Supplementary worldwide dental accident and emergency

Members section

How your membership works
This section applies to scheme members living in the United Kingdom of Great Britain and Northern Ireland.

Words shown in bold type to which a specific meaning is given are shown in the Definitions section below.

This scheme is a group insurance scheme governed by an agreement between PPD and us. There is no legal contract between you and us covering your membership of the scheme. Only PPD and us govern the rights and duties under the agreement and are the only ones who can ensure the agreement.

The following sets out the details of your cover under the scheme. Please read this document very carefully.

Changes to your membership

The terms and conditions of your membership to this scheme, including your cover, may be changed from time to time by agreement between PPD and us.

No other person is allowed to make or confirm any changes to your membership to this scheme or decide not to enforce any of your rights. Also, no change to your membership will be valid unless it is agreed between PPD and us and confirmed in writing by PPD.

Definitions

Accident
An unforeseen and unexpected incident causing loss of or damage to the teeth or any dental prostheses by means of direct extra-oral impact.

Cover start date
The date your cover starts, which is the date you joined this scheme as confirmed by PPD to you in writing.

Dental plan
The payment or membership plan available from the dental practice with which you are registered.

Dentist
A suitably licensed and qualified dental professional.

Dependants
1. Any spouse or partner who currently resides with you; and
2. your unmarried children who are:
   a. less than 23 years of age; and
   b. in full-time education; and
   c. financially dependent upon you; for whom you pay dental plan fees.

Emergency
A serious and unexpected illness or injury requiring immediate action because it is causing you severe pain or poses an immediate risk to your health.

Fixed benefit
Benefit which is payable only once in your lifetime.

Implant
An intra-osseous fixture including the abutment.

Mouth cancer
Invasive malignant tumour with its primary site inside the mouth.

Mouth
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.

PPD
Patient Plan Direct.

Period of insurance
The time for which this scheme is in force as shown in the agreement between us and PPD.

Redundancy
Dismissal from employment, where your employer has:
1. stopped or intends to stop their business for the purposes for which you were or are employed; or
2. stopped or intends to stop their business in the place that you were or are employed; or
3. lost or reduced the need for their business in the place you were employed; or
4. continued to trade at the place that you were employed, but you are no longer required by your employer.

Unemployed
Where you are entirely without gainful employment whether full-time, part-time or on a zero-hour contract.

United Kingdom
The United Kingdom of Great Britain and Northern Ireland, the Isle of Man and the Channel Islands.

We/us/our
Hiscox Insurance Company Limited.

Year
1. The 12-month period following the cover start date; or
2. for renewed memberships, the 12-month period following the renewal date.

You/your
The members of the dental plan named in the schedule of members kept on file with PPD.

Section 1a – Emergency treatment away from home

What is covered
If you need emergency dental treatment during the period of insurance and you cannot reasonably access your dentist’s own emergency arrangements, we will pay the cost of your emergency treatment for any of the items listed in the table below.

How much we will pay
The most we will pay for each treatment is the limit shown in the table for the corresponding treatment. The most we will pay in any one year for all treatments and the most we will pay for any one emergency are listed below.

What is not covered
We will not make payment for:
1. any treatment provided by your own dentist, another dentist in the same practice or a dental practice within 25 miles radius of the dental practice with which you are registered;
2. any claim where you have been outside the United Kingdom for longer than 90 consecutive days.

