

Supplementary dental accident and emergency

Policy wording

In return for the premium **you** have paid, **we** agree to insure **you** in accordance with the terms and conditions of the **policy**.

Signed for and on behalf of Hiscox Underwriting Ltd:



Steve Langan
Managing Director, Hiscox UK

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Definitions applicable to all sections

Words shown in **bold** type have the same meaning wherever they appear in this **policy**.

The words defined below are used throughout this **policy**. Any other definitions are shown in the section to which they apply.

Accident	An unforeseen and unexpected incident causing loss or damage to the teeth or any dental prostheses by means of direct extra-oral impact.
Dental plan	The payment plan or the membership plan available from the dental practice with which you are registered.
Dentist	A suitably licensed and qualified dental professional.
Dependents	a. Any spouse or partner who currently resides with you ; and b. your unmarried children who are: i. less than 23 years of age; and ii. in full time education; and iii. financially dependent on you ; for whom you are paying dental plan fees.
Emergency	A serious and unexpected illness or injury requiring immediate action because it is causing you severe pain or poses an immediate risk to your health.
Fixed benefit	Benefit which is payable only once in your lifetime.
Geographical limits	The United Kingdom.
Implant	An intra-osseous fixture including the abutment.
Locality	Within 25 miles radius of the dental practice with which you are registered.
Mouth cancer	Invasive malignant tumour with its primary site inside the mouth.
Mouth	The lips, tongue, gums, major salivary glands, hard palate and floor of the mouth. Gland tissue associated with the mucosal lining, oropharynx, nasopharynx, and hypopharynx, but excluding the tonsils.
Policy	This insurance document.
PPD	Patient Plan Direct.
Period of insurance	The time for which this policy is in force as shown in the schedule.
Redundancy	Dismissal from employment, where your employer has: a. stopped or intends to stop their business for the purposes for which you were or are employed; or

- b. stopped or intends to stop their business in the place that **you** are or were employed; or
- c. lost or reduced the need for their business in the place **you** were employed; or
- d. continued to trade at the place that **you** were employed, but **you** are no longer required by **your** employer.

Unemployed

Where **you** are entirely without gainful employment whether full-time, part-time or on a zero-hour contract.

We/us/our

Hiscox Insurance Company Limited.

You/your

The insured member of the **dental plan**.

Section 1 – General terms and conditions

Condition precedent

General conditions 2, 3 and 4 below, and General claims condition 1 are all conditions precedent to **our** liability. **We** will not make any payment under this insurance unless **you** comply with all the requirements of those conditions.

General conditions

The following conditions apply to the whole of this **policy**. Any other conditions are shown in the section to which they apply.

1. Information – in deciding to accept this insurance and in setting the terms and premium, **we** have relied on the information **you** have given **us**. **You** must take care when answering any questions **we** ask by ensuring that all information provided is accurate and complete.

You must tell **us**, as soon as possible, if there are any changes to the information **you** have given **us**. If **you** are in any doubt, please contact **us**.

When **we** are notified of a change **we** will tell **you** if this affects **your policy**. For example **we** may cancel **your policy** in accordance with the cancellation condition, amend the terms of **your policy** or require **you** to pay more for **your** insurance.

If **you** do not inform **us** about a change it may affect any claim **you** make or could result in **your** insurance being invalid.

2. Misrepresentation – If **we** establish that **you** deliberately or recklessly provided **us** with false information **we** will treat this insurance as if it never existed and decline all claims.

If **we** establish that **you** were careless in providing **us** with the information **we** have relied upon in accepting this insurance and setting its terms and premium **we** may:

- a. treat this insurance as if it had never existed and refuse to pay all claims and return the premium paid. **We** will only do this if **we** provided **you** with insurance cover which **we** would not otherwise have offered;
- b. amend the terms of **your** insurance. **We** may apply these amended terms as if they were already in place if a claim has been adversely impacted by **your** carelessness;
- c. charge **you** more for **your** insurance or reduce the amount **we** pay on a claim in the proportion that the premium **you** have paid bears to the premium **we** would have charged **you**;
- d. cancel **your policy** in accordance with the cancellation condition.

