

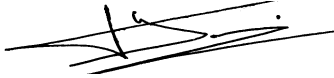
DENTAL ACCIDENT AND EMERGENCY INSURANCE/OUT OF HOURS TREATMENT INSURANCE

This policy is evidence of a contract solely between You and the Insurer (Groupama Insurance Company Limited). The Contracts (Rights of Third Parties) Act 1999 will not confer any additional rights under this policy in favour of any third party.

All information supplied to us by You or on Your behalf is deemed to be incorporated into and will form the basis of the contract between Us.

If You agree to pay the premium and any taxes due and We agree to accept them, then We agree to provide cover to You in the terms set out in this policy during the cover period.

On behalf of Groupama Insurance Company Limited



François-Xavier Boisseau

Chief Executive
Groupama Insurance Company Limited
6th Floor, One America Square
17 Crosswall, London, EC3N 2LB

The cover

In the event that You incur Treatment costs as a direct result of:

- i) Extra-oral or Intra-oral Accident or Emergency Treatment affecting Your Sound and Natural Teeth or;
- ii) Extra-oral Accident or Emergency Treatment affecting Your Denture

during Your Cover Period, We will provide compensation up to the limits of cover as specified in Section 1 – Dental Accident and Injury and Section 2 – Emergency Treatment and Out of Hours Cover as it appears in the Fees Schedule and Cover Limits subject otherwise to the policy conditions, limitations and exclusions.

Definitions

Within this policy certain words and phrases are defined and wherever they are used they will have the meanings given below.

Insured/Insured Member:	Any individual subscribing to The Dental Plan dental Treatment plan named on The Dental Plan payment statement who is a ROI resident.
You/Your:	The insured member.
Insurer/We/Us:	Groupama Insurance Company Limited
The Dental Plan:	The Dental Plan Limited, James Traill House, Thurso Enterprise Park, Thurso, Caithness, Scotland, KW14 7XW who administer on behalf of the Insurer the membership plan available from the dental practice with which You are registered.
Cover Period:	For Insured Members who pay their insurance premium annually, cover is twelve calendar months from the day the subscription has been received by The Dental Plan. For Insured Members who pay their premium monthly or as part of the practice membership plan, cover is for one calendar month after payment is received by The Dental Plan.
Dental Emergency:	A dental condition which requires urgent Treatment.
Dental Implant:	A structure permanently fixed to the jaw which supports a prosthesis.
Denture:	A full or partial set of artificial teeth fixed to a removable dental plate.
Emergency Treatment:	Treatment required as a result of a Dental Emergency when the Insured Member is unable to access their own surgery's emergency arrangements or Out of Hours or when the Insured Member is away from home.
Dental Injury:	Injury to an Insured Member's teeth and Supporting Structures (including damage to Dentures whilst being worn).
Extra-oral Accident:	A sudden, unforeseen violent direct oral impact resulting in Dental Injury, which occurs at an identifiable place and time.
Intra-oral Accident:	A dental accident caused by biting on an unexpected foreign body in food or an object not usually associated with or found in the food stuff.
Hospitalisation:	An Insured Member being admitted to a hospital for Treatment as an in-patient either wholly or partly under the care of a consultant who specialises in dental or maxillo-facial surgery as a direct result of the Insured Member suffering an extra-oral accident.
Oral Cancer:	A malignant tumour with its primary site being in the oral cavity which is characterised by the uncontrolled growth and spread of malignant cells and invasion of tissue. Oral cavity means the hard and soft palate, accessory, salivary, lymph and other gland tissue in the mucosal lining of the oral cavity and including the lips, tongue major salivary gland, gums, floor of the mouth, other and unspecified parts of the mouth, oropharynx, nasopharynx, other ill-defined sites within the lip, oral cavity and pharynx but excluding the tonsils.
Child:	Someone under 18 years of age at the time of the Dental Injury.
Out of Hours:	Treatment required as a result of a Dental Emergency occurring when dental surgeries would normally be closed.
Pre-existing Condition:	Any condition that existed prior to the commencement of the Cover Period and affecting partially or totally the Insured Member's teeth which, as a result, cannot be considered as sound and natural.
Sound and Natural Teeth:	Non-restored teeth that show no sign of being pathologically compromised, or adequately and permanently restored teeth with healthy Supporting Structures or other permanently fixed prostheses.

