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PENSIONERS' DENTAL SERVICES PLAN (PDSP)



Member Booklet

The PDSP is administered by Sun Life Assurance Company of Canada,
on behalf of the Government of Canada

Contract Number 25555

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represented by the President of the Treasury Board

This document is available on the Government of Canada
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This document is also available in alternative formats on request.

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General Information

About this booklet

This Member Booklet summarizes the Pensioners' Dental Services Plan (PDSP) for your convenience of reference. The complete terms and conditions of the Plan are set out in the PDSP Rules. If there are any discrepancies or differences between this booklet and the PDSP Rules, the PDSP Rules will prevail.

The booklet is divided into three main sections. The first part provides general information about the PDSP such as eligibility, how to enrol, and how and when to make a claim. The second part of the booklet provides details about the benefits such as maximum reimbursement amounts and covered procedures. The "For More Information" section at the end of this booklet provides additional information on how to contact Sun Life and how to obtain a copy of the PDSP Rules.

The PDSP may be amended after publication of this booklet. You will receive written notification of changes to the Plan. Please keep any future PDSP change notices with this booklet.

Pensioners' Dental Services Plan (PDSP)

The PDSP is a voluntary dental services plan established by the Government of Canada to provide dental services coverage to eligible federal pensioners and their eligible Family Members, including survivors.

The PDSP covers only reasonable and customary dental treatment necessary to prevent or correct a dental disease or defect if the treatment is consistent with generally accepted dental practices.

The PDSP is "self-insured". This means that all plan expenses will be covered from the contributions of the participating parties: the Government of Canada and the PDSP Members. The Government of Canada has the sole legal and financial liability for the PDSP.

As of October 1, 2010, the cost of the Plan shall be shared equally between the Government of Canada and Members.

The PDSP is administered by Sun Life Assurance Company of Canada (Sun Life) on behalf of the Government of Canada. Sun Life's role is to adjudicate claims and answer benefit inquiries in accordance with the PDSP Rules. The Government of Canada establishes PDSP policy.

Your Pension Office manages the enrolment process including any changes that affect your covered Family Members. That Office answers inquiries on eligibility requirements. You may refer to your PDSP Enrolment Information and Plan Summary booklet for detailed information regarding the Pension Office responsible for providing this service in your case.

Eligibility

You may be eligible to apply for the PDSP if you are receiving or will receive a pension, annuity or annual allowance (including a survivor pension) under one of a number of federal superannuation Acts. The eligibility criteria and a list of these Acts can be found in the PDSP Rules.

You do not need to be living in Canada to either join the PDSP, or receive PDSP benefits.

General Information

If you enrol your eligible Family Members at the same time as you enrol as a Member, they become eligible for coverage on the date you become eligible. If you enrol an eligible Family Member after you have become a Member, coverage will generally be effective from the first day of the second month following the date your Pension Office receives your PDSP Enrolment Form.

You must enrol yourself if you wish to cover your Family Members.

Who qualifies as your family member

To be eligible, your Family Member must be your spouse, common-law partner, or unmarried Child.

For the purposes of the PDSP, a “spouse” means the person to whom you are legally married. A “common-law partner” means the person with whom you have been cohabiting in a conjugal relationship for a continuous period of at least one year.

If you have both a legal spouse and a common-law partner, you may cover only one of them under the PDSP. Divorced spouses cannot be covered.

For the purposes of the PDSP, a Child means your unmarried Child(ren) or the unmarried Child(ren) of your spouse or common-law partner, including:

- an adopted child;
- a step-child; or,
- a child who is not an adopted child or a step-child but who is financially dependent primarily on the Member, the Member’s spouse or common-law partner for support and maintenance. The relationship must be like that of a parent and child and must be expected to be permanent or of a lengthy duration. You must also have the care and control of the child. (In these cases, you will be asked to provide documentation to support your relationship with the child.)

