

Underwritten by



ASSOCIATED INSURANCE COVER

Period of Insurance, 1 January 2012 – 31 December 2012,
both dates inclusive



“created by dentists...
...working for patients”

Arranged by
Hart Insurance Brokers

IndepenDent Care Plans UK Ltd

Policy Number RTT5646

Important Information

This Policy (and the Certificate of Insurance which forms an integral part of the Policy) is a legal contract. It needs to be examined thoroughly to ensure it meets your requirements. If it does not meet your requirements then your insurance adviser needs to be contacted without undue delay.

Any facts which We have taken into account in the assessment or acceptance of this insurance and any subsequent changes to those facts, need to be declared. Failure to do so may invalidate your Policy or result in certain covers not operating fully. If you are in any doubt as to whether a fact is material or not your insurance adviser needs to be contacted without undue delay.

Royal & Sun Alliance Insurance plc and IndepenDent Care Plans UK Ltd agree that this Policy and Certificate of Insurance shall be considered one document and any word or expression to which a specific meaning has been attached shall bear such meaning wherever it appears.

Royal & Sun Alliance Insurance plc will provide the insurance described in this Policy subject to the Terms Definitions Conditions and Exclusions for the Period of Insurance shown in the Certificate of Insurance.

Definitions

The words set out in this Policy will, whenever they appear have the following meanings:

We/Us/RSA

Royal & Sun Alliance Insurance plc

Master Policyholder

IndepenDent Care Plans UK Ltd

Certificate of Insurance

The Certificate of Insurance issued at inception or renewal to the Insured Patient by the Master Policyholder.

Insured Patient

Any person who is a registered patient of a member dentist of IndepenDent Care Plans UK Ltd franchise and for whom the insurance premium has been paid.

In-Patient

An Insured Patient who has been admitted to hospital and for whom a clinical case record has been opened and whose confinement is necessary for the purpose of medical care and treatment under the care of a consultant specialising in dental or maxillo-facial surgery.

Period of Insurance

Initially from the date of registration as an Insured Patient and thereafter any period for which We have accepted a renewal premium and the Insured Patient remains registered on the Plan and as per their contractual 'Conditions of Registration'.

Emergency Treatment

Urgent dental treatment as set out in the Schedule of Benefits administered by a dentist, his associates and partners other than at the Insured Patient's registered dental practice.

Dental Injury

Dental Injury shall mean injury to an Insured Patient's dentition and supporting structures (including damage to dentures whilst being worn) caused by direct extra-oral impact.

The Cover

Subject to the Terms Definitions Conditions and Exclusions of this Policy.

RSA will indemnify the Insured Patient for the costs charged by the treating dentist for Emergency Treatment or Dental Injury which occurs within the Period of Insurance up to the amount of benefit stated below. World-wide cover will be included for any Insured Patient who is on holiday outside the United Kingdom for a period of up to 45 days or who is employed outside the United Kingdom on a contract of up to 90 days duration in any twelve month period.

Section I - Emergency Treatment

If any Insured Patient requires and receives urgent dental treatment administered by a registered dentist other than at the Insured Patient's registered dental practice benefits will be paid as follows:

Schedule of Benefits

<u>Item</u>	<u>Amount of Benefit</u>
a) Examination and report to include all necessary smoothing and polishing of teeth and treatment of sensitivity	up to £ 43.00
b) Radiographic examination	up to £ 31.00
c) Extraction of up to 2 teeth	up to £ 55.00 per tooth
d) Root extirpation to include dressing and any associated treatment of acute infection	
1 canal	up to £ 72.00
2 canals	up to £ 72.00
3 or more canals	up to £ 105.00
e) Treatment of acute infection (not associated with endodontic therapy) to include incising of abscesses and treatment of infected sockets	up to £ 31.00
f) Investigation and dressing - first tooth	up to £ 34.00
each additional tooth	up to £ 25.00
g) Recement crown or inlay	up to £ 36.00
h) Recement Bridge	up to £ 46.00
i) Construction and fitting of temporary crown	up to £ 66.00
j) (i) Construction and fitting of temporary bridge	up to £ 43.00
per unit	
(ii) Provision of temporary post and core (per tooth)	up to £ 35.00
(iii) Temporary Denture following tooth loss	up to £ 173.00
k) Arrest abnormal haemorrhage including aftercare and associated suture removal	up to £ 47.00
l) (i) Removal of sutures placed by another practitioner	up to £ 30.00
(ii) Repair/Adjustment of orthodontic appliances	up to £ 64.00
m) Adjustment to denture	up to £ 28.00
n) Repair of denture to include refixing of teeth and gum, and repair of clasp	up to £ 55.00
o) Any other Emergency Treatment not otherwise specified	up to £ 73.00
p) (i) Evening, weekend and Bank Holiday call-out fees (other than those mentioned at (ii) below) where the dentist returns to the practice to re-open it to provide emergency treatment when the surgery would not normally be open	up to £ 135.00

