



We've got your training covered...

Worldwide

Dental Emergency Assistance Scheme

THE SCHEME



● Introducing...

The Worldwide Dental Emergency Assistance Scheme

A scheme established to offer support and assistance to Dental Plan patients who request treatment following a dental trauma and/or dental emergency or oral cancer.

Dental Plan patients are eligible to request assistance from the Scheme in the event of:

- Emergency callout
- External dental trauma (treatment may include implants – where appropriate)
- Compulsory redundancy
- Hospitalisation
- Permanent facial disfigurement
- Oral cancer.

Please refer to the Scheme Handbook for full details of the scheme rules, benefits, limitations and exclusions.



● Discretionary basis

- The Scheme is a wholly discretionary scheme, **NOT** an insured scheme.
- Scheme is **NOT** insurance and therefore is not regulated by the FCA.
- It is funded by your Dental Plan Administrator to pay benefits at the sole and absolute discretion of the Scheme Manager.

Please refer to the Scheme Handbook for full details of the scheme rules, benefits, limitations and exclusions.



- Scheme benefits



When can a patient request assistance from the Scheme?

Dental Plan patients are eligible to request assistance from the date of commencement or the date of signing the agreement, whichever is the later.

Failure by your patients to pay their monthly or annual Dental Plan fee, shall render their right to approach the Scheme to request assistance null and void.



Please refer to the Scheme Handbook for full details of the scheme rules, benefits, limitations and exclusions.

● Scheme benefits *continued*



Under what situations can a patient receive benefit payments?

Your patients will be eligible to receive benefit payments from the Scheme in a number of situations, up to the limits shown on the Scheme Benefits Schedule, providing the Scheme Manager has accepted their request for assistance.

[illegible]

Please refer to the Scheme Handbook or full details of the scheme rules, benefits, limitations and exclusions.



- Scheme benefits *continued*



What is the average acceptance rate into the Scheme?

2018-2022:

98%

of all requests for assistance accepted.

Please refer to the Scheme Handbook for full details of the scheme rules, benefits, limitations and exclusions.



- The Scheme – pre-authorisation

In all situations, **YOUR PATIENT MUST CONTACT US, if at all possible, to obtain pre-authorisation before going ahead with treatment, or they may risk their request for assistance not being paid.**

The request for assistance form must be signed by the patient, and the registered or treating dentist and submitted together with an itemised invoice or receipt.

Please refer to the Scheme Handbook for full details of the scheme rules, benefits, limitations and exclusions.



● The Scheme – pre-authorisation *continued*

We have a dedicated Assistance Team and a Dental Helpline if outside of working hours. Whether calling the Assistance Team or the Dental Helpline, the dedicated and experienced call handlers will guide your patients through the process to establish if:

- They need immediate access to a dentist to receive Emergency Temporary Treatment and/or
- They wish to submit a request for assistance and require pre-authorisation.



*Sally Donnelly, from
the Assistance team.*

Please refer to the Scheme Handbook for full details of the scheme rules, benefits, limitations and exclusions.

● Submitting a Request for Assistance – Pre-authorisation

In order for Requests for Assistance to be processed efficiently, please follow these steps:

Pre-authorisation – all Benefit types

- Patient requests pre-authorisation by calling:
 - a) During office hours, the Assistance Team, or
 - b) Outside office hours, the Dental Helpline.

Your patient will be asked to provide the following:

- contact details, email address and telephone number
- any medical/dental concerns
- nature of incident – what, when, how and where

Where your patient also needs access to an emergency dentist, they will be asked to provide the following:

- current location, if away from home (postcode preferably)
- whether transport is available and distance prepared to travel to see a dentist
- any times unavailable to attend a practice.

- ➔ Pre-authorisation is granted.
- ➔ A Request for Assistance Form (RFA) can be requested direct from the Assistance Team or from the Registered Practice.
- ➔ An RFA is completed and signed by both Patient and Treating Dentist.
- ➔ The RFA is submitted to the Scheme Manager with any supporting documentation and the itemised receipt/invoice.
- ➔ The RFA is received and processed by the Assistance Team within five working days of receipt.
- ➔ The RFA is assessed against Scheme Rules and Benefit Schedules.



