

DENTAL INSURANCE

La Capitale

Policy:Group Number: 2054B

Employer: 8182

Identification No.: Your social insurance number

Address:

Service de l'assurance collective

Case Postale 1500

Terminus du Quebec (Quebec)

G1K 8X9

Telephone Number:

800/463-4856

IMPORTANT

This document does not mention all the clauses relating to definitions, eligibility, participation, termination of insurance and other miscellaneous provisions. Nonetheless, you may have access to the contents by consulting the contract available with the policyholder or with your employer.

DENTAL CARE COVERAGE

When an insured person incurs expenses for dental treatments as defined herein, dispensed and recommended by a dentist, the Insurer pays \$2,000 per calendar year per insured person for the aggregate of these protections:

Module A 100% preventive services;

Module B 100% basic restorative services;

Oral surgery 90 %;

Module C 80% major restorative services;

Module D 60% complex restorative services.

A 25 \$ annual deductible shall be applied for options B, C and D.

Eligible expenses are expenses that are reasonably incurred, recommended by a dentist and justified by the current practice of dental art, and whose cost does not exceed the rates for the current year in the Fee Guide or the Quebec Dental Surgeons Association. Excluded are all unnecessary dental treatments or costs covered under any other individual or group insurance plan as well as all costs covered or refundable under the Workmen's Compensation Act, the Automobile Insurance Act, or by virtue of any other Canadian or foreign law having the same effect.

A) PREVENTIVE SERVICES

Clinical oral examination, up to one examination per consecutive six (6) months period. Emergency examinations are not subject of this limitation.

X-rays

intra oral films (periapical, occlusal and bitewing);

extra oral films:

sinus examination;

sialography;

use of radiopaque dyes to demonstrate lesion;

temporomandibular joint;

interpretation of X-rays from another source;

tomography.

N.B. Reimbursement is limited to one X-ray sitting per consecutive six (6) month period, with the exception of X-rays taken during an emergency examination. Moreover, a complete series of periapical and bitewing films is only reimbursable once per consecutive thirty-six (36) month period.

Pulp vitality test

Coronal polishing, up to one treatment per consecutive six (6) month period.

Scaling or root planing, up to one treatment per consecutive six (6) month period for each of these dental procedures.

Topical application of fluoride, up to one treatment per consecutive six (6) month period.

Finishing restorations.

Pit and fissure sealants.

Carries control (removal of carious lesions and placement of sedative dressing).

Inter proximal discing.

B) BASIC RESTORATIVE SERVICES

Restorative services

amalgam restoration

retentive pins

silicate restoration

acrylic or composite restoration

acrylic or composite using the acid etch technique or self-curing, excluding prefabricated veneer application.

Oral surgery (90 %)

removal of erupted tooth (uncomplicated);

Complex surgical removal of an erupted tooth of a tooth which is partially or completely covered with soft or bone tissue of residual roots without complication of root covered with soft or bone tissue surgical exposure of tooth covered with soft or bone tissue repositioning of a tooth

enucleation of an erupted tooth and his follicle
alveoplasty
gingivoplasty and/or stomatoplasty
osteoplasty
surgical excision of cyst and neoplasm
surgical incision and drainage
frenectomy
haemorrhage control during dental treatment covered under the present contract.
General basic services
local anaesthesia
general anaesthesia (anaesthetic cost only)
conscious sedation by inhalation
professional visits
at home
at the hospital
at the professional's office, nights, Sundays and statutory holidays.

C) MAJOR RESTORATIVE SERVICES

Endodontics
pulp capping
pulpotomy
root canal treatment, namely, pulpectomy, biomechanical preparation chemotherapeutic treatment and obliteration of the canal or canals apexification, namely, biomechanical preparation, chemotherapeutic treatment and obliteration of the canal or canals
insertion of dentogenic media periapical services, namely apical curettage and/or root resection retrograde amalgam and non-metallic compounds or silver points
root amputation other endodontics procedures removal of gingival tissue, necessary for isolation of tooth with rubber dam removal of bone tissue necessary to expose additional root structure of fractured of carious tooth banding of tooth to maintain a sterile operating field hemisection bleaching subject to an overall maximum of the (10) visits per year per insured person for all teeth
intentional removal, apical filling and re-implantation (splinting additional)
removal or root filling materials of foreign bodies from previously treated roots canals endosseous implants for root stabilization
emergency procedures
emergency pulpectomy
trephination through crown into root canal without pulpectomy
sedative dressing
smoothing of the tooth
relieving traumatic occlusion

