

Supplementary worldwide dental accident and emergency

Members section

How your membership works

This section applies to scheme members living in the United Kingdom of Great Britain and Northern Ireland.

Words shown in **bold** type to which a specific meaning is given are shown in the **Definitions** section below.

This scheme is a group insurance scheme governed by an agreement between **PPD** and **us**. There is no legal contract between **you** and **us** covering **your** membership of the scheme. Only **PPD** and **we** have legal rights under the agreement and are the only ones who can enforce the agreement.

The following sets out the details of **your** cover under the scheme. Please read this document very carefully.

Changes to your membership

The terms and conditions of **your** membership to this scheme, including **your** cover, may be changed from time to time by agreement between **PPD** and **us**.

No other person is allowed to make or confirm any changes to **your** membership to this scheme or decide not to enforce any of **your** rights. Also, no change to **your** membership will be valid unless it is agreed between **PPD** and **us** and confirmed in writing by **PPD**.

Definitions

Accident An unforeseen and unexpected incident causing loss of or damage to the teeth or any dental prostheses by means of direct extra-oral impact.

Cover start date The date **your** cover starts, which is the date **you** joined this scheme as confirmed by **PPD** to **you** in writing.

Dental plan The payment or membership plan available from the dental practice with which **you** are registered.

Dentist A suitably licensed and qualified dental professional.

Dependents

- Any spouse or partner who currently resides with **you**; and
- your** unmarried children who are:
 - less than 23 years of age; and
 - in full-time education; and
 - financially dependent upon **you**;for whom **you** pay **dental plan** fees.

Emergency A serious and unexpected illness or injury requiring immediate action because it is causing **you** severe pain or poses an immediate risk to **your** health.

Fixed benefit Benefit which is payable only once in **your** lifetime.

Implant An intra-osseous fixture including the abutment.

Jelf Jelf Insurance Brokers Limited, the insurance intermediary who has arranged this insurance on behalf of **PPD**.

Mouth cancer Invasive malignant tumour with its primary site inside the mouth.

Mouth The lips, tongue, gums, major salivary glands, hard palate and floor of the mouth. Gland tissue associated with the mucosal lining, oropharynx, nasopharynx, and hypopharynx, but excluding the tonsils.

PPD Patient Plan Direct.

Period of insurance The time for which this scheme is in force as shown in the agreement between **us** and **PPD**.

Redundancy Dismissal from employment, where **your** employer has:

- stopped or intends to stop their business for the purposes for which **you** were or are employed; or
- stopped or intends to stop their business in the place that **you** are or were employed; or

- lost or reduced the need for their business in the place you were employed; or
- continued to trade at the place that **you** were employed, but **you** are no longer required by their employer.

Unemployed Where **you** are entirely without gainful employment whether full-time, part-time or on a zero-hour contract.

United Kingdom The United Kingdom of Great Britain and Northern Ireland, the Isle of Man and the Channel Islands.

We/us/our Hiscox Insurance Company Limited.

Year

- The 12-month period following the **cover start date**; or
- for renewed memberships, the 12-month period following the renewal date.

You/your The members of the **dental plan** named in the schedule of members kept on file with **PPD**.

Section 1a – Emergency treatment away from home

What is covered

If **you** need **emergency** dental treatment during the **period of insurance** and **you** cannot reasonably access **your dentist's** own emergency arrangements, **we** will pay the cost of **your emergency** treatment for any of the items listed in the table below.

How much we will pay

The most **we** will pay for each treatment is the limit shown in the table for the corresponding treatment. The most **we** will pay in any one **year** for all treatments and the most **we** will pay for any one **emergency** are listed below.

What is not covered

We will not make payment for:

- any treatment provided by **your own dentist**, another **dentist** in the same practice or a dental practice within 25 miles radius of the dental practice with which **you** are registered;
- any claim where **you** have been outside the **United Kingdom** for longer than 90 consecutive days.

Section 1 – treatment	Limit
Examination and treatment of sensitivity	£35.00
X-ray examination	£30.00
Tooth extraction (maximum two teeth)	£55.00 per tooth
Root extirpation to include dressing and for temporary filling and treatment of infection	£70.00 for 1 canal
Root extirpation to include dressing and for temporary filling and treatment of infection	£100.00 in total for 3+ canals
Treatment of infection to include prescriptions	£30.00
Provision of a filling for first tooth	£30.00
Provision of a filling for additional teeth thereafter	£20.00
Re-secure crown or inlay	£35.00
Re-secure bridge	£45.00
Provision of temporary crown	£55.00
Provision of temporary bridge	£110.00
Provision of temporary post and core	£65.00 each
Treatment to stop haemorrhage including follow-up care	£45.00
Removal of sutures placed by another dentist	£30.00
Repair/adjustment of orthodontic appliance	£50.00
Adjustment to denture	£25.00
Repair of denture to include re-fixing of teeth and gums and repair of clasp	£45.00
Other emergency dental treatment	£55.00
Section 1 – limit per each emergency	£450.00
Section 1 – limit in any one year	£920.00

