

Schedule of Benefits Dental Plan Option 1

Dental Benefits	Percent Eligible	Maximum
Basic Services	80% reimbursement	Combined maximum of \$1,000 per person, per policy year.
Major Services	70% reimbursement	
Orthodontic Services	Not included	–

Basic Services

- examination and x-rays
- cleaning and fluoride treatments
- routine extractions and fillings
- root canals
- denture repair
- periodontal treatment
- surgical procedures performed by dentist, including anaesthetics

Schedule of Benefits Dental Plan Option 2

Dental Benefits	Percent Eligible	Maximum
Basic Services	80% reimbursement	\$750 per person per policy year.
Major Services	70% reimbursement	\$750 per person per policy year.
Orthodontic Services	Not included	–

Major Services

- bridges, jackets and crowns
- full/partial dentures
- gold inlays and onlays, including veneers

Rate Schedule

Coverage Type	Monthly Rate	
	Dental Plan Option 1	Dental Plan Option 2
Single	\$56.73	\$57.90
Couple	\$107.81	\$109.73
Family	\$167.38	\$170.80

Rates effective August 1, 2026

Conditions and Exclusions to Coverage

Provision	Conditions & Exclusions	Details
Eligibility period	90 days	• Applicants must apply for coverage within 90 days after effective date of retirement or loss of coverage/spousal coverage. • If coverage is not applied for within 90 days of the effective date of retirement, all dental benefits will be limited to \$300 during the first 12 months of coverage.
Termination of benefits	No termination age	
Survivor benefit	Not included	
Dependant coverage	Up to age 21 or age 25 if student	• To be eligible for coverage as an over-age dependant, student must be undergoing full-time educational training at an institution within Canada, subject to the stated limitations in the policy wording. Over-age disabled dependants are also eligible.
Annual deductible	None	
Dental fee guide	Use current guide	• Benefits will be adjusted based on the current provincial dental fee guide.