

DencoverPlus

DENTAL INSURANCE COVER

IMPORTANT

This document explains what cover is provided and contains the full terms and conditions of the policy. The Schedule contains information about you, any other insured person(s), the claim limit, start date and period of cover.

This document, together with the Schedule, policy summary and any endorsements, forms the policy and should be read as one document.

You are advised to read the policy carefully as your failure to comply with the terms and conditions may render the policy invalid and could jeopardize the payment of any claim which may arise.

If you have any questions regarding this policy or you would like to make any changes or additions to the cover, please contact the administrator on telephone number 0845 460 1010.

COVER PROVIDED BY THIS POLICY

Provided you and/or the employer have paid the premiums, we will pay the dental benefits described below

Treatment Type	Cover Provided	Amount Per Policy Year	Limit per Item	Notes
Check-ups, scale/polish, x-rays	100% of the dentist's bill	£150	£60 per visit	In accordance with the British Dental Association code of practice charges must be in line with the dentist's published pricing
Fillings, crowns, bridges, dentures*, mouth guard, root canal treatment, extractions *as an alternative to a bridge	75% of the dentist's bill	£1,500	£250	
Emergency Dental Treatment	100% of the dentist's bill	£750	Refer to Table C	
Dental Accident		£6,000	Refer to Table B	
Oral Cancer	Up to £12,000 (£6,000 if over the age of 60) for the life of the policy. Claim must be made within 2 months of diagnosis by a doctor or specialist			
NHS Claims	We will reimburse in full the NHS treatment costs you have paid to the dentist, subject to the maximum value of claims applicable to each procedure listed above. Charges must be in line with the NHS guidelines published charging scale Note: If you make a claim for NHS treatment and any part of your treatment falls outside of the NHS treatment guidelines this treatment must be invoiced at the full			

	private cost and the claim will be administered as a private claim subject to the amounts detailed above
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WHO IS ELIGIBLE FOR COVER UNDER THIS POLICY

It is particularly important that you check that you are eligible for cover under this policy. On the start date you must be:

- legally residing in the UK;
- over 18 and under 65 years of age; and
- employed by, or be a relative of an employee of the employer.

GUIDE TO YOUR POLICY

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SECTION 1 - DEFINITIONS

The words which appear in bold in this document have the following specific meanings:

Children: your natural or legally adopted child/children, who are named in the schedule and who are:

- (a) permanently residing in the UK; and
- (b) over 6 months old and under 18 years of age and permanently living with you;
or
- (c) over 18 and under 22 years of age, provided they are:
 - (i) not married or registered as being in a civil partnership; and
 - (ii) in full-time education; and
 - (iii) living with you, except during term time
- (d) entirely without gainful employment due to a physical or mental handicap and are chiefly dependant on you for maintenance and support.

Any child/children must continue to satisfy this definition on the date they become entitled to make a claim in order to claim a benefit. No more than 4 eligible children will be covered under this policy

Compass: Compass Underwriting Limited, who is the appointed administrator for all sections of this policy and whose office is situated at 1-2 Crutched Friars, London EC3N 2HT

Dental Accident: an injury caused by a direct sudden, unexpected and unusual internal or external oral impact to your dentition which happens at a certain time and place during the period of cover and results in damage to your teeth, gingival tissues or alveoli resulting in mobility, luxation or subluxation or fracture of hard tissues or injury to the soft tissues or damage to dentures (as long as the damaged occurred whilst being worn) including crown and bridges. This must be the only cause (except for illness directly resulting from the injury, or medical or surgical treatment which is needed) which causes your disability within the policy period

Dentist:

- (a) within the UK, a dental practitioner (however not you, your partner or a relative) who is currently registered with the General Dental Council and is engaged in general dental practice; or
- (b) in the case of emergency dental treatment outside the UK, a dental practitioner who is appropriately qualified, registered and practising in the country in which treatment is received

Dentition: the cutting or growing of teeth including but not limited to the conformation or arrangement of your teeth

Elective Surgical Procedure: a procedure which is not medically necessary to sustain or maintain your quality of life and is undertaken solely at your request

Emergency Dental Treatment: dental treatment given during an initial emergency appointment for the immediate relief of severe pain, the arrest of a haemorrhage, the control of an acute infection, the treatment of an injury which causes a severe threat to your general health or ability to eat

Employer: a duly registered entity, partnership, government body, or self-employed business which is paying tax in the UK, where applicable, and employs the insured(s)

End Date: the date on which cover under this policy ends, which will be the earliest of the following:

