## **UNUM** DENTAL

## Your Clear benefit schedule

The table below lists the treatments and cover available under this policy. Please see 'More about your benefits' for full details and policy exclusions.

for full details and	policy exclusions.	Clear Plus 1	Clear Plus 3	Clear Plus 5
Overall limit	Annual limit for all listed treatment <sup>1</sup>	N/A	£1,500	£2,500
NHS	100% NHS dental cover	~	~	~
Check-ups	Examinations (annual limit)	100% NHS	£75	£100
X-ray	Small x-ray	100% NHS	£8	£10
	Medium x-ray	100% NHS	£12	£20
	Panoral (large) x-ray	100% NHS	£25	£30
Scalings	With a dentist	100% NHS	£20	£35
	With a hygienist	100% NHS	£60	£80
Fillings	Silver filling - 1 surface	100% NHS	£15	£30
	Silver filling - 2 surfaces	100% NHS	£18	£40
	Silver filling - 3 surfaces or more	100% NHS	£45	£70
	White filling - 1 surface	100% NHS	£30	£55
	White filling - 2 surfaces	100% NHS	£35	£65
	White filling - 3 surfaces or more	100% NHS	£60	£80
	Pin for filling	100% NHS	£11	£15
Root treatments	Root canal - Incisor/Canine	100% NHS	£90	£130
	Root canal - Premolar	100% NHS	£90	£130
	Root canal - Molar	100% NHS	£150	£200
	Apicectomy	100% NHS	£50	£70
Extractions	Extraction	100% NHS	£20	£32
	Surgical extraction	100% NHS	£50	£60
Veneers and inlays	Veneer (prior approval required)	100% NHS	£80	£160
	Inlays	100% NHS	£90	£200
Implants, crowns and bridges	Implant <sup>2</sup>	100% NHS	£350	£550
	Crown	100% NHS	£185	£320
	Post for crown	100% NHS	£40	£60
	Conventional bridge (any number of units)	100% NHS	£350	£550
	Adhesive bridge (any number of units)	100% NHS	£175	£280
	Re-fix, re-cement crown or bridge	100% NHS	£30	£40
Dentures	Acrylic upper or lower denture	100% NHS	£100	£200
	Acrylic upper and lower denture	100% NHS	£200	£400
	Chrome upper or lower denture	100% NHS	£190	£275
	Chrome upper and lower denture	100% NHS	£380	£550
	Repair or reline denture	100% NHS	£35	£40
And the rest	Anaesthetic (per visit)	100% NHS	£60	£75
		100% NHS	£325	£475
	Child orthodontics (annual limit) <sup>3</sup> Mouthguards - including sports guard	100% NHS	£50	£60
	Emergency charge (2 per policy year)	100% NHS	£75	£125
	Overnight hospital stay - excl. ROI (£1,000 annual limit)	100% NHS	£75	£125
	Accident/injury (annual limit)			
		N/A	£1,500	£2,500
	Mouth cancer	£20,000	£20,000	£20,000
	Personal Protective Equipment (PPE) (annual limit)	£50	£50	£50

<sup>1</sup>Except for accident/injury treatment and mouth cancer cover which have a separate limit. <sup>2</sup>This reimbursement covers all visits related to the implant including fitting the implant crown. We will not pay for more than one implant if a bridge could be fitted as an alternative. <sup>3</sup>Insured children only.

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# **Unum** DENTAL

### More about your benefits

### Accident/injury cover

Treatment required as a result of an accident/injury will be subject to the individual treatment maximums shown in the benefit schedule.

By accident/injury, we mean a sudden and unexpected identifiable incident which causes injury, including injuries caused when eating or drinking. Treatment must start within 6 months of the incident date and be completed within 24 months. Accident/injury cover is provided against a single course of treatment and will be paid in line with the policy year in force at the time of the incident. Cover for the incident will end if you leave or cancel your policy. By course of treatment, we mean the initial treatment identified or planned by your dentist from the first examination following the accident.

#### Mouth cancer cover

This is the policy lifetime limit for all eligible treatment including reconstructive facial plastic surgery, oral therapies and restorative dental treatments. We consider mouth cancer to be a malignant tumour, tissue or cells, primarily in the oral cavity, lips, tongue or pharynx, characterised by the uncontrolled growth and spread of malignant cells and the invasion of tissue. Mouth cancer cover will end if you leave or cancel your policy.

### **Exclusions**

We 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.

### **Personal Protective Equipment (PPE)**

We consider PPE to mean any personal protective equipment including face coverings for which you or an insured dependant have been charged whilst visiting your dentist for any insured treatment shown in your benefit schedule.

Reimbursement for PPE charges will only be made where the charge is listed in a separate line in the itemised receipt.

### **Additional information**

If you receive private treatment under the Clear Plus 1 plan, we will reimburse the NHS equivalent charge for the whole course of treatment received.

Dental treatment you receive which is not listed on the benefit schedule will be reimbursed at the amount you would pay if you received a course of treatment under the English NHS (where an equivalent amount can be found).

We recommend that you check treatment costs prior to your appointment as these can vary. NHS dentists can choose to charge privately for certain treatments, you can check current NHS charges on the <u>NHS Choices</u> website.