

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, IPID, **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.

If **you** are unsure about any aspect of the cover or if there is any part of our processes that **you** find difficult to follow or complete, 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 email **us** at

boots@denisuk.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 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** will 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** will 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** will automatically continue **your** cover under these new terms.

If **you** wish to change **your** cover level, **you** may do so prior to **your** renewal date by notifying **us** in writing. The change will 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.

AmTrust Europe Limited

Your **policy** is underwritten by AmTrust Europe Limited registered in England number 1229676 at Market Square House, St James's Street, Nottingham NG1 6FG. AmTrust Europe Limited 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.

Healix Insurance Services Limited

Your **policy** is arranged and administered by Healix Insurance Services Limited. Healix Insurance Services Limited, registered in England and Wales under No.5484190, is an approved coverholder for AmTrust Europe Limited and is authorised and regulated by the Financial Conduct Authority. Financial Services Register No. 437248.

Boots UK Limited

Boots UK Limited, registered in England and Wales under No. 928555, is a subsidiary of Alliance Boots Holdings Limited and an appointed representative of Healix Insurance Services Limited.

Denis UK Limited

Your dental claims are administered by Denis UK Limited registered in England and Wales under No. 06399615 at Grove House, Lutyens Close, Basingstoke Hants, RG24 8AG, Financial Services Register No. 600303. Denis UK Limited is an appointed representative of Healix Insurance Services Limited.

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

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, if **we** have consent to do so, 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 ten (10) 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 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

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** will write to **you** prior to this happening in case the person wants to sign up to 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** will remove them from the **policy** at renewal.

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** will pay claims based on the **insured person's** original receipts for the **treatment** types described, up to the respective benefit level amounts.

If **you** are a new **insured person**, 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**. There is also a 6 month **qualification period** for primary **oral cancer**, which means **we** will not pay the cash benefit for primary **oral cancer** unless diagnosed more than 6 months after the **commencement date** of the **policy**. For all insured persons, 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, up to the limits stated in the **policy**, 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 as soon as possible and, in any event, within 180 days of the completion of treatment . Ensure 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, the tooth identification number of any tooth treated and whether it was completed by the NHS or privately. We will not be liable in respect of any claim notified late, unless there is a justifiable reason for the delay. |
| 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 practitioner 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 will 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. Any dental treatments that were planned or that you were aware of at the time you purchased this policy .
3. 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.
4. Any treatment costs once the annual maximum number of treatments or maximum annual limits have been reached.
5. Costs for any treatment not listed on your benefit schedule or exceeding the limits specified. per person per policy year .
6. Any private treatment if you have an NHS Policy except where the treatment received is for emergency dental treatment .
7. Any private treatment not listed on your benefit schedule.
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. Dental treatment within the 3 month qualification period, except for claims for accidental dental injury and emergency dental treatment . Any accidental injury/emergency treatment must occur after the commencement date of the policy and treatment must be administered within 2 weeks of the date of the injury/emergency.
10. 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.
11. Any benefit for secondary mouth cancer.
12. Any cash benefit for oral cancer more than once to any member of the plan during their lifetime.
13. Any costs associated with treatment of cancer including diagnostic or exploratory costs.
14. Claims relating to dentures in the first 3 months unless required as a result of a dental injury.
15. Repairs to dentures for damage caused whilst not being worn.
16. Costs of cleaning dentures.

General exclusions (continued)

17. 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.
18. Costs incurred for general anaesthetic, intravenous sedation, prescription charges, **cosmetic treatment, orthodontic treatment, dental implants**.
19. Charges for home visits unless for emergency **treatment**.
20. Claims relating to **treatment** for deliberate self-inflicted injury.
21. Costs of any hospitalisation.
22. Claims resulting from not wearing appropriate mouth guards or the recommended protective headwear whilst taking part in organised sporting activities.
23. Claims arising where **you** were involved directly or indirectly in a criminal act.
24. Any costs for claims arising from pandemics.
25. Claims where there is no visible evidence of damage or trauma to otherwise healthy functional teeth.
26. Any benefit required as a result of damage caused by tooth or mouth jewellery.
27. Costs of any kind resulting directly or indirectly from the malicious use of pathogenic or poisonous biological or chemical materials.
28. 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.
29. 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.
30. More than our share of any claim covered by more than one **plan**.
31. Charges made by **your dentist** for signing or completing the claim form.

