

Public Service Dental Care Plan member booklet

From Treasury Board of Canada Secretariat

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Introduction

The Public Service Dental Care Plan (PSDCP) covers certain expenses that you incur when you receive dental services. This page contains information about:

- your plan membership
- your benefits
- your levels of coverage
- the plan's limitations

- how to submit a claim

The complete terms and conditions of the PSDCP are set out in the Rules of the dental care plan for the public service of Canada. If there is a discrepancy between information in this booklet and the PSDCP Rules, the Rules take precedence.

The PSDCP provides coverage to eligible employees and their eligible dependants (also referred to as dependants).

The PSDCP covers specific dental services and supplies that are **not** covered under a provincial or territorial health or dental plan. Eligible employees are automatically enrolled in the PSDCP and do not need to complete an enrollment form.

The PSDCP consists of the following 5 components:

- National Joint Council (plan 55555)
- Public Service Alliance of Canada (plan 55666)
- Canadian Armed Forces Dependants (plan 55777)
- Royal Canadian Mounted Police (RCMP) Dependants and Civilian Members (plan 55888)
- Canadian Armed Forces Reserves (plan 55999)

The Government of Canada is the plan sponsor and the Treasury Board of Canada Secretariat is responsible for the oversight and management of the PSDCP. The cost of the PSDCP is fully paid by the employer except in certain leave without pay situations.

The plan is currently administered by the Great-West Life Assurance Company.

Membership

▼ In this section

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When does your coverage start?

Once you become an eligible employee, membership and coverage under the PSDCP start after exactly 3 months of continuous employment. Coverage is extended to the employee's eligible

dependants on the same date, and, from then on, new dependants' dental coverage will start on the date they become eligible dependants.

If you are on leave without pay or on a seasonal layoff on the day that you would normally have become a member of the plan, your coverage and the coverage for your eligible dependants will begin on the first day of the month after the month you resume paid work (for example, if you resumed paid work on October 15, your coverage would begin on November 1).

Who is covered?

Eligible employees

The PSDCP covers:

- federal public service employees, including:
 - indeterminate employees
 - seasonal employees
 - employees appointed for a term of 6 months or more
 - employees who have completed 6 months or more of continuous employment
 - part-time employees whose assigned work week is more than one third (1/3) of the normally scheduled hours for a full-time employee in the same occupational group
- excluded or unrepresented employees
- executives
- deputy heads
- employees of a number of separate employers

- members of the Canadian Armed Forces (CAF) Reserves
- civilian members of the RCMP
- Governor in Council appointees
- federal judges
- members of Parliament, senators and their staff
- the Governor General and Lieutenant Governors

Eligible dependants

The PSDCP covers the dependants of:

- all the members noted above
- CAF Regular members and some CAF Reservists ¹
- RCMP regular and civilian members

Contact Compensation Services in your department or the Public Service Pay Centre if you have questions about whether you or your dependants are eligible for coverage.

Definitions

For the purposes of the PSDCP, eligible:

- **child** means your or your spouse's or your common-law partner's unmarried child or children (including an adopted child, a step-child or a foster child) if any of the following applies:
 - the child is under 21 years of age
 - the child is older than 21 and younger than 25 years of age and is attending an accredited school, college or university on a full-time basis

- the child is 21 years of age or over and is incapable of engaging in self-sustaining employment because of a mental or physical impairment and is primarily dependent on you for support ²
- **common-law partner** means a person who has lived with you in a conjugal relationship continuously for at least 1 year and with whom you continue to live
- **spouse** means a person who is legally married to you

Note about how a child is defined

A child who does not meet the definition of **child** for the purposes of this plan, but for whom you stand in place of a parent, may be eligible for coverage with the approval of the Board of Management. In order to obtain coverage for such a child, you must submit supporting documentation to the Board of Management responsible for your component. To obtain coverage, you may need to provide supporting documents such as:

- a permanent guardianship (court) order or
- a custodial (court) order or
- a notarized private guardianship agreement, caregiving agreement or a notarized voluntary surrender of custody and guardianship that indicates that the parent or parents relinquish their parental responsibility to you

The Board will also consider:

- the extent to which you are financially responsible for the child
- whether your relationship is that of parent and child

- the expected duration of this relationship

Seasonal employees

Once you are a member of the PSDCP, even if you are a seasonal employee, you will have year-round coverage, including when you are on seasonal layoff.

