

# CONTRACT IDENTIFICATION

The benefits outlined in this booklet are available to plan members under Contract Number 84445:

## ***Division Numbers, Active Employees***

- Division 1 -Elementary Teachers
- Division 2 -Secondary Teachers
- Division 3 -Elementary Principals and Vice-Principals
- Division 4 -Secondary Principals and Vice Principals
- Division 5 -Occasional Teachers, Elementary
- Division 6 -Occasional Teachers, Secondary
- Division 7 -Professional Student Services Personnel - OSSTF, Unit A
- Division 8 -Instructors - CUPE 4400, Unit B
- Division 9 -School Office staff, Classroom Support staff and Central Administrative staff - CUPE 4400, Unit C
- Division 10 -Custodial, Warehouse and Transportation staff -CUPE 4400, Unit D
- Division 11 -Maintenance and Construction Skilled Trades -MCSTC, Unit E
- Division 12 -Schedule I employees - Non-Union
- Division 14 -Schedule II employees - Non-Union

## ***Division Numbers, Retired Employees***

- Division 51 -Elementary Teachers
- Division 52 -Secondary Teachers
- Division 53 -Elementary Principals and Vice-Principals
- Division 54 -Secondary Principals and Vice Principals
- Division 57 -Professional Student Services Personnel - OSSTF, Unit A
- Division 59 -School Office staff, Classroom Support staff and Central Administrative staff - CUPE 4400, Unit C
- Division 60 -Custodial, Warehouse and Transportation staff -CUPE 4400, Unit D
- Division 61 -Maintenance and Construction Skilled Trades -MCSTC, Unit E
- Division 62 -Schedule I employees - Non-Union
- Division 64 -Schedule II employees - Non-Union

# Toronto District School Board

Group Contract Number: ASO 84445

Employee Name: \_\_\_\_\_

Certificate Number: \_\_\_\_\_

## Welcome to Your Group Benefits Program

This Benefit Booklet has been specifically designed with your needs in mind, providing easy access to the information you need about the benefits to which you are entitled.

Group Benefits are important, not only for the financial assistance they provide, but also for the security they provide for you and your family, especially in case of unforeseen needs.

Your Plan Administrator can answer any questions you may have about your benefits, or how to submit a claim.

### Important Note

Your Dental Benefits are provided directly by Toronto District School Board. Manulife Financial has been contracted to adjudicate and administer your claims for these benefits following standard insurance rules and practices. Payment of any eligible claim will be based on the provisions and conditions outlined in this booklet and your employer's Benefit Plan.

### **Claims payments are subject to Manulife Financial's administrative guidelines for claims adjudication.**

The purpose of this booklet is to outline the benefits for which you are eligible as an employee of Toronto District School Board. The information in this booklet is a summary of the provisions of the Group Contract. The booklet, in either its paper or electronic form, is provided for information purposes only and does not create or confer any contractual rights or obligations. All rights and obligations of Toronto District School Board and Manulife Financial are governed by the paper version of the Group Contract. In the event of a discrepancy between this booklet (paper or electronic version) and the Group Contract, the terms of the Group Contract will apply. No alteration of the electronic copy of this booklet is permitted by any person, except by an authorized representative of Manulife Financial. A copy of the Dental contract will be available for your viewing at your Board office.

Possession of this booklet alone does not mean that you or your dependent(s) are covered. The Group Contract must be in effect and you must satisfy all the requirements of the Contract.

**We suggest you read this benefit booklet carefully, then file it in a safe place with your other important documents. It supersedes and replaces all previous communication material.**

**IF YOU HAVE ANY QUESTIONS REGARDING YOUR COVERAGE, CONTACT MANULIFE FINANCIAL AT (416) 310-6872 OR TOLL-FREE AT 1-800-268-6195.**



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# The Claims Process

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## *The Claims Process*

### *How to Submit a Claim*

### **How to Submit a Claim**

Follow these steps to claim for dental benefits:

1. Obtain a claim form from your School or Board office or via the Plan Member site.
2. Ask your dentist to complete Part 1 of the form.
3. You complete Part 2 of the form. Include your contract and division numbers. The contract and division numbers can be found inside the front cover of this booklet.
4. For orthodontia, you must submit a Treatment Plan prior to starting treatment.
5. Mail the completed claim form and/or Treatment Plan to:

Manulife Financial  
Group Dental Claims  
P.O. Box 1659  
Waterloo, Ontario  
N2J 4W2

If your coverage terminates for any reason, other than for termination of the Contract, you must submit claims within 180 days of the date of termination of coverage. No claims will be paid by Manulife Financial after the termination date of the contract.

