

DentalCare Policy Document

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Welcome to Universal Provident

Thank you for choosing Universal Provident for your dental insurance. Within this pack you will find all your policy details. Please take time to read through all the documents carefully, checking all your details are correct. Contact us if you have any queries regarding your certificate of cover.

Universal Provident's DentalCare meets the demands and needs of those people who wish to ensure that they will be reimbursed for the costs incurred in respect of dental treatment.

Universal Provident plans are insurance arrangements, underwritten by Great Lakes Reinsurance (UK) PLC and are renewable annually subject to the terms of this *policy*.

If for any reason you decide not to accept the certificate you have 14 days from the later of the date of receipt of the policy documents or the date on which your cover starts to return them to Universal Provident at the address shown at the end of this policy document and confirm that you wish to cancel the cover.

By exercising your right to cancel, you withdraw from the contract of insurance as at the date of such notice. No later than 30 days after the date on which notice of cancellation is received, you will be reimbursed any sums which you have paid in connection with this policy.

If you do not exercise your right to cancel within the cancellation period, the contract will remain in force and all premiums will be payable in accordance with the terms of the policy.

Universal Provident may monitor or record calls between its advisers and customers to ensure a consistent quality of service.

*Universal Provident Limited is an appointed representative of Berkeley Morgan Limited which is Authorised and Regulated by the Financial Services Authority.
DentalCare is underwritten by Great Lakes Reinsurance (UK) PLC.*

Operative Clause

In return for the payment of the premium, *we will pay treatment charges and other benefits* stated in the Table of Benefits, relating to *treatment* incurred by *you* during the *policy period*, on the understanding that the application form and declarations form the basis of and are part of this *policy*.

Any words or phrases given specific meaning in the definitions section of this *policy* carry the same meaning wherever they appear.

Signed for and on behalf of Universal Provident Ltd, as agents for Great Lakes Reinsurance (UK) PLC.

A handwritten signature in black ink, appearing to read 'Ken Rooney', written over a horizontal line.

Ken Rooney
Managing Director

How To Claim

Visit your dentist

If *your dental practitioner* advises that *you* require *treatment*, telephone *our* helpline on 0844 8730 900 to request a claim form. *You* should also inform *your dental practitioner* of *your* insurance details.

Please note that certain *treatment* (implants, *treatment* for *tooth wear* and any *treatment* where the estimated cost is more than £500) covered by this *policy* must be *pre-authorised* by *us* before *you* have the *treatment*. If *you* need to have such *treatment* please have the following information available when *you* telephone *us*:

- * *your policy* number,
- * the condition being treated,
- * the date *you* first became aware of the condition,
- * the *treatment* planned and the estimated cost, and
- * the name of the *dental practitioner* who will undertake the *treatment*

Based on the information *you* provide *we* will confirm:

- * that the condition and *treatment* are covered by the *policy*,
- * that the *dental practitioner* is approved by *us*, and
- * the eligibility of the proposed *treatment*.

Please note that any authorisation given at this stage is subject to confirmation upon receipt of a fully completed claim form.

We will then send *you* a claim form, part of which will be completed from the information *you* have provided.

When you receive the claim form

Ensure that the information already on the form is correct and complete any remaining information within the "Member's Section".

Ask the *dental practitioner* who undertakes the *treatment* to complete the "Dentist's Section" of the claim form.

Once the form is complete

Return the claim form to *us* together with any accounts *you* may have received for the *treatment* provided, so that *we* can reimburse *you* for the eligible costs *you* have incurred. Please let *us* know if *you* would like *us* to pay the accounts directly to the *dental practitioner*. Any additional accounts should be sent to *us* as soon as *you* receive them.

Additional claim forms

If further *treatment* is required

- a) once the last *treatment* is regarded as complete, or
- b) after a period of six months has elapsed since the last *treatment*,

We will regard this as a new claim and will require a new claim form to be completed and the *treatment* to be *pre-authorised*, if appropriate.

