<table>
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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 prosthodontics (removable dentures)  
                          | • oral examinations once every 2 years  
                          | • recall exams for adults once a year  
                          | • 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 (under 18 years every 6 months)  
                          | • cleaning or scaling and fluoride treatments once every 12 months (under 18 years 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. For more information, call Alberta Blue Cross at 780/498-8000 or the City of Edmonton Employee Service Centre at 780/944-4311.