

Your Bupa Dental Insurance is here to support you with everyday dental costs. No matter what level of cover you're on you'll get cash back towards everyday dental costs, such as dental check-ups, and treatments. You'll also be covered for dental injury, emergency, and oral cancer. Helping you make the most of your dental health.

Tip: Quickly navigate the document using the table of contents to the right.

Table of contents

Getting you set up

What information do I need to set up my My Bupa account?

Where can I find my policy information

Multiple members on policy?

Having treatment

Do I have to use a Bupa dentist?

How do I know what I am covered for?

Where am I covered?

How much could my treatment cost me?

Continuity of Cover

Claiming

If you use a Bupa Dental practice offering Instant Claim

How do I make a claim if I don't use Instant Claim?

What do I need to make a claim?

When do I need to submit my claim?

Getting you set up

When you first join Bupa, you'll either receive your membership documents in the post or you will receive an automated email from Bupa allowing you to set up your digital account on My Bupa. Once registered on My Bupa, you'll be able view all your documents including your membership guide and certificate.

In your membership documents you can see full details of what is or isn't covered, any limitations on cover, the details of everyone who is covered on your policy, your level of cover and your membership number.

Need to know: you won't be able to register for My Bupa until after your policy start date. If you aren't sure when your start date is, please check your certificate.

Table of contents

Getting you set up

What information do I need to set up my My Bupa account?

Where can I find my policy information

Multiple members on policy?

Having treatment

Do I have to use a Bupa dentist?

How do I know what I am covered for?

Where am I covered?

How much could my treatment cost me?

Continuity of Cover

Claiming

If you use a Bupa Dental practice offering Instant Claim

How do I make a claim if I don't use Instant Claim?

What do I need to make a claim?

When do I need to submit my claim?

What information do I need to set up my My Bupa account?

All the personal details used to set up your policy (first name, surname, postcode and date of birth).

If you already have a private medical insurance policy with us, you can use the same account so you won't need to re-register. Just log in using the same details and you will see your dental insurance information on there after your policy start date.

If you are having difficulties setting up your My Bupa account, you can talk to us through the virtual chat, accessible by the 'talk to us' button at the bottom of the My Bupa registration page.

Table of contents

Getting you set up

What information do I need to set up my My Bupa account?

Where can I find my policy information

Multiple members on policy?

Having treatment

Do I have to use a Bupa dentist?

How do I know what I am covered for?

Where am I covered?

How much could my treatment cost me?

Continuity of Cover

Claiming

If you use a Bupa Dental practice offering Instant Claim

How do I make a claim if I don't use Instant Claim?

What do I need to make a claim?

When do I need to submit my claim?

Where can I find my policy information?

It is easy to view your cover details **24/7** with **My Bupa.**

On My Bupa you can:

- View your policy documents
- Make claims
- Check claims history
- Find your nearest Bupa dental practice

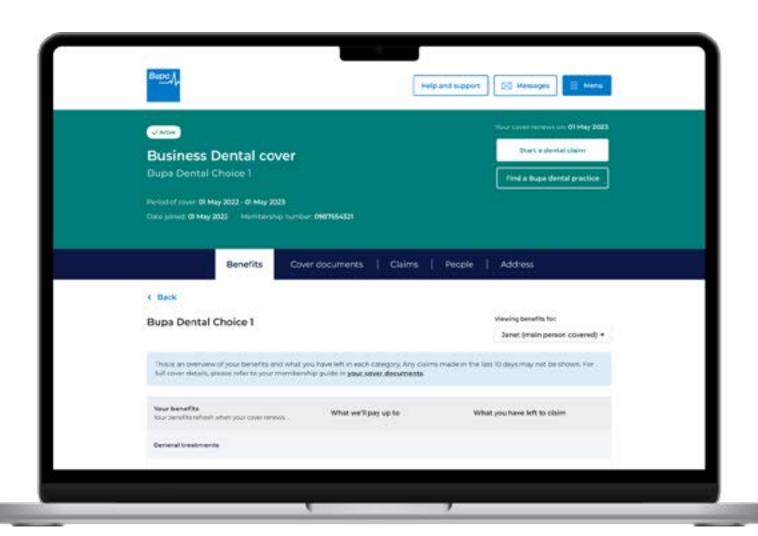


Table of contents

Getting you set up

What information do I need to set up my My Bupa account?