We will write to **you** if **we**:

- a. intend to treat this insurance as if it never existed;
- b. need to amend the terms of **your policy**; or
- c. require **you** to pay more for **your** insurance.

3. Due diligence – **you** must take reasonable steps to prevent accident or injury.
4. Premium payment - **we** will not make any payment under this **policy** unless **you** have paid the premium or **we** have paid the costs of a **dental plan** in accordance with section 6 of this **policy**.

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5. Cancellation – if **you** decide within the first 14 days of taking out this **policy** that this **policy** does not meet **your** requirements, **you** may cancel this **policy** and, provided that no claim has been made, receive a full refund of **your** premium.

After 14 days **you** may cancel the **policy** at any time by giving **us** 30 days written notice. **We** can also cancel the **policy** by giving **you** 30 days written notice at any time.

If **you** do not pay **your** premium **we** will cancel the **policy** after 21 days of non-payment, unless the non-payment is because of **redundancy** for which **we** have accepted a valid claim under section 6.

Cancellation of this **policy** will also cancel **your** membership of **your dental plan**.

6. Other insurance – this **policy** does not cover any loss or claim where **you** would be entitled to be paid under any other insurance.
7. Governing law – unless some other law is agreed in writing, this **policy** will be governed by the laws of England.
8. Arbitration – any dispute arising out of or relating to this insurance, including over its construction, application and validity, will be referred to a single arbitrator in accordance with the Arbitration Act then in force.

General claims conditions

The following claims conditions apply to the whole of this **policy**.

1. Your obligations – **we** will not make any payment under this **policy** unless **you**;
 - a. give **us** prompt notice of anything which is likely to give rise to a claim under this **policy**, in accordance with the terms of sections 7 and 8 of this **policy**;
 - b. give **us**, at **your** expense, any information which **we** may reasonably require and co-operate fully in the investigation of any claim under this **policy**;
 - c. take all reasonable precautions to protect yourself against dental accident and take appropriate **emergency** measures immediately if they are required to reduce any claim.
2. False claims – If **you** have made a false claim, **we** can refuse to pay a claim or **we** can treat this insurance as though it had never existed.

Section 2a – Emergency treatment

What is covered

If **you** need **emergency** dental treatment during the **period of insurance** and **you** cannot reasonably access **your dentist's** own emergency arrangements, **we** will pay the cost of **your emergency** treatment for any of the items listed in the table below.

How much we will pay

The most **we** will pay for each treatment is the limit shown in the table for the corresponding treatment. The most **we** will pay in any one year for all treatments and the most **we** will pay for any one **emergency** are listed below.

What is not covered

We will not make payment for:

1. any permanent treatment;
2. any treatment provided by **your own dentist**, another **dentist** in the same practice or a dental practice within the **locality**;
3. any claim where **you** have been outside the **geographical limits** for longer than 90 consecutive days.

Section 2 – treatment	Policy limit
Examination and treatment of sensitivity	£35.00
X-ray examination	£30.00
Tooth extraction (maximum two teeth)	£55.00 per tooth
Root extirpation to include dressing and for temporary filling and treatment of infection	£70.00 for 1 canal
Root extirpation to include dressing and for temporary filling and	£80.00 for total for 2

treatment of infection	canals
Root extirpation to include dressing and for temporary filling and treatment of infection	£100.00 in total for 3+ canals
Treatment of infection to include prescriptions	£30.00
Investigation and dressing for first tooth	£30.00
Investigation and dressing for additional teeth thereafter	£20.00
Re-secure crown or inlay	£35.00
Re-secure bridge	£45.00
Provision of temporary crown	£55.00
Provision of temporary bridge	£110.00
Provision of temporary post and core	£65.00 each
Treatment to stop haemorrhage including follow-up care	£45.00
Removal of sutures placed by another dentist	£30.00
Repair/adjustment of orthodontic appliance	£50.00
Adjustment to denture	£25.00
Repair of denture to include re-fixing of teeth and gums and repair of clasp	£45.00
Other temporary emergency dental treatment	£55.00
Section 2 – limit per each emergency	£450.00
Section 2 – limit in any one calendar year	£920.00