To be eligible, a Child must be:

- under 21 years of age;
- under 25 years of age and attending school, college or university on a full-time basis; or,
- 21 years of age or over and incapable of engaging in self-sustaining employment by reason of mental or physical impairment.

If a covered Child becomes mentally or physically impaired, coverage will continue provided that:

- the Child depends on you for support and maintenance; and,
- the Child remains unmarried.

In these cases, you will be asked to provide your Pension Office with medical documentation concerning your Child’s mental or physical impairment within 31 days of the date the Child reaches age 21 or age 25 if the Child is a full-time student.

Enrolment

You must enrol to be covered under the PDSP. If you wish to cover an eligible Family Member, you must also enrol that person. To enrol, you must complete, sign and mail the PDSP Enrolment Form to your Pension Office.

If you and your spouse or common-law partner are eligible under the PDSP, you may both enrol for Member coverage or one of you may be enrolled as the covered Family Member of the other. **The same person cannot be enrolled as both a Member and a covered Family Member.** In addition, your eligible Children can be covered by only one of you.

When coverage begins

Your coverage begins:

- on the effective date of your pension entitlement if you enrol within 60 days of that date; or,
- in all other cases, the first day of the second month following the date your Pension Office receives your completed and signed PDSP Enrolment Form.

A Family Member's coverage begins:

- the date your coverage begins if you applied to cover an existing eligible Family Member at the same time that you enrolled in the PDSP; or,
- the first day of the second month following the date your Pension Office receives your completed and signed PDSP Enrolment Form requesting the addition of the Family Member.

If you, your spouse or common-law partner became covered under the PDSP prior to April 1, 2006, you must remain covered for a period of at least two (2) complete calendar years (e.g. if you became covered effective June 1, 2005, your first full calendar year commences January 1, 2006 and you cannot terminate your coverage before January 1, 2008).

If you, your spouse or common-law partner became covered under the PDSP on or after April 1, 2006, you must remain covered for a period of at least three (3) complete calendar years (e.g. if you became covered effective June 1, 2006, your first full calendar year commences January 1, 2007 and you cannot terminate your coverage before January 1, 2010).

Changes affecting your coverage

From time to time, there may be circumstances that change your coverage needs.

Such circumstances could include:

- the death of a spouse, common-law partner or covered Child;
- a divorce or legal separation;
- a new marriage or common-law partnership;
- the birth or adoption of a child;
- a covered Child reaching age 21 or age 25 if a full-time student.

General Information

To ensure your coverage is kept up-to-date, it is important to communicate with your Pension Office to report these changes. You must complete, sign and mail a PDSP Enrolment Form to your Pension Office to effect any changes to your coverage. These forms are multi-purpose and are used to start, amend or terminate PDSP coverage. You can obtain these forms by calling your Pension Office.

In general, any change in coverage will take effect on the first day of the second month following the date the Pension Office receives your completed PDSP Enrolment Form.

If you wish to terminate coverage for yourself, your spouse or common-law partner after the required two (2) or three (3) calendar year period (depending on the date you enrolled in the PDSP), you must complete, sign and mail the PDSP Enrolment Form to your Pension Office.

Take note that if you voluntarily terminate coverage, you cannot reinstate this coverage in the future.

When coverage ends

As a Member, your coverage will end on the earliest of the following:

- the date you die;
- the first day of the second month following the date your Pension Office receives your request to terminate coverage, provided you have been covered under the PDSP for at least two (2) or three (3) complete calendar years, depending on the date you enrolled; or,
- the first day of the second month following the month in which you cease to be an eligible pensioner.

In addition, if you provide your Pension Office with proof of coverage of any of the benefits specified below, PDSP coverage may be terminated on the first day of the second month following the date your Pension Office receives your request. If you prefer, you may maintain coverage under both benefits and coordinate the coverage. Contact your Pension Office for more details. The specified benefits are:

- the Public Service Dental Care Plan, where covered as an eligible employee
- dental services as a member of the Canadian Forces or the Royal Canadian Mounted Police (RCMP)

A duly completed and signed PDSP Enrolment Form must also be provided.

