



I.A.F.F. Local 255 Basic Dental Services Summary

Diagnostic and Preventative Services	Description
Recall or Specific Oral Examinations	100% coverage, once in any 12 month period; twice per 12 months separated by at least 5 months for dependents under 19 years of age
Complete Oral Examinations (G.P.)	100% coverage, once in any 60 month period
Emergency Exams	100% coverage
Complete Series/Panoramic X-rays	100% coverage, once in any 24 month period
Bitewing X-rays	100% coverage, one set in any 12 month period; two sets in any 12 month period separated by at least 5 months for dependents under 19 years of age
Consultations	100% coverage, when performed by another Health Care Professional
Polishing (teeth cleaning)	100% coverage, one time unit in any 12 month period; twice per 12 month separated by at least 5 months for dependents under 19 years of age
Fluoride Treatment	100% coverage, twice in any 12 month period separated by at least 5 months for dependents under 19 years of age
Space Maintainers	100% coverage
Pit & Fissure Sealants	100% coverage, limited to permanent posterior teeth once in any 60 month period for dependents under 19 years of age
Oral Hygiene Instruction	100% coverage, once in any 12 month period for dependents under 19 years of age
Restorative Services	Description
Amalgam and Composite Fillings	100% coverage, one per tooth surface in any 24 month period to a maximum of 5 surfaces per tooth
Oral Surgery	Description
Oral Surgery	100% coverage
General Anesthesia	100% coverage

Endodontic Services	Description
Complete Examinations	100% coverage, once in any 60 month period
Specific Examinations	100% coverage, once in any 12 month period; twice per 12 months separated by at least 5 months for dependents under 19 years of age
Root Canal Therapy	100% coverage, one per tooth in any 24 month period
Periodontal Services	Description
Complete Examinations	100% coverage, once in any 60 month period
Specific Examinations	100% coverage, once in any 12 month period; twice per 12 months separated by at least 5 months for dependents under 19 years of age
Scaling and/or Root Planing	100% coverage, 16 time units in any 12 month period
Denture Services	Description
Relines/Liners	100% coverage, one service per denture in any 24 month period
Tissue Conditioning	100% coverage, one service per denture in any 24 month period
Repairs	100% coverage, one service per denture in any 24 month period

This is not a comprehensive list of all eligible services covered under the Dental Plan. Please contact Alberta Blue Cross at 1-800-661-6995 for further information.