



RETAIL MEAT INDUSTRY DENTAL PLAN

ELIGIBILITY RULES FOR COVERAGE

- ✓ You must have accumulated a minimum of 1,000 credit hours; and
- ✓ You must **maintain** a minimum of 240 credit hours in the most recent 3 consecutive calendar months of work; and
- ✓ Your Dental Plan Membership is valid from the date shown on the card, and **coverage will remain in effect only so long as you continue to work with a contributing Employer for a minimum of 240 hours within the first three months of any consecutive 4-month period. Eligibility will then be established for the 5th and 6th months (see chart below).**
- ✓ Coverage will be cancelled in any month for which the above requirements have not been met except as outlined on the reverse side of this Notice.

PLEASE NOTE:

Although you may have received a dental card, you are only covered on a month-to-month basis in accordance with the above eligibility rules. Therefore, **it is your responsibility to ensure that you are covered during a month when dental work is done.**

THE FOLLOWING TABLE ILLUSTRATES ELIGIBILITY AND MONTHS OF COVERAGE

If you meet the 1,000 credited hours and the 240 credited hours requirement in the months of:	Then you are covered for the 2-month period of:
January, February, March	May and June
February, March, April	June and July
March, April, May	July and August
April, May, June	August and September
May, June, July	September and October
June, July, August	October and November
July, August, September	November and December
August, September, October	December and January
September, October, November	January and February
October, November, December	February and March
November, December, January	March and April
December, January, February	April and May

PLEASE CHECK YOUR DENTAL CARD to ensure all your dependents are correctly listed. To add or delete dependents, you must **contact BG Benefits Administration at 1-855-247-8329** or email retail.meat.dental@bgbenefitsadmin.com.

Do not assume your dependents will be covered automatically for DENTAL benefits, even if you have notified your extended health plan of any changes.

ORTHODONTIA COVERAGE

You or your dependent must be currently eligible for dental benefits and have been eligible for dental benefits for a minimum of 12 months in the 30 months prior to the date the orthodontic service is rendered.

COMMON-LAW SPOUSES are eligible for coverage based on the following definitions:

1. The common-law spouses must publicly declare themselves as a husband and wife in a permanent relationship.
2. No more than one common-law spouse within a 12-month period. An employee cannot cover another common-law spouse until 12 months after the previous common-law spouse has been terminated from coverage. **The onus is on the employee to notify the Plan in writing when a common-law spouse is to be added or deleted from coverage.**

IMPORTANT

ABSENCE from work for any reason may result in cancellation of your eligibility. Please read the following:

An employee who ordinarily is eligible for dental benefits but who would lose their eligibility **by reason of receiving Weekly Indemnity, or Workers' Compensation time loss benefits, Employment Insurance (formerly UIC sickness), or Maternity/Parental Benefits**, shall be credited with the hours that they would have worked during such period upon receipt of proof of wage loss (copy of 1st and last pay stub for benefits received **must** be forwarded to the Union Office in Surrey). The approval for extension of benefits is to be granted by the Trustees or by the Administrator on behalf of the Trustees.

Coverage cannot be maintained while receiving Long Term Disability Benefits.

For further information pertaining to eligibility, registration or cancellation of dependents, etc., contact Bilsland Griffith Benefits Administration:

Toll-free: 1-855-247-8329 / Email: retail.meat.dental@bgbenefitsadmin.com

Out-of-town members please write:

**Retail Meat Industry Dental Plan
c/o BG Benefits Administration
Suite 501, 4445 Lougheed Hwy
Burnaby, BC V5C 0E4**

TEMPOROMANDIBULAR JOINT DYSFUNCTION (TMJ)

TMJ is a condition which may result from "misalignment" of the jaw. It can, in some people, be the cause of such symptoms as face, head, neck, shoulder and/or back pain. **TMJ is not covered by the Dental Plan.** However, the Medical Services Plan of B.C. may cover TMJ if the following procedure is adhered to:

1. If TMJ is detected by a dentist or orthodontist, you should contact your family doctor. **(Do not let the dentist or orthodontist start treatment)**. Make an appointment to see and discuss the problem with your G.P.
2. Have your family doctor make an appointment with a specialist who is familiar with TMJ - letting your physician do the arrangements will establish the billing number to have the cost put through M.S.P.
3. If the specialist finds TMJ dysfunction, he will recommend tests and treatments which will be billed through M.S.P.
4. If you let the dentist or orthodontist do any tests or treatment, the dental plan will not cover and bills will be at the individual's expense.