

COVENANT HEALTH

Benefits Booklet

UNA

Alberta Blue Cross Group Number: 22131

Effective Date: June 2025



**The Blue Cross symbol and name are registered marks of the Canadian Association of Blue Cross Plans, an association of independent Blue Cross Plans. Licensed to ABC Benefits Corporation for use in operating the Alberta Blue Cross Plan.

*† Blue Shield is a registered trade-mark of the Blue Cross Blue Shield Association.

General Provisions

Maximum

\$2,000,000 combined maximum per Participant each Benefit Year applicable to all Benefits excluding Out of Province Emergency Travel Benefits.

Out of Province Emergency Travel Benefits are subject to a maximum of \$5,000,000 in Canadian funds per Participant per incident.

Termination of Benefits

Benefit Coverage terminates at 11:59 PM on the last day of the month in which the Member retires or terminates employment, with the exception of Out of Province Emergency Travel Benefits which terminate at 11:59 PM on the last day of the month in which the Member retires, terminates employment or reaches 70 years of age.

Employee

A person who is an eligible Employee of the Contract Holder. An Employee must belong at all times to the class or classes of Employees covered by this Health and Dental Plan as specified in the Benefit Summary. All Employees must be residents of Canada and be eligible for benefits under the provincial government health care programs in the province of residence in order to be eligible for coverage.

In order to be eligible for all benefits under this Health and Dental Plan, an Employee, must be required to satisfy the required waiting period and work the minimum number of hours per week as required by the Contract Holder.

All Employee individual applications should be completed and submitted to Blue Cross within 31 days of the start of their eligibility period.

Dependent

The Employee's eligible Spouse and Children as defined below:

1. Spouse shall mean a person who is legally married to the Employee, or who is not legally married to the Employee but has continuously resided with the Employee for not less than 12 consecutive months having been represented as members of a conjugal relationship (common-law).

The Member requesting coverage for a common-law spouse must give written notice to Blue Cross. Unless such written request is made, the person legally married to the Member shall be considered to be the covered spouse. A common-law spouse becomes ineligible when the relationship ends. If the relationship is resumed, the 12 consecutive month cohabitation provision must be met again.

The Employee cannot claim a status of legally married and common-law at the same time. Only 1 spouse, as defined above, can be covered during any 1 period of time.

2. Children shall mean the Member's natural, adopted, stepchildren or children for whom the Member is a legal guardian who are dependent upon the Member for financial care and support. The legal guardian must provide proof of legal guardianship prior to adding the Dependent to their plan (this does not apply to natural, adopted or stepchildren of the Member). Children of the Member's common-law spouse shall be covered provided the children are dependent upon the Member for financial care and support.

Dependent continued

Such children must be:

- (a) unmarried,
- (b) under 21 years of age, not working more than 30 hours per week, and
- (c) less than 21 years of age; or, if 21 years of age but less than 25 years of age, they must be attending an accredited educational institution, college or university on a full-time basis (a minimum of 3 courses or 15 hours per week). Dependent children in an apprenticeship program will not be eligible for coverage.

The children of the Employee's common-law spouse shall be covered provided the children are dependent upon the Employee for financial care and support.

Unmarried and unemployed children 21 years of age or older shall qualify, if they are dependent upon the Member by reason of a mental or physical disability, and became totally disabled prior to attaining age 21, and who have been continuously disabled since that time. Unmarried and unemployed children who became totally disabled while attending an accredited educational institution, college or university on a full-time basis prior to their attaining age 25, and have been continuously so disabled since that time shall also qualify as a Dependent. The Member must apply for continuous coverage within 31 days of the Dependent's 21st birthday.

All changes to add or delete eligible Dependents must be made in writing to the Benefit Plan Administrator who will notify Blue Cross electronically.

Misrepresentation/Fraud

Coverage for Participant may be suspended or terminated by Blue Cross immediately, without notice, if a Participant:

- assists a person to obtain, or attempt to obtain, Benefits for which such person is not eligible;
- assists or knowingly participates in any act with a Provider that has the purpose or effect of enabling the Provider or a Participant to submit false, misleading or fraudulent claims; or
- makes any false statements, knowingly provides false information or withholds material information to obtain benefits for which he is not eligible.

The Member must reimburse Blue Cross for any amounts received from Blue Cross in such circumstances.

