

## **Diagnostic and Preventive Services**

### **Expenses covered**

Eligible expenses are provided under this contracts for the following diagnostic and preventive services:

#### a) Diagnostic services

##### 1) Clinical oral examination

- . For Quebec residents: Dental examination for children under age 10, if not covered under public plan: one examination per period of 12 months
- . Recall or periodic oral examination: one examination per period of 6 months
- . Complete oral examination or prosthodontics examination: one examination per period of 36 months
- . Examination of stomatognathic system dysfunctions: one examination per period of 36 months
- . Complete periodontal examination: one examination per period of 36 months
- . Emergency examination: 2 examinations per calendar year
- . Specific oral examination: 2 examinations per calendar year

##### 2) X-rays

###### a) Intra-oral X-rays

- . Periapical film
- . Occlusal film
- . Bitewing film
- . Soft tissue film

###### b) Extra-oral X-rays

- . Extraoral film
- . Sinus examination
- . Sialography
- . Use of radiopaque dyes to demonstrate lesions
- . Temporomandibular joint
- . Panoramic film: one film per period of 36 months
- . Cephalometric film

###### c) Other

- . Duplicate radiograph: 2 times per calendar year

- 3) Laboratory tests and examinations
    - . Pulpal tests: 3 times per period of 12 months
    - . Bacteriologic tests
    - . Histological tests: Biopsy of soft tissue, biopsy of hard tissue
    - . Cytological tests
    - . Diagnostic casts (excluded if associated to restorative treatment)
    - . Case presentation / treatment plan
    - . Consultation with patient
- b) Preventive services
- 1) Preventive services
    - . Polishing of coronal portion of teeth: one visit per period of 6 months
    - . Scaling: 6 units of time per calendar year
    - . Topical application of fluoride\*: once per period of 6 months
    - . Diet assessment: one visit per lifetime
    - . Oral hygiene instruction: once per lifetime
    - . Plaque control program: 5 times per calendar year
    - . Finishing restorations
    - . Pit and fissure sealants, including prophylactic odontotomy and acid etch preparation\* (only on occlusal surfaces of premolar and permanent molar teeth): once per period of 36 months per tooth
    - . Removal of subgingival filling material requiring anesthesia, without flap
    - . Interproximal discing\*
    - . Enameloplasty (recontouring of natural tooth for non-aesthetic reasons)
  - 2) Space maintainers\*
  - 3) Control of oral habits\*
    - . Fixed or removable appliance
    - . Myofunctional evaluation: one visit per period of 24 months
    - . Motivation of patient: one visit per lifetime
    - . Myofunctional therapy: 5 visits per lifetime
  - 4) Intraoral appliance for bruxism
    - . One appliance per period of 60 months
    - . Repair: one visit per calendar year
    - . Adjustment: one visit per calendar year
  - 5) Occlusal equilibration
    - . 8 units of time per calendar year or 3 times per calendar year
- \* Expenses for these services may only be considered eligible when provided for children under age 16.

## Basic Dental Care

### Expenses covered

Eligible expenses are provided under this contracts for the following basic dental care:

- a) Minor restorative services
  - . Sedative filling
  - . Smoothing of traumatized tooth
  - . Recementation of a broken tooth fragment
  - . Resin, amalgam or composite restorations\*
  - . Retentive pins

\* Restoration treatment for the same surface or class of the same tooth may be considered eligible for reimbursement only once per period of 12 months, regardless of the material used and the treating dentist.
  
- b) Endodontics
  - . Supplement for endodontic treatment through a crown
  - . Endodontic emergency: pulpotomy, pulpectomy, open and drain
  - . Endodontic trauma, treatment and surgery
  - . Apexification
  
- c) Periodontics
  - . Non-surgical treatment
  - . Periodontal surgery
  - . Root planing (maximum 6 units of time per calendar year or maximum one visit per tooth per period of 24 months)
  - . Splinting (excluding Maryland type)
  - . Periodontal irrigation
  
- d) Rebase (jump), reline, adjustment and repair of removable dentures
  - . Rebase, reline: one visit per period of 36 months
  - . Repairs with or without impression
  - . Palatal lift: one device per period of 60 months
  - . Remount and equilibration of complete or partial dentures: one visit per period of 60 months
  
- e) Repair of fixed bridges and crowns
  - . Repair of fixed bridges
  - . Repair of crowns
  - . Recementation / rebonding of bridges, inlays, onlays, crowns, posts or veneers: 2 visits per calendar year for the same tooth or abutment

- . Supplement for acid-etch restoration: 2 times per calendar year
  - . Immobilization, sectioning
  - . Removal of cemented post or cast metal post
- f) Oral surgery
- . Removal of erupted teeth, complex or uncomplicated
  - . Removal of impacted teeth, roots and tooth fragments
  - . Supplement for suturing per visit
  - . Surgical exposure of tooth, including orthodontic attachment:: Once per lifetime per tooth
  - . Transplantation of tooth: Once per lifetime per tooth
  - . Surgical repositioning of tooth: Once per lifetime per tooth
  - . Enucleation of an unerupted tooth and follicle: Once per lifetime per tooth
  - . Alveolectomy, alveoloplasty, osteoplasty, tuberoplasty, stomatoplasty, gingivoplasty
  - . Removal of hyperplastic tissue or excess mucosa, surgical excision of cysts or tumors
  - . Extension of mucosal folds
  - . Surgical incision and drainage
  - . Reduction of fracture
  - . Frenectomy
  - . Treatment of salivary glands
  - . Sinus treatment or surgery
  - . Hemorrhage control
  - . Post-surgical treatment
  - . Repair of soft tissue or through & through laceration
- g) General additional services
- . Local anesthesia
  - . Conscious sedation
  - . Home, hospital or dental office visit outside normal office hours

