

## Dencover Plus Dental Insurance Cover

### **IMPORTANT**

This **policy** contains terms that set out what is covered and what is not covered by this insurance. **You** should read this document carefully so that **you** know what insurance **you** have.

### **WHAT THIS POLICY IS FOR**

Provided **you** and/or **your employer** have paid **your premiums**, **we** will pay the dental benefits described below. Full details of **your** cover, the conditions that apply, the claims process and the circumstances when claims will not be met are contained in this **policy**.

### **ARE YOU ELIGIBLE FOR COVER UNDER THIS POLICY?**

It is particularly important that **you** check that **you** may take out cover under this **policy** as arranged by **your employer**.

On the **start date** **you** must:

1. Be living lawfully in the **UK**; and
2. Be over 18 and under 65 years of age; and
3. Be in **work** for the **employer** or be a **relative** of the employee who is in work for the **employer** who has taken out the **policy**.

### **CUSTOMER INFORMATION**

#### **YOUR RIGHT TO CHANGE YOUR MIND**

**You** may cancel this **policy** by writing to:

The Customer Services Manager  
Dencover  
5 St Helen's Place  
London EC3A 6AU,

within 14 days of the **start date** or the date **you** receive **your** documents if this is later. **We** will refund any premium paid, provided no benefit has been paid.

**You** may then cancel this **policy** at any time by giving 30 days' notice in writing to the above address.

**We** may cancel **your** insurance cover under this **policy** by giving **you** 30 days written notice prior to each annual **end date**.

If **you** have chosen to pay a monthly premium, **we** will not refund any of **your** premium paid. See Section C for full details.

Telephone calls may be monitored or recorded to assist with staff training and for quality control purposes. If **you** have any queries regarding **your** cover under this **policy**, please telephone **0845 460 1010**

If **you** have hearing or speech difficulties **you** can text telephone **us** on **0845 460 1010**. This document and all **our** literature is available in large print and audio. **We** will be happy to supply **you** with a copy or **you** can call **us** on **0845 460 1010**.

## Table A – Benefits

The benefits are as follows:

			Cover per policy year	Limit per item	Notes
<b>1</b>	<b>Preventative</b>				
	Check-Ups, Scale/Polish And X-Rays	100 % of your dentist's bill covered up to	£100	£60 any one visit	Charges must be in line with <b>your</b> Dentist's published pricing in accordance with British Dental Association code of practice.
<b>2</b>	<b>Treatment</b>				
	Fillings, Crowns, Bridges, Dentures*, Mouth Guard, Root Canal Treatment, Extractions	75% of your dentist's bill covered up to	£1000	£250	*as an alternative to a bridge
<b>3</b>	<b>The Unexpected</b>				
	Emergency Dental Treatment. United Kingdom or worldwide cover including call out charges	100 % of your dentist's bill covered up to	£750	See table C below for details	Charges must be in line with <b>your</b> Dentist's published pricing in accordance with British Dental Association code of practice.
	Dental Accident Cover		£6000	See table B below for details	
	Oral Cancer		£12000 or £6000*	The claim must be made within 2 months of diagnosis by a doctor or a specialist. *over the age of 60	

