SUITE 101, 46 HOPEWELL WAY, N.E.
CALGARY, ALBERTA
T3J 5H7

ALBERTA RETAIL MEAT INDUSTRY DENTAL PLAN

FOR EMPLOYEES OF:

Banff IGA
(Meat, Fish and Deli Departments)

Burnbrae Farms

Calgary Refrigerated Warehouse and Commissary

North Central Co-op Ltd.
(Edmonton Millwoods)
(Meat, Fish and Deli Departments)

Overwaitea Thickwood
(Meat, Fish and Deli Departments)

Sobeys Capital Incorporated
(Safeway Meat, Fish and Deli Departments)

Sofina Foods

South Country Co-op, Taber
(Meat, Fish and Deli Departments)

JULY 1, 2020

Commencement of the Plan

The Plan started in 1970 for employee groups for whom the Union and the Employers agreed on contributions and coverage. New employee groups are subject to reasonable waiting periods. The Plan is governed by the Board of Trustees, who are appointed in equal numbers by the Employers and the Union.

Who is Covered by the Plan?

The Plan covers employees for whom the Employers have agreed to make contributions required by the Collective Agreements between the Employers and Local 401 of the United Food and Commercial Workers Union.

Dependants of those employees are also covered. Applicable coverage and benefits are governed by eligibility rules specified by the Trustees of the Plan, and are summarized below.

Eligibility Rules

If an employee works 180 or more hours for a participating Employer during the first three months of any consecutive four-month period, the employee and their eligible dependants will be covered for dental services rendered at any time in the calendar month immediately following that four-month period (orthodontic services are subject to further eligibility requirements).

The following table illustrates the eligibility test:

If the employee works 180 hours in these three months			The employee is covered for dental services rendered in
Jan	Feb	Mar	May
Feb	Mar	Apr	Jun
Mar	Apr	May	Jul
Apr	May	Jun	Aug
May	Jun	Jul	Sep
Jun	Jul	Aug	Oct
Jul	Aug	Sep	Nov
Aug	Sep	Oct	Dec
Sep	Oct	Nov	Jan
Oct	Nov	Dec	Feb
Nov	Dec	Jan	Mar
Dec	Jan	Feb	Apr

Company contribution periods do not always coincide with the end of the month. Where employees work irregular hours or part-time, this could have the effect of showing fewer hours than were actually worked, in some cases. If you have been denied benefits under the Plan for that reason, you should contact the Dental Plan with your pay stubs for the period in question. The Plan provides that anyone actually entitled to benefits cannot be denied such benefits by virtue of some error or failure in forwarding or recording contributions. Thus, it is important that all recent pay stubs be retained.

The employee is expected to supply their social insurance number to the Plan Administrator, along with a list of their eligible dependants and dates of birth. While covered for dental services, the employee is deemed to be a Member of the Plan.

Eligible Dependants

Eligible dependants include:

The spouse or common-law spouse of a covered Member. Common-law spouse shall be defined as a partner of the Member who has cohabited with the Member for a minimum of six consecutive months, and throughout this period has been publicly represented as the employee's spouse.

Unmarried children under the age of 19 who reside in the home of the Member, and for whom the Member is entitled to claim a deduction for the purpose of calculating income tax under the *Income Tax Act* (Canada).

Unmarried children under the age of 25, if dependent on the Member or Member's spouse and registered as

a full-time student at an accredited school. The word "accredited" is construed to include any school recognized by an accrediting association, whether on a national or provincial level.

Eligiblity Hours Lost Through Injury, Illness or Compassionate or Other Leave

If a Member, as a result of a personal injury, illness, or compassionate or other leave, is unable to work for a period of 10 days or more, the hours that they would normally work, under the collective agreement, will be credited for eligibility purposes, up to a maximum period of 52 weeks for any one disability. This is subject to the approval of the Trustees, on the written application to the Trustees by the Member or by someone on their behalf, not later than 12 weeks after the commencement of disability or leave.

Termination of Coverage

Termination of coverage of a Member and their eligible dependants shall always occur at the end of a calendar month. Termination of coverage shall occur by reason of the Member's failure to meet the eligibility for coverage for the calendar month, as a result of having failed to work at least 180 hours in the period used as the test for eligibility for coverage, as set out above.

Your coverage will also terminate when you terminate your employment.

Period of Grace — Extension of Benefits

The Plan will continue coverage for one calendar month of further treatment after the date of regular termination for any condition covered by the Plan for which the Member or eligible dependents received an examination and authorization for treatment within the three months immediately prior to said termination date, to allow for completion of treatment already initiated while the Member was covered for benefits. No new treatment may be authorized during this grace period.

