

Dental insurance plan

Frequently asked questions

Q. What does my insurance cover?

A. You can claim towards any necessary dental treatment, up to the amounts shown on the benefit schedule for the plan you have selected. This includes routine treatment such as examinations and scalings, through to more extensive work such as crowns, bridges and dentures.

Q. Are there any exclusions?

A. Cosmetic treatment (for the sake of appearance), such as whitening, are excluded from the policy. Also, treatment carried out before your insurance starts, or after your insurance ends, is also not covered.

Q. Can I use any dentist?

A. You can use any dentist you like – NHS or private.

Q. What if I have pre-planned treatment?

A. NDP accept all pre-existing conditions (except mouth cancer), so as long as you wait for your insurance to start, before starting the course of treatment, you will be able to make a claim.

Q. Can I claim for treatment carried out abroad?

A. NDP covers worldwide treatment, even if it is not emergency treatment. Simply obtain an itemised receipt (in English) and submit your claim in the normal way on your return to the UK.

Q. How do I make a claim?

A. Take your claim form with you when you visit the dentist and at the end of treatment, ask your dentist or the receptionist to complete the reverse for you. Obtain a receipt as proof of payment and complete the front of your form. Then return the completed claim form and receipt to NDP. You can submit these documents online through the NDP member area, via email to ndp@nationaldental.co.uk, via post or via fax.

Q. How long does reimbursement take?

A. Provided your claim form is completed in full and you have attached a receipt as proof of payment, your claim should be processed within 5 working days of NDP receiving your form. You can choose to be reimbursed by cheque or by BACS.

Q. How long do I have to submit a claim?

A. Claims must be submitted within 90 days of completion of your course of treatment. Claims submitted outside of 90 days cannot be processed.

Q. Can I cover my family?

A. You can include cover for your partner and/or children, but you must be covered as well and on the same level of cover. Children are covered under the age of 21, or 23 if in full time education.

Q. Are the benefits for each insured person covered?

A. Benefits apply per each insured adult, but between any number of children covered under the policy.

Q. Is orthodontic treatment covered?

A. Orthodontic treatment is covered for children only and up to the maximum amount shown on the benefit schedule.

Q. What happens if I leave the company who has arranged my cover?

A. Your cover will end on the day you leave the company and you will not be eligible to claim for any treatment carried out after this date.

Q. Can I continue my cover with you on an individual basis after I leave the company?

A. Yes. Should you leave your company but want to keep your cover, you should contact NDP within 30 days of leaving for details of your continuation options.

Q. Can I make any changes to my policy throughout the policy year?

A. Changes can only be made mid-year if you have undergone an agreed life event change, i.e. marriage, divorce, birth, etc. These changes include joining, cancelling, upgrading/ downgrading cover and adding/removing dependants.

Q. What happens if I go on maternity or sabbatical leave?

A. We can suspend cover in these instances, but you will not be covered for any treatment carried out whilst you have suspended premiums.

Q. Where can I get additional claim forms?

A. You can call NDP on **020 7480 7201**, email ndp@nationaldental.co.uk, or visit our website www.nationaldental.co.uk/members (you will need your membership number – printed on your Certificate of Cover – to log in).

Q. How do I contact NDP?

A. Telephone **020 7480 7201**, Fax **020 7481 2842**, email ndp@nationaldental.co.uk.

'Benefits to make you smile'

020 7480 7201

www.nationaldental.co.uk

NDP

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