

**Your dental cover:
Getting started and what
to expect when you join**

Introduction

This guide helps you understand dental insurance and what you're covered for. Whether it's chosen for you by your company, or you are choosing it for yourself, we will provide guidance to help decide on the right level of cover for you. This guide also shows what our customers have paid for dental treatment to give you an idea of how much your treatment could cost. It also explains what to do if you wish to cover family members.

This guide will tell you what to expect if you're switching to us from another provider, explaining when your cover starts and what happens during your onboarding journey.

In the [Quick Start Guide](#) you'll also find helpful information about:

- getting you set up,
- having treatment, and
- claiming.

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

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1. 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 allowances. When we say clinically necessary, we mean any dental treatment, recommended by your dentist, that is needed to keep your teeth and gums healthy and free from pain. **This doesn't include treatment for cosmetic reasons.**

There's no need to call us before your dental treatment. Your policy covers all clinically necessary dental treatment up to your benefit allowance. **We don't pre-authorise claims**, instead we assess at point of claim.



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2. What am I covered for?

We cover:



Worldwide preventative dental treatment

– which includes routine examinations (check-ups), scale and polish, X-rays, and scans to help you maintain your oral health.



Worldwide restorative dental treatment

– any restorative dental treatment that is clinically necessary, such as a filling, root canal, crown, bridge, surgical implant, veneer, mouthguard, or splint to prevent teeth grinding (bruxism), extractions, and dentures. Note, we do not cover pre-existing gaps unless you have continuity of cover, this is where your employer is switching your dental insurance to us.



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



Oral cancer treatment is paid in full to diagnose and treat oral cancer when using a fee-assured consultant in a partnership facility.

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Need to know.

It's important that you read Section 3 of the membership guide to fully understand what is and isn't covered on this policy for each type of treatment.

You can choose to see any dentist, or you can use a Bupa dental practice offering **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, within 12 months of your treatment date. You can only claim for treatment that has taken place.

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3. Choosing the right level of cover.

You'll find the **Table of Cover in Section 2** of the membership 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 should I expect to pay for my dental treatment?" helpful when deciding this.

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4. How much should I expect to pay for my dental treatment?

Customers often tell us it would be helpful to understand the cost of dental treatment, to help them understand what they can expect to pay.

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

Treatment	Average invoiced cost* Jan 24 - Mar 24	
	London & SE	Rest of UK
Preventative dental treatment		
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.

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5. 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 digital account so they can send their claim and see their policy details, including, what they can claim for.



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6. What to expect if you're switching to us from another provider.

Dental insurance policies can be different so do check the Table of Cover and Policy Terms, in Section 2 and 3 of the membership 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'll 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.

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7. When does my cover start?

Your employer will tell you your **cover start date**. This will be communicated to you, usually during your enrolment window.

