

GROUP INSURANCE PLAN

insured by



With the collaboration of:
Samson Groupe Conseil inc.

Dawson Teachers Union
Teachers - Contract 2054
Contract amended on December 1, 2015

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IMPORTANT

This document contains general provisions relating to the insurance contract.

This document does not mention all the clauses concerning definitions, eligibility, participation, end of insurance and other miscellaneous provisions. Nonetheless, you may find out more about policy contents by consulting the contract available from Policyholder or Employer group administrators.



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In this document, neutral words such as participant, employee and person include both men and women, unless the context indicates otherwise.

DENTAL CARE INSURANCE

When an insured person incurs expenses for dental treatments as defined herein, dispensed and recommended by a dentist, the Insurer pays \$2,000 per calendar year per insured person for the aggregate of these protections:

- | | |
|--------------|-----------------------------------|
| - Module A | 100% preventive services; |
| - Module B | 100% basic restorative services; |
| Oral surgery | 90 %; |
| - Module C | 80% major restorative services; |
| - Module D | 60% complex restorative services. |

One annual \$25 deductible for the participant and his or her dependents, as the case may be, is applicable to expenses for basic, major and complex restorative services.

Eligible expenses are expenses that are reasonably incurred, recommended by a dentist and justified by the current practice of dental art for the care described hereafter, and whose cost does not exceed the rates laid down in the Fee Guide or the Quebec Dental Surgeons Association presently in force

The following codes originate in the document entitled «1994 Fee Guide for Dental Treatment Services» approved by the Quebec Dental Surgeons Association. For subsequent years, these codes will be replaced by their equivalent in later documents approved by the Association. Consequently, any new code number for a dental act relating to expenses described hereafter which is added during the contract period, is considered to be an integral part of the Fee Guide for eligible services.

If more than one type of treatment exists for the insured's dental condition, the Insurer reimburses expenses based on the least expensive normal and appropriate treatment.

A) PREVENTIVE SERVICES

1. Clinical oral examination, up to one examination per consecutive six (6) months period. However, an emergency examinations are not subject of this limit
2. Radiographs
 - intra oral films
 - extra oral films
 - interpretation of radiographs from another source
 - tomography

Limitation

A maximum of one radiograph, sitting per consecutive 6 month period will be refundable; excepting for a radiograph sitting performed during an emergency examination; furthermore, a complete series of periapical and bitewing films is only refundable once per consecutive 36 month period.

3. Prevention

- polishing of coronal portion of teeth (prophylaxis), up to one treatment per consecutive six (6) month period
- periodontal scaling up to one treatment per consecutive six (6) month period relating to each of these dental procedures
- topical application of fluoride, up to one treatment per consecutive six (6) month period
- finishing restorations
- pit and fissure sealants
- carries control
- interproximal discing
- prophylactic odontotomy and enameloplasty

B) BASIC RESTORATIVE SERVICES

1. Restorations:

- Primary teeth
 - a) Amalgam posteriors
 - b) Composite anteriors
 - c) Composite posteriors
- Permanent teeth
 - a) Amalgam anteriors and bicuspid
 - b) Amalgam molars
 - c) Composite anteriors
 - d) Composite bicuspid
 - e) Composite molars
- Retentive pins

2. Oral surgery (**coinsurance 90 %**)

- removal of erupted tooth (uncomplicated)
- surgical removal (complicated)
- alveolectomy
- alveoloplasty
- osteoplasty
- tuberooplasty
- removal of hyperplastic tissue
- removal of excess mucosa
- extension of mucous folds with secondary epithelization
- extension of mucous folds with mucous or skin graft
- removal and curettage of tumor and cyst
- incision and drainage
- removal of foreign body from bone tissue
- frenectomy
- hemorrhage control

3. Adjunctive general services:

- local anaesthesia
- general anaesthesia (cost of anaesthesia only)
- conscious sedation by inhalation
- professional visits

