





Canadian Dental Care Plan



Frequently Asked Questions

1st revision: October 2025

Faculty of Dentistry, University of Toronto

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New material in this revision is summarized in the table below. This document is current as of October 2025 and replaces the previously published version.

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October 7, 2025	Includes revised eligibility information for the Canadian Dental Care Plan.

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Introduction

The Canadian Dental Care Plan (CDCP) is a vital government initiative to improve access to oral health care for Canadians, who lack private or employer-sponsored dental insurance. Recognizing the significant barriers many faces in obtaining essential oral health services, the CDCP focuses on supporting lower- and middle-income families in Canada. More specifically, the government announced an investment of \$13 billion over five years, with \$4.4 billion ongoing to "provide dental coverage for uninsured Canadians with an annual family income of less than \$90,000, with no co-pays for those under \$70,000.

By facilitating coverage for a wide range of oral health services, the CDCP seeks to enhance oral health outcomes and reduce the prevalence of untreated dental and oral issues. Started in May 2024, this program is rolled out in a phased approach, beginning with seniors, children, and individuals with disabilities, whose annual family net income (AFNI) is less than 90,000, and then everyone from those households by 2025. It is administered by Health Canada in partnership with Sun Life Financial, which handles claims processing.

Awareness and the ability to navigate the CDCP are crucial for maximizing its benefits. Access to accurate information and clear guidance enables individuals to understand their eligibility, the scope of services covered, and the steps required to utilize the plan effectively. This empowerment ensures that Canadians can fully benefit from the CDCP, leading to improved oral health outcomes nationwide.

To assist individuals in navigating the Canadian Dental Care Plan (CDCP), this comprehensive FAQ has been developed with a focus on Ontario. Specifically, it is designed to support public health units and administrative staff, who are often the first point of contact for residents seeking guidance on dental benefits. Many Ontarians currently receiving dental coverage through provincial programs such as Healthy Smiles Ontario (HSO), the Ontario Seniors Dental Care Program (OSDCP), Ontario Works (OW), or the Ontario Disability Support Program (ODSP) may have questions about how the federal CDCP applies to them. Common concerns include whether individuals can be enrolled in both provincial and federal programs, and how coordination of benefits will be managed. This resource aims to equip staff with clear, consistent information to help residents understand eligibility, coverage, and how the CDCP integrates with Ontario's existing dental care system—ultimately supporting equitable access and informed decision-making.

This FAQ addresses key topics related to the CDCP, including eligibility requirements, the application process, covered services, and available benefits. While several organizations—such as the Canadian Dental Association, Sun Life Financial, and the Ontario Dental Association—provide resources on the program, this guide is designed to be a more comprehensive and practical tool. It aims to support a wide range of users, including public health units, service providers, administrators, and eligible recipients, in navigating the program and optimizing the use of available services.¹⁻⁴ If further clarification is needed, we defer to the federal government/program administrator.

General Overview

1. What is the Canadian Dental Care Plan (CDCP)?

The Canadian Dental Care Plan (CDCP) is a federal, income-tested initiative designed to support the cost of dental care more affordable for eligible Canadian residents, who lack access to private or employer-sponsored dental insurance, with a focus on lower- and middle-income families. The CDCP is overseen by Health Canada and administered by Sun Life Financial.⁵

2. Why was the CDCP created?

The CDCP was developed to improve access to dental care for Canadians, particularly those without insurance coverage. Its goal is to enhance overall oral health and reduce the financial barrier to receiving adequate care.^{6,7}

3. Who administers the CDCP?

The CDCP is administered by Health Canada, with Sun Life Financial managing claims processing and reimbursements through its partnership. Sun Life Financial is a leading international financial services organization that offers insurance, wealth, and health solutions to individuals and businesses.^{7,8}

4. How was the administrator for the CDCP selected?

The selection of the CDCP's administrator was managed by Public Services and Procurement Canada (PSPC) through an open, multi-stage competitive bidding process. This process resulted in the awarding of the contract to Sun Life as the CDCP's service provider.⁹

