



# Columbus Dental Care Plan

- for you, your family, and your peace of mind

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# Welcome to the Columbus Dental Care Plan

Whether your teeth are in peak condition or not nearly as good, you are covered for both NHS and private dental treatment as a member of the Columbus Dental Care Plan.

This booklet explains all you need to know about the range of plans available and allows you to choose the plan which best suits your needs, and pocket.

The plan levels are designed to suit your needs and lifestyle, whether you are looking to protect yourself and your family against those unforeseen dental accidents and emergencies, or provide for comprehensive cover against the increasing costs of routine preventative and restorative dental fees. Cover can be extended to your partner, and dependant children can be covered up to the age of 25 years.

## Why choose a dental plan?

Good oral health is integral to your general health and wellbeing.

Poor oral health can impact all areas of your life. Gum disease has proven links with strokes, heart disease and pancreatic cancer. By ensuring that you have healthy teeth and gums, not only are you reducing the chances of suffering the pain and discomfort of gum disease, you are also helping to minimise the risk of contracting serious life threatening conditions.

# Why the Columbus Dental Care Plan?

## Broad range of services

As a member of the Columbus Dental Care Plan you have access to an extensive range of services, specifically focused on helping keep your teeth in great shape.

**Not registered with a dentist?** No problem – simply contact us and we will help you find a dentist in your area.

**In dental pain?** No problem – give our 24 hour worldwide emergency helpline a call and we'll help you find a dentist for emergency treatment – wherever you are in the world.

## Easy to understand, easy to claim

Simple benefits and clear limits make it easy for you to know how to use your policy. You don't need to change your dentist to use these plans – and you can choose from six levels of cover from basic Accident and Emergency cover to comprehensive NHS and private preventative and restorative treatments including dental implants. Our 4 step claim process makes it easy to claim following treatment.

# Dental wellness programme

Informed consent to treatment is the right of every patient and not all treatment options necessarily best suit a patient's needs. With dental work you always have time to review the options and select what suits you best. As a member of the Columbus Dental Care Plan you will have free access to this dental wellness and education program to assist you with this process as well as keep you informed about your general dental health.

Your dental plan is connected with this program and you are invited to visit [www.denisglobal.com](http://www.denisglobal.com) for more information or to unsubscribe.

# Top 4 ways of maintaining your dental health

**1. Brush teeth vigorously twice a day**

Brushing physically removes the germs which cause tooth decay and gum disease. But remember, they grow back within 24 hours – that's why it's essential to brush twice a day. Good daily brushing is the most effective way to avoid dental problems over the long term.

**2. Brush your children's teeth**

Children less than 6 years old should have their teeth brushed twice daily by an adult.

**3. Brush effectively and floss**

Brush in a rotary action. Simply brushing from side to side will over time erode the thin enamel-cementum coating on the neck of the teeth and is not an effective method to clean between the teeth. Rotary-electric tooth brushes provide an ideal solution. Gentle daily flossing will further provide an effective clean between the teeth.

**4. Use a fluoride rich toothpaste**

The use of a fluoride rich toothpaste is proved to be beneficial for the long term prevention of tooth and gum decay. Always consult your dentist as to the suitability of these products for your circumstances.

## Plan benefits

Plan Benefits	Pearl	Pearl Plus	Gold	Gold Plus	Platinum	Platinum Plus
<b>100% reimbursement for NHS treatment</b>	No	Yes	Yes	Yes	Yes	Yes
<b>Routine examinations</b>	No	100% reimbursement for NHS treatment	100% up to £60 per policy year	100% up to £60 per policy year	100% up to £110 per policy year	100% up to £110 per policy year
<b>Hygiene treatments</b>	No	100% reimbursement for NHS treatment	100% up to £70 per policy year	100% up to £70 per policy year	100% up to £130 per policy year	100% up to £130 per policy year
<b>Dental x-rays</b>	No	100% reimbursement for NHS treatment	100% up to £50 per policy year	100% up to £50 per policy year	100% up to £90 per policy year	100% up to £90 per policy year
<b>Restorative treatments</b>	No	100% reimbursement for NHS treatment	100% up to £550 per policy year	100% up to £1,100 per policy year	100% up to £1,650 per policy year	100% up to £2,200 per policy year
<b>Worldwide dental injury</b> Cover for up to £3,000 of treatment per dental injury for up to four incidents per policy	Yes	Yes	Yes	Yes	Yes	Yes
<b>Worldwide emergency dental treatment</b> In the UK: up to £300 of treatment per incident for up to four incidents per policy year. Outside the UK: up to £500 of treatment per incident for up to two incidents per policy year.	Yes	Yes	Yes	Yes	Yes	Yes
<b>Hospital cash benefit</b> £60 for each night you stay overnight in a hospital, up to £1,200 per policy year, for dental treatment under the care of a consultant specialising in dental or maxillofacial surgery in relation to a head or neck condition.	Yes	Yes	Yes	Yes	Yes	Yes
<b>Dentist call-out fees</b> Up to £150 per incident for up to two incidents per policy year.	Yes	Yes	Yes	Yes	Yes	Yes
<b>Oral cancer cover</b> Up to £15,000 towards one course of treatment for up to eighteen months following diagnosis.	Yes	Yes	Yes	Yes	Yes	Yes
<b>24 hour worldwide emergency helpline</b>	Yes	Yes	Yes	Yes	Yes	Yes
<b>Implant Cover</b> Annual limit per policy year for maximum of one unit of dental implant treatment	No	No	No	No	No	£800