Where can I find my policy information

Multiple members on policy?

Having treatment

Do I have to use a Bupa dentist?

How do I know what I am covered for?

Where am I covered?

How much could my treatment cost me?

Continuity of Cover

Claiming

If you use a Bupa Dental practice offering Instant Claim

How do I make a claim if I don't use Instant Claim?

What do I need to make a claim?

When do I need to submit my claim?

Multiple members on policy?

Anyone over 16 years old who is named on the policy needs to register for their own My Bupa account so they can see their policy details.

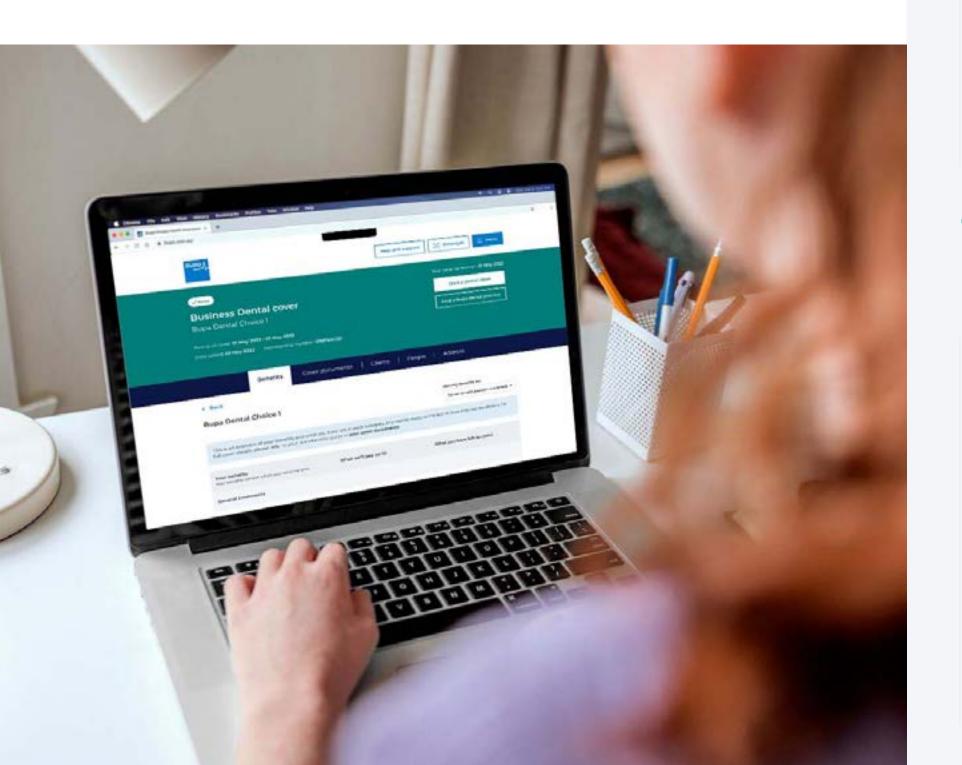


Table of contents

Getting you set up

What information do I need to set up my My Bupa account?

Where can I find my policy information

Multiple members on policy?

Having treatment

Do I have to use a Bupa dentist?

How do I know what I am covered for?

Where am I covered?

How much could my treatment cost me?

Continuity of Cover

Claiming

If you use a Bupa Dental practice offering Instant Claim

How do I make a claim if I don't use Instant Claim?

What do I need to make a claim?

When do I need to submit my claim?

Having treatment

Rising costs and delays are making it harder for people to access dental care. Bupa unites dental insurance with over 360 Bupa-owned practices across the UK. This gives us extensive coverage to help you get help fast.

