



# **USW 1005**

*Retiree Benefits Trust*

# **Benefit Plan**

*Supporting your health, every step of retirement*

Classification: All Retired Employees

Group number: 251005

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**Plan Administrator & Claims Processor**

149 Main Street East

Hamilton, Ontario L8N 1G4

☎ (289) 768-3622 Fax (289) 768-3620

✉ [usw1005benefits@wahealth.ca](mailto:usw1005benefits@wahealth.ca) or [claims@wahealth.ca](mailto:claims@wahealth.ca)

🌐 [www.wahealth.ca](http://www.wahealth.ca)

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**Important Information About Your Benefits**

This booklet contains essential information about your Retiree Health Benefits administered by **WA Health** in partnership with **ClaimSecure**. Which includes:

- A Table of Contents for easy reference
- A Schedule of Benefits outlining deductibles, co-pays, and maximums
- A Definitions section explaining key benefit terms
- Instructions on how to submit claims

Please review this booklet carefully and keep it in a safe place for future reference.

You will receive an identification card showing your **ClaimSecure ID Number and Group ID number** use this number for all claims and correspondence. Your spouse and dependents will use the same identification number for their claims.

**Online Access to Your Benefits**

In addition to this booklet, you can access your benefit information online through the **ClaimSecure** website or mobile app. Register today to:

- View your Benefit Plan Booklet
- Submit claims online (some processed instantly)
- Check eligibility and coverage before claiming
- View your claim history and payment details
- Sign up for direct deposit
- Print personalized claim forms and digital ID cards
- Find approved providers who can submit claims for you

Visit [www.claimsecure.com](http://www.claimsecure.com) or download the **e profile App** from your app store to register.

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## INTRODUCTION

Dear Retiree,

This booklet outlines the eligibility requirements, coverage details, and claims procedures under the USW Local 1005 Retiree Benefits Trust, referred to throughout this document as *the Trust*.

The Trust was established to provide continued health and welfare benefits for retired members of United Steelworkers Local 1005, ensuring that your years of service and dedication are recognized through ongoing support for your well-being.

Every effort has been made to ensure that the benefit descriptions in this booklet are consistent with the official Plan Text, the group insurance policy administered by ClaimSecure, and all applicable government legislation. However, this booklet is intended as a convenient summary and not a legal contract. In the event of any discrepancy between the information in this booklet and the provisions of the Plan Text or insurance policy, the terms of the Plan Text or insurance policy will govern.

Please note that changes to the benefits may occur from time to time, either through decisions made by the Board of Trustees or as a result of legislative amendments. Consequently, this booklet may not always reflect the exact provisions in place at the time a claim is made.

The Trustees sincerely hope that the benefits provided through the Trust will continue to offer peace of mind and valuable support for you and your eligible dependents during your retirement years. For additional information, please contact ClaimSecure or the plan administrator, WA Health Inc.

Sincerely,  
The Board of Trustees  
USW Local 1005 Retiree Benefits Trust

## SUMMARY OF BENEFITS

This section provides a summary of the benefits available to eligible retirees and their dependents. It outlines the deductibles, co-payments, and maximums that may apply to your coverage under the USW Local 1005 Retiree Benefits Trust, administered by WA Health Inc.

Full descriptions of each benefit, along with any applicable conditions, limitations, and exclusions, are included in the Description of Benefits section. Please read those pages carefully to ensure you understand how your coverage works.

All amounts are expressed in Canadian dollars, and coverage applies only to the benefits for which you are eligible. This plan is designed to supplement your provincial health insurance plan, providing reimbursement for expenses that are reasonable, customary, and medically necessary.

### ***Extended Health Care***

All dollar amounts are expressed in Canadian dollars. Coverage applies only to the specific benefits for which you are eligible. Eligible expenses must be reasonable and customary, medically necessary, and not covered by your provincial health insurance plan. Certain items, such as medical equipment, prostheses, or massage therapy, may require a prescription or referral from a physician or nurse practitioner. For information regarding claims submission, coordination of benefits, or prior authorization, please refer to the Claims Procedures section of this booklet or contact ClaimSecure.