### **Major Restorative Services - Prosthodontics**

#### **Expenses covered**

Eligible expenses are provided under this contract for the following prosthodontics services:

- a) Major restorative services and fixed prostheses
- . Gold foil
  - . Inlays and retentive pins
  - . Metal cast retainer, Maryland type: once per period of 60 months for any one tooth
  - . Preformed crowns - stainless steel, plastic or other similar material; also

- transitional crowns: once per period of 12 months for any one tooth
  - . Individual crown
  - . Coping crown (cap), precious metal or not
  - . Cast metal posts
  - . Laboratory processed veneer for anteriors and premolars
  - . Prefabricated post
  - . Tooth reconstruction (core build up) in preparation for crown
  - . Supplement for restoration
- b) Removable dentures
- . Complete dentures\*
  - . Partial dentures\*
  - . Analysis in preparation for fabrication or partial denture: Once per period of 60 months
  - . Supplement for restoration in preparation for removable prosthodontics
- \* Expenses for equilibrated dentures are reimbursed based on the cost of the equivalent standard dentures.
- c) Fixed bridges
- . Pontics
  - . Metal cast retainer (inlay) for Maryland, Rochette or Monarch bridge
  - . Abutment
  - . Retention bar for attachment to coping crowns
  - . Abutments, inlays or onlays: metal, porcelain, ceramic or resin
  - . Precision attachments
  - . Supplement for preparation of crown under existing partial denture clasp

**General conditions for eligibility of expenses**

In all cases, to be considered eligible, expenses and services must meet the following conditions:

- . Services must be obtained while the individual is insured under this benefit
- . Treatment must be provided by an accredited dentist, denturist or dental hygienist working under supervision of a dentist
- . Treatment must be administered in compliance with current dental practice standards
- . Services must be provided by an individual who does not reside with the insured and who is not a close relative of the insured

**Treatment plan**

When expenses are expected to exceed \$800, a detailed written treatment plan and appropriate X-rays should be submitted to SSQ prior to the start of treatment. This allows insureds to be informed in advance of the portion of expenses covered under their insurance.

### **General exclusions, limitations and restrictions**

For insureds who are not covered under the public health insurance plan of their province of residence, any amounts paid by SSQ are limited to the amounts that would have been payable had the insured been covered under the relevant plan.

Expenses are eligible up to the amount of the fees recommended in the following professional association's fee guide for the year specified in the contract: For services of a general dental practitioner or dental specialist, the fee guide for general dental practitioners of the dentist's province of practice; For services of a denturist, the fee guide for denturists of the denturist's province of practice. However, eligible laboratory expenses are limited to 50% of the fees detailed in the fee guide for the orodental act in question. In the absence of fees recommended by an appropriate professional association, eligible expenses are limited to reasonable amounts that uninsured individuals would normally have to pay for the services in question, taking into account standards that SSQ deems applicable to the dentist's or denturist's province of practice.

In the event that a less expensive treatment than that received by the insured would have given the appropriate results, eligible expenses are calculated based on the fee provided for the less expensive treatment, taking into account, however, the applicable fees provided for above.

When the word "sextant" or "quadrant" is used in the description of a treatment, the code or codes for insured services corresponding to such treatment are limited to 6 different sextants per calendar year, per insured or 4 different quadrants per calendar year, per insured.

When a fee based on units of time is provided, expenses recognized for insurance purposes are limited to the recommended fee covering the maximum number of units of time for the treatment or service in question. Expenses for additional units are not considered when calculating eligible expenses.

Installation of gold foil, inlays or replacement prostheses (individual crowns, veneers, cast posts, prefabricated posts, removable dentures, fixed bridges) is not considered a service covered under this benefit if installed within 60 months of the previous one. However, expenses for replacing partial or complete permanent removable dentures may be eligible for reimbursement when such replacement is carried out within 12 months of the date the transitional dentures were installed (only when waiting for completion of the healing process).

Dental Care Insurance provides for no reimbursement in the following cases:

- a) Expenses incurred due to self-inflicted injuries, whether the insured is deemed sane or insane at the time
- b) Expenses payable by the government or by another insurer
- c) Expenses for which a third party is liable, except in the case of subrogation
- d) Expenses incurred for treatment provided for aesthetic purposes not explicitly covered under the contract; for example, transformation, extraction or replacement of healthy teeth to modify their appearance are considered treatment for aesthetic purposes
- e) Expenses that you are unable to prove were incurred by the insured

- f) Expenses incurred for treatments or services of an experimental nature or at the medical research stage
- g) Expenses incurred to undergo medical examinations for insurance, monitoring or verification purposes
- h) Expenses incurred in relation to services that are not provided while the individual is insured
- i) Expenses regarding implants and any implant-related treatment or prosthesis
- j) Expenses regarding an intra-oral appliance and services related to the treatment of temporomandibular joint dysfunction or vertical dimension correction; however, a portion of the expenses incurred for an intra-oral appliance is eligible, i.e. an amount equal to the amount specified in the fee guide for the dentist's professional association for bruxism appliances
- k) Expenses regarding the replacement of appliances or dentures that are lost or stolen
- l) Expenses in relation to appointments not kept, filing claims, treatment plans, written reports, travelling expenses, correspondence expenses, legal identification, and appearance in court as an expert witness or telephone consultations
- m) Expenses for mouth guards
- n) Expenses that the insured would not have had to pay if uninsured
- o) Expenses regarding a dental appliance for treatment of snoring or sleep apnea
- p) Expenses regarding transfer copings, duplicate dentures, or palliative treatments to alleviate dental discomfort
- q) Expenses regarding transitional pontics or abutments
- r) Expenses related to microbiological tests or analyses
- s) Expenses regarding diagnostic photographs