

Basic Services (80% reimbursement)	Maximum (per person, per policy year unless otherwise stated)
Complete dental examination, which would include history, medical and dental; and clinical examination and diagnosis.	1 per person, per 3 policy years
Limited oral examination: a) recall and specific examinations; and b) emergency examinations.	a) Twice per person per policy year subject to a combined maximum of 2 examinations per policy year. b) Unlimited.
Dental x-rays (radiographs): a) a complete (full mouth) or panoramic series; and b) intra-oral and extra-oral.	a) 1 of either type per person per 3 policy years. b) 10 films per person per 2 policy years.
Treatment planning and consultations.	
Basic oral surgery including erupted teeth extractions, surgical extractions, surgical excisions, surgical incisions and postsurgical care.	
Basic restorations of teeth including caries, trauma and pain control, amalgam restorations, prefabricated restorations and plastic restorations.	
Endodontic Treatment for permanent teeth including Treatment of the pulp chamber, root canal therapy, periapical services, misc. surgical services (root amputation, hemisection, replantation, and perforations) and misc. Endodontic procedures (open and drain and non vital bleaching).	Root canal therapy is limited to 1 per tooth per 5 policy years.
Diagnostic casts.	1 per person per 3 policy years
Anaesthesia.	
Surgical periodontal services including gingival curettage, gingivoplasty, gingivectomy and flap approach.	Each type of surgery is limited to 1 per site (sextant)
Non-surgical periodontal services including management of oral disease and desensitization.	
Periodontal root planing.	10 units combined with scaling.
Denture relining and rebasing.	1 per person per 3 policy years per arch.
Removable prosthodontic services including denture repairs and additions, tissue conditioning for dentures and miscellaneous denture service (resilient liner and resetting of teeth).	
Fixed prosthodontic repairs including replacement repairs, removal of existing fixed bridge/prosthesis, reinsertion, recementation, and fixed bridge/prosthesis repairs.	

Major Services (70% reimbursement)	Maximum (per person, per policy year unless stated otherwise)
Full and/or partial upper and lower dentures, including any necessary adjustments.	Initial complete or partial dentures and bridges are limited to teeth extracted while covered under this plan, to a maximum of 1 per arch.  Replacement complete or partial dentures and bridges are limited to teeth extracted while covered under this plan, or provided the existing complete or partial denture and bridge are at least 5 years old. The cost of transitional dental work will be deducted from the final bridge or denture, if done within 1 year.
Inlays, onlays, crowns, and veneers are covered when a tooth has extensive structural loss due to traumatic injury, fracture of the tooth or cusps, or where significant areas of previous fillings and decay prevent the use of more traditional filling materials to adequately restore the tooth.	Replacements must be separated by at least 5 years.
Denture adjustments.	Once