

Underwritten by



# ASSOCIATED INSURANCE COVER

Period of Insurance, 1 January 2011 - 31 December 2011,  
both dates inclusive



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

Arranged by  
**Hart Insurance Brokers**

## **Important Information**

This policy (and the schedule 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 the insurer has 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.

## **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

### **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 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

ITEM	AMOUNT OF BENEFIT
a) Examination and report to include all necessary smoothing and polishing of teeth and treatment of sensitivity	up to £ 42.00
b) Radiographic examination	up to £ 30.00
c) Extraction of up to 2 teeth	up to £ 53.00 per tooth
d) Root extirpation to include dressing and any associated treatment of acute infection	
1 canal	up to £ 70.00
2 canals	up to £ 70.00
3 or more canals	up to £ 102.00
e) Treatment of acute infection (not associated with endodontic therapy) to include incising of abscesses and treatment of infected sockets	up to £ 30.00
f) Investigation and dressing - first tooth	up to £ 33.00
each additional tooth	up to £ 24.00
g) Recement crown or inlay	up to £ 35.00
h) Recement Bridge	up to £ 45.00
i) Construction and fitting of temporary crown	up to £ 64.00
j) (i) Construction and fitting of temporary bridge	up to £ 42.00 per unit
(ii) Provision of temporary post and core (per tooth)	up to £ 34.00
(iii) Temporary Denture following tooth loss	up to £ 168.00
k) Arrest abnormal haemorrhage including aftercare and associated suture removal	up to £ 46.00
l) (i) Removal of sutures placed by another practitioner	up to £ 29.00
(ii) Repair/Adjustment of orthodontic appliances	up to £ 62.00
m) Adjustment to denture	up to £ 27.00
n) Repair of denture to include refixing of teeth and gum, and repair of clasp	up to £ 53.00
o) Any other Emergency Treatment not otherwise specified	up to £ 71.00
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 £ 131.00
(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 £ 193.00
q) Telephone consultation when attendance not required	up to £ 42.00

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 I

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

ITEM	AMOUNT OF BENEFIT
a) (i) Porcelain jacket crown	up to £341.00 per unit
(ii) Ceramic bonded crown	up to £375.00 per unit
(iii) Zirconia crown / bridge unit	up to £469.00 per unit
b) (i) Metal bonded porcelain crown	up to £376.00 per unit
(ii) Cast Post and Core (to apply to any type of crown or bridge work)	up to £108.00 per tooth
(iii) Post and Core constructed in the mouth	up to £ 49.00 per tooth
c) Bonded metal/porcelain bridge work	up to £376.00 per retainer up to £293.00 per pontic
d) Full metal crown	up to £337.00 per unit
e) All metal bridge work	up to £312.00 per retainer up to £242.00 per pontic
f) Laboratory constructed adhesive bridge	up to £232.00 per retainer up to £244.00 per pontic
g) Laboratory constructed adhesive facing or veneer	up to £296.00 per unit
h) (i) Permanent denture acrylic	up to £390.00 per denture
(ii) Permanent denture metal	up to £490.00 per denture
i) Temporary denture following tooth loss	up to £168.00
j) Laboratory made temporary bridge following tooth loss	up to £ 42.00 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 £ 42.00
(ii) Radiographic examination	up to £ 30.00
(iii) Extraction up to 2 teeth	up to £ 53.00 per tooth
(iv) Any other treatment not otherwise specified	up to £480.00
l) (i) Root canal treatment incisor	up to £148.00 per incisor
(ii) Root canal treatment canine	up to £148.00 per canine
(iii) Root canal treatment premolar	up to £200.00 per premolar
(iv) Root canal treatment molar	up to £274.00 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 £131.00
(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 £193.00
n) Telephone consultation when attendance not required	up to £ 42.00

**NOTES:** Where treatment is estimated to cost in excess of £500 prior approval must be obtained from IndependDent 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.

### **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 IndepenDent 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.

## **Data Protection Act**

All personal information supplied by you will be treated in confidence by the RSA Group of companies and will not be disclosed to any third parties except where your consent has been received or where permitted by law. In order to provide you with products and services this information will be held in data systems of the RSA Group of companies or our agents or subcontractors.

The RSA Group of companies may pass your personal information to other companies for processing on its behalf. Some of these companies may be based outside Europe in countries which may not have laws to protect your personal information, but in all cases the Group will ensure that it is kept securely and only used for the purposes for which you provided it. Details of the companies and countries involved can be provided to you on request.

## **How to contact the Data Protection Liaison Officer**

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

## **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:

IndepenDent Care Plans UK Ltd  
River House, Young Street, Inverness IV3 5BL  
E-Mail: [icpltd@ident.co.uk](mailto: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 RSA for reimbursement. The fully completed claim form should be sent to RSA 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 Applicable**

Unless the parties have agreed otherwise in writing any dispute concerning the interpretation of the Policy shall be governed and construed in accordance with English Law and shall be resolved within the non-exclusive jurisdiction of the courts of England and Wales

## **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.

## **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 us to raise your concerns at:

### **Hart Insurance Brokers**

**Erskine House**

**Clydebank Business Park**

**Clydebank**

**Dunbartonshire G81 2DR**

**Telephone: 0141 951 4100**

**Fax: 0141 951 4101**

If your complaint is against RSA we will pass your complaint to their nominated contact who 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 following address:

### **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**

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