2026 REPORT OF THE AUDITOR GENERAL OF CANADA TO THE PARLIAMENT OF CANADA

Canadian Dental Care Plan

Office of the Auditor General of Canada
Bureau du vérificateur général du Canada

INDEPENDENT AUDITOR'S REPORT

Performance audit reports

This report presents the results of a performance audit conducted by the Office of the Auditor General of Canada (OAG) under the authority of the Auditor General Act.

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- gather the evidence necessary to assess performance against the criteria
- report both positive and negative findings
- conclude against the established audit objectives
- make recommendations for improvement when there are significant differences between criteria and assessed performance

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At a Glance

Overall message

Overall, Health Canada had made access to dental care more affordable for members of the Canadian Dental Care Plan (Plan). As of March 2026, about 6.9 million Plan members were enrolled and approximately 61% had used their benefits. However, Health Canada did not have comparable information on Plan members' oral health before and after joining the Plan, limiting the department's ability to determine whether the Plan was improving the oral health of its members over time.

In the first 2 years of the program, payments for dental benefits exceeded Health Canada's budget commitment by about $1.1 billion in total. Health Canada managed the higher costs by moving funding between fiscal years. However, forecasts from the Office of the Chief Actuary showed that payments from the 2026–27 to 2031–32 fiscal years are expected to exceed the funding currently available. Moving funding between fiscal years has covered current expenses but is only a temporary solution.

The Canadian Dental Care Plan is still in its early stages, and millions of Canadians are already benefiting from more affordable dental care. As the Plan continues to evolve, Health Canada has opportunities to build on this progress by strengthening oversight, improving access for populations with lower enrolment or use, and better measuring the Plan's impact on oral health.

Health Canada monitors the administration of the Plan, but its oversight was not continuous. For 6 months in the 2025–26 fiscal year, Health Canada did not check whether claims and preauthorization decisions were being made accurately and according to its rules, reducing its assurance that Plan members were receiving the coverage they were entitled to.

The Plan was not yet open to children in provincial and territorial care through the enrolment process. While Health Canada conducted broad outreach when the Plan was introduced, it did not later conduct tailored outreach to populations with lower enrolment or use.

Key facts and findings

- Plan members who used their benefits spent an average of $264 out-of-pocket on dental care in 2025, compared with $536 for Canadian households in the most recent comparable Statistics Canada data.
- About 560,000 Plan members who accessed benefits did not have to pay any out-of-pocket expenses in 2025.
- More than 27,000 oral health providers were participating in the Plan as of March 31, 2026.
- About 97% of claims did not require preauthorization.
- In 2025, only 16% of preauthorization decisions were communicated within the 3-business-day service standard; by early 2026, that had improved to 56%. Some preauthorizations lacked clear explanations when coverage was denied.

See **Recommendations and Responses** at the end of this report.

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Introduction

Background

The Canadian Dental Care Plan

1. Oral health is an important part of overall health. However, comprehensive dental care has generally fallen outside provincial and territorial universal health insurance plans in Canada. As a result, many Canadians face barriers to accessing dental care. According to the Canadian Oral Health Survey, which Statistics Canada conducted from November 2023 to March 2024, approximately 24% of Canadians aged 12 and older reported avoiding dental care because of costs. In addition, over 1 in 3 Canadians did not have dental insurance according to the 2022 Canadian Community Health Survey conducted by Statistics Canada.

Ensure healthy lives and promote well-being for all at all ages

Source: United Nations

2. To make dental care access more affordable for Canadian residents, the federal government launched the Canadian Dental Care Plan. Announced in Budget 2023, the government committed $13.0 billion over 5 years, starting in the 2023–24 fiscal year, and $4.4 billion annually thereafter to Health Canada to lead the policy development, operations, administration, and oversight of the Plan. These budgeted amounts included payments for dental benefits to oral health providers and administration costs. Oral health providers include dentists, denturists, dental hygienists, and dental specialists. The Plan supports the implementation of the United Nations' Transforming Our World: The 2030 Agenda for Sustainable Development, adopted by Canada in 2015, specifically under Sustainable Development Goal 3 (Good Health and Well-Being).

3. The Plan aims to provide access to affordable dental services to Canadian residents with an **adjusted family net income**[1] under $90,000 who do not have private dental insurance. Health Canada leads the design and implementation of the Plan with support from Employment and Social Development Canada for application intake,

1 **Adjusted family net income**—The Canada Revenue Agency defines and determines adjusted family net income as family net income:

- minus any universal child care benefit and registered disability savings plan income received, any taxable capital gains arising from a foreclosure, and any taxable capital gains arising from employee security options
- plus any universal child care benefit and registered disability savings plan amounts repaid

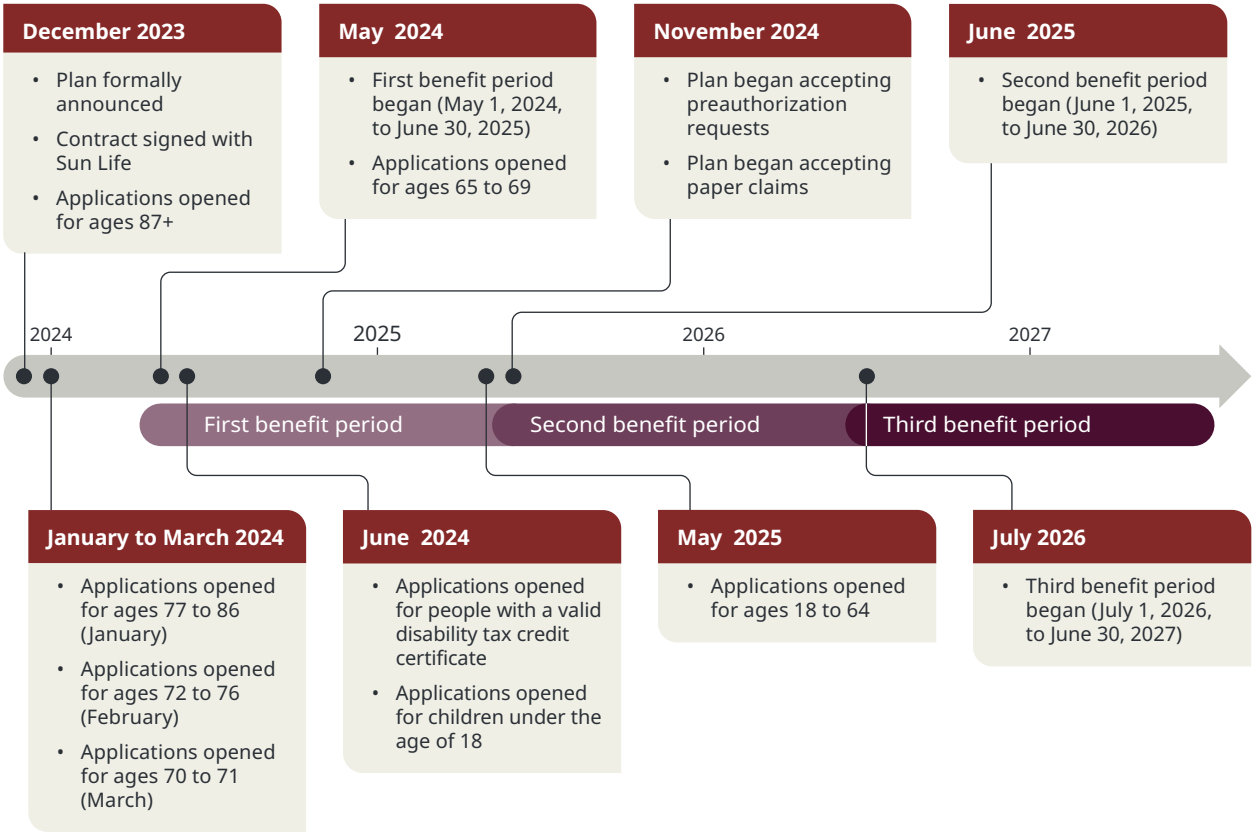
Family net income does not include a child's net income.

support and processing, eligibility validation, applicant and member communications, and information sharing with the Canada Revenue Agency for the verification of income eligibility each year.

4. In addition, Health Canada, with the support of Public Services and Procurement Canada, has contracted a private partner, Sun Life, to assess, process, and pay claims, enroll oral health providers and Plan members, and maintain related information technology solutions. The contract was initially valued at $747 million and was signed in December 2023.

5. The Plan was introduced in phases based on age cohorts between December 2023 and May 2025 (Exhibit 1). The Plan reimburses oral health providers, such as dentists, dental hygienists, and denturists, directly for the services provided to Plan members. Some Plan members are required to pay a share of dental care services received based on the Plan's coverage and their adjusted family net income.

Exhibit 1—Timeline of the implementation of the Canadian Dental Care Plan



Read the Exhibit 1 text description

6. To participate in the Plan, oral health providers can register formally as a provider under the Plan. They can also choose to participate on a claim-by-claim basis without formally registering. Canadian residents can apply to the program and are accepted or denied access to the Plan based on eligibility criteria including family income, access to dental insurance, residency status, and a requirement that the applicant and their spouse or common-law partner (if applicable) have filed their most recent personal tax return. Eligibility determinations are made by Employment and Social Development Canada using data obtained from the Canada Revenue Agency.

7. The Plan provides coverage for Plan members during a specific benefit period lasting 1 year (most recently, from July 1, 2026, to June 30, 2027). Plan members must re-apply for each benefit period to demonstrate that they meet all eligibility requirements, including the income criterion and no access to private dental insurance or coverage.