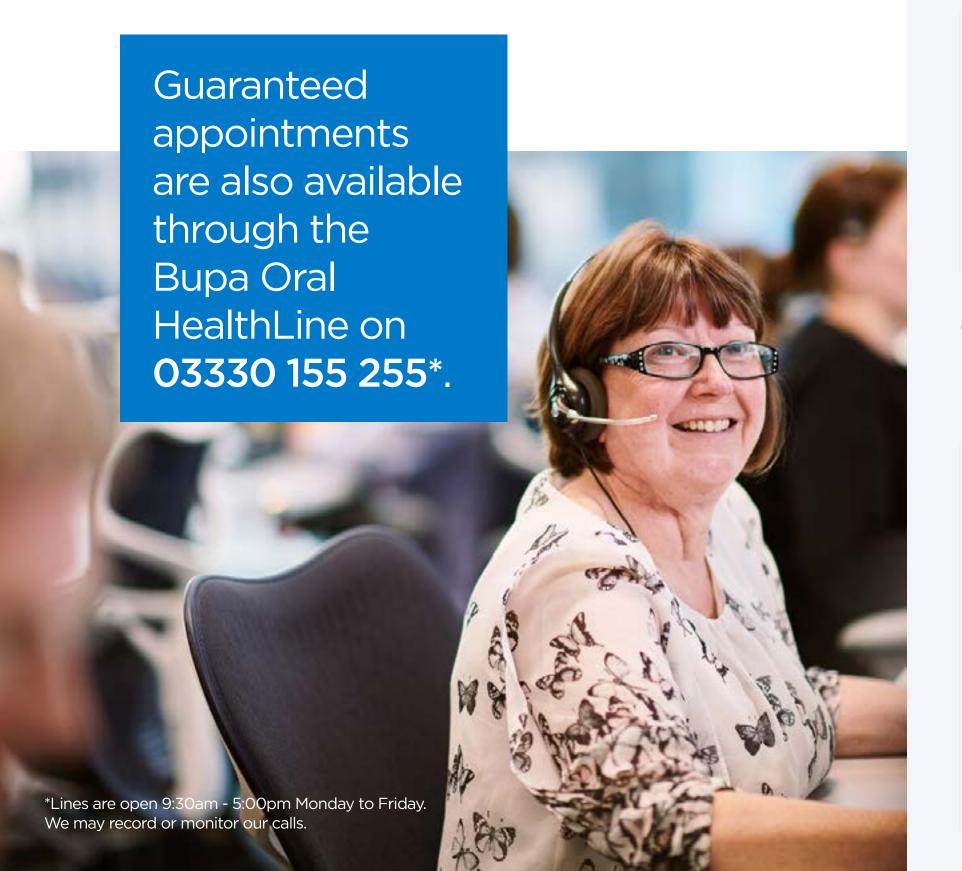


Table of contents

Getting you set up

What information do I need to set up my My Bupa account?

Where can I find my policy information

Multiple members on policy?

Having treatment

Do I have to use a Bupa dentist?

How do I know what I am covered for?

Where am I covered?

How much could my treatment cost me?

Continuity of Cover

Claiming

If you use a Bupa Dental practice offering Instant Claim

How do I make a claim if I don't use Instant Claim?

What do I need to make a claim?

When do I need to submit my claim?

Do I have to use a Bupa dentist?

You can choose to see any dentist, whether it's for private or NHS treatment, or you can visit one of our Bupa Dental Care practices. Using a dentist within the Bupa Dental Insurance Network opens up benefits such as discounts, Instant Claim and access to trusted expertise.

You can use <u>Finder</u> to locate your closest practice.

Table of contents

Getting you set up

What information do I need to set up my My Bupa account?

Where can I find my policy information

Multiple members on policy?

Having treatment

Do I have to use a Bupa dentist?

How do I know what I am covered for?

Where am I covered?

How much could my treatment cost me?