**Table B - Treatment following injury that you incur during the policy period:**

Item	Treatment	Benefit (up to)	
1	Examination and report to include all necessary smoothing polishing and vitality testing	£ 27.00	Per incident
2	X-rays	£ 20.00	Per incident
3a	Porcelain jacket crown	£250.00	Per unit
3b	Ceramic bonded crown	£325.00	Per unit
4a	Metal bonded porcelain crown	£270.00	Per unit
4b	Cast post and core	£ 56.00	Per unit
5a	Metal bonded porcelain bridgework – retainer	£275.00	Per retainer
5b	Metal bonded porcelain bridgework – pontic	£240.00	Per pontic
6	Full metal crown	£275.00	Per unit
7a	All metal bridgework – retainer	£249.00	Per retainer
7b	All metal bridgework – pontic	£191.00	Per pontic
8a	Laboratory constructed adhesive bridge – retainer	£185.00	Per retainer
8b	Laboratory constructed adhesive bridge – pontic	£195.00	Per pontic
9	Laboratory constructed adhesive facing or veneer	£233.00	Per unit
10a	Root canal incisor	£137.00	Per incisor
10b	Root canal treatment – canine	£137.00	Per canine
10c	Root canal treatment – premolar	£247.00	Per premolar
10d	Root canal treatment – molar	£304.00	Per molar
11a	Permanent acrylic denture	£301.00	Per denture
11b	Permanent metal denture	£390.00	Per denture
11c	Temporary denture following tooth loss (where required)	£135.00	Per incident
12a	Laboratory made temporary bridge following tooth loss (where required)	£ 87.00	Up to 3 units
12b	Laboratory made temporary bridge following tooth loss – additional units	£ 22.00	Per unit
13	Emergency and other treatment following dental <b>injury</b> not otherwise specified	£384.00	Per incident

**TABLE C - Emergency Dental Treatment that you incur during the policy period:**

Item	Treatment	Benefit (up to)	
14	Examination and report to include all necessary smoothing stoning and Occlusal adjustments	£ 27.00	Per incident
15	X-rays	£ 20.00	Per incident
16	Extraction of up to 2 teeth	£ 40.00	Per tooth
17a	Root canal extirpation to include dressings and/or temporary fillings and necessary prescriptions	£ 50.00	1 canal
17b	As 17a (two canals)	£ 58.00	2 canals

17c	As 17b (3 or more canals)	£ 71.00	3+ canals
18	Treatment of dental infection to include any necessary prescriptions	£ 20.00	Per incident
19a	Provision of temporary fillings	£ 20.00	1 <sup>st</sup> tooth
19b	As 19a (each additional tooth)	£ 14.00	Add tooth
20	Recement crown or inlay	£ 22.00	Per item
21	Recement bridge	£ 32.50	Per bridge
22	Construction and fitting of temporary crown	£ 43.00	Per crown
23a	Construction and fitting of temporary bridge	£ 79.00	Per bridge
23b	Provision of temporary post & core	£ 41.00	Per tooth
24	Arrest of abnormal haemorrhage including aftercare and associated suture removal	£ 29.00	Per incident
25	Removal of sutures placed by another practitioner	£ 18.00	Per incident
26	Repair/adjustment of orthodontic appliance	£ 39.00	Per incident
27	Adjustment to denture	£ 16.00	Per incident
28	Repair of denture to include refixing of teeth and gums and repair of clasp	£ 34.00	Per incident
29	Any other temporary treatment not otherwise specified	£ 47.00	Per incident

**Table D - Oral Cancer**

30	Up to the treatment 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 or	up to £12,000	In all throughout the life of the policy
31	Up to the treatment 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.	Up to £6,000	In all throughout the life of the policy

### **NHS Claims**

**We will reimburse you** in full the NHS treatment costs **you** have paid to **your dentist**, subject to the maximum number of claims applicable to each procedure listed above.

Charges must be in line with National Health Service published charging scale.

### Important Information

If **you** make a claim for NHS charges and any part of **your** treatment falls outside of the NHS treatment guidelines, this treatment must be invoiced at the full private cost. This will be administered as a private claim subject to the maximum treatment costs and percentage of costs detailed above.

