

Hampshire Police Federation Accident & Emergency Dental Policy 2014

Period of the Dental Plan: 1st December 2014 to 30th November 2015

Review Date: 1st December each year

Welcome to your Dental Plan Policy

This is Your Dental Plan Policy, please read it now, and then keep it somewhere safe.

For assistance please contact Our Dental Team on 0845 862 6565.

This insurance Policy is underwritten by Amlin Underwriting Limited.

Contents

Definitions	3 & 4
Benefits	4
Benefit Rules	5
General Exclusions	5 & 6
General Conditions	6 & 7
Policy Overview	7 & 8
Complaints Procedure	8
Compensation Arrangements	8
Statement of Demands & Needs	8
Applicable Law	9
Data Protection	9
Your Right to Change Your Mind	9

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.

Wording	Definition
Accident	Any injury caused by direct impact outside of oral cavity to an Insured Person's teeth and gums (this includes damage to dentures whilst being worn).
Child/Children/Dependant	Insured Persons who are either: Under 21 years of age at the Commencement/Review Date and permanently resident with You; or under the age of 24 years of age and who are at the Commencement/Review Date in full time education.
Claims Administrator	Denis UK Limited, P.O Box 6833, Basingstoke, RG24 4PR tel: 0800 633 5037 or visit the website www.denisglobal.com
Commencement Date	The date on which the Insured Person's cover commences.
Cosmetic Treatment	Treatment not necessary to maintain dental health and which is solely 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 X-rays	Clinically necessary radiograph of the teeth and jaws as taken at the direction of the treating Dentist.
Dentist	<u>In the United Kingdom:</u> A fully qualified dental practitioner registered with the General Dental Council or any other person properly qualified to perform the Dental Services. <u>Outside the United Kingdom :</u> A dental practitioner appropriately registered, qualified and practising in the country in which the Treatment is administered.
Emergency Dental Treatment	Dental services or supplies provided to an Insured Person, by their Dentist outside normal surgery hours or by any other Dentist whilst the Insured Person is away from home, for the immediate relief of severe pain, trauma, swelling or bleeding. This does not include the cost of subsequent rehabilitation.
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 of the Police Federation, resident in the United Kingdom of whom we have been notified and for whom the appropriate premium is paid.
Insured Person	The persons You chose to insure i.e. either "You" or "You and Your Partner" as confirmed by you to the Police Federation.
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.
Police Federation	The Police Federation collecting the premium from the Insured and from whom premium is received by Us. In the event of a claim it is understood that settlement will be made to the principal Insured Person.

*Definitions
continued.....*

Policy	This contract being Our contract with You and providing the cover as detailed in this document.
Remedial or Restorative Treatment	Dental services or supplies described in this document which are clinically necessary for the maintenance and/or restoration of the oral health of an Insured Person provided that such services are: a. provided by a Dentist; b. provided in accordance with accepted standards of dental practice; c. received by an Insured Person during a Period of Cover.
Review Date	The anniversary of the common renewal date of the Police Federation Dental Plan 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	Amlin Underwriting Limited.
You/Your	The Insured/the Insured's.

The masculine gender shall include the feminine and the singular shall include the plural and vice versa.

Benefits

Cover

The purpose of this Policy is to provide an Insured Person with Emergency Dental Treatment for the immediate relief of severe pain, trauma, swelling or bleeding as described below during the Period of Cover for Treatment by a Dentist at a dental surgery. We will pay benefits to the maximum value shown provided that such Treatment is clinically necessary and received by the Insured Person during the Period of Cover and the Insured Person complies 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 £4,000 per dental Accident subject to a maximum of 4 claims a year, up to an aggregate maximum of £16,000 in any one Period of Cover.

Worldwide Emergency Treatment

For the cost of Emergency Treatment within the United Kingdom or abroad, up to £300 per incident subject to a maximum of 4 claims per year up to an aggregate maximum of £1,200 in any one Period of Cover.

Hospital cash benefit for dental care and Treatment

If an Insured Person is admitted overnight as an in-patient to a Hospital specifically under the care of a consultant specialising in dental or maxillo-facial surgery, £50 per night subject to an aggregate maximum of £1,500 in any one Period of Cover.

Dentist call-out fees

Up to £100 per incident for up to three incidents in any 12 month period.

Oral Cancer

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

- The benefit covers the Insured Person for Treatment charges (including the Hospital cash benefit) in respect of Oral Cancer;
- The Oral Cancer must be diagnosed by a qualified doctor or Dentist (including a specialist) who is licensed to practise in the United Kingdom;
- The benefits will be paid only for Treatment received within 12 calendar months after the date of diagnosis;
- Benefits will be paid for one course of Treatment. Once there has been a claim for a course of Treatment for Oral Cancer cover ceases in respect of Oral Cancer relating to that Insured Person under the current Period of Cover and for all subsequent renewals;
- Benefit will be paid only for Treatment given by a consultant who is recognised by the NHS as a specialist in cancer Treatment by the NHS.