- (a) the date of your death (this will not affect other persons who are covered under this policy); or
- (b) the date you or we cancel this policy; or
- (c) the expiry of the period for which you and/or your employer have paid the premium; or
- (d) the date you reach 65 years of age or are no longer an employee of the employer, whichever is the earlier; or
- (e) 14 days after the date that you fail to pay the premium on the date it is due

Insured(s): any person who is employed by the employer and is being paid in terms of a formal contract of employment with the employer, or as specifically agreed and accepted by us in writing, on the start date and is noted in the schedule as the insured

Insurer: Red Sands Insurance Company (Europe) Limited whose registered office is situated at Suite 912c, Europort, Gibraltar and who is registered in Gibraltar under company registration number 87598

Oral Cancer: a malignant tumour, with its primary site being in the oral cavity which is characterised by the uncontrolled growth and spread of malignant cells and the invasion of tissue. This excludes non-invasive cancer *in situ*

Oral Cavity: the hard and soft palate, accessory, salivary, lymph and other gland tissue in the mucosal lining of the oral cavity but excluding the tonsils

Partner: your legally married spouse, or your registered civil partner under the Civil Partnerships Act 2004 or a person who is permanently living with you in the same household as if they were your spouse or registered civil partner

Period of Cover: the period, as noted on the Schedule, for which we have agreed to provide cover and or which the premium has been paid

Policy Year: the 12 month period immediately following the start date and any subsequent 12 month period thereafter

Pre-existing Condition: any condition, injury, illness, disease, sickness or related condition and/or associated symptoms, whether diagnosed or not which you:

- (a) knew about or should reasonably have known about at the start date; or
- (b) had seen or arranged to see a dentist in the 12 month period immediately prior to the start date

Premium: the amount you pay to us for the cover provided under this policy

Relative: a husband, wife, partner, or any other immediate family member related to you by blood, marriage, or law

Schedule: the document containing important information about you and this policy and forms part of the policy document

Start Date: the date, as noted on the Schedule, on which your application for insurance cover is accepted by us

Terrorism: an act, including but not limited to the use of force or violence and/or the threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organisation(s) or government(s), committed for political, religious, ideological or similar purposes including the intention to influence any government and/or put the public, or any section of the public in fear resulting directly or indirectly from or in connection with the release of nuclear, biological, chemical or radiological agents

UK: England, Scotland, Wales, Channel Islands, Isle of Man and Northern Ireland

We / Us / Our: the insurer, Red Sands Insurance Company (Europe) Limited

You / Your: any insured person

SECTION 2 - EXCLUSIONS

You are not covered for and will not receive any benefit for:

- 2.1 any payment in excess of the maximum treatment cost applicable for each treatment or **Policy Year**;
- 2.2 any treatment of a **Pre-existing Condition**, unless otherwise stated on **your** policy schedule;
- 2.3 any treatment relating to damage or injury caused whilst participating in any contact sport, including any form of racing, when the appropriate mouth protection was not being worn;

- 2.4 laboratory fees, except those arising as a direct consequence of a **Dental Accident** (see Table B);
- 2.5 self-inflicted injuries or wilful exposure to danger (except in an attempt to save human life);
- 2.6 claims caused by alcohol, solvent abuse, or misuse of drugs;
- 2.7 any costs which **We** consider are not reasonable and were not necessarily incurred. All benefits will be paid in accordance with customary and accepted levels of charges for the treatment received. The charges must not be excessive, as reasonably decided by **Our** dental advisor;
- 2.8 any dental treatment which was prescribed, planned or is taking place at the **Start Date**;
- 2.9 loss of dentures or damage to dentures unless damaged whilst worn;
- 2.10 wisdom teeth extraction;
- 2.11 any **Elective Surgical Procedure**, implants, veneers, cosmetic treatment or other tooth whitening and orthodontics;
- 2.12 any treatment, care, repair to, or in connection with "tooth jewellery";
- 2.13 any prescription charges or associated costs;
- 2.14 missed appointment fees or charges;
- 2.15 reimbursement for travelling expenses or telephone calls in connection with any treatment;
- 2.16 any treatment that is not given by a **Dentist** or clinical practice, or which is normally not provided by a **Dentist** in the **UK**;
- 2.17 referrals to a specialist dentist or specialist treatment unless the treatment is as a result of a dental accident;
- 2.18 any treatment received for injuries not apparent within 30 days from the date of the original cause of the claim;
- 2.19 any 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;
- 2.20 any treatment required within 2 months of receiving NHS treatment where the treatment is covered by the same NHS charge level already paid for, as this is covered free of charge by the NHS;
- 2.21 any treatment to repair or replace existing dentures within 12 months of the **Start Date** unless they are being worn at the time;
- 2.22 any injury arising from, or traceable to or is caused by any gradually developing bodily deterioration, whatever the cause of that deterioration including normal dental wear and tear; or
- 2.23 any claim that is not supported by medical evidence from a **Dentist**.