## **SECTION B – Exclusions**

### WHEN WE WILL NOT PAY BENEFIT:

- (i) No benefit will be payable under the **policy** for:
  - a) any payment in excess of the maximum treatment cost or maximum number of claims applicable for each treatment or **policy year** as stated above;
  - b) results from a **pre-existing condition**;
  - c) any treatment relating to damage or **injury** caused whilst participating in any professional or contact sport, including any form of racing, when the appropriate mouth protection was not being worn;
  - d) laboratory fees, except those arising as a direct consequence of a **dental accident**;
  - e) self-inflicted injuries or wilful exposure to danger (except in an attempt to save human life);
  - f) claims caused by alcohol, solvent abuse or drugs (other than drugs taken under the direction of a **dentist**, doctor or **consultant** and not to treat drug addiction);
  - g) costs which **we** reasonably consider are not reasonable and 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;
  - h) any dental treatment which was prescribed, planned or is currently taking place at the **start date**;
  - i) loss of dentures or damage to dentures unless damaged whilst worn;
  - j) wisdom teeth extraction;
  - k) any **elective surgical procedure**, implants, veneers, cosmetic treatment or other tooth whitening and orthodontics;
  - l) any treatment, care, repair to, or in connection with "tooth jewellery";
  - m) any prescription charges or associated costs;
  - n) missed appointment fees or charges;
  - o) reimbursement for travelling expenses or telephone calls in connection with any treatment;
  - p) any treatment that is not given by a **dentist** or clinical practice, or which is normally not provided by **dentists** in the **United Kingdom**;
  - q) referrals to a specialist **dentist** or specialist treatment unless the treatment is as a result of a **dental accident**;
  - r) any treatment received for injuries not apparent within 30 days from the date of the original cause of the claim;
  - s) any treatment that is identified as being medically necessary at **your** first examination by a **dentist** if **you** have not been examined by a **dentist** in the 12 months immediately preceding the **start date**;
  - t) 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;
  - u) 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; or
  - v) any treatment to repair or replace existing dentures within 12 months of the **start date** unless they are being worn at the time;
  - w) 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;
  - x) **you** taking part in any flying activity, other than as a passenger in a commercially-licensed aircraft,
  - y) any claim that is not supported by medical evidence from a **dentist**.
  
- (ii) In respect of an **oral cancer** claim, no benefit will be paid for:
  - (a) any **oral cancer**:
    - (i) which **you** knew about, or ought reasonably to have known about, before the **start date**; or
    - (ii) for which **you** sought or received advice, treatment or counselling from any doctor during the 12 months immediately before the **start date**;
  - (b) **oral cancer** 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;
  - (c) **oral cancer** 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);
  - (e) any charges for consultations or tests for non-invasive tumours.
  - (f) results in any treatment being received by **you** more than one year after the date of diagnosis.
  - (g) is not supported by medical evidence from a **consultant**.
  - (h) is able to begin a course of treatment within the National Health Service (NHS) within two weeks of the date of diagnosis;

## **SECTION C – Premiums**

- a If **you** are paying for **your** cover each month by direct debit (as shown in the **schedule**), **you** must provide bank details and **we** will collect debits each month. This insurance will automatically end if any payment is not made and **you** fail to put this right within 14 days.
- b **The insurer** 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** or **the insurer** will change **your premium** from the date any changes are put in place.

## **SECTION D – Insurance End Date**

When does **your** insurance cover end?

**Your** insurance cover under this **policy** will end at the earliest of the following:

- (i) the date of **your** death (this will not affect other insureds covered under this **policy**); or
- (ii) the date **you** or **we** cancel **your** insurance as set out under the terms of this **policy**; or
- (iii) the expiry of policy period selected by your employer or
- (iv) the date on which you cease to be employed by your employer unless otherwise agreed in writing; or
- (v) the date **you** attain 70 years of age; or
- (vi) The date the **premium** is due in the event of the **premium** not being paid by **you** and **you** failing to put this right within 14 days.

As **your** insurance **policy** is arranged by **your employer** this **policy** will end at the stated **end date** as set by **your employer** and as shown in **your schedule** regardless of the actual date when you joined **your 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 then be for a full 12-month period.

## **SECTION E – Claims**

### **1. How do you make a claim for benefits?**

**You** must write to The Customer Services Manager, **Compass Underwriting Limited**, 40 1-2 Crutched Friars, London, EC3N 2HT telling **us you** want to make a claim. This should be done within 120 days of the date of the event for which a claim is being made.

**You** must take all reasonable steps to avoid or minimise any loss or damage.

**You** must give **us** any information and proof that **we** may reasonably need. Where any expense is incurred in obtaining this information, it will be **your** responsibility to pay for this.

**You** must submit receipts which should identify the treatment given and the name and address of the treating **dentist**. Where receipts are unobtainable the treating dental surgery must sign and stamp the completed claim form. All claims will be reimbursed at the usual and customary charging rate of the **dentist**. The charges must not be excessive, as reasonably decided by **our** dental advisor.

