



Welcome to your Dental Policy

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

The Policy, your application and the schedule should be read together and form the contract of insurance.

This insurance is underwritten by Syndicate 2001 at Lloyd's, London, for and on behalf of Amlin Underwriting Limited.

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Definition of Terms

We have defined below words or phrases used throughout this Policy. 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/Dental Injury	Injury caused by an unexpected direct external impact to an Insured Person's teeth and gums (this includes damage to dentures whilst being worn).
Commencement Date	The date shown on the Policy when Cover under this Policy commences.
Cosmetic Treatment	Treatment not necessary to maintain oral health and which is solely for the purpose of improving the Insured Person's appearance.
Cover	Cover for Treatment and benefits subject to the terms and conditions of this Policy.
Date of Entry	The date when an Insured Person was included under this Policy.
Dental Services	The Dental Services described in this Policy.
Dentist	A person who is registered as a Dentist with the Irish Dental Council (IDC) if practising in Ireland, or if practising in a overseas country, a person who is legally authorised, qualified & registered as a dentist with all applicable regulatory bodies in that country.
Emergency Treatment	Dental Services or supplies provided for the immediate relief of severe pain, trauma, swelling or bleeding of an Insured Person by a Dentist not being the Insured Person's registered Dentist or associated with the Policyholder's dental practice where the emergency occurred more than 40 miles from the Insured Person's home.
Implant	A titanium root shaped fixture designed to integrate with the bone, to replace the root of a tooth and support the replacement tooth.
Insured Person	A person who is a registered patient of the Policyholder resident in the Republic of Ireland or United Kingdom and for whom the appropriate premium has been paid and whose name has been forwarded to Amlin Underwriting Limited in accordance with the terms of this Policy.
In-Patient	An Insured Person 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 Insured Person on the Emergency Treatment Dental Plan.
Policyholder	The Dentist or dental surgery covered under from this Policy from whom we receive and accept a premium and monthly bordereau in respect of their Insured Persons.
Policy	This contract being our contract with the Policyholder providing the Cover as detailed in this booklet. The application forms part of the policy and must be read together with this document (as amended from time to time).
Review Date	1 April each year.

Specialist	A registered medical or dental practitioner who holds or has held a position in the Irish Health Service and is registered on the appropriate specialist list of the Irish 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 Insured Person 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 Insured Person during a Period of Cover.
We/Our/Us/Insurer	This insurance is underwritten by Syndicate 2001 at Lloyd's, London, for and on behalf of Amlin Underwriting Limited.

Cover

The purpose of this Policy is to provide an Insured Person 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 received by the Insured Person during the Period of Cover.

Section 1 - Emergency Treatment Benefits

If an Insured Person requires and receives Emergency Treatment outside a 65 kilometer radius from the Insured Person's registered dental practice and the Treatment is administered by a Dentist who is neither the Insured Person's registered Dentist nor associated with the Insured Person's dental practice 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 Policy year.