Section 2b – Emergency call out

What is covered

If **you** suffer a dental **emergency** during the **period of insurance**, and obtain advice by telephone from, or call out, any **dentist** we will pay the cost to **you** for the times listed in the table below.

How much we will pay

The most **we** will pay for any one call out fee is the limit shown in the table below.

What is not covered

We will not make payment for:

1. any permanent treatment;
2. the first £15 of the call out fee;
3. any call out fee outside of the times listed in the table below.

Section 2b – call out times	Limit
Telephone consultation where no attendance follows	£30.00
Call out fee 6.00am-8.00am and 6.00pm-10.00pm (weekdays)	£100.00
Call out fee 6.00am-10.00pm (weekends and Bank Holidays)	£115.00
Call out fee 10.00pm-6.00am (weekdays and weekends)	£175.00
You must pay the first £15 of the call out fee	

Section 3 – Dental treatment following an accident

What is covered

If **you** suffer a dental injury which requires treatment by **your dentist** following an **accident**

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during the **period of insurance we** will pay the cost to **you** for the treatments listed in the table below.

If **you** are under 18 years of age at the time of the **accident we** will continue to cover necessary resulting treatment up to **your** 18th birthday or for up to five years (whichever is the later) subject to the limits listed in the table below.

How much we will pay

The most **we** will pay for each treatment is the limit shown in the table with the corresponding treatment. The most **we** will pay in any one year for all treatments is also listed in the table below.

If **you** choose to receive the fitting or repair of an **implant** as **your** treatment following an **accident, we** will not pay the cost to **you** of that treatment, but **we** will pay the cost of equivalent bridgework treatment up to the limit shown in the table below.

The most **we** will pay for any treatment following an **accident** where **we** have not previously agreed a costed treatment plan is £250.

What is not covered

We will not make payment for:

1. the treatment of a dental injury for which **you** have already received treatment and the damage has been repaired;
2. the treatment of a dental injury caused by self-inflicted damage;
3. the treatment of a dental injury caused by **your** consumption of food or drink;
4. the treatment of a dental injury caused by participating in any contact sport unless **you** were wearing a protective gum shield at the time of the **accident**;
5. the treatment of a dental injury which is the result of normal wear and tear;
6. the treatment of a dental injury caused by any oral hygiene activity;
7. the treatment of a dental injury following damage for which **you** have not sought treatment within seven days of the **accident**;
8. the treatment of a dental injury caused by damage to dental prostheses whilst **you** are not wearing them;
9. any permanent treatment of a dental injury which occurs outside of the **geographical limits**.

Section 3 – treatment	Policy limit
Examination and report to include necessary smoothing and polishing	£40.00
X-ray examination	£30.00
Root canal treatment - incisor or canine root canal treatment	£200.00 per incisor/canine
Root canal treatment – premolar	£230 per premolar
Root canal treatment – molar	£325.00 per molar
Crowns – post and core construction	£100.00
Crowns – ceramic bonded (including any core and/or post interim covering)	£400.00 per crown
Crowns – metal bonded porcelain (including any core and/or post including interim covering)	£350.00 per crown
Crowns – full metal (including any core and/or post including interim covering)	£350.00 per crown
Bridges – all metal	£300.00 per retainer
Bridges – all metal	£300.00 per pontic
Bridges – bonded metal/porcelain	£350.00 per retainer
Bridges – bonded metal/porcelain bridgework (per pontic)	£320.00 per pontic
Bridges – laboratory constructed adhesive	£210.00 per retainer
Bridges – laboratory constructed adhesive	£225.00 per pontic
Laboratory made temporary bridge following tooth loss (where required)	£120.00 per unit

