

WORLDWIDE DENTAL TRAUMA AND EMERGENCY CALLOUT INSURANCE

Standard Certificate of Insurance

Underwritten by Practice Plan Insurance Limited

Practiceplan
Insurance

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Practice Plan Insurance Limited is authorised to carry on the business of general insurance by the Malta Financial Services Authority and is regulated by the Financial Conduct Authority for the conduct of UK business.

This insurance is arranged and administered by Practice Plan Limited. Practice Plan Limited is authorised and regulated by the Financial Conduct Authority.

We've got you covered...

While **you** are a member of the **Dental Plan (this can be either a Dental Membership Plan or a Registration and Insurance Scheme Plan)**, administered by Practice Plan Limited (the **Administrator**) on behalf of **your** Dental Practice, **you** are covered by Worldwide Dental Trauma and Emergency Callout Insurance. As a member of the **Dental Plan, you** have agreed to pay the premium and taxes due at the prevailing rate from time to time, and, as long as **you** pay the premium when it is due, **we** agree to provide the cover set out in this Certificate of Insurance. This Certificate of Insurance is evidence of a contract with **us** and automatically renews on a monthly basis.

This Insurance Policy meets the demands and needs of those who wish to ensure they have cover towards treatment costs arising from dental injuries and dental emergencies. This policy is a mandatory part of **your Dental Plan** contract. No recommendation has been made by **your** Dental Practice, Practice Plan Insurance Limited or Practice Plan Limited in connection with this policy.

Please read the Certificate of Insurance carefully to ensure that **you** fully understand the cover. If **you** are self-employed or have elected to join the **Registration and Insurance Scheme** or are a member of a Company Dental Scheme rather than a **Dental Membership Plan** at **your** practice, please be aware that **redundancy** cover is excluded; all other policy conditions remain the same. Where **redundancy** cover is included as part of a **Dental Membership Plan** this is provided free of charge to those who are eligible.

If **you** have any general questions about this policy, please call the **Administrator** on 01691 684128.

On behalf of Practice Plan Insurance Limited,



Andrew D'Arcy
Managing Director

Practice Plan Insurance Limited
Registered in Malta. Registered number: C39807
Registered Office:
The Hedge Business Centre – Level 3
Triq ir-Rampa ta' San Giljan, Balluta Bay
St Julian's STJ 1062, Malta

DEFINITIONS – that apply to all Sections

Certain words and phrases in this Certificate of Insurance are defined and whenever they are used they will have the meaning given below. To help **you** identify them **we** have formatted them in bold.

You, your:	The insured person, who is a member of the Dental Plan .
We, us, our:	Practice Plan Insurance Limited (Insurance Manager).
Agreement:	The Dentist/Patient Agreement for your Dental Plan .
Commencement Date:	The date on which the Agreement for your Dental Plan is signed or, if later, the date cover commences as stated in your Agreement , this is referred to as the Initial Period.
Period of Insurance:	An automatically renewed monthly contract, covering the period from the 1st of the month to the last calendar day of the month.
Dental Plan:	The Dental Care Plan (either a Dental Membership Plan or a Registration and Insurance Scheme Plan) offered by your dental practice as outlined in your dental practice literature and administered by the Administrator .
Dentist:	A suitably licensed and qualified dental professional.
Expert Medical Specialist:	A person other than you or a member of your immediate family or an employee of yours who is qualified as a consultant and specialises in oral cancer treatment, who is practising in the United Kingdom, Channel Islands, Isle of Man, United States of America, Canada or the European Union.
Immediate Family:	Your spouse/partner (residing with you), a parent, grandparent, sibling or child including step relations.
Child:	A person who is under 18 years of age at the time a dental trauma occurs.
Clinical Consultant:	Qualified, practising dentist , registered with the General Dental Council, employed by the Administrator to review and approve claims.
Contact Sport:	A sport (including training) in which the impact of one person against another is an inherent part of the sport, including but not limited to boxing, martial arts and rugby.
Dental Trauma:	A sudden identifiable external blow to the mouth or teeth, or other external trauma that happens by chance and which could not have been expected which causes a significant dental injury that requires dental treatment.