reimplantation of a luxated tooth
repositioning of a tooth
Parodontics
application of displacement dressing (packing)
management of acute infections and other oral lesions, as follows:
acute periodontal abscess, acute periocoronitis, acute necrotizing ulcerative gingivitis,
traumatic ulcers, heat or chemical burns, acute herpetic gingivostomatitis aphthous
ulcers and others
oral manifestations of dermatologic diseases
desensitization of tooth surface, up to an overall maximum of ten (10) treatments per
year per insured person, for all teeth
subgingival curettage
gingivoplasty
flap approach with osteoplasty/osteotomy
flap approach with curettage of osseous defects
flap approach with curettage of osseous defects and osteoplasty
osseous graft
pedicle and free soft tissue graft
vestibuloplasty
distal wedge operation
post-surgical treatment
management of a periodontal abscess or pericoronitis
occlusal equilibration
occlusal device

D) COMPLEX RESTORATIVE SERVICES (PROSTHODONTICS)

Diagnostic casts
unmounted
mounted, acquired centric
mounted, centric and eccentric records on semi-adjustable articular
mounted, gnathologic procedures
Restorative services
gold foil
inlays
metal
porcelain
retentive pins in inlays and crowns
Fixed prosthodontics services
acrylic processed
acrylic processed to metal
acrylic or plastic, transitional, direct (chair side)
acrylic or plastic, transitional, indirect

porcelain
porcelain fused to metal base
metal (full or 3/4 cast)
preformed stainless steel
preformed polycarbonate crown
metal transitional, direct (chair side)
cast metal post and core
metal transfer coping
re-cementation or removal of crown or inlay
prefabricated metal post and core of prefabricated metal post and cast core
pin-reinforced amalgam or composite core for crown restoration
Removable prosthodontics services
complete denture
immediate complete denture
transitional complete denture
transitional partial denture with acrylic base, no clasps
transitional partial denture, acrylic base
with wrought clasps
with gold or chrome clasps with rests
with wrought bar, rests and clasps
partial denture cast, chrome cobalt (or gold)
chrome cobalt palatal connector, rests, clasps and acrylic free end base
palatal connector, rests, clasps and cast chrome cobalt base (tooth borne)
partial denture with precision attachments
semi-precision cast partial denture
Denture adjustments
minor adjustments, provided these adjustments are made more than six (6) months
after the initial insertion of the denture
remount and equilibration
Denture repairs
to a complete or partial denture, with or without impression
replacement of a fractured or lost tooth on a partial or full denture
partial denture additions
Denture rebasing and relining
reline complete or partial denture
self-polymerizing
laboratory processed
rebase (jump)
tissue conditioning
Fixed prosthodontics services
pontics
metal cast

Steele's or William's type
porcelain fused to metal
acrylic processed to metal
acrylic pontic processed - indirect transitional during healing
reverse pin
retainers - inlay, onlay
two surfaces, used with broken stress technique
three surfaces or more, used with broken stress technique
metal unlay
Extensive fixed denture repairs
replace broken pin facing with stotted or reverse pin facing
replace broken facing where post in intact
broken facing where post backing is broken
broken facing with acrylic
broken "tru pontic"
removal of fixed partial denture (bridge) to be re-inserted
stabilization of a fixed partial denture (bridge) with resin at contact point in order to
solder a broken contact point
removal of fixed partial denture (bridge) not to be re-inserted
recementation of fixed partial denture (bridge)
precision attachment, reimbursable not more than once per five (5) consecutive years
splinting
additional retentive pins in abutments
provisional coverage in extensive or complicated restorative dentistry.

Restriction concerning removable, fixed and extensive fixed prostheses:

The replacement of a prosthesis or the addition of teeth to a removable or extensive fixed prosthesis will be refundable provided satisfactory evidence may establish: that the replacement or addition of teeth is necessary following the removal of teeth after the initial insertion of the denture, or that the denture may not be repaired and, if this denture has been inserted while the present additional dental care coverage was in force, that at least 5 years have gone by prior to the replacement.

Nonetheless, these services will not be refundable if they are ensured by a temporary (transitional) prosthesis when fixed prostheses are used as retainers for an extensive fixed prosthesis said prostheses are refundable under the same conditions as extensive fixed prostheses.

