3sHealth.ca

Core Dental Plan

Commentary

FOR CERTAIN SUN, HSAS, CUPE, SEIU-WEST, SGEU AND OTHER UNIONIZED EMPLOYEES WHO PARTICIPATE IN THE 3sHEALTH BENEFITS PLANS.

FOR CERTAIN OUT-OF-SCOPE NON-UNIONZIED EMPLOYEES OF 3sHEALTH PARTICIPATING EMPLOYERS.

This Commentary is presented as a matter of general information only. The contents are not to be accepted or construed as a substitute for the provisions of the plan.

GENERAL INFORMATION

Access to Documents

You have the right, upon request, to obtain a copy of the policy, your application and any written statements or other records you have provided to Canada Life as evidence of insurability, subject to certain limitations.

Legal Actions

Every action or proceeding against an insurer for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in the Insurance Act (for actions or proceedings governed by the laws of Alberta and British Columbia), The Insurance Act (for actions or proceedings governed by the laws of Manitoba), the *Limitations Act*, 2002 (for actions or proceedings governed by the laws of Ontario), or other applicable legislation. For those actions or proceedings governed by the laws of Quebec, the prescriptive period is set out in the Quebec Civil Code.

Appeals

You have the right to appeal a denial of all or part of the insurance or benefits described in the contract or a benefit. An appeal must be in writing and must include your reasons for believing the denial to be incorrect.

Benefit Limitation for Overpayment

If benefits are paid that were not payable under the policy, you are responsible for repayment within 30 days after Canada Life sends you a notice of the overpayment, or within a longer period if agreed to in writing by Canada Life. If you fail to fulfil this responsibility, no further benefits are payable under the policy until the overpayment is recovered. This does not limit Canada Life's right to use other legal means to recover the overpayment.

Insurance Fraud

Fraud happens when someone knowingly lies or falsifies information to obtain a benefit to which he or she is not entitled. This includes but is not limited to intentionally providing false information to ensure the payment of a claim, withholding information that would affect payment of a claim, or submitting a fictitious claim.

Any incidents of fraud, suspicious activity, or other irregularities will be investigated. Cases of fraud will be reported to the participating employer, which could lead to disciplinary action. Police services may also be contacted.

Help protect your benefit plan!

- Examine your forms and receipts to make sure information is correct. You are responsible for the information you submit.

- Do not give a provider pre-signed claim forms, never alter or change a receipt, and keep your plan number and Benefit ID (BID) secure.

- Review this booklet and understand your benefits.

- Report suspicious situations by calling the Canada Life tip line at 1-866-810-8477.

PROTECTING YOUR PERSONAL INFORMATION

At Canada Life, we recognize and respect the importance of privacy. Personal information about you is kept in a confidential file at the offices of Canada Life or the offices of an organization authorized by Canada Life. Canada Life may use service providers located within or outside Canada. We limit access to personal information in your file to Canada Life staff or persons authorized by Canada Life who require it to perform their duties, to persons to whom you have granted access, and to persons authorized by law. Your personal information may be subject to disclosure to those authorized under applicable law within or outside Canada.

We use the personal information to administer the group benefits plan under which you are covered. This includes many tasks, such as:

- determining your eligibility for coverage under the plan
- enrolling you for coverage
- investigating and assessing your claims and providing you with payment
- managing your claims
- verifying and auditing eligibility and claims
- creating and maintaining records concerning our relationship
- underwriting activities, such as determining the cost of the plan, and analyzing the design options of the plan
- preparing regulatory reports, such as tax slips

We may exchange personal information with your health care providers, your plan administrator, any insurance or reinsurance companies, administrators of government benefits or other benefit programs, other organizations, or service providers working with us or the above when relevant and necessary to administer the plan.

As plan member, you are responsible for the claims submitted. We may exchange personal information with you or a person acting on your behalf when relevant and necessary to confirm coverage and to manage the claims submitted.

You may request access or correction of the personal information in your file. A request for access or correction should be made in writing and may be sent to any of Canada Life's offices or to our head office.

For a copy of our Privacy Guidelines, or if you have questions about our personal information policy and practices (including with respect to service providers), write to Canada Life's Chief Compliance Officer or refer to **www.canadalife.com.**

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YOUR CORE DENTAL PLAN

Health Shared Services Saskatchewan (3sHealth) Core Dental Plan was established January 1, 1986. This commentary outlines each of the Core Dental Plan benefits which provide protection and security for you and your family. The information in this commentary is important. Familiarize yourself with its contents and keep it handy for reference.