DEFINITIONS – that apply to all Sections

Emergency Temporary Treatment:	The initial appointment at any dental practice, or other dental facility for the sole purpose of immediate pain relief and to provide temporary treatment pending subsequent permanent treatment.
Implant:	An intra-osseous fixture (an implant inserted into the bone) designed to integrate with the bone and replace the root of a tooth including the abutment and prosthesis.
Oral Cancer:	Diagnosis of cancer of the lips, tongue, major salivary glands, gums, mouth or pharynx or the oral cavity from the lips to pharynx but excluding the tonsils, substantiated by an expert medical specialist's letter and histology, where oral cancer is diagnosed as the primary site of cancer, and is non-reoccurring either at the same site or in a different location in the oral cavity.
Redundancy:	You lose your job wholly or mainly due to: i) Your employer stopping or intending to stop their business for the purpose for which you were employed either in the place that you were employed or in respect of the total business ii) Your employer's business in the place that you were employed has stopped or reduced, or your role is no longer required by your employer but your employer continues to trade at the place that you were employed.
Medical Practitioner:	A person whose primary role is to diagnose physical illnesses, disorders or injuries and prescribe medication and treatments that promote or restore oral health.
Unemployment:	You are entirely without paid employment (permanent or temporary).
Dependant:	Your spouse or partner (residing with you), your unmarried children, including legally adopted children, (up to the age of 18, or 23 if in full time education) who are financially dependent on you and for whom you are paying Dental Plan fees.
Permanent Facial Disfigurement:	A disfigurement to part of the neck, face or head normally exposed to view which has lasted for at least 12 months and is without prospect of recovery.
Prosthesis:	An artificial device fitted in the mouth, to replace/restore dentition (teeth), including but not limited to crowns, bridges, dentures, implants, inlays/onlays and veneers.

IMPORTANT INFORMATION

Cover

This insurance covers **you** for the cost(s) incurred for treatment by any **dentist** in the event of:

- **Dental trauma – Section 1**
- Emergency callout and **emergency temporary treatment – Section 2**
- **Permanent facial disfigurement – Section 3**
- Hospitalisation – **Section 4**
- **Oral cancer – Section 5**
- **Redundancy – Section 6**

For details of cover, excesses and exclusions, please refer to the relevant sections of this Certificate of Insurance.

Limits of Insurance: The Tables of Benefits applicable to **Section 1 – Dental Trauma** and **Section 2 – Emergency Temporary Treatment**, show the treatments that are covered by this insurance and the maximum amounts **we** will pay in respect of each treatment.

Cover Conditions

- You** must place yourself under the care of a **dentist** or, where appropriate, a **medical practitioner** and follow their advice, as stated in **your** dental **Agreement**.
- You** must, at **your** expense, provide the **Administrator** with any reports, certificates, information and evidence that is relevant to support any submitted claim.
- If the **Administrator** requests it, **you** must undergo a dental or medical examination at **our** expense.
- We** may request copies of **your** dental records, photographs, x-rays or other supporting documentation in the processing of **your** claim.

Duration of the Insurance, Cooling Off Period and Cancellation Rights

This is an automatically renewing monthly policy. There is a 30 day cooling off period, which starts from the date that this Certificate of Insurance is issued. During this period, if **you** decide that the insurance does not meet **your** requirements, **you** may cancel the Insurance by returning this Certificate of Insurance to the **Administrator** or **contacting your practice within the cooling off period**. **We** will refund the premium **you** have paid in full provided that **you** have not made a claim, or have notified **us** of a claim. Please note that this insurance is an integral part of the **Dental Plan** – if **you** cancel the insurance, **you** will be cancelling membership of **your Dental Plan**. This policy shall continue until such time as **your Dental Plan** is cancelled.

If **you** decide that the insurance no longer meets **your** requirements, **you** may cancel the insurance by returning this Certificate of Insurance to the **Administrator** or **contacting your practice**. Any premiums paid in advance of cover will be repaid in full. Cover will continue until the end of the month in which cancellation occurs.

Cancellation by your Dental Practice or by Practice Plan Insurance Limited

We exercise **our** right to cancel the policy at any time (backdated where appropriate) if:

- **We** have reason to suspect that **you** submitted a fraudulent claim
- **You** materially breach the terms and conditions of this policy
- **You** are abusive to **our** staff.

To protect **our** staff, **we** ask that **you** treat **us** in the way **you** wish to be treated. If **you** are abusive during **our** contact with **you**, **we** will terminate the contact. If **you** continue to be abusive, **we** reserve the right to cancel this policy.