Leave without pay

Before taking leave without pay, you are responsible for:

- notifying Compensation Services in your department or the Public Service Pay Centre about the details of your leave
- arranging for the quarterly payment of your monthly contributions in advance, if necessary, before your coverage ends

Compensation Services in your department or the Public Service Pay Centre will provide you with a letter that describes what you have to do to maintain continuous coverage.

If you go on authorized leave without pay for any of the following reasons, you will retain your employer-paid coverage during your absence:

- maternity leave or parental leave (within 52 weeks of the birth or adoption of a child)
- sick leave without pay
- disability or long-term disability leave
- educational leave without pay at the request of the employer

- leave to serve in another organization if doing so is recognized as being to the advantage of the department or to the Government of Canada
- leave for training or other activities as part of service in the CAF or Reserves
- leave taken as part of leave with income averaging and pre-retirement transition leave

If you proceed on **any other type** of leave without pay:

- your employer-paid coverage will continue during the first 3 consecutive calendar months of leave
- as of the 4th month of your leave of absence, if you wish to keep your coverage, you must pay your monthly contribution amount (including the applicable provincial sales tax) **in advance** to the Receiver General for Canada on a **quarterly** basis
 - It is recommended that you pay your contributions **before** the beginning of the quarterly period to avoid any disruptions in your coverage
- continue your quarterly payments for the duration of your leave without pay, including the month when you return to work (see Paying contributions)
 - Unlike the Public Service Health Care Plan, if you do not pay the required quarterly contributions in advance, your PSDCP coverage will be suspended until the first of the month following the month that you return to work

Retroactive reinstatement of coverage for you or your eligible dependants is not possible while you are on leave without pay if your monthly contributions have **not** been paid in advance on a quarterly basis. If your coverage ceases, it can only be reinstated on the first of the month **following** the month that you return to work.

Example

You take leave without pay from February 21, 2019, to November 3, 2019, because your spouse needs to relocate. You return to work on November 5, 2019.

First 3 months

You have employer-paid coverage for the first 3 full months of your leave without pay (March, April and May 2019). This coverage stops on May 31, 2019.

Before the end of the third month

You must send your contributions **in advance** on a quarterly basis for the period beginning on June 1, 2019, if you wish to have continuous coverage for the rest of the period of your leave without pay. Your quarterly contributions are required before June and October for the period of June through November of 2019 inclusively. Otherwise, your coverage will be suspended until after you return to work.

Return to work

Your employer-paid coverage is reinstated as of December 1, 2019 (the first of the month following the month that you return to work).

Coverage during 2 or more consecutive periods of leave without pay

You may take a period of leave without pay and be covered during the first 3 months or less of a period of absence. You would be responsible for contributions should this period be followed immediately by a second period of leave without pay where your employer-paid coverage does not continue.

In this situation, if you want uninterrupted coverage for the entire leave period, you must start making contributions **before** the start of the first full month of the second type of leave without pay. The contributions must be paid **in advance** on a quarterly basis as described in the example under **Before the end of the third month**.

Paying contributions

You may choose your level of coverage before you take leave without pay. Refer to the PSDCP contribution rates for levels of coverage. Note that you are also required to pay the provincial sales tax where applicable.

To allow time for your payment to be processed and to avoid gaps in coverage, payment should be sent to Compensation Services in your department or the Public Service Pay Centre well before the last day of the month in which your employer-paid coverage would stop. For example, if your employer-paid coverage is scheduled to stop on May 31, 2019, you would need to submit a cheque or money order payable to the Receiver General for Canada, **a few weeks before** May 31, 2019.

Termination of coverage

Your PSDCP membership ends automatically on the date when you cease to be an eligible employee or on the date when you cease to qualify as an eligible employee. For example, if you become a part-time employee and work one third (1/3) or less of the normally scheduled hours of a full-time employee in the same occupational group, your coverage will end.

