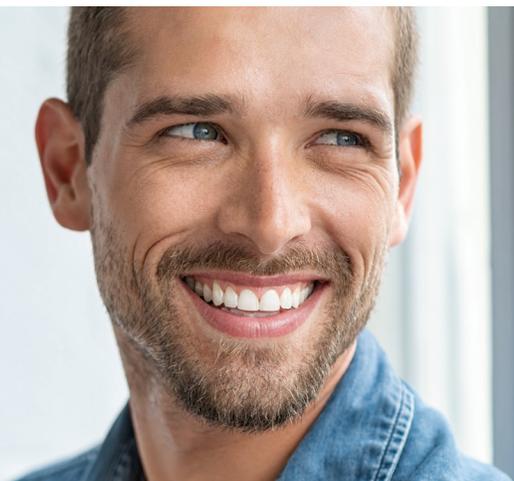


Dental Insurance



Great and affordable coverage!

(Contract with voluntary enrollment)

Coverage details

- 1 recall exam every 12 months
- Diagnostic services (complete exam and x-rays every 36 months)
- Preventive care (cleaning, scaling: 12 months)
- Minor restorations (cavity removal, fillings)
- Extraction
- Periodontics
- Oral surgery (removal)
- Removable prosthesis (repair, duplication, relining)
- Endodontics (root canal treatment)
- Additional general services (anesthesia, conscious sedation)

Expenses reimbursed at
80%

Annual maximum reimbursement per insured person (per contract year)
\$1,000

Waiting period before claims can be submitted to the insurer:

Preventive care and basic services: 3 months

Endodontic and periodontal treatments: 6 months

Treatment expenses must begin after the applicable waiting period for coverage. The waiting period is calculated from the effective date of the contract.

Contract effective date

The first day of the month following the date of signature.

Direct payment card

Claims are processed directly at the dental office.

Pricing*

	Single	Single Parent	Couple	Family
Monthly premium	\$41.30	\$72.30	\$89.60	\$119.20

* Rates are subject to change upon contract renewal. The premiums indicated above are paid directly by the insured through bank debit.

To enroll in the dental expense insurance plan or to obtain detailed information on coverage and limitations, please visit our website: sagedecision.com/en/dental

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Dental Insurance

1. Preventive care and basic care

a. diagnosis:

- i. comprehensive examination, once per period of thirty-six (36) months;
- ii. follow-up examination, one per period of twelve (12) months;
- iii. complete series of periapical and panoramic x-rays, both limited to one series every thirty-six (36) months;
- iv. other x-rays and their interpretation, once per period of twelve (12) months;
- v. the following laboratory tests and examinations:
 - bacterial culture/smear for the purpose of identifying pathological agents;
 - biopsy;
 - staining of oral mucosa for diagnostic purposes;
- vi. emergency consultations.

b. prevention:

- i. fluoride treatments for children less than sixteen (16) years old;
- ii. teeth cleaning, once per period of twelve (12) months;
- iii. periodontal scaling, once per period of twelve (12) months;
- iv. pit and fissure sealing for children less than sixteen (16) years old.

c. minor restoration:

- i. cavity ablation and sedative dressing;
- ii. bacterial cultures/smears for the purpose of identifying pathological agents;
- iii. biopsy;
- iv. staining of oral mucosa for diagnostic purposes;
- v. retention posts for restorations using amalgam fillings or composite resins;
- vi. facing made in-chair once per period of sixty (60) months for the same tooth;
- vii. prostheses repair, rebasing and packing.

d. extraction:

- i. all extractions.

2. Endodontics and periodontics

a. endodontics:

- i. pulp capping;
- ii. pulpotomy / pulpectomy;
- iii. root canal treatment;
- iv. apexification;
- v. apectomy;
- vi. retrograde filling;
- vii. root amputation;
- viii. hemisection;
- ix. intentional reimplantation;
- x. intrabone endodontic stabilizer;
- xi. emergency treatments.

b. periodontics:

- i. care for acute infection and other lesions;
- ii. application of desensitizing agent;
- iii. periodontal surgery;
- iv. splinting (with the exception of splinting with Maryland-type wing);
- v. occlusion adjustment / alignment;
- vi. gingival curettage and root planing;
- vii. periodontal devices (to control bruxism).

c. surgery:

- i. oral surgery;
- ii. fractures and luxations;
- iii. post-operative care.

d. general anaesthesia:

- i. at the time of oral surgery;
- ii. at the time of treatment of fractures or luxations;
- iii. at the time of periodontal surgery.

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Exclusions

The following are not reimbursed:

1. costs of treatment begun before the end of the coverage waiting period;
2. endodontic and periodontic fees planned before the effective date of this policy;
3. no reimbursement will be made for a series of dental treatments exceeding \$500 and for which the treatment plan has not been submitted to the insurer prior to the commencement of treatment;
4. the cost of general anaesthesia, unless necessary or directly related to oral or periodontal surgery;
5. treatments for aesthetic purposes;
6. treatments not administered by a physician or a dentist or under the direction and supervision of one of these specialists;
7. costs which the insured would not have had to pay had they not been insured, which he or she is not required to pay, or which he or she would not have been required to pay if he or she had availed himself or herself of the provisions of any public insurance plan, social security measures or government program for which he or she was eligible;
8. procedures not listed in the "Guide des tarifs et nomenclature des actes bucco-dentaires de l'Association des chirurgiens-dentistes du Québec" or the similar guide in the insured's province of residence as well as expenses exceeding the rates in that guide;
9. expenses incurred as a result of injury or illness that the insured self-inflicted, whether consciously or unconsciously, or any attempted suicide;
10. expenses incurred as a result of injury suffered by the insured as a result of:
 - a. participation or attempted participation in a criminal offence;
 - b. military operation or while on active duty in the armed forces of any country;
 - c. active participation in a public confrontation, riot or insurrection, whether actual or apprehended, or as a result of a war, declared or undeclared, or any other belligerent act;
 - d. the operation, by the insured, of any motorized land or water vehicle, while under the influence of narcotics or with a blood alcohol level in excess of the legal limit in effect at the place of the accident or taking medication not in accordance with the prescription or dosage recommended by its maker;
11. the cost of replacing a lost, misplaced, or stolen dental prosthesis or appliance, as well as any duplicate of a prosthesis or other device;
12. dental treatments related to implants, implants and any prostheses supported by them, the cost of any insulation and all costs for periodontal treatment using the technique of splinting;
13. the cost of any consultation relating to oral or food hygiene, as well as any plate control program;
14. the cost of appointments not kept by the insured billed by a dentist or drafting fees for completing claim forms required by the insurer, or for additional information required by the insurer; as well as fees billed by the dentist for travel time, transportation costs, and advice given by any means of telecommunication;
15. fees billed by a dentist for any additional explanation time required due to the complexity of the treatment plan, or when the insured requires this additional time for explanation, when the diagnostic material comes from another source, for consultation with the insured, or for consultation with another dentist;
16. services rendered by a relative or friend of the insured.

Limitations

When, for the chosen treatment, the restoration technique or materials used exceed the usual standard, the additional expenses thus incurred shall be paid by the insured.

In addition, if there are several types of treatment for the insured's dental condition, **the Insurer will reimburse the expenses for the least expensive standard and appropriate treatment.**

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