The 3sHealth Core Dental Maximum Reimbursement Schedule lists all eligible procedure codes and the maximum fee amount payable for each eligible procedure code. The Maximum Reimbursement Schedule is available from your Employer, from the 3sHealth web site at www.3sHealth.ca, or by contacting 3sHealth directly.

If you have questions about your eligibility or level of coverage under the plan, please contact your participating employer. If you have questions about the plan benefits or a specific claim, please contact Canada Life at the address or telephone number shown at the back of this commentary.

This commentary contains general information, and is subject to all of the provisions, limitations, exclusions and restrictions contained in the plan document issued by 3sHealth.

ELIGIBILITY

You and your Dependents are eligible for coverage upon meeting the eligibility requirements shown below.

Eligibility - Employee

You are eligible if:

- you work for a 3sHealth participating employer,
- you are in an insured class of Employees covered by the plan, and
- you complete the minimum waiting periods and hours requirement for your job classification shown below.

Permanent Full-Time Employees

If you work for a participating employer on a permanent full-time basis you are eligible for coverage on the first day following a 26 week period of continuous full-time employment, provided you:

- fall within an eligible employee group, and
- are actively at work.

Coverage begins on the day after the 26 week waiting period.

You will be considered continuously employed during the period of an approved leave of absence to a maximum of 18 months or 2 years plus 119 calendar days, if you are on disability.

All Other Employees (All Other Than Full-Time (OTFT) Employees)

If you are other than a permanent full-time Employee working for a participating employer on a part-time, temporary or casual basis and work at least 40% of the number of hours normally worked by a full-time Employee, you will become eligible for coverage if you have worked 390 hours during the first 26 week period of your employment. If you meet this requirement, the coverage will start on the day following the end of the 26 week period, provided you are Actively at Work. If you do not become eligible after this 26 week period, you will become eligible for coverage once it has been determined that you worked at least 780 hours in a full calendar year period of employment (January 1 – December 31) provided you are Actively at Work. If you had already become eligible for coverage under this plan and your coverage terminated because you did not work the minimum number of hours required in the previous calendar year, you will again be eligible for coverage on the January 1st following the full calendar year in which you work at least 780 hours.

If you are returning to work from an approved 3sHealth disability claim, your coverage will be reinstated on the date you return to work. You will not be measured for plan eligibility until you have completed a full calendar year of employment.

Eligibility - Dependents

Coverage for your Dependents becomes effective on the same date your coverage becomes effective. All coverage for a new-born Dependent is effective from live birth.

Termination of Coverage - Employee

Your coverage will terminate on the earliest of:

- the January 1st following any full calendar year in which you worked less than 780 hours;
- the date you cease to work for an employer which participates in the 3sHealth plans;
- the date you no longer qualify for membership in an insured class within the plan;
- the end of the period for which premiums have been paid for your coverage;
- the date immediately prior to the date you commence active full-time service as a member of the armed forces of any country;
- the date the policy cancels;
- the date your employer's coverage under the policy cancels;
- the date your class cancels;
- the date shown in the benefit descriptions; or
- benefits will not be continued during a period of salary continuance or vacation payout following your date of termination or retirement.

If you are absent from work due to a leave of absence, your coverage may be continued. If you are laid-off, your coverage will end on the date the lay-off begins.

If you terminate employment for reasons other than a lay-off, and within 30 days of your termination, you recommence employment in a class of Employees covered by the plan with the same or another 3sHealth participating employer, your coverage will be reinstated at the level in effect prior to your termination.

If you terminate employment due to a lay-off, and within 12 months of your termination, you recommence employment in a class of Employees covered by the plan with the same or another 3sHeath participating employer, your coverage will be reinstated at the level in effect prior to your termination.

You must advise your new participating employer of your previous eligibility under the plan.

Termination of Coverage - Dependent

Your Dependent coverage will terminate on the earliest of:

- the date your Employee coverage terminates;
- the date your Dependent no longer satisfies the definition of Dependent;
- the end of the period for which premiums have been paid for Dependent coverage; or
- the date shown in the benefit descriptions.

