



Your Bupa policy guide

Bupa Dental Plan

This guide together with your membership certificate shows the full terms of your dental insurance cover.



Welcome to your dental policy

Everything you need to know about your cover



We're here to make dental care simple for you. Your policy helps with the cost of preventive and restorative dental treatment, and also gives you peace of mind for injuries, emergencies, orthodontic treatment and oral cancer.

This guide explains how your dental cover works and how to make a claim. Full details are set out in the '[What is and isn't covered](#)' section, and your allowances for each policy year are shown in '[Your dental benefits table](#)'.

Your membership certificate shows who's covered, their level of cover and when their cover starts. Read this guide and your membership certificate together, they're your go-to documents for understanding your dental insurance.

When we say 'we', 'our' or 'us', we mean Bupa Insurance Limited. We're registered in England and Wales (number 3956433) and our office is at **1 Angel Court, London EC2R 7HJ**. Some words in this guide are in bold type. This is because they have a specific meaning which we explain on pages 30 to 31.



Who is this policy for?

This policy is designed for employees who want help with everyday dental costs. To make sure your cover meets your needs (and the needs of anyone included on your policy), please read this guide carefully.



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Get in touch with us



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Your dental benefits table



What is and isn't covered



How to get in touch with us

My Bupa is the easiest way to manage your dental cover. You can:

- book appointments at Bupa Dental Care practices
- check your benefit allowances and what you have left to claim
- make a claim
- view your previous claims, and
- view and download your policy documents.

Create an account at bupa.co.uk/mybupa or download the My Bupa app. My Bupa is available for anyone covered on the policy aged 16 or over. We'll send an invitation to create a My Bupa account when you or anyone covered who is aged 16 or over gives us their email address.



Email

For questions about your policy, email us at DentalMemberServices@bupa.com.

Please try not to include sensitive, personal or financial information, as email is not always secure.



Call

Call us on **0800 237 777**.

Lines are open from 8am to 6pm, Monday to Friday and 8am to 1pm on Saturdays. We may record or monitor phone calls.



Write

You can write to us at:

Bupa Dental Insurance, Bupa Place, 102 The Quays, Salford M50 3SP.



If you have hearing or speech difficulties

You can use the Relay UK service. Visit relayuk.bt.com for more information.

If you have sight difficulties

We have documents in Braille, large print or audio.

Please let us know if you'd like us to send your documents in any of these formats.

Important information you need to know before you see a dental professional

1. This policy guide explains what is and isn't covered.
2. You don't need to contact us before you have treatment (unless it's for oral cancer). We can only review your claim once you've had your treatment and sent your claim to us.
3. Your policy covers **clinically necessary** treatment in line with your policy terms and up to your benefit allowances. '**Clinically necessary**' means dental treatment recommended by your **dental professional** that's needed to keep your teeth and gums healthy and free from pain, and, where needed, to diagnose and treat a dental condition. It doesn't include cosmetic treatment, or any treatment our Chief Dental Officer does not consider **clinically necessary**.

Which dentists can I use?

You can visit any private or NHS **dental professional**. To check whether your **dental professional** is registered, please visit the General Dental Council website at [gdc-uk.org](https://www.gdc-uk.org) or General Medical Council website at [gmc-uk.org](https://www.gmc-uk.org).

For dental treatment received outside the **UK**, the **dental professional** you use must be legally permitted to practise dentistry in that country.

Most preventive treatment is All Included at a Bupa Dental Care practice

Your policy provides 'All Included' cover for most preventive treatments when you receive your care at a Bupa Dental Care practice. This means you can be confident that there will be nothing additional for you to pay. Please check '[Your dental benefits table](#)' on pages 8 and 9 to see which types of treatment are available with All Included cover at a Bupa Dental Care practice.

Oral cancer treatment

You must call us before having any tests or treatment for oral cancer so we can check these will be covered for you. If you don't get approval from us, you may have to pay the costs yourself.

How to claim

At a Bupa Dental Care practice

Visit a Bupa Dental Care practice and use our **Instant Claim service**[†], we'll handle the claim for you and pay the practice directly up to your policy allowances. You'll need to pay for any treatment that isn't covered on your policy or for any costs above your policy allowances.

Check finder.bupa.co.uk to search for practices near you.

At any other dental practice

1. **Pay** for your treatment.
2. **Keep** your receipt and invoice showing the treatment you had.
3. **Check** the '**What is and isn't covered**' section and see what additional information you may need to send with your claim.
4. **Send us** your claim in **My Bupa**.



Claim in the app with a tap.

With My Bupa you can:

- book appointments at Bupa Dental Care practices
- check your benefit allowances and what you have left to claim
- make a claim
- view your previous claims, and
- view and download your policy documents.

Download My Bupa to make claims and manage your cover on the go.



Or go online to bupa.co.uk/mybupa



To claim by post, download a claim form [here](#) or call us on **0800 237 777** to ask for one. Lines are open from 8am to 6pm, Monday to Friday and 8am to 1pm on Saturdays.

Claims for oral cancer

Always call us on **0800 237 777** before you start any oral cancer consultations, tests or treatment.

[†]Bupa Dental Care practices forward claims and act as agents of Bupa Insurance Limited for this purpose only. Any claims for a dental injury or oral cancer cannot be processed by the dental practice. You'll need to send us a claim for a dental injury.

Your receipt or invoice

If you're claiming for **preventive treatment**, or a filling, you only need to send your receipt from your **dental professional** with your claim.

If you're claiming for any other type of **treatment**, ask your **dental professional** for a receipt that includes:

- 1 Your **dental professional's** name, the practice name and postcode.
- 2 The name of the person who had the treatment.
- 3 Confirmation of what treatment has taken place.
- 4 Proof that the treatment has been paid for.