## How to claim – 4 easy steps

<b>Before you go</b>	Step <b>1</b>	Check your plan start date.	Treatment undertaken or outstanding before the plan start date will not be covered.
<b>At the dentist</b>	Step <b>2</b>	Receive your treatment and pay the dentist.	If you are receiving NHS treatment, ensure that this is clearly stated on the receipt.
	Step <b>3</b>	Obtain an itemised receipt and ensure your dentist completes sections B, C or D of the claim form.	If you don't provide an itemised receipt or if the claim form is incorrectly completed your payment may be delayed.
<b>Submitting your claim</b>	Step <b>4</b>	Complete and sign section A of the claim form, attach itemised receipt and submit to the claim team within 60 days of the date of treatment.	One claim per person. Please give as much information as you can to ensure speedy settlement of your claim.
		Your claim will be processed and payment sent within seven working days (providing we receive full information about your treatments).	

## What do I do in a dental emergency?

Suffering dental pain can be a distressing experience – here's what you can do in a dental emergency, and some dental first aid tips.

**In the UK** – simply attend a dentist of your choice or call us if you need assistance finding one. All the plan levels include cover for emergency treatment; see the Plan benefits section for details.

**Overseas** – if you have a dental emergency while you are abroad, either on holiday or business, you simply visit any dentist. If you are unable to locate a dentist contact our 24 hour helpline and we'll find one for you.

**Out of hours** – if you are in pain at night or during the weekend you are still able to see a dentist as all our plans cover you for call out fees and treatment following an accident or emergency.

### Dental first aid tips

- Clean the area around the sore tooth thoroughly
- Rinse the mouth vigorously with lukewarm salt water to dislodge trapped food or debris
- Do not use very hot or very cold water as this may cause further pain
- Do not place aspirin on the gum or on the aching tooth
- If the face is swollen, apply a cold compress and seek help from a dentist as soon as possible
- Cold water rinses may temporarily ease the pain from a throbbing tooth
- Avoid laying down as this raises the blood pressure and increases pain

## Policy summary

Pearl, Pearl Plus, Gold, Gold Plus, Platinum and Platinum Plus dental plans.

This policy summary provides a brief overview of this dental insurance which is underwritten by PTI Insurance Company Limited. In conjunction with this policy summary the following forms the full terms and conditions; the policy terms and conditions found on pages 9 to 17, and any endorsement provided to you.

### What is Pearl?

This plan provides for cover for treatment necessary as the result of a dental injury or emergency anywhere in the world and for the treatment of oral cancer.

### What is Pearl Plus?

This plan provides you with all the benefits of Pearl plan in addition to 100% reimbursement for NHS treatment. Pearl Plus plan does not provide cover for treatment received as a private patient.

### What are Gold, Gold Plus, Platinum and Platinum Plus?

These plans provide you with all the benefits of Pearl Plus in addition to varying levels of reimbursement towards the cost of private preventative and restorative dental treatment anywhere in the world.

**Please note, as a member of the Hampshire Police Federation you already have access to a range of dental accident and emergency benefits, therefore should you wish to upgrade your cover you should select from Pearl Plus to Platinum Plus cover, depending upon your circumstances.**

## What are the main exclusions and limitations of the Columbus Dental Care Plans?

As with all insurance policies, a number of exclusions and limitations apply. The following is a summary of the main exclusions and limitations of the policy. The full terms and conditions of the policy can be found further on in this document.

Exclusions	For further information
Treatment prescribed, planned, advised, required or taking place before the commencement date of the policy, or for claims under the injury or emergency benefit for treatment required as a result of an incident which occurred prior to the commencement date of the policy, and treatment received after the period of cover expires.	For full information please see the General Exclusions section in the terms and conditions.
Treatments in connection with dental injuries must commence within a period of 6 months and must be completed within 24 months of the date of the original incident.	For full information please see the Benefit Rules section in the terms and conditions.
Any treatment not deemed to be clinically necessary.	For full information please see the General Exclusions section in the terms and conditions.
Cosmetic treatments or treatments of a cosmetic nature, periodontal surgery, periodontal “chips” and orthodontic treatment, dental implants (unless a member of Platinum Plus plan)	For full information please see the General Exclusions section in the terms and conditions.
Treatment for oral cancer diagnosed within 90 days of the date on which you joined the plan, or for which tests or consultation commenced within those 90 days, even if the diagnosis was not made until later.	For full information please see the General Exclusions section in the terms and conditions.
Any treatment for self inflicted injury or injuries resulting from participation in criminal, unlawful or antisocial behaviour.	For full information please see the General Exclusions section in the terms and conditions.
Any treatment relating to damage or injury caused whilst participating in any contact sport when the appropriate tooth, mouth or head protection was not being worn.	For full information please see the General Exclusions section in the terms and conditions.

### Period of insurance

This policy is for one year unless we have agreed something different. In these circumstances, this will be confirmed in your welcome e-mail.

### Claims notification

Full details of the process for submitting a claim can be found on page 5 of this policy handbook. If you need advice about making a claim please call our helpline on 0800 633 5037.

All claims must be submitted to be received by us within 60 days of the date of the item of treatment. Where treatment costs are charged, you must pay for the treatment and submit original receipts along with the completed claim form in order to make a claim for reimbursement.

