



Shared Services Saskatchewan
better together



Core Dental Plan Survivor Benefits



Commentary

FOR SURVIVORS OF CERTAIN SUN, HSAS, CUPE, SEIU, SGEU AND OTHER UNIONIZED EMPLOYEES WHO PARTICIPATED IN THE 3sHEALTH BENEFITS PLANS.

FOR SURVIVORS OF CERTAIN OUT-OF-SCOPE NON-UNIONIZED EMPLOYEES OF 3sHEALTH PARTICIPATING PLAN SPONSORS.

This Commentary is presented as a matter of general information only. The contents are not to be accepted or construed as a substitute for the provisions of the plan.

GENERAL INFORMATION

Access to Documents

You have the right, upon request, to obtain a copy of the policy, your application and any written statements or other records you have provided to Canada Life as evidence of insurability, subject to certain limitations.

Legal Actions

Every action or proceeding against an insurer for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in the Insurance Act (for actions or proceedings governed by the laws of Alberta and British Columbia), The Insurance Act (for actions or proceedings governed by the laws of Manitoba), the *Limitations Act, 2002* (for actions or proceedings governed by the laws of Ontario), or other applicable legislation. For those actions or proceedings governed by the laws of Quebec, the prescriptive period is set out in the Quebec Civil Code.

Appeals

You have the right to appeal a denial of all or part of the insurance or benefits described in the contract or a benefit. An appeal must be in writing and must include your reasons for believing the denial to be incorrect.

Benefit Limitation for Overpayment

If benefits are paid that were not payable under the policy, you are responsible for repayment within 30 days after Canada Life sends you a notice of the overpayment, or within a longer period if agreed to in writing by Canada Life. If you fail to fulfil this responsibility, no further benefits are payable under the policy until the overpayment is recovered. This does not limit Canada Life's right to use other legal means to recover the overpayment.

Employer Role

The employer's role is limited to providing employees with information and not advice.

Insurance Fraud

Fraud happens when someone knowingly lies or falsifies information to obtain a benefit to which he or she is not entitled. This includes but is not limited to intentionally providing false information to ensure the payment of a claim, withholding information that would affect payment of a claim, or submitting a fictitious claim.

Any incidents of fraud, suspicious activity, or other irregularities will be investigated. Cases of fraud will be reported to the participating plan sponsor, which could lead to disciplinary action. Police services may also be contacted.

Help protect your benefit plan!

- Examine your forms and receipts to make sure information is correct. You are responsible for the information you submit.
- Do not give a provider pre-signed claim forms, never alter or change a receipt, and keep your plan number and Benefit ID (BID) secure.
- Review this booklet and understand your benefits.
- Report suspicious situations by calling the Canada Life tip line at 1-866-810-8477.

PROTECTING YOUR PERSONAL INFORMATION

At Canada Life, we recognize and respect the importance of privacy. Personal information about you is kept in a confidential file at the offices of Canada Life or the offices of an organization authorized by Canada Life. Canada Life may use service providers located within or outside Canada. We limit access to personal information in your file to Canada Life staff or persons authorized by Canada Life who require it to perform their duties, to persons to whom you have granted access, and to persons authorized by law. Your personal information may be subject to disclosure to those authorized under applicable law within or outside Canada.

We use the personal information to administer the group benefits plan under which you are covered. This includes many tasks, such as:

- determining your eligibility for coverage under the plan
- enrolling you for coverage
- investigating and assessing your claims and providing you with payment
- managing your claims
- verifying and auditing eligibility and claims
- creating and maintaining records concerning our relationship
- underwriting activities, such as determining the cost of the plan, and analyzing the design options of the plan
- preparing regulatory reports, such as tax slips

We may exchange personal information with your health care providers, your plan administrator, any insurance or reinsurance companies, administrators of government benefits or other benefit programs, other organizations, or service providers working with us or the above when relevant and necessary to administer the plan.

You are responsible for the claims submitted. We may exchange personal information with you or a person acting on your behalf when relevant and necessary to confirm coverage and to manage the claims submitted.