<b>Benefit</b>	<b>Your Co-Pay</b>	<b>Maximum Plan Pays</b>
Prescription Drugs – Pay Direct Drug Card	0%	\$70,000 per lifetime
Dispensing Fee Cap for maintenance drugs, and for covered persons in Ontario over age 65 if the DIN is not part of the Ontario Formulary		\$5.00 per prescription or refill for maintenance drugs only
Smoking cessation drugs		\$500 per lifetime
All other covered drugs		Subject to the maximum shown above
Hearing Care	0%	\$1,500 every 3 years, based on date of first paid claim
Medical Items and Services	0%	
Orthotics / Orthopedic Footwear		
Custom-made boots or shoes		\$1,800 per calendar year

Custom orthotics		\$550 per calendar year
Gender Affirmation – diagnosis of gender dysphoria required from a physician (M.D.) or nurse practitioner		Reasonable and customary charges, limited to \$10,000 lifetime
Bra (mastectomy)		3 per calendar year
TENS unit (rental, purchase, or supplies)		\$500 every 5 years based on date of first paid claim
Stump socks		6 pairs per calendar year
Compression stockings		\$90 per pair, limited to 3 pairs per calendar year (Reasonable & Customary)
Insulin pump and insulin pump supplies		\$5,000 combined every 5 years based on date of first paid claim
Wigs		\$900 per lifetime
Custom-made rigid knee brace		\$1,800 per knee, per person, every 60 consecutive month based on date of first paid claim (Reasonable & Customary)
Respiratory / Cardiology Equipment		
C.P.A.P. Machine		\$1,700 per claim
All other eligible respiratory / cardiology equipment and supplies		Reasonable and customary charges
Other eligible medical items and services		Reasonable and customary charges
Emergency Transportation	0%	Reasonable and customary charges
Private Duty Nursing in the Home	0%	\$10,000 lifetime maximum
Professional Services	0%	
Psychologist (M.D. or NP recommendation required)		\$300 per calendar year
Chiropractor / Podiatrist (with medical condition of diabetes) No Physician Referral Required		\$600 per calendar year
Accidental Dental	0%	Reasonable and customary charges
Vision Care	0%	\$500 per 24 consecutive months, based on date of first paid claim (if change in prescription, new \$500 period begins)

## Dental Care

The following schedule outlines the deductibles, co-pays, and maximums that apply to your Dental Benefit coverage. Complete details, including conditions and limitations, are provided in the Description of Benefits section.

All dollar amounts are expressed in Canadian dollars. Coverage applies only to the specific benefits for which you are eligible. The amounts listed below represent the maximum reimbursement levels for each category of service. All expenses must be reasonable and customary, and services must be performed by a licensed dental professional.

### Plan Maximums

- **Deductible:** Nil
- **Orthodontic Lifetime Maximum:** \$2,500 per dependent child under 25

Benefit	Your Co-Pay	Maximum Plan Pays
Basic Services and Comprehensive Basic Services	0%	\$3,000 per covered person per calendar year
Major Services	0%	\$3,000 per covered person per calendar year
Orthodontic Services (in-person only)	20%	\$2,500 per lifetime per covered dependent child, 25 years of age and under

## DEFINITIONS

Unless otherwise stated, the following definitions apply throughout this booklet. These terms are provided to help you better understand the wording used in your benefit plan and how specific provisions are applied.

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### Allowed Amount

The maximum amount payable for an eligible expense, as determined by ClaimSecure:

- **Drugs:** Based on ClaimSecure’s National Pricing Policy and/or the reasonable and customary charge.
- **Extended Health Services:** The reasonable and customary charge for the service or supply, but not more than the prevailing rate in the area where it was provided.
- **Dental:** The fee guide specified in the Schedule of Benefits.

