

The Dental Insurance Partnership Ltd

## Dental Implant Protection (Individual) Policy Terms and Conditions

### Introduction

This policy document provides you with the terms and conditions, as well as the exclusions of the insurance cover. Please read this document very carefully to ensure that you understand the extent of the cover, exactly what is and is not covered and that this meets your requirements. If you have any questions about your insurance please contact Dental Insurance Partnership Ltd on: 07940 560281 or email: [griggs.dip@talk21.com](mailto:griggs.dip@talk21.com).

This policy is a contract between you and the insurer, which is authorised and by the Financial Conduct Authority and Prudential Regulation Authority for the conduct of UK business.

Details about the extent of our regulation by the Financial Conduct Authority and Prudential Regulation Authority are available on request.

This policy is designed to cover you for the cost of treatment as a result of failure of the Dental Implant to integrate or any accidental damage and emergency treatment to Dental Implants.

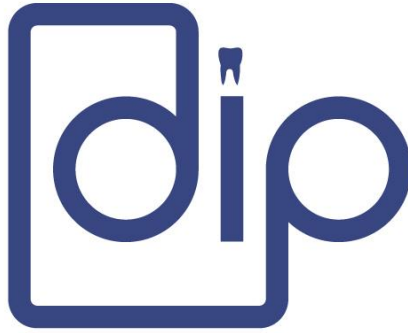
You have applied in writing and you have agreed to pay any applicable premiums. In return we will provide the benefits shown in this policy.

We agree to pay the benefits from the start date provided:

- All terms of the policy are met.
- Premiums are paid in accordance with the terms of the policy where applicable.
- Any other alterations are agreed and met.

The entire agreement between you and us consists of:

- The terms and conditions of the policy.
- Your application form.
- Our acceptance (together with any special conditions or endorsements).



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## Important notes

We are required to draw your attention to the important features of your policy including:

**Material Facts** – You must declare to us all material facts that are likely to affect this insurance. Failure to do so may prejudice entitlement to claim. If you are uncertain as to whether a fact is material, you should declare it to us.

**Policy Documents** – You should read the following document carefully. It gives you full details of what is and is not covered and the conditions of the cover.

**Conditions, Benefits and Exclusions** – You should carefully read these sections and understand how these apply to your cover.

**Complaints** – Your insurance policy has a complaints procedure which tells you what steps you can take if you wish to make a complaint.

## Definitions

The words and phrases set out below have the meanings specified.

**Annual Renewal Date** – The anniversary of the start date.

**Dental Accident** – An unforeseen event which causes damage by external trauma and is caused directly and solely by non-self-inflicted direct extra oral impact to your Dental Implant and or associated prosthesis.

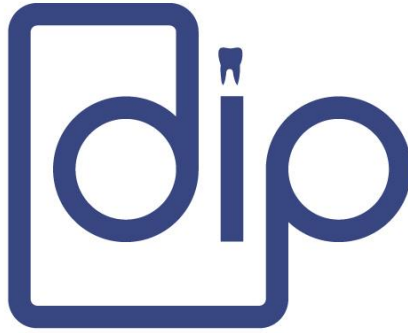
**Dental Emergency** – Treatment to purely stabilise the immediate problem and relieve severe pain related to the Dental Implants covered by this policy. A Dental Emergency is covered if it is not during the usual business hours or if you are staying at a place away from your dental practice. A Dental Emergency can be an emergency due to the trauma requiring immediate attention, intractable acute pain, uncontrollable bleeding or acute infection that affects the potency of the airway, where you are suffering severe pain that is not relieved by pain killers.

**Dental Implant** – New or existing single or multiple tooth osseointegrated fixtures that are used in the retention of single or multiple tooth prosthesis.

**Expiry Date** – The date on which the policy expires, as shown in the policy schedule.

**Manufacturer's Instructions** – Any express or implied direction provided by the manufacturer of the Dental Implant or your dentist on behalf of the manufacturer. They detail the installation, use and/or maintenance of the Dental Implants.