Your spouse or common-law partner is no longer covered by the plan when this person ceases to be your spouse or common-law partner, or when you are no longer an eligible member of the PSDCP, whichever comes first. You are responsible for immediately communicating such changes to Great-West Life.

Your child is no longer covered by the plan when they no longer meet the **definition** of an eligible child, or once you are no longer a member of the PSDCP, whichever comes first. The children of your common-law spouse are no longer covered when your common-law relationship ends.

Suspension

If you are covered by the PSDCP and you are suspended, you will be covered under the plan if you pay the required contributions quarterly, in advance, before the first of the month following the month in which the suspension period began. Your employer-paid coverage will resume on the first of the month following the date you return to duty. You will be provided with reasonable notice to pay your contributions.

Layoffs

If you are covered by the PSDCP and you are laid off, your coverage may continue for a period of up to 12 months if you pay the appropriate monthly contribution amount.

Retirement

Coverage ends on your last day of employment. If you retire with an immediate public service pension, you may be eligible to apply for coverage under the Pensioners' Dental Services Plan by applying to the Government of Canada Pension Center within 60 days of retirement.

Exception in the event of a termination

An exception will be made if dental treatment for you or your eligible dependant that requires more than 1 sitting was started before your dental coverage was terminated. You or your eligible dependant will be covered if that treatment is completed within 31 calendar days of the date that your coverage ended.

For example, this exception would apply if, before your employment was terminated, you were undergoing any of the following dental treatments:

- root canal treatment where the pulp chamber was opened
- a crown was being prepared and impressions had been taken
- ongoing orthodontic treatment where the initial appliance was inserted before the date of termination

Contact Compensation Services in your department or the Public Service Pay Centre for more details on your eligibility in these circumstances.

When and how to report changes that affect dental coverage

You are responsible for notifying Great-West Life and Compensation Services in your organization if you work for a separate employer, in writing, as soon as possible when there are changes in your personal circumstances that could affect your coverage. Changes that could affect your coverage include:

- you are divorced from your spouse or are no longer living with your common-law partner
- you have a new spouse or common-law partner
- your dependent children are between 21 and 25 years old and they have completed or changed their school attendance from full-time to part-time

It is important to note that the changes would also need to be communicated separately to the Public Service Health Care Plan.

Great-West Life will issue you an identity card once you become a plan member under the National Joint Council or the Public Service Alliance of Canada components. If you are a CAF Reservist, you will receive your card once your first claim is received. This card shows:

- the effective date of your coverage
- your plan number
- your certificate number

You will use your plan number and certificate number to identify yourself and your eligible dependants to Great-West Life and to your dentist when you submit a claim. Your plan number and certificate number must be included:

- on all claims submitted for yourself and your eligible dependants
- in all correspondence with Great-West Life

Should you lose your identity card, contact Compensation Services in your department or the [Public Service Pay Centre](#) to get your plan and certificate numbers.

Benefits

▼ In this section

General description

- Canadian residents
- Residents outside Canada

Annual deductible

- The deductible may be carried over

Copayments

Annual maximum reimbursement amount

Lifetime limit for orthodontic services

Treatment plan

General description

The PSDCP covers:

- specific services and supplies that are **not** covered under a provincial health or dental plan
- only reasonable and customary charges for dental treatment that is needed to prevent or correct dental disease or defect, if the treatment is consistent with generally accepted dental practices

Reasonable and customary charges mean:

- the amount usually charged to someone without insurance coverage
- an amount that does not exceed the general level of charges for the specific service in the place where it was performed

Great-West Life bases the amounts covered on the appropriate provincial or territorial dental association fee guide.

A dental association fee guide is a listing of charges established by the respective provincial or territorial dental association for specified services provided by a specific practitioner type in a province or territory. It is common practice to reimburse eligible dental expenses using the fee guide that was in effect for the previous year.