Blue Cross may, in its discretion, from time to time, review the qualifications, practices and claims of Providers and deem certain Providers ineligible. In such case, Blue Cross reserves the right, in its sole discretion, to refuse to accept claims submitted to it by or on behalf of a Participant in relation to that Provider.

Disclaimer

This material summarizes the important features of your group program. It is prepared as information only; and does not, in itself constitute an Agreement. The exact terms and conditions of your group benefits program are described in the Health and Dental Plan document held by your employer. In the event of a discrepancy between this booklet and the Health and Dental Plan document, the Health and Dental Plan document will be deemed accurate.

Confidentiality, Security & Privacy

Personal information is the foundation of Blue Cross' business. Without specific, individual information about plan Members and their Dependents Blue Cross cannot administer their health and dental benefits. As a health-information based organization, Blue Cross has always operated within a culture of confidentiality; respecting and maintaining the privacy and security of all of the personal information it holds. Blue Cross has developed information privacy and security policies and procedures to guide the actions of anyone working for us, from the moment we begin receiving customers' personal information to enroll them to disposing of it when no longer needed. These are summarized on our web site at: www.ab.bluecross.ca or are available upon request by calling Blue Cross.

Conversion Privilege

Conversion Privilege

If a Member's coverage ceases because of termination of employment, or termination of membership in the class of Employees eligible for coverage under this Health and Dental Plan, then the Member may apply within 31 days of the termination date of this Health and Dental Plan to convert to one of the programs available to individuals through Blue Cross at that time.

The conversion option is also extended to Dependents. In the event of loss of coverage due to a change in status, or the Member's death, a spouse or dependent child may apply within 31 days of the change to convert to one of the programs available to individuals through Blue Cross at that time.

Survivor Benefit

In the event of a Member's death, Blue Cross will continue Health and Dental Benefits for the surviving Dependent(s) commencing the first day of the month following death and will be effective for a period not exceeding 6 months.

Conversion Privilege

Schedule of Benefits - UNA

Health Benefits

Health Benefits

Prescription Drugs

Section UA1, UA2

Payment Basis: Direct Bill
Coverage Level: 80%, unless otherwise indicated

Section UB1, UB2 - Banff, Castor & St. Albert

Payment Basis: Direct Bill
Coverage Level: 100%

Hospital

Coverage Level: 100%

Extended Health

Coverage Level: 100%

**Mandatory Emergency
Travel**

Coverage Level: 100%
Benefit Period: 90 Days

Vision Care

Coverage Level: 100%
Maximum: \$600 per Participant in a 2 calendar year period

Benefit Year

April 1st - March 31st

Claiming Benefits

1. Prescription Drug benefits are provided on a direct payment basis. Upon presenting your Blue Cross identification card, most pharmacies will bill Blue Cross directly.
2. Hospital benefits are provided on a direct payment basis. Upon presenting your Blue Cross identification card, most hospitals will bill Blue Cross directly.
3. Extended Health Services are covered on a reimbursement basis. The Member must pay the provider, obtain an official receipt and submit this to Blue Cross along with a fully completed Extended Health Services Claim Form.
Claim forms may be obtained from any pharmacy, your employer, the Alberta Blue Cross website (<http://www.ab.bluecross.ca>) or from your local Blue Cross office.
4. Emergency Travel benefits should be claimed on a Travel Claim Form which is available at any Blue Cross office.
5. Vision Care Services are covered on a reimbursement basis. The Member must pay the provider, obtain an official receipt and submit this to Blue Cross along with a fully completed Health Services Claim Form.
Claim forms may be obtained from any pharmacy, your employer, the Alberta Blue Cross website (<http://www.ab.bluecross.ca>) or from your local Blue Cross office.

NOTE: Payment of allowable expenses will be made providing a claim is submitted within 12 months of the date such expense was incurred.

