



**JANUARY 2026**

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# Dental Care

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The objective of your Dental Plan is to provide you with the best possible dental care for the dollars that are available. The Dental Plan is administered by a Board of Trustees which has representation from Employers and the Union.

The Dental Plan is financed by contributions paid by your Employer as required under the terms of your Collective Agreement.

Please note that whenever the coverage under the Plan is amended, the revised coverage takes effect from the date of amendment and is not retroactive for services incurred prior to that date.

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# Eligibility for Benefits

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## For Yourself

You are eligible for benefits on the first day of the next month after the month when **all** of the following requirements are met:

- ⇒ You have completed an application form and this form has been received by the Plan Administrator.
- ⇒ You have been employed for three (3) consecutive months with an Employer who participates in the Dental Plan.
- ⇒ **You have averaged at least 18 hours of work per week** in a processing period. A processing period is normally twelve (12) consecutive weeks.
- ⇒ You are employed in a position covered by a Collective Agreement with a Participating Employer that requires contributions to be made to the Dental Plan.

<p>Written notification will be sent to you stating your eligibility date.</p>
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## For Your Dependents:

Your dependents' eligibility for benefits begins on the first day of the next month after the month when **all** of the following requirements are met:

Dependents will become eligible:

- ⇒ At the same time that you become eligible for benefits if **you have averaged at least 24 hours of work per week** in a processing period. A processing period is normally 12 consecutive weeks.
- ⇒ At any subsequent first day of the month after you average at least 24 hours of work per week in a processing period.

The Plan defines “dependents” as your spouse and unmarried dependent children who are under 21, or under 25 and attending an educational institution full-time, or over 21 and incapable of self-sustaining employment because of a mental or physical disability. A spouse is a person legally married to you, or who has lived with you in a common-law relationship (including same sex partners) for at least one year if neither of you is married, or for three years if one of you is legally married.

Written notification will be sent to you stating the eligibility date for dependent coverage.

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# Covered Expenses

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⇒ 90% of eligible Basic Dental Services

⇒ 85% of eligible Major Dental Services\*

⇒ 70% of eligible Orthodontic Services

\* If treatment is the result of an accident, the charges will be paid at the Basic Dental Services percentage (90%).

Payments are based on the Dental Fee Guide in use by the Dental Plan at the time the services and supplies are received.



You may obtain dental services from any dentist or denturist you choose.

Note that an eligible charge limitation exists whereby no benefits are payable for dental treatment started while the person receiving the treatment was not eligible to receive benefits.

### **Basic Dental Services include:**

- ⇒ fillings
- ⇒ stainless steel crowns
- ⇒ uncomplicated extractions
- ⇒ drugs prescribed by a dentist

Also included are recall examinations, cleanings, i.e., one (1) unit of fluoride treatment and bitewing x-rays **once every eight months**. Up to 10 units of scaling per person per calendar year in combination with root planing as described under Major Dental Services). Complete, Panoramic and Full Series Examinations are covered once every 3 years.

### **Major Dental Services include:**

- ⇒ crowns
- ⇒ root canals
- ⇒ dentures
- ⇒ treatments of gums (including root planing to an overall maximum of 10 units per person per calendar year over in combination with scaling as described under Basic Dental Services)
- ⇒ other necessary oral surgery
- ⇒ dental implants.

Reimbursement of claims for Major and Orthodontic treatment may be subject to the approval of the Dental Consultant.

If you receive a more expensive procedure than is needed, the Dental Plan will pay on the basis of the least expensive procedure that is consistent with good dental care. You are responsible for the balance of the charges.

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# Expense Limits

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**The Dental Plan pays up to \$3,000 per year for Basic and Major Dental Services combined for each member and dependent who is eligible under the Dental Plan.**

**PLUS**

**\$4,000 per person lifetime for Orthodontics**

*Benefits paid for Orthodontics are not included in your annual limit for Basic and Major Dental services.*

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## Coordination of Benefits

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If your spouse is a member of another dental plan, **dental claims for your spouse must first be submitted to that plan.** Any portion of the claim not covered under the terms of that plan may then be submitted to this Dental Plan for consideration of payment. Conversely, any expenses not payable under this Plan may be submitted to your Spouse's Plan. This process is known as Coordination of Benefits. It allows for reimbursement of insured dental expenses from all Plans up to a total of 100% of the eligible expense incurred.

