Accident & Emergency Dental Cover

Policy Document

Arranged through Lloyd & Whyte Ltd
Underwritten by PTI Insurance Company Limited
Welcome to your Dental Policy

This is your Emergency Treatment Dental Policy. Please read it now and then keep it somewhere safe.
The Policy, your application and the schedule should be read together and form the contract of insurance.
For any help or assistance please contact Our Dental Team on 0845 130 1365.
Your policy is underwritten by PTI Insurance Company Limited.

Contents

Definitions 3 - 4
Cover 5 - 8
General Exclusions 8
General Conditions 9 - 11
Your Right to Complain 12
Compensation Arrangements 12
Choice of Law 12
**Definition of Terms**

We have defined below words or phrases used throughout this Policy. To avoid repeating these definitions please note that where these words or phrases appear they have the precise meaning described below unless otherwise stated.

**Accident**
Injury caused by direct impact outside of the oral cavity to an Insured Person's teeth and gums (this includes damage to dentures whilst being worn).

**Commencement Date**
The date shown on the Policy when Cover under this Policy commences.

**Cosmetic Treatment**
Treatment not necessary to maintain oral health and which is solely for the purpose of improving the Insured Person's appearance.

**Cover**
Cover for Treatment and benefits subject to the terms and conditions of this Policy.

**Date of Entry**
The date when an Insured Person was included under this Policy.

**Dental Services**
The Dental Services described in this Policy.

**Dentist**
A fully qualified dental practitioner registered with the General Dental Council or any other person properly qualified and authorised to perform the Dental Services.

**Emergency Treatment**
Dental Services or supplies provided for the immediate relief of severe pain, trauma, swelling or bleeding of an Insured Person by a Dentist not being the Insured Person's registered Dentist or associated with the Policyholder's dental practice where the emergency occurred more than 40 miles from the Insured Person's home or registered dental practice.

**Insured Person**
A person who is a registered patient of the Policyholder resident in the United Kingdom and for whom the appropriate premium has been paid and whose name has been forwarded to Lloyd & Whyte in accordance with the terms of this Policy.

**In-Patient**
An Insured Person who is admitted to hospital and stays for a period of at least 24 hours for the sole purpose of receiving Treatment on the recommendations of a Specialist.

**Oral Cancer**
A malignant (invasive) tumour inside the mouth.

**Orthodontics**
Treatment undertaken by a Dentist for the prevention and correction of irregularities of the teeth.

**Period of Cover**
The Period of Cover set out following the registration and
acceptance of an Insured Person on the Emergency Treatment Dental Plan.

**Policyholder/You/Your** The company or organisation from who premium is received. In the event of a claim it is understood that settlement will be made to the principal Insured Person on behalf of the Policyholder where appropriate.

**Policy** This contract being Our contract with the Policyholder providing the Cover as detailed in this booklet. The application forms part of the Policy and must be read together with this document (as amended from time to time).

**Review Date** The anniversary of the common renewal date of the Policy, when the Policyholder has the option to renew the Policy.

**Specialist** A registered medical or dental practitioner who holds or has held a position in the NHS and is registered on the appropriate Specialist list of the General Medical Council or the General Dental Council.

**Treatment** Dental Services or supplies described in this booklet which are clinically necessary for the maintenance and/or restoration of the oral health of an Insured Person provided that such services are:

a) provided by a Dentist;

b) provided in accordance with accepted standards of dental practice;

c) received by an Insured Person during a Period of Cover.

**United Kingdom** This comprises England, Scotland, Wales, & Northern Ireland, the Channel Islands and the Isle of Man.

**We/Our/Us/Insurer** PTI Insurance Company Limited.
Cover

The purpose of this Policy is to provide an Insured Person with Dental Services as described hereafter during the Period of Cover for Treatment of dental conditions by a Dentist at a dental surgery. We will pay benefits up to the maximum value shown provided that such Treatment is received by the Insured Person during the Period of Cover.

SECTION I - EMERGENCY TREATMENT BENEFITS

If an Insured Person requires and receives Emergency Treatment outside a 40 mile radius from the Insured Person’s home and registered dental practice and the Treatment is administered by a Dentist who is neither the Insured Person’s registered Dentist nor associated with the Insured Person’s dental practice We will pay for the cost of the Emergency Treatment up to the maximum value shown.

