Summary of the dental implant process for RFA members

This document outlines coverage details for dental plan implants and related procedures as well as the process required for submitting claims for dental implants.

Please bring this document with you to your dentist/specialist so that they can provide all the information necessary for Sun Life to provide reimbursement based on the plan contract.

What is covered?

- construction and insertion of implant(s) to replace a tooth or teeth, including all related procedures (see below for description of coverage)

What is the coverage amount?

Effective May 1, 2019, dental implants are reimbursed according to the following details:

1. Coverage for implant procedure costs are reimbursed at 65%, subject to all other eligibility requirements and capped at the amount eligible under the Ontario Dental Association (ODA) Fee Guide. This includes all implant related procedures, including but not limited to, implant surgery, final prosthesis, anesthesia, bone grafting, sinus lifts, and additional expense of materials where these are related to an implant. Note: “Additional expense of materials” refers to materials that the dentist may have needed to purchase. These must be identified by the dental practitioner with a separate code in order to be eligible for reimbursement.

2. Coverage for lab fees (the cost for manufacturing dental implant hardware) is calculated at 67% of the eligible fee in the ODA fee guide for the procedure that the lab work is associated with and is then reimbursed at 65% of this amount.

    - For example, the dentist charges $1000 for procedure code 27215 (the crown portion of an implant) and an additional $800 for the lab fee. The 2019 fee guide limit for procedure 27215 is $802 which would mean the lab fee maximum eligible amount would be $537.34. (67% of $802). The procedure would be reimbursed at $521.30 (65% of $802) and the lab fee would be reimbursed at $349.27 (65% of $537.34). Therefore the total amount claimed would be $1800, the total eligible for reimbursement would be $1339.34 and the reimbursed amount would be $870.57.

Important information about the Ontario Dental Association fee guide

All reimbursement is subject to the current Ontario general practitioners fee guide maximum. Fees for specialists are limited to 120% of the current Ontario general practitioners fee guide.

Implant procedures are frequently performed by specialists, who may charge more than the amount eligible under the ODA fee guide for general practitioners. It's also not uncommon for general practitioner dentists who perform the implant procedure to charge more than the amount eligible under the fee guide. Similarly, the amount charged for lab fees may be higher than the amount eligible for reimbursement.

Completing a pre-determination/estimate prior to dental implant services

Prior to receiving any services for dental implants, plan members must arrange for the dental practitioner to submit an estimate for the complete implant procedure(s) to Sun Life or submit the completed documents to Sun Life themselves. Sun Life will then let the member know in advance the amount that will be eligible for reimbursement. **If complete estimates are not submitted prior to the work being done, claims will be declined. It is advisable to keep copies of all documents submitted to Sun Life.**

What information does your dentist need to provide for the estimate?

In order to complete the pre-determination, your dentist/specialist is required to provide Sun Life with estimates of the cost for:

- **all** surgical and periodontal procedure codes (this includes anesthesia, implant post/screw, connection between post and crown (mesostructure), bone grafts, gum surgery, temporary bridge, etc.) must be listed separately
- final implant prosthesis/crown (even if this procedure won't be done for several months)
- additional expense of materials - must be shown as a separate line item under procedure code 99555 on both the estimate and final bill
- lab fees – this must be shown as a separate line item under procedure code 99111 on both the estimate and the final bill. Costs of lab fees that are not identified as a separate item with this procedure code will not be reimbursed.

In addition, if you have had a previous appliance to replace missing teeth, the dentist must provide details of the previous appliance such as date of insertion and type (see Limitations below).

The estimate from Sun Life will not be completed until all the necessary information is provided. As this could result in a delay of the start of treatment, please work with your dentist and Sun Life to provide any missing information as quickly as possible.

If the work is being done by multiple dentists/specialists, please ensure that they have all sent the required information to Sun Life.

Process for receiving an estimate

1. **Discuss the different treatment options with your dentist.**

- If you are considering a dental implant to replace the missing tooth or teeth, you may need to visit a specialist for a portion or all of the dental implant procedures. The dentist and specialist must submit both estimates for the respective procedures they will perform.

2. **Your dentist and/or specialist can submit the estimates electronically to Sun Life.**
    - If estimates are submitted by multiple dentists/specialists, the Predetermination of Benefits (POB) will not be sent by Sun Life until all estimates are received. All the information will be combined into one POB.
    - Your dental practitioner may ask you to submit the estimate yourself. In this case you should make sure you have all of the necessary documents.

3. **Once Sun Life has received all the required information, they will issue the POB detailing what is covered and how much will be reimbursed by the plan within 10 business days.**
    - The POB will include the amount eligible for lab fees and additional expense of materials, if they have been listed as separate line items. Please ask your dentist to provide an itemized list of all procedures, additional expenses and lab fees to ensure the appropriate POB is calculated by Sun Life.

4. **If you do not receive a POB within 10 business days of submitting your estimates electronically, please contact Sun Life at 1-800-361-6212 and ask to speak with a dental specialist.**
    - There could be a number of reasons why you have not received a POB within 10 business days; in most cases they have written to your dentist requesting more information

5. **Once received, review the POB and explanation to ensure that you're aware of how much is covered by the plan and how much you are responsible for.**

6. **If you experience any problems with your coverage, please contact Jan Neiman at 416-979-5000, ext. 556236 or jneiman@torontomu.ca**

Limitations

- An estimate for the dental implant must be submitted prior to the start of treatment. If the estimate is not submitted, the claim will be declined.
- If you currently have a bridge or denture and are now considering replacing it with a dental implant, the current appliance must be at least five years old. If the current bridge or denture is less than five years old, the claim for a dental implant will be denied.
- Implants for cosmetic purposes are not covered.

Questions

If you have any questions, please contact Jan Neiman, manager, pension and benefits at 416-979-5000, ext. 556236 or at jneiman@torontomu.ca