Supporting Structures:	Remaining elements of the tooth which are subject to a restoration and/or prosthesis.
Specialist Consultant:	A person other than You or a member of Your immediate family or an employee who is qualified as a consultant and specialises in Oral Cancer treatment or the branch of medicine to which the injury relates who is practising in the Republic of Ireland, United Kingdom, Channel Islands, Isle of Man, United States of America, Canada or European Union.
Temporary Treatment:	Emergency Treatment to provide Treatment designed to keep the Insured Member comfortable until such time as they can see their own dentist or other dentist.
Terrorism:	An act including but not limited to the use of force or violence and/or the threat (or perceived threat) thereof of any person or groups of persons, whether acting alone or on behalf of or in connection with any organisation(s) or government(s) committed for political, religious, ideological or ethnic purposes or reasons including the intention to influence any government and/or to put the public or any section of the public in fear.
Treatment:	Dental treatment carried out in accordance with the accepted and established dental practice in the ROI to restore the state of Your teeth on a like for like basis.

Limits of cover applicable to Dental Accident and Injury and Emergency Treatment and Out of Hours

1. Extra-oral Accident is covered as per the Accident Fees Schedule, to a maximum of €11,200 per incident.
2. Intra-oral Accident is covered as per the Accident Fees Schedule. Cover does not apply until 90 days after commencement of the policy.
3. Emergency Treatment is covered as per the Emergency Treatment Schedule subject to the following limits:
 - Treatment within ROI (excluding call out fee) maximum per incident - €196;
 - Treatment outside ROI (excluding call out fee) maximum per incident - €560;
 - Treatment outside ROI maximum per annum - €1,008.

Excesses

The following excesses apply on claims:

1. The first €28 of each claim in ROI (excluding Out of Hours telephone consultation);
2. The first €56 of each claim outside ROI.

Time spent abroad

This policy covers You while on holiday outside the ROI for a period of up to 45 days or if employed outside the ROI on a contract of up to 90 days duration in any 12 month period.

Emergency Treatment exclusions

We shall not be liable for Emergency Treatment administered by Your registered dental practice or any practitioner covering for the practice (except in the case of Out of Hours call out fees and telephone consultations).

General exclusions

We shall not be liable for:

1. Normal wear and tear.
2. Any Pre-existing Condition.
3. Any use of the teeth other than normal use.
4. Self-inflicted injuries.
5. Damage to Dentures occurring other than whilst being worn.
6. Damage which is not apparent within 10 days of the accident.
7. Damage not notified to Us within 30 days of the accident (or 60 days if outside ROI).
8. Costs incurred more than 12 months after the date of the injury (except in case of a Child – see General claims conditions number 6).
9. Participation in sporting activities when You fail to meet safety standards as recommended by the sports governing body, association or federation where applicable.
10. Participation in all contact sports unless appropriate mouth protection is worn.
11. Participation in sports or activities that carry a higher than average likelihood of Dental Injury where it is reasonable to expect head, face or mouth protection to be worn including, but not limited to, hockey, boxing, motor cycle racing and rugby.
12. Sports mouth guards or other removable protective appliance or removable orthodontic appliance or braces.
13. An accident whilst under the influence of alcohol or drugs.
14. Breach of civil order or peace by You or actively taking part in a public disturbance.
15. Participation in a criminal act.
16. Active participating or conspiring in war or any act thereof, invasion, acts of foreign enemy hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection or military or usurped power.
17. Participating or conspiring in any act of Terrorism not involving the use or release, or the threat thereof, of any nuclear weapon or chemical or biological agents.
18. Any act of Terrorism which involves the use or release, or the threat thereof, of any nuclear weapon or any chemical or biological agents.
19. Ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel, radioactive toxic explosive or other hazardous properties of any explosive nuclear assembly or nuclear component of such assembly.

