

# Dental Plan

Policy wording



let's feel good

# Welcome to your Boots dental plan

Your dental policy has been designed to help you pay for your dental care. As with most insurance policies, there are terms and conditions surrounding the cover. This document, along with your application form, policy schedule and benefit schedule, form your insurance contract. They should be read as soon as possible and certainly before you make a visit to your dentist.

Your policy schedule specifies the people insured under your policy, the period of insurance and the type of policy you have purchased.

The benefit schedule outlines the treatments available under your policy, the levels of reimbursement you might expect to receive for treatment and the annual maximum limits under the policy.

This policy wording tells you everything you need to know about what's covered, what's not covered and how to make a claim. Please refer to page 14 for the meaning of words used in this document.

Having read all documents, if you are unsure about any aspect of the cover please call our customer care team on:

**0345 840 1111**

Lines are open Monday to Friday 9am - 5pm  
We are closed weekends and bank holidays.

In the interests of improving our service, your calls may be monitored and recorded.

Or go to our website

[www.boots.com/en/Insurance/Dental-Plan/](http://www.boots.com/en/Insurance/Dental-Plan/)

# The insurance contract

The insurance contract is based on the information you provided when applying for this insurance policy. It is a fixed 12 month contract that requires you to keep to the conditions of cover as explained in this policy wording, and maintain your premium payments for the full 12 month term. Failure to keep to the conditions of the policy may result in claims not being paid.

In return for your premiums, we'll provide the benefits to you as outlined in this policy wording and benefit schedule, for the period of the contract as specified on your policy schedule. Prior to your policy ending, we'll write to you explaining possible changes to your cover and premiums for the following 12 months. Unless we hear from you to the contrary, we'll automatically continue your cover under these new terms.

If at any point during the contract you wish to change your level of cover, you may do so only by notifying us in writing. Changes will only take effect from your renewal date.

Please ensure that you take out the correct plan to suit you. The Core Plan will only cover you for NHS treatment and Private Plans will cover you for private treatment and NHS treatment up to the benefit schedule limits.

Unless we agree otherwise, English Law will apply.

The Boots Dental Plan is underwritten by AmTrust Europe Limited. AmTrust Europe Limited, registered in England number 1229676 at Market Square House, St James's Street, Nottingham NG1 6FG, is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Financial Services Register number 202189. These details can be checked on the Financial Services Register by visiting [www.fca.org.uk](http://www.fca.org.uk). AmTrust Europe Limited is a member of the Association of British Insurers.

The policy is arranged and administered by Healix Insurance Services Limited on behalf of the insurer, AmTrust Europe Limited. Healix Insurance Services Limited is authorised and regulated by the Financial Conduct Authority (FCA) to transact general insurance business. Its Financial Services Register number is 437248.

Boots UK Limited. Registered Office: Nottingham, NG2 3AA. Registered in England and Wales 928555. A subsidiary of Alliance Boots Holdings Limited, Nottingham, England. Boots UK Limited is an appointed representative of Healix Insurance Services Limited, which is authorised and regulated by the Financial Conduct Authority.

## **Fraud**

We strongly believe that policyholders are honest, however, fraudulent claims are occasionally made. Where fraud, including exaggerated claims, is detected claims will not be paid. We may refer the matter to the police for criminal investigation, the policy may be rendered invalid and we may take action consistent with our legal rights.

# Privacy and Data Protection notice

## Data Protection

AmTrust Europe Limited, the Data Controller, is committed to protecting and respecting your privacy in accordance with the current Data Protection Legislation ("Legislation"). Below is a summary of the main ways in which we process your personal data, for more information please visit [www.amtrusteurope.com](http://www.amtrusteurope.com)

## HOW WE USE YOUR PERSONAL DATA AND WHO WE SHARE IT WITH

We may use the personal data we hold about you for the purposes of providing insurance, handling claims and any other related purposes (this may include underwriting decisions made via automated means), for offering renewal terms, research or statistical purposes and to provide you with information, products or services that you request from us or which we feel may interest you. We will also use your data to safeguard against fraud and money laundering and to meet our general legal or regulatory obligations.

