

Sponsor pay group  
From 1st April 2005.



Bupa Dental Plan  
Membership Guide





# Bupa Dental Plan - group pay

## 1. Introduction

Bupa Dental Plan-group pay is a group insurance scheme governed by an agreement (the "Agreement") between your **sponsor** and Bupa Insurance Ltd ("Bupa"). The terms and conditions of your membership have therefore been agreed between your **sponsor** and Bupa and there is no legal contract between you and Bupa covering your membership. You need to read these rules in conjunction with the Bupa Dental Plan table of benefits, your application form and your membership certificate. Together these documents set out the details of your membership and that of your **eligible dependants** (if any) of the Bupa Dental Plan scheme (the "Scheme") subject to any variations agreed between Bupa and the **sponsor**.

## 2. Glossary of terms

Words printed in bold and italic where used in these rules and benefits, have the meaning set out below:

**Annual renewal date:** the anniversary of the date of commencement of the Agreement between Bupa and the **sponsor** under which you and your **eligible dependants** are enrolled as members of the Scheme or such other date as shall from time to time be agreed between the **sponsor** and Bupa as your annual renewal date for the time being for the purposes of your membership of the Scheme;

**Benefits:** the fees and expenses for **dental treatment** covered by the table of benefits, subject in each case to the terms, conditions and limits set out in the table of benefits;

**Cosmetic treatment:** any **dental treatment** of a cosmetic nature or which is not necessary for the maintenance of dental fitness;

**Day-patient treatment: dental treatment** which, for medical reasons, means you have to go into a hospital or day-patient unit because you need a period of clinically supervised recovery but do not have to stay overnight;

**Dental treatment:** any dental treatment or examination which is necessary to maintain dental fitness and which as a matter of necessity must be provided by a **dentist**;

**Dental injury treatment: dental treatment** required as a direct result of injury caused by an external impact;

**Dentist:** any general dental practitioner who is registered with the General Dental Council at the time you receive your **dental treatment**; and for the purpose of **emergency dental treatment** received outside the **United Kingdom**, Dentist shall be deemed to include any person of equivalent status and professional standing who is lawfully permitted to practise dentistry in the country in which the **emergency dental treatment** was received;

**Effective date:** the 'effective from' date shown on your membership certificate;

**Eligible dependant:** your **partner**, and/or any dependent child of yours, who for the time being, and with the **sponsor's** approval, is a member of the Scheme, and named on your membership certificate;

**Emergency dental treatment: dental treatment** urgently required in order to alleviate pain, inability to eat or any acute dental condition which presents an immediate and serious threat to your general health or that of your **eligible dependants**;

**General anaesthetic:** any anaesthetic administered to a patient with the intention of rendering the patient unconscious;

***In-patient treatment: dental treatment*** which, for medical reasons, means you have to stay in hospital overnight or for longer;

***Oral cancer treatment:*** any oral cancer treatment provided by a specialist registered medical practitioner for treating cancer of the oral cavity, lips, tongue and pharynx;

***Orthodontic treatment:*** any dental treatment provided for the correction or prevention of malocclusion or any other irregular alignment or positioning of teeth;

***Out-patient treatment: dental treatment*** given at a hospital, consulting room or out-patient clinic where you do not go in for ***day-patient*** or ***in-patient treatment***;

***Partner:*** your husband or wife, or the person you live with in a relationship similar to that of a husband or wife, whether same sex or not;

***Prosthetic appliance:*** any artificial aid used in the restoration of a patient's dentition;

***Scale of cover:*** your scale of cover at the time you receive your ***dental treatment***, designated by the ***sponsor*** and being either Level 1, Level 2 or Level 2+, and as shown on your current membership certificate;

***Sponsor:*** an employer with whom Bupa has for the time being agreed to provide you with cover under the Scheme and in return for which that employer has agreed to pay subscriptions to Bupa for the duration of your membership of the Scheme;

***Surgical implant:*** any implant inserted into the jaw bone which is used for the support or retention of crowns, bridges or dentures;

***United Kingdom:*** Great Britain, Northern Ireland, the Channel Islands and the Isle of Man;

**Year:** in relation to you and each of your **eligible dependants**, a period starting on the effective from date or an **annual renewal date** and ending on the day immediately prior to the next **annual renewal date**.

