

Frequently asked questions...



Q What does the dental policy cover?

A This policy provides cover towards the cost of dental treatment needed to maintain and restore your dental health, up to the policy limits shown on the benefit schedule. This includes cover towards examinations and scalings, crowns, bridges and dental implants (where listed on the benefit schedule). The full list of insured treatments and cover limits can be found on the benefit schedule available from your company.

Q Can I use any dentist?

A Yes, you can use any dentist you like – NHS or private.

Q How do I make a claim?

A Once you've completed and paid for your treatment in full, you can submit your claim online via our member portal. [Click here](#) to learn more.

Q When can I start making claims?

A You can make claims from the day your policy starts. We will send you a Policy Schedule after you join the policy to confirm your cover start and end dates.

Q Can I claim if I have a pre-existing condition?

A Yes, the only pre-existing condition exclusion is mouth cancer. You can even claim towards a pre-planned treatment (if it's covered by your policy) as long as you wait for your insurance cover to begin before starting the course of treatment.

Q Can I claim for treatment received abroad?

A Yes, this policy includes worldwide cover as standard. When submitting a claim, you will need to convert the amount you were charged in the local currency into pounds sterling, using the exchange rate in force on the date(s) you received the treatment. You will then be reimbursed according to your benefit schedule.

Q What are the exclusions?

A This policy will not cover cosmetic treatment, mouth cancer which existed prior to joining the plan, prescription fees, treatment carried out before your cover starts and after your cover ends. The full list of exclusions can be found on the benefit schedule available from your company.

Q Can I cover my family?

A Your employer may have decided that you can add family members to your cover. Your Employer will explain how to do this and tell you if there is an additional cost.

Q Can I make changes to my cover during the policy year?

A You cannot change or cancel your cover until your renewal date, unless you leave your company or there is a change in your circumstances such as birth, death, marriage or divorce. Contact your company for the full list of eligible life events.

Q What happens if I leave the company who has arranged my cover?

A Your cover will end either on the date you leave employment or at the end of that month if agreed with your employer. You will not be eligible to claim for any treatment received after this date.

Contact Unum Dental within 30 days of leaving if you wish to apply for cover as an individual.

Please read the policy documents available from your company carefully before applying.

Q What is BenefitHub?

A BenefitHub is a discount marketplace where Unum Dental customers get access to a wide range of savings and discounts on everyday spending and treats to help cut costs.

*BenefitHub Limited is a third-party discounts and benefits provider and is completely independent of Unum Dental