## SENSITIVE PERSONAL DATA

Some of the personal information, such as information relating to health or criminal convictions, may be required by us for the specific purposes of underwriting or as part of the claims handling process. The provision of such data is conditional for us to be able to provide insurance or manage a claim. Such data will only be used for the specific purposes set out in our notice.

## DISCLOSURE OF YOUR PERSONAL DATA

We may disclose your personal data to third parties involved in providing products or services to us, or to service providers who perform services on our behalf. These include our group companies, affinity partners, brokers, agents, third party administrators, reinsurers, other insurance intermediaries, insurance reference bureaux, credit agencies, medical service providers, fraud detection agencies, loss adjusters, external law firms, external auditors and accountants, regulatory authorities, and as may be required by law.

## INTERNATIONAL TRANSFERS OF DATA

We may transfer your personal data to destinations outside the European Economic Area ("EEA"). Where we transfer your personal data outside of the EEA, we will ensure that it is treated securely and in accordance with the Legislation.

## YOUR RIGHTS

You have the right to ask us not to process your data for marketing purposes, to see a copy of the personal information we hold about you, to have your data deleted (subject to certain exemptions), to have any inaccurate or misleading data corrected or deleted, to ask us to provide a copy of your data to any controller and to lodge a complaint with the local data protection authority.

## RETENTION

Your data will not be retained for longer than is necessary, and will be managed in accordance with our data retention policy. In most cases the retention period will be for a period of seven (7) years following the expiry of the insurance contract unless we are required to retain the data for a longer period due to business, legal or regulatory requirements.

If you have any questions concerning our use of your personal data, please contact The Data Protection Officer, AmTrust International - please visit [www.amtrusteurope.com](http://www.amtrusteurope.com) for full address details.

## HEALIX INSURANCE SERVICES LTD

Healix Insurance Services Ltd are a joint Data Controller and are equally committed to protecting and respecting your privacy in accordance with the current Data Protection Legislation ("Legislation"). For more information please visit <https://www.healix.com/insurance-capacity-management/>

If you have any concerns, a complaint or any request regarding Healix Insurance Services Ltd use of your personal data, please contact:

The Data Protection Officer, Healix Insurance Services Ltd, Healix House, Esher Green, Esher, Surrey, KT10 8AB

Or email: [HISprivacy@healix.com](mailto:HISprivacy@healix.com)

## Eligibility

We can insure the following people under your Policy – yourself, your partner and your children, including stepchildren and legally adopted children.

You must be over 18 years of age at the commencement date of your Policy. If you are already a policyholder when you turn 65, your premiums may increase at your renewal. You will be advised in writing prior to this happening.

Children must be aged under 18, be unmarried and be permanently living with you at the commencement date of your Policy, or they can be under 23, if in full time education and living with you outside of term time. Children will be taken off your Policy at renewal when these conditions no longer apply and we'll write to you prior to this happening to offer them an individual Plan.

All insured people must reside in the UK, Channel Islands or Isle of Man for at least 180 days in each period of insurance. You must tell us if any insured no longer meets these criteria and we'll remove them from the Policy at renewal.

We may refuse to accept any person on a Policy without providing a reason.

# Policy benefits

Your policy benefit schedule outlines the benefits you can expect to receive in return for your premiums and abidance to the terms of this policy. The amounts shown on your benefit schedule are an 'up to' figure per insured person. This means that we'll pay claims based on the insured person's original receipts for the treatment types described, up to the respective benefit level amounts.

There is a 3 month qualification period for all dental treatment, except for claims for accidental dental injury and emergency dental treatment. This means we will not pay for any dental treatment claims for a period of 3 months from the commencement date of the policy. Any accidental injury must occur after the commencement date of the policy and treatment must start within 2 weeks of the date of the injury.

## Core Plan

The Core Plan has been designed to reimburse you for 100% of most NHS charges in England and Wales. If you live in Northern Ireland or Scotland, you will be reimbursed for your receipted payments for treatment up to the benefit schedule limits. You should ask your dentist for details of the treatment you require and the cost before proceeding with any treatment as you will be liable for any costs that are outside of the benefits listed in NHS bands 1, 2 and/or 3. Any treatment undertaken on a private basis in conjunction with your NHS treatment will not be covered except where the treatment received is emergency dental treatment.

