

# Bupa Dental Plan Scheme policy summary

Effective from 1 November 2005

**keyfacts**®

This policy summary contains key information about the Bupa Dental Plan scheme. You should read this carefully and keep it in a safe place afterwards. Please note that it does not contain the full terms and conditions and exclusions of cover which you will find in the policy membership guide DP/4409/JAN05. Also, the terms of your cover may change from time to time, particularly at renewal. The helpline can provide further details, although you may need to contact your sponsor for full details of the cover under the agreement.

## About your cover

### The insurer

Bupa Dental Plan is provided under an agreement between Bupa Insurance Limited and the sponsor. Your cover is subject to the terms and conditions of that agreement. There is no contractual agreement between you and Bupa covering your membership. Only the sponsor and Bupa have legal rights under the agreement, although Bupa will allow anyone covered under the agreement access to our complaints process.

### The type of insurance provided

The scheme covers dental treatment or examination which is necessary to maintain dental fitness for example examinations, fillings and scaling, and which as a matter of necessity must be provided by a dentist.

### The type of treatment covered

The scheme covers dental treatment services set out in the benefit schedule. Please refer to page two of this document for the benefit schedule. You are only covered for eligible dental treatment. This means treatment of an acute condition together with the products and equipment used as an integral part of the treatment that:

- are consistent with generally accepted standards of dental practice and representative of best practices in the medical profession in the UK
- are clinically appropriate in terms of type, frequency, extent, duration and the facility or location where the services are provided
- are demonstrated through scientific evidence to be effective in improving your dental health, and
- are not provided or used primarily for the expediency of you or your dentist or specialist and the treatment, services or charges are not excluded under the terms and conditions of the agreement between your employer and Bupa.



## Summary of cover

This table sets out the maximum benefit available for each treatment. Further details are available from the helpline.

Benefits Schedule	Bupa Dental Plan			Notes
	Level 1	Level 2	Level 2+	
Examinations	£5.50 each	£12 each	£28 each	Maximum of two examinations per year
Xrays	£30	£40	£40	Annual maximum
Scale and polish	£56 each	£80 each	£80 each	Maximum of two treatments per year
Fillings and root canal treatment	£150	£250	£250	Annual maximum
Extractions	£150	£250	£250	Annual maximum
Crowns, bridges, dentures etc.	£250	£350	£350	50% of costs per treatment up to maximum per year
<b>Please note: Overall maximum limit</b>				
For routine dental treatment (outlined above)	£500	£800	£800	
For emergency worldwide treatment	£400	£600	£600	
For accidents/sports injuries	£3,000	£5,000	£5,000	

The benefit limits under level 2+ are the same as level 2 apart from the examination benefit which is £28.00 each (maximum of two per year)

## What your policy does not cover

This section explains the dental treatment services and charges that are not covered under the scheme. This section does not contain all the limits and exclusions to your cover. Further details are available from the helpline although you may need to contact the sponsor for full details (*See section 8 of the policy membership guide for full details*).

Anything not set out in the benefit schedule is not covered. You should also note the benefit schedule sets out some limitations and restrictions for particular types of dental treatment. The following are excluded:

- cosmetic treatment;
- in-patient treatment;
- out-patient treatment;
- day-patient treatment;
- dental treatment, which in Bupa's reasonable opinion based on established dental and medical practice in the United Kingdom is experimental or unproven, or not normally supplied by a dentist;
- orthodontic treatment;
- dental treatment resulting from self-inflicted injury;
- charges by a dentist or other person for completing your claim form or the submission of a claim;
- surgical implants;
- mouthguards;
- administering general anaesthetic;
- dental injury treatment;
- oral cancer treatment.

## How long your cover will last

The agreement is an annual one. Your cover is dependent on your sponsor covering you under the agreement, so your cover will generally last for 12 months but this may change depending on your sponsor (*See section 3 of the policy membership guide*).

## Changing your Mind

The sponsor may terminate your membership of the Scheme or that of your eligible dependants at any time by notifying Bupa in writing (*See section 6 of the policy membership guide*).

## Getting in touch

The Bupa helpline is always the first number to call if you need help or support, or if you have any comments or complaints. Please call us on 0800 237 777<sup>Δ†</sup> between 8am and 6pm, Monday to Friday and 8am to 1pm on Saturdays. Alternatively, you can write to us at Bupa Dental, Anchorage Quay, Salford Quays, M50 9WF or fax us on 0161 931 5883.

## For members with special needs

For hearing and speech impaired members who have a textphone, please call us on 0845 60 66 863\* between 9am and 5pm Monday to Friday. We can also offer a choice of braille, large print or audio for correspondence.

## How to make a claim

If your dental treatment is likely to be less than £500 you are recommended to call the helpline before arranging any dental treatment to check your cover and the benefits available to you. If your dental treatment is likely to exceed £500 you must call the helpline with full details of your intended dental treatment (*See section 9 of the policy membership guide*).

## Making a complaint

If you have a complaint, please call the helpline. If we are unable to resolve a problem and you wish to take the complaint further, you can contact the Customer Relations Department. Please write to: The Customer Relations Department, Bupa, Anchorage Quay, Salford Quays M50 3XL, or phone on 0845 606 6739\*<sup>‡</sup>, between 8am and 5pm Monday to Friday. It is very rare that we are unable to settle a complaint but if this does happen, you may refer your complaint to the Financial Ombudsman Service. You can write to them at: South Quay Plaza, 183 Marsh Wall, London E14 9SR or call them on 0845 080 1800.

## The Financial Services Compensation Scheme (FSCS)

In the unlikely event that we cannot meet our financial obligations, you may be entitled to compensation from the Financial Services Compensation Scheme. This will depend on the type of business and the circumstances of your claim. The FSCS may arrange to transfer your policy to another insurer, provide a new policy or, where appropriate, provide compensation. The first £2,000 of any claim paid by the FSCS would be met in full and above this amount, 90 percent of the remainder will be met.

Further information about compensation scheme arrangements is available from the FSCS on 020 7892 7300 or on its website <http://www.fscs.org.uk/>

Δ Calls from landlines are free, however mobile phone providers may charge

\* BT landline calls to 0845 numbers will cost no more than 3.95 pence per minute. Charges from other providers may vary and calls made from mobiles usually cost more.

† Calls to this number may be recorded and may be monitored.



Bupa Dental Plan is provided by Bupa Insurance Limited. Registered in England and Wales No3956433#.

Registered Office Bupa House 15-19 Bloomsbury Way London WC1A 2BA.

#Authorised and regulated by the Financial Services Authority.

© Bupa 2008. Bupa and the heartbeat symbol are trademarks of The British United Provident Association Limited.