



Health Insurance Department

FutureCare Dental Plan

WHAT DENTAL BENEFITS ARE COVERED UNDER FUTURECARE?

Your FutureCare dental benefits cover the following:

Dental Benefit Summary – DE01 & DE02

Benefits are payable in accordance with the Bermuda Dental Fee Schedule

Please obtain a pre-estimate of benefits from your dentist prior to undergoing extensive dental procedures

Basic Dental Services (DE01):

Preventive and Diagnostic Exams, Consultations, Polishing, Scaling or Root Planing, Fluoride	100% of Fee Schedule	Policy Year: Unlimited	Lifetime: Unlimited
	100% of Fee Schedule	Policy Year: \$1,200	Lifetime: Unlimited
Surgical and Minor Restorative	100% of Fee Schedule	Policy Year: Unlimited	Lifetime: Unlimited
Endodontics (Root Canal Therapy)	100% of Fee Schedule	Policy Year: Unlimited	Lifetime: Unlimited
Periodontics (Treatment of Gum Disease) & TMJ	50% of Fee Schedule	Policy Year: \$2,000	Lifetime: Unlimited

Major Restorative Services (DE02)

	80% of Fee Schedule	Policy Year: \$3,000	Lifetime: Unlimited
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A detailed Schedule of Benefits is provided on subsequent pages.

WHO IS ADMINISTERING THE BENEFIT?

The FutureCare dental benefit is administered by Bermuda Life Insurance Company Limited, a member of the Argus Group.

HOW DO I MAKE A CLAIM?

At the time of service, present your dentist with your FutureCare ID Card. Your dentist may require payment “up-front” and in this situation, we ask that you take or mail your original receipt and a dental claim form that has been completed by your dentist to the Argus Customer Service Centre. In some cases, your dentist may submit the claim form directly to Argus on your behalf. Your reimbursement cheque will be issued within 15 business days from receipt of your claim. Cheques are mailed to your home address. For this reason, it is important to notify the Health Insurance Department of any changes in your mailing address.

WHAT IF I NEED EXTENSIVE DENTAL TREATMENT?

If you require treatment for bridges, dentures, implants or crowns, you need to ask your dentist to submit a “pre-estimate” of the cost directly to Argus. Argus will advise you and your dentist how much of the estimated cost will be covered by the dental plan. You will receive reimbursement once the treatment has been completed and the claim submitted to Argus.

WHO DO I CONTACT REGARDING MY DENTAL COVERAGE?

If you have any questions regarding your dental coverage under the FutureCare Dental Plan, or on any submitted or rejected claims, please contact the Argus Customer Service Centre at: **298-0888**.

FutureCare Dental Plan Schedule of Benefits

Basic Dental Services (DE01)

Eligible Expenses include:

Preventive & Diagnostic Dentistry

A. Diagnostic Services:

- (a) Complete oral examinations,
- (b) Recall examinations,
- (c) Emergency examinations,
- (d) 1 complete series or 1 panoramic radiograph in any 36 months,
- (e) 4 bitewing radiographs during any plan year,
- (f) Problem specific periapical or occlusal radiographs,

B. Diagnostic Procedures:

- (a) Soft and hard tissue biopsies,
- (b) Cytological testing.

Charges for the following procedures are not considered eligible expenses under this service category:

- (i) Diagnostic photographs,
- (ii) Equilibration, casts or models or their interpretation,
- (iii) Caries susceptibility tests,
- (iv) Diagnostic wax-ups,
- (v) Split cast mounting.

C. Preventive Services:

- (a) Polishing,
- (b) Scaling or root planing,

Surgical & Minor Restorative Dentistry

A. Surgical services performed in a dentist's office or hospital:

The fee for the following surgical procedures includes anaesthesia other than general anaesthesia, appropriate radiographs, surgery, control of haemorrhage, sutures and routine post-surgical care.

- (a) Extractions of erupted teeth,
- (b) Extractions of impacted teeth,
- (c) Removal of root, bone or foreign body,
- (d) Excision of torus, tumours, or cyst,
- (e) Surgical incision and drainage,
- (f) Surgical exposure without orthodontic attachment,
- (g) Alveoloplasty, if performed without a surgical extraction,
- (h) Frenectomy,
- (i) Haemorrhage control.

B. Minor Restorative Services:

The fee for the following restorative procedures includes local anaesthesia, removal of decay, pulp

protection, placement of a base and occlusal adjustment.

Multiple restorations on a common surface placed on the same date will be considered a single restoration.

The maximum benefit payable will not exceed the fee for a 5 surface restoration regarding the same tooth during one sitting.

- (a) Amalgam restorations, limited to the cost of non-bonded amalgam restorations,
- (b) Acid-etch and non acid-etch tooth coloured restorations,
- (c) Retentive pins for restorations,
- (d) Prefabricated metal and plastic crowns, limited to primary teeth,
- (e) Relining and rebasing of existing dentures, provided at least 6 months have elapsed since denture insertion, and limited to once in any 3 year period,
- (f) Caries, trauma and pain control, when provided on a separate date from the final restoration.

Endodontic Dentistry (Root Canal Therapy)

The fee for the following procedures includes treatment plan, local anaesthesia, tooth isolation, clinical procedures, sutures, appropriate radiographs and follow-up care.

- (a) Root canal therapy, up to and including 3 canals in a molar, limited to once per tooth in any 5 year period. If a 4 canal molar endodontic procedure is claimed, a post-operative radiograph must be provided to support the final claim.

The allowable amount for root canal therapy will be reduced by any amounts previously considered for limited endodontic therapy.