Roles and responsibilities

8. **Health Canada.** The department is responsible for leading the policy development, operations, administration, and oversight of the Canadian Dental Care Plan, including monitoring the work of the contractor that administers the payments for dental benefits to oral health providers.

Focus of the audit

9. This audit focused on whether Health Canada efficiently managed the Canadian Dental Care Plan to provide affordable dental care for eligible Canadian residents.

10. This audit is important because the Canadian Dental Care Plan is a significant federal social program, both in terms of public funds spent and the number of Canadians who benefit from it. Because the Plan has been operating for fewer than 3 years, assessing Health Canada's management of the Plan can help identify issues and challenges as well as opportunities for improvement to maximize value for money.

11. More details about the audit objective, scope, approach, and criteria are in **About the Audit** at the end of this report.

Findings and Recommendations

Health Canada improved access to affordable dental care for Plan members

Why this finding matters

12. This finding matters because dental care has generally not been covered under provincial and territorial universal health care plans in Canada, making dental care out of reach for individuals facing financial barriers. The objective of the Canadian Dental Care Plan is to improve access to affordable dental care for eligible Canadian residents.

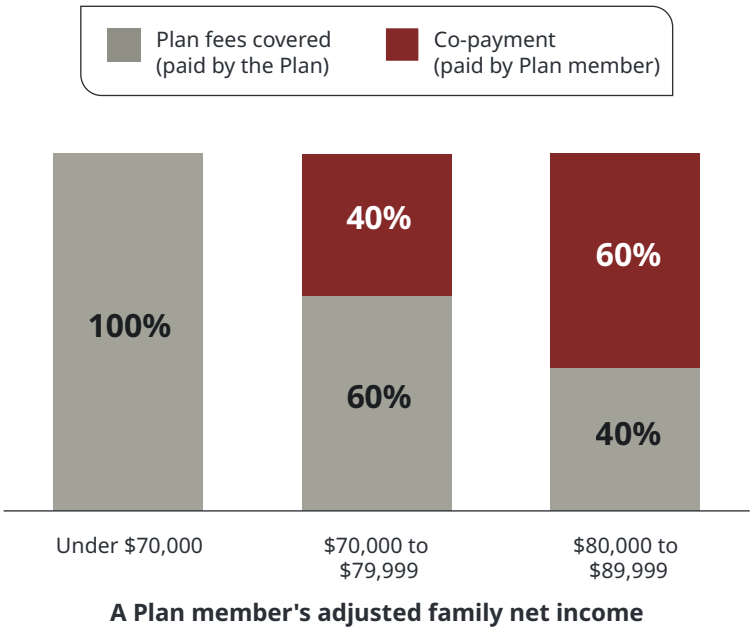
Context

13. The Canadian Dental Care Plan includes a list of eligible services and maximum reimbursement amounts for services. In addition, the Plan includes mandatory co-payments for Plan members with adjusted family net incomes above $70,000. A co-payment refers to the portion of the cost of a service that is not reimbursed by the Plan. A co-payment varies depending on the adjusted family net income of a Plan member (Exhibit 2).

14. Plan members must pay out-of-pocket if they are required to make a co-payment or if the oral health provider charges more than the Plan's maximum reimbursement amounts. As oral health providers set their own service fees, the Plan may not reimburse the full amount charged by oral health providers if fees surpass the Plan's maximum reimbursement amounts.

15. For example, if an oral health provider submits a claim for a Plan member with an adjusted family net income of $75,000, and the maximum amount covered by the Plan for the service is $100, the Plan member would pay $40 (40%), and the Plan would pay $60 (60%). If the provider charges $110 instead, the Plan member would pay $50 ($40 co-payment plus the extra $10), and the Plan would still pay $60.

Exhibit 2—Canadian Dental Care Plan fee coverage and co-payments



Note: All Plan members are required to pay any additional fees charged by oral health providers above the Plan's eligible fees. Adjusted family net income is defined and determined by the Canada Revenue Agency.

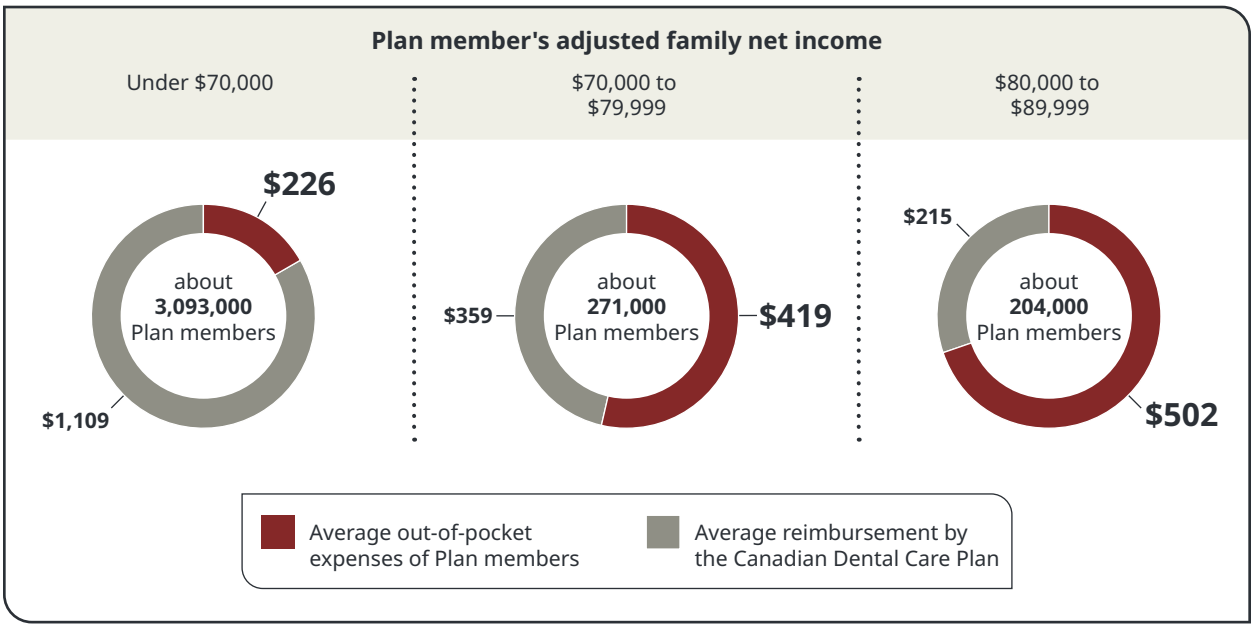
Read the Exhibit 2 text description

The Plan lowered out-of-pocket dental care expenses for members

Findings

16. We found that members who used the Canadian Dental Care Plan had lower out-of-pocket expenses compared with the average dental care expenses paid by Canadian households. According to the most recent comparable data from the Survey of Household Spending by Statistics Canada, Canadian households spent on average $536 on out-of-pocket dental services in 2023. We examined the claims data for the Plan in 2025 and found that average out-of-pocket expenses for each member were $264. Average out-of-pocket expenses were higher for Plan members in higher income tiers determined by their adjusted family net incomes (Exhibit 3). We also found that about 560,000—or 16%—of Plan members who accessed benefits did not have to pay any out-of-pocket expenses in 2025.

Exhibit 3—Average out-of-pocket expenses on dental care by Canadian Dental Care Plan members in 2025 who made at least 1 claim



Note: Adjusted family net income is defined and determined by the Canada Revenue Agency.

Source: Based on Health Canada's Canadian Dental Care Plan claims data

Read the Exhibit 3 text description

17. We found that Health Canada had not conducted any analysis of out-of-pocket expenses for Plan members or billing by oral health providers above the Plan's established fees. Without an analysis of out-of-pocket expenses and oral health provider service fees based on usage data, the department had a limited understanding of how well the Plan was making the cost of dental care more affordable and could not make informed adjustments to its fees and services.

Health Canada conducted broad outreach to potentially eligible Canadian residents and oral health providers

