



Worldwide

Dental Emergency Assistance Scheme

SCHEME HANDBOOK

The Worldwide Dental Emergency Assistance Scheme has been set up to offer discretionary support and assistance to Dental Plan patients who request treatment following a Dental Trauma and/or dental emergency or diagnosis of Oral Cancer.

THE SCHEME



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● The Worldwide Dental Emergency Assistance Scheme - Details

In this handbook **you** will find details about the Worldwide Dental Emergency Assistance Scheme ("the Scheme") and how it works, together with the Scheme Framework and other important information.

The Worldwide Dental Emergency Assistance Scheme is a discretionary scheme established to offer support and assistance to **Dental Plan** patients who request treatment following a **Dental Trauma** and/or dental emergency or diagnosis of **Oral Cancer**.

The Scheme is a wholly discretionary scheme, not an insured scheme. It is funded by **your Dental Plan Administrator** to pay **Benefits** at the sole and absolute discretion of the **Scheme Manager**. The Scheme Rules can be found on Page 6.

Due to the discretionary nature of the Scheme, **we** ask that **you**, if at all possible, contact **us** first, in the event **you** wish to request assistance.

What is a wholly discretionary scheme and how is discretion applied?

Dental Plan patients are eligible to request assistance from the Scheme in the event of a **Dental Trauma** and/or dental emergency or diagnosis of **Oral Cancer**. The Scheme responds to such requests on a wholly discretionary basis. This means that, whilst the Scheme aims to provide **Benefits** in most cases, the Scheme has no obligation to provide any **Benefit** unless the **Scheme Manager** first decides (in its sole and absolute discretion) that the Scheme should provide a **Benefit**.

The **Scheme Manager** will look at each case individually to assess the request for a **Benefit**. It is possible that in some cases the **Scheme Manager** will decide to provide no **Benefit**. In addition, there are some circumstances in which the Scheme is not designed to help and these are explained in more detail on Page 5 and in the respective sections of the **Benefits** Schedule.

● The Worldwide Dental Emergency Assistance Scheme - Benefits

What's considered?

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** (subject to individual benefit levels);
- 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 considered?

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 the hours of 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;
- Treatment received during the hours of 6.00 pm to 8.00 am Monday to Friday, Bank Holidays or Weekends, provided by **Your** dentist, or another dentist at the same practice, where the practice is open for appointments. For example, a Saturday morning where **your** practice or dentist is open for general appointments.

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**.

● Scheme Rules

1. The Scheme is only available to patients who have an in-force **Dental Plan** administered by **Dental Plan Administrators** in the Wesleyan Group and who have suffered a **Dental Trauma** and/or dental emergency or been diagnosed with **Oral Cancer**.
2. A **Dental Plan** is in-force from the date **you** sign **your Dental Plan** Dentist/Patient Agreement or, if later, the date the **Dental Plan** commences as stated in **your** Dentist/Patient Agreement.
3. The Scheme offers **Benefits** on a wholly discretionary basis. This means that the Scheme has no obligation to provide any **Benefits** to a **Dental Plan** patient, unless the **Scheme Manager** first decides (in its sole and absolute discretion) that the Scheme should provide a **Benefit** to that patient. It is possible that, in some cases, the Scheme will provide no **Benefit**.
4. Membership of a **Dental Plan** does not create an entitlement to a **Benefit** from the Scheme, but rather gives rise to eligibility to request assistance from the Scheme.
5. If the **Scheme Manager** decides (in the exercise of its sole and absolute discretion) that the Scheme should provide a **Benefit** in response to a request for assistance, such **Benefit** will be payable from the **Fund** which is maintained by the Scheme for the purpose of paying those **Benefits**.
6. If the **Scheme Manager** decides (in the exercise of its sole and absolute discretion) that the Scheme should provide a **Benefit** in response to a request for assistance, the request will be assessed against the **Benefit** levels in force and the Scheme resources at the date of the occurrence of the **Dental Trauma** and/or dental emergency or diagnosis of **Oral Cancer**.
7. Payment of the **Benefit** is normally made direct to the dentist providing the treatment, but can be made to **you**, if **you** have directly incurred costs.
8. Failure to pay **your** monthly or annual **Dental Plan** fee, shall render **your** right to approach the Scheme to request assistance null and void.
9. The **Scheme Manager** reserves the right to recover the cost of meeting a request for assistance admitted by the Scheme from any third party.
10. The right is reserved to alter these rules and accompanying **Benefit** Schedules at any time. Any such alterations shall not affect the **Benefit** for an eligible, notified request for assistance in respect of which the **Scheme Manager** has decided (in the exercise of its sole and absolute discretion and prior to the date of the said alterations) that the Scheme should provide a **Benefit**. The latest version of these Scheme Rules, including **Benefit** levels is available at scheme.wdeas.co.uk/patients.
11. In addition to the sole and absolute discretion of the **Scheme Manager** to decide that the Scheme should not provide a **Benefit** in response to a request for assistance, the right is reserved to not admit or pay any **Benefit** if **you** or anyone acting on **your** behalf gives us false information or makes a fraudulent request for assistance. If this happens, any monies already paid must be repaid to the **Fund**.

