Dental Implant Plan

Terms and Conditions
Welcome to this explanation of how your plan works. Please read these pages carefully as they tell you what is covered under your plan, what your rights are, and what you need to do when making a claim. To make things clearer for you, we have defined certain words in Section 17. They appear in bold in this document.

These terms and conditions together with your application form, policy schedule and any special conditions or endorsements, form the agreement we have with you.

If you don’t understand something in these terms and conditions, please phone us on the Cigna helpline number.

1. What does my plan cover?

It provides cover for:
- remedial treatment that results from a covered dental implant failing to osseointegrate or a breakdown of that integration
- accidental damage or emergency treatment relating to a covered dental implant

We reserve the right to dentally underwrite any applications. Cover applies only to the tooth/teeth number(s) as detailed on the application form.

2. When does this cover start?

You’re eligible for cover if:
- you live permanently in the United Kingdom
- you’re aged 18 or over on the start date.

To apply for cover, you must complete the application form and send it to us with the treatment plan that the dentist has made for placing your dental implant. If we accept your application, we’ll send you a policy and the cover begins on the start date mentioned in the policy schedule.

3. What costs will I be covered for?

We’ll pay for the cost of treatment up to the total detailed in the dentist’s treatment plan for any necessary remedial treatment to your dental implant. You must send us the dentist’s treatment plan when you apply for cover.

If there is a failure to osseointegrate or breakdown of integration, but the fixtures had been placed correctly, we’ll pay for the cost of alternative treatment up to the annual cover limit. This treatment must be clinically necessary and must be approved by us before it takes place. Once we’ve paid for any alternative treatment, no further costs will be covered.

You must get pre-authorisation from us before going for corrective treatment relating to a dental accident. We’ll pay for any necessary corrective treatment. The amount we’ll pay for dental accidents is subject to the annual cover limit.

If a dental accident or emergency takes place, we’ll pay for the treatment for the immediate relief of pain, swelling or bleeding.
The amount we pay is subject to:
- the annual cover limit or emergency cover limit mentioned in your policy schedule
- the exclusions in these policy terms and conditions
- you providing us with satisfactory evidence to support your claim

When you can be reimbursed for treatment from any other source as well as this policy, we’ll only be liable for a fair proportion (agreed with the other source) of the benefit due. See Section 12 for more details.

4. What isn’t covered by this plan?

We’ll not pay claims for the following events, conditions, treatments and incidental costs:

4.1 Dental implants that have not been used as set out in the manufacturer’s instructions.

4.2 Dental implants that have not been looked after properly with regular visits to a dentist with experience in dental implants.

4.3 Any failure to osseointegrate that:
   a) relates to the failure of a replacement dental implant.
   b) is the result of bone augmentation with biomaterial.
   c) relates to diabetes where the failure can be attributed to poorly controlled diet, lifestyle or non-compliance with treatment. Further medical information relating to the condition may be sought from the relevant medical practitioner.

4.4 Dental implants that are less than 3mm in diameter and/or 7mm in length.

4.5 Treatment that is:
   a) in any way connected to attempted suicide of self-inflicted injury
   b) caused or exacerbated by war, invasion, terrorist or military activity, or while at work for the army, naval, air services or police forces
   c) purely cosmetic
   d) not considered necessary for continued oral health
   e) made outside the United Kingdom, other than dental accidents and emergencies that take place overseas
   f) needed because of normal wear and tear of the dental implant
   g) needed for associated or other medical treatment
   h) routine maintenance
   i) mainly necessary because of you smoking
   j) related to dental implants that were fitted when you were under 18 years of age
   k) made using materials and procedures that do not meet our accepted evidence-based standards
   l) a result of errors or negligence caused by the dentist

4.6 Costs that are fees for:
   • completing a claim form or other administration charges
   • guidance and instruction on oral hygiene, plaque control or diet.
   • procedures, services and supplies in a hospital.
   • prescribed drugs and mouthwashes.
   • dental appliances such as mouthguards.
   • materials or services not legally payable by you.
4.7 **Treatment** resulting from a dental accident or emergency caused or exacerbated by **you**, including:

- committing an illegal act in the country where the accident or emergency takes place
- being in a state of insanity or psychiatric or psychological disturbance at the time of the accident or emergency
- taking part in air sport, air travel or other aviation activity, apart from travelling as a fare-paying passenger on a regular scheduled commercial aircraft that is operated by a properly licensed airline or air charter
- participating in professional sports and, except where mouth guards are worn, the following amateur sports: boxing, hockey, rugby, shinty and martial arts.
- driving or riding motorised vehicles in races
- riding a motorcycle for professional use
- being under the influence of alcohol, or drugs that are not properly prescribed or taken to treat a drug addiction

4.8 Where **your** claim is for expenses that **you** have claimed or can claim from another source (see Section 12 for more information on this).

5. **How and when do I make a claim?**

**You** must get pre-authorisation from our Customer Service Team before treatment starts, other than emergency treatment. **We** may need information to help **us** assess the appropriateness of the treatment (see section 6 for details) before we will authorise **your** treatment.