Findings

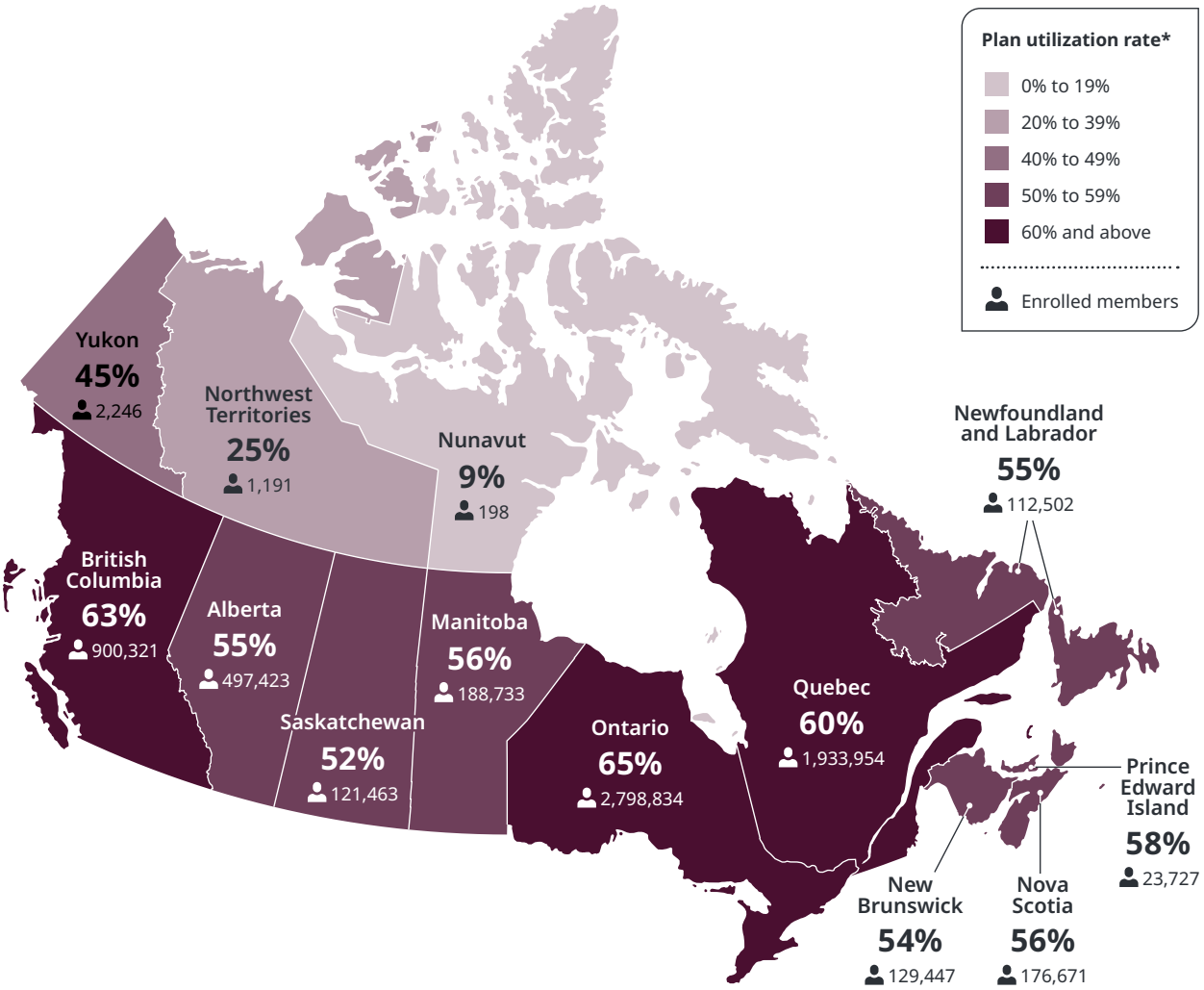
18. We examined the outreach and engagement activities carried out to raise awareness of the Canadian Dental Care Plan with potentially eligible populations. In 2023, Health Canada developed an outreach strategy to support the enrolment of Canadian residents under the Plan and various engagement initiatives with oral health providers. The department developed and conducted broad outreach initiatives including awareness

letters, marketing campaigns, and engagements with the public and oral health providers. The department also put in place an Indigenous engagement strategy. Health Canada used Employment and Social Development Canada's existing Community Outreach and Liaison Service and offices to reach eligible Canadian residents and community organizations.

19. The largest outreach initiative was the awareness letter campaign from December 2023 to July 2025. Health Canada worked with Employment and Social Development Canada to send 13.5 million letters to potentially eligible individuals. Using tax information provided by the Canada Revenue Agency, the letters were sent in phases as different population groups became eligible for the Plan (Exhibit 1). This allowed Health Canada to quickly and directly reach most of the eligible population. In addition, renewal letters were sent to Plan members prior to the end of each benefit period in 2024, 2025, and 2026.

20. We found that as of March 31, 2026, about 6.9 million members had enrolled under the Plan for the 2025–26 benefit year out of the approximately 10.5 million potentially eligible individuals estimated by Health Canada. As of March 31, 2026, oral health providers had submitted claims for 4.2 million of the 6.9 million Plan members, resulting in an overall utilization rate of 61%. The utilization rate was relatively consistent among provinces, varying from 65% in Ontario to 52% in Saskatchewan (Exhibit 4). However, the utilization rate was much lower in the territories, reflecting regional gaps in the availability of oral health providers and high coverage rates under other government dental programs.

Exhibit 4—Canadian Dental Care Plan members and utilization by province and territory as of March 31, 2026



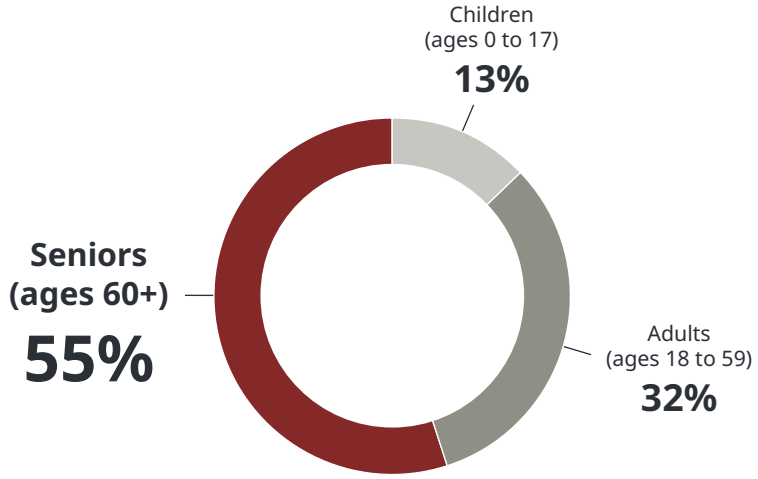
*Percentage of Plan members who submitted a claim out of the total number of enrolled members

Read the Exhibit 4 text description

21. We found that 55% of Plan members were aged 60 years or older, 32% were between the ages of 18 and 59, and 13% were aged 17 and under (Exhibit 5).

22. As of March 31, 2026, there were 27,227 oral health providers participating in the Plan, of which 56% (15,368) were formally registered as a provider under the Plan, and 44% (11,859) participated on a claim-by-claim basis.

Exhibit 5—The majority of Canadian Dental Care Plan members were 60+ years old as of March 31, 2026



Read the Exhibit 5 text description

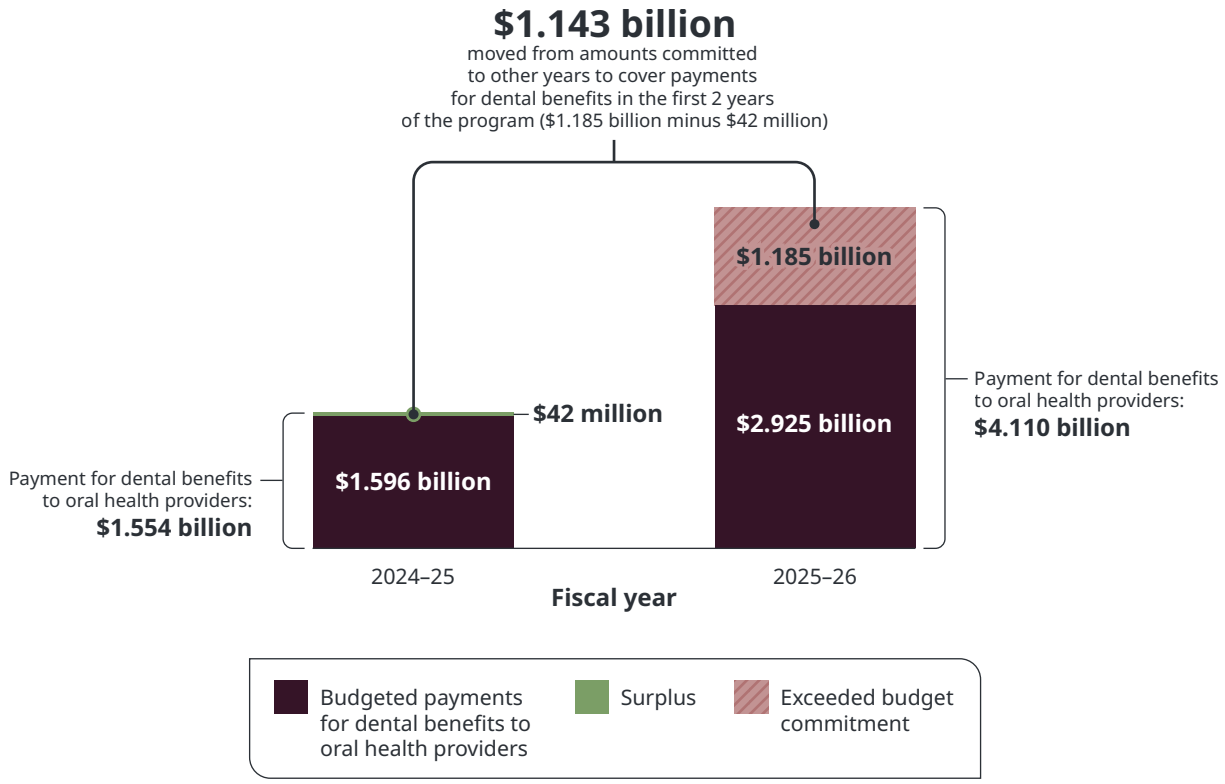
Health Canada monitored the payments for dental benefits made under the Plan, which were higher than expected

Findings

23. Budget 2023 committed $13 billion over the 2023–24 to 2027–28 fiscal years to set up the Canadian Dental Care Plan and pay dental benefits made under the Plan, and $4.4 billion ongoing each year after that. These amounts included payments for dental benefits to oral health providers and administration costs.

24. We found that across the 2024–25 and 2025–26 fiscal years, payments for dental benefits to oral health providers exceeded the initial budget commitments by a total of $1.1 billion, resulting in funds moved between years to compensate (Exhibit 6). The difference is explained by higher-than-anticipated claim payments for each Plan member.

