

Policy summary

Bupa Dental Plan

Sponsored pay group effective from 1 June 2017



This policy summary contains key information about your Bupa Dental Plan. 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 Bupa Dental Plan Membership Guide (Sponsor Pay).

About your cover

The provider

Bupa Dental Plan is provided under an agreement between Bupa Insurance Limited (Bupa, we, us, our), 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 insurance and the cover that it provides

Bupa Dental Plan offers you cash help towards a variety of everyday dental care costs and insurance for emergency dental treatment and dental injury treatment. You can claim back money towards costs that you have incurred up to a set amount in each 12 month period. There is also cover for the treatment of oral cancer.

How long your cover will last

Bupa Dental Plan is an annual contract that is renewed each year and will continue until:

- the sponsor stops paying subscriptions
- the sponsor fails to renew your membership, or
- you cease to live in the UK unless and to the extent otherwise agreed between Bupa and the sponsor in connection with you working overseas
- the agreement between Bupa and the sponsor terminates.

Bupa has the right to make changes to the terms and conditions of your cover on any annual anniversary date after your policy has started or end the scheme. (See the 'How your membership works' section of the membership guide for full details).

Bupa may make changes more frequently if required due to applicable law, regulation or taxation. Bupa will give you at least 28 days notice of such changes wherever possible. Where cover extends to dependants, their annual anniversary date may be different, but will always end when the main member's cover ends.

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. For queries about your cover we have provided a number which you will find in your membership certificate. Alternatively you can write to us at **Bupa Dental, Anchorage Quay, Salford Quays, Salford M50 3XL**.

If you require correspondence and marketing literature in an alternative format, we offer a choice of Braille, large print or audio. Please get in touch to let us know which you would prefer.

For those with hearing or speech difficulties who use a textphone, call us on 0345 606 6863.

How to make a claim

To make a claim, visit **bupa.co.uk/dental/finance-and-insurance/make-claim** to complete a claim form online. Alternatively you can download a claim form from **bupa.co.uk/dental/finance-and-insurance/make-claim** and send it back to us at: **Bupa Dental Cover, Anchorage Quay, Salford Quays, Salford M50 3XL**, or call us on **0800 237 777*** to request a claim form to be sent to you by post.

When making claims you will need to provide your fully completed claim form, copies of original receipts and your bank account details to which the approved claim will be paid. You can make a claim up to six months following the date of the original receipt.

Summary of cover

This shows the total amount of benefits we pay up to per person in each policy year depending on which level of cover you have chosen.

	Core	Level 1	Level 2	Level 3	Level 4
NHS treatment		No annual benefit limits - paid in full			
Emergency dental treatment (includes worldwide cover)	100% reimbursement for NHS treatment. Reimbursement of private treatment up to the NHS Band limit applicable at the date of the treatment	up to £400	up to £600	up to £600	up to £1,000
Dental injury treatment (includes worldwide cover)		up to £3,000	up to £5,000	up to £5,000	up to £5,000
Routine dental treatment (includes worldwide cover)		Annual limits subject to the benefits schedule			
Oral cancer treatment	n/a	no annual benefits limit – paid in full*			
Cash benefit for hospital stay	n/a	£50 a night up to £1,000 each year			

*When we say paid in full, we mean that all of the member’s eligible oral cancer treatment expenses will be covered, provided that they are treated at one of our partnership facilities by one of our partnership consultants. Please refer to the relevant membership guide for more details.

Benefit limits for individual routine dental treatments

This shows the maximum we will pay per policy for each individual **routine dental treatment**. **Important: please remember that all of benefits below are subject to your annual benefit limits which we will never exceed.**

Item of dental treatment	Level 1	Level 2	Level 3	Level 4
Examinations maximum of two per policy year	up to £25	up to £35	up to £50	up to £60
X-rays each year	up to £30	up to £40	up to £50	up to £60
Scale and polish maximum of two per policy year (simple scale and polish procedures and chronic periodontal treatment)	up to £40	up to £50	up to £80	up to £90
Fillings and root canal treatment (amalgam, composite anterior and composite posterior fillings) each year	up to £150	up to £250	up to £300	up to £350
Extractions (Including extraction flap raised, apicectomy, incising of abscess, and simple gingivectomy treatments) each year	up to £100	up to £150	up to £200	up to £200
Crowns, Bridgework, inlay/onlay, veneer, full gold crown, porcelain crown, porcelain bonded to metal crown, bridge, adhesive bridge, cast post and core, pre-fabricated post and core, re-fix or re-cement of existing crown, re-cement of adhesive bridge, and re-cement of any other bridge, dentures (acrylic/metal; partial/full; upper lower (reline denture, addition of tooth, repair denture, occlusal splint)) and surgical implants each year	80% of costs up to £275	80% of costs up to £450	80% of costs up to £550	80% of costs up to £2,000
Anaesthetist each year	up to £30	up to £50	up to £60	up to £80
Orthodontic cover IOTN 4/5 (Index of Orthodontic Treatment Need) each year	up to £300	up to £400	up to £500	up to £600

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. For example, you are only covered for dental treatment services set out in the benefit schedules; anything not set out there is not covered. You should also note the benefit schedule sets out some limitations and restrictions for particular types of dental treatment.