● Definitions

You, your	The Dental Plan patient, being the person eligible to request assistance from the Scheme.
We, us, our	The Worldwide Dental Emergency Assistance Scheme, which is operated by Worldwide Assistance Limited [a company registered in England and Wales with company number 10907861 and registered office at Cambrian Works, Gobowen Road, Oswestry, Shropshire SY11 1HS]
Benefits	Any sums paid to or on behalf of a Dental Plan patient by the Worldwide Dental Emergency Assistance Scheme at the sole and absolute discretion of the Scheme Manager .
Child	A person who is under 18 years of age at the time a Dental Trauma occurs.
Dental Plan	The Dental Plan offered by your dental practice and administered by your Dental Plan Administrator .
Dental Plan Administrator	The company in the Wesleyan Group which is named as the administrator of your Dental Plan .
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.
Emergency Temporary 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.

Expert Medical Specialist	A person other than you or a member of your immediate family or an employee of yours who is qualified as a consultant and specialises in Oral Cancer treatment, who is practising in the United Kingdom, Channel Islands, Isle of Man, United States of America, Canada or the European Union.
Fund	The fund maintained by us for the purpose of paying Benefits at the sole and absolute discretion of the Scheme Manager .
Immediate Family	Your spouse/partner (residing with you), a parent, grandparent, sibling or any child in your care.
Implant	An intra-osseous fixture (an implant inserted into the bone) designed to integrate with the bone and replace the root of a tooth including the abutment and prosthesis.
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.
Prosthesis	An artificial device fitted in the mouth, to replace/restore dentition (teeth), including but not limited to crowns, bridges, dentures, inlays/onlays, implants and veneers.
Scheme Manager	The person(s) appointed by the Scheme from time to time to administer the Scheme and determine whether to pay Benefits in response to requests for assistance.

To help **you** identify these definitions in this handbook, **we** have formatted them in **bold**.

● Benefit Schedule

General provisions applicable to all Benefits

1. **You** must take all reasonable precautions to protect **yourself** against **Dental Trauma** and/or dental emergency.
2. Any communication in connection with the Scheme shall be in the English language.
3. This document 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.
4. If **you** suffer **Dental Trauma** and/or a dental emergency or have been diagnosed with **Oral Cancer**, and have an in-force **Dental Plan**, **you** can request assistance from the Scheme.
5. **Your** request for assistance will be considered by the **Scheme Manager** and if, in its sole and absolute discretion, the request for assistance is admitted, the **Benefits** Schedule set out on pages 11 to 20, provides a guide to the level of **Benefit** normally paid by the Scheme.
6. If a request for assistance for treatment abroad is admitted, **we** will pay **Benefits** in Pounds Sterling using FX Converter at www.oanda.com. The exchange rate will be calculated at the rate in force on the date of payment, unless evidence of Sterling conversion value is submitted with the request for assistance.
7. **IT IS IMPORTANT THAT, IF AT ALL POSSIBLE, YOU CONTACT US BEFORE GOING AHEAD WITH TREATMENT AS WE MAY NOT PAY REQUESTS FOR ASSISTANCE THAT HAVE NOT BEEN PRE-AUTHORISED** (for details of how to apply for pre-authorisation, please see page 25).