A Family Member's coverage terminates on the earliest of the following:

- the date your coverage ends;
- the date your Family Member is no longer an eligible Family Member;
- the date your Family Member becomes covered as a Member of the PDSP in his or her own right; or,
- the first day of the second month following the date the Pension Office receives your request to terminate your spouse's or common-law partner's coverage, provided your spouse or common-law partner has been covered under the PDSP for at least two (2) or three (3) complete calendar years, depending on the date you enrolled them in the PDSP.

In addition, if you provide your Pension Office with proof of an eligible Family Member's coverage under any of the benefits specified below, their PDSP coverage may be terminated on the first day of the second month following the date your Pension Office receives your request. If you prefer, your Family Member may maintain coverage under both benefits and coordinate the coverage. Contact your Pension Office for more details. The specified benefits are:

- the Public Service Dental Care Plan, where covered as an eligible employee
- dental services as a member of the Canadian Forces or the RCMP

Payment of monthly contributions

The Pension Office will either begin or change your monthly contributions in accordance with the coverage levels identified on your PDSP Enrolment Form. Unless a new Member's coverage commences on the first day of the month, no contribution will be required for the month in which membership begins. Regular contributions as well as any applicable taxes will be deducted from your pension for the first full month of membership.

If your net pension is too small to cover the monthly contribution amount, you may still join the PDSP. You will pay your contributions directly to your Pension Office. That Office will provide payment instructions on enrolment.

How to make a claim

You may submit a paper claim by completing the PDSP Claim Form available on the Plan Member Services Website at www.sunlife.ca/PDSP. Your dentist's office may have a similar standard claim form that Sun Life will accept.

Please mail your completed claim forms to Sun Life at the following address:

Sun Life Assurance Company of Canada
PO Box 6159 Stn CV
Montreal QC H3C 3A7

Or, you can submit your claims over the Internet by visiting Sun Life's secure website at www.sunlife.ca/PDSP. Once you have accessed the Plan Member Services Website, you can submit your dental claim online.

You will need an access ID and password to log into the website. If you do not yet have these, you can register by visiting the Pensioners' Dental Services Plan (PDSP) Member Services Website.

Claim statement

Each time you submit a claim, you will receive a Claim Statement from Sun Life. The statement summarizes the costs covered by the PDSP and your costs.

Recovering overpayments

Sun Life has the right, on behalf of the Government of Canada, to recover benefit overpayments.

Time limits for claim submission

To be eligible for reimbursement, **Sun Life must receive your claim no later than 15 months after the date you incur the expenses.**

You incur an expense:

- on the date your single appointment procedure was performed;
- for procedures that take more than one appointment, once the entire procedure is completed;
- for procedures that involve the installation of an appliance, on the date the appliance is installed. However, for orthodontic services, you are deemed to incur an expense monthly, beginning with the date the appliance is first installed.

Claims received after the 15-month period will not be paid unless you can substantiate that it was impossible to submit the claim within this time limit. Further, except in the case of legal incapacity, no claim will be paid if it is submitted more than 24 months after the expense was incurred.

If a student receives dental services during an academic break, claims for those services should not be submitted until it has been established that the student has returned to school on a full-time basis.

To finalize a claim, Sun Life reserves the right to request a statement of the treatment received, pre-treatment x-rays and any additional information considered necessary to adjudicate the claim.

Coordination of benefits with other plans

If you or your covered Family Members have coverage for dental benefits under another plan, Sun Life will coordinate benefits with the other plan in accordance with standard insurance industry practices.

