

SUPPLEMENTARY DENTAL INJURY & EMERGENCY INSURANCE POLICY

While you are a member of a Dental Plan administered by DPAS Ltd 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). 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 administered by DPAS Ltd (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.

DEFINITIONS APPLICABLE TO ALL SECTIONS

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

You, your Dental Plan	Insured member of a Dental Plan.
Mouth Cancer	The Payment Plan or the Membership Plan available from the dental practice with which you are registered.
Mouth	An invasive malignant tumour with its primary site inside the Mouth.
Period of Insurance	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.
Locality	The period for which you have paid the required premium.
	Within a 15 miles radius of the dental practice with which you are registered.

SECTION 1. DENTAL INJURY

If you suffer a dental injury during the Period of Insurance, including loss or damage to any prostheses (eg 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 £37.20	6. Crowns - Porcelain jacket*	up to £310.60 per crown
2. X-ray examination	up to £29.20	- Ceramic bonded*	up to £385.00 per crown
3. Laboratory made temporary bridge following tooth loss (where required)	up to £108.60 per unit	- Full metal*	up to £351.80 per crown
4. Temporary denture following tooth loss (where required)	up to £157.80 per denture	- Metal bonded porcelain*	up to £351.80 per crown
5. Bridges - All metal*	up to £310.00 per retainer	- Dentine bonded	up to £385.00 per crown
- All metal*	up to £310.00 per pontic	- Post/core construction	up to £100.00
- Bonded metal/porcelain*	up to £341.70 per retainer	7. Dentures - Permanent acrylic	up to £362.80 per denture
- Bonded metal/porcelain*	up to £316.60 per pontic	- Permanent metal	up to £502.50 per denture
- Adhesive	up to £208.00 per retainer	8. Provide root canal treatment	up to £191.00 per incisor/canine
- Adhesive	up to £222.10 per pontic		up to £226.20 per premolar
		9. Adhesive facing or veneer	up to £326.60 per molar
		10. Other necessary treatment (including emergency attention where required)	up to £310.60 per unit
			up to £435.20 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 accident 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 of an implant or the repair of an intra-osseous fixture **

** 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 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 £33.20	18. Resecure - crown or inlay	up to £31.20
12. X-ray examination	up to £26.20	- bridge	up to £41.20
13. Treatment to stop haemorrhage including follow-up care	up to £43.20	19. Provision of temporary bridge	up to £108.60
14. Tooth extraction (maximum two teeth)	up to £55.30 per tooth	20. Provision of temporary crown	up to £53.30
15. Root extirpation, including dressing and treatment of infection	up to £67.40 for 1 canal, up to £77.40 for 2 canals, up to £98.50 for 3+ canals	21. Provision of temporary post & core	up to £62.30 per tooth
16. Treatment of infection	up to £29.20	22. Repair/adjust orthodontic appliance	up to £49.30
17. Investigation & dressing for 1st tooth - for additional teeth	up to £27.20 up to £18.10	23. Repair of denture to include re-fixing of teeth & gums and repair of clasp	up to £41.20
		24. Denture adjustment	up to £24.20
		25. Remove sutures inserted by another dentist	up to £27.20
		26. Other temporary emergency treatment	up to £56.30

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 £26.20
28. Call out fee - 6am-8am and 6pm-10pm (weekdays)	up to £101.00
- 6am-10pm (weekends & Bank Holidays)	up to £101.00
- 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 you are admitted to hospital for treatment as an in-patient either wholly or partly under the care of a consultant who specialises in dental or maxillo-facial surgery, you may claim:

30. £67.50 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 INSURANCE

A fixed benefit of £1,000 will be payable 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.

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 contract by giving you 30 days' notice in writing to you at your last known address.
6. All cover under this Policy shall cease if you stay outside of the UK for more than 90 consecutive days.

COST AND DURATION OF COVER:

This a monthly contract. The premium payable for this insurance cover is £0.20 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 Department 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.

IF YOU HAVE CAUSE TO COMPLAIN:

If you are dissatisfied with the service provided in relation to the Supplementary Insurance, or if you feel an incorrect decision has been made, please contact the Insurance Department 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 the Supplementary 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:

ACE European Group Limited, 200 Broomielaw, Glasgow G1 4RU (Tel: 0845 8410056 Fax: 01293 597376 Email: A&HCustserv.complaints@ace-ina.com)
DPAS Ltd, Place Farm Courtyard, Tisbury, Wiltshire SP3 6LW (Tel: 01747 870910 Fax: 01747 871806 Website: www.dpas.co.uk)
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