

PRIVATE MEDICAL INSURANCE

INSURANCE PRODUCT INFORMATION DOCUMENT

COMPANY: VITALITY HEALTH LIMITED

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 employers who want their UK-based employees to have some protection against the costs of unexpected dental treatment.



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?

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



ARE THERE ANY RESTRICTIONS ON COVER?

- ! Members of the plan 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 the member of the plan has not had a dental check-up and completed all recommended treatment in the 12 months prior to their cover start date, then cover will only begin once a check-up and all recommended treatment has taken place
- ! The member of the plan will need to pay for the treatment themselves, and we will reimburse them from their remaining benefit limits.



WHERE AM I COVERED?

- ✓ Members of the plan 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 any person on your plan moves house or otherwise changes their contact details
- Inform us if any person on your plan is no longer resident in the United Kingdom
- Inform us when any person on your plan needs to be taken off cover
- Make your employees aware of any changes to the plan that we communicate to you.



WHEN AND HOW DO I PAY?

You may pay monthly, quarterly or annually, by Direct Debit, or quarterly or annually by electronic funds transfer. 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. If you cancel within the first 14 days in any plan year then, providing that no claims have been made, we'll refund any money you have paid to us in respect of that plan year. You may also cancel at any annual renewal date.