



Terms and Conditions of your Dental Plan Agreement



- The Agreement is between the PATIENT and the DENTAL SURGEON as detailed in the application form.
 - This document is to be read in conjunction with the current Dental Plan brochure from the DENTAL SURGEON.
 - The Dental Plan is a pre-payment scheme to spread the cost of each year's preventative dental treatment over a twelve-month period and to provide additional discounts and benefits to Plan members as described in the current Dental Plan brochure.
 - Treatment will be provided by the DENTAL SURGEON or a member of the dental team at appropriate intervals throughout the year.
 - If the PATIENT benefits from group discounts these will vary if any of the group members leave or join the Plan.
 - There is a one-off joining fee of £10 per adult and £5 per child when one parent or carer is on the Plan, otherwise the joining fee is £10 per child.
 - If the PATIENT has opted to pay monthly by Direct Debit the payments will be collected until this agreement is cancelled.
 - CODEplan administers the Plan on behalf of the DENTAL SURGEON. CODEplan is only the administration and collection agent for the DENTAL SURGEON and accepts no responsibility for treatment standards or any care or service provided by the DENTAL SURGEON. Any problems, complaints or disputes relating to treatment are strictly a matter between the DENTAL SURGEON and the PATIENT.
 - Direct Debit payments will be collected on or around the 1st of each month but no less than 10 working days after the receipt of the application form by CODEplan. As it takes 10 working days to process the initial payment, all applications received less than 10 working days before the end of the month will be processed the following month.
 - Membership of the Plan will commence on receipt of the first payment.
 - The PATIENT may cancel this agreement by giving a minimum of three months' notice in writing. In case of termination any money outstanding for treatments that have been provided under the Plan will be due immediately.
 - In the event that the PATIENT leaves the Plan within 12 months of receiving discounted dental treatment the amount of the discount will be repayable to the DENTAL SURGEON immediately.
 - If a monthly payment remains unpaid the DENTAL SURGEON reserves the right to give two months' notice of termination and there will be a total of three months' payment due immediately.
 - The DENTAL SURGEON may terminate this agreement by giving three months' notice in writing, in this case all treatments and examinations paid for under this agreement will be provided before termination.
 - The DENTAL SURGEON may increase the cost of the Plan by giving three months' notice and may increase the charges for any other treatments at any time. Any treatment started before a price increase will be provided at the original price.
 - This agreement is exclusive to the parties and does not cover the services of any other dentist or dental practice and it is not transferable by the PATIENT.
 - The DENTAL SURGEON may transfer this agreement.
 - It is the PATIENT'S responsibility to attend the dental practice for examinations and treatment as covered by the Plan.
 - The PATIENT can cancel the Plan and receive a full refund within 14 days of receiving the subscription confirmation letter. After this period the joining fee is non-refundable and would be repayable upon rejoining.
 - All notices under this agreement will be sent by post to the last known address of the PATIENT or to the address of the DENTAL SURGEON.
- CODEplan Ltd administers payment solutions, the company number is 03927086 and the registered address is Station House, North Street, Havant, Hampshire, PO9 1QU. You can contact CODEplan on 01409 255551, visit www.CODEplan.co.uk or write to CODEplan, 5A Stanhope Square, Holsworthy, Devon, EX22 6AP.



Dental Accident, Emergency and Out of Hours Insurance Cover

Insurance Terms and Conditions



This Policy is evidence of a contract solely between the Insured Member and the Insurer. 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 by the Insured Member or on the Insured Member's behalf is deemed to be incorporated into and will form the basis of the contract between the Insured Member and the Insurer. If the Insured Member agrees to pay the premium and any taxes due and the Insurer agrees to accept them, then the Insurer agrees to provide cover to the Insured Member

On behalf of Groupama Insurance Company Limited

Pierre Lefèvre
Chairman and Chief Executive
Groupama Insurance Company Limited
Groupama House, 24-26 Minories, London EC3N 1DE

THE COVER

In the event that an Insured Member incurs treatment costs as a direct result of:

1. Extra-oral or Intra-oral Accident or Dental Emergency affecting their Sound or Natural Dentition or
2. Extra-oral Accident or Emergency Treatment affecting their Denture

During the Insured Member's Cover Period the Insurer 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 of the Fees Schedule and Cover Limits subject otherwise to the policy conditions limitations and exclusions

