## Benefits at a Glance – Dental Plan
### Edmonton Fire Fighters' Union

<table>
<thead>
<tr>
<th>Coverage</th>
<th>Benefit Description</th>
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</table>
| **Basic Services** | • 100% coverage of Alberta Blue Cross Usual and Customary Dental Fee Guide  
• diagnostic, preventive, minor restorative and certain oral surgical services, periodontics (treatment of gum disease), endodontics (root canal work), removable prosthodontics (removable dentures)  
• complete oral examinations once every 2 years  
• recall exams once in a 12 month period  
• recall exams for dependents under age 18 once every 6 months  
• complete series of x-rays once every 2 years  
• bite-wing x-rays once every 12 months  
• bite-wing x-rays for dependents under age 18 once every 6 months  
• cleaning and fluoride treatments once every 12 months  
• cleaning and fluoride treatments for dependent under age 18 once every 6 months  
• scaling limited to a maximum of 32 time units in any 12 month period  
• extractions and other oral surgery including pre and post operative care  
• amalgam, synthetic porcelain and plastic fillings  
• diagnostic and treatment procedures for root canal therapy  
• diagnostic and treatment procedures for treatment of tissues supporting the teeth  
• partial or full-removable dentures  
• replacement dentures limited to once every 5 years unless existing dentures cannot be made serviceable  
• cleaning and fluoride treatments once every 12 months  
• cleaning and fluoride treatments for dependent under age 18 once every 6 months  
• scaling limited to a maximum of 32 time units in any 12 month period  
• extractions and other oral surgery including pre and post operative care  
• amalgam, synthetic porcelain and plastic fillings  
• diagnostic and treatment procedures for root canal therapy  
• diagnostic and treatment procedures for treatment of tissues supporting the teeth  
• partial or full-removable dentures  
• replacement dentures limited to once every 5 years unless existing dentures cannot be made serviceable  |
| **Restorative Services** | • 80% coverage for the repair of existing crowns and bridges  
• 50% coverage for new crowns, bridges and major restorative benefits  
• repair of existing crowns and bridges including recementing of inlays/onlays and crowns, removal of crowns and inlays/onlays, and retentive pre-formed posts  
• new crowns and bridges, inlays and onlays  
• replacement of bridgework limited to once every 5 years unless existing bridgework cannot be made serviceable  |
| **Orthodontic Services** | • 50% coverage  
• Maximum of $2,500 per covered person per lifetime  
• procedures for the correction of malposed teeth  |
| **Exclusions** | • Some examples of the types of items not covered  
• replacement of mislaid, lost or stolen appliances  
• crowns, bridges, or dentures for which impressions were made prior to the effective date of coverage  
• charges for broken appointments or completion of claim forms  
• experimental or cosmetic procedures  
• orthodontic services or treatment prior to the effective date of coverage for orthodontic benefits  
• services or supplies intended for sport or home use (e.g. mouth guards)  |
| **Pre-Authorizations** | • pre-authorization must be obtained for treatment or services expected to exceed $500  |

*The Dental Plan is not provided through a contract of insurance. For this Plan, the benefits are payable from premiums, interest or investment earnings and an excess of revenue over expenditures.*

*This summary provides general information only. The terms and conditions of the collective agreement take precedence.*

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