5. How will eligibility for the CDCP be assessed, and who will have access to eligible members' personal information?

Employment and Social Development Canada (ESDC), through Service Canada, administers applications and assesses eligibility for the CDCP for Health Canada. To assess eligibility for the CDCP and manage registration, ESDC may share personal information with Health Canada (HC), the Canada Revenue Agency (CRA), and Sun Life, the CDCP's benefits administrator, along with their authorized agents and service providers. This information sharing supports activities such as underwriting, verifying eligibility, administering benefits, processing claims, and investigating claims under the CDCP, ensuring accurate and efficient plan management.^{9,10}

6. How is the CDCP different from employer-based private dental insurance in terms of eligibility?

Private dental insurance can be purchased individually or provided through an employer or school. For individually purchased insurance, individuals can directly approach an insurance company to select the coverage level that suits their needs, with no eligibility criteria other than the requirement to pay the premium. This offers flexibility in choosing coverage options. In contrast, employer-based private dental insurance is offered as a benefit to employees, with eligibility typically based on employment status, such as fulltime or part-time employment. Employers determine who qualifies for the plan and may extend coverage to dependents. In these plans, premiums are often shared between the employer and the employee.

The CDCP is a government-funded program designed to make dental care more affordable to Canadians who lack access to or cannot afford private insurance. It aims to bridge gaps by focusing on low- to middle-income families, including children, seniors, and people with disabilities. Eligibility for the CDCP is determined by specific criteria, such as income level and existing insurance status, ensuring that support reaches to those most in need.^{2,3}

7. How is the CDCP different from employer-based private dental insurance in terms of coverage?

The CDCP offers three standardized coverage brackets based on AFNI, with no customization options. The program may cover 100%, 60%, or 40% of the specific fee grid, established by the program, for each participant, and pay directly to dental providers. In contrast, private dental insurance, which can be purchased individually or provided by an employer or academic institution, typically offers varying coverage levels, ranging from 50% to 100%. Additionally, private insurance often has a coverage cap, whereas the CDCP does not have such a limitation.¹¹

8. How is the CDCP different from employer-based private dental insurance in terms of administration?

The CDCP is a public program administered by Health Canada in partnership with Sun Life. It manages enrollment, claims processing, and direct payments to providers based on a set fee schedule. Unlike employer-based insurance, the CDCP doesn't involve employers in the administration process, and there are no premiums, or customization options for participants. However, an aspect for consideration is that while CDCP has no premiums, co-payments apply for households with AFNI between \$70,000 – <\$90,000. In contrast, employer-based private dental insurance is sponsored by the employer, who selects the plan and negotiates terms with the insurer. Employers often subsidize part of the premium cost and can offer additional benefits like health, dental, vision, prescription drug coverage, life insurance, disability, and family assistance. This setup allows for more customization, unlike the CDCP's standardized coverage for all eligible participants.¹²

9. Does an individual need to pay a premium for being insured in the CDCP as in any private plan?

No, the CDCP does not require individuals to pay a premium. Unlike private insurance plans, where premiums are usually paid monthly or annually (often shared between employer and employee in workplace plans), the CDCP is designed to provide coverage without any premium cost.^{1,11,12}

Eligibility

10. What are the requirements to be eligible for the CDCP?

To be eligible for the CDCP, one must be a Canadian resident for tax purposes, have an AFNI under \$90,000, have filed their tax return for the previous year, and not have access to private dental insurance. Canadian residents who have access to dental benefits through provincial, territorial and federal social programs will be eligible for the CDCP as long as they meet all the eligibility criteria.¹⁰

11. What are the income requirements for eligibility?

To be eligible, the individual's AFNI must be less than \$90,000. Coverage levels vary depending on income brackets.¹⁰

12. How an individual's AFNI calculated for eligibility?

The AFNI is calculated by combining the family net income from line 23600 of both the individual's and their spouse's or common-law partner's tax returns, along with any worldwide income not reported to the Canada Revenue Agency (CRA), such as income from a new resident. From this total, subtract any Universal Child Care Benefit (UCCB) and Registered Disability Savings Plan (RDSP) income (line 11700 and line 12500). Add back any UCCB and RDSP amounts that were repaid (as indicated on lines 21300 and 23200).^{9,11}

13. Can an individual apply for their family members, or do they need to apply individually? An individual can apply for their family members as part of their application, but each family member must meet the eligibility criteria. 10,13,14

