

# UNITED FISHERMEN'S BENEFIT FUND

## DENTAL BENEFIT

### General Information: Dental Benefit

#### **Type of Benefit**

The Fund shall provide a Dental Benefit to members, their spouse and dependent children.

#### **Amount of Benefit**

An annual deductible of a Single \$50 and Family \$75 per year shall be applied to claims submitted by each qualified member.

The amount of the Dental Benefit shall be 70% of Part A, and 40% of Part B.

#### **Limitation of Payments**

The Fund will reimburse members up to a combined total of \$1,000 per family member per year for Part A and Part B,

Retired (Honorary) members will receive up to a combined total of \$700 per family member per year for Part A and Part B.

Payments for dental service performed will be limited to the Pacific Blue cross Fee Schedule.

The above is a general description of the Benefit. For more information, please contact:

**United Fishermen's Benefit Fund: 604 519 3634**

UFAWU-Unifor: 604 519-3630 (New Westminster) or 250 624 6048 or 1-888 624 6625 (Prince Rupert)

## DENTAL PLAN SUMMARY

After the work has been done and you have paid the dentist you can claim your benefits. An amount of \$50 (single) or \$75 (family of two or more) will be deducted from your eligible expenses once each calendar year. You will then receive 70% of Part "A" and/or 40% of Part "B" for work done on members, their spouses and children to a maximum of \$1,000 per family member per calendar year.

Honorary members will be reimbursed at the same rate to a maximum of \$700 per family member per calendar year.

All dental claims must be submitted to the Benefit Fund office within 12 months of the date of dental service. Failure to meet that deadline will result in your claim being refused.

Your dentist is not required to obtain prior approval from the United Fishermen's Benefit Fund before rendering services. However, where the cost of service is other than a nominal charge, you may ask your dentist to submit a dental claim form showing the treatment that is planned and requesting a pre-authorization of the work. It is not necessary to include x-rays. This avoids any embarrassment between you and your dentist should you not be eligible for the proposed benefits. Pre-authorization for major work will alert you, our member as to:

- whether or not the proposed services are a benefit under your Plan;
- whether or not financial or other limitations have been reached.

## PART A

The benefits under this section are those services that are required to maintain teeth in good order and normal restoration services to restore them in good order.

### a) Diagnostic Services

All the necessary procedures to assist the dentist in evaluating the existing conditions to determine the required dental treatment. This includes examinations, consultations and other diagnostic aids as may be deemed necessary.

### b) Preventive Services

All necessary procedures to prevent the occurrence or oral diseases including:

- i) Prophylaxis
- ii) Topical fluoride applications
- iii) Space maintainers — to maintain space, not to obtain more space.

### c) Surgical Services

All necessary procedures for extractions and other surgical procedures normally performed by a general practising dentist.

### d) Endodontic Service (Root canals)

Treatment of disease of the pulp chamber and pulp canal.

### e) Periodontic Services (Gums and bones)

Procedures necessary for the treatment of diseases of the soft tissue (gum) and the bones surrounding and supporting the teeth, but not tissue grafts.

## f) Restorative Services

All necessary procedures for filling teeth with amalgam silicate (synthetic porcelain), acrylic (plastic) and composite resin restorations for restoring of tooth services which have been broken down as a result of decay process, including stainless steel crowns.

### g) Prosthetic repair services and relines.

The Plan covers the repair of a fixed appliance and the repair or reline or removable appliances. Repair or reline of a removable appliance may be done by a dentist or licensed dental mechanic.

## PART B — MAJOR SERVICES

### a) Removable Prosthetics

- 1) Full upper and lower dentures. These may be provided by a dentist or a duly licensed dental mechanic.
- 2) Partial dentures: For coverage to be provided, these must be obtained from a dentist.

### b) Crowns and Bridges

To artificially replace missing teeth with a fixed prosthesis.

### c) Inlays and Onlays

Repair of badly broken-down teeth where other restorative material cannot be used satisfactorily.

### d) Major Restorative Services

Inlays, onlays and gold foils will be covered only when other materials cannot be used satisfactorily. Patients choosing gold where

other materials would suffice will be responsible for the difference in cost. In any event, a clinical explanation from your dentist is suggested.

### **DUAL COVERAGE**

Where the spouse or child of a member has their own dental coverage through another plan, they must claim for dental benefits from their own plan first and the UFBF will reimburse as the second payer.

Receipts are required and the combined payment of both plans shall not exceed 100% of our fee guide.