See the 'What is and isn't covered' section to check what else you might need to send us with your claim.

Receipt

1

[Dentist name]

[Practice name]

[Practice postcode]

[Invoice number]

[Date, Time]

2

[Patient name]

[Patient address]

3

Confirmation of treatment

[Treatment, Date] £XX.XX

[Treatment, Date] £XX.XX

Subtotal	£XX.XX
VAT	£XX.XX
Total	£XX.XX

4

Credit card £XX.XX

Auth. code 123456

Balance due £XX.XX

Notes & Terms

Need to know

We won't assess your claim with just a treatment plan.

You must show your treatment has been completed and paid for.

If your **dental professional** asks for a deposit to be paid before you have treatment, you can only claim for this once you've had your dental treatment.

Your dental benefits table

Need to know

Here are the [maximum allowances](#) each person on your policy can claim up to in a policy year. The table shows you whether the amount you can claim is for each appointment, or if it's a yearly allowance. The **'What is and isn't covered'** section of this guide explains what you can and can't claim for. You can check your remaining allowances at any time through your My Bupa account.

All Included

Use a **Bupa Dental Care practice** for your new-patient exam, routine exam, scale and polish, and X-rays, and we'll cover it in full.



New-patient exam



Routine exam



Scale and polish



X-ray

Check your membership certificate to see your level of cover

Level 1	Level 2	Level 3	Level 4	Level 5
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Worldwide preventive benefits					
New-patient examination one new-patient appointment in each policy year at a Bupa Dental Care practice or any other dental practice	At a Bupa Dental Care practice	 Costs are covered in full			
	At any other dental practice	up to £60	up to £70	up to £90	up to £100
Routine examination or check-up for each appointment, there is no limit on the number of appointments you can claim for in each policy year	At a Bupa Dental Care practice	 Costs are covered in full			
	At any other dental practice	up to £40	up to £60	up to £80	up to £90
Scale and polish for each appointment, there is no limit on the number of appointments you can claim for in each policy year	At a Bupa Dental Care practice	 Costs are covered in full			
	At any other dental practice	up to £55	up to £75	up to £110	up to £120

Check your membership certificate to see your level of cover

Level 1	Level 2	Level 3	Level 4	Level 5
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Worldwide preventive benefits

Dental X-rays for each policy year	At a Bupa Dental Care practice or any other dental practice	up to £45	up to £55	up to £90	up to £100	up to £110
	At a Bupa Dental Care practice	 The cost of X-rays is fully covered, even after you've used up your allowance.				

Worldwide restorative benefits

Fillings, composite bonding, fissure sealant and topical fluoride for each policy year	At a Bupa Dental Care practice or any other dental practice	up to £200	up to £300	up to £350	up to £400	up to £450
Major restorative dental treatment for each policy year		Your policy pays 80% of the costs up to:				
		£325	£500	£800	£2,000	£3,000

Level 1	Level 2	Level 3	Level 4	Level 5
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NHS Treatment

NHS dental treatment up to NHS limits	Costs are covered in full up to NHS dental treatment limits when treated by an NHS dentist.
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Other dental treatment

Orthodontic treatment UK only for each policy year	At a Bupa Dental Care practice or any other dental practice	up to £300	up to £400	up to £500	up to £600	up to £700
Emergency dental treatment Worldwide cover		You can claim for up to two emergencies in each policy year, up to £500 for each emergency.				
Dental injury treatment Worldwide cover		Up to £5,000 for each policy year.				
Oral cancer treatment UK only		Paid in full to diagnose and treat oral cancer when using a fee-assured consultant in a partnership facility. Please see 'Oral cancer treatment' on page 16.				

What is and isn't covered

Keeping your teeth and gums healthy

Preventive treatment

This is routine dental care that helps keep your teeth and gums healthy and stop problems before they start.

See the '[General exclusions](#)' section on page 18 for more information about what isn't covered, such as treatment before your policy starts or after it ends, or treatment costs above your allowances.

What's covered:

- ✓ A new-patient examination including X-rays (this is your first appointment with a **dental professional** that you haven't seen before)
- ✓ Check-ups and routine examinations
- ✓ Scale and polish
- ✓ X-rays
- ✓ Virtual examinations

If you're claiming for multiple preventive treatments you've had at the same time

If you've had more than one preventive treatment at the same time, you'll need to claim for each treatment.

For example, if you've had a check-up and a scale and polish, you should claim for these individually when sending us your claim. You'll be covered up to the allowance shown on your dental benefits table.

[See how to claim](#)



What is and isn't covered

Repairing and restoring your teeth and gums

Restorative treatment

This is treatment to repair, replace, or restore teeth affected by decay, wear, or disease.

See the '[General exclusions](#)' section on page 18 for more information about what isn't covered, such as treatment before your policy starts or after it ends, cosmetic treatment or treatment costs above your allowances.

What's covered:

From the filling benefit, we cover the full cost of treatment up to your benefit allowance for the following treatments:

- ✓ Fillings
- ✓ Composite bonding
- ✓ Fissure sealants
- ✓ Topical fluoride

For all other major restorative dental treatment, we cover 80% of the total cost up to your benefit allowance, including:

- ✓ Root canals
- ✓ Inlays and onlays
- ✓ Crowns
- ✓ Bridges
- ✓ Veneers
- ✓ Extractions
- ✓ Implants
- ✓ Dentures
- ✓ Mouthguards

- ✓ Periodontal treatment (treatment of the gums)
- ✓ Oral surgery
- ✓ Specialist consultations for restorative treatment
- ✓ Dental scans
- ✓ Intravenous and oral sedation
- ✓ Replacement crowns, bridges, implants, dentures or other prosthetic devices that have failed and lost dentures
- ✓ Any other **clinically necessary** treatment you need to repair and restore your teeth and gums.

