

Your Bupa policy guide

Bupa Dental Plan

This guide together with your membership certificate shows the full terms of your dental insurance cover.

For policies starting on or after 1 September 2024



About this guide

Your Bupa Dental Plan insurance

This guide explains how to use your policy. It includes full details of what is and isn't covered (Section 3) and the amount you and anyone covered on your policy can claim up to in each policy year, according to your level of cover (Section 2).

Your membership certificate includes details of everyone covered on the policy, their level of cover and the cover start date.

Although they're separate documents, this guide and your membership certificate should be read together because these are the documents which set out the full details of how your dental insurance works.

In this guide, references to:

- 'We', 'our' and 'us' mean Bupa Insurance Limited registered in England and Wales with registration number 3956433 and a registered office at 1 Angel Court, London, EC2R 7HJ.

Who is this policy for?

This policy is suitable for someone who wants support with everyday dental costs. All levels of cover provide cash back towards everyday dental costs, such as dental examinations, X-rays, and treatment. It also covers you for orthodontic treatment, dental injury, emergency treatment and oral cancer.

To make sure your cover meets your needs (and those of anyone covered by your policy), please read this guide. We haven't provided you with any advice about your cover and how it meets your individual needs.

Some words in this guide are in **bold** and *italics*. This is because they have a specific meaning which we explain on pages 34 to 35.

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How to get in touch with us

Online

Visit [bupa.co.uk](https://www.bupa.co.uk) to create a digital account where you can:

- view your claim advice, see previous claims, and access your policy documents
- submit claims
- manage your policy
- view your benefit allowances and what you have left to claim before your policy renews.

You (and anyone covered on your policy, aged 16 and over) can create a digital account.

Webchat

For answers to general questions you can chat with us using your **digital account**, or by visiting [bupa.co.uk](https://www.bupa.co.uk).



Email

For answers to questions about your cover please email us at DentalMemberServices@bupa.com.

Please be careful what you include as email may not always be secure.



Call

If you have questions about your cover please call us on **0800 237 777** between 8am to 6pm Monday to Friday or 8am to 1pm on Saturday and we'll be happy to help.

We may record or monitor calls.



If you have hearing or speech difficulties

You can use the Relay UK service, visit www.relayuk.bt.com for more information.

If you have sight difficulties

We have documents in Braille, large print or audio.

Please let us know if you'd like us to send you some.



Write

You can also write to us at:

Bupa Dental Insurance, Bupa Place, 102 The Quays, Salford M50 3SP.

1. How to use your policy and claim

Before your dental treatment

Before you have any treatment, check this guide and your membership certificate to see your level of cover and who is covered on the policy. Or you can check your digital account to see what you're covered for and what you have left to claim before your policy renews.

We don't pre-authorise claims for dental treatment so there's no need to call us beforehand. Your policy covers clinically necessary dental treatment up to your benefit allowances. We'll review your claim once you've sent it to us.

It's important that you read Section 3 of this guide to fully understand what is and isn't covered on this policy for each type of treatment.

Good to know

When we say clinically necessary dental treatment, we mean any dental treatment, recommended by your **dental professional**, that is needed to keep your teeth and gums healthy and free from pain. This doesn't include treatment for cosmetic reasons.

Oral cancer claims

You should always call us before any treatment is needed to diagnose oral cancer or before any oral cancer treatment starts because it must be pre-authorised. If you don't pre-authorise, you could be responsible for paying for this treatment. You can find more information in Section 3.7.



Which dentists are covered by my policy?

You can see any dentist for private or NHS treatment.

If you use a Bupa dental practice offering Instant Claim

Instant Claim

Many of the Bupa dental practices offer easy, fast, and hassle-free claiming.

After your treatment, the receptionist will send your claim to us, and we'll pay the practice directly – up to your policy benefit allowances†.

Remember, you'll need to pay for any dental treatment that isn't covered on your policy.

You can check your digital account to see your benefit allowances and what you have left to claim before your policy renews.

To find out which practices offer this service, please visit finder.bupa.co.uk and search Dental Insurance Network.

Need to know

Not all Bupa Dental Care practices offer this service.



†Selected Bupa Dental Insurance Network practices forward claims and are agents of Bupa Insurance Limited. Any claims for dental injury treatment and oral cancer cannot be processed by the dental practice. You'll need to complete and send us a claim for dental injury claims, which can be done through your digital account. For oral cancer claims you'll need to call us on **0800 237 777**. We may record and monitor calls.

How to claim if you don't use Instant Claim

You'll need to pay for your dental treatment and then claim some or all of it back, depending on the level of cover you have, within 12 months of your treatment date. You can only claim for treatment that has taken place.

You can claim online using your digital account.

Claims for preventative dental treatment

When claiming for preventative dental treatment (such as, routine examination, scale and polish, and x-rays), you'll need to send your invoice or receipt from your dentist with your claim.

Claims for any other dental treatment

You must make sure your receipt contains:

- name of the person receiving treatment
- date treatment took place
- details of the treatment received including cost of each one
- name of **dental professional** who provided the treatment
- dental practice name, address and post code, and
- proof that you paid for the treatment.

If the information you send is incomplete or unreadable, it may delay your claim, or we may be unable to pay it.

How to claim if you don't use Instant Claim

Online

To claim online use your digital account or visit bupa.co.uk/dental/dental-insurance/make-claim.

If you're claiming for the hospital cash benefit, please download and complete a claim form and send it to us.



Post

Download a claim form from bupa.co.uk/dental/dental-insurance/make-claim.

Please post your completed claim form and a copy of your receipts, to:

Bupa Dental Insurance, Bupa Place, 102 The Quays, Salford M50 3SP.



Call

You can call us on **0800 237 777** between 8am to 6pm, Monday to Friday, or 8am and 1pm on Saturdays and we'll send a claim form to you. We may record or monitor calls.



Need to know

If you're claiming for oral cancer treatment, please call us on **0800 237 777** between 8am to 6pm, Monday to Friday, or 8am and 1pm on Saturday. We may record or monitor calls.

What happens next

We may contact your **dental professional** to ask for more information about your claim or dental treatment to see if your policy covers it. This could include your dental records, x-rays or photographs of your teeth before and after treatment. We'll need this information so we can fully assess your claim; getting this could impact the time it takes to process your claim.



