TERMS AND CONDITIONS

IMPORTANT INFORMATION
Please keep safe with your Policy Schedule and Benefit Table
This dental plan, brought to you by Get Dental Plans, is provided and underwritten by Medicash - one of oldest and largest providers of health plans in the UK.

Over the following pages, you’ll find all the information you need to know about your plan, including how to make a claim and the important terms and conditions relating to your policy. You need to read these Terms and Conditions with your policy schedule and benefit table, which together make up the policy between you, the policyholder, and us.

Please check these carefully to confirm your cover before receiving treatment or paying for goods and services for which you intend to claim. Full details of each benefit are included elsewhere in this booklet.

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IF YOU HAVE ANY QUESTIONS ABOUT YOUR POLICY OR ANY PART OF THESE TERMS AND CONDITIONS, SIMPLY CALL OUR CUSTOMER SERVICE TEAM ON 0151 702 0265.

Lines are open Monday to Thursday from 8.45am to 5pm, and Friday from 8.45am to 4pm (except bank holidays). We may record calls for training and monitoring purposes.
This dental plan is designed to provide you with cover towards the costs associated with your everyday dental care including check-ups, restorative treatments and a range of other benefits. This plan is underwritten by Medicash Health Benefits Limited.

The key features and benefits of this plan
- Four levels of cover to choose from on a single basis or jointly with your partner. We also offer a Child only plan
- Children can be covered on the 'Child' plan until their 16th birthday
- Claims can be made as soon as the plan has commenced for the 'Routine Examinations' and 'Keeping Your Teeth Healthy' benefits
- The plan offers cover for a range of other benefits, including 'Restorative Treatments' and 'Cosmetic & Preventative Care'.

The key limitations and exclusions
- This plan is only available to purchase from Medicash via Get Dental Plans Ltd (see Section 2 in the Terms and Conditions)
- To be eligible to apply for cover on the 'Adult' plans you must be aged 16-69 at the time of joining (see Section 2)
- You can apply to include your partner if they are aged 16-69 at the time of joining (see Section 2)
- Claims must be made within 26 weeks of the date that treatment was received (see Section 5)
- Qualifying periods apply before you can claim for certain benefits (see your Benefit Table)
- We will not pay claims for any treatment required as a result of participation in any professional sports, hazardous pursuits or through self inflicted injury (see Section 10)
- This plan is designed to cover you whilst in the UK. It does not cover treatments, purchases or accidents which occur outside of the UK (see Section 10)
- For claims relating to dental accidents and injury you must attend a dental accident appointment within five days of the accident or injury to be eligible to make a claim (see Section 11.3)
- We will not cover any pre-existing conditions which require treatment under the 'Restorative Treatments', 'Implant Cover' or 'Hospital Stays' benefits (see Section 11.4, 11.5 and 11.7).

Premiums
We have four tiers of cover available so that you can choose the one that best suits your needs. The benefit table shows the key areas that our policy covers and the maximum we will pay when settling a claim. Premiums include Insurance Premium Tax (IPT). Medicash review premiums periodically, however, if we do make changes, we will give you at least 28 days notice of this.

Making a claim
If you wish to make a claim simply download a claim form at www.medicash.org/getdentalplans or alternatively call 0151 702 0265. Full details of how to claim are included in Section 5.

Duration of cover and cancellation
Your policy will be automatically renewed on a monthly basis provided that you continue to pay your premiums to Medicash and comply with the Terms and Conditions of the plan. You have the right to cancel your plan or any application to upgrade your level of cover during the 14 day cooling off period. If you decide to change your mind during this period you should contact us on 0151 702 0203. Provided that you have not made a claim, or intend to make a claim, we will refund all or the amended portion of the premiums that you have paid.
After the expiry of the cooling off period you can cancel your policy at any time, however you will not be entitled to a refund, except for any premiums paid beyond the date your cover ceased.

Full details of how to cancel your policy are included in Section 7. Please note, Medicash reserve the right to decline future applications to upgrade your cover or to rejoin the plan. If you cancel your policy with us, we will refund any premiums you have paid for any period to come. However, we may deduct a £25 administration charge.

**If you wish to complain**

We are committed to providing the best possible service to our members. If for any reason you are dissatisfied with the service provided to you, or if you feel that an incorrect decision has been made, please contact us. In the event you are unhappy with our response to your complaint you can refer your complaint to the Financial Ombudsman Service for consideration. Full details can be found in Section 8. This policy is governed by English Law and the English courts shall have jurisdiction in any legal proceedings.

