

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 2023.

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

You may notice we've changed the way we talk about your policy, including some of the words and phrases, to make our documents clearer and easier to understand. This doesn't affect your cover, and the only changes to your policy are listed below.

Preventative dental treatment

We've increased the benefit allowance across all levels of cover for preventative dental treatment, meaning you can claim more cash back towards the cost of a routine examination, scale and polish, and new patient examination or specialist consultation up to your benefit allowance. Full details can be found in your membership guide (Section 2, 'Your Bupa Dental Choice Table of Cover').

	Routine examinations Unlimited visits		Scale and polish Unlimited visits		New patient examination or specialist consultation One visit in each policy year	
	Current allowance	Increased to	Current allowance	Increased to	Current allowance	Increased to
Choice 1	£27.50	£30	£25	£30	£40	£50
Choice 2	£30	£40	£40	£45	£50	£60
Choice 3	£40	£50	£50	£55	£65	£70
Choice 4	£52	£60	£60	£65	£75	£80
Choice 5	£65	£70	£100	£110	£90	£100

Claiming

We've included new wording to tell you about claiming.

When claiming for preventative dental treatment (such as check-ups, scale and polish, and x-rays), you'll only need to send your invoice or receipt from your dentist with your claim.

When claiming for any other type of dental treatment, you must make sure your receipt contains:

- name of the person receiving treatment
- date treatment took place
- details of the treatment received including cost of each one

- name of dental professional who provided the treatment and their General Dental Council registration number
- dental practice name, address and telephone number, and
- proof that you paid for the treatment.

If the information you send is incomplete or unreadable, it may delay your claim, or we may be unable to pay it.

We've also explained that sometimes we may need to contact your dental professional to ask for more information about your claim or dental treatment to see if your policy covers it. This could include x-rays and photographs of your teeth before and after treatment. We'll need this information before we can fully assess your claim, so could impact the time it takes to process your claim.

You can now make injury claims through your digital account.

Full details can be found in your membership guide (Section 1, 'How to use your policy and claim').

Clinically necessary dental treatment

We've explained that clinically necessary dental treatment is dental treatment recommended by your dental professional that's needed to keep your teeth and gums healthy and free from pain. This doesn't include treatment for cosmetic reasons.

Intravenous and oral sedation

We've changed the way we describe this benefit to make it clearer.

Oral Surgery

We've explained this is covered if it's for clinically necessary dental treatment. This would be covered from the 'any other clinically necessary restorative dental treatment' benefit up to benefit allowances.

Pre-existing conditions and pre-existing gaps

We've added pre-existing condition as a defined term and explained that we do not cover surgical implants, bridges, or dentures when they are used to correct a pre-existing condition or gap that occurred before your cover start date. We've also explained that a pre-existing gap is caused by a tooth being extracted or lost.

Continuity of cover for pre-existing gaps

We've explained if the group has transferred your dental insurance to us from another provider, we'll provide continuous cover for a pre-existing gap if this was covered by your previous insurance. You'll need to provide evidence of this when you submit your claim along with a letter from your dentist to explain which tooth was removed, or lost, and when.

Group

We've changed the way we talk about the company that provides your cover, previously this was described as your 'sponsor', now this will be your 'group'.