



The Dental Insurance Partnership Ltd

## **Supplementary dental accident and emergency**

### **Policy wording**

The policy is arranged by **The Dental Insurance Partnership Limited** and is underwritten by Acasta European Insurance Company Limited.

The cover is arranged on behalf of the practice and provides a supplementary Dental Accident & Emergency protection for your patients who are registered under your membership plan.

In return for the monthly premium **you** have paid, **we** agree to insure you in accordance with the terms and conditions of the **policy**.

**Richard Griggs – Managing Director- The Dental Insurance Partnership Ltd**

**Definitions applicable to all sections -**

Words shown in **bold** type have the same meaning wherever they appear in this **policy**.

The words defined below are used throughout this policy. Any other definitions are shown in the section to which they apply.

<b>Accident</b>	An unforeseen and unexpected incident causing loss or damage to the teeth or any dental prostheses by means of direct extra-oral impact.
<b>Dental Plan</b>	A defined set of benefits that you provide to your patients
<b>Dentist</b>	A suitably licensed and qualified dental professional.
<b>Emergency</b>	A serious and unexpected illness or injury requiring immediate action because it is causing <b>your patient</b> severe pain or poses an immediate risk to <b>their</b> health.
<b>Fixed Benefit</b>	Benefit which is payable only once in <b>your</b> lifetime.
<b>Geographical limits</b>	<b>The United Kingdom (Worldwide in respect of emergency temporary treatments).</b>
<b>Implant</b>	An intra-osseous fixture including the abutment.
<b>Mouth Cancer</b>	Invasive malignant tumour with its primary site inside the mouth.
<b>Mouth</b>	The lips, tongue, gums, major salivary glands, hard palate and floor of the mouth. Gland tissue associated with the mucosal lining, oropharynx, nasopharynx, and hypopharynx, but excluding the tonsils.
<b>Smile-Care</b>	Plan provider and administrator
<b>Patient</b>	A member of your dental plan
<b>Period of insurance</b>	The time for which this policy is in force as shown in the schedule.
<b>We/us/our</b>	Acasta European Insurance Company Limited
<b>You/your</b>	The owner/principal of the Dental practice providing the dental plan.

## Section 1 - General terms and conditions

<b>Condition precedent</b>	General conditions 2, 3 and 4 below, General claims condition 1 and the conditions shown in each section under the heading Your obligations are all conditions precedent to our liability. <b>We</b> will not make any payment under this insurance unless <b>you</b> comply with all the requirements of those conditions.
<b>General conditions</b>	The following conditions apply to the whole of this <b>policy</b> . Any other conditions are shown in the section to which they apply.
<b>Supplementary dental accident and emergency Policy wording</b>	
<b>Disclosure</b>	All facts and matters which might be relevant to our consideration of your proposal must be disclosed and all material representations made to us must be true, otherwise we are entitled to treat this insurance as if it had never existed.
<b>Change of circumstances</b>	You must tell us as soon as reasonably possible of any change in circumstances during the period of insurance which may materially affect this policy. (A material fact or circumstance is one which might affect our decision to provide insurance or the conditions of that insurance.) We may then change the terms and conditions of this policy.
<b>Due diligence</b>	You must take reasonable steps to prevent accident or injury.
<b>Premium payment</b>	We will not make any payment under this policy unless you have paid the premium.
<b>Cancellation</b>	<ul style="list-style-type: none"> <li>• If you decide within the first 14 days of taking out this policy that this policy does not meet your requirements, you may cancel this policy and, provided that no claim has been made, receive a full refund of your premium.</li> <li>• After 14 days you may cancel the policy at any time by giving us 30 days written notice. We can also cancel the policy by giving you 30 days written notice at any time.</li> <li>• If you do not pay your premium we will cancel the policy after 21 days of non-payment.</li> <li>• Cancellation of this policy will also cancel your membership of your dental plan.</li> </ul>
<b>Other insurance</b>	This policy does not cover any loss or claim where you would be entitled to be paid under any other insurance.
<b>Governing law</b>	Unless some other law is agreed in writing, this policy will be governed by the laws of England.
<b>Arbitration</b>	Any dispute arising out of or relating to this insurance, including over its construction, application and validity, will be referred to a single arbitrator in accordance with the Arbitration Act then in force.