What isn't covered:

- ✗ Surgical implants, bridges, dentures or crowns used to correct a pre-existing condition (this is a condition you had before your cover began).
- ✗ Any dental treatment for gaps in your teeth that existed before your policy started, including teeth that have never developed.

continued on next the page

If you're claiming for an implant, bridge or denture, we'll need your dental professional to confirm when your tooth was removed or lost.

If you're claiming for a replacement bridge, implant or crown, we'll need your dental professional to confirm that the original treatment failed.

[See how to claim](#)



We may ask for the following information to check that your major restorative dental treatment is **clinically necessary** and not for cosmetic reasons.

- X-rays of your teeth, before and after treatment.
- The number of the tooth that was treated (known as 'tooth notation').
- Your **dental professional's** full clinical notes (the notes they take when treating you).
- Any other supporting information, such as:
 - Photos of your teeth before and after treatment.
 - A letter from your **dental professional** explaining why you needed the treatment.



What is and isn't covered

Straightening and aligning your teeth

Orthodontic treatment

This is treatment that straightens your teeth, corrects bite issues or improves your jaw alignment. It often involves braces or other orthodontic devices (something you may wear on your teeth, for example, space maintainers).

You're covered for orthodontic treatment based on your Index of Orthodontic Treatment Need (IOTN) level. Your IOTN level is a number from one to five and is used to assess your tooth misalignment with level five being the most severe. This is assessed by an in-person consultation.

See the '[General exclusions](#)' section on page 18 for more information about what isn't covered, such as treatment before your policy starts or after it ends, cosmetic treatment or treatment costs above your allowances.

What's covered:

- ✓ Adults (19 and over):
 - orthodontic treatment is covered if your teeth are assessed as IOTN level 4 or above.
- ✓ Children (aged 18 and under):
 - orthodontic treatment is covered if your teeth are assessed as IOTN level 3 or above.
- ✓ Specialist dental devices for children aged 18 and under that help guide how their teeth and jaws grow, including, for example, space maintainers, palatal expanders, aligners and thumb-sucking appliances.
- ✓ Retainers.

What isn't covered:

- ✗ Orthodontic treatment outside the **UK**.
- ✗ Any orthodontic treatment that doesn't start with a face-to-face consultation and IOTN assessment by an orthodontic specialist or dentist.
- ✗ Orthodontic treatment with an IOTN score of 1-3 if you're aged 19 or older.
- ✗ Orthodontic treatment with an IOTN score of 1-2 if you're aged 18 or younger.

Information we'll need to assess your claim

To assess a claim for orthodontic treatment, you'll need to share your treatment plan with us. This should include:

- The total cost of your treatment.
- How long your treatment will take.
- Your IOTN level (a number from 1 to 5).

[See how to claim](#)



What is and isn't covered

Emergency treatment

Emergency treatment is required when you're in severe pain, can't eat or your condition needs to be treated immediately.

Emergency treatment is your first appointment with the **dental professional** for this issue. If you need restorative treatment or further treatment after your emergency appointment, this may be covered under [restorative treatment](#).

See the '[General exclusions](#)' section on page 18 for more information about what isn't covered, such as treatment before your policy starts or after it ends, cosmetic treatment or treatment costs above your allowances.

What's covered:

- ✓ Dental treatment provided at your first emergency appointment to:
 - relieve severe pain
 - make it easier for you to eat, or
 - treat a dental condition which is an immediate and serious threat to your general health.
- ✓ Prescription charges.
- ✓ Dentist emergency call out fees.

What isn't covered:

- ✗ Treatment which was pre-planned and not a genuine emergency.
- ✗ Any non-prescribed medicines aren't covered, for example, over-the-counter medicines and painkillers.

Additional information we'll need to assess your claim

You'll need to share with us your treatment plan, invoice and confirmation from the **dental professional** showing it was an emergency appointment.

For any follow-up appointments or treatment, you'll need to claim separately under your restorative benefit.

[See how to claim](#)



What is and isn't covered

Treating an injury

A dental injury is damage to your teeth or mouth caused by an external impact.

See the '[General exclusions](#)' section on page 18 for more information about what isn't covered, such as treatment before your policy starts or after it ends, cosmetic treatment or treatment costs above your allowances.

What's covered:

- ✓ Dental treatment for an injury to the teeth or supporting structures (these are the tissues that hold your teeth in place, including the gums and the bone around the teeth).

What isn't covered:

- ✗ Dental treatment for an injury that happened while taking part in physical contact sport if you weren't wearing a mouthguard, and a recognised sporting body for that sport recommends wearing of a mouthguard. A list of these sports is available on request.
- ✗ Treatment for damage caused by eating food (this would be covered under '[Restorative treatment](#)').
- ✗ Treatment needed because of an injury you caused to yourself.
- ✗ Treatment needed due to wearing mouth jewellery.

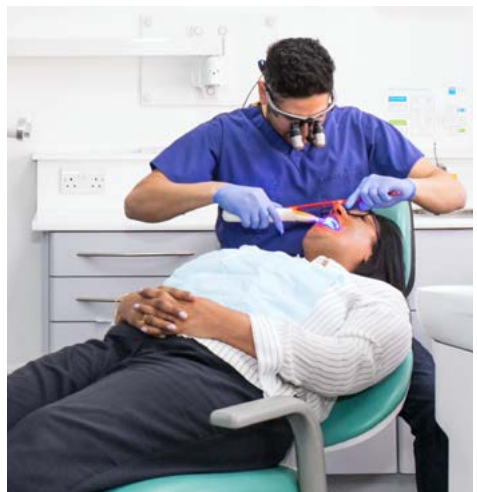
Need to know

Treatment must start within six months of the date of the injury and be completed within two years of the treatment starting. If you were aged 17 or under when you were injured, your treatment must be completed within six years of it starting.

