

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 eligible on the NHS, whether treatment is provided by the NHS or privately, and to insure for the treatment of cancer.



What is insured?

- ✓ UK only dental treatment
- ✓ Oral Cancer treatment – paid in full when using a recognised practitioner, partnership facility or a fee-assured consultant

Cover is available for individuals and family members.

In England, Wales and the Isle of Man

- ✓ Costs for treatment carried out on the NHS by an NHS dentist, will be fully reimbursed. The NHS have three different bands into which all treatment falls:
 - NHS Band 1: Includes an examination, diagnosis and advice. If necessary, it also includes X-rays, a scale and polish if clinically needed, and preventative care
 - 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

In Scotland and Northern Ireland

- ✓ Costs for treatment carried out on the NHS, by an NHS dentist will be fully reimbursed
- ✓ Oral Cancer treatment – paid in full when being referred for oral cancer treatment and using a recognised practitioner, partnership facility or a fee-assured consultant
- If you have private treatment that would have been eligible under an NHS dentist, we will cover the NHS equivalent costs, ie the amount of money the treatment would have cost if it had been carried out and charged by the NHS



What is not insured?

- ✗ Cosmetic treatment
- ✗ 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
- ✗ Any costs of private treatment that exceed the charges that would be paid if you had been treated on the NHS
- ✗ Any treatment that the NHS would not provide
- ✗ Scale and polish (if not deemed clinically necessary)
- ✗ Anti-snoring devices
- ✗ Fissure sealants
- ✗ Mouthguards
- ✗ Orthodontic treatment
- ✗ Pre-existing conditions
- ✗ Replacement of dentures or a prosthetic appliance which have been lost or stolen
- ✗ Antibiotics, painkillers or other 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
- ! Oral cancer treatment for cancer of the tonsils or the salivary glands
- ! Experimental and or unproven treatment
- ! Restorative dental treatment within 4 months of the start date
- ! Restorative dental treatment received or planned at your first dental examination if you have not had a dental examination in the 24 months before you join the policy
- ! Oral cancer treatment within six months of your cover start date

Other restrictions apply, please see full terms and conditions.



Where am I covered?

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



What are my obligations?

Obligations at the start of the contract:

- You are more than 18 years of age at the start of the policy
- 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 us as soon as possible and within 12 months of the treatment date
- 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**

For those with hearing or speech difficulties who use the Relay UK smartphone app or textphone, use the prefix **18001** followed by the number above.