### 3. Enrolment

- 3.1** Your date of enrolment in the Scheme will be the date you commenced your current continuous period of membership of the Scheme under the Agreement between the **sponsor** and Bupa.
- 3.2** The membership of each of your **eligible dependants** will start on the date on which they commenced their current continuous period of membership of the Scheme under the Agreement between the **sponsor** and Bupa. Their membership may continue for as long as you remain a member of the Scheme, subject to the terms of the Agreement. However, a child included as an **eligible dependant** shall cease to be an **eligible dependant**:
- on the **annual renewal date** following their 24th birthday; or
  - as from the date of their marriage
- whichever is earlier.
- 3.3** The Scheme is a group insurance scheme between Bupa and the **sponsor**. The terms and conditions of your membership and that of your **eligible dependants** have, therefore, been agreed between Bupa and the **sponsor** only and there is no contractual agreement between you and Bupa covering your membership of the Scheme. Only Bupa and the **sponsor** may enforce the Agreement, although Bupa will allow you and your **eligible dependants** complete access to the complaints process set out on page 13.

### 4. Renewal

Renewal of your membership of the Scheme and that of your **eligible dependants** shall be subject to the **sponsor** renewing your membership and theirs under and in accordance with the Agreement between Bupa and the **sponsor**.

## 5. Subscriptions

The **sponsor** shall pay subscriptions to Bupa in respect of your membership of the Scheme and that of your **eligible dependants** (if applicable), together with the amount of any Insurance Premium Tax or any other taxes which may from time to time be payable in respect of your membership, as and when they are due.

## 6. Termination

**6.1** The **sponsor** may terminate your membership of the Scheme or that of your **eligible dependants** at any time by notifying Bupa in writing.

**6.2** Bupa may terminate with immediate effect the membership of the Scheme of any person, which includes you, by notifying you or the **sponsor** in writing, in the event that that person has in Bupa's reasonable opinion misled Bupa, or attempted to do so, regarding any material information which you or they were required in good faith, or reasonably requested by Bupa, to provide in connection with your or their membership.

**6.3** Your membership of this Scheme and that of your **eligible dependants** will immediately come to an end if:

- (a) you cease to be habitually resident in the **United Kingdom** unless and to the extent otherwise agreed between Bupa and the **sponsor** in connection with you working overseas, or
- (b) the **sponsor** fails to renew your membership, or
- (c) the **sponsor** fails to pay on or before its due date the subscriptions, Insurance Premium Tax or any other tax which may from time to time be due in respect of you and your **eligible dependants** or any other person covered by the Scheme under the Agreement between Bupa and the **sponsor**, or

(d) the Agreement between Bupa and the **sponsor** under which you were enrolled as a member of the Scheme terminates.

## 7. General rules on benefits

- 7.1** Bupa agrees to pay **benefits** in respect of **dental treatment** received by you and each of your **eligible dependants** in accordance with the terms and conditions of your membership current when the **dental treatment** was received provided that whoever receives the **dental treatment** does so during their period of membership.
- 7.2** We only pay for the **dental treatment** specified in the table of benefits.
- 7.3** **Benefits** are only payable by Bupa to the extent that the fees and expenses incurred for **dental treatment** are up to an amount which is reasonable and customary and up to the maximum benefit limits set out in the table of benefits.
- 7.4** Bupa will only pay **benefits** for necessary **dental treatment** provided by a **dentist**.
- 7.5** Bupa will pay **benefits** to you only, not to any **eligible dependants**.
- 7.6** **Benefits** are payable by Bupa only to reimburse fees and expenses actually incurred by you or your **eligible dependants**.
- 7.7** Any **benefits** paid by Bupa for **dental treatment** to which you or any of your **eligible dependants** are not strictly entitled shall count towards your annual maximum **benefits** available under the Scheme, but Bupa shall not by making any such payment be liable to pay future **benefits** in respect of such **dental treatment**.

## 8. Exclusions on benefit

**Benefits** are not payable for:

**8.1** *cosmetic treatment*;

**8.2** *orthodontic treatment*;

**8.3** *surgical implants* or any *dental treatment* involving or making use of or in any way related to *surgical implants*;

**8.4** mouthguards;

**8.5** administering *general anaesthetic*;

**8.6** any *dental treatment* or services not normally provided by *dentists* in the *United Kingdom*;

**8.7** the replacement of a *prosthetic appliance* which has been lost or stolen;

**8.8** the replacement of a *prosthetic appliance* which could have been repaired according to generally accepted dental standards;

**8.9** the replacement of a *prosthetic appliance* (except dentures) within five years of it having been fitted;

**8.10** any *dental treatment* resulting from or related to any injury sustained whilst participating in a physical contact sport such as rugby or boxing;