14. What if an individual's spouse or common-law partner is not in Canada?

If an individual's spouse or common-law partner is not residing in Canada and does not file their tax return in Canada, the individual will not be eligible for the CDCP because in that case the family income cannot be assessed.⁹

15. What happens if an individual is separated from their spouse?

If an individual is separated, their AFNI will be calculated based on their income alone. However, any joint financial responsibilities for children may still be considered in the eligibility determination.⁹

16. How does shared custody of children affect their eligibility for the CDCP?

In shared custody situations, only one parent can apply for coverage on behalf of the child, based on the applicable income of that parent.⁹

17. What happens if one family member becomes ineligible while the rest remain eligible? If one family member becomes ineligible, the remaining eligible family members may still retain their coverage, provided they continue to meet the necessary requirements.⁹

18. Can non-Canadian citizens apply for the CDCP?

Yes, along with Canadian citizens, non-Canadian citizens can also apply for the CDCP if they are permanent residents or Canadian residents for tax purposes.¹⁵

19. Can an individual apply if they haven't filed their taxes this year?

No, an individual must have filed their taxes for the previous year to qualify. 10,15

20. What happens if one of the family members does not file their taxes?

All family members must file taxes to determine AFNI.^{7,10} If one family member does not file their taxes, it may affect the entire household's eligibility for the CDCP. To confirm a person's eligibility to the income threshold of less than \$90,000, the individual and their spouse or common-law partner, if they have one, must have filed the previous year's income tax return.

21. What should an individual do if they or a family member didn't file taxes?

It is important to resolve any outstanding tax filings as soon as possible, as failure to file can impact eligibility for the CDCP.¹⁰

22. What does "do not have access to dental insurance" mean?

"Do not have access to dental insurance" means neither you nor any of your family members receive dental coverage through employment benefits (including health and wellness accounts), professional or student organizations, or pension plans (federal, provincial, or territorial). Even if you or your family members are eligible for such coverage—whether or not you enroll, pay a premium, or use the benefits—you are not eligible for the CDCP. Retirees who opted out of pension benefits before December 11, 2023, and cannot rejoin may qualify. Additionally, if you or a family member has privately purchased insurance, you are not eligible while that coverage remains active. Health Canada does not consider provincial dental coverage (for example, in Ontario, it would be HSO, ODSP, Ontario Works, OSDCP) as dental insurance for the purposes of the CDCP.

23. Can an individual be eligible for the CDCP if they are enrolled in other government dental programs?

Yes, an individual can be eligible for the CDCP even if they are enrolled in other government dental programs.^{7,10}

24. How will Health Canada validate if individuals have access to dental insurance?

As part of the CDCP application process, applicants must confirm they do not have access to dental insurance. Health Canada will verify this through a sample audit process. Members who are found to have falsely attested to not having access to dental insurance to get CDCP coverage will be removed from the CDCP and may have to repay the cost of any care they received while wrongly enrolled in the CDCP. Additionally, this confirmation will be cross-checked using T4/T4A dental information, as employers, starting in 2024, are required by the Dental Care Measures Act to report whether their employees or pensioners have access to dental insurance.¹⁶

25. Can the CDCP replace existing coverage from work or school?

No, the CDCP is not intended to replace existing dental coverage provided by schools, employers, or other private plans. If a member has any form of private dental insurance, they are ineligible for the CDCP.¹¹

26. Are the eligibility criteria the same for individuals with disabilities?

Yes, individuals with disabilities must meet the same eligibility criteria as other applicants, as the CDCP is income-tested.

27. How can someone get a Disability Tax Credit (DTC) certificate?

To qualify for the benefit as a person with a disability, an individual will need to have a Disability Tax Credit (DTC) certificate. Since this is a federal program, the Government of Canada provides detailed information on how to apply for the DTC certificate, which can be done at any time. For more information, individuals can visit the Government of Canada's website or call 1-800-959-8281. The Canadian Mental Health Association (CMHA) is actively advocating to make it easier for people with disabilities, including those with mental health and substance-use disabilities, to obtain a DTC certificate. As of May 2025, it is irrelevant if someone has the DTC, as anyone from household of AFNI of less than 90,000 can enrol for the plan.

28. If an individual is enrolled in a public dental program through their province or territory, how would they receive care under the CDCP?