We may also end this contract for non-payment of fees under **your Dental Plan**, by giving **you** 30 days' written notice for the policy to end on the last day of that month. Should **your** practice no longer be able to provide services as per **your Dental Plan** then this policy will terminate on the last day of the month in which **your** last premium was collected.

Payment of Premiums

- Premiums are collected on or around the 8th day of each month (unless **you** pay annually) and each premium relates to cover for the month in which it is due and paid (**Period of Insurance**).
- The **Initial Period** is the period from the **commencement date** to the last day in that calendar month.
- The premium payable for the **Initial Period** will be collected on the first available 8th day of the month after **your Agreement** has been received by the **Administrator** (unless the **commencement date** is a future calendar date, in which case the collection will be as near as possible to the **commencement date**). This may mean that the **Administrator** will collect two premiums in the month following the **Initial Period**. **We** will not make any payment under this policy unless **you** have paid all premiums due.
- **We** may change **your** premium in accordance with the 'Changes' Section below.

Changes to Cover and Premiums

The cover and the level of benefits provided by this Policy are reviewed annually. If **we** make a change to the terms of **your** insurance or the premium payable, **we** will write to **you** at least 30 days before **your** policy automatically renews and any change comes into force. **We** can make changes if **we** reasonably believe that a change is needed for any of the following reasons (which may relate to circumstances existing at the time or those which are expected to apply in the near future):

- To respond proportionately to changes in general law or to the decisions of the Financial Ombudsman Service, to meet regulatory requirements or to reflect new industry guidance and codes of practice which are there to raise standards of consumer protection
- To take account of any changes to, or improvements **we** may reasonably make to, the services **we** provide, including to accommodate technological changes
- To make these terms and conditions clearer and fairer
- To correct mistakes and omissions, where it is reasonable for **us** to do so
- If the change is to **your** advantage
- To respond proportionately to changes in **our** costs, including **our** administrative costs
- To reflect changes in **our** assumptions about the likely cost of meeting future claims, for example, assumptions relating to the expected future number, timing of claims and the cost of meeting claims
- To respond to changes to Insurance Premium Tax as required by HM Revenue & Customs.

You are free to cancel **your Dental Plan** and insurance if **you** are unhappy with any proposed changes.

INSURANCE AND CLAIM CONDITIONS

Duty of Care	You must take all reasonable care to protect and maintain your oral health by regular attendance as required by your dental practice and take reasonable steps to prevent accident or injury.
Rights of Action	If there is any other insurance in force providing any of the same benefits, we will only be liable to pay or contribute a reasonable proportion of any claim. We may recover the cost of a claim under this Worldwide Dental Trauma and Emergency Callout Insurance from any third party.
Fraud	We will not pay any claim if you , or anyone on your behalf, tries to deceive us by deliberately giving us false information or making a fraudulent claim. If this happens, you must repay any amount we have paid to you and we will not refund any premiums.
Jurisdiction	This contract will be governed by and construed in accordance with English law and will be subject to the non-exclusive jurisdiction of the English courts.
Foreign Currency	If the treatment is received abroad then we will pay benefits in Pounds Sterling using FX Converter at www.oanda.com . The exchange rate will be calculated at the rate in force on the date of payment, unless evidence of Sterling conversion value is submitted with the claim.

MAKING A CLAIM – APPLICABLE TO EACH SECTION

- If **you** are treated by any **dentist** other than **your** registered **dentist**, **you** may be required to pay the **dentist** directly.
- All claims must be notified to the **Administrator** as soon as reasonably possible, and in any event, within 60 days of the incident giving rise to the claim.
- **You** will be required to submit a complete and signed claim form and provide reasonable evidence such as reports, certificates, information and evidence relevant to support **your** claim.
- In respect of **dental trauma**, if treatment costs are likely to exceed £200, **you** must submit a fully completed claim form for prior approval.
- By completing and signing the claim form, **you** agree that the **Administrator** may pay the **dentist** directly, unless otherwise instructed by **you** if **you** have already settled the costs.
- All claims are subject to the current limits and excesses, any shortfalls must be paid directly to the **dentist** by **you**.
- All claims exceeding £3,500 will require approval from **our Clinical Consultant** and **Insurance Manager**.