**8.11** any *dental treatment* resulting from or related to a self-inflicted injury;

**8.12** any *dental treatment* required as a result of nuclear or chemical contamination, war, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, rebellion, revolution, terrorism, insurrection, or military or usurped power;

**8.13** any **dental treatment** which in Bupa's reasonable opinion based on established dental and medical practice in the **United Kingdom**, is experimental or unproven;

Bupa may, at its sole discretion, make payments in the event that you or any of your **eligible dependants** requires such **dental treatment**;

no costs and expenses for experimental or unproven **dental treatment** will be reimbursed unless incurred with Bupa's prior written approval;

**8.14** any **dental treatment** received outside the **United Kingdom** which is not **emergency dental treatment**;

**8.15** self administered drugs such as antibiotics and painkillers or prescription charges;

**8.16** any **oral cancer treatment** received by you or any of your **eligible dependants**;

**8.17** any **dental injury treatment** arising as a direct or indirect result of an external impact which occurred before the date of enrolment of the Scheme.

**Important note:**

The Bupa Dental Plan is not intended to provide cover for **in-patient** or **day-patient dental treatment**, such as wisdom tooth extraction. The benefit limits set out in the table of benefits provides cover based on the cost of **dental treatment** provided in a dental surgery only. Please read the table of benefits carefully for full details of the benefits for each type of **dental treatment**.

## 9. Claims

- 9.1 You are recommended to ensure that Bupa is given advance notice of any intended **dental treatment**. This gives Bupa an opportunity of advising the person intending to receive the **dental treatment** whether the expected claim is likely to be eligible for **benefits**. If you or any of your **eligible dependants** wish to obtain any firm undertaking or commitment from Bupa on entitlement to **benefits** in advance of expenditure being incurred, Bupa must first be provided with full written details from the **dentist** providing the **dental treatment**.
- 9.2 You must provide Bupa with full details of any **dental treatment** that is likely to cost more than £500, before receiving such **dental treatment** unless the **dental treatment** is **emergency dental treatment**. No cost and expenses relating to such **dental treatment** will be paid unless Bupa has confirmed to the **dentist** providing the **dental treatment** before the **dental treatment** is received that the **dental treatment** is necessary. Bupa will not unreasonably withhold or delay such confirmation.
- 9.3 Payment of **benefits** is conditional upon your **sponsor** having paid all subscriptions due on or before the date of the **dental treatment** for which you are claiming **benefits**, and neither the **sponsor**, you or any **eligible dependant** are in breach of any material term or condition.
- 9.4 Claims should be submitted to Bupa as soon as is reasonably practicable. Payment of **benefits** is conditional upon Bupa receiving:

- (a) a written claim for payment within six months from the date of the completion of the **dental treatment** (where reasonably possible), in such manner as may reasonably be prescribed by Bupa and notified to you from time to time; and
- (b) such proof of entitlement to receive the **benefits** claimed as Bupa may reasonably request (including but not limited to (i) any dental reports and other information, and (ii) the results of an independent dental examination which Bupa may require you to undergo at its expense); and
- (c) original receipts in respect of the **benefits** claimed; and
- (d) written confirmation from you and/or any or your **eligible dependants** as to whether or not, to the best of your or their knowledge and belief, the **benefits** claimed may be recoverable from another person or insurance company.

9.5 Should a claim be made for the payment of **benefits** in respect of the cost of **emergency dental treatment** received outside the **United Kingdom**, the amount of any **benefits** to be paid to you shall be calculated by Bupa using the average of currency exchange rates applicable on the date on which the claim is paid. In any event, the amount of **benefits** payable by Bupa for the cost of such **emergency dental treatment** shall be limited to the cost that would have been reasonably and customarily charged if the **emergency dental treatment** had been received in the **United Kingdom** and subject to the benefit limits set out in the table of benefits.

## 10. Alterations to the Agreement

Terms and conditions of your membership of the Scheme and that of your **eligible dependants** may be changed from time to time in accordance with the Agreement between the **sponsor** and Bupa.

