

# 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

- 2.1 The Scheme is a wholly discretionary scheme, not an insured scheme, established to offer support and assistance to **Dental Plan** patients who request treatment following an **Accident**, dental **Emergency** or **Mouth Cancer**, or who become **Unemployed** following **Redundancy**.
- 2.2 **Dental Plan** patients can request assistance from the Scheme if they have an **Accident**, a dental **Emergency** or **Mouth Cancer**, or if they become **Unemployed** following **Redundancy**. 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**.
- 2.3 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**, or who become **Unemployed** following **Redundancy** 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 or the date **You** become **Unemployed** following **Redundancy**.
- 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 **You** registered for **Your Dental Plan** as confirmed by **Us** to **You**.
- “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.
- “Mouth Cancer”** Invasive malignant tumour with its primary site inside the **Mouth**.
- “Redundancy”** Dismissal from employment, where **Your** employer has:
1. stopped or intends to stop their business for the purposes for which **You** were or are employed; or
  2. stopped or intends to stop their business in the place that **You** are or were employed;
  3. lost or reduced the need for their business in the place **You** were employed; or
  4. continued to trade at the place that **You** were employed, but **You** are no longer required by **Your** employer.

<b>“Scheme Manager”</b>	The person(s) appointed by the Scheme from time to time to administer the Scheme and determine whether to pay <b>Benefits</b> in response to requests for assistance.
<b>“Unemployed”</b>	Where <b>You</b> are entirely without gainful employment whether full-time, part-time or on a zero-hour contract.
<b>“United Kingdom”</b>	The United Kingdom of Great Britain and Northern Ireland, the Isle of Man and the Channel Islands.
<b>“Us, We, Our”</b>	Global Dental Scheme Limited, the administrator of Your Dental Plan.
<b>“Year”</b>	1. The 12-month period following the <b>Joining Date</b> ; or 2. For renewed membership, the 12-month period following the renewal date.
<b>“You, Your”</b>	A patient who has a valid <b>Dental Plan</b> and who requires assistance.

#### 4. REQUESTS FOR ASSISTANCE

##### General provisions

- 4.1 **We** expect that **You** will take all reasonable precautions to protect **yourself** against **Accidents**, dental **Emergencies** or **Mouth Cancer**.
- 4.2 If **You** suffer an **Accident**, a dental **Emergency** or **Mouth Cancer**, or if you become **Unemployed** following **Redundancy** while **Your Dental Plan** is still in force, **You** can request assistance from the Scheme.
- 4.3 The **Scheme Manager** will consider **Your** request and assess it against the **Benefits** guides included in the Scheme rules. If the **Scheme Manager** exercises its discretion in favour of **Your** request, **Benefits** will be paid.
- 4.4 If the **Scheme Manager**, at its discretion, agrees to a request for assistance for treatment abroad, **Benefit** will be paid in Pounds Sterling. The exchange rate will be calculated at the rate in force on the date of payment, according to [www.natwest.com/tools/commercial/currency\\_rates](http://www.natwest.com/tools/commercial/currency_rates) [provided by National Westminster Bank].
- 4.5 Request for Assistance Forms are available from [www.globaldentalscheme.co.uk](http://www.globaldentalscheme.co.uk) and should be submitted to the **Scheme Manager** by email or post [See Contact Us].
- 4.6 The following sections provide a guide to the maximum level of **Benefits** which may be paid by the Scheme, if the **Scheme Manager** decides to provide **Benefits** in response to a request for assistance.

##### SECTION 1- Emergency treatment away from home

Where **Benefits** may be paid

5. If **You** need **Emergency** dental treatment during the **Period of Eligibility** and **You** cannot reasonably access **Your Dentist's** own **Emergency** arrangements, **Benefits** may be payable towards the costs of **Your Emergency** treatment for any of the items listed in the table below.
6. The maximum level of **Benefit** which may be paid for each treatment is the limit shown in the table below.
7. **Benefits** may be paid towards **Emergency** callout and costs when **You** are away from home and more than 25 miles from **Your** dental practice, and **You** could not reasonably access **Your Dentist's** own **Emergency** arrangements.

