

# Dental Plan



**Policy  
wording**



**let's feel good**

## Welcome to your dental policy

Your Dental Policy has been designed to help pay towards the cost of your dental care. As with most insurance policies, there are terms and conditions surrounding the cover. This document, along with your application form, Policy Wording and Benefit Schedule, form the basis of the 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 and 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 13 for 'Meaning of words' used in this document.

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

 **0845 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.bootsdentalplan.com](http://www.bootsdentalplan.com)

## 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 the 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 the 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 you wish to change your level of cover, you may do so from your next renewal date, by notifying us in writing. Please ensure that you take out the correct Plan to suit you. The Core Plan will only cover you for NHS treatment and the Private Plan will only cover you for private treatment.

Unless we agree otherwise, English Law will apply.

Boots Dental Plan is underwritten by Great Lakes Reinsurance (UK) PLC. Great Lakes Reinsurance (UK) PLC is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority.

The policy is administered by Healix Insurance Services Ltd which 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.

The above details can be checked on the Financial Services register <http://www.fsa.gov.uk/register/home.do>

### **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.

### **Data Protection Act**

The data you provide to us will be held in accordance with the Data Protection Act 1998. It will be used to administer insurance cover for you. All the information we request is necessary in order to arrange this cover. This information will be disclosed to Boots UK Limited and their representatives for this purpose only. From time to time auditors may require us to disclose some or all of this information for legal purposes.

## Eligibility

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

You must be aged over 18 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, 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 per policy year. 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.

### 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. The benefits provided for the treatments listed on your Benefit Schedule will only be provided where they are offered under the NHS regulations, e.g. white fillings and white crowns are only provided for the 'smile line' and not the back teeth. Please note that you will only be covered for any treatments undertaken and provided by the NHS. Any treatment undertaken on a private basis in conjunction with your NHS treatment will not be covered.

### Private Plans

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 private dentist of your choice on the understanding that the reimbursement will be to your Plan's limits. Please note that you will only be covered for any treatments undertaken on a private basis. Any treatment undertaken on an NHS basis in conjunction with your private treatment will not be covered.

### Annual Plan Limits

Both the Core and Private Plans have maximum annual claim limits for routine dental treatment, hospital cash benefit and accidental dental treatment. The Private Plans also provide a one off cash benefit for primary mouth cancer diagnosed 6 months after the commencement of the policy and worldwide accidental and emergency 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 in your Plan 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 hold a Private Policy, you can only claim for private treatments. Any subsequent treatment that is not as a result of the accident must be claimed for as 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 the 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 was started.

If you are unsure of your Plan's benefits please call our Customer Care team on ☎ **0845 840 1111**.

## Claim conditions

Benefit is available for accidental dental injury and emergency dental treatment anywhere in the world, provided your trip is for business or holiday and does not exceed 28 days. Claims made for treatment outside of the UK must be supported with a translation into English of the invoice 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 hold comparable qualifications to a dentist or specialist who practices in the UK 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.

These are the conditions you or anyone covered by the Policy must meet to make a claim.

Under the claim conditions, you must:

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. Payment must be made by direct debit on a monthly or annual basis.
3.	Always submit your fully completed official Claim Form within 2 months of completing a course 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 from you 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 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.	Allow us to cancel your Policy, by giving you 14 days' written notice to your last known address, as long as we repay any premiums already paid relating to the period after the date of cancellation.
10.	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.
11.	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.
12.	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 Core 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 ☎ **0845 840 1111** and they will be pleased to confirm your Policy Benefits. According to the general exclusions, we will not provide cover for the following:

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| 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. Claims relating to hospital in-patient, day-patient or out-patient treatment, unless in respect of oral cancer or accidental dental injury claims where cash payments can be made.  |
| 3. Any dental treatment that is identified as being medically necessary at your first examination by a dentist, if you have not been continuously registered with a dentist in the 12 months preceding the commencement date of your Policy and during this time had not had an examination. |
| 4. Any dental treatments that were planned or that you were aware of at the time you purchased this Policy.  |
| 5. Charges made by your dentist for signing or completing the Claim Form.  |
| 6. Any private treatment if you have a Core Policy and any NHS treatment if you have a Private Policy.   |
| 7. Any treatment where you do not provide your original receipts and these must always detail the cost of treatment, the treatment provided and state whether it was done on the NHS or privately.   |
| 8. Any costs that exceed the reimbursement levels specified in your Benefit Schedule.  |
| 9. Any private treatment not listed on your Benefit Schedule.  |
| 10. Any treatment costs once the annual maximum number of treatments or maximum annual limits have been reached.   |
| 11. 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 start within 2 weeks of the date of the injury.   |
| 12. 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 of the oral cavity from lips to pharynx after the 6 month qualification period.                 |
| 13. Any benefit for secondary mouth cancer.  |
| 14. Any cash benefit for oral cancer more than once to any member of the Plan during their lifetime.   |
| 15. Any costs associated for treatment of cancer including diagnostic or exploratory costs.  |
| 16. Any benefit for any conditions where you have been diagnosed with any cancer or are having investigations or awaiting the outcome of tests before or during the 6 month qualification period.  |
| 17. Any treatment for any accidental dental injury or emergency dental treatment that occurred prior to the commencement date of the Policy.   |

## General exclusions (continued)

18.	Any treatment for any accidental dental injury or emergency dental treatment where treatment has not commenced within 2 weeks of the date of the injury.
19.	Any benefit required as a result of damage caused by tooth or mouth jewellery.
20.	Costs incurred for general anaesthetic, intravenous sedation, prescription charges, cosmetic treatment, orthodontic treatment or dental implants.
21.	Any claims for orthodontic treatment, defined as treatment undertaken by a dentist for the prevention and correction of irregularities of the teeth.
22.	Claims relating to treatment for oral cancer for which you have experienced symptoms or received medication, advice or treatment before the commencement date of your Policy, whether the condition was diagnosed or not.
23.	Charges for home visits unless for emergency treatment.
24.	Claims relating to treatment for deliberate self-inflicted injury.
25.	Claims resulting from not wearing appropriate mouth guards whilst taking part in sporting activities.
26.	Claims where there is no visible evidence of damage or trauma to otherwise healthy functional teeth.
27.	Claims arising where you were involved directly or indirectly in a criminal act.
28.	Costs for dental treatment or hospitalisation incurred outside of the United Kingdom, Channel Islands and Isle of Man.
29.	Claims relating to dentures in the first 12 months of cover, unless required as a result of a dental injury.
30.	Any repairs to dentures for damage caused if you have a Private Plan.
31.	Repairs to dentures for damage caused whilst not being worn if you have a Core Plan.
32.	Costs for more than one treatment in any period of insurance for any denture repair, relinie, additions or rebase.
33.	Costs of cleaning dentures.
34.	Costs of any kind resulting directly or indirectly from the malicious use of pathogenic or poisonous biological or chemical materials.
35.	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.
36.	More than our share of any claim covered by more than one Plan.
37.	Any costs for claims arising from pandemics.



## How to cancel

Your insurance contract with us is for 12 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 Policy is not right for you, you can simply call us on ☎ **0845 840 1111** or write to the Customer Care Manager at the address on page 12 to arrange a full refund. This full refund will be paid provided that no one on the Policy has made a claim.

If you wish to cancel your Policy 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. 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. However, if you have made a claim during the period of insurance you will be required to pay a full year's premium.

If you choose to cancel your Policy 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 do cancel your Policy, you must inform your bank or building society if paying by Direct Debit. If you have made a claim on your Policy, you are required under the terms of the Policy to pay a full 12 months' premium.

If any premium from the Policyholder remains unpaid then we may in addition to cancelling the Policy defer settlement of any eligible claims until such time as the premiums are paid in full. Please note that if you cancel your policy after having made a valid claim under this insurance (irrespective of whether the claim is paid or outstanding), you will be required to pay to us the balance of the premium due for the remaining period of cover, up to the original expiry date of the policy.

We may cancel this Policy by giving you at least 14 days' notice in writing at your last known address. If we do we shall refund the premium due from the date of cancellation to the end of your Policy year.

# What to do if you need to make a claim

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

## Claims for routine dental treatment

1. Take along a Claim Form and your Policy Wording and Benefit Schedule when you visit your dentist. You can get additional Claim Forms by going to our website **[www.bootsdentalplan.com](http://www.bootsdentalplan.com)**
2. Discuss the likely treatment costs ensuring that you understand the amount your Policy 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 and 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 two months of completing your course of treatment or your claim will not be paid.
6. We will 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 despatched or the settlement paid directly into the account from which your premiums are collected (Direct Debit payers only).

