

Welcome to your Worldwide Accident and Emergency Dental Protection Plan

This is Your Emergency Treatment Dental Plan. Please read it now and then keep it somewhere safe.

The Plan, Your application and the schedule should be read together. For any help or assistance please contact Claremont Limited at info@claremontlimited.co.uk or on 01584 514 003.

Provided by IMF Trustees Limited (UK) and the International Medical Fund Trust (BVI).

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Definition of Terms

We have defined below words or phrases used throughout this Plan. To avoid repeating these definitions please note that where these words or phrases appear they have the precise meaning described below unless otherwise stated.

Accident/Accidental Injury	Injury caused by direct impact to an Eligible Beneficiary's teeth and gums (this includes damage to dentures whilst being worn).
Commencement Date	The date shown on the Plan when Cover under this Plan commences.
Cosmetic Treatment	Treatment not necessary to maintain oral health and which is solely for the purpose of improving the Eligible Beneficiary's appearance.
Cover	Cover for Treatment and benefits subject to the terms and conditions of this Plan.
Date of Entry	The date when an Eligible Beneficiary was included under this Plan.
Dental Services	The Dental Services described in this Plan.
Dentist	A fully qualified dental practitioner registered with the General Dental Council or any other person properly qualified and authorised to perform the Dental Services.
Emergency Treatment	Dental Services or supplies provided for the immediate relief of severe pain, trauma, swelling or bleeding of an Eligible Beneficiary by a Dentist not being the Eligible Beneficiary's registered Plan Dentist or associated with the Eligible Beneficiary's Plan Dentist where the emergency occurred more than 50 miles from the Eligible Beneficiary's registered Plan Dentist.
Implant & Fixture	A dental implant refers to the manufactured item that is inserted into a surgically prepared hole or existing tooth socket in the jaw bone. The fixture (if applicable) refers to a second item that is attached to the implant and protrudes through the gum and provides a mechanism for the attachment of either a crown or a denture.
Eligible Beneficiary	A person who is a registered patient of the Plan Dentist, resident in the United Kingdom and for whom the appropriate subscription fee has been paid and whose name has been forwarded to Us in accordance with the terms of this Plan.
In-Patient	An Eligible Beneficiary who is admitted to hospital and stays for a period of at least 24 hours for the sole purpose of receiving Treatment on the recommendations of a Specialist.
Oral Cancer	A malignant (invasive) tumour inside the mouth.
Orthodontics	Treatment undertaken by a Dentist for the prevention and correction of irregularities of the teeth.
Period of Cover	The Period of Cover set out following the registration and acceptance of an Eligible Beneficiary on the Accident and Emergency Dental Protection Plan.
Plan Dentist/You/Your	The Dentist or dental surgery covered under this Plan from whom We receive and accept the subscription fees and monthly bordereau in respect of their Eligible Beneficiaries.
Plan	This contract being Our contract with the Plan Dentist providing the Benefits as detailed in this booklet. The application forms part of the Plan and must be read together with this document (as amended from time to time).
Review Date	1 August each year.

Specialist	A registered medical or dental practitioner who holds or has held a position in the National Health Service and is registered on the appropriate specialist list of the General Medical Council or the General Dental Council.
Treatment	Dental Services or supplies described in this booklet which are clinically necessary for the maintenance and/or restoration of the oral health of an Eligible Beneficiary provided that such services are: <ul style="list-style-type: none"> a) provided by a Dentist; b) provided in accordance with accepted standards of dental practice; c) received by an Eligible Beneficiary during a Period of Cover.
United Kingdom	This comprises England, Scotland, Wales, Northern Ireland, The Channel Islands and the Isle of Man.
We/Our/Us/	IMF Trustees Limited UK and the International Medical Fund Trust (BVI). IMF Trustees Limited, Cedar House, 41 Thorpe Road, Norwich, NR1 1ES

Cover

The purpose of this Plan is to provide an Eligible Beneficiary with Dental Services as described hereafter during the Period of Cover for Treatment of dental conditions by a Dentist at a dental surgery. We will pay benefits up to the maximum value shown provided that such Treatment is clinically necessary and received by the Eligible Beneficiary during the Period of Cover.

Section 1 - Emergency Treatment Benefits

If an Eligible Beneficiary requires and receives Emergency Treatment outside a 50 mile radius from the Plan Dentist and the Treatment is administered by a Dentist who is neither the Eligible Beneficiary's registered Plan Dentist nor associated with the Eligible Beneficiary's Plan Dentist We will pay up to the following specified limits for temporary dental Treatment up to £400 per incident subject to a maximum of £800 per Plan year.