Additional information we will need to assess your claim

- Details of what happened.
- If the injury happened while playing contact sport, please send us a letter or email from your **dental professional** confirming you were wearing a mouthguard fitted by a **dental professional**.
- X-rays or photographs of your teeth, before and after treatment.
- Notes from your **dental professional** that explain what treatment you had.

[See how to claim](#)



What is and isn't covered

Oral cancer treatment

Oral cancer is cancer that starts in any part of your mouth, from the lips to the back of the tongue. All policy levels include diagnosis and treatment for oral cancer.

Please call us on **0800 237 777** before you book any consultations, tests or treatment so we can check these will be covered for you.

See the '[General exclusions](#)' section on page 18 for more information about what isn't covered, such as treatment before your policy starts or after it ends.

What's covered:

- ✓ Diagnosis and treatment of the primary oral cancer affecting any part of the mouth from the lips through to the back of the tongue. Your care must take place in a **partnership facility**. It must also be provided by a **fee-assured consultant**.
- ✓ Restorative dental treatment needed because of the side effects of oral cancer treatment.

What isn't covered:

- ✗ Treatment for oral cancer if, before your policy started, you had already been diagnosed with it, were being tested for it, had symptoms of it, or knew you had it.
- ✗ Treatment of a secondary cancer, which means:
 - cancer that started in the mouth and has spread elsewhere, or
 - cancer that has spread into the mouth from another part of the body.
- ✗ Treatment for cancer in the tonsils or salivary glands – these are different types of cancer and with different treatments.
- ✗ Any unproven cancer treatment, unless we've written to you to confirm it's covered.
- ✗ Treatment that doesn't take place in a **partnership facility** or isn't provided by a **fee-assured consultant**.
- ✗ Treatment outside the **UK**.

We're here to help

We can help you find a consultant or hospital covered by your policy, or you can search for these at **finder.bupa.co.uk**.

What is and isn't covered

Treatment outside the UK

Your policy covers some dental treatment outside the **UK**. You can claim for preventive, restorative, emergency and injury treatment. The '**What is and isn't covered**' section, including '**General exclusions**', apply to any claims for treatment outside the **UK**.

We can't pay a claim if doing so would or is likely to breach UK or applicable international sanctions rules, or if it would put us or our partners at risk of doing so. You can find full details in the '**Financial crime and sanctions**' section on page 34.

For any claims for treatment abroad, you'll need to send us:

- X-rays of your teeth before and after treatment.
- The number of each tooth that was treated (known as 'tooth notation') and what the treatment was for each tooth.
- Your **dental professional's** full clinical notes (the notes they take when treating you).
- A copy of your travel documents.
- Any other supporting information, such as:
 - Photos of your teeth before and after treatment.
 - A letter from the dentist who treated you explaining why you needed the treatment.

If you're claiming for an implant, bridge or denture, we'll also need your **dental professional** to confirm when your tooth was removed or lost. If you're claiming for a replacement bridge, implant or crown, we'll need your **dental professional** to confirm that the original treatment failed.

All receipts, clinical notes and supporting information must be in English. If any documents are in another language, you'll need to arrange for them to be translated. We won't assess your claim without this translation, and we won't reimburse any translation costs.

If your dental treatment was paid for in a currency other than pound sterling, we'll convert the cost to pound sterling using the exchange rate on the date you paid for your treatment. We'll use the currency converter at oanda.com.

[See how to claim](#)



General exclusions

This section explains the type of treatment, services and charges that aren't covered by your policy, along with any exceptions when cover is available. The '[What is and isn't covered](#)' section of this guide sets out specific treatments, conditions, services or charges that aren't covered. Please read both sections together to fully understand what your policy does and doesn't cover.

Exclusion 1: Treatment before your policy starts or after it ends

Your policy doesn't cover:

- ✗ Any treatment that takes place before your cover starts.
- ✗ Any treatment that takes place after your cover ends.

Exclusion 2: Third-party payment plans

Your policy doesn't cover:

- ✗ Any charges you pay to a third party for dental services arranged by your **dental professional** (for example, a dental monthly payment plan or an administration fee or any interest charges).

Exclusion 3: Cosmetic treatment or treatment that isn't clinically necessary

Your policy doesn't cover:

- ✗ Any cosmetic dental treatment or procedures carried out solely to improve the appearance of your teeth.
- ✗ Any dental treatment that isn't **clinically necessary**. We may ask our Chief Dental Officer to review the information provided to help us confirm whether the treatment is **clinically necessary** or not.

Exclusion 4: Claims we won't pay

Your policy doesn't cover:

- ✗ Any claim based only on a treatment plan. You must send us a receipt showing the treatment has been completed and paid for.
- ✗ Any deposit you pay to your **dental professional** before treatment takes place. You can only claim for this after your treatment is complete.
- ✗ Any claim where you don't provide the extra information we ask for.
- ✗ Any treatment costs above your allowances.

Exclusion 5: Over-the-counter drugs and medicines

Your policy doesn't cover:

- ✗ Any claims for over-the-counter drugs or medicines, that you can buy without prescription, for example, paracetamol or ibuprofen.
- ✓ **Exception:** We will pay for the cost of prescribed drugs and medicines. These must be prescribed by your **dental professional** and related to your dental treatment.

Exclusion 6: Dental products

Your policy doesn't cover:

- ✗ Dental products such as toothbrushes, toothpaste, mouthwash and dental floss.