Exhibit 6—Payments for dental benefits to oral health providers exceeded budgeted amounts in the 2025–26 fiscal year, resulting in funds committed to other years being moved to cover these payments



Source: Based on data from Health Canada

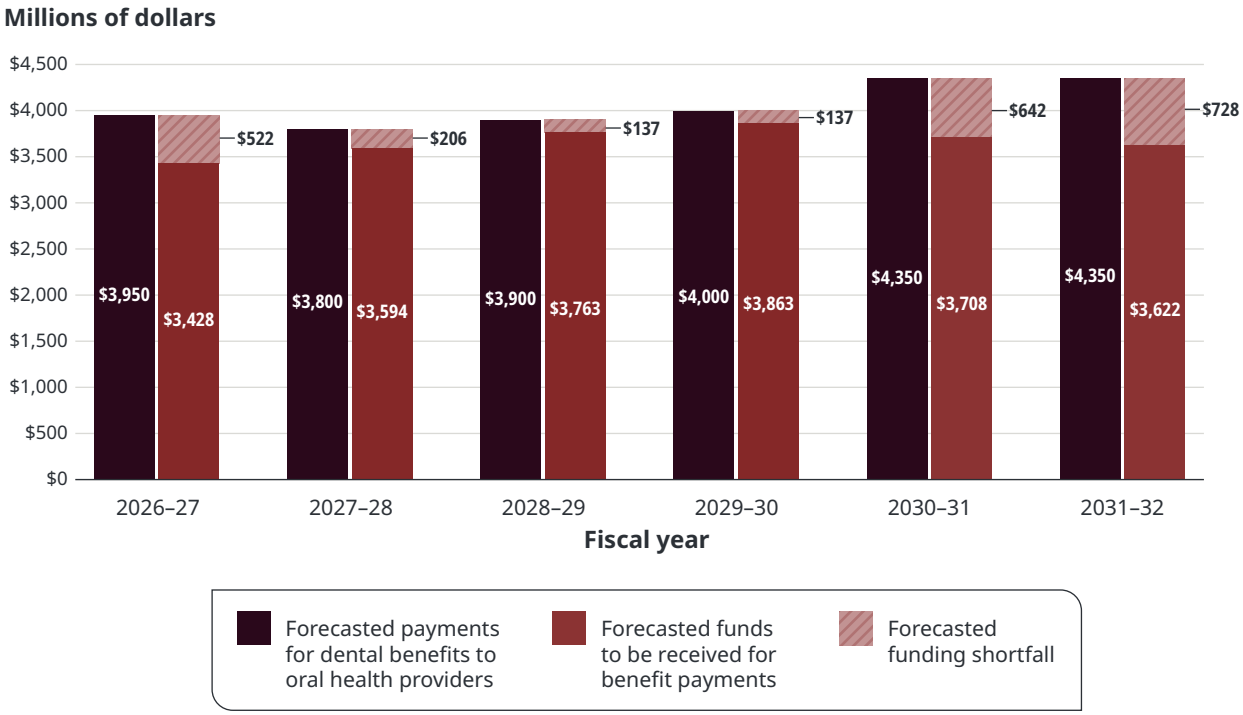
Read the Exhibit 6 text description

25. We found that Health Canada monitored payments for dental benefits to oral health providers and took steps to respond to higher claims for dental benefits paid by the Plan:

- First, Health Canada was granted permission from the Government of Canada to move funds between years within the amounts committed in the Budget to cover the difference between funding identified and benefits paid in the 2024–25 and 2025–26 fiscal years.
- Second, to better predict and monitor payments for dental benefits to oral health providers under the Plan, Health Canada contracted the Office of the Chief Actuary in November 2024 to forecast future payments for dental benefits under the program. This improved the credibility of the forecasts for claim payments to be made to oral health providers under the Plan as the use of actuarial expertise to forecast payments for dental benefits is an accepted practice in the insurance industry.

26. The Office of the Chief Actuary has unique expertise within the federal government, and it currently prepares actuarial reports for several federal programs and pension plans. We found that the Office of the Chief Actuary developed a forecasting model for the Plan when it was engaged to forecast the payments for dental benefits to oral health providers. The model is updated quarterly as new information becomes available, and results are shared with Health Canada. Exhibit 7 shows the funding identified for dental benefits payments to oral health providers for each fiscal year by Health Canada as well as the latest forecast for payments for dental benefits based on the May 2026 model maintained by the Office of the Chief Actuary.

Exhibit 7—Forecasted payments for dental benefits to oral health providers were higher than forecasted funds to be received for the 2026–27 to 2031–32 fiscal years



Source: Based on data provided by Health Canada and by the Office of the Chief Actuary for forecasted benefits

Read the Exhibit 7 text description

27. At the time of the audit, projected payments for dental benefits to oral health providers between 2026–27 and 2031–32 are expected to exceed the funding Health Canada had secured for the Plan by $2.4 billion. Health Canada had several options to address this situation:

- It could make another request to move funds from future years to cover the shortfall. This would be only a temporary solution as it would reduce funds available for future years when demand is forecasted to be higher than the amounts currently allocated each year.
- Health Canada could analyze and propose options to make changes to the program to lower the costs by modifying the basket of services or changing eligibility criteria for the program.
- Health Canada could request more funds for payments to oral health providers under the Plan.
- A combination of all 3 previous options in varying configurations was also possible.

28. Regarding administration costs, the department told us that the cost was $159 million for the 2023–24 fiscal year. We found that the total cost to administer the Plan was $314 million in 2024–25 and $295 million in 2025–26. These costs as a proportion of total expenses for the Plan were 16.8% in 2024–25 and 6.7% in 2025–26. As many of these administration costs were one-time costs needed to set up the Plan, it was reasonable that administration costs were higher in the early years of the Plan.

Health Canada's monitoring of contract deliverables and compliance with assessment instructions needed improvement

Why this finding matters

29. This finding matters because the Canadian Dental Care Plan is a large program with significant costs. It needs to be managed effectively and efficiently to achieve its goals and maximize its impact for Plan members.

Context

30. Health Canada is responsible for the Canadian Dental Care Plan. In December 2023, the department entered into a contract with Sun Life to administer the Plan. The contract divides the work into 2 phases: a start-up phase and an operations phase. The start-up phase runs from the creation of the Plan until all start-up deliverables are completed, such as establishing the call centre, the Plan member portal, and the oral health providers portal. The date for the scheduled completion of the start-up phase was April 1, 2025.

31. In the operations phase, Sun Life assesses claims and processes payments under the Plan. This includes:

- processing claims and payments for basic standard treatments
- processing and reviewing requests for services covered under the Plan that require preauthorization
- processing requests for treatments that are not normally covered under the Plan but are considered necessary by oral health providers for a patient's oral health. These are referred to as exceptions under the Plan and require assessment and approval by Health Canada
- providing information and assistance to Plan members and oral health providers about eligibility, coverage, claims processing, billing, and preauthorization requests through a call centre established and operated by Sun Life
- implementing a claims verification program to detect and address errors in claims or potentially fraudulent claims

Sun Life's decisions to approve or deny claims are based on medical criteria established by Health Canada.

32. The contract is valued at $747 million for the period between December 1, 2023, and April 30, 2029. The contract also provides for 3 optional extensions for a total of up to 5 years, to continue operations from May 1, 2029, to April 30, 2034.

Health Canada monitored the deliverables of the contract, but some were completed late

Findings

33. Overall, we found that Health Canada effectively monitored the start-up deliverables under the contract with Sun Life. The department took measures such as delaying payments and applying holdbacks when agreed timelines were not met. As of May 2026, the value of holdbacks on the last set of deliverables of the start-up phase was $5.5 million. Health Canada's payments under the contract with Sun Life were $107 million in the 2024–25 fiscal year and $99 million in 2025–26.

34. Sun Life had been assessing claims and processing payments to oral health providers as expected without encountering major operational issues since May 2024. As a result, Canadian Dental Care Plan members were able to access dental care services, and oral health providers were paid.

35. However, we found that certain deliverables of the start-up phase of the contract were only recently completed, while other administrative deliverables were not fully completed at the end of our audit period. The due date for completion of all deliverables of the start-up phase was April 1, 2025. These outstanding items did not affect the delivery of benefits.

36. Although the contract states that all payments to oral health providers had to be made through 1 dedicated bank account, Sun Life was using 2 bank accounts: a dedicated bank account to pay oral health providers by cheque; and a non-dedicated bank account for electronic payments (representing 85% of payments to oral health providers in the 2025 calendar year) made under the Plan. Because the bank account used for electronic payments was not dedicated to the Plan, Sun Life had money for other insurance programs in it and Health Canada did not have access to bank statements of this non-dedicated bank account. As a result, Health Canada did not have complete and direct visibility on funds being paid under the Plan. On June 1, 2026, Sun Life opened and started operating 1 new dedicated bank account to replace the 2 previous accounts, which provided Health Canada with better visibility on benefits paid.

With the exception of a 6-month period in 2025–26, Health Canada monitored the contractor's compliance in assessing claims and preauthorizations

Findings

37. We found that Health Canada conducted quality assurance work on Sun Life's compliance with rules set by Health Canada and on the accuracy of Sun Life's assessment of the claims and preauthorizations submitted by oral health providers. For example, Health Canada verified whether Sun Life made sure that oral health providers submitted the proper documentation to support the need for certain treatments before paying the claim or making a preauthorization decision.

38. Based on its quality assurance work, Health Canada concluded that the compliance rate with its assessment instructions was 99.45% for routine claims and 99.81% for preauthorizations made in October 2025.