Continuity of Cover

Claiming

If you use a Bupa Dental practice offering Instant Claim

How do I make a claim if I don't use Instant Claim?

What do I need to make a claim?

When do I need to submit my claim?

How do I know what I am covered for?

For the majority of treatment, there's no need to call us before it starts but we recommend reading through your membership guide (which you can find on My Bupa) to understand what you're covered for.

We cover all clinically necessary restorative dental treatment up to your benefit allowances. 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.

Table of contents

Getting you set up

What information do I need to set up my My Bupa account?

Where can I find my policy information

Multiple members on policy?

Having treatment

Do I have to use a Bupa dentist?

How do I know what I am covered for?

Where am I covered?

How much could my treatment cost me?

Continuity of Cover

Claiming

If you use a Bupa Dental practice offering Instant Claim

How do I make a claim if I don't use Instant Claim?

What do I need to make a claim?

When do I need to submit my claim?

Where am I covered?

You get cover worldwide for preventative, restorative, emergency dental treatment and dental injury treatment. Orthodontic treatment, primary oral cancer treatment and cash benefit for a hospital stay is only covered in the UK.

Table of contents

Getting you set up

What information do I need to set up my My Bupa account?

Where can I find my policy information

Multiple members on policy?

Having treatment

Do I have to use a Bupa dentist?

How do I know what I am covered for?

Where am I covered?

How much could my treatment cost me?

Continuity of Cover

Claiming

If you use a Bupa Dental practice offering Instant Claim

How do I make a claim if I don't use Instant Claim?

What do I need to make a claim?

When do I need to submit my claim?

How much could my treatment cost me?

The table shows the average amount Bupa customers spent on UK dental treatments between 1 January 2024 and 31 March 2024, based on Bupa internal claims data.

Treatment	Average invoiced cost* Jan 24 - Mar 24	
Preventative dental treatment	London & SE	Rest of UK
Routine examination	£70	£60
New patient examination	£90	£80
Scale and Polish	£100	£100
Small X-Ray	£40	£40
Restorative dental treatment		
Filling	£280	£210
Extraction	£320	£220
Root canal	£700	£500
Crown	£900	£700
Surgical Implant	£1,600	£1,200

^{*}Please note that our average treatment costs are based on invoices issued between January 24th and March 24th. These figures serve as an indication of what your dentist may charge. For precise treatment cost information, always consult your chosen dental practice, as prices may vary.

Table of contents

Getting you set up

What information do I need to set up my My Bupa account?

Where can I find my policy information

Multiple members on policy?

Having treatment

Do I have to use a Bupa dentist?

How do I know what I am covered for?

Where am I covered?

How much could my treatment cost me?

Continuity of Cover

Claiming

If you use a Bupa Dental practice offering Instant Claim

How do I make a claim if I don't use Instant Claim?

What do I need to make a claim?

When do I need to submit my claim?

Continuity of Cover

If your company is transferring your dental insurance to us from another provider, we'll provide continuous cover for a **pre-existing gap** if this was covered by your previous insurance. You will 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.

We'll also provide continuous cover for oral cancer so long as you had dental insurance via the previous provider. 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'll be responsible for paying for this treatment.

Table of contents

Getting you set up

What information do I need to set up my My Bupa account?

Where can I find my policy information

Multiple members on policy?

Having treatment

Do I have to use a Bupa dentist?

How do I know what I am covered for?

Where am I covered?

How much could my treatment cost me?

Continuity of Cover

Claiming

If you use a Bupa Dental practice offering Instant Claim

How do I make a claim if I don't use Instant Claim?

What do I need to make a claim?

When do I need to submit my claim?

Claiming

You can claim cash back towards your dental treatment up to your benefit limits. You can only claim for treatment that has taken place. Remember you can see any dentist for private or NHS treatment.

Table of contents

Getting you set up

What information do I need to set up my My Bupa account?

Where can I find my policy information

Multiple members on policy?

Having treatment

Do I have to use a Bupa dentist?