## Private Plan

Private dentists charge differing amounts for treatments and, as such, we advise that you seek a quote before any work is carried out so that you can assess the level of reimbursement that the plan will provide.

Either plan can be used to claim for treatment at any dentist of your choice on the understanding that the reimbursement will be to your plan's limits. Please note that you will be covered for any treatments undertaken on a private basis up to the benefit schedule limits for private treatment. Any treatment undertaken on an NHS basis in conjunction with your private treatment will be reimbursed up to the benefit schedule limits set out for NHS treatments.

## Annual Policy Limits

Both the Core and the Private Plans have maximum annual claim limits for routine treatment, hospital cash benefit and accidental dental treatments. The Private Plans also provide a one off cash benefit for primary oral cancer diagnosed 6 months after the commencement date of the policy and worldwide accidental cover. Each insured person can claim for all medically necessary eligible treatments up to the maximum amounts per treatment or band, subject to the annual maximum limit per person. These annual limits are outlined on your policy benefit schedule.

All treatment for accidental dental injury must be as a direct result of an accident. Following an accident, if you have a Core Policy you can only claim for NHS treatments and if you have a Private Policy you can claim for private or NHS treatments. NHS treatments will be reimbursed up to the limits set out in the benefit schedule. Any subsequent treatment that is not as a result of the accident must be claimed for as a routine treatment.

In the unfortunate event that you require emergency dental treatment, this can be completed by either an NHS or private dentist, regardless of the type of plan you have. Please ensure you read the definition of emergency dental treatment shown in the 'meaning of words' section. If an individual treatment spans your renewal date you will be reimbursed to the individual treatment limits and maximum limits that were in place when your treatment started. If you are unsure of your plan's benefits please call our customer care team on **0345 840 1111**. We may record your calls to maintain our high standard of service.

# Claims conditions

These are the conditions you or anyone covered by the policy must meet to make a claim. Benefit is available for accidental dental injury and emergency dental treatment anywhere in the world, provided your trip does not exceed 28 days.

In addition, you must always:

1. Comply with the terms and conditions of the policy to enable us to meet our liability under the policy.
2. Keep your premiums up to date.
3. Submit your fully completed official claim form within 90 days of treatment, ensuring that your dentist has completed and signed the relevant section and that you have attached an original receipt, clearly showing what treatment you have received and whether it was completed by the NHS or privately. Failure to do so will result in the non-payment of your claim.
4. Give us, at your expense, any details we ask for relating to any claim.
5. Give consent for us to get, at our expense, any medical reports, photographs or x-rays we need to assess the eligibility of a claim, from the dentist, specialist or GP who has treated you or any of the insured persons. Consent is required under the Access to Medical Reports Act 1988 and Access to Personal Files and Medical Reports (Northern Ireland Order 1991). Withholding information may delay assessment of your claims and may mean that your claim will not be paid.
6. Only receive treatment from a qualified dentist or specialist who is not a member of your family or an insured person under this policy.
7. Agree to be examined, at our expense, by a dentist or specialist of our choice, if we ask it of you.
8. Not seek to transfer this insurance policy to any other person.
9. Provide us with full details of any other insurance which may provide cover for something that you are claiming for under this policy. If you have multiple cover, we'll only pay our share.
10. Allow us, at our expense, to act in your name to take over defence of a settlement or claim, or to start legal action to either recover compensation from third parties, or to get back payments we have already made.
11. Assist us to take legal action against anyone in relation to a claim if we ask it of you.

## General exclusions

Before receiving dental treatment for which you plan to make a claim please check the list below to ensure that the treatment is not excluded. These exclusions apply to both the NHS and the Private Plans unless stated otherwise.

If you are not sure whether any planned treatment may be covered under your plan, please call our customer care team on 0345 840 1111 and they'll be pleased to confirm your policy benefits.