39. However, we found that this work was performed for only 6 months in the 2025–26 fiscal year because of operational constraints such as a lack of resources at Health Canada. The work resumed in April 2026. In October 2026, officials told us that they will perform quality assurance work on the compliance claims and preauthorizations for the months of April 2025 and November 2025 to March 2026, which had not been performed by the end of our audit period.

40. We used representative sampling to analyze 51 groups of preauthorization requests from oral health providers that were submitted more than once over a period from November 2024 to March 2026 and for which the decision was overturned. We found issues with 6 of the 51 (12%) groups of preauthorizations:

- In 4 groups, the initial answer was that the request did not meet the Plan's policies, while the response should have stated that documentation was missing. This means that if the oral health provider had not resubmitted their preauthorization request, the request would simply have been denied, and the Plan member would have been unable to access the dental benefits. The decision could have been clearly explained to the oral health providers. Sun Life is required to include the correct code and narrative to explain decisions, based on the list approved by Health Canada.
- In 1 group, the decision was changed from denied to approved with the same documentation submitted twice. This means that an error occurred in 1 of the preauthorization decisions.
- In 1 group, the request was approved without the necessary documentation.

41. In our opinion, regular quality assurance work carried out by Health Canada is important to ensure the accuracy of decisions on claims and preauthorizations made by the contractor.

Recommendation

42. To ensure that claims paid under the Canadian Dental Care Plan are accurate, Health Canada should conduct sustained and regular quality assurance work on the compliance of Sun Life's assessment of the claims and preauthorizations with its instructions.

The department's response. Agreed.

See **Recommendations and Responses** at the end of this report for detailed responses.

Information provided to oral health providers and Plan members was difficult to find and understand

Findings

43. We found that different information for oral health providers was spread out across many different sources, namely:

- Sun Life's provider portal
- Government of Canada and Sun Life websites on the Canadian Dental Care Plan
- emails sent by Sun Life
- communications from professional associations of oral health providers
- a provider tool kit created by Health Canada which can be accessed via a cloud-based storage service

This meant that relevant information was distributed across multiple sources, requiring Plan members and oral health providers to consult different channels to obtain all the information needed. In addition, not all oral health providers had access to every source. Some providers chose to receive paper rather than electronic communications from Sun Life and therefore did not receive updates that were distributed only by email. As a result, they were at risk of missing important information.

44. We surveyed 19,068 oral health providers. Of the 4,833 providers who responded to the question, 33% disagreed that information about the Canadian Dental Care Plan was easy to find and access. Among those who explained why, 50% said that

the information was spread across too many sources or platforms. Survey respondents identified the provider portal and email as their preferred ways to access information about the Plan.

45. We found several issues with the information provided to Plan members, such as:

- Oral health providers who responded to our survey reported that they were spending on average about an hour per day explaining the Plan to members. A lack of clear information limited the Plan members' understanding of the potential amount they would have to pay at the time of treatment, especially for preauthorization requests for which no information was provided directly to Plan members.
- The enrolment confirmation letters sent by Employment and Social Development Canada were not clear enough to explain that Plan members might still have to pay part of the cost of services. The front of the letters prominently displayed the percentage of coverage for eligible fees—most often 100%—while the explanation that Plan members could still incur out-of-pocket costs appeared only on the back of the letter or in the brochure accompanying the Plan membership card. Based on discussions with oral health professional associations, this contributed to misunderstandings among Plan members. We found that about 84% of Plan members had to pay out-of-pocket expenses in 2025.
- Claims were paid based on a Plan member's eligibility and coverage rules on the day treatment was received. If a Plan member's situation changed during treatment, the Plan might stop covering a service even if the treatment had already begun and required several appointments or had been pre-approved. Similarly, coverage changed when the list of services or amounts eligible to be paid under the Plan was updated. The change of coverage was explained directly to the Plan member only when they received their notice of renewal.

46. We also found that Health Canada established timeliness standards for the Sun Life call centre handling Plan information requests from Plan members and oral health providers. However, these standards, monitored by Health Canada, did not include any indicators to measure the quality of responses provided. Instead, the standards focused on operational measures, such as call answer times and average call duration rather than accuracy and consistency of responses. Based on our survey of oral health providers, only 52% of the 4,834 respondents to the question about quality of information answered that consistent information was provided for similar cases.

47. In March 2025, Health Canada put in place its own quality assurance program to review the recordings of calls previously made to the Sun Life's call centre. The quality metrics to assess accuracy and consistency were:

- call centre agents properly authenticated the caller as a member
- call agents followed established scripts and processes
- call agents respected the privacy rules put in place for Plan members
- the call was resolved successfully

48. Health Canada analyzed 180 recordings of calls out of a total of 798,739 calls made between March 2025 and February 2026. Health Canada determined that only 64% met all the quality metrics. We used representative sampling to analyze those 180 calls and found that it was difficult to come to a conclusion on the quality of the answers provided. This is because scripts and frequently asked questions approved by Health Canada and which the call agents relied on to respond to callers did not cover key questions. We also found that when call agents told callers how long the next step would take, call agents were relying on their own experience, not on available data.

Recommendation

49. Health Canada should improve the accuracy and consistency of responses provided by the call centre for Plan members and oral health providers.

The department's response. Agreed.

See **Recommendations and Responses** at the end of this report for detailed responses.

Preauthorization decisions were delayed and lacked clarity

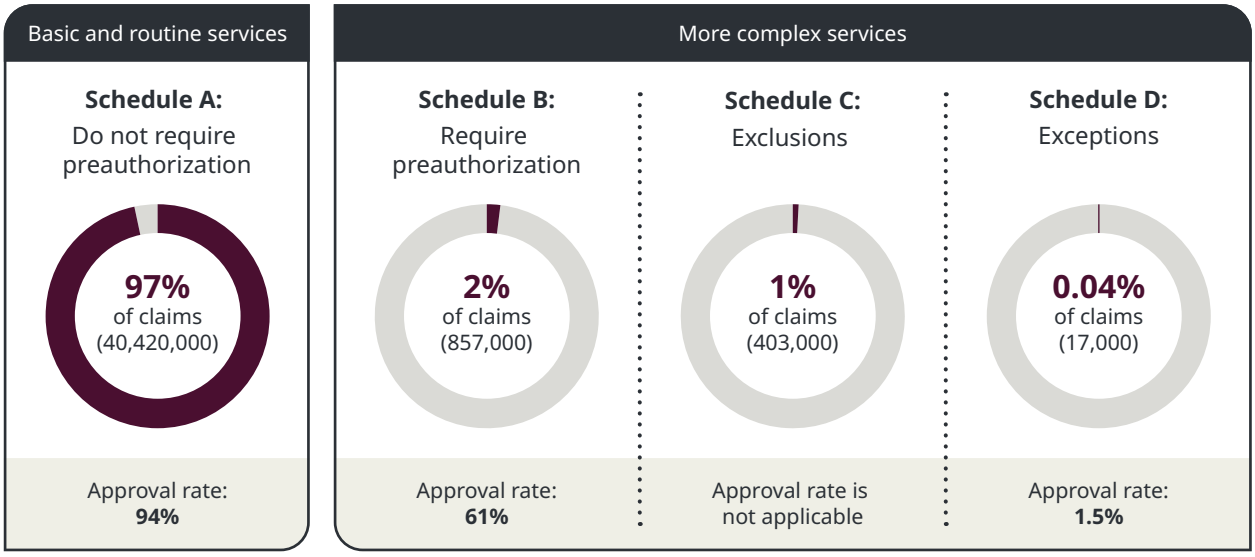
Findings

50. The list of eligible services under the Canadian Dental Care Plan is classified by schedules depending on the eligibility requirements established by Health Canada to receive the services:

- Schedule A: Do not require preauthorization
- Schedule B: Require preauthorization
- Schedule C: Exclusions (not eligible for coverage)
- Schedule D: Exceptions (require special consideration through preauthorization)

Schedule A primarily covers basic and routine services, while Schedule B and D are generally for more complex dental services. We found that between May 2024 and March 2026, about 97% of claims submitted did not require preauthorization (Exhibit 8).

Exhibit 8—The vast majority of Canadian Dental Care Plan member claims did not require preauthorization



Source: Based on Health Canada's Canadian Dental Care Plan claims data for 2024 to 2026 and approval rate data for 2025

Read the Exhibit 8 text description

51. Only the list of eligible services under Schedule A and Schedule B was publicly available. While claims under Schedule D represent a small percentage of submitted claims overall, they are important services for Plan members with greater oral health needs. The Plan's Dental Benefit Guide included a general summary of

excluded services and a line explaining that remaining services could be requested as exceptions; however, we found that the complete list of excluded services was considerably larger than what was provided in the Dental Benefit Guide. In addition, we found that only 20 of the 976 services under Schedule D were accepted for review and assessment by Health Canada with the remaining services not considered and thus denied.

52. We found that the changes implemented by Health Canada in December 2024 and throughout 2025 to streamline its assessment rules, clinical criteria, and documentation requirements contributed to shorter times for a decision to be communicated to the oral health provider. In 2025, only 16% of preauthorization decisions were communicated to oral health providers within the service standard of 3 business days, taking an average of 13 business days. This service standard was much shorter than the industry standard and Health Canada noted that it may consider reviewing the service standards to better align with industry standards. We found significant improvement in meeting service standards during the period of January 2026 to March 2026, with 56% of preauthorization decisions communicated to oral health providers within the service standard, taking an average of 3 business days.

