Insurance Product Information Document

Company: Westfield Contributory Health Scheme Ltd

The policy is administered by The Protego Group Ltd who are authorised and regulated by the Financial Conduct Authority, firm reference number 304363. The Underwriting Insurer is Westfield Contributory Health Scheme Ltd who are authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority; financial services registration number is 202609 and registered in England & Wales company number 303523. Claims are handled and processed by Bolton & District Hospital Saturday Council who are the appointed representative for Westfield Contributory Health Scheme Ltd.

Product: NHS Dental Plan

This document provides a summary of cover only, full details of the pre-contractual and contractual information on this product are detailed in the Terms & Conditions within the policy document.

What is this type of insurance

This product provides reimbursement for everyday NHS dental costs up to a maximum allowance.



What is insured?

- ✓ A NHS Dental plan provides cover for routine dental care by a NHS dentist up to the value of £500 over a 12 month period, this includes dental maintenance, dental treatment, dentures and also covers NHS dental prescriptions. You are also able to claim for stays in hospital purely relating to dental treatment along with accidental damage treatment and oral cancer cover.
- ✓ You can claim back a total of 6 NHS England dental prescriptions throughout the year which are paid out at the current NHS England prescription charge at the time, for these you would need to submit supporting evidence that the prescription was prescribed by the dental practice along with confirmation of the payment made for the prescription.
- ✓ For any overnight stay in hospital solely relating to dental treatment you are eligible to claim back up to 25 nights at £25 per night over a 12 month period, for these claims we would require a copy of the discharge papers provided by the hospital.
- ✓ Accidental damage treatment can be claimed back up to £750 over a 12 month period and for these claims to be processed we would require supporting evidence to be provided by the dental practice detailing how the accident occurred.
- The policy document details the particular benefits. The benefits table shows the claim limits this is on the welcome letter which accompanies the policy document.



What is not insured?

- Any privately charged treatment or charges incurred on a private basis in conjunction with or alternative to NHS treatment
- Payments for more than the benefit balance you have available, detailed in your benefit table up to your maximum allowance.
- Treatments that are advised are needed or carried out prior to joining the policy.
- For a full description of what is not covered please refer to your terms and conditions.



Are there any restrictions on cover?

- You must have visited a UK dentist for a full examination and completed all treatment relating to pre-existing conditions within twelve months prior to joining the plan.
- You must be aged 16-69 to apply for cover.
 - You must be resident in the UK.
- If you live in or are treated in Northern Ireland, Wales or Scotland, you will be reimbursed for your treatment up to the English NHS banding limits. We would advise that you ask your dentist about your treatment needs and charges before proceeding with the treatment as you will not be covered for private treatment.
- There are annual benefit periods on all benefits.



Where am I covered?

✓ No claims are permitted for services obtained outside of the United Kingdom other than in the case of a dental emergency overseas.



What are my obligations?

You must

- $\bullet \quad \hbox{Abide by the terms and conditions and ensure any information you provide is complete and accurate.}\\$
- Pay premiums when they are due.
- Update us if any personal or contact information changes.
- Claims must be received within 26 weeks of the date of each payment made for treatment, goods or services provided by a practitioner, within 26 weeks of the date that the patient is discharged as a dental in-patient. A claim form must be completed and submitted with supporting information required such as receipts or proof of a hospital stay.



When and how do I pay?

- Premiums are paid monthly.
- Premiums are paid from your bank account via direct debit.



When does the cover start and end?

- · Cover starts from the date stated on your welcome letter and will renew automatically each month until it is cancelled or you allow it to lapse.
- Cover ends when
 - You cancel your cover
 - We cancel your cover



How do I cancel the contract?

- To cancel your policy please confirm in writing directly to Cancellations Department, Protego Group Ltd, St Georges House, Greengate Lane, Prestwich, Manchester M25 3HW or by email to compliance@protegogroup.com. If we receive notice that you wish to cancel, we require one month's notice in writing. We will not pay a claim for any benefit beyond the date that you have paid up to, which will be one month following your final direct debit. If you do not provide the relevant notice and simply cancel the direct debit instruction at your bank and do not contact us, we will not immediately cancel your plan and we reserve the right to recover any sums overdue. If you do wish to cancel, please contact us directly.
- You have 14 days from the date you receive your welcome pack to change your mind. Providing a claim has not been made we will refund your premium.

Policy Codes: 90010, 91000, 91010, 92000, 92010, 94000, 94010, 9B010, 94910





About our insurance services

Postal address: Protego Group Ltd, St Georges House,

Greengate Lane, Manchester M25 3HW

Email address: compliance@protegogroup.com

Telephone: 0330 332 7171 (see below for tariff information)

Whose products do we offer?

We offer ""Own-Branded"" Insurance Products - Healthcare Cash Plans and Dental Insurance from a single insurance provider, Westfield Contributory Health Scheme Ltd.

Which service will we provide you with?

You will not receive advice or a recommendation from us. We may ask you some questions to narrow down the selection of products that we will provide details on. You will then need to make your own choice on how to proceed.

Agency

At all times we act as agent of the insurance provider.

What will you have to pay for our services?

No charge will be made to you as we are paid a commission by the Underwriter or Insurer for arranging a policy based on a percentage of each monthly premium.

Who regulates us?

We are authorised and regulated by the Financial Conduct Authority {FCA}. Our firm reference number is 304363 and details of our firm can be checked on the Financial Services Register on www.fca.gov.uk/register or by telephoning the FCA on 0800 111 6768. Our permitted business includes arranging general insurance contracts.

What to do if you have a complaint?

If you wish to register a complaint you should contact us on 0330 332 7171 or write to us at the above address. If you are unhappy with our final response to your complaint, you may be entitled to refer it to the Financial Ombudsman Service, which is our alternative dispute resolution provider, within six months of our final response. You can find more information at www.financial-ombudsman.org.uk

Are we covered by the Financial Services Compensation Scheme?

We are covered by the scheme and you may be entitled to compensation if we cannot meet our obligations. This depends on the type of business and the circumstances of the claim. Insurance arranging is covered for 90% of the claim without any upper limit. Further information about compensation arrangements is available from the Financial Services Compensation Scheme {FSCS} at www.fscs.org.uk

Tariff information: The cost to call 0330 numbers is the same as calling a normal local or national landline. If your tariff or call package offers free or inclusive calls to landlines, numbers starting with 03 should be included in the exact same way.