

CDCP FAQ (November 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 with a family net income below \$90,000 and who do not have access to dental insurance [qualify for CDCP](#). It is open to seniors aged 65 and over, children under 18, those with disabilities, and all remaining Canadians in 2025.

Which services are included in the CDCP?

To view eligible services that the CDCP covers, 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 the CDCP does not cover, 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 charges. If the cost of the services received exceeds what the CDCP will reimburse the oral health provider, the CDCP-eligible client may have additional costs besides the co-payment. 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?

Potential eligible Canadians can verify and apply for the CDCP online by visiting canada.ca/dental. Oral health providers do not determine whether a patient is approved.

The CDCP is launched using a phased approach. Who is eligible to enroll 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 at 1-888-888-8110.

When can a CDCP client make an appointment?

The first appointment date will be based on the CDCP client's application approval date. The client's welcome package will inform them of this date, which the oral health provider can verify through the Sun Life Direct portal.

NOTE: The date is not indicated 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 the 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, Health Canada is.

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 with 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).

OR

As of July 8th, providers can see CDCP clients without full enrolment in the plan.

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?

Claims can 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 on the Sun Life Oral Health Provider section of their website. Providers can upload the fee grids into their software systems.

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

CDCP clients must be informed about any fees that are not covered by the CDCP before they receive care. Services and fees can be validated through Electronic Data Interchange (EDI), Sun Life Direct, or by calling the call centre at 1-888-888-8110.

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 directly to Sun Life by a participating CDCP oral health provider.

Is it mandatory to confirm my participation in the CDCP as an oral health provider?

Provider participation in the CDCP is voluntary. Given that CDCP is publicly funded by taxpayers, the Government of Canada determines the terms and conditions of the program. Providers have [two pathways](#) to provide dental hygiene care. They can fully enroll in the plan acknowledging the terms in the Claims Processing and Payment Agreement OR provide dental hygiene care to eligible CDCP clients and claim services rendered on a claim-by-claim basis.

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 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 before the services are rendered about any fees that the CDCP will not cover.

Is there any coordination of benefits?

The Government of Canada negotiated 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. For more information on programs within your province, consult canada.ca/dental.

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

Yes. The preauthorization process for additional services was made available in November 2024. For more information, consult Section 5.0 of the [Dental Benefits Guide](#).

What is the CDCP Oral Health Provider Search Tool?

The CDCP Provider Search tool allows 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 complete full enrollment in the CDCP you will automatically be entered in the Provider Search function, but you can opt out anytime.

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. The Government of Canada made a commitment in October 2024 to review the differences between dental hygiene services delivered in clinics operated by dentists versus those delivered in clinics operated by dental hygienists so that fees reflect the parity principle.

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 communicated directly 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. 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), increased 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 exclusively responsible for developing the National List of Service Codes and their definitions. Each provincial association is responsible for developing its 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 who 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. Participating dental hygienists must 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 of being a participating oral health provider under the CDCP.