<b>General claims conditions</b>	
	The following claims conditions apply to the whole of this policy. Any other claims conditions and procedures are shown in the section to which they apply.
<b>Your obligations</b>	<p>We will not make any payment under this policy unless you;</p> <ul style="list-style-type: none"> <li>• give us prompt notice of anything which is likely to give rise to a claim under this policy, in accordance with the terms of each section;</li> <li>• give us, at your expense, any information which we may reasonably require and co-operate fully in the investigation of any claim under this policy;</li> <li>• take all reasonable precautions to protect yourself against dental accident and take appropriate emergency measures immediately if they are required to reduce any claim.</li> </ul>
<b>Fraud</b>	If you, or anyone on your behalf, tries to deceive us by deliberately giving us false information or making a fraudulent claim under this policy then we will treat this policy as if it had never existed.

## Section 2 – Emergency treatment

<b>What is covered</b>	If <b>your patient</b> needs <b>emergency</b> dental treatment during the <b>period of insurance</b> and cannot reasonably access <b>your own emergency</b> arrangements, <b>we</b> will pay the cost of <b>your emergency</b> treatment for any of the items listed in the table below.
<b>How much we will pay</b>	The most <b>we</b> will pay for each treatment is the limit shown in the table with the corresponding treatment. The most <b>we</b> will pay in any one year for all treatments and the most <b>we</b> will pay for any one <b>emergency</b> are listed below.
<b>What is not covered</b>	<p><b>We will not make payment for:</b></p> <ul style="list-style-type: none"> <li>• any permanent treatment;</li> <li>• any treatment provided by <b>your own dentist</b>, another <b>dentist</b> in the same practice or a dental practice within the <b>locality</b>.</li> <li>• any claim where <b>you</b> have been outside the <b>geographical limits</b> for longer than 90 consecutive days.</li> </ul>

<b>Section 2 - treatment</b>	<b>Policy limit</b>
Examination and treatment of sensitivity	£35.00
X-ray examination	£30.00
Tooth extraction (maximum two teeth)	£55.00 per tooth
Root extirpation to include dressing and for temporary filling and treatment of infection	£70.00 for 1 canal
Root extirpation to include dressing and for temporary filling and treatment of infection	£80.00 for total for 2 canals
Root extirpation to include dressing and for temporary filling and treatment of infection	£100.00 in total for 3+ canals
Treatment of infection to include prescriptions	£30.00
Investigation and dressing for first tooth	£30.00
Investigation and dressing for additional teeth thereafter	£20.00
Re-secure crown or inlay	£35.00
Re-secure bridge	£45.00
Provision of temporary crown	£55.00
Provision of temporary bridge	£110.00
Provision of temporary post and core	£65.00 each
Treatment to stop haemorrhage including follow-up care	£45.00
Removal of sutures placed by another <b>dentist</b>	£30.00
Repair/adjustment of orthodontic appliance	£50.00
Adjustment to denture	£25.00
Repair of denture to include re-fixing of teeth and gums and repair of clasp	£45.00
Other temporary <b>emergency</b> dental treatment	£55.00
Section 2 - limit per each emergency	£450.00
Section 2 - limit in any one calendar year	£920.00

## Section 2b – Emergency call out

What is covered	If <b>you</b> suffer a dental <b>emergency</b> during the <b>period of insurance</b> , and obtain advice by telephone from, or call out, any <b>dentist</b> <b>we</b> will pay the cost to <b>you</b> for the times listed in the table below.
How much we will pay	The most <b>we</b> will pay for any one call out fee is the limit shown in the table below.
<b>What is not covered</b>	<p><b>We will not make payment for:</b></p> <ul style="list-style-type: none"> <li>• any permanent treatment;</li> <li>• the first £15 of the call out fee;</li> <li>• any call out fee outside of the times listed in the table below.</li> </ul>
<b>Section 2b - call out times</b>	<b>Limit</b>
Telephone consultation where no attendance follows	£30.00
Call out fee 6.00am-8.00am and 6.00pm-10.00pm (weekdays)	£100.00
Call out fee 6.00am-10.00pm (weekends and Bank Holidays)	£115.00
Call out fee 10.00pm-6.00am (weekdays and weekends)	£175.00