Section 1b – Emergency call out

What is covered

If **you** suffer a dental **emergency** during the **period of insurance**, and need a **dentist** to provide advice by telephone, call out to visit **you** or re-open their practice to see **you**, **we** will pay the cost to **you** during the times listed in the table below for:

- a phone consultation or call out;;
- your** resulting **emergency** treatment for any of the items listed in the table below;

How much we will pay

The most **we** will pay in any one **year** for all costs and treatments is listed in the table below.

What is not covered

We will not make payment for:

- the first £15 of the call out fee;
- any phone consultation, call out or treatment outside of the times listed in the table below.

Section 1b – call out times
6.00pm-8.00am (weekdays)
Any time (weekends and Bank Holidays)
Section 1b – treatment
Examination and treatment of sensitivity
X-ray examination
Tooth extraction (maximum two teeth)
Root extirpation to include dressing and for temporary filling and treatment of infection
Root extirpation to include dressing and for temporary filling and treatment of infection
Treatment of infection to include prescriptions
Provision of a filling for first tooth
Provision of a filling for additional teeth thereafter
Re-secure crown or inlay
Re-secure bridge
Provision of temporary crown
Provision of temporary bridge
Provision of temporary post and core
Treatment to stop haemorrhage including follow-up care
Removal of sutures placed by another dentist
Repair/adjustment of orthodontic appliance
Adjustment to denture
Repair of denture to include re-fixing of teeth and gums and repair of clasp
Other emergency dental treatment

Section 1b – limits	Limit
Fixed benefit	£200

Section 2 – Dental treatment following an accident

What is covered

If **you** suffer a dental injury which requires treatment by **your dentist** following an **accident** during the **period of insurance we** will pay the cost to **you** for the treatments listed in the table below.

If **you** are under 18 years of age at the time of the **accident, we** will continue to cover necessary resulting treatment up to **your** 18th birthday or for up to five years (whichever is the later) subject to the limits listed in the table below.

How much we will pay

The most **we** will pay for each treatment is the limit shown in the table with the corresponding treatment. The most **we** will pay in any one **year** for all treatments is also listed in the table below.

The most **we** will pay for any treatment following an **accident** where **we** have not previously agreed a costed treatment plan is £250.

What is not covered

- We** will not make payment for the treatment of a dental injury:
 - for which **you** have already received treatment and the damage has been repaired;
 - caused by **your** deliberate exposure to exceptional danger or activity, except in an attempt to save human life or in self-defence or in an attempt to prevent loss or damage to **your** property;
 - caused by self-inflicted damage;
 - caused by **your** consumption of food;
 - caused by participating in any contact sport unless **you** were wearing a protective gum shield at the time of the **accident**;
 - which is the result of normal wear and tear;
 - caused by any oral hygiene activity;
 - following damage for which **you** have not sought treatment within seven days of the **accident**;
 - caused by damage to dental prostheses whilst **you** are not wearing them.
- We** will not make payment for any permanent treatment which occurs outside of the **United Kingdom**.
- We** will not make payment for the placement of an **implant** where the dental injury occurs within 28 days of the start of the **period of insurance**.
- We** will not make payment for the placement of an **implant** where this is not recommended by **your dentist**.
- We** will not make payment for the failure of an **implant** to integrate.
- We** will not make payment for the placement or treatment of any **implant** where the treatment was prescribed, planned or currently taking place before the start of the **period of insurance**.
- We** will not make payment for the treatment of any **implant** fitted outside of the United Kingdom.

Section 2 – treatment	Policy limit
Examination and report to include necessary smoothing and polishing	£40.00
X-ray examination	£30.00
Root canal treatment – incisor or canine root canal treatment	£200.00 per incisor/canine
Root canal treatment – premolar	£230 per premolar
Root canal treatment – molar	£325.00 per molar
Crowns - post and core construction	£100.00
Crowns – ceramic bonded (including any core and/or post interim covering)	£400.00 per crown
Crowns – metal bonded porcelain (including any core and/or post including interim covering)	£350.00 per crown
Crowns – full metal (including any core and/or post including interim covering)	£350.00 per crown
Bridges – all metal	£300.00 per retainer
Bridges – all metal	£300.00 per pontic

