

Dental insurance for Benni

Employer Guide

unum.co.uk/dental

Unum Dental is a trading name of Unum Limited which is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Registered Office: Milton Court, Dorking, Surrey, RH4 3LZ. Registered in England 983768. We monitor telephone conversations and e-mail communications from time to time for the purposes of training and in the interests of continually improving the quality of the service we provide.

Welcome to Unum Dental

This document explains the main features of our dental product and includes important information to help you understand the cover we offer, any exclusions that apply and how a member can make a claim.

References to 'we' and 'us' in this document mean the insurer, Unum Limited. References to 'you' and 'your' mean the employer. By member, we mean the individuals who have been accepted for cover by Unum Dental.

The full terms and conditions of the contract between us and you can be found in this [terms of cover](#) document. Please ensure you read and understand these terms before agreeing to enter into a policy with us.

Member portal

Members can log in to our member portal at any time to make claims, view documents and keep up to date on their policy benefit limits – visit <https://mypolicy.unum.co.uk> to get started.

General queries

For general queries, call 020 7480 7111 or email dental@unum.co.uk.

Office hours are Monday to Friday, 9am to 5pm.

Office address

Unum Dental
Milton Court
Dorking
Surrey
RH4 3LZ

The Clear benefit schedule

The table below lists the treatments and cover available under this policy. Please see 'More about your benefits' for full details and policy exclusions.

		Essential	Standard	Premium
Overall limit	Annual limit for all listed treatment ¹	N/A	£950	£1,250
NHS	100% NHS dental cover	✓	✓	✓
Check-ups	Examinations (annual limit)	100% NHS	£50	£60
X-ray	Small x-ray (4 per policy year)	100% NHS	£4	£5
	Medium x-ray (4 per policy year)	100% NHS	£7	£9
	Panoral large x-ray (1 per policy year)	100% NHS	£11	£15
Scalings	With a dentist (2 per policy year)	100% NHS	£13	£17
	With a hygienist (2 per policy year)	100% NHS	£23	£30
Fillings	Silver filling - 1 surface	100% NHS	£12	£15
	Silver filling - 2 surfaces	100% NHS	£14	£18
	Silver filling - 3 surfaces or more	100% NHS	£17	£23
	White filling - 1 surface	100% NHS	£18	£22
	White filling - 2 surfaces	100% NHS	£20	£25
	White filling - 3 surfaces or more	100% NHS	£25	£35
	Pin for filling	100% NHS	£9	£11
Root treatments	Root canal – Incisor/Canine	100% NHS	£35	£45
	Root canal – Premolar	100% NHS	£46	£60
	Root canal – Molar	100% NHS	£68	£80
	Apicectomy	100% NHS	£38	£50
Extractions	Extraction	100% NHS	£15	£20
	Surgical extraction	100% NHS	£40	£50
Veneers and inlays	Veneer (prior approval required)	100% NHS	£70	£80
	Inlays	100% NHS	£80	£90
Implants, crowns and bridges	Implant ²	100% NHS	£260	£320
	Crown	100% NHS	£110	£130
	Post for crown	100% NHS	£20	£30
	Conventional bridge (any number of units)	100% NHS	£260	£320
	Adhesive bridge (any number of units)	100% NHS	£130	£160
	Re-fix, re-cement crown or bridge	100% NHS	£15	£20
Dentures	Acrylic upper or lower denture	100% NHS	£80	£100
	Acrylic upper & lower denture	100% NHS	£160	£200
	Chrome upper or lower denture	100% NHS	£130	£160
	Chrome upper & lower denture	100% NHS	£260	£320
	Repair or reline denture	100% NHS	£25	£30
And the rest	Anaesthetic (per visit)	100% NHS	£50	£60
	Child orthodontics (annual limit) ³	100% NHS	£250	£325
	Mouthguards - including sports guards	100% NHS	£40	£45
	Emergency charge	100% NHS	£25	£30
	Overnight hospital stay - excl. ROI (1 per policy year)	100% NHS	£30	£35
	Accident/injury treatment (annual limit)	N/A	£950	£1,250
	Personal Protective Equipment (PPE) (annual limit)	£50	£50	£50
	Mouth cancer	£10,000	£10,000	£10,000

¹Except for accident/injury treatment and mouth cancer cover which have a separate limit.

²This reimbursement covers all visits related to the implant including fitting the implant crown. We will not pay for more than one implant if a bridge could be fitted as an alternative.

³Insured children only.

More about your benefits

Accident/injury cover

Treatment required as a result of an accident/injury will be subject to the individual treatment maximums shown in the benefit schedule.

By accident/injury, we mean a sudden and unexpected identifiable incident which causes injury, including injuries caused when eating or drinking. Treatment must start within 6 months of the incident date and be completed within 24 months. Accident/injury cover is provided against a single course of treatment and will be paid in line with the policy year in force at the time of the incident. Cover for the incident will end if the member leaves your employment or cancels their cover. By course of treatment, we mean the initial treatment identified or planned by the dentist from the first examination following the accident.

