



Denplan Membership Plan

Become a member of
our practice for total
peace of mind

That's the world of Denplan for you.



Denplan

At the heart of dental care



“The surgery which treats me is reliable and the use of technology to illustrate ones oral condition is excellent. I am 82 years old and since becoming a Denplan patient (about 10 years), I have had 3 small fillings and one extraction (troublesome wisdom) all due I believe to the preventative care by my dentist”.

Leslie, Denplan patient

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This Membership Booklet explains everything you need to know about Denplan Membership, from how to apply to the benefits you will receive once you've joined.

Welcome to Membership Plan: Expert preventive advice and access to your chosen dentist always guaranteed

We are delighted you're considering a plan which balances the need for flexibility with 100% guarantee you are registered with your chosen dentist.

Membership Plan also provides Worldwide Dental Injury and Dental Emergency Cover (via Supplementary Insurance) for any dental emergency you may have in the UK* or overseas.

You'll find more details about the benefits, exclusions, terms and conditions of your plan inside this booklet. It's worth keeping this booklet for easy reference in the future.

We'll take great care of you

Denplan is the UK's leading dental payment plan specialist. We've supported patients and worked alongside dentists for over 25 years. Our approach is based on prevention, helping you to get the care and treatment you need and feel even better about your dental health.

It's easy to get started

Your plan is quick to set up. Simply complete the application form inside this booklet with your dentist or a member of their practice team. You can also use the form to add family members to your plan.

Got any questions?

**For more helpful information, ring our
Customer Advisors on 0800 401 402* or visit
our website at www.denplan.co.uk/patients.**

*Lines are open from 8.30am to 5.30pm on Monday to Thursday and from 8.30am to 4.30pm on Friday.

Join up. Relax. Smile.

Welcome to the World of Denplan



“Dental decay is one of the most common chronic diseases in the world. It can have a huge effect on your overall health and yet it's entirely preventable, which is why it is so important that you prioritise your oral health”.

Roger Matthews,
Chief Dental Officer, Denplan



99%

of patients are satisfied with the service provided by the person at Denplan who dealt with their call*

*Denplan ServiceTick Customer Research
Jan-Sep 2013 - 2,668 patients

Why Membership Plan is so good for you

If your life is really busy then it can be hard to schedule regular appointments and see your dentist every six months - even though you know that's the best option.

With Membership Plan, you don't need to take big risks with your dental health and simply 'drop out' of the system. This plan guarantees you access to your chosen Denplan dentist, so you will always have a source of advice and dental care, when you need it.

Membership Plan: Highlights

- Guarantee your place 'on the books' of your chosen Denplan dentist
- Enjoy better dental health thanks to free, preventive advice from your dentist about the best ways to keep your teeth in excellent condition
- Pay-as-you-go for check-ups, x-rays and treatments. Your dentist may offer discounts, thanks to your Membership Plan
- Receive Worldwide Dental Injury and Dental Emergency Cover automatically
- Access our 24-Hour Worldwide Dental Emergency Helpline (UK call centre) whenever you need to speak to someone (see pages 18-19).

How does Membership Plan work?

The amount you pay for Membership Plan is decided by your dentist, who will let you know your monthly payment and the benefits provided with the plan.

Please note: The Membership Plan Contract is between you and your dentist.

Membership Plan is a great way to ensure that expert dental care, advice and emergency treatment is always available to you.

“When a crisis happens, as happened to us with our daughter, it is good to know someone will help you deal with it. One call to Denplan and they took over. Our dentist also dealt with everything to reach a satisfactory and happy ending”

Jane, Denplan patient.


Benefits at a glance

Here's a handy overview of what is and isn't included in Denplan Membership Plan.

| Denplan Membership Plan gives you |
|---|
| ✓ An easy way to guarantee access to your dentist for private dental care |
| ✓ Supplementary Insurance, to provide cover if you have a dental injury or dental emergency in the UK* or abroad |
| ✓ Any additional benefits specified by your dentist |
| Denplan Membership Plan does not cover |
| ✗ Laboratory fees and prescriptions |
| ✗ Any treatment excluded by the dentist in your contract, which is then payable by you to the dentist |
| ✗ Referral to a specialist or specialist treatment |
| ✗ Treatment carried out by someone other than by your registered dentist, except when you need emergency temporary dental treatment |
| ✗ Orthodontics, implants, cosmetic treatment |
| ✗ Sedation fees |

It's worth remembering that treatment is always at the discretion of your dentist. Full terms and conditions can be found in the Denplan Membership Plan Contract on pages 23-25 of this booklet and on the reverse of the contract which you sign with your dentist.

