

# Dental Insurance



## Insurance product information document

Company: Sanitas S.A de Seguros (C-320) Insurance  
Company registered in Spain

Product: Sanitas Dental Premium with co-payment

This document is an overview of the key information related to the corresponding insurance policy. The full pre-contact and contract information regarding the product is provided in other documents.

## What type of insurance is it?

Dental cover product with access to all dental specialities. In this insurance modality the cover is provided exclusively through the Sanitas medical chart, unlike the reimbursement products, where the insured pays the professional's fees and claims a reimbursement from the insurance company under the policy terms and conditions. With no age limit for taking out the contract.



### What is covered?

A) **Services included in the policy:** the insured does not have to pay the dentist a thing for these types of services, except for the co-payment associated to this product; €3 per appointment. The services included are the following:

#### PREVENTIVE DENTISTRY

- General dental consultancy
- Topical fluoridation
- Teeth cleaning
- Treatment sensitive teeth
- Sealant of fissures

#### ORAL SURGERY

- Simple tooth extraction
- Impacted tooth (non-third molar) extraction plus dental cysts
- Non-impacted third molar (wisdom tooth) extraction
- Impacted third molar (wisdom tooth) extraction plus dental cysts
- Extraction root remains
- Extraction via sectioning
- Post operation check-up (including removal of sutures)
- Biopsy
- Orthodontic fenestration (per tooth)

#### PERIODONTICS

- Periodontal assessment (periodontal chart) (per arch)
- Periodontal X-ray series
- Gingivectomy (per quadrant)

#### ORTHODONTICS

- X-ray study for orthodontics
- Consultation in latency period
- Annual post orthodontic maintenance for treatments under Milenium guarantee
- 1st adjustment of metal, ceramic, sapphire, self-ligating, cosmetic self-ligating, Damon and Damon Clear (Aesthetic) braces
- Mouthguard for orthodontics (for treatment performed in the same clinic)

#### IMPLANTS

- Implant study
- Implant maintenance for treatments under Milenium guarantee
- Hybrid prosthesis and bar overdenture maintenance for treatment under Milenium guarantee

#### COSMETIC DENTISTRY

- Post-treatment mouth guard with digital design
- Maintenance of highly aesthetic veneers

#### MINOR SURGERY

- Frenectomy (lingual or labial frenulum)
- Mucocoele removal
- Dental cyst removal or extraction
- Gum abscess drainage
- Apicoectomy

#### CONSERVATIVE DENTISTRY

- Filling
- Reconstruction
- Direct pulp capping
- Indirect pulp capping
- Temporary filling

#### PAEDIATRIC DENTISTRY (under 15s)

- Consultation
- Oral health education
- Dental decay index analysis
- Bacterial plaque study
- Intra-oral X-ray
- Topical fluoridation
- Sealant of fissures
- Teeth cleaning
- Extraction milk teeth
- Primary tooth filling

#### PROSTHESIS and TEMPOROMANDIBULAR JOINT DISORDER

- Occlusion analysis
- Selective drilling

#### FIXED PROSTHESIS

- Re-cementing

#### X-RAY

- Periapical / wing / occlusion X-ray
- Lateral cranial X-ray
- Orthopantomogram (panoramic)
- Cephalometric analysis
- Intraoral scan
- Intraoral camera photographs
- Photographs and slides for monitoring and end of treatment
- Computerized axial tomography (Dental CT scan)
- X-ray study for orthodontics

#### EMERGENCIES

- Emergency appointment

B) **Services with a Deductible:** Services for which the insured must pay the cost during the consultation directly to the dentist chosen from the appointed medical chart.



## What is not covered?

✗ **All the insured specialities are covered, distinguishing included services and services with a deductible.** In addition, waiting periods and pre-existing conditions do not apply, so the policy taken out can be used from day one from the effective date of the policy.



## Are there any cover restrictions?

This policy has a series of limits for the following services:



### 1. Filling / Reconstruction / Milk tooth filling

The insured can have a total of eight of the aforementioned treatments at no cost, except for the co-payment, with a maximum of two per insured and insurance year.



### 2. Direct pulp capping/ Indirect pulp capping

The insured can have a total of eight of the aforementioned treatments at no cost, except for the co-payment, with a maximum of two per insured and insurance year.



### 3. Frenectomy (lingual or labial frenulum)

The insured can have a maximum of one frenectomy -lingual or labial- for the duration of the policy at no cost, except for the co-payment.

Once the aforementioned limits have been reached, the amounts set out for these treatments in the Individual Terms and Conditions of the policy will be applicable.



## Where am I covered?

Through an extensive directory of dentists comprising more than 200 Milenium Dental Clinics and a network of more than 2,000 professionals nationwide.



## What are my obligations?

- The policyholder must pay the cost through the payment method and within the deadlines agreed with SANITAS.
- Insureds must show the SANITAS card and identification document, if required, on receiving the services.



## When and how must I make the payment?

The insurance premium is annual and can be broken down into the agreed instalments.

This product has co-payments. To see the co-payments, go to [www.sanitas.es](http://www.sanitas.es)

Payment will be made via direct debit from the bank account of the contracting party or other payment methods, provided that they are expressly agreed in the insurance application form.



## When does the cover start and end?

The insurance contract is annual and comes into effect at 00:00 on the contract start date. It will be automatically renewed every year, unless the policyholder or SANITAS specifies otherwise.



## How can I terminate the contract?

On the expiry date of the insurance contract (one year from the effective date), it will be tacitly extended for successive periods of one year, unless one of the parties (Sanitas or customer) opposes one of these extensions by notifying the other party two months in advance in the case of the Sanitas and one month in the case of the policyholder.