Where applicable, the CDCP will coordinate benefits with other provincial and territorial social dental programs. In Ontario, CDCP coordinates with provincial fee-for-service programs such as HSO and ODSP only when services are covered under provincial schedules. Clients may be eligible for both HSO/ODSP and CDCP. In that case, CDCP is the primary payer, and HSO/ODSP may top up reimbursements up to the HSO/ODSP schedule. Balance billing is not permitted when HSO/ODSP is used to supplement CDCP. Public health unit- based providers may submit claims to the CDCP if services are delivered on a fee-for-service basis, the provider agrees to the billing arrangement with Sun Life, and no duplicate funding is received. Claims must be submitted via Electronic Data Interchange (EDI) or mailed to Sun Life's CDCP PO Box.

Programs delivered exclusively through PHUs, e.g., OSDCP are not eligible for coordination of benefits with the CDCP. Individuals eligible for both CDCP and OSDCP will need to choose which plan to use for a given service, as there is no coordination between the two. They cannot combine coverage from both for the same service. In some cases, CDCP-covered services may be available through PHUs, if offered. Those opting to use OSDCP must present their OSDCP dental card to the PHU prior to receiving services. For more information on the coordination of benefits, visit Canada.ca website. ²⁰

29. If an individual is enrolled in a federal dental program, how would they receive care under the CDCP?

There is a coordination of benefits between CDCP and federal social dental plans. The following federal social dental programs provide coverage for specific populations and will be billed before the CDCP:

- Non-Insured Health Benefits Program
- Veterans Affairs Canada Dental Services Program
- Interim Federal Health Program
- Correctional Services Canada Dental Care for Inmates

The CDCP will be billed after mentioned plans but given the similarities of the coverage and the established fees paid by some of these programs, no coordination or only limited coordination will be expected from CDCP. If a service is covered by the CDCP but isn't covered by these plans, it could be submitted to the CDCP for coordination.¹⁴

30. Are there age limits for the CDCP eligibility?

No, there are no age limits for the CDCP eligibility. However, the program started enrollment in December 2023 and got rolled out in stages, starting with seniors, children under 18, and people with disabilities. In May 2025 it extended to all individuals from families whose AFNI is below \$90,000, provided they meet other eligibility criteria. ¹³

31. When would an individual be eligible to apply for CDCP?

Application timeline started from December 2023 in a staggered approach and by May 2025, all indviduals in households with AFNI of less than 90,000 have become eligible to apply.¹³

Figure 1: Application Opening Timeline for Individuals

Groups	Applications Open
Seniors aged 87 and above —	Starting December 2023
Seniors aged 77 to 86	Starting January 2024
Seniors aged 72 to 76	Starting February 2024
Seniors aged 70 to 71	Starting March 2024
Seniors aged 65 to 69	Starting May 2024
Persons with a valid Disability Tax Credit certificate	Starting June 2024
Children under age 18	Starting June 2024
All remaining eligible Canadian residents	Starting May 2025

Application Process

32. How does an individual apply for the CDCP, and what documents are required?

To complete the application, the individual must provide the following information for each applicant, including their spouse or common-law partner (if applicable): Social Insurance Number (SIN) (if available for children), date of birth, full name, home and mailing address, and a list of dental coverage through government social programs (if applicable). The individual and their spouse or common-law partner must have filed their tax return for the previous year and received their Notice of Assessment. The CDCP recommends that applicants apply online. Click here for more information. 13

33. What if an individual cannot apply online for the CDCP?

The CDCP recommends that applicants apply online. If someone is unable to do so, one can apply by calling 1-833-537-4342. For TTY services, one can dial 1-833-677-6262. TTY-based Telecommunications Relay Services permit persons with a hearing or speech disability to use the telephone system via a text telephone (TTY) or other device to call persons with or without such disabilities. Individuals can also use these numbers to request alternative formats, such as large print, Braille, E-Text, audio/video, and DAISY (Digital Accessible Information System for producing accessible and navigable multimedia documents).¹³

34. Can someone help complete the CDCP application?

Yes, assistance with the CDCP application can be provided by a trusted person or a delegate. A trusted person may include a friend, relative, caregiver, translator, or interpreter. If applying by phone, the applicant must explicitly consent to this assistance. Alternatively, a delegate is an individual with legal authority to represent the applicant, verified through documents such as a power of attorney, mandate, or trusteeship. The following documents serve as proof of legal authority for a delegate to act on the applicant's behalf: Power of attorney, Mandate and Trusteeship.