Hospitalisation cover

If, as a direct consequence of Dental Injury, You are admitted to hospital for Treatment as an inpatient, either wholly or partly under the care of a consultant who specialises in dental or maxillo-facial surgery,

You may claim €34.00 for each overnight stay You remain hospitalised (up to a maximum of 14 nights).

Hospitalisation exclusions

1. We will not pay for any condition for which Treatment was diagnosed as necessary prior to joining The Dental Plan.
2. No payment will be made for Hospitalisation if a payment is made for Oral Cancer.
3. The benefit is not payable if subsequent Hospitalisation is required in respect of the same dental trauma.

Oral Cancer cover

If an Insured Member under the age of 75 is diagnosed as having Oral Cancer by a qualified dentist and by a Specialist Consultant, a fixed benefit will be payable of €2,800. The Insured Member must have undergone at least one dental inspection with any dentist within the previous 24 months before diagnosis.

Oral Cancer exclusions

We will not pay for:

1. Oral Cancer which first manifested itself and/or for which investigations/diagnosis have been made either prior to, or within the first 90 days of joining the dental plan.
2. Pre-malignant conditions, cancer in situ or other non-invasive conditions which are considered to have no potential for spreading from one part of the body to another.
3. Oral Cancer resulting from (i) the chewing of tobacco products or betel nuts; or (ii) prolonged alcohol abuse.
4. Oral Cancer associated in any way with HIV-related sickness including AIDS and/or any mutant derivatives or variations thereof.
5. Non-invasive cancers or benign tumours or cancers.

How to make a claim

1. Check that the cause of the claim is covered.
2. Follow the claims procedure.
3. Read the claims conditions.

Claims procedure

Request a claim form from The Dental Plan or the dental practice.

1. The Dental Plan Limited, James Traill House, Thurso Enterprise Park, Thurso, Caithness, Scotland, KW14 7XW. Telephone 00 44 1847 891329
2. Complete all necessary parts of the claim form with as much information as possible.
3. The completed claim form must be accompanied where necessary by a dental radiograph (x-ray), an invoice from the dentist for the work carried out and a receipt to show that you have paid for the work.
4. All of these documents should then be sent to The Dental Plan Limited, James Traill House, Thurso Enterprise Park, Thurso, Caithness, Scotland, KW14 7XW.
5. The Dental Plan will record the claim and then pass it to the Insurer who will deal with the claim.

Claims conditions

1. Claims for Intra-oral Accident must be apparent and a dentist consulted within 10 days of the accident.
2. A completed claim form countersigned by the treating dentist must be sent to The Dental Plan as soon as reasonably possible following the dental accident or Emergency Treatment.
3. The Dental Plan will require sight of dental radiographs (x-rays) for all accident claims before approval of the relevant Treatment.
4. You may not claim more than €196 in total unless we have previously approved a costed Treatment plan.
5. Treatments and associated fees not specified in the schedule of benefits must have our prior approval before Treatment is undertaken.

General claims conditions

The following conditions apply to all claims:

1. Claims for Intra-oral Accident must be apparent and a dentist consulted within 10 days of the accident.
2. Treatment must be started within 45 days of the accident.
3. Where Treatment involves replacing any crown, bridge, facing, veneer or Denture, benefit will be paid according to the cost of replacement of similar type and quality.
4. If implants are clinically required we will pay a benefit not exceeding the cost of the equivalent necessary bridgework as stated in the policy.
5. Claim forms must be received by us within 30 days of the incident (or 60 days if abroad).
6. Cover where the insured is a Child.