GENERAL EXCLUSIONS – APPLICABLE TO EACH SECTION

We will not pay benefit under this policy for claimed treatment or injury directly or indirectly caused by or contributed to or arising from:

- Your** participation:
 - In any **contact sport** (including training), in which the impact of one person against another is an inherent part of the sport, including but not limited to boxing, martial arts and rugby, or where it is reasonable to expect **you** to wear head, face or mouth protection to prevent injury.
- A claim arising directly or indirectly from:
 - **Your** participation in a criminal act
 - **Your** abuse of alcohol or drugs
 - An accident whilst **you** were under the influence of alcohol or drugs (unless such use is as prescribed by a doctor for a condition other than drug or alcohol addiction)
 - Self-inflicted injury.
- Your** active participation in war, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, riot or civil commotion, insurrection or military or usurped power or **your** active participation in or intention to participate in an act of terrorism of any kind.
- Ionising radiation or contamination by radioactivity from any nuclear source.
- Routine dental treatment costs.

Any benefits **we** pay for dental treatment to which **you** are not strictly entitled under the terms of this policy shall count towards **your** annual maximum benefits available under the policy, but **we** shall not, by making any such payment, be liable to pay any future benefits in respect of such dental treatment.

SECTION 1 DENTAL TRAUMA

What is covered?

If **you** suffer **dental trauma** during the **period of insurance**, **we** will compensate **you** for the cost of dental treatment provided by any **dentist**.

Subject to:

- The limit specified in the Table of Benefits for the particular treatment(s).
- A limit of £10,000 for any one incident of **dental trauma**. This limit will apply where **you** undergo a course of treatment in relation to a single incident of **dental trauma**.
- If further treatment is required in respect of the same **dental trauma**, it will not be covered under this **Worldwide Dental Trauma and Emergency Callout Insurance**.

All claims

- Any treatments not specified in the Table of Benefits must have **our** prior approval before treatment is undertaken and are subject to the overall 'Other necessary treatment' limit of £615 per incident.
- Where treatment involves the replacement of a crown, bridge, veneer or denture, the benefit will be paid according to the cost of an equivalent replacement.
- Prosthesis includes but is not limited to crowns, bridges, dentures, implants, inlays/onlays and veneers.
- Benefit limits for prosthetic work are inclusive of laboratory and non-laboratory fees and any temporary crowns.

Table of Benefits

To be used by the dentist to complete the treatment plan section of your claim form

Treatment Type	Limit Per Element	Benefit Limit (£)
Diagnosis - Examination	Per Incident	47.00
Diagnosis - X-rays	Per Incident	35.00
Non-Surgical Extraction	Per Tooth	50.00
Surgical Extraction	Per Tooth	85.00
Filling - Small (build up only)	1 Surface	50.00
Filling - Medium (build up only)	2 Surfaces	80.00
Filling - Large (build up only)	2 or more Surfaces	95.00
ROOT CANAL TREATMENT		
Molar (to incl sealing canal)	Per Tooth	385.00
Canine/Incisor (to incl sealing canal)	Per Tooth	300.00
Pre-Molar (to incl sealing canal)	Per Tooth	300.00
PROSTHETICS		
All Ceramic Crown	Per Tooth	500.00
Porcelain Bonded Crown	Per Tooth	455.00
Full Precious Metal Crown	Per Tooth	435.00
Porcelain Jacket Crown	Per Tooth	420.00
Dentine Bonded Crown	Per Tooth	500.00
Laboratory Made Post and Core	Per Tooth	80.00
Post and Core (dentine)	Per Tooth	102.00
Adhesive Bridge	Per Pontic	295.00
Adhesive Bridge	Per Retainer	260.00
Porcelain Bonded or Precious Metal Bridgework	Per Pontic	420.00
Porcelain Bonded or Precious Metal Bridgework	Per Retainer	455.00
Bridgework all metal	Per Pontic	330.00
Bridgework all metal	Per Retainer	330.00
Permanent Full Acrylic Denture	Per Denture	450.00
Permanent Partial Acrylic Denture	Per Denture	250.00
Permanent Cobalt/Chrome Denture	Per Denture	660.00
Porcelain Veneer	Per Tooth	425.00

Continued...

