<table>
<thead>
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<th>Coverage</th>
<th>Benefit Description</th>
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| **Basic Services**    | • diagnostic, preventive, minor restorative and certain oral surgical services, periodontics (treatment of gum disease), endodontics (root canal work), removable prostodontics (removable dentures)  
                       • oral examinations once every 2 years  
                       • recall exams once in a 6 month period  
                       • complete series of x-rays once every 2 years  
                       • bite-wing x-rays once every 6 months  
                       • cleaning or scaling and fluoride treatments once every 6 months  
                       • 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** | • 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  
                              • fixed bridgework  
                              • replacement of bridgework limited to once every 5 years unless existing bridgework cannot be made serviceable |
| **Tooth Implants**     | • includes the cost of the appliance on top of the implant (crown) at 50% of the cost of the crown                                                  |
| **Orthodontic Services** | • procedures for the correction of malposed teeth                                                                                               |
| **Exclusions**         | • 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 $800                                                        |

*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.*