● Benefit Schedule

This **Benefits** Schedule provides a guide to the level of **Benefit** normally paid by the Scheme when a request for assistance is admitted at the **Scheme Manager's** sole and absolute discretion.

SECTION 1 - DENTAL TRAUMA

- The amount that the Scheme will pay will depend on the treatment required. The treatment can be provided by any dentist, up to the limits shown in Table 1, but with an overall limit of £10,000 per injury incident.
- If **you** require further treatment, **Benefit** will only be paid if it relates to the original injury incident.
- Any treatments not specified in Table 1 will be considered under the '*Other necessary treatment*' item.
- Where treatment includes the repair or replacement of a crown, bridgework, a veneer, **implant** or denture, **Benefit** will be paid according to the cost of a repair or replacement of similar type or quality.
- **Benefit** limits for **Prosthetic** work are inclusive of laboratory and non-laboratory fees and any temporary crowns.
- If **you** are under 18 years of age when the **Dental Trauma** occurs, **Benefit** will only continue to be paid for any treatment required for that particular **Dental Trauma** until **you** reach the age of 18, or for up to 5 years from the date of the injury incident, whichever is later.
- If **you** are an adult, treatment must be completed within 2 years of the date of the **Dental Trauma**.

● Benefit Schedule - continued

What we will NOT assist with

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 rugby played as a school sport) or boxing, including training where **you** have 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;
- 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**.

Table 1 – To be used by the dentist to complete the treatment plan section of your Request for Assistance Form

TREATMENT TYPE	LIMIT PER ELEMENT	BENEFIT LIMIT (£)
Examination and report to include necessary smoothing and polishing	Per incident	Up to 49.00
Diagnosis - X-ray (up to 2 per incident)	Per incident	Up to 37.00
Non-Surgical Extraction	Per tooth	Up to 55.00
Surgical Extraction	Per tooth	Up to 85.00
Filling – (build up only) 1 surface	Small	Up to 50.00
Filling – (build up only) 2 surfaces	Medium	Up to 80.00
Filling – (build up only) 2 or more surfaces	Large	Up to 95.00
Laboratory made temporary bridge following tooth loss (max 3 units)	Per pontic/retainer	Up to 63.00
Temporary denture following tooth loss	Per denture	Up to 305.00

TREATMENT TYPE	LIMIT PER ELEMENT	BENEFIT LIMIT (£)
Bridge - All metal *	Per retainer	Up to 475.00
Bridge - All metal *	Per pontic	Up to 440.00
Bridge - Bonded metal/porcelain*	Per retainer	Up to 540.00
Bridge - Bonded metal/porcelain*	Per pontic	Up to 505.00
Bridge - Adhesive*	Per retainer	Up to 280.00
Bridge - Adhesive*	Per pontic	Up to 300.00
Crown - Porcelain jacket*	Per crown	Up to 435.00
Crown - Ceramic*	Per crown	Up to 535.00
Crown - Full metal*	Per crown	Up to 455.00
Crown - Porcelain bonded*	Per crown	Up to 470.00
Crown - Dentine bonded	Per crown	Up to 500.00
Lab made post/core construction	Per tooth	Up to 110.00
Porcelain veneer*	Per unit	Up to 450.00
Dentures - Permanent acrylic	Per denture	Up to 500.00
Dentures - Permanent metal	Per denture	Up to 750.00
Dentures - Permanent partial acrylic	Per denture	Up to 250.00
Implants – Single tooth* **	Per tooth	Up to 1700.00
Addition to a Denture	Per tooth	Up to 90.00
Re-cement Bridge	Per bridge	Up to 55.00
Re-cement Crown/Veneer	Per tooth	Up to 44.00

ROOT CANAL TREATMENT

	Per incisor/canine	Up to 320.00
	Per premolar	Up to 320.00
	Per molar	Up to 395.00
Other necessary treatment (including emergency attention when required)	Per incident	Up to 625.00

* Includes any necessary interim covering.