Maternity/Parental Leave

A Member who is absent due to maternity, parental or adoption leave is terminated from the Plan. However, if the Member sends the Administrator a letter stating the expected date of birth and the expected return-to-work date, this information will be kept on file. Participation in the Plan will be reinstated to the date of medical confinement or date of birth of the child (or date of arrival for adoption) once your Employer reports hours to the Trust Fund. The absence can be up to seventy-eight (78) weeks).

How to Use Your Plan

You may be treated by the dentist of your choice. Give your dentist the name of this Plan and its identifying number, Alberta Blue Cross Policy 13900. Present your Plan identification card at the time of your initial visit.

Your dentist will make an examination and schedule a plan of treatment.

The following is the schedule of benefits payable by the plan.

The benefits payable is the applicable percentage of the Alberta Blue Cross Dental Schedule ("ABCDS") in effect, as determined by the Board of Trustees.

DENTAL SERVICES COVERED

Basic – 85% Of ABCDS

Diagnostic Services:

Provides all the necessary procedures needed in evaluating the existing conditions, including:

a) Oral Examinations

1. Your first examination in your lifetime by that dentist.
2. Recall oral examination, once every 12 months twice every 12 months for dependant children prior to their 17th birthday.

b) X-Rays

1. Bitewing films – once every 12 months for a routine exam, twice every 12 months for dependant children prior to their 17th birthday.
2. Full mouth or panoramic films once every 24 months for routine exam.

Preventive Services:

a) Topical application of fluoride and polishing once in any 12 month period, twice every 12 months for dependant children prior to their 17th birthday.

b) Nutritional counselling, oral hygiene instruction. Limited to once in any 12 month period.

c) Scaling and root planing is limited to **12 time units in 12 months. More than 12 units of scaling and root planing must be pre-approved by Alberta Blue Cross**.

Fillings

All fillings of silver amalgam, synthetic porcelain, acrylic, silicate and composite resin.

Non-prefabricated veneer application

Surgical

All standard services provided.

Children's Dentistry

Includes coverage for above services plus space maintainers and habit breaking appliances.

Maximum: $1,300 per benefit year (January 1 to December 31) maximum per participant on Basic Services.

Major

Restorative Dentistry – 80% of ABCDS.

a) Crowns, bridges, inlays, onlays, but only when the tooth cannot be restored with a filling restoration.

b) Inlays, but only when restoration cannot be fully completed with standard filling materials.

c) Repairs to existing crowns and bridges, and recementing of the same.

d) Lab processed veneer applications – once every five years per tooth.

Note: Electives- the Plan will provide benefits to the extent of standard restorative procedures as allowances toward the costs of crowns, inlays, porcelain jackets, etc., which may be the choice of procedures selected by patient and dentist. The difference in costs will be the responsibility of the patient to the dentist.

Prosthetics

a) Complete upper and/or lower dentures once in each five-year period with said period to be measured from the date on which the prosthetic appliance was last supplied.

b) A permanent type partial denture once in a five year period except when existing denture cannot be repaired or modified to a functional condition. Your dentist must ask for authorization and submit a special report. A temporary denture will be permitted where necessary a preliminary treatment step prior to fabrication of the permanent type restoration.

c) Relines one per denture every two years.

d) Repairs to existing complete or partial dentures.

e) Equilibrated denture – equilibrated denture would only be covered if Alberta Blue Cross determines that a standard denture would not provide adequate treatment for the patient's condition. Complete upper and/or lower equilibrated denture once in each five year period with said period to be measured from the date on which the prosthetic appliance was last supplied.

f) Prefabricated veneer applications – limited to one in five years a maximum of $240 per application per patient.

g) Members may use the services of denturist for those services they are legally allowed to perform.

Endodontics (Root Canal Treatment)

Treatment of diseases involving the pulp of the teeth and the resulting periapical lesions.

Maximum: $2,000 yearly maximum per participant per benefit year (January 1 to December 31) on Major Restorative, Endodontics and Prosthetics combined.

Note: Electives – The Plan will allow the standard benefits toward any more elaborate service chosen by patient and dentist. The difference in cost will be the responsibility of the patient.

Orthodontics – 60% Of ABCDS

The Plan will provide orthodontic coverage to dependant children based on the conditions and percentages outlined in the Schedule of Benefits.

The dependant children must have been eligible under the Alberta Retail Meat Industry Dental Plan for six consecutive months prior to the commencement of the orthodontic treatments. Treatment must commence prior to the dependant child's 17th birthday and is subject to a $2,700 lifetime limit per dependant child.