General exclusions – we will not provide cover for:

1. Any claim for costs where treatment is received before you joined the plan, or after you cease to be eligible for cover, or the policy is cancelled or premium is outstanding.
2. Charges made by your dentist for signing or completing the claim form.
3. Any treatment costs once the annual maximum number of treatments or maximum annual limits have been reached.
4. Any costs that exceed the reimbursement levels specified in your benefit schedule.
5. Any private treatment not listed on your benefit schedule.
6. Any private treatment if you have an NHS Policy except where the treatment received is for emergency dental treatment.
7. Claims relating to hospital inpatient, day patient or outpatient treatment. In the event of a diagnosis of oral cancer 6 months after joining, a cash lump sum may be payable or following an admission for eligible dental treatment a hospital cash benefit may be payable.
8. Any treatment where you do not provide your original receipts detailing the cost of treatment, the treatment provided and state whether it was done on the NHS or privately.
9. Costs incurred for general anaesthetic, intravenous sedation, prescription charges, cosmetic treatment, orthodontic treatment, dental implants.
10. Charges for home visits unless for emergency treatment.
11. Claims relating to treatment for deliberate self-inflicted injury.
12. Costs of any hospitalisation.
13. Claims relating to dentures in the first 3 months unless required as a result of a dental injury.
14. Repairs to dentures for damage caused whilst not being worn.
15. Costs of cleaning dentures.
16. More than our share of any claim covered by more than one plan.
17. Costs of any kind resulting directly or indirectly from the malicious use of pathogenic or poisonous biological or chemical materials.
18. Costs of any kind arising directly or indirectly by ionising radiation, contamination by any nuclear fuel, from any nuclear wastes from burning nuclear fuel, or the radioactive, toxic, explosive or other dangerous properties of any explosive nuclear machinery or part thereof.
19. Claims resulting from not wearing appropriate mouth guards or the recommended protective headwear whilst taking part in organised sporting activities.
20. Claims arising where you were involved directly or indirectly in a criminal act.
21. Any costs for claims arising from pandemics.



## General exclusions (continued)

22. Costs for any treatment not listed on your benefit schedule or exceeding the limits specified per person per policy year.
23. Costs for any treatment required due to the actions of a third party, whether accidental or not, where in the capacity of their work the third party should have professional indemnity insurance to meet any costs for which they are liable.
24. Any cash benefit for oral cancer unless you have been diagnosed by a specialist recognised by us, with primary cancer of the lips, tongue, major salivary glands, gums, mouth or pharynx or of the oral cavity from lips to pharynx after the 6 month qualification period, any cash benefit for oral cancer paid is subject to you not to have experienced symptoms, having investigations or awaiting the outcome of any tests or received medication, advice or treatment for any cancer before or during the 6 month qualification period.
25. Any benefit for secondary mouth cancer.
26. Any cash benefit for oral cancer more than once to any member of the plan during their lifetime.
27. Any costs associated with treatment of cancer including diagnostic or exploratory costs.
28. Any benefit required as a result of damage caused by tooth or mouth jewellery.
29. Any treatment for any accidental dental injury or emergency dental treatment that occurred prior to the commencement date of the policy.
30. Any dental treatment that is identified as being medically necessary at your first examination by a dentist, unless you have been continuously registered with a dentist in the 12 months preceding the commencement date of your Policy and have had an examination during this time.
31. Any dental treatments that were planned or that you were aware of at the time you purchased this Policy.
32. Claims relating to treatment for accidental injury or emergency dental treatment administered more than 2 weeks after the date the injury was sustained.
33. Claims where there is no visible evidence of damage or trauma to otherwise healthy functional teeth.
34. Dental treatment within the 3 month qualification period, except for claims for accidental dental injury and emergency dental treatment. Any accidental injury must occur after the commencement date of the policy and treatment must be administered within 2 weeks of the date of the injury.

## How to cancel

Your insurance contract with us is for 12 full months. However, you have a 14-day 'cooling-off' period so that you can study your policy in more detail. If, within 14 days of receiving your policy wording or benefit schedule, you decide that this plan is not right for you, you can simply call us on **0345 840 1111** or write to the Customer Care Manager at the address below to arrange a full refund of any money which you have paid. This full refund will be paid provided that no one on the policy has made a claim in the period of cover (that is not more than 14 days) before cancellation.