**You** must send **your** claim to **us** on a Cigna dental implant claim form. This must be completed by **you** and the dentist and received by **us** within 28 days from the first consultation with a dentist after it was noticed that the covered implant failed to osseointegrate or that the integration broke down.

If **your** claim is related to an accident or emergency, **you** must notify **us** of the accident or emergency within 14 days of the accident or emergency.

All treatment arising from a dental accident must be completed within 12 months of the date of the accident, unless **you** have written authorisation from **us** for payment of treatment outside this period. If any emergency treatment is needed, a signed statement must be provided by the dentist. If further definitive treatment is needed, a treatment plan must be submitted to **us** before the start of the treatment.

For claims for overseas dental emergency treatment **you** can complete the claim form, so long as **you** send it to **us** with a signed statement from the dentist who provided the emergency treatment. This statement should describe the treatment provided. **You** must also provide evidence of the time spent overseas, which should be no more than a cumulative total of three months.

The benefit will be paid in pounds sterling using a suitable exchange rate chosen by **us**. We'll pay **you** directly.

6. **What do I need to send with my claim form?**

In addition to your claim form, **you** must send **us** information to help **us** assess the validity of the claim and appropriateness of the treatment. This information is listed below.
a) In case of a failure to osseointegrate or breakdown of that integration, we'll ask you to provide one or more of the following:

- A copy of the original treatment plan with a detailed list of associated costs.
- Evidence of the original treatment being completed (for example original receipts and a copy of clinical records).
- X-rays of implants in situ before failure or breakdown.
- X-rays of implants on confirmation of the failure or breakdown.
- Clinical photographs.
- An invoice for the amount claimed for treatment.

b) In case of a dental accident, we'll ask you to provide one or more of the following:

- A report from the dentist describing the cause of the accident and the treatment provided.
- A photograph of your face showing the external trauma.
- X-rays and/or study models.
- A copy of any official accident report (for example from the police, fire or ambulance service or your employer).

7. When does my cover end?

7.1 If you do not renew your policy, your cover will end on the next annual renewal date. You'll find this date in your policy schedule.

7.2 Cover will end if you do not pay the required premiums. We'll only cover expenses incurred before the due date of any unpaid premium.

7.3 Even if treatment has been authorised, we won't be responsible for any costs if the plan ends or you cancel your policy before treatment has taken place.

7.4 We reserve the right to end this policy should your name be published on any government sanctions listings.

8. Who is responsible for providing the information for administering the plan?

Please answer all questions honestly and fully, in writing, so we can work out the premium. You are responsible for making sure we have enough information to pay your claims. Remember to tell us about any changes to your circumstances, name or address, to ensure our records are up to date.
9. How can I renew the policy?

We will send you a letter inviting renewal at least 30 days prior to the annual renewal date. We will also tell you the premium rates for the new year of insurance. If you do not cancel the policy before the annual renewal date, it will be renewed for a further 12 months from your annual renewal date.

However, we can end your plan or change your cover at any time if either of the following happens:
• If you have given misleading information, have not provided all information honestly and fully in response to our questions or have broken the conditions of the policy.
• If you no longer live full time in the United Kingdom.

If we ask you, you must take all steps to include the amount of benefit you are claiming from us under this plan in your claim with another insurer and/or legal action against another person. We can take over and defend or settle any claim, or prosecute any claim in your name for our own benefit. We’ll decide how to carry out any proceedings and settlement.

10. Will there be any changes to my plan’s conditions before the next annual renewal date?

We can end the plan or change any of its conditions. If the plan changes because of new laws, we’ll write to you. Otherwise, we’ll give the following notice:

• For changes to the cover limits, we’ll give you at least 28 days notice in writing. The effective date of the changes will be shown on the notice and the new cover limits will apply after this time.
• For changes to the conditions or if we end the plan, we’ll give you at least 28 days notice in writing. The changes will take place or the plan will end on the annual renewal date.

11. Premiums

We’ll tell you in writing before the annual renewal date of changes in premium rates for the next year of insurance. Premiums must be paid monthly by direct debit and within the days of grace.

12. Other insurance and Cigna’s right of subrogation explained

You must write to us as soon as possible about any claim or legal action against any other person that arises from a claim under this plan. You must keep us fully informed of any developments.

If another insurer provides cover, we’ll negotiate with them to make sure we and the other insurer both pay a share of the claim.

If the complaint is not resolved to your satisfaction, you may refer your complaint to the Financial Ombudsman Service (FOS) at:

The Financial Ombudsman Service
South Quay Plaza
183 Marsh Wall
London E14 9SR

The FOS can adjudicate most (but not all) complaints. Their decision is binding on us but you may reject it without affecting your legal rights.

13. What should I do if I want to complain?

If you have any cause for complaint, please write to Cigna in the first instance at 1 Knowe Road, Greenock, Scotland PA15 4RJ.