Treatment Type	Limit Per Element	Benefit Limit (£)
Temporary Denture (following tooth loss)	Per Denture	300.00
Temporary Bridge (following tooth loss)	Max 3 Units	180.00
Implants – single tooth	Per Tooth	1,400.00
Addition to a Denture	Per Tooth	89.00
Re-cement Bridge	Per Bridge	54.00
Re-cement Crown/Veneer	Per Tooth	43.00
Other necessary treatment (including emergency attention where required)	Per Incident	615.00

What is not covered?

- The first £25 of each and every claim for **dental trauma** treatment.
- Where the treatment of a dental injury is:
 - Caused by foodstuff (including any foreign body in food or drink) whilst being consumed, other than any associated **emergency temporary treatment** which will be covered if treatment is required outside of normal working hours (8.00 am to 6.00 pm Monday to Friday)
 - A minor tooth fracture which only involves damage to enamel in incisor teeth
 - Due to normal dental wear and tear
 - In relation to any dental treatment previously prescribed, diagnosed or planned at the time of the **dental trauma**.
- Loss of or damage to dentures unless they are being worn at the time of the **dental trauma**.
- Additional claims after a claim for treatment for the same incident of **dental trauma** has been made and settled.
- CT scans and bone augmentation for **implants**.
- Mouthguards, gum shields or any dental appliances unless in conjunction with a **dental trauma**.

Time limits for treatment

- For adults, treatment must be completed within two years of the date of the **dental trauma**.
- For children, treatment of a dental injury must be completed within five years from the date of the **dental trauma** or when the **child** turns 18, whichever is the later.

SECTION 2 EMERGENCY CALLOUT AND EMERGENCY TEMPORARY TREATMENT

What is covered?

We will reimburse **you** for emergency callout and **emergency temporary treatment** costs incurred by **you** during the **period of insurance**, subject to the limits below. The limits apply per incident and are subject to a maximum of **£920** per year. For the purposes of this section, if **you** ordinarily reside in the Isle of Man, reference to the United Kingdom shall be replaced by the Isle of Man.

A) In respect of emergency callout costs in the UK, **you** may claim the following:

Day and Time of Callout		Callout Fee
Weekdays	6.00 am to 8.00 am	£135.00
	6.00 pm to 10.00 pm	£135.00
	10.00 pm to 6.00 am	£200.00
Weekends and bank holidays	6.00 am to 10.00 pm	£180.00
	10.00 pm to 6.00 am	£200.00

B) In respect of **emergency temporary treatment** in the UK for the immediate relief of pain for any one incident, **we** will pay as per the Table of Benefits below, subject to a claim limit of £460 per incident:

Table of Benefits

To be used by the dentist to complete the treatment plan section of your claim form

Treatment Type	Limit Per Element	Benefit Limit (£)
Examination, etc.	Per Incident	47.00
X-rays	Per Incident	31.00
Treatment to stop haemorrhage	Per Incident	50.00
Tooth extraction (max two teeth)	Max Two Teeth	80.00
Root extirpation – 1 canal	Per Tooth	100.00
Root extirpation – 2 canals	Per Tooth	105.00
Root extirpation – 3+ canals	Per Tooth	140.00
Treatment of infection	Per Incident	33.00
Investigation – 1st tooth	Per Tooth	43.00
Investigation – additional teeth	Per Tooth	24.00
Resecure crown or inlay	Per Tooth	43.00
Resecure bridge	Per Bridge	54.00
Temporary bridge	Per Bridge	155.00
Temporary crown	Per Tooth	67.00
Temporary post and core	Per Tooth	75.00

Continued...

Treatment Type	Limit Per Element	Benefit Limit (£)
Repair/adjust orthodontic appliance	Per Appliance	58.00
Repair of denture	Per Denture	52.00
Adjust denture	Per Denture	32.00
Remove sutures	Per Incident	30.00
Other emergency temporary treatment	Per Incident	Up to 73.00

Any treatments not specified in the Table of Benefits are subject to the overall 'Other **emergency temporary treatment**' limit of £73 per incident.

C) In respect of **emergency temporary treatment** costs incurred outside of the United Kingdom, treatment is subject to a claim limit of £460 per incident.

If **you** are abroad, **you** may visit any available **dentist** for emergency treatment. The British Consulate, **your** hotel or holiday representative may have contact details for a recommended **dentist**.

What is not covered?