- 2.24 **You** are not covered for and will not receive any benefit for **Oral Cancer** (see Table D);
- 2.24.1 which **You** knew about, or ought reasonably to have known about, before the **Start Date**;
- 2.24.2 for which **You** sought or received advice, treatment or counselling from any doctor during the 12 months immediately before the **Start Date**;
- 2.24.3 diagnosed within 90 days of the **Start Date** or for which testing or consultation began within 90 days, even if diagnosis is not made until later;
- 2.24.4 resulting from the chewing of tobacco products or betel nut, or from prolonged alcohol, solvent or drug abuse (other than drugs taken under the direction of a **Dentist**, doctor or consultant and not to treat drug addiction);
- 2.24.5 any charges for consultations or tests for non-invasive tumours;
- 2.24.6 results in any treatment being received by **You** more than one year after the date of diagnosis;
- 2.24.7 which is not supported by medical evidence from a consultant;
- or
- 2.24.8 for which **You** are able to begin a course of treatment within the NHS within 2 weeks of the date of diagnosis

SECTION 3 - GENERAL CONDITIONS

- 3.1 **You** must take all reasonable steps to avoid or minimize any loss or damage.
- 3.2 Any benefit payable under this policy will not be taxed unless there are any amendments to the relevant legislation, in which event **We** will deduct any amounts which by law **We** have to deduct.
- 3.3 It is not intended that the Contract (Rights of Third Parties) Act 1999 should confer any additional rights to this insurance in favour of any third party.
- 3.4 If, at the time of an event giving rise to a claim under this policy, there is any other insurance policy in **Your** name which is in force and which provides covers for the same expense, loss, damage or liability then **We** will only be liable for **Our** proportionate value of the claim, such proportion being determined by reference to the cover provided under each of the relevant policies.
- 3.5 If the **Premium** is being paid by direct debit each month, **You** must provide **Us** with the relevant bank details to enable **Us** to collect the debit each month. This policy will automatically end if any payment is

not made and **You** fail to make the payment within 14 days of being advised of the non-payment of the **Premium**.

- 3.6 **We** can change the renewal premium by giving **You** 60 days notice in writing prior to each annual renewal. If there are any changes to the current level of Insurance Premium Tax (IPT) or any new charges are placed on **Us**, **We** will amend the **Premium** from the date any changes become effective.

SECTION 4 - CANCELLATION

- 4.1 **You** may, within 14 days of the **Start Date**, cancel this policy by contacting **Compass**. If **You** cancel within this 14 day period **We** will refund any **Premium** **You** have paid provided that no claim has been submitted or is pending and no benefit has been paid.
- 4.2 After the expiry of the 30 day period referred to above, **You** may cancel this policy by requesting **Compass**, in writing, to cancel the policy. If no claim has been submitted or is pending **We** will calculate the **Premium** for the period **You** have been insured and refund any balance subject to the deduction, at **Our** sole discretion, of an administration fee of not more than £25.
- 4.3 **We** may cancel this policy by sending 30 days' written notice direct to **You** by recorded delivery to **Your** last known address. If no claim has been submitted or is pending, **We** will calculate the **Premium** for the period **You** have been insured and refund any balance. If a claim has been submitted or is pending **We** will not refund any **Premium**.

SECTION 5 - AUTOMATIC TERMINATION

This policy will automatically terminate on whichever of the following happens first:

- 5.1 the date of **Your** death (this will not affect other persons who are covered under this policy); or
- 5.2 the date **You** or **We** cancel this policy; or
- 5.3 the expiry of the period for which **You** and/or the **Employer** have paid the **Premium**; or
- 5.4 the date **You** reach 65 years of age or are no longer an employee of the **Employer**, whichever is the earlier; or
- 5.5 14 days after the date that **You** fail to pay the **Premium** on the date it is due.

As this policy is arranged by the **Employer**, the policy will end on the date notified by the **Employer** or as noted in the **Schedule** regardless of the actual date when **You** joined the **Employer's** dental scheme. **You** will only pay the

Premium for the actual period of cover **You** receive, which may be less than 12-months. Any future renewal will be for a full 12-month period.