For services rendered in Canada, the PSDCP will reimburse eligible expenses incurred for dental services performed by a dental practitioner who is licensed to provide dental services in the province or territory where the service is received. Services provided by the following professionals are covered:

- dentists, dental specialists or dental mechanics
- denturists or denturologists
- an independently licensed dental hygienist or a dental hygienist under the direct supervision of 1 of the above-mentioned professionals
- anaesthetists (in connection with oral surgery and drug injections)

Canadian residents

If you reside in Canada, the PSDCP reimburses the amounts as follows:

- if you or your eligible dependants are outside your home province or territory, the previous year's fee guide of the province or territory where the services were received will apply
- if you or your eligible dependants are temporarily outside Canada, the previous year's fee guide of the province or territory where you permanently reside will apply

Residents outside Canada

If you do not reside in Canada, the PSDCP will reimburse your eligible expenses if they are considered reasonable and customary in that region. Any expenses above what is considered reasonable and customary will not be reimbursed under the PSDCP.

Note: The previous year's Ontario fee guide is used to determine the limits of the reimbursement of expenses incurred outside Canada.

Annual deductible

The annual deductible is a specific amount that is subtracted from your reimbursement each calendar year before you are reimbursed on your first claim. The annual deductible amount is \$25 per covered person and not more than \$50 for a family.

The deductible may be carried over

If the applicable deductible is paid for a dental expense in the last quarter of the year (October 1 to December 31), a new deductible will not be charged in the following calendar year.

Copayments

After you have paid the annual deductible amount, the plan will reimburse a percentage of any eligible expense. The percentage that is not covered by the PSDCP and that you have to pay is called the copayment. The table below shows your copayments depending on the service received.

| Eligible expense submitted | PSDCP pays | Your copayment or what you pay |
|--|-------------------|---------------------------------------|
| Preventive and basic dental services and supplies | 90% | 10% |
| Major dental procedures and orthodontic services | 50% | 50% |

Important: You must pay any portion not reimbursed by the PSDCP, even in cases where the dental practitioner charged you more for a given service or procedure than the amount specified in the applicable dental association fee guide for the previous year.

Annual maximum reimbursement amount

For eligible expenses incurred in a calendar year, the PSDCP will reimburse you up to an annual maximum of:

- \$2,000 between January 1, 2019, and December 31, 2019
- \$2,250 between January 1, 2020, and December 31, 2020
- \$2,500 after January 1, 2021

Important: This maximum excludes orthodontic services, which have a separate lifetime maximum.

If your coverage starts in the second half of the year (on or after July 1), you or your eligible dependant will be reimbursed up to the following maximum for expenses incurred in the rest of this first calendar year:

- \$1,000 between July 1, 2019, and December 31, 2019
- \$1,125 between July 1, 2020, and December 31, 2020

- \$1,250 after July 1, 2021

The full annual maximum will apply in the next calendar year.

Lifetime limit for orthodontic services

Orthodontic services are subject to a separate lifetime maximum of \$2,500 for each covered person.

Treatment plan

Before beginning a treatment or procedure that is expected to cost more than \$300 and for **all** orthodontic treatments, you or your dentist must submit an estimate of the proposed work to Great-West Life. Great-West Life will send you a predetermination of benefits statement to let you know:

- if the work is covered by the plan
- how much will be covered when there is no coordination of benefits

In some cases, the treatment may not be covered, but an alternative treatment may be allowed. The PSDCP's alternative benefit clause (ABC) allows coverage of a less expensive, reasonable and customary dental service. An ABC is not applied in all cases: for example, if you choose an onlay where a filling would have been considered a viable treatment option, no benefits will be paid toward the cost of the onlay.

In other cases, time restrictions may apply. For example, if you have received reimbursement under the ABC for a partial toward an implant, you will only be eligible for a new partial or implant after a period of 60 months.

Scaling and root planing services are limited to 6 units per calendar year, but in cases of documented periodontitis, up to 6 more units can be allowed in that year with the **pre-approval** of a complete treatment plan submitted by your dentist.