## Claims resulting from accidental dental injuries

1. You must call us on ☎ **0845 840 1111** before any dental treatment takes place, allowing us to advise you about your treatment and the level of cover your Plan provides. We will ask you to supply proof of the injury and this may include photographs and x-rays. Failure to contact us prior to treatment may invalidate your claim.
2. Following your call to us, we'll send you an appropriate Claim Form, which you should take to your dentist or specialist when you are having the treatment. When your treatment is complete, ask your dentist or specialist to complete, date and sign the form and provide you with a detailed receipt of payment.
3. 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 and proof of the accidental injury.
4. Ensure that you send us the Claim Form along with the original receipts within two months of the last date of treatment provided by your dentist or your claim will not be paid.
5. We will assess your claim and may ask you for missing or subsequent information.
6. If your claim is eligible for settlement, a cheque will be despatched or the settlement paid directly into the account from which your premiums are collected (Direct Debit payers only).

## What to do if you need to make a claim (continued)

7. If you have had treatment outside of the UK you must ensure your trip is for business or holiday and does not exceed 28 days. Claims made for treatment outside of the UK must be supported with a translation into English of the invoice 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 hold comparable qualifications to a dentist or specialist who practices in the UK 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.

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

1. If you are hospitalised for oral cancer you should go to our website [www.bootsdentalplan.com](http://www.bootsdentalplan.com) where you will be able to download the correct Claim Form.
2. Ask the treating hospital to complete relevant sections confirming the treatment provided and the dates of your attendance and discharge.
3. Complete, sign and date your section of the Claim Form and send this to us as soon as possible.
4. Ensure that you send us the Claim Form along with the original receipts within 2 months of the last date of treatment provided by your dentist or your claim will not be paid.
5. We will assess your claim and may ask you for missing or subsequent information.
6. If your claim is eligible for settlement, a cheque will be despatched or the settlement paid directly into the account from which your premiums are collected (Direct Debit payers only). Provided you have completed all forms correctly and supplied the correct supporting materials we aim to settle all valid claims within five working days.

## Caring for our customers

We aim to provide the highest standards of service at all times. However, if you wish to make a complaint about the policy, the insurer or the way in which a claim has been handled, please write to:

The Compliance Officer  
Great Lakes Reinsurance (UK) PLC  
Plantation Place  
30 Fenchurch Street  
London  
EC3M 3AJ  
Telephone: 020 3003 7000

We will investigate your complaint and provide you with a written response. It's very rare that we cannot resolve a complaint, but if that does happen, you may be able to refer your complaint to the Financial Ombudsman Service. The Financial Ombudsman Service may review your case if you remain dissatisfied after we have issued our final decision or if we are unable to provide you with our final decision within 8 weeks of receiving your complaint. The address you need to write to is:

The Financial Ombudsman Service  
South Quay Plaza  
183 Marsh Wall  
London  
E14 9SR  
Telephone: 0300 123 9 123

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.

### **Compensation**

Great Lakes Reinsurance (UK) PLC is covered by the Financial Services Compensation Scheme (FSCS). This means that you may be entitled to compensation from this scheme if we cannot meet our obligations. This will provide cover for 90% of the claim without any upper limit. Further information about compensation is available from the FSCS at [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>Child</b>	The son or daughter, step son or step daughter or legally adopted minor of you or your partner.
<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 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 out-patient basis.
<b>Dental implants</b>	Titanium screws placed in the jaw to provide solid and permanent support for crowns, bridges and dentures.
<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>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.

## Meaning of words (continued)

<b>In-patient</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, 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 individuals insured under this Plan who are named on the Policy Schedule.
<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>	A registered medical or dental practitioner whose work as a result of advance training and specialist qualification is limited to a particular type of medicine or surgery who: <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>
<b>Surgical extraction</b>	A surgical extraction is where the extraction is not simple and surgery is required in order to remove the tooth.
<b>Treatment</b>	A dental/surgical procedure, examination or investigation, undertaken by your dentist that is clinically necessary for the maintenance and/or restoration or oral health, and is provided in accordance with accepted standards of dental practice.

## Meaning of words (continued)

**We/us**

Healix Insurance Services Ltd on behalf of Great Lakes Reinsurance  
(UK) PLC

[www.bootsdentalplan.com](http://www.bootsdentalplan.com)

Boots UK Limited  
Nottingham, England

92-48-204



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