53. Notwithstanding these improvements, in our survey of oral health providers, 73% of respondents stated that the reasons provided in the denial of preauthorization requests were unclear.

Recommendation

54. Health Canada should review and improve the explanations of claim decisions to ensure that they are clearly communicated and that oral health providers understand the reasons for claim decisions.

The department's response. Agreed.

See **Recommendations and Responses** at the end of this report for detailed responses.

Opportunities exist to improve the Canadian Dental Care Plan

Why this finding matters

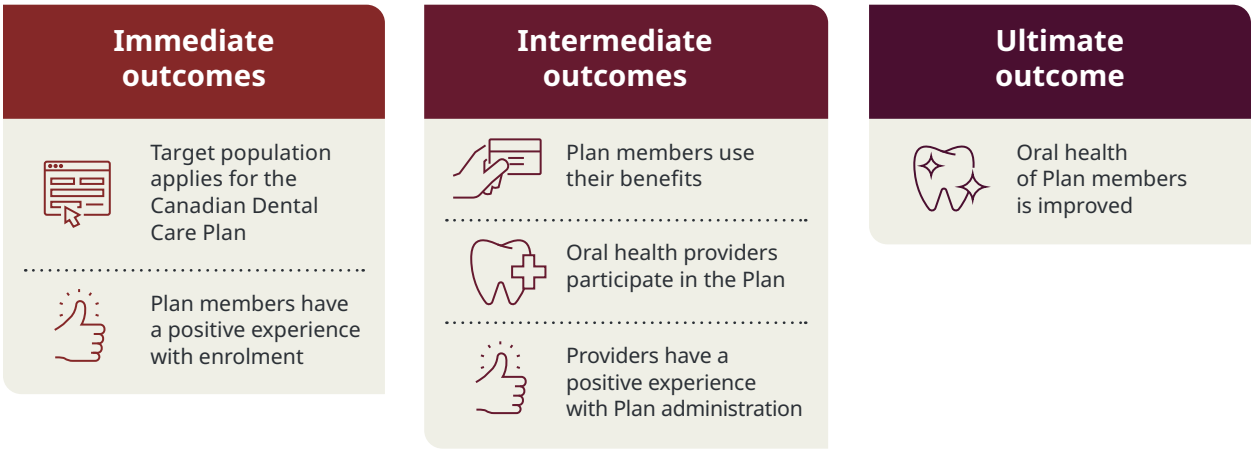
55. This finding matters because as the Canadian Dental Care Plan evolves it is important that its impacts on eligible populations be maximized to ensure that every Canadian resident who could benefit from the program does so.

Health Canada established appropriate operational performance indicators, but did not have the necessary information to measure whether oral health outcomes had improved

Findings

56. We found that Health Canada established immediate (short-term), intermediate (medium-term), and ultimate (long-term) outcomes for the Canadian Dental Care Plan. Immediate and intermediate outcomes were further subdivided into specific expected results for Plan members and oral health providers (Exhibit 9).

Exhibit 9—Health Canada established expected outcomes of the Canadian Dental Care Plan



Source: Based on information from Health Canada

Read the Exhibit 9 text description

57. The department planned to measure the progress toward these outcomes using 15 performance indicators: 8 indicators for short-term outcomes; 5 indicators for medium-term outcomes;

and 2 indicators for the ultimate outcome. The department told us that it plans to publish the results based on 3 of these indicators on the Government of Canada's GC Infobase website starting in the fall of 2027, namely:

- the percentage of the Canadian target population deemed to be eligible for the Canadian Dental Care Plan after applying
- the percentage of oral health providers actively participating in the Plan
- the percentage of Plan members who receive at least 1 dental treatment a year

58. We found that the performance indicators for immediate and intermediate outcomes were appropriate and could be reasonably expected to enable the department to measure whether the Plan had achieved these outcomes in a meaningful manner.

59. We found that Health Canada was originally planning to work in collaboration with Statistics Canada to obtain sufficient data on the evolution of the oral health of Plan members to enable a meaningful measurement of whether the Plan improved oral health over time. After March 31, 2025, Health Canada did not have the financial resources needed to engage Statistics Canada to do this work. Instead, Health Canada developed 2 proxy indicators derived from available data sources and was planning to leverage future editions of the Canadian Community Health Survey and Canadian Health Survey on Children and Youth. These 2 surveys are expected to provide some measures of access to dental care, financial barriers to dental care, and self-reported oral health. The proxy indicators include:

- the rate of emergency visits for non-traumatic dental conditions per 100,000 Canadian residents
- the percentage of adult Plan members receiving a tooth extraction

60. These 2 indicators are useful because they can provide a general picture of the Plan's success, but they have several limitations. For example, using extractions as an indicator represents only 1 service within the total list of eligible services covered by the Plan and might not be representative of overall oral health. Most importantly, these indicators do not directly measure the overall evolution in the oral health of Plan members. Without the ability to compare the oral health of Plan members before and after they joined the Plan, the government will not be able to accurately assess whether the Plan improved the oral health of members.

61. Finally, subsequent to our audit period, Health Canada published an annual report on the Plan on September 22, 2026, which described Plan enrolment, Plan use, claims paid, and level of participation among oral health providers. In addition to this annual report, the department was planning to expand the breadth of data available to the public on its website and to researchers and academics through a partnership with Statistics Canada. However, Health Canada did not specify when these actions would be completed. In our view, it is important that as much information and data as possible on the use of the Plan be made publicly available.

62. In comparison, the United Kingdom's National Health Service, through its Business Services Authority, publishes a large variety of statistics and data on its dental program that can be downloaded directly from its website.

Health Canada initially assessed the oral health of the Canadian population, but did not have data for some eligible populations

Findings

63. As part of the design and implementation of the Canadian Dental Care Plan, Health Canada assessed the oral health data of the Canadian population. We found that in its initial and ongoing assessments of oral health needs of the population beginning in 2022, Health Canada leveraged Statistics Canada survey data and conducted its own analyses using data from interested parties. However, the survey data did not include some populations such as people living in Indigenous communities, people living in the territories, and **institutionalized populations**.[2]

64. We found that the department had initially planned to conduct a Gender-based Analysis Plus assessment of the Plan's list of eligible services to understand the impacts for diverse populations. However, in September 2025, the department decided not to conduct this analysis because of a lack of reliable data. The department did conduct a client experience survey via Employment and Social Development Canada from February to March 2026. Through this survey, the department collected demographic data and data on the overall satisfaction of Plan members to inform service delivery improvements and support the department's evaluation of member enrolment and how

2 **Institutional populations**—According to Statistics Canada, an institutional resident is a person who lives in an institutional collective dwelling, such as a hospital, nursing home, or prison, including a resident under care or custody (for example, a patient or inmate) and an employee resident and any family members living with them.

the Plan improved access to oral health care. The department also collaborated with Statistics Canada to link a sample of the 2024 benefit period enrolment data to Statistics Canada data to understand uptake levels across demographic factors. While this will provide Health Canada with some demographic information of Plan members, the department will not be able to conduct a comprehensive review of the impacts of the list of eligible services among different populations.

65. We also found that Health Canada had a detailed process in place to conduct annual reviews and updates to the list of eligible services under the Plan. The department had a list of factors that it considered in its most recent annual review of the list of eligible services, but these factors were not consistently evaluated or considered for all proposed changes, given the varying availability of data and evidence on potential changes. For example, some analyses of potential service changes included detailed cost breakdowns and consideration of medical needs, while others included only general statements on costs and lacked consideration of medical needs and anticipated cost implications. In addition, considerations such as medical needs and impacts on oral health providers and Plan members were not considered consistently among potential service changes.

Recommendation

66. Health Canada should ensure that it reviews eligible services consistently, where data is available; for instance, using similar categories of criteria for each service.

The department's response. Agreed.

See **Recommendations and Responses** at the end of this report for detailed responses.

Access to eligible dental services can be improved for certain populations under the Plan

Findings

67. As of the 2026–27 benefit period, we found that the Plan did not accept member applications for children in provincial and territorial care, including in foster care, because the Plan did not have an enrolment process to do so. This was despite the fact that Health Canada had been engaged in discussions with Employment and Social Development Canada since early 2024 regarding the development of an exception to address eligibility requirements related to adjusted family net income and recent tax returns and regarding a process for provinces and territories to apply on behalf of children in their care. The department told us that it planned to develop a technical solution to provide access to children in provincial and territorial care in late 2026 or early 2027, pending operational priorities that may impact the Plan. According to the Public Health Agency of Canada, there was an estimated population of over 61,000 children in provincial and territorial care in Canada as of March 2022.

68. We found that Health Canada focused its initial outreach and awareness efforts broadly across all eligible populations in line with the planned phased rollout until implemented. After the rollout of the Plan, the department did not conduct subsequent tailored outreach and awareness efforts for these under-enrolled or under-utilizing populations. Health Canada's initial outreach initiatives ended in June 2026, but Health Canada officials told us that a communication campaign was set to be launched later in 2026 to address some of these gaps.

Recommendation

69. Health Canada should assess populations with low enrolment and utilization rates to inform adjustments, if needed, to remove barriers to access, including for children in provincial and territorial care.

The department's response. Agreed.

See **Recommendations and Responses** at the end of this report for detailed responses.

Conclusion

70. Health Canada efficiently managed the Canadian Dental Care Plan to provide affordable dental care for eligible Canadian residents. However, opportunities remain to improve the monitoring of the assessment of claims, the clarity of information provided to oral health providers and Plan members, and the measurement of the Plan's impact on oral health outcomes.