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Biologic Drug	A medication produced using living cells or microorganisms (such as bacteria), typically manufactured through DNA or biotechnological processes.
Biosimilar Drug	A biologic drug shown to be highly like a reference biologic drug already approved for sale by Health Canada.
Calendar Year	The 12-month period begins January 1 and ends December 31.
Co-Pay	The portion of the eligible allowed amount that must be paid by you or your dependent before reimbursement will be made.
Covered Person	The plan member who is enrolled in the plan, and/or any eligible dependents who are also enrolled.
Custom-Made Boots or Shoes	Footwear is manufactured specifically for an individual whose condition cannot be accommodated by standard footwear. The process involves creating a unique cast of the person’s feet and fabricating the product from raw materials to accommodate structural or medical deformities.
Custom-Made Foot Orthotics	Devices made from a three-dimensional mold of an individual’s foot using raw materials, designed to correct or relieve pain caused by biomechanical misalignment of the feet and lower limbs.

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### Deductible

The amount that must be paid by or on behalf of you and your dependents each calendar year before reimbursement of an eligible expense is made.

## Dependent

A person who qualifies as your dependent under the plan, as defined below:

- a) **Spouse:** The person to whom you are legally married, or with whom you have lived in a common-law relationship for more than one (1) year. Only one spouse may be covered under the plan at any given time.
- b) **Children:**
  - Your unmarried child under age 19;
  - Your unmarried child under age 25, if enrolled in and attending full-time studies at an accredited educational institution; or
  - Your unmarried child (regardless of age) who became totally disabled while eligible under (b) above, continues to be disabled, and qualifies as a dependent under the Income Tax Act.

A child includes your natural, legally adopted, or stepchild, and must reside with you in a parent-child relationship or be financially dependent upon you.

Children attending school full-time outside your province remain eligible, provided you arrange continued provincial health coverage through your local health authority.

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## Fee Guide

The schedule of dental procedure codes and fees developed by the Canadian Dental Association, as adopted by the relevant provincial or territorial dental association where the service is rendered (or by your province of residence if the service is provided outside Canada). The applicable fee guide is the version in effect at the time the service is provided.

First Paid Claim	The actual date of service for the first claim is paid by ClaimSecure.
Injury	A sudden and unforeseen event resulting from an external, violent, and unexpected cause.
Off-Label Use	The use of a drug for a purpose or condition other than the one approved by Health Canada.
Plan Member	You, the individual enrolled for coverage under the plan.
Reasonable and Customary	In the opinion of ClaimSecure, the usual charge of a provider for a service or supply in the absence of insurance, not exceeding the prevailing rate in the geographic area where it is provided.
Reference Biologic Drug	The original biologic drug first authorized for sale by Health Canada.
Rendered Amount	The amount charged by a provider for a service or supply, as submitted for reimbursement under the plan.

## ELIGIBILITY

### For You

You are eligible for coverage if you are a retired plan member who:

- a) is a resident of Canada; and
- b) is covered under your provincial health insurance plan.

### For Your Dependents

Your dependents are eligible for coverage if:

- a) you are covered under this plan; and
- b) each dependent is covered under a provincial health insurance plan.

### Coverage Effective Date

Your coverage begins on the date you become eligible, have satisfied all eligibility requirements, and are enrolled under the plan.

Coverage will commence upon your retirement, provided you meet all plan requirements.

Dependent coverage will begin on the same date your own coverage becomes effective.

Your plan sponsor is responsible for submitting all required enrollment forms to ClaimSecure as of the plan's effective date or the date you first become eligible for coverage.

### Termination of Coverage

Your coverage will end on the earliest of the following dates:

- a) the end of the period for which premiums or contributions have been paid to ClaimSecure; or
- b) the date the group contract terminates.

Dependent coverage will end on the earliest of the following dates:

- a) the date your coverage terminates;
- b) the date your dependent no longer meets the eligibility requirements;
- c) the end of the calendar year in which your dependent child reaches the specified age limit;
- d) the end of the period for which premiums have been paid for dependent coverage; or
- e) the date the group contract terminates.

### Continuation of Coverage for Dependent Children

If a dependent child's coverage would otherwise end because they have reached the specified age limit, coverage may continue provided that:

- a) the child became dependent on you due to a mental or physical disability before reaching that age; and
- b) the child has been continuously disabled since that time.

## **Survivor Continuation of Coverage**

In the event of your death while covered under this plan, coverage will continue for your surviving spouse (if listed as your pension survivor) or for any eligible dependent listed at the time of your retirement. Coverage will remain in effect until the earliest of the following dates:

- a) the date of your spouse's death;
- b) the date the covered person would no longer qualify as a dependent if you were still living; or
- c) the date the applicable benefit under which the dependent is covered terminates.

