

**QMA** INSURANCE  
EXCLUSIVE TO MEMBERS

Dental Care  
Program



10/2011

**DENTAL  
INSURANCE**

**Under the Dental Care program, two plan options are available:**

- Option 1:** Basic coverage
- Option 2:** Comprehensive coverage

**Deductibles**

There are no deductibles.

**Percentage of  
paid expenses**

**Basic:**

- 80% of all eligible charges

**Comprehensive:**

- 80% of eligible basic, endodontic, periodontal and surgical charges; and
- 50% of eligible major charges and orthodontic charges for children under 19 years of age.

**Yearly maximums**

**Basic:**

- \$500 per insured in the first year of coverage;
- \$1,500 per insured in subsequent years.

**Comprehensive:**

- \$500 per insured in the first year of coverage;
- \$2,500 per insured in subsequent years;
- \$1,000 lifetime per child for orthodontic services.

**Reimbursement of  
dental expenses**

The Québec Dental Association's current fee guide is used as the basis for reimbursement for dental services under both plan options.

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**DENTAL  
INSURANCE****Warning**

If you terminate your QMA Dental coverage, you may not re-enter the plan.

**Eligibility**

To apply for coverage under the Dental Care Program, you must:

- be a member, in good standing, of the Quebec Medical Association (QMA);
- be under age 65;
- be covered under the QMA Long Term Disability Insurance plan for a minimum monthly benefit of \$1,000; and
  - › be registered in a residency training program in the province of Quebec or
  - › reside and practice medicine on a full-time basis in the province of Quebec.

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**DENTAL  
INSURANCE****Services  
covered under  
the Basic and  
Comprehensive  
options****Basic Services:**Diagnostic

- Oral Examination
- X-rays
- Laboratory Examinations
- Consultations

Preventive

- Scaling and Polishing
- Fluoride Treatments
- Oral Hygiene Instruction
- Pit and Fissure Sealants  
(for children under age 19)
- Space Maintainers  
(for children under age 19)

Restorative

- Silver and White Fillings
- Retentive Pins
- Stainless Steel Crowns  
(for children under age 19)

Surgical

- Extractions
- Anaesthesia

Removable – Prosthodontics

- Repair
- Relining
- Rebasing

**Endodontic, Periodontal and Surgical Services:**Endodontic

- Pulp capping and pulpotomy
- Root canal therapy; apexification
- Periapical services
- Gingival surgery, alveolectomy, hemisection
- Intentional removal, filling and reimplantation.
- Emergency procedures

Periodontal

- Non-surgical treatment of gum disorder
- Surgical services and post-surgical treatment
- Occlusal adjustment; maximum of 8 units in a policy year
- Provisional splinting
- Scaling and root planing; maximum of 8 units in a policy year
- Appliances, excluding athletic mouth guards
- Maintenance, adjustment, repairs to appliance; twice in a policy year

Surgical

- Surgical exposure of teeth
- Removal of tumours, cysts, residual roots, foreign bodies from the mouth
- Alveoloplasty, gingivoplasty, stomatoplasty and osteoplasty
- Frenectomy
- Miscellaneous surgical and postsurgical services, including sedation
- Fractures, including assisting a surgeon at fracture reduction (with a maximum of \$100 per occurrence); repair of soft tissue lacerations
- General anaesthesia and sedation in connection with the above procedures

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**DENTAL  
INSURANCE****Services covered  
under the  
Comprehensive  
option only****Major Services:**

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Crowns

- Limited to teeth that cannot be restored with a regular filling because of extensive incisal or cusp damage

Fixed Bridges

- During the first 12 months of coverage, benefits are limited to teeth extracted while insured.
- Replacements must be separated by 10 years (porcelain abutments or pontics are not covered for molar teeth)

Dentures

- Replacements must be separated by five years
- Follow-up care within six months considered to be included as part of the initial allowance for the service

Retentive pins (inlays, onlays, crowns and bridges)

- Limited to three pins per tooth

Post & core

- Limited to teeth that have root canal therapy and limit of one post and core per tooth

**Orthodontic Services:**

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- For dependent children only, provided treatment commences prior to reaching age 19.

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**DENTAL  
INSURANCE****Family plan**

You can apply to cover your spouse and dependant children if you are under age 65.

An eligible spouse is your spouse by marriage or under any other formal union recognized by law, or a person of the same or opposite sex with whom you have cohabited for at least 12 months, and who has been publicly represented as your spouse. There is no minimum cohabitation period for common-law spouses if a child is born out of your relationship.

Dependent child is an unmarried child, stepchild or legally adopted child of either you or your spouse, under the age of 21 (age 26 if a full-time student and entirely dependent on you for support, or to any age if incapable of self support because of a physical or mental disability).

**Insurance  
termination  
dates**

Your insurance will cease:

- on termination of the master contract;
- the day prior to the renewal date coincident with or next following the date on which you cease to be a member of the Quebec Medical Association;
- the day prior to the renewal date coincident with or next following your 70<sup>th</sup> birthday;
- for failure to pay premiums;
- on the first of the month following receipt by QMA Insurance of your written request to terminate coverage;
- for dependent coverage, the date a dependent is no longer eligible for coverage.

**QMA** INSURANCE

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