

# **Your Dental Plan**

***Dental Care for UFCW  
Members Since 1973***

***Last Revision January 2018***

# Manitoba Food and Commercial Workers Dental Plan

This Booklet can be seen at [www.ufcw832.com](http://www.ufcw832.com)

The Benefit Plan is operated by a Board of Trustees with an equal number of Trustees appointed by the three major Participating Employers: Sobeys West Inc., Westfair Foods Ltd. and Maple Leaf Foods Inc. and by UFCW Local No. 832. The Trustees have full authority to resolve all questions related to the provisions of the Benefit Plan.

Because of the ever-changing economic environment, the benefits outlined in this booklet cannot be guaranteed for the future. In order to protect the Fund, the Trustees have the right to amend, add, delete, or change the Plan's eligibility rules and benefits, monetary or otherwise, as circumstances may warrant.

**This brochure contains only the highlights of the Plan that apply to most people. For more information, call 982-6024 (outside Winnipeg call 1-800-952-9932), OR write to the Administrator at: 3rd Floor, 880 Portage Avenue, Winnipeg, Manitoba R3G 0P1.**

Please inform the Administrator of any change in your address, marital status or dependants.

## Privacy Legislation

Participation in the MANITOBA FOOD AND COMMERCIAL WORKERS DENTAL PLAN ("the Plan") depends on the collection, storage, use and, sometimes, the destruction of personal information about the Plan Members and their eligible Dependents.

This information forms the foundation upon which individual entitlements are built, and from which benefit payments are calculated and made. As well, parts of the personal information are needed to satisfy government demands for facts, facilitate audits of the Plan, estimate future operating costs, assess the Plan's performance and to transfer data to any replacement program. The information could also be called into a court action. In all cases, however, personal information is stored with the utmost attention to security, and deployed, sparingly, to fulfill the requirements of the Plan and the law.

Registration, to participate in the Plan, involves an authorization to allow the Board of Trustees and the Administrator to gather and apply personal information in specific ways. A Member may revoke that authorization, subject to certain legal constraints; however, doing so precipitates the destruction of the Member's personal information and may, therefore, render ongoing participation impossible.

A complaint by a Plan Member, related to Personal Information, may be addressed to the Administrator's Privacy Officer. If further satisfaction is required, the Plan Member may contact the Office of the Privacy Commissioner of Canada or, if applicable, the Provincial Commissioner.

*The Best*

# DENTAL COVERAGE

The sole objective of your Dental Plan is to provide you with the best possible dental care.

The information contained in this booklet does not create or confer any contractual or other rights. All rights and benefits are determined in accordance with the Plan Text. The Trustees have full authority to resolve all questions related to the provisions of the Plan.

The Plan is financed through a requirement in your union Collective Bargaining Agreement that your employer pays a negotiated amount into the Plan for every hour you work.

**The only costs you are responsible for are  
those dental charges  
that exceed coverage provided by the Plan.**

# ELIGIBILITY STARTS

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## For Yourself

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**Eligibility for benefits begins on the first day of the month in which written notification is sent to you by the Administrator.**

**Notification will be sent to you after:**

- ❖ Your completed Registration Form is received by the Administrator, **and**
- ❖ You have been a member of UFCW Local 832 and employed for at least three consecutive calendar months with an employer who participates in the Plan, **and**
- ❖ **You have averaged at least 12 hours of work per week in the last three consecutive reporting periods** (3 reporting periods normally equal 12 consecutive weeks of employment), **and**
- ❖ The Administrator has received and processed the information from your employer (an additional 3 to 4 week processing period).

*For employees of most employers, the earliest day that you will become eligible for benefits is the first day of your 5th month of employment.*

# For Your Dependants

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**Eligibility for benefits begins on the first day of the month in which written notification is sent to you by the Administrator.**

**Notification will be sent to you:**

- ❖ At the same time you become eligible for coverage if **you have averaged at least 20 hours of work per week** in the last 3 consecutive reporting periods, (3 reporting periods normally equal 12 consecutive weeks of employment), or
- ❖ At any subsequent time you meet the above requirements.