**Compensation**

Medicash is covered by the Financial Services Compensation Scheme (FSCS). If Medicash cannot meet our responsibilities, you may be entitled to compensation from the scheme. Further information is available by writing to FSCS, 10th Floor, Beaufort House, 15 St Botolph Street, London EC3A 7QU or via the FSCS website at www.fscs.org.uk

This policy summary provides only a brief outline of the main features of the plan and must be read in conjunction with the full Terms and Conditions, your benefit table and policy schedule.
The benefit allowances shown above are the maximum amounts which can be claimed per benefit year by each adult and child covered on this plan. Children can be covered on the Child plan up to their 16th birthday, after which they must purchase their own adult plan.

◆ Half of the total Restorative Treatments benefit can be claimed for crowns, bridges, root canals and periodontal treatments each year, provided that this has not already been claimed towards the cost of fillings, extractions and dentures.

▲ Cosmetic whitening is limited to treatments performed by a dentist.

This plan is available to purchase through Get Dental Plans Ltd, but is provided and underwritten by Medicash Health Benefits Ltd.
1. DEFINITIONS

Defined words are highlighted throughout this policy booklet in bold print. The explanation of the defined words is listed below and they have the same meaning wherever they appear in the policy.

**Accident** – A sudden and unexpected incident that happens by chance and which causes a significant dental injury that requires medical or dental attention.

**Benefit** – This is the type of cover that we provide and the amount that we will pay you for each type of cover.

**Benefit date** – This is the date shown in your policy schedule and is the first date from which you are able to make a claim.

**Benefit table** – This is the table that shows the maximum amount that we will pay you for each type of cover for each benefit period.

**Benefit period** – This is the period of time that you can claim up to the maximum amount of benefit, as shown in the benefit table.

**Child or children** – Dependent children under the age of 16 born to you or your partner, legally adopted by you or your partner or for which you or your partner are the legal guardian.

**Clinically necessary** – Treatment that is received to treat a disease or replace defective or worn dental work in order to maintain or improve your level of oral health as recommended by your dentist.

**Cosmetic or aesthetic treatment** – This is any dental treatment you receive to change your appearance, and that is not clinically necessary. This includes the replacement of silver-coloured fillings with white fillings if they have not become worn or defective.

**Dangerous activities and sports** – This includes but is not limited to boxing and other contact sports, canyoning, gorge walking, hang-gliding, high diving, horse riding or jumping, ice hockey, martial arts, microlighting, mountain boarding, parasailing, polo, rock climbing or riding/driving in any kind of race.

**Daycase** – A patient who is admitted to hospital or day patient unit because they need a period of medically supervised treatment, but does not occupy a bed overnight.

**Dental Treatment** – This is any dental work undertaken within your mouth, including your teeth and gums, which are covered under this policy. Treatment will usually last from the date you receive your first treatment to the date you have your final treatment.

**Dentist** – This is any dental practitioner who is registered as a dentist and holds a current licence with the General Dental Council in the UK at the time you received your dental treatment. They cannot be a member of your immediate family or employed by any business that you own or are a named director of.
GP – A General Practitioner (GP) who is registered and holding a current licence with the General Medical Council to practice medicine in the UK at the time of your treatment or appointment.

Inpatient – This is when you stay in hospital for one or more nights in order to receive dental treatment or for a continuation of dental care. You must have been allocated your own bed for each night of your inpatient stay.

Our, us or we – Medicash Health Benefits Ltd, One Derby Square, Liverpool L2 1AB. A company limited by guarantee, registered in England (number 258025), is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority.

Outpatient – This is any dental care in an NHS, private hospital or recognised treatment centre that does not require an overnight stay.

Partner – Your husband, wife or partner who lives with you on a permanent basis, regardless of gender.

Policy – This is our contract of insurance with the policyholder, in which we provide the cover as explained in the policy schedule, the benefit table and these Terms and Conditions.

Policyholder – This is the first person named in the policy schedule who is responsible for any premiums due and will usually receive any benefits we pay. We will write to this individual in connection with all correspondence. You agree by taking out this policy that this individual can receive these communications; that these may contain health information relating to anyone covered on the policy; and information related to their claims.

Policy schedule – This is the document that shows the date your policy started, the level of cover you have chosen, the people covered under the policy and any qualifying periods that apply.

Pre-existing conditions – This is any condition which you had experienced symptoms of, or knew about prior to taking out this policy. It also includes any dental treatments which were planned or recommended in the 12 months before joining this plan. If you have not had a dental examination in the 12 months prior to joining this plan, then any dental treatments identified, recommended or undertaken at your first dental examination will be classed as a pre-existing condition.

Premiums – These are the payments made for your policy.

Professional sports – This is any sport for which you receive payment or non-charitable sponsorship.

Qualifying periods – This is the period of time between the date that you commenced your policy and the benefit date, as shown in your policy schedule. You must continue to pay your premiums during this period, but you are not able to make any claims against these benefits.