ITEM

- a) Examination and report to include all necessary smoothing and polishing of teeth and Treatment of sensitivity -- up to €40 per incident
 - b) Radiographs -- up to €25 per incident
 - c) Fillings -- per tooth
 - i. Amalgam -- small (1 surface) up to €65
 - ii. Amalgam -- medium (2 surfaces) up to €80
 - iii. Amalgam -- large (3+ surface) up to €95
 - iv. Composite -- small (1 surface) up to €90
 - v. Composite -- medium (2 surfaces) up to €115
 - vi. Composite -- large (3+ surfaces) up to €140
 - d) Extraction of up to 2 teeth -- €90 per tooth
 - e) Root extirpation to include dressing and any associated Treatment of acute infection
 - i. 1 canal up to €110
 - ii. 2 canals up to €125
 - iii. 3 or more canals up to €135
 - f) Treatment of acute infection (not associated with endodontic therapy) to include incising of abscesses, treating infected sockets and prescriptions -- up to €40 per incident
 - g) Investigation and dressing -- first tooth up to €40. Per tooth thereafter up to €20
 - h) Re-cement crown or inlay -- up to €42 per item
 - i) Re-cement bridge -- up to €60 per bridge
 - j) Construction and fitting of Temporary crown -- up to €80 per crown
 - k) Construction and fitting of Temporary bridge -- up to €150 per bridge
 - l) Arrest of abnormal haemorrhage including aftercare and associated suture removal -- up to €60 per incident
 - m) Removal of sutures placed by another practitioner -- up to €38 per incident
 - n) Adjustment to denture -- up to €40 per incident
 - o) Repair of denture -- up to €60 per incident
 - p) Any other temporary Emergency Treatment not otherwise specified under this Policy up to €75 per incident
 - q) Repair or adjustment of orthodontic appliance -- up to €80 per incident
 - r) Evening, weekend and Bank Holiday call--out fees where Treatment is provided outside the treating Dentist's normal surgery hours up to €200.
- Benefit is also payable in the event of the Emergency Treatment being administered by the Insured Person's registered dental practice or any dental practice within a 65 kilometer radius of the Insured Person's registered dental practice.

Exclusions to Section 1

- 1 Dental Treatment administered by the Insured Person's registered dental practice or any practitioner covering for or acting on behalf of the Insured Person's registered dental practice or any dental practice within a 65 kilometer radius of the Insured Person's registered dental practice, other than in respect of 'r' above.
- 2 Permanent Treatment.

Section 2 - Accident Treatment Benefits

For the costs of dental Treatment (including prescription charges) received by the Insured Person in connection with a dental injury affecting their healthy natural teeth or denture 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 Insured Person's registered Dentist unless in an emergency.

Please see the definition of Emergency Treatment as earlier.

ITEM

- a) Examination and report to include all necessary smoothing and polishing of teeth and treatment of sensitivity -- up to €62 per incident
- b) Radiographs -- up to €30 per incident
- c) Crowns
 - i. Porcelain jacket -- up to €690 per unit
 - ii. Ceramic bonded -- up to €830 per unit
- d) Metal bonded porcelain crown -- up to €740 per unit
- e) Bonded metal/porcelain bridgework -- up to €710 per retainer up to €685 per pontic
- f) Full metal crown -- up to €710 per unit
- g) All metal bridge work -- up to €690 per retainer up to €690 per pontic
- h) Zirconia crown -- up to €850 per unit
- i) Zirconia bridge -- up to €850 per unit
- j) Laboratory constructed adhesive bridge -- up to €400 per retainer up to €410 per pontic
- k) Laboratory constructed adhesive facing or veneer -- up to €550 per unit
- l) Permanent denture
 - i. acrylic -- up to €720 per denture
 - ii. metal -- up to €900 per denture
- m) Temporary denture following tooth loss where required up to €215 per incident
- n) Laboratory made temporary bridge following tooth loss (where required)
 - i. up to €150 for up to 3 units
 - ii. €35 per additional unit
- o) (i) Root canal treatment incisor -- up to €240 per incisor
(ii) Root canal treatment canine -- up to €240 per canine
(iii) Root canal treatment premolar -- up to €400 per premolar
(iv) Root canal treatment molar -- up to €720 per molar
- p) Emergency and other treatment following dental injury not otherwise specified -- up to €800 per incident

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 Policy.

Where Implants are clinically required We will pay towards the costs of Implants up to the value of the equivalent bridgework 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 contact sports including but not limited to Boxing, Martial Arts, Rugby, Hockey and Gaelic Games 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 Insured Person more than 18 months after the date of Accident where a member is older than 16 years of age at the time of the Accident.
- 3 We will not pay for any costs incurred by Insured Person more than 4 years after the date of Accident where a member is younger than 16 years of age at the time of the Accident.

Section 3 – Hospital Benefit

If an Insured Person is admitted to hospital as an In-Patient as a result of a dental condition, we will pay €60 for each complete 24 hours the Insured Person remains in hospital under the care of a Specialist up to a maximum of €600 per incident.

