

NatWest Group

Dental insurance

Policy summary

October 2025

Welcome to Unum Dental

This document includes important information to help you understand the cover we offer, any exclusions that apply and how to make a claim, so please read it carefully.

References to 'we' and 'us' in this document mean the insurer, Unum Limited. References to 'you' and 'your' mean the member. By member, we mean the individuals who have been accepted for cover by Unum Dental.

The policy is a commercial contract between Unum Limited (trading as Unum Dental) and NatWest Group. The full terms and conditions of the contract are issued to NatWest Group (the policyholder).

Get in touch

Member portal

You can login to our member portal at any time to make claims, view your documents and keep up to date on your policy benefit limits - visit <https://mypolicy.unum.co.uk> to get started.

General queries

For general queries, call 0345 850 9439 or email dental@unum.co.uk.

Office hours are Monday to Friday, 9am to 5pm.

Office address

Unum Limited (trading as Unum Dental)
Milton Court
Dorking
Surrey
RH4 3LZ

Clear Extra benefit schedule

The table below lists the treatments and maximum benefits available for the insured persons under your employer's dental policy with Unum Dental. We will send you a Policy schedule to confirm the insured persons and your cover start and end dates.

You can visit any dentist of your choice for treatment, anywhere in the world. If you receive NHS dental treatment, the charges will be reimbursed in full on all levels of cover. Private dental treatment charges will be reimbursed up to the limits shown in the table below.

Please read the **'More about your benefits'** section before receiving treatment as it contains full details of how your benefit works, treatment definitions and policy exclusions.

		Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
NHS Charges	Full cover for NHS dental treatment charges	✓	✓	✓	✓	✓	✓
Preventative treatment	Routine check-ups and examinations – per year	Up to NHS limits	£65	£75	£85	£100	£120
	Scale and polish with a dentist or hygienist – per visit	Up to NHS limits	£50	£60	£70	£80	£85
	Small x-rays (bitewings, intraoral or periapical) – per x-ray	Up to NHS limits	£6	£8	£10	£12	£15
	All other dental X-rays or scans – per x-ray	Up to NHS limits	£15	£25	£30	£38	£41
Restorative treatment	Periodontal treatment – per course of treatment	Up to NHS limits	£90	£95	£100	£110	£120
	Silver or amalgam filling – per tooth	Up to NHS limits	£35	£45	£55	£65	£80
	White or composite filling – per tooth	Up to NHS limits	£40	£65	£80	£100	£125
	Application of fissure sealant or topical fluoride – any number of teeth	Up to NHS limits	£30	£35	£40	£45	£50
	Root canal treatment - per tooth	Up to NHS limits	£110	£155	£200	£300	£325
	Simple extraction – per tooth	Up to NHS limits	£28	£32	£40	£55	£72
	Surgical extraction – per tooth	Up to NHS limits	£58	£65	£70	£100	£137
	Implant – per implant, including implant restoration/crown	Up to NHS limits	£425	£600	£850	£1,000	£1,300
	Crown – per tooth	Up to NHS limits	£205	£245	£310	£395	£480
	Post for crown – per tooth	Up to NHS limits	£40	£50	£75	£75	£90
	Bridge – any number of teeth	Up to NHS limits	£425	£600	£750	£900	£1,100
	Repairs to a Crown or Bridge	Up to NHS limits	£25	£35	£45	£60	£75
	Veneer – per tooth	Up to NHS limits	£210	£235	£265	£340	£410
	Inlay/onlay – per tooth	Up to NHS limits	£125	£175	£250	£315	£350
	Denture – per denture	Up to NHS limits	£360	£450	£550	£675	£750
	Repair or reline denture	Up to NHS limits	£30	£35	£45	£60	£75
Emergency & other treatment	Emergency dental treatment - up to 4 incidents per policy year	Up to NHS limits	£250 for each emergency incident	£250 for each emergency incident	£250 for each emergency incident	£250 for each emergency incident	£250 for each emergency incident
	Child orthodontic treatment – per policy year	N/A	£420	£475	£550	£650	£725
	Adult orthodontic treatment – per policy year (IOTN grades 4 & 5 only)	N/A	£420	£475	£550	£650	£725

