RMS Retirement Management Services Ltd.
2546 Wentwich Road
Victoria, BC V9B 3N4
Toll-free phone: 1-888-484-4448
www.retireesdentalplan.ca

Thank you for your interest our Retirees Dental Plan.

Our Retirees Dental Plan features include:

- No dollar limit on covered basic dental services.
- No waiting period before coverage begins.
- No annual deductible.
- Reimbursement based on current provincial dental fee guides.
- Unlimited scaling.
- Coverage for root canals.
- Premiums not based on age.
- Benefits that move with you if you move between provinces.
- Enhanced coverage in the second year, including crowns and bridges

You may choose to be covered under this plan starting on the first day of any future month. You will find enclosed an enrollment form, bank authorization form, and benefits outline for the above plan. You will also find a list of questions frequently asked about the plan.

Sincerely,

Jane Guild
Plan Administrator

NOTE: The above information is intended to be general in nature. In all cases the provisions of the contract will apply.

ITEMS TO RETURN:

1. Enrollment form (completed and signed at the bottom)
2. Bank form (completed and signed)
3. “VOID” cheque or Direct Deposit form from your bank

PLEASE RETURN TO:

RMS Retirement Management Services Ltd.
ATTN: Jane Guild
2546 Wentwich Road
Victoria, BC V9B 3N4

PHONE: 1-888-484-4448
jane@retireesdentalplan.com
www.retiresdentalplan.com

FREQUENTLY ASKED QUESTIONS

WHO IS ELIGIBLE FOR THIS PLAN?
To qualify for this dental plan you must **(A)** be receiving or about to receive a pension (eg: OAS, CPP, or former employer), **and (B)** be a resident of Canada. You may still be actively employed.

WHEN MAY I ENROLL?
You may choose to be covered under this plan starting on the first day of any future month.

IS THIS PLAN SPONSORED BY YOUR FORMER EMPLOYER?
No. It is a private, strictly voluntary plan.

WHO MANAGES THIS PLAN?
The plan is administered by Retirement Management Services Ltd. in Victoria, BC.

WHO PAYS THE CLAIMS?
GreenShield Canada is a not-for-profit corporation which began in 1957 in Windsor, Ont. They handle the claims part of the plan.

WHO DO I CONTACT ABOUT THIS PLAN?
For enrollment, banking, address and plan changes; contact the plan administrator, RMS Retirement Management Services Ltd. **PLEASE DO NOT CONTACT** GreenShield Canada until you are a member of the plan. They will be unable to answer your questions until that time.

HOW DO I PAY MY PREMIUMS?
Premiums are paid monthly by pre-authorized cheque from your bank account. Plan rates and coverage are reviewed each year and may be changed at a future date for all members, regardless of how long they have been on the plan.

CAN I PAY ANNUALLY?
Annual payments are not possible at this time due to administrative reasons. It is hoped that this option may be available in the future. You will be notified if annual payments become possible.

ARE MY PREMIUMS TAX DEDUCTIBLE?
The premiums for this plan are an eligible medical expense on your income tax You may be able to claim them.

HOW DO I CLAIM FOR MY DENTAL BILLS?
You may pay your dentist directly and claim from GreenShield Canada or have GreenShield pay him/her directly and then pay the difference. The dentist will provide the Standard Dental Claim Form needed.

HOW MUCH DOES THIS PLAN PAY?
The plan pays 70% in the first year and 80% thereafter for the services covered according to the current provincial dental fee guide. If your dental provider charges above this rate, you are responsible for the difference. There is no dollar limit on covered basic services.

WHAT DOES PREDETERMINATION MEAN?
When the cost of your dental work is expected to exceed $300.00 on one claim you must have your dentist ask for pre-approval from GreenShield Canada before work begins. Please refer to the plan benefits for details. This does <u>not</u> mean your coverage is limited to $300.00. There is no overall limit on the total amount you may claim for the services covered.

IS MAJOR DENTAL WORK SUCH AS CROWNS, BRIDGES, NEW DENTURES, ORTHODONTICS ETC. INCLUDED?
There is coverage after 12 months on the plan for crowns, bridges, and new dentures at 50% up to $600.00 per person over a 12 month period. Orthodontics are not covered.

DOES THIS PLAN COVER DENTURISTS?
Yes, but not all services provided by denturists. Please check the plan benefits for details.

CAN MY SPOUSE BE THE ONLY ONE ON THE PLAN?
Yes, as long as the pensioner has coverage under another plan such as: current employment; DVA; etc.