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

8. **Benefits** are unlikely to be paid in response to any requests for assistance in respect of any **Emergency** dental treatment where **You** have been outside the **United Kingdom** for longer than 90 consecutive days.

##### Treatment Types and Limits

Treatment type	Limit (£)
Examination and treatment of sensitivity	42
X-ray examination	30
Tooth extraction (maximum two teeth)	75 per tooth
Root extirpation to include dressing, and for temporary filling and treatment of infection	85 for 1 canal
Root extirpation to include dressing, and for temporary filling and treatment of infection	120 in total for 3+ canals
Treatment of infection to include prescriptions	30
Provision of a filling for first tooth	40
Provision of a filling for additional teeth thereafter	20
Re-secure crown or inlay	35
Re-secure bridge	45
Provision of temporary crown	65
Provision of temporary bridge	140
Provision of temporary post and core	70 each
Treatment to stop haemorrhage, including follow-up care	45
Removal of sutures placed by another <b>Dentist</b>	30
Repair/adjustment of orthodontic appliance	55
Adjustment to denture	30
Repair of denture to include re-fixing of teeth and gums and repair of clasp	48
Other <b>Emergency</b> dental treatment	65
Section 1 – limit per each <b>Emergency</b>	450
Section 2 – limit in any one <b>Year</b>	920

## SECTION 2 – Emergency Call out

Where **Benefits** may be paid

9. If **You** suffer a dental **Emergency** during the **Period of Eligibility**, and need a **Dentist** to provide advice by telephone, call out to visit **You**, or re-open their practice to see **You**, during the times listed in the table below, **Benefits** may be paid to **You** for:
  - 9.1 a phone consultation or call out [during those hours].
  - 9.2 **Your** resulting **Emergency** treatment [during those hours] for any of the items listed in the table below.
  10. The maximum level of **Benefits** which may be paid in any one **Year** for all costs and treatments is listed in the table below.

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

11. **Benefits** are unlikely to be paid in respect of the following:
  - 11.1 the first £15 of the call out fee.
  - 11.2 phone consultation, call out or treatment outside of the times listed in the table below.

### Treatment Types and Limits

Treatment type	
Examination and treatment of sensitivity	
X-ray examination	
Tooth extraction (maximum two teeth)	
Root extirpation, to include dressing, and for temporary filling and treatment of infection	
Treatment of infection to include prescriptions	
Provision of a filling for first tooth	
Provision of a filling for additional teeth thereafter	
Re-secure crown or inlay	
Re-secure bridge	
Provision of temporary crown	
Provision of temporary bridge	
Provision of temporary post and core	
Treatment to stop haemorrhage including follow-up care	
Removal of sutures placed by another <b>Dentist</b>	
Repair/adjustment of orthodontic appliance	
Treatment type	
Adjustment to denture	
Repair of denture, to include re-fixing of teeth and gums and repair of clasp	
Other <b>Emergency</b> dental treatment	
Call out times	
6.00pm-8.00am (weekdays)	
Any time during weekends and bank holidays (unless the practice is open during these times as per published trading hours)	
Limits	
[All]	£200

## SECTION 3 - DENTAL ACCIDENT

Where **Benefits** may be paid

12. 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.
13. 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.
14. 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.
15. 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**

16. No **Benefits** are likely to be paid in respect of an **Accident**:
  - 16.1 for which **You** have already received treatment and the damage has been repaired.
  - 16.2 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.
  - 16.3 caused by self-inflicted damage.
  - 16.4 caused by **Your** consumption of food.