For dependent children, the Primary Plan (i.e., responsible for making the initial payment towards the eligible expense) is the Plan covering the parent whose birthday is earlier in the calendar year. If both parents have the same birthday, the Plan covering the parent whose first name begins with the earlier letter in the alphabet pays first.

When submitting claims to the Secondary Plan, include photocopies of all relevant receipts and dental claim forms, as well as the original statement from the Primary Plan, showing its payment.



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# Continuation of Benefits

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- ⇒ If **illness or injury** prevents you from working the required number of hours, eligibility for benefits **will normally continue for up to 12 months at no cost** if your Employer notifies the Dental Plan of your condition, provided you were eligible at the time your illness or injury started. After the first 12 months, a member on leave will be allowed to self-pay to stay in benefit for an additional 12 months.
- ⇒ Eligibility for benefits will continue during maternity or parental leave. Self-payments are not required for such eligibility to continue.
- ⇒ During approved leave of absence or layoff, except maternity or parental leave, you may **maintain eligibility for up to twelve (12) months by making self-payments of \$35 per month.**
- ⇒ **Pay by credit card over the phone, or make your cheque or money order payable to: The Saskatchewan RWDSU Dental Plan and mail it to the address on the back cover of this booklet.**
- ⇒ Forms are available from the Plan Administrator which must be completed and returned when you are

not able to work **because of illness or injury, maternity, or parental leave, approved leave of absence or layoff.**

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⇒ Benefits for certain types of **major and orthodontic treatments will be paid for up to 90 days after a person is no longer eligible under the Dental Plan** to allow work started under the Dental Plan to be completed.

⇒ Those who become ineligible for benefits due to layoff or lack of hours will again become eligible **on the first day of the month after their average number of hours worked in a processing period is at least 18 per week (for members) or 24 (for dependents).**



Written notification will be sent to you stating your reinstatement date and/or that of your dependents

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# Termination of Benefits

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**Your eligibility for benefits terminates at the end of the month in which:**

- ⇒ Your employment terminates,
- ⇒ You are laid off, or on an approved leave of absence if you fail to make self-payments,
- ⇒ There is no longer a Collective Agreement between your employer and the Union, or
- ⇒ **The last day of the third month in which the average number of hours you work per week falls below 18 during the processing period,**

whichever event occurs first.

**Your dependent's eligibility for benefits terminates at the end of the month in which:**

- ⇒ The person no longer meets the criteria for eligible dependents, or
- ⇒ **The last day of the third month in which the average number of hours you work per week falls below 24 during the processing period,**

whichever event occurs first.

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# How to Make a Claim

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There are two options available to submit your dental claim:

**1. Electronic Data Interchange (EDI)**  
Fast. Convenient. Secure.

With ***EDI***, ***your dental claim can be sent directly from your dental office*** to the Plan Administrator for claims adjudication. There are no extra forms to completed, no forms to take home and no hassles.

***The Plan Administrator's EDI*** service uses the secure data networks of Telus Adjudicare, a dedicated claims processing network sponsored by the Canadian Dental Association. With Telus Adjudicare, you can be assured that the information contained in your dental claim will be transmitted to Coughlin & Associates Ltd. quickly, safely and confidentially right from your dentist's office.

To take advantage of the **EDI** service, just tell your dentist that Coughlin & Associates Ltd. is your claims administrator and present the following:

- 1) Bin # 000034 on Telus Adjudicare network
- 2) Group Number # 59450
- 3) Individual certificate number (mailed to you)

Dentalcare claims must be made within eighteen (18) months from the date of service.


## **2. If your dentist/denturist is not set up for EDI**

Claim forms are available from your Employer, the Plan Administrator, or the Union Office. **Complete the front of the form and ask the dentist to complete the back of the form.**

**You must sign at the appropriate place on the claim form if you want the dentist/denturist to be paid directly by the Dental Plan.** A cheque will normally be sent to your dentist/denturist within two (2) weeks of receipt of the completed Claim Form.

