

# Notification of Change. Important information. Changes to your Dental Choice insurance policy.



We've made some changes which will apply when your cover renews on or after 1 December 2025.

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.

## **Only with Bupa**

If you choose to visit a Bupa Dental Care practice, we'll pay for your new patient examination in full. That means you are fully covered, with nothing extra to pay for a New Patient Examination, regardless of your level of cover.

## **Worldwide Restorative benefits**

We have removed the exclusion to replace a surgical implant, bridge, or denture that has failed.

All mouthguards are now covered (including anti-snoring devices) when supplied by a dental professional, up to your benefit allowance.

We have clarified that a crown is a cap that fits over a damaged tooth to preserve it. When a crown is placed on top of a surgical implant this must be claimed from the surgical implant benefit allowance.

We've clarified clinically necessary dental treatment means any dental treatment recommended by your dental professional, that is needed to keep your teeth and gums healthy and free from pain. We will not pay for any cosmetic or aesthetic dental treatment or any dental treatment that our Chief Dental Officer does not consider clinically necessary.

## **Orthodontic benefit**

If you pay the total cost of your treatment up front, then you can only claim once. No further payments will be made even if your treatment continues into the next policy year.

## **Emergency benefit**

We've explained you can use this benefit to claim for your first emergency appointment. After this, you can claim for any treatment, follow-up treatment, or appointments, using your restorative benefit.

## **Cash benefit for a hospital stay**

We have removed this benefit as people do not tend to stay overnight when having dental treatment.

## How to use your policy and claim

We have updated our terms to explain:

- Claims sent in after 12 months of your treatment date may not be paid.
- We'll pay your claim into your nominated bank account. It is your responsibility to check the details you provide are correct. If you make a mistake, we cannot be held responsible for putting this right.
- We can't process your claim with just a treatment plan. You must show your treatment has been completed and paid for.
- Your dentist may ask for a deposit before you have your dental treatment. If they do, you can only claim for this after you've had your treatment.
- We may not pay a claim if:
  - Your dental treatment is not clinically necessary.
  - You do not provide the additional information we ask for to complete your claim.
  - Our Chief Dental Officer cannot review your claim due to lack of information.

We've clarified, if you are claiming for multiple treatments at the same time and do not send an itemised statement or tell us the individual cost of each treatment, we will conduct our own internal breakdown to assess your claim. This breakdown will be based on our knowledge and experience of the costs of dental treatments.

We've explained, sometimes we may need more information when we review your claim. If so, we'll send you an email to explain what we need and why. If we ask for information, we won't be able to process your claim without it.

## Having treatment abroad:

When claiming, you'll always need to send:

- X-rays of your teeth, before and after treatment (the X-rays will need to have your name on them)
- the number of the tooth that was treated (known as 'tooth notation')
- your dentist's full clinical notes (these are the notes they take when treating you)
- a letter from your dentist, telling us when your tooth was extracted, or lost if claiming for an implant, bridge or denture, and
- any other supporting evidence. For example, photos of your teeth before and after your treatment, or a letter from your dentist confirming why you needed your treatment.

Your receipt, clinical notes and any supporting documents must be in English. If your receipt is in any language other than English, you will need to arrange for this to be translated into English. Your claim will not be assessed without this translation. We will not reimburse any costs relating to the translation. We may also ask you to provide your travel documentation to support your claim.

We have also updated our **privacy notice**. This can be found in **Protecting your information and rights** section.