Schedule of Benefits

Summary of Benefits - UNA

Health Benefits

Health Benefits

Prescription Drug Benefits

Eligible Drugs:	Drugs defined as Eligible Drugs in the current Alberta Blue Cross Drug Benefit List®
Generic Pricing:	Applied
Prescription Substitution:	If the prescription contains a written direction from a Health Care Professional that the prescribed drug or medicine is not to be substituted with another product and the drug or medicine is a covered expense under this benefit, the eligible cost of the prescribed product is covered
Aerosol Holding Chamber:	Coverage Level: 100% \$40 in a consecutive 24 month period
Allergy Serums:	Included
Contraceptive Drugs (Other than Oral):	Included
Diabetic Equipment:	Coverage Level: 100%
<i>Glucose Transmitters</i>	Included
<i>Glucose Sensors</i>	Included
<i>Insulin Pump</i>	1 per Participant in a 5 year period
<i>Insulin Pump Supplies</i>	Included
Diabetic Supplies:	Coverage Level: 100%
<i>Diabetic Supplies</i>	Included
<i>Flash Glucose Monitoring System Reader (Intermittent)</i>	1 per Participant in a 24 month period
<i>Flash Glucose Monitoring System Sensor (Intermittent)</i>	30 sensors per Participant in a 12 month period
Fertility Products:	Included
Insulin:	Included Coverage Level: 100%
Sexual Dysfunction Products:	Included
Smoking Cessation Products:	Included
Vaccines:	Included Coverage Level 100%
Weight Loss Products:	Included

® Registered mark of the Canadian Association of Blue Cross Plans, an association of independent Blue Cross Plans. Licensed to ABC Benefits Corporation for use in operating the Alberta Blue Cross Plan.

Summary of Benefits

Definitions

1. **Alberta Blue Cross Drug Benefit List:** A listing created and varied from time to time and published by Blue Cross which contains the drugs, drug products and their respective restrictions, limitations and other criteria, defined as Benefits under this Contract.
2. **Eligible Drugs:** Drugs defined as Eligible Drugs in the current Alberta Blue Cross Benefit List.
3. **Generic Price:** The maximum unit price as determined by Blue Cross that will be paid for a drug product (whether it is a brand or generic product) within a grouping. Groupings are determined by Blue Cross.
4. **Generic Products:** Generic drug products contain the same active ingredients, in the same amounts and comparable dosage form as a corresponding product.
5. **Sexual Dysfunction Products:** Drugs with at least one Health Canada indication for treatment of sexual dysfunction, as defined by Blue Cross.
6. **Smoking Cessation Products:** Drugs with at least one Health Canada indication for smoking cessation, as defined by Blue Cross.
7. **Vaccines:** Drugs with at least one Health Canada indication for use as a vaccine as defined by Blue Cross.
8. **Weight Loss Products:** Drugs with at least one Health Canada indication for weight loss, as defined by Blue Cross.

Hospital Benefits

Private/Semi-Private Rooms*:	Direct payment basis
Auxiliary Care:	\$1,000 per Participant each Benefit Year
Outpatient Expenses:	Out of Province

Definitions

1. **Hospital:** An institution located in Canada which is licensed and operates under any federal or provincial health insurance act or law, with facilities to provide active in-patient treatment and care. The term hospital, as used in this Health and Dental Plan, shall not include a rehabilitation hospital, rest facility, nursing home, convalescent home, health spa, hospice, clinic or institutions to treat substance abuses.
2. **Auxiliary Care:** The care provided to the Participant for long term or chronic illnesses in an auxiliary hospital or a publicly funded general active treatment hospital located in Canada.
3. **Private Room:** A room in a Hospital facility which holds only 1 bed.
4. **Semi-Private Room:** A room in a Hospital facility which holds only 2 beds.

Limitations

1. * Services are subject to a usual, customary and reasonable daily maximum as determined by Blue Cross.

