

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

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.
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 and Ireland.
Implant	An intra-osseous fixture including the abutment.
Locality	Within 25 miles radius of the dental practice with which you are registered.
Mouth cancer	An invasive malignant tumour with its primary site inside the mouth.
Mouth	The lips, tongue, gums, major salivary glands, hard palate and floor or the mouth. Gland tissue associated with the mucosal lining, oropharynx, nasopharynx, and hypopharynx, but excluding the tonsils.
PPD	Patient Plan Direct.
Period of insurance	The time for which this policy is in force as shown in the schedule.
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, General Claims Condition 1 and the conditions shown in each section under the heading Your obligations 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. Disclosure - all facts and matters which might be relevant to **our** consideration of **your** proposal must be disclosed and all material representations made to **us** must be true, otherwise **we** are entitled to treat this insurance as if it had never existed.

2. Change of circumstances - **you** must tell **us** as soon as reasonably possible of any change in circumstances during the **period of insurance** which may materially affect this **policy**. (A material fact or circumstance is one which might affect **our** decision to provide insurance or the conditions of that insurance.) **We** may then change the terms and conditions of this **policy**.
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.
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.
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.
We will not make any payment to **you**, or contribute to the cost of any claim covered by another more appropriate policy **you** have the benefit of.
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**. Any other claims conditions and procedures are shown in the section to which they apply.

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 each section;
 - 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. Fraud - if **you**, or anyone on **your** behalf, tries to deceive **us** by deliberately giving **us** false information or making a fraudulent claim under this **policy** then **we** will treat this **policy** as if it had never existed.

Section 2 General terms and conditions

What is covered

If **you** need **emergency** dental treatment during the **period of insurance** and **you** cannot reasonably access **your dentists** 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 with 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	€45.00
X-ray examination	€50.00
Tooth extraction (maximum two teeth)	€85.00 per tooth
Root extirpation to include dressing and for temporary filling and treatment of infection	€100.00 for 1 canal
Root extirpation to include dressing and for temporary filling and treatment of infection	€125.00 for total for 2 canals
Root extirpation to include dressing and for temporary filling and treatment of infection	€150.00 in total for 3+ canals
Treatment of infection to include prescriptions	€45.00
Investigation and dressing for first tooth	€85.00
Investigation and dressing for additional teeth thereafter	€30.00
Re-secure crown or inlay	€70.00
Re-secure bridge	€90.00
Provision of temporary crown	€120.00
Provision of temporary bridge	€150.00
Provision of temporary post and core	€90.00 each
Treatment to stop haemorrhage including follow-up care	€70.00
Removal of sutures placed by another dentist	€35.00
Repair/adjustment of orthodontic appliance	€70.00
Adjustment to denture	€35.00
Repair of denture to include re-fixing of teeth and gums and repair of clasp	€95.00
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 6am-8am and 6pm-10pm (weekdays)	€100.00
Call out fee 6am-10pm (weekends and Bank Holidays)	€115.00
Call out fee 10pm-6am (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** during the **period of insurance** **we** will pay the cost to **you** for the treatments 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	€45.00
X-ray examination	€50.00
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	€280.00
Crowns - ceramic bonded (including any core and/or post interim covering)	€500.00 per crown
Crowns - metal bonded porcelain (including any core and/or post including interim covering)	€450.00 per crown
Crowns - full metal (including any core and/or post including interim covering)	€450.00 per crown
Bridges - all metal	€400.00 per retainer
Bridges - all metal	€400.00 per pontic
Bridges - bonded metal/porcelain	€450.00 per retainer
Bridges - bonded metal/porcelain bridgework (per pontic)	€420.00 per pontic
Bridges - laboratory constructed adhesive	€310.00 per retainer
Bridges - laboratory constructed adhesive	€325.00 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	€1100 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 - treatment	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 Policy information (applicable to all sections)

Emergency help

If **you** cannot access **your dentists** own **emergency** arrangements and **you** need help in obtaining **emergency** dental treatment either in the UK or overseas, **you** may see a **dentist** of your choice or **you** may call the dental helpline on +44 (0) 1206 78 8816.

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: 0844 848 6888.

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

We pride ourselves on providing a first class, reliable and efficient service to all of **our** customers. Complaints are a key to monitoring our service and wherever possible, **we** seek to take action to prevent recurrence of a problem.

We define a complaint as any expression of dissatisfaction, whether oral or written, and whether justified or not, about a service or activity provided by **us**.

If **you** have a complaint, please contact **your** insurance adviser in the first instance: the Managing Director, Patient Plan Direct Limited, 12 Trevor Foster Way, Bradford, United Kingdom BD5 8HB. Telephone: +44 1928 793600. Email: info@patientplandirect.co.uk.

If your complaint cannot be resolved satisfactorily by your insurance adviser, please contact our Customer Relations Manager: Customer Relations Manager, Hiscox, Hiscox House, Sheepen Place, Colchester, CO3 3XL. Telephone: +44 1206 711776. Email: customer.relations@hiscox.com.

You may also, in accordance with the Rules of the Financial Services Authority, be able to refer **your** complaint to the Financial Ombudsman Service without affecting **your** legal rights. The address is: Financial Ombudsman Service, South Quay Plaza, 183 Marsh Wall, London, E14 9SR. Telephone: 0845 080 1800.