General terms of your cover

Claims

We will pay claims up to your policy allowances if your **group** has paid all premiums due for your policy on or before the treatment date. If you're a **contributing member**, please see 'Contributing members' section 1.10 in the 'How your dental insurance policy works' section.

We'll pay you when you make a valid claim into your 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. When you use [Instant Claim service](#), we'll pay the dental practice for your claim. You'll need to pay for any dental treatment that isn't covered on your policy.

We'll contact the **main member**, or the **dependant** who is having treatment (if they are aged 16 or over) to let them know the outcome of their claim. We'll send this information to the **main member** for **child dependants** aged 15 or under.

All correspondence apart from claim outcomes will be sent to the **main member**. We may not pay a claim if:

- you break any of your policy terms and conditions which are related to the claim, or
- there's reasonable evidence that you didn't take reasonable care when answering our questions. By this we mean giving false information or keeping necessary information from us, please see 'Fraudulent or misleading information' in section 1.6.

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 cost of dental treatments.

If you have other insurance cover

You cannot claim more than once for the same dental treatment. This means that if you have two policies that provide cover for dental treatment, the costs of your treatment may be split between us and the other insurance company. We'll ask you for full details of any other relevant insurance policy when you make a claim.

If you've transferred your cover from another insurer

If you move to us from another dental insurer, we'll continue your cover. This means we'll cover treatment that began before you joined us. We'll also cover treatment for a tooth that was removed or lost while you were covered under your previous insurer.

If you make a claim, you will need to provide proof that you were covered by your previous insurance. We can only offer continuous cover if there hasn't been a break between your previous policy and this one.

How your dental insurance policy works

Bupa Dental Plan is a group insurance policy governed by the **agreement** with your **group**.

The terms and conditions of your policy have been agreed between your **group** and **Bupa**. There is no legal contract between you and us for your cover under the **agreement**.

Only the **group** and **Bupa** have legal rights under the **agreement**. However:

- if you are a **contributing member** you will have legal rights as set out in this policy guide. Please refer to Section 1.10
- if you are not a **contributing member**, we allow you access to the claims and complaints processes as set out in this policy guide.

1.1 Age and eligibility criteria

- a. You can be accepted as a **main member** or **partner** from 16 years old.
- b. You must be resident in the **UK** throughout the policy term.
- c. The **main member** must be an employee of the **group**, or a retired employee who, at the time of retirement was a **main member** on the policy.
- d. The **main member** can add their **partner** or children as a **dependant**. **Child dependants** are only eligible to be members if they are under 24 years old and a resident in the **UK**. The cover for any **child dependant** will end at the next **annual renewal date** following their 24th birthday, unless otherwise agreed.

1.2 When your cover starts and renews

- a. The **main member's** policy and benefit year start from the cover start date which is on the membership certificate.
- b. If the **main member** applies for **dependants** to be covered on the policy, their cover will start from the cover start date as shown on the membership certificate or a separate cover start date as shown on the membership certificate, if they are added as **dependants** later in the policy year.

We will only pay benefits for each **dependant** from their cover start date.

- c. Your cover end date is shown on the membership certificate. Bupa Dental Plan is an annual contract between your **group** and **Bupa**. Your policy will renew on the **annual renewal date** in accordance with the terms and conditions of this policy guide subject to the **group** renewing.
- d. Your benefit allowances will replenish at your **annual renewal date**.

If you're a **contributing member**, please see 'Contributing members' (1.10) in this section.

We'll send an invitation to create a My Bupa account when you or anyone covered who is aged 16 or over gives us their email address.

1.3 Payment of premiums

The **group** must pay to us premiums and any other payment due for the **main member's** policy and that of any **dependants** covered on the policy as and when they are due.

Bupa Insurance Services Limited acts as our agent for arranging and administering your policy. Premiums are collected by Bupa Insurance Services Limited as our agent for the purpose of receiving, holding and refunding premiums and claims monies.

If you're a **contributing member**, please see 'Contributing members' (1.10) in this section.

1.4 How your policy can end

- a. We may be able to end your policy if you provide us with fraudulent or misleading information. Please refer to Section 1.6.
- b. We can suspend, cancel or refuse to renew a **main member's** or a **dependant's** cover if, in our reasonable opinion, our relationship with the **main member** or **dependant** has broken down. For example, they:
 - are abusive or display inappropriate conduct to our staff or healthcare providers,
 - start court proceedings against us without good reason, or
 - do anything which leads us to believe they won't act in good faith in their dealings with us.
- c. The **group** may end the **main member's** policy, or the cover of any **dependants**, at any time by notifying **Bupa** in writing.
- d. The **main member** can request to end their or their **dependant's** cover at any time; to do so, the **main member** must contact the **group**.
- e. If the **main member's** policy ends or is suspended for any reason, then the cover for any **dependants** will also end or be suspended.

If you're a **contributing member**, please see 'Contributing members' (1.10) in this section.

- f. The **main member's** policy (and therefore the cover of their **dependants**) will immediately come to an end if:
 - the **agreement** between **Bupa** and the **group** ends
 - the **group** does not renew the policy of the **main member**
 - the **group** does not pay on or before its due date the required premium and any other payment due under the **agreement** for the **main member** and their **dependants**. If you're a **contributing member**, please see 'Contributing members' (1.10) in this section
 - the **main member** stops living in the **UK** (the **main member** must inform us if they stop living in the **UK**)
 - the **main member** stops meeting the eligibility criteria for membership of the policy as agreed between **Bupa** and the **group**, please see 'Age and eligibility criteria' (1.1) in this section, or
 - the **main member** dies.
- g. Your **dependants'** cover will automatically end if:
 - the **main member's** policy ends
 - the **group** does not renew the cover of the **dependant**
 - the **main member** stops living in the **UK** (the **main member** must inform us if they stop living in the **UK**)

- the **dependant** stops living in the **UK** (the **main member** must inform us if that **dependant** stops living in the **UK**), or
- the **dependant** dies.