Definitions

- 1 Abfraction**
Cervical tooth wear including loss of enamel due to tooth flexion under localised occlusal trauma.
- 2 Abrasion**
Tooth wear as a result of mechanical wear by extraneous agents.
- 3 Attrition**
The abnormal loss of tooth surface structure (enamel and dentine) due to the mechanical wear of one tooth against another.
- 4 Benefit**
A benefit that *we* will pay under this *policy* for *treatment* incurred during the *policy period*.
- 5 Certificate of Dental Health**
The confirmation signed by *your nominated dentist* that all *treatment* necessary at the date on which this confirmation is signed has been undertaken and, to the best of his or her knowledge, that no further *treatment* is envisaged within the following 12 month period.
- 6 Commencement date**
The date shown as such on *your* certificate.
- 7 Dental practitioner**
A dental surgeon or registered dental practitioner in general practice in the *UK*, registered with the General Dental Council.
- 8 Emergency treatment**
Immediate or early treatment of a dental condition requiring urgent attention, resulting from either accidental *internal* or *external impact*.
- 9 Erosion**
Damage caused by acid other than that produced by bacteria.
- 10 Expiry date**
The date shown as such on *your* certificate.
- 11 External impact**
A violent blow arising outside the mouth, resulting in physical damage or injury to the teeth, gums or the bone or soft tissue of the jaw.
- 12 Insured person (you/your)**
Anyone described as an insured person on the certificate, who is resident in the *UK*.
- 13 Internal impact**
Trauma arising within the mouth which results in physical damage or injury to the structure of the teeth.
- 14 Nominated dentist**
The *dental practitioner* selected by *you*, as shown on the *Certificate of Dental Health*, and approved by *us*.
- 15 Policy**
Your application form, declarations and the operative clause, definitions, conditions, exclusions, schedule, certificate, table of benefits and any endorsements.
- 16 Policy period**
The period between the *commencement date* and the *expiry date*.
- 17 Pre-authorised/pre-authorisation**
When *you* telephone *us* regarding planned *treatment* and *we* agree that the *treatment* is eligible for *benefit* under the *policy*.
- 18 Pre-existing condition**
Any disease, illness, injury or dental condition for which:
a) *you* have received medication, advice or treatment; or
b) *you* have experienced symptoms;
in the five years before the start of *your* cover whether or not the condition has been diagnosed .
- 19 Renewal date**
The date shown as such on *your* certificate.
- 22 Tooth wear**
Pathologic or abnormal loss of tooth surface (enamel and dentine) due to the process of *erosion* or *attrition*.
- 21 Treatment**
Surgical or dental procedures undertaken by *your nominated dentist* for the purpose of diagnosing and/or curing or actively and substantially relieving an acute dental condition covered by this *policy*.
- 22 Treatment charges**
Reasonable, customary and necessary charges incurred for *treatment*.
- 23 United Kingdom (UK)**
The United Kingdom of Great Britain and Northern Ireland.
- 24 We/us/our**
The appointed agents (Universal Provident Ltd) acting on behalf of the insurers (Great Lakes Reinsurance (UK) PLC).
- 25 You/your (insured person)**
Anyone described as an insured person on the certificate, who is resident in the *UK*.

Table of Benefits

	Maximum <i>benefit</i> payable per person per <i>policy period</i> (unless otherwise stated)
Total amount of <i>benefit</i> payable to each <i>insured person</i> during each <i>policy period</i> relating to <i>emergency treatment</i>	£5,000
Total amount of <i>benefit</i> payable to each <i>insured person</i> during each <i>policy period</i> relating to non-emergency <i>treatment</i>	£1,000
New crowns (inclusive of laboratory fees)	£175 per tooth (maximum two teeth per <i>policy period</i>)
New bridge work	£175 per tooth (maximum three teeth per <i>policy period</i>)
New inlays or onlays	£150 per tooth (maximum one tooth per <i>policy period</i>)
Root treatment	£50 per canal (maximum three teeth per <i>policy period</i>)
New fillings	£20 per tooth (maximum two teeth per <i>policy period</i>)
Implant	£500
<i>Tooth wear</i>	£250
Extraction	£100 per tooth
Apicectomy	£75 per tooth
New dentures	£125 per tooth (maximum two teeth per <i>policy period</i>)
Impacted wisdom tooth extraction	£150 per tooth

Notes

1. *Treatment* for implants and *tooth wear* and any *treatment* where the cost is estimated to exceed £500 must be *pre-authorized* by us.

2. In respect of new bridge work, the limit of £175 relates to the tooth being bridged (known as the pontic) and the limit includes any *treatment* necessary to the adjacent supporting teeth (known as abutment teeth). Similarly the maximum number of teeth per *policy period* relates to pontic teeth.

