

3. BENEFITS

The plan, with appropriate controls and limitations, will cover the following services:

- diagnostic and preventive services
- endodontic and periodontic services
- restorative services
- prosthodontic services
- oral surgery
- orthodontic services (for children only)
- adjunctive general services

To determine a member's benefit under the plan, the following terms will be applied:

a) Co-insurance percentages

- . 50% for major restorative services, major prosthodontics and orthodontic services
- . 80% for all other services

b) Calendar year deductibles

- . individual deductible - \$25.
- . family deductible - \$50.

These deductibles may be subject to revisions on January 1 of each year.

c) Maximum reimbursement amounts

- (i) \$1000. in total per child for all benefits payable with respect to eligible orthodontic services rendered during the entire period of coverage under the plan
- (ii) \$1000. per person per year for benefits payable with respect to eligible dental services, other than orthodontic services.

d) Other limitations

Appropriate limits as to the frequency of certain services will be applied to ensure that benefits for such services are paid only at reasonable intervals. Other types of limitations will apply to various services.

e) Fee schedules

Initially, benefits will be based on province of residence and 1986 provincial fee schedules. Subsequent updates to the fee schedule to be used will be considered at appropriate intervals.