## 11. General

- 11.1** The terms and conditions of your membership and that of your **eligible dependants** shall be governed by English law and all matters regarding your membership and theirs shall be subject to the exclusive jurisdiction of the courts of the **United Kingdom**.
- 11.2** Unfortunately we cannot return original documents to you. However we will of course send you copies if you ask us to do so at the time you give us the documents.
- 11.3** No amendment or variation to the terms and conditions of your membership or that of your **eligible dependants** shall be valid and effective unless made in accordance with these rules and/or the table of benefits or specifically agreed between your **sponsor** and Bupa and also confirmed in writing. Unconfirmed verbal communications cannot override the written terms and conditions of your membership or those of your **eligible dependants**, 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.
- 11.4** 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.
- 11.5** You must notify Bupa in writing as soon as is reasonably practicable of any claim or right of action you or any of your **eligible dependants** have against any third party in connection with circumstances which may give, or has given rise, to a claim against Bupa for the payment of **benefits**.

**Benefits** are paid on condition that you and your **eligible dependants** take all steps which Bupa may reasonably require, for the purpose of reimbursing Bupa, to recover from a third party any sums paid to you by Bupa.

- 11.6** At the time a claim is made for the payment of **benefits** and/or as soon as is reasonably practicable you must inform Bupa in writing if you or any of your **eligible dependants** have any other insurance cover in respect of the costs and expenses for which the claim against Bupa is being made. Bupa will not be liable to pay **benefits** in excess of its rateable proportion if any other insurance cover exists in respect of the costs and expenses for which the claim against Bupa is being made.
- 11.7** Any notice or communication which is given under or in connection with this Scheme shall be in writing and shall be sent by pre-paid post, recorded delivery, fax or delivered personally in the case of Bupa to Bupa's administrative address at Anchorage Quay, Salford Quays M50 3XL, and in your case or the case of the **sponsor** to your address, or the **sponsor'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, or three days after posting if sent by pre-paid post, or if sent by fax when clearly received in full.

## Getting in touch

The Bupa helpline is always the first number to call if you need help or support or if you have any comments or complaints. Please call us on 0800 237 777<sup>Δ†</sup> any time between 8am to 6pm, Monday to Friday or 8am to 1pm on Saturdays. Alternatively you can write to us at Bupa Dental, Anchorage Quay, Salford Quays, Manchester, M50 9WF or fax us on 0161 931 5883.

We want to make sure that members with special needs are not excluded in any way. We can offer a choice of Braille, large print or audio for correspondence and marketing literature. Please let us know which you would prefer.

Members with hearing or speech difficulties, who use a text phone, can contact our text phone on 0845 606 6863\* anytime between 9am to 5pm, Monday to Friday.

## Making a complaint

If we have not been able to resolve the problem and you wish to take your complaint further, please write to the Head of Customer Relations at Bupa, Anchorage Quay, Salford Quays, Manchester, M50 3XL or phone on 0845 606 6739\*<sup>†</sup> anytime between 8am to 5pm, Monday to Friday.

It's very rare that we can't settle a complaint, but if this does happen, you may refer your complaint to the **Financial Ombudsman Service**. You can write to them at South Quay Plaza, 183 Marsh Wall, London E14 9SR, or call them on 0845 080 1800.

Please let us know if you want a full copy of our complaints procedure.

If something has gone wrong, we want to do everything we can to put it right. But none of these procedures affect your legal rights.

<sup>Δ</sup> Calls from landlines are free, however, mobile phone providers may charge.

\* BT landline calls to 0845 numbers will cost no more than 3.95 pence per minute. Charges from other providers may vary and calls made from mobiles usually cost more.

<sup>†</sup> Calls to this number may be recorded and monitored.

# Bupa Dental Plan

## Table of benefits

This table of benefits shows the **benefits** you and your **eligible dependants** can claim according to your **scale of cover**.

### Cover for dental treatment

Bupa will pay the **benefits** for **dental treatment** shown in the benefit schedule up to your maximum entitlement each **year**.

The maximum amount of **benefits** payable for **dental treatment** (other than **dental injury treatment** and **emergency dental treatment**), **dental injury treatment** and **emergency dental treatment**, received each **year** according to your **scale of cover** is shown in the following table.

Type of treatment	Level 1	Level 2/Level 2+
	Annual limits	Annual limits
1. <b>Dental treatment</b> (other than <b>emergency worldwide dental treatment</b> and <b>dental injury treatment</b> ).	£500	£800
2. <b>Emergency worldwide dental treatment</b> .	£400	£600
3. <b>Dental injury treatment</b> .	£3000	£5000

The above limits represent the maximum amount of **benefits** payable for **dental treatment** (other than **dental injury treatment** and **emergency dental treatment**), **dental injury treatment** and **emergency dental treatment**, received each **year**.

The above annual limits apply per person per **year** for **dental treatment** received by you and, if he or she is an **eligible dependant**, your **partner**.

