

# Information for plan members in Alberta

## Understanding your dental benefit

Your dental claims statement contains important information about your benefits plan and how your claim was processed. The following definitions will help you understand your claims statement.

**Amount submitted:** The amount you were charged for the dental product or service. *For example, your dentist charged \$100 for a dental cleaning.*

**Amount eligible:** The portion of the amount submitted that is eligible for whole or partial reimbursement based on the terms of your dental benefits plan. *For example, your dentist charges \$100 for a dental cleaning but your dental benefit plan pays a maximum of \$90 for this service.*

**Percent paid (coinsurance):** The percentage of the amount eligible that your plan covers. *For example, if your plan covers 80 percent of the amount eligible, then you will not be reimbursed for the other 20 percent. In other words, you are out-of-pocket for 20% of the total cost.*

## How your claims are paid

Rather than simply pay whatever amount the dentist charges, insurance companies use fee guides to determine what is **reasonable** and **customary** for each dental procedure. A fee is considered to be reasonable and customary if it is within the usual range of charges for the same services performed by other dentists who are practicing in the same geographic area. **Reasonable** means the charges associated with a dental procedure are fair and not excessive. **Customary** means the charges associated with a dental procedure are common or usual for that

particular procedure within the geographic region where the service was performed.

## Dental fee guides

All provincial dental associations, with the exception of Alberta, publish a dental fee guide each year. The guide is a listing of recommended charges for each dental procedure. It is used by dentists as a guide when determining what price to charge a patient and also by insurance companies when determining how much will be reimbursed.

**The Alberta scene:** The Alberta Dental Association has not published a fee guide since 1997. As a result, insurance companies must develop their own reimbursement limits or fee guides for Alberta. Manulife Financial examines data from claims submitted in Alberta to determine the reimbursement limits in that province. This information is made available to plan members and employers.

## Why is 100 percent not always 100 percent?

Dental claims are paid according to the insurance company's reasonable and customary fee guide. This means a plan that provides 100% coverage for certain dental procedures actually only pays 100% of the reasonable and customary fee for each dental procedure. Therefore, if the dentist has charged a price higher than the reasonable and customary fee, there will be a balance that must be paid to the dentist by the patient.

# Sample Dental Claim Statement

Your plan member identification is right up front. Have this information handy if you call about your plan.

You'll find your name and mailing address here.

**Manulife Financial**

BLAKE JACOBS  
5231 PINESTRAW ROAD  
WATERLOO ON A1B 2C3

WJRP 0034567A LA 0 FXXXXXXX FXXXXXXX

Statement date: December 1, 2005  
Your plan number: 123456  
Your certificate number: 2345678  
Group name: ABC COMPANY  
Benefit paid to: BLAKE JACOBS  
Cheque number: 3987654002

You'll see who received the benefit payment. If we've paid the dentist directly, you'll see his or her name here.

## Your dental claim statement

Our contact information is at your fingertips.



Dentist: DR. JOHN D. PEARL, 3670000  
Questions?  
Internet: www.manulife.ca/groupbenefits  
Call: 1-800-268-6195  
Write: Manulife Financial, Group Dental Claims  
P.O. Box 1650, Waterloo, ON N2J 4V7

For dental claims, we'll include the dentist's name on your statement.

Get a summary of your claim at a glance, including amounts submitted and paid.

### Summary of your claim

Description	Amount submitted (\$)	Benefit paid (\$)
TOTAL FOR JONAH	107.94	98.12
TOTAL FOR BLAIR	24.95	23.55
<b>CLAIM TOTAL</b>	<b>\$132.89</b>	<b>\$121.67</b>
<b>Amount of cheque:</b>		<b>\$121.67</b>

**New, improved claim statements**  
Your claim statements are new and improved with plain language, an upfront summary, and a friendlier design. Watch this space for news about your plan.