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

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 in FDI format.

NHS Treatment

- a) You must supply a clear, itemised NHS receipt to claim under the NHS benefit;
- b) 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. The Dentists GDC number provides this identification and must be entered on the claim form.

Children

Children and Dependants do not qualify for cover under this dental plan.

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 as a new or retiree employee, together with the Insured Persons included in Your Application Form join the dental plan after the common annual renewal date of the Police Federation Dental 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.

General Exclusions

Benefits will not be available for:

- a) any Treatment charges in excess of the aggregate maximum benefits for each 12 month period as detailed above;
- b) any fees recoverable or otherwise covered by any other insurance policies;
- c) any Treatment relating to damage or injury caused whilst participating in any contact sport when the appropriate tooth protection was not being worn;
- d) laboratory fees, except those arising as a direct consequence of a dental Accident or Treatment which is covered under the Policy;
- e) any prescription charges or associated costs for mouth-guard, gum shield or any dental appliances;
- f) self-inflicted injuries;
- g) 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;
- h) any Treatment or hospitalisation if We have not received the full relevant premium;
- i) implants, cosmetic and orthodontic treatment;
- j) damage to dentures, other than whilst being worn;
- k) reimbursement for travelling expenses or telephone calls in connection with any Treatments or charges for completing the claim form;
- l) referrals to a specialist Dentist or specialised Treatment unless the Treatment is a result of a dental Accident;
- m) wisdom tooth extraction, other than those extracted in an emergency at the Dentist's surgery;
- n) Treatments for normal wear and tear;
- o) any Treatment received for injuries not apparent within 30 days from the date of the original cause of the claim;
- p) services or supplies which are experimental in nature, or not normally supplied by a dental practice;
- q) Oral Cancer diagnosed prior to the date You and any other Insured Person joined the Plan;
- r) Oral Cancer diagnosed within 90 days of 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;
- s) Oral Cancer which is related in any way to HIV infection or AIDS;

General Exclusions continued.....

- t) any charges or consultations or tests for non-invasive tumours;
- u) Oral Cancer resulting from the chewing of tobacco products (including betel nut juice), prolonged alcohol abuse or smoking.
- v) services or supplies for the Treatment which a Dentist is unable to provide due to circumstances beyond the control of such Dentist and/or Amlin Underwriting Limited;

War and Terrorism Mass Destruction Exclusion Clause

Notwithstanding any provision to the contrary within this insurance or any endorsement thereto it is agreed that this insurance shall exclude war, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, or military or usurped power or terrorism but only as the sole result of the utilisation of nuclear, chemical or biological weapons of mass destruction howsoever these may be distributed or combined.

For the purpose of this clause:

- i) Terrorism 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. Terrorism can include, but not be limited to, the actual use of force or violence and/or the threat of such use. Furthermore, the perpetrators of terrorism can either be acting alone, or on behalf of, or in connection with any organisation(s) or governments(s).
- ii) Utilisation of nuclear weapons of mass destruction means the use of any explosive nuclear weapon or device or the emission, discharge, dispersal, release or escape of fissile material emitting a level of radioactivity capable of causing incapacitating disablement or death amongst people or animals.
- iii) Utilisation of chemical weapons of mass destruction means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing incapacitating disablement or death amongst people or animals.
- iv) Utilisation of biological weapons of mass destruction means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organism(s) and/or biologically produced toxin(s) (including genetically modified organisms and chemically synthesised toxins) which are capable of causing incapacitating disablement or death amongst people or animals.

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 for cover under this Policy.

3. Selection of Plan Benefits

The plan benefit level selected for Your Partner 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 membership Commencement Date falls 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. You shall pay monthly premiums via the Police Federation by monthly salary deduction.
- 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 insurance is included as part of a package of cover which is provided by the Police Federation that runs for the duration of the Period of Cover unless You cancel Your membership of the group insurance scheme.
- b. This insurance 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 insurance will cease in respect of Your Partner and Your future monthly premiums shall be reduced accordingly.
- d. This insurance 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 insurance at any time other than the annual Review Date because of eligible claims made in respect of an Insured Person, cover will terminate automatically if You or any Insured Person 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 insurance;
 - 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 or failed to act with utmost good faith.
- g. If We cancel the Policy We shall give You 30 days notice sent by first class post to Your last known address or to the Police Federation if we do not have Your address. If We do so You may be entitled to a proportionate refund of premium.

6. Age Limitations

The upper age allowable for cover under this plan is 75 years. Cover will cease with effect of the first plan renewal following the 75th birthday of the Insured Person.

