



Arts & Entertainment Plan

Policy Summary Pages

Standard Plan

Details of Covered Benefits

DENTAL CARE

Reimbursement Percentage:

50%

Annual Maximum per Insured Person:

\$400 each Benefit Year.

The Plan 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.

Procedure and Service Classification

BASIC SERVICES

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

Laboratory fees are limited to a maximum of 50% of the total cost of the dental procedure.

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



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DENTAL CARE

Procedure and Service Classification

PERIODONTAL, ENDODONTIC AND MAJOR RESTORATIVE SERVICES

Periodontal Treatment of disease of the gums and other supporting tissue of the teeth (excluding splinting), including surgery and post-surgical treatment and appliances

Root canal therapy, root amputation, apexification and periapical services

Oral surgical procedures including the removal of teeth

General anesthesia and x-rays

Crowns, inlays and onlays

Replacement of crowns, inlays and onlays

Implants

Initial provision for fixed bridgework

Replacement of fixed bridgework or additional teeth to bridgework

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

LIMITATIONS

Periodontal appliances are limited to once every 24 months per arch.

X-rays are limited to three per Benefit Year. General anesthetic is paid in conjunction with eligible oral surgical procedures.

Only when the function is impaired due to cuspal or incisal angle damage caused by trauma or decay.

Once every five Benefit Years.

Reimbursement may be limited to that of the generally accepted alternative and costs may not be applied across Benefit Years.

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.



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DENTAL CARE

Procedure and Service Classification

PERIODONTAL, ENDODONTIC AND MAJOR RESTORATIVE SERVICES

Replacement of removable dentures

Addition of teeth to an existing
partial denture or fixed bridgework
previously removed

Procedures involving the use of gold

Some Expenses Require
Pre-Determination

LIMITATIONS

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.

When required to replace one or more teeth.

Only when there is no alternative consistent with generally accepted dental practice.

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.

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.

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.



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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 Plan but installed more than 60 days after the Insured Person is no longer covered under the Plan.
- 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.



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Comprehensive Plan

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Space maintainers

BENEFIT

Year One
50%

BENEFIT

Year Two
50%

BENEFIT

Subsequent Years
50%

Basic Services

BENEFIT

Year One
\$300

BENEFIT

Year Two
\$300

BENEFIT

Subsequent Years
\$500

Endodontic, Periodontal and Major Restorative Services

BENEFIT

Year One
\$500

BENEFIT

Year Two
\$500

BENEFIT

Subsequent Years
\$750

- 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.

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LIMITATIONS

Once every three Benefit Years or if a new dentist is involved in the Insured Person's Dental care.

Once every nine months.

Once every nine months.

Laboratory fees are limited to a maximum of 50% of the total cost of the dental procedure.

Ten units per Benefit Year. Pre-authorization for any additional units is required from the AFBS dental consultant.

Once per Benefit Year.

Once per Lifetime.



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