

While **you** are a member of a **dental plan** administered by DPAS Limited ('DPAS') **you** are covered by Supplementary Dental Injury and Emergency Insurance underwritten by ACE European Group Limited ('ACE'). ACE is registered in England (No. 1112892) and is authorised and regulated by the Financial Services Authority (Registration No. FRN202803). This can be checked by visiting the FSA website at www.fsa.co.uk/register, or by contacting the FSA on 0845 606 1234. The principal address of ACE in the United Kingdom is ACE Building, 100 Leadenhall Street, London EC3A 3BP and its main business is General Insurance. This Policy is also administered by DPAS. DPAS is authorised and regulated by the Financial Services Authority (Registration No. FRN315179). DPAS acts as agent of ACE and only for ACE in the administration of this Policy.

In return for payment of the premium, ACE agrees to insure **you** during the **period of insurance** in the manner and to the extent provided, and subject to the Policy Terms, Conditions and Exclusions. This Policy shows the most ACE will pay for each benefit.


Andrew Kendrick
Chairman and CEO

For ACE European Group Limited

DEFINITIONS APPLICABLE TO ALL SECTIONS

The following words or phrases used in this Policy have a specific meaning wherever they appear;

You, your	Insured member of a dental plan .
Dental plan	The Payment Plan or the Membership Plan available from the dental practice with which you are registered.
Mouth cancer	An invasive malignant tumour with its primary site inside the mouth .
Mouth	The lips, tongue, gums, major salivary glands, floor of the mouth, gland tissue associated with the mucosal lining, oropharynx, nasopharynx and hypopharynx, but excluding the tonsils.
Period of insurance	The period for which you have paid the required premium.
Implant	An intra-osseous fixture including the abutment.
Locality	Within 15 miles radius of the dental practice with which you are registered.

SECTION 1. DENTAL INJURY

If during the **period of insurance** **you** suffer a dental injury, including loss or damage to any prostheses (e.g. dentures) while in the mouth, caused by external force, **you** may claim the actual cost of any of the following items which is required and provided by any dentist, up to the limits shown but with an overall limit of £10,000 per calendar year.

ITEM TREATMENT NO.	POLICY LIMIT	ITEM TREATMENT NO.	POLICY LIMIT
1. Examination and report to include necessary smoothing and polishing	up to £40.00	6. Crowns – Porcelain jacket*	up to £321.00 per crown
2. X-ray examination	up to £32.00	– Ceramic bonded*	up to £386.00 per crown
3. Laboratory made temporary bridge following tooth loss (where required)	up to £124.00 per unit	– Full metal*	up to £356.00 per crown
4. Temporary denture following tooth loss (where required)	up to £161.00 per denture	– Metal bonded porcelain*	up to £361.00 per crown
5. Bridges – All metal*	up to £315.00 per retainer	– Dentine bonded	up to £386.00 per crown
– All metal*	up to £315.00 per pontic	– Post/core construction	up to £100.00
– Bonded metal/porcelain*	up to £351.00 per retainer	7. Dentures – Permanent acrylic	up to £376.00 per denture
– Bonded metal/porcelain*	up to £321.00 per pontic	– Permanent metal	up to £551.00 per denture
– Adhesive	up to £211.00 per retainer	8. Provide root canal treatment	up to £196.00 per incisor/canine
– Adhesive	up to £241.00 per pontic		up to £231.00 per premolar
		9. Adhesive facing or veneer	up to £331.00 per molar
		10. Other necessary treatment	up to £320.00 per unit
		(including emergency attention where required)	up to £436.00 per incident

*Includes any core and/or post required and any necessary interim covering.

SPECIAL EXTENSION RELATING TO SECTION 1:

If **you** are under 18 years of age any treatment required for a particular dental injury will be covered up to the age of 18 years or for up to 5 years from the date of the injury incident whichever is attained later.

EXCLUDED FROM THE COVER PROVIDED BY SECTION 1 ARE:

- a) the treatment of a dental injury:
 - i. caused by participation in rugby (other than rugby played as a school sport) or boxing, including training, in either case without wearing suitable protective gum shields
 - ii. caused by any foodstuff (including any foreign body in food or drink) while being consumed, other than any associated temporary emergency treatment which will be covered
 - iii. which is not apparent within one week of the injury incident
 - iv. which is the result of ordinary wear and tear
 - b) the fitting or the repair of an **implant** **
- ** Where an **implant** is sought as an alternative to fixed bridgework, an equivalent fee will be paid towards the cost of the **implant**.

