

Claiming for Benefits

Claim forms are available through your employer or on our website at:

www.mb.bluecross.ca

Please retain your “Statement of Benefits” for income tax purposes as original medical receipts will not be returned.

Note: Claims for all benefits listed in this booklet submitted more than two years after date(s) services are provided, will not be accepted.

Dental Benefits

Present the dental claim form to your dentist on the first appointment. A separate claim form is required for each member of your family obtaining dental services.

Following the examination, the dentist will discuss a proposed course of treatment and possibly book follow-up appointments. If the cost of treatment exceeds \$500 the dentist will have to submit a completed claim form to Manitoba Blue Cross for approval prior to treatment being started. If the treatment cost is less than \$500 or is for basic dental services, the dentist will retain the claim form until the course of treatment has been completed.

Your dentist has the option of billing Manitoba Blue Cross directly, or continuing to bill you. Please inquire at the beginning of treatment how billing will be made. Should your dentist choose to seek payment directly from Manitoba Blue Cross, it will not be necessary for you to submit the claim. You will be asked to sign the benefits over to the dentist, where indicated on the claim form.

Important: Please Read

This brochure represents a synopsis of the benefits provided for under the Group Agreement. In the event of any difference between the terms of this synopsis and those of the Group Agreement, the terms of the Group Agreement shall prevail.

If you have any questions regarding the Group Agreement, please contact your employer directly.

Manitoba Blue Cross provides reimbursement of eligible expenses (either directly to you or to the service provider) in accordance with the Group Agreement, but cannot guarantee the availability or provision of services.

Also, in determining the basis for payment, Manitoba Blue Cross reserves the right to assess payment on the basis of the approved fee guide for the service in question, or the reasonable and customary charges as deemed appropriate by Manitoba Blue Cross.

Manitoba Public School Employees

Platinum Dental
Plan

Eligibility

Eligibility requirements are identical to the Health Plan.

Dental Benefits

Dental benefits are subject to a maximum of \$1,000 per person per calendar year.

You will be reimbursed 80% of eligible expenses for “Basic” dental services.

Benefit payments are based on the Dental Fee Guide, excluding the Manitoba Northern Fee Guide, established by the Manitoba Dental Association which is in effect at the time the services are provided.

Basic Services Covered

Diagnostic:

- Complete examination, once every 3 calendar years.
- Recall or oral examinations covered twice in each calendar year.
- Periapical x-rays.
- Full mouth x-rays or panorex x-rays once every 2 calendar years if necessary.

Preventive:

- 1 unit of polishing twice in each calendar year.
- Topical application of fluoride. Up to 2 applications in each calendar year.
- Space maintainers (except when used for orthodontic purposes).

Extractions:

- Uncomplicated procedures for the removal of teeth which are beyond restoration.

Oral surgery:

- Complicated surgical procedures performed in the dentist's office including post-operative care.

Restorative:

- Fillings made of amalgams, silicates, plastics and synthetic porcelains.
- Repair of damaged dentures. Adding teeth to existing dentures. Relining or rebasing the dentures is limited to once every 3 calendar years.

Accidental injury:

- Major and orthodontic dental services as a result of an accident, to a maximum of \$1,000 per person per calendar year. Treatment must commence within 90 days of the accident.

Endodontics:

- The usual procedures required for pulpal therapy and root canal filling.

Periodontics:

- The usual procedures for treatment of the diseases of the tissues and bones supporting the teeth.

Anesthesia:

- General anesthesia or nitrous oxide analgesia administered in the dentist's office.

Consultations:

- Consultations required by attending dentist.

Drugs:

- Cost of medication and injections given in the dentist's office.

Exclusions and Limitations

Manitoba Blue Cross will not pay for the following:

- Services purely cosmetic in nature, or for cosmetic reasons.
- Congenital malformations i.e. cleft palate prosthesis.
- Fees arising out of extra services arranged for privately between the patient and dentist.
- Oral hygiene instruction and plaque control programs.
- Charges for appliances, which have been lost, broken or stolen.
- Gold, crown, fixed bridge, veneers or other extensive treatment when another material or procedure would have been a reasonable substitute consistent with generally accepted dental practice. Where a reasonable substitute was possible, the covered expense would be that of the customary substitute.

- Separate charges for general anesthesia except in connection with office procedures as specified in your plan.
- Bleaching of teeth.
- Root canal on a permanent tooth more than once per lifetime per tooth.
- Snoring or sleep apnea appliances.
- Charges for treatment other than by a dentist, except for treatment performed in a dental office under the supervision and direction of a dentist by personnel duly licensed or certified to perform such treatment under applicable professional statutes and regulations.
- Diagnostic photographs.
- Precision attachments.
- Hypnosis and dental psychotherapy.
- Provision for facilities in connection with general anesthesia.
- Polishing restorations.
- Any procedure in connection with forensic dental.
- Services and supplies the person is entitled to without charge by law or for which a charge is made only because the person has coverage under a plan.
- Services related to the treatment of Temporomandibular Joint dysfunction.
- Dental implants.
- Charges for completing claim forms or missed appointments.
- Services covered or provided through Workers' Compensation legislation, any government agency or a liable third party.
- Charges for services provided prior to the effective date of coverage.
- Services or supplies not listed as covered expenses.