Laboratory constructed adhesive facing or veneer	£320.00 per unit
Dentures – permanent acrylic	£375.00 per denture
Dentures – permanent metal	£550.00 per denture
Dentures – temporary following tooth loss (where required)	£160.00 per denture
Other necessary dental treatment following an accident	£450.00 per incident
Section 3 – limit - total payable in any one year	£10,000

Section 4 – Hospital benefit

What is covered If **you** are admitted to hospital as an inpatient during the **period of insurance** for treatment under the care of a consultant who specialises in dental or maxillofacial surgery, **we** will pay for each overnight stay in hospital while **your** hospitalisation period necessarily continues.

How much we will pay The most **we** will pay for each overnight stay is the limit shown in the table below. The maximum number of nights for which **we** will pay is also listed below.

What is not covered **We** will not make payment for:

1. any treatment.

Section 4	Policy limit
Total amount payable each overnight stay	£70.00
Maximum number of nights	365

Section 5 – Mouth cancer

What is covered If **you** are first diagnosed as having **mouth cancer** by a **dentist** or licensed and qualified doctor during the **period of insurance** and within the **geographical limits**, **we** will pay the **fixed benefit to you** as listed in the table below.

How much we will pay The most **we** will pay is the limit shown in the table below.

What is not covered **We** will not make payment for:

1. **mouth cancer** as a result of **your** use of chewing tobacco products or betel nuts;
2. **mouth cancer** as a result of **your** prolonged drug abuse or alcohol abuse;
3. **mouth cancer** diagnosed before the start of the **dental plan** or within 90 days of the start of the **dental plan**;
4. cancer or tumours in the throat;
5. non-malignant tumours;
6. non-invasive cancers;
7. **mouth cancer** attributable in any way, directly or indirectly, to HIV (Human Immunodeficiency Virus) or any HIV-related illness.

Section 5 – limits	Policy limit
Fixed benefit	£1,000

**Section 6 –
Redundancy**

What is covered

If **you** are **unemployed** following **redundancy**, **we** will pay,;

1. the costs of **your** monthly **dental plan**; and
 2. the costs of **your dependants'** monthly **dental plan**;
- for the period that you are **unemployed** and seeking employment.

How much we will pay

The most **we** will pay is:

1. £15 per month for any **dental plan** for **you** which does not include **your dependants**; or
2. £60 per month for any dental plan for **you** which includes **your dependants**.

However, **we** will not make any payment for the first 30 days that **you** are **unemployed** and **we** will not pay for longer than 12 consecutive months.

What is not covered

We will not make payment for:

1. any period that **you** are **unemployed** which **you** knew about or ought reasonably to have known about at the time **you** registered with the **dental plan**;
2. self-employed members of the **dental plan**;
3. any period that **you** are **unemployed** where **you** were under notice of **redundancy** at the time **you** registered with the **dental plan**;
4. any period that **you** are **unemployed** that occurs during employment through a temporary employment agency;
5. any **redundancy** that arises on the grounds of **your** ill health;
6. any **redundancy** arising from the expiry of a fixed term contract;
7. any **redundancy** where **you** cannot provide a formal letter of **redundancy** from **your** last employer which is written on company stationery and includes the date of **your redundancy**;
8. any period that **you** are **unemployed** where **you** elect to take voluntary **redundancy**;
9. any period that **you** are **unemployed** where **you**;
 - a. cannot provide evidence that **you** have actively sought employment; and
 - b. have not been registered with **your** local job centre; and
 - c. have not been in receipt of Jobseekers Allowance within the past 30 days.
10. any period that **you** are **unemployed** first arising within six months of the date **you** registered with the **dental plan**, unless **you** have been in continuous employment for six consecutive months prior to the date of **your redundancy**.