** Includes prosthetic.

● Benefit Schedule - continued

SECTION 2 - DENTAL EMERGENCY Emergency temporary treatment

- For guidance on what to do in a dental emergency see page 22.

If **you** are in the UK

- We may pay **Benefits** for emergency callout and **Emergency Temporary Treatment** costs when **you** are;
 - away from home and/or otherwise more than **15 miles** from **your** dental practice and **you** could not reasonably access **your** dentist's own emergency arrangements, up to the amounts set out in Table 3.
 - Emergency Temporary Treatment** received outside the hours of 6.00 pm to 8.00 am Monday to Friday, Bank Holidays and Weekends. Where **your** Dentist or Dental practice has re-opened the practice to provide emergency temporary treatment. Up to the amounts set out in Table 3.
- In respect of emergency callout costs (to open surgery) in the UK, **you** may request payment towards callout fees up to the amounts set out in Table 2.
- If **you** obtain advice by telephone, where no attendance follows, up to £40.00.

Table 2

DAY AND TIME OF CALLOUT		CALLOUT FEE LIMIT
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

- The amount **you** may request for **Emergency Temporary Treatment** is set out in Table 3 and is subject to a maximum of £475 per incident and £950 in any 12 month period.
- Any treatments not detailed in Table 3 are subject to the "*Other Emergency Temporary Treatment*" limit shown.
- Where permanent treatment has been provided, **Benefit** may be paid to equivalent **Emergency Temporary Treatment** limits.
- Named UK bank holidays will be paid up to £210.00

Table 3 – To be used by the dentist to complete the treatment plan section of your Request for Assistance Form

If **you** are outside the UK

TREATMENT TYPE	LIMIT PER ELEMENT	BENEFIT LIMIT (£)
Examination and treatment of sensitivity	Per incident	Up to 49.00
X-ray	Per incident	Up to 33.00
Treatment to stop haemorrhage including follow up care	Per incident	Up to 55.00
Tooth extraction (max two teeth)	Per tooth	Up to 85.00
Root extirpation, including dressing and treatment of infection	1 canal	Up to 105.00
	2 canals	Up to 108.00
	3+ canals	Up to 143.00
Treatment of infection	Per incident	Up to 38.00
Investigation and dressing – 1st tooth	Per tooth	Up to 45.00
– additional teeth	Per tooth	Up to 25.00
Resecure crown or inlay	Per tooth	Up to 47.00
Resecure bridge	Per bridge	Up to 58.00
Temporary filling	Per tooth	Up to 50.00
Temporary bridge	Per bridge	Up to 180.00
Temporary crown	Per tooth	Up to 102.00
Temporary post and core	Per tooth	Up to 85.00
Repair/adjust orthodontic appliance	Per appliance	Up to 60.00
Repair of denture	Per denture	Up to 55.00
Adjust denture	Per denture	Up to 35.00
Remove sutures inserted by another dentist	Per incident	Up to 32.00
Other emergency temporary treatment	Per incident	Up to 80.00

● Benefit Schedule - continued

If **you** are outside the UK and **you** suffer a dental emergency **you** 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 £475.00 per incident. If at all possible, **you** should contact **us** first to pre-authorise **your** request, as payment of **Benefit** remains at the sole and absolute discretion of the **Scheme Manager**.

What we will NOT assist with

Benefit WILL NOT be paid for:

- Any dental emergency which occurs when **you** have been residing outside of the UK for more than 180 consecutive days.
- Treatment received during the hours of 8.00 am to 6.00 pm Monday to Friday provided by:
 - **Your** dentist,
 - Another dentist at the same practice,
 - A dental practice within 15 miles of **your** dental practice (unless it relates to a **Dental Trauma**).
- Treatment received during the hours of 6.00 pm to 8.00 am Monday to Friday, Bank Holidays or Weekends, provided by **Your** dentist, or another dentist at the same practice, where the practice is open for appointments. For example, a Saturday morning where **your** 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 is specifically excluded.