- (ii) From 6.00pm on 24th December until 12.01am on 27th December and again from 6.00pm on 31st December until 12.01am on 3rd January any call out fees where the dentist returns to the practice to re-open it to provide emergency treatment when the surgery would not normally be open up to £199.00
- q) Telephone consultation when attendance not required up to £ 43.00

Items p) (i) and (ii) and q) are also payable in the event of Emergency Treatment by the Insured Patient's registered dentist.

Exclusions to Section 1

We will not be liable for dental treatment administered by the Insured Patient's registered dental practice or any practitioner covering for the Insured Patient's registered dental practice (other than for (p) (i) and (ii) and (q) above). The Insured Patient shall be responsible for the first £15 of each and every claim under item (n), (p) (i) and (ii) and (q) above.

Section 2 - Treatment Following Dental Injury

If an Insured Patient sustains Dental Injury, benefit will be paid for the cost of treatment up to the amounts specified below. Treatment must be carried out by the Insured Patient's registered dentist.

To assist in the assessment of these claims the Insured Patient's registered dentist should submit appropriate supporting evidence e.g. radiographs, clinical photographs, study models.

Schedule of Benefits

<u>Item</u>	<u>Amount of Benefit</u>
a) (i) Porcelain jacket crown	up to £351.00 per unit
(ii) Ceramic bonded crown	up to £386.00 per unit
(iii) Zirconia crown / bridge unit	up to £483.00 per unit
b) (i) Metal bonded porcelain crown	up to £387.00 per unit
(ii) Cast Post and Core (to apply to any type of crown or bridge work)	up to £111.00 per tooth
(iii) Post and Core constructed in the mouth	up to £ 50.00 per tooth
c) Bonded metal/porcelain bridge work	up to £387.00 per retainer up to £302.00 per pontic
d) Full metal crown	up to £347.00 per unit
e) All metal bridge work	up to £321.00 per retainer up to £249.00 per pontic
f) Laboratory constructed adhesive bridge	up to £239.00 per retainer up to £251.00 per pontic
g) Laboratory constructed adhesive facing or veneer	up to £305.00 per unit
h) (i) Permanent denture acrylic	up to £402.00 per denture
(ii) Permanent denture metal	up to £505.00 per denture
i) Temporary denture following tooth loss	up to £173.00
j) Laboratory made temporary bridge following tooth loss	up to £ 43.00 per unit
k) Emergency and other treatment following dental injury not otherwise specified	
(i) Examination and report to include all necessary smoothing and polishing of teeth and treatment of sensitivity	up to £ 43.00
(ii) Radiographic examination	up to £ 31.00
(iii) Extraction up to 2 teeth	up to £ 55.00 per tooth
(iv) Any other treatment not otherwise specified	up to £494.00

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|----|-------|--|----------------------------|
| l) | (i) | Root canal treatment incisor | up to £152.00 per incisor |
| | (ii) | Root canal treatment canine | up to £152.00 per canine |
| | (iii) | Root canal treatment premolar | up to £206.00 per premolar |
| | (iv) | Root canal treatment molar | up to £282.00 per molar |
| m) | (i) | Evening, weekend and Bank Holiday call out fees where the Dentist returns to the practice to re-open it to provide emergency treatment when the surgery would not normally be open | up to £135.00 |
| | (ii) | From 6.00pm on 24th December until 12.01am on 27th December and again from 6.00pm on 31st December until 12.01am on 3rd January any call out fees where the dentist returns to the practice to re-open it to provide emergency treatment when the surgery would not normally be open | up to £199.00 |
| n) | | Telephone consultation when attendance not required | up to £ 43.00 |

NOTES: Where treatment is estimated to cost in excess of £600 prior approval must be obtained from IndepenDent Care Plans UK Ltd before treatment commences.

Where treatment involves replacing any crown, bridge, facing veneer or denture, benefit shall be paid according to the cost of a **replacement of similar type and quality** subject to approval from IndepenDent Care Plans UK Ltd or the appointed committee.

If implants are clinically required We will pay a benefit not exceeding the cost of the equivalent necessary bridgework as stated in the Policy.