Emergency & other treatment	Mouth guards and splints	Up to NHS limits	£55	£60	£65	£70	£75
	General anaesthetic or sedation – per visit	Up to NHS limits	£65	£70	£75	£85	£95
	All other clinically necessary restorative treatment – per policy year	Up to NHS limits	£65	£80	£90	£105	£120
	Overnight hospital stays - up to a maximum of £1,000 per policy year	£100 each night	£100 each night	£100 each night	£100 each night	£100 each night	£100 each night
	Accident/injury dental treatment – per policy year	Up to NHS limits	£2,500	£3,000	£3,500	£4,000	£5,000
	Mouth cancer treatment – lifetime limit	£20,000	£20,000	£20,000	£20,000	£20,000	£20,000

More about your benefits

Worldwide cover

If you receive treatment outside the United Kingdom, please provide us with a receipt in English so we can process your claim. If your receipt is in any language other than English, you will need to arrange for the receipt to be translated into English. Your claim will not be assessed without this translation. We will not reimburse any costs relating to the translation. Claim payments will be made in Pounds Sterling according to the exchange rate on the day treatment was received.

Immediate cover and pre-planned treatment

You can claim for the treatments listed in the benefit table above from the day your cover under your employer's dental policy starts as detailed in your employer's policy schedule.

If treatment has been identified or recommended by your dentist before your cover under this policy commences, we will provide cover up to the amounts listed in the benefit table above as long as the treatment does not take place before your cover with us starts.

However, implants or bridges which are fitted to a pre-existing gap in the mouth are excluded unless you were previously insured for dental treatment under another insurer's policy immediately before joining this policy. Mouth cancer which existed prior to coverage under the policy is excluded.

How NHS dental treatment charges work

The NHS will provide any clinically necessary treatment needed to keep your mouth, teeth and gums healthy and free of pain. Different charges are applied to your treatment, depending on where you live in the UK. Please follow the links to see what these charges are in [England](#), [Wales](#), [Isle of Man](#), [Scotland](#) and [Northern Ireland](#). NHS dentists are also able to charge privately for certain treatments and we would therefore recommend speaking with your dentist to understand how your treatment will be provided before receiving treatment.

Courses of treatment

A course of treatment means the clinically necessary dental treatment needed to restore your oral health which is identified or planned by your dentist following an examination.

Treatment definitions

NHS dental treatment

What is covered	What is not covered
<ul style="list-style-type: none"> Costs for dental treatment carried out under the NHS will be reimbursed in full. If you have selected the Clear Extra 1 plan and receive private dental treatment, we will reimburse you the NHS equivalent charge for the whole course of treatment received. 	<ul style="list-style-type: none"> General exclusions - please see the end of this schedule for further details.

Preventative treatment

Preventative dental treatment helps to maintain oral health and identify clinically necessary treatment which may be needed to restore your oral health.

What is covered	What is not covered
<ul style="list-style-type: none"> Routine check-ups, examinations (including virtual examinations), new patient examinations & specialist dental assessments including orthodontic or implant assessments. Scale and polish with a dentist or a hygienist. Small x-rays which show a section of the mouth or a specific tooth such as bitewings, intraoral or periapical. All other dental X-rays such medium, large, panoramic x-rays or CT scans. 	<ul style="list-style-type: none"> Consultations or x-rays relating to cosmetic treatment. General exclusions - please see the end of this schedule for further details.

Restorative treatment

If your dentist identifies clinically necessary treatment during your examination, they will recommend a course of treatment to repair or replace damaged teeth and restore your oral health.

What is covered	What is not covered
<ul style="list-style-type: none"> • Clinically necessary dental treatment to repair or restore your oral health as listed in the benefit table. • Where a listed restorative treatment requires multiple visits to complete, we will reimburse the amount shown in the table for the whole course of treatment received and not for each individual visit, as follows: <ul style="list-style-type: none"> ◦ Periodontal treatment – treatment for Periodontitis received which may require multiple visits. ◦ Root canal treatment – treatment for infection in the centre of a tooth which may require multiple visits. ◦ Implants – the preparation, supply and fit of a dental implant, including the cost of the implant screw/abutment and restoration/crown. ◦ Crowns and Veneers - the preparation, supply and fit of a crown or veneer. ◦ Bridges and Dentures – the preparation, supply and fit of each Denture or Bridge across any number of teeth. 	<ul style="list-style-type: none"> • Implants or Bridges which are fitted to a gap in the mouth which existed prior to joining the plan unless you were previously covered for dental treatment under another insurance policy immediately before joining this policy. You will need to provide confirmation of coverage under the previous insurer's dental policy with your claim. • General Exclusions - please see the end of this schedule for further details.

