Denplan Supplementary Insurance Policy

2023

Denplan
Part of Simplyhealth

Certified B Corporation

Contents

What to do in a Dental Emergency:

If **you** are experiencing a dental emergency and are within 40 miles of **your** own **dental practice**, **you** should contact them to access their emergency cover in the first instance.

If **you** are more than 40 miles away from **your dental practice**, or unable to contact them, **we** have a 24-Hour Worldwide Dental Emergency Helpline which will help **you** locate a **dental practice** in the **UK**.

Denplan Limited does not have member **dental practices** overseas, therefore if **you** have an emergency while abroad **you** can see any **dentist** of **your** choice. If **you** require assistance in finding a **dental practice**, **we** recommend that **you** discuss **your** needs with **your** hotel concierge, tour operator representative or any family, friends or colleagues **you** know in the area.

Useful Contacts:

Dental Emergency Helpline UK:
0800 844 999

Dental Emergency Helpline Overseas:
+44 1962 844999

Online:
www.denplan.co.uk/contactus

Insurance Queries Helpline:
0800 085 0960

For any patient queries regarding Denplan products, please visit **www.denplan.co.uk/contactus** or call our Patient Support Team on **0800 401 402***

*** Lines are open from 9:00am to 5:00pm Monday to Friday**

Terms and conditions

This Denplan Supplementary Insurance Policy meets the demands and needs of those who wish to ensure they have cover towards treatment costs arising from **dental injuries** and dental emergencies. **We** may ask **you** some questions to narrow down **your** product options, but **you** will then need to make **your** own choice about how to proceed.

This document should be read in conjunction with the payment schedule and any endorsement provided by **us** which together constitutes the full terms and conditions of this policy.

1. Definitions

The words, which appear in this policy in bold, have specific meanings, which are explained below:

claiming year - 1st January to 31st December or the period of time between the **commencement date** and 31st December.

commencement date - the cover start date as shown in the welcome letter or other notices issued by **us**.

contact sport - rugby, lacrosse, hockey, boxing, wrestling, ice hockey or any sport where it is common practice to wear mouth protection.

dental injury/injuries- an injury to the teeth or supporting structures (including damage to dentures whilst being worn) which is directly caused suddenly and unexpectedly by means of a direct external impact to the mouth.

dental practice - is the place in which the patient holds their contract with and where the patient receives their regular clinical care

dentist/s - in the **United Kingdom**, a dental surgeon who is currently registered with the General Dental Council.

domiciliary visit - a visit made for the purpose of providing **emergency dental treatment** at a location other than the **dental practice** where **you** are currently registered.

emergency dental treatment - treatment provided at the initial emergency appointment, urgently required for the relief of severe pain, inability to eat, arrest of haemorrhage, the control of acute infection or a condition which causes a severe threat to **your** general health.

implant/s - a titanium, root-shaped fixture designed to integrate with the bone, to replace the root of a tooth and support the replacement tooth or teeth.

mouth cancer - a malignant tumour, with its primary site being in the hard and/or soft palate, gland tissue (including accessory, salivary, lymph and other gland tissue) in the mucosal lining of the oral cavity but excluding the tonsils, which is characterised by the uncontrolled growth and spread of malignant cells and the invasion of tissue. This excludes non-invasive cancer in situ.

permanent dental treatment - definitive treatment that is clinically necessary to secure and maintain oral health.

policyholder/s - the person who has entered into this contract.

practice team - a group of dental professionals who together provide care for a patient.

premium/s - the money due to **us** with regard to the provision of this policy.

temporary dental treatment - such care and treatment that is immediately and necessarily required to stabilise the oral condition pending further definitive treatment.

United Kingdom (UK) - England, Wales, Scotland, Northern Ireland, Isle of Man and the Channel Islands.

we, **us**, **our** - Denplan Limited, registered number 1981238.

you, **your** - a person who has been accepted as eligible for cover and is insured under this policy.

2. Schedule of benefits

We will pay the benefits shown below provided that **you** and the **policyholder** comply with the terms and conditions of this policy.

Benefit A Emergency dental treatment in the UK

For the cost of **emergency dental treatment** within the **UK** when **you** are more than 40 miles away from **your dental practice**.

We will pay up to the following specified limits 1-16 shown below for **temporary dental treatment** up to £450 per incident subject to a maximum of £900 per **claiming year**. Any subsequent treatment required after the initial appointment is excluded.

Benefit Limits

01	Emergency examination/diagnosis and report to include all necessary smoothing, stoning and occlusal adjustments or fluoride varnish	up to £48 per incident
02	X-rays	up to £32 per incident
03	Extraction of up to two teeth	up to £86 per incident
04a	Root canal extirpation to include dressings and/or temporary fillings and necessary prescriptions	up to £102 for 1 canal
04b	As 4a – two canals	up to £107 for 2 canals
04c	As 4a – three or more canals	up to £143 for 3+ canals
05	Treatment of dental infection to include any necessary prescriptions	up to £38 per incident
06a	Provision of temporary filling	up to £44 for 1st tooth
06b	As 6a – each additional tooth	up to £25 add. tooth
06c	Provision of an incisor or canine composite filling	up to £102 per tooth
07	Recement crown or inlay	up to £46 per item
08	Recement bridge	up to £56 per bridge
09	Construction and fitting of temporary crown	up to £100 per crown
10a	Construction and fitting of temporary bridge/denture	up to £180 per bridge
10b	Provision of temporary post and core	up to £82 per tooth
11	Arrest of abnormal haemorrhage including aftercare and associated suture removal	up to £51 per incident
12	Removal of sutures placed by another practitioner	up to £31 per incident
13	Repair/adjustment of orthodontic appliance	up to £60 per incident
14	Adjustment to denture	up to £34 per incident
15	Repair of denture to include re-fixing of teeth and gums and repair of clasp	up to £53 per incident
16	Any other temporary treatment not otherwise specified	up to £75 per incident

