

Private Dental Insurance



Insurance Product Information Document

This policy is arranged and administered by Healix Insurance Services Ltd which is authorised and regulated by the Financial Conduct Authority (FCA) to transact general insurance business under No. 437248. Healix Insurance Services Ltd is registered in England and Wales under No. 5484190, at Healix House, Esher Green, Esher, Surrey, KT10 8AB, United Kingdom.

Company: Healix Insurance Services Ltd

Product: Boots Core Plan

This document is only intended to provide a summary of the main policy coverages and exclusions and is not personalised to your specific needs in any way. Complete pre-contractual and contractual information on the product and the insurer is provided in your Policy Wording. This insurance is underwritten by Hamilton Insurance Dac, who are authorised by the Central Bank of Ireland and subject to limited regulation by the Financial Conduct Authority and the Prudential Regulation Authority in connection with its UK branch. Firm's reference number 484148. Registered office: 2 Shelbourne Buildings, Crampton Avenue, Ballsbridge, Dublin 4, D04W3V6, Ireland.

What is this type of Insurance?

This product has been designed to cover the cost of most NHS dental treatments carried out in England and Wales or to contribute towards the cost of NHS dental treatments in Scotland and Northern Ireland.



What is insured?

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| ✓ NHS Treatment (subject to the individual treatment amounts shown in the Policy Wording) | £500 |
| ✓ Private Accidental Injury Treatment | £500 |
| ✓ Hospital Cash Benefit (£100 per night, per insured person up to a maximum of 50 nights per policy year) Only applicable when you are admitted to hospital for dental treatment. | £5,000 |
| ✓ Personal Protective Equipment (PPE) | £30 |
| ✓ Emergency Dental Treatment
£100 (£50 per claim) plus the NHS UK Patient Charge for the treatment undertaken for each claim. Maximum of 2 claims per policy year | |



What is not insured?

Please refer to the general exclusions section of your policy wording for a full list of exclusions. No benefits will be paid for:

- ✗ Treatment received before you joined the plan; after you cease to be eligible for cover; or when the policy is cancelled or premium is outstanding.
- ✗ Any treatment that was planned or that you were aware of at the time you purchased the policy.
- ✗ Any private treatment other than for accidental and emergency treatment.
- ✗ Any treatment where you do not provide original receipts detailing the cost of treatment and the treatment provided.
- ✗ Treatment within the 3 month qualification period except for accidental dental injury and emergency dental treatment. Any accidental injury/emergency treatment must occur after the commencement of the policy and treatment must be administered within 2 weeks of the date of the accidental injury and, in the event of an emergency, provided by your dentist outside normal surgery hours or by any other dentist whilst away from home.



Are there any restrictions on cover?

- ! There is a 3 month qualification period for all dental treatment, except for claims for accidental dental injury and emergency dental treatment
- ! **Reimbursement NHS:** The intention of the NHS band system is to only pay a single fee once a course of treatment is complete. The treatment rendered will determine which Band is charged. You will pay your NHS dentist the published patient charge for the applicable band. You will then claim this full cost from your Boots dental plan.
- ! You cannot claim more than the sum insured shown in your policy documents.



Where am I covered?

Routine treatment benefit is available for NHS treatment charged by NHS dentists or private dentists only in England and Wales. Claims for treatment in Scotland and Northern Ireland will be paid an amount equal to the lowest of either; what you have paid or the banding appropriate for your most expensive treatment. Accidental dental injury and emergency dental treatment is covered anywhere in the world, provided your trip does not exceed 28 days.



What are my obligations?

- You must submit your fully completed official claim form as soon as possible and, in any event, within 180 days of completion of treatment unless there is a justifiable reason for the delay. Ensure your dentist has provided you with the appropriate NHS or private receipts and has completed the relevant sections of the claim form. Complete and sign the claim form and submit this via your member portal as soon as possible, along with copies of your original detailed receipts. Failure to do so may result in the non-payment of your claim.
- You must 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.
- Ensure your premiums are kept up to date.
- 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.
 - 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 for at least 180 days in each period of insurance. You must tell us if any insured person no longer meets these criteria and we'll remove them from the Policy at renewal.
- Only receive treatment from a qualified dentist or specialist who is not a member of your family or an insured person under this policy.



When and how do I pay?

You can pay for your premium as a one-off annual payment by debit, credit card or cheque or by monthly instalments via Direct Debit payments.



When does the cover start and end?

Your cover starts on the start date stated on your Policy Schedule following our acceptance of your application and payment of your premium. There is a 3 month qualification period for all dental treatment, except for claims for accidental dental injury and emergency dental treatment.

This is a fixed 12 month contract. 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 cover level you may do so prior to your renewal date by notifying us in writing. Changes will only take effect from your renewal date.



How do I cancel my cover?

You can cancel your policy within the first 14 days of the start date or the date you receive it (whichever is later) by notifying us in writing or contacting the Customer Care Manager on 0333 222 7910. You do not have to give a reason for cancelling the policy and as long as you haven't made a claim we will give you a full refund of any premiums you have paid in this 14 day period.

After this 14 day period, if for any reason you decide to cancel the policy and you've 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 on 0333 222 7910. 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 you do cancel your policy, you must inform your bank or building society if you pay by Direct Debit.