Subsequent Events

71. The Office of the Chief Actuary completed the next quarterly update for its forecasts for the payments for dental benefits to oral health providers and shared it with Health Canada in August 2026, after the end of our audit period. According to this latest forecast, benefits paid to oral health providers are now expected to exceed the funding Health Canada had secured for the Plan by $1.2 billion between 2026–27 and 2031–32. This is a decrease of the forecasted funding shortfall, which was $2.4 billion (Exhibit 7 and paragraph 27).

72. While Health Canada's initial outreach and awareness initiatives ended in June 2026, the department started in October 2026, after the end of our audit period, a targeted advertising campaign focusing on areas where member enrolment under the Plan was low.

About the Audit

This independent assurance report was prepared by the Office of the Auditor General of Canada on the Canadian Dental Care Plan. Our responsibility was to provide objective information, advice, and assurance to assist Parliament in its scrutiny of the government's management of resources and programs and to conclude on whether the Canadian Dental Care Plan complied in all significant respects with the applicable criteria.

All work in this audit was performed to a reasonable level of assurance in accordance with the Canadian Standard on Assurance Engagements (CSAE) 3001—Direct Engagements, set out by the Chartered Professional Accountants of Canada (CPA Canada) in the CPA Canada Handbook—Assurance.

The Office of the Auditor General of Canada applies the Canadian Standard on Quality Management 1—Quality Management for Firms That Perform Audits or Reviews of Financial Statements, or Other Assurance or Related Services Engagements. This standard requires our office to design, implement, and operate a system of quality management, including policies or procedures regarding compliance with ethical requirements, professional standards, and applicable legal and regulatory requirements.

In conducting the audit work, we complied with the independence and other ethical requirements of the relevant rules of professional conduct applicable to the practice of public accounting in Canada, which are founded on fundamental principles of integrity, objectivity, professional competence and due care, confidentiality, and professional behaviour.

In accordance with our regular audit process, we obtained the following from entity management:

- confirmation of management's responsibility for the subject under audit
- acknowledgement of the suitability of the criteria used in the audit
- confirmation that all known information that has been requested, or that could affect the findings or audit conclusion, has been provided
- confirmation that the audit report is factually accurate

Audit objective

The objective of this audit was to determine whether Health Canada efficiently managed the Canadian Dental Care Plan to provide affordable dental care for eligible Canadian residents.

Scope and approach

The audit included an examination of Health Canada's efforts to manage the Canadian Dental Care Plan to provide affordable dental care for eligible Canadian residents.

The audit involved examining and analyzing key documents and data from Health Canada, Employment and Social Development Canada, and Sun Life. The Office of the Chief Actuary's forecasts and Statistics Canada's Canadian Oral Health Survey and Canadian Community Health Survey were assessed for reliability and used in this audit as relevant and reasonable sources of information.

We interviewed officials from Health Canada who have responsibilities within the administration of the Canadian Dental Care Plan. We interviewed officials from other federal departments, including the Canada Revenue Agency, Employment and Social Development Canada, and Public Services and Procurement Canada. We met representatives of several professional associations of oral health providers.

We performed an analysis on the data in Sun Life's and Employment and Social Development Canada's databases. We assessed the completeness and integrity of Sun Life's and Employment and Social Development Canada's databases by performing a series of validation tests and analyses. We concluded that we could use the information for our audit work.

We conducted a survey of oral health providers who had made a claim through the Canadian Dental Care Plan to understand their perspective on the Plan's operations. We sent the survey to 19,068 oral health providers who participated in the Plan as of February 10, 2026, and 5,072 responded.

Criteria

We used the following criteria to conclude against our audit objective:

Criteria	Sources
Health Canada managed the Canadian Dental Care Plan to maximize efficiency and provide affordable dental care for eligible Canadian residents, including in the design and implementation of sound controls and a robust monitoring system. Health Canada provided sufficient and clear information to oral health providers and eligible Canadian residents. Health Canada, within its mandated authorities in the management of the Canadian Dental Care Plan, assessed the needs of populations eligible for the Canadian Dental Care Plan and addressed those needs within the program.	• Department of Health Act • Directive on the Management of Projects and Programmes, Treasury Board • Policy on Results, Treasury Board, 2016 • Policy on Financial Management, Treasury Board • Canadian Dental Care Plan Contract, 2023 • 2023 to 2027 Departmental Sustainable Development Strategy (Updated January 2025), Health Canada • Global strategy and action plan on oral health 2023–2030, World Health Organization

Period covered by the audit

The audit covered the period from December 1, 2023, to May 31, 2026. This is the period to which the audit conclusion applies.

Date of the report

We obtained sufficient and appropriate audit evidence on which to base our conclusion on October 15, 2026, in Ottawa, Canada.

Audit team

This audit was completed by a multidisciplinary team from across the Office of the Auditor General of Canada led by Mathieu Lequain, Principal. The principal has overall responsibility for audit quality, including conducting the audit in accordance with professional standards, applicable legal and regulatory requirements, and the office’s policies and system of quality management.

Recommendations and Responses

Responses appear as they were received by the Office of the Auditor General of Canada.

In the following table, the paragraph number preceding the recommendation indicates the location of the recommendation in the report.

Recommendation	Response
42. To ensure that claims paid under the Canadian Dental Care Plan are accurate, Health Canada should conduct sustained and regular quality assurance work on the compliance of Sun Life's assessment of the claims and preauthorizations with its instructions.	**The department's response.** Agreed. Health Canada has a comprehensive claim compliance quality assurance process to detect issues with the contractor's claims and preauthorisation requests adjudication, and will continue to strengthen it by: • Conducting, on a retroactive basis, quality assurance activities for the six-month period in 2025–26 during which they were paused. • Realigning resources to increase future capacity for planned compliance activities. • Redesigning its compliance methodology to combine targeted, risk based testing with ongoing randomized sampling, enabling more comprehensive coverage of areas with potentially higher risk. • Enhancing reporting to better pinpoint issues requiring follow-up and to support timely management action. Progress will be monitored through existing performance and risk reporting. In addition, while separate from the work to assess compliance of Sun Life's assessment of claims and preauthorizations, Health Canada, through its CDCP Centre of Expertise, has launched a continuous improvement process focused on evaluating and strengthening the claims assessment criteria and processes. Findings from this work will inform updates to Health Canada's instructions for assessing preauthorizations in addition to revisions arising from new clinical evidence. This complementary work will further support the consistency, quality, and effectiveness of benefit administration under the Canadian Dental Care Plan.

Recommendation	Response
49. Health Canada should improve the accuracy and consistency of responses provided by the call centre for Plan members and oral health providers.	**The department's response.** Agreed. As part of its continuous improvement efforts, Health Canada is working with Sun Life to enhance the accuracy, and overall quality of communications provided through the Sun Life call centre by: • Introducing new Service Level Requirements for Sun Life focused on the accuracy and consistency of information provided by contact centre representatives. • Enhancing FAQs, information provided to contact centre agents and related guidance materials on complex scenarios, including preauthorization requests and claim denials. Health Canada will also develop a structured Health Canada call-monitoring program as part of its overall quality assurance program. These measures will provide a more systematic basis for monitoring contact centre communications, identifying and addressing training and guidance needs, documenting corrective actions, and assessing whether improvements have been implemented. In addition, Health Canada maintains ongoing engagement with national and provincial/territorial oral health provider associations and continues to respond to enquiries from the public and Plan members. Feedback from these engagements is also used to inform Health Canada's understanding of how well communications, including those with Sun Life, are meeting the needs of Plan members and providers. This ongoing feedback loop contributes to continuous improvement and helps ensure that communications remain clear, timely, relevant, and responsive to stakeholder needs.

Recommendation	Response
54. Health Canada should review and improve the explanations of claim decisions to ensure that they are clearly communicated and that oral health providers understand the reasons for claim decisions.	**The department's response.** Agreed. Health Canada is further enhancing the transparency and clarity on claims decisions to assist the oral health providers by: • Building on the existing Explanations of Benefits, which have previously been expanded to provide greater transparency than is standard in the dental industry, to add more precision and further simplify the wording. This work will focus on making reasons for denials clearer for providers and members, while maintaining the timeliness of claims and preauthorization decisions. Oral Health providers' feedback will be considered in the revisions. • Reviewing and enhancing guidance provided for Sun Life contact centre calls and FAQs to better explain claim decisions. Through the Health Canada claims compliance testing and call monitoring program, Health Canada will also monitor that explanations provided are in line with operational procedures, FAQs and information provided to Sun Life contact centre agents. This continuous improvement approach will help ensure communications remain clear, accurate, and responsive to the needs of providers and Plan members.

Recommendation	Response
66. Health Canada should ensure that it reviews eligible services consistently, where data is available; for instance, using similar categories of criteria for each service.	**The department's response.** Agreed. The Plan is relatively new and is unique in its population and usage patterns relative to other public plans in Canada, which means that in some cases, comparable data for service changes will not be available to inform analyses (e.g., predicted cost and usage patterns for a new service code not yet in use elsewhere). However, where feasible, Health Canada will strengthen its use of available data and evidence by expanding and enhancing its active work with: • The National Oral Health Advisory Committee to get external expert advice regarding coverage and rules for specific services. • Statistics Canada to link claims data to relevant holdings, such as census, to support disaggregated analysis of services use to allow both Health Canada and researchers to delve into patterns of service use and generate new evidence. • Researchers and clinicians to increase the availability of evidence-related to specific services. • Stakeholders, including oral health provider associations, to gather evidence and intelligence on trends and likely impacts of potential service changes, where appropriate. This will build on efforts to strengthen the evidence base used to review eligible services under the Plan to ensure factors are rigorously assessed and applied consistently, subject to available source of funds and collaboration across partners to collect the required data and evidence.

