



Dencover Boost Dental Insurance

Benefit Schedule

Your Dencover Boost Benefit Schedule

The benefit table below lists the treatments and maximum benefits claimable for each insured person under your Dencover Boost policy for the Policy Year.

Please read the “More about your benefits” section before purchasing cover and receiving treatment as it contains the full details of how your benefit works, treatment definitions, policy exclusions and any pre-authorisation needed.

		Boost 1	Boost 2	Boost 3	Boost 4	Boost 5	Qualifying Period
			NHS Dental Treatment Charges ¹ are covered in full on all plans. The limits below apply to claims made for private treatment.				
Preventative treatment	Examinations – maximum of 2 per Policy Year	NHS Dental Treatment Charges	£30 each	£40 each	£50 each	£60 each	N/A
	Scaling with the dentist or hygienist – maximum of 2 per Policy Year	NHS Dental Treatment Charges	£50 each	£50 each	£80 each	£90 each	
	X-rays – per Policy Year	NHS Dental Treatment Charges	£20	£40	£50	£60	
Minor treatment	Fillings & root canal treatments (FRCT) – per Policy Year	NHS Dental Treatment Charges	£150	£250	£300	£350	60 Days
	Other minor treatment – per Policy Year	NHS Dental Treatment Charges	£50	£75	£100	£125	
			Other minor treatment claims will be subtracted from the annual FRCT treatment limit shown above. For more information, please see “More about your benefits”.				
	Extractions – per Policy Year	NHS Dental Treatment Charges	£125	£175	£225	£250	
Major treatment	Implants, crowns, bridges & dentures (including posts, temporary fittings, re-fix/re-cement and repairs), inlays, onlays and veneers ² – per Policy Year	NHS Dental Treatment Charges	£275	£500	£575	£2,000	
			You can claim 80% of the cost of major treatment. Major treatment claims will be subtracted from the annual limit shown above. For more information, please see “More about your benefits”.				
Additional benefits	Child orthodontics – per Policy Year	N/A	£325	£400	£500	£600	15 Days
	Adult orthodontics ³ – per Policy Year	N/A	£325	£400	£500	£600	
	Mouthguards – per Policy Year	NHS Dental Treatment Charges	£50	£55	£60	£65	
	Emergency call out charge – maximum of 2 per Policy Year	NHS Dental Treatment Charges	£75 each	£100 each	£125 each	£150 each	N/A
	Overnight hospital stay – up to a maximum of £1,000 per Policy Year	N/A	£50 per night	£75 per night	£100 per night	£125 per night	
	Accidental injury treatment – per Policy Year	NHS Dental Treatment Charges	£4,000	£5,000	£6,000	£7,000	
	Personal Protective Equipment (“PPE”) – per Policy Year	£50	£50	£50	£50	£50	60 Days
	Mouth cancer – one-off payment in the lifetime of an insured person	£2,500	£5,000	£7,500	£10,000	£12,000	

More about your benefits

You can visit any dentist you like, including those located outside of the United Kingdom ('UK'), for dental treatment. We will reimburse you or an insured person's dental expenses during your Policy Year, up to the amount shown in the benefit table above for your selected plan. Please note that the maximum benefit detailed in the table above is per insured person. By Policy Year, we mean the 12-month period from the Policy Start Date to the Policy Renewal Date.

The amount that we pay to you will never be more than the charges that you have paid.

If you add an additional insured person during your Policy Year, the benefit limits of the additional insured person(s) will be adjusted pro-rata as follows:

- If they are added to your policy in month 1- 6 of your Policy Year – full annual benefits apply.
- If they are added to your policy in month 7-12 of your Policy Year – annual benefits will be halved.

This will be reflected in the revised Policy Schedule we send to you to confirm the change to the policy.

Qualifying Period

There is a period of time that you will need to wait after the Policy Start Date before you can claim for some treatments. We call this the "Qualifying Period". If any treatment is identified as being required or any treatment has been received during an applicable Qualifying Period, claims will not be approved, and you will not be reimbursed for any charges that you have paid. This applies to all insured persons named on the policy in your first year of cover and the first year of cover of any new insured person(s) added to the policy during your Policy Year, effective from the date they are added to the policy. The Qualifying Period for each treatment is shown in your benefit table.

The Qualifying Periods contained in the benefit table in the Benefit Schedule will apply unless we inform you otherwise. Any waiver of the Qualifying Periods will be contained in your Policy Schedule.

Preventative treatment

Examinations

Means a check-up or examination by a dentist to assess your oral health.

Scaling with a dentist or hygienist

Means cleaning performed by a dentist or a hygienist to maintain your oral health.

X-rays

Means any type of x-ray (including Panoramic x-rays and bitewings) taken to assess your oral health.

Minor treatment

Fillings & Root Canal Treatment (FRCT)

By fillings we mean silver, white or glass ionomer fillings to restore your dental health.

By root canal treatment we mean a procedure needed to treat infection in the centre of a tooth.

Other minor treatment

Means any periodontal treatment, stoning/smoothing, fissure sealants, study models, sensitive cementum, pins and dressings.

Other minor treatments are subject to the specific limit for your selected plan as set out in your benefit table. In addition, where claimed, the specific other minor treatment limit will be deducted from the FRCT annual limit. This means that claims made for such treatments would reduce your remaining benefit for both the FRCT and the other minor treatment limits.

Extractions

Means the routine or surgical removal of a tooth, including the removal of a wisdom tooth.

Major treatment

Means implants, crowns, bridges & dentures including posts, temporary fittings, re-fix/re-cement and repairs, inlays, onlays & veneers (subject to the restriction on veneers set out below).

Where you have selected the Boost 1 plan, we will reimburse you up to the NHS Dental Treatment Charges¹ for a major treatment.