CAN I COVER MY COMMON LAW SPOUSE?
Yes, as long as you have been living together for at least 12 months.

CAN MY DEPENDENT CHILDREN BE COVERED?
Yes, to the end of the year following their 21st birthday, or to the end of the year following their 25th birthday if enrolled in full-time attendance at a college, university, or institute of higher learning.

I AM THE PENSIONER. CAN I BE ON THE PLAN MYSELF WITHOUT COVERING MY SPOUSE OR DEPENDENTS?
Yes.

CAN I ADD MY SPOUSE OR DEPENDENTS LATER?
Yes.

I AM RECEIVING A SURVIVORS PENSION. AM I ELIGIBLE?
Yes

HOW LONG DO I HAVE TO BE ON THE PLAN?
You are making a minimum commitment of one year.

WHEN DOES COVERAGE START?
Coverage begins on the first of the month you request but is subject to written confirmation from GreenShield Canada.

IS THERE A DEDUCTIBLE?
No. A deductible is a basic yearly charge that you pay before you may make a claim. This plan does not have such a charge. This is different from co-insurance which is 70% in year one and 80% in year two.

ARE THERE ANY ADDITIONAL BENEFITS?
Yes. As a GreenShield plan member, you have access to discounts on eyewear. You also have online access to your personal GreenShield dental file. Visit www.greenshield.ca or call 1-888-711-1119 for details.

The monthly rates for this plan are as follows: (Valid until May 31st 2024)

Province	**Single**	**Couple**	**Family**
British Columbia	$84.00	$177.00	$221.00
Alberta	$83.00	$171.00	$212.00
Saskatchewan	$55.00	$105.00	$142.00
Manitoba	$69.00	$132.00	$166.00
Ontario	$100.00	$194.00	$241.00
Quebec	$93.00	$193.00	$235.00
Nova Scotia	$66.00	$128.00	$164.00
New Brunswick	$66.00	$128.00	$164.00

Each province uses its own dental fee guide for similar procedures. The above rates reflect these differences.

WHERE TO GET FURTHER INFORMATION
For questions regarding whether this dental coverage is right for you, please have this plan reviewed by your dentist.

If you have further questions regarding this plan you may contact us at:

RMS Retirement Management Services Ltd.
ATTN: Jane Guild
2546 Wentwich Road
Victoria, BC V9B 3N4

PHONE: 1 - 888 - 484 - 4448
rms@rmsretire.ca
www.rmsretire.ca

The above information is intended to be general in nature. In all cases the provisions of the contract will apply.

RETIREES DENTAL PLAN ENROLLMENT FORM

Complete this form to enroll for dental benefits or to change status of existing information.

PLEASE PRINT CLEARLY

Your first name | **Last name** | **Preferred First Name**

Street address | **City** | **Province**

Postal Code | **Email** | **Phone Number**

Your gender
- ○ Male
- ○ Female
- ○ Non-binary
- ○ Prefer not to answer

Date of birth

/ /
DD / MM / YYYY

Where did you retire from?

Who needs coverage?

○ Me ○ My spouse ○ our dependent(s)*

*A dependent must be: Under 21, the child of you or your spouse, and not in a formal relationship recognized by law, or under 25, attending a school recognized by the Income Tax Act of Canada, and financially dependent on you, or physically or mentally incapable of self-support, and were under 25 when they became financially dependent on you.

Your spouse's first and last name

Spouse's date of birth

/ /
DD / MM / YYYY

Your spouse's gender
- ○ Male
- ○ Female
- ○ Non-binary
- ○ Prefer not to answer

Does the spouse have other Dental coverage? (if the spouse has family coverage CLHIA guidelines will be applied, see below.)
- ○ Single
- ○ Family
- ○ None

If your spouse has other benefit coverage, claims will be paid according to Industry standards: First, your spouse must submit claims to their benefit plan (this is your spouse's primary benefit plan). Next, submit the unpaid portion to your GSC plan (this is your spouse's secondary plan). Your children's claims: First, submit your children's claims to the plan of the parent whose birthday falls earliest in the year regardless of the year of birth. (That's the primary plan.) Next, submit the unpaid portion to the other parent's plan (the secondary plan). In situations of separation or divorce, the following order applies when determining which of the adults are responsible for the coverage of the children: (1) the plan of the parent with custody of the child (3) the plan of the parent not having custody of thechild (2) the plan of the spouse of the parent with custody ofthe child (4) the plan of the spouse of the parent not having custody of the child Please indicate with an "S" below if your child is secondary with GSC. CLHIA guidelines

I hereby apply for Dental Benefit Coverage from GreenShield Canada. By signing this enrollment form, or by providing my personal information to RMS Retirement Management Services Ltd., I acknowledge and agree that the information is complete and accurate, to the best of my knowledge. I authorize the release of my information, and the information concerning my spouse and my dependents, for the purpose of determining eligibility for benefits.

