

# Benefits At-A-Glance

September 2018 - August 2019



Coverage	Limitations
Accidental Dental	\$1,000 per student year
Ambulance	One trip per student year
Counselling	\$500 per student year
Eye Exam	\$90 every 24 months
Eye Wear	\$100 every 24 months
Health Practitioners:	See maximums below
Acupuncturist	\$50 per visit, \$300 per student year
Chiropractor	\$50 per visit, \$300 per student year
Dietitian	\$50 per visit, \$300 per student year
Massage Therapist *	\$50 per visit, \$300 per student year
Naturopath Consultations	\$50 per visit, \$300 per student year
Osteopath	\$50 per visit, \$300 per student year
Physiotherapist *	\$50 per visit, \$300 per student year
Podiatrist/Chiropodist	\$50 per visit, \$300 per student year
Speech Therapist	\$50 per visit, \$300 per student year
Hearing Care *	\$500 every 60 months
Medical Equipment *	\$1,000 per student year
Prescription Drugs	80% up to \$1,000 per student year

This is a basic overview of your health & dental plan, created as an easy way to assist students to maximize coverage. Complete descriptions of all benefits, including specific limits, are listed in your booklet.

\*Referral required every 12 months

# Dental Benefits At-A-Glance

September 2018 - August 2019



## Benefit Maximum is \$500 per student year

Treatment Type	Procedures	Eligible Codes	Coverage	Limitations
Diagnostic	Exams X-Rays	01101 – 01103	100%	1 exam per student year
		01201 – 01202	100%	1 every 6 months
		01204 – 01206	100%	
		01501 – 01502	100%	
		02101 – 02102	100%	1 every 36 months, over 12 years
		02111 – 02125	100%	16 every 36 months
		02131 – 02529	100%	4 per student year
		02601	100%	1 every 36 months
		02701 – 02919	100%	
		04101 - 07043	100%	
Preventative	Scaling Polishing Fluoride	11101 – 11109	100%	2 units per student year
		11111 – 11119	100%	2 units at 100%, 6 additional units at 80%
		12101 – 12102	100%	1 per student year
		13211 – 13249	100%	1 per lifetime
		13401 – 13409	100%	1/molar/36 months, 16 yrs and younger
		15101 – 16519	100%	1 per space every student year
Restorative	Fillings Crowns	20111 – 26103	80%	
		27111 - 29409	80%	
Endodontic	Root Canals - Pulpotomy	32221 – 32322	50%	
		33111 – 34264	50%	
		34411 – 34602	50%	
		39101 - 39413	50%	
Periodontic	Root Planing Management of Oral Disease	41211 – 42841	50%	
		43111 – 49229	50%	
Oral Surgery	Erupted Teeth/Surgical Residual Root Removal Fractures/Surgical excision/ incision	71101 – 77806	50%	
		79601 – 79606	50%	
		79931 - 79962	50%	
Anesthesia	General/Inhalation/Intravenous	91121 – 93119	50%	

Payments will be based on the New Brunswick Dental Association Suggested Fee Guide for Dental Services provided by General Practitioners in effect at the time of treatment.

This is a basic overview of your dental plan, created as an easy way to assist students to maximize dental coverage. Complete descriptions of all benefits, including specific limits, are listed in your booklet.

**Electronic Billing:**

Account: PBAS  
 Carrier Code: 610256  
 Claim Format: NDC  
 Group No: 665

**Student Benefits:**

www.studentbenefits.ca  
 1 (800) 563-1930  
 ask.nl@pbas.ca

**Address:**

101 - 20 Crosbie Place  
 St. John's, Newfoundland  
 A1B 3Y8

