



# Dental assistance for seniors

Policy manual


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Dental Assistance for Seniors Policy Manual | Alberta Health  
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## Program Overview

The Dental Assistance for Seniors Program (DASP) is an income-based program that provides seniors with basic dental services that help preserve or maintain a reasonable level of dental health. The program was introduced April 1, 2005.

The guiding principles under which the program operates are:

- services will contribute to the health and well-being of seniors;
- easily accessible by seniors;
- eligibility for assistance is based on income;
- ease of service providers participation; and,
- encouragement of seniors to share financial responsibility.

To be eligible for a dental benefit, a senior must enrol in the Alberta Seniors Benefit program (ASB). A senior may enrol with ASB by completing a *Seniors Financial Assistance Programs* application. Any reference to “application form” in the following document refers to the means of enrolment with any one of the income tested programs.

## 1.0 Definitions

### 1.1 Alberta Resident

“Alberta resident” means a person lawfully entitled to remain in Alberta who makes their home and is ordinarily present in Alberta, but does not include a tourist, transient or visitor to Alberta.

### 1.2 Senior Couple

A senior couple means two individuals who are the spouses or adult interdependent partners of each other and at least one of whom is a senior. In recognition of these different relationships (married, living common law, or in an adult interdependent relationship), this document will refer to a senior couple and/or a spouse. When this manual refers to spouse, it also means adult interdependent partner.

### 1.3 Adult Interdependent Partner

An adult interdependent relationship under the Adult Interdependent Relationships Act (the Act) covers a range of personal relationships that fall outside of marriage, including committed platonic relationships where two people agree to share emotional and economic responsibilities. Under the Act, couples in a mutually dependent relationship are deemed to be adult interdependent partners after three years of living together, even without a signed partnership agreement.



**Note:** For the purpose of this document “spouse” refers to both spouse and adult interdependent partner.

### 1.4 Total Income

Total income means, in respect of a person or each individual in a senior couple,

The total income shown on line 15000 less the amount shown on line 12500 (Registered Disability Savings Plan income) of the Notice of Assessment in respect of the income tax return filed by the person under the Income Tax Act (Canada), adjusted for pension splitting; or

If a Notice of Assessment is not available, the amount that is determined by the Minister using the same income information that would have been used by the person to report total income on line 15000 less the amount that would have been used by the person on line 12500 of an income tax return, less:

- a confirmed one-time payment under the Heroes Compensation Act; and,
- the amount of any one-time payment received under the program referred to in section 275 of the Budget Implementation Act, 2021, No 1 (Canada) such as the \$500 one-time payment issued to eligible Old Age Security recipients age 75 and older in 2021.

## 2.0 General Eligibility Requirements

### 2.1 Primary Eligibility Requirement

To be eligible for a benefit under the Dental Assistance for Seniors program, an individual must:

- be 65 years or older,
- be an Alberta resident and must have resided in Alberta for three months immediately prior to applying,
- have not chosen to defer receipt of the Old Age Security pension,
- be a Canadian citizen, or admitted to Canada for permanent residence (landed immigrants), and
- have submitted a completed Seniors Financial Assistance (SFA) application form.

### 2.2 Transitioning AISH Client

A recipient of Alberta’s Assured Income for the Severely Handicapped (AISH) immediately prior to and the year following turning age 65.

### 2.3 Completed SFA Application Form

A completed application form is one which contains all the relevant information requested, has been signed by the senior (and spouse, if applicable), and all conditions of the declaration and authorization have been agreed to by the senior (and spouse/adult interdependent partner, if applicable). An application form may also be submitted online through a MyAlberta Seniors Account or an online fillable form. The declaration and authorization must also be completed for an online application to be complete.

A transitioning AISH client is not required to submit a Seniors Financial Assistance application form to be enrolled in Seniors Financial Assistance programs if necessary personal information obtained from AISH can be used to determine the client's eligibility for Seniors Financial Assistance programs.

### 2.4 Trustee and Power of Attorney

If the senior (and/or spouse, if applicable) is incapable of looking after his or her own affairs, the application may be submitted or signed by an individual who provides a trusteeship document, a power of attorney document or an approved Certificate of Incapability and Undertaking to Administer Benefits under the *Seniors Benefit Act*.

### 2.5 Inmates

Any senior who is a full-time inmate of a correctional institution or prison is not eligible for a benefit.

### 2.6 Spouse Under 65 and/or Dependents

Benefits will not be provided for individuals under the age of 65 years. In the situation of a senior couple where the spouse is under the age of 65, both individual's income will be used to calculate the dental benefit, but only the individual age 65 years and older is eligible to receive a benefit.

### 2.7 Applying After Death

Generally, applications for the Alberta Seniors Benefit will not be accepted when filed by the estate of a deceased senior. ASB will only accept an application from an estate if the application was signed by the senior or their trustee prior to the senior's date of death.

## 3.0 Program Eligibility Requirements

### 3.1 Marital/Cohabitation Status

A couple is defined as two individuals who are the spouse or adult interdependent partner of one another. a) A one-senior couple is a couple where one person is 65 years of age or older, and the other is not. b) A two-senior couple is a couple where both people are 65 years of age or older.

The benefit available to the senior will depend on whether the senior is in a single category or a senior couple category.



**Note:** Refer to Appendix A for benefit calculation

### 3.2 Income

A single senior's total income (line 15000 of the personal tax form) is used to assess eligibility for dental benefits.