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**; email **us** at boots@denisuk.com; 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** have not made a claim then **you** can do so, 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** will 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

Tel: 0345 840 1111
Email: Boots@denisuk.com

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)

PLEASE NOTE THAT ALL CLAIMS MUST BE SUBMITTED AS SOON AS POSSIBLE, AND IN ANY EVENT, WITHIN 180 DAYS OF THE COMPLETION OF TREATMENT. WE WILL NOT BE LIABLE IN RESPECT OF ANY CLAIM NOTIFIED LATE, UNLESS THERE IS A JUSTIFIABLE REASON FOR THE DELAY.

To help **us** pay **your** claim promptly, please follow the claims guidelines detailed below.

Denis UK Limited in Basingstoke is the authorised claims administrator for the Boots Dental **Plan**. Please visit www.denisglobal.com to review the online claims services offered.

Claims for routine dental treatment

1. A completed claim form and a corresponding dental invoice or receipt is required to process a claim. The claim form can be found online when **you** log into **your** secure account on the administrator portal at www.denisglobal.com or **you** can request one to be sent to **you** by emailing boots@denisuk.com or by calling **0345 840 1111**.
2. 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 the tooth identification number of any tooth treated. **You** will need this to complete **your** claim form. **You** will also require the dentists GDC registration number for the claim form.
3. There are 3 ways **you** can submit **your** claim to **us**:
 - a. Electronically at www.denisglobal.com. Here **you** can submit the claim form and receipt directly to **us** and receive an immediate email with **your** claim number. **You** can also submit an e-claim and avoid claim forms altogether (see online for details)
 - b. By email to boots@denisuk.com. This takes a bit longer (usually 1-2 days after **your** email is sent) but when **your** claim is collated and entered into the system **you** will receive email confirmation of the claim number.
 - c. By post to the address on the claim form.

Claims resulting from accidental dental injuries

1. For **treatment** to be deemed to be related to an accident, said **treatment** must be received within two weeks of the date of the injury. Claims are only eligible when the injury has occurred after the **commencement date** of the **policy**.
2. Please use the standard claim form but add a neatly written or typed note describing the accident. **We** need to know the full circumstances of the accident including what happened, when and where it happened and where **you** sought emergency **treatment**.
3. 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.
4. 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.

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 **0345 840 1111** and **we** will assist **you** with the claim as it can be quite complex. **We** will require 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**.

CLAIM ELIGIBILITY

Claims are only eligible for settlement where **treatment** occurs between the commencement and termination dates of **your policy** cover, subject to the three month **qualification period** for new policyholders (six months in respect of the **oral cancer** benefit). This **qualification period** does not apply to claims for accidental injury and **emergency dental treatment**. Accidental injury and **emergency dental treatment** claims are only eligible for settlement if an injury/emergency **treatment** occurs between the start and end dates of the **policy** and the **treatment** starts within two weeks of the date of the injury/emergency.

CLAIM PAYMENTS

If **your** claim is eligible for settlement it will be paid directly into **your** bank account. If **you** have not provided **your** bank details to **us** either on the claim form or via **your** secure online account at www.denisglobal.com, **we** will issue a cheque. However, in line with current trends, cheques will be phased out by 30 June 2021.

Caring for our customers - how to make a complaint

We aim to provide **you** with the highest levels of customer service and care at all times. However, if something has gone wrong, **we** want to do everything **we** can to put it right as quickly and effectively as possible. This is why **we** have put in place a simple procedure for **you** to raise any concerns or complaint **you** may have.

