# FNHA - Dental

Coverage for dental services is determined on an individual basis and takes into consideration:

- Your current oral health status
- Your oral health history
- Scientific research
- Availability of treatment

## What is covered?

- Diagnostic services - e.g. examinations or x-rays
- Preventive services - e.g. cleanings
- Restorative services - e.g. fillings
- Endodontic services - e.g. root canals
- Periodontal services - e.g. deep cleanings
- Prosthodontic services - e.g. removable dentures
- Oral surgery services - e.g. removal of teeth
- Orthodontic services - e.g. braces
- Adjunctive services - e.g. general anesthetic or sedation

## Accessing your Dental Benefits

How do I access dental benefits? And how does payment work?

1. Make a dental appointment with a provider of your choice.
*** Providers not registered with the FNHA require their clients to pay up front – if you are in this situation you can then seek reimbursement from the FNHA for benefits covered.*

2. At your appointment, your dental provider will examine your teeth and establish a treatment plan. S/he will identify:
- The services that do not need prior approval as a benefit that is covered, and
- The services that will need pre-approval as a benefit that is covered

3. Your dental provider forwards the request for services that need prior approval. Prior approval requests with supporting documentation must be mailed to FNHA.

4. The FNHA Health Benefits program reviews the request and determines eligibility based on program guidelines.

5. If necessary, the FNHA Health Benefits program refers the request to a dental consultant for a professional opinion on dental requirements.

6. Your dental provider will receive a letter confirming benefits by fax or mail.

7. You will receive your dental treatment. When you appointment is over, you will sign a form to confirm that you have received dental services.

8. The dental provider completes the claim form and forwards the form to the FNHA claims centre for payment.

**Eligibility & Forms**
If you are an FNHA client – visit http://www.fnha.ca/benefits/eligibility-and-msp
for eligibility requirements - and are eligible for dental benefits, you can make an appointment with a dental provider directly. S/he will complete an examination, establish a treatment plan, and discuss the services you'll need.

There are two types of dental services:

**Schedule A**: includes services that do not need prior approval
**Schedule B**: includes services that do require prior approval

Your dental provider should advise you which services are automatically covered by the FNHA Health Benefits program and which services require prior approval.

If your dental provider does not know, you can contact **FNHA Health Benefits office at 1.800.317.7878** and ask to speak with the dental benefit staff. Or, you can ask your dental provider to contact the **claim centre at 1.888.511.4666** to find out which service require prior approval.

**FNHA approved oral surgery organizations in Kamloops**

Apex Surgical, 206 – 755 McGill Road, Kamloops B.C. 250-371-7076

Kamloops Oral Surgery and Implant Center, 474 Columbia Street, Kamloops, B.C. 250-434-8350

**NOTE:** If you have Medical Benefits with your organization or employer, they are "first payer", then FNHA may cover the rest if eligible.