SECTION 3 - PERMANENT 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	£50.00
Scarring more than 5 cms but less than 7.5 cms in total length	£100.00
Scarring of 7.5 cms or more in total length	£500.00

- Subject to the provision of photographic evidence at time of the incident and 12 months following.

What we will NOT assist with

Benefit WILL NOT be paid for:

- Scarring that is not visible 12 months from the date of the incident.

SECTION 4 - HOSPITALISATION

- If **you** are 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 **your** hospitalisation period continues.

What we will NOT assist with

- Hospitalisation for any condition for which treatment was diagnosed prior to the date **you** joined **your Dental Plan**.

● Benefit Schedule - continued

SECTION 5 - ORAL CANCER

- If **you** are diagnosed by an **Expert Medical Specialist** as suffering from **Oral Cancer**, **we** may pay **you** a fixed **Benefit** of £2,500.

What we will NOT assist with

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 **your** 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 **your 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.

SECTION 6 - REDUNDANCY

Benefit is provided only where **you** have taken out a **Dental Plan**.

It is not applicable if **you** have elected to join a Registration Plan, are a member of a Company Dental Scheme or if **you** are self-employed.

- If **you** are 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 **your** own and **your** dependants' **Dental Plans** beginning from the 31st day of **your** unemployment;
- **Benefit** will 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 **you** and **your** dependants;
- **Benefits** will cease on **your** return to paid employment (whether on a temporary or permanent basis);
- **You** will only be entitled to make a further request for assistance under this Section 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.

Subject to:

- Providing satisfactory evidence to the Scheme that **you** are actively seeking paid employment (permanent or temporary);
- A maximum of 12 monthly payments.

● Benefit Schedule - continued

What we will NOT assist with

Benefit WILL NOT be paid:

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

● Complaints Procedure

If **you** feel **we** could have done better or there is something **you** believe **we** should be doing differently, **we** would like to know. Our aim is to respond to any concerns to **your** satisfaction and use **your** feedback in order to improve **our** service in the future. **We** want to resolve complaints as soon as possible.

If a complaint is complex or serious, **we** will send an acknowledgement within three working days and a full response within four weeks. If, for any reason, this timetable cannot be met, **we** will explain why.

We will try to resolve **your** complaint to **your** satisfaction quickly and fairly. If **you** are not satisfied with **our** response **you** can refer **your** complaint to our Appeals Panel, which comprises independent representatives from the dental profession. For details on how to contact **us** please see page 27.

● Scheme Governance

The Scheme is operated by Worldwide Assistance Ltd. Its purpose is to assist **Dental Plan** patients who suffer a **Dental Trauma** and/or dental emergency or who are diagnosed with **Oral Cancer**. The Scheme makes payments to fund treatment at the sole and absolute discretion of the **Scheme Manager**.

The **Fund** receives payments from **Dental Plan Administrators** in the Wesleyan Group. The **Fund** is applied solely to assisting **Dental Plan** patients, with the only other costs charged to the **Fund** relating to administration of requests for assistance made and the management of the **Fund's** resources.

The **Scheme Manager** uses actuarial expertise to regularly review the levels of resource in the **Fund** and uses past experience to determine what requests for assistance might arise in the future and the level of financial resources the Scheme needs to hold in order to respond to requests for assistance.

● Worldwide Dental Emergency Assistance - Q&A

Q1 : How does my Dental Plan and the Worldwide Dental Emergency Assistance Scheme work?

A1 : As a member of a **Dental Plan**, **you** will have the peace of mind that **your** preventive dental care is provided by **your** dentist in return for convenient monthly payments. The monthly amount that **you** pay depends on the type of plan. **Your Dental Plan Administrator** manages and administers **your Dental Plan** payments using its Direct Debit Originator status. The **Dental Plan Administrator** also arranges for **you** to have access to the Scheme which forms an integral part of the **Dental Plan** and could provide further assistance in the event of **Dental Trauma** and/or dental emergencies or diagnosis of **Oral Cancer**.