The primary and preferred source of income is the previous year's actual income information as reported to the Canada Revenue Agency. The Alberta Ministry of Seniors, Community and Social Services is authorized on the SFA application form by the senior to obtain this information directly from the Canada Revenue Agency (CRA). This information is shared with Alberta Health through an Information Sharing Agreement. For those seniors whose income cannot be obtained from the CRA, an income declaration, income rollover, or estimate of income may be used. The income source used to calculate benefits will be the same for the DASP and SFA programs.

### 3.2 Adjustments to Total Income

If a senior received the supplementary accommodation benefit and/or the Canada Pension Plan death benefit in the previous year, it will be deducted from their total income before eligibility is determined.

### 3.2 Estimated Income

An estimate of income may only be used to determine eligibility under the DASP if the income estimate results in a monthly cash benefit under the ASB.

Estimates can be used for new SFA applications, or if the client is eligible to forgo prior benefits to establish new benefit levels.

If a senior has not been eligible for a benefit for three consecutive benefit years, he or she will be deemed to be a new applicant and he or she may use an estimate of income.

Seniors becoming eligible for the first time can provide an estimate of their current year's (full calendar or tax year) income. Seniors who become eligible for DASP for the first time may have their estimate of income made effective January 1 of the income tax year upon which the estimate of income is based, or 11 months retroactive from the received date of the estimate of income, whichever is later.

Benefits will be based on estimated income until the actual income for the same calendar year can be verified through CRA.



**Note:** An application is approved on a 2024 estimate with an original effective date of January 1, 2024. In July 2024 ASB receives client's actual income from the CRA and determines that the client should have been rejected effective January 2024. In this case, the client would be eligible to submit a second estimate as the client is not eligible for prior benefits. The second estimate is used to offset the recovery in ASB but also recalculates the eligibility for DASP coverage. DASP does not recover on paid dental benefits.

### 3.3 Transition AISH Clients Income Proxy

A transitioning AISH client who has not provided a signed Canada Revenue Agency consent by the month they turn 65 may be enrolled into Seniors Financial Assistance programs with an income proxy. The income proxy is determined by subtracting the transitioning AISH client's last actual AISH payment amount from the maximum AISH payment amount for the same period and multiplying the difference by 12. The resulting income proxy is the transitioning AISH client's non-deductible income. The adjusted total income will be the maximum annual AISH payable in the applicable tax year used to calculate benefits in the current benefit year. The difference between the adjusted total income and non-deductible income (income proxy) will be entered as a deduction under Social Assistance.

### 3.4 Calculation of the Benefit Based on Income

#### 2024/2025 Benefit Year

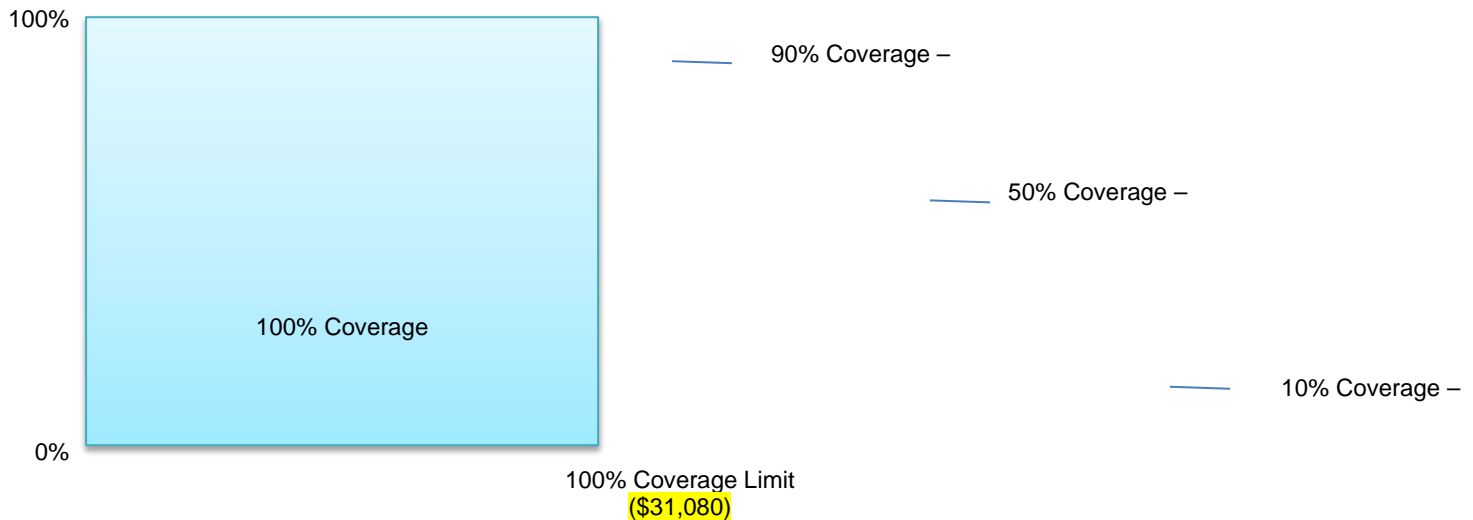
Single Senior	\$0 to \$33,410 Over \$33,410	Coverage No Coverage
Senior Couple	\$0 to \$66,820 Over \$66,820	Coverage No Coverage

#### 2023/2024 Benefit Year

Single Senior	\$0 to \$31,080 \$31,081 to \$31,675 Over \$31,675	Maximum Coverage Partial Coverage <sup>1</sup> No Coverage
Senior Couple	\$0 to \$62,160 \$62,161 to \$63,350 Over \$63,350	Maximum Coverage Partial Coverage <sup>1</sup> No Coverage

<sup>1</sup> coverage ranges from 99% reducing to 10%.





