



Dental Care

Table of contents

Introduction.....	1
Highlights	2
Joining the plan.....	4
Cost	6
Coverage.....	7
Preventive and related diagnostic services.....	7
Basic services	7
Major services	8
Orthodontic services	9
Exclusions	10
In the event... ..	12
How to submit claims.....	13





Dental Care

For a healthy smile, most people rely on good dental hygiene... and a good dental plan. Air Canada's Dental plan is designed to help you pay for expensive dental treatment when it is required. The plan also covers various preventive and related diagnostic services to encourage you and your family to take care of your teeth and, in turn, reduce the need for major dental work and the significant expenses that may come with it.

Introduction





These highlights give an overview of your dental care coverage. The following pages contain the detailed information on which benefit payments will be determined.

Highlights

<i>Eligibility</i>	<ul style="list-style-type: none">▶ Permanent employees: as of your first day of employment▶ Temporary employees: after 6 months of continuous service, provided successful completion of medical examination▶ Eligible dependents: on the day you become eligible for coverage
<i>Coverage</i>	<ul style="list-style-type: none">▶ 100% reimbursement of preventive and related diagnostic services, no deductible:<ul style="list-style-type: none">● Examinations● Prophylaxis (polishing of coronal portion of teeth)● Topical fluoride application● X-rays● Space maintainers▶ After an annual deductible of \$25 per person, up to \$50 per family:<ul style="list-style-type: none">▶ 90% reimbursement of basic services:<ul style="list-style-type: none">● Extractions● Dental surgery and anesthesia● Certain types of fillings● Relining or repair of dentures, and repair of bridges● Root canal therapy (endodontic treatment)● Periodontal treatment and periodontal scaling





<p>Coverage (cont'd)</p>	<ul style="list-style-type: none"> ▶ 50% reimbursement of major services: <ul style="list-style-type: none"> ● Crowns and inlays ● Creation of initial bridge or denture ▶ 50% reimbursement of orthodontic services: <ul style="list-style-type: none"> ● For eligible children under age 21 <p>Reimbursement based on dental fee guide of province where treatment is rendered, in effect on date of treatment. Where no guide is published, reimbursement based on reasonable and customary charges. For treatment outside Canada, reimbursement is based on Ontario dental fee guide. The above items are subject to certain limits.</p> <p>Coordination of benefits allowed</p>
<p>Maximum reimbursement</p>	<p>Preventive, basic and major services: \$2,000 a year, combined</p> <p>Orthodontic services: \$2,500 per person, in a lifetime</p>
<p>Cost of coverage</p>	<p>Currently paid in full by Air Canada</p>

**Highlights
(cont'd)**





Permanent employees are automatically covered under the plan from their first day of employment.

Temporary employees become covered after six months of continuous service, provided they have successfully passed the Company medical examination.

Coverage for your dependents becomes effective on the same date as yours, provided they meet the eligibility requirements and reside in Canada. If you do not have eligible dependents when you first become eligible and you do so later on, their coverage will begin when you enroll them for coverage on your ClaimSecure eProfile.

Who is eligible as a dependent?

Your eligible dependents are:

▶ **Your spouse**

Your spouse is:

- The person who is legally married to you, or
- The person of the opposite sex who lives with you and is the father or mother (biological or adoptive) of at least one of your children, or
- The person of the same or opposite sex who has been living with you in a conjugal relationship for at least 12 consecutive months, or
- The person of the same or opposite sex who lives with you and had previously lived with you for a period of at least 12 consecutive months.

If more than one person meets the above definition, the person currently living with you will take precedence.

***Joining
the plan***





► **Your unmarried children**

Your unmarried children include your natural or legally adopted children as well as your spouse's children and any foster children.

Your unmarried children must be under age 21 and depend solely on you for support. Dependent students are covered up to age 25, provided they are registered students in full-time attendance at a university or a similar institution of learning.

Children who are totally and permanently disabled before reaching age 21 remain covered beyond the age limit, provided they were insured before their 21st birthday, are incapable of self-sustaining employment and wholly depend on you for support and maintenance.

**Joining
the plan
(cont'd)**

How do I join?

To activate your coverage, log on to the ACAeronet portal under the 'My HR' tab and register yourself and any eligible dependents on ClaimSecure's eProfile system. You will receive an Air Canada Health Care card which you can use for prescription drugs and dental services if your dentist is set up to process claims electronically.