The cover for any child added as a **child dependant** will end at the next **annual renewal date** following their 24th birthday, unless otherwise agreed.

1.5 Changes we can make

- a. We can make changes to the terms and conditions of your policy and that of the **agreement** between the **group** and **Bupa** at the **annual renewal date** or at any time if required to by law or regulation.
- b. These changes could affect the amount and type of cover provided under the policy. We may also change or withdraw the amount of any discount or preferential rates at the **annual renewal date**.
- c. We can, at any time, change the amount to be paid to us in respect of Insurance Premium Tax (IPT) or any other taxes, levies or charges that may be introduced and which are payable in respect of your cover if there is a change in the rate of IPT or if any such taxes, levies or charges are introduced.
- d. If we do make any changes to the terms and conditions of your policy, we will write to tell the **main member** at least 28 days before the change takes effect. If the changes are required to be made more quickly by law or regulation, we will notify the **main member** as early as possible.

If you're a **contributing member**, please see 'Contributing members' (1.10) in this section.

1.6 Fraudulent or misleading information

- a. We may be able to end your policy or refuse to pay a claim in full or part if there is reasonable evidence that you did not take reasonable care in answering our questions correctly. By this we mean giving fraudulent or misleading information or keeping necessary information from us if:
 - intentional or reckless, we may treat your policy as if it never existed and refuse to pay claims
 - careless, we may:
 - if you are not a **contributing member**, withdraw cover and refuse all claims, change your cover or we could reduce any claim payment (if applicable)
 - if you are a **contributing member**, withdraw cover and refuse all claims and refund all premiums you have paid for the year, change your cover, or we could reduce any claim payment by the same proportion.

If you're a **contributing member**, please see 'Contributing members' (1.10) in this section.

- b.** If you make a fraudulent claim under this policy, we:
- i. are not liable to pay the claim, and
 - ii. may recover from you any sums paid by us to you in respect of the claim, and
 - iii. may, by notice to you, treat the policy as having been terminated with effect from the time of the fraudulent act, and
 - iv. may decide to refer you to the Insurance Fraud Enforcement Department (IFED) of the City of London Police for further investigation.
- c.** If we exercise our right under clause (b)(iii) above:
- i. we shall not be liable to you in respect of a relevant event occurring after the time of the fraudulent act. A relevant event is whatever gives rise to our liability under this policy (such as the occurrence of a loss, the making of a claim, or the notification of a potential claim), and
 - ii. we need not return any of the premiums paid.
- d.** The following list contains examples of practices we consider fraudulent and/or intentionally misleading, although this list is not exhaustive:
- deliberately giving us false information about the **main member**, a **dependant** or a claim on your policy
 - making any claim under your policy where you know the claim is false, or is exaggerated in any respect
 - making a statement in support of a claim where you know the statement is false in any respect
 - sending us a document in support of a claim where you know the document is forged, false or otherwise misleading in any respect, or
 - making claims under more than one insurance policy in order to receive a sum greater than the cost (to you) of treatment.
- e.** If we decide to end the **main member's** policy, or the cover of any **dependants**, we will write to the **main member** to let you know. The **main member's** policy (or the cover of your **dependants**) will end with immediate effect.
- f.** If we end your policy based on receiving fraudulent or misleading information from you, you will not be able to join or re-join any **Bupa** insurance policy in the future.

1.7 When you need dental treatment because of something that was someone else's fault

You may need to claim for dental treatment you need because of an injury or medical condition that was caused by someone else (a 'third party') or was their fault. This could be due to a road accident, an injury or potential clinical negligence. If this happens, you should let us know as soon as possible as we'll need to recover costs we've paid for your dental treatment from the third party. This won't reduce the amount you can claim from the third party.

- Tell us as soon as you know you need (or may need) dental treatment for something that was caused by a third party or was their fault. You can call us on **0800 028 6850** (we may record or monitor phone calls) or email us at infothirdparty@bupa.com. Tell your solicitor, insurer or representative (if you're using one) that you have Bupa dental insurance that may cover some of the costs.
- Give us your solicitor's, insurer's and representative's details and your permission to contact them.
- Help us to recover the cost of the dental treatment we paid for from the third party. This includes making sure we can communicate with you and your legal representative (if you appoint one) about this, and that you or your legal representative regularly keeps us updated on their progress with any recovery action.
- Ask your solicitor, insurer or representative to include in your claim all the costs we've paid for your dental treatment, plus 8% interest for each year.
- If you agree a settlement with the third party, make sure it includes the full cost of the dental treatment we've paid for, and that you pay this amount (and any interest) to us as soon as possible.

1.8 Law applicable to contract

The terms and conditions of your policy shall be governed by English law and all matters regarding your policy shall be subject to the exclusive jurisdiction of the courts of England and Wales.

1.9 Policy notices

No amendment or variation to the terms and conditions of your policy shall be valid and effective unless made in accordance with these rules and benefits or specifically agreed between the **group** and **Bupa** and confirmed in writing. Unconfirmed verbal communications cannot override the written terms and conditions of your policy, nor amount to any **agreement** to vary any of its terms. No third party is authorised to effect any such amendment or variation on behalf of **Bupa**, or to waive any of **Bupa's** rights.

Any failure by **Bupa** to exercise, or any delay by **Bupa** in exercising, any of its legal rights or remedies under the **agreement** shall not amount to any waiver by **Bupa** of any such rights or remedies.

