



# YOUR BUPA DENTAL PLAN MEMBERSHIP GUIDE

Member pay group from 1 December 2014

**Please retain**

**[bupa.co.uk](http://bupa.co.uk)**

## ABOUT THIS GUIDE

Welcome to your Bupa Dental Plan membership guide.

At Bupa, we know that insurance can be hard to follow. That's why we've made this guide as simple as possible. You'll find individual chapters that deal with each aspect of your Bupa cover, including a step-by-step guide to making a claim.

Please make sure that you keep this guide somewhere safe. You'll need it when you come to claim.

If any of the terms or language used leave you confused – don't worry, we've also included a glossary featuring clear definitions of words that are in **bold** and *italics* in the text.

## HOW DO I KNOW WHAT I'M COVERED FOR?

The details of the cover you have chosen are listed in your membership certificate. Please read this membership guide together with your membership certificate, as together they set out full details of how your dental insurance works.

## HOW DOES THE MEMBERSHIP GUIDE WORK WITH MY MEMBERSHIP CERTIFICATE?

Your membership certificate lists the cover option you have chosen. This membership guide explains the benefits available to you for that level of cover.

## HOW DO I CONTACT BUPA?

We're always on hand to help.

**For queries about your cover we have provided a number which you will find in your membership certificate.**

You can also write to us at Bupa, Salford Quays, Manchester, M50 3XL.

# CONTENTS AT A GLANCE

|    |                           |
|----|---------------------------|
| 2  | Introduction              |
| 3  | How your membership works |
| 7  | Claiming                  |
| 10 | General rules on benefits |
| 13 | Bupa Dental Plan Benefits |
| 19 | Glossary                  |
| 23 | Getting in touch          |
| 25 | Bupa privacy notice       |

# INTRODUCTION

These rules must be read in conjunction with the Bupa Dental Plan table of benefits, **your** application form and your membership certificate.

Together these documents, constitute and form the basis of the agreement ('the Agreement') between **you** and Bupa Insurance Limited ('**Bupa**') concerning the terms and conditions of **your** membership and that of ***your eligible dependants*** (if any) of the Bupa Dental Choice scheme (the 'scheme').

**Please note:** Words in the membership guide that are in ***bold and italic*** have special meanings and are defined in the Glossary.

# HOW YOUR MEMBERSHIP WORKS

## Enrolment

**Your** date of enrolment in the scheme will be the **effective date** on **your** first membership certificate for **your** current continuous period of membership of the scheme.

The membership of each of **your eligible dependants** will start on the **effective date** of **your** first membership certificate which lists them as a member of the scheme in connection with your current continuous period of membership. Their membership may continue for as long as **you** remain a member of the scheme. However, a child included as an **eligible dependant** shall cease to be an **eligible dependant**:

- o on the **annual renewal date** following their 24th birthday; or
- o as from the date of their marriage

whichever is earlier.

**You** may cancel **your** membership for any reason by notifying **Bupa** in writing within 21 days of the day **your** policy starts, or, if later the day **you** receive **your** policy membership guide and **your** membership certificate. In that case **you** will be entitled to a full refund of all subscriptions paid subject to no claims having been made.

**You** may also cancel the membership of any of **your eligible dependants** for any reason by notifying **Bupa** in writing within 21 days of **you** receiving **your** first membership certificate listing them as a member of the scheme. In that case **you** will be entitled to a full refund of all subscriptions paid relating to that **eligible dependant** subject to no claims been made by them or on their behalf.

## Renewal

**You** may renew **your** membership and that of **your eligible dependants** on each **annual renewal date** subject on each occasion, to **Bupa's** consent and the terms outlined in the alterations to the agreement section.

In order to renew **your** membership and that of **your eligible dependants** **you** must pay the required subscription, Insurance Premium Tax and any other taxes which may from time to time be payable, for **your** next **year's** membership of the scheme.

If **your** membership or that of **your eligible dependants** is not renewed, **your** membership and/or that of **your eligible dependants** will end on the day before the **annual renewal date**.

## Payments subscriptions

**You** must pay subscriptions as set out in **your** current membership certificate, Insurance Premium Tax or any other taxes which may from time to time be payable, in the amount and frequency agreed with **Bupa** and by one of the methods reasonably acceptable to **Bupa**.

## Termination

**You** may terminate **your** membership of the scheme or that of **your eligible dependants** at any time by notifying **Bupa** in writing.

**Bupa** may terminate with immediate effect the membership of the scheme of any person, which includes **you**, by notifying **you** in writing, in the event that that person has in **Bupa's** reasonable opinion misled **Bupa**, or attempted to do so, regarding any material information which **you** or they were required in good faith, or reasonably requested by Bupa, to provide in connection with **your** or their membership.

**Your** membership of this scheme and that of **your eligible dependants** will immediately come to an end if:

- a. **you** cease to be habitually resident in the **United Kingdom**, or
- b. **you** fail to renew your membership, or
- c. **you** fail to pay on or before its due date the required subscriptions, Insurance Premium Tax or any other tax which may from time to time be due in respect of **you** and your **eligible dependants**, or
- d. **you** are employed by the **sponsor**, upon ceasing to be employed by the **sponsor**, or
- e. the company, association or organisation ceases to be a **sponsor**, as defined in the agreement

In the event of **your** membership terminating as a result of **you** failing to pay subscriptions, Insurance Premium Tax and any other taxes which may from time to time be payable in respect of **your** membership, on the due date, **Bupa** may at its sole discretion permit **your** membership and that of **your eligible dependants** to continue, on condition that the overdue subscriptions, Insurance Premium Tax and any other taxes which may from time to time be payable in respect of **your** membership are received by **Bupa** within 30 days of the due date.

