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Dental Plan

TERMS AND CONDITIONS AND POLICY DOCUMENT

Underwritten by



Bolton & District
Hospital Saturday

WELCOME

We are delighted that you have decided to join the UNISONplus Dental Plan - the policy that is available to UNISON members, retirees and their families, to help pay for dental expenses.

This is your Policy Document. It contains the full terms and conditions of your membership in addition to all the legal information and other important details we are obliged to provide you with. We suggest that you take a few minutes to read through it and that you keep it safe for future reference.

For all matters relating to your UNISONplus Dental Plan membership please contact:
Protego Group Ltd on 0845 855 0232

For matters relating to claims please contact the underwriter:
Bolton & District Hospital Saturday Council on 0845 208 8630

To download a claim form please visit the Hospital Saturday website –
www.hospitalsaturday.co.uk

Premium and Benefits

	UNISON Plus NHS Patient Plan	UNISON Plus Private Patient Plan Option 1	UNISON Plus Private Patient Plan Option 2
Premiums per person per month	£9.50	£21.00	£29.00
ANNUAL BENEFITS			
MAINTENANCE* Examinations Scale & Polish (Hygienist Services) X-Rays	NHS Charges Paid in Full	£85	£125
TREATMENTS* Fillings & root canal treatments Extractions Crowns and Bridges	NHS Charges Paid in Full	£345	£525
Dentures & repairs	Included under Treatments after 12-months		
Annual maximum for the above	£500	as per each Benefit shown	
GENERAL Prescription items	6	6	9
In-patient cash per night	£25 for 25 nights	£55 for 25 nights	£55 for 25 nights
Dental emergency call out*	-	£100 X 4 occasions	£100 X 4 occasions
Emergency treatment	-	£400	£500
Accidental Damage Treatment Total	£750	£1,660	£2,100
Oral Cancer Cover	£6,500	£6,500	£6,500
<p>* This benefit is doubled for Accidental Damage Treatment NHS charges will be reimbursed at the NHS rates in force on the claim date to the value on documented receipts. If you live in or are treated in Scotland or Northern Ireland please refer to Page 8.</p>			

GENERAL TERMS AND CONDITIONS

LAW AND INTERPRETATION

This policy will be governed by and construed in accordance with the laws of England and Wales and will be subject to the exclusive jurisdiction of the English Courts. All information including the contractual terms and conditions will be supplied in English throughout the term of the policy. The Table and paragraph headings are for convenience only and do not form part of the policy itself nor do they effect its construction. A person who is not party to this contract has no right under the Contracts (Rights of Third Parties) Act 1999 to enforce any terms of this policy. Every payment to us or by us under this policy shall be payable in the lawful currency of the United Kingdom.

COOLING-OFF PERIOD

The contract is concluded and your membership commences upon the payment of your first contribution by direct debit, or the deduction from your pay if you are paying for the plan through payroll deduction. You have 14 days from this date or the date you receive your Policy Document whichever is the later in which to cancel your membership. If you do cancel within this 14-day period any contributions you have paid will be refunded provided you have not submitted a claim. If you wish to cancel then or after this period then please also see the section headed 'CANCELLATION' below.

Please contact UNISONplus Dental Plan Helpline at Protego Group. Tel: 0845 855 0232.

MEMBERSHIP

Once your membership has commenced it may continue, subject to the normal terms and conditions and the continuous payment of premiums. We recommend that you review your membership option every year in line with inflation and any increases in dental treatment charges. Policyholders must be resident within the United Kingdom. Any changes to your name, address, bank account details, or employment details if you are paying by payroll deduction should be notified to us.

Please contact UNISONplus Dental Plan Helpline at Protego Group. Tel: 0845 855 0232.

PRE-EXISTING CONDITIONS

You will not be covered for oral problems and dental injuries that were in existence or of which you had symptoms or you or your Dentist were aware of prior to joining this plan or for any that occur during the Qualifying Period.

You must have visited a UK dentist registered with the General Dental Council for a full examination and completed all treatment relating to the above within twelve months prior to joining the plan. If you have not seen a dentist within this time, you may still join the plan and should see a dentist as soon as possible but you will not be covered for your first visit. Any oral problems or dental injuries identified on that visit will not be covered.

QUALIFYING PERIOD

You are unable to claim until you have been on cover and have paid the relevant premiums for a period of thirteen weeks. Existing members upgrading to a higher benefit level will be able to claim the enhanced benefits thirteen weeks after the payment of the first premium at the higher level provided all necessary treatment has been completed prior to the upgrade. Transfers to a lower level of cover are not normally permitted.