● Submitting a Request for Assistance – Pre-authorisation *continued*

Processing – all benefit types

Dental Trauma

- ➔ **Authorisation** - Dependent on treatment plan content, the RFA may have to be referred to the Clinical Consultant for approval. Patient and practice are advised of outcome.
- ➔ **Treatment deferred** - At six months and three months prior to estimated completion date of treatment, we will request an update from the patient and the practice. If no response is received by the expected completion date, request will be closed. Patient and practice are advised of outcome.
- ➔ **Treatment completed** - Itemised invoice/receipts are submitted for reimbursement. The RFA is authorised and settled to the practice/patient as requested in the RFA. Patient and practice are advised of outcome.
REQUEST CLOSED.

OR

- ➔ **Treatment no longer required** - Letters sent to patient and practice confirming outcome.
REQUEST CLOSED.

Emergency Temporary Treatment and Callout Fees

- ➔ The RFA is authorised and settled with the practice/patient as requested in the RFA. Patient and practice are advised of outcome.
REQUEST CLOSED.

Oral Cancer/Hospitalisation/Permanent Facial Disfigurement Requests

- ➔ Processed within five working days of receipt based on the correct supporting documentation being submitted with the RFA.

For queries about these types of requests, please call the Assistance Team on 0300 303 5061.

Redundancy

Following pre-authorisation, a RFA is issued direct to the patient. Once authorised, patient is reimbursed monthly on receipt of their completed job search forms.

Payment

- all request types

- ➔ Payments to settle requests are raised on a Tuesday and settled by BACS into the nominated account within five working days.

Invalid Requests

- all request types

- ➔ A request for assistance may be declined during the pre-authorisation call, if it does not adhere to Scheme Rules.

- ➔ On receipt of a RFA, if the information provided conflicts with the pre-authorisation information, it may be declined.

- ➔ Patient and practice are advised of outcome.

REQUEST CLOSED.



● Submitting a Request for Assistance – Pre-authorisation *continued*

Once pre-authorisation has been granted, to enable the efficient processing of any request for assistance, please ensure a request for assistance form is completed in full before returning to the Scheme Manager, with any necessary supporting documentation.

Please refer to the Scheme Guide **'We've got your training covered'** for further instructions on how to complete the forms.

FOR REDUNDANCY REQUESTS, following pre-authorisation, a form will be issued direct to the patient.

Please refer to the Scheme Handbook for full details of the scheme rules, benefits, limitations and exclusions.



● Submitting a Request for Assistance – Pre-authorisation *continued*

Remembering the Checklist

- Have you verified the request against the Scheme Rules and Benefit Schedules?
- Have you completed all the sections of the form?
- Have both the dentist and the patient signed?
- Have you included an itemised invoice or receipt for reimbursement?
- Failure to complete the form in full or submit all the required documents could lead to unnecessary processing delays.



Please refer to the Scheme Handbook for full details of the scheme rules, benefits, limitations and exclusions.

Dental Trauma

‘A sudden identifiable external blow to the mouth or teeth, or other external trauma that happens by chance, and which could not have been expected, which causes a significant dental injury that requires dental treatment.’



● Dental Trauma - **benefit**

- The amount that the Scheme may consider, will depend on the treatment required.
- The treatment can be provided by any dentist, up to the limits shown in the Scheme Handbook, but with an overall limit of **£10,000 per injury incident**.
- If further treatment is required, benefit may only be paid if it relates to the original injury incident.
- Where treatment includes the repair or replacement of lab-based items, i.e. crowns. etc, benefit may be paid according to the cost of a repair or replacement of similar type or quality.

Please refer to the Scheme Handbook for full details of the scheme rules, benefits, limitations and exclusions.



● Dental Trauma - **benefit** *continued*

- Benefit limits for prosthetic work are inclusive of laboratory and non-laboratory fees and any temporary crowns.
- If your patient is under 18 years of age when the dental trauma occurs, benefit may only continue to be paid for any treatment required for that particular dental trauma until they reach the age of 18, or for up to 5 years from the date of the injury incident, whichever is later.
- If your patient is an adult, treatment must be completed within 2 years of the date of the dental trauma.