## **DESCRIPTION OF BENEFITS**

### ***Health Benefit Plan***

The following benefits are eligible for reimbursement, up to the maximums listed in the Schedule of Benefits, where they are reasonable and customary, and medically necessary for the treatment of an illness or injury.

### **Prescription Drugs**

Prescription drug benefits are covered, up to the amount shown in the Schedule of Benefits, for drugs that:

- a) are prescribed by a legally qualified medical or dental practitioner, as permitted by law.
- b) legally require a prescription and have a Drug Identification Number (DIN).
- c) have a Natural Product Number (NPN) for approved nicotine replacement products (e.g., patches, gum, lozenges, buccal or inhalers) or for calcium and iron supplements.
- d) are approved under ClaimSecure's drug review process; and
- e) are paid on a Pay Direct basis.

### **Drug Formulary Management**

ClaimSecure manages its drug formularies through an evidence-based review process that evaluates drugs for clinical effectiveness, safety, and overall value. ClaimSecure reserves the right to:

- Add or remove drugs from its formulary, regardless of Health Canada approval or provincial funding.
- Apply restrictions such as prior authorization, use of specific approved providers, or substitution of lower-cost alternatives (e.g., generics or biosimilars).

## Additional Coverage

If approved by ClaimSecure, this plan includes drugs that have a DIN but do not legally require a prescription, such as nitroglycerin, insulin, injectables, and diabetic supplies (syringes, needles, lancets, and testing agents). Coverage may also include limited-access or select over-the-counter drugs.

Certain drugs require prior authorization before reimbursement. Some specialty drugs may only be covered if purchased through ClaimSecure's Specialty Care Program. You can verify coverage or authorization requirements by logging in to ClaimSecure E Profile or contacting the WA Health Team.

## Prescription Supply Limits

- **Quebec Retired Members:**  
A maximum of a 3-month supply (6 months for vacation) may be dispensed at one time, and no more than a 13-month supply in any 12-month period.
- **All Other Retired Members:**  
Maintenance drugs (for lifelong chronic conditions) may be required to be dispensed in 90-day quantities.
- Non-maintenance drugs may be dispensed in up to a 3-month (90-day) supply, or up to a 6-month vacation supply, not exceeding 13 months' total supply in any 12-month period.

## Mandatory Generic Substitution

Where a generic equivalent exists, reimbursement is limited to the cost of the lowest-priced equivalent drug, in accordance with provincial regulations.

## More Information

- **Over Age 65:** Provincial deductibles or co-pays are not covered under this plan.
- **Quebec Residents:**  
ClaimSecure follows the **RAMQ** reimbursement guidelines.
  - Under age 65: ClaimSecure is the sole payer.
  - Age 65 or older: enrolment in RAMQ is automatic; ClaimSecure becomes second payer.  
Any provisions not meeting RAMQ minimum requirements will be automatically adjusted.

## Exclusions – Prescription Drugs

No benefits will be paid for:

- a) Drugs for erectile dysfunction.

- b) Reference biologic drugs with an approved biosimilar.
- c) Vaccines.
- d) Products do not normally require a prescription, except approved nicotine replacements, calcium, or iron.
- e) Experimental or unapproved drugs not recognized by Health Canada.
- f) Compounded products that do not comply with ClaimSecure’s Compound Policy.

## **Extended Health Services**

### **Hearing Care**

Reimbursement for hearing aids, batteries, repairs, or replacement parts when prescribed or approved by a qualified medical practitioner, up to the amount shown in the **Schedule of Benefits**.