SECTION 6 - HOW TO MAKE A CLAIM

- 6.1 When **You** receive treatment or become aware of an incident or condition that could lead to a claim, **You** must inform **Compass** within 30 days or as soon as reasonably possible. **You** can contact **Compass** in writing at 1-2 Crutched Friars, London EC3N 2HT, or by phone on 0845 460 1020; or by email at info@compass.co.uk.
- 6.2 **Compass** will send **You** a claim form or **You** can download a claim form at www.dencoverplus.com. **You** will need to complete the claim form within 14 days and return it to **Compass**, together with all the information **Compass** requires to process the claim. If **You** delay in returning the claim form this could lead to the payment of **Your** claim being delayed or not having **Your** claim paid at all.

SECTION 7 - ENQUIRIES OR COMPLAINTS

- 7.1 **Compass** and the **Insurer** aim to provide a high level of service and to pay claims fairly and promptly. If **You** have an enquiry or complaint regarding this insurance, **You** should first contact **Compass Underwriting Limited** at 1-2 Crutched Friars, London EC3N 2HT, by phone on 0845 460 1010, or by email to info@compass.co.uk. Please quote **Your** policy or claim number in all correspondence.
- 7.2 If **You** remain dissatisfied, **You** should contact **Red Sands Insurance Company (Europe) Limited** in writing at Suite 912c, Europort, Gibraltar, by phone on +350 200 51279, by fax on +350 200 51276 or by email at underwriter@redsands.gi. Please quote **Your** policy or claim number in all correspondence.
- 7.3 In the unlikely event that the matter is still not resolved to **Your** satisfaction, **Your** complaint can be referred to the **Financial Ombudsman Services ('FOS')** at South Quay Plaza, 183 Marsh Wall, Docklands, London E14 9SR or on phone number 0845 080 1800. Please note that **You** have 6 months from the date of **Our** final response in which to refer the matter to the FOS. Referral to the FOS does not affect **Your** right to take legal action against **Us**.

SECTION 8 - IMPORTANT NOTES

- 8.1 **About the Insurer**
Red Sands Insurance Company (Europe) Limited is licensed and regulated by the Gibraltar Financial Services Commission under the Insurance Companies Act 1987 of Gibraltar and is a member of the UK's

Financial Services Compensation Scheme and the Association of British Insurers (ABI).

8.2 **About the Administrator**

Compass is authorised and regulated by the Financial Services Authority and appears in the Financial Services Authority's (FSA) Register under register number 304908. **Compass** is a private company limited by shares incorporated in England under registered number 3332314.

8.3 **Financial Services Compensation Scheme**

We are covered by the Financial Services Compensation Scheme ('the Scheme'). **You** may, depending on the type of business, be entitled to compensation from the Scheme if **We** cannot meet **Our** obligations. Further information about the Scheme and the compensation arrangements can be obtained by contacting the Scheme on phone number 0207 892 7300.

8.4 **Data Protection Act 1998**

We may store **Your** information on a computer and use it for administration, risk assessment, research and statistical purposes, marketing purposes and for crime prevention. **Your** personal details will only be disclosed to third parties if it is necessary for the performance of this insurance contract. It may be sent in confidence for processing to other companies in **Our** group (or companies acting on **Our** instructions), including those outside the European Economic Area. By entering into this insurance contract, **You** signify **Your** consent to such information being processed by **Us** or **Our** agents.

8.5 **Sensitive Data**

In order to assess the terms of this insurance or administer claims which arise, **We** may need to collect data which the Data Protection Act defines as sensitive (such as medical history or criminal convictions). By accepting this insurance, **You** signify **Your** consent to such information being processed by **Us** or **Our** agents.

8.6 **Anti-Fraud and Theft Registers**

We may pass information to various anti-fraud and theft registers. The aim is to help insurers check the information provided and to prevent fraudulent claims. When **Your** request for insurance is considered, these registers may be searched. When **You** tell **Us** or **Compass** about an event, the information relating to the event will be passed on to the registers. It is a condition of this policy that **You** inform **Us** or **Compass** about an event, whether or not it gives rise to a claim.

8.7 **Fraud**

You must not act in a fraudulent way. If **You** or anyone acting for **You**:

- makes a claim under the policy knowing the claim to be false or exaggerated in any way; or
- makes a statement in support of a claim knowing the statement to be false in any way; or
- sends **Us** or **Compass** any documentation in support of a claim knowing the documentation to be forged or false in any way; or
- makes a claim for any loss caused by **Your** deliberate act or with **Your** agreement

then **We**:

- will not pay the claim;
- will not pay any other claim which has been or will be made under the policy;
- may declare the policy void;
- will be entitled to recover from **You** the amount of any claim already paid under the policy;
- will not return any of **Your Premiums**;
- may let the police know about the circumstances.