(See *'Exclusions on benefits'* in the *'General rules on benefits'* section of the membership guide for full details).

The following are excluded:

- cosmetic treatment
- orthodontic treatment that is grade 1-3 on the IOTN (Index of Orthodontic Treatment Need) scale or which is not clinically necessary
- surgical implants where they are to be used for the correction of pre-existing gaps that occurred prior to the start date of your policy (including any gaps which have previously been corrected with the use of a bridge or crowns)
- mouthguards required for physical contact sports
- the replacement of a removable prosthetic appliance which has been lost or stolen
- the replacement of a prosthetic appliance which could have been repaired according to generally accepted dental standards
- the replacement of a prosthetic appliance within five years (except dentures) of it having been fitted
- any dental treatment resulting from or related to any injury sustained whilst participating in physical contact sports
- any dental treatment resulting from or related to a self-inflicted injury
- any dental 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
- any dental treatment which in Bupa's reasonable opinion based on established dental and medical practice in the United Kingdom, is experimental or unproven, except where dental treatment is obtained overseas in which case the reasonable opinion will be based on established dental and medical practice in that jurisdiction. Bupa may, at its sole discretion, make payments in the event that you or any of your eligible dependants requires such dental treatment. No costs and expenses for experimental or unproven dental treatment will be reimbursed unless incurred with Bupa's prior written approval

- self administered drugs such as antibiotics and painkillers or prescription charges
- any oral cancer treatment received by you or any of your eligible dependants if the oral cancer was diagnosed:
 - a. before the person with the oral cancer began their current continuous period of membership of the scheme (or any Bupa Dental Choice scheme which included cover for those types of treatment)
 - b. during the first six months of their current continuous period of membership of the scheme
- any oral cancer treatment if the person receiving the treatment has not been referred to the specialist registered medical practitioner by their GP or dental professional
- any dental injury treatment arising as a direct or indirect result of an external impact which occurred before the date of enrolment of the scheme
- dental procedures carried out in hospital, for example wisdom teeth extractions
- dental consumables such as toothbrushes, mouthwash and dental floss
- treatment care or repair to gums, teeth, mouth or tongue in connection with mouth jewellery
- dental injury treatment required as a result of injury caused by foodstuffs or foreign bodies while eating, chewing or drinking.

Making a complaint

We're committed to providing you with a first class service at all times and will make every effort to meet the high standards we've set. If you feel that we've not achieved the standard of service you would expect or if you are unhappy in any other way, then please get in touch. If Bupa, or any representative of Bupa, did not sell you this policy and your complaint is about the sale of your policy, please contact the party who sold the policy. Their details can be found on the status disclosure document or the terms of business document they provided to you. If you are a member of a company or corporate scheme please call your dedicated Bupa helpline, this will be detailed on your membership certificate.

For any other complaint our member services department is always the first number to call if you need help or support or if you have any comments or complaints. You can contact us in several ways:

By phone: **0800 237 777***

In writing:

**Customer Relations, Bupa,
Salford Quays, Salford M50 3XL**

By email:

customerrelations@bupa.com

Please be aware information submitted to us via email is normally unsecure and may be copied, read or altered by others before it reaches us.

via our website: **bupa.co.uk/
members/member-feedback**

Or via twitter: **@AskBupaUK**

How will we deal with your complaint and how long is this likely to take?

If we can resolve your complaint within three working days after the day you made your complaint, we'll write to you to confirm this. Where we're unable to resolve your complaint within this time, we'll promptly write to you to acknowledge receipt. We'll then continue to investigate your complaint and aim to send you our final written decision within four weeks from the day of receipt. If we're unable to resolve your complaint within four weeks following receipt, we'll write to you to confirm that we're still investigating it.

Within eight weeks of receiving your complaint we'll either send you a final written decision explaining the results of our investigation or we'll send you a letter advising that we have been unable to reach a decision at this time.

If you remain unhappy with our response, or after eight weeks you do not wish to wait for us to complete our review, you may refer your complaint to the Financial Ombudsman Service. You can write to them at: **Exchange Tower, London E14 9GE** or contact them via email at **complaint.info@financial-ombudsman.org.uk** or call them on **0800 023 4567** calls to this number are now free on mobile phones and landlines or **0300 123 9123** (free for mobile phone users who pay a monthly charge for calls to numbers starting 01 or 02).

For more information you can visit **www.financial-ombudsman.org.uk**

*We may record or monitor our calls.

Your complaint will be dealt with confidentially and will not affect how we treat you in the future.

Whilst we are bound by the decision of the Financial Ombudsman Service, you are not.

The European Commission also provides an online dispute resolution (ODR) platform which allows consumers who purchase online to submit complaints through a central site which forwards the complaint to the relevant Alternative Dispute Resolution (ADR) scheme. For Bupa, complaints will be forwarded to the Financial Ombudsman Service and you can refer complaints directly to them using the details above. For more information about ODR please visit <http://ec.europa.eu/consumers/odr/>

[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. Further information about compensation scheme arrangements is available from the FSCS on **0800 678 1100** or **020 7741 4100** or on its website at: www.fscs.org.uk

[Privacy notice](#)

Our Privacy notice explains how we take care of your personal information and how we use it to provide your cover. A full version of the notice can be found in your membership guide or online at bupa.co.uk/privacy

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