Exclusions to Section 2

We will not be liable for treatment directly or indirectly consequent upon:

1. Injury caused by foodstuffs (including foreign bodies therein) in the course of consumption.
2. Normal wear and tear.
3. Injury caused otherwise than by direct extra-oral impact.
4. Damage which is not apparent within seven days of the date of impact resulting in Dental Injury.
5. Damage to dentures occurring other than whilst being worn.
6. Any costs incurred more than 24 months after the date of the injury to which the treatment relates.

Section 3 - Hospital Benefit

Hospital benefit of £75 shall be payable for each complete 24 hours if the Insured Patient is admitted to hospital as an In-Patient following Dental Injury or Emergency Treatment.

Exclusions to Section 3

No payment will be made under this section if a payment is made under Section 4 - Oral Cancer.

Section 4 - Oral Cancer

If an Insured Patient is diagnosed with oral cancer We will pay the Insured Patient a benefit of £2,500. We will only pay this benefit for oral cancer once the Insured Patient has been referred to a Specialist Registered Practitioner by their G.P. or Dentist.

Exclusions to Section 4

- a) Oral cancer diagnosed before or within six months of the Insured Patient registering with IndependDent Care Plans UK Ltd.
- b) Oral cancer which is related in any way to HIV infection or AIDS.
- c) Any fees – including fees for consultation of tests for invasive / non invasive tumours.
- d) Oral cancer resulting from smoking or chewing tobacco products (including beetlenut juice) or from prolonged alcohol abuse.
- e) Any failure to follow medical advice.

Section 4 - Conditions

- a) Benefit under this section will only be paid once per Insured Patient and after that all cover under section 4 will cease.
- b) Benefit under this section will only be paid when oral cancer is diagnosed by a Consultant who is recognised as a Specialist in cancer treatment by the NHS.
- c) Oral cancer means malignant (invasive) tumour inside the mouth – it does not include non-invasive cancers or tumours of the throat.
- d) Insured Patient must have attended regularly or at recalls to the dentist for the past 2 years.

General Exclusions

We will not be liable for treatment directly or indirectly consequent upon:

1. War, invasion, act of foreign enemy hostilities (whether war is declared or not), civil war, rebellion, revolution, insurrection or military or usurped power.
2. Attempted suicide, wilful self-inflicted injury or wilful exposure to danger (except in an attempt to save human life).
3. Terrorism being any act including but not limited to the use of force or violence and/or threat thereof of any person or group(s) of persons whether acting alone or on behalf of or in connection with any organisation(s) or government(s) committed for political religious ideological or similar purposes including the intention to influence any government and/or to put the public or any section of the public in fear.

Limit of Amounts Payable

1. The total payable to each Insured Patient in respect of or arising out of any one Emergency Treatment or Emergency Treatments of a series consequent upon or attributable to one source or original cause shall not exceed £500.
2. The total amount payable to each Insured Patient in any one Period of Insurance shall not exceed £10,000.

Claims Procedure

Any occurrence or loss which may give rise to a claim should be advised either by telephone or in writing as soon as reasonably possible to:

IndependDent Care Plans UK Ltd
River House
Young Street
Inverness
IV3 5BL

E-Mail : icpltd@ident.co.uk
Helpline Telephone No : 01463 222999

General Conditions

1. Emergency Treatment

When a dentist has administered the Emergency Treatment the Insured Patient shall pay the dentist and submit the fully completed claim form signed by the Insured Patient's registered dentist to IndepenDent Care Plans UK Ltd for reimbursement. The claim form should be submitted within 90 days of the Emergency Treatment.

2. Dental Injury

When a dentist has administered the treatment payment shall be made by RSA direct to the Insured Patient on receipt of a fully completed claim form signed by the Insured Patient and dentist. The fully completed claim form should be sent to IndepenDent Care Plans UK Ltd within 21 days of completion of the treatment.

3. World-wide Cover

A signed and detailed receipt of claims must accompany any claim for benefit.

4. Hospital Benefit

The Insured Patient must obtain at their own expense from their Medical Practitioner confirmation of the period of hospitalisation and if requested, any further information to confirm the validity of the claim.

5. Oral Cancer

The Insured Patient must send in a claim form as quickly as possible and at the latest within 60 days of the date of diagnosis.

6. Reasonable Care

The Insured Patient must take all reasonable steps to avoid or minimise any potential Dental Injury.

