

# 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?

##### In England, Wales and the Isle of Man

- ✓ Costs for treatment carried out on the NHS (NHS Bands 1-3) by an NHS dentist, will be fully reimbursed 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

##### In Scotland and Northern Ireland

- ✓ Costs for treatment carried out on the NHS, by an NHS dentist will be fully reimbursed up to NHS limits (currently 80% of the NHS treatment costs, including any X-rays, up to a maximum of £384)
- ✓ 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?

- ✗ Cosmetic treatment
- ✗ Damage caused by tooth brushing or oral hygiene procedures
- ✗ Dental consumables such as toothbrushes, mouthwash and dental floss
- ✗ Dental injury whilst participating in a physical contact sport such as rugby or boxing
- ✗ Dental procedures carried out by a hospital, for example wisdom teeth extractions
- ✗ Dental treatment care or repair to gums, teeth, mouth or tongue in connection with mouth jewellery
- ✗ 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
- ✗ Fissure sealants
- ✗ Mouth guards
- ✗ Orthodontic treatment
- ✗ Pre-existing conditions
- ✗ Replacement of a prosthetic appliance which could have been repaired
- ✗ Replacement of a removable prosthetic appliance which has been lost or stolen
- ✗ Self-administered drugs such as antibiotics and painkillers or prescription charges
- ✗ Surgical implants



#### Are there any restrictions on cover?

- ! 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
- ! 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

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**