COVENANT HEALTH

Extended Health Benefits

Accidental Dental:	\$1,500 per Participant per accident for repair, extraction and/or replacement of natural teeth
Ambulance Services:	
<i>Ground Ambulance</i>	To a maximum set in the current Blue Cross schedule of ambulance rates
<i>Air Ambulance</i>	Included
Ancillary Services:	
<i>Blood and Blood Plasma</i>	Included
<i>Laboratory Services</i>	Included
<i>Oxygen and Administration</i>	Included
<i>Radium and Radioactive Isotopes</i>	Included
<i>X-ray Examination</i>	Included
Blood Testing Monitor:	* \$175 per Participant once in any 5 year period
Eye Examinations:	1 examination per Participant in any 12 month period for Participants between 19 and 64 years of age
Foot Orthotics:	\$500 per Participant in any 2 year period
Hearing Aids:	* \$3,000 per Participant in any 5 year period
Home Nursing Care:	* \$10,000 per Participant each Benefit Year
Ileostomy, Colostomy Supplies, Urinary Kits and Catheters:	Included
Joint Injectable Materials:	* Included
Mastectomy Prosthesis:	* \$200 per single or \$400 per double once per Participant in a 24 month period
<i>Supporting Brassiere</i>	\$50 each to a maximum of 2 per Participant each Benefit Year
Medical Aids:	
<i>Casts, Canes</i>	Included
<i>Cervical Collars, Crutches</i>	Included
<i>Compression Arm Sleeves</i>	* 2 per Participant each Benefit Year
<i>Splints</i>	Included
<i>Stump Socks</i>	6 pair per Participant each Benefit Year
<i>Surgical Stockings</i>	2 pair per Participant each Benefit Year
<i>Traction Kits</i>	Included
<i>Trusses</i>	Included
<i>Walkers</i>	Included
<i>Wigs, Hairpiece</i>	* \$200 per Participant in any 24 month period

COVENANT HEALTH

Medical Durable Equipment:

<i>Apnea Monitors</i>	* Included
<i>Bathroom Aids</i>	* Included
<i>Breathing Monitors</i>	* Included
<i>Burn Pressure Garments</i>	* Included
<i>Chest Percussors</i>	* Included
<i>Cleft Palate Obturators</i>	* Included
<i>Drainage Board</i>	* Included
<i>Extremity Pump</i>	* Included - limited to a lifetime maximum of \$1,500 per Participant
<i>Feeding Pump/Tube</i>	* Included
<i>Head Halters</i>	* Included
<i>Hospital Beds</i>	* Included
<i>Hospital Bed Rails</i>	* Included
<i>Iron Lung</i>	* Included
<i>Mechanical/Hydraulic Patient Lifter</i>	* Included - limited to \$2,000 per lifter per Participant in any 5 year period
<i>Nebulizers</i>	* Included
<i>Neuromuscular Stimulator</i>	* Included -limited to a lifetime maximum of \$700 per Participant
<i>Parapodium</i>	* Included
<i>Peak Flow Meter</i>	* Included
<i>Prone Standers</i>	* Included
<i>SAD/LUX Lamp</i>	* Included - limited to 1 per Participant in a 5 year period
<i>Shoulder Harness</i>	* Included
<i>Sputum Stand</i>	* Included
<i>Suction Pumps</i>	* Included
<i>Trapeze Bars</i>	* Included
<i>Tracheostoma Tubes</i>	Included
<i>Wheelchairs</i>	* Included
<i>Approved Medical Durable Equipment Repairs, Accessories and Supplies</i>	Included

Orthopaedic Shoes:

- * 1 pair per Participant each Benefit Year to a maximum of \$1,500 per Participant each Benefit Year

COVENANT HEALTH

Paramedical Practitioners:

<i>Chiropractor</i>	\$35 per visit, to a maximum of 20 visits per Participant each Benefit Year
<i>Massage Therapist</i>	\$1,000 per Participant each Benefit Year
<i>Osteopath</i>	\$35 per visit, to a maximum of 20 visits per Participant each Benefit Year
<i>Physiotherapist/Acupuncturist/ Occupational Therapist</i>	\$50 per visit, to a combined maximum of 20 visits per Participant each Benefit Year
<i>Podiatrist/Chiropodist</i>	\$35 per visit, to a maximum of 20 visits per Participant each Benefit Year
<i>Psychologist/Master of Social Work/ Addictions Counselor</i>	\$3,000 per Participant each Benefit Year
<i>Speech Language Pathologist</i>	\$35 per visit, to a maximum of 20 visits per Participant each Benefit Year

Permanent Braces:

Brace Repairs * Included

Prosthetics:

* Conventional artificial limbs and eyes, excluding myoelectric controlled prosthesis