HOW TO MAKE A CLAIM

You simply obtain a detailed receipt from the treating dentist and a claims form from your practice, or Groupama Insurance Company Limited. Please follow the claims conditions and return to: PA Claims, The Nexus Building, Broadway, Letchworth Garden City, Hertfordshire SG6 3TE. Tel: 0870 850 0181

DEFINITIONS

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

Broker: Hamilton Fraser Insurance

CODEplan: means CODEplan Ltd, 5a Stanhope Square, Holsworthy, Devon EX22 6AP. CODEplan is an appointed representative of HFIS plc trading as Hamilton Fraser Insurance who are authorised and regulated by the Financial Services Authority

Cover Period: means for Insured Members who pay their CODEplan Dental Plan annually cover is twelve calendar months from the day the subscription has been received by CODEplan. For Insured Members who pay their CODEplan Dental Plan monthly or as part of the Practice Membership Plan, cover is one calendar month after payment is received by CODEplan

Dental Emergency: means a dental condition which requires urgent treatment

Denture: means a full or partial set of artificial teeth fixed to a removable dental plate

Emergency Treatment: means Treatment required as the 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

Extra-oral Accident: means a sudden, unforeseen violent direct oral impact resulting in dental injury, which occurs at an identifiable place and time

Insured Member: any individual subscribing to the CODEplan Dental Plan who is a UK resident

Insurer: means Groupama Insurance Company Limited

Intra-oral Accident: means 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: means 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 maxillofacial surgery as a direct result of the Insured Member suffering an Extra-oral Accident

Out of Hours: means Treatment required as a result of a Dental Emergency occurring when dental surgeries would normally be closed

Pre-existing Condition: means any condition that existed prior to inception of cover or prior to joining plan/scheme and affecting partially or totally the Insured Member's dentition which as a result cannot be considered as Sound or Natural

Sound or Natural Dentition: means non-restored teeth that show no sign of being pathologically affected or adequately and permanently restored teeth with healthy supporting structures or other permanently fixed prosthesis

Supporting Structures: means remaining elements of the tooth which are subject to a restoration and/or a prosthesis

Temporary Treatment: means 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

Treatment: means dental Treatment carried out in accordance with the accepted and established dental practice in the UK to restore the state on the Insured Members teeth on a like for like basis

LIMITS OF COVER

The Insurer will not pay more than the following Limits of Cover for each Insured Member:

1. Extra-oral Accident – The maximum benefit payable per Insured Member per annum for Extra-oral Accident is £10,000. All expenditure for which benefit is claimed must be within the CODEplan Fees Schedule
2. Intra-oral Accident – The maximum benefit payable per tooth or per bridge per annum is as follows:-
 - a) Treatment carried out on a non-restored tooth - up to £150
 - b) Fixed bridge repair - up to £150
 - c) Adhesive Bridges and Veneers – re-cementing work only - up to £50
 - d) All other Treatments carried out on a restored tooth - up to £50
3. Emergency Treatment – The maximum benefit payable per incident for emergency treatment is £175 per annum

EXCESS

The Insurer will not be liable for:

1. The first £50 of each and every claim for the cost of any Treatment obtained whilst travelling outside the UK
2. The first £25 of each and every claim for the cost of any treatment obtained within the UK other than in respect of Out of Hours Cover – Telephone consultation - where no excess will apply

LIMITATION

Cover for Intra-oral Accident cover does not take effect until 90 days after commencement of the policy

EXCLUSIONS

The Insurer shall not be liable for:

1. Treatment required directly or indirectly as a result of:
 - a) Normal wear and tear
 - b) Any Pre-existing Condition
 - c) Any use of the dentition other than normal use
 - d) Damage which is not apparent within 10 days of the accident
 - e) Damage which has not been notified to the Insurer within 10 days of the date of the accident, or Treatment that is not received within 45 days from the date the dentist was first consulted
 - f) Participation in Boxing and Rugby unless the Insured Member was wearing a custom made mouthguard
 - g) Participation in Sporting activities when the Insured Member fails to meet the prevailing safety standards as recommended by the sports governing body association or federation where applicable
 - h) A breach of civil order or peace by the Insured Member or the Insured Member actively taking part in a public disturbance
 - i) Self-inflicted injuries
2. Any claim in respect of any sports mouth guards or other removable protective appliance or removable orthodontic appliance or braces
3. Any claim in respect of dental implants

CLAIM 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 Insurer within 30 days of the dental accident or emergency treatment
3. The Insurer will require sight of x-rays for all accident claims before approval of the relevant treatment
4. The Insurer will not pay claims in excess of £175, unless they have previously approved a costed treatment plan

