

## The complaint

Mr W complains about a dental plan with CIGNA Life Insurance Company of Europe SA-NV.

Mr W has also made a complaint about a claim he made against the plan. That complaint is being dealt with separately.

## What happened

The details of this complaint are well known to both parties, so I won't repeat them again here in full. In summary, Mr W is a member of a group private dental insurance plan as a benefit of his employment. In May 2023, Mr W tried to arrange an appointment with a dentist participating in the plan's '*Full Cover*'.

The first practice he contacted said that it wasn't accepting new patients but that it had added Mr W's details to its waiting list. Mr W says that the second practice he contacted didn't respond to his enquiries. He managed to secure an appointment with a third practice. In August 2023, Mr W told his previous dentist that he'd taken out dental cover via his employer and that he was moving to another practice.

Mr W complained to Cigna that he was attracted by its '*Full Cover*' service but couldn't secure an appointment with a participating dentist. He says that Cigna advertised a service that didn't exist.

In September 2023, Mr W saw a dentist and subsequently made a claim against the plan. He wasn't happy with the treatment or service he received. That's the subject of a separate complaint not dealt with here.

In response to Mr W's complaint, Cigna provided contact details for participating dentists, offered to cancel his membership and reimburse one month's membership fee. It said that '*Full Cover*' is an additional feature at no extra cost and that it can't control whether participating dentists are taking new patients. Mr W wasn't satisfied with Cigna's response, so he pursued his complaint.

Mr W says that the cover Cigna offered was misleading. He says that he's been inconvenienced and had to delay dental treatment due to the difficulty he had in finding a dentist. Mr W wants compensation of around £100. He says that Cigna's offer to cancel his membership and provide a refund isn't sufficient; he wants Cigna to provide the service it offered.

One of our investigators looked at what had happened. She didn't think that Cigna was at fault. The investigator said that Cigna isn't responsible for the actions of any dentists. She said that Cigna offered to cancel Mr W's membership of the plan. The investigator said that she was satisfied that there are participating dentists in the '*Full Cover*' service and that there's nothing in the plan that says Cigna guarantees that a particular dentist will accept new patients or reply to enquiries.

Mr W didn't agree with the investigator. He said that the '*Full Cover*' service is an inherent feature of the plan and if it's not available, the plan has been mis-sold. There was further correspondence between the investigator and Mr W, but the investigator didn't change her view. Mr W asked that an ombudsman consider his complaint, so it was passed to me to decide.

### **What I've decided – and why**

I've considered all the available evidence and arguments to decide what's fair and reasonable in the circumstances of this complaint.

Mr W is responsible for the costs he incurs in having dental treatment. However, if his treatment is eligible treatment, Cigna pays the costs that are covered under his benefits and in accordance with the terms of cover. The '*Full Cover*' feature is an additional feature of the plan and provides full reimbursement of the majority of eligible treatment costs Cigna has agreed with participating dentists.

Cigna doesn't employ the participating dentists and isn't involved in the day to day management of dental practices, including management of enquiries from new patients and whether they are willing to take on new patients.

The investigator contacted two of the dental practices Cigna gave Mr W the details of. Both said that they were taking on new patients and accepted Mr W's plan. Whilst it took Mr W some time to arrange an appointment with a participating dentist he was able to get an appointment for September 2023. I appreciate that's not as early as he would have liked and that he wasn't satisfied with the treatment and service he received. But Cigna isn't responsible for any delay in Mr W securing an appointment with a dentist who accepts the plan.

When Mr W complained to Cigna, it offered to cancel his membership and reimburse one month's membership fee. I think that was fair and reasonable. I don't think that there are any grounds on which I can fairly direct Cigna to do any more.

Cigna is obliged to provide information that's clear, fair and not misleading. In the circumstances here, that information is provided to Mr W's employer. I don't think that the information Cigna provided was misleading. The membership guide includes the following: '*How can I find a Full Cover dentist? To find out if there's a Full Cover dentist near you visit [website address]*'.

There's nothing in the membership guide that promises that a participating dentist will agree to take new patients. The membership guide says that the number of participating dentists will continue to grow and that members should check the website for an up to date list of participating dentists in their area.

The membership guide also says that '*Full Cover*' is an additional feature: '*This is simply an additional feature. If your own dentist is not a Full Cover dentist you can continue to visit them and use your plan.*'

I appreciate that this has been very frustrating for Mr W but, based on what I've seen, I don't think that Cigna is at fault here.

### **My final decision**

My final decision is that I don't uphold this complaint.

Under the rules of the Financial Ombudsman Service, I'm required to ask Mr W to accept or reject my decision before 9 January 2024.

Louise Povey  
**Ombudsman**