



Rate Schedule

For questions or more
information, contact

Employee Benefits Plus

An authorized GMS insurance broker

PHONE 902.565.5055 or 902.220.2020
EMAIL employee.benefits.plus@gmail.com

Coverage Type	Monthly Rate	
	Dental Plan Option 1	Dental Plan Option 2
Single	\$56.73	\$57.90
Couple	\$107.81	\$109.73
Family	\$167.38	\$170.80

Rates effective August 1, 2026

Plan Maximums

Dental Benefits	Dental Plan Option 1	Dental Plan Option 2
Preventative Services	Combined maximum of \$1,000 per person, per policy year	Combined maximum of \$750 per person per policy year
Basic Services		
Major Services		\$750 maximum per person per policy year

Schedule of Benefits

Services totalling \$300 or more must have prior approval from GMS before the services are begun. If a dental pre-determination is not submitted prior to commencement of services, benefits otherwise payable, shall be limited to \$300 for the services performed.

The eligible services listed below are not an attempt to dictate dental health requirements. The Insured Person's Dentist is best able to determine the Dental Treatment program, although those services may not be eligible under this plan.

Benefit maximums are payable per person per Policy Year unless otherwise stated.

At the time the retiree or dependant becomes eligible for coverage, they have ninety (90) days to apply for coverage. If coverage is not applied for within this time frame, all dental benefits will be limited to \$300 during the first 12 months of coverage.

Refer to the member booklet for full details on benefits, maximums, conditions and exclusions.

Preventative Services (80% reimbursement)	Benefit Maximum (per person, per policy year unless otherwise stated)
Preventative dental services including: a) scaling, b) polishing, c) application of sodium or topical fluoride treatment.	Based on units of 15 minutes. a) 10 units combined with root planing b) 2 units c) 2 units
Pit and fissure sealants.	1 per tooth per lifetime for individuals under the age of 18 years.
Protective mouth guard appliances.	1 per policy year for dependants under 16 years of age, and 1 per 3 policy years for dependants 16 years and over.
Space maintainers to maintain, but not obtain, space.	
Occlusal adjustment and equilibration.	4 units
Interproximal diskings of teeth.	
Bruxism appliances used for the control of oral habits.	1 per policy year for dependants under 16 years of age, and 1 per 3 policy years for dependants 16 years of age and over.

Continued on next page...

Basic Services (80% reimbursement)	Maximum (per person, per policy year unless otherwise stated)
Complete dental examination, which would include history, medical and dental; and clinical examination and diagnosis.	1 per person, per 3 policy years
Limited oral examination: a) recall and specific examinations; and b) emergency examinations.	a) Twice per person per policy year subject to a combined maximum of 2 examinations per policy year. b) Unlimited.
Dental x-rays (radiographs): a) a complete (full mouth) or panoramic series; and b) intra-oral and extra-oral.	a) 1 of either type per person per 3 policy years. b) 10 films per person per 2 policy years.
Treatment planning and consultations.	
Basic oral surgery including erupted teeth extractions, surgical extractions, surgical excisions, surgical incisions and postsurgical care.	
Basic restorations of teeth including caries, trauma and pain control, amalgam restorations, prefabricated restorations and plastic restorations.	
Endodontic Treatment for permanent teeth including Treatment of the pulp chamber, root canal therapy, periapical services, misc. surgical services (root amputation, hemisection, replantation, and perforations) and misc. Endodontic procedures (open and drain and non vital bleaching).	Root canal therapy is limited to 1 per tooth per 5 policy years.
Diagnostic casts.	1 per person per 3 policy years
Anaesthesia.	
Surgical periodontal services including gingival curettage, gingivoplasty, gingivectomy and flap approach.	Each type of surgery is limited to 1 per site (sextant)
Non-surgical periodontal services including management of oral disease and desensitization.	
Periodontal root planing.	10 units combined with scaling.
Denture relining and rebasing.	1 per person per 3 policy years per arch.
Removable prosthodontic services including denture repairs and additions, tissue conditioning for dentures and miscellaneous denture service (resilient liner and resetting of teeth).	
Fixed prosthodontic repairs including replacement repairs, removal of existing fixed bridge/prosthesis, reinsertion, recementation, and fixed bridge/prosthesis repairs.	

Major Services (70% reimbursement)	Maximum (per person, per policy year unless stated otherwise)
Full and/or partial upper and lower dentures, including any necessary adjustments.	Initial complete or partial dentures and bridges are limited to teeth extracted while covered under this plan, to a maximum of 1 per arch. Replacement complete or partial dentures and bridges are limited to teeth extracted while covered under this plan, or provided the existing complete or partial denture and bridge are at least 5 years old. The cost of transitional dental work will be deducted from the final bridge or denture, if done within 1 year.
Inlays, onlays, crowns, and veneers are covered when a tooth has extensive structural loss due to traumatic injury, fracture of the tooth or cusps, or where significant areas of previous fillings and decay prevent the use of more traditional filling materials to adequately restore the tooth.	Replacements must be separated by at least 5 years.
Denture adjustments.	Once