

Dental Coverages 2022 - 2023



Regulations of dental care policies managed
by the provider AON / PRONTO CARE

The present document is a translation of the official Italian version. Please note that in case of discrepancies the Italian version will prevail

General liquidity conditions (2022/2023)

- As an Illness/Injury policy, the pathology must be indicated except in the case of consultations, oral hygiene and radiology.
- Reimbursement may be claimed for expenses incurred for necessary dental treatments in relation to the documented pathological condition, in compliance with the Guidelines issued by the S.I.d.P Società Italiana di Parodontologia e Implantologia, and according to the specific liquidity conditions described below. Cosmetic dental treatment is not eligible for reimbursement.
- All services can be liquidated within the parameters of the annual limit for the subscribed dental plan.
- "For the allocation of the annual maximum limit and, in general, of all of the terms and conditions provided for by the regulation (e.g. % reimbursement), the relevant year corresponds to the year recorded on the invoice, including in the event of access to an affiliated dentist (in this case the year of authorisation is not relevant); therefore, for treatments that span the two years, all services performed by the end of the year (31/12/2022 and 31/12/2023), if invoiced by that date, will be charged up to the maximum limit of the invoice year, even if the treatment plan has not been completed.
- Direct requests for authorisation submitted in the month of December must be received by the provider from the dentist in sufficient time to enable for invoice to be issued before the end of the year."
- Reimbursement requests must be sent within 3 months of the date the invoice was issued, accompanied by the required medical/diagnostic documentation, which must be made at the same time as the treatment, signed by the relevant dentist and indicating the date and the name of the insured party. If the photographic/radiographic documentation produced was not made at the same time as the treatment, the service cannot be reimbursed.
- Costs relating to the required medical/diagnostic documentation (x-rays, photographs, dental files, etc.) are non-refundable.
- The rights deriving from the subscribed dental plan are valid for two years from the invoice date.
- Invoices that are issued in advance of treatment or for the payment of deposits will not be reimbursed.
- In the case that a dental clinic/dentist is removed from the affiliated network by Pronto-Care, Uni.C.A. will no longer liquidate in indirect form any invoices issued by the formerly affiliated clinic/dentist subsequent to their removal, if not at the tariffs already subject to agreements in place at that time (tariffs can be consulted at [network Pronto-Care | pronto-careperunica.com](https://network.Pronto-Care | pronto-careperunica.com))

- Professional fees that are objectively outside the parameters of standard market rates charged by dentists (reference: ANDI and CAO) are subject to investigation and may be reimbursed at market rate.
- If the reimbursement of a service is made on a Second-Loss Basis, or following a previous payment made under a different policy, the conditions (including excesses and deductibles) envisaged for each individual cover shall apply (cf. Table of treatments 2022-2023).

Specific Liquidation Conditions

CONSULTATIONS: specialist dental consultations, including check-ups

Once per year, per insured party.

ORAL HYGIENE: tartar ablation, teeth cleaning

Once per year, per insured party; whitening is not included

TOPICAL APPLICATION OF FLUORIDE

Once per year, per insured party; only if performed at the same time as tartar ablation

EMERGENCY CONSULTATION:

- tooth decay involving dental pulp
- filling with secondary tooth decay involving dental pulp
- endodontic and periodontal abscesses

Attach radiographic and/or photographic documentation as well as the certificate confirming the pathology

DENTAL RADIOLOGY: diagnostic radiology or to verify the completion of a service

Pre- and post-treatment diagnostic radiographic documentation in .jpg format

SURGERY

- **Tooth extraction, semi-included / included:** reimbursable upon presentation of **pre-treatment** diagnostic radiographic documentation + **post-treatment color** photo (e.g. in .jpg format)
- **Oral / gingival surgery (simple gingival flap and gingival mucus flap with apical / coronal repositioning, open curettage, and / or any type of flap):** reimbursable upon presentation of photographic documentation (e.g. in .jpg format), **in colour, of pre + intra + post treatment** with evidence of sutures.
- **Guided Tissue Regeneration (G.T.R), Autogenous Bone Grafting, Guided Bone Regeneration (G.B.R.):** reimbursable upon presentation of **pre- + intra- + post-treatment** photo (e.g. in .jpg format), in **colour**, with evidence of sutures, and photo of donor site in the case of autogenous grafting (in the event of bio-material the label including the Ref. (reference) and batch number must also be presented).

NB: Supporting documentation may be requested for payment by Controllo Medico AON / Pronto Care.

CONSERVATIVE: filling of teeth affected by tooth decay.

Treatment recognised for the same tooth every 24 months, with the exception of explicit justification. The treated tooth and the type of filling must be indicated, which must be different to the previous filling; **in-colour photos of pre and post-treatment** (e.g. in .jpg format) must be provided, demonstrating the performance of the treatment; additional supporting documentation may be requested for payment by Controllo Medico. Please note: after 4 fillings **pre- and post-treatment** photos are required.