Good to know

When claiming for a surgical implant, bridge, or denture you must include a letter or email from your dentist to tell us which tooth has been extracted. They'll also need to tell us the surgical implant, bridge or denture has been fitted in the gap caused by the extraction.

When claiming for orthodontic treatment you must include a letter or email from your dentist, or orthodontic specialist, confirming your IOTN scale and how long your treatment will take.

When claiming for a dental injury you must give us a detailed account of how and when your injury happened along with the damage sustained and what treatment is needed. If the injury happened whilst taking part in a contact sport, you must tell us if a mouthguard which was supplied/fitted by a **dental professional** was worn. You'll also need to send us details of when this mouthguard was fitted. This can be an itemised receipt, letter, or email from your dentist.

We'll pay your claim into your bank account.



If you had dental treatment outside the **UK** and your receipt isn't in sterling, we'll convert it to sterling using the currency converter **www.oanda.com** based on the exchange rate on the date you received your treatment.



2. Your Bupa Dental Plan Table of Cover

Here are details of the maximum amount you and anyone covered on your policy can claim up to in each policy year. These benefit allowances are per person meaning everyone covered on the policy can claim up to the amounts shown.

Your membership certificate will show your level of cover.

You can find full details of what is and isn't covered in Section 3 of this guide.

You can use your digital account to see your benefit allowances, and what you have left to claim before your policy renews.

Worldwide preventative and restorative benefits

	Level 1	Level 2	Level 3	Level 4	Level 5
Worldwide preventative dental treatment					
Routine examination	£80 up to £40 for each visit	£100 up to £50 for each visit	£140 up to £70 for each visit	£160 up to £80 for each visit	£220 up to £110 for each visit
	maximum of two visits in each policy year				
New patient examination	£60	£70	£90	£100	£130
	one visit in each policy year				
Scale and polish (by your dentist or hygienist)	£100 up to £50 for each visit	£120 up to £60 for each visit	£180 up to £90 for each visit	£200 up to £100 for each visit	£260 up to £130 for each visit
	maximum of two visits in each policy year				
Virtual routine examination	£20 for each policy year				
Dental X-rays and scans	£40	£50	£80	£90	£100
	for each policy year				
Worldwide restorative dental treatment					
Fillings, composite bonding, fissure sealant, and topical fluoride	£175	£275	£330	£375	£400
	for each policy year				
Major restorative dental treatment	We contribute 80% towards the cost of your major restorative treatment up to				
	£325	£500	£800	£2,000	£3,000
	for each policy year				

Other dental benefits

	Level 1	Level 2	Level 3	Level 4	Level 5
Orthodontic treatment <i>UK</i> only	£300	£400	£500	£600	£700
	for each policy year				
Emergency dental treatment (Worldwide cover)	£1,000 for each policy year made up of four emergencies, up to £250 each				
Dental injury treatment (Worldwide cover)	£5,000 for each policy year				
Oral cancer treatment <i>UK</i> only	paid in full to diagnose and treat oral cancer when using a <i>fee-assured consultant</i> in a <i>partnership facility</i>				
Cash benefit for hospital stay <i>UK</i> only	£100 for each night you stay in hospital, up to £1,000 in each policy year				

3. Policy Terms

Key information

In this section we explain what is and isn't covered.

3.1 General terms of your cover

Need to know

Here are the general terms which apply to your cover and claims.

Your policy covers the cost of your clinically necessary dental treatment in line with the terms and conditions of your policy.

Your policy covers you up to your benefit allowance for treatment that you've paid for, which has taken place, and was provided by a ***dental professional***.

Treatment or costs not covered by your policy

You'll need to pay for any treatment or costs that aren't covered by your policy.

Your policy doesn't cover:

- Any treatment that takes place before your policy start date.
- Any treatment, including any we've pre-authorised, that takes place after your policy ends.
- Any fees you may incur with a third party to cover dental services via your dentist (i.e., a dental monthly payment plan).

Claims

Claims will be paid, up to your benefit allowances, if your **group** has paid all premiums due for the **main member's** policy and any **dependants** on or before the treatment date. If you are a **contributing member**, please see Section 4.10.

We'll pay you when you make a valid claim. When you use 'Instant Claim', we'll pay the dental practice for your claim. You'll need to pay for any dental treatment that isn't covered on your policy.

We'll let the **main member** or **dependant** (when aged 16 and over) who has received the treatment, know about the outcome of any claim. We'll send this information to the **main member** for **child dependants** aged 15 and under.

All correspondence apart from the dental claim advice will be sent to the **main member**.

We may not pay a claim if:

- you break any of your policy terms and conditions which are related to the claim, or
- there's reasonable evidence that you didn't take reasonable care when answering our questions. By this we mean giving false information or keeping necessary information from us. Please refer to Section 4.6.

Other insurance cover

You can only claim for eligible dental costs once. If you have another policy that provides dental cover, your treatment costs may be split between us and the other insurer. We'll ask you to provide us with full details of any other relevant insurance policy you may have when you claim on your **Bupa** policy.

3.2 Preventative dental treatment

This section explains what preventative dental treatment is and isn't covered.

The Table of Cover in Section 2 shows the maximum amount you and anyone covered on your policy can claim in each policy year.

You can also use your digital account to see your benefit allowances, and what you have left to claim before your policy renews.



What's covered

- Routine examinations
- New patient examination
- Virtual examination
- Scale and polish by your dentist or hygienist
- X-rays and scans



What's not covered

- Specialist consultations for restorative dental treatment
- Any costs or treatment explained as not covered in the 'General terms of your cover' Section 3.1

Need to know

When seeing a dentist for the first time, you'll need a new patient examination which includes an examination and X-rays. Using your policy, you can claim for a new patient examination in each policy year.

Specialist consultations for any restorative dental treatment will be covered from the restorative dental treatment benefit. For example, a specialist consultation for the removal of a tooth or for a root canal would be paid from the major restorative dental treatment benefit, up to your benefit allowance.

3.3 Restorative dental treatment - what's covered

This section explains what restorative dental treatment is and isn't covered.

The Table of Cover in Section 2 shows the maximum amount you and anyone covered on your policy can claim in each policy year.

You can also use your digital account to see your benefit allowances, and what you have left to claim before your policy renews.