Your dentist will also give you a separate specific breakdown of how your plan is tailored to you. For example the additional benefit(s) your dentist has included in your plan.



"I am fully satisfied with my dentistry and particularly with Denplan who were most helpful when I fell and damaged my teeth and I phoned them for help with making a claim on my policy".

Anne, Denplan patient

98%

of patients felt that the person they spoke to at Denplan made them feel valued as a customer*

*Denplan Service Tick Customer Research
Jan-Sep 2013 - 2,668 patients

Important information about your payment plan

Membership Plan is a dental payment plan agreed between you and your dentist – it's more than an insurance policy.

Please see page 27 for details of the Supplementary Insurance included.

Who is my contract with?

Your contract is between you and your dentist. Your dentist will give you a copy of the contract. Denplan will send your payments to your dentist.

How much will I pay?

The cost is set by your dentist, who can discuss this with you. You agree to make monthly payments to cover the cost of your plan.

How often will I visit my dentist?

Everyone's oral health needs are different: your dentist will let you know what's right for you.

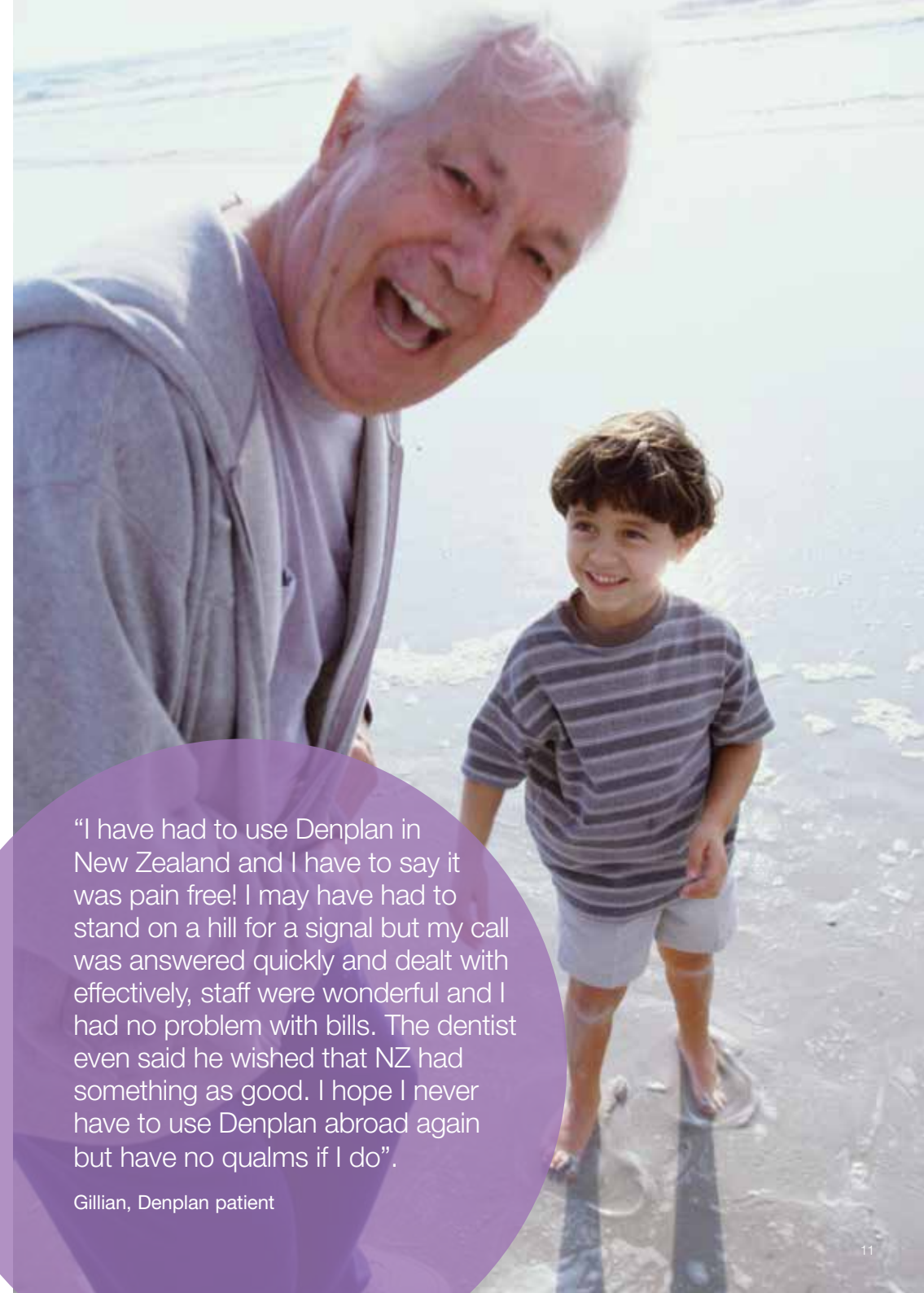
Are there any discounts available?

