



Dental Cover 2024 – 2025



Regulations of the
dental care cover managed by
the PROVIDER AON/PRONTO CARE

General Terms and Conditions (two-year period 2024/2025)

- Since this is Sickness/Accident cover, indication of the illness is always required, except for consultations, oral hygiene, radiology.
- Expenses incurred for necessary dental services are reimbursable, in relation to the documented condition and in accordance with the provisions of the S.I.d.P. Guidelines Italian Society of Periodontology and Implantology, and in application of the specific conditions of eligibility set out below. Dental treatment for aesthetic purposes is not reimbursable.
- All benefits are payable within the limits of the annual maximum amount of the subscribed dental cover.
- For the purposes of charging costs to the annual limit and, in general, for the purposes of applying all the conditions provided for in the regulations (e.g. % reimbursement), the relevant year coincides with the year of the invoice date, even in the case of access to a affiliated dentist (the year of authorisation is therefore not relevant in this case); therefore, for care plans at the turn of the year, all services rendered by the end of the year (31/12/2024 and 31/12/2025), if invoiced by that date, will be charged to the limit of the year of invoicing, even if the care plan has not been completed.
- For direct authorisation requests submitted in December, it is necessary for these requests to be received by the provider in good time by the dentist so that the invoice, concerning the services authorised and performed, can be issued within the year of the request.
- Claims for reimbursement must be submitted within 3 months from the date of issue of the invoice, accompanied by the required medical/diagnostic documentation, necessarily concomitant with the treatment, signed by the dentist treating the patient and indicating the date and name of the insured person. If the photographic/radiographic documentation produced does not accompany the service, the service may not be reimbursed.
- Costs relating to medical/diagnostic documentation requested by Aon Pronto Care for the purposes of any checks (x-rays, photographs, periodontal records, etc.) will not be reimbursed.
- Claims arising from the subscribed dental cover shall lapse within two years from the invoice date.
- Invoices "in advance", "on account" of the performance of services will not be reimbursed.
- In the event of disaffiliation of a dental practice/dentist from the affiliated network by Pronto-Care, Uni.C.A. will no longer proceed to indirectly settle any invoices issued by the disaffiliated practice/dentist following disaffiliation, except at the rates already agreed upon at the time (the agreed rates can be consulted on [The Pronto-Care network | pronto-careperunica.com](https://www.pronto-careperunica.com)).
- If a benefit is paid out on a 2nd risk basis, i.e. following a previous payout under another policy, all conditions (including deductibles and co-payments) of the individual covers apply (see Table of Benefits 2024-2025).
- **Professional fees that are out of line with the market according to the fee schedules normally applied by dentists (reference: ANDI and CAO), will be the subject of in-depth investigations and possible settlements in line with market rates.**

Conditions for the settlement of individual benefits

CONSULTATIONS

Specialist dental consultations, including check-ups. Once a year, per insured person.

ORAL HYGIENE

Removing tartar, teeth cleaning. Once a year, per insured person; whitening is not included.

TOPICAL FLUORIDE APPLICATION

Once a year, per insured person; only if simultaneous with tartar ablation

EMERGENCY CONSULTATION

- destructive cavities involving dental pulp
- filling with secondary cavities involving dental pulp
- endodontic and periodontal abscesses

Attach radiographic and/or photographic documentation in .jpg format, in addition to the certificate attesting to the condition

ODONTOIATRIC RADIOLOGY

Radiology for diagnostic purposes or to check the performance of a service. Attach **pre- and post-treatment** diagnostic X-ray documentation in .jpg format

SURGERY

- **Avulsion of teeth, semi-included/ included:** reimbursable upon presentation of **pre-treatment** diagnostic X-ray documentation + **colour post-treatment** photos (e.g. in .jpg format)
- **Oral/gingival surgery** (Simple gingival flap and apical/coronal repositioning gingival flap, open curettage, and/or any type of flap): reimbursable upon presentation of colour photographic documentation (e.g. in .jpg format) **pre + intra + post treatment** with evidence of sutures.
- **Mucogingival tissue grafts G.T.R.** (Guided Tissue Regeneration), **autologous bone graft G.B.R.** (Guided Bone Regeneration): reimbursable upon presentation of colour photographic documentation (e.g. in .jpg format) **pre + intra + post treatment** with evidence of the sutures and photograph of the harvesting site in the case of autologous grafting (in the case of use of bio-material, a label indicating Ref. -reference- and Lot number is required).

N.B. Additional supporting documentation may be required for settlement by AON/Pronto Care Medical Control

CONSERVATIVE: filling of decayed teeth

Recognised treatment of the same tooth every 24 months, unless explicitly justified. It is necessary to indicate the tooth treated and the class of filling, which must be in a different location from the one previously carried out; produce colour photographic documentation (e.g. in .jpg format) **pre- and post-treatment** proving execution of the treatment; additional supporting documentation may be required for settlement by Medical Control.