FEES SCHEDULE AND COVER LIMITS

SECTION I. DENTAL ACCIDENT AND INJURY

EXTRA-ORAL TRAUMA

Item	Policy limit
1. Examination and report to include necessary smoothing and polishing	up to £23.00
2. X-ray examination	up to £17.00
3. Laboratory-made temporary bridge following tooth loss (where required)	up to £73.00 per unit

4. Temporary denture following tooth loss (where required)	up to £113.00 per denture
5. Bridges	
- All metal*	up to £192.00 per retainer
- All metal*	up to £113.00 per pontic
- Bonded metal/porcelain*	up to £282.00 per retainer
- Bonded metal/porcelain*	up to £181.00 per pontic
- Laboratory constructed adhesive bridge	up to £400.00
6. Crowns	
- Porcelain jacket*	up to £215.00 per crown
- Ceramic bonded*	up to £252.00 per crown
- Metal bonded porcelain*	up to £310.00 per crown
- Full metal*	up to £226.00 per crown
7. Dentures	
- Permanent acrylic	up to £257.00 per denture
- Permanent metal	up to £332.00 per denture
8. Provide root canal treatment	up to £76.00 per incisor/canine
	up to £98.00 per premolar
	up to £137.00 per molar
9. Adhesive facing or veneer	up to £210.00 per unit
10. Emergency splinting	up to £60.00
11. Other necessary treatment (including emergency attention where required)	up to £340.00 per incident

*Includes any core and/or post required and any necessary interim covering

Where treatment involves replacing a crown, bridge, facing or veneer, benefit will be paid according to the cost of replacement of similar type and quality

INTRA-ORAL TRAUMA

Item	Policy limit
1. Treatment carried out on a non-restored tooth	up to £150.00
2. Fixed bridge repair	up to £150.00
3. Adhesive Bridges and Veneers - recementing work only	up to £50.00

4. All other treatments carried out on a restored tooth	up to £50.00
---	--------------

Damage must be notified to Groupama Insurances within 10 days and must be apparent within 10 days of the accident

SECTION 2. EMERGENCY TREATMENT AND OUT OF HOURS COVER

2.a. EMERGENCY TREATMENT

If the Insured Member needs Emergency Dental Treatment in the United Kingdom when they could not reasonably access their own surgery, the Insured Member may claim the actual cost of any of the following items required up to the limits shown, but subject to the overall limit mentioned in 'Limits of Cover':

Item	Policy limit
1. Examination and treatment of sensitivity	up to £23.00
2. X-ray examination	up to £17.00
3. Treatment to stop haemorrhage including follow-up care	up to £23.00
4. Tooth extraction (maximum two teeth)	up to £40.00 per tooth
5. Pulp extirpation, including dressing and treatment of infection	up to £22.00 for 1 canal up to £28.00 for 2 canals up to £35.00 for 3+ canals
6. Treatment of infection	up to £18.00
7. Investigation & dressing	
- for 1st tooth	up to £17.00
- for additional teeth	up to £5.00
8. Recement	
- crown or inlay	up to £17.00
- bridge	up to £25.00
9. Provision of temporary bridge	up to £67.00
10. Provision of temporary crown	up to £29.00
11. Provision of temporary post & core	up to £12.00 per tooth
12. Repair/adjust orthodontic appliance	up to £35.00
13. Repair of denture to include re-fixing of teeth & gums and repair of clasp	up to £35.00
14. Denture adjustment	up to £14.00
15. Remove sutures inserted by another dentist	up to £10.00
16. Other temporary emergency treatment	up to £40.00

2.b. OUT OF HOURS COVER

If the Insured Member suffers a Dental Emergency in the United Kingdom and obtains advice by telephone, or call out, from any dentist (including a dentist from the Insured Members own surgery) at a time when the Insured Members surgery is normally closed where either was reasonably required, the Insured Member may claim the actual cost of one or other of the following items up to the amount shown but subject to the overall limit mentioned in 'Limits of Cover':

Item	Policy limit
1. Telephone consultation where no attendance follows	up to £24.00
2. Call out fee	up to £100.00 at any time

2.c. EMERGENCY TREATMENT AND OUT OF HOURS COVER ABROAD

If the Insured Member suffers a Dental Emergency outside the United Kingdom the Insured Member may claim:

Item	Policy limit
1. The actual cost of any Temporary Treatment that is reasonably required	up to £340.00 per emergency incident