Yes. Discounts are available where more than one family member or group member at a single address is registered on Membership Plan at the same practice, and payments are made under one direct debit. The following discounts apply:

5% Two group members

10% Three group members

15% Four or more group members



“I have had to use Denplan in New Zealand and I have to say it was pain free! I may have had to stand on a hill for a signal but my call was answered quickly and dealt with effectively, staff were wonderful and I had no problem with bills. The dentist even said he wished that NZ had something as good. I hope I never have to use Denplan abroad again but have no qualms if I do”.

Gillian, Denplan patient

What to do in a dental emergency

These tips are only temporary measures – in all cases you should see your own dentist as soon as possible.

Toothaches: First, thoroughly rinse your mouth with warm water. If your mouth is swollen, apply a cold compress to the outside of your mouth or cheek. Never put aspirin or any other painkiller against the gums near the aching tooth as it may burn the gum tissue.

Chipped or broken teeth: Save any pieces. Rinse the mouth using warm water. If there's bleeding, apply a piece of gauze to the area and apply gentle pressure until the bleeding stops. Apply a cold compress near to the broken/chipped tooth to keep any swelling down and relieve pain.

Knocked-out tooth: Retrieve the tooth and, if possible, try to put it back in place (rinsing it briefly before doing so). Make sure it's facing the right way. Never force it into the socket. If it's not possible to reinsert the tooth into the socket, put the tooth in a small container of milk or slightly salty water. Knocked-out teeth have the highest chances of being saved when seen by the dentist and returned to their socket within one hour of being lost.

Lost filling: Stick a piece of sugarless chewing gum into the cavity or use an over-the-counter dental cement.

Lost crown: Make an appointment to see your dentist as soon as possible and take the crown with you. If possible, slip the crown back over the tooth. Before doing so, coat the inner surface with an over the-counter dental cement, toothpaste, or denture adhesive, to help hold the crown in place. Do not use super glue!

Abscesses: These are infections that occur around the root of a tooth or in the space between the teeth and gums. Abscesses are a serious condition that can damage tissue and surrounding teeth, with the infection possibly spreading to other parts of the body if left untreated. See your dentist as soon as possible if you discover a pimple-like swelling on your gum that is usually painful. In the meantime, to ease the pain and help draw the pus toward the surface, try rinsing your mouth with a mild salt water solution several times a day.

Implant upgrade cover

You can add Implant Upgrade Cover to your dental injury and dental emergency insurance. It means that in the event of a dental injury which results in tooth loss you can, where clinically appropriate, benefit from the most up-to-date treatments for tooth replacement. The maximum cover is £20,000 per incident.

To find out more about upgrading your cover please ring us on **0800 401 402**.

Who to call in the event of a dental emergency

If you need dental treatment in an emergency, the last thing you want is a complicated process to follow. That's why we've made it as straightforward as possible for you.

- **I am at home or within 40 miles of my own dentist**

Always contact your own dental practice first. They should have emergency cover in place for registered patients outside of normal practice hours, and instructions on what to do should be on their answering machine message.

