

Group Benefit Plan



Great-West Life
your Benefits Solutions People

WINNIPEG SCHOOL DIVISION DENTAL BENEFIT PLAN

Rev 2009

Great-West Life is a leading Canadian life and health insurer. Great-West Life's financial security advisors work with our clients from coast to coast to help them secure their financial future. We provide a wide range of retirement savings and income plans; as well as life, disability and critical illness insurance for individuals and families. As a leading provider of employee benefits in Canada, we offer effective benefit solutions for large and small employee groups.

Great-West Life Online

Information and details on Great-West Life's corporate profile, our products and services, investor information, news releases and contact information can all be found at our website www.greatwestlife.com.

Great-West Life's Toll-Free Number

To contact a customer service representative at Great-West Life for assistance with your dental coverage, please call 1-800-957-9777 or Winnipeg Direct at (204) 942-3589 or email at grp_hd_inquire@gwl.ca.

This booklet describes the principal features of the group benefit plan sponsored by your employer, but **Plan Document No. 51001** issued by Great-West Life is the governing document. If there are variations between the information in the booklet and the provisions of the plan document, the plan document will prevail.

This booklet contains important information and should be kept in a safe place known to you and your family.

The Plan is administered by



and arranged by

Aon Consulting

Protecting Your Personal Information

At Great-West Life, we recognize and respect the importance of privacy. When you apply for coverage or benefits, we establish a confidential file of personal information. We limit access to personal information in your file to Great-West Life staff or persons authorized by Great-West Life who require it to perform their duties, to persons to whom you have granted access, and to persons authorized by law.

We use the personal information to administer the group benefit plan under which you are covered. This includes many tasks, such as:

- determining your eligibility for coverage under the plan
- enrolling you for coverage
- assessing your claims and providing you with payment
- managing your claims
- verifying and auditing eligibility and claims
- underwriting activities, such as determining the cost of the plan, and analyzing the design options of the plan
- preparing regulatory reports, such as tax slips

Your employer has an agreement with Great-West Life in which your employer has financial responsibility for some or all of the benefits in the plan and we process claims on your employer's behalf. We may exchange personal information with your health care providers, your plan administrator, other insurance or reinsurance companies, administrators of government benefits or other benefit programs, other organizations, or service providers working with us when necessary to administer the plan.

All claims under this plan are submitted through you as plan member. We may exchange personal information about claims with you and a person acting on your behalf when necessary to confirm eligibility and to mutually manage the claims.

For more information about our privacy guidelines, please ask for Great-West Life's **Privacy Guidelines** brochure.

Liability for Benefits

Your employer has entered into an agreement with The Great-West Life Assurance Company whereby your employer will have full liability for Dentalcare outlined in this booklet. This means your employer has agreed to fund this benefit and is, therefore, uninsured. All claims will, however, be processed by Great-West Life.

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Benefit Summary

This summary must be read together with the benefits described in this booklet.

Dentalcare

Covered expenses will not exceed customary charges

Payment Basis The Manitoba Dental Association Fee Guide in effect on the date treatment is rendered

Deductibles

Individual \$15 each calendar year
Family \$30 each calendar year

Reimbursement Levels

Routine Treatment 100%
Major Treatment 60%
Orthodontic Treatment 50%

Plan Maximums

Routine/Major Treatment \$2,500 each calendar year per person
Orthodontic Treatment \$1,250 each calendar year per person

COMMENCEMENT AND TERMINATION OF COVERAGE

You are eligible to participate in the plan on the date your employment begins.

- You and your dependents will be covered as soon as you become eligible.

If you are on sabbatical or secondment, your coverage will be continued.

- You must be actively at work when coverage takes effect, otherwise the coverage will not be effective until you return to work.

Increases in your benefits while you are covered by this plan will not become effective unless you are actively at work.

- Hourly paid and substitute teachers may not join the plan.

Your coverage terminates when your employment ends, you are no longer eligible, or the plan terminates, whichever is earliest.

- Your dependents' coverage terminates when your coverage terminates or your dependent no longer qualifies, whichever is earlier.

While working in a term position or on an unpaid leave from a full-time position (exclusive of your maternity, parental, or adoptive leave), your Dental coverage under this plan is extended as follows:

- If you have worked a full school year, to the date before the beginning of the next school year.
- If you have been employed under a contract for a period of less than five (5) months, you will have your dental coverage extended to the end of the month next following the expiration date of the contract. (Example – contract terminates at the end of the fall term in December – coverage continues until January 31st of the following year).

- If you have been employed under a contract for a period greater than five (5) months, you will have your dental coverage extended to the end of the second month next following the expiration date of the contract. (Example – contract ends June 30th – coverage continues until August 31st of the same year).
- If you have been employed under successive term contracts following a full school year, you will remain eligible for continuous dental benefit coverage. (Example – eligibility for dental coverage for the second year following successive contracts for the full school year will start on September 1st even though classes would commence after Labour Day.)

While on your Maternity, Parental or Adoptive leave, your dental benefits will continue for up to fifty-four weeks.

Benefits after termination of insurance will be limited to:

- 1) An appliance or modification of one, for which an impression has already been taken,
- 2) A bridge for which teeth have already been prepared, and
- 3) Root canal therapy provided the pulp chamber has already been opened.

DEPENDENT COVERAGE

Dependent means:

- Your spouse, legal, former or common-law.

A common-law spouse is a person who has been living with you in a conjugal relationship for at least 12 months.