Recommendation	Response
69. Health Canada should assess populations with low enrolment and utilization rates to inform adjustments, if needed, to remove barriers to access, including for children in provincial and territorial care.	**The department's response.** Agreed. Health Canada will further analyze enrolment and usage data to identify populations with low participation and assess potential barriers to access by increasing usage of disaggregated data to identify patterns to pinpoint where outreach, eligibility clarification, or process adjustments may be needed. Based on this analysis, Health Canada will continue to work with relevant government partners and stakeholders to design and implement targeted measures to reduce barriers for those targeted populations. It will also advance work on a technical solution with Employment and Social Development Canada for the enrollment for children in provincial and territorial care for those provinces or territories wishing to add coverage under the Plan to the provincial/territorial coverage already provided to children in care through the province/territory. In the meantime, Health Canada is looking into a pilot with British Columbia, which has indicated interest in enrolling the children in its care. Lessons learned from the pilot will be used to identify opportunities to streamline enrolment processes, improve access, and support effective expansion to additional provinces and territories over time.

Appendix—Text Descriptions of Exhibits

Here are the text descriptions of the exhibits.

Exhibit 1—Timeline of the implementation of the Canadian Dental Care Plan—Text description

This timeline shows key milestones of the implementation of the Canadian Dental Care Plan from December 2023 until June 2027.

- In December 2023, the Plan was formally announced, the contract was signed with Sun Life, and applications opened for ages 87+.
- In January 2024, applications opened for ages 77 to 86.
- In February 2024, applications opened for ages 72 to 76.
- In March 2024, applications opened for ages 70 to 71.
- In May 2024, the first benefit period began (May 1, 2024, to June 30, 2025), and applications opened for ages 65 to 69.
- In June 2024, applications opened for people with a valid disability tax credit certificate, and applications opened for children under the age of 18.
- In November 2024, the Plan began accepting preauthorization requests, and paper claims.
- In May 2025, applications opened for ages 18 to 64.
- In June 2025, the second benefit period began (June 1, 2025, to June 30, 2026).
- In July 2026, the third benefit period began (July 1, 2026, to June 30, 2027).

Back to Exhibit 1

Exhibit 2—Canadian Dental Care Plan fee coverage and co-payments—Text description

This bar graph shows the following:

- A Plan member's adjusted family net income under $70,000: 100% of fees are paid by the Plan
- A Plan member's adjusted family net income of $70,000 to $79,999: 60% of fees are paid by the Plan, and 40% are a co-payment paid by the Plan member
- A Plan member's adjusted family net income of $80,000 to $89,999: 40% of fees are paid by the Plan, and 60% are a co-payment paid by the Plan member

Note: All Plan members are required to pay any additional fees charged by oral health providers above the Plan's eligible fees. Adjusted family net income is defined and determined by the Canada Revenue Agency.

Back to Exhibit 2

Exhibit 3—Average out-of-pocket expenses on dental care by Canadian Dental Care Plan members in 2025 **who made at least 1 claim**—Text description

The first donut chart relates to Plan members with an adjusted net income under $70,000 in 2025 and shows:

- Total number of Plan members: about 3,093,000
- Plan member's average out-of-pocket expenses: $226
- Average reimbursement by the Plan: $1,109

The second donut chart relates to Plan members with an adjusted net income of $70,000 to $79,999 in 2025 and shows:

- Total number of Plan members: about 271,000
- Plan member's average out-of-pocket expenses: $419
- Average reimbursement by the Plan: $359

The third donut chart relates to Plan members with an adjusted net income of $80,000 to $89,999 in 2025 and shows:

- Total number of Plan members: about 204,000
- Plan member's average out-of-pocket expenses: $502
- Average reimbursement by the Plan: $215

Note: Adjusted family net income is defined and determined by the Canada Revenue Agency.

Source: Based on Health Canada's Canadian Dental Care Plan claims data

Back to Exhibit 3

Exhibit 4—Canadian Dental Care Plan members and utilization by province and territory as of March 31, 2026—Text description

The map of Canada has shades of mauve to show the utilization rate of the Plan in each province and territory. The lightest shade represents the Plan utilization rate of 0% to 19% and the shades get progressively darker as the utilization rate increases and maxes out at 60% and above. The utilization rate is defined as the percentage of Plan members who submitted a claim out of the total number of enrolled members.

In the map:

- Yukon: 45% Plan utilization rate; 2,246 enrolled members
- Northwest Territories: 25% Plan utilization rate; 1,191 enrolled members
- Nunavut: 9% Plan utilization rate; 198 enrolled members
- British Columbia: 63% Plan utilization rate; 900,321 enrolled members
- Alberta: 55% Plan utilization rate; 497,423 enrolled members
- Saskatchewan: 52% Plan utilization rate; 121,463 enrolled members
- Manitoba: 56% Plan utilization rate; 188,733 enrolled members
- Ontario: 65% Plan utilization rate; 2,798,834 enrolled members
- Quebec: 60% Plan utilization rate; 1,933,954 enrolled members
- New Brunswick: 54% Plan utilization rate; 129,447 enrolled members

- Nova Scotia: 56% Plan utilization rate; 176,671 enrolled members
- Prince Edward Island: 58% Plan utilization rate; 23,727 enrolled members
- Newfoundland and Labrador: 55% Plan utilization rate; 112,502 enrolled members

Back to Exhibit 4

Exhibit 5—The majority of Canadian Dental Care Plan members were 60+ years old as of March 31, 2026—Text description

The donut has 3 slices and shows the breakdown of Plan members by age group:

- Seniors (ages 60+) represented 55% of Plan members
- Adults (ages 18 to 59) represented 32% of Plan members
- Children (ages 0 to 17) represented 13% of Plan members

Back to Exhibit 5

Exhibit 6—Payments for dental benefits to oral health providers exceeded budgeted amounts in the 2025–26 fiscal year, resulting in funds committed to other years being moved to cover these payments—Text description

The stacked bar chart shows:

2024–25:

- Payment for dental benefits to oral health providers: $1.554 billion
- Budgeted payments for dental benefits to oral health providers: $1.596 billion
- Surplus: $42 million

2025–26:

- Payment for dental benefits to oral health providers: $4.110 billion
- Budgeted payments for dental benefits to oral health providers: $2.925 billion
- Exceeded budget commitment: $1.185 billion

A line from the 2024–25 bar to the bar for 2025–26 shows that $1.143 billion was moved from amounts committed to other years to cover payments for dental benefits in the first 2 years of the program ($1.185 billion minus $42 million).

Source: Based on data from Health Canada

Back to Exhibit 6

Exhibit 7—Forecasted payments for dental benefits to oral health providers were higher than forecasted funds to be received for the 2026–27 to 2031–32 fiscal years—Text description

2026–27:

- Forecasted payments for dental benefits to oral health providers: $3,950 million
- Forecasted funds to be received for benefit payments: $3,428 million
- Forecasted funding shortfall: $522 million

2027–28:

- Forecasted payments for dental benefits to oral health providers: $3,800 million
- Forecasted funds to be received for benefit payments: $3,594 million
- Forecasted funding shortfall: $206 million

2028–29:

- Forecasted payments for dental benefits to oral health providers: $3,900 million
- Forecasted funds to be received for benefit payments: $3,763 million
- Forecasted funding shortfall: $137 million

2029–30:

- Forecasted payments for dental benefits to oral health providers: $4,000 million
- Forecasted funds to be received for benefit payments: $3,863 million
- Forecasted funding shortfall: $137 million

2030–31:

- Forecasted payments for dental benefits to oral health providers: $4,350 million
- Forecasted funds to be received for benefit payments: $3,708 million
- Forecasted funding shortfall: $642 million

2031–32:

- Forecasted payments for dental benefits to oral health providers: $4,350 million
- Forecasted funds to be received for benefit payments: $3,622 million
- Forecasted funding shortfall: $728 million

Source: Based on data provided by Health Canada and by the Office of the Chief Actuary for forecasted benefits

Back to Exhibit 7

Exhibit 8—The vast majority of Canadian Dental Care Plan member claims did not require preauthorization—Text description

Basic and routine services:

- Schedule A: Do not require preauthorization
- Approval rate: 94%
- A donut chart shows that 97% of claims (40,420,000) fall under this category

More complex services:

- Schedule B: Require preauthorization
- Approval rate: 61%
- A donut chart shows that 2% of claims (857,000) fall under this category
- Schedule C: Exclusions
- Approval rate is not applicable
- A donut chart shows that 1% of claims (403,000) fall under this category

- Schedule D: Exceptions
- Approval rate: 1.5%
- A donut chart shows that 0.04% of claims (17,000) fall under this category

Source: Based on Health Canada's Canadian Dental Care Plan claims data for 2024 to 2026 and approval rate data for 2025

Back to Exhibit 8

Exhibit 9—Health Canada established expected outcomes of the Canadian Dental Care Plan—Text description

An infographic shows the following expected outcomes of the Canadian Dental Care Plan:

Immediate outcomes:

- Target population applies for the Canadian Dental Care Plan
- Plan members have a positive experience with enrolment

Intermediate outcomes:

- Plan members use their benefits
- Oral health providers participate in the Plan
- Providers have a positive experience with Plan administration

Ultimate outcome:

- Oral health of Plan members is improved

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Office of the
Auditor General
of Canada

Bureau du
vérificateur général
du Canada