C) MAJOR RESTORATIVE SERVICES

1. Endodontics

- Endodontic emergency
 - a) pulpotomy
 - b) emergency pulpotomy as a separate procedure
- Endodontic traumatism
- General endodontic treatments
- Apexification
- Endodontic surgery
 - a) apectomy
 - b) apectomy and root canal
 - c) retrograde obturation
 - d) root amputation
 - e) removal
 - f) hemisection
 - g) endosseous implants for root stabilization
- Bleaching, in office, of non-vital tooth, carried out by dentist, subject to an overall maximum of 10 sessions per calendar year per insured
- Bleaching, in office, of vital teeth carried out by dentist, subject to a maximum of one session per calendar year per insured for all teeth

2. Periodontics

- management of acute infections and other oral lesions
- desensitization up to an overall maximum of ten (10) visits per year per insured person for all teeth
- Periodontal Surgery
- Periodontal curettage and root planning:
 - a) first tooth
 - b) each additional tooth same quadrant
 - c) gingivoplasty, per sextant
 - d) gingivectomy
 - e) flap approach with osteoplasty/osteotomy, per sextant
 - f) flap approach with curettage of osseous defect, per sextant
 - g) osseous graft, multiple sites, in the same sextant
 - h) pedicle soft tissue and free soft tissue graft, per site
 - i) vestibuloplasty, per sextant
 - j) gingival fiber resection (supra crestal fibrotomy), per sextant

- k) distal wedge or Mesial wedge operation
- l) exploratory surgery, flap approach, per sextant
- m) grafts, free connective tissue, per site
- n) osseous grafts, autograft
- o) guided tissue regeneration, per sextant
- p) osseous graft, allograft
- q) post surgical periodontal treatment visit for dressing change

- splinting
- removal of fixed periodontal splints
- occlusal equilibration
- periodontal appliances
- intra-oral appliance and maintenance

D) DESCRIPTION OF EXPENSES FOR COMPLEX RESTORATIONS

1. Denture adjustments

- minor adjustments provided that these adjustments be made more than 6 months after the initial insertion of the denture
- equilibration of complete or partial dentures

2. Complete or partial denture repairs

- without an impression
- with an impression
- structure additions to the partial denture

3. Rebasing and relining

- reline removable complete or partial denture
- rebase (jump)
- tissue conditioning

4. Restriction concerning point 3

These dental services are refundable provided they be performed more than 6 months after the insertion of the said denture and that at least 36 consecutive months have lapsed since the last relining or rebasing, whichever applies.

However, these services will not be refundable if they are performed on a transitional denture.

5. Diagnostic casts

- unmounted
- mounted

6. Restoration

- gold foil
- inlays
 - a) Metal inlays
 - b) Porcelain or resin inlay
- Retentive pins in inlays
- Crowns

7. Fixed prosthodontics

- Individual crowns
- Cast post
- Recementation/rebonding of inlays, onlays, crowns, veneers and posts
- Prefabricated metal post
- Tooth reconstruction in preparation for a crown

8. Removable dentures

- Complete denture
- Immediate complete denture
- Immediate complete denture (transitional)
- Overdenture

- Transitional or immediate partial denture
- Removable partial denture cast. Frame/connector of chrome cobalt with rests and clasps
- Removable partial denture with precision attachments
- Semi-precision cast partial denture
- Partial denture, remake

9. Fixed prosthodontic

- Pontics
- Butterfly bridge or Californian bridge

10. Fixed prosthodontics repairs

- Removal of fixed bridge to be reinserted
- Stabilization of a fixed bridge with resin at contact point in order to solder a broken contact point
- Removal of fixed bridge not to be reinserted
- Recementation of fixed bridge
- Precision attachment; however, not refundable more than one time per 5 consecutive years
- Porcelain repair
- Abutments
- Retentive pins for crowns and /or abutments

11. Restriction concerning removable, fixed and extensive fixed prostheses:

- the replacement of a prosthesis or the addition of teeth to a removable or extensive fixed prosthesis will be refundable provided satisfactory evidence may establish:
 - that the replacement or addition of teeth is necessary following the removal of teeth after the initial insertion of the denture, or
 - that the denture may not be repaired and, if this denture has been inserted while the present additional dental care coverage was in force, that at least 5 years have gone by prior to the replacement.