**Visit your secure website**  
Sign up to have your claim payments deposited directly to your bank account, get claim forms, and check claim status! Go to [www.manulife.ca/groupbenefits](http://www.manulife.ca/groupbenefits)

Look here for messages about benefit plan services.

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**Manulife Financial**

3987654002

Descriptions include the type of dental procedure.

THROUGH  
Royal Bank of Canada  
Main Branch  
Toronto, Ontario M5J 2J6

99805/98765432  
1 DEC 2005

THE SUM OF  
\*\*\*\*\*Hundred and twenty-one dollars and 67 cents\*\*\*\*\*

PAY TO  
BLAKE JACOBS

**\*\*121.67\***

30085564

**Manulife Financial**

Your plan number: 123456  
Your certificate number: 2345678  
Statement date: December 1, 2005  
Insured: BLAKEJACOBS

#### Details of your claim

Description	Amount submitted (\$)	Amount eligible (\$)	Deductible (\$)	Percent paid	Benefit paid (\$)	See note
<b>JONAH (080)</b>						
Service date: November 12, 2005						
Procedure: 02122 - Exam	24.95	23.55	0.00	100%	23.55	1
Procedure: 02142 - Two filling 4-6mm	21.44	21.00	0.00	100%	21.00	1
Procedure: 11027 - Filling 2, 1.0-2mm	18.84	17.50	0.00	100%	17.50	1
Procedure: 11117 - Restorative scaling, 2, 1.0-2mm	24.95	23.50	0.00	80%	18.84	1
Procedure: 12101 - Fluoride	18.96	18.83	0.00	100%	18.84	1
<b>TOTAL FOR JONAH</b>	<b>\$107.94</b>	<b>\$102.83</b>	<b>\$0.00</b>		<b>\$98.12</b>	

NOTES FOR JONAH  
1. Your plan covers dental procedures up to the amount in the 2007 Dental Practitioner's Fee Guide. This payment has been made on that basis.

Description	Amount submitted (\$)	Amount eligible (\$)	Deductible (\$)	Percent paid	Benefit paid (\$)	See note
<b>BLAIR (080)</b>						
Service date: November 12, 2005						
Procedure: 02122 - Exam	24.95	23.55	0.00	100%	23.55	1
<b>TOTAL FOR BLAIR</b>	<b>\$24.95</b>	<b>\$23.55</b>	<b>\$0.00</b>		<b>\$23.55</b>	

NOTES FOR BLAIR  
1. Your plan covers dental procedures up to the amount in the 2007 Dental Practitioner's Fee Guide. This payment has been made on that basis.

**Important messages**  
Please keep this document for income tax purposes, or if coordinating benefits with another plan. This document is sufficient for income tax purposes. If you need a replacement copy, we charge a small fee.

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30085564



123456 987953546578

Details are broken out by family member.

Look here for important messages and definitions to key insurance terms. You'll see words like **percent paid (coinsurance)**, which refers to the percent of the eligible amount that your plan covers.

**Manulife Financial**

WJRP 0034567A LA 0 FXXXXXXX FXXXXXXX  
Your plan number: 123456  
Your certificate number: 2345678  
Statement date: December 1, 2005  
Insured: BLAKEJACOBS

#### Key terms

Following are some explanations of key terms used in this Claim Statement.  
Amount submitted - the amount you were charged for a product or service.  
Amount eligible - the portion of the amount submitted that is eligible for whole or partial reimbursement by your plan.  
Deductible - the eligible expense are deduct from your claim before your plan pays a benefit. If there is no deductible under your plan or it has already been satisfied, this column will show \$0.00.  
Percent paid - the percentage of the amount eligible that your plan covers, sometimes referred to as coinsurance. For example, if your plan covers 80% of the amount eligible, then you will not be reimbursed for the other 20%.

**If you have coverage under another plan...**  
Did you know that if you have health or dental coverage under another plan, you can get up to 100% of your eligible expenses covered? Through coordination of benefits, you can submit the unpaid part of a claim to the second plan for payment. For example, if Manulife pays 80% of your expense, the other plan may pay the 20% you paid yourself.