However, the above annual limits represent the overall total amount of **benefits** that may be claimed collectively for **dental treatment** received each year by your other **eligible dependants**.

## Benefit schedule

Bupa will only pay **benefits** for each course of **dental treatment** up to the amounts shown in this benefits schedule for each item of treatment making up the course of **dental treatment**. Bupa will only pay **benefits** according to your **scale of cover** and only up to the maximum amounts in benefits 1, 2 & 3 specified in the table on page 14.

Item of treatment	Level 1	Level 2	Level 2+
	Benefit limits	Benefit limits	Benefit limits
Examinations (max two per <b>year</b> )	£5.50 each	£12.00 each	£28.00 each
X-rays (max per <b>year</b> )	£30.00	£40.00	£40.00
Scale and polish (max two per <b>year</b> )	£56.00 each	£80.00 each	£80.00 each
Fillings - including root canal treatment (max per <b>year</b> )	£150.00	£250.00	£250.00
Extractions (max per <b>year</b> )	£150.00	£250.00	£250.00
Crowns, Bridgework & dentures (50% of costs up to max per <b>year</b> )	£250.00	£350.00	£350.00

Please note: **The benefit limits under Level 2+ are the same as Level 2 apart from the examination benefit which is £28.00 each (max two per year).**



## Bupa Data Protection notice

**Confidentiality:** The confidentiality of patient and member information is of paramount concern to the companies in the Bupa group. To this end, Bupa fully complies with Data Protection Legislation and Medical Confidentiality Guidelines. Bupa sometimes uses third parties to process data on its behalf. Such processing, which may be outside of the European Economic Area is subject to contractual restrictions with regard to confidentiality and security in addition to the obligations imposed by the Data Protection Act.

**Medical information:** Medical information will be kept confidential. It will only be disclosed to those involved with your treatment or care, including your GP, or to their agents, and, if applicable, to any person or organisation who may be responsible for meeting your treatment expenses, or their agents.

**Member details:** All membership documents and confirmation of how we have dealt with any claim you may make will be sent to the principal member.

**Telephone calls:** In the interest of continuously improving our service to members, your call may be recorded and may be monitored.

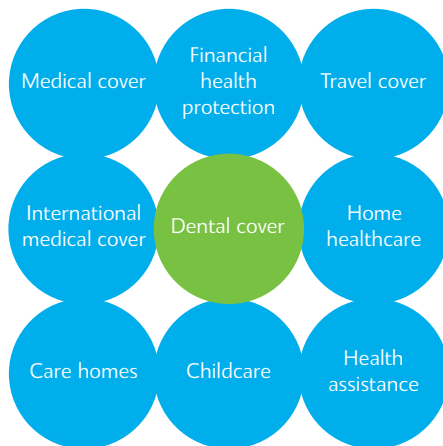
**Research:** Anonymised or aggregated data may be used by Bupa, or disclosed to others, for research or statistical purposes.

**Fraud:** Information may be disclosed to others with a view to preventing fraudulent or improper claims.

**Names and addresses:** Bupa does not make the names and addresses of members or patients available to other organisations.

**Keeping you informed:** Bupa would, on occasion, like to keep you informed of Bupa products and services which it considers may be of interest to you.

**Contact address:** If you do not wish to receive information about Bupa's products and services, or have any other Data Protection queries please write to the Bupa Group Information Protection Manager, at Bupa House, 15-19 Bloomsbury Way, London WC1A 2BA or at [DataProtection@Bupa.com](mailto:DataProtection@Bupa.com).



## The world of Bupa

Call the Bupa Helpline on 0800 237 777<sup>Δ†</sup>  
for information on Bupa Dental Plan.

Lines are open open 8am to 6pm Monday to Friday and 8am to 1pm Saturday.  
[www.bupa.co.uk/dental](http://www.bupa.co.uk/dental).

Call 0800 00 10 10<sup>Δ†</sup>  
for information on all other Bupa services.  
Lines are open 24 hours.

[www.bupa.com](http://www.bupa.com)

Δ Calls from landlines are free, however, mobile phone providers may charge.

† Calls to this number may be recorded and monitored.



Bupa Dental Plan is provided by Bupa Insurance Limited. Registered in England and Wales No 3956433#.

Bupa Insurance Services Limited. Registered in England and Wales No 3829851#.

Registered Office Bupa House 15-19 Bloomsbury Way London WC1A 2BA

#Authorised and regulated by the Financial Services Authority.

© Bupa 2008. Bupa and the heartbeat symbol are trademarks of The British United Provident Association Limited.