



Details of Covered Benefits

DENTAL CARE

Reimbursement Percentage

BENEFIT – Year One - 60%, Year Two - 60%, Subsequent Years - 60%

Annual Maximum per Insured Person

BENEFIT – *Basic Services*

Year One - \$300, Year Two - \$300, Subsequent Years - \$500

– *Endodontic, Periodontal and Major Restorative Services*

Year One - \$500, Year Two - \$500, Subsequent Years - \$750

The Program Reimbursement is Based on Two Components

- 1) The dental services covered under the AFBS dental formulary; and
- 2) The current schedule of fees of the dental association of the province in which services are provided.
Reimbursement for dental services provided outside Canada is paid based on the current Ontario Dental Association fee guide.

BASIC SERVICES	LIMITATIONS
Complete examination and full series X-rays or panoramic films	Once every three Benefit Years or if a new dentist is involved in the Insured Person's dental care.
Recall examination by the dentist	Once every nine months.
Topical application of any anti-carcinogenic agent (e.g. stannous fluoride) or polishing of teeth	Once every nine months.
Routine diagnostic and laboratory procedures	Eligible laboratory fees are limited to a maximum of half the total cost of the dental procedure. Reimbursement is a percentage of the eligible fees.
Prophylaxis, including deep scaling	Ten units per Benefit Year. Pre-authorization for any additional units is required from the AFBS dental consultant.
Bitewing X-rays	Once per Benefit Year.
Oral hygiene instruction	Once per Lifetime.
Fillings (amalgam, silicate, acrylic and composite), Retentive pins and pit and fissure sealants	
Space maintainers	
Root canal therapy, root amputation, apexification and periapical services	
Oral surgical procedures including the removal of teeth	



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PERIODONTAL, ENDODONTIC AND MAJOR RESTORATIVE SERVICES	LIMITATIONS
Periodontal Treatment of disease of the gums and other supporting tissue of the teeth (excluding splinting), including surgery and post-surgical treatment and appliances	Periodontal treatments are limited to once every 24 months per arch.
General anesthesia and X-rays	X-rays are limited to three per Benefit Year. General anesthetic is paid in conjunction with eligible oral surgical procedures.
Crowns, inlays and onlays	Only when the function is impaired due to cuspal or incisal angle damage caused by trauma or decay.
Replacement of crowns, inlays and onlays	Once every five Benefit Years.
Implants	Reimbursement may be limited to that of the generally accepted alternative and costs may not be applied across Benefit Years.
Initial provision for fixed bridgework	
Replacement of fixed bridgework or additional teeth to bridgework	When replacement or addition is due to one of the following: 1. A natural tooth is extracted and the existing appliance cannot be made serviceable. 2. The existing appliance is at least five years old and cannot be made serviceable. 3. The existing appliance is temporary and within 12 months of its installation a permanent bridge replaces it. The total amount payable for both the temporary and permanent bridge is the amount which would have been allowed for a permanent bridge.
Initial provision of full or partially removable dentures	
Repair or re-cementing of crowns, onlays, inlays, bridgework and dentures, or relining and rebasing of dentures	
Replacement of removable dentures	When dentures are necessary due to one of the following: 1. A natural tooth is extracted and the existing appliance cannot be made serviceable. 2. The existing appliance is at least five years old and cannot be made serviceable. 3. The existing appliance is temporary and within 12 months of its installation a permanent denture replaces it. The total amount payable for both the temporary and permanent dentures is the amount which would have been allowed for a permanent denture.
Addition of teeth to an existing partial denture or fixed bridgework previously removed	When required to replace one or more teeth.
Procedures involving the use of gold	Only when there is no alternative consistent with generally accepted dental practice.



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PRE-DETERMINATION	LIMITATIONS
Some Expenses Require Pre-Determination	<p>If your dentist recommends dental work that will cost more than \$500 or includes procedures such as crowns, bridgework, veneers, implants, onlays or inlays, the proposed work must be reviewed by AFBS' dental consultant before any reimbursement can be made. When the pre-determination is done before you proceed with the actual dental treatment, you will have confirmation of the amount that will be reimbursed by AFBS. Your dentist will be familiar with the pre-determination process and must provide AFBS with specific information about the proposed work as well as X-rays, study moulds or casts.</p> <p>Please advise your dentist's office that pre-determination requests MUST be sent to AFBS. Pre-determinations sent elsewhere, including ClaimSecure, may not reach AFBS and will delay claims adjudication.</p> <p>Pre-determination is not necessary if treatment is the result of an emergency. If the emergency treatment is for a crown or bridge, you must submit X-rays with your claim. Pre-determination is not necessary for a crown if root canal has been performed on the tooth, however, the dentist should indicate this on the claim form.</p>

DENTAL CARE – NOT COVERED

- Cosmetic dentistry, including dental bleaching.
- Replacement of lost, stolen or misplaced dentures.
- Prosthetic devices ordered prior to being insured.
- Prosthetic devices ordered while covered under the Program but installed more than 60 days after the Insured Person is no longer covered under the Program.
- Fees charged by a dentist that are in excess of the Dental Association Fee Guide in the province of residence of the Insured Person.
- Fees charged by a dentist for completion of a dental claim form, missed appointments, or for X-rays and study moulds required for pre-determination.