Appendix B provides examples of percentage of eligibility.

### 3.5 Maximum Program Limit

The maximum dental benefit paid to a senior is \$5,000 in a five-year period starting on the first date of service for which a benefit was paid.

There is no limit as to the amount of funding provided on an annual basis up to the five-year maximum program limit of \$5,000 which is based on the pre-determined schedule of fees that establishes the maximum fee amount and frequency limitation for eligible procedures.

### 3.6 Old Age Security Pension Deferral

Individuals turning 65 have the option to defer receipt of the Old Age Security (OAS) pension for up to 60 months (5 years) after the date they become eligible for an OAS pension. Seniors who choose to defer receipt of their OAS will not be eligible for the Dental Assistance for Seniors program. Eligibility may be re-established once the senior is in receipt of the OAS pension.

## 4.0 Program Cycle

### 4.1 Benefit Year

The benefit year relates only to the income information used to determine a senior's eligibility for dental benefits.

The benefit year for the program is from July 1 of each year and runs for 12 months, ending June 30 of the following year.

Eligibility for the program is determined based on the previous full calendar year's total income.

### 4.2 Eligibility Changes during the Benefit Year – Retroactive Benefits

A senior's eligibility may change during the year due to a change in marital/cohabitation status or the income used to determine benefits. These changes are effective the date of the event or up to 11-months retroactive from the receipt of notification, but not for any time prior to the start of the program or the date of eligibility.

July 1 will be used as the received date for income received from CRA for those files that are recalculated at the start of the new benefit year. If it is received after the new benefit year, the received date will be the date the income was received (Refer to Appendix C). The eligibility for dental benefits will be determined based on the date of the service and the level of coverage on the date of service (regardless of when the dental receipt is received within a 12-month retroactive period). The date of the dental service cannot be prior to the day of a senior's eligibility.



**Example:** Client has a level of coverage of 10% in the previous benefit year from July 1, 2023 to June 30, 2024. In the current benefit year (July 1, 2024 to June 30, 2025), they have a level of coverage 100%. Client submits a March 13, 2024 dental claim in December 2024. The dental claim can be processed at 10% of rates in the program's fee schedule as it was submitted within 12-months of the date of service.

## 5.0 Eligibility Commencement and Termination

### 5.1 Eligibility Commencement

To be eligible for dental benefits a senior must:

- be 65 years of age or older,
- be an Alberta resident and must have been an Alberta resident for 3 months immediately before becoming eligible,
- has not deferred the Old Age Security pension, and,
- has submitted a completed SFA application form.



**Note:** Seniors in Alberta on a visitor's visa or on a Minister's permit meet the residency requirement three months after becoming a landed immigrant or a Canadian citizen.

### 5.2 Eligibility Termination

Eligibility for the Dental Assistance for Seniors program ends:

- the day the senior passes away.
- the day the senior leaves Alberta to permanently reside elsewhere.
- In the sixth month when the senior leaves Alberta temporarily for a duration greater than six months.

For example, if a senior leaves Alberta in June for an extended period, they will receive coverage for December but not for January.

However, if the senior returns to Alberta as a permanent resident within a year from the date they left Alberta, it will be deemed that they were only temporarily absent from Alberta. The senior will not be required to meet the three-month residency requirement.

### 5.3 File Closure

Benefits are not paid when a file is closed.

### 5.4 Reapplying

If a file was closed because:

- deceased (i.e. a senior couple that consists of a senior over 65 and the spouse is under 65 and the senior passes away).
- senior(s) withdraw, in writing, from ASB/DASP,
- senior(s) ineligible due to not meeting the residency requirements and/or one year has passed since moving out of Alberta,
- senior(s) refuse to provide CRA income authorization, the file is considered permanently closed. In order to reactivate the file, the senior(s) must reapply to the SFA income tested programs. The 11-month retroactivity policy will apply.

If a file was closed because:

- a senior becomes a full-time inmate,
- the program is unable to trace/locate the senior(s),
- no response to a written request for information from senior.

The file is considered to be temporarily closed and the client does not need to reapply. The 11-month retroactivity rule applies to files reactivated that have been temporarily closed. Date of reactivation is the month of cancellation or 11-months retroactive; whichever is later based on the date of contact.

## **6.0 How Applications are Processed**

### **6.1 Application Receipt**

When a completed SFA programs application form is received, Alberta Seniors, Community and Social Services logs the application with the date received and processes the application. Once eligibility has been determined (either approved, transitionally approved or rejected), an enrolment record is created.

### **6.2 Enrolment Record**

Information included in the enrolment record includes:

- Group 101
- Section # - percentage of coverage (rounded up)
- Last Name
- First Name
- Birth date
- Effective Date
- Termination Date (if applicable)
- Address
- City
- Province
- Postal Code
- Coverage Level – all records are submitted as “Single”
- Coverage Code – “D” for dental
- Unique Identifier – Seniors personal health number (PHN)
- Marital Status
- Gender

### **6.3 Enrolment File**

Seniors who apply to the ASB are automatically enrolled.

