



# Retiree Benefits Plan Dental Services Summary

Diagnostic and Preventative Services	Description
<b>Recall/Specific Oral Examinations</b>	80% coverage, once in any 12 month period; once in any 5 month period for dependents under 19 years of age
<b>Complete Oral Examinations (G.P.)</b>	80% coverage, once in any 5 year period
<b>Emergency Exams</b>	80% coverage
<b>Complete Series or Panoramic Imaging</b>	80% coverage, once in any 24 month period
<b>Bitewing Imaging</b>	80% coverage, one set in any 12 month period; one set in any 6 month period for dependents under 19 years of age
<b>Consultations</b>	80% coverage, when performed by another Health Care Professional
<b>Prophylaxis or Polishing (teeth cleaning)</b>	80% coverage, one time unit in any 12 month period; one time unit in any 6 month period for dependents under 19 years of age (one time unit = 15 minutes)
<b>Scaling and Root Planing</b>	80% coverage, 17 units in any 12 month period
<b>Fluoride Treatment</b>	80% coverage, once in any 12 month period; once in any 6 month period for dependents under 19 years of age
<b>Space Maintainers</b>	80% coverage
<b>Pit &amp; Fissure Sealants</b>	80% coverage, limited to permanent posterior teeth once in any 24 month period for dependents under 19 years of age
<b>Oral Hygiene Instruction</b>	80% coverage, once in any 12 month period for dependents under 19 years of age
Restorative Services	Description
<b>Amalgam and Composite Fillings</b>	80% coverage, one per tooth surface in any 24 month period to a maximum of 5 surfaces per tooth
Oral Surgery	Description
<b>Oral Surgery</b>	80% coverage
<b>General Anesthesia</b>	80% coverage, when required in conjunction with covered oral surgery or when medically necessary

<b>Endodontic Services</b>	<b>Description</b>
<b>Root Canal/Pulpal Therapy</b>	80% coverage, one per tooth in any 24 month period
<b>Periodontal Services</b>	<b>Description</b>
<b>Surgical and Non-Surgical</b>	80% coverage
<b>Denture Services</b>	<b>Description</b>
<b>Relines/Liners</b>	80% coverage, one service per denture in any 24 month period
<b>Rebasing and Resetting</b>	80% coverage, provided at least 5 years has lapsed from placement of denture
<b>Adjustments</b>	80% coverage, provided at least 3 months has lapsed from placement of denture
<b>Tissue Conditioning</b>	80% coverage, one service per denture in any 24 month period
<b>Extensive (Major)</b>	<b>Description</b>
<b>Crowns, Bridges, Veneers</b>	80% coverage, once in any 5 year period
<b>Inlays and Onlays</b>	80% coverage, once in any 5 year period, when tooth cannot be adequately restored to form and function with a filling
<b>Dentures</b>	80% coverage, one upper and/or one lower in any 5 year period
<b>Orthodontic (under age 21)</b>	<b>Description (Treatment Plan Pre-Approved by Alberta Blue Cross)</b>
<b>General Orthodontic Exam</b>	50% coverage, once per lifetime per Health Care Professional
<b>Cephalograms, Facial/Intraoral Photographs, Diagnostic Models, Consultations and Case Presentation</b>	50% coverage
<b>Fixed or Removable Appliances</b>	50% coverage

*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.*