- **I am at home and I am unable to reach my own dentist**

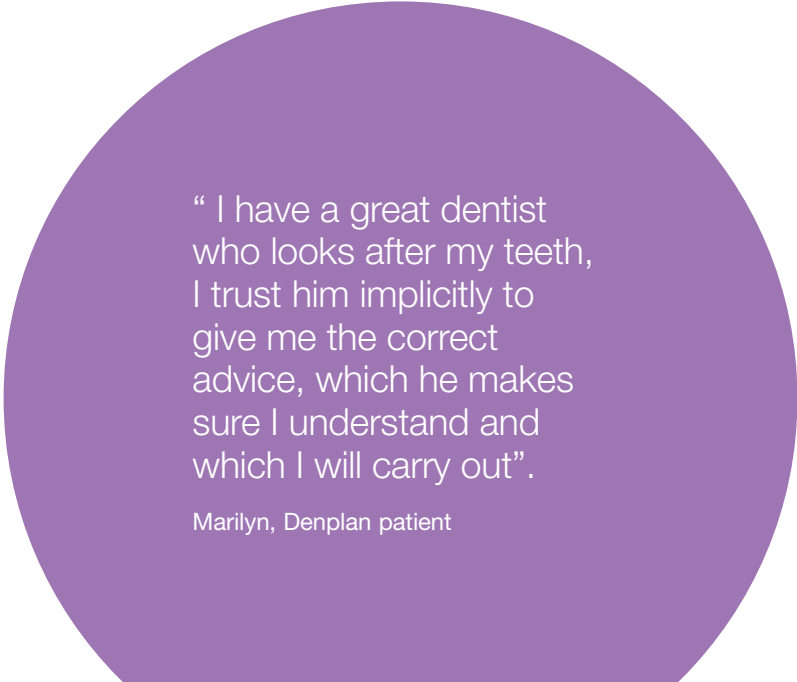
Call the 24-Hour Worldwide Dental Emergency Helpline on 0800 844 999. We will help you to contact your own dentist, or arrange an appointment with another local practice.

- **I am in the UK, and more than 40 miles away from my dentist**

Call the 24-Hour Worldwide Dental Emergency Helpline on 0800 844 999. We will arrange dental advice or an appointment with a local dentist for temporary emergency treatment.