What's covered

- Clinically necessary restorative dental treatment up to the amounts shown in the Table of Cover (Section 2)
- Specialist consultations for clinically necessary restorative dental treatment
- Treatment your dentist has planned or recommended to you before your cover start date and which takes place after your cover start date



What's covered

- Intravenous and oral sedation for clinically necessary dental treatment
- Mouthguards or splints, when supplied by a **dental professional**, and used for sports, fluoride application, or to prevent teeth grinding (bruxism)
- Clinically necessary treatment to damaged teeth caused when eating food, including foreign bodies contained within the food

Need to know

Clinically necessary

When we say clinically necessary restorative dental treatment, we mean any dental treatment, recommended by your **dental professional**, that is needed to keep your teeth and gums healthy and free from pain. This doesn't include treatment for cosmetic reasons.

3.3 Restorative dental treatment - what's covered

Need to know

Fillings, composite bonding, fissure sealant and topical fluoride

You can claim 100% towards the cost, up to your benefit allowance, for white, silver and amalgam fillings, fissure sealants and topical fluoride application as well as composite fillings, composite bonding, composite veneers and any treatment where composite is used to restore a tooth.

Major restorative dental treatment

You can claim 80% towards the cost of major restorative dental treatment, up to your benefit allowance. For example, if your major restorative dental treatment costs £100, you could claim £80 towards the cost which would be paid up to your benefit allowance.

Intravenous and oral sedation

This is covered up to benefit allowances. For example, when used for a filling, this would be covered from the filling benefit whereas it would be covered from the major restorative benefit for all other restorative dental treatment.

Oral surgery

Oral surgery is covered if this is for clinically necessary dental treatment. This is covered up to your major restorative benefit allowance.

Surgical implants, bridges and dentures

When submitting a claim, you must include a letter or email from your dentist to explain which tooth has been extracted and when. They'll also need to tell us the implant, bridge, or denture has been fitted in the gap caused by the extraction.

We do not cover surgical implants, bridges, or dentures, when used to correct a **pre-existing condition** or pre-existing gap that occurred before your cover start date. This includes replacement of a surgical implant, bridge or denture that has been previously fitted for a tooth that was extracted before your policy began.

Continuity of cover

If your **group** is transferring your dental insurance to us from another provider, we'll provide continuous cover if your tooth was extracted while you were covered by your previous insurance. You'll need to provide evidence of this when you submit your claim along with a letter from your dentist to explain which tooth was removed, or lost, and when.

3.3 Restorative dental treatment - what's not covered



What's not covered

- Cosmetic treatment or any restorative dental treatment that our Chief Dental Officer does not consider as clinically necessary
- Surgical implants, bridges, or dentures when used to correct a ***pre-existing condition*** or pre-existing gap that occurred before your cover start date. This includes replacement of a surgical implant, bridge or denture that has previously been fitted for a tooth that was extracted before your policy began
- Surgical implant, bridge or denture for a tooth that was extracted before your policy began
- Consultations for treatment that isn't covered by your policy (for example, cosmetic dental treatment)



What's not covered

- Antibiotics, painkillers or other prescription charges
- Anti-snoring devices
- Dental consumables such as toothbrushes, mouthwash and dental floss
- Replacement of dentures or a prosthetic appliance which have been lost or stolen
- Any costs or treatment explained as not covered in the 'General terms of your cover' Section 3.1

3.4 Orthodontic treatment

This section explains what orthodontic treatment is and isn't covered.

The Table of Cover in Section 2 shows the maximum amount you and anyone covered on your policy can claim up to in each policy year.

You can also use your digital account to see your benefit allowances, and what you have left to claim before your policy renews.



What's covered

- Clinically necessary orthodontic treatment carried out by an orthodontic specialist or dentist who is registered with the General Dental Council
- Orthodontic treatment if your initial consultation and IOTN[^] assessment is in person and delivered by an orthodontic specialist or dentist
- Orthodontic treatment (IOTN[^] scale 4 and above) when you are aged 19 and over
- Orthodontic treatment (IOTN[^] scale 3 and above) when you are aged 18 and younger
- Space maintainers for children aged 18 and younger



What's not covered

- Any orthodontic treatment which doesn't start with an initial consultation and IOTN[^] assessment in person with an orthodontic specialist or dentist
- Orthodontic treatment (IOTN[^] scale 1 - 3) when you are aged 19 and over
- Orthodontic treatment (IOTN[^] scale 1 - 2) when you are aged 18 and younger
- Any costs or treatment explained as not covered in the 'General terms of your cover' Section 3.1
- Treatment outside the **UK**

3.4 Orthodontic treatment (continued)

Good to know

- When we say clinically necessary orthodontic treatment, we mean any dental treatment, that is needed in the reasonable clinical opinion of an orthodontic specialist or dentist. This doesn't include treatment for cosmetic reasons.
- Specialist consultations as part of any orthodontic dental treatment will be covered under your orthodontic benefit.
- You can submit claims following each stage of your treatment.
- If your **group** is transferring your dental insurance to us from another provider, we'll continue to provide cover if you can provide evidence of your IOTN scale at the start of your treatment. This would need to be IOTN scale 4 or above when aged 19 and over, or IOTN scale 3 or above when aged 18 and younger.
- 'IOTN' stands for Index of Orthodontic Treatment Need and is a scale used to measure the severity of teeth irregularities and the impact on someone's health. You can find more information about it on the British Orthodontic Society's website at www.bos.org.uk.

Need to know

When sending us a claim for orthodontic treatment you'll need to provide proof of your IOTN scale from your orthodontic specialist or dentist.

We'll also need information about the anticipated total cost of treatment including a payment schedule which needs to include details of how long your treatment is expected to take.

If we receive a claim for additional treatment or treatment carried out after the expected date of completion, we'll ask for more information from your **dental professional** before we can process your claim to make sure the claim is covered under this benefit.

3.5 Emergency dental treatment

This section explains what emergency treatment is and isn't covered.

The Table of Cover in Section 2 shows the maximum amount you and anyone covered on your policy can claim up to in each policy year.

You can also use your digital account to see your benefit allowances, and what you have left to claim before your policy renews.



