

Private medical insurance

Insurance Product Information Document



Company: AXA PPP healthcare Limited

Product: AXA Health Dental Plan

Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority with registered number 202947. Registered address 20 Gracechurch Street, London EC3V 0BG.

The information provided in this document is a summary of the key features and exclusions of the plan and does not form part of the contract between us. Complete pre-contract and contractual information about the product will be provided in your plan documents.

What is this type of insurance?

Dental insurance provides reimbursement towards clinically necessary NHS dental treatment, dental accident and emergency dental treatment worldwide.



What is insured?

- ✓ Routine examinations, hygiene treatments, periodontal treatments and dental x-rays received as NHS dental treatment.
- ✓ Remedial or restorative treatment, such as, but not limited to, fillings, crowns, bridges and dentures when received as NHS dental treatment.
- ✓ Treatment following a dental accident worldwide. Limited to a maximum of 4 incidents per person per policy year - up to £2,500 a year.
- ✓ Up to £200 per incident towards the cost of emergency dental treatment. Limited to a maximum of 4 incidents per person per policy year.
- ✓ Up to £12,000 towards charges for one course of treatment per person for the treatment of mouth cancer when it is received within 18 months of diagnosis.
- ✓ Cash benefit of £60 a night for each night you receive in-patient treatment on the NHS in relation to a dental accident or mouth cancer. Limited to 30 nights per person per year.

Optional cover

- Up to £175 per person per year towards routine examinations, hygiene treatments, periodontal treatments and dental x-rays received as a private patient if you have Premium Cover.
- 50% of the costs up to £1,000 per person per year towards remedial or restorative treatment, such as, but not limited to, fillings, crowns, bridges and dentures when received as a private patient if you have Premium Cover. A sub limit of £500 applies for crowns, bridges, dental implants, inlays and onlays.



What is not insured?

- ✗ Claims for costs incurred for periodontal treatment, dental x-rays, remedial or restorative treatment which has been identified as necessary by a dentist before you join.
- ✗ Treatment costs for treatment prescribed, commenced, completed or paid for before the commencement date of the policy or within the first month of joining.
- ✗ Claims for any costs incurred for treatment that you ought reasonably to have known you needed before the commencement date of the policy.
- ✗ Claims for the treatment of mouth cancer that was diagnosed before, or within 90 days of the commencement date of the policy, or if tests and consultations begin within 90 days of the commencement date of the policy.
- ✗ Treatment, such as cosmetic treatment and tooth whitening, that is not clinically necessary.



Are there any restrictions on cover?

- ! NHS dental treatment costs incurred in the first month of cover, with the exception of claims for the NHS in-patient hospital stay cash benefit.
- ! If you have Premium Cover, private treatment costs incurred in the first three months of cover, with the exception of claims for the NHS in-patient hospital stay cash benefit.



Where am I covered?

- ✓ Cover is provided for NHS and private dental treatment received in the United Kingdom. There is also limited cover for dental accidents and emergency dental treatment received worldwide.



What are my obligations?

- You must give us complete and accurate answers to any questions we may ask.
- If anything changes between the time you agreed to join and the start date you must contact us.
- You must pay any excess that applies to your plan.
- You must pay the premium on time.
- You must inform us if any of your personal details change, including your address.
- If you need to make a claim call our team of Personal Advisers to ensure your claim is covered under the plan.



When and how do I pay?

You can pay your premium monthly or yearly by Direct Debit.



When does the cover start and end?

Your membership will start on the date you choose to accept our quote and buy your policy, which will be shown on your policy documents, and is in place for one year. If we have agreed something different with you it will be shown on your policy documents.



How do I cancel the contract?

You can cancel your membership by writing to or calling us within the first 14 days of receiving your membership pack. If you do this you will receive a refund of the premium you have paid provided that no claims have been paid in that time. If you do not cancel within this time, your membership will continue so long as you continue to pay your premium.