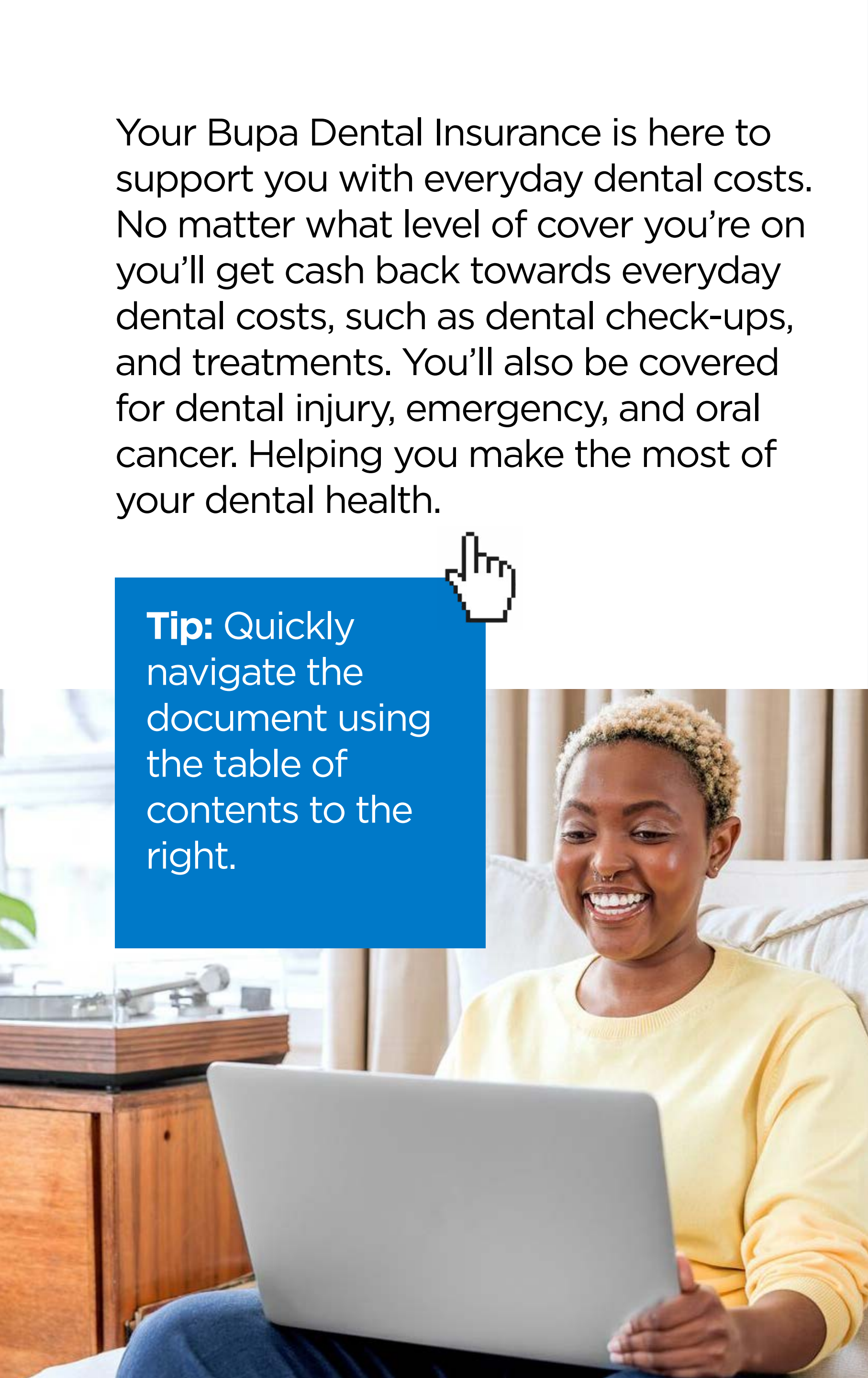




**Getting started  
with dental insurance**



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.

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# Getting you set up

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

In your policy 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. You can only claim for treatment that takes place on, or after, your policy start date.

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# What is dental insurance?

Dental insurance gives you cash-back towards your dental treatment helping you maintain your dental health. The level of cover you are on will determine how much of the treatment costs may be covered.

