

**Avo Insurance Company Limited** 

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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.

## Northbound Carefree 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	Prev	entive Treatment	
	a)	Maximum benefit amount per year	RMB7,000
	b)	Covered treatment	<ul> <li>Basic preventive care</li> <li>Fluoridise</li> <li>Pit and fissure sealants</li> </ul>
	c)	Co-payment	RMB0
1.2	Basic	c Treatment	
	a)	Maximum benefit amount per year	RMB1,000
	b)	Covered treatment	Comfortable dental cleaning     General dental check-up     Basic periodontal treatment     Routine tooth extraction     Simple or paediatric root canal treatment     Simple resin filling
	c)	Co-payment	10% of the dental expense
1.3	Complex Treatment		
	a)	Maximum benefit amount per year	RMB2,000
	b)	Covered treatment	- 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	Accio	dental Treatment <sup>1</sup>	
	a)	Maximum benefit amount per year	RMB5,000
	b)	Covered treatment	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
Disco	unt Rat	te <sup>2</sup>	10%
Secti	on 2 - E	mergency Assistance Services <sup>1</sup>	
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			HKD15,000

<sup>1.</sup> 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.

<sup>2.</sup> 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.