You can update your dependent information, banking information, obtain pre-populated claim forms and view claims history by logging on to your ClaimSecure eProfile at any time.

Can I choose not to join?

No. Coverage is automatic as soon as you and your dependents become eligible. For tax purposes, however, you may choose single coverage instead of family coverage if you live in Quebec and your spouse has family coverage at work.

I have a 23-year-old child who recently left the work force to return to school full-time. Is he eligible for coverage under the plan?

No. To be covered beyond age 21, dependent children must have been covered before their 21st birthday and without interruption thereafter.





Air Canada currently pays the entire cost of the Dental plan.

Cost

Do I have to pay income tax on this coverage?

You do not pay income tax on this coverage, except if you live in Quebec where current legislation requires that you pay provincial income tax on Air Canada's cost to provide this coverage.





The plan pays for eligible preventive and related diagnostic services, without requiring you to pay a deductible beforehand. However, an annual deductible of \$25 per person, up to \$50 per family, is required before the plan reimburses you for any other type of eligible expenses.

The reimbursement is based on the fees specified in the dental fee guide of the province in which the treatment is rendered, which is in effect on the date of the treatment. Where no guide is published, reimbursement will be based on the reasonable and customary charges for services rendered. For emergency expenses incurred outside Canada, the reimbursement is based on the Ontario fee guide.

The services covered are:

Preventive and related diagnostic services—reimbursed at 100%

- ▶ Oral examination, prophylaxis, topical fluoride application (once every six months).
- ▶ Bitewing X-rays (once every six months).
- ▶ Full mouth X-rays (once every 24 months).
- ▶ Space maintainers for missing primary teeth.
- ▶ Diagnostic X-rays and laboratory procedures required in relation to oral surgery.
- ▶ Habit-breaking appliances.

Basic services — reimbursed at 90%

- ▶ Extractions (including extractions of impacted teeth).
- ▶ Single alveolectomy when a tooth is extracted.
- ▶ Consultation required by the attending dentist.
- ▶ Surgical removal of tumors, cysts, neoplasms plus incision and drainage of an abscess.

Coverage





- ▶ Amalgam, silicate, acrylic and composite fillings.
- ▶ General anesthesia required in relation to dental surgery.
- ▶ Relining, rebasing and repairing of existing dentures.
- ▶ Repairing of existing bridges.
- ▶ Endodontic treatment (treatment of the diseases of the dental pulp), including root canal therapy.
- ▶ Periodontal treatment (treatment of gum tissue diseases), including surgery, provisional splinting and occlusal equilibration.
- ▶ Injection of antibiotic drugs when prescribed by a dentist.
- ▶ Other necessary oral surgery procedures.

Major services — reimbursed at 50%

- ▶ Crowns and inlays, including gold and porcelain veneer fillings when other material is not suitable.
- ▶ Creation of an initial bridge or denture.
- ▶ Replacement of an existing bridge or denture only under the following circumstances:
 - if required by the extraction of additional natural teeth while covered by the plan;
 - if the existing bridge or denture is at least five years old and cannot be repaired;
 - if the existing bridge or denture is temporary and is replaced with a permanent bridge or denture within 12 months of the date the temporary bridge or denture was installed.
- ▶ Services and supplies to correct temporal mandibular joint dysfunction, to a lifetime maximum reimbursement of \$1,000 per person.

**Coverage
(cont'd)**



**Orthodontic services — reimbursed at 50%**

- ▶ All necessary orthodontic treatments to correct the malocclusion of teeth for eligible children under age 21.

Does the plan have a maximum reimbursement level?

Yes. The reimbursement level depends on the type of service, as follows:

- Preventive, basic and major services: annual maximum of \$2,000 for all three services combined.
- Orthodontic services: lifetime maximum of \$2,500 per eligible dependent child under age 21
- There is also a lifetime maximum of \$1,000 payable for temporal mandibular joint dysfunction (TMJ), limited to general practitioners' fees.

Do I have to pay more than one deductible during the year?

No. Once you have paid the deductible in a given year, no other deductible has to be met for the balance of that year.

What is the dental fee guide?

In each province, except Alberta, the association of dental surgeons publishes a dental fee guide, which describes various dental treatments and provides a suggested fee for each treatment. The guide is designed to assist dental practitioners in determining fees that are fair to both the practitioner and the patient. Your dentist has a copy of the fee guide if you wish to consult it.