Enrolment records are combined in an enrolment file on a nightly basis for changes occurring on applications that day and are transmitted to the benefit administrator, Alberta Blue Cross (ABC). These changes include new enrolments, general processing changes, and terminations. Enrolment does not mean the senior is eligible for DASP coverage.

### **6.4 Alberta Blue Cross’s Processing**

ABC receives the enrolment file and loads it into their system the same night. It takes one business day to load the file into the adjudication system. If there are concerns with the file, an exception report is generated and returned to Alberta Health for review and action.

### **6.5 Eligibility Letter**

Seniors applying to the SFA income tested programs for the first time will receive a letter from Alberta Seniors, Community and Social Services informing them of their coverage under the programs.

Seniors whose eligibility changes will also receive a letter advising what their new coverage is.

## 6.6 Enquiries

Alberta Seniors, Community and Social Services will respond to enquiries regarding enrolment, eligibility, and personal information updates.

ABC will respond to enquiries regarding claims, exceptions, dental procedures, and frequency limitations.

Alberta Health will respond to enquiries regarding program policy, program publications and elevated issues.

## 7.0 Coverage: Procedures, Fees and Limitations

Dental coverage is based on a pre-determined schedule of fees which establishes the maximum fee amount for eligible procedures. This schedule can also be found:

<https://open.alberta.ca/publications/dental-assistance-for-seniors-program-schedule-of-procedures-and-fees>

Some dentists charge more than the maximum fee allowed for each procedure and/or perform some procedures more frequently than allowed under the schedule. The senior is responsible for payment of these amounts.

### 7.1 Procedures

Alberta Health funds basic dental procedures and services that contribute to the health and well-being of seniors and are needed for good oral hygiene. Basic dental procedures and services include specific diagnostic, preventative, and restorative services; extractions; root canals; procedures related to gum disease; and dentures.

### 7.2 Fees

A maximum fee has been set for each included procedure.

### 7.3 Frequency Limitations

Some procedures, in the DASP fee schedule, have frequency limitations. If there is a frequency limitation for a procedure, the waiting period is calculated from the date of service when the senior received that procedure.

For example the frequency limitation for a recall examination is 12 months. If a senior had a recall examination on April 27 in any given year, that senior would be eligible for another recall examination after April 26 of the next calendar year.

### 7.4 Grace Periods for Frequency Limitations

Grace periods are periods of time that are waived between the date of the original dental service and the next service. The allowable grace periods are as follows:

- 12 months frequency limitation = 2 weeks grace
- 2 year frequency limitation = 1 month grace
- 3 year frequency limitation = 1 month grace
- 5 year frequency limitation = 3 months grace

## 8.0 Claims and Payments

### 8.1 Claims

ABC will adjudicate all claims according to industry standards and the following practices:

- Only seniors who are determined to be eligible as per program requirements receive funding.
- The amount funded is calculated based on the program's fee schedule.
- If the amount to be funded is less than \$1.00, no payment is made and neither does it get charged against the senior.



**Note:** If a preauthorization is submitted by a dental provider and treatment approved through ABC, the funds are applied towards the senior's \$5,000 program maximum for up to 30 days.

## **8.2 Claim Payment**

ABC will issue payments to the dental provider or the senior depending on who takes assignment.

## **8.3 Claim Period**

Claims can only be funded, if a senior has met all of the eligibility requirements at the time that the dental procedure was completed and it was an eligible dental procedure.

A claim must be submitted to the ABC within 12 months of the date of service.

## **8.4 Payment to ABC**

Alberta Health will provide payment as per the Master Agreement between her majesty the queen in right of Alberta, as represented by the Minister of Health (the "province") and the ABC Benefits Corporation.

## **9.0 Special Circumstances**

### **9.1 Death of a Senior**

If an eligible senior had dental work completed and died prior to submitting a claim, the administrator of the senior's estate may submit the claim within 12 months of the date of service. Funding will be provided based on the senior's status at the time of the service.



**Note:** Dentures not inserted before date of death will only have the lab costs funded.

### **9.2 Retroactive Adjustments and Recoveries**

Once a claim has been submitted and funding is provided for that claim, no retroactive recoveries will be made to that claim. Recoveries may be made against any claim that was made fraudulently. Retroactive adjustments resulting in a beneficial eligibility change for a senior may have their claims re-processed. The difference in payment will be funded to the senior.

### **9.3 Out of Province/Country Claims**

All out of province or out of country claims will be rejected.

### **9.4 Moved Out of Province**

A senior remains eligible for funding from the DASP after moving out of the province as long as the date of service occurred when the senior resided in Alberta, the service occurred in Alberta, and all other eligibility requirements were met on the date of service.

## **10.0 Review and Exception Process**

### **10.1 Eligibility**

If a senior disagrees with the income used to determine the dental benefits and as a result is denied funding of a dental claim or is funded less than expected, the senior may request a review. These steps will be followed:

- The senior must telephone the ASB for an explanation of the income information used. A review of the income information will be completed and a verbal explanation provided to the senior.
- If the senior continues to disagree with the decision, the senior must write to the DASP requesting a review. The eligibility will be reviewed and notification of the final decision will be made in writing.

On a case-by-case basis, the program will consider excluding part of, or all, income received from a one-time income increase. Examples of one-time income increases that may be eligible for exemption include:

- an inheritance from a deceased spouse that is reinvested in the same year.
- a retroactive payment received from a government source.
- a Retirement Income Fund (RIF) transfer that is reinvested in the same year.

