

DENTAL ACCIDENT AND EMERGENCY INSURANCE POLICY

PATIENT SUMMARY

USEFUL CONTACT DETAILS:

PATIENT PLAN DIRECT LIMITED

12 Trevor Foster Way, Bradford BH5 8HB

Telephone: 0844 848 6888 Fax: 0845 389 0630 Email: info@patientplandirect.co.uk

CHUBB INSURANCE COMPANY OF EUROPE SE

120 Fenchurch Street, London, EC3M 5NB.

Telephone: 020 7956 5000 Fax: 020 7956 5926 Email: CAHUKClaims@chubb.com

FINANCIAL OMBUDSMAN SERVICE

South Quay Plaza, 183 Marsh Wall, London E14 9SR

Telephone: 0845 8410056 Fax: 02027 9641001 Website: www.financialombudsman.org.uk

FINANCIAL SERVICES COMPENSATION SCHEME

7th Floor Lloyds Chambers, Portsoken Street, London E1 8BN

Telephone: 0207 892 7300 Email: enquiries@fscs.org.uk Website: www.fscs@org.uk

SUPPLEMENTARY DENTAL ACCIDENT AND EMERGENCY INSURANCE POLICY

While you are a member of a dental plan administered by Patient Plan Direct Limited ('PPD') you are covered by Supplementary Dental Accident and Emergency Insurance underwritten by Chubb Insurance Company of Europe SE ('Chubb'). Chubb is registered in England (No SE13) and is authorised and regulated by the Financial Services Authority (Registration No 481725). This information can be checked by visiting the FSA register at: www.fsa.gov.uk/register or by contacting the FSA on 0845 606 1234. The principal address of Chubb in the United Kingdom is 120 Fenchurch Street, London, EC3M 5NB.

This Policy is administered by PPD. PPD is an Appointed Representative of Beaumonts Insurance Brokers Limited which is authorised and regulated by the Financial Services Authority (Registration Number 306350).

In return for payment of the premium, Chubb agrees to insure you during the period of insurance in the manner and to the extent provided, and subject to the Policy Terms, Conditions and Exclusions. This Policy shows the most Chubb will pay for each benefit.

Michael J Casella

Chairman and CEO

For Chubb Insurance Company of Europe SE

DEFINITIONS APPLICABLE TO ALL SECTIONS

Wherever the following words and phrases appear in this Policy they will always have these meanings:

Accident	An unforeseen and unexpected incident causing damage to the teeth by means of direct extra-oral impact.
Dental plan	The Payment Plan or the Membership Plan available from the dental practice with which you are registered
Implant	An intra-osseous fixture including the abutment.
Locality	Within 25 miles radius of the dental practice with which you are registered.
Mouth cancer	An invasive malignant tumour with its primary site inside the mouth.
Mouth	The lips, tongue, gums, major salivary glands, hard palate and floor or the mouth. Gland tissue associated with the mucosal lining, oropharynx, nasopharynx, and hypopharynx, but excluding the tonsils.
Period of Insurance	The period for which you have paid the required premium.
You, your	Insured member of a dental plan.

SECTION 1. TEMPORARY DENTAL EMERGENCY

If during the period of insurance you need emergency dental treatment in the United Kingdom when you could not reasonably access your dentist's own emergency arrangements, you may claim the actual cost of any of the following items required and provided by any dentist up to the limits shown, but subject to the overall limits per incident and per calendar year shown below.

Treatment	Policy limit
Examination and treatment of sensitivity	£35.00
X-ray examination	£28.00
Tooth extraction (maximum two teeth)	£55.00 per tooth
Root extirpation to include dressing, temporary filling and treatment of infection	£70.00 for 1 canal
Root extirpation to include dressing, temporary filling and treatment of infection	£80.00 for 2 canals
Root extirpation to include dressing, temporary filling and treatment of infection	£98.00 for 3+ canals
Treatment of infection to include prescriptions	£30.00
Investigation and dressing for first tooth	£29.00
Investigation and dressing for additional teeth thereafter	£20.00
Resecure crown or inlay	£31.00
Resecure bridge	£45.00
Provision of temporary crown	£55.00
Provision of temporary bridge	£110.00
Provision of temporary post and core	£63.00 per tooth
Treatment to stop haemorrhage including follow-up care	£45.00
Removal of sutures placed by another dentist	£30.00
Repair/adjustment of orthodontic appliance	£50.00
Adjustment to denture	£25.00
Repair of denture to include re-fixing of teeth and gums and repair of clasp	£41.00
Other temporary emergency dental treatment	£55.00
Section 1. limit per each emergency	£450.00
Section1. limit in any one calendar year	£920.00

EXCLUDED FROM THE COVER PROVIDED BY SECTION 1 ARE:

1. Permanent treatment
2. Treatment provided by your own dentist, another dentist at the same practice or a dental practice in the locality.