## How do I complain?

We aim to provide a first class product and service to you. However, there may be times when you feel we have not done so. If you wish to complain about any matter, please contact us and we will do our best to address your concerns. Your feedback is vital to helping us improve.

If you are dissatisfied with the outcome of our investigation you may request the Financial Ombudsman Service (FOS) to consider your complaint. You should contact the FOS (0845 0800 1800) to find out whether you will be eligible to have your complaint considered by the FOS. If you purchase your insurance as part of a group scheme you will need to meet specific criteria depending upon your particular circumstances.

Full details of the complaints procedure can be found in the terms and conditions on page 16.

## Compensation arrangements

We are covered by the Financial Services Compensation Scheme (FSCS). You may be entitled to compensation from the FSCS if we cannot meet our obligations. Insurance advising and arranging is covered at 90% of the claim, without any upper limit.

## Your right to cancel

If the cover does not meet your requirements you may cancel your policy within 14 days of our receiving your completed application. If you wish to cancel your policy simply return the cancellation notice contained on page 16 of this document and any monies collected will be reimbursed to you in full providing you have not made a claim within this period.

## Details of our regulators

This insurance is underwritten by PTI Insurance Company Limited (PTI). PTI is authorised and regulated in Gibraltar by the Financial Services Commission ([www.fsc.gi](http://www.fsc.gi)) registration number 33927. PTI are also members of the Association of British Insurers and subscribe to the Financial Ombudsman Service.

# Terms & conditions

## Definitions

We have defined below words or phrases used throughout this Policy. To avoid repeating these definitions please note that where these words or phrases appear they have the precise meaning described below unless otherwise stated. Where words or phrases are not listed within this section, they will take on their usual meaning within the English language. The masculine gender shall include the feminine and the singular shall include the plural and vice versa.

Accident	Any injury caused by direct impact outside of the oral cavity to an Insured Person's teeth and gums (this includes damage to dentures whilst being worn).
Application Form	The application, either paper based or online, to join the Columbus Dental Care Plan submitted by You.
Call Out	<b>In the United Kingdom:</b> The necessity for a Dentist to re-open the practice to provide Emergency Treatment between the hours of 18.00 and 08.00 Monday to Friday inclusive and outside the normal and published surgery hours. <b>Outside the United Kingdom:</b> The necessity for a Dentist to re-open the practice to provide Emergency Treatment outside the normal working hours.
Child/Children/Dependant	Insured Persons who are under the age of 25 years of age at the Commencement/Review Date and who are permanently resident with You.
Commencement Date	The date on which the Insured Person's cover commences.
Cosmetic Treatment	Treatment not necessary to maintain dental health and which is primarily for the purpose of improving the Insured Person's appearance.
Dental Hygienist	A qualified person who deals with scaling, polishing, oral hygiene and other gum Treatments as carried out by a Dental Hygienist under the prescription of a Dentist.
Dental Implant & Fixture	A Dental Implant refers to the manufactured item that is inserted into a surgically prepared hole or existing tooth socket in the jaw bone. The Fixture (if applicable) refers to a second item that is attached to the Dental Implant and protrudes through the gum and provides a mechanism for the attachment of either a crown or a denture.
Dental X-rays	Clinically necessary radiograph of the teeth and jaws as taken at the direction of the treating Dentist.
Dentist	<b>In the United Kingdom:</b> A fully qualified dental practitioner registered with the General Dental Council or any other person properly qualified to perform the required Treatment. <b>Outside the United Kingdom :</b> A dental practitioner appropriately registered, qualified and practising in the country in which the Treatment is administered.
Emergency Treatment	Dental services or supplies provided to an Insured Person for the immediate relief of severe pain, trauma, swelling or bleeding by their Dentist outside normal surgery hours or by any other Dentist whilst the Insured Person is away from home.
Hospital	A lawfully operated establishment which has residential patients and has facilities for diagnosis, major surgery and provides 24 hour nursing care by qualified and registered nurses and "hospitalisation" shall be construed accordingly.
Insured	Eligible members, resident in the United Kingdom from whom we receive and accept a completed Application Form and by whom the appropriate premium is paid.
Insured Person	The persons named in Your Application Form.
Oral Cancer	A malignant (invasive) tumour inside the mouth. It does not include non-invasive cancers or tumours in the throat.
Partner	Your spouse or civil partner who permanently resides with You in a domestic relationship.
Period of Cover	The Period of Cover as set out in the Application Form and any subsequent period for which You pay a premium which We accept subject to the benefit rule stated in this Policy in relation to the Period of Cover.
Permanent Resident	Resident within the United Kingdom for not less than 180 days during the Period of Cover of this agreement.
Policy	This contract being Our contract with You and providing the cover as detailed in this document. The Application Form forms part of the Policy and must be read together with this booklet (as amended from time to time).
Preventative Treatment	The procedures in dental practice that prevent the occurrence of oral disease and/or decay.
Qualifying Period	The period between the Insured or Insured Person joining the plan and the point at which We will reimburse claims for dental Treatment under this Policy.
Restorative Treatment	The procedures in dental practice that deals with the reconstruction of the hard tissues of a tooth or group of teeth damaged or destroyed by disease and/or decay.
Review Date	The anniversary of the common renewal date of the Columbus Dental Care Plan, as indicated on the Application Form, when You have the option to renew Your Policy.
United Kingdom	This comprises England, Scotland, Wales, Northern Ireland, the Channel Islands and the Isle of Man.
We/Our/Us/Insurer	PTI Insurance Company Limited.
You/Your	The Insured/the Insured's.