Other one-time income increases may be exempted on a case-by-case basis. Seniors may be required to supply further information regarding the increase and what the income was used for. The Manager will review exceptional requests and determine if part, or all, of the income will be exempted. Example of a one-time increase that require the Manager's approval to exempt include, but is not limited to:

- capital gains where senior has transferred property to a child(ren).

## 10.2 Claims

### Review

If a senior has questions regarding the outcome of a dental claim, the amount paid by the program and/or why a dental service was not approved, the senior must contact the ABC for an explanation of how the claim was adjudicated.

### Exception

If a senior's questions were not resolved after calling the ABC, or they are requesting exception coverage for a dental service that was not approved or is not an eligible benefit, their dental provider can request a review of the senior's dental claim by writing to the ABC.

The dental provider may also submit an exception review on the senior's behalf prior to treatment. All requests will be reviewed by ABC's review committee and the request must include a dental treatment plan with medical rationale and diagnostic information that will support the exception request.

Each request is reviewed on an individual basis, taking into consideration the eligible dental options available, the medical necessity of the requested treatment, the overall oral condition of the mouth and all pre-existing medical conditions. The information submitted will be used to ensure the proposed dental exception is the most cost-effective service and sustainable for a prolonged period.

Dental procedures that are not listed in the dental fee schedule and completed without pre-authorization will not be considered for exception review.

Appendix D provides further information on exception review/requirements.

## 11.0 Confidentiality of Information

The administrators of the program are committed to maintaining the confidentiality of seniors' information in order to protect seniors' privacy.

### 11.1 Protection of Personal Information

The personal information collected on the SFA application form and any personal information provided to the DASP, including information provided to the ASB, is collected and /or used for the purpose of determining eligibility for the DASP. This information is confidential and is protected by the *Freedom of Information and Protection of Privacy Act* and will not be disclosed to any other person or organization except as authorized by the *Freedom of Information and Protection of Privacy Act*.

Collection of this information is authorized by the *Seniors Benefit Act General Regulation*, Section 2.

The health information provided to the DASP is authorized by the *Health Information Act* (HIA). The HIA controls how health information is collected, used and disclosed. The health information is only shared and accessed for the purpose of providing health services and managing the health system.

## APPENDICES

## Appendix A – Annual Thresholds and Eligibility Calculations

### A.1 July 1, 2023 – June 30, 2024

#### Dental Eligibility Calculation

**Single:** \$31,675

Income Threshold – Total Income = Eligibility % (round up to whole #)

5.95

**Couple:** \$63,350

Total Combined Income – Total Averaged Income

2

Income Threshold – Total Averaged Income = Eligibility % (round up to whole #)

5.95

#### Thresholds

##### Single

\$0- \$31,080	Maximum Coverage
\$31,081 - \$31,675	Partial Coverage
Over \$31,675	No Coverage

##### Couple

\$0- \$62,160	Maximum Coverage
\$62,161 - \$63,350	Partial Coverage
Over \$63,350	No Coverage



**A.2 July 1, 2024 – June 30, 2025**

**Dental Eligibility Calculation**

**Thresholds**

**Single**

\$0- \$33,410	Coverage
Over \$33,410	No Coverage

**Couple**

\$0- \$66,820	Coverage
Over \$66,820	No Coverage

**Appendix B – Claim Coverage Group and Section Numbers**

**Dental Eligibility Percentage Section Codes  
(Applies to Benefit Year 2023/2024)**

<b>Section Code</b>	<b>% of Coverage</b>	<b>Section Code</b>	<b>% of Coverage</b>	<b>Section Code</b>	<b>% of Coverage</b>
AA0	0%	AE0	40%	AH1	71%
AB0	10%	AE1	41%	AH2	72%
AB1	11%	AE2	42%	AH3	73%
AB2	12%	AE3	43%	AH4	74%
AB3	13%	AE4	44%	AH5	75%
AB4	14%	AE5	45%	AH6	76%
AB5	15%	AE6	46%	AH7	77%
AB6	16%	AE7	47%	AH8	78%
AB7	17%	AE8	48%	AH9	79%
AB8	18%	AE9	49%	AI0	80%
AB9	19%	AF0	50%	AI1	81%
AC0	20%	AF1	51%	AI2	82%
AC1	21%	AF2	52%	AI3	83%
AC2	22%	AF3	53%	AI4	84%
AC3	23%	AF4	54%	AI5	85%
AC4	24%	AF5	55%	AI6	86%
AC5	25%	AF6	56%	AI7	87%
AC6	26%	AF7	57%	AI8	88%
AC7	27%	AF8	58%	AI9	89%
AC8	28%	AF9	59%	AJ0	90%
AC9	29%	AG0	60%	AJ1	91%
AD0	30%	AG1	61%	AJ2	92%
AD1	31%	AG2	62%	AJ3	93%
AD2	32%	AG3	63%	AJ4	94%
AD3	33%	AG4	64%	AJ5	95%
AD4	34%	AG5	65%	AJ6	96%
AD5	35%	AG6	66%	AJ7	97%
AD6	36%	AG7	67%	AJ8	98%
AD7	37%	AG8	68%	AJ9	99%
AD8	38%	AG9	69%	AK0	100%
AD9	39%	AH0	70%		

## **Appendix C – July 1, 2024 Fee Schedule**

The procedure and fees in this Schedule of Procedures are subject to change without prior notice at the sole discretion of the DASP. Lab fees are based on [the Alberta Blue Cross Usual & Customary lab fee guide](#).