Should **you** suffer a **Dental Trauma**, a dental emergency or be diagnosed with **Oral Cancer**, **you** may make a request for a payment from the Scheme. **The Scheme Manager**, at its sole and absolute discretion, may choose to reimburse **you** either in full or in part for the costs of any necessary treatment (up to the limits specified in the **Benefits** Schedule). Whatever decision is made, a full explanation will be provided.

Q2 : What happens in a dental emergency?

A2 : (i.) At home (and/or otherwise within 15 miles of **your** dental practice): when **you** are at home **you** should call **your** practice to access **your** dentist's own emergency arrangements. In the unlikely event that **your** dentist's emergency arrangements are not available, and **you** need to seek treatment elsewhere, **you** may see a dentist of **your** choice or **we** could assist **you** in finding a dentist.

When **you** are at home, unless the emergency treatment is required as a result of a **Dental Trauma**, or is outside of normal working hours, **you** cannot make a request for assistance from the Scheme (see Page 14). Emergency treatment may be covered by **your Dental Plan** if provided by **your** dentist or any rota dentist. **Your** practice will be able to advise **you** if **your Dental Plan** includes emergency treatment.

(ii.) Away from home (and/or otherwise more than 15 miles from **your** dental practice): if **you** are away from home or overseas **you** may see any dentist or **we** could assist **you** in finding a dentist. The British Consulate, **your** hotel, holiday representative or hosts may also be able to provide contact details for a dentist in the area.

At home or away from home, **we** can help **you** find a suitable dentist in the local area and can book **you** an appointment.

Whilst every endeavour will be made to source a dentist and make an appointment, **we** cannot guarantee that a dentist will be able to see **you** as our helpline does not have access to dentist diaries.

If **your** request for assistance is admitted, we will pay for **Emergency Temporary Treatment** required at the initial appointment subject to the limits in the **Benefits** Schedule on page 14. **You** should pay for the treatment, obtain a receipt and submit a Request for Assistance Form.

For full details on how to contact us, see page 27.

Q3 : Why do I need to get my request for assistance pre-authorised?

A3 : The Worldwide Dental Emergency Assistance Scheme is a discretionary scheme and therefore the **Scheme Manager** uses its sole and absolute discretion to decide if the Scheme can make a payment from the **Fund** to help **you**. If **you** have an in-force **Dental Plan** and **your** situation meets the guidelines laid down in **our Benefit** Schedule then in most cases, **we** are likely to be able to help. Considering each case individually, it is possible that in some cases the **Scheme Manager** will decide to provide no **Benefit**. Once **we** have assessed **your** situation **we** can give **you** a decision on whether **we** can pre-authorise **your** request for assistance.

If **your** request for assistance has been pre-authorised **you** can go ahead and seek treatment which will be paid for by the Scheme subject to the applicable limits as specified in the **Benefits** Schedule. Once **we** receive **your** completed Request for Assistance Form and any associated treatment plan from **your** dentist, **we** can arrange for payment of **Benefits** from the **Fund**.

Worldwide Dental Emergency Assistance - Q&A

Q4 : What is Emergency Temporary Treatment?

A4 : Emergency Temporary Treatment is 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.

Q5 : Can I request a payment for permanent treatment received during an emergency appointment?

A5 : No. Unless the emergency appointment is required as a result of a **Dental Trauma** (see page 11), the Scheme provides for **Emergency Temporary Treatment**. If permanent treatment is received, any payment under the Scheme will be based on the likely cost of **Emergency Temporary Treatment** had this been delivered in isolation.

Q6 : I have tripped and damaged a tooth (e.g. in a fall whilst running for a bus). The tooth had already been identified as a tooth requiring treatment; can I make a request for assistance from the Scheme?

A6 : If **your** request for assistance has been pre-authorised **you** should complete a Request for Assistance Form. **The Scheme Manager** will investigate both the circumstances surrounding the injury incident and the pre-incident condition of the tooth to determine how much **Benefit** in the Scheme Manager's absolute discretion may be paid (see page 12).

Q7 : How is the Scheme funded?