If you suffer a dental emergency in the United Kingdom and obtain advice by telephone from, or call out, any dentist (including a dentist from the practice with which you are registered) during the times detailed below, you can claim for the actual cost of one of the items listed below up to the specified limit.

Section 1b	Limit
Telephone consultation where no attendance follows	£30.00
Call out fee 6am-8am and 6pm-10pm (weekdays)	£100.00
Call out fee 6am-10pm (weekends and Bank Holidays)	£115.00
Call out fee 10pm-6am (weekdays and weekends)	£175.00
You are responsible for the first £15.00 of the call out fee.	

If you suffer a dental emergency outside the United Kingdom you can claim the actual cost of any temporary treatment that is reasonably required subject to the overall limits in Section 1 as described above.

EMERGENCY HELP

If you cannot access your dentist's own emergency arrangements and you need help in obtaining emergency dental treatment either in the UK or overseas, you may see a dentist of your choice or you may call the dental helpline on (+) 44 208 762 8363.

SECTION 2. DENTAL TREATMENT FOLLOWING AN ACCIDENT

If during the period of insurance you suffer a dental injury, including loss or damage to any prostheses (e.g. dentures) while in the mouth, caused by external force, you may claim the actual cost of any of the following items which is required and provided by your dentist, up to the limits shown but with an overall limit of £10,000 per calendar year.

Treatment	Policy Limit
Examination and report to include necessary smoothing and polishing	£40.00
X-ray examination	£30.00
Root canal treatment - Incisor or Canine root canal treatment	£200.00per incisor/canine
Root canal treatment – Premolar	£230.00 per premolar
Root canal treatment – Molar	£325.00 per molar
Crowns - Post and core construction	£100.00
Crowns- Ceramic bonded (including any core &/or post interim covering)	£400.00 per crown
Crowns - Metal bonded porcelain (including any core and/or post including interim covering)	£350.00 per crown
Crowns - Full metal (incl any core and/or post including interim covering)	£350.00 per crown
Bridges - All metal	£300.00 per retainer
Bridges - All metal	£300.00 per pontic
Bridges - Bonded metal/porcelain	£350.00 per retainer
Bridges - Bonded metal/porcelain bridgework (per pontic)	£320.00 per pontic
Bridges – Laboratory constructed adhesive	£210.00 per retainer
Bridges – Laboratory constructed adhesive	£225.00 per pontic
Laboratory made temporary bridge following tooth loss (where required)	£120.00 per unit
Laboratory constructed adhesive facing or veneer	£320.00 per unit
Dentures - Permanent acrylic	£375.00 per denture
Dentures - Permanent metal	£550.00 per denture
Dentures - Temporary following tooth loss (where required)	£160.00 per denture
Other necessary dental treatment following an accident	£450.00 per incident

EXCLUDED FROM THE COVER IN SECTION 2 ARE:

1. The treatment of a dental injury:
 - (a) Following any subsequent dental treatment carried out after the damage has been repaired.
 - (b) Caused by Self-inflicted damage.
 - (c) Caused by food or drink while being consumed.
 - (d) Caused by participating in rugby (other than rugby played as a school sport) or boxing, including training, in either case without wearing suitable protective gum shields.
 - (e) Which is the result of normal wear and tear.
 - (f) Caused by tooth brushing or any other oral hygiene activity.
 - (g) Following damage that has not manifested itself within 7 days of the date of the accident.
 - (h) Caused by damage to dentures whilst you are not wearing them.
2. The fitting or the repair of an implant*

* Where an implant is sought as an alternative to fixed bridgework, an equivalent fee will be paid towards the cost of the implant.

SECTION 3 HOSPITAL CASH

If during the period of insurance you are admitted to hospital for treatment as an inpatient either wholly or partly under the care of a consultant who specialises in dental or maxillofacial surgery, you can claim £70.00 for each overnight stay (maximum 365 nights) in hospital while your hospitalisation period necessarily continues.

SECTION 4 MOUTH CANCER

If during the period of insurance you are first diagnosed as having mouth cancer by a qualified dentist or doctor (including a specialist) who is licensed to practice, a fixed benefit of £1,000 will be payable.

This fixed payment benefit is only payable once per lifetime. Once paid, there will be no further cover in place under this section.

EXCLUDED FROM THE COVER PROVIDED UNDER THIS SECTION ARE:

1. Mouth cancer attributable in any way, directly or indirectly, to HIV (Human Immunodeficiency Virus) and/or any HIV related illness including AIDS and/or any mutant derivatives or variations thereof however caused.
2. Mouth cancer resulting from chewing tobacco products including or betel nuts.
3. Mouth cancer resulting from prolonged alcohol abuse.
4. Mouth cancer diagnosed before, or for which tests, investigations or consultations were carried out before or within 90 days after, the start date of the dental plan.
5. Cancer or tumours in the throat.
6. Non-malignant tumours.
7. Non-invasive cancers.