Benefit B Worldwide dental injury

For the costs of dental treatment received by **you** in connection with a **dental injury** which happens after the **commencement date**. **We** will pay up to the specified benefit limits 17-29 shown below for **permanent dental treatment** (including appropriate temporary coverage). If **your** own contracted **dental practice** will not be providing this **permanent dental treatment**, please confirm to **us** prior to the commencement of the treatment. Prior authorisation must be obtained from **us** if the treatment costs are likely to exceed £200.

Benefit will only be payable for treatments in connection with dental injuries that commence within a period of six months of the date of the original incident and/or notification of an intention to claim, and while this policy is in force. If this spans a **claiming year** **we** will treat the claim as a continuing claim and **we** will continue to cover **your** treatment after the current **claiming year** has ended. However, in no event will benefit be payable for treatment received more than 18 months after the date of the injury (six years for persons under 18 years).

We reserve the right to settle claims in accordance with the respective benefit limits only where, prior to the **dental injury** the teeth and supporting structures that are the subject of the claim were in a reasonable and stable oral condition, based on an assessment carried out by a dental practitioner appointed by **us**.

Benefit Limits

17	Examination and report to include all necessary smoothing, polishing and vitality testing	up to £48 per incident
18	X-rays	up to £36 per incident
19a	Porcelain jacket crown*	up to £430 per unit
19b	Dentine bonded crown	up to £478 per unit
20a	Metal bonded porcelain crown	up to £470 per unit
20b	Post/core construction	up to £108 per tooth
21a	Metal bonded porcelain bridgework – retainer	up to £470 per retainer
21b	Metal bonded porcelain bridgework – pontic	up to £435 per pontic
22	Full metal crown	up to £450 per unit
23a	Zirconia crown	up to £540 per unit
23b	Zirconia bridge unit	up to £540 per unit
24a	Laboratory constructed adhesive bridge – retainer	up to £275 per retainer
24b	Laboratory constructed adhesive bridge – pontic	up to £300 per pontic
25	Laboratory constructed adhesive facing or veneer	up to £445 per unit
26a	Root canal treatment – incisor (includes filling of access cavity)	up to £318 per incisor
26b	Root canal treatment – canine (includes filling of access cavity)	up to £318 per canine
26c	Root canal treatment – premolar (includes filling of access cavity)	up to £318 per premolar
26d	Root canal treatment – molar (includes filling of access cavity)	up to £390 per molar
27a	Permanent acrylic denture	up to £500 per denture
27b	Permanent metal denture	up to £775 per denture
27c	Temporary denture following tooth loss (where required)	up to £305 per incident
28a	Laboratory made temporary bridge following tooth loss (where required)	up to £183 up to 3 units
28b	Laboratory made temporary bridge following tooth loss (additional units)	up to £61 per unit
29	Emergency and other treatment following **dental injury** not otherwise specified	up to £615 per incident

*If there are issues with the supply of materials for porcelain jacket crowns, please ask **your practice team** to contact **us** for advice on how to proceed. Where treatment involves replacing a crown, bridge, veneer or denture, benefit will be paid according to the cost of a replacement of similar type and quality. Benefits 19-25 include all construction and fitting procedures, together with appropriate temporary coverage.

If **you** do not have Denplan Implant Upgrade Cover and **implants** are clinically required, **we** will pay towards the cost of **implants** up to the value of the equivalent bridgework within the specified benefit limits.

Benefit C Consultation for dental emergency or dental injury

The fees below will be payable when a **dentist** re-opens their practice to provide **emergency dental treatment** or for a **dental injury** in the **UK** within the following specified times.

Please note that **you** will be responsible for the first £20 of each and every call-out claim under this benefit, which is payable to the **dental practice** at the time of the emergency appointment e.g. the maximum that **we** will pay for an out of hours consultation on Christmas Day is £185.

Benefit Limits

30a	Weekdays: 6am – 8am and 6pm – 10pm	up to £140 per incident
30b	Weekends and Bank Holidays: 6am – 10pm	up to £185 per incident
30c	Nights: 10pm – 6am	up to £205 per incident
30d	Christmas Day	up to £205 per incident
30e	Boxing Day	up to £205 per incident
30f	New Year's Eve after 6pm	up to £205 per incident
30g	New Year's Day	up to £205 per incident
30h	**Domiciliary visits** up to two per **claiming year**, payable within a practice's normal working hours (where available)	up to £130 per incident
31a	Telephone consultation (where no attendance follows): 6am – 8am and 6pm – 10pm weekdays, 6am – 10pm weekends and bank holidays	up to £40 per incident
31b	Telephone consultation (where no attendance follows): 10pm – 6am	up to £60 per incident

Benefit D Hospital cash benefit

Hospital cash benefit for dental care and treatment.

If **you** are admitted overnight as an in-patient to a licensed medical or surgical hospital for dental treatment under the care of a consultant specialising in dental or maxillofacial surgery, the following will be paid per night, for up to a maximum of one year.