Section 1 – treatment

<table>
<thead>
<tr>
<th>Item</th>
<th>Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Examination and treatment of sensitivity</td>
<td>£35.00</td>
</tr>
<tr>
<td>X-ray examination</td>
<td>£30.00</td>
</tr>
<tr>
<td>Tooth extraction (maximum two teeth)</td>
<td>£55.00 per tooth</td>
</tr>
<tr>
<td>Root extraction to include dressing and for temporary filling and treatment of infection</td>
<td>£70.00 for 1 canal</td>
</tr>
<tr>
<td>Root extraction to include dressing and for temporary filling and treatment of infection</td>
<td>£100.00 in total for 3+ canals</td>
</tr>
<tr>
<td>Treatment of infection to include prescriptions</td>
<td>£30.00</td>
</tr>
<tr>
<td>Provision of a filling</td>
<td>£30.00</td>
</tr>
<tr>
<td>Provision of a filling for additional teeth thereafter</td>
<td>£20.00</td>
</tr>
<tr>
<td>Re-secure crown or inlay</td>
<td>£35.00</td>
</tr>
<tr>
<td>Re-secure bridge</td>
<td>£45.00</td>
</tr>
<tr>
<td>Provision of temporary crown</td>
<td>£35.00</td>
</tr>
<tr>
<td>Provision of temporary crown</td>
<td>£55.00</td>
</tr>
<tr>
<td>Provision of temporary post and core</td>
<td>£110.00</td>
</tr>
<tr>
<td>Provision of temporary post and core</td>
<td>£65.00 each</td>
</tr>
<tr>
<td>Treatment to stop haemorrhage including follow-up care</td>
<td>£45.00</td>
</tr>
<tr>
<td>Removal of sutures placed by another dentist</td>
<td>£30.00</td>
</tr>
<tr>
<td>Repair/adjustment of orthodontic appliance</td>
<td>£50.00</td>
</tr>
<tr>
<td>Adjustment to denture</td>
<td>£25.00</td>
</tr>
<tr>
<td>Repair of denture to include re-fixing of teeth and gums and repair of clasps</td>
<td>£45.00</td>
</tr>
</tbody>
</table>

Other emergency dental treatment

Section 1b – Emergency call out

What is covered
If you suffer a dental emergency during the period of insurance, and need a dentist to provide advice by telephone, call out to visit you or re-open their practice to see you, we will pay the cost to you during the times listed in the table below:
1. a phone consultation or call out;
2. your resulting emergency treatment for any of the items listed in the table below.

How much we will pay
The most we will pay in any one year for all costs and treatments is listed in the table below.

What is not covered
We will not make payment for:
1. the first £15 of the call out fee;
2. any phone consultation, call out or treatment outside of the times listed in the table below.

Section 1b – call out times
4.00am to 9.59am (weekdays)
Any time (weekends and Bank Holidays)

Section 1b – treatment
Examination and treatment of sensitivity
X-ray examination
Tooth extraction (maximum two teeth)
Root extraction to include dressing and for temporary filling and treatment of infection
Root extraction to include dressing and for temporary filling and treatment of infection
Treatment of infection to include prescriptions
Provision of a filling for first tooth
Provision of a filling for additional teeth thereafter
Re-secure crown or inlay
Re-secure bridge
Provision of temporary crown
Provision of temporary bridge
Provision of temporary post and core
Treatment to stop haemorrhage including follow-up care
Removal of sutures placed by another dentist
Repair/adjustment of orthodontic appliance
Adjustment to denture
Repair of denture to include re-fixing of teeth and gums and repair of clasps
Other emergency dental treatment

Section 1b – Limits

<table>
<thead>
<tr>
<th>Section 1b – Limits</th>
<th>Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fixed benefit</td>
<td>£200</td>
</tr>
</tbody>
</table>

Section 1 – limit per emergency

Section 1 – limit in any one year

<table>
<thead>
<tr>
<th>Section 1</th>
<th>Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>£55.00</td>
<td></td>
</tr>
<tr>
<td>£45.00</td>
<td></td>
</tr>
<tr>
<td>£92.00</td>
<td></td>
</tr>
</tbody>
</table>
Section 2 – Dental treatment following an accident

What is covered
If you suffer a dental injury which requires treatment by your dentist following an accident during the period of insurance we will pay the cost to you for the treatments listed in the table below.

If you are under 18 years of age at the time of the accident, we will continue to cover necessary resulting treatment up to your 18th birthday or for up to five years (whichever is the later) subject to the limits listed in the table below.

How much we will pay
The most we will pay for each treatment is the limit shown in the table below, subject to the limits listed in the table below.