Sun Life can help you determine which plan you should claim from first. Here are some guidelines:

- for dental services required as a result of an accidental injury to natural teeth covered under both the Public Service Health Care Plan and the PDSP, the benefits will be determined under the Public Service Health Care Plan first;
- for specific oral surgical procedures covered under both the Public Service Health Care Plan and the PDSP, the benefits will be determined under the PDSP first;
- if you are claiming expenses for your spouse or common-law partner, and that person is covered for those expenses under another plan, you must send the claim to your spouse's or common-law partner's plan first;
- if you are claiming expenses for your Children, and both you and your spouse or common-law partner have coverage for your Children under different plans, you must claim under the plan of the parent with the earlier birthday (month and day) in the calendar year. For example, if your birthday is May 1st and your spouse's or common-law partner's birthday is June 5th, you must claim under the PDSP first;

- the maximum amount that you can receive from all plans for eligible expenses is 100% of actual expenses.

Note: Coordination of benefits between two members of the Pensioners' Dental Services Plan (PDSP) is not allowed under the Plan.

Member appeals

Appeals from members of the PDSP must be sent in writing to the Treasury Board of Canada Secretariat (TBS) at the following address:

The Pensioners' Dental Services Plan
Treasury Board of Canada Secretariat
Insurance Benefits Programs Group
219 Laurier Ave W
8th Floor, #8052
Ottawa, Ontario
K1A 0R5

Pensioners' Dental Services Plan Benefits

General description of the coverage

In this section, you means the Member and all Family Members covered under the Pensioners' Dental Services Plan (PDSP).

The PDSP will reimburse Members for eligible expenses incurred for dental services performed by:

- dentists, dental specialists or dental mechanics;
- denturists or denturologists;
- dental hygienists if the dental service is performed in a province or territory of Canada in which dental hygienists are licensed to provide such services (otherwise, under the direct supervision of a dentist or dental specialist);
- anaesthetists (in connection with oral surgery and drug injections).

The dental practitioner must be licensed to provide dental services in the province or territory where the service is received.

If you reside in Canada, the PDSP will provide reimbursement up to the amounts specified in the following Dental Association Fee Guides for practitioners:

- for services received in Canada (except Alberta) – the Fee Guide in the province or territory where the treatment is received that was in effect the previous year;
- for services received in the Province of Alberta – the 1997 Alberta Fee Guide, increased by an inflationary factor;
- for services received while temporarily outside of Canada – the Fee Guide of the province or territory where the Member permanently resides that was in effect the previous year.

The Dental Association Fee Guides are listings of charges established by dental associations for specified services provided by dentists in their province or territory.

If you permanently reside outside of Canada, the PDSP will provide reimbursement based on the reasonable and customary charges in the location where the eligible dental services are received.

Reasonable and Customary means the amount that is usually charged to a person without coverage and does not exceed the general level of charges for the specific service in the location where it was performed. Sun Life determines these amounts by consulting the available Fee Guides of provincial, territorial or national practitioner associations.

If services are provided by a qualified specialist in endodontics, prosthodontics, oral surgery, periodontics, paedodontics or orthodontics (whose dental practice is limited to that specialty), then the Fee Guide approved by the provincial or territorial Dental Association for that specialist will be used.

Annual deductible

The **Annual Deductible** is a specific dollar amount that you must satisfy each calendar year before you receive reimbursement on your first claim. The annual deductible amount is \$25 for one covered person or \$50 for more than one covered person.

The deductible will be subtracted from your first claim(s) each calendar year. However, if all or part of the deductible is satisfied within the last three (3) months (October to December) of the year, your deductible for the next year will be reduced by this amount. After the deductible amount has been satisfied, claims will be paid up to the percentage of coverage allowed under the PDSP.

Co-payment amount

After the annual deductible amount has been satisfied, the PDSP will reimburse you for a percentage of the cost of the covered expenses (i.e., 90% for eligible preventive and basic dental supplies and services, and 50% for eligible major dental procedures). The remainder (i.e., 50% for major restorative and 10% for other eligible services) is the amount that you are required to pay toward each eligible expense. This is referred to as the **Co-payment Amount**.