- (b) Re-treatment of root canal therapy provided at least 5 consecutive years have elapsed since the last treatment and the cause of re-treatment is documented by the dentist. The fee will be limited to the cost of a normal root canal procedure.
- (c) Apicoectomy and retrofilling of roots, up to 3 roots, limited to once per tooth during the lifetime of the covered person,
- (d) Hemisection,
- (e) Root amputation.

If a covered person commences root canal therapy and his coverage under this provision terminates, except as stated below, he will continue to be covered for any charges incurred for such treatment during the 31 days after such termination.

However, if the coverage terminates because this benefit plan terminates, charges incurred after such termination are not considered to be eligible expenses.

Periodontic and TMJ Dentistry

A. Periodontic Services (Treatment of Gum Disease):

The fee for the following surgical procedures will include local anaesthesia, surgical dressing, sutures and routine post-operative care for one month.

- (a) Periodontal surgery, including grafts, distal wedge surgery, periodontal abscesses and surgical curettage,
- (b) Displacement dressings,
- (c) Occlusal equilibration, limited to a maximum of 4 units of times per plan year, provided the procedure is not performed in conjunction with placement of crowns or other restorations.
- (d) Periodontal appliances, including impression and insertion, limited to 1 appliance per arch in any 2 year period
- (e) Adjustment of periodontal appliances, limited to twice in any 1 year period.

B. Temporomandibular Joint (TMJ) services:

- (a) Temporomandibular Joint radiographs,
- (b) Temporomandibular and myofacial pain appliances, limited to 1 appliance in any 2 year period,
- (c) Adjustment of such appliances, limited to twice in any 1 year period.

Major Restorative Services (DE02)

Eligible expenses include charges for initial provision or replacement of an existing crown, post, inlay, onlay, denture, bridgework or implant. Where applicable, laboratory charges are included.

Charges for an initial provision of a prosthodontic appliance replacing a natural tooth will only be paid if the appliance is necessary as a result of the extraction of a functioning natural permanent tooth while the covered person is covered under this benefit.

Charges for replacement of an existing prosthodontic appliance will only be paid if:

- (a) the existing crown, post, inlay, onlay, denture, bridgework, lab processed veneer application or implant was installed at least 5 years prior to its replacement and cannot be made serviceable, or
- (b) the existing denture, bridgework or implant is replaced because additional teeth have been extracted after the denture or bridgework insertion, and while covered under this provision.

If a covered person has had a tooth prepared for a crown, inlay, onlay, bridge, denture or implant and his coverage under this provision terminates he will continue to be covered for any charges incurred with respect to such crown, inlay, onlay, bridge, denture or implant during the 31 days after such termination.

However, if the coverage terminates because this benefit plan terminates, charges incurred after such termination are not considered to be eligible expenses.

A. Single Major Restorations

The fee for the following services includes treatment plan, occlusal records, local anaesthesia, subgingival preparation of the tooth and supporting structures, removal of decay and old restoration, tooth preparation, pulp protection, impressions, temporary coverage, insertion, occlusal adjustments and cementation.

- (a) Inlays and onlays if the tooth is broken down and cannot be restored with traditional filling materials,
- (b) Retentive pins for inlays, onlays, and individual crowns,
- (c) Individual crowns, provided the placement satisfies the criteria for approval of crowns provision below. cost of metal only crowns will apply in the case of crowns on molar teeth,
- (d) Prefabricated metal and plastic crowns on permanent teeth, provided the placement satisfies the criteria for approval of crowns provision below, and such crown is not being made in conjunction with other crowns,
- (e) Plastic and non bonded amalgam cores made in conjunction with crowns,
- (f) Retentive posts made in conjunction with crowns, if the tooth is endodontically treated,
- (g) Recementation of crowns,
- (h) Lab processed veneer applications, if the tooth is incisally broken down and the procedure is not cosmetic, provided 24 consecutive months have elapsed since the last restoration.

Criteria for Approval of Crowns:

Crowns, for permanent teeth only, will be approved when:

- (a) teeth are broken down due to traumatic Injury or decay so that they cannot be restored with traditional filling materials,
- (b) cusps are fractured off the tooth,
- (c) the wall of a tooth is fractured away from the rest of the tooth,
- (d) teeth have very large areas of filling materials combined with decay preventing the use of

amalgam or composite resin filling. The teeth must be functionally impaired by incisal or cuspal damage,

- (e) a tooth has a failing crown which can only be repaired with another crown. The age of the crown must conform to the 5 year replacement stipulation period.

B. Removable Prosthodontics

The fee for the following procedures includes treatment plan, impressions, jaw relation records, try-in, insertion, occlusal equilibration, liner and 6 months post-insertion care.

- (a) Upper and lower complete and partial dentures. All removable prostheses will be limited to the cost of standard dentures. This includes precision attachment partial dentures, stress-breaker partial dentures and overdentures,
- (b) Repairs, additions and adjustments to dentures, provided the denture base is at least 6 months old.

C. Fixed Prosthodontics

The fee for the following procedures includes treatment plan, occlusal records, local anaesthesia, subgingival preparation of the tooth and supporting structures, removal of decay and old restoration, tooth preparation, pulp protection, impressions, temporary coverage, splinting, intraoral indexing for soldering purposes, insertion, occlusal adjustments and cementation.

- (a) Bridges,
- (b) Removal and recementation of a bridge provided the bridge being removed will be reused, limited to a maximum of 2 units of time,
- (c) Bridge repairs,
- (d) Retainers and abutments, including Maryland-type retainers,
- (e) Retentive pins in retainers and abutments.