**Oral Health** – A standard of oral health of the teeth that ensures dental efficiency and safeguards your general health. It also ensures that any supporting structures and other tissues of the mouth and any associated area is free of disease.



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**Policy** – The contract that details the level of cover provided.

**Policy Schedule** – A schedule issued to you, which shows the policy number, start date and expiry date of the policy, the maximum sum insured, the amount of premium due and any special terms which apply to your policy.

**Start Date** – The date on which your policy starts, as shown in the policy schedule.

**Territorial Limits** – United Kingdom of Great Britain and Northern Ireland, and Europe. However the policy is extended to provide cover for a Dental Emergency or Dental Accident which occurs worldwide provided that such treatment is received within 14 days of sustaining the Dental Accident or Dental Emergency.

**Treatment** – Any dental procedure or service which is necessary to repair or replace the Dental Implant:

- (i) as a result of the Dental Implant failing to integrate after placement and an appropriate period before loading, or
- (ii) due to a Dental Accident.
- (iii) due to a Dental Emergency.

The treatment is always subject to the exclusions in the policy.

**We, our, us** – The insurer

**Period of Insurance** – The 12 month period starting on the start date as stated on the policy schedule.

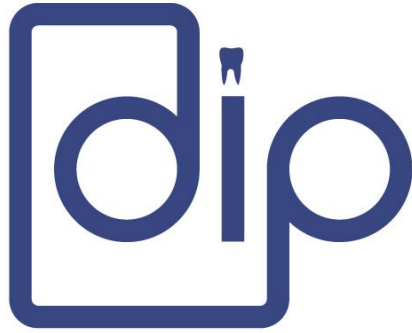
**You, Your** – The person who has made an application to us and which has been accepted in writing by us.

## Conditions and Benefits

### 1. Purpose of Insurance

We will cover you up to the limit of reimbursement that is detailed in these conditions and benefits.

We will provide you with cover for the costs of treatment as a result of failure of the Dental Implant to integrate treatment as a result of Dental Accident and treatment as a result of a Dental Emergency during the period of insurance. Cover must be in the stated Territorial Limits and is subject to these terms and conditions.



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## 2. Benefits

In all cases reimbursement is subject to:

- (i) Cover under the policy is to reimburse you for the cost of the patient's treatment within the Territorial Limits. We will reimburse you for any necessary expenditure incurred by the patient in respect of treatment up to the amount of limit stated in the schedule per implant and attached prosthesis (£2,500 per implant in the United Kingdom, maximum indemnity is £2,500 multiplied by the number of implants insured).

- (ii) The exclusions

Cover under the policy is to provide treatment within the Territorial Limits.

We will reimburse you for any necessary expenditure incurred by you in respect of treatment up to the amount of limit stated under the schedule per implant (£2,500 in the United Kingdom).

If you have a Dental Emergency or Dental Accident in the United Kingdom or overseas, we will reimburse you for any treatment costs provided that such treatment is received within 14 days from the date of the Dental Emergency or Dental Accident occurring.

The amount for which you will be reimbursed is subject to a maximum as stated in the policy schedule in respect of each period of insurance.

If you are overseas for more than a cumulative total of three months in any one period of insurance then Dental Emergency is not covered hereon.

If you require restorative treatment after a Dental Emergency, this will be covered within the normal terms of the policy and the normal policy limits will apply.

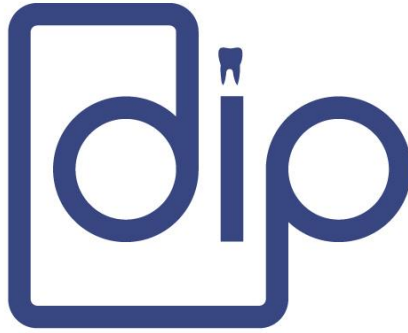
If there is "Failure to Integrate" we will cover costs for alternative treatment if fixtures have been correctly placed. This treatment must be clinically necessary.