Once eligible for orthodontic coverage, the dependant child shall be assured a 12-month period of orthodontic treatment commencing with the first treatment. After that 12-month period, coverage for orthodontics will continue only if the dependant child continues to be covered under the regular benefit rules of the Plan.

Exclusions

a) Those services provided for under the Alberta Health Insurance Act.

b) Hospitalized cases. Charges for hospital care other than benefits covered by this Plan are the responsibility of the patient and charges for services, while hospitalized, of an anaesthetist.

c) Prescription drugs.

Portion of the Dentist's Charges Paid by the Plan

The portion of the dentist's charge which is payable by the Plan for any given service is set out in the Schedule of Benefits. The amounts in the schedule are calculated as a percentage of the **ABCDS** in effect from time to time.

Payment of Claims

Upon submission of properly completed treatment forms Alberta Blue Cross will pay benefit payments by either of the following procedures:

a) Directly to the Member. In this case you will be asked to pay the full fee directly to your dentist and you will be reimbursed for the Plan's portion by Alberta Blue Cross on the basis of the ABCDS. OR

b) Directly to the dentist. In this case you pay only the balance of the dentist's charge, directly to the dentist.

Treatment Received Outside Alberta

Should you find it necessary to obtain treatment from a dentist practicing outside the Province of Alberta, the Plan will reimburse you on exactly the same basis as would have been the case had treatment been received in Alberta. Proof of treatment and a list of the services received must be submitted to Alberta Blue Cross.

Duplicate Coverage

Coordination of Benefits

If a person who is insured for benefits under this Plan is insured simultaneously under any other plan which provides similar benefits, payment of benefits shall be coordinated and/or reduced to the extent that benefits payable from all plans shall not exceed 100% of the **ABCDS**, or the amount charged, whichever is lesser.

Order of Benefit Determination

a) If any other plan does not contain provisions for coordination with or reduction by benefits payable under this Plan, benefits of the other plan shall be determined first.

b) If the other plan contains coordination of benefits provision, or if benefits under two employee documents of this plan are being coordinated, priority of benefit determination will be given (in the order listed below) to the plan/employee document under which the person is insured as follows:

1. Other than as a dependent or
2. As a dependent of the covered person with the earlier day and month of birth in the calendar year.

c) If priority cannot be established in the above manner, the benefits shall be prorated between or among the plans in proportion to the amounts that would have been paid under each plan had there only been coverage under that plan.

Retiree Coverage

A Member who has 10 years or more of **plan membership**, and retires between the ages of 55 and 65, is eligible to continue coverage under the Plan by self-payment. Coverage must be pre-paid for the current or following year prior to the administrative deadline.

This coverage is for Members and their spouse only and terminates on the earlier date of Dec 31 of the year in which the Member reaches age 65, or if the Member dies before the age of 65, to the date to which self-payments have been paid. A Member must be in receipt of retirement income (a pension) and must apply within 30 days of commencing retirement in order to be eligible for retiree coverage.

Additional Rules of the Plan

This brochure constitutes a summary of the Plan modified only to the extent of any resolution passed by the Trustees at a duly constituted meeting. You will be advised from time to time of any changes from the rules in this brochure as a result of such resolutions. The Plan is underwritten through a contract between the Trustees and Alberta Blue Cross under which Alberta Blue Cross agrees to administer and pay claims in accordance with these rules. In administering the claims Alberta Blue Cross has adopted certain limitations and exclusion principles governing the various methods and quantities of treatment considered to be necessary and adequate. The major rules for limiting the style and amount of covered treatment are listed in this brochure but there are several others, of a technical nature, that are on file in the claims administration office of Alberta Blue Cross which are accepted by the Trustees as proper rules for restricting the coverage to necessary and adequate treatment. For all treatment services other than emergencies, initial examination and diagnostic procedures and those services which would ordinarily be carried out on an initial visit, your dentist will submit a treatment plan form to Alberta Blue Cross before commencing treatment. This is for the purpose of determining the extent of the coverage allowed for the particular treatment under this Plan, and also the amount of the benefit payable for it on your behalf.

Treatment Plans

Treatment plans are designed to inform both the patient and the dentist of the extent of liability that will be accepted by the Plan prior to the services being provided. We urge you to take advantage of this service where costs are expected to exceed $400. Treatment plan forms are available in the dentist's office. Ask your dentist to complete this form and submit it to Alberta Blue Cross prior to the commencement of a course of extensive treatment.

ALBERTA BLUE CROSS
GROUP NUMBER 13900

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