# Benefits

## Cover

The purpose of this Policy is to provide an Insured Person with Dental services as described below during the Period of Cover for Preventative and Restorative Treatment by a Dentist at a dental surgery. We will pay benefits to the maximum value shown according to the plan selected on Your Application Form provided that such Treatment is clinically necessary, reasonable and customary charges for the area where the Treatment was undertaken, and received by the Insured Person during the Period of Cover and the Insured Person comply with Our requests in providing evidence of their claim.

The benefits for each Insured Person are as follows:

## Pearl Plan

### Worldwide dental Accident

For the cost of dental Treatment up to £3,000 per dental Accident subject to a maximum of 4 claims a year, up to an aggregate maximum of £12,000 per Policy year. Benefits relate to Treatment rendered at the time of the Accident which is intended to ease pain and stabilise the damage sustained in the Accident. The benefit does not include subsequent rehabilitation or Restorative Treatment.

### Worldwide emergency dental Treatment

For the cost of emergency dental Treatment within the United Kingdom up to £300 per incident subject to a maximum of 4 claims per year up to a maximum of £1,200 per Policy year. Benefits relate to Treatment rendered at the time of the emergency which is intended to ease pain and control infection. The benefit does not include subsequent rehabilitation or Restorative Treatment. For the cost of emergency dental Treatment outside the United Kingdom, up to £500 per incident subject to a maximum of 2 claims per year up to a maximum of £1,000 per Policy year. Benefits relate to Treatment rendered at the time of the emergency which is intended to ease pain and control infection. The benefit does not include subsequent rehabilitation Treatment.

### Hospital cash for dental care and Treatment

If you are admitted overnight as an in-patient to a licensed medical or surgical Hospital specifically under the care of a consultant specialising in dental or maxillofacial surgery £60 per night subject to a maximum of £1,200 per Policy year.

### Dentist call-out fees

Up to £150 per incident for up to two incidents per Policy year.

### Oral Cancer

Benefits are available upon diagnosis of Oral Cancer subject to the following conditions:

- The benefit covers the Insured patient for Treatment charges (including the Hospital cash benefit) for Treatment of Oral Cancer;
- The Oral Cancer must be diagnosed by a qualified doctor or Dentist (including a specialist) who is licensed to practice in the United Kingdom;
- The benefits will be paid only for Treatment received within 18 calendar months after the date of diagnosis;
- Benefits will be paid for one course of Treatment. Once you have claimed for a course of Treatment for Oral Cancer this cover ends;
- Benefit will be paid only for Treatment given by a consultant who is recognised as a specialist in cancer Treatment.

This benefit covers the Insured patient for Treatment charges up to £15,000 (including the Hospital Cash Benefit) for Treatment of Oral Cancer.

## Pearl Plus Plan

All the Pearl Plan benefits are included in addition to 100% reimbursement of NHS patient fees. Pearl Plus plan does not provide cover for Treatments received as a private patient.

## Gold & Platinum Plans

All the Pearl Plus Plan benefits are included, plus (per Policy year)

	Benefits	Gold	Gold Plus	Platinum	Platinum Plus
A	Routine Examinations	100% up to £60 per policy year	100% up to £60 per policy year	100% up to £110 per policy year	100% up to £110 per policy year
B	Hygiene Treatments	100% up to £70 per policy year	100% up to £70 per policy year	100% up to £130 per policy year	100% up to £130 per policy year
C	Dental x-Rays	100% up to £50 per policy year	100% up to £50 per policy year	100% up to £90 per policy year	100% up to £90 per policy year
D	Restorative Treatments	100% up to £550 per policy year	100% up to £1,100 per policy year	100% up to £1,650 per policy year	100% up to £2,200 per policy year

### Platinum Plus Plan – Dental Implant Cover

Membership of the Platinum Plus Plan provides for a benefit of up to £800 per Policy year for a maximum of one unit of Dental Implant and Fixture Treatment.

**Please note, as a member of the Hampshire Police Federation you already have access to a range of dental accident and emergency benefits, therefore should you wish to upgrade your cover you should select from Pearl Plus to Platinum Plus cover, depending upon your circumstances.**

## Benefit Rules

Fillings: cover is available once per tooth in a 24 month period.

Root Canal Treatment: cover is available once per tooth in a 24 month period.

Crown, inlay, denture: cover is available once per tooth in a 36 month period for the placement of a crown, inlay or denture.

### Double charging

Your Policy covers the Insured Person for Treatment rendered by both NHS and private Dentists. However, Treatments (for example an examination, scale & polish or x-ray or other NHS Band 1 charged Treatment) may not be claimed independently as both an NHS and a private Treatment. Reimbursement will be made for the lower of the relevant Treatment charges.

### Tooth numbering

In order to provide effective management of dental health claims it is important that We know which tooth has been treated. Dentists will be conversant with tooth numbering and will be able to enter the relevant tooth number on Your claim form. The tooth number must be entered on the claim form in the FDI format.