Eligible procedures may be subject to maximum claimable amounts and/or frequency limitations.

The provisions of this Schedule of Procedures do not constitute a contract, express or implied, between any applicant and the Dental Assistance for Seniors program or Alberta Blue Cross.

The DASP fee schedule may be viewed at: <https://open.alberta.ca/publications/dental-assistance-for-seniors-program-fee-schedule>

## Appendix D – Exceptions

DASP may grant the following exceptions through the authority delegated to the Minister's Agent, ABC:

### Grace Period

DASP may grant a three-month grace period during which a senior may access their next \$5,000 program maximum prior to its next renewal date. Application of the grace period does not impact any renewal date in any manner.

### Program Maximum

Notwithstanding the grace period, DASP may grant **one-time** early access to a future \$5,000 program maximum for the following:

- Emergency procedures to alleviate pain
- Extractions
- Complete or partial dentures
- Lost dentures

All other exception requests related to the program maximum will be rejected.

### Replacement Dentures

Replacement of complete or partial dentures may be provided to a senior who has met their frequency limitation for dentures upon the preauthorization of ABC if the denture is broken beyond repair or irretrievably lost.

### ADSC Dental Consultant Review

DASP may grant an exception for the procedure codes presented in the following table if the exception request:

- is complete including required forms plus the submission requirements for the procedure code requested;
- is within the treatment limitations for the procedure code requested; and
- is determined to be medically necessary by the dental consultant upon case review.

Where a Panorex x-ray is required, one Panorex x-ray is provided by DASP every 60-months (5 years). If a senior has already received a Panorex x-ray within the prior 60 months, and that Panorex x-ray is over 24 months old, the expense associated with receiving a new one is the responsibility of the senior.



**Note:** If a Panorex x-ray cannot be completed due to health reasons, a PA or periapical, bitewings or intraoral photos are acceptable.

Exception requests for implants will only be considered where other treatment options are medically inappropriate, such as where the senior is allergic to denture materials.

Type of Procedures	Procedure Code	Procedure Description	Submission Requirement	Treatment Limitation
Exams and Radiographs	01501	Periodontal Exam	Medical rationale	Only in conjunction with extra scaling or root planing
	02932	Tomography	Medical rationale	
	02933			
	02934			
	04312	Biopsy, Soft Oral Tissue – By Incision	Medical rationale with periodontal reporting and charting	
04501	Pulp Vitality Test, One Unit	Medical rationale with periodontal reporting and charting		
Periodontal Appliance	14611	Maxillary Appliance	Medical rationale with panorex	
	14612	Mandibular Appliance	Medical rationale with panorex	
Contouring and Adjustments	16401	Recontouring of teeth, one unit of time	Medical rationale	
	16511	Occlusal Adjustment, one unit of time	Medical rationale	
Cores and Posts	23601	Restoration, tooth coloured, non-bonded core, in conjunction with crown or fixed bridge retainer	Panorex with medical rationale	In conjunction with crown treatment
	23602	Restoration, tooth coloured, bonded core, in conjunction with crown or fixed bridge retainer	Panorex with medical rationale	In conjunction with crown treatment
	25721	Posts, cast metal (including core), concurrent with impression for crown, single section	Panorex with medical rationale	
	25731	Posts, prefabricated retentive, one post	Panorex with medical rationale	
Crown Work	26102	Mesostructures – indirect custom laboratory fabricated per implant	Panorex with medical rationale	In conjunction with crown treatment
	27711	Crown repair	Medical rationale	Cannot be in conjunction with

				a new crown submission
	29101	Recementation/Rebonding, Inlays/Onlays/Crowns/Veneers/P osts/Natural Tooth Fragments (Single Units Only), One Unit Of Time	Medical rationale	
	29104	Recementation/Rebonding, Inlays/Onlays/Crowns/Veneers/P osts/Natural Tooth Fragments (Single Units Only), Four Units	Medical rationale	
	29301	Removal, Inlays/Onlays/Crowns/Veneers (Single Units Only), One Unit Of Time	Medical rationale	In conjunction with a new crown submission
Crowns	27201	Retainer, Porcelain/Ceramic/Polymer Glass	Medical rationale, panorex x-ray	Treatment must be predetermined
	27211	Crowns, Porcelain/Ceramic/Polymer Glass, Fused To Metal Base	Medical rationale, panorex x-ray	Treatment must be predetermined
	27215	Crowns, Porcelain/Ceramic, Fused To Metal Base, Implant- Supported	Medical rationale, panorex x-ray	Treatment must be predetermined
	27301	Crown, Cast Metal,	Medical rationale, panorex x-ray	Treatment must be predetermined
Denture Related	33117	Rebase, Lab Processed- Functional Impression, Complete Maxillary.	Medical rationale	
	33127	Rebase, Lab Processed- Functional Impression, Complete Mandibular	Medical rationale	
	34136	Rebase, Lab Processed- Functional Impression, Complete Maxillary And Mandibular	Medical rationale	
	56331	Denture, Rebase, Complete Denture, Processed, Functional Impression Requiring Three Appointments, Maxillary	Medical rationale	