In the event of **your** membership terminating as a result of ceasing to be employed by **sponsor**, or the company, association or organisation ceases to be a **sponsor**, **Bupa** will give **you** the opportunity to join an alternative Bupa Dental scheme, where available, and subject to amendment from time to time. If **you** transfer within one month, **we** will not add any special restrictions or exclusions to **your** cover under the new scheme, that are personal to **you**, other than these which apply to **you** under this scheme.

If your membership ends for any reason, **we** will refund any subscriptions, (and other associated taxes as set out above) in respect of your membership which relates to a period after it ends.

## Alterations to the agreement

With effect from each **annual renewal date**, **Bupa** may, if **Bupa** considers it appropriate in the interest of its business, change the terms and conditions of **your** membership and that of **your eligible dependants** including, but not limited to, the amount and frequency of **your** subscription payment and the benefits that are payable to **you** and **your eligible dependants**. Changes will only apply from the **annual renewal date** when the change was made. The changes will not apply to the period before the **annual renewal date**. However, **we** will not add any restrictions or exclusions to **you** or **your eligible dependant's** cover that are personal to **you** and any of **your eligible dependants** to do with medical conditions that started after **you** or **your eligible dependants** joined the scheme.

**Bupa** will notify **you** of any such changes at least 28 days in advance of **your annual renewal date**.

In addition, **Bupa** may increase or decrease subscriptions payable by **you** at any time to reflect any increase or decrease in the rate of Insurance Premium Tax or any other Government tax or levy. **Bupa** will notify **you** at least 28 days in advance of any resulting change to **your** subscription.

**You** may apply to add **your partner** and/or **your** child dependant as an **eligible dependant** or to change your **scale of cover** on any **annual renewal date** by applying to **Bupa** 30 days before the **annual renewal date**. **Bupa** does not have to accept **your** application and may do so on the basis that you accept further changes to the terms and conditions of **your** membership including, but not limited to, the amount and frequency of the subscriptions that are paid by **you**.

## General

The terms and conditions of **your** membership and that of **your eligible dependants** shall be governed by English law and all matters regarding **your** membership and theirs shall be subject to the exclusive jurisdiction of the courts of the **United Kingdom**.

**Bupa** will not return, and may dispose of, any documents submitted in support of any application or claim made in connection with **your** membership or that of **your eligible dependants** unless requested to the contrary in writing at the time of submission.

No amendment or variation to the terms and conditions of **your** membership or that of **your eligible dependants** shall be valid and effective unless made in accordance with these rules and/or the table of benefits or specifically agreed between **you** and **Bupa** and also confirmed in writing. Unconfirmed verbal communications cannot override the written terms and conditions of **your** membership or those of **your eligible dependants**, nor amount to any agreement to vary any of its terms. No third party is authorised to effect any such amendment or variation on behalf of **Bupa**, or to waive any of **Bupa's** rights.

Any failure by **Bupa** to exercise, or any delay by **Bupa** in exercising, any of its legal rights or remedies under the Agreement shall not amount to any waiver by **Bupa** of any such rights or remedies.

**You** must notify **Bupa** in writing as soon as is reasonably practicable of any claim or right of action **you** or any of **your eligible dependants** have against any third party in connection with circumstances which may give, or has given rise, to a claim against **Bupa** for the payment of benefits. Benefits are paid on condition that **you** and **your eligible dependants** take all steps which **Bupa** may reasonably require, for the purpose of reimbursing **Bupa**, to recover from a third party any sums paid to **you** by **Bupa**.

At the time a claim is made for the payment of **benefits** and/or as soon as is reasonably practicable you must inform **Bupa** in writing if **you** or any of **your eligible dependants** have any other insurance cover in respect of the costs and expenses for which the claim against **Bupa** is being made. **Bupa** will not be responsible to pay **benefits** in excess of its rateable proportion if any other insurance cover exists in respect of the costs and expenses for which the claim against **Bupa** is being made.

Any notice or communication which is given under or in connection with this scheme shall be in writing and shall be sent by pre-paid post, recorded delivery, fax or delivered personally in the case of **Bupa** to **Bupa's** administrative address at Anchorage Quay, Salford Quays M50 3XL, and in **your** case or the case of the **sponsor** to **your** address, or the **sponsor's** address, as the case may be, last notified in writing to **Bupa**. In the absence of evidence of earlier receipt, any notice or communication shall be deemed to have been received on the day following delivery if delivered personally, or three days after posting if sent by pre-paid post, or if sent by fax when clearly received in full.

Only **you** and **Bupa** have legal rights under the Agreement between **us** relating to the cover that **you** have arranged under the scheme. This means that only **you** and **Bupa** may enforce the Agreement, although **Bupa** will allow anyone who is covered under **your** membership of the scheme complete access to the complaints process set out on page 23.

### Use of your membership information

To enable **us** to provide your **benefits** we will share relevant details about your cover with appropriate parts of the Bupa Group.

