

Avo Insurance Company LimitedUnit 3701, 3705-6, 37/F, 118 Connaught Road West,
Sheung Wan, Hong Kong

T +852 3572 8222

E cs@heyavo.com

W www.heyavo.com



This Benefit Schedule forms part of Your Policy with Avo Insurance Company Limited and it contains the limits which apply to the Plan you have chosen. You must read this Benefit Schedule together with the Terms and Conditions and Policy Schedule.

Avo Northbound Dental Protection - Benefit Schedule	
Benefits	
Section 1 – Dental Treatment Benefits	
Maximum number of visits for item 1.1 - 1.4 per Policy Year	Unlimited
1.1 Preventive Treatment	
a) Maximum benefit amount per year	RMB7,000
b) Covered treatment	<ul style="list-style-type: none"> • Basic preventive care • Fluoridise • Pit and fissure sealants
c) Co-payment	RMB0
1.2 Basic Treatment	
a) Maximum benefit amount per year	RMB1,000
b) Covered treatment	<ul style="list-style-type: none"> • Comfortable dental cleaning • General dental check-up • Basic periodontal treatment • Routine tooth extraction • Simple or paediatric root canal treatment • Simple resin filling
b) Co-payment	10% of the dental expense
1.3 Complex Treatment	
a) Maximum benefit amount per year	RMB2,000
b) Covered treatment	<ul style="list-style-type: none"> • Deep periodontal treatment • Dental surgery • Complex root canal treatment • Complex tooth extraction • Dental restoration • Removable dental restoration • Cosmetic restoration • Restorative filling
c) Co-payment	30% of the dental expense
1.4 Accidental Treatment¹	
a) Maximum benefit amount per year	RMB5,000
b) Covered treatment	<ul style="list-style-type: none"> • Suturing of oral wounds • Stabilisation of periodontally involved teeth due to trauma • Extraction of teeth due to trauma • Root canal treatment due to trauma
c) Co-payment	RMB0
Discount Rate²	10%
Section 2 - Emergency Assistance Services¹	
2.1 Emergency Evacuation and/or Repatriation	HKD200,000
2.2 Repatriation of Mortal Remains or Ashes	HKD20,000
2.3 Referral Services	Applicable
Section 3 - Accidental Death Benefit	HKD10,000

¹ Prior written approval is required before any assistance under Accidental Treatment and Emergency Assistance Service is guaranteed. Before receiving Accidental Treatment, the Insured Person must initiate the application by submitting the specified forms through the Selected Dental Clinic.

² If the dental expense after deducting the Co-payment exceeds the remaining balance of the Maximum Benefit Amount of the corresponding dental treatment, Insured Person shall pay the remaining balance of the dental expense directly to the Selected Dental Clinic with the discount.