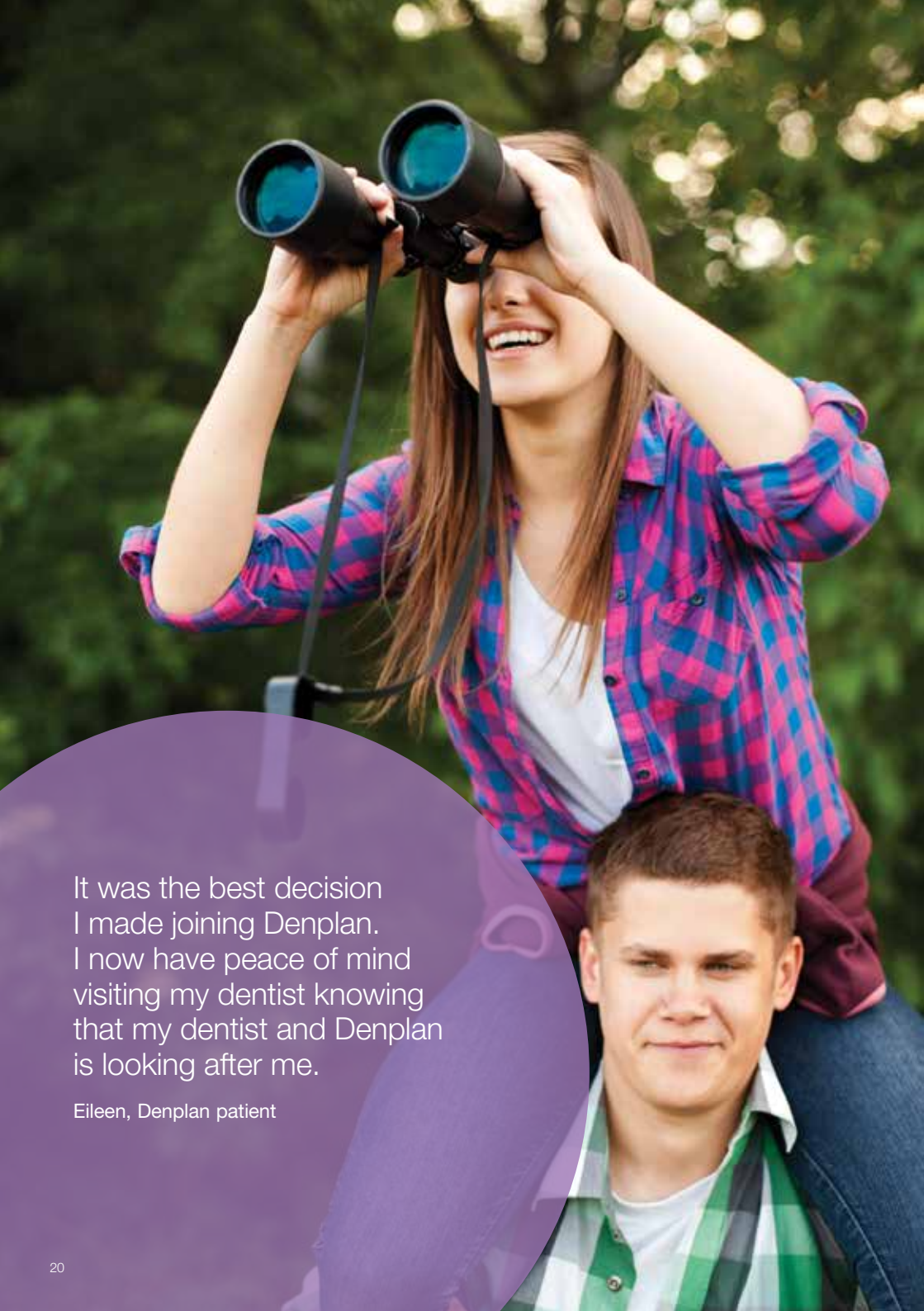
- **I am overseas**

Call the 24-Hour Worldwide Dental Emergency Helpline on +44 1962 844 999. We will explain the best action to take to find a dentist in the local area.



“ I have a great dentist who looks after my teeth, I trust him implicitly to give me the correct advice, which he makes sure I understand and which I will carry out”.

Marilyn, Denplan patient



It was the best decision I made joining Denplan. I now have peace of mind visiting my dentist knowing that my dentist and Denplan is looking after me.

Eileen, Denplan patient

What do I do if I want to change my dentist?

Your Denplan Membership Plan Contract is between you and your dentist. It's based on your individual needs and the monthly payments are agreed between you and your dentist. This means that the Denplan Membership Plan you have with your dentist is not transferable.

If you're moving house or going away temporarily, you may need to change your dentist. If you change your dentist you will need to arrange a new denplan membership contract with your new dentist.

Changing your Denplan dentist

There are three simple steps to change your dentist and ensure you keep all the benefits of your Denplan membership.

- 1. Call your current dentist** and ask them to complete the Patient Leaving Form for you. We recommend going to a final appointment with your current dentist, because if you have outstanding treatment when you visit your new dentist you will be charged privately to have this completed.
- 2. Call us on 0800 401 402** once you're ready to cancel the contract you hold with your current dentist. Alternatively you can email us at cae@denplan.co.uk. Your contract will end with your dentist on the last day of the month. We need at least 21 days notice to cancel your contract, so if you contact us within a week of your last payment, you won't need to make another payment until you've registered with your new Denplan dentist.
- 3. Call your new Denplan dentist** and arrange your first appointment. Remember to tell them that you're a Denplan patient, and ask if there is any initial assessment fee. You'll need to complete an application form and sign a new contract with your dentist, and remember to take along a Patient Leaving Form from your previous dentist.



Talk to your dentist or call our Customer Advisor team for any help on 0800 401 402.

“This may sound strange to many people who have a fear of dentists but as a family we have always rather enjoyed our visits. Our dentist and staff are brilliant and really put you at your ease”.

Karen, Denplan patient



"Having regular appointments is a great safeguard at my age of 71 when I have had very little treatment throughout my life. I am so grateful for the way Denplan communicates and encourages - even at my stage of life!"

Hugh, Denplan patient

The Membership Plan Contract is between you and your dentist

Denplan's role is to provide administrative services to support the contract between you and your dentist. This includes passing your payments onto your dentist.

Please remember, the contract is with your dentist and cannot be transferred to another practice or dentist. If you are considering changing your dentist, please contact Denplan who will advise you on how to re-register, ensuring your oral health is maintained.

The following points make up the terms and conditions of the contract with your dentist. These are very important and we strongly advise that you read them carefully, and keep them in a safe place, so that you can refer to them in the future, should you need to.

1. Definition of terms used

Unless the context otherwise requires, 'contract' means this Membership Plan Contract and the terms which you have signed; 'dentist' means your treating dentist and 'Denplan' means Denplan Limited (company number 1981238) whose registered office address is at Hambleden House, Waterloo Court, Andover, Hampshire SP10 1LQ, UK.