### NHS Treatment

- You must supply a clear, itemised NHS receipt to claim under the NHS benefit;
- should You submit a claim for NHS Treatment with no clear evidence that the Treatment has been carried out under the NHS, then Your claim will be assessed as described above within the private routine and Restorative Treatment limits.

### Dentist identification

For Your protection and to comply with regulations regarding professional registration and conduct, Your claim must positively identify the Dentist who rendered Treatment. Within the United Kingdom the Dentists GDC number provides this identification and must be entered on the claim form.

### Children

Where Children/Dependents are insured under the Policy:

- the level of cover must be the same as that selected by You;
- the maximum reimbursement, annual maximums and limits per year, shall be shared amongst all of Your Children.

### Annual maximums

The maximum amount payable in any one Period of Cover shall not exceed the amount stated in the applicable plan as detailed in this Policy document.

### Period of Cover

If You, together with the Insured Persons included in Your Application Form join the dental plan after the common annual renewal date of the Columbus Dental Care Plan, as indicated on the Application Form, Your insurance will run from the date of Your Application Form through to the Review Date, at which time You will be given the opportunity to renew Your Policy for a further year assuming that You remain eligible.

### Treatment Over-Charging

All Treatment charges must be reasonable and customary for the area where the Treatment was undertaken.

### Dental Implants & Fixtures

- a) The insured benefit is paid on receipt of a valid claim where the dental surgeon is positively identified by his or her GDC number.
- b) The Dental Implant site must be identified by the FDI tooth number of the tooth position it fills.
- c) Dental Implants placed in the site of 2nd or 3rd molars are excluded from benefit.
- d) The insured benefit is only paid once per beneficiary per tooth site and the Insurer is not liable for any future costs incurred by Dental Implant complications such as rejection, fracture or infection.
- e) Teeth lost prior to the purchase of Columbus Dental Care Plan cover are not covered under the benefit.
- f) Dental Implant cover does not extend to the replacement of existing crowns or fixtures.
- g) No benefit shall be payable in respect of any Dental Implant Treatment undertaken within 90 calendar days of the Commencement Date of Columbus Dental Care Plan cover .
- h) Placement of a Dental Implant into a pre-existing edentulous space or where a Dentist/specialist Dentist deems it not clinically appropriate, or replacement following the failure of a Dental Implant to integrate or due to a subsequent breakdown of integration.
- i) any Dental Implant Treatment which was necessary, prescribed, planned or is currently taking place at the commencement date of Your Dental Implant Upgrade Cover.

### Qualifying Period

For members who join the Columbus Dental Care Plan, the reimbursement of the costs of dental Treatment under this Policy is subject to a Qualifying Period of the following duration:

1. ninety days in respect of Preventative and Restorative Treatment following the date on which the Insured Person's membership commenced;
2. fourteen days in respect of Treatment required as a result of an Accident or Emergency Treatment following the date upon which the Insured Person's membership commenced.

If You have previously been covered by a dental insurance plan with another provider and You transfer Your cover to the Columbus Dental Care Plan immediately on expiry of Your previous insurance Policy, these Qualifying Periods will not apply and cover under this plan will commence with effect from Your becoming a member of this plan. You must inform Us of your previous insurance at the time of Your initial application for Columbus Dental Care Plan cover and We will require evidence of Your previous dental insurance cover. You will be required to provide Us with a copy of Your previous insurers renewal invitation.

Treatments in connection with dental injuries must commence within a period of 6 months and must be completed within 24 months of the date of the original incident.

## General Exclusions

Benefits will not be available for:

1. any Treatment charges in excess of the aggregate maximum benefits for each Policy Year as detailed above;
2. any fees recoverable or otherwise covered by any other insurance policies;
3. any Treatment relating to damage or injury caused whilst participating in any contact sport when the appropriate tooth, mouth or head protection was not being worn;
4. laboratory fees, except those arising as a direct consequence of a dental Accident or Treatment which is covered under the Policy;
5. any prescription charges or associated costs for mouth-guard, gum shield or any dental appliances;
6. for self inflicted injuries or injuries sustained while engaged in criminal, unlawful or anti-social activities;
7. for costs which We consider are not reasonable and necessarily incurred. All benefits will be paid in accordance with customary and accepted levels of charges for the Treatment received. The charges must be reasonable, necessary, incurred wholly and exclusively for the purposes of Treatment and in line with Our dental advisor's opinion;
8. our failure to receive the full relevant premium;
9. Cosmetic Treatments or Treatments of a cosmetic nature or Treatments not clinically necessary;
10. periodontal surgery;
11. periodontal "chips";
12. orthodontic Treatment;
13. damage to dentures, other than whilst being worn;
14. reimbursement for travelling expenses or telephone calls in connection with any Treatments or charges for completing the claim form;
15. charges resulting from missed appointments;
16. referrals to a specialist Dentist or specialised Treatment unless the Treatment is a result of a dental Accident;
17. wisdom tooth extraction, other than those extracted in an emergency at the Dentist's surgery;
18. Treatments for normal wear and tear;
19. any Treatment received for injuries not apparent within 30 days from the date of the original cause of the claim;
20. services or supplies which are experimental in nature, or not normally supplied by a dental practice;
21. Oral Cancer diagnosed prior to the date You and any other Insured Person joined the Plan;
22. Oral Cancer diagnosed within 90 days the date on which You and any other Insured Person joined the Plan, or for which tests or consultation began within those 90 days, even if the diagnosis is not made until later;
23. Oral Cancer which is related in any way to HIV infection or AIDS;
24. any charges or consultations or tests for non-invasive tumours;
25. Oral Cancer resulting from the chewing of tobacco products (including betel nut juice), prolonged alcohol abuse or smoking;
26. services or supplies for the Treatment which a Dentist is unable to provide due to circumstances beyond the control of such Dentist and/or PTI Insurance Company Limited;
27. any claims for Accidental injury sustained as a result of Your occupation;
28. injury caused by the consumption of food (including foreign bodies contained within the food);
29. damage caused by tooth brushing or other oral hygiene procedures;

