

CDCP FAQ as of April 9th, 2024

What is the Canadian Dental Care Plan (CDCP)?

The CDCP is a publicly funded federal dental care plan that brings equity in access to oral health care to Canadians with lower socioeconomic status. It is managed and run by the Oral Health Branch of Health Canada.

Who is eligible for the CDCP?

Canadian residents who have a family net income below \$90,000 and do not have access to dental insurance [qualify for CDCP](#). Currently it is open to seniors. Children under 18 and those with disabilities will be able to apply in June 2024 and all remaining Canadians in 2025.

Which services are included in the CDCP?

To view eligible services that are covered by the CDCP, visit canada.ca/dental.

Do all CDCP clients have the same coverage?

No. There is a tiered system of coverage based on the net family adjusted income:

- *Below \$70,000, 100% of the established CDCP services fees are covered.*
- *Between \$70,000 and \$79,999, 60% of the established CDCP services fees are covered.*
- *Between \$80,000 and \$89,999, 40% of the established CDCP services fees are covered.*

What is a co-payment?

A co-payment is the percentage of the CDCP fees that is not covered by the CDCP, and that the CDCP client will have to pay directly to the oral health provider. The co-payment is based on the CDCP client's adjusted family net income.

Could there be any additional charges for services rendered to a CDCP eligible client?

It is possible that the CDCP established fees for services may not be the same as what the oral health provider charge. 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 beyond what the plan covers before the services are performed.

How are CDCP clients approved?

Currently and until May 1st, 2024, Service Canada is sending letters to eligible seniors based on their 2023 income tax records inviting them to apply. Oral health providers do not play a role in determining if a patient is approved.

The CDCP is launched in a phased approach. Who is eligible to enrol and receive care in 2024?

Seniors, people with disabilities, and children under 18 years of age. Full implementation is scheduled for 2025.

How does an oral health provider ensure that a CDCP client is eligible?

When a client is approved for CDCP coverage, they are sent a welcome package that includes a benefit card with their name and plan number. To verify coverage, the oral health provider will input the name of the client and the plan number into Sun Life Direct to verify copayment amount, if any, or call the Sun Life CDCP call centre.

When can a CDCP client make an appointment?

The date of the first appointment will be based on the CDCP client's application approval date. The client's welcome package will inform them of this date, and it can be verified by the oral health provider through Sun Life Direct portal. The first appointments will start in May.

NOTE: The date is not listed on their benefit card.

Is there a maximum spending limit (in dollars) under the CDCP per client?

No. There is no maximum spending limit; only limits on type and frequency of services covered.

What is Sun Life's role in the CDCP?

Sun Life is the administrator of the CDCP on behalf of the Government of Canada.

NOTE: Sun Life is not responsible for determining the Terms and Conditions under the CDCP nor the services covered, the frequency of services or the CDCP fees.

What is Sun Life Direct?

[Sun life Direct](#) is a portal that allows oral health providers to:

- *Confirm their participation in the CDCP.*
- *Verify their patients' CDCP eligibility and availability of coverage.*
- *Sign up and manage their banking information for direct deposits from Sun Life.*
- *View their payment history.*

I am a clinical dental hygienist employed by a dentist, a dental corporation, or a community clinic; do I need to register into the CDCP?

No. The office dentist/clinic/employer you work for/in will be the one that will register as an oral health provider with the CDCP.

How do I become an eligible oral health provider if I am a dental hygienist that practises independently?

1. *Be a [CDHA member](#).*
2. *Join the [Independent Practice Network \(IPN\)](#).*
3. *Apply for a [Unique Identification Number \(UIN\)](#).*
4. *Complete a [CDHAnet application form](#) (you must have [software](#)) to obtain an office number.*
5. *Enrol in [Sun Life Direct](#).*
6. *Review the [CDCP Claims Processing and Payment Agreement](#) document.*

7. Agree to participate into the [CDCP Claims Processing and Payment Agreement](#). (can be done online on the Sun Life Direct portal or mailed using the paper form).

For any questions, call 1- 888-888-8110 from Monday to Friday 7:00am to 6:00pm local time.

How can a CDCP oral health provider submit claims?

Starting in May, claims can only be submitted through Electronic Data Interchange (EDI). As of November 2024, both EDI and paper claims will be processed.

Where can I find the CDCP established benefit grids?

The CDCP [fee grids](#) can be found in the Sun Life Oral Health Provider section of their website. Providers will be able to upload the fee grids into their software system.

How will CDCP oral health providers know how much to bill clients?

CDCP clients must be informed about any fees that will not be covered by the CDCP before they receive care. Validation of services and fees can be done through Electronic Data Interchange (EDI), Sun Life Direct or by calling the contact centre.

