

EduHealth Dental Plan Policy Summary



EduHealth Dental Plan

Policy Summary

Welcome to the EduHealth Dental **Plan**, This policy summary does not contain the full terms of **your** dental **plan**, which can be found in the Members Guide & Policy Document and **your** policy **schedule**.

Significant features & benefits

The EduHealth Dental **Plan** is designed to help **you** pay for **medically necessary dental treatment**. The table below shows the covered treatments, the levels of reimbursement as well as the annual maximum limits for each of the **plans** available. All insured people must reside in the **United Kingdom** for at least 180 days in each **period of insurance**.

The Core Plan has been designed to reimburse **you** for 100% of NHS charges in England and Wales. The private **plans** (levels 1 to 4) can be used to claim for eligible **dental treatment** at any **dentist** of **your** choice, up to the maximum benefit amounts per treatment as specified in the table of benefits. Each of the **plan** levels 1 to 4 also include the Core Plan so any treatment undertaken on an NHS basis in conjunction with private treatment will be reimbursed as per the Core Plan in accordance with the NHS treatment band charges in force at the time of **your** treatment.

The amounts shown in the table are the maximum amounts payable each year, per **insured person**, for each benefit category, unless stated otherwise. They are not the amounts paid for each individual treatment or service. If **you** are unsure of **your plan's** benefits please call the Claims helpline.

Treatments	Core Included in all plans	Level 1	Level 2	Level 3	Level 4	Waiting periods & limitations
Check-ups	100% cover for NHS treatment	Up to £25 each	Up to £35 each	Up to £50 each	Up to £60 each	Maximum 2 per year. 30 day wait*
X-rays	100% cover for NHS treatment	Up to £30	Up to £40	Up to £50	Up to £60	30 day wait*
Scale & polish	100% cover for NHS treatment	Up to £40	Up to £50	Up to £80	Up to £80	30 day wait*
Fillings & root canal treatment	100% cover for NHS treatment	Up to £150	Up to £250	Up to £300	Up to £350	90 day wait
Extractions	100% cover for NHS treatment	Up to £100	Up to £150	Up to £200	Up to £200	90 day wait
Anaesthetist	N/A	Up to £30	Up to £50	Up to £60	Up to £80	90 day wait
Crowns, bridges, dentures, veneers, implants & mouth guards	100% cover for NHS treatment	80% of costs up to £275	80% of costs up to £450	80% of costs up to £550	80% of costs up to £2000	90 day wait
Orthodontic cover	N/A	Up to £300	Up to £400	Up to £500	Up to £600	90 day wait
Worldwide emergency dental treatment	100% cover up to NHS band	Up to £400	Up to £600	Up to £600	Up to £1000	N/A

Treatments	Core Included in all plans	Level 1	Level 2	Level 3	Level 4	Waiting periods & limitations
Worldwide accidental dental injury	100% cover up to NHS band	Up to £3000	Up to £5000	Up to £5000	Up to £5000	N/A
Cash benefit for hospital stay	N/A	£50 per night up to £1000 per year				N/A
Oral Cancer cover	N/A	£15,000 lump sum, payable once per person for the lifetime of their membership				90 day wait

* No wait if annual payment

Significant limitations & 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 and also be aware of the **waiting periods** that apply to the benefits before **you** can claim. The exclusions and **waiting periods** apply to both the NHS and Plan Levels 1 to 4 unless stated otherwise.

General exclusions

We will not provide cover for:

- Any claim for costs where treatment is received before **you** joined the **plan**, or after **you** cease to be eligible for cover or where the premium is outstanding.
- Any treatment for **pre-existing conditions**
- Any **dental treatment** that is identified as being **medically necessary** at **your** first dental appointment after joining, if **you** have not had a routine dental check-up in the 24 months preceding the **start date**.
- Any **dental treatment** that **you** have paid for but have not yet received.
- Any **dental treatment** within the **waiting period**, where applicable.
- Any **accidental dental injury** treatment arising directly or indirectly from an accident which occurred before the **start date** of the **policy**.
- Any claim where **you** have not followed the claims process set out in Section 2 and/or have not complied with the claim conditions.
- Any charges for completing the claim form or for medical or other information **we** ask for in support of **your** claim.
- Any private treatment costs or fees not listed in the table of benefits for **your plan**.
- Any treatment costs once the annual maximum number of treatments or maximum annual limits have been reached, or for costs that exceed the reimbursement levels specified in the table of benefits.
- Any private treatment if **you** have a Core Plan (NHS) except where the treatment received is for **emergency dental treatment**.
- Any **dental treatment** received outside the **United Kingdom** which is not **emergency dental treatment**.
- Costs incurred for general anaesthetic, intravenous sedation, hypnosis, drugs or prescription charges.
- Cosmetic treatment** or treatment that is not **medically necessary**, except where specifically included in the **plan**, for example veneers.
- Claims where there is no visible evidence of damage or trauma to otherwise healthy teeth
- Orthodontic treatment** that is grade 1 to 3 on the IOTN scale or which is not **medically necessary**.
- Dental implants**, crowns and bridges where they are to be used to fill a gap that existed prior to the **start date** of **your policy**.
- Claims resulting from or related to not wearing appropriate mouth guards or the recommended protective headwear whilst taking part in **contact sports**.
- Claims relating to treatment for **accidental dental injury** or **emergency dental treatment** administered more than 30 days after the date the injury was sustained.
- Charges for home visits unless they are for **emergency dental treatment**.
- Any costs related to **dental treatment** performed in hospital (including wisdom teeth extraction). The cash benefit for hospital stay is payable in the event **you** are admitted to a **UK** hospital for eligible **dental treatment**.

22. Replacement or repairs to dentures for loss of or damage caused whilst not being worn.
23. Replacement of a crown, bridge or **dental implant** within 5 years of it being fitted.
24. 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 **waiting period**.
25. Any cash benefit for **oral cancer** paid is subject to **you** not having experienced symptoms, had investigations or are awaiting the outcome of any tests or received medication, advice or treatment for any cancer before or during the **waiting period**.
26. Any benefit for secondary mouth cancer.
27. Any cash benefit for **oral cancer** more than once to any member of the **plan** during their lifetime.
28. Any costs associated with treatment of cancer including diagnostic or exploratory costs.
29. **Oral cancer** resulting from the chewing of tobacco products or betel nut, or from prolonged alcohol abuse.
30. Costs of dental consumables such as toothbrushes, mouthwash, dental floss.
31. Any treatment required as a result of damage caused by tooth or mouth jewellery.
32. Dental injury treatment required as a result of injury caused by foodstuffs or foreign bodies while eating, chewing or drinking.
33. 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.
34. Claims relating to **dental treatment** arising directly or indirectly from **your** participation in a criminal act, an accident while under the influence of alcohol or drugs, deliberate self-inflicted injury.
35. Any **dental treatment** required as a result of nuclear, biological or chemical contamination, pandemics, war, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, rebellion, revolution, terrorism, insurrection, or military or usurped power.

Waiting periods

The following **waiting periods** apply to the benefits in all **plans** (where applicable):

- 30 days for check-ups, x-rays and scale & polish (unless the premium is paid annually in which case this **waiting period** does not apply).
- 90 days for fillings, extractions, root canal, crowns, bridges, dentures, **dental implants**, veneers, mouth guards and **orthodontic treatment**.
- 90 days for the **oral cancer** benefit.
- No **waiting period** for **emergency dental treatment**, **accidental dental injuries** or hospital cash.

This means **we** will not pay for any **dental treatment** that is identified or received during these periods. The **waiting periods** start on the **start date** of the **policy** or from the date **you** increase **your** level of cover.

How to make a claim

1. Receive treatment:

- a.** Check **your** benefit table and **your policy** before going to the **dentist** to understand what **you** can claim for and how much.
- b.** If **you** are planning to have extensive treatment (for example more than £500 worth) **you** must contact the Claims helpline before receiving the treatment to check to what extent **your** treatment will be covered. This does not apply to unplanned **emergency dental treatment**.