- The first £25 of each and every claim.
- A claim for any incident which occurs when **you** are residing outside the United Kingdom for more than 90 consecutive days.
- Treatment received during normal working hours (8.00 am to 6.00 pm, Monday to Friday), provided by any of the following:
 - Your** registered **dentist**
 - Another **dentist** at the same practice
 - A dental practice within a 15 mile radius of **your** registered practice.
- Permanent treatment. Should permanent treatment be necessary, cover will be paid at the equivalent temporary limit.
- Any subsequent treatment required after the initial appointment is specifically excluded.

EMERGENCY HELPLINE

If **you** cannot access **your** normal dental practice emergency arrangements and **you** need help in obtaining emergency dental treatment, **you** may call the Emergency Dental Helpline on 0800 783 2337, lines are open 24 hours per day.

The Emergency Dental Helpline provides contact details for **dentists** local to **you** who may be able to accommodate **your** dental needs. The helpline does not guarantee access to a **dentist** and **we** accept no responsibility for **your** inability to contact and receive treatment from a **dentist** as a result of contacting the Emergency Dental Helpline.

Emergency temporary treatment does not have to be provided by a Practice Plan practice and can be sourced independently (subject to terms and conditions as stated in Section 2 and general exclusions applicable to each section).

SECTION 3 PERMANENT FACIAL DISFIGUREMENT

What is covered?

If **you** suffer **permanent facial disfigurement** as a result of **dental trauma** during the **period of insurance**, we will pay **you** the appropriate benefit according to the severity of the scarring as follows:

Scarring up to 5 cms in total length	£50
Scarring more than 5 cms but less than 7.5 cms in total length	£100
Scarring of 7.5 cms or more in total length	£500

Subject to:

- i) Provision of photographic evidence at time of the incident and 12 months following.

What is not covered?

- i) Scarring that is not visible 12 months from the date of the incident.

SECTION 4 HOSPITALISATION

What is covered?

If **you** are admitted to a hospital as an in-patient as a direct consequence of **dental trauma** during the **period of insurance**:

For each 24 hour period (not including the first 24 hour period) of hospitalisation (max 365 days)	£50
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What is not covered?

- i) **We** will not pay benefit for the first 24 hours of each period of hospitalisation.
- ii) Where multiple injuries are sustained, **we** will only pay for the period of hospitalisation that relates directly to the **dental trauma** as stated in **your** hospital discharge documentation.
- iii) **We** will not pay benefit if subsequent hospitalisation is required in respect of the same **dental trauma**.

SECTION 5 ORAL CANCER

What is covered?

If **you** are diagnosed by an **expert medical specialist** as suffering from **oral cancer** during the **period of insurance**, we will pay **you** £2,500 upon diagnosis.

What is not covered?

- i) **Oral cancer** which first manifests itself and/or is diagnosed within the first 90 days from the date **you** signed the **Agreement** or for which investigations or diagnosis have been made prior to joining the **Dental Plan**.
- ii) **Oral cancer** directly or indirectly associated with Human Immunodeficiency Virus (HIV) or any related sickness including Acquired Immune Deficiency Syndrome (AIDS).
- iii) Benign or pre-malignant conditions, cancer in situ or other non-invasive conditions which are considered by **your expert medical specialist** to have no potential for spreading from one part of the body to another.
- iv) **Oral cancer** attributable to the smoking or chewing of tobacco products or betel nuts and/or alcohol abuse.
- v) No further benefit is payable in the event of the recurrence of the same oral cancer, either at the same site or in a different location in the oral cavity.

SECTION 6 REDUNDANCY

Cover is provided only where **you** have taken out a **Dental Membership Plan** and is provided free of charge for eligible applicants.

It is not applicable if **you** have elected to join a **Registration and Insurance Scheme Plan**, are a member of a Company Dental Scheme or if **you** are self-employed.

What is covered?

If **you** are made **redundant** during the **period of insurance and unemployed** for a continuous period of more than 30 days.

- i) **We** will pay the monthly fee(s) payable for both **your** own and **your dependants' Dental Membership Plans** beginning from the 31st day of **your unemployment**.
- ii) Cover will cease on **your** return to paid employment (whether on a temporary or permanent basis).
- iii) Benefit will be payable for each complete 30 day period of **total unemployment** subject to a maximum fee payable for a single **Dental Membership Plan** of £15.00 per member per month for a single membership or a maximum of £60.00 per month for multiple **Dental Membership Plan** payments on behalf of **you** and **your dependants**.
- iv) **You** will only be entitled to make a further claim under this Section if six months have elapsed since the last payment was made by **us** for a previous period of **redundancy**.
- v) Where the insured person under this policy is a **child**, to the extent they are not also a **dependant** under a parent's policy, this cover will be available to the payer of the **Dental Membership Plan** where the payer satisfies the conditions in this Section of the policy.

