J
M3K	M3L	M3M	M3N	M4A	M4B	M4C	M4E
M4G	M4H	M4I	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	M7M
M8V	M8W	M8X	M8Y	M8Z	M9A	M9B	M9C
M9L	M9M	M9N	M9P	M9R	M9V	M9W	
N0A	N0E	N3P	N3R	N3S	N3T	N3V	N3W
N7Y							



Affiliated Dental Offices
(Operated by W. A. Health Maintenance)

North-East GTA

Dr. Gopalkrishnan **Local (416) 491-4533**
385 Silverstar Blvd, Suite 309
Scarborough, Ontario

Ajax Dental Centre **Local (905) 426-8304**
161 Harwood Avenue North, Unit 5B
Ajax, Ontario

Markham Dental **Local (905) 470-0220**
8241 Woodbine Ave #17
Markham, Ontario

All members with the following preface on their postal codes wishing to receive dental benefits must attend one of the above listed Affiliated Dental Offices or, alternatively, one of the previously listed Steelworkers' Dental Offices:

L0H L1S L1T L1V L1W L1X LIY L1Z
L3P L3S L4A L6B L6E M1B M1C M1E
M1G M1H M1J M1M M1X

NOTE: *You must contact W. A. Health Maintenance to inform them of your dental office selection.*

Niagara Falls

Dentistry on the Falls **Local (905) 374-2295**
5628 Main Street
Niagara Falls, Ontario

All members with the following preface on their postal codes wishing to receive dental benefits must attend the above listed Affiliated Dental Office:

L2E L2G L2H L2J L2M L2N L2V L3B

Kitchener/Waterloo/Cambridge

Monarch Dentistry **Local (519) 208-0690**
51 Benton Street
Kitchener, Ontario



All members with the following preface on their postal codes wishing to receive dental benefits must attend the above listed Affiliated Dental Office:

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 (Effective April 1, 2021)

**Apple Tree Dental
1365 Beaverbrook Ave #102
London, Ontario**

Local (519) 641-1411

All members with the following preface on their postal codes wishing to receive dental benefits must attend the above listed Affiliated Dental Office:

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

Windsor

**Eye Smile
2055 Sandwich Parkway #900
Lasalle, Ontario**

Local (519) 250-5056

All members with the following preface on their postal codes wishing to receive dental benefits must attend the above listed Affiliated Dental Office:

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

**W. A. Health Maintenance
149 Main Street East
Hamilton, ON L8N 1G4**

**Direct: (905) 281-9948
Toll-Free: 1-877-207-8234
Fax: (905) 281-2912
Website: wahealthmaintenance.ca**

Annual Administration Fee

This annual administration fee is \$10 for a single member and \$20 for a family.

Full-Time Coverage

The annual maximum coverage is \$1,000 based on a calendar year. There is a separate maximum for the member and each dependent.

Part-Time Coverage

The annual maximum coverage is \$500 based on a calendar year. The part-time member only is covered.

The above maximums are based on the previous year's Ontario Dental Association Fee Guide for General Practitioners.

Separate maximums are described later in this section for Oral Surgery and Dentures.

Covered Charges

Covered Charges are charges up to the amount shown in the Fee Guide for needed dental care, services or supplies, as described below, and received while the person is covered.

Routine Care

Charges up to the Benefit Maximum for:

- **Examinations** - includes complete oral examinations once every 3 years and recall oral examinations once every 6 months.
- **Consultations** - with patient (maximum 2 units every 12 months) or with another dentist.
- **Radiographs** - includes complete series once every 3 years and posterior bitewing radiographs once every 9 months.
- **Diagnostic services** - includes in-office diagnostic services.
- **Preventive services** - includes prophylaxis (cleaning) once every 6 months, fluoride treatment, oral hygiene instruction once every 6 months, space maintainers, and pit and fissure sealants for permanent molar teeth of children up to and including age 15 (only one replacement sealant per tooth).
- **Fillings**
- **Extractions (uncomplicated)**
- **Endodontic services** – includes single and double rooted canal therapy, periapical and emergency services. ***Note: if you are referred to an endodontic specialist outside the Steelworkers' Dental Office, or outside an Affiliated Dental Office, these specialist charges are not***

covered by the Plan.

