



Health

healthcare

AXA Health Dental insurance

Membership handbook
October 2021

Welcome to your membership handbook

Quick reference guide for important information

Personal Advisory Team

0800 206 1781

Available: Monday to Friday 8am to 8pm – Saturday 9am to 5pm.

axahealthcare.co.uk/members

Available: day or night, 365 days a year.

For information on products and travel insurance.

We may record and/or monitor calls for quality assurance, training and as a record of our conversation.

We are committed to giving customers access to our products. To contact us by Next Generation Text on any of the numbers listed in this handbook just prefix the number listed with 18001.

For example, our team of Personal Advisers can be contacted by Next Generation Text on 18001 0800 206 1781.

If you would like to receive this handbook or any other of our literature in a large print, audio (CD or tape) or Braille format, please contact us.

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Policy summary for AXA Health Dental Insurance Core and AXA Health Dental Insurance Premium

This policy summary provides a brief description of this dental insurance plan from AXA Health. It does not contain the full terms and conditions which can be found in this membership handbook, your membership statement and any endorsement provided by us.

This policy meets the demands and needs of someone seeking the cover set out in the following summary section below and should be read alongside your membership statement which shows which cover level and plan options you have purchased.

What is AXA Health Dental Insurance Core?

AXA Health Dental Insurance Core (Core Cover) provides reimbursement for those over the age of 18 for clinically necessary NHS dental care carried out by a dental practice in the United Kingdom. It also includes provision for worldwide dental accident and emergency dental treatment.

In addition, you will be entitled to a no claims discount, provided you don't make a claim. There are eight levels from 0% to 35%. When you join we will tell you the initial discount level to which you are entitled. For full details of the no claims discount and how it applies to your cover, including details of which treatments will affect your no claims discount, please refer to section 8 of the membership handbook contained within this document.

What is AXA Health Dental Insurance Premium?

AXA Health Dental Insurance Premium (Premium Cover) provides reimbursement towards clinically necessary NHS dental care carried out by a dental practice in the United Kingdom. In addition it provides reimbursement towards clinically necessary routine, remedial and restorative treatment as a private patient in the United Kingdom. It also includes provision for worldwide dental accident and emergency dental treatment.

In addition, you will be entitled to the same no claims discount as Core Cover as detailed above.

The following is a summary of the key benefits of Core Cover and Premium Cover.

Benefits	Core Cover	Premium Cover
Routine dental treatment		
Routine examinations, periodontal treatments, scale and polish treatment and dental x-rays received as NHS dental treatment.	✓ Available after one month of cover	✓ Up to £175 per person per policy year. Available after three months of cover.
Hygiene treatments when received as an NHS patient. (Please check with your NHS dentist if your hygienist treatment will be billed as an NHS or private patient)		
Routine examinations, hygiene treatments, periodontal treatments, and dental x-rays received as a private patient.	✗	

Benefits	Core Cover	Premium Cover
Remedial and restorative dental treatment		
Remedial or restorative treatment, such as, but not limited to, fillings, crowns, bridges and dentures when received as NHS dental treatment.	✓ Available after one month of cover	✓ Up to £1,000 per person per policy year. Within this limit, an overall annual limit of £500 for crowns, bridges, dental implants, inlays and onlays per person applies to treatment received as a private patient. Available after three months of cover.
50% towards the cost of remedial or restorative treatments, such as, but not limited to, fillings, crowns, bridges and dentures when received as a private patient.	✗	
Dental accident, emergency and mouth cancer benefits		
Worldwide accident cover. Up to £2,500 towards treatment following a dental accident for up to four incidents per person per policy year.	✓ Available after one month of cover	✓ Available after one month of cover
Worldwide emergency cover. Up to £200 per incident for the cost of emergency dental treatment subject to a maximum of four incidents per person per policy year.	✓ Available after one month of cover	✓ Available after one month of cover
Mouth cancer cover. Up to £12,000 towards charges for one course of treatment per person, received within 18 months following diagnosis (smokers are included).	✓	✓
Additional benefits		
Hospital cash benefit for each night you received in-patient treatment under the NHS in relation to dental accidents or mouth cancer.	✓ £60 per night up to 30 nights per person per policy year	✓ £60 per night up to 30 nights per person per policy year
Choice of visiting any NHS or private dentist for accidents or emergencies.	✓	✓

What are the main exclusions and limitations of AXA Health Dental Insurance Core and AXA Health Dental Insurance Premium?