Benefit Limits

32	Cash Benefit	up to £62 per night

Benefit E Overseas temporary emergency dental treatment

We do not have member **dental practices** overseas, and **you** may therefore see any **dentist** of **your** choice. If **you** require assistance in finding a **dentist**, **we** recommend that **you** discuss **your** needs with **your** hotel concierge, tour operator representative or any family, friends or colleagues that **you** know in the area.

If, while overseas, **you** require **emergency dental treatment we** will pay up to the limits specified below for **temporary dental treatment** or for **permanent dental treatment** that has been pre-authorised by **us**.

Benefit Limits

33a	Overseas emergency **temporary dental treatment** (including prescription charges) and pre-authorised emergency **permanent dental treatment** up to £470 per incident	up to £940 per **claiming year**
33b	Overseas telephone costs to the 24-Hour Worldwide Dental Emergency Helpline	up to £20 per call

In the absence of a receipt for telephone calls to the 24 hour Worldwide Dental Emergency Helpline, **we** will pay up to £10 per call.

Benefit F Mouth cancer cover

This benefit covers **you** for:

- Treatment charges up to £12,000 for treatment of **mouth cancer**
- Up to 14 days hospital cash benefit

Conditions:

- The benefits will be paid only for treatment received within 18 calendar months of the date of diagnosis on a live policy
- Benefits will be paid for one course of treatment only, in connection with a specific occurrence of **mouth cancer**. No further benefits are payable in the event of a reoccurrence of this same cancer, either at the same site or at a different location
- Benefits will be paid only for treatment given by a consultant who is recognised as a specialist in cancer treatment by the NHS or the States of Guernsey and Jersey, or treatment provided by another medical practitioner under referral from a consultant
- The hospital cash benefit will only be paid for overnight stays directly relating to the initial occurrence of **mouth cancer**

3. Eligibility

You can only be covered under the terms and conditions of this policy from the **commencement date** if **you** and the **policyholder** are a **UK** resident. **You** must also have an existing Denplan Care, Denplan Essentials, Denplan for Children or Denplan Membership Contract.

4. Exclusions

This policy does not provide cover for:

Benefit A Emergency dental treatment in the UK

i. **Emergency dental treatment** in the **UK** carried out by **your** own **practice team**, a **dentist** acting on behalf of **your dental practice** or a **dental practice** within 40 miles of **your dental practice**.

ii. **Permanent dental treatment** unless pre-authorised by **us**.

Benefit B Worldwide dental injury

i. Injury caused by the consumption of food (including foreign bodies contained within the food).

ii. Treatment following **dental injury** more than 18 months after the date of the injury to which the treatment relates (six years for persons under 18 years).

iii. Damage caused by tooth brushing or other oral hygiene procedures.

iv. **Implants** and all costs associated with the preparation and fitting of such a device unless registered for Denplan Implant Upgrade Cover as shown in the payment schedule.

v. **Dental injury** caused whilst participating in any form of **contact sport** (including training) unless appropriate mouth protection is worn e.g. a sports mouth guard.

vi. Loss of, or damage to dentures, other than whilst being worn.

vii. Normal wear and tear.

Benefit E Overseas temporary emergency dental treatment

i. **Permanent dental treatment** unless pre-authorised by **us**.

Benefit F Mouth cancer cover

i. **Mouth cancer** diagnosed before or within 90 days of **your commencement date** or for which tests or consultation began within those 90 days, even if the diagnosis is not made until later.

ii. Charges for consultations or tests for non-invasive tumours under the **mouth cancer** cover benefit.

iii. **Mouth cancer** resulting from the chewing of tobacco products or betel nut, or from prolonged alcohol abuse.

iv. **Mouth cancer** which is found in the tonsils.

General

i. Any dental treatment which was prescribed, planned, diagnosed as necessary or is currently taking place at the **commencement date**.

ii. Cosmetic treatment, or any dental treatment not clinically necessary for the establishment or maintenance of oral health.

iii. Reimbursement for travelling expenses or telephone calls (unless to the 24-Hour Worldwide Dental Emergency Helpline from overseas).

iv. Specialist treatment, meaning any form of dental care or treatment beyond the scope of the average competent dental practitioner, unless as a result of a **dental injury**.

v. Treatment, care or repair to teeth, gums, mouth or tongue in connection with 'mouth jewellery'.

vi. Self-inflicted injury.

vii. Mouth guards, gum shields or any dental appliances unless in conjunction with a **dental injury**.

viii. Teeth and supporting structures that were not in a reasonable and stable oral condition prior to the **dental injury**.

ix. Missed appointment fees.

x. **Dental injury** resulting from a hospital surgical procedure with or without the administration of general anaesthetic.

5. Claims general

When determining claims **we** act on behalf of the underwriter, Simplyhealth Access. **We** have the delegated authority to do so, and in this instance are not acting as **your** intermediary, but as the agent of Simplyhealth Access.

i. (a) Claims will only be accepted if received by **us** on an official Denplan insurance claim form signed by **you** and the **practice team**. Incomplete claim forms will be returned and may cause a delay in **your** claim being assessed. Claim forms must be completed at **your** own expense and should be received by **us** within 60 days of the completion of **your** dental treatment, if reasonably possible.

(b) **Your** claim must be supported by proof of treatment, detailing the dates and costs of each individual treatment. The proof must be on a receipt or an official document issued by the treating dental surgery. Where a receipt or an official document is unobtainable the treating dental surgery must sign and stamp the completed claim form.

(c) Please note that it may be necessary to provide relevant x-rays and/or **your** dental records in support of a **dental injury** claim.

