

RETIREE DENTAL PLAN

You have elected coverage under the Dental Plan.

This Dental Plan may be amended from time to time by the College Compensation and Appointments Council (Council).

The following provides a description of reimbursement and covered expenses.

WHAT IS COVERED

DEDUCTIBLE	NIL
REIMBURSEMENT Basic Services Endodontic Treatment Periodontal Treatment Denture Services Crowns Bridges Inlays and Onlays Orthodontia	100% 100% 100% 100% 50% 50% 50% 50%
MAXIMUMS Basic, Endodontic, Periodontal & Dentures combined – Crowns, Bridges, Inlays & Onlays combined – Orthodontia	\$2,000 per person per calendar year \$2,000 per person per calendar year \$2,500 per person lifetime
COVERED FEES	Fees stated in the Ontario Dental Association Fee Guide for General Practitioners one year prior to the date the expense is incurred
BASIC SERVICES	Oral examinations - initial examinations every 24 months - recall examinations limited to once in a five-month period but not more frequently than twice per year - emergency or specific examinations X-rays - 1 complete series of X-rays or 1 panorex every 24 months - 1 set of bitewing X-rays every 6 months, up to a maximum of 2 sets per calendar year - X-rays to diagnose a symptom or examine progress of a particular course of treatment

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<p>Basic Services (cont')</p>	<p>Other services</p> <ul style="list-style-type: none"> - Required consultations with another dentist, excluding those for orthodontic purposes - Required consultations between the patient and dentist, excluding those for orthodontic purposes - Fillings - amalgam, silicate composite, acrylic or equivalent fillings - Polishing (cleaning) and topical fluoride treatment, once every 6 months, up to a maximum of 2 per calendar year - Protective athletic appliance (mouthguards) - Scaling - Diagnostic tests and laboratory examinations excluding X-rays, study models or similar records prepared for orthodontic procedures - Provision of space maintainers for missing primary teeth - Retentive pins and prefabricated full coverage restorations - Caries, trauma and pain control - Professional visits - Extractions of teeth - Oral surgery and related anaesthesia, other than transplants, implants, and repositioning of the jaw - Therapeutic intra-muscular or intravenous drug injections - Adjunctive general services.
<p>ENDODONTIC SERVICES</p>	<p>Root canal therapy and root canal fillings, and treatment of disease of the pulp tissue</p>
<p>PERIODONTAL SERVICES</p>	<p>Treatment of disease of the gum and other supporting tissue</p>
<p>DENTURE SERVICES</p>	<ul style="list-style-type: none"> - Complete upper and/or lower dentures limited to once every three years per arch; - Partial dentures limited to once every three years; - Denture adjustments, repair, relining and rebasing of existing partial or complete dentures - Laboratory fees associated with denture services <p>Replacement of standard dentures is not considered an eligible expense during the three-year period following the construction or</p>

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Denture Services (cont')	<p>insertion of its predecessor except where:</p> <ul style="list-style-type: none"> - It is needed to replace a standard denture which has caused temporomandibular joint disturbances and which cannot be economically modified to correct the condition; or - It is needed to replace a transitional denture which was inserted shortly following extraction of teeth and which cannot be economically modified to the final shape required.
BRIDGES, CROWNS, INLAY AND ONLAY SERVICES	<ul style="list-style-type: none"> - Bridges and crowns including repairs; - Inlays, Onlays and pins in inlays, onlays and crowns, post and core - Replacement of a bridge is not considered an eligible expense during the three-year period following the construction or insertion of its predecessor except where it is needed to replace a bridge which has caused temporomandibular joint disturbances and which cannot be economically modified to correct the condition.
ORTHODONTICS	<p>Examinations, diagnosis, consultations, fixed or removable appliances such as braces, myofunctional therapy, retention appliances and other services for the straightening of the teeth.</p>

WHAT IS NOT COVERED

The Plan will not pay for:

- Services or supplies payable in whole or in part under any legislation, except for user fees and extra billing if the legislation allows the user fees and extra billing.
- Services or supplies that are not usually provided to treat a dental problem, including experimental treatments.
- Any portion of the charge over the usual, customary and reasonable charge of the least expensive alternate service or material consistent with adequate dental services when such alternate service or material is customarily provided.
- Procedures performed primarily to improve appearance.
- The replacement of lost, misplaced or stolen dental appliances.
- Charges for appointments that you do not keep.
- Charges for completing claim forms.
- Expenses related to services or supplies of the type normally intended for home use.

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Dental expenses resulting from:

- The hostile action of any armed forces, insurrection or participation in a riot or civil commotion.
- Commission or attempted commission of a criminal offence by the insured person.
- Any cause for which compensation is available under a Workplace Safety and Insurance Act, Criminal Injuries Compensation Act or similar legislation.