You may request access or correction of the personal information in your file. A request for access or correction should be made in writing and may be sent to any of Canada Life's offices or to our head office.

For a copy of our Privacy Guidelines, or if you have questions about our personal information policy and practices (including with respect to service providers), write to Canada Life's Chief Compliance Officer or refer to www.canadalife.com.

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YOUR CORE DENTAL PLAN

Health Shared Services Saskatchewan (3sHealth) Core Dental Plan was established January 1, 1986. This commentary outlines each of the Core Dental Plan benefits which provide protection and security for you and your family. The information in this commentary is important. Familiarize yourself with its contents and keep it handy for reference.

The 3sHealth Core Dental Maximum Reimbursement Schedule lists all eligible procedure codes and the maximum fee amount payable for each eligible procedure code. The Maximum Reimbursement Schedule is available from your Employer, from the 3sHealth web site at www.3sHealth.ca, or by contacting 3sHealth directly.

If you have questions about your eligibility or level of coverage under the plan, please contact your participating plan sponsor. If you have questions about the plan benefits or a specific claim, please contact Canada Life at the address or telephone number shown at the back of this commentary.

This commentary contains general information, and is subject to all of the provisions, limitations, exclusions and restrictions contained in the plan document issued by 3sHealth.

ELIGIBILITY

You are eligible for coverage under this plan on the date you qualify as a surviving Dependent.

Please note: No premium payment will be required for the continuation on insurance.

Termination of Coverage

Your survivor coverage will terminate on the earliest of:

- in the case of a surviving spouse, the date you remarry;
- in the case of a surviving dependent, the date you no longer satisfy the definition of Dependent;
- the date the policy is no longer in force
- the date of the second anniversary of the deceased member's death

OVERVIEW

This section contains:

- leaves of absence
- continuation of coverage during a period of approved disability, and
- definitions

Definitions

Child - a person who is unmarried, was dependent on the deceased member for financial support, and who was the deceased member's natural child, legally adopted child, step-child or child of a common-law Spouse who lived with the deceased member, or a child for whom the deceased member had been granted custody pursuant to an Order of a Court.

Unless otherwise shown in a benefit, a Child must be:

- under 21 years of age, or
- between the ages of 21 and 25, inclusive, and in full-time attendance at an accredited college or university, or
- 21 years of age or older and dependent upon the deceased member for support by reason of a mental or physical disability.

In order to continue the coverage of a mentally or physically disabled Child who has attained age 21, you may be asked by the Insurer at the time of a claim to provide additional medical information.

Dependent – a deceased member's Spouse or Child.

Government Plan – any plan of insurance provided by or under the administrative control of any government or agency in accordance with any law (other than the *Employment Insurance Act of Canada*) or any plan providing insurance coverage regulated by any government.

Insured Person – surviving dependent, excluding any person who does not reside in Canada or the United States, or who is on active full-time service in the armed forces of any country.

Maximum Reimbursement Schedule – the 3sHealth Core Dental Maximum Reimbursement Schedule, which may be amended from time to time.

Medically Necessary - a care, service or supply (based on generally recognized standards of health care) which is accepted by the medical profession as effective, appropriate and essential in the diagnosis or treatment of injury, disease, illness, pregnancy or mental disorder.

Reasonable and Customary Charges - charges for diagnosis, treatment, care, services, or supplies at the usual level for cases similar in nature and severity. Charges are representative fees and prices in the place in which they are provided, as determined in accordance with the *3sHealth Core Dental Maximum Reimbursement Schedule*.

3sHealth – Health Shared Services Saskatchewan.

Spouse – a person to who was legally married to the deceased member, or a person with whom the deceased member was cohabiting in a spousal relationship for the past 12 months.

CLAIMS

This section contains information about the payment of claims, the appropriate claim forms to use and the documents that are required to ensure that claims are paid promptly. Claim payments are accompanied by statements explaining how benefits have been determined according to the plan.

