

# **ENDORSEMENT**Attaching to and forming part of the Policy Number PA RTT260274

# **Dental Cover Extension**

Contents		Page
Definitions		2
Additional Claims Settlement Conditions		3
General Exclusions		4
Dental Cover - Section 1	Dental Injury	5
Dental Cover - Section 2	Emergency Dental Treatment	6
Dental Cover – Section 3	Dental Call-Out Fees	7
Dental Cover – Section 4	Hospitalisation	8
Dental Cover – Section 5	Mouth Cancer Cover	9
Schedule of Cover		10

#### **Definitions**

## **Contact Sport**

Any sport in which contact with players either deliberate or incidental is allowed and where it is common practice to wear mouth protection

# **Country Of Residence**

The country in which the Beneficiary is resident

#### **Dental Implant**

A titanium root-shaped fixture designed to integrate with the bone to replace the root of a tooth and support the replacement teeth

### **Dental Injury**

An injury to the teeth or supporting structures (including damage to dentures whilst being worn) which is caused suddenly and unexpectedly by means of a direct external impact

#### **Dental Specialist**

A specialist dental practitioner accredited by the General Dental Council (GDC) in Britain practising in one of the recognised dental specialist areas contained within 'The Specialist List' held by the GDC at <a href="https://www.gdc-uk.org">www.gdc-uk.org</a>

#### Dentist

In Britain - a dental surgeon who is currently registered with the General Dental Council (GDC) together with any other regulatory authority

Outside of Britain – a dental surgeon who is currently registered with the appropriate national regulatory authority

#### **Dentist Call-Out**

The necessity for a Dentist in Britain to re-open the practice between the hours of 6.00pm and 8.00am on weekdays or weekends and Bank Holidays or if outside of Britain then outside the practice's normal working hours

# **Emergency Dental Treatment**

Initial dental treatment provided at the initial emergency appointment urgently required for the relief of severe pain arrest or haemorrhage the control of acute infection or condition which causes a severe threat to the Beneficiary's general health. Any subsequent treatment required after the initial emergency appointment is specifically excluded

#### **Mouth Cancer**

A malignant tumour with its primary site being in the hard and soft palate gland tissue (including accessory salivary lymph and other gland tissue in the mucosal lining of the oral cavity but excluding the tonsils which is characterised by the uncontrolled growth and spread of malignant cells and the invasion of tissue) This excludes non-invasive cancer in situ and HIV related tumours

## **Mouth Protection**

A sports mouth guard

## **Permanent Treatment**

Definitive treatment that is clinically necessary to secure and maintain oral health

## **Restorative Dental Treatment**

Clinically necessary dental treatment required to maintain the oral health of a patient in the opinion of the Insured's Dentist This may include treatment such as fillings crowns bridges and dentures

## **Specialist Dental Treatment**

Dental treatment carried out by a Dental Specialist within their specialist area

## Additional Claims Settlement Conditions applicable to the Dental Cover Extension

## **Claim Notification**

The Beneficiary must provide written notification of a claim to the Company no later than 60 days from the date they first received dental treatment

# **Evidence Required**

The Beneficiary must produce for the Company at the Beneficiary's own expense all the detailed particulars and evidence relating to the cause detailing the dates and costs of each individual treatment 

Evidence must comprise of a fully itemised receipt or an official document issued by the treating practice in English

Where a receipt or an official document is unobtainable the treating dental surgery must sign the completed claim form Where necessary the Beneficiary may be required to provide relevant x-rays and or dental records in support of a claim. No Benefit will be payable if the Company have not received proof of all facts relevant to the Beneficiary's claim. This shall include but not be limited to

- 1) Proof of the Beneficiary's eligibility for cover on the date of treatment
- 2) Proof of the dental treatment including type of treatment received and date of treatment
- 3) Proof of the dental treatment including type of treatment received and the date of treatment. This may be by way of medical report at the Beneficiary's own expense.
- 4) Where applicable, details of the circumstances of the injury incurred

If the Company considers it necessary each Beneficiary must also agree to a dental examination (which the Company will pay for) as often as the Company may require. The Company at it's own expense may refer to a Dentist or other medical specialist chosen by the Company to advise about medical facts relating to a claim

## **Foreign Currency**

Claims involving foreign currency will be converted into the appropriate currency at the selling rate of exchange published on <a href="https://www.oanda.com">www.oanda.com</a> on the day nearest to the date of the loss or as otherwise paid via documented credit or debit card transaction or as agreed in advance in writing with the Company

## Other Interests

The Beneficiary's receipt shall discharge the Company's liability to pay any amount in respect of a claim. The Beneficiary or the Beneficiary's personal representatives shall have no right to claim from or sue the Company.

## **Reasonable Care**

The Beneficiary must take all reasonable steps to avoid or minimise any injury damage or expense

# General Exclusions applicable to the Dental Cover Extension Sections 1 to 5

The Company will not pay any claim for

- 1) treatment not deemed to be clinically necessary
- any dental treatment which was prescribed planned diagnosed as necessary or was ongoing at the date the Beneficiary's cover commenced with the Company
- 3) damage caused by tooth brushing or other oral hygiene procedures
- 4) loss of or damage to dentures other than whilst in the mouth
- 5) reimbursement of travelling expenses incidental expenses or telephone costs
- treatment care or repair of teeth gums mouth or tongue in connection with 'mouth jewellery'
- 7) toothbrushes mouthwash or dental floss or any other dental consumables
- 8) wisdom teeth extractions or any other dental procedures carried out by a hospital
- 9) routine examinations
- 10) restorative treatment other than treatment necessitated as a result of Dental Injury
- 11) hygiene treatment other than treatment necessitated as a result of Dental Injury
- 12) dental xrays other than xrays necessitated as a result of Dental Injury