Before applying, the delegate must submit proof of their legal authority. These documents can be submitted as originals or certified copies, either by mail or in person at any Service Canada office (consult regional mailing addresses). Upon processing the documents, the delegate will be notified regarding their acceptance and inclusion in the applicant's file. Once approved, the delegate can submit the CDCP application on the applicant's behalf.¹³

35. How are the proof of delegate documents submitted?

The proof of delegate documents must be submitted either by mail or in person at a Service Canada office. When submitting by mail, a cover letter should be included with the following details:

- Full name
- Social Insurance Number (SIN)
- A statement indicating that the submission is for the CDCP
- Delegate's phone number
- Return address

The mailing addresses vary by region:

- Atlantic Canada: PO Box 250 Station A, Fredericton, NB E3B 4Z6
- Quebec: PO Box 60, Boucherville, QC J4B 5E6
- Ontario: PO Box 5100 Station D, Scarborough, ON M1R 5C8
- Western Canada and Territories: PO Box 2710 Station Main, Edmonton, AB T5J 2G4

Alternatively, the documents can be submitted in person at any Service Canada office. In this case, the full name and SIN will need to be provided. Once the documents are processed, Service Canada will confirm their acceptance and update the file accordingly.¹³

36. How long does the application process take?

In the initial days, when the CDCP was started getting rolled out, the application typically was taking about three months to process, but over the time it has expediated to approximately two weeks; however, this may vary.¹¹

37. How will an applicant be notified if their application is approved?

Service Canada will send a notification once the application has been processed and a decision has been made. The status of a CDCP application for an individual or their child can be checked using the online status checker tool.

Alternatively, the automated service can be accessed by calling 1-833-537-4342, available 24/7. Applicants can also speak with a representative from 8:30 am to 4:30 pm local time, Monday to Friday (excluding holidays). For children without a SIN, the status must be checked either online or with a representative.

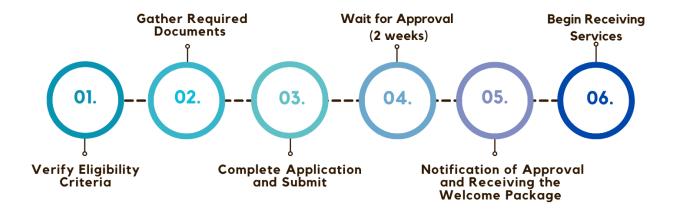
Individuals with disability of deafness may use the TTY service at 1-833-677-6262, available from 7:00 am to 7:30 pm ET, Monday to Friday.^{7,21}

38. How can an applicant stay updated on the status of their CDCP application and view official correspondence?

An applicant can stay updated on the status of their CDCP application by registering for a My Service Canada Account (MSCA). Once the application is processed, the applicant can log in to view:

- Letters confirming eligibility status for the CDCP
- Other official communications related to eligibility. 13

Figure 2: CDCP Application Process Flowchart



Using the Plan

39. What happens after someone's application for the CDCP is confirmed?

Sun Life administers the CDCP on behalf of the Government of Canada. Once an application is confirmed, the applicant's information is shared with Sun Life. Sun Life will then enroll the individual and send a welcome package, which includes details about the CDCP, a member card, and the benefit start date (as indicated in the welcome letter). To ensure coverage, appointments should only be booked on or after the effective date provided in the letter. The benefit start date depends on when the application is received and processed. For further information, individuals can visit Sun Life's CDCP member's page.^{8,22}

40. When can someone start receiving services under their plan?

An individual can start receiving services under their CDCP plan on the effective date listed in the welcome letter from Sun Life. After the application is approved, Sun Life will send a welcome package containing details about the CDCP coverage, including a member card and the benefit start date. To ensure coverage, appointments should be scheduled only on or after the effective date mentioned in the letter.⁸

41. How can someone find an oral health provider that accepts the CDCP?

An individual can use Sun Life's Provider Search Tool online to locate oral health providers who participate in the CDCP. Click here to go to the CDCP Provider Search Tool.²³

