

Dental Insurance

Insurance Product Information Document



Company: Bupa Insurance Limited

Product: Dental Cover 10 Policy

Registered in England and Wales. Authorised in the United Kingdom by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority, registration number 203332.

This is a summary of the insurance cover. Before purchase, further information can be found in your quotation and/or the membership guide. Full terms and conditions of the policy are contained in the membership guide and on your membership certificate which you will receive after your purchase. It is important you read all of these documents carefully.

What is this type of insurance?

Dental insurance, which is designed to provide a cash benefit to cover the cost of dental treatment when using an NHS dentist.



What is insured?

We will pay up to the relevant amount for NHS Dental treatment in **England, Wales and the Isle of Man** up to the band limits

- ✓ NHS Band 1: Includes an examination, diagnosis and advice. If necessary, it also includes X-rays, a scale and polish, and planning for further treatment
- ✓ NHS Band 2: Includes all treatment covered by Band 1, plus additional treatment, such as fillings, root canal treatment and removing teeth (extractions)
- ✓ NHS Band 3: Includes all treatment covered by Bands 1 and 2, plus more complex procedures, such as crowns, dentures and bridges
- ✓ Oral Cancer treatment – paid in full when you are treated at one of our partnership facilities by one of our partnership consultants

We will pay up to the relevant amount for NHS Dental treatment in **Scotland and Northern Ireland**

- ✓ 80% of the cost of your NHS dental treatment up to a maximum amount per course of treatment
- ✓ Oral Cancer treatment – paid in full when you are treated at one of our partnership facilities by one of our partnership consultants

Cover is available for individuals and family members.



What is not insured?

- ✗ Pre-existing conditions
- ✗ Cosmetic treatment
- ✗ Surgical implants
- ✗ Mouth guards
- ✗ Orthodontic treatment
- ✗ Fissure sealants
- ✗ Replacement of a removable prosthetic appliance which has been lost or stolen
- ✗ Replacement of a prosthetic appliance which could have been repaired
- ✗ Dental injury whilst participating in a physical contact sport such as rugby or boxing
- ✗ Dental treatment resulting from or related to a self-inflicted injury
- ✗ Dental treatment required as a result of nuclear or chemical contamination, war, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, rebellion, revolution, terrorism, insurrection, or military or usurped power
- ✗ Self-administered drugs such as antibiotics and painkillers or prescription charges
- ✗ Dental procedures carried out by a hospital, for example wisdom teeth extractions
- ✗ Dental consumables such as toothbrushes, mouthwash and dental floss
- ✗ Dental treatment care or repair to gums, teeth, mouth or tongue in connection with mouth jewellery
- ✗ Damage caused by tooth brushing or oral hygiene procedures



Are there any restrictions on cover?

- ! NHS Band 2 & 3 treatment within 4 months of the start date
- ! Replacement of a prosthetic appliance within 5 years (except dentures) of it having been fitted
- ! Any oral cancer treatment if the person receiving the treatment has not been referred to the recognised practitioner by their GP or dental professional
- ! Dental injury as a direct or indirect result of an external impact before the start date of the policy or outside the UK
- ! Experimental and or unproven treatment

Other restrictions apply, please see full terms and conditions.



Where am I covered?

- ✓ Great Britain, Northern Ireland and the Isle of Man



What are my obligations?

Obligations at the start of the contract:

- You must pay your premiums on or before the date they are due
- You must be a UK resident

Obligations during the term of the contract:

- You must tell us of any changes in your or your dependants' address

Obligations in the event that a claim is made:

- You are responsible for paying any amount above your benefit limit
- Claims should be submitted to Bupa as soon as is reasonably practicable and not later than six months after treatment is completed
- You must provide any information we require to assess your claim, including medical information and original receipts (as required)
- You must obtain pre-authorisation for any Oral Cancer claims and treatment carried out with a practitioner recognised by Bupa and registered with the relevant professional body



When and how do I pay?

- Monthly by Direct Debit
- Annually by Cheque or Credit/Debit Card



When does the cover start and end?

- The term of the contract is 12 calendar months
- Your policy will be renewed automatically and payment taken, unless you choose not to continue
- You can find your policy start and end date in your membership certificate



How do I cancel the contract?

- You can cancel your policy, or your dependants' cover, within 21 days of receiving your policy documents or the start date of your policy (whichever is later) and receive a full refund if no claims have been made. After this period, you can cancel your policy, or your dependants' cover, at any time.
- To cancel call us on **0800 010 383**, we may record or monitor our calls, or write to us at **Bupa, Bupa Place, 102 The Quays, Salford M50 3SP**.