N.B. Over 4 fillings requires mandatory **pre- and post-treatment** photographic documentation.

PERIODONTICS: treatment of gum or periodontal disease (pyorrhoea)

- **Scaling** (subgingival cleaning of tartar, for curative purposes, in the presence of condition): always necessary **pre-treatment** periodontal chart; if scaling is repeated during the year, a periodontal file + **pre-treatment** x-rays (e.g. in .jpg format) + dentist's certification (on a sheet of paper with the dentist's stamp and signature) attesting to the patient's condition is required.
- **Periodontal/gingival surgery, simple gingival flap and apical/coronal repositioning gingival flap, open curettage, and/or any type of flap:** reimbursable only in the presence of pockets equal to or greater than 5 mm and upon presentation of colour photographic documentation (e.g. in .jpg format) **pre + intra + post treatment** with evidence of sutures.
- **Mucogingival tissue grafts G.T.R.** (Guided Tissue Regeneration): reimbursable upon presentation of colour photographic documentation (e.g. in .jpg format) **pre + intra + post treatment and photograph of the sampling site.**
- **Rhizectomy:** reimbursable upon presentation of **pre- and post-treatment** radiographic documentation.
- **Dental ligatures:** required periodontal chart and **post-treatment colour** photographic documentation (e.g. in .jpg format)

- **Splitting: post-treatment colour** photographic documentation (e.g. in .jpg format)
- **Gingivectomy:** colour photographic documentation **pre + intra + post treatment** (e.g. .jpg format)

N.B. Additional supporting documentation may be required for settlement by AON/Pronto Care Medical Control.

ENDODONTICS: devitalisation of decayed teeth It is necessary to indicate the tooth that has been treated and to produce **pre- and post-treatment** radiographic documentation proving that the treatment was carried out.

documentation may be required for settlement by AON/Pronto Care Medical Control.

N.B. Additional supporting

IMPLANTOLOGY: screw inserted in the absence of a tooth

Site and/or area treated must be indicated and produce colour photographic documentation **pre + intra + post treatment** (e.g. .jpg format) or radiographic documentation **pre + intra + post treatment**. Implant Passport with label indicating Ref. (reference) and Lot number is mandatory in the settlement phase.

N.B. Additional supporting documentation may be required for settlement by AON/Pronto Care Medical Control.

PROSTHESES: prosthetic items made by the laboratory on the medical prescription of the dentist

Required: certification of conformity with indication of the teeth concerned and the date of execution, **colour** photograph of item in situ (e.g. .jpg format)

N.B.: Additional supporting documentation may be requested for settlement by AON/Pronto Care Medical Control.

Facings, veneers, etc. are not reimbursable.

ORTHODONTICS: treatment of dental malocclusions

- **Orthodontic apparatus:** Case Study documentation required: photographic study models and/or Photographic Status, Cephalometric Tracing (if available).

In the settlement phase:

- in the case of removable apparatus, a certificate of conformity from the laboratory indicating the type of orthodontic apparatus and a **colour** photograph (e.g. .jpg format) of the oral cavity with the relevant apparatus.
- in the case of fixed apparatus certification by the dentist and a **colour** photograph (e.g. .jpg format) of the oral cavity with the apparatus.

- Final restraining aligners will not be authorised at the same time and may only be authorised/settled at the end of treatment.
Orthodontic aligners (e.g. for bruxism): only 1 aligner per year is permissible.
 - **Aligner for orthodontic restraint:** (e.g. Essix or rigid heat-moulded aligner): up to 2 aligners per year may be authorised
 - **Invisalign** (recognised treatment with 'Invisalign' transparent aligners); the case study (opt -latero lateral - photographic status, the same sent to invisalign), and the Invisalign Informed Consent (mandatory) are required. For all documentation produced, the Insured's data, the date on which it was carried out, whether pre- or post-treatment, and the Practice's stamp and signature for validation must be indicated.
 - **Transparent apparatus (aligners) other than 'Invisalign':** certification with **colour** photographs (e.g. .jpg format) of the oral cavity with the apparatus fitted is required.
- N.B.: Additional supporting documentation may be requested for settlement by AON/Pronto Care Medical Control.

GNATOLOGY: treatment of temporomandibular joint dysfunctions Documentation specifying the pathology + Rx of the temporomandibular joint required at the authorisation stage. In the settlement phase: compulsory certification of conformity of the Laboratory with indication of the type of aligner; if required in the authorisation phase electromyographic examination, send copy of electromyographic examination, e.g. Teethan. A **colour** photograph (e.g. .jpg format) of the oral cavity with its apparatus is mandatory for settlement.

N.B. Additional supporting documentation may be required for settlement by AON/Pronto Care Medical Control.

Details of individual services and their category can be found in the Pronto Care price list [The Pronto-Care network | pronto-careperunica.com](https://pronto-careperunica.com)