How are CDCP oral health providers paid for their services?

Providers who submit claims to Sun Life using Electronic Data Interchange (EDI) and are enrolled with Sun Life Direct will receive direct deposit to their business bank account within 24-48 hours. Those who opt for payment by cheque will receive them once a month.

Can CDCP clients submit their own claim forms for reimbursement?

No. Claims for services covered under the CDCP must be submitted by a participating CDCP oral health provider directly to Sun Life.

Why do I need to confirm my participation into the CDCP as an oral health provider?

Provider participation in the CDCP is voluntary. Given that the CDCP is a publicly funded program by tax payors, the Government of Canada determines the terms and the conditions of the program and how data collected will be used to administer the plan and the [claims verification process](#) that will be applied to ensure sound stewardship of public funds.

Can I opt out as an eligible oral health provider if I change my mind?

Yes. You can opt out at any time.

Can I balance bill?

Yes, but you are strongly encouraged to bill the fees set out in the CDCP Dental Benefit Grids. The CDCP was designed to ensure that lower-income residents can access the oral health care services they need to improve their oral and overall health. If you choose to, you will be required to obtain informed consent from the CDCP client ahead of the services being rendered about any fees that will not be covered by the CDCP.

Will there be any coordination of benefits?

The Government of Canada is in negotiation with all provinces and territories that have publicly funded dental care programs to determine which plan will be the first payer and the second payer.

Can additional services (for ex. units of scaling) be requested under the CDCP at this time?

No. The preauthorization process for additional services is not available until November 2024.

What is the CDCP Oral Health Provider Search?

The CDCP Provider Search will allow CDCP eligible clients to search from a network of participating oral health providers from across Canada including dentists, dental specialists, denturists, and dental hygienists.

Note: When you enrol in the CDCP you will automatically be entered in the Provider Search function, but you can opt out at any time.

Why are CDCP Dental Benefit Fees different than the provincial and territorial fee guides for oral health providers?

The CDCP dental benefit grids have been designed using the existing methodology of other federal dental programs to pay a fair rate to oral health providers for evidence-based treatments and services.

Why is there a difference between the dental and dental hygiene CDCP Fee Grids?

The Government of Canada is using current dental hygiene provincial fee guides as a starting point to set the CDCP fees which are, in most provinces, lower than the provincial dentists' fee guide.

What has CDHA's role been with the Government of Canada, Health Canada, Sun Life and the CDCP?

Since early 2022, CDHA, with the help of a team of dental hygienists and other oral health stakeholders, has been involved in reviewing all publicly funded programs to inform our requests to the government with suggested evidence-informed services and processes that this new plan should include, along with recommendations regarding the frequency of these services for every segment of the population. Throughout the development process, CDHA and other national key stakeholders have been in direct communication with various levels of government to help shape the CDCP. After reviewing many submissions, the government opted to mirror the CDCP in the Non-Insured Health Benefits program for First Nations, another federally funded program.

CDHA staff meets weekly with government representatives and sits alongside other dental hygienists in various working groups (Engagement, Communications, Fees, Preauthorization, and Administrative Processes) to help refine the program well beyond the scheduled launch of services in May 2024. CDHA will continue to be present during negotiations and act in the best interests of all its members including dental hygienists practising independently.

What is CDHA doing to advocate for independent dental hygienists?

Since the announcement of an upcoming federal dental care plan for low-income Canadians, CDHA has been involved with Health Canada, oral health associations, other stakeholders, and various levels of government officials. We have been advocating for the plan to cover population-specific evidence-informed preventive services with reasonable frequency limits for each service, fair and equitable reimbursement rates for services provided, the administration of the plan that would not rely heavily on predetermination/pre-authorization of services or be an administration burden for business owners, and for proper surveillance of services offered to inform future changes to the plan. We also continue to advocate for the addition of some preventive services including (e.g., oral health education, health promotion, daily mouth care), increase in frequency limitations for certain services, no limitations on patients' examinations, parity of reimbursement rates with dentists, and more.

What is CDHA's responsibility in the development of the CDCP Dental Benefit Fee Grids?

CDHA is responsible for developing the National List of Service Codes and their definitions exclusively. It is the responsibility of each provincial association to develop their respective fee guide based on a stringent analysis of the cost of operating an independent dental hygiene practice.

What is the responsibility of the dental hygienist that elects to participate as an oral health provider in the CDCP regarding the use of the Dental Benefit Fee Grids?

The CDCP reflects a fee for service approach identical to clinical practice. It is imperative that participating dental hygienists claim the correct service codes and fees for the services rendered to eligible CDCP clients. Failure to do so may result in the removal of the privilege to be a participating oral health provider under the CDCP.