Please contact UNISONplus Dental Plan Helpline at Protego Group. Tel: 0845 855 0232.

RENEWALS

The policy is renewed monthly on an on-going basis. We will not send you a new Policy Document at renewal unless we have varied or made changes to the premiums, terms and conditions, benefits, or benefits levels.

ALTERATIONS

We reserve the right to vary or make changes to the premiums, terms and conditions, benefits, or benefit levels, after giving notice, if deemed necessary or prudent, or following an increase in the rate of Insurance Premium Tax.

CLAIMS

Your plan will run separate Benefit Years for the MAINTENANCE, TREATMENTS and GENERAL sections (see PREMIUM & BENEFITS table on Page 3). Your first claim will start a new Benefit Year in each SECTION which starts from your first claim in that SECTION and you can claim as often as you need to in that SECTION until your ANNUAL BENEFITS MAXIMUM has been reached.

If you claim all your ANNUAL BENEFITS MAXIMUM in the MAINTENANCE and /or TREATMENTS SECTIONS you cannot cancel your plan for a minimum of one full year from the date of your first claim in that Benefit Year and SECTION unless your membership is terminated by us.

The Claims procedure is explained in the section "HOW TO CLAIM" on Page 8.

CANCELLATION

If at any time after the "COOLING-OFF PERIOD" (see above) you wish to cancel your policy you must give us one month's notice.

You must confirm your cancellation by writing directly to:

The Compliance Director
Protego Group Ltd
St Georges House
Greengate Lane
Prestwich
Manchester
M25 3FW,

Fax: 0870 131 4440

Email compliance@protegroup.com

Your Policy will remain in force and you will be liable to maintain your payment of premiums until such notice has been received and has expired. If you do not provide the relevant notice and simply cancel the direct debit instruction at your bank we reserve the right to recover any sums due.

In the event of cancellation it is the member's responsibility to ensure that the payment of premiums ceases. You will not be refunded for any monthly premiums that have already been made. We will not be responsible for any bank charges incurred by a member in connection with the continuance or cancellation of a policy.

We reserve the right to refuse membership or refuse a request to upgrade membership, or renew or continue to renew membership without giving reason.

Membership will be cancelled automatically if premiums are in excess of two months in arrears.

PREMIUM PAYMENTS

Collection of premiums is handled by Protego Group therefore any queries concerning this must be directed to them.

Please contact UNISONplus Dental Plan Helpline at Protego Group. Tel: 0845 855 0232.

DATA PROTECTION

The information you have provided and any further information you supply to us will be used to provide you with the benefits for which you apply and for the maintenance of your records. This information may be passed to selected third parties for underwriting and claims handling purposes and to prevent and detect fraud. We may send you information about other products and services that we believe may be of interest to you. The Data Protection Act entitles you to a copy of all information we hold about you. If you wish to view or receive a copy of this information application should be made in writing to our offices. Whilst under the legislation we are entitled to, we do not generally make a charge for providing this information.

BENEFIT TERMS AND CONDITIONS

All claims must relate to a dental condition and be submitted within 3 months of the treatment. All benefits are payable to the person who has received treatment. Under current legislation benefits are tax-free. Premiums must be paid up to date prior to benefit payments being paid, as we are unable to process any claims if your premiums are in arrears. The benefit year for the policy commences on the date of the first treatment or examination for each benefits category in respect of which you make a claim. Claims are calculated on the actual cost you have incurred. If the full cost of the consultation and/or treatment has been met by another policy, for example a Private Medical Insurance policy, you would not be eligible to claim. However if the other policy meets only part of the cost you are able to claim the excess amount, up to the relevant maximum, you have paid directly.

DENTAL TREATMENT

Up to the appropriate maximum can be claimed for dental treatment, every benefit year, towards the actual costs you have incurred. There is no minimum claim amount. You can claim for maintenance and treatments listed in the PREMIUM & BENEFITS TABLE on Page 3. You cannot claim for any treatment for cosmetic purposes and dental implants or anything otherwise excluded by the terms and conditions of this policy document. There can be any number of claims up to the maximum benefit level. Treatment must relate to a dental medical condition. Claims cannot be made for purchases, for example toothpaste, brushes, denture adhesive, purchased from a dentist or other supplier.

ACCIDENTAL DAMAGE TREATMENT

Up to the appropriate maximum can be claimed for accidental damage every benefit year, towards the actual costs you have incurred. All claims must be for a dental injury that has been the direct result of an accidental impact. This benefit excludes accidental damage caused during eating, sleeping, biting and general wear and tear and your dentist must indicate on the claims form that the treatment relates to accidental damage.