Signature of Applicant

For further information on GreenShield Canada's privacy policy and procedures, please refer to their website at www.greenshield.ca

Dependent's first and last name (1)

Date of birth (1)

DD / MM / YYYY

Dependent's gender (1)

- ○ Male
- ○ Female
- ○ Non-binary
- ○ Prefer not to answer

Dependent's first and last name (2)

Date of birth (2)

DD / MM / YYYY

Dependent's gender (2)

- ○ Male
- ○ Female
- ○ Non-binary
- ○ Prefer not to answer

If you have more than two dependents, please write their information below:

Start coverage on: (Month)

01

Year

Account Holder Name

Joint Account Holder Name (if applicable)

If possible, please attach a picture of your VOID cheque or Pre-Authorised Payment Document to aid in verifying your banking information

Bank Name

Transit Number (5 digits)

Institution Number (3 digits)

Account Number

Application Confirmation *

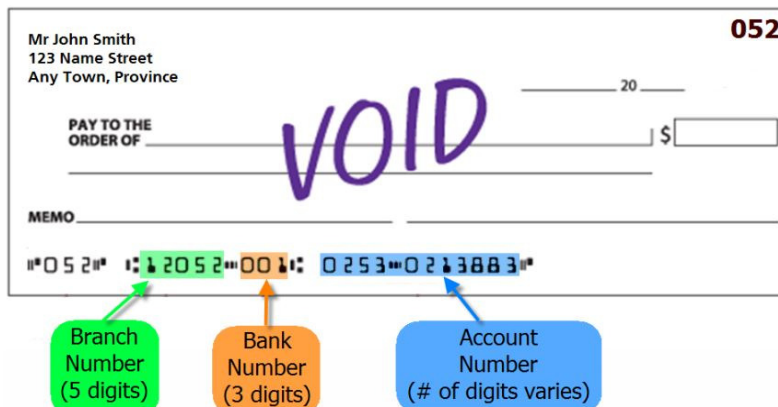
☐ I/We have read and accept the pre-authorized debit agreement and accept the payment terms and conditions.

I/We authorize RMS Retirement Management Services Ltd. (RMS) and the financial institution designated (or any other financial institution I may authorize at any time) to begin deductions as per my instruction, from the account referenced above for monthly recurring payments and/or one-time payments from time to time, for payment of premiums for all coverage applied for in this application. The premiums may be variable. Withdrawals will be made on the 1st of each month or the next business day. If a pre-authorized payment is returned due to insufficient funds (NSF), I/we authorize RMS to re-submit such payment, including any NSF charges. I/we may cancel this authorization at any time, subject to providing RMS at least fifteen (10) days before the next scheduled withdrawal (RMS contact information can be found using the "Contact Form" tab at the top of this page). If this is a joint account, I/we certify that no other signatures are required to withdraw funds from the account. These services are for Personal Use. If I/we notify RMS of changes to my banking information, RMS will send a letter confirming the change. They will also send a notification of any changes to my coverage or premium amount. Canada Life endeavours to provide optimum notice of changes but such notice may or may not be received 10 days in advance of the date of change. Therefore, I/we agree to waive my right to receive 10 days' notice of an increase or decrease in the amount of the pre-authorized debit (PAD) or the date of withdrawal of the PAD. Payors have certain recourse rights if any debit does not comply with these terms. For example, Payors have the right to receive a reimbursement for any PAD that is not authorized or is not consistent with this PAD Agreement. Payors may obtain more information on their recourse rights by contacting their financial institution or visiting www.payments.ca

Signature(s) ______________________

____

Date ______ / ______ / ______
DD MM YYYY



SAMPLE

BENEFITS OUTLINE

Services shown below will be eligible if they are usual, reasonable and customary, and are medically necessary for the treatment of an illness or injury. Please contact your benefits administrator or GreenShield Canada (GSC) Customer Service Centre at 1.888.711.1119 to determine benefit eligibility and coverage details. All claims must be received by GSC no later than 12 months from the date the eligible service was incurred.

Co-pay is the eligible allowed amount that must be paid by you or your dependent before reimbursement of an expense will be made.

