

# Global Dental Accident and Emergency Scheme Handbook

## 1. INTRODUCTION

- 1.1 In this handbook **You** will find details about the Global Dental Accident and Emergency Scheme (“the Scheme”), how it works and other important information.
- 1.2 Words shown in **bold** type, to which a specific meaning is given, are shown in the **Definitions** section below.

## 2. IMPORTANT INFORMATION

- 2.2 The Scheme is a wholly discretionary scheme, not an insurance scheme, established to offer support and assistance to **Dental Plan** patients who request treatment following an **Accident**, dental **Emergency** or **Mouth Cancer**.
- 2.3 **Dental Plan** patients can request assistance from the Scheme if they have an **Accident**, a dental **Emergency** or **Mouth Cancer**. Whilst the Scheme aims to provide **Benefits** in most cases, the Scheme has no obligation to provide any **Benefits** and will only do so if the **Scheme Manager** decides (in its sole and absolute discretion) that the Scheme should provide **Benefits**.
- 2.4 The **Scheme Manager** will look at each case individually to assess the request for **Benefits** and decide (at its discretion) whether or not to provide **Benefits**. **You** should also be aware that there are some instances in which the Scheme is not designed to help. These are explained in more detail later.
- 2.4 The Scheme is only available to patients who have a **Dental Plan** administered by the **Administrator** and who have suffered an **Accident**, dental **Emergency** or **Mouth Cancer** whilst their **Dental Plan** is in force. If **Your Dental Plan** has ended (for non-payment or other reasons), the Scheme will cease to be available to **You** at the same time.
- 2.5 Any **Benefits** which the **Scheme Manager** decides the Scheme will provide will be assessed against the **Benefits** guides and the Scheme resources at the date the **Accident**, dental **Emergency** or **Mouth Cancer** occurs.
- 2.6 **We** can change these rules at any time. Any such alterations will not affect the **Benefits** for an eligible notified request for assistance, in respect of which the **Scheme Manager** has decided (in the exercise of its absolute discretion and prior to the date of such alterations) that the Scheme should provide **Benefits**. The latest version of these Scheme rules is available at [www.globaldentalscheme.co.uk](http://www.globaldentalscheme.co.uk).
- 2.7 If a **Benefit** is paid at the discretion of the **Scheme Manager** in response to a misleading, inaccurate, or fraudulent request for assistance, or a request in any way based on false information, the Scheme will seek to recover that **Benefit** from **You**.
- 2.8 These Scheme rules shall be governed by, and construed in accordance with, the Law of England and Wales, and the English Courts alone shall have jurisdiction in any dispute.

## 3. DEFINITIONS

- “**Accident**” An unforeseen and unexpected incident causing loss of, or damage to, the teeth or any dental prostheses by means of direct extra-oral impact.
- “**Administrator**” Global Dental Scheme Limited, the administrator of **Your Dental Plan**.
- “**Benefits**” Any sums paid to, or on behalf of, a **Dental Plan** patient by the Scheme at the sole and absolute discretion of the **Scheme Manager**.
- “**Dependants**”  
1. Any spouse or partner who currently resides with **You**; and  
2. **Your** unmarried children who are:  
(a) less than 23 years of age; and  
(b) in full-time education; and  
(c) financially dependent upon **You**;  
for whom **You** pay **Dental Plan** fees.
- “**Dental Plan**” The payment or membership plan available from the dental practice with which **You** are registered.
- “**Dentist**” A suitably licensed and qualified dental professional.
- “**Emergency**” A serious and unexpected illness or injury requiring immediate action because it is causing **You** severe pain, or poses an immediate risk to **Your** health.
- “**Fixed Benefit**” A **Benefit** that is payable only once in **Your** lifetime.
- “**Implant**” An intra-osseous fixture including the abutment.
- “**Joining Date**” The date of **Your** first successful payment under your **Dental Plan**.
- “**Mouth**” The lips, tongue, gums, major salivary glands, hard palate and floor of the mouth. Gland tissue associated with the mucosal lining, oropharynx, nasopharynx, and hypopharynx, but excluding the tonsils.





### SECTION 3 – DENTAL ACCIDENT

Where **Benefits** may be paid:

11. If **You** suffer a dental injury which requires treatment by **Your Dentist** following an **Accident** whilst **Your Dental Plan** remains in force, **Benefits** may be paid to **You** towards the treatments listed in the table below.
12. If **Your Dental Plan** covers **Your Dependants** and any such **Dependant** suffers a dental **Accident** whilst under the age of 18, **Benefits** may be paid, at the **Scheme Manager's** discretion, in response to requests for resulting treatments up to that **Dependant's** 18<sup>th</sup> birthday, or for up to five years (whichever is the later) subject to the limits listed in the table below.
13. The amount of **Benefits** that the Scheme may pay will depend on the treatment required. The maximum level of **Benefits** which may be paid in any one **Year** towards all costs and treatments is listed in the table below.
14. The maximum level of **Benefits** which may be paid towards any treatment following an **Accident**, where **You** only request **Benefits** after treatment has been provided, is £250.

