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BUPA DENTAL PLAN

POLICY SUMMARY

Sponsored pay group effective from 1 September 2013

bupa.co.uk

SUMMARY OF COVER AND BENEFITS

This policy summary contains key information about 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.

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). Where cover extends to dependants their cover may end at a different date 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, Manchester, M50 3XL or fax us on 0161 931 5883.

We want to make sure that members with special needs are not excluded in any way. We can offer a choice of braille, large print or audio for correspondence and marketing literature.

Please let us know which you would prefer.

Members with hearing or speech difficulties, who use a text phone, can contact our text phone on 0845 606 6863.

SUMMARY OF COVER

The summary of cover below sets out the eligible dental treatments which are covered.

Type of treatment	Core	Level 1	Level 2	Level 3	Level 4
Overall annual limits					
Routine dental treatment (includes worldwide cover)	100% reimbursement for NHS treatment	No maximum annual limits see below benefit table for individual treatment limits			
Emergency dental treatment (includes worldwide cover)	100% reimbursement for NHS treatment	up to a total amount of £400 each year	up to a total amount of £600 each year	up to a total amount of £600 each year	up to a total amount of £1,000 each year
Dental injury treatment	100% reimbursement for NHS treatment	up to a total amount of £3,000 each year	up to a total amount of £5,000 each year	up to a total amount of £5,000 each year	up to a total amount of £5,000 each year
100% NHS treatment		100% reimbursement			
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.

NHS annual benefit limits	Band 1	Band 2	Band 3
	100% reimbursement		

Item of dental treatment	Level 1	Level 2	Level 3	Level 4
Benefit limits				
Examinations up to a maximum of two each year	up to £20	up to £30	up to £40	up to £55
X-rays	up to £20 each year	up to £30 each year	up to £40 each year	up to £50 each year
Scale and polish up to a maximum of two each year	up to £40	up to £50	up to £80	up to £80
Fillings - including root canal treatment	up to £150 each year	up to £250 each year	up to £300 each year	up to £350 each year
Extractions	up to £100 each year	up to £150 each year	up to £200 each year	up to £200 each year
Crowns, bridgework and dentures	80% of costs up to £275 each year	80% of costs up to £400 each year	80% of costs up to £450 each year	80% of costs up to £2,000 each year
Anaesthetist	up to £30 each year	up to £50 each year	up to £60 each year	up to £80 each year
Orthodontic cover for child dependants only up to 18 years of age	Up to £300 each year	Up to £400 each year	Up to £500 each year	Up to £600 each 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. 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, except for eligible dependents up to the age of 18
- surgical implants or any dental treatment involving or making use of or in any way related to surgical implants
- sports mouthguards
- any dental treatment or services not normally provided by dental professionals in the United Kingdom
- the replacement of a 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 a physical contact sport such as rugby or boxing
- 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.

- any dental treatment received outside the United Kingdom which is not routine dental treatment or emergency dental treatment
- 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 Plan scheme which included cover for this type of treatment), or
 - 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
- any dental injury treatment arising as a direct or indirect result of an external impact which occurred outside the UK
- dental procedures carried out by a 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
- damage caused by toothbrushing or oral hygiene procedures

Making a complaint

We are committed to providing you with a first class service at all times and will make every effort to meet the high standards we have set. If you feel that we have not achieved the standard of service you would expect or if you are dissatisfied in any other way, then this is the procedure that you should follow.

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:

0845 609 0111**

In writing:

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

By email:

customerrelations@bupa.com

Or via our website:

bupa.co.uk/members/member-feedback

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

If we cannot resolve your complaint immediately we will write to you, within five working days, to acknowledge receipt of your complaint. We will then continue to investigate your complaint and aim to send you our full written final decision within 15 working days. If we are unable to resolve your complaint within 15 working days we will write to you to confirm that we are still investigating your complaint.

Within eight weeks of receiving your complaint we will either send you a full written final decision detailing the results of our investigation or send you a letter advising that we have been unable to complete the review of your complaint.

If you remain dissatisfied after receiving our final decision, 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: South Quay Plaza, 183 Marsh Wall, London, E14 9SR or call them on 0800 023 4567 (free for fixed line users) or 0300 123 9 123 (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

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. Following the complaints procedure does not affect your right to take legal action.