We will negotiate shares of a claim if another insurer provides cover to you. This ensures the companies/insurers involved pay the appropriate shares of the claim. If there is a claim or right of legal action against another person from a claim under this policy, you must advise us as soon as possible and keep us up to date with any information.

If you claim against the other person, this may involve us asking you to take all relevant steps necessary including returning any benefit paid to you by us from this policy.

In order to recover any benefit paid by us, we may decide to prosecute in your name, settle any claim or defend the legal proceedings. We will decide how to do this.

We will pay the benefit directly to your dentist.



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### 3. Date Cover Ceases

Cover under the policy and entitlement to benefit will cease immediately even if you are receiving treatment, when premiums stop being paid or if we have not received any outstanding premium within the 14 days allowed.

### 4. Changes to the Terms and Conditions of the Policy

If we wish to terminate the policy, or to change any of the policy terms and conditions, we will give you at least 28 days' notice in writing of our intention to do this. The policy will terminate or the terms and conditions will change on the annual renewal date.

We may terminate or vary the cover at any time or void the policy if you:

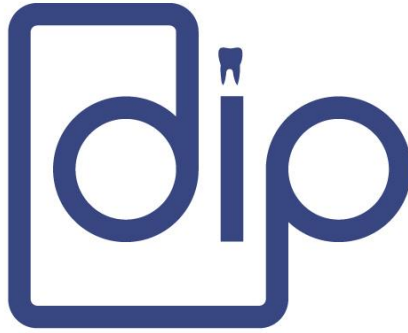
- Have not disclosed any material fact; or
- Have failed to comply with the terms of the policy; or
- Have made any misleading statement; or
- Have failed to act with the utmost good faith.

### 5. Renewal of the Policy and Premiums

You will receive a letter inviting renewal approximately one month before the annual renewal date. We will also tell you the premium rates for that year of insurance. Your Dental Implant Protection will be renewed for a further 12 month period, from the annual renewal date providing we receive the premium within 14 days of the annual renewal date.

### 6. Currency and Payment

Payment to or from us will be in sterling and paid through the offices of The Dental Partnership Ltd.



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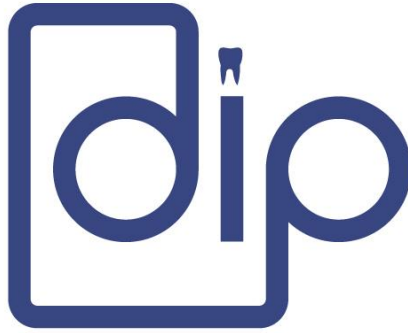
## Policy Exclusions

### **A. We will not pay the benefit for loss or damage or consequential loss as a result of the following:**

- Dental Implants that have not been placed or loaded in accordance with the Manufacturer's Instructions
- Dental Implants that have not been placed or loaded according to current Association of Dental Implantology guidelines or from equipment failure of any kind.
- Dental Implants unless there is an oral hygiene programme in place and this can be proved by regular visits to a dentist or the dentist has requested a dental hygienist to do this.
- Any failure to osseointegrate relating to the failure of a replacement Dental Implant when that replacement has failed more than once.

### **B. We will not pay the benefit for treatment which:**

- Is purely cosmetic i.e. required due to dissatisfaction with the final aesthetic appearance.
- Is not considered necessary for continued oral health.
- Is obtained outside the Territorial Limits.
- Is required due to normal wear and tear of the Dental Implant.
- Is required for associated or unassociated medical treatment, constitutes routine maintenance, is solely attributable to smoking.
- Relates to Dental Implants that were fitted when you were under 18 years of age.
- Arises from professional sports injuries and contact sports except if gum shields are worn.
- In any way arises or results from attempted suicide or intentional self-injury.
- Is directly or indirectly caused by, resulting from, or in connection with any of the following regardless of any other cause or event contributing concurrently or in any other sequence to the loss:
  - War hostilities or war-like operations (whether war be declared or not), invasion; act of an enemy foreign to the nationality of the insured person, or in the country in or over, which the act occurs; civil war; riot; rebellion; insurrection; revolution/overthrow of the legally constituted government, civil commotion assuming the proportions of, or amounting to, an uprising; military or usurped power, explosions of war weapons, release of weapons of mass destruction that do not involve an explosive sequence, murder or assault subsequently proved beyond reasonable doubt to have been the act of agents of a state foreign to the nationality of the insured person whether war be declared within this state or not; terrorist activity. For the purpose of this exclusion terrorist activity means an act, or acts, of any person, or group(s) of persons, committed for political, religious, ideological or similar purposes with the intention to influence any government and/or to put the public, or any section of the public, in fear. Terrorist activity can