	56342	Denture, Rebase, Partial Denture, Processed, Functional Impression Requiring Three Appointments, Mandibular	Medical rationale	
Endodontic	32311	Pulpectomy, Permanent Teeth/Retained Primary Teeth, One Canal	Panorex with medical rationale	
	32312	Pulpectomy, Permanent Teeth/Retained Primary Teeth, Two Canals	Panorex with medical rationale	
	32313	Pulpectomy, Permanent Teeth/Retained Primary Teeth, Three Canals	Panorex with medical rationale	
	33601	Apexification, Apexogenesis, Induction Of Hard Tissue Repair (To Include Biomechanical Preparation And Placement Of Dentogenic Media), One Canal	Panorex with medical rationale	
	34131	Apicoectomy/Apical Curettage, Maxillary Molar, One Root	Panorex with medical rationale	
	34132	Apicoectomy/Apical Curettage, Maxillary Molar, Two Roots	Panorex with medical rationale	
	34133	Apicoectomy/Apical Curettage, Maxillary Molar, Three Roots	Panorex with medical rationale	
	34134	Apicoectomy/Apical Curettage, Maxillary Molar, Four Or More Roots	Panorex with medical rationale	
	34231	Retrofilling, Maxillary Molar, One Canal	Panorex with medical rationale	
	34232	Retrofilling, Maxillary Molar, Two Canals	Panorex with medical rationale	
	34233	Retrofilling, Maxillary Molar, Three Canals	Panorex with medical rationale	
	39201	Open And Drain (Separate Emergency Procedures), Anteriors And Bicuspid	Panorex with medical rationale	

	39202	Open And Drain (Separate Emergency Procedures), Molars	Panorex with medical rationale	
	39211	Opening Through Artificial Crown (In Addition To Procedures), Anteriors And Bicuspid	Panorex with medical rationale	
	39212	Opening Through Artificial Crown (In Addition To Procedures), Molars	Panorex with medical rationale	
Periodontal	41301	Desensitization, One Unit Of Time	Medical rationale	
	42201	Periodontal Surgery, Gingivoplasty, Per Sextant	Panorex with medical rationale and periodontal reporting and charting	In conjunction with periodontal or crown submissions
	42311	Periodontal Surgery, Gingivectomy, Uncomplicated, Per Sextant	Panorex with medical rationale and periodontal reporting and charting	In conjunction with periodontal or crown submissions
	42411	Periodontal Surgery, Flap Approach, With Osteoplasty/Ostectomy, Per Sextant	Panorex with medical rationale and periodontal reporting and charting	In conjunction with periodontal or crown submissions
	42421	Periodontal Surgery, Flap Approach, With Curettage Of Osseous Defect, Per Sextant	Panorex with medical rationale and periodontal reporting and charting with medical rationale	In conjunction with periodontal or crown submissions
	42621	Periodontal Surgery, Grafts, Osseous Tissue, Allograft (Including Flap Entry And Closure), Per Site	Panorex with medical rationale and periodontal reporting and charting	In conjunction with periodontal or crown submissions
	43111	Periodontal Splinting Or Ligation, Provisional, Intra Coronal, "A" Split (Acrylic, Composite Or Amalgam, Plus Knurled Wire), Per Joint	Panorex with medical rationale and periodontal reporting and charting	
	43221	Bonded Interproximal Enamel Splint, Per Joint	Panorex with medical rationale and periodontal reporting and charting	



	43241	Wire Ligation, Acrylic Covered	Panorex with medical rationale and periodontal reporting and charting	
	49101	Periodontal Re-Evaluation, One Unit Of Time	Medical rationale with periodontal reporting and charting	
	49211	Periodontal Irrigation, Subgingival, Irrigation, One Unit Of Time	Medical rationale with periodontal reporting and charting	In conjunction with extra scaling/root planing
Bridges	62501	Pontics, Porcelain/Ceramic/Polymer Glass, Fused To Metal	Panorex with medical rationale and periodontal reporting and charting	Treatment must be predetermined
	66211	Bridge repair	Medical rationale	Cannot be in conjunction with a new bridge submission
	67201	Retainer, Porcelain/Ceramic/Polymer Glass	Panorex with medical rationale and periodontal reporting and charting	Treatment must be predetermined
	67211	Retainers, Porcelain/Ceramic/Polymer Glass, Fused To Metal Base	Panorex with medical rationale and periodontal reporting and charting	Treatment must be predetermined
	67221	Retainers, Porcelain/Ceramic/Polymer Glass, Partial Coverage, Bonded (External Retention E.G. "Maryland Bridge")	Panorex with medical rationale and periodontal reporting and charting	Treatment must be predetermined
Oral Surgery	72001	Reinforcements, Wire Mesh Palate	Medical rationale	
	72421	Alveolar Bone Preservation	Panorex with medical rationale and periodontal reporting and charting	
	72431	Alveolar Bone Preservation	Panorex with medical rationale and periodontal reporting and charting	