If you wish to cancel your plan outside of the 14-day 'cooling-off' period and you've not made a claim then you can, provided you give us at least 7 days' notice by notifying us in writing or contacting the Customer Care Manager at the address provided below. You'll be refunded any premiums you have paid in advance for the rest of the current period of insurance from the date of cancellation. If you have made a claim during the period of insurance then you will be required to pay a full year's premium. If any insured person covered under your plan has made a claim, we reserve the right not to make a full refund of any premiums you have already paid for the period after cancellation.

If you do cancel your policy, you must inform your bank or building society if you pay by Direct Debit.

If you choose to cancel your plan and then wish to re-apply in the future, you will be required to complete a new application form whereby normal policy restrictions apply.

**If you cancel your policy you will no longer be covered and will not be able to make a claim.**

Customer Care Manager  
PO Box 6905  
Basingstoke  
RG24 4TE

## Unpaid Premiums

If a premium from the policyholder remains unpaid when due for more than 30 days then we may defer settlement of any claims until such time as the premiums are paid in full. In addition if the premium remains unpaid for 60 days or if you miss a second premium payment we may cancel your policy by giving you seven days' notice in writing to your last known address, you will then no longer be covered and will not be eligible to make a claim.

If you cancel and then decide to take out a new policy you will be subject to all the terms and conditions of the policy starting from your new commencement date.

In the event that you obtain cover via fraudulent means, or make a fraudulent claim, we reserve the right to cancel your policy, demand that any such claim settlements are repaid by you, and/or take the appropriate legal action against you.

# What to do if you need to make a claim

(Please also refer to the claims conditions section on page 7)

To help us pay your claim promptly, please follow these claims guidelines:

## Claims for routine dental treatment

1. Take along a claim form, the scheme guide and benefit schedule when you visit your dentist. You can get additional claim forms by calling us on **0345 840 1111**.
2. Discuss the likely treatment costs ensuring that you understand the amount your plan will contribute.
3. When you have completed and paid for your treatment, ask your dentist to provide you with the appropriate NHS or private receipts showing the type of treatment you have received. Ensure they complete and sign the relevant sections of your claim form.
4. Complete, sign and date your section of the claim form and send this to us as soon as possible, along with the original detailed receipts.
5. Ensure that you send us the claim form along with the original receipts within 90 days or your claim will not be paid.
6. We'll assess your claim and may ask you or your dentist for missing or subsequent information.
7. If your claim is eligible for settlement a cheque will be dispatched or the settlement paid directly into the account if you have provided your bank details to us.

When you visit your treating dentist or specialist ensure that you take your claim form, policy wording and benefit schedule with you. For accidental dental injuries we will send you an appropriate claim form. Claim forms for routine treatment are available on our website [www.boots.com/en/Insurance/Dental-Plan/](http://www.boots.com/en/Insurance/Dental-Plan/) or by calling us on Tel. **0345 840 1111**.

Once you have completed and paid for your treatment ask your dentist to provide you with detailed receipts showing the type of treatment you have received and ensuring that they complete and sign the relevant sections of the claim form.

For routine treatment claims you will need to complete sections 1 & 4 of the claim form or sections a to c if you are completing an accidental dental injury claim form, please then return this to us within 90 days of your treatment date enclosing the original receipts. If we do not receive your claim within 90 days then your claim will not be paid.

## Claims resulting from accidental dental injuries

For accidental dental injuries you must call us on **0345 840 1111** before any treatment takes place whenever possible so we can advise you about your treatment and the level of cover your plan provides. We will also send you a copy of the appropriate claim form. Failure to contact us prior to treatment may invalidate your claim. Claims made for treatment outside of the UK should be supported with a translation into English of the invoice (at the patients expense) and receipt along with the original invoice and receipt providing details of the claim. The dentist or specialist providing dental treatment outside of the UK must be appropriately qualified by a national dentistry body and this must be evidenced in writing on the invoice or receipt. For the claim to be eligible for settlement the treatment must have started within 2 weeks of the date of the accident or emergency and this date must be after the commencement date of the policy.