30. Treatment, care or repair to teeth, gums mouth or tongue in connection with "mouth jewellery";
31. any dental Treatment which was prescribed, planned, diagnosed as necessary or is currently taking place at the Commencement Date;
32. Dental Implant Treatment (unless a member of Platinum Plus Plan).

## General Conditions

The following conditions apply:

### 1. Compliance with policy terms

Our liability under this Policy will be conditional upon each Insured Person complying with terms and conditions.

### 2. Change of risk

You must inform Us, as soon as reasonably possible, of any changes relating to the Insured Persons (such as address or other personal details) which affect information given in connection with the Application Form for cover under this Policy.

### 3. Selection of plan benefits

The plan benefit level selected for Your Partner or Child/Children/Dependant(s) must be the same as that selected by You.

### 4. Policy duration and payment

- a. The Period of Cover shall be for one year unless Your Application Form is submitted after the Review Date in which case the first Period of Cover shall be from the Commencement Date to the next Review Date, and renewable annually at each Review Date subject to the terms in force at the time of each Review Date.
- b. If an Insured Person obtains cover after the Commencement/Review Date, the Period of Cover shall be for the period up until the following Review Date and annually renewable thereafter.
- c. Premiums shall be collected by monthly.
- d. The amount payable shall be that prevailing generally at the Commencement Date or if later, the appropriate Review Date.
- e. The amount payable may be changed by Us from time to time. However, this Policy will not be subject to any alteration in payment rates generally introduced until the next Review Date.

### 5. Cancellation

- a. This contract runs for the Period of Cover, and thereafter for a further 12 month period from each successive renewal date unless We receive Your written cancellation prior to the next Review Date.
- b. This Policy will be cancelled if You no longer meet the eligibility criteria of the Dental Plan.
- c. In the event that Your Partner, being an Insured Person, ceases to be Your Partner You must inform Us in writing, in which event this Policy will cease in respect of Your Partner and Your future monthly premiums shall be reduced accordingly.
- d. This Policy will be cancelled automatically upon non-payment of the Premium.
- e. If an Insured Person cancels their Cover the Insured Person will not be allowed to obtain Cover at a later date.
- f. Whilst We shall not cancel this Policy at any time other than the annual Review Date because of eligible claims made in respect of an Insured Person, We may at any time terminate an Insured Person's cover or subject his/her cover to different terms if he/she has or You have at any time:
  - i. misled Us by mis-statement or concealment;
  - ii. knowingly claimed benefits for any purpose other than as are provided for under this Policy;
  - iii. agreed to any attempt by a third party to obtain unreasonable financial gain to Our detriment;
  - iv. otherwise failed to observe the terms and conditions of this Policy.
- g. If We cancel the Policy We shall give You 30 days notice sent by first class post to Your last known address. If We do so You may be entitled to a proportionate refund of premium.

### 6. Age limitations

- a. Dependants may be covered up to the age of 25 years.
- b. The upper age allowable for cover under this plan is 70 years.
- c. Cover will cease with effect of the first plan renewal following the 25th or 70th birthday of the Insured Person as applicable.

### 7. Claims procedure

- a. Claims must be submitted using the Columbus Dental Care Plan claim form which should be obtained from Denis UK Limited on 0800 633 5037.
- b. The Insured Person should pay for the Treatment provided and on the claim form he/she should ask the Dentist to detail the Treatment, indicate the fee charged and sign the form. Then attach the receipts to the form and return to Columbus Dental Care Plan, Denis UK Limited, P.O. Box 6809, Basingstoke, RG24 4NH.
- c. Reimbursement is available only if the Treatment is provided by a Dentist.
- d. If any benefit is provided or any payment is made under this Policy as a result of an action by a third party then You or the Insured Person must:
  - i. give Us full details of the potential claim against a third party;
  - ii. allow Us to pursue any loss under this Policy at Our expense;
  - iii. help Us to take legal action if We ask You or the Insured Person to.
- e. The relative date for determining the benefits available for Treatment shall be the actual date of that Treatment.
- f. The maximum amount payable in any one Period of Cover shall not exceed the amount stated in the applicable plan as detailed in this document.
- g. When submitting a claim for Hospital in-patient benefit, please ensure that You submit a copy of the Hospital issued sickness note detailing the Treatment given to the Insured Person and dates of their admittance and discharge. Failure to supply this may result in delays in processing Your claim.
- h. Where requested by Us or Our Scheme Administrator, the Insured Person will obtain from their Dentist at their expense and supply to Us a copy of the Treatment plan applicable to their course of Treatment.

#### **8. Claims notification**

All claims must be notified (and supporting documentation supplied) within 60 days of the date of completion of the item of Treatment. We will not be liable in respect of any claim notified late.