Your dentist may charge more or less than what is indicated in the guide, but the plan will reimburse eligible expenses based on the percentage applicable to the actual fee charged or the suggested fee in the guide, whichever is lower.

The following example illustrates how the reimbursement is calculated. We have assumed that one dentist would charge \$30 for an oral examination while another would charge \$35, and the suggested fee would be \$32.

**Coverage
(cont'd)**





	Dentist 1	Dentist 2
Price charged for oral examination	\$30	\$35
Price suggested in the fee guide	\$32	\$32
Percentage of reimbursement	100%	100%
Amount reimbursed	\$30	\$32

Coverage (cont'd)

If I need dental care while I'm outside Canada, will the plan cover the cost?

Yes, to a certain extent. The plan will reimburse eligible dental expenses incurred outside Canada, based on the current Ontario dental fee guide.

If my dental expenses for a given year do not add up to the deductible, can I apply that amount to the deductible in the following year?

Yes, it is possible. To protect you against having to satisfy the deductible late in one year and again early in the next year, any amount you pay toward the deductible in the last three months of a year will count toward the deductible for the following year.

My child goes to school outside Canada. Does the plan still cover expenses?

As long as your children remain eligible, they will be covered by the Dental plan. Reimbursement of eligible expenses, however, will be based on the Ontario dental fee guide.

The Dental plan does not cover the following:

- ▶ Expenses resulting from self-inflicted injuries while sane or insane.
- ▶ Injury resulting directly or indirectly from insurrection, war, service in the armed forces of any country or participation in a riot.
- ▶ Expenses incurred before coverage began.
- ▶ Any illness or injury for which benefits are paid under any workers' compensation act.

Exclusions





- ▶ Physicians' or dentists' charges for time spent travelling, broken appointments, transportation costs or advice given by telephone or other means of telecommunication.
- ▶ Cosmetic surgery or treatment unless such surgery or treatment is for accidental injuries and began within 90 days of an accident. If treatment cannot begin within 90 days, a treatment plan must be submitted within 90 days for expenses to be covered.
- ▶ Expenses covered by a government plan.
- ▶ Treatment received from a dental or medical department maintained by an employer, an association or a labor union.
- ▶ Replacement of lost, mislaid or stolen fixed bridges, removable partials or complete dentures.
- ▶ Examinations required by a third party.
- ▶ Orthodontic treatment for a person other than eligible children under age 21.
- ▶ Services and supplies for a full mouth reconstruction or for a vertical dimension correction.

***Exclusions
(cont'd)***

Before you or a covered dependent should incur a significant or unusual expense or an expense that is not described in this document, we recommend that you contact ClaimSecure to find out if it is covered under the plan, at:

Across Canada 1 888-982-7878

In any event, if alternative procedures are available for a covered expense, the procedure involving the lowest fee will be considered as the eligible expense provided it is consistent with good dental care.



***What happens if I become disabled?***

If you become disabled and qualify for benefits under the Group Disability Income plan, your dental care coverage will continue at no cost to you.

If your coverage under the Group Disability Income plan ends, your dental care coverage may continue for up to one year, provided you pay the total cost.

What happens if I take a maternity/child care leave?

Your coverage will continue automatically for the duration of the leave.

What happens if I take a leave of absence?

If you are on an authorized leave of absence for more than 30 days, you have the option to maintain your coverage for up to 12 consecutive months, provided you prepay the total cost.

Please contact your supervisor or **Employee Services** – Portal: **Employee Self Service (ESS) tool**; 1-877-645-5000; e-mail: eServices@aircanada.ca before your last day of work to make the necessary arrangements. Otherwise, your coverage will be suspended until you return to work.

What happens when I retire?

This coverage continues for the first 31 days following retirement, and then the coverage will end. However, if you retire on your normal retirement date or when you become eligible for early retirement, you will be eligible to join the Group Health Benefit plans for employees who retire from a Canadian work location, and select dental coverage if you so wish.

A booklet describing coverage for current Air Canada retirees is available from **Employee Services**.

To receive full benefits under these health plans, you must have at least 15 years of Air Canada service. Otherwise, the lifetime maximum will be reduced by 1/15 for each year of service under 15.