- rebasing and relining

- these dental services are refundable provided they be performed more than 6 months after the insertion of the said denture and that at least 36 consecutive months have lapsed since the last relining or rebasing, whichever applies.

However, these services will not be refundable if they are performed on a transitional denture.

- when fixed prostheses are used as retainers for an extensive fixed prosthesis, said prostheses are refundable under the same conditions as extensive fixed prostheses.

GENERAL INFORMATION

1. Definitions

Spouse:

The man or woman who, on the date of the event giving entitlement to benefits:

- is married to the participant; or ;
- has been living as husband and wife with a participant for less than one year if he is the father or she is the mother of a participant's child; or;
- has been living as husband and wife with a participant and had already lived as husband and wife with a participant for a full period of at least one year.

The status of spouse is forfeited through dissolution of such marriage by divorce or judicial separation or, in the case of a marriage not legally contracted, by separation for more than 90 days.

If a participant has a spouse who corresponds to the definition under i) and another spouse corresponding to the definition under ii) or iii), the Insurer shall recognize as spouse the one that the participant has designated in writing.

Dependent child:

A single child of the participant or his or her spouse, who resides with him or she and whose needs are looked after wholly or to a large degree and who is over 24 hours of age and is under age 21, or is over 21 but less than age 25 and attends on a full-time basis as a duly registered student, a recognized educational institution, or whatever his or her age, if the child has been the victim of total disability while he or she satisfied any one of the preceding conditions and has remained totally and continuously disabled since that date.

2. Admissibility and eligibility

Teachers are eligible on the date of employment and participation is optional for any employee and for his or her dependents, if applicable.

3. Total disability or totally disabled

During the first 24 months of total disability: A state of incapacity resulting from an illness or an accident which prevents the participant from carrying out the essential duties of his or her regular employment and requires continuous medical care.

Thereafter: A state of incapacity resulting from an illness or an accident which prevents the participant from carrying out any gainful employment for which he or she is reasonably qualified by education, training or experience.

Total disability is determined regardless of the existence or availability of such employment.

Participants who are required to hold a government permit or licence to perform the tasks of their regular employment are not considered totally disabled solely because such permit or licence has been revoked or has not been renewed.

Total disability beginning more than 31 days following an accident is deemed to be resulting from illness.

4. Waiver of Premiums

If prior of age of 65, a member becomes totally disabled while this coverage is in force, the Insurer waives the payment of any premium in such respect which falls due following the expiry of a period of 6 months of disability. Nonetheless, the waiver of premiums ends if the contract is terminated.

5. Termination of insurance

A member's insurance expires at the earliest of the following dates:

- a) the date of the end of the contract;
- b) the date on which the participant terminates his or her employment for some reason other than retirement;
- c) the expiry date of any premium that is not paid subject to the participant who wants to terminate his or her insurance under the dental care coverage or the termination date written on such notice, whichever date is the furthest;
- d) the reception date by the Insurer of the written notice by the participant who wants to terminate his or her insurance under the dental care coverage or the termination date written on such notice, whichever date is the furthest;
- e) the effective date of retirement, if no contrary notice has been received by the Insurer within 31 days following the effective date of retirement.

6. Conversion privilege

Participant's Dental Care Insurance

Participants who cease to be insured under the terms of this coverage because they are no longer eligible for any reason other than retirement may, by filing a written request to the Insurer within 31 days following the date their eligibility terminates, obtain an individual dental care insurance contract of a type then issued by the Insurer in such circumstances.

7. Extension

Upon the death of a participant, the insurance of his or her dependents is extended without premium payments until the nearest of the following dates:

- 24 months following the death of the participant;
- the date on which the dependents' insurance have ended if the participant had been alive;
- the date on which the contract terminates.