# CLAIMING

## A step-by-step guide to making a claim

### STEP 1

#### RECEIVE TREATMENT

Check your membership guide before you go for **dental treatment** to see what benefits you can claim back for and how much. If your claim is going to be more than £500 then please contact us prior to receiving the treatment unless it is for **emergency dental treatment**.

### STEP 2

#### PAY THE BILL AND REMEMBER TO GET A RECEIPT

Settle your bill in full directly with the dentist and don't forget to obtain an itemised receipt.

All receipts must include the name and contact details of the dentist, date of the treatment and name of the person receiving the treatment.

### STEP 3

#### OBTAIN CLAIM FORM

To obtain a claim you can either:-

Go online at **[bupa.co.uk/members/members-dental/md-how-claim](https://bupa.co.uk/members/members-dental/md-how-claim)**

Or Call us on **0800 237 777** and we can either email or send you one in the post.

### STEP 4

#### COMPLETE CLAIM FORM AND RETURN

Check and sign your completed claim form with your dated receipt attached and send back to us at Bupa Dental Plan, Anchorage Quay, Salford Quays, M50 3XL.

Once **we** have made **our** payment, **we** will send you a summary of your claim and treatment details. Please note that payment may take a number of weeks depending on how quickly invoices are submitted to **us**.

**You** are recommended to ensure that **Bupa** is given advance notice of any intended **treatment**. This gives **Bupa** an opportunity of advising the person intending to receive the **treatment** whether the expected claim is likely to be eligible for **benefits**. If you or any of **your eligible dependants** wish to obtain any firm undertaking or commitment from **Bupa** on entitlement to **benefits** in advance of expenditure being incurred, **Bupa** must first be provided with full written details from the **dental professional** providing the **dental treatment** or specialist registered medical practitioner providing any **oral cancer treatment**.

**You** must provide **Bupa** with full details of any **treatment** that is likely to cost more than £500, before receiving such treatment unless the **dental treatment** is **emergency dental treatment**. All claims for oral cancer should be pre-authorised by calling the Bupa Dental helpline number. Please also see the '**Oral cancer treatment** rules on benefits' section.

Payment of **benefits** is conditional upon **you** having paid all subscriptions due on or before the date of the **dental treatment** for which **you** are claiming **benefits**, and neither **you** or any **eligible dependant** are in breach of any material term or condition of **your** membership or theirs.

Claims should be submitted to **Bupa** as soon as is reasonably practicable. Payment of **benefits** is conditional upon **Bupa** receiving:

- a. a written claim for payment within six months from the date of the completion of the **dental treatment** (where reasonably possible), in such manner as may reasonably be prescribed by **Bupa** and notified to **you** from time to time
- b. such proof of entitlement to receive the **benefits** claimed as **Bupa** may reasonably request (including but not limited to (i) any dental reports and other information, and (ii) the results of an independent dental examination which **Bupa** may require **you** to undergo at its expense)
- c. original receipts in respect of the **benefits** claimed
- d. written confirmation from **you** and/or any or **your eligible dependants** as to whether or not, to the best of your or their knowledge and belief, the **benefits** claimed may be recoverable from another person or insurance company.

Should a claim be made for the payment of **benefits** in respect of the cost of **emergency dental treatment** received outside the **United Kingdom**, the amount of any **benefits** to be paid to **you** shall be calculated by **Bupa** using the average of currency exchange rates applicable on the date on which the claim is paid. In any event, the amount of **benefits** payable by **Bupa** for the cost of such **emergency dental treatment** shall be limited to the cost that would have been reasonably and customarily charged if the **emergency dental treatment** had been received in the **United Kingdom** and subject to the benefit limits set out in the table of **benefits**.

# GENERAL RULES ON BENEFITS

**Bupa** agrees to pay **benefits** in respect of **dental treatment** received by **you** and each of **your eligible dependants** in accordance with the terms and conditions of **your** membership current when the **dental treatment** was received provided that whoever receives the **dental treatment** does so during their period of membership.

**We** only pay for the **dental treatment** and **oral cancer treatment** specified in the Bupa Dental Plan benefits section of the membership guide.

**Benefits** are only payable by **Bupa** to the extent that the fees and expenses incurred for **dental treatment** and **oral cancer treatment** are up to an amount which is reasonable and customary and up to the maximum benefit limits set out in the Bupa Dental Plan benefits section. By reasonable and customary **we** mean the amount you are charged by medical practitioners, other health care professionals and/or treatment facilities and what you are charged for have to be in line with what the majority of **our** other members are charged for similar treatment or services.

**Bupa** will only pay **benefits** for necessary **dental treatment** provided by a **dental professional** or **oral cancer treatment** provided by a specialist registered medical practitioner.

**Bupa** will pay **benefits** to **you** only, not to any **eligible dependants**.

**Orthodontic treatment** is only available when it is grade 4 - 5 on the IOTN scale and is **clinically necessary**. It must be carried out by an orthodontic specialist who is registered with the General Dental Council.

**Surgical Implants** must be carried out by a specialist who is registered with the General Dental Council.

**Benefits** are payable by Bupa only to reimburse fees and expenses actually incurred by **you** or **your eligible dependants**.

Any benefits paid by **Bupa** for **dental treatment** to which **you** or any of **your eligible dependants** are not strictly entitled shall count towards your annual maximum benefits available under the scheme, but **Bupa** shall not, by making any such payment, be responsible to pay future benefits in respect of such **dental treatment**.