SECTION 2. DENTAL EMERGENCY

If during the **period of insurance** **you** need emergency dental treatment in the United Kingdom when **you** could not reasonably access **your** dentist's own emergency arrangements, **you** may claim the actual cost of any of the following items required and provided by any dentist up to the limits shown, but subject to the overall limits per incident and per calendar year shown below:

ITEM TREATMENT NO.	POLICY LIMIT	ITEM TREATMENT NO.	POLICY LIMIT
11. Examination and treatment of sensitivity	up to £36.00	18. Resecure – crown or inlay	up to £33.00
12. X-ray examination	up to £28.00	– bridge	up to £46.00
13. Treatment to stop haemorrhage including follow-up care	up to £45.00	19. Provision of temporary bridge	up to £126.00
14. Tooth extraction (maximum two teeth)	up to £58.00 per tooth	20. Provision of temporary crown	up to £56.00
15. Root extirpation, including dressing and treatment of infection	up to £71.00 for 1 canal, up to £81.00 for 2 canals, up to £111.00 for 3+ canals	21. Provision of temporary post & core	up to £64.00 per tooth
16. Treatment of infection	up to £31.00	22. Repair/adjust orthodontic appliance	up to £51.00
17. Investigation & dressing for first tooth – for additional teeth	up to £29.00 up to £20.00	23. Repair of denture to include re-fixing of teeth & gums and repair of clasp	up to £46.00
		24. Denture adjustment	up to £26.00
		25. Remove sutures inserted by another dentist	up to £28.00
		26. Other temporary emergency treatment	up to £60.00

EXCLUDED FROM THE COVER PROVIDED BY SECTION 2 ARE:

- a) treatment provided by **your** own dentist, another dentist at the same practice or a dental practice in the **locality**
- b) permanent treatment

If **you** suffer a dental emergency in the United Kingdom and obtain advice by telephone from, or call out, any dentist (including a dentist from the practice with which **you** are registered) during the times detailed below, **you** may claim the actual cost of one or other of the following items up to the amount shown:

27. Telephone consultation where no attendance follows	up to £30.00
28. Call out fee – 6am-8am and 6pm-10pm (weekdays)	up to £101.00
– 6am-10pm (weekends & Bank Holidays)	up to £116.00
– 10pm-6am (weekdays & weekends)	up to £177.00

You are responsible for the first £15.00 of the call out fee.

continued overleaf

If **you** suffer a dental emergency outside the United Kingdom **you** may claim:

29. The actual cost of any temporary treatment that is reasonably required subject to the overall limit mentioned below.

The overall limit under Section 2 for each emergency incident is £450.00, subject to a maximum of £900.00 in any one calendar year.

EMERGENCY HELP:

If **you** cannot access **your** dentist's own emergency arrangements and **you** need help in obtaining emergency dental treatment, **you** may see a dentist of **your** choice, or **you** may call the dental helpline on 0800 525631 in the UK, or (0044) 1747 820841 if abroad.

SECTION 3. HOSPITAL CASH

If during the **period of insurance you** are admitted to hospital for treatment as an inpatient either wholly or partly under the care of a consultant who specialises in dental or maxillofacial surgery, **you** may claim:

30. £68.00 for each overnight stay (maximum 365 nights) in hospital while **your** hospitalisation period necessarily continues.

EXCLUDED FROM THE COVER PROVIDED BY SECTION 3 IS:

a) hospitalisation for any condition for which treatment was diagnosed as necessary prior to **your** joining the **dental plan**.

SECTION 4. MOUTH CANCER

If during the **period of insurance you** are first diagnosed as having **mouth cancer** by a qualified dentist or doctor (including a specialist) who is licensed to practice, a fixed benefit of £1,000 will be payable.

EXCLUDED FROM THE COVER PROVIDED BY SECTION 4 ARE:

- a) **mouth cancer** which first manifested itself and/or for which investigations/diagnosis have been made either prior to or within the first 90 days of joining the **dental plan**
- b) tumours in the throat
- c) non-invasive cancers
- d) **mouth cancer** associated in any way with HIV related sickness including AIDS and/or any mutant derivatives or variations thereof
- e) **mouth cancer** resulting from: i) the chewing of tobacco products or betel nuts; or ii) prolonged alcohol abuse.

CONDITIONS APPLICABLE TO ALL SECTIONS:

- 1. **You** must take all reasonable precautions to protect **yourself** against dental injury and **mouth cancer**.
- 2. A claim will not be paid if it is in any respect fraudulent or dishonest.
- 3. This Policy is evidence of the contract between **you** and ACE and it shall be governed and construed in accordance with the Law of England and Wales and the English Courts alone shall have jurisdiction in any dispute.
- 4. Any communication in connection with this Policy shall be in the English language.
- 5. ACE reserves the right to cancel this Policy by giving **you** 30 days' notice in writing to **you** at **your** last known address.
- 6. If **you** stay outside of the UK for more than 90 consecutive days, all cover under this Policy shall be suspended from the 91st day until **you** return to the UK.
- 7. ACE reserves the right to recover the cost of a claim under this Policy from any third party.
- 8. If there is any other insurance in force providing any of the same benefits, ACE will only be liable to pay or contribute its reasonable proportion of any claim.