What are the main exclusions and limitations of cover?	Where can I find more information?
<p>Claims for costs incurred for periodontal treatment, dental x-rays, recommended or prescribed remedial or restorative treatment, which had been identified as necessary, by a dentist, before you joined.</p>	<p>For full information, please see section 6 'Exclusions' in the terms and conditions.</p>
<p>Core Cover only: NHS dental treatment costs for routine examinations, hygiene treatment, periodontal treatment, dental x-rays, recommended or prescribed remedial or restorative treatment, commenced, completed or paid for:</p> <ul style="list-style-type: none"> • prior to the commencement date of this policy; or • within the first month of joining. 	<p>For full information, please see section 6 'Exclusions' in the terms and conditions.</p>
<p>Premium Cover only: Treatment costs for routine examinations, hygiene treatment, periodontal treatment, dental x-rays, recommended or prescribed remedial or restorative treatment, commenced, completed or paid for:</p> <ul style="list-style-type: none"> • prior to the commencement date of this policy; or • within the first three months of joining. 	<p>For full information, please see section 6 'Exclusions' in the terms and conditions.</p>
<p>Premium Cover only: If you have not attended the dentist for a routine check up in the 12 months immediately prior to the commencement date there is no cover for any periodontal treatment, dental x-rays, remedial or restorative treatments identified as necessary at your first appointment.</p>	<p>For full information, please see section 6 'Exclusions' in the terms and conditions.</p>
<p>Claims for any costs incurred for treatment, other than for routine check-ups and hygiene treatment, which you ought reasonably to have known you needed before the date you joined.</p>	<p>For full information, please see section 6 'Exclusions' in the terms and conditions.</p>
<p>Claims under the dental accident benefit for dental treatment required as a result of an incident that occurred prior to the commencement date of the policy, or within one month of joining.</p>	<p>For full information, please see section 6 'Exclusions' in the terms and conditions.</p>
<p>Claims under the emergency benefit for dental treatment costs incurred prior to the commencement date of the policy, or within one month of joining.</p>	<p>For full information, please see section 6 'Exclusions' in the terms and conditions.</p>

What are the main exclusions and limitations of cover?	Where can I find more information?
Claims for courses of NHS dental treatment if you live outside the United Kingdom for six months a year.	For full information, please see section 6 'Exclusions' in the terms and conditions.
Mouth cancer diagnosed before, or within 90 days after, the commencement date of the policy or for which tests or consultations began within those 90 days, even if the diagnosis is not made until later.	For full information, please see section 6 'Exclusions' in the terms and conditions.
Cosmetic treatment, tooth whitening, orthodontics or any treatment not deemed to be clinically necessary, unless as part of a course of NHS dental treatment.	For full information, please see section 6 'Exclusions' in the terms and conditions.
Sporting injuries where a mouthguard or other recommended protection is not worn, unless treated on the NHS.	For full information, please see section 6 'Exclusions' in the terms and conditions.

How long will my cover last?

Your policy will be arranged for one year from the commencement date on your membership statement.

What do I do if I want to make a claim?

Completed claim forms and associated documents should be submitted to the following address:

AXA Health Dental Insurance, Phillips House, Crescent Road, Tunbridge Wells, Kent TN1 2PL.

Additional claim forms can be obtained from one of our team on 0800 206 1781. Claims should be made within 30 days of paying for your treatment (unless this was not reasonably possible). Where treatment costs apply, you must pay for the treatment and submit itemised receipts in order to make a claim for benefit.

Premier Cover only: you will need to take your claim form with you when you go to the dentist as your dentist will need to complete some sections for you.

How do I complain?

We aim to provide you with the highest possible standards of service, but accept there may be occasions where you feel that things have gone wrong for you and you are unhappy with us.

If you have a complaint about any matter please contact us and we will do our best to address your concerns. Your feedback is vital to helping us improve.

If you are dissatisfied with the outcome of your investigation you can ask the Financial Ombudsman Service to consider your complaint. Full details of how to complain can be found on page 19 of this membership handbook.

If you have a claim against AXA Health

In the unlikely event that AXA Health becomes insolvent and is unable to pay the benefits under your policy, you are protected by the Financial Services Compensation Scheme (the FSCS).

Further information about the operation of the scheme is available on the FSCS website: fscs.org.uk. What if I change my mind?

You have a 14 day cancellation period. During this period you have the right to cancel your policy and have your premium returned in line with the terms for cancellation at renewal, as detailed in section 9 of this membership handbook. The cancellation period begins on the day your contract is agreed, or the day you received your full policy terms and conditions if this is later, and will also apply from each renewal date.

Introduction

Thank you for choosing AXA Health Dental Insurance Core (Core Cover) or AXA Health Dental Insurance Premium (Premium Cover).

This document forms part of the full terms and conditions of your dental policy, which is for one **year**. We will write to you prior to the end of any policy **year** to let you know whether we intend to renew your policy and on what terms. Please see section 7 'General conditions' for further details.

1. Your cover

You can now enjoy the peace of mind that cover towards the cost of clinically necessary routine dental treatment can bring, with additional benefits of **dental accident** and emergency cover.

This booklet tells you all you need to know about the benefits of Core Cover and Premium Cover.

Please note:

This handbook contains information on Core Cover and Premium Cover. Most of the information given is relevant to both plans. However, there are instances where information is not relevant to both plans. Where this occurs, we have drawn your attention to which plan we are referring to as follows:

When a sentence or paragraph starts with a plan name and is in this colour, it means that the information given relates only to the plan name stated.

2. How to contact us

Call our Personal Advisory team on 0800 206 1781

If you have any queries or want to discuss your membership, simply call one of our friendly Personal Advisers on the number above. Calls are treated in complete confidence. Lines are open: Monday to Friday 8am to 8pm – Saturday 9am to 5pm.

Next Generation Text

We are committed to giving customers access to our products. To contact us by Next Generation Text on any of the numbers listed in this handbook, just prefix the number listed with 18001 and speak to someone about AXA Health Dental Insurance.

The Personal Advisory team can be contacted by Next Generation Text on 18001 0800 206 1781.

We may record and/or monitor calls for quality assurance, training and as a record of our conversation.

3. Your guide to making a claim

AXA Health Dental Insurance cannot provide cover for all eventualities, please make sure that you read and understand the policy terms and conditions in this document, in particular section 5 'Schedule of benefits' and section 6 'Exclusions' as these detail your cover and the exclusions and limitations that apply to it.