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 Insured Person is diagnosed with Oral Cancer We will pay the Insured Person as follows:

- i A lump sum of €1,000 if the Insured Person is under 75 years of age at the date of diagnosis.
- ii Treatment costs up to €12,000 following the diagnosis of Oral Cancer.

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

Conditions to Section 4

- 1 benefit under this section will only be paid once per Insured Person and thereafter cover under the Policy will cease and no refund of premium will be payable by Us.
- 2 benefit under this section in respect of the Insured Person will only be paid when Oral Cancer is diagnosed by a Specialist in Oral Cancer Treatment within the Republic of Ireland.

Exclusions to Section 4

This section does not cover:

- 1 Oral Cancer diagnosed before or within 90 days of when You were first provided with Oral Cancer cover by Us or for which tests or consultation began within those 90 days, even if the diagnosis was not made until later;
- 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) or from prolonged alcohol abuse;
- 5 reimbursement for any charges or fees including charges for consultation or tests for invasive/non-invasive tumours;
- 6 any cancer resulting from failure to follow medical advice;
- 7 persons aged over 75.

General Exclusions

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

- a) Treatment which a Dentist is unable to provide due to circumstances beyond the control of such Dentist;
- b) services or supplies which are not described in this Policy;
- c) Cosmetic Treatment;
- d) services, supplies or drugs which are experimental in nature, or not normally supplied by a dental practice;
- e) dispensing and providing prescription drugs (unless they are antibiotics needed for Emergency Treatment);
- f) orthodontics;
- g) any Treatment resulting from self-inflicted injury;
- h) any charges for the completion of the claim form or the submission of a claim;
- i) dental implants and all costs associated with the preparation and fitting of such devices;
- j) any costs associated with the administration of general anaesthetics;
- k) charges incurred by the Insured Person resulting from broken appointments;
- l) any Treatment which was prescribed, planned, diagnosed as necessary or is currently taking place at the Commencement Date;
- m) Treatment, care or repair to teeth, gums, mouth or tongue in relation to "mouth jewellery";
- n) damage caused by toothbrushing or other oral hygiene procedures;
- o) 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;
- p) costs recovered from any other insurance Policies;
- q) reimbursement for travelling expenses or telephone calls;
- r) mouthguards, gum shields or any other dental appliances unless in conjunction with a dental injury.

General Conditions

The following conditions apply:

1. Compliance with Policy Terms

Our liability under this Policy will be conditional upon each Insured Person complying with its terms and conditions and the Policyholder paying or agreeing to pay the premium to Us.

2. Change of Risk

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

3. Policy Duration and Payment

- a) The Policy shall be for one year and may be continued subject to the terms in force at the time of each Review Date.
- b) If the Insured Person 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 premium payable shall be that prevailing generally at the Commencement Date or if later, the appropriate Review Date.
- d) The premium payable may be changed by Us from time to time. However, this Policy will not be subject to any alteration in payment rates generally introduced until the next Review Date.

4. Cancellation

- a) Your Policy will be cancelled if You or any Insured Person no longer meet the eligibility criteria of the Dental Plan
- b) This Policy will be cancelled automatically upon non-payment of the Premium
- c) Whilst we shall not cancel this Policy because of eligible claims made by any Insured Person We may at any time terminate an Insured Person's Cover or subject his/her Cover to different terms if he/she or the Policyholder has at any time;
 - i) misled Us by misstatement or concealment;
 - ii) knowingly claimed benefits for any purpose other than as are provided for under this Policy;
 - 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 Policy
- d) If We cancel the Policy or any Insured Person's cover We shall give You 30 days-notice sent by first class post to Your last known address. If We do so, You may be entitled to a proportionate refund of premium.