Mouth cancer cover

The amount shown in the benefit schedule is the policy lifetime limit for all eligible treatment including reconstructive facial plastic surgery, oral therapies and restorative dental treatments. We consider mouth cancer to be a malignant tumour, tissue or cells, primarily in the oral cavity, lips, tongue or pharynx, characterised by the uncontrolled growth and spread of malignant cells and the invasion of tissue. Mouth cancer cover will end if the member leaves your employment or cancels their cover.

Personal Protective Equipment (PPE)

We consider PPE to mean any personal protective equipment including face coverings for which you or an insured dependant have been charged whilst visiting your dentist for any insured treatment shown in your benefit schedule. Reimbursement for PPE charges will only be made where the charge is listed in a separate line in the itemised receipt.

Additional information

If the member has chosen Essential cover and receives private treatment, we will reimburse the NHS equivalent charge for the whole course of treatment received.

Dental treatment which is not listed on the benefit schedule will be reimbursed at the amount you would pay if you received an equivalent course of treatment under the English NHS (where an equivalent can be found).

We recommend that members check treatment costs prior to their appointment as these can vary. NHS dentist can choose to charge privately for certain treatments, the current charges can be found on the [NHS Choices](#) website.

Making a claim with Unum Dental

Members can visit any dentist they like worldwide and there's no need to gain prior approval before starting treatment (unless you're claiming for a veneer) but if you'd like to check how much you're entitled to claim please get in touch.

There's no need to use paper forms – with your policy you have access to our online portal to make claiming quick and easy, you can even use your smartphone

How to claim online

1. Ask for an itemised receipt from the dentist which contains a full description of the treatment and costs
2. Visit <https://mypolicy.unum.co.uk> and login using their Unum Dental username and password (registration is required to begin)
3. Select 'Make a claim' on the portal, enter the treatment details, upload a scan or photo of the receipt and hit submit

Please contact us if you wish to submit a claim via a paper form.

Please note

- To ensure the claim is processed as quickly as possible, members should include details of their treatment, **including any anaesthetic received as this needs to be claimed separately**, their dentist's details and proof of payment
 - We cannot process any claim without proof of payment
 - Claims should be submitted within 90 days of the completion of the last treatment in any course. We reserve the right not to pay any claims submitted after 90 days
-

Your dental insurance explained

Membership

Cover is available to all your permanent and fixed-term employees, including directors.

Joining the policy

Voluntary cover

Eligible employees can become members by choosing one of the 3 levels of cover - Essential, Standard or Premium cover as described in the benefit schedule above. Benefits are chosen before the start of the policy and each year within a set period of time we call an enrolment window.

New employees can select any of the levels of cover within 3 months of joining the company. The chosen benefit will apply from the start of the next month.

Employees who do not join at their first opportunity can join during a subsequent annual enrolment.

Members can also choose whether to extend cover to their dependants.

By dependant, we mean the member's:

- Spouse, civil partner or partner living at the same address
- Unmarried child up to the age of 18 or up to 21 if in full time education

Flex cover

You can choose to fund the Essential, Standard or Premium cover for your employees and allow them to upgrade to a higher plan or add dependants at their own cost.

Annual enrolment

If no changes are made during a subsequent annual enrolment window, cover will continue at the level previously chosen.

What we'll cover

We will cover the member and any dependants (if applicable) for treatment while covered under this policy.

Following treatment, we will reimburse the member or their dependant's dental expenses up to the amount shown in the benefit schedule for the relevant treatment. The amount we pay will never be more than the dental charges they have paid. The amounts shown in the benefit schedule apply per insured adult. Insured children share the benefits between any number added to the policy.

The total sum payable to the member or their dependant during any one insurance period cannot exceed the annual maximum amounts shown in the benefit schedule.

By benefit schedule, we mean the document provided to the member to confirm active cover.

By treatment, we mean any listed dental procedure as shown on the benefit schedule which is carried out to maintain or restore dental health, including treatment as a result of an accident/injury and treatment for mouth cancer.

What we won't cover

We will not pay any claim made for:

- Any procedure which is purely cosmetic and not necessary to maintain or restore dental health
- Orthodontics for insured adults (the member and their partner)
- Treatment directly or indirectly resulting from mouth cancer conditions which existed before cover under the policy started
- Treatment carried out before cover starts or after cover ends
- Benefits for overnight hospital stays in the Republic of Ireland (ROI)

Starting and ending cover

We will cover the member (and their dependants if applicable) based on the terms set out in this document.

Cover will end for the member (and their dependants) at the end of the month when:

- They no longer work for you
- They no longer meet the criteria for being a member (or dependant)
- We give the member notice that we are cancelling cover following an unpaid premium
- A false or fraudulent claim is made by the member or a dependant
- The policy is terminated under the terms of the contract

Employee's right to cancel cover within the first 30 days

An employee may cancel their cover within 30 days of choosing to join by letting you know. You must ensure the monthly membership list is updated to reflect any employees who have chosen to cancel.