We cover all clinically necessary dental treatment up to your benefit allowance. This refers to any dental treatment recommended by your dentist that is needed to keep your teeth and gums health and free from pain. **This doesn't include treatment for cosmetic purposes.**

**We don't pre-authorise claims.** Instead, we assess at the point of claim. This excludes treatment for oral cancer, including diagnosis, which must be pre-authorised.

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

You'll need 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 your existing My Bupa 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.

**Remember, you can start to use your policy from your cover start date even if you haven't received your policy number and welcome pack.**

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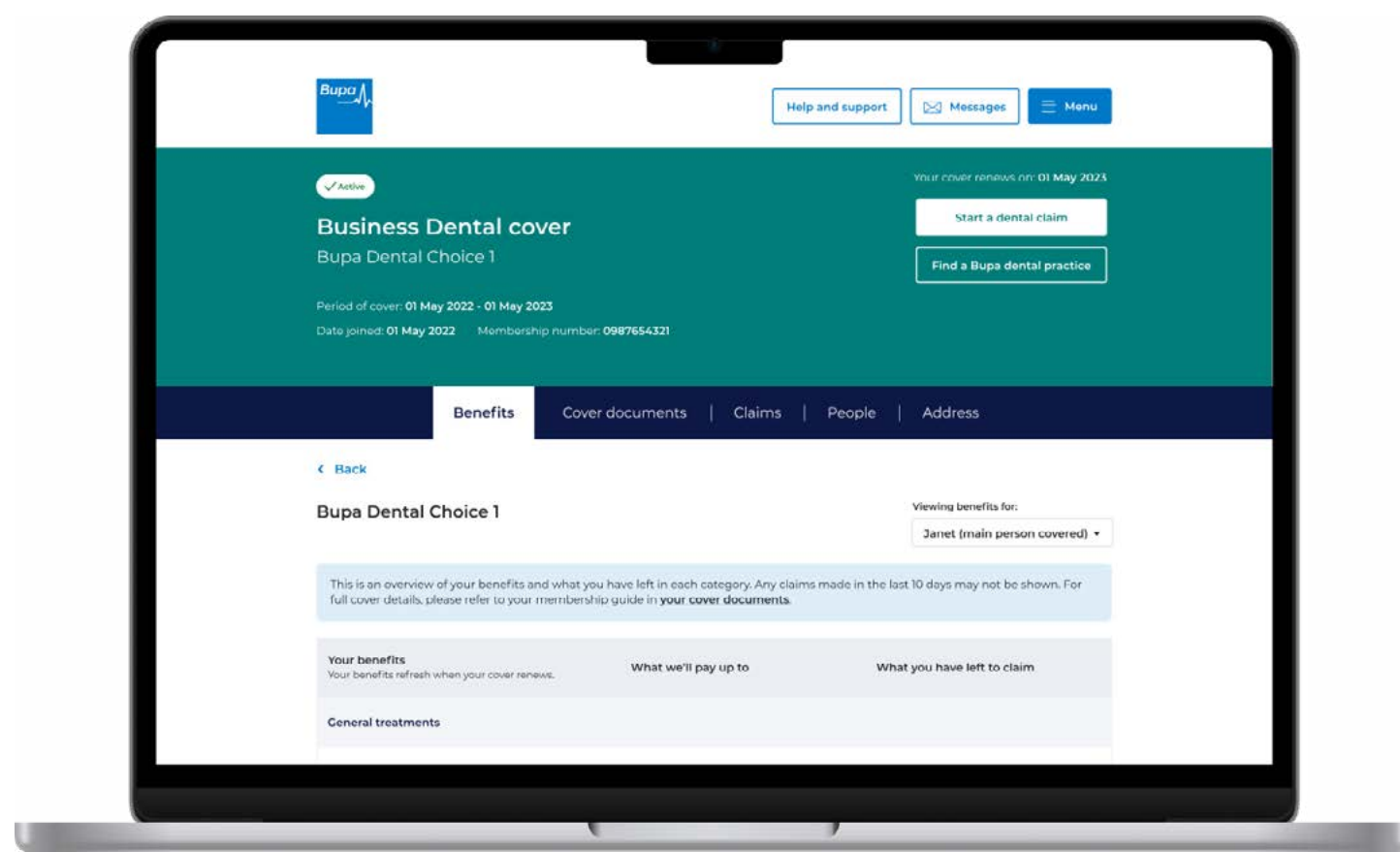
# Where can I find my policy information?