PERIODONTICS: treatment of gingival or periodontal pathologies (pyorrhoea)

- **Scaling** (sub-gingival tartar removal, for treatment purposes in the presence of pathology): **pre-treatment** periodontal chart is required; in the case of repeat scaling during the year, periodontal chart + **pre-treatment** radiographs (e.g. in .jpg format) + dentist certification (on paper with dentist's stamp and signature) certifying the patient's pathology is required.
- **Periodontic / gingival surgery, simple gingival flap and repositioned apical / coronal mucus gingival flap, open curettage, and / or any type of flap:** reimbursable only in the case of gingival pockets equal to or over 5 mm and upon presentation of photographic documentation e.g. in .jpg format), **in colour, of pre- + intra- + post-treatment** with evidence of sutures.
- **Guided Tissue Regeneration (G.T.R):** reimbursable upon presentation of photographic documentation (e.g. in .jpg format), **in colour, of pre- + intra- + post-treatment and photo of donor site.**
- **Rhizotomy:** reimbursable upon presentation of **pre- and post-treatment** radiographic documentation.
- **Dental ligatures:** periodontal chart and photographic documentation, **in colour, of post-treatment** (e.g. in .jpg format)
- **Splinting:** photographic documentation, **in colour, of post-treatment** (e.g. in .jpg format)
- **Gingivectomy:** photographic documentation, **in colour, of pre- + intra- + post-treatment** (e.g. in .jpg format)

Please note: Supporting documentation may be requested for payment by Controllo Medico AON / Pronto Care.

ENDODONTICS: root canal treatment for teeth affected by tooth decay

The tooth treated must be indicated and radiographic **pre and post-treatment** documentation must be produced, which demonstrates execution of the treatment.

Please note: Supporting documentation may be requested for payment by Controllo Medico AON / Pronto Care.

DENTAL IMPLANTS: screws inserted when the dental element is

The site and/or the treated area must be indicated and **colour** photos **of pre- + intra- + post-treatment** (e.g. in .jpg format) **or radiographic** documentation **of pre- + intra- + post-treatment** must be provided. At the payment phase, the Implant Passport with label showing the Ref. (reference) and batch number is obligatory.

NB: Supporting documentation may be requested for payment by Controllo Medico AON / Pronto Care.

PROSTHESES: manufactured prostheses produced by the laboratory based on the dentist's prescription

A certificate of compliance, indicating the elements interested and the date of execution, and **colour** photographs of the prosthetic in-situ (e.g. in .jpg format) must be provided.

Please note: Supporting documentation may be requested for payment by Controllo Medico AON / Pronto Care.

Veneers etc. are not eligible for reimbursement.

ORTHODONTICS: treatment of dental malocclusions

- **Orthodontic devices:** Case Study documentation required: study model photographs and/or Photographic Status, Cephalometric Tracing (if available). During the payment phase:

- in the case of a mobile device, certificate of compliance of the Laboratory indicating the type of orthodontic devices and **colour** photographs (e.g. in .jpg format) of the oral cavity with the relative device.

- in the case of a fixed device, certificate of the Orthodontist and **colour** photographs (e.g. in .jpg format) of the oral cavity with the relative device.

Orthodontic retainers will not be authorised at the same time and can only be authorised / reimbursed at the end of the treatment.

- **Orthoptic retainer (e.g. bruxism):** only 1 retainer per year.
- **Retainer for orthodontic retention:** (e.g. Essix or rigid heat-moulded guard): only 2 retainers per year
- **Invisalign** (recognised treatment with transparent "Invisalign" braces); the Case Study (latero-lateral OPT - photographic status sent to invisalign), the Clincheck (treatment monitoring in which the final result and how many retainers are included in the treatment are indicated) and of the Invisalign Informed Consent form (mandatory) must be submitted.

All documentation submitted must indicate the details of the Policyholder, the date of the document, the pre- or post-treatment status, and the stamp and signature of the Surgery for validation.

- **Transparent devices (retainers) other than “Invisalign”**: certification with **colour** photographs (e.g. in .jpg format) of the oral cavity with the relative device in-situ. Please note: Supporting documentation may be requested for payment by Controllo Medico AON / Pronto Care.

GNATHOLOGY: temporomandibular joint dysfunction treatment

Documentation that specifies the pathology and the Rx of the TMJ is required in the authorisation phase.

During the payment phase: certificate of compliance of the Laboratory indicating the type of retainer is obligatory; if an electromyographic examination is requested during the authorisation phase, a copy of the electromyographic examination (e.g. Teethan) must be submitted. For payment, **colour** photographs (e.g. in .jpg format) of the oral cavity with the device are required.

NB: Supporting documentation may be requested for payment by Controllo Medico AON / Pronto Care.

The details of each treatment and relative Category are available on the Pronto Care fee schedule ([Il network Pronto-Care | pronto-careperunica.com](https://www.pronto-careperunica.com)).