### **Medical Items and Services**

When prescribed by a qualified medical practitioner, reimbursement for reasonable and customary charges applies, up to the maximums shown in the **Schedule of Benefits**, for:

<b>Aids for Daily Living:</b>	Hospital beds (non-electric), rails, mattresses, trapezes, transfer poles, and related supplies.
<b>Footwear and Orthotics:</b>	Custom-made orthotics, boots, or shoes when prescribed by a physician, nurse practitioner, podiatrist, or chiropodist. Repairs and modifications to orthopedic footwear are also covered (pre-authorization may be required).
<b>Braces and Casts</b>	for medical support.
<b>Diabetic Equipment and Supplies:</b>	Blood glucose meters, insulin pumps (upon specialist recommendation), glucose monitoring systems (GMS) including sensors and transmitters (subject to pre-authorization).
<b>Medical Services:</b>	Diagnostic tests, X-rays, and laboratory tests.
<b>Incontinence/Ostomy Supplies:</b>	Catheter, ostomy, and incontinence products.
<b>Mobility Aids:</b>	Canes, crutches, walkers, manual wheelchairs, and electric wheelchairs (for quadriplegics only).
<b>Standard Prosthetics:</b>	Arm, hand, leg, foot, breast, eye, and larynx prostheses.
<b>Respiratory/Cardiology Equipment:</b>	Compressors, inhalant devices, and oxygen equipment.
<b>Compression Stockings:</b>	Pressure measurement of 15 mmHg or higher.
<b>Wigs:</b>	For temporary or permanent hair loss due to chemotherapy or radiation.

Some items require pre-authorization. Submit a Pre-Authorization Form to ClaimSecure before purchase or rental.

## Limitations

- a) Rental cost of equipment will not exceed the purchase price.
- b) Equipment must be suitable for home use and not primarily for comfort or convenience.
- c) Deluxe equipment is covered only when medically required for operation or function.

## Private Duty Nursing

Reimbursement for services provided by a Registered Nurse (R.N.) or Licensed/Registered Practical Nurse (L.P.N./R.P.N.) in the home, up to the maximum shown in the Schedule of Benefits.

Custodial or non-medical care is not covered.

Pre-authorization by the attending physician is required.

## Gender Affirmation

Eligible expenses are covered when a diagnosis of gender dysphoria is provided by a qualified physician or nurse practitioner.

Coverage includes services not funded by provincial/territorial health plans, up to the maximum plan.

- **Foundation (Core):** genital and chest/breast surgeries, vocal surgery, tracheal shave, chest contouring, vaginal dilators, facial feminization, laser hair removal.
- **Focused:** non-genital/non-breast procedures such as rhinoplasty, liposuction, fillers, hair transplants, and gluteal lifts.

## Emergency Transportation

Coverage for land or air ambulance to the nearest appropriate hospital when medically required, up to the amount shown in the Schedule of Benefits.

## Professional Services

Reimbursement for services provided by licensed practitioners recognized by their provincial regulatory body and by ClaimSecure, up to the plan limits.

Please contact ClaimSecure to confirm practitioner eligibility.

**Note:** Podiatry services are not eligible until provincial plan maximums are reached.

## Accidental Dental

Coverage for dental treatment to natural teeth resulting from a direct blow to the mouth.

- The accident must occur while coverage is active.
- Claims must be submitted promptly.
- Coverage is limited to one set of artificial teeth where required.

No benefits are payable for periodontic, orthodontic, or prosthetic repairs or replacements.

Charges are based on the current Provincial Dental Association Fee Guide for General Practitioners.

### **Important:**

Submit accidental dental claims under the health benefit plan first, before the dental plan.

## Vision Care

Reimbursement for services provided by a licensed Optometrist, Optician, or Ophthalmologist, up to the amounts shown in the Schedule of Benefits, including:

- Prescription of eyeglasses or contact lenses.
- Medically necessary contact lenses (e.g., keratoconus or other irregularities).
- Replacement parts for eyeglasses.
- Laser eye surgery.
- Eye exams where not covered by provincial plans.

### **Exclusions:**

- Medical or surgical treatment (except laser eye surgery).
- Vision training, orthoptics, or special visual aids.
- Fitting or follow-up fees for contact lenses.
- Eyeglass cases.

## Health Exclusions

Benefits are not payable for services or supplies:

1. Related to war, riot, or criminal acts.
2. Provided while serving in the armed forces.
3. Missed appointment fees.
4. Received outside Canada on a non-emergency basis.
5. For claim form translation or completion.
6. For medical cannabis of any kind.
7. That do not meet accepted medical or dental standards, are experimental, ineffective, or not Health-Canada approved.
8. That are not recommended or provided by a qualified practitioner.
9. For which you are not legally required to pay, or that are otherwise covered by another plan or government program.
10. Provided by unlicensed or suspended practitioners.

