

# 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 available from your company.

## 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 via our member portal. [Click here](#) to learn more.

## 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 available from your company.

## Q Can I cover my family?

A This depends on the policy you have access to – please contact your company directly to find out.

## 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 apply for cover as an individual. Please read the policy documents available from your company carefully before applying.

## Q What is BenefitHub ?

A BenefitHub is a third-party provider of retail discounts, savings and cashback across a wide range of categories including travel, electronics, entertainment, restaurants, fashion, health and local deals\*

\*BenefitHub Limited is a third-party discounts and benefits provider and is completely independent of Unum Dental