Item

a) Examination and report to include all necessary smoothing and polishing of teeth and Treatment of sensitivity up to £45.00 per incident.

b) Radiographs / X-rays up to £40.00 per incident.

c) Extraction of up to 2 teeth up to £46.00 per tooth.

d) Root extirpation to include dressing and any associated Treatment of acute infection up to £75.00.

e) Treatment of acute infection (not associated with endodontic therapy) to include incising of abscesses and treating infected sockets up to £75.00 per incident.

f) Investigation and dressing - up to £35.00 per tooth.

g) Re-cement crown or inlay up to £40.00 per item.

h) Re-cement bridge up to £39.00 per bridge.

i) Construction and fitting of Temporary Crown up to £60.00 per crown.

j) Temporary bridge up to £130.00 per bridge.

k) Arrest of abnormal haemorrhage including aftercare and associated suture removal up to £50.00 per incident.

l) Removal of sutures placed by another practitioner up to £30.00.

m) Adjustment to denture up to £30.00.

n) Repair of denture up to £50.00.

o) Any other Emergency Treatment not otherwise specified under this Policy up to £65.00.

p) Evening, weekend and Bank Holiday call-out fees where Treatment is provided outside the treating Dentist’s normal surgery hours up to £140.00.
Benefit is also payable in the event of the Emergency Treatment being administered by the Insured Person’s registered dental practice or any dental practice within a 40 mile radius of the Insured Person’s registered dental practice.

**Exclusions to Section 1**

1. Dental Treatment administered by the Insured Person’s registered dental practice or any practitioner covering for the Insured Person’s registered dental practice or any dental practice within a 40 mile radius of the Insured Person’s registered dental practice or home, other than in respect of ‘p’ above.

2. We shall not be responsible for the first £15 of each and every incident.

**SECTION 2 - TREATMENT FOLLOWING ACCIDENT**

If an Insured Person requires Treatment following an Accident occurring during the Period of Cover, benefit will be paid for the cost of such Treatment up to the limits specified below. Treatment must be carried out by the Insured Person’s registered Dentist unless in an emergency. Please see the definition of Emergency Treatment as earlier.

**Item**

a) (i) Porcelain jacket crown up to £340.00 per unit.
   (ii) Ceramic bonded crown up to £420.00 per unit.

b) Metal bonded porcelain crown up to £475.00 per unit.

c) Bonded metal/porcelain bridge work up to £420.00 per retainer up to £275.00 per pontic.

d) Full metal crown up to £375.00 per unit.

e) All metal bridge work up to £320.00 per retainer up to £295.00 per pontic.

f) Laboratory constructed adhesive bridge up to £220.00 per retainer up to £215.00 per pontic.

g) Laboratory constructed adhesive facing or veneer up to £350.00 per unit.

h) (i) Permanent denture acrylic up to £400.00 per denture.
   (ii) Permanent denture metal up to £600.00 per denture.

i) Temporary denture following tooth loss where required up to £175.00 per incident.

j) Laboratory made temporary bridge following tooth loss (where required) up to £140.00 up to 3 units. Additional units £30 per unit.

k) Emergency and other Treatment following dental injury not otherwise specified up to £420.00 per incident.

l) (i) Root canal Treatment incisor up to £200.00 per incisor.
   (ii) Root canal Treatment canine up to £200.00 per canine.
(iii) Root canal Treatment premolar up to £250.00 per premolar.
(iv) Root canal Treatment molar up to £360.00 per molar.

**Conditions to Section 2**
Where Treatment involves replacing any crown, bridge facing, veneer or denture, benefit shall be paid according to the cost of a replacement of similar quality within the limits of the Policy.

**Exclusions to Section 2**
1. We will not be liable for Treatment directly or indirectly consequent upon:
   (i) injury caused by foodstuffs (including foreign bodies therein) in the course of consumption;
   (ii) normal wear and tear;
   (iii) injury whilst participating in boxing, martial arts, rugby and shinty (other than school rugby/shinty) unless appropriate mouth protection is worn;
   (iv) injury caused otherwise than by direct extra-oral impact;
   (v) damage which is not apparent within seven days of the date of impact resulting in dental injury;
   (vi) damage to dentures occurring other than whilst being worn.
2. We will not pay for any costs incurred by Insured Person more than 18 months after the date of Accident.
3. We shall not be responsible for the first £15 of each and every incident.

**SECTION 3 - HOSPITAL BENEFIT**
If an Insured Person is admitted to hospital as an In-Patient We will pay £70 for each complete 24 hours the Insured Person remains in hospital under the care of a Specialist.

**Exclusions to Section 3**
1. No payment will be made under this section if a payment is made under section 4 - Oral Cancer.
2. We will not pay for more than ten days of hospital benefit during any Period of Cover.

**SECTION 4 – ORAL CANCER**
If an Insured Person is diagnosed with Oral Cancer We will pay the Insured Person a £2,500 cash benefit. We will only pay this sum for Oral Cancer once the Insured Person has been referred to a Specialist by their general practitioner or Dentist.