What's covered

- Dental treatment provided at your first emergency appointment for the relief of:
 - severe pain
 - an inability to eat
 - any acute dental condition which is an immediate and serious threat to your general health
- Prescription charges
- Dentist emergency call out fees



What's not covered

- Treatment which was pre-planned and not a genuine emergency
- Any treatment carried out at a follow-up appointment.
- Non-prescribed medicines, for example over the counter medicines and painkillers
- Any costs or treatment explained as not covered in the 'General terms of your cover' Section 3.1

3.6 Dental injury treatment

This section explains what dental injury treatment is and isn't covered.

The Table of Cover in Section 2 shows the maximum amount you and anyone covered on your policy can claim up to in each policy year.

You can also use your digital account to see your benefit allowances, and what you have left to claim before your policy renews.



What's covered

- Dental treatment for an injury to the teeth or supporting structures which is suddenly and unexpectedly caused by an external impact
- Dental treatment for an injury sustained while taking part in physical contact sport if you were wearing a mouthguard which was supplied and fitted by a **dental professional**



What's not covered

- Dental treatment for an injury sustained while taking part in physical contact sport if you weren't wearing a mouthguard supplied and fitted by a **dental professional**
- Treatment needed for any dental injury that occurred before your policy started
- Treatment needed following damage caused when eating food including foreign bodies contained within the food
- Treatment needed due to an intentional self-inflicted injury
- Treatment, care or repair to gums, teeth, mouth or tongue in connection with mouth jewellery
- Any costs or treatment explained as not covered in the 'General terms of your cover' Section 3.1

Continued on next page

3.6 Dental injury treatment (continued)

Need to know

Treatment must start within six months of the date of the injury and be completed within two years of the treatment starting (six years for children sustaining an injury when under 18 years of age).

Cover for ongoing treatment will end if you leave or cancel your policy from the date your policy ends.

If you need to make a claim because of an injury that was caused by someone else, or was their fault, please refer to Section 4.7.

3.7 Oral cancer treatment - what's covered

This section explains what oral cancer treatment is and isn't covered.

Oral cancer treatment is paid in full to diagnose and treat oral cancer when using a **fee-assured consultant** in a **partnership facility**.

Always call us before having any consultations, diagnostic tests or oral cancer treatment. This is because these need to be pre-authorised so that we can tell you whether they're covered by your policy. If you don't pre-authorise, you could be responsible for paying for this treatment.



What's covered

- Treatment to diagnose oral cancer when carried out in a **partnership facility** under the care of a **fee-assured consultant**
- Treatment of primary cancer in any part of the oral cavity from the lips to the back of the tongue when carried out in a **partnership facility** under the care of a **fee-assured consultant**. This excludes the tonsils and salivary glands



What's covered

- Oral cancer treatment when using a **fee-assured consultant** in a **partnership facility**
- Restorative dental treatment that's needed as a direct result of your oral cancer treatment
- Treatment in the **UK** only

Need to know

If your **group** is transferring your dental insurance from another provider to us, we'll provide continuous cover so long as you had dental insurance via the previous provider and your policy covered oral cancer.

You can ask us to help you find a **fee-assured consultant** and **partnership facility**.

Or you can search for these at finder.bupa.co.uk.

3.7 Oral cancer treatment - what's not covered



What's not covered

- Secondary cancer
 - if cancer started in the oral cavity and has spread elsewhere, treatment of any of the new cancer sites isn't covered
 - cancer that has spread into the oral cavity from elsewhere isn't covered
- Oral cancer treatment for cancer of the tonsils or the salivary glands
- Oral cancer that was diagnosed or for which you had symptoms or investigations before your cover started



What's not covered

- Treatment that doesn't take place in a **partnership facility**
- Treatment not provided by a **fee-assured consultant**
- Any costs or expenses for experimental or unproven oral cancer treatment unless these were incurred with our prior written approval
- Treatment outside the **UK**
- Any costs or treatment explained as not covered in the 'General terms of your cover' Section 3.1

3.8 Cash benefit for a hospital stay

This section explains what cash benefit is available for a hospital stay.

The Table of Cover in Section 2 shows the maximum amount you and anyone covered on your policy can claim up to in each policy year.

You can also use your digital account to see your benefit allowances, and what you have left to claim before your policy renews.



What's covered

- General dental treatment, emergency dental treatment or dental injury treatment that requires an overnight hospital stay while in the *UK*
- Oral cancer treatment that results in an overnight hospital stay if you're being treated by the NHS



What's not covered

- Treatment outside the *UK*
- Any costs or treatment explained as not covered in the 'General terms of your cover' Section 3.1

Need to know

When claiming cash benefit for a hospital stay, you must send us a copy of your hospital discharge letter with your claim.

4. How your dental insurance policy works

Bupa Dental Plan is a group insurance policy governed by the **agreement** with your **group**. The terms and conditions of your policy have been agreed between your **group** and **Bupa**. There is no legal contract between you and us for your cover under the **agreement**.

Only the **group** and **Bupa** have legal rights under the **agreement**. However:

- if you are a **contributing member** you will have legal rights as set out in this policy guide. Please refer to Section 4.10
- if you are not a **contributing member**, we allow you access to the claims and complaints processes as set out in this policy guide.

4.1 Age and eligibility criteria

- a. You can be accepted as a **main member** or **partner** from 18 years old.
- b. You must be resident in the **UK** throughout the policy term.
- c. The **main member** must be an employee of the **group**, or a retired employee who, at the time of retirement was a **main member** on the policy.
- d. The **main member** can add their **partner** or children as a **dependant**. **Child dependants** are only eligible to be members if they are under 24 years old and a resident in the **UK**. The cover for any **child dependant** will end at the next **annual renewal date** following their 24th birthday, unless otherwise agreed.

4.2 When your cover starts and renews

- a. The **main member's** policy and benefit year start from the cover start date which is on the membership certificate.
- b. If the **main member** applies for **dependants** to be covered on the policy, their cover will start from the cover start date as shown on the membership certificate or a separate cover start date as shown on the membership certificate, if they are added as **dependants** later in the policy year.

We will only pay benefits for each **dependant** from their cover start date.

- c. Your cover end date is shown on the membership certificate. Bupa Dental Plan is an annual contract between your **group** and **Bupa**. Your policy will renew on the **annual renewal date** in accordance with the terms and conditions of this policy guide subject to the **group** renewing the policy.
- d. Your benefit allowances will be refreshed at your cover start date.

If you are a **contributing member**, please refer to Section 4.10.

We'll send an invitation to create a Bupa digital account when you or anyone covered who is aged 16 or over gives us their email address.