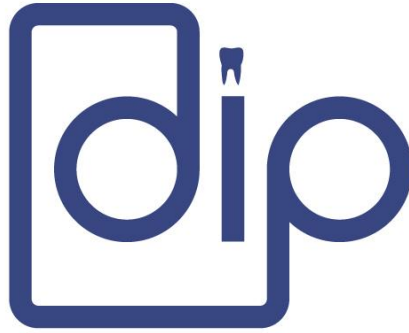


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include, but not be limited to, the use of force or violence and/or the threat thereof. Furthermore, the perpetrators of terrorist activity can either be acting alone, or on behalf of, or in connection with any organisation(s) of government(s). Also excluded hereon is any loss or expense of whatsoever nature directly or indirectly caused by, resulting from, or in connection with any action taking in controlling. Preventing or suppressing any, or all, of the above incidents. In the event, any proportion of this exclusion is found to be invalid, or unenforceable, the remainder shall remain in full force and effect.

**C. Benefit is not payable for the following:**

- Loss or destruction or damage or any expenses whatsoever resulting from ionising radiation or contamination by radio activity from any nuclear waste from the combustion of nuclear fuel or the radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof.
- The cost of any replacement Dental Implant, which will be borne by the implant manufacturer's warranty.
- Expenses or charges
  - a) which are fees for completion of a claim form or other administration related charges or
  - b) which are not legally payable by the patient.
  - c) amounts which exceed the maximum benefit under this policy.
- Materials and procedures which do not meet the accepted dental standards, or are experimental and unproven.
- Guidance and instruction on oral hygiene, plaque control or diet.
- Procedures, services and supplies including medical, administered in a hospital.
- Prescribed drugs and mouthwashes.
- Costs due to any errors or negligence on the part of a dentist.
- Damage caused whilst taking part in any contact sport unless an appropriate mouth guard protection is worn,
- Whilst driving or riding in any kind of race involving a car and/or motorcycle.



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## Claims Procedure

As soon as treatment becomes necessary you must send claims to us on a completed The Dental Insurance Partnership Ltd Dental Implant claim form with the following as appropriate.

- Evidence of original work carried out e.g. receipt for treatment.
- X-rays of implants in situ at the point of initial treatment.
- Details of the proposed treatment plan with the associated costs.
- X-rays of implants on confirmation of failure.
- Clinical photographs.
- An invoice of the amount claimed.
- X-rays of implant area/damage after the Dental Accident has occurred but before remedial treatment is carried out.
- Evidence of time spent overseas e.g. copy of flight schedule.

Failure to provide the required information to support the claim may result in the claim being denied. Original receipted bills (we cannot accept photocopies) must be sent to us within six months of the treatment.

## Complaints Procedure

We aim to provide a first class service at all times. Any enquiry or concern about this policy should be addressed in the first instance to your broker. If you are not satisfied, you may contact us at:

The Dental Insurance Partnership Ltd  
Wentworth  
9 Woodlands  
Off Roundwood Road  
Baildon  
West Yorkshire. BD17 6SP.

If we cannot give you a final decision within 4 weeks from the date we receive your complaint. We will explain why and tell you when we hope to reach a decision.

Complaints that cannot be resolved by them may be referred to the Financial Ombudsman Service. Further details will be provided at the appropriate time.