Cover during temporary absence

Cover can continue during temporary absence from work as long as premiums are paid and the member remains employed by the policyholder.

Where cover ceases as a result of non-payment of premium during temporary absence, the employee can re-join the policy at the next annual enrolment.

Changing cover

Members can change their chosen benefit level, or add or remove a dependant up to twice a year:

- Once on a set day each year (this is usually the policy anniversary) by making changes during the annual enrolment window
- Once a year if their circumstances change. We call these lifestyle events.

The lifestyle events are:

- Marriage or entering a civil partnership
- Divorce or dissolution of a civil partnership
- Birth or adoption of a child
- Death of a dependant

Any benefit changes must be made within 2 months after the lifestyle event and will apply from the next month

Cancellation

The member cannot cancel their membership during the period of cover, unless they leave your company or they have a lifestyle event.

Can the member continue dental cover if they leave the company?

Yes, we offer a continuation option so if the member is leaving your company and would like to keep their cover with us, please visit www.unum.co.uk/dental/continuation within 30 days of their leaving leave date to find out more.

Taxation

This section is based on our understanding of UK tax rules applying to dental insurance policies and is not intended to give definitive advice. For companies registered outside of the UK – eg. in the Channel Islands or Isle of Man, local tax rules apply. You should take advice from an independent financial adviser to ensure you understand the impact of tax on your policy and the benefits it provides.

Premiums

Portion paid by members

You are collecting any members' contributions and paying us the total premium

- The contributions will already have been subject to tax including any Class 1A National Insurance liability
- You cannot offset the contributions as a trading expense
- For the employee there is no tax relief on the contributions paid

Portion paid by employer

- Premiums paid by you to cover your employees are treated as a business expense
- You may be liable for Class 1A National Insurance contributions on the premiums
- Premiums paid by you on their behalf are treated as a P11D expense for employees

This is the same if the premium is paid as part of a salary sacrifice arrangement.

Benefits

Benefits are paid tax-free to the employee.

Complaints

If you feel that we have not offered, you or your employees a first-class service please tell us and we will do our best to resolve the problem immediately. In the first instance, please contact the complaints manager:

- By letter: Unum Dental, Milton Court, Dorking, Surrey, RH4 3LZ
- By phone: 020 7265 7111
- By email: dental@unum.co.uk

If it is not possible to fully resolve the complaint straight away, we will acknowledge the complaint within five working days of receipt. One of our authorised complaints handlers will investigate the complaint and keep you or your employee regularly informed of our progress.

In order to deal with the complaint as quickly as possible we may contact you and third parties for additional information. We will inform you or your employee of the results of our investigation as soon as possible.

The Financial Ombudsman Service

We hope to resolve your complaint to your or your employee's satisfaction. However, if you or your employee remain dissatisfied or if our investigations have not been completed within eight weeks you may be eligible to refer your complaint to the Financial Ombudsman Service (FOS):

The Financial Ombudsman Service
Exchange Tower
London E14 9SR

Telephone Number: 0800 023 4567
E-mail: complaint.info@financial-ombudsman.org.uk
Website: www.financial-ombudsman.org.uk

Data protection

All personal information, or “Protected Data” the member gives us is dealt with in the strictest confidence according to data protection laws. If we send any Protected Data for processing to third parties located outside the European Economic Area, the same duty of confidentiality applies.

Information about the member and any covered family members is held and used to provide the services set out under the terms of this policy, administer their policy, comply with law, and develop customer relationships and services. In certain circumstances, medical service providers (or others) will be asked to supply us with further information.

When they provide information about family members, we take this as confirmation that they have their consent. As they are acting on behalf of any family member covered by this policy, we will send all correspondence, including communications about claims, to the member unless we are advised otherwise.

We are required by law, in certain circumstances, to disclose information to law enforcement agencies about suspicions of fraudulent claims and other crime.

For additional detail on how we use Protected Data, please go to www.unum.co.uk/dental/data-policy.

About Unum

Unum is a leading employee benefits provider offering financial protection through the workplace including: Life insurance, Critical Illness, and Dental cover.

We are committed to workplace wellbeing for both employees and employers and have a wide range of tools designed to help businesses create or enhance their employee wellbeing strategy.

At the end of 2017, Unum protected over 1.6 million people in the UK and paid claims of £306 million - representing in excess of £5.9 million a week in benefits to our customers - providing security and peace of mind to individuals and their families.

Unum Group has a financial strength rating of A (Excellent) from A.M Best with a stable outlook.

Our parent company, Unum Group, is a provider of employee benefits products and services in the United States, including group and individual disability insurance. Premium income for Unum Group and its subsidiaries totalled \$8.6bn in the year ended 31 December 2017, with reported revenues for the group totalling \$11.3bn and total assets of \$64bn. For more information please visit www.unum.co.uk

Unum Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Unum Dental is a trading name of Unum Limited. Registered in England 983768.