(d) **We** may require **you** to be examined by a **dentist** or other medical specialist (at **our** expense) in relation to **your** claim. In choosing a relevant **dentist** or specialist **we** will take into account **your** personal circumstances. **You** must co-operate with any **dentist** or specialist chosen by **us** or **we** may not pay **your** claim.

No benefit will be payable if **we** have not received proof of all facts relevant to **your** claim. This shall include but not be limited to:

ii. (a) proof of **your** eligibility for cover on the date of treatment;

(b) proof of the dental treatment, this may be by way of a medical report (at **your** own expense);

(c) claims under the worldwide **dental injury** benefit, details pertaining to the circumstances of the injury **you** have experienced.

iii. In the event that **you** claim compensation against a third party, **we** reserve the right to recover any treatment costs for which **you** have received a compensation payment.

iv. If the treatment is received overseas then **we** will pay benefits in pounds sterling. **We** will convert the expenditure into sterling using FX Converter at www.oanda.com. The exchange rate will be calculated at the rate in force on the date of the receipt.

v. **We** reserve the right to disclose claim information to **your** registered **dental practice**.

vi. Claims settlement will be made payable to the named payee as indicated on the completed claim form.

vii. **You** must tell **us** if **you** are able to claim any of the costs from another insurance policy or other third party. If another insurance policy is involved **we** will only pay **our** proper share.

viii. Any benefits **we** pay for dental treatment to which **you** are not strictly entitled under the terms of this policy shall count towards **your** annual maximum benefits available under the policy, but **we** shall not, by making any such payment, be liable to pay any future benefits in respect of such dental treatment.

ix. If **we** pay a claim which is more than **you** are entitled to under the policy, **we** can recover the overpayment. **We** will ask **you** to repay the overpayment or deduct that amount from any other claim that **you** make.

6. Cancellation

The **policyholder** can cancel their Denplan Supplementary Insurance policy by informing **us** directly by telephone, letter, fax or email. Cancellation of this policy will also cancel **your** Denplan Implant Upgrade Cover, where applicable.

Please note, if **you** do cancel this policy, your Denplan contract with **your dental practice** will remain unaffected. However, if **you** cancel **your** Denplan contract with **your dental practice**, **your** Denplan Supplementary Insurance policy and Denplan Implant Upgrade Cover will also be cancelled.

Cooling off period

The **policyholder** can cancel the policy for any reason during the 14 day 'cooling off' period. This period begins on the policy **commencement date**, or the day the **policyholder** receives the policy terms and conditions if this is later.

Ending the policy

After the cooling off period, the **policyholder** can cancel the policy by giving **us** a minimum of 21 days' notice by telephone, letter, fax or email. If, during the notice period, the next month's payment becomes due **we** will collect it and **your** cover will continue until the end of the month which the final payment covers.

Denplan Cancellation

We exercise **our** right to cancel the policy at any time (backdated where appropriate) if:

- **we** have reason to suspect that **you** submitted a fraudulent claim
- **you** breach the terms and conditions of this policy
- **you** are abusive to **our** staff

To protect **our** staff, **we** ask that **you** treat **us** in the way **you** wish to be treated. If **you** are abusive during **our** contact with **you**, **we** will terminate the contact. If **you** continue to be abusive, **we** reserve the right to cancel all policies **you** hold with **us**.

If **you** fail to pay the fees as detailed in the plan contract, **we** will inform **you** accordingly and attempt to collect the missed payment in the following month. Insurance cover will be suspended from the date of non-payment which means that no insurance claims will be paid until **you** have paid all fees that are due and owing.

If **you** fail to make two successive payments, **we** will be entitled to terminate **your** contract by giving **you** notice, in which case **your** insurance will be treated as having been cancelled from the date that the first payment became overdue and no claims will be paid in respect of any period for which fees are unpaid.

7. General

i. This contract between the **policyholder** and **us** is made up of these terms and conditions, the payment schedule and any endorsement provided by **us**.

ii. Non payment of **your premium** will result in **us** suspending **your** benefits, and taking all necessary action to recover monies outstanding.

iii. The **policyholder** and **we** are free to choose the law that applies to this policy. In the absence of an agreement to the contrary, the law of England and Wales will apply.

iv. The policy is written in English and all other information and communications to the **policyholder** relating to the policy will also be in English.

v. If the **premium** is paid directly to **us**, **we** will write to the **policyholder** giving them at least 30 days notice, prior to the end of any **claiming year** to let them know what changes **we** need to make to the terms of the policy, which may include changes to the monthly **premium**. If **we** do not hear from the **policyholder** in response, then **we** will assume that the **policyholder** wishes to continue the policy on those new terms. Where the **premium** is paid by Direct Debit or other payment methods, **we** may continue to collect **premiums** by such method. Please note that if **we** do not receive the **premium**, this may affect **your** cover.

vi. If **you** (or anyone acting on **your** behalf) make a claim under **your** policy or obtain cover knowing it to be false or fraudulent, **we** can refuse to pay **your** claim and may declare the policy void, as if it never existed. If **we** have already paid **your** claim **we** can recover those sums from **you.** Where **we** have paid a claim later found to be fraudulent (whether in whole, or in part), **we** will be able to recover those sums from **you** and/or take the appropriate legal action against **you.**

vii. The monthly **premium** may be altered at any point in the **claiming year**, provided 30 days notice is given.

viii. **We** will accept payment by monthly Direct Debit or annually by debit/credit card or Direct Debit. Payments will be collected on or around the first working day of the month as specified in the payment schedule within the welcome pack. Following a variation in discount available, the Direct Debit will be changed at the next available collection date. Where notice is given of an increase in the monthly **premium**, the Direct Debit will be changed at the end of the notice period, unless in the meantime the **policyholder** ends the contract.