Please note that for accidental dental injury claims we will ask you to supply proof of the injury which may include photographs and X-rays.

If your claim is eligible for settlement it can be paid directly into the account from which your premiums are collected (Direct Debit payers only) or paid directly into your bank via BACS. Should you prefer a cheque then this can be dispatched to you but may not be as timely as a BACS payment.

**Claims for hospital cash benefit or oral cancer benefit only**

Should you be diagnosed with primary oral cancer or following a hospital admission for dental treatment please contact us on Tel.**0345 840 1111** and we will send you a copy of the appropriate claim form.

In addition to the claim form we will also request a letter from your consultant detailing the history of the condition and all dates relating to consultations and investigations, along with the outcome of any examinations and dates of stay in hospital.

Please ensure that the treating hospital complete the relevant sections of the claim form confirming the dates of your attendance and discharge.

You must return to us the completed claim form along with the letter from your consultant within 90 days of treatment provided by your dentist or consultant, otherwise your claim will not be paid.

# Caring for our customers

## If your complaint is about the way a policy was sold to you

If at any time you have any query or complaint regarding the way the policy was sold please contact:

Healix Insurance Services Limited  
Healix House  
Esher Green, Esher  
Surrey KT10 8AB

Email: [insurancecomplaints@healix.com](mailto:insurancecomplaints@healix.com)  
Telephone: 0208 481 7754

## If your complaint is about the administration of the policy or the handling of a claim

We aim to provide our customers with a high level of service at all times. However if you have a complaint about your policy please contact:

Complaints department  
AmTrust Europe Limited  
C/o Healix Insurance Services Limited  
Healix House  
Esher Green, Esher  
Surrey KT10 8AB

Email: [insurancecomplaints@healix.com](mailto:insurancecomplaints@healix.com)  
Telephone: 0208 481 7754

We will contact you within three days of receiving your complaint to inform you of what action we are taking. We will try to resolve the problem and give you an answer within four weeks. If it will take us longer than four weeks we will tell you when you can expect an answer.

Alternatively, at any stage, you may have the right to contact the Financial Ombudsman Service who can review complaints from 'eligible complainants' which includes private individuals and sole traders and small partnerships with a yearly turnover of less than £1 million. Further information can be found at: <http://www.financial-ombudsman.org.uk/default.htm>

Financial Ombudsman Service  
Exchange Tower  
Harbour Exchange Square  
London E14 9SR

By telephone on 0800 023 4567 or 0300 123 9123  
By e-mail: [complaint.info@financial-ombudsman.org.uk](mailto:complaint.info@financial-ombudsman.org.uk)

This complaints procedure does not affect any legal right you have to take action against us.

The role of the Ombudsman is to review complaints impartially and to make a fair and reasonable decision based on the facts of each case. These procedures do not affect your legal rights.

## Financial Services Compensation Scheme

Healix Insurance Services Limited and AmTrust Europe Limited are both covered by the Financial Services Compensation Scheme (FSCS). You may be entitled to compensation from the FSCS if either cannot meet our obligations. This will provide cover for 90% of the claim without any upper limit. Further details about compensation scheme arrangements are available from the FSCS on its website [www.fscs.org.uk](http://www.fscs.org.uk) or telephone 0207 741 4100.

## Meaning of words

Wherever the following words and phrases have appeared in this policy wording or the benefit schedule, they will have the meanings listed below. Words and phrases that do not appear in this list will take on their usual meaning in the English language.