COVERAGE PROVISIONS

- You may have coverage under this Dental Plan in combination with Extended Health Care Plan 1 or Extended Health Care Plan 3 when you first retire.
- If you elect coverage under EHC Plan 2 when you first retire, this Dental Plan and Extended Health Care Plan 1 are no longer available to you at any future date.
- If you change your coverage to EHC Plan 2 at any future date, this Dental Plan is no longer available to you.
- You may cancel this coverage on the first of any month with ADVANCE written notice to your college benefits plan administrator.
- Coverage is cancelled coincident with the date you cease paying the required premium.
- Dental benefits are cancelled coincident with the date you no longer are eligible for coverage under a Canadian provincial or territory medicare plan.

ELIGIBILITY

You and your eligible dependents may participate in this plan provided:

- you qualify for and commence receiving a lifetime monthly pension from the Colleges of Applied Arts and Technology Pension Plan or the Teachers' Pension Plan immediately upon your retirement;
- you elect coverage within 31 days of your retirement date; and
- you continuously maintain coverage under your Canadian medicare plan in your province or territory of residence.

Eligible Dependents

Eligible Dependents include your spouse/partner, your unmarried children and your spouse's/partner's unmarried children (other than foster children) who are residents of Canada.

Spouse is:

- your spouse or partner by virtue of a legal marriage; or
- your partner of either sex in a relationship of some permanence, if you are the natural or adoptive parents of a child, as defined in the Family Law Act, 1990 (Ontario); or
- your partner who cohabits with you in a conjugal or homosexual relationship continuously for a period of not less than one year; or

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- your partner who is publicly maintained and represented as your spouse continuously for a period of not less than one year.

Only one person at a time can be covered as your Spouse/Partner.

Eligible Dependent Children are:

- unmarried and under age 21, who live with you in a normal parent/child relationship;
- unmarried and under age 21 for whom you are appointed legal guardian and who live with you in a normal parent/child relationship;
- unmarried and age 21 but under age 25 if attending college or university as a full-time student as long as the child is entirely dependent on you for financial support;
- unmarried and age 21 or over if mentally or physically handicapped provided the child became disabled prior to the limiting age (21 or 25 if a full-time student), is incapable of financial self-support and is dependent on you for financial support and maintenance.

COVERAGE UNDER MORE THAN ONE GROUP PLAN

If you have Dental benefit coverage under your Spouse's/Partner's or any other group insurance plan, the Co-ordination of Benefits provision allows claims to be made under both plans. The rules for benefit co-ordination are as follows:

- ♦ **Your claims** must be submitted to the College plan first. If there is any unpaid portion, the claim would then be submitted to your Spouse's/Partner's plan.
- ♦ **Your Spouse's/Partner's claims** must be submitted their plan first. If there is any unpaid portion, the claim would then be submitted to the College's plan.
- ♦ **Your Children's claims** must be submitted to the plan of the parent who is born on the earliest month and day in the year. If there is any unpaid portion, the claim would then be submitted to the other parent's plan.

SURVIVOR BENEFITS

Provided your dependents were covered under this plan at the time of your death, they may continue their coverage under the plan by paying 100% of the required premium until the earliest of the following:

- ♦ The date they no longer qualify as an eligible dependent
- ♦ The end of the period for which premiums have been paid
- ♦ The date the survivor cancels the coverage
- ♦ The date the survivor dies

HOW TO FILE A DENTAL CLAIM

Claims should be submitted to Sun Life on a regular basis as they are incurred. They may be submitted electronically by your dentist or you may submit them. Whether submitted by you or

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by your dentist, you should retain a copy of the dental claim form and the subsequent payment statement for future reference.

Pre-determination – Expenses in excess of \$300

If your dental expenses are expected to exceed \$300, it is strongly recommended that you send a predetermination form to Sun Life, before the work is done so that both you and your dentist are aware of the expenses that will be covered by the plan.

CLAIM FORMS

- ◆ May be obtained from your college benefits plan administrator,
- ◆ May be obtained from Sun Life's website, and
- ◆ Accompany any claim payment that is sent directly to you.

TIME LIMITS FOR FILING CLAIMS

Claims must be received by Sun Life within the earliest of:

- ◆ the end of the calendar year following the year in which the expense was incurred
- ◆ 90 days following the end of your Dental Care coverage, or
- ◆ 90 days following the termination of the Dental Care provision.

CONTACTING SUN LIFE

You may contact Sun Life directly using one of the following methods:

- ◆ web address is www.sunlife.ca
- ◆ email address is askus@sunlife.com
- ◆ Toronto telephone number is 416-753-4300
- ◆ Toll-free telephone number is 1-800-361-6212

Should you require assistance, please contact your college benefits plan administrator.