

Frequently asked questions...



Q What does the dental policy cover?

A This policy provides cover towards the cost of dental treatment needed to maintain and restore your dental health, up to the policy limits shown on the benefit schedule. This includes cover towards examinations and scalings, crowns, bridges and dental implants (where listed on the benefit schedule). The full list of insured treatments and cover limits can be found on the benefit schedule – provided during the application process.

Q Can I use any dentist?

A Yes, you can use any dentist you like – NHS or private.

Q How do I make a claim?

A Once you've completed and paid for your treatment in full, you can submit your claim online, by email or by post. Read the claim guide [here](#).

Q When can I start making claims?

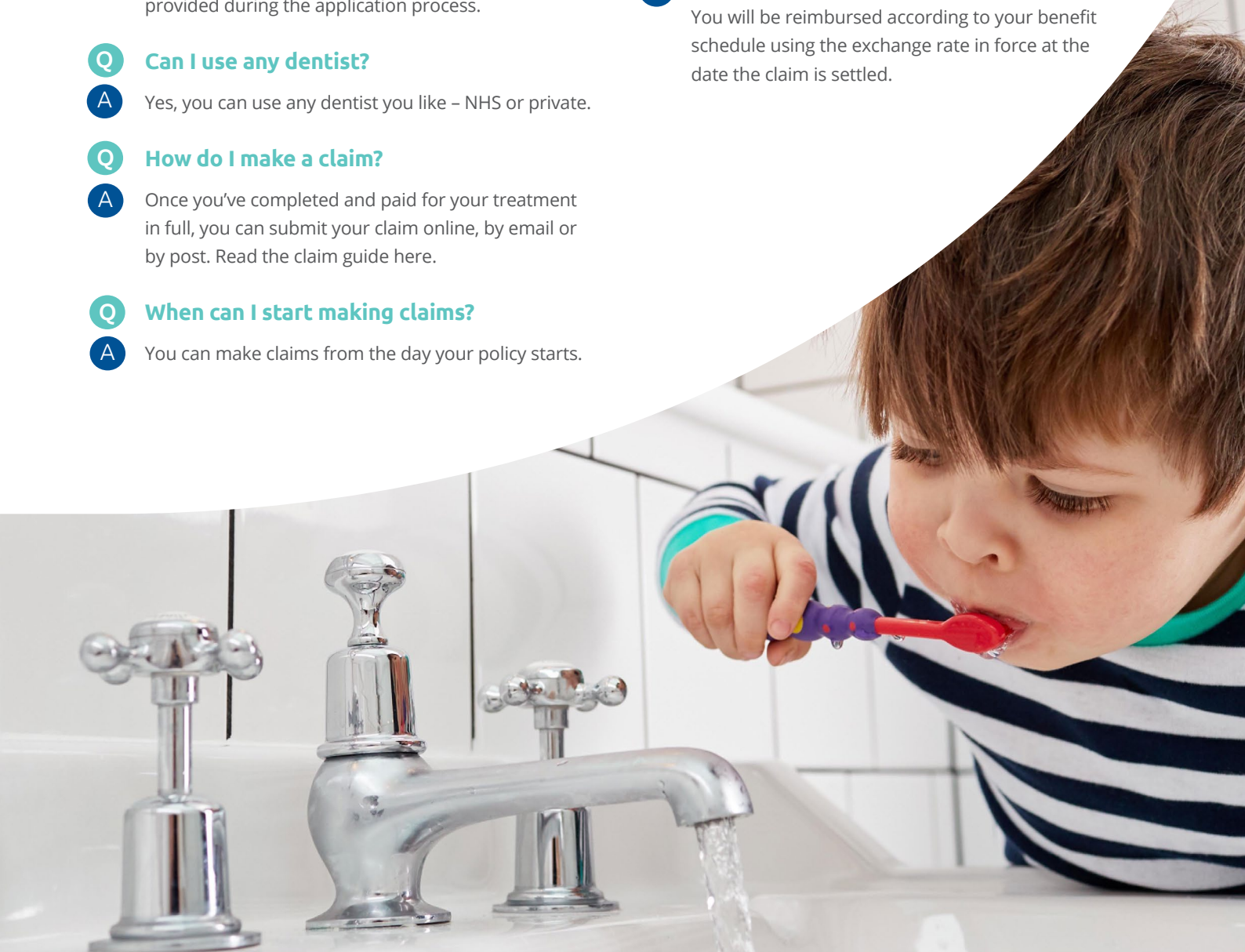
A You can make claims from the day your policy starts.

Q Can I claim if I have a pre-existing condition?

A Yes, the only pre-existing condition exclusion is mouth cancer. You can even claim towards a pre-planned treatment (if it's covered by your policy) as long as you wait for your insurance cover to begin before starting the course of treatment.

Q Can I claim for treatment received abroad?

A Yes, this policy includes worldwide cover as standard. You will be reimbursed according to your benefit schedule using the exchange rate in force at the date the claim is settled.



Q What are the exclusions?

A This policy will not cover cosmetic treatment, mouth cancer which existed prior to joining the plan, prescription fees, treatment carried out before your cover starts and after your cover ends. The full list of exclusions can be found on the benefit schedule – provided during the application process.

Q What if I have an accident playing sport?

A You can claim for treatment received following a sports injury up to the policy limits shown in the benefit schedule.

Q Can I cover my family?

A Typically yes, you can add a partner and children to your policy at your own cost. Please check your cover options when applying.

Q Can I make changes to my cover during the policy year?

A You cannot change or cancel your cover until your renewal date, unless you leave your company or there is a change in your circumstances such as birth, death, marriage or divorce. Contact your company for the full list of eligible life events.

Q What happens if I leave the company who has arranged my cover?

A Your cover will end on the last day of the month in which you leave the company. You will not be eligible to claim for any treatment received after this date.

Contact Unum Dental within 30 days of leaving if you wish to keep your cover as an individual.

Please read the policy documents available from your company carefully before applying.

Q How do I join?

A Your company will provide you with a link to join online along with an enrolment code – please enter this along with your employee ID and date of birth to see the plans available and to select a level of cover.