Emergency treatment

What is covered	What is not covered
<ul style="list-style-type: none"> • Treatment carried out during a single emergency dental appointment to alleviate pain or discomfort, including call-out fees and prescription charges. 	<ul style="list-style-type: none"> • Permanent restorative treatment provided in subsequent appointments. This will be reimbursed according to the benefits as listed in the table. • General exclusions - please see the end of this schedule for further details.

Orthodontic treatment

What is covered	What is not covered
<ul style="list-style-type: none"> • Adult orthodontics treatment charges where graded 4 or 5 on the Index of Orthodontic Treatment Need (IOTN) scale. • Child orthodontic treatment charges for insured children up to their 25th birthday 	<ul style="list-style-type: none"> • Adult orthodontics treatment charges where graded 1-3 on the IOTN scale. • Child orthodontics treatment charges for children insured on the policy who are aged over 25. • General exclusions - please see the end of this schedule for further details.

Other treatment

What is covered	What is not covered
<ul style="list-style-type: none"> Mouth guards and splints to protect your teeth from injury or grinding - including sports guards. General anaesthetic or sedation as part of treatment including Intravenous (IV) sedation or inhalation sedation. All other clinically necessary treatment which is not listed in the benefit table but is required for your oral health. Overnight hospital stays where you are admitted as an in-patient and the overnight stay is primarily related to dental treatment. 	<ul style="list-style-type: none"> General exclusions - please see the end of this schedule for further details.

Accident/injury dental treatment

What is covered	What is not covered
<ul style="list-style-type: none"> Treatment to restore your oral health to its pre-accident condition following a sudden and unexpected identifiable incident which causes injury, including injuries caused when eating or drinking. 	<ul style="list-style-type: none"> General exclusions - please see the end of this schedule for further details.

Please note: Accident/injury cover will be considered a single course of treatment and accepted claims paid in line with the policy year in force at the time of the accident/injury. All treatment connected with accident/injury will be taken from the benefit limit in force on the date of the accident/injury. Treatment must commence within 6 months of the accident/injury date and then completed within 24 months. Cover for the accident/injury will end if you leave employment with your employer, you cancel coverage under this policy or your employer cancels this policy.

Mouth cancer treatment

What is covered	What is not covered
<ul style="list-style-type: none"> Mouth cancer treatment - for all appropriate treatment including reconstructive facial plastic surgery, oral therapies and restorative dental treatments. 	<ul style="list-style-type: none"> Mouth cancer which was identified prior to joining the plan. General exclusions - please see the end of this schedule for further details.

Please note: We consider mouth cancer to be a malignant tumour, tissue or cells, primarily in the oral cavity, lips, tongue or pharynx, characterised by the uncontrolled growth and spread of malignant cells and the invasion of tissue. This benefit can only be paid once in the policy lifetime of an insured member under this policy, or any other policy provided by us. Mouth cancer cover will end if you leave employment with your employer, you cancel coverage under this policy or your employer cancels this policy.

General exclusions

We will not cover:

- Cosmetic treatment – dental treatment which is purely to improve appearance and is not required to restore your oral health.
- Treatment carried out before your cover under this policy starts or after your cover ends.
- Missed appointment fees and dental sundries and consumables such as toothbrushes and dental hygiene products.

Making a claim with Unum Dental

You can visit any dentist you like and there's no need to gain prior approval before starting treatment but if you'd like to check how much you're entitled to claim please get in touch.

There's no need to use paper forms – with your policy you have access to our online portal to make claiming quick and easy, you can even use your smartphone

How to claim online

1. Ask for an itemised receipt from your dentist which contains a full description of your treatment and costs
2. Visit <https://mypolicy.unum.co.uk> and login using your Unum Dental username and password (registration is required to begin)
3. Select 'Make a claim' on the portal, enter your treatment details, upload a scan or photo of your receipt and hit submit

Please contact us if you wish to submit a claim via a paper form.

