

Dental Coverage

Dental services as described below are included in coverage for detainees and in Supplemental Coverage only.

Initial services are limited to emergency relief of pain or infection only. Where the treating dentist considers further treatment necessary, a prior approval request must be submitted to Medavie Blue Cross before treatment is begun.

Dental care services covered

1. Emergency examinations

Emergency examination are covered no more than once every six months per dental office

2. Diagnostic Radiography

Panoramic radiograph or eight periapical X-rays (but not both) X-rays must be clear and discernible and properly labeled. Digital X-rays are acceptable.

3. Restorations

Restorations are covered for severely affected teeth only. All restorations must be prior approved by submitting X-rays. Pre-approved fillings on anterior and molar teeth are restricted to the following: bonded composite resin fillings on anterior teeth and fillings on molar teeth are payable up to the rate of amalgam fillings. Fillings will be paid on a continuous surface basis only.

4. Extractions

Uncomplicated emergency extractions do not require prior approval. All complicated extraction codes must be submitted with X-rays for justification.

5. Emergency Prescriptions

Charges for prescribing emergency medications. Only those needed to treat the emergency conditions.

6. Anesthetics

Anaesthetics under age 13: four units allowed; age 13 and older: eight units allowed. All anesthetics must be submitted for predetermination.

Dental care services not covered

- Routine root canal treatments, orthodontics, temporary and permanent prosthetics
- Intravenous sedation and nitrous oxide
- Prophylaxis and fluoride
- Facility fees
- Specialist fees (unless specially approved for oral surgeons and pedodontists)
- Pulpotomies and stainless steel crowns
- Bite-wing X-rays
- Restoration of incipient lesions or those not visible on an X-ray are considered routine care and will not be covered
- Scaling and root planing
- Complete or partial dentures and relines