42. What should someone do if they can't find a provider using the CDCP Provider Search tool?

The CDCP Provider Search tool locates providers by using the central point of the specified location (such as an address, city, or postal code) and displays providers within a 50-kilometer radius. If a provider cannot be found, the individual may need to adjust the location or expand the search area to find a participating provider.²³

43. Are there alternative ways to find a provider besides using the provider search tool?

Yes, there are alternative ways to find a provider besides using the provider search tool:

- i. An individual can reach out to any oral health provider in their community, such as dentists, dental hygienists, dental specialists, or dental school clinics, to inquire whether they accept CDCP clients, agree to bill, and can receive payment directly from Sun Life for CDCP services.
- ii. Alternatively, they can contact Sun Life's CDCP Contact Centre at 1-888-888-8110 for assistance in finding a provider.²⁴

44. What happens if someone's orl health provider doesn't participate in the CDCP?

If a dentist is not a participating provider, or not willing to treat a patient under the CDCP, the individual will need to find one who is, as the CDCP does not reimburse patients directly.^{9,25}

45. Will all oral health providers accept the plan?

Not all oral health providers accept the plan. However, individuals can use the CDCP with any licensed dentist, dental hygienist, dental specialist, or denturist, provided they agree to bill Sun Life directly for the services rendered under the plan. That said, as of As of May 23, 2025, 25,668 oral health providers are participating in the plan (that's over 98% of all providers in Canada).

46. What should members do if there are no oral health providers in their region participating in the CDCP? Are travel costs covered?

If there are no participating providers in a member's area, they should contact Sun Life for assistance in finding a nearby provider. However, travel costs for visiting participating providers are not covered under the CDCP.⁹

47. Can a member switch dentist while being covered under the CDCP?

Yes, a member can switch dentists as long as the new dentist participates in the CDCP, or they agree to bill Sun Life directly for the services rendered under the plan.²⁷

48. Is it necessary for patients to bring their CDCP member card to each appointment?

Yes, patients are required to present their CDCP member card along with valid identification at every appointment.^{8,22}

49. Can members use their CDCP card for their spouse and/or children?

No, each eligible family member will receive their own individual CDCP card. The card holder's card cannot be used by other family members.^{8,22}

Coverage Details

50. What dental services are covered by the CDCP?

The CDCP covers essential services such as diagnostic and preventive services, basic services such as restorations, endodontic procedures, periodontal services, and extractions, and major services such as crowns, removable prosthodontic services, and oral surgery. For more information on services covered, consult the CDCP Dental Benefits Guide.^{7,25}

51. What services are not covered under the CDCP?

Certain oral healthcare procedures are excluded from coverage under the CDCP. Exclusions include, but are not limited to:

- Veneers (composite or ceramic)
- All ¾ crowns
- Restorations for incisal wear involving enamel and dentin
- Cosmetic treatments (e.g., teeth whitening)
- Inlays/onlays (composite, precious metal, or ceramic)
- Temporomandibular joint therapy and appliance
- Fixed prosthodontics (bridges and related procedures)
- Periodontal appliances (e.g., bruxism night guards)
- Mouth guards
- Crown lengthening
- Implants and associated procedures
- Bone grafts
- Extensive rehabilitation
- Precision attachment partial dentures
- Fluorescent diagnostic light use. 8,9,11,27,28

52. Is orthodontic treatment (braces) covered by the CDCP?

Orthodontic treatment is currently not covered under the CDCP. However, sometime in 2025, the CDCP will include orthodontic services for cases that meet specific medical necessity criteria. These services will have a maximum spending limit and will require pre-authorization.

Eligibility for coverage will include:

- **Children under 18** with severe, functionally handicapping malocclusion, as determined by the Modified Handicapping Labio-Lingual Deviation (HLD) Index and relevant clinical evidence.
- Adults with craniofacial anomalies (e.g., cleft lip and palate) associated with malocclusion as defined by the HLD Index.²⁸

53. Is pre-approval required for specific treatments?

Yes, pre-approval from Sun Life is required for certain complex procedures, including:

- Crowns
- Interproximal disking of teeth
- Some surgical procedures
- Moderate and deep sedation.^{25,28}

54. Is there a maximum number or frequency of dental services that can be received per year?

There is no set maximum number of services; however, certain services may have frequency limits based on CDCP guidelines. If a pre-authorization request is submitted, the CDCP may provide coverage for eligible services beyond these limits.²⁸

