



Going to the Dentist?

Know your plan/coverage before you make an appointment

The First Nations Insurance Group Dental Plan, underwritten by Saskatchewan Blue Cross, excludes coverage of dental services covered by Health Canada's Non-Insured Health Benefits (NIHB). Therefore, it is important to understand the following:

- The first payor on any dental claim for a status person will be NIHB
 - The Dental Office may be able to make the payment submission directly to NIHB. You may wish to have a copy of the "Dental Provider Claiming Procedures" to give to the dental office to assist with their claim to NIHB
 - Ensure that no Blue Cross policy information is on the submission form otherwise your claim will be denied by NIHB
 - If the cost of the service is greater than the NIHB Dental Fee Guide, then you as the patient will be responsible for the difference
 - Saskatchewan Blue Cross does not reimburse any difference between the actual charge and the NIHB Dental Fee Guide, therefore, to ensure that you are not having to incur out of pocket costs you must ensure that the dental office adheres to the **NIHB Dental Fee Guide**
 - If the service is not covered by NIHB then a submission may be made to Blue Cross
 - If the Dental Office has direct billing or takes an assignment of benefits, you will be asked to sign a form approving Saskatchewan Blue Cross to pay the dental office directly.
 - ***Assign benefits payable** = means the dental office will wait for payment from Blue Cross and not require you to pay on the spot
- The first payor on any dental claim for a non-status person is Blue Cross
 - If the cost of the service is greater than the Provincial Dental Fee Guide, then you as the patient will be responsible for the difference
 - Saskatchewan Blue Cross does not reimburse any difference between the actual charge and the Provincial Dental Fee Guide, therefore, to ensure that you are not having to incur out of pocket costs you must ensure that the dental office adheres to the **Provincial Dental Fee Guide**
 - If the Dental Office has direct billing or takes an assignment of benefits, you will be asked to sign a form approving Saskatchewan Blue Cross to pay the dental office directly.
 - ***Assign benefits payable** = means the dental office will wait for payment from Blue Cross and not require you to pay on the spot
- Ask questions of the dental office to provide you the most efficient and effective customer service.

Questions to ask prior to making an appointment:

- Do you adhere to the NIHB Dental Fee Guide?
- Do you adhere to the Provincial Dental Fee Guide?
- Are you enrolled in the NIHB Dental program to provide electronic claims submission to NIHB?
- Will you allow employee/dependent to **assign benefits payable*** to the named dentist? For example, when there is a service balance to be submitted to a second carrier or when provider does not offer electronic submission. (There is a section on the Standard Dental Claim Form that can be signed off)

Status Members or Status Dependents:

How do I get started once I am at the appointment?

- Present the provider with the “Claiming Procedure” hand out.
- After your check up, if further services are necessary a pre-authorization may be required.
- Dental services more than \$400 require pre-authorization by Saskatchewan Blue Cross. Pre-authorizations for services under \$400 will be provided upon request if the employee would like confirmation on such amounts. The pre-authorizations will confirm coverage and prevent any cost surprises.
- The provider has Standard Dental claim forms at their office for this purpose and are familiar with this common process. Dentists will send most pre-authorization requests to your carrier for you.
- Pre-authorization requests are submitted to NIHB. Submissions to Saskatchewan Blue Cross are to include the pre- authorization communication returned from NIHB, a copy of the initial Standard Dental claim form request and any x-rays if applicable.
- Saskatchewan Blue Cross will send any pre-authorization communications back directly to the employee.

Non-Status Members or Non-Status Dependents:

How do I get started once I am at the appointment?

- Present new card to the dental provider to update your carrier information in their system or if you are a new patient.
- After your check up if further services are necessary a pre-authorization may be required.
- Dental services more than \$400 require pre-authorization by Saskatchewan Blue Cross. Pre-authorizations for services under \$400 will be provided upon request if the employee would like confirmation on such amounts. The pre-authorizations will confirm coverage and prevent any cost surprises.
- The provider has Standard Dental claim forms at their office for this purpose and are familiar with this common process. Dentists will send most pre-authorization requests to your carrier for you (submitted on a Standard Dental claim form request and any x-rays if applicable).
- Saskatchewan Blue Cross will send any pre-authorization communications back directly to the employee.

If your spouse has a Dental plan

- You and your spouse must use your respective plans first.
- If you and your spouse both have dependent coverage, submit dental claims for dependent children to the plan of the parent whose birthday falls first in the year.
- If your spouse also has a dental plan, your dental provider may be able to send claims to both plans at the same time. Confirm with your dental provider if this option is available to you.

Protecting your privacy

At First Nations Insurance Services Limited Partnership, protecting your privacy has always been important to us. We need to collect, use and disclose personal information to administer your benefits and process your claims. When you give us information about you and your family, you can be assured that it is collected, used or disclosed only for purposes we have told you about and for which you have given us your consent, or as permitted by law.

If you leave your job

If you leave your current employer, you will no longer be eligible for coverage.

Got a question?

To get information about your Dental plan or other eligible plan benefits, call our office at 1-800-667-4712 or email extended@fnislp.ca