4.3 Payment of premiums

The **group** must pay to us premiums and any other payment due for the **main member's** policy and that of any **dependants** covered on the policy, as and when they are due.

Bupa Insurance Services Limited acts as our agent for arranging and administering your policy. Premiums are collected by Bupa Insurance Services Limited as our agent for the purpose of receiving, holding and refunding premiums and claims monies.

If you are a **contributing member**, please refer to Section 4.10.

4.4 How your policy can end

- a. We may be able to end your policy if you provide us with fraudulent or misleading information. Please refer to Section 4.6.

We may cancel or refuse to renew a **main member's** or a **dependant's** cover if, in our reasonable opinion, our relationship with that **main member** or **dependant** has broken down. For example:

- being abusive to our staff or healthcare providers
 - issuing court proceedings entirely without merit
 - any action which leads us to believe you won't act in good faith in your dealings with us.
- b. The **group** may terminate the **main member's** policy, or the cover of any **dependants**, at any time by notifying **Bupa** in writing.
 - c. The **main member** can end their or their **dependant's** cover at any time; to do so, the **main member** must inform the **group**.

d. If the *main member's* policy ends for any reason, then the cover of all *dependants* will also end.

If you are a *contributing member*, please refer to Section 4.10.

e. The *main member's* policy (and therefore the cover of their *dependants*) will immediately come to an end if:

- the *agreement* between *Bupa* and the *group* terminates
- the *group* does not renew the policy of the *main member*
- the *group* does not pay on or before its due date the required premium and any other payment due under the *agreement* for the *main member* and their *dependants*. If you are a *contributing member*, please refer to Section 4.10
- the *main member* stops living in the *UK* (the *main member* must inform us if they stop living in the *UK*)
- the *main member* ceases to meet the eligibility criteria for membership of the policy as agreed between *Bupa* and the *group*, please refer to Section 4.1
- the *main member* dies.

f. Your *dependants'* cover will automatically end if:

- the *main member's* policy ends
- the *group* does not renew the cover of that *dependant*
- the *main member* stops living in the *UK* (the *main member* must inform us if they stop living in the *UK*)
- that *dependant* stops being a resident in the *UK* (the *main member* must inform us if that *dependant* stops being a resident in the *UK*), or
- that *dependant* dies.

The cover for any child added as a *child dependant* will end at the next *annual renewal date* following their 24th birthday, unless otherwise agreed.

g. In the event of the *main member's* policy terminating as a result of ceasing to be employed by the *group* or the *group* ceases to be a company, association or other incorporated organisation, *Bupa* may give the *main member* the opportunity to buy an alternative Bupa dental insurance product, where available, although this cannot be guaranteed.

If you transfer within three months of your policy terminating and pay for your new personal policy from the date your company policy ended, we will not add any new special restrictions or exclusions to your cover that are personal to you under the new product other than those which apply to you under this policy. Waiting periods will not apply if you have had cover on this policy for a minimum of four months.

If you would like to consider this option or for more information on continuing your cover please call **0800 237 777** to discuss it with us. We may record or monitor calls. You can also visit bupa.co.uk/dental for more information.

4.5 Changes we can make

- a. We can make changes to the terms and conditions of your policy and that of the **agreement** between the **group** and **Bupa** at the **annual renewal date** or at any time if required to by law or regulation.
- b. These changes could affect the amount and type of cover provided under the policy. We may also change or withdraw the amount of any discount or preferential rates at the **annual renewal date**.
- c. We can, at any time, change the amount to be paid to us in respect of Insurance Premium Tax (IPT) or any other taxes, levies or charges that may be introduced and which are payable in respect of your cover if there is a change in the rate of IPT or if any such taxes, levies or charges are introduced.
- d. If we do make any changes to the terms and conditions of your policy, we will write to tell the **main member** at least 28 days before the change takes effect. If the changes are required to be made more quickly by law or regulation, we will notify the **main member** as early as possible.

If you're a **contributing member**, please refer to Section 4.10.

4.6 Fraudulent or misleading information

- a. We may be able to end your policy or refuse to pay a claim in full or part if there is reasonable evidence that you did not take reasonable care in answering our questions. By this we mean giving fraudulent or misleading information or keeping necessary information from us if:
 - intentional or reckless, we may treat your policy as if it never existed and refuse to pay claims
 - careless, we may:
 - if you are not a **contributing member**, withdraw cover and refuse all claims, change your cover or we could reduce any claim payment (if applicable)

- if you are a **contributing member**, withdraw cover and refuse all claims and refund all premiums you have paid for the year, change your cover, or we could reduce any claim payment by the same proportion.

If you are a **contributing member**, please refer to Section 4.10.

- b. If you make a fraudulent claim under this policy, we:
 - i. are not liable to pay the claim; and
 - ii. may recover from you any sums paid by us to you in respect of the claim; and
 - iii. may, by notice to you, treat the policy as having been terminated with effect from the time of the fraudulent act.
- c. If we exercise our right under clause (b)(iii) above:
 - i. we shall not be liable to you in respect of a relevant event occurring after the time of the fraudulent act. A relevant event is whatever gives rise to our liability under this policy (such as the occurrence of a loss, the making of a claim, or the notification of a potential claim); and
 - ii. we need not return any of the premiums paid.
- d. The following list contains examples of practices we consider fraudulent and/or intentionally misleading, although this list is not exhaustive:
 - deliberately giving us false information about the **main member**, a **dependant** or a claim on your policy
 - making any claim under your policy where you know the claim is false, or is exaggerated in any respect
 - making a statement in support of a claim where you know the statement is false in any respect
 - sending us a document in support of a claim where you know the document is forged, false or otherwise misleading in any respect, or
 - making claims under more than one insurance policy in order to receive a sum greater than the cost (to you) of treatment.
- e. If we decide to end the **main member's** policy, and/or the cover of any **dependants**, we will write to the **main member** to let you know. The **main member's** policy (and/or the cover of your **dependants**) will end with immediate effect.
- f. If we end your policy based on receiving fraudulent or misleading information from you, you will not be able to join or re-join any **Bupa** insurance policy in the future.