Self inflicted injuries – This is when you need treatment for an injury you have caused to yourself. This includes misusing drugs, alcohol, solvents or other addictive substances, and self-abuse.
Specialist Consultant – A Specialist Consultant who is registered on the General Medical Council on their Specialist Register or on the General Dental Council Specialist Register.

United Kingdom (UK) – The UK includes England, Wales, Scotland and Northern Ireland only. The Channel Islands and the Isle of Man are excluded from cover on this plan.

You or your – This is you, the policyholder, and your partner and dependent children where covered.

2. BECOMING A POLICYHOLDER / WHO CAN HAVE COVER

2.1 This plan is only available to purchase from Medicash via Get Dental Plans Ltd and covers you, your partner or your dependent children, for a range of dental treatments undertaken within the UK.

2.2 We, like any responsible insurer, reserve the right to decline an application for a policy or request to upgrade cover. If your application is not accepted we will refund any premium that you have paid for the cover that we have declined to offer.

2.3 If you, your partner or any dependent children covered on this plan have not been to the dentist in the 12 months prior to the start date of your plan, then any dental treatments identified, recommended or undertaken at your first dental examination will be classed as a pre-existing condition and will not be covered. This does not affect the 'Routine Examinations' and 'Keeping Your Teeth Healthy' benefits.

2.4 You, your partner and any dependent children covered by this plan must be UK residents and we will not accept PO Box or Care of addresses.

2.5 Your policy schedule shows when your policy commenced, who is covered and the date from which you are able to make claims.

2.6 If you elect to increase your level of cover we will not cover any dental treatments at the higher rate for which you have already started treatment, or which have been identified as being clinically necessary by your dentist prior to your application to increase your level of cover has been accepted. We will also not cover any dental treatments at the higher rate which are identified as being clinically necessary during the qualifying periods set out in your benefit table. These will be covered at your previous level of cover if applicable.

2.7 We will send you a new policy schedule after an amendment to your level of cover. The date of the amendment and benefit date of any amendment will be detailed in the policy schedule.

2.8 If you elect to change your level of cover, we will take into account your previous claims when we calculate your revised allowances for the remainder of the benefit period.

2.9 If you reduce your level of cover, we will pay all benefits at the lower rate from the date of the change.

2.10 You must satisfy yourself that this plan and the level of cover you have selected are right for you. We will not provide advice in this regard but you are free to seek information or advice from a professional advisor.

2.11 Your policy contains a 14 day cooling off period from the date we accept your application to join or increase your level of cover. If you decide to change your mind during this cooling off period you should contact us on 0151 702 0203. Provided that you have not made, or intend to make a claim, we will refund your first payment in full, or the difference in premiums if upgrading your level of cover.
2.12 The **policyholder** and we have legal rights under the **policy**. No clause or term of this **policy** will be enforceable, by virtue of the contract (Rights of Third Parties Act 1999) or any other person, including any family member.

2.13 When **you** give **us** information about your family members, we will take this as confirmation that **you** have their explicit consent to do so.

3. PREMIUMS

3.1 **Your** cover will continue on condition that the **premium** is paid when due and **you** continue to abide by the Terms and Conditions of the plan.

3.2 **Premiums** include Insurance Premium Tax and are subject to review in respect of any changes in taxation or claims experience.

3.3 If **premiums** are not kept up to date, we may cancel **your policy** and your cover may cease. We will not pay any claims relating to a treatment which occurs after the **date** your policy is paid up to.

3.4 We reserve the right to deduct any **premiums** due to **us** from any **benefits** payable to **you**.

3.5 This is a monthly renewable contract that remains in force if **you** continue to pay **your premiums** when due. Renewal is automatic and binding and no renewal papers or other forms of notification will be issued.

4. REFUND OF PREMIUMS

4.1 We will only refund **your premiums** if:
   i. **you** cancel **your policy** within 14 days of joining or amending **your** cover, and **you** have not made a claim;
   ii. **you** have paid **your premiums** in advance and **you** have correctly notified **us** that **you** wish to cancel **your policy**;
   iii. **you** have notified **us** that **you** have paid too much; or
   iv. in the unfortunate event that **you** die.

4.2 If **you** cancel **your policy** with **us**, we will refund any **premiums you** have paid for any period to come. However, we may deduct a £25 administration charge.

4.3 If **you** have overpaid **us**, we may deduct this from **your** future **premiums**. Or, if **you** ask **us** to, we will pay **you** a refund if **you** have overpaid **us** by more than £25.

4.4 We will only refund **premiums** to the originating source.

4.5 We will not refund any overpayments of **premiums** for periods that are more than six years prior to the date of request.