- **You** must pay the first £15 of the call out fee

### Section 3 – Dental treatment following an accident

<p><b>What is covered</b></p>	<p>If <b>your patient</b> suffer a dental injury which requires treatment by <b>you</b> following an <b>accident</b> during the <b>period of insurance we</b> will pay the cost to <b>you</b> for the treatments listed in the table below.</p> <p>If <b>your patient is</b> under 18 years of age at the time of the <b>accident we</b> will continue to cover necessary resulting treatment up to <b>their 18th birthday</b> or for up to five years (whichever is the later) subject to the limits listed in the table below.</p>
<p><b>How much we will pay</b></p>	<p>The most <b>we</b> will pay for each treatment is the limit shown in the table with the corresponding treatment. The most <b>we</b> will pay in any one year for all treatments is also listed in the table below.</p> <p>If <b>your patient</b> choose to receive the fitting or repair of an <b>implant</b> as <b>their</b> treatment following an <b>accident, we</b> will not pay the cost to <b>you</b> of that treatment, but <b>we</b> will pay the cost of equivalent bridgework treatment up to the limit shown in the table below.</p>
<p><b>What is not covered</b></p>	<p><b>We will not make payment for:</b></p> <ul style="list-style-type: none"> <li>• the treatment of a dental injury for which <b>your patient</b> has already received treatment and the damage has been repaired;</li> <li>• the treatment of a dental injury caused by self-inflicted damage;</li> <li>• the treatment of a dental injury caused by <b>your patient's</b> consumption of food or drink;</li> <li>• the treatment of a dental injury caused by participating in any contact sport unless <b>your patient</b> was wearing a protective gum shield at the time of the <b>accident</b>;</li> <li>• the treatment of a dental injury which is the result of normal wear and tear;</li> <li>• the treatment of a dental injury caused by any oral hygiene activity;</li> <li>• the treatment of a dental injury following damage for which <b>your patient has</b> not sought treatment within seven days of the <b>accident</b>;</li> <li>• the treatment of a dental injury caused by damage to dental prostheses whilst <b>your patient</b> are not wearing them;</li> <li>• any permanent treatment of a dental injury which occurs outside of the <b>geographical limits</b>.</li> </ul>

<b>Section 3 - treatment</b>	<b>Policy limit</b>
Examination and report to include necessary smoothing and polishing	£40.00
X-ray examination	£30.00
Root canal treatment - incisor or canine root canal treatment	£200.00 per incisor/canine
Root canal treatment - premolar	£230.00 per premolar
Root canal treatment - molar	£325.00 per molar
Crowns - post and core construction	£100.00
Crowns - ceramic bonded (including any core and/or post interim covering)	£400.00 per crown
Crowns - metal bonded porcelain (including any core and/or post including interim covering)	£350.00 per crown
Crowns - full metal (including any core and/or post including interim covering)	£350.00 per crown
Bridges - all metal	£300.00 per retainer
Bridges - bonded metal/porcelain	£350.00 per retainer
Bridges - bonded metal/porcelain bridgework (per pontic)	£320.00 per pontic
Bridges - laboratory constructed adhesive	£210.00 per retainer
Bridges - laboratory constructed adhesive	£255.00 per pontic
Laboratory made temporary bridge following tooth loss (where required)	£120.00 per unit
Laboratory constructed adhesive facing or veneer	£320.00 per unit
Dentures - permanent acrylic	£375.00 per denture
Dentures - permanent metal	£550.00 per denture
Dentures - temporary following tooth loss (where required)	£160.00 per denture
Other necessary dental treatment following an accident	£450.00 per incident
Section 3 - limit - total payable in any one year	£10,000



## Section 4 – Hospital benefit

<b>What is covered</b>	If <b>you</b> are admitted to hospital as an inpatient during the <b>period of insurance</b> for treatment under the care of a consultant who specialises in dental or maxillofacial surgery, <b>we</b> will pay for each overnight stay in hospital while your hospitalisation period necessarily continues.
<b>How much we will pay</b>	The most <b>we</b> will pay for each overnight stay is the limit shown in the table below. The maximum number of nights for which <b>we</b> will pay is also listed below.
<b>What is not covered</b>	<b>We will not make payment for: any treatment.</b>
<b>Section 4 - treatment</b>	<b>Policy limit</b>
Total amount payable each overnight stay	£70.00
Maximum number of nights	365

## Section 5 – Mouth cancer

<b>What is covered</b>	If <b>you</b> are first diagnosed as having <b>mouth cancer</b> by a <b>dentist</b> or licensed and qualified doctor during the <b>period of insurance</b> and within the <b>geographical limits</b> , <b>we</b> will pay the <b>fixed benefit</b> to <b>you</b> as listed in the table below.
<b>How much we will pay</b>	The most <b>we</b> will pay is the limit shown in the table below.
<b>What is not covered</b>	<p><b>We will not make payment for:</b></p> <ul style="list-style-type: none"> <li>• <b>mouth cancer</b> as a result of <b>your</b> use of chewing tobacco products or betel nuts;</li> <li>• <b>mouth cancer</b> as a result of <b>your</b> prolonged drug abuse or alcohol abuse;</li> <li>• <b>mouth cancer</b> diagnosed before the start of the <b>dental plan</b> or within 90 days of the start of the <b>dental plan</b>;</li> <li>• cancer or tumours in the throat;</li> <li>• non-malignant tumours;</li> <li>• non-invasive cancers;</li> <li>• <b>mouth cancer</b> attributable in any way, directly or indirectly, to HIV (Human Immunodeficiency Virus) or any HIV related illness.</li> </ul>
<b>Section 5 - limits</b>	<b>Policy limit</b>
Fixed benefit	£1,000