Important: The Member is responsible for any portion not reimbursed by the PDSP, even in cases where the dental practitioner charges more for a given service or procedure than the amount specified in the applicable Dental Association Fee Guides in effect the previous year.

Maximum reimbursement amount

In any calendar year, the PDSP will reimburse an annual maximum amount of \$1,500 for each covered person. This excludes orthodontic services, which has a separate lifetime limit (see below).

If your coverage starts in the second half of the year (i.e., on or after July 1st of that year), the maximum amount that the PDSP will reimburse for that year will be \$750.

The annual maximum reimbursement amount is reviewed regularly and can change.

Lifetime limit – orthodontic services

Orthodontic services are subject to a separate lifetime limit of \$2,500 for each covered person. Take note that charges for orthodontic treatments where the initial appliance was installed before the person became covered under the PDSP are not covered unless that initial appliance was installed while covered for such services under the Public Service Dental Care Plan or as a member of the Canadian Forces or the RCMP.

Treatment plan

It is strongly recommended that you send Sun Life an estimate, before the work begins, for any major treatment or procedure that will cost more than \$300. You should send a completed dental claim form that shows the treatment the dental practitioner is planning along with the associated cost to Sun Life. Both you and the dental practitioner will have to complete parts of the claim form. Sun Life will tell you how much of the planned treatment is covered under the PDSP, and how much of the cost you will be responsible for before proceeding with the services.

The treatment plan is not valid if the treatment does not commence within 180 days of the date on which you submit it to Sun Life. It is also subject to all PDSP Rules such as deductibles and annual/lifetime maximums.

Preventive dental procedures

The PDSP covers procedures used to help prevent dental problems. They are procedures that a dental practitioner performs regularly to help maintain good dental health.

The PDSP will pay 90% of the eligible expenses for these procedures after you satisfy the annual deductible amount.

Oral Examinations

- complete oral examination;
- one recall examination every 9 months;
- emergency or specific examinations;
- treatment planning.

X-rays

- one complete series of periapical x-rays every 36 months;
- occlusal x-rays;
- one set of bitewing x-rays every 9 months;
- extra-oral x-rays;
- sialography, use of dyes;
- one panoramic x-ray every 36 months;
- interpretation of radiographs from another source;
- tomography.

Other Services

- required consultations;
- house calls, hospital calls and special office visits;
- polishing (cleaning of teeth) and topical fluoride treatment once every 9 months;
- emergency services;
- diagnostic tests and laboratory examinations (biopsy or oral tissue and pulp vitality tests);
- space maintainers;
- pit and fissure sealants – only children under the age 15 are covered for this treatment;
- oral hygiene instruction, up to a maximum of 1 session every calendar year;
- caries control;
- enameloplasty.

Basic dental procedures

The PDSP covers procedures used to treat basic dental problems. Some examples are filling cavities and extracting teeth.

The PDSP will pay 90% of the eligible expenses for these procedures after you satisfy the deductible.

Fillings

Amalgam, silicate, composite, acrylic fillings, including pin reinforcements required for these fillings. Replacement fillings for the same tooth and surface will be paid under the PDSP once every 24 months irrespective of the age of the filling.

Endodontics

- root canal therapy;
- pulp capping;
- pulpotomy;
- periapical services;
- other endodontic procedures.

Periodontics

Treatment of diseases of the gum and other supporting tissue, specifically:

- non-surgical services;
- surgical services;
- post-surgical treatment;
- occlusal equilibration, limited to 8 time units in any 12 month period (one time unit = 15 minutes);
- scaling and root planing, limited to 6 time units every calendar year. In cases where additional units are recommended by a dental practitioner and with pre-approval of a Treatment Plan, this limit can be increased to 12 time units every calendar year (one time unit = 15 minutes);
- other periodontic services.