4.6 We will only refund bank charges that **you** have had to pay because of **our** error. We will not refund any bank interest **you** may have lost.

5. CLAIMS

5.1 To receive any of the **benefits** under **your policy**, **you** must complete and sign a claim form. **You** must use the claim form we provide. **You** can download a claim form via our website at [www.medicash.org/getdentalplans](http://www.medicash.org/getdentalplans) or **you** can request a claim form by phoning **us** on 0151 702 0265.
5.2 You must give us the information or proof we need to support your claim, as explained in Sections 5 and 11. We will not be able to pay your claim if you do not have enough supporting evidence. If you have any questions about a claim, including whether or not you are eligible to make a claim, please phone us on 0151 702 0265.

5.3 We will not pay any charges you may have to pay to fill in a claim form, or charges for any medical or dental information you need to support your claim. You are responsible for paying these charges.

5.4 Whenever you claim, we may ask your dentist, GP or Specialist Consultant for more information to confirm whether the dental treatment is related to a pre-existing condition or was identified during your qualifying period. If we need to look at your dental history we will need some time to do this before we can confirm whether or not we can cover your claim.

5.5 Where we need access to your dental records, refusal to release these could result in your claim being declined.

5.6 For benefits where we require a receipt in order to pay a claim you must pay for the treatment in full before you can make the claim. We will not pay for any element of your receipt paid for using gift cards, vouchers (including vouchers from third party discount sites), or loyalty and reward points.

5.7 We will not pay your claim unless it is received within 26 weeks of the following:
   i you have fully paid for your treatment; or
   ii you received treatment or finished a course of treatment.

5.8 All receipts must be fully paid originals and should show:
   i the name, address and qualifications of the practitioner who provided your treatment;
   ii the date of the treatment;
   iii the name and address of the person who received the treatment; and
   iv a breakdown and description of the treatment.
   We do not accept joint receipts, photocopies, credit card or debit card receipts, receipts without showing details of the treatment received, or estimates for treatments to be received.

5.9 The benefit period in which a claim is paid is determined by:
   i the date you had the treatment; or
   ii the date of your accident or injury.

5.10 We will not pay your claim:
   i if the date of your treatment is after the date that your policy is paid up to;
   ii if you have paid in advance for your treatment, but the treatment has not yet taken place; or
   iii if you are breaking the Terms and Conditions of your policy.

5.11 If your claim is also covered by another insurance policy, we will not pay more than our proportionate share, which cannot be more than the total cost of the treatment or receipt. When you make a claim you must tell us about any other cover you have, and you must give us permission to contact the other insurance company.

5.12 If you have more than one insurance policy with us or another insurer, you cannot claim for more than 100% of the cost of your treatment or receipt.

5.13 To protect all of our policyholders, we will take action against anyone who makes a false or fraudulent claim or deliberately provides misleading information. Such action includes, but is not limited to, refusal to accept liability to pay a claim, termination of your policy without refund, or legal action.
Subrogation clauses

5.14 If you are claiming for benefits that relate to an injury or condition caused by another person, they may be liable to pay some of the costs of your claim. If this is the case:

i you should tell us as quickly as possible if you believe a third party caused the injury or condition, or if you believe they were at fault. If we need further information we may contact you or the third party;

ii we will pay our proper share of the claim and recover what we pay from the third party;

iii you must include all amounts (including interest) paid by us in respect of the injuries in your claim against the third party;

iv you (or your solicitors) must keep us fully informed about the progress of your claim and any action against the third party or any pre-action matters;

v you (or your solicitors) must keep us informed of the outcome of any action or settlement (providing us with access to the details of any such settlement);

vi should you successfully recover any monies from the third party they should be repaid directly to us within 21 days of receipt on the following basis:

– if the third party settles in full, you must repay our outlay in full; or

– if the third party pays you a percentage of your claim for damages, you must repay us the same percentage of our payment to you; or

– if your claim is repaid as part of a global settlement (where our outlay is not individually identified), you must repay us the same proportion that the global settlement is of your total claim for damages against the third party.

5.15 If you do not repay to us we will be entitled to recover the same from you.

5.16 The rights and remedies in these subrogation clauses are in addition to and not instead of the rights or remedies provided by law.

6. BENEFIT PAYMENTS

6.1 The type of cover that we provide and the amount that we will pay you for each type of cover are known as benefits, and are detailed in the benefit table.

6.2 The amounts shown in the benefit table are the maximum amounts that you can claim for each benefit in any one benefit period.

6.3 We pay your benefits in British pounds sterling direct into your bank or building society account, or by cheque to the last address supplied to us. If you want to arrange for us to pay another person, you will have to write to us at the time you make your claim.