ix. All **policyholders** must provide an up-to-date mailing address.

x. **We** and other service providers will not provide cover or pay claims under this policy if doing so would expose **us** or the service provider to a breach of international economic sanctions, laws or regulations, including but not limited to those provided for by the European Union, **United Kingdom**, United States of America or under a United Nations resolution. If a potential breach is discovered, where possible **we** will advise **you** in writing as soon as **we** can.

xi. The cost of the insurance is 60p which includes Insurance Premium Tax charged at the current rate (excluding residents of the Channel Islands and the Isle of Man)

8. Denplan Implant Upgrade Cover

This section is only applicable to **you** if the **policyholder** has registered for Denplan Implant Upgrade Cover to be added to this Denplan Supplementary Insurance policy.

The terms and conditions in this section show **your** benefit for dental **implant** treatment costs necessary as a direct result of a **dental injury**.

This is an upgrade product providing extra **dental injury** benefit, additional to **your** existing Denplan Supplementary Insurance.

This section provides the additional terms and conditions of Denplan Implant Upgrade Cover.

Should there be any discrepancy between the contents of this section and the other sections within the Denplan Supplementary Insurance Policy document, the following replaces it.

i. Schedule of Benefits

In addition to the benefits shown in Section 2 'Schedule of Benefits' the following applies:

These Benefit B benefits are in addition to those Benefit B benefits shown in Section 2

Benefit B Worldwide dental injury
Limits of Cover

If **you** sustain a **dental injury**, benefit will be paid for the actual cost of treatment described below up to the limits specified.

Before submitting **your** claim in connection with Benefit B, please note the following conditions:

Should **implants** be clinically required, following a **dental injury**, **we** will pay for an **implant** fixture to replace an existing tooth root or existing **implant** up to the specified limits.

34. Provision of an **implant** (including temporary coverage) up to £2,100 per fixture. Maximum of £20,000 per incident.

35. **Implant** complementary procedures (Bone augmentation, CT Scan) up to £600 per incident.

ii. Exclusions

In addition to the exclusions shown in Section 4 'Exclusions' the policy does not provide cover for:

a. **implant** placement where the **dental injury** occurred within 28 days of the **commencement date** of the Denplan Implant Upgrade Cover.

b. placement of an **implant** into a pre-existing edentulous space or where a **dentist**/specialist dentist deems it not clinically appropriate, or replacement following the failure of an **implant** to integrate.

c. any **implant** treatment which was prescribed, planned or is currently taking place at the **commencement date** of the Denplan Implant Upgrade Cover.

d. teeth and supporting structures that were not in a reasonable and stable condition prior to the **dental injury**.

iii. General

Of the total monthly payment for each person insured, the cost of this Denplan Implant Upgrade Cover provided by Simplyhealth Access is £2.25 which includes Insurance Premium Tax at the current rate (excluding residents of the Channel Islands and Isle of Man).

Personal Data

Simplyhealth processes your personal data under the instruction and on behalf of your registered Denplan dentist in administering your Denplan payment plan. If you have the Denplan Supplementary Insurance this is provided by Simplyhealth, we will act as controller in administering this product.

This information applies whenever we collect, store or use your personal data.

How we use your data

We need and may use your data to:

- service the policy/contract that **you** have
- identify, analyse and calculate insurance risks
- improve **our** services to **our** customers
- comply with legal obligations which **we** are subject to
- protect **our** interests
- detect and prevent fraud

Sometimes **we** may use automation and profiling to evaluate information about **you**, which may include to determine whether an application for a product is accepted by **us**, to identify and investigate fraudulent activity, to understand claiming behaviour and patterns, or to tailor **our** pricing, products and services to provide **you** with a more efficient, consistent and fair customer experience.

The data we collect about you

If **you** have a policy, **we** need to know, for example, **your** name, address, date of birth. **We** may also take **your** phone number and email address. In order to take payments and to pay claims, **we** will need **your** bank account details. **We** may record and monitor both inbound and outbound calls for training and monitoring.

Who holds my personal data?

Simplyhealth Group. Simplyhealth is a group of companies made up of Simplyhealth Group Limited and the companies it owns and controls.

How do you protect my personal data?

By law **we** must have measures in place to protect data. As a result **we** have strict rules to protect the storage and use of all data. These rules apply to anyone who uses the data. **We** may send **your** personal data outside the European Economic Area. If **we** do, we ensure the same level of protection is afforded to it by ensuring an appropriate safeguard is implemented.

Who can see my personal data?

We can share **your** personal data:

- with persons who provide a service to **us** or act as **our** agents
- with anyone to whom **we** may transfer rights and duties under this policy
- with persons who may record, use and give data to other insurers (such as agencies whose role is to prevent fraud)
- with persons appointed by **you** or who provide a service to **you** in relation to this policy, for example insurance intermediary or **your** healthcare providers (such as **your dental practice**, specialist or a hospital)
- where **we** have a duty to provide that data (such as to regulatory bodies), or if the law allows **us** to do so.

How long do you keep my personal data for?

We keep **your** personal data for seven years after the policy has ended.

What rights do I have around the use of my personal data?

You have the right to see **your** personal data that **we** hold. **You** also have the right to ask **us** to amend data that is incorrect. **You** can ask **us** to delete data, or not use it in certain ways. **You** have the right to move, copy or transfer **your** personal data.