Limitations

1. * Benefits must be purchased on the written order of a Health Care Professional.
2. Acupuncturist – Eligible expenses for medically necessary services provided by a registered acupuncturist.
3. Chiropractor – Eligible expenses for services provided by a licensed Chiropractor.
4. Massage Therapist – Eligible expenses for therapeutic massages provided by a registered Massage Therapist to treat a medical condition.
5. Occupational Therapist – Eligible Expenses for services provided by a licensed occupational therapist.
6. Osteopath – Eligible expenses for services provided by a licensed Osteopath, once all provincial government funding has been fully accessed.
7. Physiotherapist – Eligible expenses for services provided by a licensed Physiotherapist, once all provincial government funding has been fully accessed.
8. Podiatrist/Chiropodist – Eligible expenses provided by a licensed Podiatrist or Chiropodist for services or supplies which are not funded in whole or part by a provincial government health program.
9. Psychologist/Master of Social Work/Addictions Counselor – Eligible expenses for individual or family counselling, including assessment, provided by a Chartered Psychologist, Master of Social Work or Addictions Counselor for treatment of mental or emotional illness.
10. Speech Language Pathologist – Eligible expenses for services provided by a licensed Speech Language Pathologist, once all provincial government funding has been fully accessed.

COVENANT HEALTH

Emergency Travel Benefits

Benefits are provided as a result of a Medical Emergency which occurs outside the Participant's province of residence.

Benefit Period:	90 Days
Maximum:	\$5,000,000 in Canadian funds per Participant per incident
Restrictions:	Emergency Travel Benefits will only cover the first 90 days per trip
Accidental Dental:	\$2,000 per Participant per accident to natural or permanently attached artificial teeth
Air Ambulance:	Included
Ambulance Services:	To the nearest qualified medical facility
Cremation or Burial:	Cost of cremation or burial at place of death, to a maximum of \$2,500
Dental Pain Relief:	\$300 per Participant per trip
Diagnostic Services:	Laboratory services and x-rays
Drugs:	Included
Expenses to Visit the Covered Person:	
<i>Transportation</i>	One round trip economy airfare
<i>Meals/Accommodation</i>	\$250 per day to a maximum of \$2,500 per incident
Hospital Accommodation:	Included
Identification of Deceased:	
<i>Transportation</i>	One round trip economy airfare
<i>Meals/Accommodation</i>	\$250 per day to a maximum of 3 days per incident
Incidental Expenses:	\$50 per day to a maximum of \$500 per inpatient per hospital stay
Meals and Accommodations:	\$250 per day per Participant to a maximum of \$2,500 per incident for unavoidable additional expenses when remaining with a sick or injured travelling companion
Medical Aids:	
<i>Casts, Canes</i>	Included
<i>Crutches, Slings</i>	Included
<i>Splints, Trusses</i>	Included
<i>Temporary Wheelchair</i>	
<i>Rental, Walkers</i>	Included

COVENANT HEALTH

Medical Evacuation:	
<i>Air Ambulance</i>	Included
<i>Repatriation</i>	Included
Nursing Care:	On the written order of a physician during and following hospitalization
Outpatient Expenses:	Included
Paramedical Practitioners:	
<i>Chiropractor</i>	\$300 per Participant per trip
<i>Physiotherapist</i>	\$300 per Participant per trip
<i>Podiatrist/Chiropodist</i>	\$300 per Participant per trip
Physicians and Surgeons Fees:	Included
Return of Deceased:	Cost of preparation and homeward transportation to province of residence, excluding the cost of a coffin, to a maximum of \$7,000
Return of Dependent Children:	Cost of one way economy airfare per child for the return of Dependent children
Return of Personal Items:	Cost of the return of luggage or personal items to a maximum of \$500 per Participant per incident
Return of Pet(s):	Cost of one way transportation for the return of accompanying pet(s) to a maximum of \$500 per incident
Travel Assistance:	In the event of a Medical Emergency contact must be made with the travel assistance service
Vehicle Services:	\$1,000 per incident

Limitations and Exclusions

1. Blue Cross may not accept liability for hospitalization and related services if the travel assistance service is not contacted within 24 hours of admission. Failure to contact the travel assistance service may result in the payment of medical expenses being denied or delayed.
2. Blue Cross, in consultation with the attending Provider or travel assistance medical service advisor, reserves the right to transfer the participant to another hospital or return the participant to their province of residence. If a Participant is medically able to return to their province of residence and refuses to comply with the transfer request, Blue Cross will be absolved of any further liability, whether related to the initial incident or not.
3. Blue Cross will not pay for services if travel is booked or commenced contrary to medical advice or if medical attention is anticipated during the travel period. Blue Cross shall have the right to obtain medical information from the Participant's physician(s) and may request an assessment by an independent physician(s) or specialist(s).
4. This coverage is only available to Participants who are covered by a Canadian provincial government health program.