- 16.5 caused by participating in any contact sport, unless **You** were wearing a protective gum shield at the time of the **Accident**.
- 16.6 which is the result of ordinary wear and tear.
- 16.7 caused by any oral hygiene activity.
- 16.8 following damage for which **You** have not sought treatment within seven days of the **Accident**.
- 16.9 caused by damage to dental prostheses whilst **You** are not wearing them.
- 16.10 any permanent treatment which occurs outside of the **United Kingdom**.
- 16.11 for the placement of an **Implant** where the **Accident** occurs within 28 days of the **Joining Date**.
- 16.12 for the placement of an **Implant** where this is not recommended by **Your Dentist**.
- 16.13 for the failure of an **Implant** to integrate.
- 16.14 for the placement or treatment of any **Implant** where the treatment was prescribed, planned or currently taking place before the **Joining Date**.
- 16.15 for the treatment of any **Implant** fitted outside of the **United Kingdom**.

### 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

- 17. **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**

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

## SECTION 5 - MOUTH CANCER

Where **Benefits** may be paid

19. 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**

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

- 20.1 **Mouth Cancer** as a result of the chewing of tobacco products or betel nuts.  
20.2 **Mouth Cancer** as a result of **Your** prolonged drug abuse or alcohol abuse.  
20.3 **Mouth Cancer** diagnosed before the start of the **Dental Plan** or within 90 days of the start of the **Dental Plan**.  
20.4 cancers or tumours in the throat.  
20.5 non-malignant cancers.  
20.6 non-invasive cancers.  
20.7 **Mouth Cancer** attributable in any way, directly or indirectly, to HIV (Human Immunodeficiency Virus) or any HIV-related illness.

## SECTION 6 - REDUNDANCY

Where **Benefits** may be paid

21. If **You** are **Unemployed** following **Redundancy**, the following **Benefits** may be paid at the discretion of the **Scheme Manager** in response to request for assistance:
- 21.1 the costs of **Your** monthly **Dental Plan**; and  
21.2 the costs of **Your Dependants'** monthly **Dental Plan**; for the period that **You** are **Unemployed** and seeking employment.
22. The maximum level of **Benefits** which may be paid would be:  
22.1 £15 per month for any **Dental Plan** for **You**, which does not include **Your Dependants**, with an annual limit of £180; or  
22.2 £60 per month for any **Dental Plan** for **You**, which includes **Your Dependants**, with an annual limit of £720.

**Benefits** are unlikely to be paid for the first 30 days that **You** are **Unemployed** or for longer than 12 consecutive months.

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

23. **Benefits** are unlikely to be paid for:
- 23.1 any period that **You** are **Unemployed**, which **You** knew about, or ought reasonably to have known about, at the time **You** registered with the **Dental Plan**.
- 23.2 self-employed members of the **Dental Plan**.
- 23.3 any period that **You** are **Unemployed** where **You** were under notice of Redundancy at the time **You** were registered with the **Dental Plan**.
- 23.4 any period that **You** are **Unemployed** that occurs during employment through a temporary employment agency.
- 23.5 any **Redundancy** that arises on the grounds of **Your** ill health.
- 23.6 any **Redundancy** arising from the expiry of a fixed term contract.
- 23.7 any **Redundancy** where **You** cannot provide a formal letter of **Redundancy** from **Your** last employer, which is written on company stationery and includes the date of **Your Redundancy**.
- 23.8 any period that **You** are **Unemployed** where **You** elect to take voluntary **Redundancy**;
- 23.9 any period that **You** are **Unemployed** where **You**:
- 23.9.1 cannot provide evidence that **You** have actively sought employment; and  
23.9.2 have not been registered with **Your** local job centre; and
- 23.10 any period that **You** are **Unemployed** first arising within six months of the date **You** registered with the **Dental Plan**, unless **You** have been in continuous employment for six consecutive months prior to the date of **Your Redundancy**.

## 24. 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

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

Available 24/7:

**T:** +44 333 3580 477

**E:** 247@globaldentalscheme.co.uk

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 (scanned copies):

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

**E:** assist@globaldentalscheme.co.uk

**Global Dental  
Scheme**