6.4 We reserve the right to recover any overpayments made to you either directly, or by adjusting any future benefit payments made to you.

7. CANCELLATION AND TERMINATION

7.1 You may cancel your policy at any time. If you cancel within 14 days of joining or amending your policy, as long as you have not made a claim, we will refund all or the amended portion of the premiums that you have paid to us.

7.2 We have the right to cancel your policy at any time. We will give you at least 28 days written notice of this. However, if we think that you have committed fraud, we will cancel
your policy from the date of the fraudulent act without refund and may take legal action or contact the police.

7.3 We will end all of the cover and benefits of your policy automatically if:
   i you cancel your policy;
   ii we cancel your policy;
   iii in the unfortunate event of your death; or
   iv your premiums are not kept up to date.

8. YOUR RIGHTS – DATA PROTECTION, COMPLAINTS AND COMPENSATION

Data protection
8.1 For the purposes of the Data Protection Act 2018 (the Act) we are the Data Controller in relation to any personal data you provide to us. We adhere to the Act and shall respect your rights under the Act.
8.2 Under the principles of the Act, we will endeavour to make sure that your personal or sensitive information held by us is:
   i processed fairly and lawfully;
   ii processed for specified and lawful purposes;
   iii adequate, relevant and not excessive;
   iv accurate and kept up to date;
   v kept for no longer than is necessary;
   vi kept secure.
8.3 We will treat any sensitive and medical information we receive with the strictest confidence.
8.4 When you take out your policy, you agree that the information provided to us, either directly, or via your appointed representative, together with any further information concerning your policy, can be used by us for the purpose of providing you with the benefits for which you have applied and for maintaining your records. This will include the recording and monitoring of sensitive personal data such as data relating to health and medical conditions.
8.5 If you choose to add a partner to your policy, you must have their explicit consent to do so and that they agree to us using their information for the purposes of administering the policy.
8.6 Claims for children can only be submitted by the main policyholder, or their partner when covered on the policy. It is your responsibility to ensure that you have their explicit consent before submitting any claim on their behalf if they are aged 16 or over.
8.7 We may pass your information, and that of anyone else covered on your policy, to selected service partners for claims. Under the Act you have the right to object to your data being passed on for this purpose, but this may result in us being unable to provide all of your benefits or validate your claim. Where this occurs, we will not offer any reduction in premiums or refund for any claims that cannot be paid.
8.8 We maintain the highest standards of data security to protect your personal information, including data encryption and security procedures, like checking your identity when you call.
8.9 We may share your data with other relevant organisations when we set up and administer your policy, to check claims, to prevent fraud and to identify money laundering. If you object to this we will not be able to process your application and therefore will not be able to accept your application for a policy.
8.10 We will keep you informed about any changes to your policy and claims progress using the contact preferences supplied at the time of joining or as subsequently updated by you.

8.11 From time to time we may send you information about our other products and services or offers that we feel may be of interest to you. You can choose how we contact you regarding these offers and opt-out at any time. You can update your contact preferences by contacting us via phone, email or in writing.

8.12 You have the Right of Access to any information that we hold about you. To request a copy of this, please write to The Data Protection Officer, Medicash, One Derby Square, Liverpool L2 1AB. If any of your data is incorrect you can ask us to rectify this. To help us keep your policy up to date, please ensure you inform us when you move house or change your contact details such as telephone number or email.

8.13 You also have the Right of Erasure and the Right to Object under the Act. Where possible we will accommodate your request to have any data relating to you erased or to stop processing it in the manner requested, but please note that this could prevent us from processing your application for cover or having to cancel your policy. We keep information in line with the retention policy of our organisation. These retention periods take into account our needs to meet any legal, statutory and regulatory obligations and vary from one piece of information to the next. If you would like your data, or any part of it, restricting or erased please submit your request in writing to The Data Protection Officer, Medicash, One Derby Square, Liverpool L2 1AB.

8.14 You have the Right to Data Portability and where requested we will supply you with a copy of the data we hold on you electronically in a format that you can then share with another organisation.

8.15 Any information supplied about you is subject to our Privacy Policy, a copy of which can be found at www.medicash.org/privacypolicy

Complaints

8.16 If you are not happy with any part of our service, send the full details of your complaint to the Head of Customer Operations, Medicash, One Derby Square, Liverpool L2 1AB. We will endeavour to respond to you within five working days and will detail our complaints procedure.

8.17 If you are not satisfied with our response, you can take your complaint to the Financial Ombudsman Service, Exchange Tower, London E14 9SR. Alternatively telephone 0800 023 4567 or 0300 123 9123; or visit www.financial-ombudsman.org.uk.