If you would like confirmation that any treatment you have been recommended or prescribed will be covered under the terms of this policy, or you would like confirmation of the benefits available to you,

please give us a call. When speaking to our team, we ask that you have your membership number to hand.

The procedure you should follow when making a claim

Call our team on 0800 206 1781 and request a claim form if you do not have one.

To ensure your claim proceeds smoothly, please follow these simple steps:

Step One	Receive your dental treatment and pay for it. Premium Cover members – please take your claim form with you when you visit the dentist as you will need to ask your dentist to complete some sections of the claim form for each claim you make – see note below*.
Step Two	Complete the claim form after you have paid your dentist.
Step Three	Return the fully completed claim form, signed by you (Core Cover) or you and your dentist (Premium Cover) to us at the address below. You must also attach the following to your claim form: A fully itemised invoice or treatment plan, detailing what treatment has taken place and the treatment dates; and your original credit/debit card receipt or a receipt from the dentist on official headed paper which includes details of your name, the dentist’s name and address, details of the treatment and amount paid.
Step Four	Once we have received your fully completed form, itemised invoice or treatment plan and credit/debit card receipt or official dentist receipt, we will be able to assess your claim and, subject to there being no outstanding queries, despatch a settlement to you within 10 working days.

Please send any correspondence to: AXA Health Dental Insurance, Phillips House, Crescent Road, Tunbridge Wells, Kent TN1 2PL.

Please note:

*Premium Cover members: There are some sections of the claim form that your dentist will need to complete each time you make a claim. We require confirmation from the dentist of the treatment that has taken place. In addition, in order to assess the eligibility of claims made for treatment costs incurred, or identified as necessary, at the first appointment, we will require confirmation of whether or not you have visited the dentist for a routine check up in the 12 months immediately prior to joining. We may also ask you to provide your current dental treatment plan and/or copies of your dental records.

Your claim must be notified to us by you providing us with a completed claim form.

- Please notify us if you have reason to believe the course of dental treatment you are having will be ongoing.
- All claim forms must be fully completed and signed by you (Core Cover), or you and your dentist (Premium Cover). Incomplete claim forms will be returned.
- In any event claim forms must be completed at your own expense and should be received by us within 30 days of paying for your treatment (unless this was not reasonably possible).

- Claims settlement will only be made payable to the policyholder or other persons covered by this policy. Claims will not be settled directly with any dentist or any other third party.

In order to assess your claim we may request additional information from you.

Claims may be assessed by our Dental Adviser who may seek guidance from the **General Dental Council** to help assess the eligibility of your claim.

Be aware:

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

For claims over £500 (including complete episodes of treatment where the combined total cost of the claim is over £500 even if individual bills submitted are less than £500) you may be required to submit your current dental treatment plan and/or copies of your dental records.

We may not pay your claim if we have not received proof of all facts relevant to your claim.

This may include but not be limited to:

- proof of your eligibility for cover on the date of treatment;
- proof of the dental treatment, which may be by way of a medical report (at your own expense);
- information which we reasonably require to allow us to assess the eligibility of your treatment. This may include, but not be limited to, your previous and current dental treatment plan and/or copies of your dental records;
- for claims under the **dental accident** benefit, details of the accident, which may include, but not be limited to, the date of the accident, witness statements, photographs, x-rays, medical and dental reports and police incident numbers; and
- for claims made under the dental emergency or **dental accident** benefits, if treatment is received abroad, we will require you to provide, at your own expense, an English translation of any supporting documents.

There may be instances where we are uncertain about the eligibility of a claim. If this is the case, we may at our own cost ask a dentist or other medical specialist, chosen by us, to advise us about the medical facts relating to a claim or to examine you in connection with the claim.

In choosing a relevant dentist or medical specialist we will take into account your personal circumstances. You must co-operate with any dentist or medical specialist chosen by us or we will not pay your claim.

Please note:

In order to maintain **premiums** at reasonable levels we reserve the right to investigate and challenge dentists who charge fees over and above those usually charged for similar treatment.

What to do if your claim relates to an injury or medical condition that was caused or contributed to by another person

You must tell us as quickly as possible if you believe someone else or something (i.e. a third party) contributed to or caused the need for your dental treatment, such as a road traffic accident, an injury or potential clinical negligence.

This does not change the benefits you can claim under this policy (your “Claim”) and also means that you can potentially be repaid for any costs you paid yourself, such as if you paid for dental treatment that wasn’t covered by your policy. Where appropriate, we will pay our share of the Claim and recover what we pay from the third party. We may use external legal, or other, advisers to help us do this.

Where you bring a claim against a third party (a “Third Party Claim”), you (or your representatives) must:

- include all amounts paid by us for dental treatment relating to your Third Party Claim (our “Outlay”) against the third party;
- include interest on our Outlay at 8% p.a.;
- keep us fully informed on the progress of your Third Party Claim and any action against the third party or any pre-action matters;
- agree any proposed reduction to our Outlay and interest with us prior to settlement. If no such agreement has been sought we retain the right to recover 100% of our Outlay and interest directly from you;
- repay any recovery of our Outlay and interest from the third party directly to us within 21 days of settlement;
- provide us with details of any settlement in full.

In the event you recover our Outlay and interest and do not repay us this recovered amount in full we will be entitled to recover from you what you owe us and your policy may be cancelled in accordance with Section 7 on page 16.