Important: A predetermination of benefits statement may indicate that a treatment or service is eligible, but there may be limitations or time restrictions that apply. Ensure that you or your dependants have not exceeded the yearly maximum reimbursement amount before you incur more expenses. There may also be an age limit for certain services like pit and fissure sealants. Read all of the notes and remarks included in Great-West Life's predetermination of benefits statement, which is valid for 6 months (or 180 days) if you are still covered by the PSDCP.

Eligible services

Below are highlights of services covered under the PSDCP. For complete information on what is covered, consult the [PSDCP Rules](#) and look for:

- the list of all eligible dental services (see paragraph 6.(2))
- the list of exclusions and limitations (see paragraph 6.(3) and paragraph 6.(12))

- the table of benefits (see paragraph 6.(5))

► **In this section**

Preventive and basic dental services and supplies are reimbursed at 90% with certain conditions ³

Diagnostic services (excluding services related to major prosthodontic), such as:

- examinations
- X-rays
- tests and laboratory reports (including diagnostic services related to orthodontic treatment)

Preventive services, such as:

- dental cleaning and polishing
- topical application of fluoride
- pit and fissure sealants
- oral hygiene instruction
- space maintainers

Minor restorative services, such as:

- amalgam
- acrylic
- composite fillings

Endodontics, such as:

- pulp capping
- root canal therapy

Periodontics, such as:

- gum treatments
- scaling and root planing

Minor prosthodontic services (also known as removable dentures), such as:

- denture repairs and adjustments
- denture relining
- denture rebasing

Surgery, such as:

- extractions of teeth
- other surgical procedures

Adjunctive services, such as:

- other emergency services not otherwise specified
- anaesthesia
- house calls or hospital calls

Major dental procedures and orthodontic services are reimbursed at 50% with certain conditions ⁴

Major restorative services, such as:

- gold foil restorations
- metal and porcelain inlays
- onlays
- implants and crowns

Major prosthodontic services, such as:

- diagnostic services
- complete and partial dentures
- fixed bridges (abutments or retainers, pontics)
- repairs of fixed appliances

Orthodontic services, such as:

- surgical services
- observation and adjustments
- fixed appliances
- removable appliances

Submitting your claims

You must submit your claims to Great-West Life online through GroupNet, through your dental office or by mail:

- **within 15 months** of the date on which the expense was incurred
- for orthodontic treatment, within 15 months of the date of **each** monthly visit throughout the treatment period

Claims submitted after the 15-month period will not be paid unless you can demonstrate that it was impossible for you to submit your claim within 15 months.

Important: Claims submitted more than 24 months after the expense was incurred will **not** be paid except in the case of legal incapacity.

Online

You can submit claims electronically through Great-West Life's GroupNet⁵. You will need your plan and certificate numbers (available on the PSDCP benefit card) to access the site **or** the service number for CAF dependants **or** the regimental number for RCMP members and their dependants. On GroupNet, you can also find information about your benefits, including how to:

- sign up for direct deposit so that payments from Great-West Life can be deposited directly into your bank account
- access information about your coverage
- complete and print personalized dental claim forms
- view and print your claim summaries to track your claim history and use for income tax purposes when you claim dental expenses that are not covered by the plan
- view the status of your claims and your explanation of benefits statements for the last 24 months
- check your dental care coverage balance and when you and your dependants are eligible for your next checkup

For claims submitted electronically by the dental office, it is your responsibility to:

- authorize your dentist to submit claims
- ensure that your personal information, including your plan number, certificate number and address, is correct and current

By mail

If your expenses are eligible for reimbursement, you must complete and submit an authorized claim form with the appropriate information, including:

- your full name and address, including your postal code
- your plan and certificate numbers
- your spouse or common-law partner's dental plan and certificate number, if applicable
- your signature
- the appropriate section of the claim form completed by your dentist

Incomplete forms will be returned to you for completion. Attach any bills or receipts that you may have and ensure that they provide full details of the services rendered or purchases made.

Coordinating dental coverages

Coverage under a provincial plan

If you live in a province that insures dental services, you must first submit your claim to the provincial authorities. After that claim is processed, you may submit a claim under the PSDCP for any remaining eligible expenses.