Please refer to the Scheme Handbook for full details of the scheme rules, benefits, limitations and exclusions.



● Dental Trauma - **limitations and exclusions**

We **WILL NOT** admit any requests for assistance in respect of the following:

- Any dental treatment previously prescribed, diagnosed or planned at the time of the dental trauma
- Treatment of a dental trauma caused by participation in rugby (other than when played as a school sport) or boxing, including training where your patient has not worn a suitable protective gum shield
- Dental Trauma caused by any foodstuff (including a foreign body in food or drink) while being consumed, although a request for assistance for Emergency Temporary Treatment, in such circumstances, may be made

Please refer to the Scheme Handbook for full details of the scheme rules, benefits, limitations and exclusions.



● Dental Trauma - **limitations and exclusions** *continued*

- Treatment required as a result of ordinary wear and tear
- Loss or damage to dentures, mouthguards, gum shields or any dental appliances unless they are being worn at the time of the dental trauma
- CT scans (1 x-ray benefit can be used if not already applied) for implants.



Please refer to the Scheme Handbook for full details of the scheme rules, benefits, limitations and exclusions.



Dental Emergency

Temporary Emergency Treatment

‘...the initial appointment at any dental practice, or other dental facility for the sole purpose of immediate pain relief, and to provide temporary treatment pending subsequent permanent treatment.’



● What happens in a dental emergency?

Patient is at home

Unless emergency treatment is required as a result of a dental trauma, or is outside of normal working hours, they cannot make a request for assistance from the Scheme.

Treatment should be sought from their registered dentist or practice. If outside of normal working hours, patients can see any dentist.

What should the patient do?

Patients should be advised to call your practice to access your emergency arrangements, including the out-of-hours emergency arrangements if appropriate.

Please refer to the Scheme Handbook for full details of the scheme rules, benefits, limitations and exclusions.

Patient is away from home

(more than 15 miles from your practice)

Patients can see any dentist or we can assist them in finding a dentist.



● Emergency callout fee

The callout fee is separated from fees for emergency temporary treatment.

In respect of emergency callout costs (to open the surgery) in the UK, the maximum contribution the Scheme can make is set out in the table below...

Day of Callout	Time of Callout	Callout Fee
Weekdays	6.00 am to 8.00 am	£145.00
	6.00 pm to 10.00 pm	£145.00
	10.00 pm to 6.00 am	£210.00
Weekends and bank holidays	6.00 am to 10.00 pm	£185.00
	10.00 pm to 6.00 am	£210.00

* Named UK bank holidays may be paid up to £210.00.

* Up to £40 for a telephone consultation, where there is no follow on treatment/attendance.

Please refer to the Scheme Handbook for full details of the scheme rules, benefits, limitations and exclusions.



- Emergency callout - **temporary treatment**

- For the immediate relief of pain for any one incident in the UK, we may pay as per the Table of Benefits as detailed in the Scheme Handbook, subject to an overall limit of

£475 per incident and £950 per annum.

- Any treatments not specified in the Table of Benefits are subject to the overall 'other emergency temporary treatment' limit of

£80 per incident.



Please refer to the Scheme Handbook for full details of the scheme rules, benefits, limitations and exclusions.



● Emergency callout - **abroad**

If a patient suffers a dental emergency outside of the UK, they may visit any available dentist for Emergency Temporary Treatment and then request assistance from us to pay for that treatment, up to **a limit of £475 per incident.**

If at all possible, the patient should contact us first to pre-authorise their request, as payment of benefit remains at the sole and absolute discretion of the Scheme Manager.



Please refer to the Scheme Handbook for full details of the scheme rules, benefits, limitations and exclusions.

● Emergency callout - **abroad** *continued*

Assistance in finding a dentist can be sought from:

- Our overseas helpline
- Hotel receptionist
- Holiday representative
- British Consulate.

The patient will need to:

- Pay for the treatment and obtain an itemised receipt
- Provide evidence of the sterling equivalent (if not we will use an online currency converter)
- Complete a request for assistance form with their registered practice on their return.