## Oral cancer treatment rules on benefits

**Being referred for treatment and Bupa dental recognised medical practitioners and recognised facilities.**

Your consultation or **treatment** must follow an initial referral by a **dental professional** or **GP** after you have seen the **dental professional** or **GP** in person. However, for **day-patient treatment** or **in-patient treatment** provided by a **consultant** such referral is not required in the case of a medical emergency.

Your cover for **oral cancer treatment** costs depends on you using certain Bupa Dental recognised health practitioners and treatment facilities. These are specified in the benefit schedule for **oral cancer treatment** on page 17.

**Please note:** The medical practitioners other healthcare professionals and facilities you use can affect the level **we** pay you.

Your **treatment** costs are only covered when the person who has overall responsibility for your **oral cancer treatment** is a **consultant**. If the person who has overall responsibility for your treatment is not a **consultant**, then none of your **oral cancer treatment** costs are covered.

**Important:** Always call **us** before arranging any **treatment** to check your benefits and whether the chosen medical practitioner or other healthcare professional or recognised facility is recognised by **us** for treating the medical condition you have and for providing the type of **treatment** you need. Any **treatment** costs you incur that are not covered under your benefits are your responsibility.

### Exclusions on benefits

**Benefits** are not payable for:

- **cosmetic treatment**
- **orthodontic treatment** that is grade 1-3 on the IOTN 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
- mouth guards required for **physical contact sports**
- any **dental treatment** or services not normally provided by a **dental professional** in the **United Kingdom**
- the replacement of a **prosthetic appliance** which has been lost or stolen other than in mouth
- 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.

- any **dental treatment** received outside the **United Kingdom** which is not **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 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
- any **dental injury treatment** arising as a direct or indirect result of an external impact which occurred outside the UK
- 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.

**Important note:**

Other than **cash benefit for hospital stay**, the Bupa Dental Plan is not intended to provide cover for **in-patient treatment** or **day-patient dental treatment**, such as wisdom tooth extraction. The benefit limits set out in the benefits section including the benefits schedule provides cover based on the cost of **dental treatment** provided in a dental surgery only. **Consultants** and hospital fees will only be covered for **oral cancer treatment**. Please read the benefits section including the benefits schedule carefully for full details of the benefits for each type of **dental treatment**.

# BUPA DENTAL PLAN BENEFITS

There are three main sections to this part of the membership guide:

**Section 1:** Annual benefit limits and benefit schedule for ***routine dental treatment, emergency dental treatment and dental injury treatment***

**Section 2:** Benefit schedule for ***oral cancer treatment: UK*** only

**Section 3:** Annual benefit limit for ***cash benefit for hospital stay: UK*** only

**Section 1: Annual benefit limits and benefit schedule for routine dental treatment, emergency dental treatment and dental injury treatment**

Benefit limit table 1 on page 14 shows the ***benefits you*** and ***your eligible dependants*** can claim according to your ***scale of cover***.

It shows the maximum amount of ***benefits*** we pay up to each ***year*** for:

- o ***routine dental treatment***
- o ***emergency dental treatment*** and
- o ***dental injury treatment***

that you and your ***eligible dependants*** are covered for under the scheme.

**Annual benefit limit for you, your partner and your dependant children**

The annual benefit limits apply to ***you, your partner*** and ***your*** dependant children (if ***eligible dependants***) individually according to your ***scale of cover*** and subject to your annual benefit limits for ***routine dental treatment, emergency dental treatment and dental injury treatment***.

Annual benefit limit table 1

The amounts shown in this table are the total amounts of **benefits** we pay up to each **year** subject to the benefit schedule 1. They are not the amounts **we** pay for each type of service or treatment individually.

**Important Note:** The Core 100% reimbursement for **NHS treatment** is included in all levels of cover.

| Type of dental treatment          | Core  | Level 1   | Level 2   | Level 3   | Level 4   |
|-----------------------------------|---|---|---|---|---|
| <b>Routine dental treatment</b>   | 100% reimbursement for NHS treatment. Reimbursement of private treatment up to the NHS Band limit applicable at the date of the treatment | see benefit schedule 1. No annual maximum benefit limit |   |   |   |
| <b>Emergency dental treatment</b> | 100% reimbursement for NHS treatment. Reimbursement of private treatment up to the NHS Band limit applicable at the date of the treatment | up to a total amount of £400 each <b>year</b>           | up to a total amount of £600 each <b>year</b>   | up to a total amount of £600 each <b>year</b>   | up to a total amount of £1,000 each <b>year</b> |
| <b>Dental injury treatment</b>    | 100% reimbursement for NHS treatment. Reimbursement of private treatment up to the NHS Band limit applicable at the date of the treatment | up to a total amount of £3,000 each <b>year</b>         | up to a total amount of £5,000 each <b>year</b> | up to a total amount of £5,000 each <b>year</b> | up to a total amount of £5,000 each <b>year</b> |
| <b>100% NHS treatment</b>         | no annual benefit limits – paid in full   |   |   |   |   |

## NHS Dental Treatment

NHS dental treatment pricing is separated into three pricing bands.

**Band 1:** Includes an examination, diagnosis and advice. If necessary, it also includes X-rays, a scale and polish and planning for further treatment.