Any notice or communication which is given under or in connection with this policy shall be sent in writing by email or by pre-paid post, recorded delivery or delivered personally in the case of **Bupa** to **Bupa's** administrative address at **Bupa, Bupa Place, 102 The Quays, Salford M50 3SP** and in your case or the case of the **group** to the **main member's** address, or the **group's** address, as the case may be, last notified in writing to **Bupa**. In the absence of evidence of earlier receipt, any notice or communication shall be deemed to have been received on the day following delivery if delivered personally, in writing by email or by pre-paid post three days after posting.

1.10 Contributing members

This section only applies to **contributing members**.

The **group** must pay to us premiums and any other payment due for the **main member's** cover, and that of any **dependants** covered under the **agreement**. The **main member** contributing to the cost of premiums for him or herself and/or any **dependants** does not in any way affect the contractual position set out in Section 1.

Contributions paid by the **main member** to the premiums the **group** has paid for them (for example, by payroll deduction) will be deemed to have been received by **Bupa** once they are received by your **group**.

As soon as reasonably practicable the **main member** will be provided with the terms and conditions that will apply to your cover, and the **group** will notify the **main member** of the contribution they will need to make to the cost of premiums from the cover start date for the next policy year.

If the **main member** does not want their cover (and therefore the cover for **dependants**) or the individual cover for any **dependants** to renew at the **annual renewal date** they can notify the **group** at any time in advance of the **annual renewal date**.



If the **main member** wishes to end their policy (and therefore the cover of **dependants**) the following terms apply:

- The **main member** may end their policy (and therefore the cover of **dependants**) by informing the **group** within 21 days of either:
 - the date the **main member** receives their terms and conditions (including the membership certificate) confirming cover or
 - the **main member's** cover start date

whichever is the later. During this 21-day period if the **main member** and **dependants** have not made any claims, we will refund to the **group** all of the premiums the **group** has paid for the **main member** for that year.

After this 21-day period the **main member** can end their policy (and therefore the cover of all **dependants**) by informing the **group** at any time during the year, in which case we will refund to the **group** any premiums the **group** has paid for the **main member** and **dependants** that relate to the period after their policy ends.

- The **main member** may end the cover of any **dependant** by informing the **group** within 21 days of either:
 - the date the **main member** receives the terms and conditions (including membership certificate) confirming the cover for that **dependant** or
 - the cover start date for that **dependant**

whichever is the later. During this 21-day period if no claims have been made in respect of that **dependant** we will refund to the **group** all of the premiums the **group** has paid for the **main member** that relate to that **dependant** for that year.

After this 21-day period the **main member** can cancel a **dependant's** cover by informing the **group** at any time during the year, in which case we will refund to the **group** any premiums the **group** has paid for the **main member** in respect of that **dependant** for the period after their cover ends.

Your policy will automatically end if the **group** does not pay premiums or any other payment due under the **agreement** for you or any other person, however, we will continue to pay eligible claims for you for the period for which the **main member** can provide evidence (e.g. on payslips) that they have paid contributions to premiums to the **group**.

Where we have refunded to the **group** premiums paid for the **main member** or **dependants**, the **main member** should contact the **group** in order to obtain a refund of the contributions they made to those refunded premiums.

1.11 Changes to your policy

If:

- any changes to the terms and conditions of your policy, including your benefits, are agreed between the **group** and us, or
- we change the procedure for making a claim

the **main member** will be informed before the change takes effect. If the **main member** does not accept any of the changes they can end their policy (and the cover of **dependants**) by informing the **group** either:

- within 28 days of the date on which the change takes effect or
- within 28 days of the **main member** being told about the change

whichever is later.

What some of the words and phrases in this guide mean

Wherever the following words and phrases appear in this guide in bold type, they have the meanings shown below.

Word/phrase	Meaning
Agreement	Means the agreement between Bupa and the group which, together with this policy guide, governs the terms and conditions of the policy.
Annual renewal date	Your annual renewal date will be the renewal date for the group . Depending on the month in which you first join the policy, your initial period of cover may not be a full twelve months. Your benefits and, if you are a contributing member , your premiums may change at the annual renewal date.
Bupa	Bupa Insurance Limited. Registered in England and Wales with registration number 3956433. Registered office: 1 Angel Court, London EC2R 7HJ .
Child dependant	Means any child of the main member or the main member's partner , including any child for whom the main member or the main member's partner is a legal guardian or foster parent.
Clinically necessary	Treatment recommended by your dental professional to keep your teeth and gums healthy, free from pain, and, where needed, to diagnose and treat a dental condition. It doesn't include cosmetic treatment, or any treatment our Chief Dental Officer does not consider clinically necessary.
Contributing member	A contributing member is a main member who contributes to the costs of premiums for themselves and/or any of their dependants .
Dental professional	Any dental practitioner who is registered with the General Dental Council, or Oral and Maxillofacial Surgery (OMFS) Specialists registered with the General Medical Council. To check whether your dental professional is registered, please visit the General Dental Council at www.gdc-uk.org or General Medical Council at www.gmc-uk.org . For dental treatment received outside the UK the dental professional you use must be lawfully permitted to practise dentistry in that country.
Dependant	The main member's partner , or any child dependant , who is named on your membership certificate.