8.8 The information that **You** have provided to **Us** forms the basis of this insurance contract. It is important that **You** advise **Us** of all material information and immediately notify **Us** or **Compass** of any change in the information that has been provided. If **You** are in any doubt as to whether the information is material **You** should disclose it.

8.9 This policy, unless **We** have agreed otherwise, is governed by English Law and both parties agree to submit to the exclusive jurisdiction of the courts of England.

8.10 Under English Law, it is an offence to make a false statement or to withhold any material information in order to obtain a cover note or a schedule of insurance.

8.11 **We** reserve the right to decline any insurance risk or to change the **Premium** and the terms quoted.

8.12 In accordance with the Disability Discrimination Act 1995, **We** are able, upon request, to provide a text phone facility, audio tapes and large print documentation. Please advise **Us** if **You** require any of these services to be provided so that **We** can communicate with **You** in an appropriate manner.

TABLE B (Treatment benefits following a dental accident)

Treatment	Benefit (up to)	
Examination and report to include all necessary smoothing polishing and vitality testing	£27.00	Per incident
X-rays	£20.00	Per incident
Porcelain jacket crown	£250.00	Per unit
Ceramic bonded crown	£325.00	Per unit
Metal bonded porcelain crown	£270.00	Per unit
Cast post and core	£56.00	Per unit
Metal bonded porcelain bridgework – retainer	£275.00	Per retainer
Metal bonded porcelain bridgework – pontic	£240.00	Per pontic
Full metal crown	£275.00	Per unit
All metal bridgework – retainer	£249.00	Per retainer
All metal bridgework – pontic	£191.00	Per pontic
Laboratory constructed adhesive bridge – retainer	£185.00	Per retainer
Laboratory constructed adhesive bridge – pontic	£195.00	Per pontic
Laboratory constructed adhesive facing or veneer	£233.00	Per unit
Root canal incisor	£137.00	Per incisor
Root canal treatment – canine	£137.00	Per canine
Root canal treatment – premolar	£247.00	Per premolar
Root canal treatment – molar	£304.00	Per molar
Permanent acrylic denture	£301.00	Per denture
Permanent metal denture	£390.00	Per denture
Temporary denture following tooth loss (where required)	£135.00	Per incident
Laboratory made temporary bridge following tooth loss (where required)	£87.00	Up to 3 units
Laboratory made temporary bridge following tooth loss – additional units	£22.00	Per unit
Emergency and other treatment following dental injury not otherwise specified	£384.00	Per incident

TABLE C (Emergency Dental Treatment benefits)

Treatment	Benefit (up to)	
Examination and report to include all necessary smoothing, stoning and occlusal adjustments	£27.00	Per incident
X-rays	£20.00	Per incident
Extraction of up to 2 teeth	£40.00	Per tooth
Root canal extirpation to include dressings and/or temporary fillings and necessary prescriptions	£50.00	1 canal
As above - two canals	£58.00	2 canals
As above - 3 or more canals	£71.00	3+ canals
Treatment of dental infection to include any necessary prescriptions	£20.00	Per incident
Provision of temporary fillings	£20.00	1 st tooth
As above - each additional tooth	£14.00	Add tooth
Re-cement crown or inlay	£22.00	Per item
Re-cement bridge	£32.50	Per bridge
Construction and fitting of temporary crown	£43.00	Per crown
Construction and fitting of temporary bridge	£79.00	Per bridge
Provision of temporary post & core	£41.00	Per tooth
Arrest of abnormal haemorrhage including aftercare and associated suture removal	£29.00	Per incident
Removal of sutures placed by another practitioner	£18.00	Per incident
Repair/adjustment of orthodontic appliance	£39.00	Per incident
Adjustment to denture	£16.00	Per incident
Repair of denture to include re-fixing of teeth and gums and repair of clasp	£34.00	Per incident
Any other temporary treatment not otherwise specified	£47.00	Per incident

TABLE D (Oral Cancer benefits)

Up to the benefit limit in respect of any one Insured Person under 60 years of age when the diagnosis is made and that you incur during the policy period	Benefit limit £12,000	In total throughout the life of the policy
Up to the benefit limit in respect of any one Insured Person of 60 years of age or over when the diagnosis is made and that you incur during the policy period	Benefit limit £6,000	