GENERAL INFORMATION

Definitions Spouse: The man or the woman who, on the date of the event entitling such person to benefits, is married to the participant and lives with that person or continuously has lived in a marital relationship with that person for 1 year. The status of

spouse is forfeited through dissolution of such marriage by divorce or annulment, or in the case of a marriage not legally contracted by separation for more than 3 months. Dependent child: A single child of the participant or his or her spouse, who resides with him or she and whose needs are looked after wholly or to a large degree and who is over 24 hours of age and is under age 21, or is over 21 but less than age 25 and attends on a full - time basis as a duly registered student, a recognized educational institution, or whatever his or her age, if the child has been the victim of total disability while he or she satisfied any one of the preceding conditions and has remained totally and continuously disabled since that date.

Admissibility and Membership Senior officers are eligible on the date of employment and the participation is optional.

Definition "Total Disability" A state of disability resulting from illness or an accident which, during the waiting period of 6 months and the ensuing 24 months, prevents the member from carrying out each and all of the duties relating to his employment and demands continuous medical attention and, after 24 months, effectively prevents the member from carrying out any gainful activity that may reasonably correspond to the capacities of persons qualified by education, training or experience, although continuous medical attention is not necessary required.

Waiver of Premiums If prior of age of 65, a member becomes totally disabled while this coverage is in force, the Insurer waives the payment of any premium in such respect which falls due following the expiry of a period of 6 months of disability. Nonetheless, the waiver of premiums ends if the contract is terminated.

Termination of Insurance A member's insurance expires at the earliest of the following dates:

- the date on which the member ceases to be an employee;
- the expiry of the period covered by the last premium paid on his behalf to the Insurer;
- the date on which the contract is terminated;
- the date of receipt by the Insurer of the written notice from the participant who wants to terminate his or her insurance under the dental care insurance coverage or the date of termination as indicated on such notice, whichever date is the furthest.
- the date of reception by the Insurer of a written notice by the member who expressed the desire to terminate his insurance by virtue of any insurance coverage or the date of termination written on such notice, whichever date is the furthest.
- Extension Upon the death of a participant, the insurance of his or her dependents is

extended without premium payments until the nearest of the following dates:

- 24 months following the death of the participant;
- the date on which the dependents' insurance have ended if the participant had been alive;
- the date on which the contract terminates.

EXCLUSION AND REDUCTIONS

The following dental procedures are excluded from this coverage and the insurer makes no refund for them:

Dental care that is free of charge or that the insured is not required to pay, that he or she would not be required to pay if he or she had invoked the provisions of any public or private, individual or group plan, to which the insured would be eligible or would not be required to pay in the absence of this contract.

Dental treatments for which the insured is entitled to a refund under the Act respecting industrial accidents and occupational diseases, the Quebec Automobile Insurance Act or any other Canadian or foreign act having the same effect; dental treatments payable by a health insurance plan in which the insured participates.

Dental treatments and supplies which, in accordance with accepted dental art standards, are not required from a dental viewpoint; or which are not recommended or approved by the attending dentist, or which do not meet accepted dental art standards.

Dental treatments performed mainly for esthetic purposes, including the transformation or extraction and replacement of healthy teeth in order to modify appearance.

Dental treatments required following an injury that the insured willfully inflicted upon him or herself, whether or not of sound mind, a war, or participation in a real or apprehended insurrection.

Fees invoiced by a dentist for an appointment missed by an insured or for the filling out of claim forms required by the Insurer, or for additional information required by the Insurer; also for travel time, transportation costs and counseling provided by any means of telecommunications.

Fees invoiced by a dentist for a treatment plan, either for extra time spent for explanations due to the complexity of the treatment, or when the insured requires this extra time for explanations, or when the diagnostic material comes from another source; for consultation with the insured; for consultation with another dentist.

Fees invoiced by a dentist for the analysis of an alimentary diet and recommendations for initial instructions as well as re-instruction in oral hygiene, and for a plaque control program; for any protective athletic appliances.

Dental care related to implants.

Expenses incurred while this coverage is not in force.

PROCEDURE FOR FILING CLAIMS

The notice of claim form includes 2 parts: the first one must be filled out by the dentist and the second one by the insured. When the 2 parts are filled out, the insured must return the form to the Insured. You must make your claim within the 12 months following the date expenses were incurred.

The policyholder may, at any time following an agreement with the Insurer, make modifications to the contract concerning the classes of persons eligible, the scope of coverage and the sharing of costs between classes of insured. Such modifications can also apply to all insured, whether they be active, disabled or retired.

This document is only for information purposes and in no way modifies the terms and conditions of the contract.