COVENANT HEALTH

5. Blue Cross will not pay for services if expenses are incurred when the participant could have been returned to the province of residence without endangering their life or health, even if the treatment available in their province of residence could be of lesser quality or if the participant must go on a waiting list for that treatment.
6. Benefits are not covered if emergency medical care expenses are incurred in a country, region or city, when a written formal notice was issued by the Department of Foreign Affairs, Trade and Development of the Canadian government, or its equivalent, prior to the departure date advising Canadians to avoid non-essential travel or avoid all travel to that country, region or city unless the incident is unrelated to the posted warning.
7. Blue Cross may request proof of departure upon receipt of claim. Claims must be supported by receipts from commercial organizations.
8. Blue Cross shall not pay for any Benefit relating to pregnancy or childbirth complications, including treatment for the newborn, if the Medical Emergency occurs after the 32nd week of gestation or is a result of the deliberate inducement of a miscarriage.
9. Blue Cross will not pay for expenses incurred due to:
 - seeking medical advice, surgery, a second opinion or treatment, intentionally or incidentally, even if the trip is on the medical recommendation of a Provider; or
 - abuse of medication, toxic substances, alcohol or the use of non-prescription drugs; or
 - driving a motorized vehicle while impaired by drugs, toxic substances or an alcohol level of more than 80 milligrams in 100 millilitres of blood; or
 - commission of or attempt to commit, directly or indirectly, a criminal act under legislation in the area of commission of the offense; or
 - participation in an insurrection, war or act of war (declared or not), the hostile action of the armed forces of any country, service in the armed forces, hijacking, terrorism, participation in any riot or public confrontation, civil commotion, or any other act of aggression.
10. Blue Cross will not pay for the following unless prior approval is received from the travel assistance provider and are subject to the discretion of Blue Cross:
 - medical evacuation air ambulance services, or
 - medical evacuation repatriation, or
 - friend/family hospital visits, or
 - friend/family identification of deceased, or
 - vehicle services, or
 - return of Dependent children, or
 - return of personal items, or
 - return of pet(s).

Vision Care Benefits

Eligible Benefits:

Contact Lenses
Eye Glasses (Frames and/or Lenses)
Intraocular Lenses
Prescription Sunglasses
Prescription Safety Glasses
Laser Eye Surgery, including assessment fees

Exclusions

1. Blue Cross will not pay for athletic glasses.
2. Blue Cross will not pay for eye examinations. (Please refer to the Extended Health Benefits Section to determine if eye examinations are eligible under that line of benefit.)
3. Blue Cross will not pay for expenses covered in whole or in part by the Workers' Compensation Board or any other agency or department of any federal, provincial or municipal government or any third party.

Schedule of Benefits - UNA

Dental Benefits

Dental Benefits

Basic

Coverage Level: 80%

Extensive

Coverage Level: 50%
Maximum: \$3,000 per Participant each Benefit Year

Orthodontic

Coverage Level: 50%
Maximum: \$3,000 lifetime per Participant

Fee Schedule

Usual and customary dental fees as determined by Blue Cross

Benefit Year

April 1st - March 31st

Claiming Benefits

1. Dental Claim Forms may be obtained from your Health Care Professional's office, your employer, the Alberta Blue Cross website (<http://www.ab.bluecross.ca>) or from your local Blue Cross office.

The Dental Claim Form must be completed by the Health Care Professional at the time the dental treatment is provided.

The Health Care Professional may elect to bill Blue Cross directly for payment, or he may choose to collect the cost of services from the patient. It is then the patient's responsibility to forward the completed Dental Claim Form to Blue Cross for reimbursement.

NOTE: Payment of allowable expenses will be made providing a claim is submitted within 12 months of the date such expense was incurred.