ITEM

- a) Examination and report to include all necessary smoothing and polishing of teeth and treatment of sensitivity up to £48 per incident
- b) Radiographs up to £32 per tooth
- c) Fillings
 - i. amalgam – small (1 surface) up to £44 per tooth
 - ii. amalgam – medium (2 surfaces) up to £60 per tooth
 - iii. amalgam – large (3+ surface) up to £75 per tooth
 - iv. composite – small (1 surface) up to £102 per tooth
 - v. composite – medium (2 surfaces) up to £102 per tooth
 - vi. composite – large (3+ surfaces) up to £102 per tooth
- d) Extractions
 - i. first tooth up to £86
 - ii. per additional tooth up to £25 per tooth
 - iii. surgical extraction up to £200 per tooth
- e) Root extirpation to include dressing and any associated treatment of acute infection
 - i. 1 canal up to £102 per tooth
 - ii. 2 canals up to £53.50 per tooth
 - iii. 3 or more canals up to £70 per tooth
- f) Treatment of acute infection (not associated with endodontic therapy) to include incising of abscesses and treating infected sockets up to £38 per incident
- g) Investigation and dressing - first tooth up to £43. Per tooth thereafter up to £24
- h) Re-cement crown or inlay up to £46 per unit
- i) Re-cement bridge up to £56 per unit
- j) Construction and fitting of Temporary Crown up to £100 per unit
- k) Temporary bridge up to £180 per unit

- l) Arrest of abnormal haemorrhage including aftercare and associated suture removal up to £75 per incident
- m) Removal of sutures placed by another practitioner up to £31 per incident
- n) Adjustment to denture up to £34 per incident
- o) Repair of denture up to £53 per incident
- p) Any other Emergency Treatment not otherwise specified under this Plan up to £75 per incident
- q) Evening, weekend and Bank Holiday call-out fees where treatment is provided outside the treating Dentist's normal surgery hours up to £135 per incident. Benefit is also payable in the event of the Emergency Treatment being administered by the Eligible Beneficiary's registered Plan Dentist or any dental practice within a 50 mile radius of the Eligible Beneficiary's registered Plan Dentist.

Exclusions to Section 1

1. Dental Treatment administered by the Eligible Beneficiary's registered Plan Dentist or any practitioner covering for the Eligible Beneficiary's registered Plan Dentist or any dental practice within a 50 mile radius of the Eligible Beneficiary's registered Plan Dentist, other than in respect of 'q' above.

Section 2 - Accident Treatment Benefits

For the costs of dental Treatment (including prescription charges) received by the Eligible Beneficiary in connection with a dental injury which occurs after the Commencement Date. We will pay up to the following specified limits for permanent Treatment (including appropriate temporary coverage) up to a maximum of £10,000 per dental injury. Treatment must be carried out by the Eligible Beneficiary's registered Plan Dentist unless in an emergency.

Please see the definition of Emergency Treatment as earlier.

ITEM

- a) Crowns
 - i. porcelain jacket up to £430 per unit
 - ii. ceramic bonded up to £500 per unit
- b) Metal bonded porcelain crown up to £470 per unit
- c) Bonded metal/porcelain bridge work up to £470 per retainer up to £435 per pontic
- d) Full metal crown up to £450 per unit
- e) All metal bridge work up to £330 per retainer up to £330 per pontic
- f) Implant repair or replacement up to £1,000 per post and crown
- f) Laboratory constructed adhesive bridge up to £285 per retainer up to £300 per pontic
- g) Laboratory constructed adhesive facing or veneer up to £445 per unit
- h) Permanent denture
 - i. acrylic up to £500 per denture
 - ii. metal up to £775 per denture
- i) Temporary denture following tooth loss where required up to £305 per incident
- j) Laboratory made temporary bridge following tooth loss (where required) up to £183 – up to 3 units
- k) Per additional units £61
- k) Emergency and other treatment following dental injury not otherwise specified up to £615 per incident
 - ii. Root canal treatment incisor up to £318 per incisor
 - iii. Root canal treatment canine up to £318 per canine
 - iv. Root canal treatment premolar up to £318 per premolar
 - v. Root canal treatment molar up to £500 per molar

Conditions to Section 2

Where Treatment involves replacing any crown, bridge facing, veneer or denture, benefit shall be paid according to the cost of a replacement of similar quality within the limits of the Plan.

Where Implants are clinically necessary We will pay towards the costs of Implants up to the value of £1,000 within the specified benefit limits.