Please refer to the Scheme Handbook for full details of the scheme rules, benefits, limitations and exclusions.



● Emergency Temporary Treatment - **exclusions**

Benefit **WILL NOT** be paid for:

- Any incident which occurs when residing outside the UK for more than 180 consecutive days.
- Treatment received during normal working hours (8.00 am to 6.00 pm Monday to Friday) provided by:
 - Their dentist
 - Another dentist at the same practice
 - A dental practice within 15 miles of your dental practice (unless it relates to a dental trauma).

Please refer to the Scheme Handbook for full details of the scheme rules, benefits, limitations and exclusions.



● Emergency Temporary Treatment - **exclusions** *continued*

Benefit **WILL NOT** be paid for:

- 8.00 am to 6.00 pm, Monday to Friday, Bank Holidays or Weekends, where the practice is open for appointments, for example a Saturday morning where the practice or dentist is open for general appointments.
- Permanent treatment - should permanent treatment be necessary, benefit will be paid at the equivalent temporary limit (unless it relates to a dental trauma).
- Costs in excess of benefit limits.
- Any subsequent treatment required after the initial appointment.

Please refer to the Scheme Handbook for full details of the scheme rules, benefits, limitations and exclusions.



● Emergency help

Useful contact numbers should your patient need help obtaining emergency dental treatment:

- **During normal working hours**

(9.00 am to 5.00 pm Monday to Friday):

Assistance Team - 03300 532 061

- **Outside of normal working hours**

(5.00 pm to 9.00 am Monday to Friday, Weekends or Bank Holidays):

Emergency Dental Helpline – 0808 169 8117

Please note: the helpline cannot guarantee access to a dentist and will not review the 15 mile exclusion for emergency callout when giving out dentist details.

- **Overseas:**

(0044) 1691 887 955 - Patients can access someone 24 hours a day.

Please refer to the Scheme Handbook for full details of the scheme rules, benefits, limitations and exclusions.



● Emergencies - **public and Bank holidays**

Holiday consideration under the Scheme:

- Christmas
- Easter
- Bank or public holidays

Limited to:

- Monday to Friday 6.00 pm – 8.00 am
- Bank holidays and weekends

To support your patients, we suggest that reciprocal arrangements are made with neighbouring practices outside of these times.

Please refer to the Scheme Handbook for full details of the scheme rules, benefits, limitations and exclusions.



Permanent Facial Disfigurement

‘...if you suffer from permanent facial disfigurement as a result of Dental Trauma, that is visible 12 months from the date of the incident’



● Facial disfigurement

If you suffer permanent facial disfigurement as a result of dental trauma, we may pay benefit according to the severity of the scarring as follows:

Scarring up to 5 cms in total length	£50
Scarring more than 5 cms but less than 7.5 cms in total length	£100
Scarring of 7.5 cms or more in total length	£500

Photographic evidence at time of the incident and 12 months following must be provided. Scarring that is not visible 12 months from the date of the incident will not be considered.

Please refer to the Scheme Handbook for full details of the scheme rules, benefits, limitations and exclusions.



Hospitalisation

‘...when admitted to hospital for treatment as an inpatient either wholly or partly under the care of a consultant who specialises in dental or maxillofacial surgery’.



● Hospitalisation

If your patient is admitted to hospital for treatment as an inpatient, either wholly or partly under the care of a consultant who specialises in dental or maxillofacial surgery.

We may pay benefit of up to £68.00 for each overnight stay in hospital (up to a maximum of 365 nights) while their hospitalisation period continues.

What is not eligible?

Hospitalisation for any condition for which treatment was diagnosed prior to the date they joined your dental plan.

We will not pay benefit if subsequent hospitalisation is required in respect of the same dental trauma.

Please refer to the Scheme Handbook for full details of the scheme rules, benefits, limitations and exclusions.



Oral Cancer

‘...diagnosis of cancer of the lips, tongue, major salivary glands, gums, mouth or pharynx or the oral cavity from the lips to pharynx but excluding the tonsils, substantiated by an Expert Medical Specialist’s letter and histology, where Oral Cancer is diagnosed as the primary site of cancer, and is non-recurring either at the same site or in a different location in the oral cavity’.