4.7 Treatment needed because of someone else's fault

When you claim for dental treatment you need because of an injury or medical condition that was caused by or was someone else's fault (a 'third party') you are responsible for letting us know as soon as reasonably possible and making sure our interests are protected in any legal action required, so that we can recover any costs that we have paid for your dental treatment. This includes:

- letting us know as soon as you know that you need (or may need) dental treatment that was caused by or was otherwise the fault of a third party. You can contact us with this information on **0800 028 6850** (we may record or monitor calls) or e-mail **infothirdparty@bupa.com**
If you need to send us sensitive information you can email us securely using Egress. For more information and to sign up for a free Egress account, go to **<https://switch.egress.com>**. You will not be charged for sending secure emails to a Bupa email address using the Egress service
- doing what we ask to recover from the third party the cost of the dental treatment we paid for. This includes ensuring that we can communicate with you and your legal representative (if you appoint one) about this and that you or your legal representative regularly keep us updated on progress with any recovery action
- ensuring that where you agree settlement with a third party, it includes the cost of dental treatment that we have paid for you in full, and that you pay such sum (and applicable interest) to us as soon as reasonably possible.

4.8 Law applicable to contract

The terms and conditions of your policy shall be governed by English law and all matters regarding your policy shall be subject to the exclusive jurisdiction of the courts of England and Wales.

4.9 Policy notices

No amendment or variation to the terms and conditions of your policy shall be valid and effective unless made in accordance with these rules and benefits or specifically agreed between the *group* and *Bupa* and confirmed in writing. Unconfirmed verbal communications cannot override the written terms and conditions of your policy, nor amount to any agreement to vary any of its terms. No third party is authorised to effect any such amendment or variation on behalf of *Bupa*, or to waive any of *Bupa's* rights.

Any failure by *Bupa* to exercise, or any delay by *Bupa* in exercising, any of its legal rights or remedies under the *agreement* shall not amount to any waiver by *Bupa* of any such rights or remedies.

Any notice or communication which is given under or in connection with this policy shall be sent in writing by email or by pre-paid post, recorded delivery or delivered personally in the case of **Bupa** to **Bupa's** administrative address at **Bupa, Bupa Place, 102 The Quays, Salford M50 3SP** and in your case or the case of the group to the **main member's** address, or the **group's** address, as the case may be, last notified in writing to **Bupa**. In the absence of evidence of earlier receipt, any notice or communication shall be deemed to have been received on the day following delivery if delivered personally, in writing by email or by pre-paid post three days after posting.

4.10 Contributing members

This section only applies to **contributing members**.

The **group** must pay to us premiums and any other payment due for the **main member's** cover, and that of any **dependants** covered under the **agreement**. The **main member** contributing to the cost of premiums for him or herself and/or any **dependants** does not in any way affect the contractual position set out in Section 4.

Contributions paid by the **main member** to the premiums the **group** has paid for them (e.g. by payroll deduction) will be deemed to have been received by **Bupa** once they are received by your **group**.

As soon as reasonably practicable the **main member** will be provided with the terms and conditions that will apply to your cover, and the **group** will notify the **main member** of the contribution they will need to make to the cost of premiums from the cover start date for the next policy year.

If the **main member** does not want their cover (and therefore the cover for **dependants**) or the individual cover for any **dependants** to renew at the **annual renewal date** they can notify the **group** at any time in advance of the **annual renewal date**.

If the **main member** wishes to end their policy (and therefore the cover of **dependants**) the following terms apply:

- The **main member** may end their policy (and therefore the cover of **dependants**) by informing the **group** within 21 days of either:
 - the date the **main member** receives their terms and conditions (including the membership certificate) confirming cover or
 - the **main member's** cover start date

whichever is the later. During this 21 day period if the **main member** and **dependants** have not made any claims, we will refund to the **group** all of the premiums the **group** has paid for the **main member** for that year.

After this 21 day period the **main member** can end their policy (and therefore the cover of all **dependants**) by informing the **group** at any time during the year, in which case we will refund to the **group** any premiums the **group** has paid for the **main member** and **dependants** that relate to the period after their policy ends.

- The **main member** may end the cover of any **dependant** by informing the **group** within 21 days of either:
 - the date the **main member** receives the terms and conditions (including membership certificate) confirming the cover for that **dependant** or
 - the cover start date for that **dependant**

whichever is the later. During this 21 day period if no claims have been made in respect of that **dependant** we will refund to the **group** all of the premiums the **group** has paid for the **main member** that relate to that **dependant** for that year.

After this 21 day period the **main member** can cancel a **dependant's** cover by informing the **group** at any time during the year, in which case we will refund to the **group** any premiums the **group** has paid for the **main member** in respect of that **dependant** for the period after their cover ends.

Your policy will automatically end if the **group** does not pay premiums or any other payment due under the **agreement** for you or any other person, however, we will continue to pay eligible claims for you for the period for which the **main member** can provide evidence (e.g. on payslips) that they have paid contributions to premiums to the **group**.

Where we have refunded to the **group** premiums paid for the **main member** or **dependants**, the **main member** should contact the **group** in order to obtain a refund of the contributions they made to those refunded premiums.

Changes to your policy

- If:
- any changes to the terms and conditions of your policy, including your benefits, are agreed between the **group** and us, or
 - we change the procedure for making a claim

the **main member** will be informed before the change takes effect. If the **main member** does not accept any of the changes they can end their policy (and the cover of **dependants**) by informing the **group** either:

- within 28 days of the date on which the change takes effect or
- within 28 days of the **main member** being told about the change

whichever is later.

5. Definitions

Here's what the words and phrases in ***bold italic*** in this guide mean.

