

## **IFHP Dental Benefit Grid**

IFHP dental coverage provides coverage for emergency dental care involving pain, infection, or trauma. It is not intended to cover ongoing, regular, or routine dental care.

Services, post emergency exams and radiographs, are limited to emergency relief of pain or infection only. Routine care is not eligible. If the treating dentist considers additional treatment necessary, such as restorations and complicated extractions, a prior approval request must be submitted to Medavie Blue Cross before treatment begins.

Please note that certain services such as root canals, prophylaxis, orthodontic treatment etc., including any procedures that are the initial steps towards these services, are not covered under IFHP dental coverage.

TREATMENT	PRE-AUTHORIZATION REQUIRED	CRITERIA or LIMITATIONS
Oral Exams	NO	<ul> <li>Emergencyexaminationsarecovered nomore than once every six months per dental office.</li> </ul>
X-rays	NO	<ul> <li>One panoramic radiograph limited to once per lifetime.</li> <li>Periapical and Bitewing radiographs to a maximum of 16 radiographs per lifetime (any combination).</li> <li>**X-raysmustbeclear, discernible and properly labelled. DigitalX-rays are acceptable. Intraoral photographs in addition to X-rays are accepted but must be labelled with macros noted on teeth with decay.**</li> </ul>
Caries, Trauma, Pain Control	NO	
Writing or Dispensing an Emergency Prescription	NO	





		Covered for severely affected teeth.
		<ul> <li>Incipient lesions or those not visible on an X-Ray are not covered.</li> </ul>
		Restorations will be paid on a continuous
Amalgam/ Composite	YES	<ul><li>surface basis only.</li><li>Molar teeth are limited to the cost of an</li></ul>
Restorations		equivalent bonded or non-bonded amalgam
		restoration.
		Simple/uncomplicated extractions do not
Extractions (simple/ uncomplicated)	NO	<ul> <li>require pre-authorization.</li> <li>Limited to GP rate except for Oral Surgeons and</li> </ul>
ancomplicated)		Pedodontists.
		All complicated extractions require X-rays for
Extractions (complicated)	YES	<ul> <li>justification.</li> <li>Limited to GP rate except for Oral Surgeons and</li> </ul>
		Pedodontists.
Denture Relines	NO	Limitedtooneupperandonelowerperlifetime
		(LT).
		<ul> <li>Complete dentures are limited to one upper and one lower per lifetime (LT).</li> </ul>
		<ul> <li>Partial dentures are limited to one upper and</li> </ul>
		one lower per lifetime (LT).
		<ul> <li>Partial dentures to replace only posterior teeth are not covered.</li> </ul>
	YES	
Complete and Partial Dentures		**All dentures, Complete and Partial, are limited to the cost of transitional denture(s).**
		Limited to one upper and one lower per lifetime
Denture Repairs	NO	(LT).
		<ul> <li>Limited to 4 units for children under age 13.</li> </ul>
		<ul> <li>Limited to 4 units for age 13 and over.</li> </ul>
General Anaesthesia		<ul> <li>Limited to GP rate except for Oral Surgeons and</li> </ul>
		Pedodontists.
	YES	