Even if you decide not to make a claim against a third party for the recovery of damages we retain the right (at our own expense) to make a claim in your name against the third party for our Outlay and interest. You must co-operate with all reasonable requests in this respect.

The rights and remedies in this clause are in addition to and not instead of rights or remedies provided by law.

4. Eligibility

You can only be covered under the terms and conditions of this policy, from the **commencement date**, if:

- (i) you are resident in the **UK** for at least 180 days during the **year**; and
- (ii) Core Cover members, you are aged 18 years or over at the **commencement date**.

Be aware:

Core Cover members cannot include children under 18 on the policy as the NHS provides dental treatment free for children under 18.

Premium Cover members can add children to their policy until the child reaches 18. Children can remain on the policy after their 18th birthday but they will be charged adult prices.

Your insurance cover under this policy will end at the expiry of the policy **year**.

Please note:

We will write to you prior to the end of any policy **year** to let you know whether we intend to renew your policy and on what terms.

5. Schedule of benefits

We will pay the benefits shown below to you provided that you comply with the terms and conditions of this policy:

(i) **Routine, remedial and restorative treatments**

(a) Core Cover members

- Full reimbursement for the cost of **NHS dental treatment**.
- If you choose to have a white filling as an alternative to an NHS amalgam filling we will pay the same total amount we would have paid had the filling been provided under the NHS. This may not cover the full cost of the white filling.

Be aware: Some NHS Dental practices will offer you dental treatment with a hygienist. In many cases this is not included in your course of NHS dental treatment and will be carried out as a private patient. This will not be covered under Core Cover.

(b) Premium Cover members

- Up to £175 per person per policy **year** towards the cost of routine examinations, hygiene treatments, **periodontal treatment** and dental x-rays when received as **NHS dental treatment** or as a private patient, in the **UK**.
- Up to £1,000 per person per policy **year** towards the cost of remedial or restorative treatments: we will pay up to 50% towards the cost when received as a private patient in the **UK** and full reimbursement when received as **NHS dental treatment**. Within this limit, we will pay a maximum of £500 per person per **year** towards the cost of crowns, bridges or dental implants for treatment received as a private patient.

(ii) **Dental accident**

For the costs of dental treatment received by you in connection with a **dental accident** – up to a limit of £2,500 per **dental accident** subject to an overall limit of four **dental accidents** per person per policy **year**.

Benefit will only be payable for treatments in connection with **dental accidents** when the treatment commences within a period of one month of the date of the original incident, and while your policy is in force. If this spans a renewal period, we will treat the claim as a continuing claim and we will continue to cover your treatment after the renewal date.

However, in no event will benefit be payable for treatment received more than 24 months after the date of the incident.

(iii) **Emergency dental treatment**

For the cost of **emergency dental treatment** – up to £200 per incident subject to a maximum of four incidents per person per policy **year**.

(iv) **Mouth cancer cover**

This benefit covers the insured for treatment charges up to £12,000 for treatment of **mouth cancer**.

(v) **Hospital cash for dental care and treatment**

If you are admitted overnight as an in-patient under the NHS to receive treatment in relation to a **dental accident** or **mouth cancer** – £60 per night subject to a maximum of 30 nights per person per policy **year**.

6. Exclusions

6a Limitations on your cover relating to treatment in the first few months of the policy, pre-planned treatment or treatment that was identified as necessary before you joined.

This policy does not provide cover for:

(i) Core Cover members:

Any NHS dental treatment costs for routine examinations, hygiene treatments, **periodontal treatment**, dental x-rays, recommended or prescribed remedial or restorative treatment, commenced, completed or paid for:

- prior to the **commencement date** of this policy; or
- within the first month of joining.

(ii) Premium Cover members:

Any treatment costs for routine examinations, hygiene treatments, **periodontal treatment**, dental x-rays, recommended or prescribed remedial or restorative treatments, commenced, completed or paid for:

- prior to the **commencement date** of this policy; or
- within the first three months of joining;

- (iii) Premium Cover members who have transferred to this level of cover from Core Cover:
 - any benefit for treatment received as a private patient within the first three months of moving to this level of cover.
- (iv) Premium Cover members: any **periodontal treatment**, dental x-rays, remedial or restorative treatments identified as necessary at the first appointment after joining if you have not attended the dentist for a routine check up in the 12 months immediately prior to the **commencement date**.
- (v) Any costs incurred for **periodontal treatment**, dental x-rays, remedial or restorative treatment which had been identified as necessary, by a dentist, before you joined.
- (vi) Any costs incurred for treatment, other than for routine check-ups and hygiene treatments, which you ought reasonably to have known you needed before the date you joined.
- (vii) Treatment costs for a **dental accident** relating to an incident that occurred prior to the **commencement date** or within the first month of joining.
- (viii) Treatment costs for **emergency dental treatment** incurred prior to the **commencement date** or within the first month of joining.
- (ix) **Mouth cancer** diagnosed before or within 90 days of when you were first provided with **mouth cancer** cover by us or for which tests or consultation began within those 90 days, even if the diagnosis is not made until later.

6b Exclusions that relate to the type of dental treatment you can claim for.