Dental claim payments are made payable to you unless you have previously authorized payment to a person and/or corporation which has rendered services, treatment or supplies.

Call Manulife Financial at (416) 310-6872, or toll-free at 1-800-268-6195, if you have any questions concerning a claim.

### *Co-ordination of Benefits*

### **Co-ordination of Benefits**

Many individuals are covered under more than one group plan for health and dental benefits. If you are covered under two plans, then co-ordinating benefits from both plans may increase your total reimbursement. Depending on the services submitted, amounts billed and plan coverages, you may receive full reimbursement. The insurance industry has developed the following COB guidelines to determine which plan pays first.

If you have coverage under more than one plan:

1. The basic rule is to submit your claims first to the plan where you are covered as an employee. If any unpaid balances remain, submit them to your spouse's plan.
2. The reverse is true for your spouse. Your spouse submits his/her claims to his/her plan first and then to yours.
3. For dependent children, claims should first be submitted to the plan of the parent with the EARLIER month and day, not year, of birth. For example, you should submit your child's claim to your spouse's plan first if you were born on August 4 and your spouse on July 11.

## **The Claims Process**

However, if you and your spouse are separated or divorced, the following order applies:

- The plan of the parent with custody of the child, then
  - The plan of the spouse of the parent with custody of the child (i.e., if the parent with custody of the child remarries or has a common-law spouse, the new spouse's plan will pay benefits for the dependent child), then
  - The plan of the parent not having custody of the child, then
  - The plan of the spouse of the parent not having custody of the child (i.e., if the parent without custody of the child remarries or has a common-law spouse, the new spouse's plan will pay benefits for the DEPENDENT child).
4. A claim for accidental injury to natural teeth will be determined under health care plans with accidental dental coverage before it is considered under dental Plans.
  5. If the order of benefit payment cannot be determined from the above, the benefits payable under each Plan will be in proportion to the amount that would have been payable if Co-ordination of Benefits did not exist.
  6. If the covered person is also covered under an individual travel coverage plan, benefits will be co-ordinated in accordance with the guidelines provided by the Canadian Life and Health Coverage Association.

Please keep in mind...

If you plan to submit to more than one plan, take photocopies of claims and receipts before you submit them. You will be required to submit them to the second insurer, along with the reimbursement statement from the first insurer.

There is an added benefit if both the employee and the spouse have their coverage through Manulife Financial (either through different employers or when the employee and spouse are both employed by the Board).

In this case, you need only submit your claim once, indicating both plan numbers. Manulife Financial will automatically co-ordinate the benefits between the two plans.

For the purposes of this provision, eligible expenses are as defined in this plan before co-payments like the deductible, co-insurance, lagging fee guide and/or other maximums are applied.

# Who Qualifies for Coverage?

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## *Who Qualifies for Coverage?*

### *Who's Covered?*

The Plan may cover the following people, who are residents of Canada:

1. You.
2. Your spouse.
3. Your dependent children.

**You** may be eligible for Group Benefits if you:

- are within a class of individuals eligible for coverage under the terms of a current collective agreement or Board policy,
- are a retired employee who has elected early retirement in accordance with Board policy and you are under age 65.

Your **Spouse** may be eligible for Group Benefits if they are a person who either:

- is married to you through an ecclesiastical or civil ceremony, or
- although not legally married to you, continuously cohabits with you in a conjugal relationship, which is recognized as such in the community in which you reside. The term conjugal relationship shall be deemed to include a conjugal relationship between partners of the same sex.

Your **Child(ren)** must be your unmarried children (including natural, step-child, legally adopted, foster, and/or a child of a common-law spouse) who are financially dependent on you for support and are:

- less than 21 years of age, or
- in regular full-time attendance at an accredited institute of learning and are less than 25 years of age. A dependent child who is employed during a vacation or semester break from an accredited institute of learning remains covered until the date the child returns to full-time attendance at an accredited institute of learning, provided the child continues to meet all conditions for coverage. (Student status questionnaire forms are available in your Board office.), or
- any permanently mentally or physically handicapped child who was covered up to the maximum age may remain covered past the maximum age. The child, upon reaching maximum age, must be and remain incapable of self-sustaining employment and be completely dependent on you for support and maintenance.