EMERGENCY DENTAL TREATMENT

You are covered for dental treatment provided at the initial emergency appointment required for the relief of severe pain, haemorrhage arrest, the control of acute infection or a condition which causes a threat to your general health. Subsequent treatment will be covered by the general terms and conditions of this policy. Call-out fees of up to £100 subject to a maximum of four incidents a year are covered on the Private Levels where a dentist in the U K has to reopen the practice outside of their normal practice hours to provide emergency dental treatment.

DENTURES

The QUALIFYING PERIOD is twelve months for dentures and denture repairs after which cover will be given provided the dental condition requiring dentures or denture repairs occurred after this QUALIFYING PERIOD.

HOSPITAL IN-PATIENT

The Hospital In-Patient benefit is calculated at the appropriate rate for each full night as an In-Patient in an NHS or Private Hospital or Dental Treatment Centre with accommodation facilities. Claims can only be made and commence following admission to the Hospital for dental purposes and the full stay must purely relate to the dental treatment. Any subsequent illness sustained as a result of hospital treatment is not covered by this policy. The Hospital In-Patient benefit is restricted to 10 nights in any benefit year for treatment in hospitals outside UK.

PRESCRIPTIONS

We will provide a refund of the costs of NHS or Private prescriptions up to the number shown in your Schedule in any one benefit year at the NHS rate prevailing for prescribed items. All prescriptions must relate to a dental condition.

CANCER TREATMENT

We will provide cover for treatment costs, the overall sum to include Hospital In- Patient benefits as shown and provided above, associated with oral cancer within the twelve months immediately following the diagnosis by a properly qualified Specialist. Cancers covered are of the lips, tongue, major salivary glands, gums, mouth, or pharynx or the oral cavity from lip to pharynx. Once you have claimed for a course of treatment this cover ends. Cover cannot be given where oral cancer has been diagnosed prior to joining the plan or within three months of joining or which is related in any way to HIV infection or AIDS or resulting from the chewing of tobacco or other products (including betel nut juice) or prolonged alcohol abuse and over exposure to the sun.

NHS PATIENT PLAN

The NHS PATIENT PLAN has been designed to reimburse you for up to 100% of most NHS Dental Charges in England and Wales as at the date of this Policy. This means that you cannot claim for any Privately Charged Treatment undertaken or charges incurred on a Private basis in conjunction with or alternative to your NHS treatment if you have the NHS PATIENT PLAN.

If you live in or are treated in Northern Ireland or Scotland, you will be reimbursed for your treatment up to the English NHS Banding Limits. We would advise that you ask your Dentist about your treatment needs and charges before proceeding with the treatment as you cannot claim for any costs that are outside the benefits listed in the English NHS Bands 1, 2 and/or 3.

PRIVATE PATIENT PLAN

The PRIVATE PATIENT PLAN has been designed to reimburse you for 100% of most Privately Charged Treatments up to your ANNUAL BENEFITS MAXIMUM. Private Dentists charge differing amounts for treatments and we would advise that you ask for an estimated cost for any work or treatment in advance of it being done. If NHS treatment is undertaken or charges incurred these may be claimed for within your ANNUAL BENEFITS MAXIMUM.

EXCLUSIONS

No claims are permitted for treatment arising directly or indirectly from:

- Oral Problems and Dental Injuries that were in existence prior to joining this plan or which occur during the QUALIFYING PERIOD.
- Alcohol abuse, solvent abuse, drug abuse or other addictive conditions of any kind.
- Self-inflicted illness or injury or suicide attempt.
- Participation or training in professional or semi-professional sports
- Participation or training in a contact sports unless recommended mouth protection is worn.

Benefit is not payable for treatment which:

- Is purely cosmetic including whitening of teeth.
- Is not considered necessary for continued oral health
- Is not listed in the list of benefits
- Is obtained outside the United Kingdom other than in the case of a dental emergency overseas
- Is carried out by a dental professional who is not registered with the General Dental Council or which is experimental or unproven and not recognised by the General Dental Council

Benefit is not payable for the following procedures, services or items:

- Any orthodontic treatment
- Replacement of any dental appliance or prosthesis which is lost or stolen
- Replacement of a bridge, crown, veneers or denture which is or can be made useable according to accepted dental standards
- Replacement of a bridge, crown, veneers or denture within five years of original fitting unless it has been damaged beyond repair while you have been covered by this policy
- Surgical implants of any type including any attaching prosthetic device
- Procedures, appliances or restorations (except full dentures) whose main purpose is to change vertical dimensions, provide surgical treatment of conditions or dysfunction of the temporomandibular joint or restore occlusion.