This policy does not provide cover for:

- (i) Any treatment received in the **UK** that is not carried out by a dental professional who is registered with the **General Dental Council**.
- (ii) Treatment which is experimental or unproven, by which we mean treatment that is not recognised by the **General Dental Council**.
- (iii) Any costs incurred as a consequence of treatment that is not eligible under your policy, including increased treatment costs.
- (iv) Laboratory fees associated with excluded treatment.
- (v) Prescription charges unless related to claims paid under the **dental accident** or **emergency dental treatment** benefits.
- (vi) Mouthguards, gum shields or any dental appliances, unless as part of a course of **NHS dental treatment**.
- (vii) Core Cover members: **Implants** and all costs associated with the preparation and fitting of such a device (including crowns), unless as a result of a **dental accident**.
- (viii) Bleaching or other tooth whitening and orthodontics, unless as part of a course of **NHS dental treatment**.
- (ix) Cosmetic treatment, meaning dental treatment not necessary for the establishment or maintenance of oral health.

- (x) Specialist treatment, meaning any form of dental care or treatment beyond the scope of the average competent dental practitioner, including specialist treatment carried out by a dental practitioner specialising in a specific area of dentistry. This exclusion does not apply to specialist treatment needed as a result of a **dental accident**.

As an exception for members who have Premium cover only, we will pay towards treatment with an endodontist or periodontist within the remedial and restorative dental treatment benefit.
- (xi) Wisdom teeth extraction, other than those extracted at the dentist's surgery or as part of a course of **NHS dental treatment**.
- (xii) Treatment, care, repair to, or in connection with 'tooth jewellery', unless as part of a course of **NHS dental treatment**.
- (xiii) Treatment following a **dental accident** for teeth and supporting structures that were not in a stable condition before the **dental accident**.
- (xiv) Loss of, or damage to, dentures other than whilst being worn.
- (xv) Any treatment required as a result or consequence of self-inflicted injuries.
- (xvi) Any treatment required as a result of an illegal activity.
- (xvii) Any treatment required as a result of damage or injury caused whilst training for, or participating in, contact sports unless recommended mouth protection is worn, unless treated on the NHS.

6c General exclusions

This policy does not provide cover for:

- (i) Any benefits if we are not in receipt of all **premiums** due.
- (ii) Payments in excess of the maximum benefits for each **year** as stated above.
- (iii) Any costs incurred for **NHS dental treatment** which are not in line with current published NHS pricing guidelines. Please contact us if you need assistance finding these.
- (iv) Charges made by a dental professional when that dental professional is a member of your family.
- (v) Any costs incurred for treatment that is not clinically appropriate.
- (vi) Costs incurred for missed appointments.
- (vii) Reimbursement for travelling expenses or telephone calls.
- (viii) Call out fees if a dentist charges to open their surgery to treat you in an emergency outside of their normal surgery hours.
- (ix) Any costs incurred for home visits other than the costs of treatment as set out in section 5 ('Schedule of benefits').

6d Additional exclusions or conditions relating to the mouth cancer benefit

In addition to the other terms, conditions and exclusions of the policy, if you are claiming benefit for **mouth cancer** there is no cover under this policy for:

- (i) **Mouth cancer** diagnosed before or within 90 days of when you were first provided with **mouth cancer** cover by us, or for which tests or consultation began within those 90 days, even if the diagnosis is not made until later.
- (ii) Charges for consultations or tests for non-invasive tumours under the **mouth cancer** cover benefit.

In addition:

- (i) The benefits will be paid only for treatment received within 18 calendar months of the date of diagnosis.
- (ii) Benefits will be paid only for one course of treatment in connection with a specific occurrence of **mouth cancer**.
- (iii) No further benefits are payable in the event of a recurrence of this same cancer, either at the same site or at a different location within the **oral cavity**.
- (iv) Benefit will be paid only for treatment given by a consultant who is recognised as a specialist in cancer treatment by the NHS or treatment provided by another medical practitioner under referral from a consultant.

7. General conditions

- (i) The maximum benefits payable, within the policy **year** as stated in the schedule of benefits, is the maximum benefit payable for all claims regardless of the number of policies you may have with us.
- (ii) This contract between you and us is made up of these terms and conditions, your membership statement and any endorsement provided by us.
- (iii) Non payment of any **premiums** due will result in us suspending your benefits and taking all necessary action to recover monies outstanding.
- (iv) You and we are free to choose the law that applies to this policy. In the absence of an agreement to the contrary, the law of England and Wales will apply.
- (v) The policy is written in English and all other information and communications to you relating to the policy will also be in English.
- (vi) All policyholders must provide a **UK** mailing address.
- (vii) All correspondence including claims settlement will be directed to the policyholder using the address currently held by us.
- (viii) We will write to you prior to the end of any policy **year** to let you know whether we intend to renew your policy and on what terms. We reserve the right to refuse to renew the policy.
- (ix) If we write to you to offer renewal and we do not hear from you in response, then we may assume that you wish to renew your current policy on those new terms. Where you have opted to pay the **premium** by Direct Debit or other payment method, we may continue to collect **premiums** by such method for the new policy **year**.
- (x) If we do not receive your **premium**, this may affect your cover.
- (xi) If you have more than one AXA Health policy covering dental benefits, you may only submit each claim on one of the policies.

(xii) In the event that you obtain cover via fraudulent means, or make a fraudulent claim, we reserve the right to cancel your policy, demand that any such claim settlements are repaid by you, and/or take the appropriate legal action against you.