*Note: Children are covered from birth. Please note that coverage terminates on the date the dependent child attains the limiting age.*

Note: Where used in this Benefit Booklet, the term employee can also mean retiree.

### *Joining or Leaving the Plan*

## **Joining or Leaving the Plan**

You are entitled to the standard annual maximum described in the Maximum Benefit section of this booklet if you join the Plan by submitting your application WITHIN 31 DAYS:

1. After starting work or completing an eligibility period.
2. After returning from an approved leave of absence without pay.

## **Who Qualifies for Coverage?**

3. After losing dependent coverage in your spouse's plan. Termination of your spouse's employment, separation or divorce are possible circumstances that could lead to your loss of spousal coverage.

But, if you do not make application to join the Plan WITHIN 31 DAYS, in any of the above situations, the Plan will limit the maximum amount payable to \$100 per person during the first 12 months of coverage.

The \$100 maximum also applies if you do not elect family coverage WITHIN 31 DAYS after acquiring your first eligible dependent (spouse or child).

You may leave the Plan at any time by providing written notice 31 days or more before the termination date. However once you leave the Plan you must wait at least 1 year before you can rejoin. The Plan limits reimbursement to \$100 per person during the first 12 months after you rejoin. You may rejoin the plan on the first day of any month, following a period of 1 year from the date you leave the plan.

If you are not actively at work on the date your coverage would normally become effective, coverage will commence on your return to work.

### ***When Will Your Coverage End?***

*When Will Your Coverage End?*

Your Group Coverage will terminate on the earliest of:

- the date you cease to be an eligible employee.
- the date you enter the armed forces of any country on a full-time basis.
- the date the Group Contract terminates.
- the date any required contribution is due but not paid.
- the date you retire. However, if you retire early, your coverage may be continued in accordance with the Collective Agreement or Board policy provided that you pay the required contribution.
- The date you die. Your dependents may be able to extend their coverage after your death. See your Collective Agreement or Board policy for details.

Your dependent's coverage terminates on the date your coverage terminates or the date the dependent ceases to be an eligible dependent, whichever is earlier.

In most cases the Plan will not pay for services received after your coverage ceases. See the Contract for exceptions.



# Your Group Benefits

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## Your Group Benefits

### Dental Care

The options you may elect depend on your Collective Agreement or Board policy. In addition to Basic coverage, some groups have the option to elect Major coverage or Major plus Orthodontia coverage. For those groups who have the option of electing Orthodontia coverage, please be aware that you cannot elect Orthodontia coverage without also electing Major coverage. If you are unsure of the options you may elect or have elected, contact your Board office. Option reimbursement is based on the Ontario Dental Association (O.D.A.) fee guide indicated in your Collective Agreement or Board policy.

*Dental Care - The Benefit*

#### **The Benefit**

**Dental Fee Guide** – Ontario Dental Association’s General Practitioners Dental Fee Guide or Ontario Denturist Fee Guide

#### **Benefit Percentage (Co-insurance)**

100% for Basic

80% for Major

50% for Orthodontics

#### **Benefit Maximums**

The amount depends on the coverage option for which you are eligible:

<i>Coverage Option</i>	<i>Maximum Amount Payable</i>
Basic only	\$ 5,000 per person per calendar year.
Basic and Major	\$10,000 per person per calendar year.
Basic, Major and Orthodontia	\$10,000 per person per calendar year for Basic and Major Services combined and \$1,000 per person per calendar year, subject to a lifetime maximum of \$2,000, for Orthodontia Services.

*Dental Care - Eligible Expenses*

#### **Eligible Expenses**

Eligible expenses are those which are recommended as necessary by a physician or dentist and are not in excess of the Dental Fee Guide.

Dental treatments are considered eligible if rendered by a licensed dentist or denturist. The Plan will not pay for services covered by a provincial health plan.

There are several dental procedures which are covered by Provincial Health Plans up to certain maximums. If the dentist or dental surgeon chooses to charge more than the amount payable by the Provincial Plan, legislation in some provinces does not permit the excess charges to be eligible under this Plan.

The services listed below are eligible for coverage. Your Plan also covers other services less frequently used. Contact Manulife Financial or refer to your Board's copy of the dental contract for a complete list of eligible services or for the year of the fee guide that applies to your coverage.

