

Benefits at a Glance – Dental Plan

The Amalgamated Transit Union 569 (MAIN)

Edmonton

Basic Services

- 100% coverage based on Usual and Customary Fees
- diagnostic, preventive, minor restorative and certain oral surgical services, periodontics (treatment of gum disease), endodontics (root canal work), removable prosthodontics (removable dentures), and the additional services of applicable anesthesia, house/hospital visits and special office visits
- oral examinations once every 2 years
- recall exams for adults once a year
- recall exams for dependents under age of 18 once every 6 months
- complete series of x-rays once every 2 years
- bite-wing x-rays once a year
- cleaning or scaling for adults once a year
- cleaning or scaling and fluoride treatments for dependents under age 18 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

- 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
- fixed bridgework
- replacement of bridgework limited to once every 5 years unless existing bridgework cannot be made serviceable

Tooth Implants

- 50% coverage
- Maximum of \$1435
- coverage per implant
- Maximum of 2 implants per member per calendar year
- 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
- 50% coverage
- Maximum of \$3,540 per covered person per lifetime

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)
- fluoride treatments for members or dependents over age 18

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.

December 2025