**Conditions to Section 4**
1. Benefit under this section will only be paid once per Insured Person and thereafter Cover under the Policy will cease and no refund of premium will be payable by us.
2. Benefit under this section in respect of the Insured Person will only be paid when Oral Cancer is diagnosed by a Specialist in cancer Treatment by the NHS.
Exclusions to Section 4

This section does not cover:

1. Oral Cancer diagnosed before the Insured Person joined the Emergency Treatment Plan;
2. cancer or tumours of the throat or any other cancers;
3. Oral Cancer which is related in any way to an HIV infection or AIDS;
4. Oral Cancer resulting from chewing tobacco products (including betelenut juice);
5. reimbursement for any charges or fees including charges for consultation or tests for invasive/non-invasive tumours;
6. any cancer resulting from failure to follow medical advice;
7. persons aged over 75.

General Exclusions

In respect of all sections, benefits will not be available for:

1. Treatment which a Dentist is unable to provide due to circumstances beyond the control of such Dentist.
2. services or supplies which are not described in this Policy;
3. Cosmetic Treatment;
4. services, supplies or drugs which are experimental in nature, or not normally supplied by a dental practice;
5. dispensing and providing prescription drugs (unless they are antibiotics needed for Emergency Treatment);
6. Orthodontics;
7. any Treatment resulting from self inflicted injury;
8. any charges for the completion of the claim form or the submission of a claim;
9. dental implants;
10. any costs associated with the administration of general anaesthetics;
11. charges incurred by the Insured Person resulting from broken appointments.
12. injuries sustained while engaged in illegal or unlawful activities.
General Conditions

The following conditions apply:

1. **Compliance with Policy Terms**
   Our liability under this Policy will be conditional upon each Insured Person complying with its terms and conditions and the Policyholder paying or agreeing to pay the premium to Us.

2. **Change of Risk**
   The Policyholder must inform Us, as soon as reasonably possible, of any changes relating to Insured Persons (such as address or other personal details) which affect information given in connection with the application for Cover under this Policy.

3. **Policy Duration and Payment**
   a) The Policy shall be for one year and may be continued subject to the terms in force at the time of each Review Date.
   b) If the Insured Person obtains Cover after the Commencement/Review Date, the Period of Cover shall be for the period up until the following Review Date and annually renewable thereafter.
   c) The premium payable shall be that prevailing generally at the Commencement Date or if later, the appropriate Review Date.
   d) The premium payable may be changed by Us from time to time. However, this Policy will not be subject to any alteration in payment rates generally introduced until the next Review Date.

4. **Cancellation**
   a) Your Policy will be cancelled if You or any Insured Person no longer meet the eligibility criteria of the Dental Plan.
   b) This Policy will be cancelled automatically upon non-payment of the Premium.
   c) Whilst We shall not cancel this Policy because of eligible claims made by any Insured Person We may at any time terminate an Insured Person's Cover or subject his/her Cover to different terms if he/she or the Policyholder has at any time;
      (i) misled Us by mis-statement or concealment;
      (ii) knowingly claimed benefits for any purpose other than as are provided for under this Policy;
      (iii) agreed to any attempt by a third party to obtain unreasonable financial gain to Our detriment;
      (iv) otherwise failed to observe the terms and conditions of this Policy or failed to act with utmost good faith.
   d) If We cancel the Policy or any Insured Person’s Cover We shall give You 30 days notice sent by first class post to Your last known address. If We do so, You may be entitled to a proportionate refund of premium.
5. **Claims Procedure**

a) The Insured Person should pay for the Treatment provided prior to making a claim.

b) It is a condition of the Policy that all claims are accompanied by a fully completed and signed claim form or a fully itemised printed receipt from the Dentist administering Treatment detailing:

   (i) Treatment administered and date of Treatment.
   (ii) fully itemised fee breakdown.
   (iii) Dentist’s registration details and practice address.

The completed and signed form with all relevant receipts attached, should be returned to Lloyd & Whyte Ltd, Affinity House, Bindon Road, Taunton, Somerset, TA2 6AA. Telephone 0845 130 1365.

c) Reimbursement is available only if the Treatment is provided by a Dentist.

d) If Treatment costs are likely to exceed £400 the Insured Person must call Lloyd & Whyte Ltd, Affinity House, Bindon Road, Taunton, Somerset, TA2 6AA. Telephone 0845 130 1365, to obtain Our prior approval.

e) If any benefit is provided or any payment is made under this Policy as a result of an action by a third party then the Insured Person must:

   (i) give Us full details of the potential claim against a third party;
   (ii) allow Us to pursue any loss under this Policy at Our expense;
   (iii) help Us to take legal action if We ask the Insured Person to.