Sometimes when a Child experiences Dental Injury, the teeth may need to mature and be stabilised before Treatment can commence. The amount we will agree to pay up-front will be determined as follows:

- If the Child requires Treatment following an accident that cannot reasonably be completed within one year of the incident, then the treating dentist should provide a detailed Treatment plan. The plan must detail the Treatment required and the proposed time frame for Treatment, and should be submitted to us for consideration. If the claim is approved, then we will pay the estimated cost of the Treatment. When formulating the estimated Treatment cost, we shall not be liable for any costs in excess of the individual fee schedule and cover limits. This payment will be made in full and final settlement of the claim. No further payment will be made at the time that the Treatment is undertaken, regardless of any change in costs between the date when the payment is made and the date the Treatment is undertaken.
- In addition, we will pay the treating dentist up to €67 for compiling the detailed Treatment plan if Treatment is not scheduled to be completed within 12 months following the date of the accident.
- If the Child's Treatment is scheduled to take less than 12 months to complete from the date of the accident, then the normal claiming procedure will apply.

Fees Schedule and Cover Limits – Section 1 – Dental Accident and Injury

Treatment		Benefit up to
Diagnosis		
Examination	Per incident	€44.00
X-rays	Per incident	€31.00
Extra-oral accident		
Root canal therapy – Incisor/Canine	Per tooth	€214.00
Premolar	Per tooth	€253.00
Molar	Per tooth	€365.00
Crowns - porcelain/ceramic bonded	Per unit	€431.00
full precious metal	Per unit	€393.00
all ceramic (metal free)/porcelain jacket	Per unit	€470.00
permanent post and core	Per unit	€114.00
Porcelain veneer	Per unit	€347.00
Gold inlay	Per unit	€280.00
Bridges - porcelain bonded	Per unit	€348.00
adhesive bridge	Per unit	€251.00
Re-cement crown, veneer or inlay	Per unit	€37.00
Re-cement bridge	Per bridge	€56.00
Dentures – partial acrylic	Per denture	€280.00
full acrylic	Per denture	€336.00
cobalt/chrome	Per denture	€504.00
Temporary – Denture following loss	Per denture	€177.00
bridge following loss	Per bridge	€121.00
crown	Per tooth	€59.00
post and core	Per tooth	€69.00
Existing implants – treatment/replacement	Per tooth	€1,568.00
Other treatment – non-surgical extraction	Per tooth	€56.00
surgical extraction	Per tooth	€95.00
other necessary treatment (on approval)	Per incident	€506.00
Amalgam filling – small – 1 surface	Per tooth	€45.00
medium – 2 surfaces	Per tooth	€67.00
large – 3 surfaces	Per tooth	€84.00
Composite filling – anterior – small – 1 surface	Per tooth	€56.00
anterior – medium – 2+ surfaces	Per tooth	€90.00
posterior – small – 1 surface	Per tooth	€73.00
posterior – medium – 2 surfaces	Per tooth	€90.00
posterior – large – 3 surfaces	Per tooth	€106.00
Intra-oral accident		

Treatment non-restored tooth – per tooth	Per incident	€168.00
All other treatment – restored tooth – per tooth	Per incident	€84.00
Fixed bridge repair – per bridge	Per incident	€168.00
Re-cement crown, veneer or inlay	Per unit	€37.00
Re-cement bridge	Per bridge	€56.00

Fees Schedule and Cover Limits – Section 2 – Emergency Treatment & Out of Hours Cover

Treatment		Benefit up to
Diagnosis		
Examination and treatment of sensitivity	Per incident	€44.00
X-ray examination	Per incident	€31.00
Treatment		
Treatment to stop haemorrhage including follow-up care	Per incident	€48.00
Tooth extraction (max 2 teeth)	Per tooth	€62.00
Pulp extirpation – 1 canal	Per tooth	€75.00
2 canals	Per tooth	€86.00
3+ canals	Per tooth	€110.00
Treatment of infection	Per incident	€32.00
Investigation and dressing	First tooth	€35.00
Investigation and dressing	Additional teeth	€25.00
Re-cement crown or inlay	Per unit	€37.00
Re-cement bridge	Per bridge	€56.00
Provision of temporary bridge	Per bridge	€121.00
Provision of temporary crown	Per tooth	€59.00
Provision of temporary post and core	Per tooth	€69.00
Repair/adjust orthodontic appliance	Per appliance	€65.00
Repair Denture	Per denture	€55.00
Denture adjustment	Per denture	€28.00
Remove sutures inserted by another dentist	Per incident	€41.00