How to Submit a Dental Claim

When you wish to submit a claim:

1. obtain a 3sHealth Dental Claim form from your participating plan sponsor or online at www.3sHealth.ca or www.canadalife.com;
2. complete Part 2 of the claim form;
3. have the dentist complete the Dentist section (Part 1) of the claim form; and
4. submit the completed form to Canada Life at the address shown on the claim form.

Co-ordination of Benefits

Benefit payments under the plan may be co-ordinated with the benefits provided by any other plan to provide up to 100% of the Eligible Expenses, as long as the total amount received from all sources does not exceed the amount of the actual expense incurred.

If you are a surviving spouse, submit the claim first to your plan, and second to this plan.

You are a surviving dependent child, submit the claim first to the plan of the parent who has the first birth date in the year, and second to the alternate plan.

If the alternate plan does not provide for co-ordination of benefits, all claims should be submitted to the alternate plan first.

Pre-Authorization

You are encouraged to submit a pre-treatment estimate, especially where the cost of the proposed services is expected to exceed \$500. Submit your estimate to the Insurer on a standard Dental Claim form, and write "ESTIMATE" on the top of the form. You will receive back an explanation of benefits statement detailing both covered services and excluded services. A pre-authorization is not a guarantee of payment.

Payment of Claims

All benefits will be paid to you unless the Insurer is directed otherwise.

Deadline for Submitting Claims

Claims must be submitted within 120 days of the end of the calendar year in which the expense was incurred, or the services were performed.

Right to Recover

If the Insurer pays any benefits to you which you have the right to recover from any person or corporation, the Insurer reserves the right to work with you to recover those payments.

DENTAL PLAN BENEFITS

Benefit Entitlement

For Surviving Dependents of Permanent Full-time Employees

Surviving dependents of permanent full-time employees are reimbursed for covered procedures at the following levels:

Level I – Preventive Services

The lesser of 100% of the Eligible Charge or the *3sHealth Core Dental Maximum Reimbursement Schedule* fee stipulated fee amount.

Level II – Basic & Routine Services

The lesser of 75% of the Eligible Charge or the *3sHealth Core Dental Maximum Reimbursement Schedule* fee stipulated fee amount.

Level III – Major Restorative Services

The lesser of 50% of the Eligible Charge or the *3sHealth Core Dental Maximum Reimbursement Schedule* fee stipulated fee amount.

For Surviving Dependents Other Than Permanent Full-time Employees

If you are a surviving dependent of a deceased employee who worked on a part-time, casual or temporary basis for at least 40% of the number of hours normally worked by a permanent full-time Employee, your benefits will be pro-rated. If you have questions about your level of coverage under the plan, please contact your plan sponsor.

The following schedule details the levels of coverage under the 3sHealth Core Dental Plan:

Percentage of Regular Full-Time Hours	Level of Coverage
Less than 40%	NIL
40% - 50%	50%
51% - 60%	60%
61% - 70%	70%
71% - 80%	80%
81% - 90%	90%
91% - 100%	100%

If you have questions about your level of coverage under the plan, please contact your participating plan sponsor.

CORE DENTAL PLAN

Benefit Amount

Benefits are limited to the maximums identified for specific eligible charges in the *3sHealth Core Dental Maximum Reimbursement Schedule*.

Eligible Charges

Level I – Preventive Services

- initial examinations (maximum of once per six months)
- recall examinations (maximum of twice per calendar year)
- fluoride treatments (maximum once per calendar year)
- bitewing x-rays (maximum twice per year)
- full mouth x-rays (maximum of once per 24 consecutive months)
- unmounted study model (maximum of once per 24 consecutive months)

Level II – Basic & Routine Services

- amalgam, composite or acrylic fillings
- retentive pins
- extractions
- dental surgery including x-rays and laboratory services
- endodontics
- periodontics both surgical and non-surgical
- emergency treatment for pain
- repairs to existing dentures
- relining and rebasing of existing dentures
- re-cementing of existing inlay or crown
- prefabricated stainless steel crowns

Level III – Major Restorative Services

- installation of crowns, complete or partial dentures or fixed bridges
- repairs to and re-cementing of an existing fixed bridge
- replacement of crowns, dentures, or bridges where:
 1. the existing appliance is at least 5 years old and cannot be made serviceable, or
 2. the replacement is for an equivalent denture or bridgework, or
 3. the existing appliance is replaced because additional teeth have been extracted after the denture or bridgework insertion, or
 4. the existing appliance is an immediate temporary appliance, for which impressions were taken while insured. The permanent replacement appliance must be placed within 12 months from the date of installation of the immediate temporary appliance.