Subject to:

- i) Providing satisfactory evidence to the **Administrator** that **you** are actively seeking paid employment (permanent or temporary).
- ii) A maximum of 12 monthly payments.

What is not covered?

- i) If **you** elect to take voluntary **redundancy** (this includes entering into a settlement and/or compromise agreement with **your** employer).
- ii) If **you** have not been in continuous employment for the six months prior to the date of **your redundancy**.
- iii) Where **you** were under notice of **redundancy** at the date **you** joined the **Dental Membership Plan**.
- iv) The expiry of a fixed term contract.
- v) If **you** are self employed.
- vi) If **you** are employed by a temporary employment agency.
- vii) If **your** employment ceases due to grounds of ill health.

DATA PROTECTION

Both **we** and the **Administrator** hold personal information about **you** in order to provide **you** with insurance, to administer **your** policy, to process claims **you** may make on **your** insurance, to comply with regulatory requirements and to prevent fraud. Both **we** and the **Administrator** may need to disclose information about **you** to one or more insurance companies, loss assessors, regulatory authorities and fraud prevention agencies. **We** and the **Administrator** may also disclose claim information and related medical reports to **your** registered **dentist**, for any of the purposes stated above.

If **you** have any questions about **our** use of **your** personal information, or **you** believe **our** records are inaccurate, **you** should write to:

The Data Protection Officer

Practice Plan Limited, Cambrian Works, Gobowen Road, Oswestry, Shropshire SY11 1HS

or email **us** at:

dpofficer@practiceplan.co.uk

CUSTOMER CARE POLICY

Practice Plan Limited and Practice Plan Insurance Limited are committed to delivering the highest standards of customer care.

Our Commitment to You

- **We** will make sure all the information **we** give **you** will be clear, fair and accurate.
- **We** will always try to be fair and reasonable whenever **you** need the protection of this insurance.
- **We** will also act promptly to provide that protection.

If things go wrong

Whilst **we** make every effort to maintain the highest standards, **we** recognise that there may be some occasions when **we** fail to satisfy the particular requirements of **our** customers. **We** therefore have in place procedures to investigate and remedy any concern.

If **your** complaint relates to the sale or claims handling of the policy, then please write to the **Administrator**:

Practice Plan Limited

Cambrian Works
Gobowen Road
Oswestry
Shropshire
SY11 1HS
Tel: 01691 684128
Email: insurance@practiceplan.co.uk

If **your** complaint relates to any other aspect of the insurance, then please write to **us**:

Practice Plan Insurance Limited

The Hedge Business Centre
Level 3
Triq ir-Rampa ta' San Giljan
Balluta Bay, St Julian's
STJ 1062
Malta
Tel: (+356) 2342 3000
Email: info@practiceplaninsurance.eu

If **you** are still unhappy following receipt of **our** final response, **you** can refer to the Financial Ombudsman Service or to The Consumer Complaints Manager, Malta Financial Services Authority, who will review **your** case on an independent basis. Their contact details are:

The Financial Ombudsman Service

Exchange Tower
London E14 9SR
Tel: 0800 023 4567

The Financial Ombudsman Service is only able to intervene in respect of individuals or small businesses with an annual turnover of less than two million euros and fewer than ten employees.

The Consumer Complaints Manager

Malta Financial Services Authority
Notabile Road
Attard
BKR 3000
Malta
Tel: (+356) 2144 1155
Email: consumerinfo@mfsa.com.mt
www.mfsa.com.mt

The Financial Ombudsman Service or Consumer Complaints Manager should be contacted within six months from **our** final response or within 12 months from the date when **you** became aware of the circumstances giving rise to **your** complaint.

If **you** take any of the actions above, it will not affect **your** right to take legal action.

Compensation Scheme

Should Practice Plan Insurance Limited be unable to meet its liabilities, to the extent this applies to business in the United Kingdom, **we** are covered by the Financial Services Compensation Scheme (FSCS). **You** may be entitled to compensation from the scheme if **we** cannot meet **our** obligations.