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

If you prefer, you can request your documents by post. Just call us on **0800 237 777\*** and we'll be happy to help.



\*Lines are open 9:30am - 5:00pm Monday to Friday.  
We may record or monitor our calls.

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# 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.

Guaranteed appointments are also available through the Bupa Oral HealthLine on **03330 155 255\***.



\*Lines are open 9:30am - 5:00pm Monday to Friday.  
We may record or monitor our calls.

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# 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 [Finder](#) to locate your closest practice.

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# Can I cover family members?

If your employer lets you cover family members, you can cover your partner and children on your policy. Children can remain on your policy until the renewal date after their 24th birthday. The benefit allowances in the Table of Cover (Section 2 of the membership guide) are per person, per policy year, so **you can each claim up to the amount shown**. Your membership certificate will show who is covered on the policy and your level of cover.

Anyone over 16 years old who is named on the policy needs to register for their own My Bupa account. They will be able to send their claim and see their policy details, including what they can claim for.

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# How do I know what I am covered for?

We recommend reading through your policy guide to understand what you're covered for. You can find this on [My Bupa](#).

If you prefer, you can request your documents by post. Just call us on **0800 237 777\*** and we'll be happy to help.

For the majority of treatment, there's no need to call us before it starts. You should always call us before any treatment for oral cancer, including diagnosis. This must be pre-authorised.

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## We cover:



**Worldwide preventative dental treatment** – which includes new patient and routine examinations (check-ups), scale and polish, X-rays, and scans to help you maintain your oral health.

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**Worldwide restorative dental treatment** – any clinically necessary restorative treatment such as fillings, root canals, inlays and overlays, crowns, bridges, veneers, extractions, implants, dentures, mouthguards, and periodontal treatment and oral surgery. Note, we don't cover pre-existing gaps unless you have continuity of cover. This is where your employer is switching your dental insurance to us.

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**Orthodontic treatment in the UK, worldwide emergency, and dental injury treatment.**

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

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<sup>^</sup>We do not cover oral cancer that was diagnosed or for which you had symptoms or investigations before your cover start date. 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 against oral cancer.



# Choosing the right level of cover

You'll find the **Table of Cover in Section 2** of the policy guide. You'll see there are different levels of cover, the amount of cash-back increases as do the levels of cover.

The Table of Cover shows the maximum amount you can claim up to in each policy year for each type of dental treatment. You'll see there are different ways we give cash-back, which depends on the treatment you have had. We either cover you for each visit or each policy year. Your policy year is the start date of your policy to your cover end date. It's usually 12 months but depends on when you join the policy. You can find this information on your membership certificate or in your My Bupa digital account.

If you're choosing the level of cover yourself, you need to decide the amount of cash-back you want towards your dental treatment. When doing so, you should think about your oral health, and treatment you may need when choosing your level of cover and then compare this to the cost of the policy. You may find the next section "How much could my treatment cost me?" helpful when deciding this.

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# How much could my treatment cost me?

The table shows the average amount Bupa customers spent on dental treatment at Bupa Dental Care practices between January and April 2025, based on Bupa internal claims data.

Treatment	Average invoiced cost <sup>†</sup>	
Preventative dental treatment	London & SE	Rest of UK
Routine examination	£90	£65
New patient examination	£95	£85
Scale and Polish	£115	£85
Small X-Ray	£50	£40
Restorative dental treatment		
Filling	£325	£255
Extraction	£365	£260
Root canal	£760	£550
Crown	£1,150	£825
Surgical Implant	£1,550	£1,400

<sup>†</sup>Please note that our average treatment costs are based on invoices issued between January and April 2025. 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.

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# What to expect if you're switching from another provider

Dental Insurance policies can be different. Check the Table of Cover and Policy Terms in Section 2 and 3 of your policy guide to understand what you're covered for. 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.

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# 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.

If you choose to use a Bupa dental practice, you'll have access to Instant Claim – 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. You'll just need to pay for any dental treatment that isn't covered on your policy.

If you don't use Instant Claim, you'll need to pay for your treatment and then claim some or all of it back, depending on the level of cover you have, and within 12 months of your treatment date.

Please read the [claiming made easy guide](#) to understand how you can make a claim.

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**For more information, visit  
[Employee Dental Insurance | Bupa UK](#)**

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