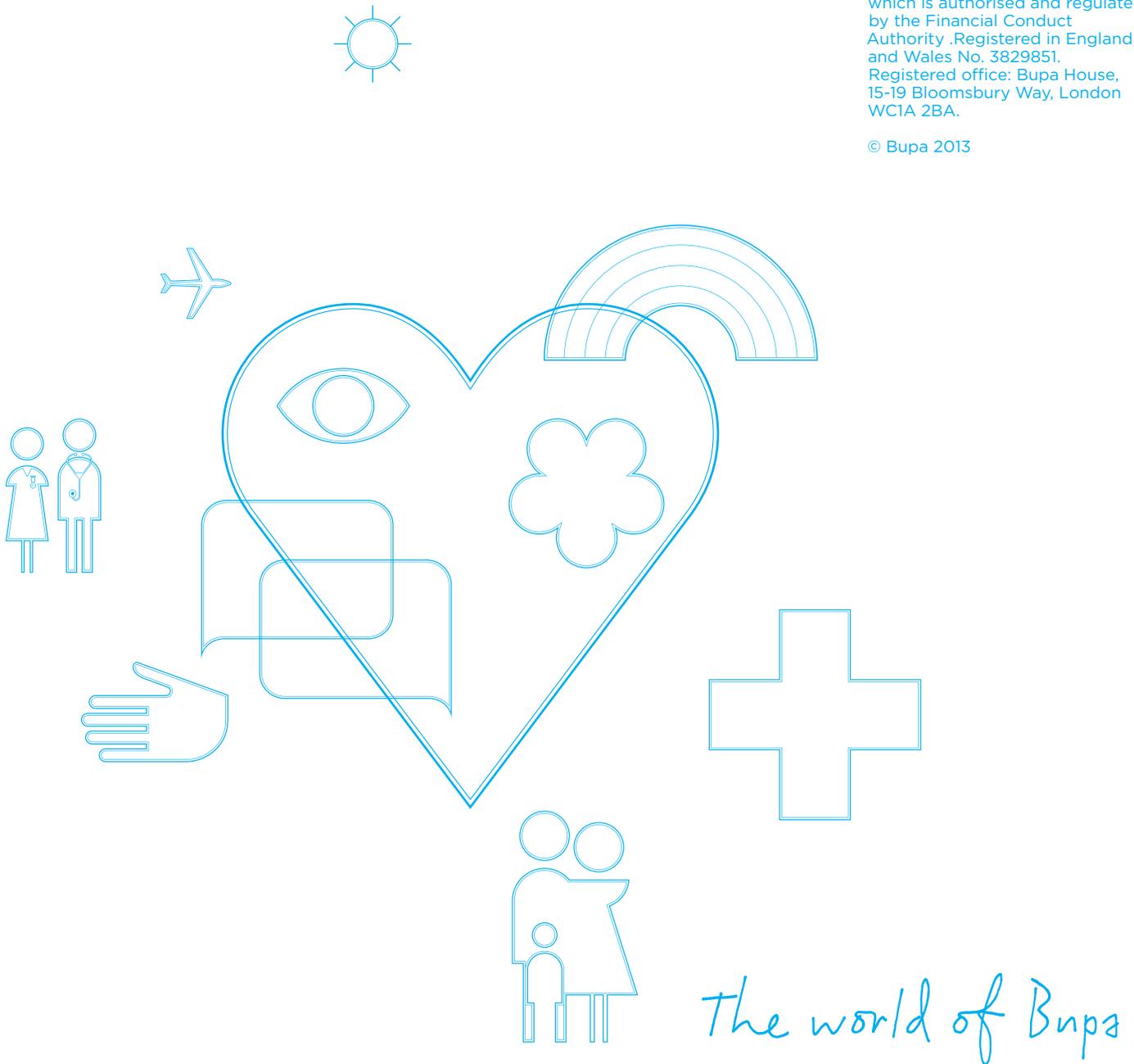
The Financial Services Compensation Scheme (FSCS)

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 on its website www.fscs.org.uk

Bupa dental insurance is provided by Bupa Insurance Limited. Registered in England and Wales No. 3956433 Bupa Insurance limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Arranged and administered by Bupa Insurance Services Limited, which is authorised and regulated by the Financial Conduct Authority. Registered in England and Wales No. 3829851. Registered office: Bupa House, 15-19 Bloomsbury Way, London WC1A 2BA.

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