If **you** wish to exercise any of the rights set out above, **you** will need to contact the Data Protection Officer.

If I have given you my consent to use my personal data for a reason, can I change my mind?

Yes. **You** can change **your** mind at any time. But if this means that **we** cannot service the policy, **we** may have to cancel it.

If I am not happy with the way you use my data, who can I talk to?

You can contact **our** Data Protection Officer at the address below or by emailing thedataprotectionofficer@simplyhealth.co.uk.

The Data Protection Officer, Simplyhealth Access, Anton House, Chantry Street, Andover, SP10 1DE.

Or the Information Commissioner's Office (ICO).

You can contact the ICO on 0303 123 1113, or via their online form: ico.org.uk/global/contact-us/email/

Simplyhealth Access is registered as the Data Controller with the ICO, number Z9564932.

Please ensure that **you** show the following information to others covered under **your** policy, or make them aware of its contents.

When **you** give **us** information about family members, **we** will take this as confirmation that **you** have their consent to do so. As the **policyholder** is acting on behalf of any family member covered by this policy, **we** will send all correspondence about the policy to the **policyholder** unless advised to do otherwise.

Any correspondence which contains clinical information will only be sent to the patient, or in the case of a child under 16, to the signatory on the claim form.

What regulatory protection do I have?

Denplan Limited is an appointed representative of Simplyhealth Access, which is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority (FCA) and the Prudential Regulation Authority (PRA). Denplan Limited and Simplyhealth Access are both members of the Simplyhealth group of companies. Denplan Limited's Financial Services number is 195821.

Financial services in the **UK** are regulated by both the PRA and FCA. Both regulators are committed to securing the appropriate degree of protection for consumers and promoting public understanding of the financial system. The PRA and FCA have set out rules which regulate the sale and administration of general insurance which Simplyhealth Access and Denplan Limited must follow when dealing with **you.** Simplyhealth Access' Financial Services Register number is 202183. **You** can check this on the Financial Services Register by visiting the Financial Conduct Authority's website https://register.fca.org.uk/ or by contacting the Financial Conduct Authority on 0800 111 6768.

The Financial Services Compensation Scheme (FSCS)

In the unlikely event that Simplyhealth Access becomes insolvent and is unable to pay the benefits under **your** scheme, **you** may be entitled to claim compensation from the Financial Services Compensation Scheme (FSCS). **You** will need to meet specific FSCS criteria depending on **your** particular circumstances. Further information about the operation of the scheme is available on the FSCS website: www.fscs.org.uk To find out whether **you** would be eligible to claim under the scheme **you** should contact the FSCS (0800 678 1100).

How do I complain?

It is always **our** intention to provide a first class standard of service. However, should **you** wish to raise any concern, complaint or recommendation **you** can do so in the following way:

In the first instance, **you** should contact Customer Services on 0800 401 402, or visit www.denplan.co.uk/contactus or write to: The Insurance Manager, Denplan, part of Simplyhealth, Anton House, Chantry Street, Andover SP10 1DE.

Please quote **your** personal policy or claim number. **We** will investigate any complaint and issue a final response.

If **you** are not satisfied with **our** response, or **we** have not replied within eight weeks, **you** can refer **your** complaint to The Financial Ombudsman Service, via:

Financial Ombudsman Service, Exchange Tower, London, E14 9SR
Email: complaint.info@financial-ombudsman.org.uk
Telephone: 0800 023 4567
Website: www.financial-ombudsman.org.uk

The Financial Ombudsman Service will only consider **your** complaint if **you** have given **us** the opportunity to resolve the matter first.

This procedure will not prejudice **your** right to take legal proceedings. However, please note that there are some instances when the Financial Ombudsman Service cannot consider complaints.

If **you** bought the policy online and **you** wish to make a complaint, **you** can use http://ec.europa.eu/odr which is the European Commission's Online Dispute Resolution (ODR) platform. The ODR platform will not resolve **your** complaint, but provides an alternative way to access the Financial Ombudsman Service.

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B
Corporation

Denplan, part of Simplyhealth, Hambleden House, Waterloo Court, Andover, SP10 1LQ.

PREG48-0623

Denplan Implant Upgrade Cover

from June 2021

Denplan
Part of Simplyhealth

Denplan Implant Upgrade Cover

Why choose Denplan Implant Upgrade Cover?

If you have already chosen Denplan Supplementary Insurance or Denplan Emergency Insurance, you already enjoy the peace of mind you have cover towards the cost of dental treatment in an emergency or following a dental injury in the UK and abroad.

However by adding Denplan Implant Upgrade Cover you will have extra protection in the event of a dental injury because we will pay up to £2,100 towards the cost of a dental implant if you need one.

What is a dental implant?

Dental implants look and feel like real teeth so you can eat, drink and smile with confidence. With care, they can last as long as natural teeth. A permanent titanium 'root' is implanted into the gum and bone and, when it's healed, a crown-type 'tooth' or bridge is permanently fixed to it.

How much will it cost and what will I get?

If you already have Denplan Supplementary Insurance or Denplan Emergency Insurance, Denplan Implant Upgrade Cover will cost £2.25 per person, per month. If you are clinically suited to receive an implant, you are covered for up to £2,100 per dental implant fixture, following a dental injury, caused by an external blow to the mouth. Maximum cover of up to £20,000 per incident.

If you don't already have Supplementary Insurance or Denplan Emergency Insurance, they must be added prior to choosing Denplan Implant Upgrade cover by calling the number below.