## Dental Cover - Section 1 - Dental Injury

## The Cover

If during the Operative Time the Beneficiary sustains Dental Injury the Company will pay for Dentist Specialist or Dentist expenses necessarily incurred within 2 years of the date the need for treatment first arose the Company will pay

- 1) up to £2,500 per course of treatment per Dental Injury for up to a maximum of four incidents in any one Period of Insurance
- for dental prescription charges in connection with the Dental Injury for up to a maximum of four incidents in any one Period of Insurance
- for Dental Implants that are clinically required we will pay up to £1,000 towards the cost of the equivalent bridgework treatment

#### **Extension to Section 1**

## **Ongoing Treatment**

Cover under this Section shall extend to include ongoing treatment for which the Beneficiary was in receipt of prior to the Beneficiary's cover commencing with the Company provided that this cover immediately supersedes a similar annual insurance (whether provided by the Company or not) subject to a maximum treatment period of 90 days

## **Exclusions to Section 1**

# The Company will not pay for Dentist Specialist or Dentist expenses

- in connection with Dental Injuries where treatment commences more than 26 weeks after the date of the original incident and or notification of an intention to claim
- incurred more than 2 years after the date of the Dental Injury
- 3) where the Dental Injury occurs in the consumption of food including foreign bodies contained within food
- 4) where Dental Injury occurs whilst training for or participating in Contact Sports unless appropriate Mouth Protection is being worn at the time of the injury
- 5) as a result of self inflicted Dental Injury
- 6) as a result of Dental Injury caused by endoscopic procedures

## The Company will not pay for

7) Dental Implants

# **Dental Cover – Section 2- Emergency Dental Treatment**

## The Cover

If during the Operative Time the Beneficiary requires Emergency Dental Treatment the Company will pay for an initial emergency appointment with a Dentist Specialist or Dentist

- 1) up to £200 of treatment per incident up to a maximum of four incidents in any one Period of Insurance for dental expenses incurred in Britain or
- up to £400 of treatment per incident up to a maximum of two incidents in any one Period of Insurance for dental expenses incurred outside of Britain

or a combination of both subject to the Benefit Limits shown below up to an overall maximum of £800 in any one Period of Insurance

3) for dental prescription charges in connection with the Emergency Dental Treatment provided for under 1) and 2) above

## **Exclusions to Section 2**

# The Company will not pay

- 1) for any subsequent routine treatment required after the initial emergency appointment
- 2) for any costs of Permanent Treatment
- 3) for treatment exceeding £800 per Policy year under this Benefit

# **Dental Cover - Section 3 - Dentist Call-Out Fees**

# The Cover

If during the Operative Time the Beneficiary incurs Dentist Call-Out fees in the event of a Dental Injury or Initial Emergency Dental Treatment

# The Company will pay

Up to £100 per incident up to a maximum of two incidents in any one Period of Insurance

# **Dental Cover - Section 4 - Hospitalisation**

# The Cover

If during the Operative Time a Dental Injury results in the Beneficiary being admitted to a licensed medical or surgical hospital as an in-patient for dental treatment under the care of a consultant specialising in dental or maxillofacial surgery in relation to a head or neck condition

# The Company will pay

£50 per night up to a maximum of £1,000 in any one Period of Insurance

#### **Dental Cover - Section 5 - Mouth Cancer Cover**

## The Cover

If during the Operative Time the Beneficiary is diagnosed with Mouth Cancer which requires medical treatment within 78 weeks of diagnosis the Company will pay up to £12,000 towards the cost of one course treatment for Mouth Cancer provided by a consultant who is recognised as a specialist in cancer by the NHS or the States of Guernsey and Jersey or the Beneficiary's Country Of Residence or treatment provided by another medical practitioner under referral from a consultant

## **Exclusions to Section 5**

## The Company will not pay

- for treatment of Mouth Cancer which was diagnosed prior to or within 90 days of when cover commenced with the Company
- 2) for treatment of Mouth Cancer where the Beneficiary has undergone tests or consultation prior to or within 90 days of when cover commenced with the Company even where diagnosis was not made until after the 90 day period
- 3) for any cost of treatment received after 78 weeks following the date of diagnosis of Mouth Cancer
- for not more than one course of treatment in connection with a specific occurrence of Mouth Cancer
  No further benefits are payable in the event of a re-occurrence of the same cancer either at the same site or at
  a different location
- 5) for fees for consultations or tests incurred as a result of non invasive tumors or tests not resulting in a diagnosis of Mouth Cancer
- 6) Mouth Cancer related directly or indirectly to HIV infection or AIDS
- 7) Mouth Cancer resulting from the chewing of tobacco products or betel nut or from prolonged alcohol abuse

Policy Number PA RTT260274

<u>Insured</u> The Trustees of Merseyside Police Federation Joint Branch Board

## **Period of Insurance**

From 1<sup>st</sup> April 2016

To 31st March 2017—both dates inclusive

Renewal Date 1st April

## **Premium**

Actual number of Beneficiaries as declared by the Insured to Philip Williams & Co based on agreed rates and declared every month

IPT is included in the premium at the prevailing rate

# **Beneficiaries**

**Beneficiary A** Any serving Police Officer in Merseyside Police and co-habiting partner resident in Britain for whom premiums have been paid by the Insured

**Beneficiary B** Any retired Police Officer and co-habiting partner resident in Britain who had previously served in Merseyside Police for whom premiums have been paid by the Insured

In respect of **Beneficiary B** retired Police Officers cover extends to those living outside of Great Britain

No cover for Dental benefits will be payable for any Beneficiary aged 70 or over