Further information about compensation scheme arrangements is available from the FSCS website, please go to **www.fscs.org.uk**

FREQUENTLY ASKED QUESTIONS

Q How does my Dental Plan work?

As a member of a Dental Plan, you will have the peace of mind that your preventative dental care is provided by your dentist in return for convenient monthly payments. The monthly amount that you pay depends on the type of plan that you have arranged through your practice.

Practice Plan takes care of the administration of your plan so your dental team has more time to focus on providing you with the best possible preventative dental care. Practice Plan also arranges the Worldwide Dental Trauma and Emergency Callout Insurance Policy, which forms an integral part of your Dental Plan, so you are protected in the event of dental injuries and dental emergencies.

Q What happens in a dental emergency?

This will depend on whether you are away or at home.

Note: Please see your Certificate of Insurance for details of limits, excesses and any relevant exclusions that may apply to any of the situations below.

If emergency treatment is sought from a practice other than your own, you may have to settle any costs at the time of treatment and submit a claim form together with proof of payment for consideration.

At home – if emergency treatment is needed during the hours of 8.00 am to 6.00 pm, Monday to Friday, you should call your dental practice in the first instance. Treatment is part of your dental membership plan and costs may be incurred. If during these hours your dentist is unavailable, you may arrange to see another dentist or practice of your choice, but if emergency treatment is received within 15 miles of your registered practice you will be liable for all costs incurred, as this will not be covered under the insurance.

At home – if emergency treatment is needed outside of these hours, your first point of contact should be your registered dental practice or if unavailable, you can seek emergency temporary treatment from another practice of your choice and a claim can be submitted for any callout fees and/or emergency temporary treatment costs incurred.

Away from home (in the UK) – if emergency treatment is needed and you are more than 15 miles away from your registered practice, you can seek treatment from another practice of your choice and a claim can be submitted for any callout fees and/or emergency temporary treatment costs incurred.

Emergency treatment does not need to be undertaken at a Practice Plan practice and if assistance is needed to locate a dentist please contact our emergency helpline. The helpline can be contacted on 0800 783 2337 (lines are open 24 hours per day). Please note that the helpline's role is to provide contact details for dentists in your area and appointments cannot be guaranteed or arranged.

Away from home (outside the UK) – if emergency treatment is needed whilst you are abroad, you can seek treatment from any dental or medical professional. You can contact The British Consulate, your hotel or holiday representative who may have contact details for a recommended dentist in your local area.

Q What is emergency temporary treatment?

This is treatment that is needed to provide immediate pain relief or to stabilise your oral condition following a dental trauma, pending subsequent follow-on permanent treatment. Permanent treatment is not covered in an Emergency Callout situation, unless required to treat a dental trauma. If permanent treatment is provided during the emergency appointment, and is not as a result of a dental trauma, the claim value will be settled to the comparative temporary treatment cost.

Q If a dental trauma has occurred on a tooth that has a pre-existing condition or proposed treatment plan, what will be covered?

Details of the pre-existing condition should be submitted with the claim, to determine how much benefit can be paid as the pre-existing condition may have impacted the extent of the trauma.

Q I have suffered a dental trauma as result of the food I have consumed, am I covered?

In terms of a dental trauma you are not covered, but should you require emergency temporary treatment to relieve pain or discomfort, then this may be covered under the Emergency Callout and Emergency Temporary Treatment section of your Certificate of Insurance. If this is the case a claim form can be submitted. Please see emergency temporary treatment above and your Certificate of Insurance for details.

Q Does my claim need to be approved prior to treatment commencing?

Not for emergency temporary treatment, for the immediate relief of pain or to stabilise your oral condition.

For any dental trauma claim that may exceed £200, approval for the proposed treatment plan must be obtained prior to permanent treatment commencing. Approval can be sought via the submission of a claim form to the Administrator.

Q Where can I get a claim form and who completes it?

Claim forms can be obtained from your dental practice, any Practice Plan practice or by calling the Administrator on 01691 684128.

You should complete Section 1 of the form and your dentist, or treating dentist, should complete Section 2. The form should be fully completed and signed by yourself and the dentist to avoid delays in processing your claim.

Practiceplan

The business of dentistry

Part of the WESLEYAN Group

Practice Plan Limited

Cambrian Works, Gobowen Road
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Tel: 01691 684128

Email: insurance@practiceplan.co.uk

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