# Your Group Benefits

*Dental Care - Basic  
Services*

## **Basic Services**

### **100% of eligible services payable**

The following services will be eligible for payment once every 9 months in accordance with the recall provision in your Collective Agreement, or in accordance with Board policy.

- Recall oral examinations.
- One unit of scaling and one unit of polishing.
- Topical fluoride treatment.
- Preventive recall packages.
- Bite-wing x-rays.

Oral hygiene re-instruction is limited to 2 units per lifetime.

## **Diagnostic Services**

Complete oral examinations, once every 3 years

Specific and emergency examinations

Periapical, occlusal and extraoral films

Full mouth series and panoramic x-rays, once every 2 years

Sinus examinations

Sialography

Use of radiopaque dyes to demonstrate lesions

Temporomandibular joint films

Tomography

Microbiological cultures for determination of pathologic agents

Dental caries susceptibility test

Histological tests

Cytological test

Diagnostic casts

Treatment planning

All dental consultations with patient, 2 units per lifetime

# **Your Group Benefits**

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## **Preventive Services**

Oral hygiene instruction (individual) and re-instruction, limited to 2 units per lifetime

Finishing restorations

Pit and fissure sealants

Interproximal discing of teeth

## **Restorative Services**

Amalgam, acrylic and composite restorations

Non-prefabricated tooth coloured composite veneers

Stainless steel crowns

Caries/trauma/pain control

## **Endodontic Services**

Root canals

Pulpotomy

Pulpectomy

Apexification

Apicoectomy

Retrofilling

Root amputation

Hemisection

Chemical bleaching of endodontically treated tooth

## **Non-Surgical Periodontal Services**

Scaling, limited to 16 units per calendar year

Occlusal equilibration, limited to 8 units per calendar year

Periodontal surgery

Extra Coronal provisional splinting

# Your Group Benefits

## **Prosthodontic Services**

Relining, rebasing, adjusting and repairing an existing complete or removable denture

Repairing an existing bridge

## **Surgical Services**

Extracting erupted and impacted teeth

Alveoplasty

Surgically excising tumours, cysts and neoplasms

Residual root removal

Surgical exposure of tooth

Surgical movement of teeth

Gingivoplasty and/or stomatoplasty

Surgical excision

Surgical incision and drainage

Surgical incision for removal of foreign bodies

Fractures

Frenectomy

Major post surgical care

## **Adjunctive General Services**

Consultation required by the attending dentist

General anaesthesia

Local anaesthesia (not in conjunction with operative or surgical procedures)

Inhalation sedation

Intravenous sedation

Intramuscular injections of sedative drugs

House calls

Office visits (after regular scheduled office hours)

Therapeutic injections

# **Your Group Benefits**

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*Dental Care - Major Services*

## **Major Services**

**80% of eligible services payable**

### **Preventive Services**

Space maintainers for missing primary teeth

Habit-breaking appliances

### **Restorative Services**

Onlays when the major portion of the clinical crown is decayed, heavily filled or the cusps are fractured and cannot be restored using basic restorative materials.

Inlays when 3 or more surfaces are involved and the tooth cannot be restored using basic restorative materials. When only 1 or 2 tooth surfaces are involved, the inlay will be considered for reimbursement under Basic Services and payment will be based on the cost of a comparable amalgam or composite restoration.

Crowns, including gold and porcelain, when the major portion of the clinical crown is decayed, heavily filled or the cusps are fractured and cannot be restored using basic restorative materials.

Repairing porcelain inlays, onlays and crowns.

Replacement crown or inlay.

Removal and recementation of crown or inlay.

### **Prosthetic Services**

Creation of an initial bridge or initial denture.

Transitional dentures and bridges only if at least one extraction is necessary in conjunction with the fitting of the appliance.

Replacement prostheses (dentures and bridges) when one of the following occurs:

- a) the existing prosthesis is at least 3 years old and cannot be made serviceable.
- b) replacement is necessitated by the extraction of additional natural teeth while covered under this Plan.
- c) the existing prosthesis is temporary and is replaced with a permanent prosthesis within 12 months of the installation of the temporary prosthesis.

Removing and recementing bridges.

# Your Group Benefits

## **Orthodontic Services**

*Orthodontic Services*

### **50% of eligible services payable**

All necessary dental treatment which has as its objective the correction of malocclusion of the teeth. Consultations for Orthodontia services are paid under Basic Services and are subject to the 2 unit per lifetime maximum for all dental consultations. Orthodontia consultations that are paid as part of the above maximum are not included in your maximum benefit for Orthodontia Services. Consultations included as part of the records fee would form part of the overall Orthodontia maximum.