8. Exclusion and reductions

The following dental procedures are excluded from this coverage and the insurer makes no refund for them:

- Dental care that is free of charge or that the insured is not required to pay, that he or she would not be required to pay if he or she had invoked the provisions of any public or private, individual or group plan, to which the insured would be eligible or would not be required to pay in the absence of this contract.
- Dental treatments for which the insured is entitled to a refund under the Act respecting industrial accidents and occupational diseases, the Quebec Automobile Insurance Act or any other Canadian or foreign act having the same effect; dental treatments payable by a health insurance plan in which the insured participates.
- Dental treatments and supplies which, in accordance with accepted dental art standards, are not required from a dental viewpoint; or which are not recommended or approved by the attending dentist, or which do not meet accepted dental art standards.
- Dental treatments performed mainly for esthetic purposes, including the transformation or extraction and replacement of healthy teeth in order to modify appearance.
- Dental treatments required following an injury that the insured willfully inflicted upon him or herself, whether or not of sound mind, at war, or participating in a real or apprehended insurrection.
- Fees invoiced by a dentist for an appointment missed by an insured or for the filling out of claim forms required by the Insurer, or for additional information required by the Insurer; also for travel time, transportation costs and counselling provided by any means of telecommunications.
- Fees invoiced by a dentist for a treatment plan, either for extra time spent for explanations due to the complexity of the treatment, or when the insured requires this extra time for explanations, or when the diagnostic material comes from another source; for consultation with the insured; for consultation with another dentist.
- Fees invoiced by a dentist for the analysis of an alimentary diet and recommendations for initial instructions as well as reinstruction in oral hygiene, and for a plaque control program; for any protective athletic appliances.
- Appliances or restorations required for increasing the vertical dimension of the teeth or reestablishing occlusion;

- Dental treatment habitually performed for or in view of an orthodontic treatment, including space maintainers and diagnostic casts;
- radiograph duplicates, panoramic and cephalometric films;
- Laboratory tests and examinations for diagnostic purposes, excepting vitality tests;
- The following treatments in oral surgery :
 - total or partial lowering of the floor of the mouth;
 - reduction of fracture;
 - repair of soft tissue laceration;
 - dislocation of mandible;
 - treatment of salivary glands;
 - immediate or delayed recovery of dental root or foreign body from an antrum;
 - immediate oro-antral closure;
 - antrum lavage;
 - closure of oro-antral fistula;
 - post-surgical treatment.
- Parenterally administered intravenous or intramuscular conscious sedation;
- Intramuscular or intravenous therapeutic injections or any other medication;
- fixed splints during periodontal treatments;
- the following diagnostic casts :
 - transversal axis location and transfer;
 - pantographic data;
 - diagnostic photographs;
 - any pilot occlusal equilibration;
 - diagnostic wax-up to evaluate dental interdigitation;
 - gnathological wax-up;
 - mounted casts;
 - preparing diagnostic casts to determine a treatment with extensive or complex restorations;
 - for orthodontics;
- cleaning and polishing of removable dentures;
- duplication of a removable denture;
- replacement of a lost, stolen or missing denture;
- expenses incurred while this coverage is not in force

PROCEDURE FOR FILING CLAIM

Dental care – Automated payment service

The insured person presents his or her Service Card to the dentist. The system validates the card and states if the dental care is covered and includes the percentage of refund to which the insured is entitled. There is no need to fill out a claims form since the insured portion of the dental care is claimed directly by the dentist from the Insurer. The insured only pays for the uninsured portion of the dental care (including the deductible, if applicable). If the dental clinique is not connected to this service, the insured person must pay the dental care expenses in full and then send an application for benefits to the Insurer.

FOR COMPLETE INFORMATION

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No charge: 1-800-463-4856
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The policyholder may, at any time following an agreement with the Insurer, make modifications to the contract concerning the classes of persons eligible, the scope of coverages and the sharing of costs between classes of insureds. Such modifications can also apply to all insured, whether they be active, disabled or retired.

This document is only for information purposes and in no way modifies the terms and conditions of the contract.

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