



your dental plans

Your practice. Your patients. Your choice.



SUPPLEMENTARY INSURANCE POLICY SUMMARY

This is a brief description of your Supplementary Dental Injury and Emergency Insurance. It does not contain the full terms and conditions. Full details of the cover applicable, benefits payable, terms, conditions and exclusions are contained within the enclosed policy document. The policy document is also available from your dental practice. The Supplementary Insurance is underwritten by ACE European Group Limited and is administered by DPAS Ltd, both of which are authorised and regulated by the Financial Services Authority. DPAS is an agent of ACE and acts only for ACE in the arrangement of the Supplementary Insurance.

The Supplementary Insurance provides cover for costs incurred for temporary dental treatment as a result of a dental emergency when away from home or abroad, and cover towards the cost of permanent dental treatment following a dental injury. It also provides for the payment of out-of-hours fees when dentists are required to open their dental surgery to treat you in an emergency. There is also a hospital cash benefit payable when you are under the care of a dental or oral/maxillo facial surgeon and a cash benefit payable following the diagnosis of mouth cancer.

POLICY DURATION

The Supplementary Insurance is a monthly contract, which continues for as long as you continue to pay your monthly premiums. You should review and update your cover periodically to ensure it remains adequate.

CANCELLATION

If you decide within 14 days of receiving the policy document that this insurance does not meet your requirements, you may return the policy document to DPAS for cancellation. A full refund of any premium paid will be allowed, provided no claims have been made. As the Supplementary Insurance is an integral part of the Dental Plan, cancellation of the insurance will automatically cancel your membership of the Dental Plan.

HOW TO MAKE A CLAIM UNDER THE SUPPLEMENTARY INSURANCE

A completed claim form, together with any necessary supporting documentation, should be submitted to the Insurance Department at DPAS as soon as possible (see also "How To Make A Claim" within the enclosed policy document). Claim forms are available either from your dental practice or DPAS (see Useful Contact Details). If you need to discuss your claim at any stage, please contact DPAS.

HOW TO MAKE A COMPLAINT IN CONNECTION WITH THE SUPPLEMENTARY INSURANCE

If you are dissatisfied with the service provided in relation to the Supplementary Insurance, or if you feel an incorrect decision has been made, please contact The Insurance Department at DPAS (see Useful Contact Details). If you are still not satisfied, please contact the Accident & Health Customer Service Manager at ACE, providing your name, address and policy details. ACE is a member of the Financial Ombudsman Service, so if your complaint still remains unresolved, you are entitled to approach the Financial Ombudsman for assistance. A leaflet explaining its procedure is available on request from ACE. These complaint procedures do not affect your legal rights.

FINANCIAL SERVICES COMPENSATION SCHEME (FSCS)

In the unlikely event of ACE being unable to meet its liabilities, you may be entitled to compensation under the Financial Services Compensation Scheme (see Useful Contact Details).

BENEFITS	NOTES
Treatment following dental injury.	To assist with the cost of treatment after a dental accident. Treatment limits and an overall limit per calendar year apply (see section 1 of the policy document).
Temporary emergency dental treatment in the UK and abroad.	Payment towards temporary emergency treatment when away from your own dentist. Treatment limits and an overall limit per incident and per calendar year apply (see section 2 of the policy document).
Out of hours consultation for dental emergency or dental injury.	Pays a call out charge to a dentist who opens their surgery to treat you in a dental emergency (weekends, Bank Holidays and 6pm to 8am weekdays. See section 2 of the policy document).
Hospital Cash Benefit.	Pays a benefit per night when staying overnight in hospital under the care of a dental or oral/maxillo facial surgeon (see section 3 of the policy document).
Mouth Cancer Benefit.	A benefit payable when first diagnosed by a qualified dentist or doctor (see section 4 of the policy document).

WHAT ARE THE MAIN EXCLUSIONS OF THE SUPPLEMENTARY INSURANCE?	WHERE CAN I FIND MORE INFORMATION?
Dental injuries: i) where the need for treatment does not become apparent within one week of the injury incident; ii) resulting whilst participating in boxing or rugby unless appropriate mouth protection is worn.	Section 1 of the policy document.
Implants.	Section 1 of the policy document.
Permanent treatment in a dental emergency.	Section 2 of the policy document.
Emergency treatment provided by your own dentist or a dentist/specialist acting on your dentists behalf.	Section 2 of the policy document.
Mouth cancer diagnosed before joining the Dental Plan.	Section 4 of the policy document.

USEFUL CONTACT DETAILS

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Financial Ombudsman Service
South Quay Plaza, 183 Marsh Wall, London, E14 9SR
Tel: 0845 080 1800 Fax: 02027 9641001
Website: www.financial-ombudsman.org.uk

Financial Services Compensation Scheme
7th Floor Lloyds Chambers, Portoken Street, London E1 8BN
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