**We** may require the **insured(s)** to be examined by a medical or dental examiner of **our** choice. **We** will pay for this. If they do not attend this examination, no further benefit will be paid.

If **you** make a claim for NHS charges and any part of **your** treatment falls outside of the NHS treatment guidelines, this treatment must be invoiced at the full private cost. This will be administered as a private claim subject to the maximum treatment costs and percentage of cost allowable as detailed in the table of benefits.

## **SECTION F – General Provisions**

### **1. Fraudulent claims or misleading information.**

If any information provided to **us** by **you** or anyone acting on **your** behalf is inaccurate or if **you** do not disclose any information which might reasonably affect **our** decision to provide insurance to **you**, **your** right to any benefit under this **policy** will end.

If any claim under this **policy** is fraudulent or is intended to mislead **us** or if any misleading or fraudulent means are used by **you** or anyone acting on **your** behalf to obtain benefit under this **policy**, **your** right to any benefit under this **policy** will end and **we** will be entitled to recover any benefit paid and costs incurred as a result of any such fraudulent or misleading claim.

## **2. Legal**

This **policy**, together with any endorsement to it, any proposal and any other written statement made by **you** or on **your** behalf on which **we** have relied when accepting **you** for cover under this **policy** constitutes the whole of the contract between **you** and **us**.

No provision or condition of this **policy** may be waived or modified except by a written endorsement, which must be signed by an authorised official on **our** behalf.

If any loss, **injury** or damage is covered by any other insurance **we** will not pay more than our proportion.

English Law applies to this **policy** unless **you** have asked for another law and **we** have agreed to this in writing before the **start date**.

It is not possible for **you** to transfer **your** rights under this **policy**.

No person, persons, company or other party who or which is/are not covered under this **policy** shall have any right under the Contracts (Rights of Third Parties) Act 1999 to enforce any term or condition of this **policy**. This will not affect any right or remedy of a third party that exists or is available apart from that Act.

The Financial Services Compensation Scheme may assist **you** in some circumstances, if **we** were unable to meet **our** liability to **you**. The first £2000 of a claim or **policy** is protected in full. Above this threshold, 90% of the rest of the claim or **policy** will be met. Further details are available on request.

The Data Protection Act 1998 gives **you** the right to a copy of **your** personal data held by **us** upon payment of a fee.

In accordance with the Disability Discrimination Act 1995 **we** are able to provide upon request a textphone 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 in an appropriate manner.

## **SECTION G – Customer Service Information.**

### **How do you make an enquiry or complaint?**

A copy of **our** complaints procedure is available to all policyholders on request from the Customer Services Manager Compass Underwriting Limited, 1-2 Crutched Friars, London EC2N 2HT; telephone 020 7398 0100.

Any enquiry or complaint **you** may have regarding this **policy** should also be sent to the above address and Compass will then pass it on to the relevant complaints handler.

Telephone calls may be monitored or recorded to assist with staff training and for quality control purposes.

Please be ready to provide all relevant details of **your policy** and in particular **your policy** number to help **your** enquiry be dealt with speedily.

If **you** remain dissatisfied **you** may refer **your** complaint to The Financial Ombudsman Service, South Quay Plaza, 183 Marsh Wall, London E14 9SR, telephone: 0845 080 1800. Please note that the Financial Ombudsman Service will normally only consider a complaint once **we** have issued a final decision. This will not affect **your** legal rights.

## **SECTION H – Meaning of Words**

The words which appear in this **policy** in bold have specific meanings which are explained below:

“**Compass Underwriting Limited**” means the administrator for all sections of the **policy**.

**“Dental Accident”** means 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** condition within the policy period.

**“Dentist”** means:

- (i) within the **United Kingdom** a dental practitioner who is currently registered with the General Dental Council (and is not **you** or a **relative**) and engaged in general dental practice; or
- (ii) in the case of **emergency dental treatment** outside the **United Kingdom**, a dental practitioner who is appropriately qualified registered and practising in the country in which treatment is received;

**“Dentition”** means the cutting or growing of teeth including but not limited to the conformation or arrangement of **your teeth**.