Demands and needs statement

This Denplan Implant Upgrade Cover meets the needs of patients who want to ensure they have cover towards dental implant treatment costs arising as a direct result of a dental injury. No recommendation has been made in connection with this insurance policy.

How can I apply?

You can apply online via your secure MyDenplan account at www.denplan.co.uk/mydenplan or by calling our Customer Advisor team on 0800 401 402. Lines are open from Monday to Friday 9:00am to 5:00pm.

Denplan Implant Upgrade Cover Policy Summary

This Policy Summary provides a brief description of the Denplan Implant Upgrade Cover which is underwritten by Simplyhealth Access.

It does not contain the full Terms and Conditions, which can be found in the Denplan Supplementary Insurance or Denplan Emergency Insurance Policy Document. The Terms and Conditions of your Denplan Supplementary Insurance or Denplan Emergency Insurance policy also apply to this cover.

What is Denplan Implant Upgrade Cover?

This upgrade provides you with extra dental injury benefit in addition to your Denplan Supplementary Insurance or Denplan Emergency Insurance cover. If you don't already have Supplementary Insurance or Denplan Emergency Insurance, they must be added prior to choosing Denplan Implant Upgrade cover by calling our Customer Advisor team on 0800 401 402. Lines are open from Monday to Friday 9:00am to 5:00pm.

This Denplan Implant Upgrade Cover provides you with cover towards the cost of dental implant treatment which is clinically appropriate following a dental injury as a result of an external blow to the mouth. Denplan Implant Upgrade Cover is only available to patients who have existing Denplan Supplementary Insurance or Denplan Emergency Insurance cover.

The following is a summary of the key benefits of your policy.

Benefits
✓ Provision of an implant fixture(s) (including temporary coverage) up to £2,100 per implant fixture, maximum benefit per incident is £20,000

How long will my cover last?

Your cover will be arranged from the start date on your confirmation letter as detailed in the Denplan Supplementary Insurance or Denplan Emergency Insurance Policy document.

What are the exclusions and limitations of the Denplan Implant Upgrade Cover?

As with all insurance policies, general exclusions apply (such as the exclusion of any teeth not in a stable oral condition prior to any injury).

In addition to the exclusions and limitations of your Denplan Supplementary Insurance or Denplan Emergency Insurance cover, the following is a summary of the main exclusions and limitations of the Denplan Implant Upgrade Cover.

Exclusions	For further information
✗ Dental injury not caused by a direct and unexpected external blow to the mouth	✓ See Section 4. Exclusions Benefit B - Worldwide dental injury of your Denplan Supplementary Insurance Policy
✗ Implant placement where the dental injury occurred within 28 days of the commencement date of the Denplan Implant Upgrade Cover ✗ Placement of an implant into a pre-existing edentulous space, or where a dentist/ specialist dentist deems it not clinically appropriate, or replacement following the failure of an implant to integrate ✗ Any implant treatment which was prescribed, planned or is currently taking place at the commencement date of the Denplan Implant Upgrade Cover ✗ Where the teeth and supporting structures that were not in a reasonable and stable condition prior to the dental injury	✓ See Section 8 (ii). Exclusions of your Denplan Supplementary Insurance Policy

How to make a claim or ask a question if you have a query about your cover policy?

If you need to speak to one of our team for advice or to request a claim form, call 0800 587 6578 or email trauma@simplyhealth.co.uk

If you want to claim straight away, simply fill in a Benefit B claim form by visiting www.denplan.co.uk/patients/my-denplan/how-to-claim and choosing "Make a claim for a treatment following a dental injury (anywhere in the world)"

How do I complain?

It is always our intention to provide a first class standard of service. However, should you wish to raise any concern, complaint or recommendation you can do so in the following ways:

In the first instance, you should contact Customer Services on 0800 401 402, or visit www.denplan.co.uk/contactus

or

Denplan, part of Simplyhealth, Hambleden House, Waterloo Court, Andover, SP10 1LQ. Tel +44 (0) 800 401 402

Please quote your personal registration or claim number. We will investigate any complaint and issue a final response.

If you are not satisfied with our response, or we have not replied within eight weeks, you can refer your complaint to The Financial Ombudsman Service, via:

Financial Ombudsman Service,
Exchange Tower, London, E14 9SR

Email: complaint.info@financial-ombudsman.org.uk

Telephone: 0800 023 4567

The Financial Ombudsman Service will only consider your complaint if you have given us the opportunity to resolve the matter first. This procedure will not prejudice your right to take legal proceedings. However, please note that there are some instances when the Financial Ombudsman Service cannot consider complaints.

Did you know...

Making a claim on your Denplan Supplementary Insurance and your Denplan Implant Upgrade Cover doesn't affect your future premiums.

The Financial Services Compensation Scheme (FSCS)

In the unlikely event that Simplyhealth becomes insolvent and is unable to pay the benefits under your Denplan Supplementary Insurance Cover, you may be entitled to claim compensation from the Financial Services Compensation Scheme (the FSCS). You will need to meet specific FSCS criteria depending on your particular circumstances.

Further information about the operation of the scheme is available on the FSCS website: www.fscs.org.uk. To find out whether you would be eligible to claim under the scheme you should contact the FSCS (0800 678 1100).

Cooling Off Period

The policyholder can cancel the policy for any reason during the 14 day 'cooling off' period. This period begins on the contract start date, or the day the policyholder receives the policy terms and conditions if this is later.

If you do not cancel the policy during the cooling off period, the policy will continue on the terms described in the policy document.