**You can submit your completed claim form via mail, fax or through the member portal or mobile app.**

*To Submit a Claim on the Portal/App:*

- Login to Coughlin's plan member portal at <https://coughlin.onlineclaimsaccess.net> or download the mobile app from the App Store or Google Play. Once you are on the portal or have accessed the app, follow the on-screen instructions and provide your group and certificate numbers, both of which have been mailed to you.
- Click on your profile icon  and select *Supporting Documents*. Simply drag and drop your completed dental claim form (signed by both you and your dentist as indicated above) along with the appropriate receipts.

If you have any questions, please contact the Claims Department for assistance.

### ***Pre-Authorization***

*For orthodontic treatment or for other treatment where the estimated cost is \$500 or more, pre-determination of costs should be obtained from the Plan Administrator.*

*Have your dentist/denturist or orthodontist complete the appropriate form or section. Mail the form to the Plan Administrator.*

*For more than one crown or bridgework, ask your dentist/denturist or orthodontist to send the x-rays with the form.*

*A letter will be sent to the dentist/denturist or the orthodontist with a copy to you, showing how much the Plan will pay.*

**The only payment you may have to make will be for any portion of the claim that exceeds Dental Plan limits.**


Most dentists/denturists will submit claims for payment directly to the Dental Plan. Please note that some dentists/denturists may insist that you pay them immediately.

## Pre-Authorized Deposits (PAD)

Members can have their dental claim reimbursements deposited directly to their bank accounts.

Pre-authorized Deposit is the fastest way for plan members to receive claim reimbursements. Claim reimbursement deposits can be made into your bank account within two to five business days following the approval of your claim and eliminate both the wait for cheques to arrive by mail and the trip to the bank.

To enroll in the PAD program:

- Login to Coughlin's plan member portal at <https://coughlin.onlineclaimsaccess.net> or download the mobile app from the App Store or Google Play. Once you are on the portal or have accessed the app follow the on-screen instructions and provide your group and certificate numbers, both of which have been mailed to you.
- Click on your profile icon  and select *Direct Deposit*

To be eligible for PAD, deposits must be made to an accredited Canadian financial institution. Please note that lines of credit are not accepted.

## **A Giant Step Forward**

For most members, Coughlin's Pre-Authorized Deposit program will offer a speed and convenience that will be hard to beat.

However, members can still receive reimbursements via cheque if they prefer.



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# **Employers whose employees participate in the Saskatchewan RWDSU Dental Plan**

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AlSCO Uniform and Linen Services

Brink's Canada

Canadian Linen and Uniform Service

Lawson Heights Safeway

Prairie Sky Co-operative Association

Prince Albert Safeway

Saskatchewan Joint Board, RWDSU

Saskatchewan Gaming Corporation  
- Regina Casino & Moose Jaw Casino

SYSCO Regina

Sobeys Capital Inc. – Safeway Operations

Sofina Foods

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# **Saskatchewan RWDSU Dental Plan**

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The explanations contained in this booklet do not create or provide any contractual or other rights. All rights and benefits are determined in accordance with the Plan Text. The Trustees have full authority to resolve all matters related to the provisions of the Dental Plan.

At present there are sufficient financial resources available to pay benefits. However, future continuing payment of benefits is dependent on the Trust Fund having sufficient financial resources to pay benefits. Your continued co-operation in protecting the Dental Plan against all forms of abuse and overuse will help to ensure that there will be enough money available to pay benefits in the future.

This brochure contains only the highlights of the Dental Plan that apply to most people. For more information, phone the Saskatchewan RWDSU Dental Plan toll free at 1-888-716-4422 or write to us at P.O. Box 764, Winnipeg, Manitoba, R3C 2L4.

You should also write to the Dental Plan at the above address to inform us of any change in your address, marital status, or dependents.

**SASKATCHEWAN  
RWDSU  
DENTAL PLAN**

**P.O. Box 764  
Winnipeg, MB  
R3C 2L4**

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