A completed claim form (available from Groupama Insurances) together with a receipted invoice from the treating dentist must be sent to Groupama Claims Department within 30 days of the emergency incident (or 60 days if the emergency happened abroad)

SECTION 3. HOSPITALISATION

If the Insured Member is admitted to hospital for treatment as an in-patient either wholly or partly under the care of a consultant who specialises in dental or maxillofacial surgery the Insured Member may claim:

Item	Policy limit
1. Hospital Cash	up to £50.00 per overnight stay

Subject to a maximum of 365 nights

This benefit is payable to an Insured Member for any necessary 24-hour period of Hospitalisation as a direct result of a Dental Accident and independent of any other cause. A completed claim form (available from Groupama Insurances) must be sent to the Insurer within 30 days of the Insured Members admission to hospital

CONDITIONS

Fraud

The Insurer will not pay any claim submitted by an Insured Member or any person acting on an Insured Member's behalf if it is in any respect dishonest or fraudulent

Arbitration

If any dispute arises between the Insurer and Insured Member over the amount payable it will be referred to an arbitrator jointly appointed by the Insured Member and Insurer in line with the law at the time. The decision of the arbitrator will be final and binding on both the Insured Member and Insurer and judgement of the award made by the arbitrator may be entered in any court that has jurisdiction. Whoever loses the arbitration will pay the costs of arbitration. If the decision is not totally in favour of either the Insured Member or Insurer, the arbitrator will decide who will pay the costs

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

Reasonable care

The Insured Member shall take all reasonable care to protect against Extra-oral and Intra-oral Accidents

Claims

PA Claims

The Nexus Building, Broadway, Letchworth Garden City, Hertfordshire SG6 3TE
Tel. 0870 850 0181
Fax. 0870 444 8295
e-mail: paclaims@groupama.co.uk

Policy administration and documentation

General Manager

CODEplan, 5A Stanhope Square, Holsworthy, Devon EX22 6AP
Tel. 01409 255551
Fax. 01409 254364

Our Commitment to you

We will make sure all the information we give you is clear and accurate

We will always be fair and reasonable whenever you need the protection of this Policy

We will act promptly to provide the protection you need

If things go wrong

HFIS as broker to CODEplan aims to provide a first class standard of service to all our clients and to do everything we can to ensure that you are satisfied. However if you ever feel that we have fallen short of this standard and that you have cause for complaint, please contact our Broking Services Manager, either:

- In writing at: HFIS plc, 3rd Floor, Kingmaker House, Station Road, New Barnet, Hertfordshire, EN5 1NZ
- By telephone at 0845 310 6300 or by facsimile at 0845 310 6301
- By email at: complaints@hfis.co.uk

Upon receipt of a complaint we will:

- Deal with all complaints in the manner prescribed by the FSA
- Treat all complaints seriously and investigate the matter fully

All complaints will be advised to the appropriate Director who will allocate an employee of sufficient competence to deal with the complaint and advise you of their name and status

The timescales for dealing with a complaint are as follows:

- If the complaint cannot be dealt with by the end of the next working day we will provide a written acknowledgement within 5 working days
- If we believe that the complaint should be redirected to another organisation, we will advise you within 5 working days and endeavour to provide details of to whom the complaint should be redirected
- In complicated cases we will endeavour to complete all investigations within 20 working days. If we are unable to resolve the matter at that point we will advise you of the position and give our best estimate of when we anticipate conclusion
- Within eight weeks we will either send a final response or explain why we remain unable to conclude the matter

At that stage eligible complainants as defined by the FSA may refer the matter to the Financial Ombudsman Service if unsatisfied as to progress. We will advise you if you are an eligible complainant and the address of the Ombudsman. You may also check with the FSA direct

When a final response is sent an eligible complainant may also refer the complaint to the Financial Ombudsman Service if dissatisfied with the outcome

Financial Ombudsman Service

If you are still unhappy following receipt of our final response, you can refer the dispute to the Financial Ombudsman Service who will review your case on an independent basis. The address is:

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

(Please note that the Financial Ombudsman is only able to intervene in respect of personal policyholders or small businesses with a turnover of less than £1m.)

Financial Services Compensation Scheme

Hamilton Fraser Insurance is covered by the Financial Services Compensation Scheme (FSCS). This means that you may be entitled to compensation from the scheme if we cannot meet our obligations. This depends on the type of business and the circumstances of the claim and would provide cover for 100% of the first £2000 and 90% of the remainder of the claim without any upper limit. Further information about compensation is available from the FSCS at www.fscs.org.uk or telephone 020 7892 7300

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

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