If **you** wish to make a complaint, in the first instance please contact:

Complaints Department,
Boots Dental Plan, PO Box 6905,
Basingstoke, Hampshire, RG24 4TE

Telephone: 0345 840 1111
Email: boots@denisuk.com

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. 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

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 their obligations under this contract. This will provide cover for 90% of the claim without any upper limit. Further details about compensation scheme arrangements are available from the FSCS at 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 or are not in bold will take on their usual meaning in the English language.

Accidental dental injury	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.
Child	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.
Commencement date	The date shown on your policy schedule specifying the date the period of insurance starts for each insured person .
Cosmetic treatment	Treatment not necessary to maintain dental health and used solely for the purpose of improving the appearance.
Course of treatment	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.
Day patient	An insured person who is admitted to hospital for any part of one day for the sole purpose or 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 .
Dentist	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 .
Dental implants	Titanium screws placed in the jaw to provide solid and permanent support for crowns, bridges and dentures.

Meaning of words (continued)

Emergency dental treatment	Dental treatment required for the immediate relief of severe pain, trauma, swelling or haemorrhage.
Hospital	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 .
Inpatient period	An insured person who is admitted to hospital and stays for a of at least 24 hours for the sole purpose of receiving treatment on the recommendation of a specialist .
Insured person	Anybody shown on the schedule as insured under this policy .
NHS	National Health Service.
NHS Patient Charge	charges applied in Bands by the England and Wales NHS dependent on the course of treatment taken.
Oral cancer	Cancer of the following areas only: the lips, tongue, major salivary glands, gums, mouth, or pharynx or the oral cavity from lip to pharynx.
Orthodontic treatment	Treatment undertaken by a dentist for the prevention and correction of irregularities of the teeth.
Partner	Your spouse or the person who permanently resides with you in a domestic relationship and is named on the policy schedule.
Period of insurance/ policy year	This is 12 months from either the policy commencement or renewal date.
Policy/Plan	Contract between the policyholder and the insurer.
Policyholder/ you/your	The person named on the schedule as the policyholder .
Qualification period	The period that must be completed before the specified benefits become payable.
Routine dental treatment	Any treatment required which is not as a result of emergency or accidental dental injury .
Specialist	<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">– holds or has held a position of consultant within that speciality in the NHS.– holds a certificate of Higher Training Committee of the relevant Royal College or faculty or equivalent.

Meaning of words (continued)

Surgical extraction	Removal of teeth that cannot be easily accessed and an incision may be required to remove the tooth.
Treatment	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.
We/us	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
BAND 1	<ul style="list-style-type: none"> • All types of Examinations • Small/Medium/Large X-Rays • Lateral head plate X-Rays • Study Casts • Colour photographs • Simple Scaling/ Hygiene Advice • Stoning/smoothing • Sensitive cementum/ dentine treatment • Removal of fractured crowns • Preparation of tooth for over denture • Denture Adjustments & Additions/Dental Appliances 	<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 up to a maximum of the current published NHS patient charge.</p> <p>If you require treatment listed under other Bands we shall reimburse you up 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 up 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 up 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
BAND 2 (Inclusive of Band 1)	<ul style="list-style-type: none"> • Chronic Periodontal (gum disease) Care • All Fillings/Pin or screw retention/Root Canal Treatments • Extractions & Removals • Repairs to dentures and appliances • Replacement of temporary bridge/ All other temporary bridges 	<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 up to a maximum of the current published NHS patient charge.</p> <p>If you require treatment listed under other Bands we shall reimburse you up 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 up 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 up 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
BAND 3 (Inclusive of Band 1 and Band 2)	<ul style="list-style-type: none"> Inlays/Onlays Crown Post & core Bridgework Dentures 	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 up 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 up to a maximum of the current published NHS patient charge or the amount you have paid if this is a lesser amount.

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"> Emergency care in a primary care NHS dental practice such as pain relief or a temporary filling 	Up to the current published NHS patient charge for each Emergency claim. No limits to the number of claims in a policy year. Annual limit for Accidental and Emergency treatment will apply	Up to the current published NHS patient charge for each Emergency Treatment claim No limits to the number of claims in a policy year. Annual limit for Accidental and Emergency treatment will apply

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