Law and Jurisdiction

Under the laws of the United Kingdom (England Scotland Wales and Northern Ireland) both parties may choose the law which applies to this contract to the extent permitted by those laws. Unless the parties agree otherwise in writing the Insurer has agreed with the Insured that the law which applies to this contract is the law which applies to the part of the United Kingdom in which the Insured is based or if based in the Channel Islands or the Isle of Man the law of whichever of those two places in which the Insured is based.

The parties have agreed that any legal proceedings between them in connection with this contract will only take place in the courts of the part of the United Kingdom in which the Insured is based or if the Insured is based in either the Channel Islands or the Isle of Man the courts of whichever of those two places in which the Insured is based.

Termination of Individual Insurance

The insurance provided by this Policy for an Insured Patient may be terminated by Us, with the agreement of the Master Policyholder by sending seven days notice in writing to the Insured Patient's last known address.

Contribution

If at the time of any claim under this Policy there shall be subsisting any other insurance against such loss or any part thereof, We shall be liable under this Policy for our proportionate share only of such loss.

Complaints Procedure

We aim to give customers a high standard of service at all times. If you are unhappy with the service provided for any reason or have cause for complaint you should initially contact Hart Insurance Brokers at the following address:

**Hart Insurance Brokers
Erskine House
Clydebank Business Park
Clydebank
Dunbartonshire G81 2DR**

**Telephone: 0141 951 4100
Fax: 0141 951 4101**

They will tell you what they will do to resolve your concerns and how long it will take. In the unlikely event that you remain dissatisfied and wish to make a complaint please contact the RSA Customer Relations Office at the address below:

**Customer Relations Office
RSA
Bowling Mill
Dean Clough Industrial Estate
Halifax HX3 5WA**

If they cannot resolve the matter to your satisfaction, RSA will provide you with our final response so that you can if you wish, refer the matter to the Financial Ombudsman Service. If you make a complaint your right to legal action against us is not affected.

**Insurance Division
The Financial Ombudsman Service
South Quay Plaza
183 Marsh Wall
London E14 9SR**

Fair Processing Notice

How we use your information

Please read the following carefully as it contains important information relating to the details that you have given us. You should show this notice to any other party related to this Insurance.

Who we are

This product is underwritten by Royal & Sun Alliance Insurance plc

You are giving your information to Royal & Sun Alliance plc which is a member of the RSA Group of Companies (the Group). In this information statement, **we us** and **our** refers to the Group unless otherwise stated.

How your information will be used and who we share it with

Your information comprises of all the details we hold about you and your transactions and includes information obtained from third parties.

If you contact us electronically we may collect your information identifier eg. Internet Protocol (IP) address or telephone number supplied by your Service Provider.

We may use and share your information with other members of the Group to help us and them:

- Assess financial and insurance risks;
- Recover debt;
- Prevent and detect crime;
- Develop our services, systems and relationships with you;
- Understand our customer's requirements;
- Develop and test products and services

We do not disclose your information to anyone outside the Group except:

- Where we have your permission; or
- Where we are required or permitted to do so by law; or
- To credit reference and fraud prevention agencies and other companies that provide a service to us, our partners or you; or
- Where we may transfer rights and obligations under this agreement

We may transfer your information to other countries on the basis that anyone we pass it to provides an adequate level of protection. In such cases the Group will ensure it is kept securely and used only for the purpose for which you provided it. Details of the companies and countries involved can be provided on request.

From time to time we may change the way we use your information. Where we believe you may not reasonably expect such a change we shall write to you. If you do not object you will consent to that change.

We will not keep information for longer than is necessary.

Sensitive Information

Some of the information we ask you for may be sensitive personal data, as defined by the Data Protection Act 1998 (such as information about health or criminal convictions). We will not use such sensitive personal data about you or others except for the specific purpose for which you provide it and to carry out the services as described in your policy documents. Please ensure that you only provide us with sensitive information about other people with their agreement.

How to contact us

On payment of a small fee you are entitled to receive a copy of the information we hold about you. If you have any questions, or you would like to find out more about this notice you can write to : Data Protection Liaison Officer; Customer Relations Office, RSA, Bowling Mill, Dean Clough Industrial Estate, Halifax HX3 5WA.

Hart Insurance Brokers (No 118751), Erskine House,
Clydebank Business Park, Clydebank, Dunbartonshire G81 2DR.
Authorised and regulated by the Financial Services Authority.

Underwritten by
Royal & Sun Alliance Insurance plc (No. 93792).
Registered in England and Wales at St Mark's Court,
Chart Way, Horsham, West Sussex, RH12 1XL.
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