Treatment limits for Emergency Treatment

Treatment within ROI (excluding call out fee)	Per incident	€196.00
Treatment outside ROI (excluding call out fee)	Per incident	€560.00
Treatment outside ROI	Per annum	€1,008.00
Call out fee	Per incident	€134.00
Telephone consultation	One call only	€44.00

Hospitalisation Limit

Hospitalisation cover (maximum 14 nights)	Per overnight stay	€84.00
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Oral Cancer

Oral Cancer cover	One claim only	€2,800.00
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Emergency helpline provided by The Dental Plan

If You cannot access Your dentist's own emergency arrangements and You need help in obtaining emergency dental treatment, You may see a dentist of Your choice or You may call The Dental Plan helpline for assistance on 00 44 1847 891329. The helpline is available 24 hours a day, 365 days a year.

The helpline cannot guarantee that You will be seen by a dentist.

The Dental Plan and the Insurer cannot accept responsibility if, after contacting the helpline, You are unable to contact or receive Treatment from a dentist.

If You are abroad, You may visit any available dentist for emergency Treatment.

Contact details for a recommended dentist can often be obtained from Your hotel, Your holiday representative or from the Irish Embassy.

Duration of the policy

This is a monthly contract.

The policy is issued for the remainder of the calendar month in which the cover starts and will be renewed each calendar month thereafter on payment of each premium as it falls due.

Annual payments will be allocated in monthly instalments to payment of the premium. If annual payments are made, and either You or We cancel the policy, We will refund any part of Your annual payment that has not been allocated in premiums.

Payment of premiums

Premiums are collected on the 3rd day of each month (unless You pay annually).

Each premium relates to cover for the month in which it falls due and is paid.

The premium payable for the first full or part calendar month will be collected on the first available 3rd day of the month after Your agreement has been received by The Dental Plan (unless the effective date is a future calendar date, in which case the collection will be as near as possible to the effective date).

This may result in two premiums being collected in the month following the initial period.

If a premium remains unpaid by the end of the calendar month for which it is due, cover under this policy will cease (with effect from the last day of the previous calendar month).

Cancellation

We reserve the right to cancel this contract by giving You 30 days' notice to You at Your last known address. Cover ceases automatically when You cease to be an Insured Member.

Conditions

Reasonable Care – You must take all reasonable precautions to protect against Dental Injury and Oral Cancer.

Contribution – If at the time of any claim under this policy there shall be existing any other insurance against such loss or any part thereof, We will be liable under this policy for Our proportionate share only of such loss.

Fraud – A claim will not be paid if it is in any respect fraudulent or dishonest.

Arbitration – In the case of a dispute arising between Us and You over the amount payable, it will be referred to an arbitrator jointly appointed by both parties in line with the law at the time. The arbitrator's decision will be final and binding on both parties and judgement of the award made by the arbitrator may be entered in any court that has jurisdiction. The costs of arbitration will be paid by whichever party loses the arbitration. If the decision is not totally in favour of one party, the arbitrator will decide who is to pay the costs.

Law and Jurisdiction – This contract will be governed by and construed in accordance with English law and will be subject to the jurisdiction of the English courts.

Cost Recovery – We may, in Your name, try to recover from others any money We have paid out under this policy. You must give reasonable assistance at all times.

Our customer care policy

Step 1

We are committed to treating our customers fairly. However, we realise that there may be times when things go wrong. If this happens, please use the most suitable contact from the following list. Please tell us your name and your claim number or policy number and the reason for your complaint. We may record phone calls.