Schedule of Benefits

Summary of Benefits - UNA

Dental Benefits

Dental Benefits

Basic Benefits

Adult:	Participants 19 years of age and older
Child:	Participants under 19 years of age
Diagnostic Services:	
<i>Complete, Comprehensive and General Oral Exams</i>	1 lifetime per Participant per Health Care Professional
<i>Limited, Recall or Specific Oral Exams</i>	1 per Participant per Health Care Professional in any 6 month period
<i>Complete Series/Panoramic Imaging</i>	1 set per Participant in any 24 month period
<i>Bitewing Imaging</i>	1 set per Participant in any 6 month period
<i>Periapical Imaging</i>	Included
<i>Occlusal Imaging</i>	Included
<i>Emergency Exams</i>	Included
<i>Consultations</i>	Only when performed by another Health Care Professional
Preventive Services:	
<i>Polishing</i>	1 time unit per Participant in any 6 month period
<i>Fluoride Treatment</i>	1 per Participant in any 6 month period
<i>Space Maintainers</i>	Included
<i>Recontouring of Teeth</i>	Included
<i>Pit and Fissure Sealants</i>	Included
Restorative Services:	
<i>Restorations</i>	Included
Oral Surgery:	
<i>Oral Surgery</i>	Included
Endodontics:	
<i>Pulpal/Root Canal Therapy</i>	1 per tooth in any 24 month period
Periodontics:	
<i>Scaling and Root Planing</i>	18 time units per Participant in any 12 month period
General Anesthesia:	When required in the course of dental treatment
Denture Services:	
<i>Relines and Rebasings</i>	1 service per denture in any 24 month period
<i>Adjustments</i>	Included
<i>Resetting</i>	1 service per denture in any 24 month period
<i>Liners</i>	1 service per denture in any 36 month period
<i>Repairs</i>	Included where a further impression is not required
Pre-Authorization Amount:	\$800

Summary of Benefits

Definitions

1. **Diagnostic:** Procedures to assist in evaluating the existing condition to determine the required dental treatment.
2. **Endodontics:** Treatment of the tooth pulp, root canal and periapical area of the tooth root.
3. **Oral Surgery:** Procedures for extractions and other oral surgery related to teeth and the tissues supporting the teeth.
4. **Periodontic:** Procedures that emphasize the examination, diagnosis and treatment of the tissues that surround and support teeth.
5. **Preventive:** Procedures to prevent or minimize adverse conditions of teeth.
6. **Restorative:** The provision of amalgam, and tooth colored filling restorations, prefabricated full coverage restorations, and tooth colored direct application veneers to restore form and function for the treatment of carious lesions.
7. **Time Unit:** Selected services which are performed in 15 minute intervals are considered to be 1 Time Unit.

COVENANT HEALTH

Extensive Benefits

Prosthetic Appliances (Limited to one of the following services per tooth):

<i>Crowns</i>	1 in any 5 year period when tooth cannot be adequately restored to form and function with a filling
<i>Fixed Bridges</i>	1 in any 5 year period
<i>Inlays and Onlays</i>	1 in any 5 year period when tooth cannot be adequately restored to form and function with a filling
<i>Processed Veneers, Jackets</i>	1 in any 5 year period
<i>Posts and Cores</i>	3 in any 5 year period
<i>Gold Restorations</i>	1 in any 5 year period
<i>Bruxism/Temporomandibular Joint (TMJ)</i>	1 per Participant in any 3 year period
<i>Bruxism/TMJ Appliance Repairs</i>	Included
<i>Bruxism/TMJ Appliance Relines</i>	1 per appliance in any 12 month period

Removable Appliances:

<i>Complete Dentures</i>	1 upper and/or 1 lower per Participant in any 5 year period
<i>Partial Dentures</i>	1 upper and/or 1 lower per Participant in any 5 year period

Implants:

1 per tooth in any 5 year period

Major Denture Repairs:

Included

Bridge Repairs:

Included

Pre-Authorization Amount:

\$800

Definitions

1. **Prosthetic:** The provision of fixed (crowns or bridges) or removable (complete or partial dentures) appliances used in the replacement of teeth.

Orthodontic Benefits

Diagnostic Services:

<i>General Orthodontic Exam</i>	1 lifetime per Participant per Health Care Professional
<i>Cephalograms</i>	Included
<i>Facial/Intraoral Photographs</i>	Included
<i>Diagnostic Models</i>	Included
<i>Consultation and Case Presentation</i>	Included

Habit-Breaking Appliances:

Included

Interceptive, Interventive, Preventive:

<i>Fixed or Removable Appliances</i>	Included
<i>Functional Appliance Therapy</i>	Included
<i>Formal Banding Treatment</i>	Included

Pre-Authorization:

Treatment Plan Required

Definitions

1. **Orthodontic:** Procedures for preventive and corrective techniques to position teeth in a normal and harmonious relationship and bite.