2. Benefits

The contract entitles you to registration with your dentist, and includes the additional benefits listed in the document entitled 'Membership Plan Contract'.

3. Dental emergency arrangements and insurance entitlements

Your dentist is obliged to provide reasonable access to out-of-hours emergency treatment, either directly or through participation in an emergency dental cover arrangement.

In addition, Denplan arranges Supplementary Insurance for you. The full Terms and Conditions of your insurance policy can be found in the Membership Booklet (pages 31 - 39).

4. Alteration of monthly fee

Your dentist will normally review your monthly fee annually and your fee may change in January in any year and at other times in exceptional circumstances.

Should the fee change (for example, due to inflation or practice running costs), you will be given at least one month's written notice (correspondence sent to the payer's email address if provided or last known address by ordinary post will be treated as adequate notice). If you are not happy with any change in monthly fee, you have the right to terminate the agreement giving your dentist and Denplan not less than 21 days' notice, expiring on the last day of a calendar month, as detailed in condition 8.

5. Payment

You must pay the monthly fee by Direct Debit in favour of Denplan as the collecting agent for your dentist.

Where you are not the payer specified in the document entitled 'Membership Plan Contract', you shall ensure that the payer pays any sum due by you under this contract.

You agree that, when making any such payment, the payer acts as your agent and on your behalf.

Any other amounts due to your dentist (e.g. treatment costs, prescription fees, pharmaceutical items or laboratory charges) are payable by you directly to your dentist and non-payment of such amounts will constitute a breach of the terms of the contract.

Your liability to pay the monthly fee continues until the contract is ended in accordance with these terms and conditions (see condition 8).

6. Direct Debit changes

Following a decrease in monthly fee or increase in discount available to you, your Direct Debit will be changed at the next available collection date. Where you are given notice of an increase in your monthly fee, your Direct Debit will be changed at the end of the required notice period (see condition 4).

7. Your responsibilities

You are responsible for keeping appointments made with your dentist and you must pay any 'missed appointment' fee should you fail to do so. You must ensure that you also attend the dentist for regular check-ups.

8. Ending the contract

You may cancel the contract by contacting Denplan within the cooling off period, which is 14 days following the conclusion of the contract. Following this period, you may end the contract by giving not less than 21 days' notice to your dentist and to Denplan, expiring on the last day of the calendar month.

Your dentist may end the contract by giving you two months' written notice, expiring on the last day of a calendar month.

In the event that you receive discounted treatment and you terminate this agreement within six months of receiving discounted treatment or within six months from the end of a course of discounted treatment, you may be liable to refund to the dentist the full amount of the discount offered by the dentist in relation to the treatment or course of treatment received.

9. Non-payment

Non-payment of one fee

If you fail to make a monthly payment, Denplan will inform you accordingly and attempt to collect two payments in the following month. Insurance claims may be settled at Denplan's discretion and we reserve the right to refuse any insurance claim relating to an incident that occurred during the unpaid period.

Non-payment of two fees

If you fail to make two successive payments, Denplan will inform you that your contract has been cancelled. Insurance cover will cease from the date of the first failed payment and no insurance claims during this period will be paid. Insurance claims may be settled at Denplan's discretion and we reserve the right to refuse any claim relating to an incident that occurred during the unpaid period.

Refunds

If Denplan agrees to refund your monthly fee for any reason, your membership for those months will be treated as unpaid and the conditions relating to non-payment will fully apply to you. If payment has already been forwarded to your dentist we reserve the right to reclaim the corresponding payments from your dentist. You will be liable for all sums outstanding to your dentist and Denplan.

10. Dental records

By signing the document entitled 'Membership Plan Contract' you consent to the disclosure of your dental records for the purposes of any review, assessment or consideration of the care provided by your dentist which may take place under the terms of his or her membership of Denplan; but not for any other purpose without your further consent.

11. Variation of these conditions

If it is necessary to vary the conditions in this Membership Plan Contract, for instance to take account of changes in the law, this can be done by your dentist giving you 30 days' written notice. If you do not wish the contract to continue having regard to any variation notified to you, you may end it as detailed in condition 8. If you do not do this by the time the notice of variation expires, you will be deemed to have accepted the variation.