Section 6 – type of dental plan	Annual policy limit
Any dental plan for you which does not include your dependants	£120
Any dental plan for you which includes your dependants	£720

Section 7 – Policy information**Applicable to all sections except redundancy.**

Emergency help

If **you** cannot access **your dentist's** own emergency arrangements and **you** need help in obtaining **emergency** dental treatment either in the United Kingdom or overseas, **you** may see a **dentist** of your choice or **you** may call the dental helpline on +44 (0)1206 788816.

How to make a claim

You must complete a claim form and this must be countersigned by the treating **dentist**.

You must send this to the insurance team at **PPD** within 30 days of the injury, incident or **emergency** incident (60 days if the incident occurs outside the **geographical limits**).

We will reimburse **your** costs up the limits shown in this **policy**. **PPD** will at its sole discretion settle the claim directly either to **you** or to the treating **dentist**. Any amount which exceeds the specified limit must be paid directly by **you** to the treating **dentist**.

You must, at **your** expense, provide all necessary reports, receipts, and other documentation in support of the claim when asked to do so.

For claims under section 2, the claim form must be sent together with the treating **dentist's** signed receipt showing details of the temporary treatment given to **you**.

Claim forms are available from **your dentist** or directly from **PPD** by calling: 01482 213215 or by emailing ppd@insurance-partnership.com.

Section 8 – Policy information**Applicable to redundancy.**

How to make a claim

You must complete a claim form and this must be countersigned by the treating **dentist**.

You must send this to the insurance team at **PPD** within 60 days of the date of **your redundancy**.

We will reimburse the costs of **your dental plan** up the limits shown in this **policy**. **PPD** will settle the claim directly to **your dentist**. Any amount which exceeds the specified limit must be paid directly by **you** to the treating **dentist**.

You must, at **your** expense, provide all necessary reports, receipts, and other documentation in support of the claim when asked to do so.

Claim forms are available from **your dentist** or directly from **PPD** by calling: 01482 213215 or by emailing ppd@insurance-partnership.com.

Data protection notice

By accepting **your policy**, **you** consent to **us** using the information **we** may hold about **you** for the purposes of providing insurance and handling claims, if any, and to process sensitive personal data about **you** where this is necessary (for example health information or criminal convictions).

This may mean **we** have to give some details to third parties involved in providing insurance cover. These may include insurance carriers, third-party claims adjusters, fraud detection and prevention services, reinsurance companies and insurance regulatory authorities.

Where such sensitive personal information relates to anyone other than **you**, **you** must obtain the explicit consent of the person to whom the information relates both to the disclosure of such information to **us** and its use by **us** as set out above.

The information provided will be treated in confidence and in compliance with the Data Protection Act 1998. **You** have the right to apply for a copy of **your** information (for which **we** may charge a small fee) and to have any inaccuracies corrected.

For training and quality control purposes, telephone calls may be monitored or recorded.

Complaints procedure

Our aim is to ensure that all aspects of **your** insurance are dealt with promptly, efficiently and fairly. At all times **we** are committed to providing **you** with the highest standard of service. If **you** have any questions or concerns about the sale of **your policy** or the service offered by **your** broker, **you** should contact The Insurance Partnership:



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The Insurance Partnership Services Ltd, Partnership House, Layerthorpe Road, Henry Boot Way, Hull HU4 7DY. Telephone: 01482 213215. Email: ppd@insurance-partnership.com.

If **you** have any questions or concerns about the terms of **your policy** or the decisions regarding the settlement of a claim, please contact **our** customer relations team in writing at:

Hiscox Customer Relations, Hiscox House, Sheepen Place, Colchester CO3 3XL.
Telephone: 01206 773705. Email: customer.relations@hiscox.com.

If **you** are dissatisfied with the final response from **your** broker or from Hiscox, **you** may have the right to refer **your** complaint to the Financial Ombudsman Service. For more information regarding the Financial Ombudsman Service, please refer to www.financial-ombudsman.org.uk.