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What is not covered
1. We will not make payment for the treatment of a dental injury:
   a. for which you have already received treatment and the damage has been repaired;
   b. caused by your deliberate exposure to exceptional danger or activity, except in an attempt to save a human life or in self-defence or in an attempt to prevent loss or damage to your property under this dental plan;
   c. caused by self-inflicted damage;
   d. caused by your consumption of food;
   e. caused by participating in any contact sport unless you were wearing a protective gum shield at the time of the accident;
   f. which is the result of normal wear and tear;
   g. caused by any oral hygiene activity;
   h. following damage for which you have not sought treatment within seven days of the accident;
   i. caused by damage to dental prostheses whilst you are not wearing them.

2. We will not make payment for any permanent treatment which occurs outside of the
   United Kingdom.

3. We will not make payment for the placement of an implant where the dental injury
   occurs within 28 days of the start of the period of insurance.

4. We will not make payment for the placement of an implant where this is not
   recommended by your dentist.

5. We will not make payment for the failure of an implant to integrate.

6. We will not make payment for the placement or treatment of any implant where the
   treatment was prescribed, planned or currently taking place before the start of the
   period of insurance.

7. We will not make payment for the treatment of any implant fitted outside of the
   United Kingdom.

Section 3 – Hospital benefit

What is covered
If you are admitted to hospital as an inpatient during the period of insurance for treatment
by the care of a consultant who specialises in dental or maxillofacial surgery we will pay
for each overnight stay in hospital while your hospitalisation period necessarily continues.

How much we will pay
The most we will pay for each overnight stay is the limit shown in the table below. The
maximum number of nights for which we will pay is also listed below.

What is not covered
We will not make payment for any treatment.

Section 4 – Mouth cancer

What is covered
If you are first diagnosed as having mouth cancer by a dentist or licensed and qualified
doctor during the period of insurance and within the United Kingdom, we will pay the
fixed benefit to you as listed in the table below.

How much we will pay
The most we will pay is the limit shown in the table below.

What is not covered
We will not make payment for:

1. mouth cancer as a result of your use of chewing tobacco products or betel nuts;
2. mouth cancer as a result of your prolonged drug abuse or alcohol abuse;
3. mouth cancer diagnosed before the start of the dental plan or within 90 days of the
   start of the dental plan;
4. cancer or tumours in the throat;
5. non-malignant tumours;
6. non-invasive cancers;
7. mouth cancer attributable in any way, directly or indirectly, to HIV (Human
   Immunodeficiency Virus) or any HIV-related illness.

Section 5 – Redundancy

What is covered
If you are unemployed following redundancy, we will pay:

1. the costs of your monthly dental plan; and
2. the costs of your dependants’ monthly dental plan; for the period that you are unemployed and seeking employment.

How much we will pay
The most we will pay is:

1. £15 per month for any dental plan for you which does not include your dependants; or
2. £50 per month for any dental plan for you which includes your dependants.

However, we will not make any payment for the first 30 days that you are unemployed and
we will not pay for longer than 12 consecutive months.

What is not covered
We will not make payment for:

1. we will not pay for any unemployment which you knew about or ought reasonably to
   have known about at the time you registered with the dental plan;
2. self-employed members of the dental plan;
3. any period that you are unemployed where you were under notice of redundancy at
   the start of the period of insurance;
4. any period that you are unemployed that occurs during employment through a
   temporary employment agency;
5. any redundancy which arises on the grounds of your ill health;
6. any redundancy where you cannot provide a formal letter of redundancy from your
   last employer which is written on company stationary and includes the date of your
   redundancy;
7. any period that you are unemployed where you elect to take voluntary redundancy;
8. any period that you are unemployed where you:
   a. cannot provide evidence that you have actively sought employment; and
   b. have not been registered with your local job centre; and
9. any period that you are unemployed first arising within six months of the date you
   registered for the dental plan, unless you have been in continuous employment for
   six consecutive months prior to the date of your redundancy.

Section 6 – General conditions

The following conditions apply to the whole of this scheme.

Due diligence
1. You must take reasonable steps to prevent accident or injury.

Premium payment
2. Payment of your benefit under this scheme will be suspended unless PPD has paid the
   premium due to you, and we have paid the costs of a dental plan in accordance with
   section 6 – Redundancy of this scheme.

Other insurance
3. This scheme does not cover any loss or claim where you would be entitled to be paid
   under any other insurance.