When **We** are unlikely to provide **Benefits**:

15. No **Benefits** are likely to be paid in respect of an **Accident**:
  - 15.1 for which **You** have already received treatment and the damage has been repaired.
  - 15.2 caused by **Your** deliberate exposure to exceptional danger or activity, except in an attempt to save human life, or in self-defence or in an attempt to prevent loss or damage to **Your** property.
  - 15.3 caused by self-inflicted damage.
  - 15.4 caused by **Your** consumption of food.
  - 15.5 caused by participating in any contact sport unless **You** were wearing a protective gum shield at the time of the **Accident**.
  - 15.6 which is the result of ordinary wear and tear.
  - 15.7 caused by any oral hygiene activity.
  - 15.8 following damage for which **You** have not sought treatment within seven days of the **Accident**.
  - 15.9 caused by damage to dental prostheses whilst **You** are not wearing them.
  - 15.10 any permanent treatment which occurs outside of the **United Kingdom**.
  - 15.11 for the placement of an **Implant** where the **Accident** occurs within 28 days of the **Joining Date**.
  - 15.12 for the placement of an **Implant** where this is not recommended by **Your Dentist**.
  - 15.13 for the failure of an **Implant** to integrate.
  - 15.14 for the placement or treatment of any **Implant** where the treatment was prescribed, planned or currently taking place before the **Joining Date**.
  - 15.15 for the treatment of any **Implant** fitted outside of the **United Kingdom**.
  - 15.16 if **You** have not sought treatment within 7 days of the **Accident**.

#### Treatment Types and Limits

Treatment type	Limit (£)
Examination and report to include necessary smoothing and polishing	45
X-ray examination	30
Root canal treatment – incisor or canine root canal treatment	250 per incisor canine
Root canal treatment - premolar	250 per premolar
Root canal treatment - molar	325 per molar
Crowns – post and core construction	100
Crowns – ceramic bonded (including any core and/or post interim covering)	450 per crown
Crowns – metal bonded porcelain (including any core and/or post interim covering)	375 per crown
Crowns – full metal (including any core and/or post interim covering)	375 per crown
Bridges – laboratory constructed adhesive retainer	240 per retainer
Bridges – laboratory constructed adhesive pontic	255 per pontic
Bridges – bonded metal/porcelain per retainer	400 per retainer
Bridges – bonded metal/porcelain per pontic	370 per pontic
Laboratory made temporary bridge following tooth loss (where required)	150 per unit
Laboratory constructed adhesive facing or veneer	360 per unit
Dentures – permanent acrylic	400 per unit
Dentures – permanent metal	475 per denture

Dentures – temporary following tooth loss (where required)	200 per denture
Other necessary dental treatment following a dental <b>Accident</b>	450 per incident
Section 3 – limit per each placement, repair or replacement of an <b>Implant</b>	2,500 per <b>Implant</b>
Section 3 – limit for placement, repair or replacement of an <b>Implant</b> in any one <b>Year</b>	20,000
Section 3 – limit – total payable in any one <b>Year</b>	20,000

#### SECTION 4 - HOSPITALISATION

Where **Benefits** may be paid:

16. **Benefits** may be paid in response to a request for assistance if **You** are admitted to hospital for treatment as an inpatient whilst **Your Dental Plan** is in force, either wholly or partly under the care of a consultant who specialises in dental or maxillofacial surgery. The maximum amount of **Benefits** which may be paid would be £70 provided during **Your** hospitalisation for each overnight stay in hospital (up to a maximum of 365 nights) while **Your** hospitalisation period continues.

When **We** are unlikely to provide **Benefits**:

17. It is unlikely that **Benefits** will be paid towards treatment provided during **Your** hospitalisation.

#### SECTION 5 - MOUTH CANCER

Where **Benefits** may be paid:

18. If **You** are first diagnosed as having **Mouth Cancer** by a **Dentist**, or licensed and qualified doctor, whilst **Your Dental Plan** is in force and within the **United Kingdom**, a **Fixed Benefit** of £2,500 may be paid.

When **We** are unlikely to provide **Benefits**:

19. **Benefits** are unlikely to be paid for:

- 19.1 **Mouth Cancer** as a result of the chewing of tobacco products or betel nuts.
- 19.2 **Mouth Cancer** as a result of **Your** prolonged drug abuse or alcohol abuse.
- 19.3 **Mouth Cancer** diagnosed before the start of the **Dental Plan** or within 90 days of the start of the **Dental Plan**.
- 19.4 cancers or tumours in the throat.
- 19.5 non-malignant cancers.
- 19.6 non-invasive cancers.
- 19.7 **Mouth Cancer** attributable in any way, directly or indirectly, to HIV (Human Immunodeficiency Virus) or any HIV-related illness.
- 19.8 If the request for assistance forms are not submitted within stated time limits as detailed on the request for assistance forms.

#### CONTACT US

If **You** require any help in relation to the Scheme or a Request for Assistance, please contact **Us** on:

During normal UK working hours:

**T:** 0333 3580 499

**E:** [assist@globaldentalscheme.co.uk](mailto:assist@globaldentalscheme.co.uk)

If **You** are away from home and require emergency assistance, please contact **Us** on:

Available 24/7:

**T:** +44 333 3580 477

Please note this helpline does not provide clinical advice. Calls to the above numbers may be recorded for training and monitoring purposes.

Please submit Request for Assistance Forms and any supporting evidence to the **Scheme Manager** by post or email within stated time limits as detailed on the request for assistance forms (scanned copies):

**A:** Global Dental Scheme Limited, 18a Daresbury Court, Evenwood Close, Runcorn, Cheshire WA7 1LZ.

**E:** [assist@globaldentalscheme.co.uk](mailto:assist@globaldentalscheme.co.uk)

**Global Dental  
Scheme**