	73111	Alveoplasty, In Conjunction With Extractions, Per Sextant	Panorex with medical rationale and periodontal reporting and charting	
	73171	Tuberosity, Unilateral, Reduction	Panorex with medical rationale and periodontal reporting and charting	
	73154	Torus Mandibularis, Bilateral, Excision	Panorex with medical rationale and periodontal reporting and charting	
	74111	Surgical Excision, Tumors, Benign, Scar Tissue, Inflammatory Or Congenital Lesions Of Soft Tissue Of The Oral Cavity, 1 Cm And Under	Panorex with medical rationale and periodontal reporting and charting	
	74611	Surgical Excision, Cysts/Granulomas (Based On Cyst Size), 1 Cm And Under	Panorex with medical rationale and periodontal reporting and charting	
	79541	Grafts, Surgical, Harvesting And Preparation Of Platelet Rich Plasma	Panorex with medical rationale and periodontal reporting and charting	
Implants	79931	Implantology (Includes Placement Of Implant, Post-Surgical Care, Uncovering And Placement Of Attachment But Not Prosthesis), Screw And Tripodal Pin Or Screw, Maxillary Per Implant	Panorex with medical rationale, medical history and periodontal reporting and charting	Treatment must be predetermined
	79932	Implantology (Includes Placement Of Implant, Post-Surgical Care, Uncovering And Placement Of Attachment But Not Prosthesis), Screw And Tripodal Pin Or Screw, Mandibular Per Implant	Panorex with medical rationale, medical history and periodontal reporting and charting	Treatment must be predetermined
	79933	Implantology, Surgical Re-Entry, Removal Of Healing Screw And Placement Of Final Custom Implant.	Panorex with medical rationale, medical history and periodontal reporting and charting	Treatment must be predetermined

	79935	Implantology, Surgical Re-Entry, Removal Of Healing Screw And Placement Of Final Custom Implant.	Panorex with medical rationale, medical history and periodontal reporting and charting	Treatment must be predetermined
	79941	Implantology (Includes Placement Of Implant, Post-Surgical Care, Uncovering And Placement Of Attachment But Not Prosthesis), Subperiosteal	Panorex with medical rationale, medical history and periodontal reporting and charting	Treatment must be predetermined
	79951	Implantology (Includes Placement Of Implant, Post-Surgical Care, Uncovering And Placement Of Attachment But Not Prosthesis), Endosseous, Integrated Cylindrical, First Stage Surgical Placement, Maxilla Per Implant	Panorex with medical rationale, medical history and periodontal reporting and charting	Treatment must be predetermined
G.A. Sedation Nitrous Oxide and Facility Fees	Available in DASP fee schedule		Medical rationale and medical history	In conjunction with other dental services, no more than 12 units available in a 6 month period

## Appendix E – Retroactivity Guidelines

The following rules do not supersede the general eligibility rules. For example, retroactivity cannot be extended prior to a client's 65 birthday, nor can retroactivity be extended prior to when a client meets their Alberta residency requirement etc.

Maximum retroactivity is eleven months from the date of receipt of a new application or date of notification of an event.

### E.1 New Applications

A new application is defined as:

- A system file that contains no approval date.
- A client approved on an estimate of income and then the estimate is replaced by actual income that rejects the file back to the Original Effective Date (OED). This client is considered to have not received a benefit from the ASB program and can be considered a new applicant.
- A previously approved application that has been closed for 36 months or longer or an application that is/will be rejected for three consecutive benefit years.

A combination of these two scenarios will also be considered. For example, a file that was rejected for one benefit year (12 months) then closed for 24 months would equal a period of 36 months of not receiving benefits.

### E.2 Reactivations

Definition of Contact Date:

Verbal or written notification from the client or their representative received represents contact date. If the verbal or written notification is not complete, the client has 30 (calendar days) + 5 (working days) days to provide complete information, otherwise the original contact date expires. However, as long as the client is attempting to provide the correct information and is responding within the 30 + 5 days, the contact will be extended another 30 + 5 days.

### E.3 Income

First the age of the approved application must be ascertained. This is done by subtracting the 'original approval date' (not the OED) from the current calendar month. If there is no 'original approval date' then the received date is used.

**If the application is:**

#### **Over Two Years Old (25+ months):**

Income updates will follow the established benefit year rule. Any changes to previous income sources (e.g. income reassessments) will only be retroactive 11 months and forgoing previous benefits is not an option.

#### **Under Two Years Old (24 months or less):**

AISH clients with an application 24 months old or less are eligible for the treatment of using income sources that are most beneficial. When the client originally applies to the SFA programs they can potentially choose several income sources to calculate their benefits. However, at the time they applied, the client may not be aware of the most beneficial income that they should (or could) have used. Providing a two-year window ensures the benefit amount considers impacts to AISH recipients' incomes after age 65, including conversion of Canada Pension Disability to Retirement benefits. This means that the client can elect to forgo previous benefits or have more beneficial income updated to their Original Effective Date (OED).

This process only applies to AISH clients who transitioned to SFA programs in the previous 24 months or less and have CRA income on file (files with income proxy will not be considered).

### E.4 Previously Approved and Not Eligible for Less Than 3 Continuous Years

If an application was previously approved and has been rejected for *less* than 3 continuous years or closed for *less* than 36 continuous months, income updates will follow the established benefit rule. No forgoing of previous benefits for recalculation will be permitted.

**E.5 Previously Approved, Currently not Eligible for 3 Years or More**

Is treated like a new application with maximum retroactivity of 11 months.

**E.6 Estimates**

For ASB, estimates can be used for new applications, or if the client is eligible to forgo prior benefits to establish new benefit levels. DASP will only accept an income estimate if it first provides the client with a monthly financial benefit from the ASB.

Example:

An application is approved on a 2024 estimate with an original effective date of January 2024. In July 2023 ASB receives actual income and determines that the client should have been rejected effective January 2023 and must pay back all benefits. In this case, the client would be eligible to submit a second estimate as the client is not eligible for prior benefits, once previous benefits are repaid or an adjustment resulting from the new estimate is used to fully offset the recovery.