

The key facts of your Medicash Smile Plan

This information shows a summary of the key features of your Medicash Smile Plan. It does not include the full terms of the policy, these are found in the Terms and Conditions and your Schedule of Membership. This Medicash plan offers cover that gives you money back for a dental expenses for Routine Dental Treatment, Dental Accidents and Injuries, Dental Emergencies and Oral Cancer. This plan is provided by Medicash Health Benefits Limited.

Your health cash plan

The Medicash Smile Plan meets the needs of individuals who require help towards covering the cost of dental treatment. In deciding to purchase this plan, you have not received a personal recommendation from us as we can only provide you with information about our products to assist your decision or understanding. In order to keep the cover you have appropriate to your needs, you should review and update your plan regularly and inform us of any significant changes to your healthcare requirements. If you do not tell us about relevant facts or changes, your policy may not be valid.

The key features and benefits of your Smile Plan are:

- There are three levels of cover, offering a comprehensive full cover plan, offering cash back benefits for private and NHS dental treatments.
- There is no upper age limit for company paid plans. However, plans paid for individual members have an age limit between 16 and 66 years of age, for joining or applying for top-up elements of cover. Therefore partners can only join the plan if they are under 66.
- Claim back 100% of the cost of dental treatments, up to your annual limit.
- Qualifying periods usually apply; 3 months for Routine Dental Treatment, Dental Accidents and Injuries, as well as Dental Emergencies; 12 months for Oral Cancer.
- For elements of cover paid for by employees, pre-existing conditions are excluded from cover for the first 12 months.
- The Dental Emergencies part of the plan provides cover for dental treatment urgently needed to relieve severe acute pain, trauma, inability to eat, swelling by to infection, dental haemorrhaging and conditions affecting your general health. We also cover any charges for out of hour appointments.

The key limitations and exclusions of your Smile Plan are:

- We do not cover charges for dental-care contracts or for missed appointments.
- Pre-existing conditions and oral cancer claims are excluded for 12 months after taking out our dental plan.
- We do not cover claims where you have a previous medical history of oral cancer or have been referred by your dentist or GP for diagnostic tests for oral cancer before taking out the plan.
- We do not cover treatment relating to periodontal disease.
- We do not cover tooth whitening or cosmetic dentistry, within the Routine Dental Treatment part of the plan within the Routine Dental Treatment part of the plan.
- We do not cover non-prescribed items or consumables such as toothpaste and toothbrushes.
- You can only claim for Dental accidents and injuries part of the plan only if there has been an emergency appointment within 72 hours of the accident or injury.
- We do not cover injuries that existed before or when you took out the plan.
- We do not cover treatment for accidents and injuries sustained whilst partaking, training for or coaching in any sport, when the appropriate mouth guards were not worn.

Duration of your plan

Your policy will be automatically renewed on a monthly basis provided that you continue to pay your premiums and comply with the Terms and Conditions of the Medicash plan.

Premiums

We have three tiers of cover available so that you can choose the one that best suits your needs. The Benefit Table on the reverse of your Schedule of Membership shows the key areas that our policy covers and the maximum we will pay when settling a claim. Premiums include Insurance Premium Tax (IPT). Medicash review premiums periodically, however, if we do make changes, we will give you at least 28 days notice of this.

Making a claim

If you wish to make a claim simply call our Claims Team on 0151 702 0265. You can also download a claim form from our website at www.medicash.org by logging into the 'My account' section.

- Full details of how to claim are included in Section 5 of the Terms and Conditions.

Making a complaint

If you are dissatisfied with the service provided to you or if you feel that an incorrect decision has been made, please contact us. If you are dissatisfied with the outcome of our investigation, you can refer your complaint to the British Health Care Association. If you are still not satisfied you can refer your complaint to the Financial Ombudsman Service for consideration.

- Full details of how to complain are included in Section 8 of the Terms and Conditions.

Your right to cancel

If you cancel within 30 days of joining or amending your plan, and providing you have not made a claim we will refund all or the amended portion of the premiums that you have paid. You may cancel your Policy at any time. You must give us notification in writing or by telephone on 0151 702 0265. We will cancel your plan with effect from the date you notify us.

- Full details of how to cancel are included in Section 7 of the Terms and Conditions.

Statutory compensation arrangements

In the unlikely event that Medicash Health Benefits Limited becomes insolvent and is unable to pay the benefits provided under the plan, you are protected by the Financial Services Compensation Scheme (FSCS). Under this scheme the first £2,000 of a claim or policy is protected in full. Above this threshold, 90% of the rest of the claim or value of unused premiums will be met.