Coverage under employer-sponsored dental plans

You and your spouse or common-law partner can coordinate benefits for dental expenses under 2 different plans if both members have family coverage under each plan. Coordination is

also possible if both of you are PSDCP members in your own right (this includes CAF Reservists) or if 1 of you is a member of the CAF or RCMP and have family coverage.

If you are a CAF member, consult the Dependants' Dental Care Plan (DDCP). If you are a CAF Reservist, consult the Reserve Dental Care Plan Administrative Instructions.

Retired CAF and RCMP members who are covered under the Pensioners' Dental Services Plan (PDSP) may coordinate benefits between the PSDCP and PDSP. If you are an active member of the PSDCP, your claim will first be paid through the PSDCP followed by the PDSP, and, if applicable, the remaining amount would be paid by your spouse or common-law partner's plan. If you are covered by the PSDCP as a dependant, your claim must first be submitted to the PDSP.

If your spouse or common-law partner has single coverage, your spouse's claims can still be coordinated under your certificate number if you have family coverage.

The combined reimbursement from all plans cannot exceed the lesser of:

- the expenses incurred or
- the amount specified in the current year fee guide of the province or territory where the treatment took place

Exclusions, frequency limitations and maximum reimbursement limits for each calendar year apply separately under each plan.

Coverage under the Public Service Health Care Plan

If you are a member of both the PSDCP and the Public Service Health Care Plan (PSHCP), you benefit from combined protection for:

- certain types of complex surgical dental services
- dental services needed as a result of injury to natural teeth

| Reason for receiving a dental service | Steps that you need to take to coordinate benefits under the PSDCP and PSHCP |
|--|---|
| Injury | <ol style="list-style-type: none"> 1. Submit a claim to the PSHCP for the dental expense 2. If the claim is not fully reimbursed and the expenses are eligible, submit to the PSDCP: <ul style="list-style-type: none"> ◦ a duplicate of your PSHCP claim form ◦ a copy of the PSHCP explanation of benefits |
| Surgical procedure | <ol style="list-style-type: none"> 1. Submit a claim to the PSDCP 2. If the claim is not fully reimbursed, submit a claim to the PSHCP |

How to coordinate your claims

If you are a member of the PSDCP and are also covered under your spouse or common-law partner’s plan as an eligible dependant, you should submit your claim to your own plan first.

If your spouse or common-law partner is covered under another plan and is also covered as an eligible dependant under your plan, your spouse or common-law partner should submit their expenses to their own plan first.

When your children are covered under both your plan and your spouse or common-law partner's plan as eligible dependants, the plan that pays first is determined by the Canadian Life and Health Insurance Association guidelines for coordination of benefits. Under these guidelines, the parent whose birthday falls earlier in the year must claim the children's expenses first under their plan.

In case of divorce or separation, where both parents share custody of a child, the following order of submission must be followed for the child's expenses:

1. the plan of the parent whose birthday falls earlier in the year
2. the plan of the parent whose birthday comes later in the year
3. the plan of the spouse or common-law partner of the parent whose birthday falls earlier in the year
4. the plan of the spouse or common-law partner of the parent whose birthday comes later in the year

If 1 parent has custody of a child, the following order of submission must be followed for the child's expenses:

1. the plan of the parent who has custody of the child
2. the plan of the spouse or common-law partner of the parent who has custody of the child
3. the plan of the parent who does not have custody of the child

4. the plan of the spouse or common-law partner of the parent who does not have custody of the child

If you do not have care and custody of your child or children, you may authorize the person who does have care and custody of the child or children to file claims and receive payment for the eligible child or children's dental services.

To authorize direct payment to the person who has custody of the child or children, complete and submit to Great-West Life the Public Service Dental Care Plan Authorization for Claims Submission and Redirection of Payment form.

Should you later wish to rescind this authorization, you may do so by writing to Great-West Life.

Coordinating benefits for members of plans administered by Great-West Life

If you and your spouse or common-law partner are both members of the PSDCP or if Great-West Life administers both of your plans, follow the process noted above to determine which plan you should submit your expenses to first. You do not need to submit a second claim for the unpaid balance if you indicate the plan and certificate numbers of your spouse or common-law partner's dental plan on the claim form, as Great-West Life will process the eligible claims under both memberships.