Word/phrase	Meaning
<i>Agreement</i>	Means the agreement between <i>Bupa</i> and the <i>group</i> which, together with this policy guide, governs the terms and conditions of the policy.
<i>Annual renewal date</i>	Your annual renewal date will be the renewal date for the <i>group</i> . Depending on the month in which you first join the policy, your initial period of cover may not be a full twelve months. Your benefits and, if you are a <i>contributing member</i> , your premiums may change at the annual renewal date.
<i>Bupa</i>	Bupa Insurance Limited. Registered in England and Wales with registration number 3956433. Registered office: 1 Angel Court, London EC2R 7HJ . Bupa provides the cover.
<i>Child dependant</i>	Means any child of the <i>main member</i> or the <i>main member's partner</i> , including any child for whom the <i>main member</i> or the <i>main member's partner</i> is a legal guardian or foster parent.
<i>Contributing member</i>	A contributing member is a <i>main member</i> who contributes to the costs of premiums for them self and/or any of their <i>dependants</i> .
<i>Dental professional</i>	Any dental practitioner who is registered with the General Dental Council, or Oral and Maxillofacial Surgery (OMFS) Specialists registered with the General Medical Council. To check whether your dental professional is registered, please visit the General Dental Council at www.gdc-uk.org or General Medical Council at www.gmc-uk.org . For dental treatment received outside the <i>UK</i> the dental professional you use must be lawfully permitted to practice dentistry in that country.
<i>Dependant</i>	The <i>main member's partner</i> , and/or any <i>child dependant</i> , who is named on your membership certificate.
<i>Fee-assured consultant</i>	A fee-assured consultant is a registered medical or dental practitioner who, at the time you receive your treatment, is recognised by us as a fee-assured consultant for the type of treatment you need. The practitioners on the list will change from time to time. You can contact us to find out if a consultant is on our list and the type of treatment we recognise them for, or you can access these details at finder.bupa.co.uk .
<i>Group</i>	The company, association or organisation for whom <i>Bupa</i> has agreed to operate the Bupa Dental Plan group policy for the time being of which you are an employee.

Word/phrase	Meaning
<i>Main member</i>	The person named as the main member on the membership certificate who is eligible to be covered in his or her own right rather than as a dependant .
<i>Partner</i>	The main member's husband or wife or civil partner or the person the main member lives with in a relationship similar to that of a husband and wife whether of the opposite sex or not.
<i>Partnership facility</i>	<p>A hospital or treatment facility, centre or unit that at that time you receive your treatment, is in our partnership facility list that applies to your oral cancer treatment benefit and is recognised by us for both:</p> <ul style="list-style-type: none"> ▪ treating the medical condition you have; and ▪ carrying out the type of treatment you need. <p>You can ask us whether a hospital, facility, centre or unit is on our list and the type(s) of treatment we recognise them for. Alternatively, you can access these details at finder.bupa.co.uk. The hospitals, treatment facilities, centres and units in the list and the medical conditions and types of treatment we recognise them for will change from time to time.</p> <p>Please note that we cannot guarantee the availability of any facility, practitioner or treatment.</p>
<i>Pre-existing condition</i>	<p>Any condition, disease, illness or injury, including a related condition, which you had before your cover start date and:</p> <ul style="list-style-type: none"> ▪ you received medication, or advice or treatment for it, or ▪ you've had symptoms, or ▪ you knew you had it <p>whether the condition was diagnosed or not. By a related condition we mean any symptom, disease, illness or injury, which in our reasonable medical opinion is associated with another symptom, condition, disease, illness or injury.</p>
<i>United Kingdom/UK</i>	Great Britain, Northern Ireland, the Channel Islands and the Isle of Man.

6. Protecting your information and rights

6.1 Status disclosure



Dental insurance is provided by Bupa Insurance Limited and arranged and administered by Bupa Insurance Services Limited as an agent of Bupa Insurance Limited. Subscriptions are collected by Bupa Insurance Services Limited as an agent of Bupa Insurance Limited for the purpose of receiving, holding and refunding subscriptions and claims monies. These companies (using the trading name Bupa) are wholly owned subsidiaries of the British United Provident Association Limited.

Bupa Insurance Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Bupa Insurance Services Limited is authorised and regulated by the Financial Conduct Authority. The firm reference numbers are 203332 and 312526 respectively. This information can be checked by visiting the Financial Conduct Authority website www.fca.org.uk.

Bupa Insurance Limited is registered in England and Wales with company registration number 3956433 and Bupa Insurance Services Limited is registered in England and Wales with company registration number 3829851. They have the same registered office:

1 Angel Court, London EC2R 7HJ

Getting in touch

The **Bupa** helpline is always the first number to call if you need help or support. You can call us on **0800 237 777**. We may record or monitor calls.

The staff at **Bupa** are trained and supervised to provide our customers and members with information only on **Bupa's** own insurance products and health related services. All **Bupa** sales are on a non-advised basis.

6.2 How to complain



We work hard to provide a great service to our customers, but occasionally things can go wrong and when this happens we'll do our best to put things right quickly.

How to get in touch

- Call us on your **Bupa** helpline number, which you can find on your membership certificate or call our Customer Relations team on **0800 237 777**. We may record or monitor calls.
- Chat to us online at **bupa.co.uk/complaints**.
- Email us at **customerrelations@bupa.com**.

If you need to send us sensitive information you can email us using Egress, which is a free secure email service. Visit **switch.egress.com**.

- Write to us at **Customer Relations, Bupa, Bupa Place, 102 The Quays, Salford, M50 3SP**.

If we can't resolve your complaint straight away, we'll email or write to you within five business days to explain the next steps.

You may be able to refer your complaint to the Financial Ombudsman Service for a free, independent and impartial review.

You can

- visit **financial-ombudsman.org.uk**
- call them on **0800 023 4567**, or
- email them at **complaint.info@financial-ombudsman.org.uk**
- write to them at the **Financial Ombudsman Service, Exchange Tower, London E14 9SR**.

If you refer your complaint to the Financial Ombudsman Service, they will ask for your permission to access information about you and your complaint. We will only give them information that is necessary to investigate your complaint, but this may include medical information. If you're concerned about this, please contact us.

6.3 The Financial Services Compensation Scheme (FSCS)



In the unlikely event that we cannot meet our financial obligations, you may be entitled to compensation from the Financial Services Compensation Scheme. This will depend on the type of business and the circumstances of your claim.

The FSCS may arrange to transfer your policy to another insurer, provide a new policy or, where appropriate, provide compensation. Further information about compensation scheme arrangements is available from the FSCS on **0800 678 1100** or **020 7741 4100** or on its website at: **www.fscs.org.uk**.

6.4 Privacy notice – in brief



We are committed to protecting your privacy when dealing with your personal information. This privacy notice provides an overview of the information we collect about you, how we use it and how we protect it. It also provides information about your rights. The information we process about you, and our reasons for processing it, depends on the products and services you use. You can find more details in our full privacy notice, which is available at bupa.co.uk/privacy. If you do not have access to the internet and would like a paper copy, please write to **Bupa Privacy Team, Bupa, 1 Angel Court, London EC2R 7HJ**. If you have any questions about how we handle your information, please contact us at dataprotection@bupa.com.

