Important information. Changes to the Dental Plan insurance policy.



We've made some changes which will apply when your cover renews on or after 1 September 2024.

This document is designed to help you understand these changes and should be read alongside your policy guide and membership certificate, which set out the full details of how your dental insurance works.

Worldwide preventative dental treatment

We've introduced a new benefit so you can now claim for a New patient examination, when you see a dentist for the first time, up to your benefit allowance.

	Level 1	Level 2	Level 3	Level 4	Level 5
New patient examination	CCO	670	500	C100	C170
One visit in each policy year	£60	£70	£90	£100	£130

We've also removed the exclusion so you can claim £20 in each policy year towards any type of treatment when having a virtual consultation.

Worldwide restorative dental treatment

We've increased the benefit allowance for Fillings across all levels of cover, so you can claim more cash-back towards the cost.

Extractions are now covered from 'Major restorative dental treatment', enabling you to claim more cashback towards the cost, up to your benefit allowance. We've also increased the benefit allowance on Levels 1, 2 and 3 for Major restorative dental treatment.

	Fillings, composite fissure sealant, and		Major restorative dental treatment				
	For each policy year	For each policy year		We contribute 80% towards the cost for each policy year:			
	Current allowance	Increased to	Current allowance	Increased to			
Level 1	£150	£175	£275	£325			
Level 2	£250	£275	£450	£500			
Level 3	£300	£330	£700	£800			
Level 4	£350	£375					
Level 5	£375	£400					

Dental treatments using composite

We've explained that composite fillings, composite bonding, and any clinically necessary treatment where composite is used to restore a tooth will be paid from the 'Fillings, composite bonding, fissure sealant and topical fluoride' benefit, up to your benefit allowance.

Pre-existing gaps, pre-existing conditions, and continuity of cover

We've changed the way we explain this to make it clearer. We do not cover pre-existing gaps caused by a pre-existing condition. We only provide cover for surgical implants, bridges, and dentures when the gap was caused by a tooth that was lost or extracted after your policy start date.

When claiming for a surgical implant, bridge, or denture you'll need to send us a letter or email from your dentist to tell us which tooth has been extracted and when. They'll also need to tell us the surgical implant, bridge, or denture has been fitted in the gap caused by the extraction.

We've also explained that we do not cover the cost of replacing a surgical implant, bridge, or denture that have been fitted before your policy began.

If your group has transferred your dental insurance to us from another provider, we'll provide continuous cover if your tooth was extracted while you were covered by your previous insurance. You'll need to provide evidence of this when you send us your claim along with a letter from your dentist to explain which tooth was removed, or lost, and when.

Clinically necessary dental treatment

We've clarified we don't pre-authorise claims for dental treatment.

Your policy covers clinically necessary dental treatment up to your benefit allowance. We'll review your claim once you've sent it to us.

We don't cover cosmetic treatment, or any restorative dental treatment that our Chief Dental Officer does not consider as clinically necessary.

We may ask you for more information about your claim or dental treatment to see if your policy covers it. This could include your dental records, x-rays, or photographs of your teeth, before and after, treatment.

Orthodontic treatment and continuity of cover

We now cover space maintainers for children, up to their benefit allowance. The child must be named as a dependant on your policy.

We've also explained that if your group has transferred your dental insurance to us from another provider, we'll provide continuous cover if you can provide evidence of your IOTN scale when your treatment started. This would need to be IOTN scale 4 or above when aged 19 and over, or IOTN scale 3 or above when aged 18 and younger.

Splints

We've clarified splints are covered when supplied by a dental professional for the use of sports, fluoride application, or to prevent teeth grinding (bruxism).

Policy Guide

We've changed the name of the 'Membership Guide' to 'Policy Guide'.