**“Elective Surgical Procedure”** means a procedure which is not medically necessary to sustain or maintain **your** quality of life and is undertaken solely at **your** request;

**“Eligible Children”** means **your** children or legally adopted children who are named in the **schedule** and are a permanent resident of the **United Kingdom** and are:

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

They must continue to satisfy this definition on the date they become entitled to make a claim in order to claim benefit. No more than 4 eligible children will be covered under this **policy** in respect of a single parent policy and no more than 4 children under a family plan policy, see **your schedule** for full details

**“End Date”** means the date **your** insurance cover under this **policy** ends, which will be the earliest of the following:

- (i) the date of **your** death (this will not affect other insureds covered under this **policy**); or
- (ii) the date **you** or **we** cancel **your** insurance as set out under the terms of this **policy**; or
- (iii) the expiry of policy period selected by your employer or
- (iv) the date on which you cease to be employed by your employer unless otherwise agreed in writing; or
- (v) the date **you** attain 70 years of age; or
- (vi) The date the **premium** is due in the event of the **premium** not being paid by **you** and **you** failing to put this right within 14 days.

**“Emergency Dental Treatment”** means 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”** means 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)**.

**“Insured(s)”** means the named employee, employees or directors working for the **employer** and being paid under a formal contract of employment by **your employer**, who are working on the **start date** and are listed in the **schedule of insured people**, or as specifically agreed and accepted by **us**, in writing to **you**.

**“Injury”** means an **accident** that **you** suffer during the **period of cover**.

“**Oral Cancer**” means 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**” means the hard and soft palate, accessory, salivary, lymph and other gland tissue in the musoccal lining of the oral cavity but excluding the tonsils;

“**Partner**” means the person named in the **schedule**, who is **your** spouse or civil partner, or a cohabiting partner who has lived permanently with **you** for 2 years or more;

“**Period of cover**” means the period as stated in **your schedule** from the **start date**, until the **end date** for which the **premium** is received and accepted by **the insurer**, or until cover ends as described in section 6.

“**Policy**” means this insurance policy;

“**Policy Year**” means the 12 month period immediately following the **start date** and each subsequent period of 12 months thereafter;

“**Pre-existing condition**” means any condition, **injury**, illness, disease, sickness or related condition and/or associated symptoms, whether diagnosed or not which **you**;

- knew about or should reasonably have known about at the **start date**; or
- had seen or arranged to see a **dentist** in the 12 months before the **start date**.

“**Premium**” means the premium **you** pay **us** in relation to this **policy**. **You** will only be covered if **we** have received the premium on the due date;

“**Relative**” means a husband, wife, **partner** or any other immediate family member related to **you** by blood, marriage or law.

“**Schedule**” means the letter **we** send **you** which shows details of **your** insurance cover;

“**Start Date**” means the date **your** application for insurance cover is accepted by **us** as shown in **your schedule**;

“**Terrorism**” means 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.

**The insurer(s)** means Red Sands Insurance Company (Europe) Limited, registered in Gibraltar number 87598, with a registered office at Suite 912c, Europort, Gibraltar.

“**United Kingdom**” means England, Scotland, Wales, Channel Islands, Isle of Man and Northern Ireland;

“**We, Us, Our**” means **Compass Underwriting Limited** on behalf of **the insurer**;

“**You, Your**” means the person(s) named on the **schedule** which may include **your partner** and/or **eligible children**.

Red Sands Insurance Company (Europe) Limited is licensed and regulated by the Commissioner of Insurance 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.

Deleted: Ordinance

Red Sands Insurance Company (Europe) Limited, registered in Gibraltar number 87598, with a registered office at Suite 912c, Europort, Gibraltar.

Compass Underwriting Limited is authorised and regulated by the Financial Services Authority.

Compass Underwriting Limited appears in the Financial Services Authority's (FSA) Register. The FSA register number for Compass Underwriting Limited is: 304908.

Compass Underwriting Limited is a private company limited by shares incorporated in England under registered number 3332314.

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