<b>Accidental dental injury</b>	A non-biting injury to the teeth or supporting structures (including damage to dentures whilst being worn) solely caused by a direct external impact which is sudden and unexpected.
<b>Child</b>	The son or daughter, stepson or stepdaughter or legally adopted minor of you or your partner. Children must be aged under 18, be unmarried and be permanently living with you, or they can be under 23 if in full time education and living with you outside of term time.
<b>Commencement date</b>	The date shown on your policy schedule specifying the date the period of insurance starts for each insured person.
<b>Cosmetic treatment</b>	Treatment not necessary to maintain dental health and used solely for the purpose of improving the appearance.
<b>Course of treatment</b>	Means... (a) an examination of a patient, an assessment of the patient's oral health, and the planning of the treatment (if any) to be provided to that patient as a result of that examination and assessment;  (b) the provision of the planned treatment (if any) (including any treatment planned at a time other than at the time of the initial examination) to that patient up to the date on which either;  (i) each and every component of the planned treatment has been provided to the patient, or  (ii) the patient either voluntarily withdraws from, or is withdrawn by the provider from, treatment, provided by one or more providers of relevant primary dental services.
<b>Day patient</b>	An insured person who is admitted to hospital for any part of one day for the sole purpose of receiving treatment, who does not stay overnight and whose appointment is not on an outpatient basis. No Hospital Cash Benefit is payable for Day patient treatment.
<b>Dentist</b>	A fully qualified dental practitioner holding a current registration with the General Dental Council and engaged in general dental practice. The dentist cannot be you, a member of your family or an insured person under this policy.
<b>Dental implants</b>	Titanium screws placed in the jaw to provide solid and permanent support for crowns, bridges and dentures.

## Meaning of words (continued)

<b>Emergency dental treatment</b>	Dental treatment required for the immediate relief of severe pain, trauma, swelling or haemorrhage.
<b>Hospital</b>	An independent hospital registered in accordance with the Registered Homes Act 1984 or a National Health Service hospital in the United Kingdom with specialist facilities for medical and surgical treatment.
<b>Inpatient</b>	An insured person who is admitted to hospital and stays for a period of at least 24 hours for the sole purpose of receiving treatment on the recommendation of a specialist.
<b>Insured person</b>	Anybody shown on the schedule as insured under this policy.
<b>NHS</b>	National Health Service.
<b>Oral cancer</b>	Cancer of the following areas only: the lips, tongue, major salivary glands, gums, mouth, or pharynx or the oral cavity from lip to pharynx.
<b>Orthodontic treatment</b>	Treatment undertaken by a dentist for the prevention and correction of irregularities of the teeth.
<b>Partner</b>	Your spouse or the person who permanently resides with you in a domestic relationship and is named on the policy schedule.
<b>Period of insurance/ policy year</b>	This is 12 months from either the policy commencement or renewal date.
<b>Policy/Plan</b>	Contract between the policyholder and the insurer.
<b>Policyholder/ you/your</b>	The person named on the schedule as the policyholder.
<b>Qualification period</b>	The period that must be completed before the specified benefits become payable.
<b>Routine dental treatment</b>	Any treatment required which is not as a result of emergency or accidental dental injury.
<b>Specialist</b>	<p>A registered medical or dental practitioner whose work as a result of advanced training and specialist qualification is limited to a particular type of medicine or surgery who:</p> <ul style="list-style-type: none"><li>– holds or has held a position of consultant within that speciality in the NHS.</li><li>– holds a certificate of Higher Training Committee of the relevant Royal College or faculty or equivalent.</li></ul>

## Meaning of words (continued)

<b>Surgical extraction</b>	Removal of teeth that cannot be easily accessed and an incision may be required to remove the tooth.
<b>Treatment</b>	A dental/surgical procedure, examination or investigation, undertaken by your dentist that is clinically necessary for maintenance and/or restoration of oral health, and is proved in accordance with accepted standards of dental practice.
<b>We/us</b>	Healix Insurance Services Ltd on behalf of AmTrust Europe Limited.