Where you have selected Boost plans 2-5 and have received private dental treatment, we will reimburse a maximum of 80% of the value of each major treatment cost claimed by you. Each approved claim benefit paid to you will be deducted from the major treatment benefit limit for your selected plan as set out in your benefit table.

Veneers

Means a new surface to fit over the front of a tooth. Treatment costs may only be claimed if the veneer is required solely to restore dental health and is not for cosmetic reasons.

² Please note that for claim payment to be approved, you will need to contact us to obtain pre-authorisation before receiving this treatment.

Additional benefits

Child or Adult Orthodontics

Means any dental treatment provided for the correction or prevention of any irregular alignment or positioning of teeth.

We use the Index of Orthodontic Treatment Need ('IOTN') grading to assess your eligibility to claim for orthodontic treatment. The IOTN is a rating system used by the NHS to assess eligibility for NHS treatment. To find out more about the different grades of the IOTN, please visit [The British Orthodontic Society \(BOS\) website](https://www.bos.org.uk/).

Where child orthodontics are included in your selected plan, orthodontic cover will be provided for insured children at all IOTN grades.

Where adult orthodontics are included in your selected plan, orthodontic cover will be provided for insured adults assessed by their dentist to be at IOTN grades 4 and 5 only.

³ Please note that for claim payment to be approved for adult orthodontics, you will need to contact us to obtain pre-authorisation before receiving this treatment. Prior to authorising your treatment, we will contact your dental practice to confirm your IOTN grade.

Mouthguard

Means a mouthguard or splint to protect your teeth for example, from grinding while you sleep or from injuries while you play sports. Mouthguards may be purchased from a retailer or from a dental surgery.

Emergency call out charge

Means only the cost charged by a dentist or dental specialist to open a dental practice to provide emergency treatment outside of normal practice hours. Any treatment received during such appointment will be deducted from the corresponding treatment limits set out in your benefit table when you make a claim.

Overnight hospital stays

Means a night you spend in a hospital as an in-patient where you have been referred by a medical professional and the overnight stay is primarily related to dental treatment.

Where included in the selected plan, you will be reimbursed for each night you spend in hospital up to the annual limit set out in your benefit table.

Accidental injury treatment

Means treatment as a result of a sudden and unexpected identifiable incident which causes injury, including injuries caused when playing sport or when eating or drinking. It does not include injury caused to your teeth, gums or mouth during any type of hospital procedure.

Accidental injury cover is provided for a single course of treatment received. Any claim benefit paid to you for an accidental injury will be deducted from the annual benefit limit for accidental injury treatment listed in your benefit table for the Policy Year in which the incident occurred.

Treatment must start within six (6) months of the incident date and be completed within 24 months of the incident date. Cover for the incident will end if the policy is cancelled.

Mouth cancer

Means 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.

We will pay the amount shown in the benefit table for your chosen plan if you are diagnosed with mouth cancer, which meets the above definition, in accordance with the policy terms and conditions. Please note the relevant Qualifying Period to be eligible to make a claim.

Evidence of the diagnosis such as a letter or medical report from your treating specialist will be required to support your claim.

Mouth cancer benefit can only be claimed once by an insured person in their lifetime under the policy, or any other policy provided by us.

Personal Protective Equipment (PPE)

PPE means any personal protective equipment including face coverings for which you or an insured person have been charged whilst visiting your dentist for any insured treatment shown in your benefit table.

Reimbursement for PPE charges will only be made where the charge is listed as a separate line item on your itemised receipt.

NHS treatments

¹ **NHS Dental Treatment Charges means the current NHS dental charges for the region in which you receive treatment. The NHS Dental Treatment charges for England are set out on the [NHS Choices website](#). Scotland, Wales and Northern Ireland operate a different NHS charging structure to England, so please ensure you check the relevant NHS dental charges for your region.**

If you have selected the Boost 1 plan, we will reimburse the costs for treatment that you or an insured person has carried out on the NHS. If you have private treatment, you will be reimbursed the NHS Dental Treatment Charges for the full course of treatment, which will be the amount of money that your full course of treatment would have cost if it had been carried out and charged by the NHS in your region on the date of completion of your course of treatment.

Please note that some NHS dentists charge privately for certain treatments. In this instance, there may be a difference between the amount that you pay for your treatment and the claim benefit payment that you receive from us.

We would always recommend that you check treatment costs with your dental practice prior to your appointment to understand if your treatment will be covered by the NHS Dental Treatment Charges or if you will be charged any private treatment costs.

Exclusions

We will not pay any claim made for any of the following:

- Treatment arising from or caused by a pre-existing medical or dental condition, injury or illness that the insured person knew about or had treatment recommended or planned by a dentist before the Policy Start Date, unless we inform you otherwise. Any waiver of this exclusion will be contained in your Policy Schedule.
- A pre-existing diagnosis of mouth cancer.
- Treatment which was identified, started or completed during any applicable Qualifying Period, including treatment for mouth cancer.
- Treatment carried out before the Policy Start Date and after the policy ends.
- Cosmetic treatment including, but not limited to, teeth whitening, replacing silver fillings with white fillings and veneers which are not required for the restoration of your dental health.
- Prescription charges, missed appointment fees and dental sundries and consumables such as toothbrushes and dental hygiene products.
- Treatment for your teeth, gums, mouth or tongue in connection with any type of mouth jewellery (including, but not limited to, piercings, gems and other decorative prosthesis).
- Injury caused to your teeth, gums or mouth during any type of hospital procedure.
- Any treatment or expenses not listed in your benefit table or any treatment or expenses that are above the limits set out in your benefit table.
- Mouth cancer when already claimed previously under the policy or any other dental policy provided by us.

Dencover

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