

The Worldwide Dental Emergency Assistance Scheme - Benefits

What's covered?

You will be eligible to receive **Benefit** payments from the Scheme in the following situations, up to the limits shown on the Scheme **Benefits** Schedule, providing the **Scheme Manager** (at its sole and absolute discretion) has accepted **your** request for assistance:

- The cost of dental treatment by any dentist up to a maximum of £10,000 for any one incident of **Dental Trauma**;
- The cost of:
 - Emergency callouts;
 - Pain relief or **Emergency Temporary Treatment**;
- A specified amount if **you** suffer permanent facial disfigurement due to a **Dental Trauma**;
- A specified amount for each complete 24-hour period of hospitalisation wholly or partly under the care of a consultant who specialises in dental or maxillofacial surgery;
- A specified amount if **you** are diagnosed with **Oral Cancer** and this is the primary cancer site;
- Monthly reimbursement of **your** plan membership cost, if **you** are made compulsorily redundant.



What's not covered?

Requests for assistance in the following circumstances are not eligible for consideration by the **Scheme Manager** and so no **Benefit** will be paid in respect of them:

- Participation in a criminal act;
- Abuse of alcohol or drugs or an incident while under the influence of alcohol or drugs (unless prescribed by a doctor for a condition other than drug or alcohol addiction);
- A self-inflicted injury;
- Routine dental treatment costs;
- In the case of **Dental Trauma** - participation in rugby (other than rugby played as a school sport) or boxing, including training where **you** have not worn a suitable protective gum shield;
- In the case of dental emergency – treatment received during normal working hours (8.00 am to 6.00 pm, Monday to Friday), provided by any of the following:
 - **Your** registered dentist
 - Another dentist at the same practice
 - A dental practice within a 15 mile radius of **your** registered practice.

NOTE:

See the respective sections of the **Benefits** Schedule for specific excluded circumstances applicable to each section.

Answers to some frequently asked questions are also included on Page 22 to help **you** understand the **Benefits** that may, at the sole and absolute discretion of the **Scheme Manager**, be made available to **you** as a **Dental Plan** patient. Should **you** have any additional questions or queries, please see page 27 for details of how to contact **us**.