(xiii) If you break any terms of your policy that we reasonably consider to be fundamental, we may do one or more of the following:

- refuse to pay any claims;
- recover from you any loss caused by the break;
- refuse to renew your policy;
- impose different terms to the cover;
- end your policy and all cover immediately.

If you (or anyone acting on your behalf) claim knowing that the claim is false or fraudulent, we can refuse to pay that claim and may declare your policy void, as if it never existed. If we have already paid the claim we can recover what we have paid from you.

If we pay a claim and the claim is later found to be wholly or partly false or fraudulent, we will be able to recover what we have paid from you.

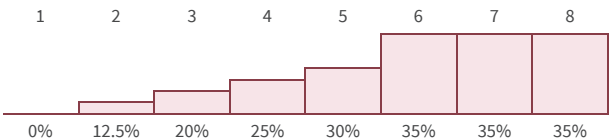
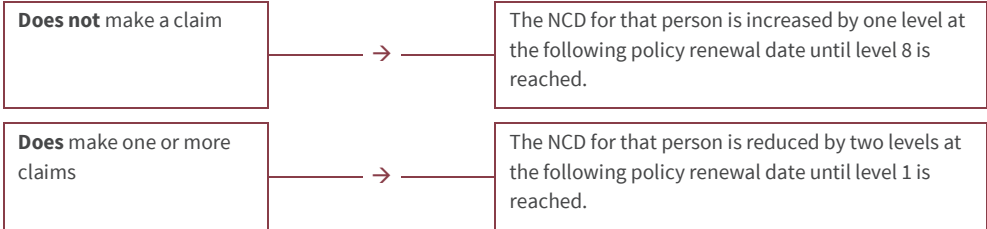
(xiv) We will not do business with any individual or organisation that appears on an economic sanctions list or is subject to similar restrictions from any other law or regulation. This includes sanction lists, laws and regulations of the European Union, United Kingdom, United States of America or under a United Nations resolution. We will immediately end cover and stop paying claims on your policy if you or a family member are directly or indirectly subject to economic sanctions, including sanctions against your country of residence. We will do this even if you have permission from a relevant authority to continue cover or premium payments under a policy. In this case, we can cancel your policy or remove a family member immediately without notice, but will then tell you if we do this. If you know that you or a family member are on a sanctions list or subject to similar restrictions you must let us know within 7 days of finding this out.

8. Additional information

The no claims discount

How does the no claims discount scale operate?

This policy has a no claims discount (NCD) and your current NCD level is shown on your membership statement, this means that in any NCD year where a person covered on the policy:



If you have further claim free years once you reach level 6, your NCD remains at 35% but you will continue to move up the scale until you reach level 8. This means that if you have a claim whilst you are at level 8, although your NCD would reduce by 2 levels, your NCD will remain at 35%.

What is a claim?

Please note:

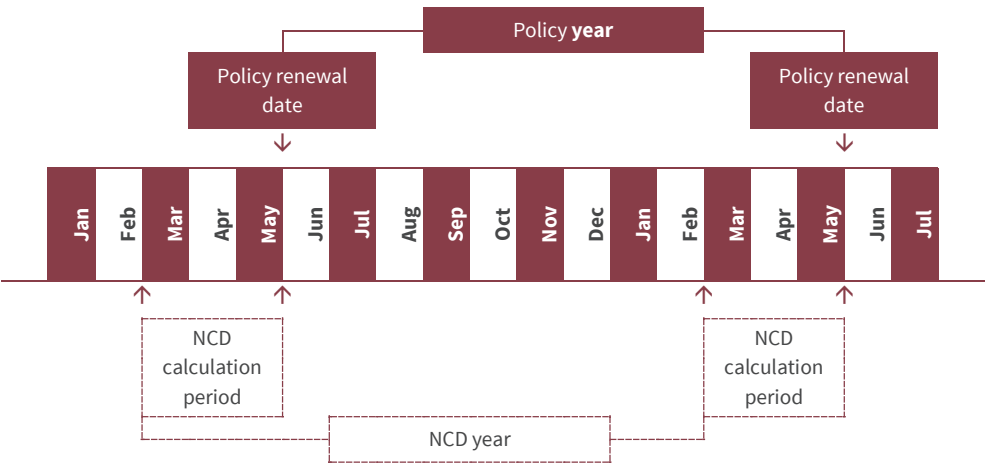
For the purposes of the NCD we do not consider claims made for routine examinations, hygiene treatments, **periodontal treatment**, dental x-rays, **mouth cancer** cover or the hospital cash benefit. If you make a claim for any of these benefits it will not be classed as a claim for the purpose of calculating your level of NCD.

- For the purposes of the NCD a claim is any amount of money we pay, no matter how small (except for claims for the benefits listed above as specifically excluded).
- The claim is recorded based on the date it is paid by us, rather than the date the treatment is received.

When do you calculate the NCD?

Your NCD level is calculated up to three months prior to your policy renewal date. This means that a claim paid in the NCD calculation period may not impact on your NCD until the following **year's** renewal.

The following diagram shows how the NCD calculation period works for a customer whose policy renews in June, please refer to your membership statement for confirmation of when your policy renews.



Should I pay for treatment myself to maintain my NCD level?

Before asking us to pay a small amount of money you should consider the effect this may have on the NCD for the following **year**. It may be appropriate for you to meet the cost of the treatment in order to preserve the NCD, for example if it turns out that no further treatment is going to be needed. However, your first consideration should always be ensuring that you receive the treatment you need.