Coverage for a Child (non-student) terminates on the Child's 21st birthday. Coverage for a Child (student) terminates on the Child's 26th birthday.

OVERVIEW

This section contains:

- leaves of absence
- continuation of coverage during a period of approved disability, and
- definitions

Leaves of Absence

Your coverage may be continued until the end of the 18th month following the date your approved leave of absence began.

Continuation of Coverage During A Period of Approved Disability

If you become disabled your Core Dental coverage may be continued for up to two years and 119 days from your date of disability as accepted under one of the below plans:

- a disability income plan administered by 3sHealth or the Public Employees Benefits Agency (PEBA), or
- a waiver of premium benefit has been approved in accordance with your membership in a 3sHealth benefit plan.

Definitions

Actively at Work means that you are
- actually performing your normal duties, if it is a scheduled work day, or
- capable of performing your normal duties, if you were not at work due to a non-scheduled work day, holiday or vacation and you are scheduled to return to work, at your normal place of employment or at some other location where your participating employer's business requires you to be.

Accidental Bodily Injury – any bodily injury which is caused by external violent means and independent of all other causes.

Child - a person who is unmarried, dependent on you for financial support, and who is your natural child, your legally adopted child, a step-child or child of your common-law Spouse who lives with you, or a child for whom you have been granted custody pursuant to an Order of a Court.

Unless otherwise shown in a benefit, a Child must be:
- under 21 years of age, or
- between the ages of 21 and 25, inclusive, and in full-time attendance at an accredited college or university, or
- 21 years of age or older and dependent upon you for support by reason of a mental or physical disability.

In order to continue the coverage of a mentally or physically disabled Child who has attained age 21, you may be asked by the Insurer at the time of a claim to provide additional medical information.

Dependent - your Spouse or Child.

Definitions (Continued)

Employee – a person who works for an Employer and who is a member of:

- the Saskatchewan Union of Nurses (SUN),
- the Health Sciences Association of Saskatchewan (HSAS),
- the Canadian Union of Public Employees (CUPE),
- the Saskatchewan Government and General Employees Union (SGEU),
- the Services Employees International Union West (SEIU - West),
- the Public Service Alliance of Canada (PSAC),
- any other union designated by 3sHealth as eligible to participate in the plan; or
- non-unionized and Out-of-Scope employees designated by 3sHealth as eligible to participate in the plan.

Employer – a health-care facility in the Province of Saskatchewan that participates in the 3sHealth Benefits Plans and that is contributing to the plan with respect of any of its Employees.

Government Plan – any plan of insurance provided by or under the administrative control of any government or agency in accordance with any law (other than the *Employment Insurance Act of Canada*) or any plan providing insurance coverage regulated by any government.

Hospital - an institution that is licensed to provide active, convalescent or chronic care treatment by the government that is responsible for the issue of such licenses in the area that it is located. It does not include nursing homes, homes for the aged, rest homes or any other facility that provides similar care.

Hospital - an institution which employs registered nurses 24-hours a day and is equipped to handle diagnosis, treatment or surgery.

Insured Person – you or your dependent, excluding any person who does not reside in Canada or the United States, or who is on active full-time service in the armed forces of any country.

Maximum Reimbursement Schedule – the 3sHealth Core Dental Maximum Reimbursement Schedule, which may be amended from time to time.

Medically Necessary - a care, service or supply (based on generally recognized standards of health care) which is accepted by the medical profession as effective, appropriate and essential in the diagnosis or treatment of injury, disease, illness, pregnancy or mental disorder.

Participating Employer – an employer that participates in the 3sHealth benefit plan and who has agreed to make contributions in respect of your coverage.

Reasonable and Customary Charges - charges for diagnosis, treatment, care, services, or supplies at the usual level for cases similar in nature and severity. Charges are representative fees and prices in the place in which they are provided, as determined in accordance with the *3sHealth Core Dental Maximum Reimbursement Schedule*.

3sHealth – Health Shared Services Saskatchewan.

Spouse – a person to whom you are legally married, or a person with whom you have been cohabiting in a spousal relationship for the past 12 months. Where both a legal Spouse and a common-law Spouse exists, coverage for the legal Spouse will cease immediately upon coverage becoming effective for the common-law Spouse.