## Section 6 – Policy information (applicable to all sections)

<p><b>Data protection notice</b></p>	<ul style="list-style-type: none"> <li>• By accepting <b>your</b> policy, <b>you</b> consent to <b>us</b> using the information <b>we</b> may hold about <b>you</b> for the purposes of providing insurance and handling claims, if any, and to process sensitive personal data about <b>you</b> where this is necessary (for example health information or criminal convictions).</li> <li>• This may mean <b>we</b> have to give some details to third-parties involved in providing insurance cover. These may include insurance carriers, third-party claims adjusters, fraud detection and prevention services, reinsurance companies and insurance regulatory authorities.</li> <li>• Where such sensitive personal information relates to anyone other than <b>you</b>, <b>you</b> must obtain the explicit consent of the person to whom the information relates both to the disclosure of such information to us and its use by <b>us</b> as set out above.</li> <li>• The information provided will be treated in confidence and in compliance with the Data Protection Act 1998. <b>You</b> have the right to apply for a copy of <b>your</b> information (for which <b>we</b> may charge a small fee) and to have any inaccuracies corrected.</li> <li>• For training and quality control purposes, telephone calls may be monitored or recorded.</li> </ul>
<p><b>Emergency help</b></p>	<p>If <b>you</b> cannot access <b>your dentists</b> own <b>emergency</b> arrangements and <b>you</b> need help in obtaining <b>emergency</b> dental treatment either in the UK or overseas, <b>you</b> may see a <b>dentist</b> of your choice.</p>
<p><b>How to make a claim</b></p> <p>Claim forms are available from <b>your dentist</b> or directly from Smilecare Limited by calling 01844 396990 or by emailing <a href="mailto:info@smilecare.org.uk">info@smilecare.org.uk</a></p>	<p><b>The treating clinician</b> must complete a claim form and this must be countersigned by <b>the patient</b>.</p> <p><b>You</b> must send this to Smilecare Limited within 30 days of the injury, incident or <b>emergency</b> incident (60 days if the incident occurs outside the <b>geographical limits</b>).</p> <p><b>We</b> will reimburse <b>your</b> costs up the limits shown in this <b>policy</b>. <b>The Dental Insurance Partnership Ltd</b> will at its sole discretion settle the claim directly or to the treating <b>dentist</b>.</p> <p>Any amount which exceeds the specified limit must be paid directly by <b>the patient</b>.</p> <p><b>You</b> must, at <b>your</b> expense, provide all necessary reports, receipts, and other documentation in support of the claim when asked to do so.</p> <p>For claims under Section 2, the claim form must be sent together with the treating <b>dentist's</b> signed receipt showing details of the temporary treatment given to <b>the patient</b>.</p>

	<p><b>Data protection notice</b></p>	<p>By accepting your policy, you consent to us using the information we may hold about you for the purposes of providing insurance and handling claims, if any, and to process sensitive personal data about you where this is necessary (for example health information or criminal convictions).</p> <p>This may mean we have to give some details to third-parties involved in providing insurance cover. These may include insurance carriers, third-party claims adjusters, fraud detection and prevention services, reinsurance companies and insurance regulatory authorities.</p> <p>Where such sensitive personal information relates to anyone other than you, you must obtain the explicit consent of the person to whom the information relates both to the disclosure of such information to us and its use by us as set out above. The information provided will be treated in confidence and in compliance with the Data Protection Act 1998. You have the right to apply for a copy of your information (for which we may charge a small fee) and to have any inaccuracies corrected.</p> <p>For training and quality control purposes, telephone calls may be monitored or recorded.</p>
	<p><b>Complaints procedure</b></p>	<p>We aim to provide a first class service at all times. Any enquiry or concern about this policy should be addressed in the first instance to your Broker. If you are not satisfied, you may contact the Underwriters at - Acasta Europe Limited, 1 Riverview, The Embankment Business Park, Vale Road, Heaton Mersey, Cheshire, SK4 3GN.</p> <p>If <b>We</b> cannot give <b>You</b> a final decision within 4-weeks from the date We receive <b>Your</b> complaint, We will explain why and tell You when We hope to reach a decision.</p> <p>Complaints that cannot be resolved may be referred to the Financial Ombudsman Service.</p> <p>Further details will be provided at the appropriate time - This Policy is subject to the laws of England and Wales.</p>