For complaints about claims, contact the PA & Travel Claims Centre Manager at:

PA & Travel Claims Manager, Groupama Insurances, The Nexus Building, Broadway, Letchworth Garden City, Hertfordshire, SG6 3TE

Tel: 00 44 333 633 9008

Fax: **00 44 333 633 9009**

Email: paclaims@groupama.co.uk

For complaints about policy administration and documents, contact the Personal Lines Director at:

Personal Lines Director, Groupama Insurances, 6TH Floor, One America Square, 17 Crosswall, London, EC3N 2LB

Tel: 00 44 20 8256 4700

Email: pa&travel.underwriting@groupama.co.uk

Step 2

If you are not happy with our response to your complaint, please write to our Chief Executive at:

Groupama Insurances, 6TH Floor, One America Square, 17 Crosswall, London, EC3N 2LB

Tel: 00 44 20 8256 4700

We promise to:

- acknowledge your complaint within five days of receiving it;
- have your complaint reviewed by a senior member of staff;
- tell you the name of the person managing your complaint: and
- respond in full to your complaint within 28 days. If this is not possible for any reason, we will write to you to explain why we have not been able to settle the matter quickly. We will also let you know when we will contact you again.

Step 3

Financial Ombudsman Service

If you are still not happy with our final decision, you may be able to pass your complaint to the Financial Ombudsman Service (FOS). The FOS is an independent organisation and will review your case.

Their address is:

The Financial Ombudsman Service, South Quay Plaza, 183 Marsh Wall, London, E14 9SR

Tel: **00 44 20 7964 1000**

You can visit the Financial Ombudsman Service website at www.fos.org.uk

The ombudsman's service is available to personal policyholders. Their service is also open to charities, trustees and small businesses with income or assets within defined limits. You can get more information from us or the ombudsman.

If you take any of the action mentioned above, it will not affect your right to take legal action.

Financial Services Authority

Groupama Insurance Company Limited is authorised and regulated by the Financial Services Authority. You can check their website (www.fsa.gov.uk), which includes a register of all the firms they regulate. Or you can phone them on 00 44 20 7066 1000.

Financial Services Compensation Scheme

We, Groupama Insurance Company Limited, are covered by the Financial Services Compensation Scheme (FSCS).

If we fail to carry out our responsibilities under this policy, you may be entitled to compensation from the Financial Services Compensation Scheme. Information about the scheme is available at www.fscs.org.uk or by telephone on **00 44 20 7892 7300**.

Data Protection

You should understand that we will hold and process your sensitive health and other personal data for insurance administration purposes. To do this we may pass information to third parties and other insurers. This may involve passing information to other countries including those that have limited or no data protection laws. By effecting or renewing this policy you give explicit consent to us holding and processing this data about you and you confirm that all the data you supply is accurate. Telephone calls may be recorded.

Frequently Asked Questions

1. What is covered by the Dental Accident, Emergency and Out of Hours Insurance cover?

- Damage caused to your teeth by an accident.
- Dental emergencies outside of normal surgery hours.
- Dental emergencies when you are away from home.

2. Can I claim the full cost?

Claims within the ROI are subject to an excess of €28, with the exception of a telephone consultation.

Claims for treatment outside the ROI are subject to an excess of €56.

3. What is classed as an accident?

A dental injury which is caused by an unforeseen direct impact either externally (extra-oral) or internally (intra-oral).

4. What is meant by a dental emergency?

A dental condition requiring urgent treatment for the relief of pain, arrest of haemorrhage, control of acute infection or that which causes a threat to your general health. This includes toothache as well as extra-oral and intra-oral accidents.

5. What is covered by emergency dental treatment?

Treatment required as a result of a dental emergency as set out in the Fees Schedule and Cover Limits – Section 2. This is treatment that is immediately and necessarily required to stabilise the oral condition.

6. Do I have to see my own dentist for emergency dental treatment?

No. The treatment can be carried out by any dentist. Cover applies when:

- You are at home but the incident occurs outside hours and you are unable to access emergency arrangements at your own surgery.
- You are in the ROI but away from home and cannot visit your own dentist.
- You are outside the ROI.