**Band 2:** Includes all treatment covered by Band 1, plus additional treatment, such as fillings, root canal treatment and removing teeth (extractions).

**Band 3:** Includes all treatment covered by Bands 1 and 2, plus more complex procedures, such as crowns, dentures and bridges.

NHS band benefits are applicable to members who have their treatment in England, Scotland, Northern Ireland and Wales.

## What if I need more treatment?

If, within two months of completing a course of **treatment**, **you** need more **treatment** from the same charge band or a lower one, for example another filling, **you** don't have to pay anything extra.

However, after two months, **you** will have to pay an additional band charge.

As each band includes the **treatment** offered in the previous band, **we** would only offer benefits towards the highest banded **treatment**. For example, if **you** have an examination on one day and three or four weeks later **you** need a filling, as the **treatment** is carried out within a two month period, **we** will make one payment for both from Band 2. However, if after two months **you** needed another filling **you** will have to pay again for Band 2 **treatment** and **we** will reimburse this to **you**. **We** will only make payment towards one **treatment** on the same day, for example if **you** had an examination and a scale and polish, **we** will make one payment for Band 1 **treatment** for this.

### Benefit schedule 1

Benefit schedule 1 shows the maximum amount of benefits **we** pay up to each **year** for each treatment or item claimed as part of **routine dental treatment** for **you, your partner** and **eligible dependants**. We pay benefits up to the item and monetary limits shown in this **benefit** schedule for **you, your partner** and **your** dependant children (if **eligible dependants**) individually according to your scale of cover and subject to your annual **benefit** limit for **routine dental treatment**.

| Type of dental treatment   | Level 1   | Level 2   | Level 3   | Level 4   |
|--|---|---|---|---|
| Examinations up to a maximum of two each <b>year</b>   | up to £25                                       | up to £35                                       | up to £50                                       | up to £60   |
| X-rays   | up to £30 each <b>year</b>                      | up to £40 each <b>year</b>                      | up to £50 each <b>year</b>                      | up to £60 each <b>year</b>                        |
| Scale and polish up to a maximum of two each <b>year</b> (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)   | up to £150 each <b>year</b>                     | up to £250 each <b>year</b>                     | up to £300 each <b>year</b>                     | up to £350 each <b>year</b>                       |
| Extractions (Including extraction flap raised, apicectomy, incising of abscess, and simple gingivectomy treatments)  | up to £100 each <b>year</b>                     | up to £150 each <b>year</b>                     | up to £200 each <b>year</b>                     | up to £200 each <b>year</b>                       |
| 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 | 80 percent of costs up to £275 each <b>year</b> | 80 percent of costs up to £450 each <b>year</b> | 80 percent of costs up to £550 each <b>year</b> | 80 percent of costs up to £2,000 each <b>year</b> |
| Anaesthetist   | up to £30 each <b>year</b>                      | up to £50 each <b>year</b>                      | up to £60 each <b>year</b>                      | up to £80 each <b>year</b>                        |
| NHS benefit limits   | 100% reimbursement                              |   |   |   |

| Type of dental treatment     | Level 1                     | Level 2                     | Level 3                     | Level 4                     |
|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <b>Orthodontic cover</b>     |                             |                             |                             |                             |
| <b>Orthodontic treatment</b> | up to £300 each <b>year</b> | up to £400 each <b>year</b> | up to £500 each <b>year</b> | up to £600 each <b>year</b> |

## Benefit schedule for oral cancer treatment: UK only

### Benefit schedule 2

This benefit schedule applies to **oral cancer treatment**.

**We** pay benefit for the types of **oral cancer treatment** and up to the benefit limits shown in this benefit schedule for **you** and each of **your eligible dependants** individually.

**You** are not covered for **oral cancer treatment** under the Core level.

| Type of cover   | Cover | Limits for each member (subject to rules on benefits)   |
|---|-------|---|
| <b>Oral cancer treatment in hospital</b>  |       |   |
| <b>Consultants' fees</b>  | Yes   | <b>Partnership consultants</b> in a <b>partnership facility</b> – paid in full.<br><b>Consultants</b> , excluding anaesthetists, who are not <b>partnership consultants</b> , in a <b>partnership facility</b> – up to the limits of the <b>consultant fees schedule</b> .<br><b>Consultant</b> anaesthetists who are not <b>partnership consultants</b> in a <b>partnership facility</b> – paid in full. |
| Parent accommodation  | Yes   | <b>Partnership facility</b> charges for one parent for each night they need to stay with an <b>eligible dependant</b> child up to age 16.   |
| Facility charges for <b>surgical operations</b> carried out as <b>out-patient treatment</b> | Yes   | <b>Partnership facility</b> – paid in full.   |
| Facility charges for <b>day-patient treatment</b> and <b>in-patient treatment</b>           | Yes   | <b>Partnership facility</b> – paid in full.   |

| Type of cover  | Cover         | Limits for each member<br>(subject to rules on benefits)   |
|--|---------------|--|
| <b>Oral cancer treatment as an out-patient</b>                   |               |  |
| Out-patient consultations, therapies and <b>diagnostic tests</b> | Yes           | for out-patient consultations:<br>- <b>partnership consultants</b> paid in full<br>- <b>consultants</b> who are not <b>partnership consultants</b> – up to the limits in the <b>consultant fees schedule</b><br>- <b>therapists'</b> fees – paid in full<br>- <b>partnership facility</b> charges for <b>diagnostic tests</b> – paid in full |
| Out-patient MRI, CT and PET scans                                | Yes           | <b>partnership facility</b> – paid in full   |
| Out-patient cancer drugs   |               | <b>partnership facility</b> charges – paid in full   |
| <b>Additional benefits for oral cancer treatment</b>             |               |  |
| <b>Treatment</b> at home   | Discretionary | If <b>we</b> agree, <b>we</b> pay in full for the charges that <b>we</b> agree to pay on your behalf.  |