*The Plan defines “Dependants” as your spouse and your, unmarried, natural or legally adopted children, stepchildren, children over whom you have legal guardianship or the children of your common-law or same gender spouse, who are: under 18, or under 25 and attending an educational institution full-time, or over 18 and incapable of self-sustaining employment because of a mental or physical handicap, which commenced prior to the child’s 18th birthday, provided you or your common-law or same gender spouse contribute regularly to the support of such children.*

*A child of your common-law or same gender spouse is considered to be a Dependant, after the child has lived with you for at least 12 consecutive months.*

*A spouse is a person legally married to you and living with you, or a common-law or same gender spouse who has **lived with you** for at least one continuous year if neither of you is legally married, or for three continuous years if one of you is legally married. Your common-law or same gender spouse and the children of your common-law or same gender spouse must be listed on your initial Registration Form. If they are not, they must be listed on the Administrator’s records for at least 12 months before coverage starts.*

# BENEFITS INCLUDE

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**90%** of eligible Basic Dental Services

**80%** of eligible Major Dental Services  
(90% if due to an accident).

**60%** of Orthodontic Services

*Payments are based on the Manitoba Dental Association Fee Guide in use by the Plan for your employer at the time such services and supplies are received.*

**Benefits provided by the Plan will be paid to any dentist, or denturist you choose.**

**“Basic Dental Services”** means any of the following:

- ❖ Each of the following 4 procedures is eligible if the treatment is not provided more than once in any period of 9 consecutive months:
  - oral examination,
  - up to 1 unit of polishing,
  - up to 3 units of scaling,
  - topical application of sodium or stannous fluoride.
- ❖ Bite-wing x-rays, limited to not more than once in any period of 18 consecutive months.
- ❖ Simple extractions and alveolectomy at the time of tooth extraction.
- ❖ Amalgam, silicate, acrylic and composite fillings, stainless steel crowns, and palliative treatment.
- ❖ Provision of space maintainers for missing primary teeth and provision for habit breaking appliances (devices designed to break such habits as thumb sucking and bruxism).
- ❖ Complete oral examination, limited to once per 3-year period.
- ❖ X-rays and laboratory tests. A full mouth series of x-rays of all teeth taken as part of a general examination. This treatment is covered only once in any 3-year period.
- ❖ Emergency treatment.

**“Basic Dental Services”** continued

- ❖ Antibiotic medication and its administration when provided in the Dentist’s office or prescribed by the Dentist.
- ❖ Conscious sedation.
- ❖ Pit and fissure sealants.
- ❖ Consultations with a dental specialist other than an Orthodontist upon recommendation by the attending Dentist.
- ❖ Finishing restorations when performed by a Dentist other than the Dentist who placed the restorations, or for restorations that are at least 2 years old.
- ❖ Repair or recementing of crowns, inlays, bridgework, or dentures, adding teeth to existing dentures, relining or rebasing dentures provided the Plan is not paying for a new appliance within 6 months.
- ❖ Anaesthetic drugs.
- ❖ Mouth Guards.
- ❖ Pulpectomy, pulpotomy.
- ❖ Pulp vitality tests.

**“Major Dental Services”** means any of the following:

- ❖ Extensive restorations such as crowns, other than stainless steel crowns,
- ❖ Inlays and onlays,
- ❖ Prefabricated veneer applications,
- ❖ Fixed bridgework, including posts and cores,

but only if the tooth cannot be reconstructed in any other way which is compatible with good restorative procedures, and the appliance is not replacing an appliance that is less than 5 years old or Basic Treatment that is less than 2 years old, and for which the Plan had paid as per its obligation.

When a permanent crown or bridge replaces a temporary crown, or bridge, the amount that would be paid for the permanent crown or bridge will be reduced by the amount paid by the Plan for the temporary crown or bridge.

- ❖ Periodontal treatment of the gums and supporting structures of the teeth, additional units of periodontal scaling, if performed by a specialist, and root planing.
- ❖ Periodontal appliances, splinting and other required prosthesis.
- ❖ Root canals and other endodontic procedures.



**“Major Dental Services”** continued

- ❖ Dentures. Full dentures or partial dentures unless they replace an existing appliance:
  - (A) that can be repaired or relined satisfactorily, or
  - (B) that is less than 5 years old and the Plan has made a payment for the appliance in accordance with its obligation.

Eligible charges are limited to the allowance for standard dentures and do not include any additional charges made for specialized techniques, precision attachments or characterization of dentures. When a permanent denture replaces a temporary denture, the amount that would be paid for the permanent denture will be reduced by the amount paid by the Plan for the temporary denture.

- ❖ Fractures, dislocations, extraction of impacted teeth or other necessary oral surgery.
- ❖ Occlusal equilibration.
- ❖ Temporomandibular appliances, including laboratory charges.
- ❖ Rental of a facility used to perform oral surgery.
- ❖ Anaesthetist’s fee when general anaesthesia is administered, on the recommendation of the patient’s dentist, outside a hospital.