Compensation

8.18 We are covered by the Financial Services Compensation Scheme (FSCS). If we cannot meet our responsibilities, you may be entitled to compensation from the scheme. This depends on the type of insurance you have and the circumstances of your claim. For more information about the compensation scheme, visit the FSCS website at www.fscs.org.uk, or write to FSCS, PO Box 300, Mitcheldean GL11 1DY.
9. OUR RIGHTS – HOW WE PROTECT OUR POLICYHOLDERS

9.1 We have the right to change your policy at any time. If we make changes, we will write to you and give you at least 28 days notice of any change.

9.2 We will notify you of any changes by writing to you at the last address supplied to us. We will not be responsible if, for any reason, you do not receive the notice we send you. If you have selected to have your communications from us sent via email, we will use the last email address supplied to us.

9.3 We have the right to cancel your policy and refuse any claims you make if you or anyone acting for you:
   i. makes a claim under the policy, knowing the claim is false or exaggerated in any way;
   ii. makes a statement to support a claim, knowing the statement is false;
   iii. sends us evidence to support a claim, knowing the documentation is false; or
   iv. makes a claim for any injury or accident that you or they have caused deliberately.

9.4 To detect and prevent fraud or improper claims we may check your details with fraud protection agencies. If we reasonably suspect fraud we will record and investigate this, including working with other organisations and other insurers to pool information about applications or claims which are believed to be fraudulent.

9.5 The terms of this policy are governed by English Law. In the event of a dispute arising under this policy the parties will submit to the exclusive jurisdiction of the courts of England and Wales. All communications must be made in English. We can provide communications in alternative formats upon request such as large print or audio.

10. GENERAL EXCLUSIONS

As with most other dental plans, there are a number of general exclusions which apply to all benefits on the plan. These are outlined below.

<table>
<thead>
<tr>
<th>WHAT WE DO NOT COVER ON ANY BENEFIT</th>
</tr>
</thead>
<tbody>
<tr>
<td>✚ Any dental treatments, purchases or accidents which occur outside the UK</td>
</tr>
<tr>
<td>✚ Consumables, including but not limited to toothbrushes, dental floss, mouth wash, bleaching agents or any other dental hygiene product</td>
</tr>
<tr>
<td>✚ Any claim which is not received within 26 weeks of the date of the dental treatment or you are discharged from hospital</td>
</tr>
<tr>
<td>✚ Charges for missed appointments</td>
</tr>
<tr>
<td>✚ Any dental treatments or services which are provided by a member of your immediate family or any business that you own or are a named director of</td>
</tr>
<tr>
<td>✚ Any dental treatments that are required as a result of your participation in professional sports</td>
</tr>
<tr>
<td>✚ Any dental treatments that are required as a result of your participation in non-professional sports where the appropriate mouth and/or head protection has not been worn</td>
</tr>
<tr>
<td>✚ If you, your partner or any dependent children covered on this plan have not been to the dentist in the 12 months prior to the start date of your plan, then any dental treatments identified, recommended or undertaken at your first dental examination will be classed as a pre-existing condition and will not be covered. This does not affect the 'Routine Examinations' and 'Keeping Your Teeth Healthy' benefits.</td>
</tr>
</tbody>
</table>
**11. BENEFIT RULES**

**11.1 Routine Examinations**

i. **We** will pay the amount **you** have paid to a registered member of the General Dental Council, up to a maximum in any one **benefit period**, for check-ups, routine investigations and exams, plus x-rays. The maximum **benefit** amount applicable to **your** level of cover is shown in **your benefit table**.

ii. To deal with **your** claim, **we** need an original dated receipt as set out in Section 5 of these Terms and Conditions.

**WHAT WE COVER**

- Dental check-ups
- Routine investigations and examinations
- Dental x-rays
- Dental CT, CAT or CBCT scans.

**WHAT WE DO NOT COVER**

- Our general exclusions as set out in Section 10
- Dental care contracts or dental care plan fees
- Prescription charges or fees for tablets and medicines, for example antibiotics or pain killers
- Any procedures or **dental treatments**, these are covered elsewhere within this **policy**.

**11.2 Keeping Your Teeth Healthy**

i. **We** will pay the amount **you** have paid to a registered member of the General Dental Council, up to a maximum in any one **benefit period**, for a scale and polish or other hygienist fees in order to maintain **your** level of oral health. The maximum **benefit** amount applicable to **your** level of cover is shown in **your benefit table**.

ii. To deal with **your** claim, **we** need an original dated receipt as set out in Section 5 of these Terms and Conditions.

**WHAT WE COVER**

- A scale and polish completed by a **dentist**, dental hygienist or other dental care professional
- Other hygienist fees required in order to maintain **your** oral health, for example the application of anti-bacterial gels
- The cost of local anaesthetic required for this **dental treatment**.