Oral Surgery

Surgery and related anaesthesia (other than transplants, and repositioning of the jaw), specifically:

- uncomplicated removal;
- surgical removal and tooth repositioning;
- alveoloplasty, gingivoplasty, stomatoplasty, osteoplasty and tuberoplasty;
- removal of excess mucosa;
- surgical excision;
- removal of cyst;
- surgical incision;
- removal of impacted teeth;
- repair of soft tissue;
- frenectomy and dislocations;
- miscellaneous surgical services.

Repair

Repair or adjustment of dentures.

Rebase and Reline

Rebasing and relining of an existing partial or complete denture, once every 36 months.

Miscellaneous

Drug injections.

Major dental procedures

The PDSP covers procedures used to treat major dental problems. Some examples are crowns, dentures or bridges.

The PDSP will pay 50% of the eligible expenses for these procedures after you satisfy the deductible.

Major Restorations

Gold and porcelain inlays, gold foils, retention pins, posts and cores, crowns and other restorative services. Charges for a replacement crown are considered an eligible expense if the existing crown cannot be made serviceable. The charges will be paid under the PDSP once every 60 months irrespective of the age of the crown.

Repair

Repair of bridges.

Prosthodontics

Construction and insertion of bridges or standard dentures (temporary or permanent).

Charges for a replacement bridge or replacement standard denture are considered an eligible expense if:

- a natural tooth is extracted after the existing bridge or standard denture was initially inserted and the appliance cannot be made serviceable. If the appliance can be made serviceable, only the portion of the cost related to the replacement of the extracted tooth will be considered an eligible expense;
- the existing bridge or standard denture is at least 5 years old and cannot be made serviceable;
- the existing bridge or standard denture was inserted temporarily and provided the replacement appliance will be permanent, without regard to when the temporary appliance was first installed;
- it is needed as the result of the insertion of an initial opposing denture after the date you became covered under the PDSP;
- it is needed as the result of an accidental injury to a natural tooth that occurred after you became covered under the PDSP.

The following expenses are also included:

- exams, x-rays and diagnostic casts;
- retainers;
- abutments and retentive pins in abutments;
- other prosthodontic services.

Orthodontic procedures

The PDSP covers procedures used to treat misaligned or crooked teeth up to a separate lifetime limit of \$2,500.

The PDSP will pay 50% of the following eligible expenses for these procedures, after you satisfy the annual deductible amount:

- fixed or removable appliances, such as braces;
- surgical services, observation and adjustments and repairs and alterations;
- retention appliances;
- appliances to control harmful habits.

The PDSP will pay 90% of the following eligible expenses for these procedures, after you satisfy the annual deductible amount:

- orthodontic examinations;
- orthodontic x-rays;
- orthodontic diagnostic casts.

Payment after coverage ends

If your coverage under the PDSP terminates, you will continue to be covered for 31 days after the date your coverage terminates, for the following procedures:

- endodontics, if the pulp chamber was opened before the date your coverage terminated;
- relining or rebasing of dentures, addition of a tooth to a removable denture and complete and partial dentures, when an impression was taken before the date your coverage terminated;
- gold inlays, crowns, and other restorative services, bridges, repairs to bridges, retainers, abutments and retentive pins for abutments, when a tooth is prepared before the date your coverage terminated;
- orthodontic services for which you were entitled to a benefit prior to the date your coverage terminated.

What is not covered

The PDSP will not pay for services or supplies payable in whole or in part under any provincial, territorial or other public dental, hospital or health plan to which the person is eligible. This includes user fees and extra billing whether or not legislation allows private plans to cover the user fees and extra billing.

The PDSP will not pay for services or supplies that are not usually provided to treat a dental problem, including experimental treatments.