Exclusions

1 **Abfractions and abrasions**

Benefit is not payable under this *policy* for *treatment* for *abfractions* and *abrasions*.

2 **Accidental impact**

Benefit is not payable under this *policy* for *treatment* relating to accidental *internal* or *external impact*, which is undertaken more than 12 months after such *internal* or *external impact*.

3 **Alcohol drug and substance abuse**

Benefit is not payable under this *policy* for *treatment* for dental conditions directly or indirectly arising from or associated with alcohol, drug or substance abuse or dependency.

4 **Chemical and nuclear contamination**

Benefit is not payable under this *policy* for *treatment* directly or indirectly arising from or required as a consequence of chemical contamination or contamination by radioactivity from any nuclear material whatsoever or from the combustion of nuclear fuel.

5 **Chronic conditions**

Benefit is not payable under this *policy* for *treatment* of chronic or long-term conditions and *treatment* of dental conditions arising from chronic or long-term conditions, including regular monitoring, *treatment*, or alleviation of such conditions.

6 **Cosmetic treatment**

Benefit is not payable under this *policy* for cosmetic treatment (including any *treatment* necessary as a result of cosmetic treatment) whether or not for psychological reasons, except where necessary as the result of an accident which occurs while *you* are covered by this *policy*.

7 **Crowns, bridges, inlays, onlays and dentures**

Benefit is not payable under this *policy* for:

- a) damage to dentures except whilst being worn; and
- b) repair or replacement of crowns, bridges, inlays, onlays or dentures unless the damage is a direct result of an accidental *external impact* which occurs during the *policy period*.

8 **Drugs, medicines and dressings**

Benefit is not payable under this *policy* for charges for drugs, medicines and dressings obtained on a NHS or private prescription.

9 **Experimental procedures or drugs**

Benefit is not payable under this *policy* for *treatment* which is considered, on the basis of established dental practice in the *UK*, to be experimental or unproven.

10 **Fillings**

Benefit is not payable under this *policy* for the repair, replacement or renewal of existing fillings.

11 **Impacted wisdom teeth**

Benefit is not payable under this *policy* for *treatment* relating to the extraction of impacted wisdom teeth until *you* have been insured under this *policy* for a continuous period of two years.

12 **Non-emergency treatment**

Benefit is not payable under this *policy* for non-emergency *treatment* unless *we* have received a satisfactorily completed *Certificate of Dental Health* from *your nominated dentist*.

13 **Orthodontic and periodontal treatment**

Benefit is not payable under this *policy* for orthodontic or periodontal treatment.

14 **Pre-existing conditions**

During the first 24 months of insurance, *benefit* is not payable under this *policy* for *treatment* for any *pre-existing condition* or related condition. This is known as the moratorium period.

Pre-existing conditions and related conditions will be covered after the moratorium period if *you* have not received any dental advice, medication or treatment for such conditions during the moratorium period.

If at any time during the moratorium period *you* receive any dental advice or treatment for a *pre-existing condition* or related condition, a new two year moratorium period for that *pre-existing condition* and related condition will start from the date of the latest advice, medication or treatment.

A new two year moratorium period will start each time *you* receive advice or treatment for a *pre-existing condition* or related condition until such time as *you* remain free of advice or treatment for that *pre-existing condition* or related conditions for a continuous period of two years.

15 **Routine examinations**

Benefit is not payable under this *policy* for routine dental examinations, monitoring and tests, including cleaning undertaken by a *dental practitioner* or hygienist.

16 **Self-inflicted injuries**

Benefit is not payable under this *policy* for *treatment* for dental conditions intentionally self-inflicted or arising from suicide attempts.

17 Sports

Benefit is not payable under this *policy* for *treatment* relating to injuries sustained whilst participating in any sport for which a fee is received, contact sports, football, rugby or sports where the wearing of appropriate mouth protection is recommended.

18 Tooth wear

Benefit is not payable under this *policy* for *treatment* for *tooth wear* until *you* have been insured under this *policy* for a continuous period of five years.

19 Treatment outside the UK

Benefit is not payable under this *policy* for *treatment* received outside the *UK*.