In the event...



***What happens to my dependents' coverage if I die?***

Coverage for your eligible dependents will end upon your death, except for dental services that are part of planned dental services begun before your death, provided they are rendered within 90 days following your death.

If your spouse is entitled to a survivor pension from the Air Canada Pension plan at the time of your death, he or she will be able to obtain coverage for dental expenses under Plan II (Voluntary Supplementary Health plan) of the Group Health Benefit plans for retired employees.

When does coverage end?

Your coverage will end on the earliest of the following dates:

- your termination of employment,
- on the 32nd day following your retirement.
- your death, and
- the date the group contract ends.

Coverage for your dependents stops when your coverage ends, when they no longer qualify as eligible dependents or when dependent coverage under the plan is terminated.

Is it possible to extend coverage after it has ended?

No benefits are payable for expenses incurred after the date your coverage ends, except if an impression of a denture was taken before the coverage ended. In that case, expenses in connection with this procedure that are incurred within 30 days after the end of coverage are eligible.

Should you or an eligible dependent incur dental expenses, you need to do the following:

Air Canada Health Care Card

- ▶ By presenting your Air Canada Health Care card, your dentist can submit your claim electronically to ClaimSecure. You will only be responsible for any charges not covered under this plan. The portion covered by the plan will be paid directly to your dentist.

***In the event...
(cont'd)***

How to submit claims





Manual Process

- ▶ Complete a 'Dental Claim' form available on your ClaimSecure eProfile under the Form section. Have your dentist complete Part 1 of the form.

Complete your portion (Part 3) of the form afterward.

- ▶ Insert the form, together with your bills and claim documents, in the special pre-addressed blue-cornered envelope ACF851N, which is sent by company mail, to:

*Air Canada – ClaimSecure
Group Health and Dental Insurance Administration
Air Canada Centre 1 001*

Upon receipt of your form and bills, the administrator will prepare a claim summary and return the summary to you along with the settlement cheque or direct deposit, where applicable. The administrator reserves the right to request further details.

If I have eligible expenses to claim for both myself and my dependents, may I use the same form?

No. A separate claim form must be completed for each eligible dependent.

Is there a deadline for submitting claims?

Yes. All claims must be submitted within one year following the calendar year during which the expenses are incurred.

How do I claim emergency expenses incurred outside Canada?

These expenses are reimbursed as if they had been incurred in Canada, based on the Ontario dental fee guide. Be sure to obtain detailed receipts and follow the same claims procedures as if the expenses had been incurred in Canada.

Is it possible to know in advance how much the plan will pay?

In order for you and your dentist to know, in advance, how much the plan will pay, we recommend that you file a treatment plan whenever the total cost of the proposed dental work may exceed \$500.

A treatment plan is a written description of the proposed

***How to
submit
claims
(cont'd)***





treatment required according to your dentist and the cost of this treatment. Typically, the dentist completes a treatment plan form indicating the services that will be performed and provides appropriate X-rays.

The administrator then determines what amount will be reimbursed by the plan.

The treatment plan is not intended to limit you in your choice of a dentist or to tell you or your dentist what treatment should be performed and what fee should be charged. It is simply a means of providing you with a full understanding of the cost implications of the proposed dental treatment before it begins.

When you submit a claim for expenses involving a treatment plan, be sure to attach the form or statement to the “Dental Claim” form.

What happens if my spouse also has dental coverage at work?

Like most employer-sponsored plans, Air Canada’s plan includes a **coordination of benefits** provision. This means that if you, your spouse or your dependent children are eligible for coverage, you may claim expenses under more than one plan. The total amount reimbursed from all sources, however, may not exceed the actual expenses incurred.

Here is the procedure to follow:

- You submit your individual claims to Air Canada’s Dental plan.
- Your spouse submits his/her claims to his/her employer’s dental care plan.
- The spouse whose birthday, excluding year, comes first in the year submits the claims for all dependent children.
- Any amount not paid by the first plan may be submitted to the second plan for reimbursement.

If you or your eligible dependents incur dental expenses as a result of an accident, benefits will first be determined under the Supplementary Health plan or under any other health plan where such coverage exists.

My spouse also works at Air Canada. Is coordination of benefits allowed in this case?

Yes, simply present both Air Canada Health Care cards to the dentist.

***How to
submit
claims
(cont’d)***