CORE DENTAL PLAN

Dental Plan Limitations

No amounts are paid by Canada Life for expenses incurred for, or as a result of:

- procedures not contained in the *3sHealth Core Dental Maximum Reimbursement Schedule*;
- for which the Insured Person obtains or is entitled to obtain benefits under any Government Plan,
- for which the Insured Person is entitled to obtain without charge,
- war, insurrection or hostilities of any kind whether or not you were a participant in such action,
- participation in a riot or civil commotion,
- the commission or attempted commission of any offence contained in the *Criminal Code*,
- any dental care or treatment for which you are not legally obligated to pay,
- any dental care treatment which is principally for cosmetic purposes,
- any appointments not kept or for the completion of claims forms,
- any dental treatment that has as its purpose the correction of temporomandibular joint dysfunction,
- any endodontic treatment commencing before you or your dependent became insured under this benefit,
- replacement of mislaid, lost or stolen appliances,
- any crowns placed on teeth that are not functionally impaired by incisal or cuspid damage,
- any crowns, bridges or dentures for which tooth preparations were made before you became insured under this benefit,
- any procedures, appliances or restorations used to increase vertical dimensions, or to repair teeth damaged or worn due to attrition or vertical wear or to restore occlusion,
- any services or supplies for implantology, including tooth implantation and surgical insertion of fabricated implants,
- any orthodontic expenses or treatment
- charges in excess of the specific limitations and maximum amounts,
- experimental treatment,
- sport or recreational services or supplies,
- charges in excess of Reasonable and Customary Charges for the least expensive appropriate treatment and
- expenses incurred for any dental services while on strike or lock-out.

The Insurer will determine if any expense falls within any of the above categories.

In cases where coverage exists through any other government, medical or dental program, including the Saskatchewan Medical Services Plan, Worker's Compensation, Saskatchewan Government Insurance or any other government programs or legislation, the plan will not accept responsibility for claim payment.

CANADA LIFE'S GROUP CUSTOMER CONTACT SERVICE CENTRE

English: 1-866-408-0213
TTY – Available for the Deaf or Hard of Hearing: 1-800-990-6654
Fast, Easy, Convenient
Available Monday – Friday
6:30 a.m. to 6 p.m. CST (April – October)
7:30 a.m. to 7 p.m. CST (November – March)

When you have questions about your coverage or claims, you know you can call the number above. And when you do, a customer service representative will provide quick and easy answers to all your questions.

When you call you'll be greeted by an automated attendant. You will then need to select the appropriate option, medical or dental, which will connect you to a customer service representative who will assist you with your inquiries.

When calling you will need:

- Touch-tone phone
- Group Number (335663)
- Certificate Number/Benefit ID Number

The customer service representative will ask you for this information.

Don't know your group or certificate numbers? While any caller can receive general information, to protect your privacy, you'll need those numbers if you want details about your confidential paid claims. These numbers can be found on your Explanation of Benefits statement.

Canada Life Online

Information and details on Canada Life's corporate profile, our products and services, investor information, news releases and contact information can all be found at our website www.canadalife.com.

Customer complaints

We are committed to addressing your concerns promptly, fairly and professionally. Here is how you may submit your complaint.

- Toll-free:
 - Phone: 1-866-292-7825
 - Fax: 1-855-317-9241
- Email: ombudsman@canadalife.com
- In writing:

The Canada Life Insurance Company
Ombudsman's Office T262
255 Dufferin Avenue
London, ON N6A 4K1

For additional information on how you may submit a complaint, please visit www.canadalife.com/complaints.



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October 2020
June 2019