TERMINATION

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

a) the date of your death;
b) the end of the period for which rates have been paid to GSC for your coverage; or
c) the date the group contract terminates.

DENTAL

- **Deductible: Nil**
- **Maximum plan pays: Unlimited**
- Stated maximums are expressed in Canadian dollars
- Your co-pay: 30% for Basic services and 30% for Comprehensive basic services
- Basic services cover recalls once every 9 months, other exams and full mouth X-rays every 3 years
- Comprehensive basic services cover denture relines once every 3 years
- Applicable lab, drug and other expenses are eligible to a maximum of 40% of the allowable professional fee. Any applicable co-payment is then applied
- Your eligible claims are reimbursed at the level stated above and in accordance with:
  - the current Provincial Dental Association Fee Guide for General Practitioners in the province where services are rendered
  - for independent Dental Hygienists, the lesser of the current, Provincial Dental Hygienists' Association Fee Guide and Provincial Dental Association Fee Guide for General Practitioners in the province where services are rendered

Basic Services

- Recalls include exams, bitewing X-rays, preventive cleanings and fluoride treatments
- Complete, general or comprehensive oral exams, full mouth X-rays and panoramic X-rays
- Basic restorations, fillings and inlays
- Extractions and surgical services
- General anaesthesia, deep sedation, and intravenous sedation in conjunction with eligible oral surgery only

Comprehensive Basic Services

- Endodontic treatment including standard root canal therapy, excluding retreatments
- Periodontal treatment including scaling and/or root planing
- Standard denture services including:
  - relining and rebasing of dentures only after 6 months have elapsed from the installation of a denture
  - denture adjustments only after 3 months have elapsed from the installation of a denture

Alternate Benefit Clause

This benefit plan will reimburse the amount shown in the Fee Guide for the least expensive service or supply where two or more professionally accepted courses of treatment are a benefit under the plan. The covered person can choose to have a more expensive treatment performed, however reimbursement will be limited to the cost of the least expensive alternative.

Predetermination

Before your treatment begins, if the total cost of any proposed treatment is expected to exceed $300, it is recommended that you submit an estimate completed by your dental practitioner.

GENERAL INFORMATION

GENERAL OVERALL EXCLUSIONS

Eligible Services do not include and reimbursement will not be made for:

1. services or supplies received as a result of disease, illness or injury due to:
   a) an act of war, declared or undeclared;
   b) participation in a riot or civil commotion; or
   c) committing a criminal offence;
2. services or supplies provided while serving in the armed forces of any country;
3. failure to keep a scheduled appointment with a legally qualified medical or dental practitioner;
4. the completion of any claim forms and/or insurance reports;
5. Any form of **medical cannabis** for the treatment of any medical condition, regardless of whether it is authorized by way of a medical document or prescription from a legally-authorized medical practitioner and obtained from a Health Canada-licensed producer pursuant to any federal or provincial legislation or regulation regarding access to and/or distribution of medical cannabis;
6. any specific treatment or drug which:
   a) does not meet accepted standards of medical, dental or ophthalmic practice, including charges for services or supplies which are experimental in nature,
   b) is not considered to be effective (either medically or from a cost perspective) as determined by GSC's drug review process regardless if Health Canada's approved the drug;
   c) is an adjunctive drug prescribed in connection with any treatment or drug that is not an eligible service;
   d) is administered in a hospital or is required to be administered in a hospital in accordance with Health Canada's approved indication for use;
   e) is not dispensed by the pharmacist in accordance with the payment method used for Prescription Drugs;
   f) is not being used and/or administered in accordance with Health Canada's approved indication for use (i.e., off-label use), even though such drug or procedure may customarily be used in the treatment of other illnesses or injuries;
7. service and charges for **sleep dentistry**;
8. services or supplies that:
   a) are not recommended, provided by or approved by the attending legally qualified (in the opinion of GSC) medical practitioner or dental practitioner as permitted by law;
   b) are legally prohibited by the government from coverage;