5. Claims Procedure

- a) It is a condition of the Policy 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.
- The completed form and/or receipts should be return to Quality Plan Ltd.
- b) Reimbursement is available only if the Treatment is provided by a Dentist.
- c) If Treatment costs are likely to exceed €1,000 the Insured Person or Policyholder as appropriate must call Quality Plan Ltd. Telephone: (02891) 467720 to obtain Our prior approval.
- d) If any benefit is provided or any payment is made under this Policy as a result of an action by a third party then the Insured Person must:
- i) give Us full details of the potential claim against a third party;
 - ii) allow Us to pursue any loss under this Policy at Our expense;
 - iii) help Us to take legal action if We ask the Insured Person to.

6. Claims Notification

All claims must be notified (and supporting documentation supplied) within 60 days of the date of completion of a course of Treatment. We will not be liable in respect of any claim notified late unless You provide an explanation for the delay satisfactory to Us.

7. Hospital Benefit

The Insured Person 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 Insured Person 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 Republic of Ireland forward it to Quality Plan Ltd. Any fees for the translating of foreign documents into English for the purposes of claims settlement or administration shall be charged to the Insured Person. Claim reimbursement will be in Euro at the equivalent Euro 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 Insured Person needing Treatment following an Accident or a sports injury, the Insured Person must inform Quality Plan Ltd Telephone (02891) 467720 within 15 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 Policy, the dispute must be referred to an arbitrator to be agreed between You and Us in accordance with the law at the time. When this happens, a decision must be made before You can take any legal action against Us.

11. Alteration

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

12. Fraudulent or Unfounded Claims

If any claim under this Policy 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. Other Insurance

Without prejudice to any other right or remedy We may have against any third party, if there is any other insurance covering any of the same benefits the Policyholder must disclose or procure that the relevant Insured Person discloses the same to Us. We shall not be liable to pay or contribute more than Our rateable proportion. Any payment or contribution over and above such liability shall be at Our absolute discretion and shall be without prejudice to this condition.

14. Waiver

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

15. Settlement of Claims

All settlements will be made by cheque to the nominated payee.

Your Right to Complain

We have every reason to believe that You will be totally satisfied with the Policy. However, should You have any concern relating to the Policy or Our service, please write quoting the Policy number together with full details of Your complaint to:

Managing Director
Quality Plan Ltd.
Enterprise House
2-4 Balloo Avenue
Bangor
BT19 7QT

In the event that You remain dissatisfied, You can refer the matter to Lloyd's Market Services. The contact details are:

Complaints Department
Lloyd's Market Services
One Lime Street
London, EC3M 7HA
Tel: 020 7327 5693
Fax: 202 7327 5225
E-mail: complaints@lloyds.com

Complaints that cannot be resolved by Lloyd's Market Services may be referred to the Financial Ombudsman Service. Further details will be provided at the appropriate stage of the complaints process.

This complaint procedure is without prejudice to Your right to take legal proceedings.

Compensation Arrangements

Lloyd's Syndicates' obligations are covered by the Financial Services Compensation Scheme. You may be entitled to compensation from the scheme if a Lloyd's Syndicate is unable to meet its obligations to You under this contract. If You were entitled to compensation under the Scheme, the level and extent of compensation would depend on the nature of this contract. Further information about the scheme is available from the Financial Services Compensation Scheme (7th Floor Lloyd's Chambers, Portsoken Street, London, E1 8BN) and on their website at www.fscs.org.uk.

Scheme Administration

Your Policy and claims are administered by Denis UK Limited on behalf of Syndicate 2001 at Lloyd's, London, for and on behalf of Amlin Underwriting Limited.

Applicable Law

This contract shall be governed by and construed in accordance with the laws of Ireland unless You and the Insurer agree otherwise.

Cancellation

Dental accident and emergency cover is included as part of a package of cover which is provided by the Policyholder. If the Insured Person wishes to cancel his/her dental plan they should contact Quality Plan.

This insurance Policy is underwritten by Lloyd's Syndicate No 2001 on behalf of Amlin Underwriting Limited,
St Helen's, 1 Undershaft, London, EC3A 8ND, United Kingdom.
Amlin Underwriting is listed on the Lloyd's Register of Underwriting Agents, reference number 01901D.
Amlin Underwriting Limited is authorised and regulated by the UK Financial Conduct Authority.