COST AND DURATION OF COVER:

This is a monthly contract. The premium payable for this insurance cover is £0.22 per month including IPT at 5%. **Your** dentist does not receive any mark-up or commission from this premium. **Your** cover commences on the day **you** become a member of the **dental plan** or the day **you** sign the **dental plan** Registration Form (whichever is the later) and continues for as long as **you** pay **your** monthly premiums. For each premium **you** pay, we will provide cover until the next premium date.

HOW TO MAKE A CLAIM:

A completed Claim Form (available either from the practice with which **you** are registered or from DPAS) countersigned by the treating dentist must be sent to the Insurance team at DPAS within 30 days of the injury incident or emergency incident (or 60 days if the incident happened abroad). Costs will be reimbursed up to the limits shown in this Policy. DPAS will at its sole discretion settle the claim directly either with **you** or the treating dentist. Any charge, 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 or other documentation in support of **your** claim when asked to do so by DPAS.

DPAS is entitled to request that **you** undergo a dental or medical examination to assist with the investigation of a claim. If such a request is made, DPAS will pay for and reimburse **you** for any reasonable expense incurred in connection with the examination.

Dental Injury Claims: Please note that **you** may not claim more than £225.00 in total unless DPAS has previously approved a costed treatment plan.

Dental Emergency Claims: The Claim Form should be sent together with the treating dentist's signed receipt showing details of the temporary treatment given.

MATERIAL INFORMATION:

It is **your** responsibility to provide complete and accurate information to DPAS/ACE at inception and throughout the life of this Policy. It is important that all statements made during registration, over the telephone, on a Claim Form or other document are full and accurate. Please note that if **you** fail to disclose any material information to DPAS/ACE this could invalidate the insurance cover and could mean that part of the claim may not be paid.

DATA PROTECTION:

Personal information about **you** will be held and used by both DPAS and ACE to administer this insurance and process claims. DPAS or ACE may also need to disclose this personal information to one or more third party organisations, including regulatory authorities and fraud prevention agencies. If **you** have any questions regarding the use or type of information held, please contact the Data Protection Officer at DPAS.

COMPENSATION:

In the unlikely event of ACE being unable to meet its liabilities, **you** may be entitled to compensation under the Financial Services Compensation Scheme (FSCS). The FSCS will meet the first £2,000 of a claim in full plus 90% of the balance without any other upper limit.

IF YOU HAVE CAUSE TO COMPLAIN:

If **you** are dissatisfied with the service provided in relation to this insurance, or if **you** feel an incorrect decision has been made, please contact the Insurance team at DPAS. If **you** are still not satisfied, please contact the Accident & Health Customer Service Manager at ACE, providing **your** name, address and Policy details. ACE is a member of the Financial Ombudsman Service, so if **your** complaint still remains unresolved, **you** are entitled to approach the Financial Ombudsman for assistance. A leaflet explaining its procedure is available from ACE on request. These complaint procedures do not affect **your** legal rights.

CANCELLATION:

If **you** decide within 14 days of receiving this Policy that this insurance does not meet **your** requirements, **you** may return this Policy to DPAS for cancellation. A full refund of any premium paid will be allowed, provided no claims have been made. As this insurance is an integral part of the **dental plan**, cancellation of this insurance will automatically cancel **your** membership of the **dental plan**.

USEFUL CONTACT DETAILS:

DPAS LIMITED,

Place Farm Courtyard, Court Street, Tisbury, Wiltshire SP3 6LW

Insurance team direct line: 01747 873230 **General enquiries:** 01747 870910 **Fax:** 01747 871806 **Email:** insurance@dpas.co.uk

ACE EUROPEAN GROUP LIMITED,

200 Broomielaw, Glasgow G1 4RU

Tel: 0845 8410056 **Fax:** 01293 597376 **Email:** A&Hcustserv.complaints@ace-ina.com

FINANCIAL OMBUDSMAN SERVICE,

South Quay Plaza, 183 Marsh Wall, London E14 9SR

Tel: 0845 080 1800 **Fax:** 02027 9641001 **Website:** www.financial-ombudsman.org.uk

FINANCIAL SERVICES COMPENSATION SCHEME,

7th Floor Lloyds Chambers, Portsoken Street, London E1 8BN **Tel:** 020 7892 7300 **Email:** enquiries@fscs.org.uk **Web:** www.fscs.org.uk