6. **Claims Notification**

All claims must be notified (and supporting documentation supplied) within 60 days of the date of completion of a course of Treatment. We will not be liable in respect of any claim notified late unless You provide an explanation for the delay satisfactory to Us.

7. **Hospital Benefit**

The Insured Person must obtain at their own expenses from their Dentist confirmation of the period of hospitalisation and if requested, any further information to confirm the validity of the claim.

8. **Overseas Emergency Treatment - Claims Procedure**

Subject to condition 7 above if an Insured Person requires Emergency Treatment when abroad they should simply obtain the Emergency Treatment needed and ask for the invoice to be written in English and on return to the UK forward it to Lloyd & Whyte Ltd, Affinity House, Bindon Road, Taunton, Somerset, TA2 6AA. Reimbursement will be in sterling at the equivalent UK benefit scale using the exchange rate in force at the date of the claim settlement.

9. **Accidents - Claims Procedure**

Subject to condition 7 above in the event of the Insured Person needing Treatment following an Accident or a sports injury, the Insured Person must inform Lloyd & Whyte Ltd.
telephone 0845 519 0139 within 7 days of the Accident or as soon as reasonably possible.
We may require confirmation of the Accident and Treatment before agreeing to any extra
reimbursements necessary.

10. Arbitration
When there is a dispute over the amount to be paid for a claim under this Policy, the dispute
must be referred to an arbitrator to be agreed between You and Us in accordance with the
law at the time. When this happens, a decision must be made before You can take any legal
action against Us.

11. Alteration
We may alter any of the terms of this Policy at any Review Date. Details of the change will be
advised to You at such time.

12. Fraudulent or Unfounded Claims
If any claim under this Policy is in any respect fraudulent or unfounded all benefit paid and/or
payable in relation to that claim shall be forfeited and (if appropriate) recoverable by Us.

13. Other Insurance
Without prejudice to any other right or remedy We may have against any third party, if there
is any other insurance covering any of the same benefits You must disclose or procure that the
relevant Insured Person discloses the same to Us. We shall not be liable to pay or contribute
more than Our rateable proportion. Any payment or contribution over and above such liability
shall be at our absolute discretion and shall be without prejudice to this condition.

14. Waiver
Waiver by Us of any term or condition of this Policy will not prevent Us from relying on such
term or condition afterwards.

15. Settlement of Claims
All settlements will be made by cheque made payable to the Insured Person.
Your Right to Complain

Our Service to You
We have every reason to believe that You will be totally satisfied with the Policy. However, should You have any concern relating to the Policy or Our service, please write quoting the Policy number together with full details of Your complaint to:

PTI Insurance Company Limited
Insurance House
Prisma Park
Berrington Way
Basingstoke
RG24 8GT

If You are still not satisfied you can ask the Financial Ombudsman Service (which is entirely independent) at the address below to review Your case without effecting Your right to take legal action;

The Financial Ombudsman Service
South Quay Plaza
183 Marsh Wall
LONDON, E14 9SR
Tel: 0845 080 1800

Please note that the Financial Ombudsman Service will not consider Your complaint until You have received a final decision from PTI Insurance Company Ltd.

Compensation Arrangements
We are covered by the Financial Services Compensation Scheme (FSCS). You may be entitled to compensation from the FSCS if We cannot meet Our obligations. Insurance advising and arranging is covered at 90% of the claim, without any upper limit.

Choice of Law
This contract shall be governed by and construed in accordance with English Law unless:

i) You and the Insurer agree otherwise; or

ii) At the date of the contract You are resident of (or, in the case of a business, the registered office or principal place of business is situated in) Scotland or Northern Ireland, in which case (in the absence of agreement to the contrary) the law of that country will apply.
Arranged through Lloyd & Whyte Ltd
Affinity House, Bindon Road, Taunton, Somerset, TA2 6AA
Tel: 0845 130 1365
Fax: 01823 270357
Visit: www.lloydwhytedental.com

Lloyd & Whyte Ltd is authorised and regulated by the Financial Conduct Authority.
Alternative telephone number: 01823 250700
Calls may be recorded for use in quality management, training and customer support.

PTI Insurance Company Limited (PTI) are authorised and regulated in Gibraltar by the Financial Services Commission (www.fsc.gi) registration number 33927 and in the United Kingdom by the Financial Conduct Authority (www.fca.gov.uk) registration number 202886. PTI are also members of the Association of British Insurers and subscribe to the Financial Ombudsman Service.