



First Nations Health Authority
Health through wellness

FIRST NATIONS HEALTH BENEFITS

Dental Benefit

First Nations Health Benefits (Health Benefits) provides coverage for dental services to maintain good oral health, prevent cavities and gum disease, and restore function. The dental benefit is administered through a partnership between Health Benefits and Pacific Blue Cross (PBC). Seeing a dentist regularly helps catch dental problems before they get too serious. Dental infections can make certain health conditions such as diabetes, heart disease, and pregnancy more complicated.

What is covered?

Health Benefits covers items and services under the following categories:

- ✓ Bridges
- ✓ Crowns, Inlays, Onlays, Veneers
- ✓ Dental Sedation
- ✓ Dental Surgery
- ✓ Dentures
- ✓ Exams and X-rays
- ✓ Fillings
- ✓ Night guards
- ✓ Orthodontic Services
- ✓ Periodontal Services
- ✓ Preventive Services
- ✓ Root Canals and Related Services

Some dental items and services may require approval before providers can bill for them. Clients can access detailed information about their dental benefits through the online PBC Member Profile at www.pac.bluecross.ca or by calling Health Benefits at **1.855.550.5454**. Items and services not listed as a benefit may be covered on an exceptional basis. Call Health Benefits to learn more about exception requests.

Exclusions

Examples of procedures that are not covered include:

- Cosmetic treatments
- Implants
- Ridge Augmentation

Working with providers

Most oral health providers in BC are registered with PBC and can directly bill for items and services. Clients who see a provider not registered with PBC will need to pay out-of-pocket and submit a reimbursement request to PBC after their appointment. Dental services must be provided by a licensed oral health provider to be eligible.

Clients are strongly encouraged to discuss billing with their provider before booking an appointment.

Some questions to ask your provider about billing:

- Are you registered with PBC for direct billing or do I have to pay out-of-pocket?
- Do you require payment up front for services (e.g., before treatment)?
- Do you charge above the amount covered by Health Benefits?

Accessing Dental Benefits

SEPTEMBER 2019

1

- Client makes an appointment with an oral health provider.
- Client confirms if the provider can directly bill PBC.

2

- Provider establishes treatment plan and submits approval requests to PBC, when necessary.
- Client learns about any out-of-pocket charges before undergoing treatment.

3

- Provider delivers services based on treatment plan and authorized approval requests.

4

- Providers registered with PBC can submit invoices directly to PBC.
- Providers not registered with PBC will bill client who will pay out-of-pocket and request reimbursement from PBC.