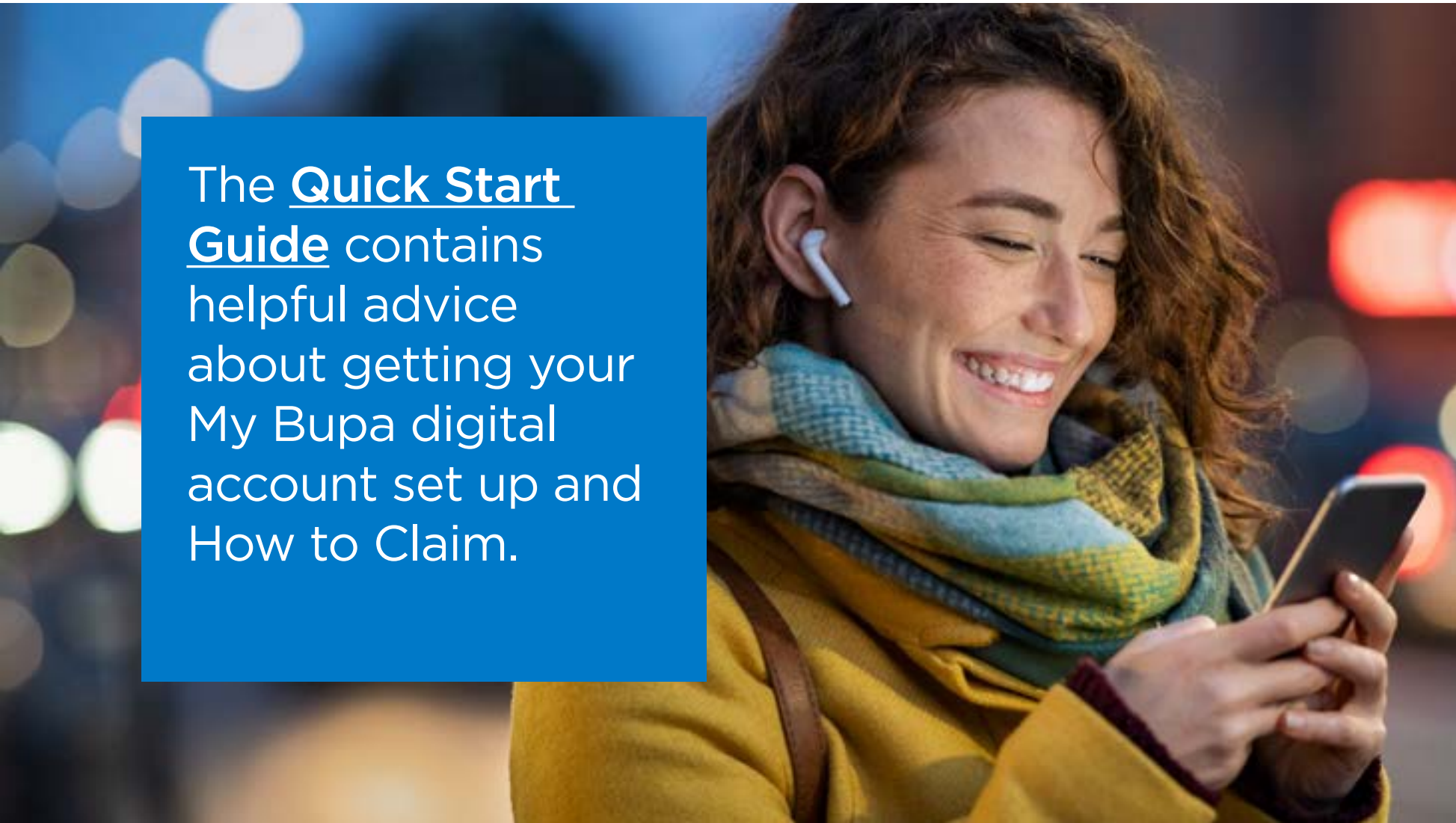
When switching policies, we'll get you up and running as quickly as we can. We'll send you your welcome pack as soon as we receive your details from your employer.

Good to know.

You can start to use your policy from your **cover start date** even if you haven't received your welcome pack. You would simply visit your dentist, pay for your treatment, and then send us your claim once your policy is live. You can only claim for treatment that takes place on or after your policy start date.

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The [Quick Start Guide](#) contains helpful advice about getting your My Bupa digital account set up and How to Claim.

8. What happens during onboarding.

Once we've received your information from your employer, we'll send you your welcome pack electronically or in the post, depending on the option your employer has chosen.

If we're sending this electronically, we'll send you an invitation, by email. You can then register for a digital account via My Bupa so you can access your cover documents. If not, full details will be sent in the post. Your cover documents include your membership guide, and your certificate shows your policy number, level of cover, who is covered, cover start and end date.

Need to know.

If you contact us before your onboarding is complete, we won't be able to discuss your policy. The My Bupa invite or welcome pack confirms that your policy is live. Until then, membership records aren't available to us so we can't help with specific policy queries about you. Our dental practices are also unable to process your Instant Claim until your policy is live, but you can still have treatment.

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

All 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 and you'll 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 using 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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For more information visit:
[Employee Dental Insurance | Bupa UK](#)

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