

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 a dental **accident** or **emergency** takes place, **we'll** pay for the **treatment** for the immediate relief of pain, swelling or bleeding.

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**. The amount **we'll** pay for each dental **emergency** is subject to the maximum **emergency cover limit**. In any one **year of insurance**, cover for overseas **accident** and **emergency treatment** is only available for a cumulative total of three months spent outside the **United Kingdom**.

Where fully restorative **treatment** is needed after temporary **treatment** during a dental **emergency**, this is covered within the normal **policy** terms and conditions and subject to the overall **annual cover limit**.

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.

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 or 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:

- a) committing an illegal act in the country where the **accident** or **emergency** takes place
- b) being in a state of insanity or psychiatric or psychological disturbance at the time of the **accident** or **emergency**
- c) 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
- d) participating in professional sports and, except where mouth guards are worn, the following amateur sports: boxing, hockey, rugby, shinty and martial arts.
- e) driving or riding motorised vehicles in races
- f) riding a motorcycle for professional use
- g) 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).

- A signed statement from **you** confirming the cause of the **accident** and the injury sustained.

c) In case of **emergency treatment**, **we'll** ask **you** to provide one or more of the following:

- A report from the **dentist** who carried out the **emergency treatment**, which describes the **treatment** provided.
- An original receipt for the payment of the **treatment** provided.
- Evidence of time spent overseas (for example a copy of **your** flight schedule).

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**.

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**.

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**.

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 **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.

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.

- 17.5 **'Clinically necessary'** - services required to evaluate, diagnose and treat a failed dental implant in order to restore health and function.
- 17.6 **'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.
- 17.7 **'Dental implant'** - new or existing single or multiple tooth **osseointegrated** fixture(s) that can be used to retain single or multiple tooth **prostheses**.
- 17.8 **'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.
- 17.9 **'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.
- 15.10 **'Emergency cover limit'** - the total monetary amount covered per episode of **emergency treatment** (**you** will find this amount in **your policy schedule**).
- 17.11 **'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.
- 17.12 **'Manufacturer's instructions'** - expressed or implied directions from the manufacturer of **dental implant** or the **dentist** on behalf of the manufacturer. They tell **you** how to look after **your dental implant**.
- 17.13 **'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.
- 17.14 **'Osseointegration'** - integration with the bone.
- 17.15 **'Plan'** - **your Cigna Dental Implant Plan**.
- 17.16 **'Policy'** - comprises **your** application form, these policy terms and conditions and the **policy schedule**.
- 17.17 **'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**
- 17.22 'United Kingdom' - England, Scotland, Wales and Northern Ireland.
- 17.23 'Year of insurance' - the 12 months from the **start date** or **annual renewal date** during which time this **policy** is valid.

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