Information about us

In this privacy notice, references to 'we', 'us' or 'our' are to Bupa. Bupa is registered with the Information Commissioner's Office, registration number Z6831692. Bupa is made up of a number of trading companies, many of which also have their own data-protection registrations. For company contact details, visit bupa.co.uk/legal-notice.

1. Who this privacy notice applies to

This privacy notice applies to anyone who interacts with us about our products and services ('you', 'your'), in any way (for example, by email, through our website, by phone, on our app and so on).

2. How we collect personal information

We collect personal information from you and from certain other organisations acting on your behalf (for example, brokers, healthcare providers and so on). If you give us information about other people, you must make sure that they have seen a copy of this privacy notice and are comfortable with you giving us their information.

3. Categories of personal information

We process the following categories of personal information about you and, if appropriate, your dependants.

- Standard personal information (for example, information we use to contact you, identify you or manage our relationship with you).
- Special categories of information (for example, health information, information about race, ethnic origin and religion that allows us to tailor your care).
- Information about any criminal convictions and offences (we may get this information when carrying out anti-fraud or anti-money-laundering checks, or other background screening activity).

6.4 Privacy notice – in brief (continued)



4. Purposes and legal grounds for processing personal information

We process your personal information for the purposes set out in our full privacy notice, including to deal with our relationship with you (including for claims and handling complaints), for research and analysis, to monitor our expectations of performance (including of healthcare providers relevant to you) and to protect our rights, property, or safety, or that of our customers, or others. The legal reason we process personal information depends on what category of personal information it is. We normally process standard personal information if this is necessary to provide the services set out in a contract, it is in our or a third party's legitimate interests or it is needed or allowed by law. We process special categories of information (commonly referred to as sensitive information) because it is necessary for an insurance purpose, because we have your permission or as described in our full privacy notice. We may process information about your criminal convictions and offences (if any) if this is necessary to prevent or detect a crime.

5. Marketing and preferences

We may use your personal information to send you marketing by post, phone, social media, email and text. We only use your personal information to send you marketing if we have your permission or it is in our legitimate interest. If you don't want to receive personalised marketing about similar products and services that we think are relevant to you, please contact us at optmeout@bupa.com or write to **Bupa Privacy Team, Bupa, 1 Angel Court, London, EC2R 7HJ**.

6. Processing for profiling and automated decision-making

Like many businesses, we sometimes use automation to provide you with a fairer, quicker, better, and more consistent service, and provide marketing information we think will interest you (including discounts on our products and services). This may involve evaluating information about you and, in limited cases, using technology to provide automatic responses or decisions. You can read more about this in our full privacy notice. You have the right to object to direct marketing and profiling (automated processing of your information to help us evaluate certain things about you, for example, your personal preferences and your interests) relating to direct marketing. You may also have rights to object to other types of profiling and automated decision-making.

6.4 Privacy notice – in brief (continued)



7. Sharing your information

We share your information within the Bupa group of companies, with relevant policyholders (including your employer if you are covered under a group scheme), with funders who arrange services on your behalf, those acting on your behalf (for example, brokers and other intermediaries) and with others who help us provide services to you (for example, healthcare providers) or who we need information from to allow us to handle or check claims or entitlements (for example, professional associations). We also share your information in line with the law. You can read more about what information may be shared, and in what circumstances, in our full privacy notice.

8. International transfers

Some companies that we work in partnership with, or that provide services to us (such as health-care providers, other Bupa companies and IT providers) are located in, or run their services from, countries across the world. As a result, we may transfer your personal information to different countries for the purposes set out in this privacy notice. This may include transferring information from within the **UK** to outside the **UK**, and from within the EEA (the EU member states plus Norway, Liechtenstein and Iceland) to outside the EEA. When we transfer your personal information to another country, we take steps to make sure that appropriate protection is in place, in line with global data-protection laws.

9. How long we keep your personal information

We keep your personal information for periods we work out using the criteria shown in the full privacy notice available on our website.

10. Your rights

You have the right to access your information and to ask us to correct, delete and restrict the use of your information. You also have rights to:

- object to your information being used
- ask us to transfer your information to someone else
- withdraw your permission for us to use your information, and
- ask us not to make automated decisions which produce legal effects that concern or significantly affect you.

Please contact us if you would like to exercise any of your rights.

6.4 Privacy notice – in brief (continued)



11. Data-protection contacts

If you have any questions, comments, complaints or suggestions about this privacy notice, or any other concerns about the way in which we process information about you, please contact us at **dataprotection@bupa.com**. You can also use this address to contact our Data Protection Officer.

You also have a right to complain to your local privacy supervisory authority. Our main office is in the UK, where the local supervisory authority is the Information Commissioner, who can be contacted at: Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire SK9 5AF, United Kingdom. Phone: 0303 123 1113 (local rate).

6.5 Financial crime and sanctions



Financial crime

Your *group* agree to comply with all UK laws relating to detecting and preventing financial crime (including, the Bribery Act 2010 and the Proceeds of Crime Act 2002).

Sanctions

We will not provide cover and we will not pay any claim or provide any benefit under this insurance, if doing so would:

- break any United Nations resolution, or any trade or economic sanctions, laws or regulations that apply to us (including those of the European Union, the UK, or the US)
- put us at risk of being sanctioned by any relevant authority, competent body, or
- put us at risk of being involved (directly or indirectly) in something which any relevant authority, banks we use, or competent body would consider to be banned or restricted.

If any resolutions, sanctions, laws or regulations referred to in this clause apply (or start to apply), we will take any action we consider necessary to make sure we continue to work within them. If this happens, you acknowledge that this may restrict, delay or end our obligations under your policy, and we may not be able to pay any claim.

Bupa dental insurance is provided by:

Bupa Insurance Limited. Registered in England and Wales with registration number 3956433.

Bupa Insurance Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority.

Financial Services Register number 203332.

Bupa insurance policies are arranged and administered by:

Bupa Insurance Services Limited. Registered in England and Wales with registration number

3829851. Bupa Insurance Services Limited is authorised and regulated by the Financial Conduct Authority. Financial Services Register number 312526.

You can check the Financial Services Register by visiting <https://register.fca.org.uk> or by contacting the Financial Conduct Authority on 0800 111 6768.

Registered office: 1 Angel Court,
London EC2R 7HJ

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