Termination
4. Your coverage under this scheme will terminate and cease to have effect upon the date
   that your dental plan membership terminates.
Governing law
5. Unless some other law is agreed between PPD and us in writing, this group insurance scheme will be governed by the laws of England.

Arbitration
6. Any dispute arising out of or relating to this group insurance scheme, including over its construction, application and validity, will be referred to a single arbitrator in accordance with the Arbitration Act then in force.

False claims
7. If you have made a false claim, we can refuse to pay the claim and we shall be entitled to give you notice of termination of your participation in the scheme with effect from the date of the false claim.

Section 7 – Policy information
Applicable to all sections except redundancy.

Emergency help
If you cannot access your dentist’s own emergency arrangements and you need help in obtaining emergency dental treatment either in the United Kingdom or overseas, you may see a dentist of your choice or you may call the dental helpline on +44 (0)1206 788816.

How to make a claim
You must complete a claim form and this must be countersigned by the treating dentist or your registered dentist.
You must send this to us within 30 days of the injury, incident or emergency incident (60 days if the incident occurs outside the United Kingdom).
We will reimburse your costs up the limits shown in this scheme. We will at our sole discretion settle the claim directly either to you or to the treating dentist. Any amount which exceeds the specified limit must be paid directly by you to the treating dentist.
You, at your expense, provide all necessary reports, receipts, and other documentation in support of the claim when asked to do so.
For claims under Section 2, the claim form must be sent together with the treating dentist’s signed receipt showing details of the treatment given to you.
Claim forms are available from your dentist or from Jelf by calling: 01482 213215 or by emailing ppd@insurance-partnership.com.

Section 8 – Policy information
Applicable to redundancy.

How to make a claim
You must complete a claim form and this must be countersigned by the treating dentist or your registered dentist.
You must send this to us within 60 days of the date of your redundancy.
We will reimburse the costs of your dental plan up the limits shown in this scheme. We will settle the claim directly to your dentist. Any amount which exceeds the specified limit must be paid directly by you to the treating dentist.
You, at your expense, provide all necessary reports, receipts, and other documentation in support of the claim when asked to do so.
Claim forms are available from your dentist or from Jelf by calling: 01482 213215 or by emailing ppd@insurance-partnership.com.

Section 9 – General claims conditions
Your obligations
You must:
a. give us prompt notice of anything which is likely to give rise to a claim under this scheme, in accordance with the terms of Section 7 – Policy information and Section 8 – Policy information;
b. give us, at your expense, any information which we may reasonably require and co-operate fully in the investigation of any claim under this scheme;
c. take all reasonable precautions to protect yourself against dental accident and take appropriate emergency measures immediately if they are required to reduce any claim.

Data protection notice
By accepting your participation in this group insurance scheme, 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). This may mean we have to give some details to third parties involved in providing insurance. These may include insurance carriers, third-party claims adjusters, fraud detection and prevention services, reinsurers and insurance regulatory authorities. 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 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 are free to apply for a copy of your information (for which we may charge a small fee) and to have any inaccuracies corrected. For training and quality control purposes, telephone calls may be monitored or recorded.

Complaints procedure
Our aim is to ensure that all aspects of your insurance scheme are dealt with promptly, efficiently and fairly. At all times we are committed to providing you with the highest standard of service. If you have any questions or concerns about this insurance scheme or the service offered by your broker, you should contact Jelf. Complaints Department, Jelf Insurance Brokers Limited, Bowling Hill, Chipping Sodbury, Bristol BS37 6JX. Telephone: 01454 272727. Email: aaron.hill@jelfgroup.com.
If you have any questions or concerns about the terms of this insurance scheme or the decisions regarding the settlement of a claim, please contact our customer relations team in writing at:
Hiscox Customer Relations, The Hiscox Building, Peasholme Green, York YO1 7PR. Telephone: 0800 1164627 or 01904 681198. Email: customer.relations@hiscox.com.
If you are dissatisfied with the final response from Jelf or from Hiscox, you may have the right to refer your complaint to the Financial Ombudsman Service. For more information regarding the Financial Ombudsman Service, please refer to www.financial-ombudsman.org.uk.