

dencover

Dental insurance

Policy document

Effective October 2018

dencover.co.uk

dencover is the trading name of Unum Limited which is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Registered Office: Milton Court, Dorking, Surrey RH4 3LZ. Registered in England No 983768. We monitor telephone conversations and e-mail communications from time to time for the purposes of training and in the interests of continually improving the quality of the service we provide.

Welcome to dencover

This document includes the terms and conditions of the policy to help you - the primary member – understand the cover we offer and any exclusions that apply, so please read it carefully.

By primary member, we mean the insured person who purchases the policy. You must be 18 years or older and permanently living in the UK (we cannot accept a PO Box or 'care of' as a permanent address).

References to we and us mean the insurer, Unum Limited.

If you have any questions about this policy or the cover we provide, please contact us on 0800 180 4505 or email info@dencover.com.

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What we'll cover

We will cover you and any additional adults or children listed on the policy schedule for treatment while covered under this policy for each benefit year.

By additional adult, we mean your spouse, partner, siblings, children above 18 years old or parents who live in the same property as you. Up to 3 additional adults are allowed on the same level of cover as you and you must pay a premium for each insured adult.

By children we mean a natural or legally-adopted child of you or your spouse, civil partner or partner - aged between 6 months and 18 years at the time of treatment and permanently living with you. Up to 4 children are allowed and you must pay a premium for each insured child. We may ask to see an original birth certificate for each child.

By treatment, we mean any listed dental procedure shown on the benefit schedule which is carried out to maintain or restore your dental health, including treatment as a result of an accident/injury and treatment for mouth cancer.

By benefit year, we mean the 12-month period from your policy start date and each 12-month period thereafter until your cover ends.

You cannot make a claim for treatment if you have not had a routine examination in the 12 months immediately before the policy start date - except for check-ups & x-rays, a scale and polish, and hygiene treatment.

What we won't cover (exclusions)

We will not pay any claim made for

- Treatment arising from, traceable to or caused by a pre-existing condition

By pre-existing condition, we mean a medical or dental condition, injury, illness, disease, sickness or related medical condition and associated symptoms (whether diagnosed or not) that you knew or should have reasonably known about at the start date or have seen or arranged to see a dentist about during the 12 months immediately before the start date and returns within 24 months from the start date. If a pre-existing condition hasn't had treatment in the last three years reimbursement under your policy can be considered.

- Treatment carried out before your cover starts and after your cover ends
- Cosmetic treatment (except for teeth whitening where specifically listed on your policy), replacing silver fillings with white fillings, veneers and orthodontics
- Treatment which was identified, started or completed during the relevant qualifying period (see *Start claiming* on page 4)
- Treatment you receive while outside the UK unless relating to an accident or emergency
- Loss of, or damage to, dentures except while being worn
- A sports injury unless the appropriate head, face or mouth protection was worn
- An injury caused when eating or drinking
- Specialist treatment (such as periodontal treatment) unless the direct result of an accidental injury or oral cancer
- Prescription charges, missed appointment fees and dental products
- Treatment for your teeth, gums, mouth or tongue in connection with 'mouth jewellery'

How to make a claim

You can visit any UK dentist you like and there's no need to gain prior approval before starting treatment. If you'd like to check how much you're entitled to claim beforehand please get in touch and we'll happily talk you through your treatment plan.

1. Please ask for an itemised receipt from your dentist which contains a full description of your treatment and costs
2. Visit <https://mypolicy.dencover.co.uk/NIS/MemberArea/Login/> and login using your dencover username and password
3. Enter your treatment details, upload a scan or photo of your receipt and hit submit

Once your claim has been approved, we will notify you by email and payment will be made into your nominated bank account.

To help us process your claim

- Please include details of your treatment, your dentist's details and proof of payment. We cannot process any claim without proof of payment
- We may ask you to send additional information such as x-rays or your dental history to support your claim. Please supply all documents in English
- We are not responsible for any costs incurred to provide this information and any charge must be paid by you. We may need to discuss a claim, including the medical information we hold about you, with your dentist or an independent consultant. You consent to this when you submit your claim to us
- Claims should be submitted within 90 days of the completion of your last treatment in any course. We reserve the right not to pay any claims submitted after 90 days

Please note:

- Your course of treatment must be completed and paid for in full before we can process your claim
- If we overpay you for a claim, we reserve the right to recover it.
- If you have another dental insurance policy we reserve the right to pay a portion of the claim

Making changes to your policy

If you wish to make one of the approved changes listed below during your benefit year, please contact us on 0800 180 4505. We reserve the right to refuse any changes (except for cancellations within the agreed terms) until your next 12-month policy anniversary.

Adding and removing insured persons

You can add additional persons at any time during your benefit year. The benefit year of the joining person(s) will be adjusted pro-rata as follows:

- Added to your policy in month 1-6 of your benefit year – full annual benefits apply
- Added to your policy in month 7-12 of your benefit year - annual benefits are halved

You can remove an insured person by giving us 30 days notice in writing. We will not refund any premiums you have already paid and will also apply an exclusion period of 3 years – meaning they cannot take out any similar dental insurance policy with us for 3 years from the date the cancellation takes effect.