If the complaint is not resolved to your satisfaction, you may refer your complaint to the Financial Ombudsman Service (FOS) at:

The Financial Ombudsman Service
South Quay Plaza
183 Marsh Wall
London E14 9SR

The FOS can adjudicate most (but not all) complaints. Their decision is binding on us but you may reject it without affecting your legal rights.
14. Regulatory information

Cigna Life Insurance Company of Europe S.A.-N.V. – UK Branch, Chancery House, 1st Floor, St Nicholas Way, Sutton, Surrey SM1 1JB.

Cigna Life Insurance Company of Europe S.A.-N.V. is a private limited liability company under Belgian law, with its registered office in Belgium, 52 avenue de Cortenbergh, 1000 Brussels, RPM Brussels nr 0421.437.284.

Authorised by the National Bank of Belgium and subject to limited regulation by the Financial Conduct Authority and Prudential Regulation Authority. Details about the extent of our regulation by the Financial Conduct Authority and Prudential Regulation Authority are available from us on request.

15. What about data protection?

Telephone calls to and from our organisation may be recorded to help us monitor and improve the service we provide for you.

Under the Data Protection Act 1998, we act as the Data Controller for the personal information we hold about you. This will be processed by us to carry out our obligations and we may need to share it with authorised third parties. If you'd like a copy of the information we hold about you, please write to us quoting your policy number. Please note that we may charge a fee for providing this information.

Please ensure our records are up to date by telling us about any changes to your circumstances, name or address.

From time to time we'd like to tell you about other products or services that may interest you. However, if you don't want to hear from us, please write to us. To help us detect and prevent fraud, we may need to share your personal information with other insurers or organisations.

16. Law and interpretation

The policy is governed by English Law. Please note that the words and phrases in bold all have special meanings which are defined below in Section 17. No person other than the insurer or the policyholder may enforce this policy by virtue of the Contracts (Rights of Third Parties) Act 1999. Only the policyholder and Cigna have legal rights under the agreement relating to your policy.

17. What do these words mean?

Cigna, we, us, our, the insurer - Cigna Life Insurance Company of Europe S.A.-N.V., 1 Knowe Road, Greenock, Scotland PA15 4RJ.

You, your - you as the policyholder.

17.1 ‘Accident’ - an unforeseen event caused by external trauma and solely as a result of non-self-inflicted direct extra oral impact to your dental implant(s) and/or associated prostheses.

17.2 ‘Annual cover limit’ - the total annual monetary amount covered in any one year of insurance (you will find this amount in your policy schedule).

17.3 ‘Annual renewal date’ - the annual renewal date shown in your policy schedule.

17.4 ‘Biomaterial’ - any material that is not your natural bone, which is intended to substitute or convert your bone.
‘Clinically necessary’ - services required to evaluate, diagnose and treat a failed dental implant in order to restore health and function.

‘Days of grace’ - a period of 14 days after the date on which a premium is due. We will not pay any claims received during this period until we have received the premium owed.

‘Dental implant’ - new or existing single or multiple tooth osseointegrated fixture(s) that can be used to retain single or multiple tooth prostheses.

‘Dentist’ - a dentist, dental surgeon, dental practitioner or dental specialist registered with the General Dental Council who has been approved by us, except when you need treatment overseas.

‘Emergency’ - Palliative treatment that takes place outside your dentist’s business hours, or when you are staying in another location and is carried out in order to either:
- stabilise the immediate problem
- relieve severe pain not stopped by painkillers
- relieve facial swelling, and
- stop uncontrollable bleeding of the dental implant site.

‘Emergency cover limit’ - the total monetary amount covered per episode of emergency treatment (you will find this amount in your policy schedule).

‘Hospital’ -
- NHS hospital - a National Health Service (NHS) hospital, with facilities for medical and surgical treatment, as defined in Section 128 of the National Health Service Act 1977 or in any future law.
- Private hospital - an independent hospital which can provide acute medical, surgical or psychiatric care. It must be registered under The Registered Homes Act (1984) or any future law. It may be a private bed in a NHS hospital.

‘Oral health’ - a sufficient standard of oral health of the teeth, their supporting structures and other mouth tissues, to ensure dental efficiency and safeguard general health.

‘Osseointegration’ - integration with the bone.

‘Plan’ - your Cigna Dental Implant Plan.

‘Policy’ - comprises your application form, these policy terms and conditions and the policy schedule.

‘Policy Schedule’ - a document we send to you with the policy, which shows your policy number, start date of the policy, cover limits, and the premium you pay per year of insurance.
17.18 ‘Pre-authorisation’ - our approval of a proposed treatment other than emergency treatment.

17.19 ‘Prosthesis’ - a fixed or removable appliance to replace missing teeth such as crowns, bridges or dentures.

17.20 ‘Start date’ - the date your policy comes into effect, as shown in the policy schedule.

17.21 ‘Treatment’ - any dental procedure or service that is necessary as a result of:

- a dental implant failing to osseointegrate after appropriate placement or a breakdown of that integration
- a dental accident or dental emergency


17.23 ‘Year of insurance’ - the 12 months from the start date or annual renewal date during which time this policy is valid.