

**ADVANTAGE
HEALTH DENTAL
CARE PLAN –
DENTAL
IMPLANT
UPGRADE
COVER**

**For Employees of Johnson and
Johnson**

**Period of Cover 1 January 2025 to
31 December 2026**

**Please read this policy document together with the
IPID and retain it along with a copy of your
welcome email for future reference in the event of
making a claim.**

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This document is to be read in conjunction with and forms part of **Your Policy** Terms and Conditions only where **You** have registered for Dental Implant Upgrade Cover to be added to **Your** main Dental Insurance **Policy** **You** have in place with **Us**.

The terms and conditions in this section show **Your** benefit for dental implant **Treatment** costs necessary as a direct result of a dental injury resulting from an **Accident** anywhere in the world, or arising from a clinical cause that was not in existence prior to the **Insured Persons Date of Entry**.

This is an upgrade product providing extra dental injury benefit, additional to **Your** existing Dental Insurance **Policy** supplied by **Us**, and may only be purchased as a supplemental insurance to **Your** Advantage Health Dental Care Plan cover.

This section provides the additional terms and conditions of Dental Implant Upgrade Cover.

Should there be any discrepancy between the contents of this section and the other sections within **Your** main Dental Insurance Policy supplied by **Us**, the following replaces it.

Schedule of Benefits

In addition to the benefits shown in the Benefits section of **Your** Policy Terms & Conditions, the following applies:

Worldwide Dental Injury

If, as the result of an **Accident**, **You** sustain a dental injury resulting in a clinical requirement for one or more of **Your** natural teeth to be replaced by dental implant(s), benefit will be paid for the actual cost of **Treatment** described below up to the limits specified.

Clinical Cause

If, due to a clinical cause, one or more of **Your** natural teeth needs to be replaced by dental implant(s), benefit will be paid for the actual cost of **Treatment** described below up to the limits specified.

Cover Limits

Provision of a dental implant (including temporary coverage) but not including the abutment and crown:

- a) Worldwide dental injury - up to £2,000 per fixture up to a maximum of 10 fixtures per **Period of Cover**.
- b) Clinical cause – up to £2,000 per fixture up to a maximum of 3 fixtures per **Period of Cover**.

A maximum of 10 fixtures in total over both benefits per **Period of Cover**.

Benefit Rules

In addition to the Exclusions section of **Your** Policy Terms & Conditions, the following Benefit Rules apply:

- a) The insured benefit is paid on receipt of a valid claim where the dental surgeon is positively identified by his or her GDC number.
- b) The dental implant site must be identified by the FDI tooth number of the tooth position it fills.
- c) Dental Implants placed in the site of 2nd or 3rd molars are excluded from benefit.
- d) The insured benefit is only paid once per beneficiary per tooth site and the **Insurer** is not liable for any future costs incurred by dental implant complications such as rejection, fracture or infection.
- e) Teeth lost prior to the purchase of the Advantage Health Dental Care Plan are not included under the benefit.
- f) Dental implant cover does not extend to the replacement of existing crowns or fixtures.
- g) No benefit shall be payable in respect of any dental implant **Treatment** undertaken within 90 calendar days of the **Insured Persons Date of Entry** regardless of the date of any **Accident** or clinical requirement.
- h) No benefit shall be payable in respect of dental implant **Treatment** due to a clinical cause arising from any periodontal disease that was in existence before **the Insured Persons Date of Entry**.

- i) No benefit shall be payable in respect of the placement of a dental implant into a pre-existing edentulous space or where a **Dentist**/specialist **Dentist** deems it not clinically appropriate, or replacement following the failure of a dental implant to integrate or due to a subsequent breakdown of integration.
- j) No benefit shall be payable in respect of any dental implant **Treatment** which was necessary, prescribed, planned or is taking place at the **Insured Persons Date of Entry**.

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