At renewal, if we have paid claim(s) during the previous NCD year, you may choose to reimburse us the value of the claim(s). If you do this within 30 days of the policy renewal date we will recalculate your **premium** so you continue to benefit from the NCD.

9. Complaint and regulatory information

Sales

When we sell our policies directly to customers we provide information to help customers make the right decisions for their needs but we do not offer a personal recommendation for any of our policies. You may also have bought your policy through an intermediary or broker, in which case they will inform you whether they offer a personal recommendation.

Cancellation

Should you wish to cancel your policy with us, you can do so by informing us directly via telephone, letter, fax or email. If you pay monthly you can cancel your policy from the next monthly payment date. If you pay annually you can cancel your policy and receive a pro-rata refund of your **premiums**

based on the whole months remaining in the **year**. We will deduct an administration fee of £20 and the costs of any claims for that **year**.

We may cancel your policy by sending 28 days written notice to you at your last known address. We will refund any **premium** paid for the remaining period of insurance.

Your 14 day cooling-off period

You will have a 14 day cooling-off period which begins on the day your contract is agreed or the day you received your full policy terms and conditions if this is later, and will also apply from each renewal date. If, for any reason, you do not wish to proceed, you may cancel your policy at any time during this period and owe nothing. Any money which you have paid or which we have collected will be returned to you as long as no claims have been made on the policy in relation to the period of cover before cancellation (that is not more than 14 days' cover). If you incur claims costs within that period of cover, we reserve the right to require you to pay for the services we have actually provided in connection with the policy – to the extent permitted by law – and any return of **premium** is subject to this. If you do not cancel the policy during the cancellation period, the policy will continue on the terms described in this handbook for the remainder of the policy **year**.

Your personal information

Here is a summary of the data privacy notice that you can find on our website axahealth.co.uk/privacy-policy.

Please make sure that everyone covered by this policy reads this summary and the full data privacy notice on our website. If you would like a copy of the full notice call us on 0800 206 1781 and we'll send you one.

We want to reassure you we never sell personal member information to third parties. We will only use your information in ways we are allowed to by law, which includes only collecting as much information as we need. We will get your consent to process information such as your medical information when it's necessary to do so.

We get information about you and the family members who are covered by your policy from you, those family members, your healthcare providers, your employer (if you are on a company scheme), your insurance broker if you have one and third party suppliers of information, such as credit reference agencies.

We process your information mainly for managing your membership and claims, including investigating fraud. We also have a legal obligation to do things such as report suspected crime to law enforcement agencies. We also do some processing because it helps us run our business, such as research, finding out more about you, statistical analysis for example to help us decide on premiums and marketing.

We may disclose your information to other people or organisations. For example we'll do this to:

- manage your claims, e.g. to deal with your doctors or any reinsurers;
- manage your policy with your insurance broker;
- help us prevent and detect crime and medical malpractice by talking to other insurers and relevant agencies; and
- allow other AXA companies in the **UK** to contact you if you have agreed.

Where our using your information relies on your consent you can withdraw your consent, but if you do we may not be able to process your claims or manage your policy properly.

In some cases you have the right to ask us to stop processing your information or tell us that you don't want to receive certain information from us, such as marketing communications. You can also ask us for a copy of information we hold about you and ask us to correct information that is wrong.

If you want to ask to exercise any of your rights just call us on 0800 206 1781 or write to us at Continuous Improvement Team, AXA Health, Phillips House, Crescent Road, Tunbridge Wells, Kent TN1 2PL.

If you want to contact the Data Protection Officer you can do so at Data Protection Team, Phillips House, Crescent Road, Tunbridge Wells, Kent TN1 2PL.

Not happy with our service?

The most important thing for us is to help resolve your concerns as quickly and easily as possible. We'll do all we can to resolve your complaint by the end of the next business day. However, if we can't do this, we'll contact you within five working days to acknowledge your complaint and explain the next steps. Letting us know when you're unhappy with our service gives us the opportunity to put things right for you and improve our service for everybody.

No matter how you decide to communicate your concerns, we'll listen.

You can call us on 0800 206 1781, or write to us at:

**AXA Health
Phillips House
Crescent Road
Tunbridge Wells
Kent, TN1 2PL**

To help us resolve your complaint, we'll need the following:

- Your name and membership details
- A contact telephone number
- A description of your complaint
- Any relevant information relating to your complaint that we may not have already seen.

The Financial Ombudsman Service

We will generally issue our final response within eight weeks from when you originally contacted us. However, we will respond sooner than this, if we are able.

If it looks as though our review of your complaint will take longer than this, we will let you know the reasons for the delay and will keep you updated.

If we cannot respond fully to your complaint within eight weeks, or you are unhappy with our final response, you can refer your complaint to the Financial Ombudsman Service for an independent review. The Financial Ombudsman Service will only consider your complaint once we have issued a final response, or if eight weeks has passed since you first notified us of your complaint.

How to contact the Financial Ombudsman Service

**The Financial Ombudsman Service,
Exchange Tower,
Harbour Exchange Square,
London E14 9SR**

By telephone: 0300 1239 123 or 0800 023 4567

Email: complaint.info@financial-ombudsman.org.uk

Website: financial-ombudsman.org.uk

What regulatory protection do I have?