Bridges – bonded metal/porcelain	£350.00 per retainer
Bridges – bonded metal/porcelain bridgework (per pontic)	£320.00 per pontic
Bridges – laboratory constructed adhesive	£210.00 per retainer
Bridges – laboratory constructed adhesive	£225.00 per pontic
Laboratory made temporary bridge following tooth loss (where required)	£120.00 per unit
Laboratory constructed adhesive facing or veneer	£320.00 per unit
Dentures – permanent acrylic	£375.00 per denture
Dentures – permanent metal	£550.00 per denture
Dentures – temporary following tooth loss (where required)	£160.00 per denture
Other necessary dental treatment following an accident	£450.00 per incident
Section 2 – limit per each placement, repair or replacement of an implant	£2,500 per implant
Section 2 – limit for placement, repair or replacement of an implant in any one year	£20,000
Section 2 – limit – total payable in any one year	£20,000

Section 3 – Hospital benefit

What is covered

If **you** are admitted to hospital as an inpatient during the **period of insurance** for treatment under the care of a consultant who specialises in dental or maxillofacial surgery, **we** will pay for each overnight stay in hospital while **your** hospitalisation period necessarily continues.

How much we will pay

The most **we** will pay for each overnight stay is the limit shown in the table below. The maximum number of nights for which **we** will pay is also listed below.

What is not covered

We will not make payment for any treatment.

Section 3	Limit
Total amount payable each overnight stay	£70.00
Maximum number of nights	365

Section 4 – Mouth cancer

What is covered

If **you** are first diagnosed as having **mouth cancer** by a **dentist** or licensed and qualified doctor during the **period of insurance** and within the **United Kingdom, we** will pay the **fixed benefit** to **you** as listed in the table below.

How much we will pay

The most **we** will pay is the limit shown in the table below.

What is not covered

We will not make payment for:

- mouth cancer** as a result of **your** use of chewing tobacco products or betel nuts;
- mouth cancer** as a result of **your** prolonged drug abuse or alcohol abuse;
- mouth cancer** diagnosed before the start of the **dental plan** or within 90 days of the start of the **dental plan**;
- cancer or tumours in the throat;
- non-malignant tumours;
- non-invasive cancers;
- mouth cancer** attributable in any way, directly or indirectly, to HIV (Human Immunodeficiency Virus) or any HIV-related illness.

Section 4 – limits	Limit
Fixed benefit	£2,500

Section 5 – Redundancy

What is covered

If **you** are **unemployed** following **redundancy, we** will pay:

- the costs of **your** monthly **dental plan**; and
- the costs of **your dependants'** monthly **dental plan**;

for the period that you are **unemployed** and seeking employment.

How much we will pay

The most **we** will pay is:

- £15 per month for any **dental plan** for **you** which does not include **your dependants**; or
- £60 per month for any dental plan for **you** which includes **your dependants**.

However, **we** will not make any payment for the first 30 days that **you** are **unemployed** and **we** will not pay for longer than 12 consecutive months.

What is not covered

We will not make payment for:

- any period that **you** are **unemployed** which **you** knew about or ought reasonably to have known about at the time **you** registered with the **dental plan**;
- self-employed members of the **dental plan**;
- any period that **you** are **unemployed** where **you** were under notice of **redundancy** at the time **you** registered with the **dental plan**;
- any period that **you** are **unemployed** that occurs during employment through a temporary employment agency;
- any **redundancy** that arises on the grounds of **your** ill health;
- any **redundancy** arising from the expiry of a fixed term contract;
- any **redundancy** where **you** cannot provide a formal letter of **redundancy** from **your** last employer which is written on company stationery and includes the date of **your redundancy**;
- any period that **you** are **unemployed** where **you** elect to take voluntary **redundancy**;
- any period that **you** are **unemployed** where **you**;
 - cannot provide evidence that **you** have actively sought employment; and
 - have not been registered with **your** local job centre; and
- any period that **you** are **unemployed** first arising within six months of the date **you** registered with the **dental plan**, unless **you** have been in continuous employment for six consecutive months prior to the date of **your redundancy**.

Section 5 – type of dental plan	Annual limit
Any dental plan for you which does not include your dependants	£180
Any dental plan for you which includes your dependants	£720

Section 6 – General conditions

The following conditions apply to the whole of this scheme.

Due diligence

- You** must take reasonable steps to prevent accident or injury.

Premium payment

- Payment of **your** benefit under this scheme will be suspended unless **PPD** has paid the premium due to **us**, or **we** have paid the costs of a **dental plan** in accordance with **section 6 – Redundancy** of this scheme.

Other insurance

- This scheme does not cover any loss or claim where **you** would be entitled to be paid under any other insurance.

Termination

- Your** coverage under this scheme will terminate and cease to have effect upon the date that **your dental plan** membership terminates.

Governing law

- Unless some other law is agreed between **PPD** and **us** in writing, this group insurance scheme will be governed by the laws of England.