#### **9. Overseas Emergency Treatment - claims procedure**

If an Insured Person requires Emergency Treatment when abroad they should obtain the Treatment required and request the invoice to be written in English and on return to the United Kingdom forward it to Denis UK Limited. Reimbursement will be in Pounds Sterling at the equivalent United Kingdom benefit scale using the exchange rate in force at the date of the claim settlement. You or the Insured Person shall be responsible for paying for the translation of receipts, claim forms or supporting documents not completed in English, and this charge shall be deducted from the value of the claim reimbursement.

#### **10. Overseas routine Preventative & Restorative Treatment - claims procedure**

If an Insured Person requires routine Preventative or Restorative Treatment when abroad they should obtain the Treatment required and request the claim form and invoice to be written in English and on return to the United Kingdom forward it to Denis UK Limited. Reimbursement will be in Pounds Sterling at the equivalent United Kingdom benefit scale using the exchange rate in force at the date of the claim settlement. You or the Insured Person shall be responsible for paying for the translation of receipts, claim forms or supporting documents not completed in English, and this charge shall be deducted from the value of the claim reimbursement.

#### **11. Accidents - claims procedure**

In the event of an Insured Person needing Treatment following an Accident or a sports injury, the Insured Person must inform Denis UK Limited within 7 days of the Accident or as soon as reasonably possible. We may require confirmation of the Accident and Treatment before agreeing to any reimbursements necessary.

#### **12. Arbitration**

When there is a dispute over the amount to be paid for a claim under this Policy, the dispute must be referred to any arbitrator to be agreed between You and Us in accordance with the law at the time. When this happens, a decision must be made before You can take any legal action against Us.

#### **13. Alteration**

We may alter any of the terms of this Policy at any Review Date. Details of the change will be advised to You in good time before Your Policy is due for renewal.

#### **14. Fraudulent or unfounded claims**

If any claim under this Policy is in any respect fraudulent or unfounded all benefit paid and/or payable in relation to that claim shall be forfeited and (if appropriate) recoverable.

#### **15. Other insurance**

If You and/or an Insured Person have other insurance covering any of the same benefits You and/or an Insured Person must disclose the relevant details of the same to Us. We will not be liable to pay or contribute more than Our rateable portion.

#### **16. Waiver**

Waiver by Us of any term or condition of this Policy will not prevent Us from relying on such terms or conditions afterwards.

#### **17. Settlement of claims**

All settlements will be issued by cheque or bank transfer to the primary Insured Person.

#### **18. Eligibility**

You, Your Partner and Child/Children/Dependant(s) will be eligible to become insured under this Policy if the following conditions are met:

- i. You, Your Partner and Child/Children/Dependant(s) are Permanent Residents in the United Kingdom;
- ii. You, Your Partner and Child/Children/Dependant(s) have been accepted for insurance cover by Us.

# Policy Overview

## Its aims

To provide one or more of the following during the Period of Cover –

- a refund of basic dental Emergency Treatment costs subject to the exclusions listed in this Policy document;
- a refund of a proportion of dental costs for You subject to the exclusions listed in this Policy document;
- a refund of a proportion of dental costs for You, Your Partner and Child/Children/Dependant(s), subject to the exclusions listed in this Policy document.

You decide at the start or renewal of this plan which of these events You want covered.

## Your commitment

- You agree to pay regular monthly contributions, by throughout the duration of the plan. If You stop Your contributions, cover and benefits will cease.
- You agree to disclose any requested information in support of Your plan. If You do not, Your cover could be affected.

## Risk factors

- Your plan is renewable annually at the Review Date. You may need to increase Your contributions when Your plan is reviewed in order to maintain Your chosen level of benefit.

## Will my contribution change during the term of my contract?

- The plan is renewable annually and the terms are set at each Review Date.

## Can my partner and children have Columbus Dental Plan cover?

- Children under 18 years of age receive free NHS Treatment, but You may wish to carry insurance for private Treatment. Your Partner and Your Dependants up to 25 years of can also be covered by this Policy; they must be on the same plan level as You have chosen for Yourself.
- All Partner and Child/Children/Dependant(s) premiums are Your responsibility and will be debited as one total amount.

## Can I cancel or amend my insurance?

- Once You have joined the scheme You cannot cancel or make any amendments to Your insurance until the next Review Date or each subsequent Review Date.

## Can I increase my level of cover?

- Yes but only on the next Review Date or each subsequent Review Date.

## When does my cover commence?

- Immediately from the Commencement Date subject any Qualifying Period.

## Are pre-existing conditions covered?

- Eligible Insured Persons will be accepted for the plan regardless of their dental fitness. Pre-existing conditions are covered subject to the exclusions, rules and Qualifying Periods detailed within this document.

## What happens if I need treatment abroad?

- Should You or Your Partner or Child/Children/Dependant(s) receive Treatment abroad, just ask for the Dentists receipt and claim documentation to be written in English and forward it to Us as a normal claim.
- Claims will be reimbursed at the Pound Sterling equivalent using the exchange rate prevailing at the date of settlement.

