



For more information call the
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Important Notice: This brochure does not constitute a contract. ONA holds the Group Master Policy for this Insurance Program. Details of the coverage are found in the Master Policy. Should there be a discrepancy between this brochure and the Master Policy, the provisions of the Master Policy will govern. The ONA Base Plan and Voluntary Life, Accidental Death and Dismemberment, Long Term Disability, Health and Dental Insurance Plans are underwritten by The Manufacturers Life Insurance Company (Manulife Financial). The Critical Illness Plan is underwritten by Western Life Assurance Company. The Home and Auto Insurance is underwritten by Unifund. The MEDOC® Travel Insurance Plan is underwritten by Royal & Sun Alliance Insurance Company of Canada.



3-2008



The Ontario Nurses' Association Benefit Program

VOLUNTARY DENTAL CARE PLAN

Available to ONA Members Without
Employer, Spousal, or Retiree Coverage

ONA Benefit Program Dental Care Plan

The coverage under the ONA Dental Care Plan provides comprehensive services to meet the needs of Members and their families.

What Coverage is included?

Reimbursement of eligible services is based on:

Services	Reimbursement
Preventative Services, including: <ul style="list-style-type: none"> • Oral examinations once every 6 months • Cleaning, polishing, and fillings • Scaling (8 units every 12 months) 	70%
Restorative Services (Endodontic & Periodontic), including: <ul style="list-style-type: none"> • Extractions and root canal treatment • Treatment for diseases of tissue and gums 	
Major Restorative Services, including: <ul style="list-style-type: none"> • Installation of crowns • Replacement of dentures or fixed bridges • Oral surgery 	
Orthodontic Services*: <ul style="list-style-type: none"> • For children up to age 19 • Limited to a lifetime maximum of \$2,000 	50%

* Orthodontic coverage becomes effective 24 consecutive months after your first day of coverage.

Fee Guide (General Practitioners): The fee guide is current year and is based on your province of residence on the date the service(s) was performed.

Portability: Coverage can continue if you change employers and/or when you retire.

Combined Annual Maximums For Preventative, Restorative, and Major Restorative Services

1st Calendar Year**	\$800**
2nd Calendar Year	\$1,000
3rd Calendar Year and Thereafter	\$1,200

All maximums stated are per person, per calendar year.

** If you do not qualify for the 60-Day Open Enrollment (see General Plan Details), you are considered a Late Applicant and your Dental coverage is limited to \$200 per person during the first 12 months of coverage.

Member's Status	
Single	1 participant
Couple	1 participant + 1 dependant
Family	1 participant + 2 or more dependants

How is Premium Calculated?

Dental Care Monthly Premiums			
Member's Age	Single	Couple	Family
Under 65	\$67.07	\$103.55	\$173.12
65 and over	\$78.60	\$117.90	\$196.20

The above rates are effective January 1, 2008. Rates are not guaranteed and are subject to change.

- Sales Tax will be added to the Dental premiums (Ontario Retail Sales Tax (8%), Quebec Sales Tax (9)).
- Your premiums will be re-calculated on each policy anniversary date (January 1) based on your age at that time.

Note:

- Please refer to the General Plan Details brochure for additional information, "Eligibility" and "How to Apply".
- For contact information, please refer to the back page of this brochure.