Arbitration

- Any dispute arising out of or relating to this group insurance scheme, including over its construction, application and validity, will be referred to a single arbitrator in accordance with the Arbitration Act then in force.

False claims

- If **you** have made a false claim, **we** can refuse to pay the claim and **we** shall be entitled to give **you** notice of termination of **your** participation in the scheme with effect from the date of the false claim.

Section 7 – Policy information

Applicable to all sections except redundancy.

Emergency help

If **you** cannot access **your dentist's** own emergency arrangements and **you** need help in obtaining **emergency** dental treatment either in the United Kingdom or overseas, **you** may see a **dentist** of your choice or **you** may call the dental helpline on +44 (0)1206 788816.

How to make a claim

You must complete a claim form and this must be countersigned by the treating **dentist** or **your** registered **dentist**.

You must send this to **us** within 30 days of the injury, incident or **emergency** incident (60 days if the incident occurs outside the **United Kingdom**).

We will reimburse **your** costs up the limits shown in this scheme. **We** will at **our** sole discretion settle the claim directly either to **you** or to the treating **dentist**. Any amount which exceeds the specified limit must be paid directly by **you** to the treating **dentist**.

You must, at **your** expense, provide all necessary reports, receipts, and other documentation in support of the claim when asked to do so.

For claims under Section 2, the claim form must be sent together with the treating **dentist's** signed receipt showing details of the treatment given to **you**.

Claim forms are available from **your dentist** or rom **Jelf** by calling: 01482 213215 or by emailing ppd@jelf.com

Section 8 – Policy information

Applicable to redundancy.

How to make a claim

You must complete a claim form and this must be countersigned by the treating **dentist** or **your** registered **dentist**.

You must send this to **us** within 60 days of the date of **your redundancy**.

We will reimburse the costs of **your dental plan** up the limits shown in this scheme. **We** will settle the claim directly to **your dentist**. Any amount which exceeds the specified limit must be paid directly by **you** to the treating **dentist**.

You must, at **your** expense, provide all necessary reports, receipts, and other documentation in support of the claim when asked to do so.

Claim forms are available from **your dentist** or from **Jelf** by calling: 01482 213215 or by emailing ppd@jelf.com

Section 9 – General claims conditions

Your obligations

You must:

- give **us** prompt notice of anything which is likely to give rise to a claim under this scheme, in accordance with the terms of Section 7 – Policy information and Section 8 – Policy information;
- give **us**, at **your** expense, any information which **we** may reasonably require and co-operate fully in the investigation of any claim under this scheme;
- take all reasonable precautions to protect yourself against dental accident and take appropriate **emergency** measures immediately if they are required to reduce any claim.

Data protection notice

By accepting **your** participation in this group insurance scheme, **you** consent to **us** using the information **we** may hold about **you** for the purposes of providing insurance and handling claims, if any, and to process sensitive personal data about **you** where this is necessary (for example health information or criminal convictions).

This may mean **we** have to give some details to third parties involved in providing insurance cover. These may include insurance carriers, third-party claims adjusters, fraud detection and prevention services, reinsurance companies and insurance regulatory authorities.

Where such sensitive personal information relates to anyone other than **you**, **you** must obtain the explicit consent of the person to whom the information relates both to the disclosure of such information to **us** and its use by **us** as set out above.

The information provided will be treated in confidence and in compliance with the Data Protection Act 1998. **You** have the right to apply for a copy of **your** information (for which **we** may charge a small fee) and to have any inaccuracies corrected.

For training and quality control purposes, telephone calls may be monitored or recorded.

Complaints procedure

Our aim is to ensure that all aspects of **your** insurance scheme are dealt with promptly, efficiently and fairly. At all times **we** are committed to providing **you** with the highest standard of service. If **you** have any questions or concerns about this insurance scheme or the service offered by **your** broker, **you** should contact **Jelf**:

Complaints Department, Jelf Insurance Brokers Limited, Bowling Hill, Chipping Sodbury, Bristol BS37 6JX. Telephone: 01454 272727. Email: aaron.hill@jelfgroup.com.

If **you** have any questions or concerns about the terms of this insurance scheme or the decisions regarding the settlement of a claim, please contact **our** customer relations team in writing at:

Hiscox Customer Relations, The Hiscox Building, Peasholme Green, York YO1 7PR. Telephone: 0800 1164627 or 01904 681198. Email: customer.relations@hiscox.com.

If **you** are dissatisfied with the final response from **Jelf** or from Hiscox, **you** may have the right to refer **your** complaint to the Financial Ombudsman Service. For more information regarding the Financial Ombudsman Service, please refer to www.financial-ombudsman.org.uk.