CLAIMS

This section contains information about the payment of claims, the appropriate claim forms to use and the documents that are required to ensure that claims are paid promptly. Claim payments are accompanied by statements explaining how benefits have been determined according to the plan.

How to Submit a Dental Claim

When you wish to submit a claim:

1. obtain a 3sHealth Dental Claim form from your participating employer or online at www.3sHealth.ca or www.canadalife.com;

2. complete the Employee section (Part 2) of the claim form;

3. have the dentist complete the Dentist section (Part 1) of the claim form; and

4. submit the completed form to Canada Life at the address shown on the claim form.

Canada Life also accepts electronic submission of dental claims from your dental service provider's office as well as Member eClaims. In these cases, no paper claim form is required. In order to register for eClaims submissions, you will need to register to My Canada Life at Work for Plan Members and for direct deposit.

Co-ordination of Benefits

Benefit payments under the plan may be co-ordinated with the benefits provided by any other plan to provide up to 100% of the Eligible Expenses, as long as the total amount received from all sources does not exceed the amount of the actual expense incurred.

If the claim is for you, submit the claim first to this plan, and second to your spouse's plan.

If the claim is for your spouse, submit the claim first to your spouse's plan, and second to this plan.

If the claim is for a dependent child, submit the claim first to the plan of the parent who has the first birth date in the year, and second to the alternate plan.

If the alternate plan does not provide for co-ordination of benefits, all claims should be submitted to the alternate plan first.

Pre-Authorization

You are encouraged to submit a pre-treatment estimate, especially where the cost of the proposed services is expected to exceed $500. Submit your estimate to the Insurer on a standard Dental Claim form, and write "ESTIMATE" on the top of the form. You will receive back an explanation of benefits statement detailing both covered services and excluded services. A pre-authorization is not a guarantee of payment.

Claims (Continued)

Payment of Claims

All benefits will be paid to you unless the Insurer is directed otherwise.

Deadline for Submitting Claims

Claims must be submitted within 120 days of the earlier of:

- your termination of employment, and
- the end of the calendar year in which the expense was incurred, or the services were performed.

Right to Recover

If the Insurer pays any benefits to you which you have the right to recover from any person or corporation, the Insurer reserves the right to work with you to recover those payments.

DENTAL PLAN BENEFITS

Benefit Entitlement

Permanent Full-time Employees

Permanent full-time employees are reimbursed for covered procedures at the following levels:

<u>Level I – Preventive Services</u>

The lesser of 100% of the Eligible Charge or the *3sHealth Core Dental Maximum Reimbursement Schedule* fee stipulated fee amount.

<u>Level II – Basic & Routine Services</u>

The lesser of 75% of the Eligible Charge or the *3sHealth Core Dental Maximum Reimbursement Schedule* fee stipulated fee amount.

<u>Level III – Major Restorative Services</u>

The lesser of 50% of the Eligible Charge or the *3sHealth Core Dental Maximum Reimbursement Schedule* fee stipulated fee amount.

Other than Permanent Full-time Employees

If you work on a part-time, casual or temporary basis for at least 40% of the number of hours normally worked by a permanent full-time Employee, your benefits will be pro-rated. If you have questions about your level of coverage under the plan, please contact your Employer.

The following schedule details the levels of coverage under the 3sHealth Core Dental Plan:

Percentage of Regular Full-Time Hours	Level of Coverage
Less than 40%	NIL
40% - 50%	50%
51% - 60%	60%
61% - 70%	70%
71% - 80%	80%
81% - 90%	90%
91% - 100%	100%

If you have questions about your level of coverage under the plan, please contact your participating employer.

Benefit Amount
Benefits are limited to the maximums identified for specific eligible charges in the *3sHealth Core Dental Maximum Reimbursement Schedule*.