Changing your level of cover

You may change your level of cover (up or down) only once during your benefit year. This change will take effect at the next renewal month of the policy and will not affect your qualification period.

Cancelling your cover

You have 14 days from when you receive this policy schedule (*the cooling-off period*) to cancel your policy by contacting us. We will refund any premiums you have paid providing no claim has been made.

After the cooling-off period, you can cancel your cover by giving us 30 days notice in writing. We will not refund any premiums you have already paid and will also apply an exclusion period of 3 years – meaning you cannot take out any similar dental insurance policy with us for 3 years from the date the cancellation takes effect.

Changes we may make to your policy

We reserve the right to change the terms and conditions of your policy, the cover provided, the premium or both. We will give you 30 days notice of these changes by writing to your last known email address. Any such changes would take place at the next monthly renewal of the policy following the 30 days notice period. If you are unhappy with the changes, you may cancel the policy by giving us 30 days notice in writing.

The terms and conditions in force at the time of treatment will apply, regardless of when the claim benefit is paid.

When does cover end?

Your cover under the policy will end automatically, if any of the following happens:

- You cancel your cover according to the terms set out in this document
- You do not make the required premium payment for 2 consecutive months
- We suspect that you or any insured person on your policy has acted fraudulently - we will be entitled to recover from you the amount of any claim we have already paid under the policy and we will not return any of your premiums
- We cancel your policy according to our rights to do so as set out in this policy
- Your death

Cover under this policy for an additional insured person will end when:

- Your cover ends
- He or she dies
- They no longer satisfy the criteria for an additional adult or child or an insured child turns 18 (cover ends on the annual policy review following their 18th birthday)

Complaints

If you are not completely happy with our service or a claims decision, you can make a complaint to our Complaints Representative:

- By email: info@dencover.com
- By phone: 0800 180 4505
- By letter: dencover, Milton Court, Dorking, Surrey, RH4 3LZ

If it is not possible to fully resolve your complaint straight away we will acknowledge your complaint within five working days of receipt. We will investigate your complaint and keep you regularly informed of our progress.

The Financial Ombudsman Service

We hope to resolve your complaint to your satisfaction. However, if you remain dissatisfied or if our investigations have not been completed within eight weeks you may be eligible to refer your complaint to the Financial Ombudsman Service (FOS):

The Financial Ombudsman Service, Exchange Tower, London E14 9SR

Telephone number: 0800 023 4567

E-mail: complaint.info@financial-ombudsman.org.uk

Website: www.financial-ombudsman.org.uk

The Financial Services Compensation Scheme (FSCS)

We participate in the Financial Services Compensation Scheme (FSCS). If we are unable to meet our liabilities, you may be entitled to compensation from the FSCS. The FSCS does not cover the Channel Islands or the Isle of Man. Please visit www.fscs.org.uk for more information.

Other important information

Premiums

Premiums must be paid by direct debit. If you do not pay the premiums or the policy terms and conditions are not met, we will not pay any claims you make and your policy will be cancelled.

Premiums include insurance premium tax (IPT) where applicable. If the IPT rate changes, we will amend your premium and write to you to notify you of any change 30 days in advance.

Renewal

Your policy renews automatically every month for which we receive the premium, until your policy ends. We reserve the right to review and change your premiums on each 12-month policy anniversary and will notify you 30 days in advance. We may also choose not to renew the policy by giving you 30 days' notice in writing.

The insurer

Unum Limited which are authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority (FCA) and the Prudential Regulation Authority. Our FCA registration number is 110408. You can confirm this online: <https://register.fca.org.uk> or by calling the FCA on 0800 111 6768 (Freephone).

Law

This contract is subject to English law and by taking out the policy, you accept that any dispute will be subject to the exclusive jurisdiction of the English courts.

Data protection

All personal information, or “Protected Data” you give us is dealt with in the strictest confidence according to data protection laws. If we send your Protected Data for processing to third parties located outside the European Economic Area, the same duty of confidentiality applies.

Information about you and any covered family members is held and used to provide the services set out under the terms of this policy, administer your policy, comply with law, and develop customer relationships and services. In certain circumstances, medical service providers (or others) will be asked to supply us with further information.

When you provide information about family members, we take this as confirmation that you have their consent. As you are acting on behalf of any family member covered by this policy, we will send all correspondence, including communications about claims, to you unless we are advised otherwise.

We are required by law, in certain circumstances, to disclose information to law enforcement agencies about suspicions of fraudulent claims and other crime.

For additional detail on how we use Protected Data, please go to www.unum.co.uk/dental/data-policy.

Providing information

Please ensure:

- You take reasonable care to answer all the questions honestly and to the best of your knowledge. If you don't answer the questions correctly, your policy may be cancelled, or your claim may be rejected or not fully paid
- You notify us immediately of any changes to your information that may affect your policy and or premium
- We have up to date contact information for you at all times. You can update your information using our [member portal](#) or by contacting us