- **Periodontal services** – includes scaling, root planing and occlusal equilibration (8 units of time every 12 months). **Note:** *if you are referred to a periodontal specialist outside the Steelworkers' Dental Office, or outside an Affiliated Dental Office, these specialist charges are not covered by the Plan.*
- **Oral surgery** - includes excision of impacted wisdom teeth. If you are referred to a specialist outside the Steelworkers' Dental Offices, or outside one of the Affiliated Dental Offices, by a dentist from one of these Offices, for a procedure not normally performed in these Offices, it will be paid at 50%, to a calendar year maximum of \$500 for Full-Time coverage and \$175 for Part-Time coverage. This is a separate maximum over and above the regular benefit maximum.
- **Relining, rebasing, repair and minor adjustments of dentures** are covered under the regular plan maximum (outside laboratory charges are paid at 50%).
- **Dentures** - first installation of partial permanent or full temporary or permanent removable dentures:
 - replacement of an existing partial or full removable denture, if it was installed at least 5 years before and cannot be made serviceable.
 - replacement for a temporary full denture by a permanent denture if done 1 year from the date the temporary denture was installed.

Dentures are covered at 50%, to a calendar year maximum of \$250 for Full-Time coverage and \$150 for Part-Time coverage. This is a separate maximum over and above the regular benefit maximum.

Cancellation Fees

The time reserved for you in the Dental Office is very valuable. When you cancel appointments without 48 hours' notice, you are hurting yourself, the dental office and the person that could have used that appointment time.

You must provide at least 48 hours' notice to cancel any appointment, otherwise a \$20 fee will apply, which must be paid prior to receiving any further dental treatment.

Cancelled appointments are a serious problem and represent a significant cost to you and your benefit plan. The Board of Trustees and the Steelworkers' Non-Profit Dental Centres and their Affiliated Dental Offices sincerely appreciate everyone's assistance in this matter.

Emergency Care

For emergency needs phone the Steelworkers' Dental Office to seek care.



If you are a patient at one of the Affiliated Dental Offices, please contact that dental office to seek care. If the Dental Office is not available to provide care, you may seek care from any dentist. You will be reimbursed at 100%, up to an annual maximum of \$100 for the emergency treatment. This amount should be sufficient to cover services needed to control the emergency until you can access the Steelworkers' Dental Office or, if applicable, the Affiliated Dental Office in your area.

All claims for emergency treatment should be sent to:

The Steelworkers' Non-Profit Dental Services Inc.

Administration Office

1158 Aerowood Drive

Mississauga, ON L4W 1Y5

OR

(if you attend an Affiliated Dental Office)

W. A. Health Maintenance

149 Main Street East

Hamilton, ON L8N 1G4

Limitations

No benefits are available for:

- dental care which is cosmetic;
- dental services or supplies covered by any Government plan;
- dental care which, in the absence of coverage, there would be no charge;
- stainless steel crowns on permanent teeth;
- nutritional counselling;
- protective athletic appliances;
- crowns and bridgework;
- treatment of temporomandibular disorder or treatment to alter the vertical dimension of occlusion;
- replacement of a lost or stolen prosthesis;
- orthodontic treatment or correction of malocclusion; or
- **specialty treatment performed outside the Steelworkers' Dental Offices or Affiliated Dental Offices (the definition of specialty care is at the sole discretion of the treating dentist), except benefits available under oral surgery and dentures.**

Dental Benefits not received at the Steelworkers’ Dental Offices or Affiliated Dental Offices

All members living outside the postal codes as described in the “Eligibility for Steelworkers’ Dental Office” or “Eligibility for Affiliated Dental Offices” section, due to geographical restrictions, have a choice of utilizing the benefits under one of these Dental Offices, as listed previously, or you may access any dental office on a Fee-for-Service basis.

If you wish to use one of the Steelworkers’ Dental Offices or Affiliated Dental Offices, you must complete an enrollment card and inform the Administrator, in writing, of your desire to do so at the time of your initial eligibility. Thereafter, you may apply prior to January 1st of each year to become a member of the Steelworkers’ Dental Office or Affiliated Dental Office.

Eligible Expenses for all Members not using the Steelworkers’ Dental Offices or Affiliated Dental Offices:

Full-Time coverage:

Annual <u>family</u> maximum	\$1,500
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Part-Time coverage:

Annual <u>member</u> maximum	\$500
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Covered charges are charges not to exceed the benefit maximum up to the amount shown in the current General Practitioners’ Fee Guide for needed dental care, services or supplies, and received while the person is covered, for either a disease or injury that is non-occupational.

Limitations

No amount will be paid for the following:

- dental care which is cosmetic
- completion of claim forms
- broken appointments
- dental services or supplies covered by any Government plan
- which in the absence of coverage, there would be no charge