2. Once **you** have completed and paid for **your** treatment, keep **your** payment receipt and ask **your dentist** to provide **you** with a detailed invoice which includes the following information:

- a. Dentist** / Dental practice contact details & registration number;
- b.** The name of the patient receiving treatment;
- c.** Treatment date(s);

- d. Description of each treatment received (including tooth number where relevant);
- e. Fee charged for each treatment.

3. If it is the first time **you** go to the **dentist** since joining the **plan we** will require confirmation from **you** of whether or not **you** have visited **your dentist** for a routine check-up in the 24 months immediately prior to joining. If **you** have not had a check-up in this period **you** will not be able to claim for any treatment that is received or identified as necessary at this first appointment. If **you** have had a check-up in this period ask **your dentist** to provide **you** with evidence of this which **you** will need to attach to **your** first claim.

4. Fill in and sign a claim form. **You** can obtain a claim form by emailing EduHealth@denisuk.com or calling the Claims helpline on 0800 633 5037.

5. Return the form to **us** within 6 months of **your** treatment date enclosing the original payment receipt & invoice. If **we** do not receive **your** claim within 6 months then **your** claim will not be paid.

Send claims to:

EduHealth Dental
c/o Denis UK Limited
P.O. Box 6833
Basingstoke
RG24 4PR
Email: EduHealth@denisuk.com

Claims helpline: 0800 633 5037

When does cover start and end?

Your cover starts on **your start date** as shown on **your policy** schedule.

Cover will end for **you** and **your dependants** in the following situations:

- if **you** or any of **your dependants** have given **us** misleading information, have kept something from **us**, or have broken the conditions of this **plan**;
- if **you** or any of **your dependants** no longer live full-time in the **United Kingdom**;
- if **you** do not pay the premium when due;
- if **you** pass away;
- if for any reason **you** ask **us** to end cover;
- if **we** decide to cancel the **policy**.

Your partner's cover will end:

- if **you** get divorced, or **your** civil partnership is dissolved;
- if **you** no longer live together.

Your dependant child's cover will end:

- once they turn 18, or 24 if in full time education;
- if they get married.

Payment of Premiums

You must pay the premium specified on **your policy** schedule when it is due. 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.

Cancelling your policy

Your insurance contract with **us** is for 12 full months even where **we** allow **you** to pay monthly.

You can cancel **your plan** within the first 14 days of:

- the date **you** receive **your policy** documents
- the date **your plan** is renewed.

You do not have to give a reason for cancelling the **plan** and as long as **you** haven't made a claim since the **start date** or renewal date, **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 **plan**, please notify this by telephone, email or in writing to:

EduHealth
10 Sea King Drive
Fountain Court
Auckley
South Yorkshire
DN9 3QR
Tel: 0345 226 9938
Email: enquiries@eduhealth.co.uk

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.

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. If **you** wish to make a complaint, please contact either:

If the complaint is related to a Claim:

Complaints (EduHealth)
Denis UK Limited
P.O. Box 6833
Basingstoke
RG24 4PR
Email: EduHealth@denisuk.com

Any other complaint:

Complaints Officer Eduhealth
10 Sea King Drive
Fountain Court
Auckley
South Yorkshire
DN9 3QR

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 complaints' which includes private individuals and sole traders

and small partnerships with a yearly turnover of less than £1 million. 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
Telephone: 0800 023 4567 or 0300 123 9123
E-mail:
complaint.info@financial-ombudsman.org.uk

This complaints procedure does not affect any legal right **you** have to take action against **us**.

Financial Services Compensation Scheme

EduHealth and AmTrust are both covered by the Financial Services Compensation Scheme (FSCS). This means that **you** may be entitled to compensation from this scheme if either cannot meet their obligations to **you**. This will provide cover for 90% of the claim without any upper limit. Further information about compensation is available from the FSCS at www.fscs.org.uk or telephone 0207 741 4100.

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Established in 2002 EduHealth is a specialist provider of staff benefits, protection, healthcare and lifestyle insurances to the education sector.

This insurance is underwritten by AmTrust Europe Limited, authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Firm's reference number 202189.
Registered office: Market Square House,
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Member of the Association of British Insurers.



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Auckley, South Yorkshire DN9 3QR.

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