20 War and kindred risks

Benefit is not payable under this *policy* for *treatment* directly or indirectly arising from or required as a consequence of;

- a) war, invasion, acts of foreign enemies, hostilities or warlike operations (whether war be declared or not), civil war, rebellion, revolution, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power; or
- b) any act of terrorism.
- c) any act of nuclear, chemical or biological terrorism

or any action taken in controlling, preventing or suppressing or in any way relating to a), b) and/or c) above.

For the purpose of this exclusion

- i) an act of 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 person, 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 to put the public, or any section of the public, in fear.
- ii) nuclear, chemical and/or biological terrorism shall mean an act of terrorism, as defined above, involving the use of any nuclear weapon or device or the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical agent and/or biological agent during the policy period.
- iii) chemical agent shall mean any compound which, when suitably disseminated, produces incapacitating, damaging or lethal effects on people, animals, plants or material property.
- iv) biological agent shall mean any pathogenic (disease producing) micro-organism(s) and/or biologically produced toxin(s), (including genetically modified organisms and chemically synthesised toxins) which cause illness and/or death in humans, animals or plants.

Conditions

1 Cancellation - our rights

- a) We may cancel or alter the terms of this *policy* after giving seven days notice in writing to the *insured*, if the *insured* has:
- i) failed to pay the premium;
 - ii) failed to observe the *policy* terms, including condition 2 below.
 - iii) mis-led us by mis-statement or concealment.
 - iv) failed to act with utmost good faith.
- b) We may cancel or alter the terms of cover for an *insured person* if the *insured person* has:
- i) failed to observe the *policy* terms.
 - ii) mis-led us by mis-statement or concealment.
 - iii) failed to act with utmost good faith.
 - iv) agreed to an attempt by a third party to obtain money unreasonably to our cost.

2 Cancellation - your rights

- a) If for any reason *you* decide not to accept this insurance *you* have 14 days from the later of the date of receipt of the *policy* documents or the date on which *your* cover starts to confirm *your* wish to cancel cover. This 14 day cancellation period applies at the original *commencement date* of *your* insurance and at each subsequent *renewal date*.
- b) By exercising *your* right to cancel, *you* withdraw from the contract of insurance as at the date of such notice. No later than 30 days after the date on which notice of cancellation is received, *you* will be reimbursed any sums which *you* have paid in connection with this *policy*.
- c) If *you* do not exercise *your* right to cancel within the cancellation period, the contract will remain in force and all premiums will be payable in accordance with the terms of the *policy*.
- d) If *you* wish to cancel *your policy* at any other time *you* must advise us of this in writing. If *you* have made a claim during the current *policy period* *you* will not be entitled to any refund of premium and, if *you* pay by monthly instalments, *you* must continue to pay any outstanding premium for the current *policy period*. If *you* have not made a claim during the current *policy period* *you* will receive a proportionate refund of premium based on the number of complete months between the date of cancellation and the *expiry date*.

3 Cancellation - general

In the event of the *policy* being cancelled under the terms of Condition 1 above we will only be liable for claims relating to *treatment* undertaken up to the date of cancellation, provided that the invoices for such *treatment* have been received by us prior to the date of cancellation.

4 Changes in your circumstances

You must inform us as soon as possible of any changes in *your* circumstances, which may affect the premium or terms applied under this *policy*. We reserve the right to cancel or alter the premium or terms of the *policy* when we are informed of such changes.

5 Children

- a) If a child is born during a *policy period* and *you* wish him or her to become an *insured person*, without becoming subject to the exclusion of *pre-existing conditions*, *you* must inform us of this within three months of the birth or by the next *renewal date*, whichever is the sooner.
- b) Children will be removed from this *policy* at the *expiry date* of the *policy period* during which their 21st birthday falls (or their 25th birthday if they remain in full-time education).

6 Claims

We will only pay *benefit* for claims submitted under this *policy* if:

- a) We have *pre-authorized* the claim where appropriate (see Notes on the Table of Benefits); and
- b) Details of the claim on our claim form are sent to us within three months of the date of the *treatment* for which *you* are claiming, together with original bills or accounts (not copies); and
- c) *Treatment* is undertaken by *your nominated dentist*, unless the recommended *treatment* is not available from *your nominated dentist* and, in such circumstances, we have given our written approval of the *dental practitioner* who will undertake the *treatment*; and
- d) *You* have had a dental check-up within the twelve months immediately prior to the *treatment* for which *you* are claiming *benefit*; and
- e) We can ask for dental information from, or a dental examination by, any *dental practitioner* as often as we may reasonably require; and
- f) The *treatment* takes place during the *policy period*. In the event of the cancellation or non-renewal of the *policy* by either *you* or us, we will only pay *benefit* for *treatment* which takes place before the date of cancellation or non-renewal; and
- g) Premiums have been paid for the *policy period*; and
- h) We are told as soon as possible if the condition for which *you* are claiming *benefit* is or may be the fault of a third party. In these circumstances:
 - i) we may start legal proceedings in *your* name, but at our expense to recover any *benefits* paid under this *policy*,

- ii) *you* must give *us* all necessary help and information to start legal proceedings or to settle or defend any claim,
- iii) *you* must inform *us* if *you* intend to start legal proceedings yourself against the third party,
- iv) *you* must refund to *us* any *benefit* paid by *us* for *treatment charges* if *you* receive any compensation for such *treatment charges*.

7 Contribution

If the *treatment charges* for which *you* are claiming *benefit* under this *policy* are or may be covered by any other insurance or indemnity, *we* will only pay *our* proportionate share of the total costs.

8 Dental check-ups

You must undergo regular dental check-ups at intervals of not more than twelve months and any treatment recommended as a result of such check-ups must be undertaken.

9 Fraud

If there is or has been any fraud, hiding of facts or untrue statements either before or after the *policy* started, *we* will cancel the *policy* and *you* must refund to *us* any *benefit* which *we* have paid.

10 Payment of benefit

All *benefit* will be paid in Sterling and will be paid to *you* or, at *your* request, directly to the provider of the *treatment*.

11 Premiums

Cover under this *policy* shall only apply if the premium required by *us* has been paid in accordance with Policy Payment Schedule attaching to this *policy*. If at any time premium has not be paid by the due date, *we* reserve the right to defer payment of any claims submitted hereunder until such time as all outstanding premium has been paid in full.

12 Renewal

Unless cancelled by *you*, *we* may invite renewal of this *policy* for a further twelve months from the *renewal date*. If *we* invite renewal *we* will advise *you* at that time of any changes in terms and/or premiums.

If *you* pay *your* premium by direct debit, *you* authorise *us* to renew *your policy* and to continue to collect premiums in accordance with the renewal terms advised, unless *you* advise *us* to the contrary before the renewal date.

13 Waiver of terms

If at any time *we* do not apply or enforce any of the *policy* terms, *we* will not be prevented from doing so in the future.

Customer Satisfaction

If *you* are dissatisfied with any aspect of the service *you* have received from *us*, please write to

The Managing Director
Universal Provident Ltd
John Ormond House
899 Silbury Boulevard
Central Milton Keynes
MK9 3XL

Please quote either *your* policy number or claim number in all correspondence. *We* will acknowledge receipt of *your* complaint in writing within five working days and give *you our* response at this time, if possible. If *we* cannot reply at this time *we* will inform *you* of who is dealing with *your* complaint and endeavour to resolve matters within 20 days. If after 20 days *we* are still not in a position to reply *we* will write to tell *you* when *you* can expect a full response.

If *you* remain dissatisfied with any aspect of the administration of *your* insurance *policy*, please contact:

The Compliance Officer
Great Lakes Reinsurance (UK) PLC
Plantation Place
30 Fenchurch Street
London
EC3M 3AJ

Telephone: 020 3003 7000

Complaints that cannot be satisfied by the Great Lakes Reinsurance (UK) PLC may be referred to the Financial Ombudsman Service. Further details will be provided at the appropriate stage of the complaints process.

Making a complaint under this procedure will not affect *your* rights to take legal action.

There is a choice of law applicable to this *policy*, but unless agreed otherwise by *us*, English Law will be used.

Your insurance is contracted with Great Lakes Reinsurance (UK) PLC, an insurer incorporated in the U.K. and registered in England, number 2189462, having its principal place of business at Plantation Place, 30 Fenchurch Street, London EC3M 3AJ. Great Lakes Reinsurance (UK) PLC is regulated by the Financial Services Authority and entered on the FSA register under number 202715.

Universal Provident Limited acts as agent for Great Lakes Reinsurance (UK) PLC in connection with this insurance and holds all premium receipts, premium refunds and claims money as agent for Great Lakes Reinsurance (UK) PLC.

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