### Section 3: Annual benefit limit for cash benefit for hospital stay: UK only

#### Annual benefit limit table 3

This benefit limit table for **cash benefit for hospital stay** applies to **routine dental treatment, emergency dental treatment** and **dental injury treatment**.

#### For you, your partner and your dependant children

We pay **cash benefit for hospital stay** up to monetary limits shown in this benefit schedule for **you, your** partner and **your** dependant children (if **eligible dependants**) individually according to your **scale of cover** and subject to your annual benefit limits for **routine dental treatment, emergency dental treatment** and **dental injury treatment**.

|                                | Level 1<br>benefit limits<br>subject to annual<br>benefit limit | Level 2<br>benefit limits<br>subject to annual<br>benefit limit | Level 3<br>benefit limits<br>subject to annual<br>benefit limit | Level 4<br>benefit limits<br>subject to annual<br>benefit limit |
|--------------------------------|---|---|---|---|
| Cash benefit for hospital stay | £50 a night up to £1,000 each <b>year</b>                       |   |   |   |

# GLOSSARY

Words and phrases printed in bold and italic in these rules and benefits have the meanings set out below.

| Word / Phrase                         | Meaning  |
|---------------------------------------|--|
| <b>Annual renewal date</b>            | Your renewal date will be the common renewal date for the group. You will have been advised of this when you joined the Bupa Dental Plan group scheme.   |
| <b>Benefits</b>                       | The fees and expenses that each individual member is covered for under the Agreement, subject to all the terms and conditions, including the exclusions, of the Agreement.   |
| <b>Bupa</b>                           | Bupa Insurance Limited. Registered in England and Wales No 3956433. Registered Office: Bupa House, 15-19 Bloomsbury Way, London WC1A 2BA. Bupa provides the cover.   |
| <b>Cash benefit for hospital stay</b> | Cash benefit <b>we</b> pay when you receive <b>routine dental treatment</b> , <b>emergency dental treatment</b> or <b>dental injury treatment</b> which is provided in a <b>UK</b> hospital as <b>in-patient treatment</b> .   |
| <b>Clinically necessary</b>           | <b>Dental treatment</b> that is required in the reasonable clinical opinion of a <b>dental professional</b> .  |
| <b>Consultant</b>                     | <p>A registered medical or dental practitioner who at the time you receive your <b>treatment</b>:</p> <ul style="list-style-type: none"> <li>o is recognised by <b>us</b> as a consultant and has received written confirmation from <b>us</b> of this, unless <b>we</b> recognised them as being a consultant before 30 June 1996</li> <li>o is recognised by <b>us</b> both for treating the medical condition you have and for providing the <b>treatment</b> you need</li> <li>o is in <b>our</b> list of consultants that applies to your benefits</li> </ul> <p>You can contact <b>us</b> to find out if a medical practitioner is recognised by <b>us</b> as a consultant and the type of <b>treatment we</b> recognise for them.</p>   |
| <b>Consultant fees schedule</b>       | <p>The schedule used by <b>Bupa</b> for the purpose of providing <b>benefits</b> which sets out the benefit limits for the <b>consultants</b> fees based on:</p> <ul style="list-style-type: none"> <li>o the type of treatment carried out</li> <li>o for <b>surgical operations</b>, the type and complexity of the surgical operation according to the <b>schedule of procedures</b> – the benefits available for <b>consultant</b> surgeons and <b>consultants</b> anaesthetist may differ for the <b>surgical operations</b></li> <li>o the <b>Bupa</b> recognition status of the <b>consultant</b> and</li> <li>o where the <b>treatment</b> is carried out both in terms of the treatment facility and the location</li> </ul> <p>The schedule may change from time to time. Details for the schedule are available on request.</p> |
| <b>Cosmetic treatment</b>             | Any <b>dental treatment</b> of a cosmetic nature or which is not necessary for the maintenance of dental fitness.  |