## What Is The Cost Of The Dental Plan?

		Type of cover			
		Single	Partner	Family	Single Parent Family
Level of cover	Pearl	£5.55	£11.10	£16.65	£11.10
	Pearl Plus	£7.25	£14.50	£21.75	£14.50
	Gold	£9.75	£19.50	£29.25	£19.50
	Gold Plus	£12.95	£25.90	£38.85	£25.90
	Platinum	£17.95	£35.90	£53.85	£35.90
	Platinum Plus	£25.95	£51.90	£77.85	£51.90

Please note that these premiums are quoted per month and are inclusive of Insurance Premium Tax at the current rate.

## Complaints Procedure

We have every reason to believe that You will be totally satisfied with Your Policy. However, should You have any concern relating to Your Policy or Our service, please write quoting the Policy number together with full details of Your complaint to:

Complaints Officer  
PTI Insurance Company Limited's Representative  
Insurance House  
Prisma Park  
Berrington Way  
Basingstoke  
Hampshire  
RG24 8GT

If You are still not satisfied You can ask the Financial Ombudsman Service (which is entirely independent) at the address below to review Your case without effecting Your right to take legal action;

The Financial Ombudsman Service  
South Quay Plaza  
183 Marsh Wall  
London, E14 9SR  
Tel: 0845 080 1800

Please note that the Financial Ombudsman Service will not consider Your complaint until You have received a final decision from PTI Insurance Company Limited.

## Compensation Arrangements

We are covered by the Financial Services Compensation Scheme (FSCS). You may be entitled to compensation from the FSCS if We cannot meet Our obligations. Insurance advising and arranging is covered at 90% of the claim, without any upper limit.

## Statement of Demands & Needs

We have not provided You with a personal recommendation or advice as to whether this Policy is suitable for Your specific needs. This product meets the demands and needs of an individual who seeks protection against the costs of dental Treatment following an Accident, Emergency Treatment, Preventative and Restorative dental Treatment.

## Applicable Law

This contract shall be governed by and construed in accordance with English Law unless:

- i. You and We agree otherwise; or
- ii. at the date of the contract You are a resident of (or, in the case of a business, the registered office or principal place of business is situated in) Scotland, Northern Ireland, Channel Islands or the Isle of Man, in which case (in the absence of agreement to the contrary) the law of that country will apply.

## Scheme Administration

The Columbus Dental Care Plan is administered by Denis UK Limited on behalf of PTI Insurance Company Limited.

## Your Right to Change Your Mind

You have 14 days from the date We receive Your application in which to change Your mind.

Here are some questions to help You decide.

Do You understand what Your Policy will do for You?

- Before completing Your Application Form You should have read the Policy Summary along with the Terms and Conditions contained within this document which details how the plan will work for You. This should answer Your questions.
- If there is anything which is still unclear please contact the Dental Team at [dental@columbusdirect.com](mailto:dental@columbusdirect.com).

If You wish to proceed with the Policy what should You do?

- Ignore this notice and do nothing with the attached cancellation form.

If You wish to cancel what should You do?

- Send the cancellation notice to Denis UK Limited at the address below.
- You must send it on or before the 14th day following the return of Your completed Application Form.

Will You lose anything by cancelling?

PTI Insurance Company Limited will repay You any money You have paid to it free of charges provided no claims have been submitted and paid during this Period of Cover. Your statutory cancellation rights remain unaffected by this condition.

# Cancellation Form

(To be returned only if You wish to cancel the agreement)

To: Columbus Dental Care Plan, Denis UK Limited, PO Box 6809, Basingstoke, RG24 4NH

I hereby give notice that I have decided not to proceed with this agreement and I require the return of any money paid to you or your agent in connection to this agreement which I am entitled to have returned.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Full name: \_\_\_\_\_  
(BLOCK CAPITALS)

Address: \_\_\_\_\_  
(BLOCK CAPITALS)

## How to contact us

### 24 hour emergency helpline

To assist you in locating a dentist anywhere in the world in the event of a dental injury or emergency.

Call: 0845 519 0139  
(in the UK)

+44 (0)845 519 0139  
(outside the UK)

### General enquiries

If you have any queries at all, please do not hesitate to contact the scheme administrator Denis UK.

Call: 0800 633 5037

E-mail: [assistance@denisuk.com](mailto:assistance@denisuk.com)

### Need help finding a dentist?

Call Denis UK who will be only too happy to help you locate a dental practice in your area through their Find-a-Dentist service.

Call: 0845 519 0139 *(in the UK)*

+44 (0)845 519 0139 *(outside the UK)*

### Continuing with your dental plan

If your company ceases to offer dental cover as an employee benefit, or if you have to leave your current company, please do not hesitate to contact us to discuss how you can continue to benefit from our services.

Call: 0845 094 0552

E-mail: [assistance@denisuk.com](mailto:assistance@denisuk.com)

### Premier Dental Implant Care

If you require the placement of a dental implant, or have an existing implant which you would like to insure against rejection or accidental damage, please contact Premier Dental Care and they will be pleased to provide details of the Premier Dental Implant Care plan.

Further details are available at:

[www.premierimplantcare.co.uk](http://www.premierimplantcare.co.uk)

Please remember to quote your member number in all correspondence.

Lines are open 09.00 to 17.00 Monday to Friday. Calls may be recorded for subsequent query.

This insurance is provided by PTI Insurance Company Limited (PTI). PTI is authorised and regulated in Gibraltar by the Financial Services Commission ([www.fsc.gi](http://www.fsc.gi)) registration number 33927. PTI are also members of the Association of British Insurers and subscribe to the Financial Ombudsman Service.