AXA PPP healthcare Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority (FCA) and the Prudential Regulation Authority. The FCA have set out rules which regulate the sale and administration of general insurance, which we must follow when we deal with you. Our register number is 202947. This information can be checked from the FCA website: fca.org.uk

The Financial Services Compensation Scheme (FSCS)

We are also participants in the Financial Services Compensation Scheme established under the Financial Services and Markets Act 2000. The scheme is administered by the Financial Services Compensation Scheme Limited (FSCS). The scheme and may act if it decides that an insurance company is in such serious financial difficulties that it may not be able to honour its contracts of insurance.

The scheme may assist by providing financial assistance to the insurer concerned, by transferring policies to another insurer, or by paying compensation to eligible policyholders.

Further information about the operation of the scheme is available on the FSCS website: fscs.org.uk

10. Definitions

The words which appear in this policy in bold have specific meanings, which are explained below:

Additionally, when we refer to 'you' or 'your' throughout this document, we mean a person who has been accepted for cover under this policy. When you see 'we', 'us' or 'our' we are referring to AXA PPP healthcare Limited, trading as AXA Health, who is the insurance company who underwrite this product.

commencement date – the cover start date as shown as the date of joining on your membership statement or on other notices issued by AXA Health.

dental accident – injury to the teeth or supporting structures (including damage to dentures whilst being worn) caused suddenly and unexpectedly by means of direct external impact.

emergency dental treatment – dental treatment provided at the initial emergency appointment urgently required for the relief of severe pain, arrest of haemorrhage, the control of acute infection or a condition which causes a severe threat to your general health.

Please note for clarity: Any subsequent dental appointment or treatment required after the initial dental emergency visit would need to be claimed for under the benefit for routine, remedial and restorative treatments.

General Dental Council – the organisation which regulates dental professionals in the **UK**.

implant – a titanium root-shaped fixture designed to integrate with the bone, to replace the root of a tooth and support replacement teeth.

mouth cancer – a malignant tumour with its primary site being in the **oral cavity**, which is characterised by the uncontrolled growth and spread of malignant cells and the invasion of tissue. This excludes non-invasive cancer in situ.

NHS dental treatment – treatment provided by a dentist and charged in accordance with the current and prevailing NHS charging structure.

oral cavity – the hard and soft palate; accessory, salivary, lymph and other gland tissue in the mucosal lining of the oral cavity as defined but excluding the tonsils.

periodontal treatment – treatment for diseased or inflamed gums.

premium – the money due to us with regard to the provision of this policy.

United Kingdom (UK) – Great Britain, Northern Ireland including Channel Islands and Isle of Man.

year – the 12 month period immediately following the **commencement date** or, in the case of a renewed policy, the 12 month period immediately following the renewal date.

11. Frequently asked questions

- Q. If I have an NHS dentist would the treatment I have at the dental surgery always be NHS treatment?
- A. You should always check with your dentist if you are unsure if the treatment you are having is **NHS dental treatment**. Sometimes an NHS dentist may offer you dental treatment that is not covered under the NHS.
- Q. I need a filling and I would prefer to have a white filling rather than an amalgam (silver) filling but this is not available as part of my course of NHS dental treatment. Will this be covered under Core cover?
- A. Core cover is designed to cover NHS dental treatment. If you choose to have a white filling as an alternative to an NHS amalgam filling we will pay the same total amount that we would have paid had the filling been provided under the NHS. This may not cover the full cost of the white filling.
- Q. If I have a scale and polish, what benefit would that be paid from?
- A. A scale and polish is a routine hygiene treatment and benefit would be paid from the benefit for routine examinations, hygiene treatments, **periodontal treatment** and dental x-rays.
- Q. If I broke a tooth whilst I was eating would I be able to claim from the benefit for **dental accident**?
- A. No because that would be an injury caused by something that is inside your mouth rather than from an external impact.
- Q. If I have a dental emergency and I need treatment after the initial appointment would this be covered under the **emergency dental treatment** benefit?
- A. The **emergency dental treatment** benefit covers the initial appointment only, so any subsequent dental appointment or treatment that you needed after the initial emergency visit would need to be claimed for under the benefit for routine, remedial and restorative treatments.
- Q. I have an amalgam (silver coloured) filling and although there is nothing wrong with it, I want to have it changed to a white filling – would this be covered by the policy?
- A. No because the policy is designed to cover you for treatment that is clinically necessary and does not cover treatment that is cosmetic.
- Q. If my teeth are healthy but I choose to have them crowned in order to improve their appearance, would this be covered by the policy?
- A. No because the policy is designed to cover you for treatment that is clinically necessary and does not cover treatment that is cosmetic.
- Q. What is meant by treatment being clinically necessary?
- A. This means treatment that is necessary for the establishment and maintenance of oral health.

Notes



Health



This private medical insurance plan is underwritten by AXA PPP healthcare Limited.

AXA Health is a trading name of AXA PPP healthcare Limited (Registered No. 3148119). Registered in England and Wales. Registered office: 20 Gracechurch Street, London EC3V 0BG. AXA PPP healthcare Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority.

Aspects of policy administration may be undertaken on behalf of AXA PPP healthcare Limited by AXA Health Limited (Registered No. 12839134). AXA Health Limited is authorised and regulated by the Financial Conduct Authority.

Write to us at: AXA Health, Phillips House, Crescent Road, Tunbridge Wells, Kent TN11 2PL. We may record and/or monitor calls for quality assurance, training and as a record of our conversation. For information about AXA Health, visit axahealth.co.uk/aboutaxahealth.