12. Contract not transferable

As the contract is with your dentist, you may not transfer it to another practice or dentist. If you need to change dentist a new contract will be required. You are not entitled to assign or sub-contract any rights or obligations you may have under the contract to any other person.

13. Treatment outside the contract

There is no entitlement to treatment under this contract, therefore you will be responsible for paying for such treatment; but if it is, or may be, covered by the Supplementary Insurance and you act promptly to submit a claim, the dentist may allow a reasonable period for the claim to be settled before requiring payment from you.

14. Liabilities

Denplan administers the Membership Plan and collects monthly fees on your dentist's behalf. This contract is not with Denplan and Denplan has no liability to you (whether in respect of tort (including, without limitation, negligence), breach of contract, defective or unsatisfactory treatment, or otherwise) in connection with any contract it administers on your dentist's behalf. This does not affect any right or remedy you may have against your dentist.

15. Disputes

All Denplan member dentists are required to have an in-house complaints procedure. If you are unhappy with any aspect of your dental care you should, in the first instance, approach your dentist directly. If you remain dissatisfied, Denplan offers an impartial mediation service for registered patients. Your dentist must agree to participate in Denplan's clinical mediation service, including an undertaking to submit any claim arising out of the contract to arbitration.

16. Notices

Any notice given by your dentist under these conditions is valid if Denplan gives it to you on your dentist's behalf. Any notice given by your dentist or Denplan is valid if sent to the payer's email address if provided or last known address by ordinary post.

17. Third Parties

The contract is intended to confer a benefit on your dentist and you. No other person shall be entitled to enforce any term of the contract by virtue of the contracts (Rights of Third Parties) Act 1999 (the "Act").

18. Governing Law and Jurisdiction

Both parties agree that this Membership Plan Contract shall be governed by and construed in accordance with the Law of England and Wales and the parties hereby irrevocably submit to the exclusive jurisdiction of the English Courts.



Policy Summary

keyfacts

Supplementary Insurance 2014

This policy summary provides a brief description of the dental insurance which is underwritten by Simplyhealth Access. It does not contain the full terms and conditions which can be found in the Supplementary Insurance section of the Membership Booklet (pages 31-39).

What is Supplementary Insurance?

Supplementary Insurance is included as part of your Denplan dental payment plan that you have with your dentist. It provides cover towards costs for temporary dental treatment in a dental emergency when away from home as well as cover towards the costs of permanent dental treatment necessary as a result of dental injury. There is also cover for the treatment of mouth cancer.

Implant Upgrade Cover is available as an optional additional level of cover and provides you with cover towards the cost of dental implant treatment following a dental injury.

Demands and Needs Statement

The Supplementary Insurance policy meets the demands and needs of those who wish to ensure they have cover for treatment costs arising from dental injuries and dental emergencies. The policy is a mandatory part of your Denplan dental payment plan and no recommendation has been made by Simplyhealth Access or Denplan in connection with this policy.

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

Benefits of Supplementary Insurance

- **Temporary emergency dental treatment – when you are more than 40 miles away from your own dentist in the UK**
Up to £800 per year.
Up to £400 per incident (up to specified treatment limits).
- **Overseas temporary emergency dental treatment**
Up to £900 per year.
Up to £450 per incident.
- **Worldwide dental injury**
Up to £10,000 per incident (up to specified treatment limits).
Prior authorisation must be obtained from Denplan if the treatment costs are likely to exceed £200.
- **Hospital Cash Benefit**
Up to £62 for each night you stay overnight in hospital for dental treatment under the care of a dental or maxillofacial surgeon, for up to one year, whilst your policy is in force.
- **Consultation for dental emergency or dental injury**
Pays towards the cost of a dentist opening the dental practice to provide treatment outside normal surgery hours. The insured person is responsible for the first £20 of each claim.
- **Mouth Cancer Cover**
Up to £12,000 towards one course of treatment for up to 18 months following diagnosis (smokers are included).
- **Benefit of Implant Upgrade Cover (if you have registered for this).**
Provision of implant fixture (including temporary coverage) up to £2,100 per implant fixture if you sustain a dental injury. Maximum per incident is £20,000.

How long will my cover last?

Your policy will be arranged from the start date on your welcome letter, or agreed commencement date when applying by telephone, for the remainder of the calendar year and will then be arranged on an annual basis as detailed in the Supplementary Insurance policy section of the Membership Booklet. (pages 31-39).