Costs and Payments

55. What dental treatment costs are covered by the CDCP?

The CDCP covers dental treatments based on a set fee schedule, known as the CDCP dental benefit grid. This grid specifies the maximum amount that CDCP will pay for each dental service. If coverage is 100%, CDCP will cover the full grid fee for that service. However, It is possible that the CDCP established fees for services may not be the same as what the oral health provider charges; if the provider's cost exceeds the amount specified in the CDCP grid, the patient may be responsible for paying the difference.²⁹ For example, if the grid allows \$100 for a procedure and the dentist charges \$125, CDCP will pay \$100, and the patient may need to cover the remaining \$25.. The CDCP eligible client may have, in addition to the co-payment, additional cost if the cost of the services received is more than what the CDCP will reimburse the oral health provider. Oral health providers must inform all CDCP clients of any additional charges before the services are performed.

56. What does it mean when CDCP states that coverage is 100%, 60%, or 40%?

These percentages refer to the portion of the CDCP dental benefit grid fee that will be covered.²⁹ For example, if coverage is 100%, CDCP will pay the full amount as specified in the benefit grid. If coverage is 60%, CDCP will cover 60% of the grid fee, and the patient will be responsible for the remaining 40%. Similarly, if the coverage is 40%, CDCP will cover 40% of the grid fee, and the patient will be responsible for the remaining 60%.

57. What is a co-payment, and how is it calculated?

A co-payment is the portion of the dental care cost that the patient is responsible for, and it is calculated based on the AFNI. For example, if coverage is 60% and the CDCP dental benefit grid fee for a service is \$100, CDCP would pay \$60, and the patient would be responsible for the remaining \$40 as the co-payment.¹²

58. If coverage is 100%, will anything need to be paid for dental care under the CDCP?

If coverage is 100%, CDCP will pay the full amount specified in the dental benefit grid for the service. However, if the dentist's fee exceeds the CDCP grid fee, the patient may still be responsible for paying the difference, known as balance billing.²⁹

59. What is a balance billing?

Balance billing occurs when the oral health provider charges more than the CDCP dental benefit grid fee for a service. In this case, the patient is responsible for paying the difference between the oral health provider's fee and what CDCP covers. For example, if the CDCP grid allows \$100 for a procedure, but the provider charges \$125, the patient would be responsible for the additional \$25.30,31 Where providers are coordinating benefits for Ontario's clients, balance billing is not permitted where the HSO and the ODSP schedules are used to supplement CDCP established fees.

60. When CDCP states 100% coverage, does it mean the same as the dentist's 100% fees?

No, 100% coverage means CDCP will cover 100% of the fee based on its own dental benefit grid, not the cost charged by the provider. Oral health providers may follow a different fee guide, as set by their provincial or territorial dental association, which may be higher than the CDCP dental benefit grid. The patient will be responsible for the difference if the provider's fee exceeds the CDCP dental benefit grid allowance.^{8,22,29}

61. What is the CDCP dental benefit grid?

The CDCP dental benefit grid is a schedule of fees set by Health Canada that specifies the amount covered for each dental procedure included. It includes codes and procedures that may differ from provincial/territorial fee guides. For example, In Ontario, there is Ontario Dental Association (ODA) suggested fee guide, which dentists use in general when charging their patients.³²

62. What is the provincial suggested fee guide for dentists?

The provincial fee guide, such as the Ontario Dental Association (ODA) suggested fee guide, outlines recommended fees for dental services within a province. These fees often exceed those listed in the CDCP grid, which may result in balance billing for patients.³³

63. Can a dentist charge more than what CDCP covers?

Yes, dentists may charge more than the CDCP dental benefit grid allowance by following a provincial or territorial suggested fee guide. That said, providers are free to charge more or less of their provincial or territorial suggested fee guide, as it is not mandated and is only suggestive. If they do, the patient may be responsible for paying the difference between the CDCP coverage amount and the dentist's fee. It is advisable to always ask the oral health provider about any costs that are not covered by the CDCP. Patients should ensure they are aware of any amounts they will need to pay directly to the provider at the time of receiving treatment.^{7,28}