Here's how to take advantage of coordination of benefits...  
For you: Send your claims to your Manulife plan first, then submit the claim statement for any unpaid portion to your spouse's plan.  
For your spouse: Send your spouse's claims to your spouse's plan first, then submit any unpaid portion to your Manulife plan.  
For your children: If your birthday is earlier in the year than your spouse's, submit your children's claims to your Manulife plan first. Then, submit the claim statement for any unpaid portion to your spouse's plan.  
If your birthday is later in the year than your spouse's, submit your children's claims to your spouse's plan first. Then, submit the claim statement for any unpaid portion to your Manulife plan.

**Help prevent claims fraud!**  
Be informed about the services received. Ask questions!  
Never sign a claim form before a service is performed.  
Take care when disclosing benefits coverage to others.  
Report any concerns or suspicions confidentially by calling Manulife at 1-877-481-9171.

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**The Alberta scene:** Due to the fact that the Alberta Dental Association does not publish an annual fee guide, there is more of a variation among dentists as to what is charged to patients for each dental procedure. This means plan members have an opportunity to shop around and perhaps even negotiate the fees that their dentist charges, in order to avoid incurring out-of-pocket expenses.

### Check the bill

Many dental offices submit claims to the insurance company electronically on the patient's behalf. This service is convenient and saves time for everyone. Before you leave the dental office you should always be sure to obtain a copy of the claim statement from the dentist and review it to validate the accuracy of the expenses being billed to your group benefits plan.

### Controlling expenses

If your family has additional dental coverage through a spouse's benefits plan, you may receive up to 100 percent of your eligible expenses covered by coordinating between the two benefits plans. Through coordination of benefits, you can submit any unpaid part of a claim to the second plan for payment and avoid paying out-of-pocket for eligible expenses.

### Things plan members should discuss with dentists

- Ask the dentist to describe what he or she is doing during the examination.
- Have the dentist explain the treatment alternatives and explain which is the best choice.
- Ask the dentist to explain the costs before treatment takes place.

- When the work is estimated to cost more than \$500, instruct the dentist to send a pre-determination of coverage to the insurance provider before treatment takes place.
- Ask what treatment is required immediately. Can any treatments be delayed until later?
- Ask for a copy of the bill to be sent to the insurance company.

As a plan member it's important to familiarize yourself with the details of your dental plan. You should have an understanding of the services the dental plan includes and excludes, how your plan's cost-sharing (if any) works, if there are any dollar or frequency of treatment limits built into the plan, and at what intervals your plan provides coverage for regular check-ups and cleanings. If you don't know these details, speak with your plan administrator or contact Manulife Financial's Customer Service Centre.

### When to seek a second opinion

Sometimes, a dentist might send a patient to another dentist in order to get a second opinion on the specific treatment in question. For instance, children who are likely to need orthodontics at some point in the future might be sent to a specialist for a pre-treatment consultation. This type of second opinion is

a normal course of practice and should be expected. At other times, the patient might feel the need to seek the advice of another dentist. For example, if a patient recently changed dentists and the new dental professional is recommending extensive or totally unexpected treatments, a second opinion could be warranted. Or, there might be occasions when a patient feels he or his dependents are being under (or over) treated and that a different approach may be required. A second opinion will help address those concerns, too. Depending on the design of the benefits plan and the nature of the appointment, coverage may or may not be available for second opinion appointments. Plan members must carefully weigh their concerns against any personal costs that might be incurred when deciding to seek a second opinion. At all times, it's important that you feel comfortable and confident asking your dental providers for more information whenever you have questions about the care they are providing.

### The tooth. The whole tooth. And nuthin' but the tooth.

For information on treatment and prevention, visit the Canadian Dental Association's website at [www.cda-adc.ca](http://www.cda-adc.ca) or the Alberta Dental Association and College at [www.abda.ab.ca](http://www.abda.ab.ca)