HOW TO CLAIM

We try and make claiming as simple as possible. Claim forms to take with you to your dental appointment can be downloaded at www.hospitalsaturday.co.uk or you can request for one to be posted to you by calling the underwriter Bolton & District Hospital Saturday Council.

You will be claiming for treatments you have paid for so we need a fully completed receipt and fully completed claim form that must be stamped and signed by the Dentist you have seen. Receipts should include your full name, address, the treatment you have received and the date of treatment. If the claim relates to dental treatment following an accident this must be noted on the claim form by the dentist.

For all Hospital In-Patient claims we require the hospital to confirm the date of admission, the date of discharge and reason for the hospital stay. You may need to give your consent to the hospital for them to give us this information. This can be done by having the hospital fully complete, sign and stamp one of our claim forms or by submitting the hospital's Discharge Form.

We are sure you will appreciate that we are dependent upon receiving prompt answers to our queries to enable us to process your claim speedily.

If errors are made in the completion of your form the determination of your claim will be delayed.

If your first claim is in TREATMENTS, and on some other occasions, it may be necessary for us to ask you to complete a medical declaration or for us to obtain a medical report from your Dentist, GP or other medical practitioner. We will not do this without your written consent; however we may not be able to process your claim without the completion of a declaration or a medical report. We reserve the right to request a second opinion from a dentist or specialist appointed by us. You must pay any costs associated with obtaining a medical report.

We reserve the right to investigate and challenge dentists who charge fees over and above those we consider reasonable for the treatment given.

A number of all our claims plus a random cross section are verified with the dentist, or other service provider to ensure their validity. In the interests of all our members, fraudulent claims and any attempt to obtain claim monies by deception will result in cancellation of membership and legal action. Examples of what we would consider fraudulent claims include any amendments to receipts, inaccurate completion of medical declarations, failure to divulge pre-existing medical conditions when asked and misrepresentation of any kind.

Claims should be submitted by post or in person to:

**Bolton & District Hospital Saturday Council
Ground Floor, Regent House
Folds Point,
Folds Road,
Bolton
BL1 2RZ**

Office hours: Monday to Friday, 9.00am until 5.00pm.

Telephone: 0845 208 8630

Fax: 01204 522452

E-mail: enquiries@hospital-saturday.org.uk

Registered in England: 518573. Registered office: Bolton & District Hospital Saturday Council, Ground Floor, Regent House, Fold's Point, Fold's Road, Bolton, BL1 2RZ. Bolton & District Hospital Saturday Council is authorised and regulated by the Financial Services Authority.

COMPLAINTS PROCEDURE

FOR CLAIMS ONLY:

We hope that you never need to complain, but if you do please contact Bolton & District Hospital Saturday Council in person, by letter, telephone or e-mail.

FOR ALL OTHER MATTERS:

Please contact the Compliance Director.

**Protego Group Limited
St Georges House
Greengate Lane
Prestwich
Manchester
M25 3FW.**

Telephone: 0845 855 0232

Fax: 0870 131 4440

E-mail: compliance@protegroup.com

Both Companies have a formal complaints procedure, which is available from their offices by request. If you are not satisfied with our response you may then take your complaint to: The Financial Ombudsman Service, South Quay Plaza, 183 Marsh Wall, London, E14 9SR. You can also call them on 0800 0 234 567. The Financial Ombudsman Service is free and using it does not affect your legal rights.

COMPENSATION SCHEME ARRANGEMENTS

You may have a right to compensation if we or another authority decide that you have joined the plan based on information which we have provided which was incorrect or misleading and has resulted in financial loss. If Bolton & District Hospital Saturday Council is unable to meet its financial obligations in full you may be entitled to help from the Financial Services Compensation Scheme. Further information is available the Financial Services Compensation Scheme by telephoning 0800 678 1100 or from their web site www.fscs.org.uk

Protego Group Limited may be contacted:

In writing:

**Protego Group Limited
St Georges House
Greengate Lane
Prestwich
Manchester
M25 3FW**

Telephone: 0845 855 0232

Fax: 0870 131 4440

E-mail: compliance@protegroup.com

Protego Group Limited is registered in England with the number 4762595. Its registered office is at 260-280 Chapel Street, Manchester, M3 5JZ. It is authorised and regulated by the Financial Services Authority (FSA). The FSA registration number is 304363. Details of the registration may be checked and confirmed by visiting the FSA's register at www.fsa.gov.uk/register or by contacting the FSA on 0845 606 1234.