

DC 37 Health & Security Plan – Covered Dental Services

Services Covered by the DC 37 Dental Plan

Regular Examinations and Cleaning: Once every six months, measured from the date of service, you (and eligible dependents) can have your teeth examined by a licensed dentist to check for cavities and other dental or oral problems. You can also have your teeth cleaned and scaled once every six months.

Diagnostic X-Rays: You can have your whole mouth x-rayed as a double check on possible dental problems once every two (2) consecutive calendar years. There is a \$50 maximum x-ray benefit for the two years. This does not apply to x-rays necessary to diagnose a specific disease or injury or to determine progress in its treatment.

Benefits will be available for any post-operative x-rays (except in root canal therapy) whenever it is requested by the Plan to help in an evaluation. The amounts that will be paid for individual x-rays are listed in the Plan's Dental Fee Schedule.

Fluoride Treatments: Once every six months, measured from the date of service, your children (18 years of age and under) can receive fluoride treatments to help prevent tooth decay.

Emergency Treatment: You are covered for treatment to alleviate pain when a toothache occurs.

Fillings: To repair decayed teeth.

Extractions: And other oral surgery covered as required.

Crowns (caps), Bridgework & Dentures: Crowns, bridgework and dentures are not covered during the first year of employment unless it is replacing a tooth, which was extracted while you were a covered individual. Bridgework, dentures and crowns will not be replaced before a five (5) year period has elapsed from the original date of placement. If it becomes necessary to extract the abutment tooth of a bridge during this five (5) year period, the Plan will only pay for the replacement of the tooth providing it can be added to the existing appliance (an abutment tooth is the tooth, which supports the fixed or partial denture).

Root Canal Therapy: Payment for root canal therapy is once in a lifetime per tooth.

Periodontia: Gum treatments and necessary periodontic care. If you use the periodontal panel or receive periodontal care at one of the dental centers, there is a \$10 per quadrant co-payment for periodontal surgery.

Orthodontics: Please contact the Plan office to determine your eligibility for this benefit. Orthodontia coverage is available to members and all dependents covered as part of the active full dental benefit. Orthodontia coverage is not available to members, retirees or dependents covered for a partial dental benefit. Orthodontia coverage is available to dependent children only as part of the retiree full dental benefit.

If you are eligible for an orthodontia benefit, the Plan will pay up to \$1,840 for this very important aid to dental health. It breaks down this way: The Plan pays up to \$400 for diagnosis and the orthodontic appliance, then up to \$60 a month for adjustments. The \$1,840 is a lifetime maximum for the orthodontia benefit.

In all circumstances, Plan rules regarding restrictions, limitations, and annual dollar limit will apply.

**Issued by the
District Council 37 Health and Security Plan
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