Eligible Charges

Level I – Preventive Services

- initial examinations (maximum of once per six months)
- recall examinations (maximum of twice per calendar year)
- fluoride treatments (maximum once per calendar year)
- bitewing x-rays (maximum twice per year)
- full mouth x-rays (maximum of once per 24 consecutive months)
- unmounted study model (maximum of once per 24 consecutive months)

Level II – Basic & Routine Services

- amalgam, composite or acrylic fillings
- retentive pins
- extractions
- dental surgery including x-rays and laboratory services
- endodontics
- periodontics both surgical and non-surgical
- emergency treatment for pain
- repairs to existing dentures
- relining and rebasing of existing dentures
- re-cementing of existing inlay or crown
- prefabricated stainless steel crowns

Level III – Major Restorative Services

- installation of crowns, complete or partial dentures or fixed bridges
- repairs to and re-cementing of an existing fixed bridge
- replacement of crowns, dentures, or bridges where:
    1. the existing appliance is at least 5 years old and cannot be made serviceable, or
    2. the replacement is for an equivalent denture or bridgework, or
    3. the existing appliance is replaced because additional teeth have been extracted after the denture or bridgework insertion, or
    4. the existing appliance is an immediate temporary appliance, for which impressions were taken while insured. The permanent replacement appliance must be placed within 12 months from the date of installation of the immediate temporary appliance.

Dental Plan Limitations

No amounts are paid by Canada Life for expenses incurred for, or as a result of:

- procedures not contained in the *3sHealth Core Dental Maximum Reimbursement Schedule*;
- for which the Insured Person obtains or is entitled to obtain benefits under any Government Plan,
- for which the Insured Person is entitled to obtain without charge,
- war, insurrection or hostilities of any kind whether or not you or your dependent were a participant in such action,
- participation in a riot or civil commotion,
- the commission or attempted commission of any offence contained in the *Criminal Code*,
- any dental care or treatment for which you are not legally obligated to pay,
- any dental care treatment which is principally for cosmetic purposes,
- any appointments not kept or for the completion of claims forms,
- any dental treatment that has as its purpose the correction of temporomandibular joint dysfunction,
- any endodontic treatment commencing before you or your dependent became insured under this benefit,
- replacement of mislaid, lost or stolen appliances,
- any crowns placed on teeth that are not functionally impaired by incisal or cuspid damage,
- any crowns, bridges or dentures for which tooth preparations were made before you or your dependent became insured under this benefit,
- any procedures, appliances or restorations used to increase vertical dimensions, or to repair teeth damaged or worn due to attrition or vertical wear or to restore occlusion,
- any services or supplies for implantology, including tooth implantation and surgical insertion of fabricated implants,
- any orthodontic expenses or treatment
- charges in excess of the specific limitations and maximum amounts,
- experimental treatment,
- sport or recreational services or supplies,
- charges in excess of Reasonable and Customary Charges for the least expensive appropriate treatment and
- expenses incurred for any dental services while on strike or lock-out.

The Insurer will determine if any expense falls within any of the above categories.

In cases where coverage exists through any other government, medical or dental program, including the Saskatchewan Medical Services Plan, Worker's Compensation, Saskatchewan Government Insurance or any other government programs or legislation, the plan will not accept responsibility for claim payment.

CANADA LIFE'S GROUP CUSTOMER CONTACT SERVICE CENTRE

English: 1-866-408-0213
TTY – Available for the Deaf or Hard of Hearing: 1-800-990-6654
Fast, Easy, Convenient
Available Monday – Friday
6:30 a.m. to 6 p.m. CST (April – October)
7:30 a.m. to 7 p.m. CST (November – March)

When you have questions about your coverage or claims, you know you can call the number above. And when you do, a customer service representative will provide quick and easy answers to all your questions.

When you call you'll be greeted by an automated attendant. You will then need to select the appropriate option, medical or dental, which will connect you to a customer service representative who will assist you with your inquiries.

When calling you will need:

- **Touch-tone phone**
- **Group Number (335663)**
- **Certificate Number/Benefit ID Number**

The customer service representative will ask you for this information.

Don't know your group or certificate numbers? While any caller can receive general information, to protect your privacy, you'll need those numbers if you want details about your confidential paid claims. These numbers can be found on your Explanation of Benefits statement and your pay direct drug card.

My Canada Life at Work

As a Canada Life plan member, you can register for My Canada Life at Work™ at www.mycanadalifeatwork.com. Make sure to have your plan and ID numbers available when registering.

With My Canada Life at Work you can:

- Submit claims quickly
- Review your coverage and balances
- Find healthcare providers like chiropractors and massage therapists near you
- Save your benefits cards to your payment service application or program
- Get notified when your claims have been processed

Canada Life Online

Information and details on Canada Life's corporate profile, our products and services, investor information, news releases and contact information can all be found at our website www.canadalife.com.

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