11. Used for recreation, convenience, or cosmetic purposes.
12. Provided by family members or individuals residing in your household.
13. Replacements of lost, stolen, or damaged items (unless medically justified).
14. Related to motor vehicle accidents (unless not covered by auto insurance).
15. Administrative or service fees are not directly related to care.

### **Dental Benefit Plan**

The following benefits are eligible for reimbursement based on the **reasonable and customary charge** of a licensed dental practitioner, in accordance with the **Fee Guide** and the maximums shown in the Schedule of Benefits.

#### **Basic Services**

##### **Diagnostic and Preventive Services**

Reimbursement for routine dental care, including:

- Complete oral examinations:
  - Periodontal, surgical, prosthodontic, and endodontic exams once every **6 months**
  - All other complete exams once every **9 months**
- Specific oral examinations once every **6 months**
- Emergency oral examinations
- Full series of X-rays once every **3 years**
- Panoramic X-rays
- Bitewing X-rays once every **6 months**
- Recall examinations once every **6 months**
- Cleaning and scaling (up to **1 unit of polishing** and **1 unit of scaling**, combined with periodontal scaling and/or root planing) once per recall period
- Topical fluoride application once per calendar year for covered persons **18 years of age and under**
- Oral hygiene instruction
- Denture cleaning once per recall period
- Pit and fissure sealants
- Space maintainers

##### **Basic Restorative Services & Oral Surgery**

- Amalgam or tooth-coloured fillings (paid to full metal on molars)
- Temporary or sedative fillings
- Extractions of teeth and/or residual roots

**Anesthesia**

- General anesthesia, deep sedation, or intravenous sedation in conjunction with eligible oral surgery only

**Comprehensive Basic Services****Standard Denture Services**

- Denture repairs and/or tooth additions
- Adjustments, remounts, and equilibration procedures (after **6 months** from installation)
- Soft tissue conditioning linings
- Remake of a partial denture using an existing framework (once every **5 years**)

**Comprehensive Oral Surgery**

- Surgical exposure, repositioning, transplantation, or enucleation of teeth
- Bone or gum recontouring and remodeling
- Excision of cysts or tumors
- Incision, drainage, or exploration of soft/hard tissue
- Treatment of fractures and jaw dislocations
- Repair of soft tissue lacerations
- Frenectomy (correction of tissue folds beneath lips or tongue)

**Endodontic Treatment**

- Root canal therapy (one treatment per tooth)
- Pulpotomy, pulpectomy, or apexification
- Apical curettage, root resections, retrograde fillings
- Root amputation and hemi section
- Bleaching of non-vital teeth
- Emergency procedures (e.g., drainage or opening of the gum/tooth)

**Periodontal Treatment**

- Scaling and root planning (maximum **6 time units** per calendar year combined with preventive scaling)
- Occlusal equilibration (adjustment of bite)
- Bruxism appliance (once every **12 months**)

*Fees are based on units of time (15 minutes per unit) or number of teeth in a surgical site per the Provincial Dental Association Fee Guide.*

**Major Services**

- Onlays and crowns (paid to full metal on molars) to restore damaged or diseased natural teeth, once every **5 years**

- Standard bridges and abutment retainers/crowns on natural teeth, once every **5 years**
- Complete, immediate, transitional, or partial dentures, once every **5 years**
- Repairs or recementing of crowns, onlays, and bridgework on natural teeth
- Inlay restorations (paid to the equivalent of a non-bonded amalgam)
- Relining and rebasing of dentures once every **2 years**, after **6 months** from installation

### Orthodontic Services

Reimbursement for **in-person orthodontic treatment** to straighten teeth or correct bite irregularities.

Virtual or tele-orthodontic services are **not eligible**.

- Claims must be submitted within **12 months** of the service date.
- If treatment ends before completion, benefits stop as of the termination date.
- Benefits resume only if coverage remains in force when treatment restarts.
- Payment is made monthly for active months of coverage.