Claims made under your spouse or common-law partner's plan and certificate numbers will be paid out to them unless the benefits are assigned to the dentist.

Payment of your claim

Once your claim has been assessed under your certificate number, you will receive an explanation of benefits with your benefit payment, if applicable, from Great-West Life. Payment will be issued to you or, if you have signed the PSDCP Authorization for Claims Submission and Redirection form for your children's claims, payment may be issued to your spouse or common-law partner or to the dentist.

Payments are normally made in a lump sum once the treatment has been performed with the exception of payments for orthodontic services. For orthodontic services, you will be reimbursed on a monthly basis if a claim form is submitted for the monthly adjustment or if you have prepaid for the treatment in full. To ensure that you are still eligible for reimbursement, it is recommended that you regularly submit a confirmation of your ongoing treatment using the Public Service Dental Care Plan claim form. The calculations for these payments will be based on the information submitted by the orthodontist as described on the predetermination of benefit statement issued by Great-West Life.

How to appeal an assessment

Occasionally, you may disagree with a claim assessment made by Great-West Life. You can always resubmit your claim and ask Great-West Life to review the claim internally. If, after asking Great-West Life to review, the issue cannot be resolved, you may refer the issue to the Board of Management responsible for your component at the address indicated below.

When referring the matter to the relevant Board of Management, you, or through Compensation Services in your department or your bargaining agent, must provide all the facts of the case. Make sure to include the details related to your appeal, your plan number, your ID number, and your coordinates and send your appeal to the appropriate address below.

If you are represented by the **Public Service Alliance of Canada (PSAC)**:

Board of Management
Dental Care Plan (PSAC) Component
219 Laurier Ave West
8th floor, Suite 8052
Ottawa, Ontario
K1A 0R5

If you are a member of the **Canadian Armed Forces or the Reserves**:

Canadian Armed Forces Dental Care Plan Board
Director General Compensation and Benefits
Directorate of Pensions and Social Programs
MGen George R. Pearkes Building
101 Colonel By Drive
Ottawa, Ontario
K1A 0K2

If you are a member of the **RCMP**:

RCMP Dental Care Plan Board of Management
National Compensation Services: Insurance
73 Leikin Drive, M5-4-101
Mail stop 31
Ottawa, Ontario
K1A 0R2

For **all other members:**

Board of Management
Dental Care Plan (NJC)
P.O. Box 1525, Station B
240 Sparks Street West
7th floor
Ottawa, Ontario
K1P 5V2

Prevent fraud and abuse

You can help protect your benefits by following these tips to reduce the incidence of fraud and abuse:

- Confirm that a service is necessary before you have it performed
- Check your invoice to make sure you were charged for:
 - the correct amount
 - the services or supplies that you received
- Review your explanation of benefits to ensure that the listed services are correct

- Refuse receipts for services or supplies that you did not receive
- Do not sign blank claim forms
- Check your claims history on [GroupNet](#) to make sure that you are aware of all submitted claims
- Notify [Great-West Life](#) if your spouse, common-law partner, or dependent child or children are no longer covered under the plan

If you see something suspicious, report it to Great-West Life:

- by calling the confidential tip line at 1-866-810-8477
- by sending an email to confide@gwl.ca

Footnotes

- 1 If a CAF Reservist is employed for more than 180 days and has registered for family coverage.
- 2 This description must apply to your child on the date that you become a plan member or your child must have been covered by the plan before their 21st birthday. If the child becomes impaired after reaching the age of 21, they must have been covered under the plan as a full-time student when they became impaired in order to retain coverage.
- 3 You can refer to paragraph 6.(2) of the [Rules of the dental care plan for the public service of Canada](#) for more details.

- 4 You can refer to paragraph 6.(3) of the Rules of the dental care plan for the public service of Canada for more details.

 - 5 CAF Reservists must submit their paper claim, stamped by the unit orderly room, by mail to the Great West Life address in Winnipeg.
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Date modified:

2019-06-05