FNHA Dentistry Benefit Coverage

For BC residents with FN status only. (excluding Nisgaa and Mohawk akwesasne bands, as they have their own self governed health benefits system)

STEPS TO ACCESSING:

1. Client makes an appointment with an oral health provider.
    a. Client confirms that the provider can directly bill PBC.
2. Client attends appointments.
    a. If required, the provider establishes a treatment plan and submits approval requests to PBC.
    b. Client learns about any out-of-pocket charges before undergoing treatment.
3. Provider delivers services based on treatment plan and authorized approval requests.
4. Providers registered with PBC submit invoices directly.
    a. Providers not registered with PBC provide clients with an invoice. Clients will need to pay out of pocket and request reimbursement from PBC.

Dental Coverage INCLUDES.

- Bridges
- Crowns, Inlays, Onlays, Veneers
- Dental Surgery
- Dentures
- Exams and X-rays;
- Fillings;
- Night guards;
- Orthodontic Services;
- Periodontal Services;
- Preventive Services; and
- Root Canals and Related Services.

Dental Coverage EXCLUSIONS

- Cosmetic treatments;

- Implants; and
- Ridge augmentation.

Additional information:

The dental benefit is administered through a partnership between Health Benefits and PacificBlueCross (PBC). Clients can access detailed information about their dental benefits through the online PBC Member Profile, available at www.pac.bluecross.ca.

Most oral health providers in BC are registered with PBC and can *directly bill* for items and services. Clients who see a provider not registered with PBC will need to pay out-of-pocket and submit a reimbursement request to PBC after their appointment. Note that reimbursement requests may be denied and are still subject to coverage criteria and maximums. Clients are strongly encouraged to *discuss billing with their provider before booking an appointment or purchasing items.*

Questions clients should ask their provider:

- Is the provider registered with PBC for billing?
- Is the item or service fully covered by my plan?

Approvals Before Service

- Some items and services covered under the dental benefit require approval before the oral health professional can bill for them. Providers can submit approval requests directly to PBC. Once they receive authorization, they can provide the item or service and bill PBC directly.
- If PBC denies an approval request, clients have the option of appealing the decision. Clients should submit appeals to PBC. More information on appeals can be found in the Appeals section.
- Clients cannot appeal decisions on items and services that are considered Exclusions.

- If clients decide to pay out-of-pocket for an item or service before PBC has authorized an approval request - or despite PBC denying an approval request - there is the risk they will not be reimbursed.

Dental Exclusions

- Some dental items and services are considered Exclusions under the dental benefit.
- Some exclusions may be covered on an exceptional basis. Clients should call Health Benefits at **1.855.550.5454** to learn more about exceptional coverage.

Additional support/information:

- FNHA health benefits guide: https://www.fnha.ca/Documents/FNHA-Health-Benefits-Guide.pdf
- FNHA Health Benefits toll free number: **1.855.550.5454**