Word/phrase	Meaning
Fee-assured consultant	<p>A fee-assured consultant is a registered medical or dental practitioner who, at the time you receive your treatment, is recognised by us as a fee-assured consultant for the type of treatment you need.</p> <p>The practitioners on the list will change from time to time. You can contact us to find out if a consultant is on our list and the type of treatment we recognise them for, or you can access these details at finder.bupa.co.uk.</p>
Group	<p>The company, association or organisation for whom Bupa has agreed to operate the Bupa Dental Plan group policy for the time being of which you are an employee.</p>
Main member	<p>The person named as the main member on the membership certificate who is eligible to be covered in his or her own right rather than as a dependant.</p>
Partner	<p>The main member's husband or wife or civil partner or the person the main member lives with in a relationship.</p>
Partnership facility	<p>A hospital or treatment facility, centre or unit that at that time you receive your treatment, is on our partnership facility list that applies to your oral cancer treatment benefit and is recognised by us for both:</p> <ul style="list-style-type: none"> ■ treating your medical condition, and ■ carrying out the type of treatment you need. <p>The hospitals, treatment facilities, centres or units on this list, and the medical conditions and types of treatment we recognise them for, will change from time to time. You can search for a partnership facility at finder.bupa.co.uk.</p> <p>Please note that we cannot guarantee the availability of any facility, practitioner or treatment.</p>
UK	<p>Great Britain, Northern Ireland, the Channel Islands and the Isle of Man.</p>

How to complain

We work hard to provide a great service to our customers, but occasionally things can go wrong and when this happens we'll do our best to put things right quickly.

How to get in touch



Call us on **0800 237 777**, or call our Customer Relations team on **0345 606 6739** between 9am and 5pm, Monday to Friday. We may record or monitor phone calls. Chat to us online at bupa.co.uk/complaints.



Email us at customerrelations@bupa.com (please include your membership number).



Write to us at **Customer Relations, Bupa, Bupa Place, 102 The Quays, Salford M50 3SP.**

If we can't resolve your complaint straight away, we'll email or write to you within five business days to explain the next steps.

You may be able to refer your complaint to the Financial Ombudsman Service for a free, independent and impartial review.

You can:

- visit financial-ombudsman.org.uk
- call them on **0800 023 4567**, or
- email them at complaint.info@financial-ombudsman.org.uk.

If you refer your complaint to the Financial Ombudsman Service, they will ask for your permission to access information about you and your complaint. We will only give them information that is necessary to investigate your complaint, but this may include medical information. If you're concerned about this, please contact us.

The Financial Services Compensation Scheme (FSCS)

In the unlikely event that we can't meet our financial obligations, you may be entitled to compensation from the Financial Services Compensation Scheme. This will depend on the type of business and the circumstances of your claim. The FSCS may arrange to transfer your policy to another insurer, provide a new policy or, if appropriate, pay compensation. You can get more information at fscs.org.uk or by calling the FSCS on **0800 678 1100** or **020 7741 4100**.

How we use and protect your information

Privacy notice - in brief

Here's a short guide to how we collect, use and protect your personal information. For everything you need to know, including your rights and how to exercise them, please read it with our full privacy notice at bupa.co.uk/privacy.

How we collect, use and share your information

We collect information about you when you apply for a policy, ask us a question or make a claim. If you're covered by a group insurance scheme or health trust, we may also receive information from your employer. Brokers and the healthcare professionals who treat you may also send us relevant information about you.

To help us provide our services, we use this information to administer your policy including checking what you're covered for and handling your claims. We also use it to keep our services safe, legal and to prevent fraud.

We sometimes need to share your information within Bupa, and with your group (if you're covered by a group policy), brokers, healthcare professionals and regulators. When we share your information, we only share the information that needs to be shared. We share as little of it as possible, and only for a specific purpose. Sometimes we may send your information outside the UK or EEA (European Economic Area). When this happens, we make sure it's protected.

How long we keep information

We keep your information for as long as we need it. This is normally seven years after your policy ends.

Marketing preferences

We may contact you about our products and services. You can ask us to stop at any time by emailing optmeout@bupa.com.

Your rights

You can ask to see the information we hold about you. You can ask us to correct it, delete it, limit how we use it or transfer it to someone else. You can also object to certain uses of your information, including some automated decisions.

Contact us

If you have any questions about how we handle your information or want to exercise any of your rights, please contact us by emailing dataprotection@bupa.com or writing to **Bupa Data Protection, 1 Angel Court, London EC2R 7HJ**.

If you'd like a paper copy of our full privacy notice, please let us know and we'll send you one.

Financial crime and sanctions

Financial crime

Your **group** agree to keep to all UK laws relating to detecting and preventing financial crime (including the **Bribery Act 2010** and the **Proceeds of Crime Act 2002**).

Sanctions

We will not provide cover and we will not pay any claim or provide any benefit under this insurance if doing so would:

- break any United Nations resolution, or any trade or economic sanctions, laws or regulations that apply to us (including those of the European Union, the UK, or the US)
- put us at risk of being sanctioned by any relevant authority competent body, or
- put us at risk of being involved (directly or indirectly) in something which any relevant authority, banks we use, or competent body would consider to be banned or restricted.

If any resolutions, sanctions, laws or regulations referred to in this clause apply (or start to apply), we will take any action we consider necessary to make sure we continue to work within them. If this happens, you acknowledge that this may restrict, delay or end our obligations under your policy, and we may not be able to pay any claim.



Bupa dental insurance is provided by:

Bupa Insurance Limited. Registered in England and Wales with registration number 3956433.

Bupa Insurance Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority.

Financial Services Register number 203332.

Bupa insurance policies are arranged and administered by:

Bupa Insurance Services Limited. Registered in England and Wales with registration number 3829851. Bupa Insurance Services Limited is authorised and regulated by the Financial Conduct Authority. Financial Services Register number 312526.

You can check the Financial Services Register by visiting <https://register.fca.org.uk> or by contacting the Financial Conduct Authority on 0800 111 6768.

Registered office: 1 Angel Court,
London EC2R 7HJ

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