

Important information.

Changes to the Dental Choice insurance policy.



We've made some changes which will apply when your cover renews on or after 1 September 2024.

This document is designed to help you understand these changes and should be read alongside your policy guide and membership certificate, which set out the full details of how your dental insurance works.

Worldwide restorative dental treatment

We've increased the benefit allowance for Fillings across all levels of cover, which means you can claim more cash-back towards the cost.

Claiming for an extraction is now simpler, as we now use the same extraction benefit for a simple or surgical extraction. It also means you can claim more cash-back towards the cost when having a simple extraction.

We've also increased the amount of cash-back you can claim for topical fluoride treatment and a root canal across all levels of cover. Claims for an apicectomy are now covered from the root canal benefit.

Full details can be found in your policy guide (Section 2, 'Dental Choice Table of Cover').

Dental treatments using composite

We've explained that composite fillings, composite bonding, and any clinically necessary treatment where composite is used to restore a tooth will be paid from the 'Fillings and composite bonding' benefit, up to your benefit allowance.

We've changed the Veneer benefit; you are now only covered for 'porcelain veneers' when using this benefit. The benefit allowance remains unchanged.

Pre-existing gaps, pre-existing conditions, and continuity of cover

We've changed the way we explain this to make it clearer. We do not cover pre-existing gaps caused by a pre-existing condition. We only provide cover for surgical implants, bridges, and dentures when the gap was caused by a tooth that was lost or extracted after your policy start date.

When claiming for a surgical implant, bridge, or denture you'll need to send us a letter or email from your dentist to tell us which tooth has been extracted and when. They'll also need to tell us the surgical implant, bridge, or denture has been fitted in the gap caused by the extraction.

We've also explained that we do not cover the cost of replacing surgical implants, bridges or dentures that have been fitted before your policy began.

If your group has transferred your dental insurance to us from another provider, we'll provide continuous cover if your tooth was extracted while you were covered by your previous insurance. You'll need to provide evidence of this when you send us your claim along with a letter from your dentist to explain which tooth was removed, or lost, and when.

Clinically necessary dental treatment

We've clarified we don't pre-authorise claims for dental treatment.

Your policy covers clinically necessary dental treatment up to your benefit allowance. We'll review your claim once you've sent it to us.

We don't cover cosmetic treatment, or any restorative dental treatment that our Chief Dental Officer does not consider as clinically necessary.

We may ask you for more information about your claim or dental treatment to see if your policy covers it. This could include your dental records, x-rays, or photographs of your teeth, before and after, treatment.

Course of treatment

Where we say for each course of treatment, we mean all visits needed to complete this treatment. This includes preparation, supply and fit for each tooth restoration and any associated laboratory costs needed for this.

We've clarified each course of treatment, means all visits needed to complete the treatment. For example, multiple dentist visits to complete a root canal, on the same tooth, would be one course of treatment. This means, you can only claim up to your benefit allowance for the total cost of that root canal treatment, regardless of the number of visits it takes.

Surgical Implant

We've clarified when using the Surgical Implant benefit, it includes the cost of the surgical implant, the abutment, and crown which is covered up to your benefit allowance.

Orthodontic treatment and continuity of cover

We now cover space maintainers for children, up to their benefit allowance. The child must be named as a dependant on your policy.

We've also explained that if your group has transferred your dental insurance to us from another provider, we'll provide continuous cover if you can provide evidence of your IOTN scale when your treatment started. This would need to be IOTN scale 4 or above when aged 19 and over, or IOTN scale 3 or above when aged 18 and younger.

Splints

We explain that splints are covered when supplied by a dental professional for the use of sports, fluoride application, or to prevent teeth grinding (bruxism).

Policy Guide

We've changed the name of the 'Membership Guide' to 'Policy Guide'.