

PRIVATE MEDICAL INSURANCE

INSURANCE PRODUCT INFORMATION DOCUMENT

COMPANY: VITALITY HEALTH LIMITED PRODUC

PRODUCT: DENTAL COVER

VitalityHealth is a trading name of Vitality Health Limited and Vitality Corporate Services Limited, both registered in the UK. Vitality Health Limited is authorised by the Prudential Regulation Authority and is regulated by the Financial Conduct Authority and the Prudential Regulation Authority (FRN 400057). Vitality Corporate Services Limited is authorised and regulated by the Financial Conduct Authority (FRN 461107).

This is a summary of our insurance plan. For a complete list of benefits and exclusions please refer to the latest Terms and Conditions documents, which will be available to you as part of the purchase or renewal of your plan.

WHAT IS THIS TYPE OF INSURANCE?

Our Dental Cover is designed for individuals resident in the United Kingdom, who want some protection against the costs of unexpected dental treatment for themselves and their family.

WHAT IS INSURED?

- New or replacement crowns
- New or replacement bridges or implants
- New or replacement dentures
- Root canal treatment
- Apicectomy
- Tooth extraction
- Emergency treatment following a dental accident
- Emergency call out fees

Optional Cover

- Routine examinations
- Routine scaling & polishing
- Dental x-rays
- Fillings
- New or replacement inlays, onlays or overlays
- Emergency dental treatment when severe pain or infection occurs

WHAT IS NOT INSURED?

- X Any treatment a dentist had recommended prior to your cover start date
- X Any treatment resulting from participation in contact sports, unless a mouth guard was worn
- Cosmetic treatment, or treatment related to dental jewellery
- X Mouth guards, gum shields and other dental appliances
- X Damage to dentures while they not being worn
- X Most wisdom tooth extractions
- X Most prescription charges

ARE THERE ANY RESTRICTIONS ON COVER?

- You must live in the UK (Great Britain and Northern Ireland, including the Channel Islands and the Isle of Man) for at least 180 days in each plan year
- If you have not had a dental check-up and completed all recommended treatment in the 12 months prior to the cover start date, then cover will only begin once a check-up and all recommended treatment has taken place
- You will need to pay for the treatment yourself, and we will reimburse you from your remaining benefit limits.

WHERE AM I COVERED?

You are covered for treatment taking place in the United Kingdom, Channel Islands and Isle of Man only.

WHAT ARE MY OBLIGATIONS?

- Provide us with all information we ask for, and take reasonable care to answer any questions truthfully and in full
- Pay all premiums by the time they are due
- Inform us if you, or any person on your plan, moves house or otherwise changes their contact details
- Inform us if you, or any person on your plan, is no longer resident in the United Kingdom
- Tell us if the condition for which you require treatment has been caused by another person.



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WHEN AND HOW DO I PAY?

You may pay monthly, quarterly or annually, by Direct Debit. Following your application, we will let you know how much your regular payment will be, and when it will be collected.

WHEN DOES THE COVER START AND END?

The cover begins on the date stated on your quotation, and lasts for 12 months. Towards the end of your period of cover, we will provide you with terms to renew your cover for a further 12 months.

HOW DO I CANCEL THE CONTRACT?

You may cancel your cover by contacting us by telephone, email or letter. You may cancel your plan within the first 14 days in any plan year, or at your annual renewal date.