### **SERVICES NOT COVERED**

- a) cosmetic dentistry, temporary dentistry, oral hygiene instruction, tissue grafts, drugs and medicines;
- b) charges for services commencing prior to date of coverage;
- c) implants for dentures and bridgework;
- d) orthodontic services;
- e) Claims not submitted to the Benefit Fund within the 12-month period following the date of dental service. Claims made for service performed more than a year ago will not be covered.

For more information,  
please contact:

### **United Fishermen's Benefit Fund**

1st Floor, 326—12th Street  
New Westminster, B.C. V3M 4H6

Phone: 604-519-3644

**Gary Prisner**  
Director

## **UNITED FISHERMEN'S BENEFIT FUND**

# **Dental Plan Summary**



# United Fishermen's Benefit Plan Dental Plan Summary

After the work has been done and you have paid the dentist the full amount of the treatment cost, you can then claim your benefits. An amount of \$50 (single) or \$75 (family of two or more) will be deducted from your eligible expenses once each calendar year. You will then receive 70% of Part A and/or 40% of Part B for work done on members, their spouses and children to a maximum of \$1,000 per family member per calendar year. Honorary members will be reimbursed at the same rate to a maximum of \$700 per family member per calendar year. Your dentist is not required to obtain prior approval from the United Fishermen's Benefit Fund before rendering services. However, pre-authorization for major work will alert you as to whether or not the proposed services are a covered benefit under your Plan and whether or not financial or other limitations have been reached. **You must send in a Standard Dental Claim Form from your dentist along with your UFBF Dental form (below)**

## **PART A (reimbursed at 70%):**

The benefits under this section are those services that are required to maintain teeth in good order and normal restoration services intended to restore them to good order.

**Diagnostic Services:** All the necessary procedures to assist the dentist in evaluating the existing conditions to determine the required dental treatment. This includes examinations, consultations and other diagnostic aids as may be deemed necessary.

**Preventive Services:** All necessary procedures to prevent the occurrence of oral diseases including:

- 1) Prophylaxis;
- 2) Topical fluoride applications;
- 3) Space maintainers: to maintain space, not to obtain more space.

**Surgical Services:** All necessary procedures for extractions and other surgical procedures normally performed by a general practising dentist

**Endodontic Service** (root canals): Treatment of disease of the pulp chamber and pulp canal.

**Periodontal Services** (gums and bones): Procedures necessary for the treatment of diseases of the soft tissue (gum) and the bones surrounding and supporting the teeth, but not including tissue grafts.

**Restorative Services:** Amalgam and tooth coloured restorations are covered for treatment of dental caries only and will not be covered if used for veneer applications or diastema. Restorations necessary for vertical dimension and/or restoring occlusion are not eligible. Tooth-coloured restorations (permanent) will be covered for permanent anteriors and bicuspid only. Primary and molar teeth are paid at the bonded amalgam equivalent.

**Prosthetic repair services and relines:** The Plan covers the repair of a fixed appliance and the repair or relines of removable appliances. Repair or relines of a removable appliance may be done by a dentist or licensed dental mechanic. Services of a temporary nature pending fabrication of a new denture are not covered.

## **PART B, Major Services (reimbursed at 40%):**

**Removable Prosthetics:** Full upper and lower dentures may be provided by a dentist or a duly licensed dental mechanic.

**Crowns and Bridges:** The replacement of missing teeth with a fixed prosthesis.

**Inlays and Onlays:** Repair of badly broken-down teeth where other restorative material can not be used satisfactorily.

**Major Restorative Services:** Inlays, onlays and gold foils will be covered only when other materials cannot be used satisfactorily. Patients choosing gold where other materials would suffice will be responsible for the difference in cost.

## **DUAL COVERAGE**

Where the spouse of a member has their own dental coverage through another plan, they must claim for dental benefits from their own plan first and the UFBF will reimburse as the second payer. When both parents have separate dental plans the first dental carrier for their children's expenses is determined by the parent with a birthday that comes first in a calendar year. Receipts are required and the combined payment of both plans shall not exceed 100% of our fee guide.

## **SERVICES NOT COVERED**

Fees for cosmetic dentistry, temporary dentistry, oral hygiene instruction, tissue grafts, drugs and medicines as well as charges for services commencing prior to date of coverage will not be covered. Implants for dentures and/or bridgework as well as orthodontic services are not covered benefits under the United Fishermen's Benefit Plan.

Claims not submitted to the Benefit Fund within the 12-month period following the date of dental service will not be covered.