A7 : **Dental Plan Administrators** in the Wesleyan Group make payments to the Worldwide Dental Emergency Assistance Scheme, who operate a **Fund** to be used to help **Dental Plan** patients if they need assistance. The **Fund** is managed using actuarial expertise to make sure it has sufficient resources to provide assistance. Payments from the **Fund** are at the absolute discretion of the **Scheme Manager** who sets internal guidelines to ensure decisions on what **Benefits** are paid are consistent and fair and can be met from the **Fund's** resources.

Q8 : How do I obtain pre-authorisation for treatment that is needed as a result of suffering a Dental Trauma or if I need Emergency Temporary Treatment?

A8 : During normal working hours (8.00 am to 6.00 pm Monday to Friday). Please call the Assistance Team on 03300 532 061.

Outside of normal working hours (6.00 pm to 8.00 am Monday to Friday, Weekends or Bank Holidays). Please call the Dental Helpline on 0808 169 8117 overseas: (0044) 1691 887955.

Whether **you** are calling the Assistance Team or the Dental Helpline, the dedicated and experienced call handlers will guide **you** through the process to establish if 1) **you** need immediate access to a dentist to receive **Emergency Temporary Treatment** and/or 2) **you** wish to submit a request for assistance and require pre-authorisation.

Please have to hand the following information:

- Contact details, email and telephone number
- Any medical/dental concerns
- Nature of incident – what, when, how and where.

Where access to an emergency dentist is also required:

- **Your** current location, if away from home (postcode preferably)
- Whether transport is available and distance prepared to travel to a dentist
- Any times unavailable to attend a practice.

Our team will determine whether **your** request can be pre-authorised. If **your** request is accepted, the final **Benefit** payable will be determined upon receipt of a signed and fully completed Request for Assistance Form.

If any of the information provided during the pre-authorisation call is later found to be incorrect **your** request may be declined. For example, if **you** indicated that **you** have a valid plan at **your** registered dentist, which is later found to be incorrect any request for assistance may be declined.

● Your Data

We will ask **you** to provide **us** with data and personal information if **you** need to contact The Worldwide Dental Emergency Assistance Scheme for help. Some of this information will be sensitive as this will relate to **your** dental health. If **you** apply for assistance **we** will seek **your** consent to obtain and hold **your** information.

Full details of how **we** manage **your** data can be found in **our** Privacy Notice which was supplied to **you** when **you** joined **your Dental Plan**. A full copy of this Privacy Notice can also be found at scheme.wdeas.co.uk/patients or can be obtained from **your** dental practice or directly from **us** by calling 03300 532 061.

WORLDWIDE DENTAL EMERGENCY ASSISTANCE SCHEME

Helping Dental Plan patients in the event of a dental emergency

The Worldwide Dental Emergency Assistance Scheme
Cambrian Works
Gobowen Road
Oswestry
Shropshire
SY11 1HS

● Contact us

If **you** have suffered a **Dental Trauma** and/or dental emergency or are diagnosed with **Oral Cancer**, please contact **us** on:

During normal UK working hours:

T: 03300 532 061

E: assistance@wdeas.co.uk

Outside normal UK working hours:

T: 0808 169 8117

If overseas:

T: (0044) 1691 887955

In the event of a complaint:

T: 03300 532 061

E: complaints@wdeas.co.uk

Calls may be recorded to help us provide, monitor and improve our services to you.

The Worldwide Dental Emergency Assistance Scheme is operated by Worldwide Assistance Limited (10907861). A company registered in England and Wales.
Registered Office: Cambrian Works, Gobowen Road, Oswestry, Shropshire SY11 1HS. Part of the Wesleyan Group.



Worldwide

Dental Emergency Assistance Scheme

The Worldwide Dental Emergency Assistance Scheme is operated by Worldwide Assistance Ltd, part of the Wesleyan Group.

A financial services mutual founded in 1841, Wesleyan Assurance Society provides specialist advice and solutions to the dental profession.

THE SCHEME



Cambrian Works, Gobowen Road, Oswestry, Shropshire SY11 1HS
Tel: 03300 532 061 ● Email: assistance@wdeas.co.uk ● scheme.wdeas.co.uk