### Alternate Benefit Clause

When more than one acceptable course of treatment is available, reimbursement is based on the **least expensive** service or supply that provides a professionally acceptable result. You may choose a more expensive option, but reimbursement will be limited to the lower-cost alternative.

### Predetermination

Before treatment begins, your dentist must submit a **predetermination** (estimate) if the total cost is expected to exceed **\$500**.

The estimate should include supporting materials such as X-rays or digital photos.

Failure to submit an estimate prior to treatment may delay claim processing or result in reduced benefits.

### Limitations

1. Laboratory fees are eligible only when part of another covered service. If lab costs exceed **40%** of the dentist's fee, reimbursement will be reduced accordingly.
2. Reimbursement is based on standard treatment; any upgrade or optional service beyond standard care is your responsibility.
3. Fees may be prorated if the time spent is less than the standard for the procedure.
4. Root canal therapy is limited to one payment per tooth. Retreatment or additional charges for complex anatomy are not included.
5. Multiple surfaces restored on the same tooth in one visit will be paid as a combined surface (maximum of **5 surfaces per tooth** in any 36-month period).
6. When multiple surgical procedures are done in one area during the same visit, only the most comprehensive procedure is covered.

7. For multiple restorations (6 or more) or periodontal services at one visit, the first service is paid in full; remaining services are reduced by **20%**.
8. Core build-ups are eligible only when required for tooth preservation and must be supported by X-rays.
9. Root planning is not covered if done at the same time as gingival curettage.
10. Claims for dental accidents must be submitted under the **Health Benefit Plan** before the Dental Plan.

## Dental Exclusions

Benefits are not payable for:

1. Services or supplies resulting from:
  - a) war, riot, or criminal acts;
  - b) service in the armed forces.
2. Missed appointments, translation, or administrative fees.
3. Non-emergency services received outside Canada.
4. Treatment not performed in person by a licensed dentist.
5. Services not included in the **Canadian Dental Association Procedure Codes** adopted by the provincial fee guide.
6. Implants and all implant-related services.
7. Restorations for wear, acid erosion, or occlusal adjustment.
8. Appliances for myofascial pain, TMJ dysfunction, or sleep dentistry.
9. Cosmetic or aesthetic procedures include congenital corrections.
10. Experimental, unapproved, or ineffective treatments, as determined by ClaimSecure's review process.
11. Services not recommended or provided by a qualified practitioner.
12. Services for which you are not legally required to pay, or that are covered by another plan, insurer, or government agency.
13. Treatment provided by a suspended or unlicensed practitioner.
14. Procedures for recreation or convenience.
15. Treatment provided by an immediate family member (parent, spouse, child, or sibling).
16. Lost, stolen, or damaged dental appliances (unless medically required replacements).
17. Government-funded services or supplies available at no cost.
18. Treatment related to **motor vehicle accidents** unless excluded from auto insurance; a letter from your insurer is required.
19. Instructional kits, pamphlets, or transportation costs.
20. Duplicate prosthetic devices or appliances.
21. Administrative fees are not directly related to the delivery of care.

## CLAIMSECURE ACCESS & TOOLS

### *Get Started with ClaimSecure eProfile™*

1. **Visit:** [www.claimsecure.com](http://www.claimsecure.com)
2. **Select:** *eProfile™ Login*
3. **Download:** The ClaimSecure Mobile App from your smartphone's app store

### *Explore the eProfile™ Mobile Experience*

#### **Your Digital Toolkit Includes:**

- **My Coverage:** Check eligibility and coverage details (page 6 visual)
- **My Claims:** View history, manage receipts, and track reimbursement (page 7 visual)
- **PhotoClaims:** Snap and submit receipts instantly (page 11 visual)
- **My Account:** Update direct deposit information for quick payments (page 5 visual)
- **eCard:** Access your digital ID card anytime (page 9 visual)

### **Need Help?**

If you have any questions regarding your retiree benefits, claims, or eligibility, contact WA Health Inc Plan administrator.



H E A L T H

Precision Administration. Personalized Service.

✉ [usw1005benefits@wahealth.ca](mailto:usw1005benefits@wahealth.ca) 🌐 [www.wahealth.ca](http://www.wahealth.ca) ☎ (289) 768-3622