- Oral cancer

If your patient is diagnosed by an
Expert Medical Specialist as suffering
from Oral Cancer...

**we may pay a fixed
benefit of £2,500**

Please refer to the Scheme Handbook for full details of the scheme
rules, benefits, limitations and exclusions.



● Oral cancer *continued*

We **WILL NOT** admit a Request for Assistance for:

- Oral cancer that first manifests itself and/or for which investigations/diagnosis has been made either prior to, or within the first 90 days of them joining the dental plan
- Oral cancer directly or indirectly associated with Human Immunodeficiency Virus (HIV) or any related sickness including Acquired Immune Deficiency Syndrome (AIDS)
- Oral cancer attributable to the smoking or chewing of tobacco products or betel nuts and/or alcohol abuse
- Benign or pre-malignant conditions, cancer in situ or other non-invasive cancers, considered by their expert medical specialist to have no potential for spreading from one part of the body to another
- No further benefit is payable in the event of the reoccurrence of the same oral cancer either at the same site or in a different location in the oral cavity.

Please refer to the Scheme Handbook for full details of the scheme rules, benefits, limitations and exclusions.



Redundancy

‘Reimbursement of plan payments, subject to limits, for up to 12 months in the event of a compulsory redundancy’.



● Redundancy - **benefit**

- If your patient is made redundant whilst a member of a dental plan for a continuous period of more than 30 days, we may pay the monthly fee(s) payable for both their own and their dependents' dental plans beginning from the 31st day of their unemployment.
- Benefit may be payable for each complete 30-day period of total unemployment subject to a maximum fee payable for a single dental plan of **£15.00 per member per month**, or a **maximum of £60.00 per month** for multiple dental plan payments on behalf of them and their dependants. A maximum of 12 monthly payments will be paid.
- Benefits will cease on the patients' return to paid employment (temporary or permanent).

Please refer to the Scheme Handbook for full details of the scheme rules, benefits, limitations and exclusions.



● Redundancy - **benefit** *continued*

- Patients will be entitled to make a further request for assistance if six months have elapsed since the last payment was made by us for a previous period of redundancy.
- Where the dental plan is in the name of a child, to the extent they are not also a dependant under a parents' request for assistance, this benefit will be available to the payer of the dental plan where the payer satisfies the conditions in this section of the scheme.

Please refer to the Scheme Handbook for full details of the scheme rules, benefits, limitations and exclusions.



● Redundancy - **exclusions**

Benefit **WILL NOT** be paid:

- If your patient elects to take voluntary redundancy (this includes entering into a settlement and/or compromise agreement with their employer)
- If they have not been in continuous employment for the six months prior to the date of their redundancy
- Where they were under notice of redundancy at the date they joined the dental plan
- The expiry of a fixed term contract
- If they are self-employed, joined a Registration Plan or are part of a Company Dental Scheme
- If they are employed by a temporary employment agency
- If their employment ceases due to grounds of ill health.

Please refer to the Scheme Handbook for full details of the scheme rules, benefits, limitations and exclusions.



General exclusions



● What's not eligible?

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

Please refer to the Scheme Handbook for full details of the scheme rules, benefits, limitations and exclusions.



● What's not eligible? *continued*

- 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:
 - our registered dentist
 - Another dentist at the same practice
 - A dental practice within a 15 mile radius of your registered practice.
- 8.00 am to 6.00 pm, Monday to Friday, Bank Holidays or Weekends, where the practice is open for appointments, for example a Saturday morning where the practice or dentist is open for general appointments.

Please refer to the Scheme Handbook for full details of the scheme rules, benefits, limitations and exclusions.



We hope we've provided you with enough information to aid your understanding of the Scheme. However, if you have any questions, don't hesitate to get in touch.

Assistance Team Telephone:

03300 532 061

Assistance Team email:

assistance@wdeas.co.uk

Assistance Team opening hours:

9.00 am - 5.00 pm, Monday to Friday.

Calls are recorded for training and compliance purposes.