The policyholder can cancel their Denplan Supplementary Insurance policy or their Denplan Emergency Insurance policy by giving us a minimum 21 days by informing us directly by telephone, letter, fax or email.

If you cancel your Plan Contract with your dentist, your Denplan Supplementary Insurance policy and your Denplan Implant Upgrade Cover will also be cancelled.

If you cancel your Denplan Emergency Insurance, your Denplan Implant Upgrade Cover will also be cancelled.

However subsequent cancellation of your Denplan Implant Upgrade Cover will not cancel your Denplan Supplementary Insurance policy, your Denplan Emergency Insurance policy or your Plan Contract.

The cost of your insurance

If you have Denplan Supplementary Insurance, 60p out of your total monthly plan payment represents this premium.

If you have Denplan Emergency Insurance, £4.25 out of your total monthly payment represents this premium.

If you have opted for this additional Implant Upgrade Cover, the premium is £2.25 per person, per month and it is provided by Simplyhealth Access. All fees include Insurance Premium Tax charged at the current rate (excluding residents of the Channel Islands and the Isle of Man).

Did you know that we will pay up to £2,100* per implant if you have a qualifying claim and are clinically suited to implants.

*Subject to terms and conditions which can be found in the Denplan Supplementary Insurance or Denplan Emergency Insurance Policy Document.

Apply online via your secure MyDenplan account at www.denplan.co.uk/mydenplan

Denplan
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CVM10196-0221

Hello from Denplan.

Denplan
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Did you know there's even more your plan can offer to help keep your smile happy and healthy?

Denplan Supplementary Insurance

Denplan payment plans are designed to pair perfectly with Denplan Supplementary Insurance. This worldwide dental emergency cover costs just 60p per person per month.

For just 60p, what does the insurance cover?

- ✔ Cover towards the cost of a dentist opening the dental practice to provide treatment outside normal surgery hours
- ✔ Access to a 24-Hour Worldwide Dental Emergency Helpline
- ✔ Temporary emergency treatment in the UK, when you're more than 40 miles away from the practice
- ✔ Temporary emergency treatment abroad, anywhere in the world
- ✔ Worldwide Dental injury cover
- ✔ Mouth cancer cover (cover not immediate)
- ✔ Hospital cash benefit if you need to stay overnight in hospital under the care of a dental or maxillofacial surgeon

What's not included in Supplementary Insurance?

- ✘ People who are not UK, Isle of Man or Channel Islands residents
- ✘ Any existing dental treatment required before policy start date
- ✘ Cosmetic treatment or any dental treatment not clinically necessary for the establishment of oral health
- ✘ Treatment, care or repair to teeth, gums, mouth or tongue in connection with 'mouth jewellery
- ✘ Self-inflicted injury
- ✘ Any treatment required 18 months after diagnosis for dental injury and mouth cancer

Add insurance to your new plan at:

www.denplan.co.uk/MyDenplan

Register for your personal MyDenplan account to get started.

If you're not able to register for insurance online, call us on **0800 032 0331.** Only the person who pays for your plan has the authority to add emergency cover. If you don't pay for your own plan, please ask your payer about adding this insurance.

We look forward to helping you and your dentist maintain your oral health for many years to come.

Scan the above QR code to access MyDenplan

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Denplan Supplementary Insurance

What is Denplan Supplementary Insurance?

You have the **option** to add Denplan Supplementary Insurance to your Denplan payment plan, giving you worldwide dental injury and dental emergency cover, all for 60p per person per month.

The insurance also includes access to Denplan's 24-hour worldwide dental emergency helpline.

N.B. When adding Denplan Supplementary Insurance information to any practice marketing materials, printed or online (including your practice website), it must be clear that this is a product facilitated by Denplan. As such, you must accompany any Denplan Supplementary Insurance information with the below trading statement. This is to ensure Financial Conduct Authority (FCA) regulations are adhered to.

Denplan is a trading name of Denplan Limited, an Appointed Representative of Simplyhealth Access for arranging and administering dental insurance. Simplyhealth Access is incorporated in England and Wales, registered no. 183035 and is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Denplan Limited only arranges insurance underwritten by Simplyhealth Access. Premiums received by Denplan Limited are held by us as an agent of the insurer. Denplan Limited is registered in England No. 1981238. The registered office for these companies is Hambleden House, Waterloo Court, Andover, Hampshire SP10 1LQ.

What's included with Denplan Supplementary Insurance?

- You can claim up to £450 for temporary emergency treatment in the UK, when you're more than 40 miles from your registered dental practice
- You can claim up to £470 for temporary emergency treatment abroad
- You can claim cover towards treatment costs for a dental injury
- Mouth cancer cover
- Access to a 24-hour worldwide dental emergency helpline

Why choose Denplan Supplementary Insurance?

- Protects your oral health even when you're away
- You can claim up to £450 per incident for emergency treatment. Up to a maximum of £900 per claiming year
- You can access our 24-hour worldwide dental emergency helpline when your practice is closed
- Making a claim won't affect the cost of your insurance
- *Terms, conditions and other exclusions may apply.*

What's not included with Denplan Supplementary Insurance?

- Treatment when a you are within 40 miles of your dental practice
- Routine dental treatment
- Dental injury treatment more than 18 months after the date of the injury
- *Terms, conditions and other exclusions may apply.*

Denplan
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Denplan Implant Upgrade Cover

only £2.25 per month*

Did you know that we will pay up to £2,100* per implant if you have a qualifying claim if you sustain a dental injury?

*Subject to terms and conditions

Ask one of us today!

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