Please note

- To ensure your claim is processed as quickly as possible, please include details of your treatment, your dentist's details and proof of payment
- We cannot process any claim without proof of payment
- Claims should be submitted within 12 months of the completion of your last treatment in any course. We reserve the right not to pay any claims submitted after 12 months

Your dental insurance explained

What we'll cover

We will cover you and any dependants (if applicable) for treatment while covered under this policy.

By dependant, we mean your:

- Spouse, civil partner or partner living at the same address as you
- Unmarried child up to the age of 30
- Parents aged under 80. Up to 4 parents can be added including in-laws and step-parents

By policy schedule, we mean the document provided to you to confirm active cover.

By treatment, we mean any listed dental procedure as shown on the benefit schedule which is carried out to maintain or restore your dental health, including treatment as a result of an accident/injury and treatment for mouth cancer.

Following treatment, we will reimburse you or your dependant's dental expenses up to the amount shown in the benefit schedule for the relevant treatment. The amount we pay will never be more than the charges you have paid. The amounts shown in the benefit schedule apply per insured person.

The total sum payable to you or your dependant during any one insurance period cannot exceed the annual maximum amounts shown in the benefit schedule.

Starting and ending cover

We will cover you (and your dependants if applicable) based on the terms set out in this document for the period shown on the policy schedule.

Cover will end for you (and your dependants) when:

- You no longer work for NatWest Group (or at the end of that month if agreed with your employer)
 - You no longer meet the criteria for being a member (or dependant) - unless otherwise agreed in writing by us
 - We give you notice that we are cancelling cover following an unpaid premium
 - A false or fraudulent claim is made by you or a dependant
 - The policy is terminated under the terms of the contract
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Cancellation

You cannot change or cancel your membership during the period of cover as shown on your policy schedule, unless you leave NatWest Group or there is a change in your circumstances such as birth or adoption of a child, death of a member or dependant, marriage or divorce of the member, member entering a civil partnership or a dissolution of a member's civil partnership.

Can I keep my dental cover if I leave my company?

Yes, we offer a continuation option so if you're leaving your company and would like to keep your cover with us, please visit www.unum.co.uk/dental/continuation within 30 days of your leave date to find out more.

Complaints

If you feel that we have not offered you a first class service please tell us and we will do our best to resolve the problem immediately. In the first instance, please contact the complaints manager:

- By letter: Unum Dental, Milton Court, Dorking, Surrey, RH4 3LZ
- By phone: 0345 850 9439
- By email: dental@unum.co.uk

If it is not possible to fully resolve your complaint straight away we will acknowledge your complaint within five working days of receipt. One of our authorised complaints handlers will investigate your complaint and keep you regularly informed of our progress.

In order to deal with your complaint as quickly as possible we may contact you and third parties for additional information. We will inform you of the results of our investigation as soon as possible.

The Financial Ombudsman Service

We hope to resolve your complaint to your satisfaction. However, if you remain dissatisfied or if our investigations have not been completed within eight weeks you may be eligible to refer your complaint to the Financial Ombudsman Service (FOS):

The Financial Ombudsman Service
Exchange Tower
London E14 9SR

Telephone Number: 0800 023 4567

E-mail: complaint.info@financial-ombudsman.org.uk

Website: www.financial-ombudsman.org.uk

Data Protection

We are data controllers for insurance purposes, as defined in the Data Protection Act 2018. All Personal Data that you give to us is dealt with in the strictest confidence according to the data protection laws of the UK. If we send your Personal Data for processing to third parties located outside the UK, we shall ensure that the same duty of confidentiality applies.

Information about you and any other insured persons is held and used to provide the insurance services set out under these policy terms and conditions, to administer your policy, to comply with the law, and develop customer relationships and services. In certain circumstances, medical service providers, including dentists (or others) will be asked to supply us with further information.

When you provide information about other insured persons, we take this as confirmation that you have their consent. As you are acting on behalf of any other insured persons covered under the policy, we will send all correspondence, including communications about claims, to you unless you advise us otherwise.

In certain circumstances we are required by law to disclose information to law enforcement agencies about suspicions of fraudulent claims and other crime.

For additional detail on how we use Personal Data, please go to www.unum.co.uk/dental/data-policy.