| Word / Phrase                     | Meaning  |
|-----------------------------------|--|
| <b>Day-patient treatment</b>      | <b>Dental treatment</b> which, for medical reasons, means you have to go into a hospital or day-patient unit because you need a period of clinically supervised recovery but do not have to stay overnight.  |
| <b>Dental treatment</b>           | Any dental treatment or examination provided by a <b>dental professional</b> .   |
| <b>Dental injury treatment</b>    | Dental treatment carried out in the <b>UK</b> which is required as a direct result of injury caused by an external impact.   |
| <b>Dental professional</b>        | Any dental practitioner who is registered with the General Dental Council at the time you receive your <b>dental treatment</b> ; and for the purpose of routine or <b>emergency dental treatment</b> received outside the <b>United Kingdom</b> , <b>dental professional</b> shall be deemed to include any person of equivalent status and professional standing who is lawfully permitted to practise dentistry in the country in which the <b>emergency dental treatment</b> was received.  |
| <b>Diagnostic tests</b>           | Investigations, such as X-rays or blood tests, to find or to help to find the cause of your symptoms.  |
| <b>Effective date</b>             | The 'effective from' date shown on your membership certificate.  |
| <b>Eligible dependant</b>         | <b>Your partner</b> , and/or any dependant child of <b>yours</b> , who for the time being is a member of the scheme, and named on <b>your</b> membership certificate.  |
| <b>Emergency dental treatment</b> | <p>The following temporary <b>dental treatment</b> carried out by a <b>dental professional</b>, which is urgently required in order to alleviate pain, an inability to eat or any acute dental condition which presents an immediate and serious threat to general health:</p> <ul style="list-style-type: none"> <li>o examinations</li> <li>o X-rays</li> <li>o extractions</li> <li>o root canal extirpation</li> <li>o initial relief treatment of dental or gingival infection</li> <li>o temporary filling, or provision of permanent filling if a temporary filling is not required</li> <li>o construction of temporary crown/bridge/veneer</li> <li>o re-cement of crown/inlay/bridge/veneer</li> <li>o temporary post and core, repair or replacement of orthodontic appliance</li> <li>o repair or adjustment to denture</li> <li>o other temporary <b>emergency dental treatment</b> as determined by the <b>dental professional</b> eg stopping bleeding, re-fixing orthodontic retainer wire.</li> </ul> <p>Refers to both <b>dental treatment</b> in the <b>UK</b> and private overseas <b>dental treatment</b> unless specified otherwise.</p> |
| <b>In-patient treatment</b>       | <b>Dental treatment</b> which, for medical reasons, means you have to stay in hospital overnight or for longer.  |
| <b>Main member</b>                | The person who is covered under the agreement by virtue of being eligible in his or her own right rather than as a <b>eligible dependant</b> .   |

| Word / Phrase                   | Meaning   |
|---------------------------------|---|
| <b>NHS treatment</b>            | Any course of treatment carried out on the NHS in the United Kingdom under Bands 1, 2 or 3 in relation to the classification of, and fees payable for dental services provided to NHS patients in England.  |
| <b>Oral cancer treatment</b>    | Any oral cancer treatment provided by a specialist registered medical practitioner for treating cancer of the oral cavity, lips, tongue and pharynx.  |
| <b>Orthodontic treatment</b>    | Any <b>dental treatment</b> provided for the correction or prevention of malocclusion or any other irregular alignment or positioning of teeth.   |
| <b>Out-patient treatment</b>    | <b>Dental treatment</b> given at a hospital, consulting room or out-patient clinic where you do not go in for <b>day-patient treatment</b> or <b>in-patient treatment</b> .   |
| <b>Partner</b>                  | <b>Your</b> husband or wife, or the person <b>you</b> live with in a relationship similar to that of a husband or wife, whether same sex or not.  |
| <b>Partnership consultant</b>   | <b>Consultant</b> who at the time you receive your <b>treatment</b> is recognised by <b>us</b> as a partnership consultant. You can contact <b>us</b> to find out if a <b>consultant</b> is a partnership consultant.   |
| <b>Partnership facility</b>     | <ul style="list-style-type: none"> <li>o a hospital or a treatment facility, centre or unit that, at the time you receive your <b>eligible treatment</b>, is in <b>our</b> partnership facility list that applies to your <b>benefits</b> and is recognised by <b>us</b> for both: <ul style="list-style-type: none"> <li>- treating the medical condition you have, and</li> <li>- carrying out the type of <b>treatment</b> you need</li> </ul> </li> <li>o any other establishment which <b>we</b> may decide to treat as a partnership facility for the purpose of the <b>scheme</b>.</li> </ul> <p>The hospitals, treatment facilities, centres and units in the list and the medical conditions and types of <b>treatment we</b> recognise them for may change from time to time. Details of the facilities in the list and the categories of accommodation, the medical conditions and types of <b>treatment we</b> recognise them for are available on request.</p> |
| <b>Prosthetic appliance</b>     | Any artificial aid used in the restoration of a patient's dentition.  |
| <b>Physical contact sports</b>  | Rugby, hockey, boxing, wrestling, lacrosse, ice hockey or any other sport where it is common practice to wear mouth or gum protection.  |
| <b>Recognised practitioner</b>  | <p>A healthcare practitioner who at the time of <b>your treatment</b>:</p> <ul style="list-style-type: none"> <li>o is recognised by <b>us</b> for the purpose of <b>our</b> private medical insurance schemes for treating the medical condition <b>you</b> have and for providing the type of <b>treatment you</b> need, and</li> <li>o is in <b>our</b> list of recognised practitioners that applies to <b>your benefits</b>.</li> </ul>  |
| <b>Routine dental treatment</b> | <b>Dental treatment</b> carried out in the <b>UK</b> which is necessary to maintain your dental fitness and which as a matter of necessity must be provided by a <b>dental professional</b> .   |
| <b>Scale of cover</b>           | Your cover option at the time you receive your <b>dental treatment</b> , being either Core, Level 1, Level 2 or Level 4, and as shown on your current membership certificate.   |