# NHS Bands

BAND	What's Covered	Reimbursement Level in England and Wales	Reimbursement Level in Scotland and Northern Ireland
<b>BAND 1</b>	<ul style="list-style-type: none"> <li>• All types of Examinations</li> <li>• Small/Medium/Large X-Rays</li> <li>• Lateral head plate X-Rays</li> <li>• Study Casts</li> <li>• Colour photographs</li> <li>• Simple Scaling/ Hygiene Advice</li> <li>• Stoning/smoothing</li> <li>• Sensitive cementum/ dentine treatment</li> <li>• Removal of fractured crowns</li> <li>• Preparation of tooth for over denture</li> <li>• Denture Adjustments &amp; Additions/Dental Appliances</li> </ul>	<p>Any treatment or combination of treatments listed in Band 1 only, carried out over a course of treatment from the date your dentist first identifies the treatment as medically necessary, shall be reimbursed to a maximum of the current published NHS patient charge.</p> <p>If you require treatment listed under other Bands we shall reimburse you to the limits applicable for the highest Band only.</p>	<p>Any treatment or combination of treatments listed in Band 1 only, carried out over a course of treatment from the date your dentist first identifies the treatment as medically necessary, shall be reimbursed to a maximum of the current published NHS patient charge or the amount you have paid if this is a lesser amount.</p> <p>If you require treatment listed under other Bands we shall reimburse you to a maximum of the limit applicable for the highest Band only or the amount you have paid if this is a lesser amount.</p>

## NHS Bands (continued)

BAND	What's Covered	Reimbursement Level in England and Wales	Reimbursement Level in Scotland and Northern Ireland
<b>BAND 2</b>  (Inclusive of Band 1)	<ul style="list-style-type: none"> <li>• Chronic Periodontal (gum disease) Care</li> <li>• All Fillings/Pin or screw retention/Root Canal Treatments</li> <li>• Extractions &amp; Removals</li> <li>• Repairs to dentures and appliances</li> <li>• Replacement of temporary bridge/ All other temporary bridges</li> </ul>	<p>Any treatment or combination of treatments listed in Band 1 and 2 only, carried out over a course of treatment from the date your dentist first identifies the treatment as medically necessary, shall be reimbursed to a maximum of the current published NHS patient charge.</p> <p>If you require treatment listed under other Bands we shall reimburse you to the limits applicable for the highest Band only.</p>	<p>Any treatment or combination of treatments listed in Band 1 and 2 only, carried out over a course of treatment from the date your dentist first identifies the treatment as medically necessary, shall be reimbursed to a maximum of the current published NHS patient charge or the amount you have paid if this is a lesser amount.</p> <p>If you require treatment listed under other Bands we shall reimburse you to the limits applicable for the highest Band only or the amount you have paid if this is a lesser amount.</p>

# NHS Bands (continued)

BAND	What's Covered	Reimbursement Level in England and Wales	Reimbursement Level in Scotland and Northern Ireland
<b>BAND 3</b>  (Inclusive of Band 1 and Band 2)	<ul style="list-style-type: none"> <li>• Inlays/Onlays</li> <li>• Crown</li> <li>• Post &amp; core</li> <li>• Bridgework</li> <li>• Dentures</li> </ul>	Any treatment or combination of treatments listed in Band 1, 2 and 3 only, carried out over a course of treatment from the date your dentist first identifies the treatment as medically necessary, shall be reimbursed to a maximum of the current published NHS patient charge.	Any treatment or combination of treatments listed in Band 1, 2 and 3 only, carried out over a course of treatment from the date your dentist first identifies the treatment as medically necessary, shall be reimbursed to a maximum of the current published NHS patient charge or the amount you have paid if this is a lesser amount.

## NHS Bands (continued)

BAND	What's Covered	Reimbursement Level in England and Wales	Reimbursement Level in Scotland and Northern Ireland
EMERGENCY DENTAL TREATMENT	<ul style="list-style-type: none"> <li>Emergency care in a primary care NHS dental practice such as pain relief or a temporary filling</li> </ul>	<p>Up to the current published NHS patient charge for each Emergency Treatment claim.</p> <p>No limits to the number of claims in a policy year.</p> <p>Annual limit for Accidental and Emergency treatment will apply</p>	<p>Up to the current published NHS patient charge for each Emergency Treatment claim</p> <p>No limits to the number of claims in a policy year.</p> <p>Annual limit for Accidental and Emergency treatment will apply</p>

Emergency treatment is defined as, “Dental treatment required for the immediate relief of severe pain, trauma, swelling or haemorrhage”.