A former spouse is your divorced or ex-common-law spouse for whom insurance protection for some of the benefits available under your employer's benefit program is mandated by court order.

- Your unmarried children under age 18, or under age 25 if they are full-time students.

Children under age 18 are not covered if they are working more than 30 hours a week, unless they are full-time students.

An unmarried child of your covered spouse is considered eligible for coverage only if your spouse is living with you and has custody of the child.

Children who are incapable of supporting themselves because of physical or mental disorder are covered without age limit if the disorder begins before they turn 18, or while they are students under 25, and the disorder has been continuous since that time.

DENTALCARE

A deductible may be applied before you are reimbursed. All expenses will be reimbursed at the level shown in the **Benefit Summary**. Benefits are subject to plan maximums and frequency limits. Check the **Benefit Summary** for this information.

The plan covers reasonable and customary charges to the extent they do not exceed the dental fee guide level shown in the **Benefit Summary**. Denturist fee guides are applicable when services are provided by a denturist. Dental hygienist fee guides are applicable when services are provided by a dental hygienist practising independently.

Treatment Plan

- Before you begin any course of dental treatment expected to cost more than \$300, or any course of orthodontic treatment, ask your dental service provider to complete a treatment plan and submit it to the plan. The benefits payable for the proposed treatment will be calculated so you will know in advance the portion of the cost you will have to pay. The calculation is valid for 90 days.
- If a course of orthodontic treatment or any other course of dental treatment for which the estimated cost is \$300 or more continues into the next calendar year, the deductible will be applied only once for the complete course of treatment, provided a treatment plan has been submitted and treatment was actually rendered in the treatment period estimated in the treatment plan.

Routine Treatment

- The following preventative services, up to twice in any calendar year
 - polishing of teeth
 - bite-wing x-rays
 - fluoride application
- Scaling of teeth
- Full mouth series of x-rays once every 24 months
- Oral examination
- Extractions
- Fillings
- Pit and fissure sealants
- Dental surgery, including related diagnostic x-rays, lab procedures, and anaesthesia
- Endodontics
- Periodontics
- Necessary treatment for relief of dental pain
- The cost of medication and its administration when provided by injection in the dentist's office
- Space maintainers for missing primary teeth
- Consultations required by the attending dentist

- Habit-breaking appliances
- Denture relines, rebases and repairs
- Roentgenology and pathological reports as required by the attending dentist

Major Treatment

- Crowns
- Surgical Implants
- Dentures or bridgework. Replacement appliances are covered only when:
 - they are required because of the extraction of one or more natural teeth after the existing appliance was installed and the existing bridgework or dentures cannot be made serviceable. If they can, only the expense for the portion of the appliance that replaces the extracted teeth is covered.
 - the existing appliance is at least 5 years old and cannot be made serviceable
 - a permanent appliance is required to replace a temporary appliance and the permanent appliance is installed within 12 months after the date the temporary appliance was installed
 - the replacement is required as a result of an initial placement of an opposing denture while covered
- Treatment involving gold if there is no substitute available

Orthodontic Treatment

- Correction of malposed teeth

Limitations

No benefits are paid for:

- Cosmetic treatment, experimental treatment, dietary planning, oral hygiene instructions, plaque control, congenital or developmental malformation
- Lost or stolen dentures
- Charges for treatment involving gold in excess of the charges for a reasonable substitute
- Charges for broken appointments or completion of claim forms
- Full mouth reconstruction, vertical dimension correction, or correction of temporomandibular joint dysfunction
- Accidental dental injury expenses

How to Make a Claim

Obtain form M445D from your employer. Have your dental service provider complete the form and return it to the benefit payments office as soon as possible, but no later than 15 months after the dental treatment.

COORDINATION OF BENEFITS

- If you or a dependent is entitled to benefits for the same expenses under another group or government plan or as both an employee and dependent under this plan or as a dependent of both parents under this plan, benefits will be co-ordinated so that the total benefits from all plans will not exceed expenses.
- You and your spouse should first submit your own claims through your own group plan. Claims for dependent children should be submitted to the plan of the parent who has the earlier birth date in the calendar year (the year of birth is not considered). If you are separated or divorced, the plan which will pay benefits for your children will be determined in the following order:
 1. the plan of the parent with custody of the child;
 2. the plan of the spouse of the parent with custody of the child;
 3. the plan of the parent without custody of the child;
 4. the plan of the spouse of the parent without custody of the child

You may submit a claim to the plan of the other spouse for any amount which is not paid by the first plan.

- If any claims are eligible for reimbursement from any government or automobile insurance plan, claims should first be submitted to that plan. The balance of the claim may be submitted to this plan as described above.
- In cases where both spouses in a family have teaching contracts with The Winnipeg School Division, benefits will be co-ordinated to provide up to 100% reimbursement of eligible expenses.

GENERAL LIMITATIONS

No benefits are payable for expenses incurred for the following services or supplies or in the following situations:

- Services or portion thereof provided under Workers' Compensation or similar program
- Services required as a result of or associated with cosmetic treatment, intentionally self-inflicted injury, war, insurrection, participation in a riot, or service in the armed forces of any country
- Services received in a government hospital unless you are required to pay
- Services to which you are entitled without charge, or for which there would be no charge if there were no coverage
- Services provided under any government plan
- Services paid for by any government or for which a government prohibits payment of benefits
- Services received from a dental or medical department maintained by the employer, a mutual benefit association, labour union, or similar type of group