General Conditions continued.....

7. Claims Procedure

- a. Claims must be submitted using the Dental Insurance Plan claim form which should be obtained from the Claims Administrator (see Definitions).
- 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 the Claims Administrator (see Definitions).
- 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.

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 the Claims Administrator (see Definitions). 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. Accidents – Claims Procedure

In the event of an Insured Person needing Treatment following an Accident or a sports injury, the Insured Person must inform the Claims Administrator (see Definitions) within 7 days of the Accident or as soon as reasonably possible. We may require confirmation of

11. 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.

12. 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.

13. 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 from the Insured.

14. Other Insurance

If You and/or an Insured Person have other insurance covering any of the same benefits You and/or the 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.

15. Waiver

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

16. Settlement of Claims

All settlements will be issued by cheque and made payable to the Insured Person.

17. Eligibility

You and Your Partner will be eligible to become insured under this Policy if the following conditions are met:

- i. You and Your Partner are a Permanent Resident in the United Kingdom;
- ii. You and Your Partner 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 Accident & Emergency dental costs for You subject to the exclusions listed in this Policy document; or
- A refund of a proportion of Accident & Emergency dental costs for You and Your Partner, 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.

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 Dental Plan Cover?

- Dependant Children do not qualify for cover under this dental plan.
- You may include Your Partner on the dental plan. Partner premiums are Your responsibility and will be deducted along with Your premium as one total amount.

Can I Cancel Or Amend My Insurance?

- Dental insurance is included as part of a package of cover which is provided by the Police Federation. If You would like to cancel Your membership of the group insurance scheme please contact the Police Federation.

Can I Increase My Level Of Cover?

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

When Does The Cover Commence?

- Immediately from the Commencement date subject to stated exclusions.

Are Pre-Existing Conditions Covered?

- Eligible Insured Persons will be accepted for the plan regardless of their dental fitness. All pre-existing conditions with the exception of stated Exclusions are covered.

What Is The Cost Of The Dental Plan?

	Pearl
Single Cover	£0.35
Partner Cover	£0.70

- These premiums are quoted per month and include insurance premium tax at the current rate of 6%.
- All Pearl Plan premiums are collected monthly by deduction from Your salary.

What Happens If I Need Treatment Abroad?

- Should You or Your Partner be treated abroad, just ask for the Dentist's receipt and claim documentation to be written in English and forward it to Us as a normal claim. You will be reimbursed at the Pound Sterling equivalent using the exchange rate prevailing at the date of settlement.

Complaints Procedure

If You wish to make a complaint concerning this Policy You should contact:

Robert Robinson
Amlin Underwriting Limited
St Helen's
1 Undershaft
London, EC3A 8ND

In the event that You remain dissatisfied, You can refer the matter to Policyholder and Market Assistance at Lloyd's. The contact details are:

Policyholder and Market Assistance
Lloyd's
One Lime Street
London, EC3M 7HA
Tel: 020 7327 5693
Fax: 202 7327 5225
E-mail: complaints@lloyds.com

Complaints that cannot be resolved by Policyholder and Market Assistance at Lloyd's may be referred to the Financial Ombudsman Service. Further details will be provided at the appropriate stage of the complaints process.

This complaint procedure is without prejudice to Your right to take legal proceedings.

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 Accident and Emergency 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.

Data Protection

The data controllers involved in the administration of Your Policy and claims will have access to Your personal information as well as to information about Your dental health which is regarded as Sensitive Personal Data. The data controllers are subject to the Data Protection Act of 1998 and take all precautions necessary to protect that data. Under the Act, data may be transferred between companies and outside of the EEC provided that the data controllers of companies named in the Policy abide by the provision of the Act. By agreeing to this dental cover You also provide consent to the data controllers of companies named in this Policy to handle and store any such data as may be required to manage the benefits as laid out in this Policy.

Your Right to Change Your Mind

Dental insurance is included as part of a package of cover which is provided by the Police Federation. Do You understand what Your Policy will do for You?

- Please read the Summary of Cover along with the Policy 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 on 0845 862 6565.

If You wish to cancel Your membership of the group insurance scheme what should You do?

- Please contact the Police Federation.

Will You lose anything by cancelling Your membership of the group insurance scheme?

- Amlin Underwriting Limited will not repay to You any money that You have paid to them in respect of this dental insurance up to the date of cancellation by You. Your statutory cancellation rights remain unaffected.

This insurance Policy is underwritten by Lloyd's Syndicate No 2001 managed by Amlin Underwriting Limited,
St Helen's, 1 Undershaft, London, EC3A 8ND, United Kingdom.
Amlin Underwriting is listed on the Lloyd's Register of Underwriting Agents, reference number 01901D.
Amlin Underwriting Limited is authorised and regulated by the UK Financial Conduct Authority.