**WHAT WE DO NOT COVER**

- **Our** general exclusions as set out in Section 10
- Dental care contracts or dental care plan fees
- Fissure sealants and fluoride treatments, these are covered under the 'Cosmetic & Preventative Care' **benefit**
- The cost of hypnosis or sedation.
11.3 Dental Accidents and Injury
Cover for dental treatment required as a result of an accident or injury. You can only claim this benefit if you have attended a dental accident appointment within five days of the accident or injury.

i  We will pay the amount you have paid to a registered member of the General Dental Council or Specialist Consultant, up to a maximum in any one benefit period, within your chosen premium level. The maximum benefit amount applicable to your level of cover is shown in your benefit table.

ii A dental accident is classed as an injury caused to your teeth and gums by a direct impact to the outside of the oral cavity. This includes damage to dentures whilst being worn.

iii Your claim must be supported by proof of treatment detailing the dates and costs of each individual treatment or, in the case of NHS dental treatment, each course of treatment. The proof must be an official document issued by the treating practice.

iv Medicash require the following information from your dentist in order to process the claim:
- Date of the accident;
- Full report of the incident and all dental injuries sustained;
- The treatment plan;
- The date that the treatment or episode of treatment will start and finish;
- The name of the dentist, dental consultant, Specialist Consultant or Surgeon responsible for the treatment if applicable;
- Detailed treatment costs.

Cover is limited to the treatment described in the treatment plan.

v Medicash may ask for extra evidence to show how the injury was sustained, evidence that the injury is not as a result of periodontal disease, or evidence that if the injuries resulted from sporting activities that the appropriate mouth guards were worn.

<table>
<thead>
<tr>
<th>WHAT WE COVER</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ Dental treatment relating to an accident or injury if there has been a dental accident appointment within five days of the accident or injury</td>
</tr>
<tr>
<td>✓ The cost of local anaesthetic required for this dental treatment</td>
</tr>
<tr>
<td>✓ The cost of dentures and repairs to dentures resulting from the accident or injury</td>
</tr>
<tr>
<td>✓ Replacement veneers, implants, dentures and orthodontics resulting from an accident or injury.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>WHAT WE DO NOT COVER</th>
</tr>
</thead>
<tbody>
<tr>
<td>✗ Our general exclusions as set out in Section 10</td>
</tr>
<tr>
<td>✗ Injuries that existed before you took out the plan</td>
</tr>
<tr>
<td>✗ Any dental treatment which is not clinically necessary</td>
</tr>
<tr>
<td>✗ Accidents and injuries which occur during your qualifying period for this benefit as outlined in your benefit table</td>
</tr>
<tr>
<td>✗ Injuries caused by food ingestion</td>
</tr>
<tr>
<td>✗ Injuries caused other than by a direct impact to the outside of the oral cavity</td>
</tr>
<tr>
<td>✗ Injuries caused as a result of a road traffic incident or collision where you were not suitably restrained and/or using the appropriate protection, for example a seat belt or helmet, or for which you are later convicted of a criminal offence</td>
</tr>
<tr>
<td>✗ Damage to dentures not being worn</td>
</tr>
<tr>
<td>✗ Dental treatment relating to periodontal disease, this is covered under the 'Restorative Treatments' benefit</td>
</tr>
</tbody>
</table>
What we cover

✓ Fillings, including inlays and onlays
✓ Extractions
✓ The cost of new dentures
✓ Repairs to dentures
✓ Dental crowns and bridges
✓ Dental crowns, bridges or attachments to a dental implant
✓ Root Canals
✓ Periodontal Treatments, including root planing, flap or pocket reduction surgery, bone grafts, soft tissue grafts or guided tissue regeneration
✓ The cost of local anaesthetic required for these dental treatments
✓ Study casts and wax-ups.

11.4 Restorative Treatments

i We will pay the amount you have paid to a registered member of the General Dental Council, up to a maximum in any one benefit period, for clinically necessary restorative dental treatments. The maximum benefit amount applicable to your level of cover is shown in your benefit table.

ii We will pay up to half of your restorative treatments allowance towards the cost of crowns, bridges, root canals and periodontal treatments in each benefit period.

iii To deal with your claim, we need an original dated receipt as set out in Section 5 of these Terms and Conditions.

