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. There is no legal contract between you and us covering your membership of the scheme. Only PPD and we have legal rights under the agreement and are the only ones who can enforce the agreement.

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

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.

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

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.

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

Implant
An intra-osseous fixture including the abutment.

Jeff
Jeff Insurance Brokers Limited, the insurance intermediary who has previously agreed a costed treatment plan is also listed in the table below.

Locality
Within 25 miles radius of the dental practice with which you are registered.

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 are or were 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.

We/us/our
Hiscox Insurance Company Limited.

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

Section 1a – Emergency treatment

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 any one emergency 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 permanent treatment;
2. any treatment provided by your own dentist, another dentist in the same practice or a dental practice within the locality;
3. any claim where you have been outside the geographical limits for longer than 90 consecutive days.

Section 1 – treatment

<table>
<thead>
<tr>
<th>Description</th>
<th>Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Examination and treatment of sensitivity</td>
<td>£10.00</td>
</tr>
<tr>
<td>X-ray examination</td>
<td>£30.00</td>
</tr>
<tr>
<td>Root extirpation to include dressing and for temporary filling and treatment of infection</td>
<td>£65.00 per tooth</td>
</tr>
<tr>
<td>Root extirpation to include dressing and for temporary filling and treatment of infarction</td>
<td>£80.00 per tooth</td>
</tr>
<tr>
<td>Root extirpation to include dressing and for temporary filling and treatment of infarction</td>
<td>£100.00 per tooth</td>
</tr>
<tr>
<td>Treatment of infection to include prescriptions</td>
<td>£30.00</td>
</tr>
<tr>
<td>Treatment of infection to include prescriptions</td>
<td>£30.00</td>
</tr>
<tr>
<td>Investigation and dressing for first tooth</td>
<td>£30.00</td>
</tr>
<tr>
<td>Investigation and dressing 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>£55.00</td>
</tr>
<tr>
<td>Provision of temporary bridge</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 harm occurring following fill-out 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>£30.00</td>
</tr>
<tr>
<td>Adjustment to denture</td>
<td>£20.00</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>
<tr>
<td>Other temporary emergency dental treatment</td>
<td>£65.00</td>
</tr>
<tr>
<td>Section 1 – limit per year</td>
<td>£200.00</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.

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

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; or
   b. caused by your deliberate exposure to exceptional danger or activity, except in an attempt to save human life or in self-defence or in an attempt to prevent loss or damage to your property;
   c. caused by self-inflicted damage;
   d. caused by your consumption of food or drink;
   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 we 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 geographical limits.

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.

Section 1b – call out times

<table>
<thead>
<tr>
<th>Description</th>
<th>Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone consultation where no attendance follows</td>
<td>£30.00</td>
</tr>
<tr>
<td>Call out fee 6.00am-6.00am and 6.00pm-10.00pm (weekdays)</td>
<td>£100.00</td>
</tr>
<tr>
<td>Call out fee 6.00am-6.00am (weekends and Bank Holidays)</td>
<td>£115.00</td>
</tr>
<tr>
<td>Call out fee 10.00pm-6.00am (weekends and week days)</td>
<td>£175.00</td>
</tr>
<tr>
<td>You must pay the first £15.00 of the call out fee.</td>
<td></td>
</tr>
</tbody>
</table>

Section 3 – Accident

What is covered
If you suffer a dental injury during the period of insurance, and obtain advice by telephone from, or call out, any dentist we will pay the cost to you for the times listed in the table below.

What is not covered
We will not make payment for:
1. any permanent treatment;
2. the first £15 of the call out fee;
3. any call out fee outside of the times listed in the table below.
Section 5 – 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 geographical limits, 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; and
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 which you include 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. any period that you are unemployed 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 time you registered with the dental plan;
4. any period that you are unemployed that occurs during employment through a temporary employment agency;
5. any redundancy that arises on the grounds of your ill health;
6. any redundancy arising from the expiry of a fixed term contract;
7. any redundancy where you cannot provide a formal letter of redundancy from your last employer which is written on company stationery and includes the date of your redundancy;
8. any period that you are unemployed where you elect to take voluntary redundancy;
9. 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
   c. have not been in receipt of Jobseekers Allowance within the past 30 days.
10. any period that you are unemployed first arising within six months of the date you registered with the dental plan, unless you have been in continuous employment for six consecutive months prior to the date of your redundancy.

Section 5 – Type of dental plan

| Any dental plan for you which does not include your dependants | £120 |
| Any dental plan for which you include your dependants | £720 |

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 us, or 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 a claim or we can treat your coverage under this scheme as though it had never existed.

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. You must send this to us within 30 days of the injury, incident or emergency incident (60 days if the incident occurs outside the geographical limits). We will reimburse your costs up the limits shown in this scheme. We will at our sole discretion settle the claim directly 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 must, 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 temporary treatment given to you. Claim forms are available from your dentist or from PPD 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. 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 to 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 must, 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 cover. 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 its use by us as set out above.
The information provided will be treated in confidence and in compliance with the Data Protection Act 1998. You have the right to apply for a copy of your information (for which we may charge a small fee) and to have any inaccuracies corrected.
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 Y01 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.