How do I know what I am covered for?

Where am I covered?

How much could my treatment cost me?

Continuity of Cover

Claiming

If you use a Bupa Dental practice offering Instant Claim

How do I make a claim if I don't use Instant Claim?

What do I need to make a claim?

When do I need to submit my claim?

If you use a Bupa Dental practice offering Instant Claim

At selected Bupa dentists your claim could be submitted straight to us by the receptionist. After your treatment, the receptionist will send your claim to us, and we'll pay the practice directly – up to your policy benefit limits. Remember, you'll need to pay for any dental treatment that isn't covered on your policy (check Section 3 of your membership guide to remind you what is covered).

To find out which practices offer this service, visit Finder.

Table of contents

Getting you set up

What information do I need to set up my My Bupa account?

Where can I find my policy information

Multiple members on policy?

Having treatment

Do I have to use a Bupa dentist?

How do I know what I am covered for?

Where am I covered?

How much could my treatment cost me?

Continuity of Cover

Claiming

If you use a Bupa Dental practice offering Instant Claim

How do I make a claim if I don't use Instant Claim?

What do I need to make a claim?

When do I need to submit my claim?

How do I make a claim if I 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. The easiest way to claim for most treatments is via My Bupa.

Any dental injury and hospital cash benefit claims will need to be submitted to us by post. A form can be downloaded at bupa.co.uk/dental/dental-insurance/make-claim. Fill in the form and post it, along with a copy of your receipt, to: Bupa dental insurance, Bupa Place, 102 The Quays, Salford M50 3SP.

You only need to call if you are claiming for oral cancer treatment 0800 237 777*.

Table of contents

Getting you set up

What information do I need to set up my My Bupa account?

Where can I find my policy information

Multiple members on policy?

Having treatment

Do I have to use a Bupa dentist?

How do I know what I am covered for?

Where am I covered?

How much could my treatment cost me?

Continuity of Cover

Claiming

If you use a Bupa Dental practice offering Instant Claim

How do I make a claim if I don't use Instant Claim?

What do I need to make a claim?

When do I need to submit my claim?

What do I need to make a claim?

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

When claiming for any other type of dental treatment, you must ensure your receipt includes:

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

Table of contents

Getting you set up

What information do I need to set up my My Bupa account?

Where can I find my policy information

Multiple members on policy?

Having treatment

Do I have to use a Bupa dentist?

How do I know what I am covered for?

Where am I covered?

How much could my treatment cost me?

Continuity of Cover

Claiming

If you use a Bupa Dental practice offering Instant Claim

How do I make a claim if I don't use Instant Claim?

What do I need to make a claim?

When do I need to submit my claim?

When do I need to submit my claim?

You can only claim for treatment that has taken place.



Table of contents

Getting you set up

What information do I need to set up my My Bupa account?

Where can I find my policy information

Multiple members on policy?

Having treatment

Do I have to use a Bupa dentist?

How do I know what I am covered for?

Where am I covered?

How much could my treatment cost me?

Continuity of Cover

Claiming

If you use a Bupa Dental practice offering Instant Claim

How do I make a claim if I don't use Instant Claim?

What do I need to make a claim?

When do I need to submit my claim?

How long will my claim take to be processed?

If we have all the information we need from you, or your dentist, we'll process your claim within 2 days. Over 90% of claims are finalised within 24 hours. You'll receive an SMS message when your claim has been processed and we'll pay any money into your bank account within 3 to 5 working days.

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

Table of contents

Getting you set up

What information do I need to set up my My Bupa account?

Where can I find my policy information

Multiple members on policy?

Having treatment

Do I have to use a Bupa dentist?

How do I know what I am covered for?

Where am I covered?

How much could my treatment cost me?

Continuity of Cover

Claiming

If you use a Bupa Dental practice offering Instant Claim

How do I make a claim if I don't use Instant Claim?

What do I need to make a claim?

When do I need to submit my claim?



For more information, visit Employee Dental Insurance | Bupa UK

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