Exclusions to Section 2

1. We will not be liable for Treatment directly or indirectly consequent upon:
 - I. Injury caused by foodstuffs (including foreign bodies therein) in the course of consumption;
 - II. normal wear and tear;
 - III. injury whilst participating in boxing, martial arts, rugby, hockey and shinty (other than school rugby/shinty/hockey) unless appropriate mouth protection is worn;
 - IV. injury caused otherwise than by direct extra-oral impact;

- V. damage which is not apparent within seven days of the date of impact resulting in dental injury;
 - VI. damage to dentures occurring other than whilst being worn.
2. We will not pay for any costs incurred by a Eligible Beneficiary more than 18 months after the date of an Accident.

Section 3 – Hospital Benefit

£62 per night for up to a maximum of one year.

Exclusions to Section 3

1. No payment will be made under this section if a payment is made under section 4 - Oral Cancer.
2. We will not pay for more than ten days of hospital benefit during any Period of Cover.

Section 4 – Oral Cancer

If an Eligible Beneficiary is diagnosed with Oral Cancer We will pay the Eligible Beneficiary a lump sum as follows:

Treatment charges up to £12,000 for treatment of mouth cancer.

Up to 14 days hospital cash benefit

We will only pay this sum for Oral Cancer once the Eligible Beneficiary has been referred to a Specialist by their general practitioner or Plan Dentist.

Conditions to Section 4

1. Benefit under this section will only be paid once per Eligible Beneficiary and thereafter cover under the Plan will cease and no refund of subscription fee will be payable by us.
2. Benefit under this section in respect of the Eligible Beneficiary will only be paid when Oral Cancer is diagnosed by a Specialist in Oral Cancer Treatment within the United Kingdom.

Exclusions to Section 4

This section does not cover:

1. Oral Cancer diagnosed before the Eligible Beneficiary joined the Emergency Treatment Plan;
2. Cancer or tumours of the throat or any other cancers;
3. Oral Cancer which is related in any way to an HIV infection or AIDS;
4. Oral Cancer resulting from chewing tobacco products (including betel nut juice);
5. reimbursement for any charges or fees including charges for consultation or tests for invasive/non-invasive tumours;
6. any Oral Cancer resulting from failure to follow medical advice;
7. incidents unless diagnosed by a Specialist in Oral Cancer Treatment, following referral by a general practitioner or Dentist;
8. subsequent claims if the Eligible Beneficiary has already received benefit under this section. After payment under this section, such Cover will cease and no refund of subscription fee will be payable by Us;
9. persons aged over 75.

General Exclusions

In respect of all sections, benefits will not be available for:

1. Treatment which a Dentist is unable to provide due to circumstances beyond the control of such Dentist;
2. Services or supplies which are not described in this Plan;
3. Cosmetic Treatment;
4. Services, supplies or drugs which are experimental in nature, or not normally supplied by a dental practice;
5. Dispensing and providing prescription drugs (unless they are antibiotics needed for Emergency Treatment);
6. Orthodontics;
7. Any Treatment resulting from injuries sustained while engaged in illegal, unlawful or anti-social activities or under the influence of non-prescription drugs or alcohol.
8. Any Treatment resulting from an unprovoked attack or injury unless a police incident number is obtained.
9. Any Treatment resulting from self-inflicted injury;
10. Any charges for the completion of the claim form or the submission of a claim;
11. Dental Implants unless clinically necessary;

12. Any costs associated with the administration of general anesthetics;
13. Charges incurred by the Eligible Beneficiary resulting from broken appointments;
14. Any Treatment which was prescribed, planned, diagnosed as necessary or is currently taking place at the Commencement Date;
15. Treatment, care or repair to teeth, gums, mouth or tongue in relation to “mouth jewellery”;
16. Damage caused by tooth brushing or other oral hygiene procedures;
17. Injury whilst participating in contact sports including but not limited to Boxing, Martial Arts, Rugby, Hockey, and Gaelic Games unless appropriate mouth protection is worn;
18. Reimbursement for travelling expenses or telephone calls;
19. Mouthguards, gum shields or any other dental appliances unless in conjunction with a dental injury.

General Conditions

The following conditions apply:

1. Compliance with Plan Terms

Our liability under this Plan will be conditional upon each Plan Dentist complying with its terms and conditions and the Plan Dentist paying or agreeing to pay the subscription fee to Us.

2. Change of Risk

The Plan Dentist must inform Us, as soon as reasonably possible, of any changes relating to Eligible Beneficiaries (such as address or other personal details) which affect information given in connection with the application for Cover under this Plan.