What we do not cover

✘ Our general exclusions as set out in Section 10
✘ Any dental treatments which are not clinically necessary
✘ Any dental treatments undertaken during your qualifying period for this benefit as outlined in your benefit table
✘ Any bone surgery or laser treatments recommended as part of your periodontal treatment plan
✘ Prescription charges or fees for tablets and medicines, for example antibiotics or pain killers
✘ Dental care contracts or dental care plan fees
✘ Dental x-rays and scans needed to carry out the dental treatment, these are covered under the 'Routine Examinations' benefit
✘ Replacement dentures if the existing denture can be repaired according to accepted dental standards
✘ Costs that relate to replacement dentures where the original denture was fitted in the last three years
✘ Fissure sealants and fluoride treatments, these are covered under the 'Cosmetic & Preventative Care' benefit
✘ Pre-existing conditions
✘ Appliances needed to treat teeth grinding or wear, such as mouth guards. These are covered under the 'Cosmetic & Preventative Care' benefit
✘ The cost of hypnosis or sedation.
11.5 Implant Cover

i We will pay the amount you have paid to a registered member of the General Dental Council, up to a maximum in any one benefit period, for clinically necessary implants. The maximum benefit amount applicable to your level of cover is shown in your benefit table.

ii To deal with your claim, we need an original dated receipt as set out in Section 5 of these Terms and Conditions.

### WHAT WE COVER

✓ Dental treatment relating the installation of a dental implant and its abutment
✓ The cost of local anaesthetic required for these dental treatments
✓ Dental surgical stents.

### WHAT WE DO NOT COVER

✘ Our general exclusions as set out in Section 10
✘ Implants that are not clinically necessary and are being fitted for cosmetic purposes only
✘ The cost of crowns, bridges, dentures or any other items that will be fitted to the finished implant, these are covered under the 'Restorative Treatments' benefit
✘ Extractions necessary for the fitting of an implant, these are covered under the 'Restorative Treatments' benefit
✘ Dental Treatment for dental implants relating to the failure of an implant to integrate
✘ Any dental treatments undertaken during your qualifying period for this benefit as outlined in your benefit table
✘ Breakdown of Osseointegration
✘ Peri-implantitis
✘ Prescription charges or fees for tablets and medicines, for example antibiotics or pain killers
✘ Dental x-rays and scans needed to carry out the dental treatment, these are covered under the 'Routine Examinations' benefit
✘ Pre-existing conditions and gaps that existed prior to the start of your policy
✘ The cost of hypnosis or sedation.

11.6 Cosmetic & Preventative Care

i We will pay the amount you have paid to a registered member of the General Dental Council, up to a maximum in any one benefit period, for cosmetic and preventative care. The maximum benefit amount applicable to your level of cover is shown in your benefit table.

ii To deal with your claim, we need an original dated receipt as set out in Section 5 of these Terms and Conditions.

### WHAT WE COVER

✓ Cosmetic whitening undertaken by a dentist
✓ Braces provided by a dentist or orthodontist
✓ Fissure sealants and fluoride treatments
✓ Gum shields for use in sports
✓ Mouth guards to protect against teeth grinding.
WHAT WE DO NOT COVER

✗ Our general exclusions as set out in Section 10
✗ Prescription charges or fees for tablets and medicines, for example antibiotics or painkillers
✗ Dental x-rays and scans needed to carry out the dental treatment, these are covered under the ‘Routine Examinations’ benefit.

WHAT WE COVER

 ✓ When you are admitted to hospital for a period of dental treatment or continuation of an ongoing dental condition
 ✓ Dental extractions, including the extraction of wisdom teeth, where you are admitted to hospital as an inpatient for at least one night.

WHAT WE DO NOT COVER

✗ Our general exclusions as set out in Section 10
✗ Any dental treatments requiring a hospital stay during your qualifying period for this benefit as outlined in your benefit table
✗ Dental treatment in a hospital where you have not been admitted as an inpatient
✗ Any time spent within the Accident and Emergency Department, prior to being admitted as an inpatient
✗ Pre-existing conditions
✗ Outpatient appointments
✗ Any inpatient stay that is in relation to cosmetic dentistry procedure.

11.7 Hospital Stays

i We will pay the amount shown in your benefit table for each night you stay in hospital under the care of a consultant specialising in dental or oral surgery, up to a maximum in any one benefit period. The maximum benefit amount applicable to your level of cover is shown in your benefit table.

ii Your inpatient stay must have been referred by a dentist, dental consultant, Specialist Consultant, GP or Accident and Emergency Department and relate to a dental condition.

iii To deal with your claim, we require a completed claim form that includes admission and discharge dates. The claim form must be stamped by the hospital and signed by a member of staff. Alternatively, you can attach your MED 10 certificate or hospital discharge note to your claim form.
GET IN TOUCH

CALL
0151 702 0265
OR EMAIL
claims@medicash.org

YOUR DENTAL PLAN

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Medicash is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Medicash is covered by the Financial Services Compensation Scheme and the Financial Ombudsman Service.