c) you are not obligated to pay for or for which no charge would be made in the absence of benefit coverage or for which payment is made on your behalf by a not-for-profit prepayment association, insurance carrier, third party administrator, like agency or a party other than GSC, your plan sponsor or you;
d) are provided by a health practitioner whose license by the relevant provincial regulatory and/or professional association has been suspended or revoked;
e) are not provided by a designated provider of service in response to a prescription issued by a legally qualified health practitioner;
f) are primarily for **cosmetic or aesthetic purposes**, or are to correct congenital malformations;
g) are provided by an immediate family member related to you by birth, adoption, or by marriage and/or a practitioner who normally resides in your home. An immediate family member includes a parent, spouse, child or sibling;
h) are a **replacement** of lost, missing or stolen items, or items that are damaged due to negligence.
i) are from any governmental agency which are obtained without cost by compliance with laws or regulations enacted by a federal, provincial, municipal or other governmental body;
j) would normally be paid through any provincial health insurance plan, worker's compensation board or tribunal, the Assistive Devices Program or any other government agency, or which would have been payable under such a plan had proper application for coverage been made, or had proper and timely claims submission been made;
k) were previously provided or paid for by any governmental body or agency, but which have been modified, suspended or discontinued as result of changes in provincial health plan legislation or de-listing of any provincial health plan services or supplies;
l) may include but are not limited to, drugs, laboratory services, diagnostic testing or any other service which is provided by and/or administered in any public or private health care clinic or like facility, medical practitioner's office or residence, where the treatment or drug does not meet the accepted standards or is not considered to be effective (either medically or from a cost perspective, based on Health Canada's approved indication for use);
m) are provided by a medical practitioner who has opted out of any provincial health insurance plan and the provincial health insurance plan would have otherwise paid for such eligible service;
n) relates to treatment of injuries arising out of a motor vehicle accident;
o) are cognitive or administrative services or other fees charged by a provider of service for services other than those directly relating to the delivery of the service or supply.

CLAIM INFORMATION

Pre-authorization

For **pre-authorization** forward a pre-authorization form OR a physician's prescription indicating the
diagnosis and what is prescribed.

Submitting Claims

When submitting a claim to GSC, you must show the GSC Identification Number for the person who has received the benefit. You can find the applicable GSC Identification Number for yourself and each of your dependents listed on your GSC Identification Card.

Original itemized paid receipts are required for claims reimbursement **(cash receipts or credit card receipts alone are not acceptable as proof of payment)**.

GSC reserves the right to request supplementary claims information. Failure to respond to requests for supplementary information may result in the denial of the claim.

The intentional omission, misrepresentation, or falsification of information relating to any claim constitutes fraud. Submission of a fraudulent claim is a criminal offence and will be reported to the applicable law enforcement and/or regulatory agencies and could result in termination of coverage under this benefit plan.

Overpayments

GSC reserves the right to recover all amounts resulting from overpaid or unsupported claims for benefits by deducting such amounts from future claims and/or by any other legal means.

Limitation on Legal Action

In Ontario, every action or proceeding against GSC for recovery of benefit payment under the plan is absolutely barred unless commenced within the time set out in the *Limitations Act, 2002*.

In all other provinces, every action or proceeding against GSC for recovery of benefit payment under the plan is absolutely barred unless commenced within the time set out in the *Insurance Act,* or other legislation applicable in your province or territory of residence.

Co-ordination of Benefits (COB)

Where you or your dependents have coverage with more than one carrier, claims will be co-ordinated so that reimbursement from all coverage will not exceed 100% of the actual claim. Visit our web site at greenshield.ca or call our Customer Service Centre at 1.888.711.1119 for information on COB.

Subrogation

GSC retains the right to subrogation if benefits have or should have been paid or provided by a third party. In cases of third party liability, you must advise your lawyer of these rights.

Plan Member Online Services

In addition to this booklet and our Customer Service Centre, we also provide you with access to our secure website. Self-service through the GSC website makes things quick, convenient and easy. Register today to:

- View your Benefit Plan Booklet
- Access your personal claims information, including a breakdown of how your claims were processed
- Simulate a claim to instantly find out what portion of a claim will be covered
- Submit certain claims online
- Search for eligible dental, paramedical, and vision care providers in a particular location (within Canada)
- Search for vision and hearing care providers who offer discounts to GSC plan members through our Preferred Provider Network
- Arrange for claim payments to be deposited directly into your bank account
- Print personalized claim forms and replacement Identification Cards
- Print personal Explanation of Benefits statements for when you need to co-ordinate benefits

Register online at greenshield.ca and see what our website can do for you!

Access to Information

If you live in a province where the law permits you to request copies of your records, GSC will provide one copy of the following at no charge:
a) any enrolment form you completed for coverage under this plan that was submitted to GSC;
b) any written statements or other record about your health that you submitted to GSC during the course of applying for coverage under this plan;
c) one copy of the group contract.

GSC may charge you to provide any additional copies.