

PAGE 1 NHS Dental Plan

PAGE 2 Private Patient Plan

NHS Dental Plan

Policy summary

This is a summary of the main terms and conditions of the NHS Dental Plan contained in the Policy Documents which can be requested at any time before or after joining.

The Insurer and Underwriter is Bolton & District Hospital Saturday Council (BDHSC) of Ground Floor, Regent House, Folds Point, Folds Road, Bolton, BL1 2RZ which is authorised and regulated by the Financial Conduct Authority (FCA). The FCA registration number is 202043 details of which can be checked on the Financial Services Register (www.fca.org.uk/register) or by telephone on 0800 111 6768.

Type of Insurance The NHS Dental Plan is an Insurance Policy that provides payment towards or gives you money back for a range dental treatments, makes cash payments when hospitalised for dental treatment and provides cover in the event of oral cancer.

Main features and benefits as shown in the Premium and Benefits Tables can be claimed towards the cost of treatments up to the maximums shown every twelve months except for the oral cancer benefit for which only one claim per policy can be made.

Spouses and /or Partners and Dependant children can be covered at the same premium rates and with the same choice of cover levels.

Limitations. You will be able to claim immediately your application has been accepted and your direct debit has been set up (twelve months for denture related claims.) If you upgrade your cover you will not be eligible to claim at the higher benefit rate for 13 weeks. Your plan is renewed on an ongoing monthly basis so a full policy document will not be issued at every renewal. BDHSC reserve the right to amend contributions (premiums), benefits, and terms and conditions after giving you notice. The right is also reserved to refuse membership or renewal without giving a reason. Cover is not given for oral problems and dental injuries that were in existence prior to joining this plan or which occur during the qualifying period and you must have visited a registered dentist for a full examination within twelve months prior to joining the plan. If you have not seen a dentist within this time, you may still join and should see a dentist as soon as possible but you will not be covered for your first visit and any work found to be necessary on that occasion. There are other exclusions elsewhere in the Policy Document and listed under the heading "EXCLUSIONS".

Rights to cancel. Membership commences upon the payment of your first premium. You have 14 days from this date in which to cancel your membership and any premiums you have paid will be refunded provided you have not submitted a claim.

Complaints are handled in accordance with the procedure in the Policy Document and if unsatisfied may be referred to the Financial Ombudsman Service. Complaints may be made by letter or by telephone to Protego Group Limited, St Georges House, Greengate Lane, Prestwich, Manchester M25 3HW. Telephone 0330 332 7171

Compensation In the event of BDHSC or Protego Group Limited not being able to meet financial obligations you are covered under the Financial Services Compensation Scheme under which 90% of a claim is protected without upper limit.

Policy administration and collection of premiums is handled by Protego Group Limited of St Georges House, Greengate Lane, Prestwich, Manchester M25 3HW. We may be contacted on 0330 332 7171.

Protego Group Ltd is authorised and regulated by the FCA. The FCA Registration number is 304363 details of which can be checked on the Financial Services Register (www.fca.org.uk/register) or by telephone on 0800 111 6768.

Claims are handled by BDHSC who may be contacted by telephone on 01204 555 047 or written to at Ground Floor, Regent House, Folds Point, Folds Road, Bolton, BL1 2RZ.

Statement of Demands and Needs.

This product suits the needs of individuals who require help towards covering the costs of dental treatment. In deciding whether to purchase you will not have received a personal recommendation from Protego Group Limited as we are only offering you information on this product.

Private Dental Plan

Policy summary

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The Insurer and Underwriter is Bolton & District Hospital Saturday Council (BDHSC) of Ground Floor, Regent House, Folds Point, Folds Road, Bolton, BL1 2RZ which is authorised and regulated by the Financial Conduct Authority (FCA). The FCA registration number is 202043 details of which can be checked on the Financial Services Register (www.fca.org.uk/register) or by telephone on 0800 111 6768.

Type of Insurance The Private Dental Plan is an Insurance Policy that provides payment towards or gives you money back for a range dental treatments, makes cash payments when hospitalised for dental treatment and provides cover in the event of oral cancer.

Main features and benefits as shown in the Premium and Benefits Tables can be claimed towards the cost of treatments up to the maximums shown every twelve months except for the oral cancer benefit for which only one claim per policy can be made.

Spouses and /or Partners and Dependant children can be covered at the same premium rates and with the same choice of cover levels.

Limitations. You must be a member of the plan for a thirteen week qualifying period before you can make a claim; twelve months for denture related claims. Your plan is renewed on an ongoing monthly basis so a full policy document will not be issued at every renewal. BDHSC reserve the right to amend contributions (premiums), benefits, and terms and conditions after giving you notice. The right is also reserved to refuse membership or renewal without giving a reason. Cover is not given for oral problems and dental injuries that were in existence prior to joining this plan or which occur during the qualifying period and you must have visited a registered dentist for a full examination within twelve months prior to joining the plan. If you have not seen a dentist within this time, you may still join and should see a dentist as soon as possible but you will not be covered for your first visit and any work found to be necessary on that occasion. There are other exclusions elsewhere in the Policy Document and listed under the heading "EXCLUSIONS".

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