7. What is out of hours cover?

You are covered under this section of the policy if a dental emergency occurs outside normal hours, treatment cannot reasonably be given during normal surgery hours, and you are unable to access emergency arrangements at your own surgery.

The treatment can be carried out by any dentist, subject to the limits in Section 2 of the Fees Schedule and Cover Limits.

Out of Hours cover also allows you to claim the cost of a telephone consultation or a call out fee if the emergency occurs outside hours and you are in the ROI. Call out fees are not paid during normal surgery hours, or when a dentist is on leave as cover arrangements should be made in this circumstance.

8. What should I do if I am away from home?

If you are in the ROI you are covered for emergency dental treatment either during normal surgery hours or after hours. Treatment can be carried out by any dentist. Treatment is subject to the limits set out in Section 2 of the Fees Schedule and Cover Limits.

- ROI claims are subject of an excess of €28 (except telephone consultation).

If you are overseas you are covered for emergency dental treatment either during normal surgery hours or after hours. You may claim up to €560 per emergency incident for any necessary temporary treatment to make you comfortable until you are able to visit your regular dentist.

- Overseas claims are subject to an excess of €56.

Emergency treatment claims must be submitted to The Dental Plan within 30 days of the accident or emergency. Please keep any receipts provided by the dentist, for any amounts paid for emergency treatment and attach them to your claim form.

9. Are my teeth covered regardless of their condition?

Only teeth which are in good condition or have been adequately restored are covered under the terms of the policy. This covers your own teeth as well as any restoration of which an integral part is formed by part of the natural tooth. Teeth which are loose or in a poor condition and liable to break are not covered.

Crowns, bridges or similar false teeth attached to implants are also covered.

10. Are dentures and orthodontic appliances covered?

Removable dentures are covered for damage in the event of an extra-oral accident. This only applies whilst they are being worn.

No cover applies to removable orthodontic appliances or braces or sports mouth guards.

11. What does intra-oral mean?

It means inside the mouth. An intra-oral accident is damage caused by biting on a foreign body in food which should not be there, for example, a stone in a sandwich. If the damage is caused by eating foods which would normally contain hard objects such as nuts or bones, for example, cereal bars or chicken, the damage cannot be regarded as unforeseen and is therefore not covered by the policy.

There is no cover if damage is caused by biting on known hard foodstuffs, such as pork crackling or hard sweets. Also, if damage occurs as a result of using your teeth for a purpose for which they were not intended, for example, as a tool or a bottle opener, no cover would apply.

Cover does not apply for intra-oral accidents until 90 days after commencement of the policy.

12. How soon must I see a dentist after an accident?

Any damage must be apparent within 10 days of an accident and a claim form submitted to The Dental Plan within 30 days of the accident.

13. How soon must I start my treatment?

Treatment must be started within 45 days of the accident. In any circumstances where this may not be possible, The Dental Plan will consider the merits of each case individually.

14. How do I make a claim?

- Request a claim form either from your dentist or from The Dental Plan and complete this with as much detail as possible.
- The completed claim form must be accompanied where necessary by a dental radiograph (x-ray), an invoice from the dentist showing the work carried out and a receipt as proof of payment.
- All these documents should then be sent to The Dental Plan Limited, James Traill House, Thurso Enterprise Park, Thurso, Caithness, Scotland, KW14 7XW, who will record the claim and forward it to the insurance company, Groupama Insurance Company Limited, whose assessors will deal with the claim.
- To avoid any delay in your claim being processed please make sure that all parts of the form are completed with as much information as possible.

15. Who should I contact if I have a complaint?

If you are unhappy with the standard of service you have received from The Dental Plan, please write with details of your complaint to The Operations Director, The Dental Plan Limited, James Traill House, Thurso Enterprise Park, Thurso, Caithness, Scotland, KW14 7XW.

If you are not happy with the service you receive from Groupama Insurance Company Limited please follow the procedure detailed in the Customer Care section of the policy.