| Word / Phrase                 | Meaning   |
|-------------------------------|---|
| <b>Schedule of procedures</b> | The schedule used by <b>Bupa</b> for the purpose of providing <b>benefits</b> which classifies <b>surgical operations</b> according to their type and complexity. The schedule may change from time to time. Not all procedures listed in the schedule are covered under <b>Bupa</b> schemes. Further information on the schedule is available on request.  |
| <b>Sponsor</b>                | The company, association or organisation for whom <b>Bupa</b> has agreed to operate the Bupa Dental Plan group scheme being of which you are a member.  |
| <b>Surgical implant</b>       | Any implant inserted into the jaw bone which is used for the support or retention of crowns, bridges or dentures.   |
| <b>Surgical operation</b>     | A surgical procedure or complex investigative/diagnostic procedure including all medically necessary <b>treatment</b> related to the procedure and all consultations carried out from the time you are admitted to a <b>partnership facility</b> until the time you are discharged, or if it is carried out as <b>out-patient treatment</b> , all medically necessary <b>treatment</b> related to the operation and any consultation on the same day which is integral to the operation.  |
| <b>Therapist</b>              | <ul style="list-style-type: none"> <li>o a chartered physiotherapist</li> <li>o a British Association of Occupational Therapists registered occupational therapist</li> <li>o a British and Irish Orthoptic Society registered orthoptist, or</li> <li>o a Royal College of Speech and Language Therapists registered speech and language therapist</li> </ul> <p>who is Health Professions Council Registered and is a <b>recognised practitioner</b>. You can contact <b>us</b> to find out if a practitioner is a <b>recognised practitioner</b> and the type of <b>treatment we</b> recognise them for.</p> |
| <b>Treatment</b>              | Any <b>dental treatment</b> or <b>oral cancer treatment</b>   |
| <b>United Kingdom/ UK</b>     | Great Britain, Northern Ireland, the Channel Islands and the Isle of Man.   |
| <b>We/our/us</b>              | <b>Bupa</b> .   |
| <b>Year</b>                   | In relation to you and each of your <b>eligible dependants</b> , a period starting on the effective from date or an <b>annual renewal date</b> and ending on the day immediately prior to the next <b>annual renewal date</b> .   |
| <b>You/your</b>               | This means the <b>main member</b> only.   |

# GETTING IN TOUCH

## Getting in touch

The **Bupa** helpline is always the first number to call if you need help or support. 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.

## 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 **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: **0845 609 0111\***

In writing: Customer Relations, Bupa, Salford Quays, Manchester, M50 3XL

By email: [customerrelations@bupa.com](mailto:customerrelations@bupa.com)

Or via our website: [bupa.co.uk/members/member-feedback](https://bupa.co.uk/members/member-feedback)

\*Calls may be recorded and may be monitored.

### 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: Financial Ombudsman Service, Exchange Tower, London, E14 9SR or call them on **0800 023 4567** (free for fixed line users) 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](http://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.

### 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](http://www.fscs.org.uk)**

# BUPA PRIVACY NOTICE

**Confidentiality:** The confidentiality of patient and member information is of paramount concern to the companies in the Bupa Group. To this end, we comply with Data Protection Legislation and Medical Confidentiality Guidelines. Bupa sometimes uses third parties to process data on its behalf. Such processing, which may be outside of the European Economic Area, is subject to contractual restrictions with regard to confidentiality and security, in addition to the obligations imposed by the Data Protection Act.

**Medical information:** Medical information will be kept confidential. It will only be disclosed to those involved with your treatment or care.

**Audit of medical and billing information:** When we process claims or investigate complaints on your behalf, Bupa may request and obtain further details from your treatment provider. The information may be sought either at the time of processing or subsequently, for the purposes of ensuring the accuracy of information and the quality of treatment and care. Please note it is a term and condition of your policy that Bupa may obtain medical and billing information from your treatment provider relating to claims or complaints you may make.

**Member details:** All membership documents and confirmation of how we have dealt with any claim you may make will be sent to the main member. Your membership and contact details may be shared by the companies in the Bupa Group to enable us to manage our relationship with you as a Bupa customer and update and improve our records. Depending on how your cover or policy has been funded or introduced, Bupa may share information with your employer and or an appointed intermediary, solely for scheme administration purposes. Bupa does not make the names, addresses and other contact details of our members available to any other organisations to use for their own purposes.

**Telephone calls:** In the interest of continuously improving our services to members, calls may be recorded and may be monitored.

**Research:** Anonymised or aggregated data may be used by us, or disclosed to others, for research or statistical purposes.

**Fraud:** Information may be disclosed to others with a view to detecting and/or preventing fraudulent or improper claims.

**Keeping you informed:** The Bupa Group would, on occasion, like to keep you informed of the Bupa Group's products and services that we consider may be of interest to you. If you do not wish to receive information about our products and services, or have any other Data Protection queries, please write to: Bupa UK Information Governance Team, 4 Pine Trees, Chertsey Lane, Staines-upon-Thames, TW18 3DZ or contact us via email at: [DataProtection@bupa.com](mailto:DataProtection@bupa.com)

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.

© Bupa 2014



*The world of Bupa*

Care homes  
Cash plans  
Dental insurance  
Dental services  
Health assessments  
Health at work services  
Health coaching  
Health information  
Health insurance  
Home healthcare  
International health insurance  
Travel insurance