## **Accidental Dental**

*Accidental Dental*

Dental treatment incurred in Canada or outside Canada for the repair of damage resulting directly from an accidental injury to natural teeth and not by an object wittingly or unwittingly placed in the mouth will be considered eligible for benefit. Dental treatment incurred outside Canada will be limited to \$500 per accident. Please refer to your Extended Health Care Benefit Booklet for additional details.

## **Outside Canada Coverage**

*Outside Canada Coverage*

Expenses incurred outside Canada for both emergency (non-accident related) and non-emergency treatment will be considered for reimbursement in the same manner as those incurred in Canada.

## **How Much Will the Plan Cover?**

*How Much Will the Plan Cover?*

You may wish to know how much the Plan will reimburse **in advance of the treatment**. To get this information, ask your dentist to complete a Treatment Plan listing the prescribed services and estimated costs. Send this information to Manulife Financial. Manulife Financial will review the services and let you know the amount eligible for payment.

For your own information, it is recommended that you submit a Treatment Plan when the expected cost exceeds \$500.

A Treatment Plan is a plan of dental treatment (including x-rays if required) showing the patient's dental needs, a written description of the proposed treatment necessary in the professional judgement of the dentist, and the cost of the proposed treatment. Using this information, Manulife Financial will identify coverage and limitations for specific services. Coverage percentages, specific limits and the Dental Fee Guide allowance will be clarified before dental treatment commences.

The Treatment Plan is not intended to limit you in your choice of dentist, to tell you or your dentist what treatment should be performed, to tell the dentist what fee to charge, nor to guarantee reimbursement after coverage ceases.

## **Expenses Not Covered**

*Expenses Not Covered*

No payment will be made for expenses resulting from:

- Self-inflicted injuries or illness 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.
- Any injury or illness for which the person is entitled to benefits under any workers' compensation act.

## Your Group Benefits

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- Examinations or services required for the use of a third party.
- Charges levied by a physician or dentist for time spent travelling, broken appointments, transportation costs, or for advice given by telephone or other means of telecommunication, including paperwork or conferences with third parties.
- Cosmetic surgery or treatment (as determined by Manulife Financial). Your health Plan may cover an accidental injury requiring cosmetic treatment if you start treatment within 90 days of the accident.
- Experimental dental procedures or treatment methods not approved by the Canadian or Provincial Dental Association.
- Any charges for services, treatment or supplies:
  - for which there would be no charge except for the existence of coverage.
  - which are performed or provided by an immediate family member or a person who lives with the patient.
  - which are not specified as an Eligible Expense under this plan.

***Immediate family member** means you, your spouse or child, your parent or your spouse's parent, your brother or sister, or your spouse's brother or sister.*

- Dental treatment received from a dental or medical department maintained by an employer, an association, or a labour union.
- The replacement of an existing dental appliance which has been lost, mislaid or stolen.
- Dental services and supplies rendered for full-mouth reconstruction, for a vertical dimension correction, or for a correction to temporomandibular joint dysfunction (TMJ).
- Treatment which is not generally recognized by the dental profession as an effective, appropriate and essential form of treatment for the dental condition.
- Dental implants (such as endosseous, subperiosteal, blade or transosteal) or the attached prosthesis.
- Chlorzoin therapy.
- Orthodontic treatment for those Divisions that are not eligible for such treatment.

## Your Group Benefits

### *REMINDER*

Employees covered under the Board's Health and Dental plans are reminded to retain all Explanation of Benefits forms (EOBs) that they receive from Manulife Financial in the event that they have the opportunity to claim a federal tax credit for expenses that were not reimbursed under the plans.

The Explanation of Benefits (EOB) form is the print-out attached to the cheque at the time that a claim payment is made. The EOB includes a summary of the submitted expenses and the amounts payable under the plan. The EOB also indicates expenses that were not reimbursed under the plan and provides the reason for declining those expenses.

In the event that a plan member feels that he/she might qualify for a federal tax credit, but he/she has not retained copies of all EOB forms, reprints may be obtained from Manulife Financial, (416) 310-6872.

Since the reproduction of these records can be very time consuming, Manulife Financial will charge an administrative fee of \$45.00 for this service. Payment of this fee will be the responsibility of the employee. Retaining the Explanation of Benefits (EOB) form will help to avoid this fee.