CONDITIONS APPLICABLE TO ALL SECTIONS:

- 1) You must take all reasonable precautions to protect yourself against dental accident and mouth cancer
- 2) If you have any other Policy in force, which may cover the event for which you are claiming, Chubb will only be liable to pay or contribute its reasonable proportion of the claim.
- 3) A claim will not be paid if it is in any respect fraudulent or dishonest.
- 4) Chubb reserve the right to cancel this Policy by giving you 30 days notice in writing to you at your last known address.
- 5) Chubb reserves the right to recover the cost of a claim under this Policy from any third party.
- 6) If you stay outside the United Kingdom for more than 90 consecutive days, all cover under this policy shall be suspended from the 91st day until you return to the United Kingdom

IMPORTANT NOTES

CANCELLATION:

If you decide within 14 days of receiving this policy that this insurance does not meet your requirements, you may return this policy to PPD for cancellation. A full refund of any premium paid will be allowed, provided no claims have been made. As this insurance is an integral part of the dental plan, cancellation of this insurance will automatically cancel your membership of the dental plan.

HOW TO MAKE A CLAIM:

A completed Claim Form countersigned by the treating dentist must be sent to the Insurance team at PPD within 30 days of the injury, incident or emergency incident (60 days if the incident occurs overseas). Costs will be reimbursed up to the limits shown in this Policy. PPD will at its 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 must, at your expense, provide all necessary reports, receipts, and other documentation in support of the claim when asked to do so.

Dental Accident Claims: Please note that you may not claim more than £250 in total unless Chubb has previously approved a costed treatment plan.

Dental Emergency Claims: The claim form must be sent together with the treating dentist's signed receipt showing details of the temporary treatment given

Claim forms are available from your dentist or directly from PPD by calling 0844 848 6888.

JURISDICTION AND GOVERNING LAW:

This Policy shall be governed by and construed in accordance with the Law of England and Wales. Each of the parties submits to the exclusive jurisdiction of the courts of England and Wales.

MISREPRESENTATION AND FRAUD:

Coverage shall be void if you knowingly conceal or misinterpret any material information or circumstance concerning this Policy or the subject thereof or in the case of any fraud or false swearing by you regarding any matter relating to this Policy or the subject thereof whether before or after a loss. Further if you make any claim knowing the same to be false or fraudulent as regards amount or otherwise or if you make any other misrepresentation such claim shall be excluded from coverage under this Policy. Chubb also reserve the right to terminate this Policy and all future claims hereunder by you may be forfeited.

DATA PROTECTION NOTICE:

Chubb collects and process personal information about individuals who may receive cover under the Policy from you such as your name address and any other personal details which are provided to us in order to provide the insurance and claims services. Chubb will treat this information in accordance with applicable data protection law. For policy administration purposes Chubb will use and store any such personal information on an electronic database which may also be available to selected authorised representatives of member insurers of the Chubb Group of Insurance Companies operating outside Europe. Chubb have taken reasonable measures to protect such personal information once it is transferred outside Europe in accordance with their normal data security policies. Chubb may also disclose such personal information to outside parties such as premium collection agencies reinsurers outside counsel and claims administrators to provide the insurance and claims services or as allowed by law.

DURATION OF COVER:

This is a monthly contract. your cover commences on the day you complete a Direct Debit Mandate and become a member of the dental plan. The cover continues for as long as you pay your monthly premiums. Should a Direct Debit payment be returned unpaid, PPD will try to collect the premium again after 7 days. Should this second Direct Debit be returned unpaid, PPD will cancel the insurance cover with immediate effect.

COMPENSATION:

In the unlikely event of Chubb being unable to meet its liabilities, you may be entitled to compensation under the Financial Services Compensation Scheme (FSCS). The FSCS will meet the first £2,000 of a claim in full plus 90% of the balance without any other upper limit.

CUSTOMER SATISFACTION

The Company aims to provide a first class service.

If you are unhappy with the service or have cause for complaint you should contact:

The Managing Director
Patient Plan Direct Limited
12 Trevor Foster Way
Bradford, BH5 8HB

If we are unable to resolve the complaint to your satisfaction you may refer the matter to the Accident & Health Manager at Chubb providing your name, address and policy details.

If your complaint still remains unresolved, you are entitled to approach the Financial Ombudsman Service (FOS). The FOS can be contacted at the address shown on the front page.

A leaflet explaining the procedure is available on request from Chubb. Referring the matter to the FOS will not affect your legal rights to take action against us.