The PDSP will not pay for:

- procedures performed primarily to improve appearance including, but not limited to, veneers, and porcelain or composite facings on crowns or bridges on molar teeth;
- the replacement of dental appliances that are lost, misplaced or stolen;
- charges for appointments that you do not keep;
- charges for completing claim forms;
- supplies usually intended for sport or home use, such as mouth guards;
- procedures or supplies used in full mouth reconstructions (capping all of the teeth in the mouth), vertical dimension corrections, (changing the way the teeth meet) including attrition (worn down teeth), and alteration or restoration of occlusion (building up and restoring the bite);

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- dental treatment involving the use of precious metals, if such treatment could have been rendered at a lower cost by means of a reasonable substitute consistent with generally accepted dental practices, except for that portion of expenses which would have been incurred for treatment of a reasonable substitute;
- services or supplies which are, in whole or in part, the legal liability of another party;
- services or supplies for which there would be no charge in the absence of this coverage;
- services or supplies received outside of Canada by a person who resides in Canada, or to a Child of a Member who resides in Canada, which would be payable under a provincial or territorial health, dental or hospital plan if the services had been received in Canada;
- services or supplies related to the purchase, repair, modification or replacement of a duplicate prosthodontic appliance, for any reason;
- services received or supplies purchased before the date you became covered under the PDSP;
- charges for:
 - an appliance or modification of an appliance where an impression is made for such appliance or modification before you became covered under the PDSP,
 - crowns, bridges and gold restorations for which a tooth was prepared before you became covered under the PDSP,
 - root canal therapy where the pulp chamber was opened before you became covered under the PDSP,
 - orthodontic treatment, in respect of a Member, spouse or common-law partner, where the initial appliance was installed before the person became covered under the PDSP; unless at the time the appliance was installed, the Member, spouse or common-law partner was covered under the Public Service Dental Care Plan or was entitled to dental services as a member of the Canadian Forces or the RCMP.
- charges for a periodontal appliance, occlusal equilibration, and other related service as a result of a temporo-mandibular joint dysfunction (TMJ dysfunction);
- implants, except that a benefit may be paid based on the reasonable and customary charges for a less expensive alternative course of treatment plan that is an eligible dental service under the PDSP.

The PDSP does not reimburse dental work received by covered persons age 19 or over resulting from teeth malformed at birth or during development, which are not Class I, II or III malocclusion.

The PDSP will not pay benefits when compensation is available under the Government Employees' Compensation Act, the Criminal Injuries Act or similar legislation.

For More Information

About your PDSP benefits or claims

Contact Sun Life Assurance Company of Canada:

- 1-888-757-7427 Toll-Free in North America;
- 613-247-5100 National Capital Region.

Call Center Representatives are available to take your calls from:

- Monday to Friday, 6:30 a.m. to 8:00 p.m. Eastern Standard Time.

If you have recently submitted a claim, SunServe, Sun Life's interactive telephone system, can provide the status of your claim. SunServe is available during the following hours:

- Monday to Friday 7:00 a.m. to 12:00 midnight Eastern Standard Time; and,
- Saturday 7:00 a.m. to 8:00 p.m. Eastern Standard Time.

If you have Internet access, you may also visit the [PDSP Member Services website](http://www.sunlife.ca/PDSP) (www.sunlife.ca/PDSP).

About your PDSP enrolment and monthly contributions

Contact your Pension Office. The contact information is detailed in your [PDSP Enrolment Information and Plan Summary booklet](http://www.tbs-sct.gc.ca/psm-fpfm/benefits-avantages/pens-dental-dentaire/summary-sommaire-eng.asp) (www.tbs-sct.gc.ca/psm-fpfm/benefits-avantages/pens-dental-dentaire/summary-sommaire-eng.asp), which you received with your Enrolment Form.

To obtain a copy of the PDSP Rules

Printed copies of the PDSP Rules may be obtained by sending a written request to the following address:

Distribution Centre
Treasury Board of Canada Secretariat
Distribution Services
90 Elgin St.
Ottawa, ON K1A 0R5

TBS Distribution Centre Stock No.: TBS 006779