3. Plan Duration and Payment

- a) The Plan shall be for twelve calendar months commencing 1 August and ending 31 July each year and may be continued subject to the terms in force at the time of each Review Date.
- b) If the Eligible Beneficiary obtains cover after the Commencement/Review Date, the Period of Cover shall be for the period up until the following Review Date and annually renewable thereafter.
- c) The subscription fee payable shall be that prevailing generally at the Commencement Date or if later, the appropriate Review Date.
- d) The subscription fee payable may be changed by Us from time to time. However, this Plan will not be subject to any alteration in payment rates generally introduced until the next Review Date.

4. Cancellation

- a) The Plan will be cancelled if an Eligible Beneficiary no longer meets the eligibility criteria of the Dental Plan.
- b) This Plan will be cancelled automatically upon non-payment of the subscription fee.
- c) Whilst We shall not cancel this Plan because of eligible claims made by any Eligible Beneficiary We may at any time terminate an Eligible Beneficiary's Cover or subject his/her Cover to different terms if he/she or the Plan Dentist has at any time;
 - i) misled Us by mis-statement or concealment;
 - ii) knowingly claimed benefits for any purpose other than as are provided for under this Plan;
 - iii) agreed to any attempt by a third party to obtain unreasonable financial gain to Our detriment;
 - iv) otherwise failed to observe the terms and conditions of this Plan or failed to act with utmost good faith.
- d) If We cancel the Plan or any Eligible Beneficiary's cover, We shall give the Eligible Beneficiary 30 days notice sent by email or first class post to their last known address. If We do so, they may be entitled to a proportionate refund of subscription fee.

5. Claims Procedure

- a) It is a condition of the Plan that all claims are accompanied by a fully completed claim form or a fully itemised printed receipt from the Dentist administering Treatment detailing:
 - i) Treatment administered and date of Treatment;
 - ii) fully itemised fee breakdown;
 - iii) Dentist's registration details and practice address.
- b) The completed form and/or receipts should be return by email to info@claremontlimited.co.uk or by post to Claremont Limited West Park House, Stanway, Rushbury, Church Stretton SY6 7EF.
- c) Reimbursement is available only if the Treatment is provided by a Dentist.

- d) If Treatment costs are likely to exceed £1,000 the Eligible Beneficiary must contact Claremont Limited at info@claremontlimited.co.uk or 01584 514 003, to obtain Our prior approval.
- e) If any benefit is provided or any payment is made under this Plan as a result of an action by a third party, then the Eligible Beneficiary must:
 - i) give Us full details of the potential claim against a third party;
 - ii) allow Us to pursue any loss under this Plan at Our expense;
 - iii) help Us to take legal action if We ask the Eligible Beneficiary to.

6. Claims Notification

All claims must be notified (and supporting documentation supplied) within 60 days of the date of completion of an item of Treatment. We will not be liable in respect of any claim notified late.

7. Hospital Benefit

The Eligible Beneficiary must obtain at their own expenses from their Dentist confirmation of the period of hospitalisation and if requested, any further information to confirm the validity of the claim.

8. Overseas Emergency Treatment - Claims Procedure

Subject to condition 7 above if an Eligible Beneficiary requires Emergency Treatment when abroad they should simply obtain the Emergency Treatment needed and ask for the invoice to be written in English and on return to the UK forward it to Claremont Limited. Any fees for the translating of foreign documents into English for the purposes of claims settlement or administration shall be charged to the Eligible Beneficiary and deducted from the claim settlement. Claim reimbursement will be in Sterling at the equivalent UK benefit scale using the exchange rate in force at the date of the claim settlement.

9. Accidents - Claims Procedure

Subject to condition 7 above in the event of the Eligible Beneficiary needing Treatment following an Accident or a sports injury, the Eligible Beneficiary must inform Claremont Limited within 7 days of the Accident or as soon as reasonably possible. We may require confirmation of the Accident and Treatment before agreeing to any extra reimbursements necessary.

10. Arbitration

When there is a dispute over the amount to be paid for a claim under this Plan, the dispute must be referred to an arbitrator to be agreed between the Eligible Beneficiary and Us in accordance with the law at the time. When this happens, a decision must be made before the Eligible Beneficiary can take any legal action against Us.

11. Alteration

We may alter any of the terms of this Plan at any Review Date. Details of the change will be advised to the Plan Dentist at such time.

12. Fraudulent or Unfounded Claims

If any claim under this Plan is in any respect fraudulent or unfounded all benefit paid and/or payable in relation to that claim shall be forfeited and (if appropriate) recoverable by Us.

13. Waiver

Waiver by Us of any term or condition of this Plan will not prevent Us from relying on such term or condition afterwards.

14. Settlement of Claims

All settlements will be made by direct bank transfer to either the Eligible Beneficiary's nominated bank account or the Dental Practice, as advised on the Claim Form.