**Reimbursement of claims for Major and Orthodontic treatment may be subject to the approval of the Plan’s Dental Consultant.**

***If you receive a more expensive procedure than is needed, the Plan will pay on the basis of the least expensive procedure that is consistent with good dental care.***

**“Orthodontic Services”** means the correction of malposed teeth.

# Eligibility Continues

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- ❖ During maternity or parental leave, approved leave of absence or layoff, you may maintain eligibility for benefits for up to 18 months by making self-payments of \$45 per month.
- ❖ Eligibility for benefits continues, without cost to you, for one year after you retire provided you were eligible at the time of your retirement. You must submit acceptable proof of your retirement to the Administrator within 60 days of withdrawing from employment.
- ❖ In the event of a **strike or lockout, eligibility for benefits continues for 60 days** after the first day of the month immediately following the start of the strike or lockout. Eligibility ceases on the 61st day following the first day of the month immediately following the beginning of the strike or lockout. Eligibility is restored on the day the strike or lockout is settled.
- ❖ Eligibility for certain types of **major and orthodontic treatments may be extended for up to 90 days following termination of eligibility to allow for work started to be completed.**
- ❖ If **illness or injury** prevents you from working the required number of hours, **eligibility for benefits will continue for up to 24 months** if you were eligible at the time your illness or injury started and your Employer notifies the Administrator of your absence.
- ❖ If your eligibility terminates due to layoff or lack of hours, your eligibility **resumes when your average number of hours worked per week again exceeds 12** (for self) **or 20** (for dependents) for a processing period.

**Notification of re-eligibility and termination due to specific circumstances will be sent to you by the Administrator**

*Special conditions apply to employees of A. E. McKenzie during periods of lay-off.*

# Eligibility Ends

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**Eligibility terminates  
on the day that your employment terminates.  
*No written notification will be sent in that event.***

**In other circumstances, eligibility terminates on the last day of the month in which one of the following events takes place:**

**For you and your dependants if:**

- ❖ You are laid off, on maternity/parental leave, or on an approved leave of absence and you fail to make self-payments, or
- ❖ You work less than an average of 12 hours per week in the last 3 consecutive reporting periods, or
- ❖ There is no longer a collective agreement between your employer and the Union.

**For your dependents if:**

- ❖ You work less than an average of 20 hours per week in the last 3 consecutive reporting periods.
- ❖ The person no longer meets the definition of dependant.

## Limitations

**The Plan pays up to \$2,000 per calendar year for Basic and Major Dental Services for each member and dependant who is eligible for benefits under the Plan.**

## Plus

**Up to an additional \$3,000 per lifetime for Orthodontic treatment for each member and dependant who is eligible for benefits under the Plan.**

If both you and your spouse are independently eligible for benefits under this Plan, the Plan will pay up to 100% of **eligible** charges.

# To Claim Benefits

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It is recommended that authorization for major and orthodontic treatment be obtained from the Administrator prior to commencement of the dental work.

**Your dentist can submit your claims electronically for processing, without the need to submit a paper claim form.**

A Dental Card is mailed to you when you become eligible, provided you have completed and filed a Registration Form with the Plan Administrator. Present your card to your dentist when it is time to pay. Ask your dentist to submit your claim electronically, while you wait. That way, both you and your dentist will know immediately, the amount of the claim paid by the Plan.

If your dentist cannot submit your claim electronically, have your dentist mail a completed Claim Form to the Plan Administrator.

If a paper claim is being submitted:

- Be sure you sign and date the Certification and Consent authorization located on the back of the Form. If the claim is for your Spouse, or for your Dependant Child age 18 or over, they must sign and date the back of the Form as well.
- Sign at the appropriate place on the Form if you want your dentist to be paid directly by the Plan. **You will have to pay the portion of the claim that exceeds Plan coverage.**
- If your spouse is a member of another dental plan, claims for your spouse must first be submitted to that plan. Claims for your dependant children must be submitted to the plan in which the parent with the earlier birth month and day in the year, is a member.

***Claims must be submitted within 90 days following the date the dental treatment was received.***

## ***DIRECT DEPOSIT***

If the claim payment is not assigned to the dentist the payment can be deposited directly into your bank account. It eliminates the possibility of lost or stolen cheques, as well as mail delays. Direct Deposit is very safe and reliable.

To sign up for Direct Deposit you will need to complete a new Plan Registration Form. If you sign up for Direct Deposit you will receive an email confirming the amount of your deposit and the date on which it will be deposited. Along with the email confirming your deposit you will receive an electronic Explanation of Benefits that will show you which expenses have been covered and for how much.