64. What is coordination of benefits in CDCP in terms of payment, and when is it applicable?

The CDCP coordinates benefits with other government programs. In most cases with provincial or territorial dental programs, CDCP acts as the primary payer. In Ontario, when providers are coordinating benefits for clients, balance billing is not permitted where the HSO and the ODSP schedules are used to supplement CDCP established fees. Providers must submit the CDCP Explanation of Benefits (EOB) to Accerta when seeking top-up reimbursement. Some services covered by the CDCP and by the Ontario programs are subject to frequency limits. These frequency limits are not cumulative — neither the CDCP nor the Ontario programs will provide coverage for services beyond their respective frequency limits. If a client's frequency limit under an Ontario program has been met by the CDCP coverage, the Ontario program will not provide for any additional services. With other federal dental programs, the CDCP is the last payer; If a service is covered by the CDCP but isn't covered by these plans, it could be submitted to the CDCP for coordination of benefits.

65. Is there a capping or maximum cost for the coverage of dental services that can be received per year?

The CDCP does not have a total spending limit, but it does impose frequency limits for different services. These frequency limits vary by treatment, and some treatments can only be covered once. For example, CDCP patients can access a new complete denture only once every 8 years or a new partial denture only once every 5 years. ^{8,32} For those clients who are covered under both CDCP and Ontario programs, such as HSO or ODSP, frequency limits are not cumulative — neither the CDCP nor the Ontario programs will provide coverage for services beyond their respective frequency limits. If a client's frequency limit under an Ontario program has been met by the CDCP coverage, the Ontario program will not provide for any additional services

66. Are there additional costs if the frequency limits of the CDCP covered dental services are exceeded?

Yes, if someone exceed frequency limits, they may incur additional costs depending on their provider's fees, which they have to pay by themselves.^{32,33}

67. Is it necessary to pay the amount covered for services upfront and submit a claim for reimbursement?

No, under the CDCP, patients do not need to pay the coverage amount upfront. Participating dental providers will bill Sun Life directly for covered services. However, if there is any balance billing or co-payment, the patient will need to pay it upfront.³⁰

68. Can CDCP enrolled members submit claims directly for the dental services received? No, members cannot submit claims directly. Claims for services covered under the CDCP must be

submitted directly by the participating dental provider to Sun Life.³⁰

69. Can reimbursement be obtained for dental expenses paid out of pocket?

No, there is no provision of reimbursement to patients for dental expenses paid out of pocket, as participating providers must bill Sun Life directly. If any balance billing or co-payment was made directly to the provider, CDCP will not reimburse the patient.⁸

Administration and Renewal

70. How does Sun Life administer the CDCP program?

Sun Life processes claims for eligible services covered under the CDCP and oversees the overall administration of the program.²⁵

71. How often does a member need to renew their CDCP coverage?

The CDCP coverage must be renewed every year to remain active. To renew, members must first file their income tax return for the most recent year and receive their Notice of Assessment from the Canada Revenue Agency. Renewal can be completed online, through My Service Canada Account (MSCA), or via the automated phone service, available 24/7. To avoid a gap in coverage, members should submit their renewal application before June 1st of the year. Once the renewal is processed, a determination letter will confirm eligibility and coverage, which will be effective until June 30th of the next year. If there are changes to co-payment levels, members should inform their provider. If eligibility is maintained, the current CDCP member card remains valid, and no new card will be issued.³⁴

72. What documents does a CDCP member need to renew their coverage?

Renewing CDCP coverage is a simple process that can be completed online through My Service Canada Account (MSCA) or via the automated phone service. Members do not need to submit new documents. Instead, they must confirm that the personal and financial information on file is still accurate, reattest to their eligibility, and reapprove the privacy statement. A renewal notice will be sent to members with detailed instructions and steps to complete the process. As long as eligibility requirements are still met, no additional documentation is required.³⁴

73. Does a CDCP member card expire?

The CDCP member card itself does not have an expiry date, and new cards are not issued during renewals. However, a member's coverage under the plan can expire if they do not renew their eligibility on time or if they no longer meet the program's requirements. If the renewal is not completed by the stated deadline, there may be a temporary loss of coverage. Renewals submitted after the deadline may still be accepted, but any dental services received during the lapse will not be covered or reimbursed retroactively. As long as eligibility is maintained, the existing card remains valid and can continue to be used. ³⁴

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