Complaints Procedure

If You have any questions or concerns about Your Plan or the handling of a claim You should, in the first instance, contact:

Post: Claremont Limited, West Park House, Stanway, Rushbury, Church Stretton SY6 7EF
Telephone: 01584 514 003 from outside the UK +44 1584 514 003.
Email: info@claremontlimited.co.uk

In the event that You remain dissatisfied and wish to make a complaint, You can do so at any time. Making a complaint does not affect any of Your legal rights.

If Your complaint cannot be resolved within two weeks, or if You have not received a response within two weeks, You are entitled to refer the matter directly to the trustee, IMF Trustees which will then conduct a full investigation of Your complaint and provide You with a written final response. IMF Trustees Limited's contact details are:

Post: IMF Trustees Limited, Cedar House, Thorpe Road, Norwich, NR1 1ES
Telephone: +44203 290 9320
Email: r.blair@imftrustees.com

Data Protection

How We use the information about You.

As the Plan provider and data controller, We collect and process information about You so that We can provide You with the products and services You have requested. We also receive personal information from Your agent on a regular basis while Your Plan is still live. This will include Your name, address, health information, risk details and other information which is necessary for Us to:

- Meet Our contractual obligations to You;
- issue You this Plan;
- deal with any Claims or requests for assistance that You may have
- service Your Plan (including Claims and Plan administration, payments and other transactions); and,
- detect, investigate and prevent activities which may be illegal or could result in Your Plan being cancelled or treated as if it never existed.

Some of the personal information that You provide may be sensitive information. This includes details about Your health or medical records. Your consent will need to be given before collecting and processing Your sensitive information. Please note that we may not be able to provide You with a Plan or deal with a Claim if You do not agree to Us processing relevant sensitive information.

In order to administer Your Plan and deal with any Claims, Your information may be shared with trusted third parties. This will include members of IMF Trustees Limited, International Medical Fund Trust, Denis UK Limited and Claremont Limited, contractors, investigators and Claims management organisations where they provide administration and management support on Our behalf. Some of these companies are based outside of the European Union where different data privacy laws apply. In these circumstances, We have strict contractual terms in place, including the model legal terms defined by the European Union to make sure that Your information remains safe and secure.

We will not share Your information with anyone else unless You agree to this, or We are required to do this by Our regulators (e.g. the Financial Conduct Authority) or other authorities.

How we store and protect your information

All personal information collected by Us is stored on secure servers which are either in the United Kingdom or European Union.

We will need to keep and process Your personal information during the Period of Cover and after this time so that we can meet Our regulatory obligations or to deal with any reasonable requests from Our regulators and other authorities.

We also have security measures in place in Our offices to protect the information that You have given Us.

How you can access your information and correct anything which is wrong

You have the right to request a copy of the information that We hold about You. If You would like a copy of some or all of Your personal information, please contact Us by email or letter as shown below:

Email address: info@claremontlimited.co.uk

Postal Address: Dental Protection Plan, West Park House, Stanway, Rushbury, Church Stretton SY6 7EF United Kingdom

We may make a reasonable charge for this service or refuse to give You this information if Your request is clearly unjustified or excessive.

We want to make sure that Your personal information is accurate and up to date. You may ask Us to correct or remove information You think is inaccurate.

If You wish to make a complaint about the use of Your personal information, please contact Our Complaints manager using the details above. You can also complain directly to the Information Commissioner's Office (ICO). Further information can be found at <https://ico.org.uk>.

Scheme Administration

Your Plan and claims are administered by Claremont Limited on behalf of IMF Trustees Limited & the International Medical Fund Trust (BVI). Claremont Limited can be contacted at the following address:

Claremont Limited, West Park House, Stanway, Rushbury, Church Stretton SY6 7EF or by phone on 01584 514 003 or by e-mail at info@claremontlimited.co.uk.

Applicable Law

- I. This contract shall be governed by and construed in accordance with English Law unless:
- II. You and the Insurer agree otherwise; or
- III. At the date of the contract You are resident of (or, in the case of a business, the registered office or principal place of business is situated in) Scotland, Northern Ireland, Channel Islands or the Isle of Man, in which case (in the absence of agreement to the contrary) the law of that country will apply.

Cancellation

Dental accident and emergency benefits are included as part of a package of cover which is administered by Claremont Limited. If the Eligible Beneficiary wishes to cancel his/her dental plan they should contact Claremont Limited at West Park House, Stanway, Rushbury, Church Stretton SY6 7EF or info@claremontlimited.co.uk or 01584 514 003.