What are the main exclusions and limitations of Supplementary Insurance?

As with all insurance policies general exclusions apply. The following is a summary of the main exclusions and limitations of the policy.

| What are the main exclusions and limitations? | Where can I find more information on the limitations of the Supplementary Insurance? |
|--|--|
| You can only be covered under the terms and conditions of the policy from the commencement date if you are a resident in the UK, Isle of Man or Channel Islands for at least 180 days during the year. | The Supplementary Insurance section of the Membership Booklet Section 3 – Eligibility. |
| Any dental treatment which was prescribed, planned, diagnosed as necessary or is currently taking place at the commencement date. | Section 4 – Exclusions General. |
| Emergency dental treatment in the UK carried out by your own dentist, a dentist/specialist acting on behalf of your dental practice, or a dental practice within 40 miles of your registered dentist. | Section 4 – Exclusions Benefit A – Emergency Dental Treatment in the UK. |
| Permanent treatment in a dental emergency when not previously pre-authorised by Denplan. Cover is only provided for temporary dental treatment required at the initial emergency appointment. | Section 4 – Exclusions – Benefit A – Emergency Dental Treatment in the UK and Benefit E Overseas temporary emergency dental treatment. |
| Treatment in connection with dental injuries must commence within a period of six months and must be completed within 18 months of the date of the original incident (within six years for persons under 18 years of age). | Section 4 – Exclusions Benefit B – Worldwide Dental Injury. |
| Dental injury caused whilst participating in any form of contact sport (including training) unless appropriate mouth protection is worn. | Section 4 – Exclusions Benefit B – Worldwide Dental Injury |
| Dental injury resulting from the administering of required general anaesthesia as part of an elective surgical procedure. | Section 4 – General. |
| Implants (unless you have registered for Implant Upgrade Cover), cosmetic treatment or any treatment not deemed to be clinically necessary. | Section 4 – Exclusions Benefit B – Worldwide Dental Injury, and General. |
| Mouth cancer diagnosed before or within 90 days after you joined Denplan or for which tests or consultations began within those 90 days, even if the diagnosis is not made until later. | Section 4 – Exclusions Benefit F – Mouth Cancer Cover. |

What are the main exclusions and limitations which are specific to the Dental Implant Upgrade Cover?

| Main exclusions and limitations which are specific to the Implant Upgrade Cover | Where can I find more information on the limitations of the Implant Upgrade Cover? |
|--|--|
| A dental injury which occurred within 28 days of the commencement date of the Dental Implant Upgrade cover. | Section 8 – Exclusions. |
| 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. | |

What do I do if I want to make a claim?

Completed claim forms and associated documents should be submitted to the following address:

Insurance Department
Denplan Limited
Denplan Court
Victoria Road
Winchester
SO23 7RG

Additional claim forms can be obtained from one of our advisors on 0800 085 0960 or online at www.denplan.co.uk/patients

How do I complain?

It is always the intention of Denplan to provide a first class standard of service. However, should you have reason to complain you can do so in the following way:

- i. In the first instance, you should document your complaint and send it to Denplan at:

Insurance Manager
Denplan Limited
Denplan Court
Victoria Road
Winchester
SO23 7RG

Email: insurance@denplan.co.uk

Please quote your personal policy or claim number so that your enquiry can be dealt with quickly.

- ii. Should the matter still not be resolved to your satisfaction, **you** have the right to refer your complaint to:

Financial Ombudsman Service
South Quay Plaza
183 Marsh Wall
London
E14 9SR

Email: complaint.info@financialombudsman.org.uk

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.

The Financial Services Compensation Scheme (FSCS)

In the unlikely event that Simplyhealth 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 (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

You have a 14 day cooling off period if you have purchased the policy for yourself and/or your family, or are providing an employee benefit. This period begins on the day your Contract is agreed or the day you received your policy terms and conditions if this is later and will also apply from each renewal date.

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

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

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

The cost of your insurance and Denplan Insurance Services

Out of your total monthly Denplan payment, 90p represents the premium for your Supplementary Insurance and £1.99 is the premium for the Implant Upgrade Cover (if you have opted for this additional cover), both of which are provided by Simplyhealth Access, which includes Insurance Premium Tax charged at the prevailing rate (excluding residents of the Channel Islands and Isle of Man) and 50p is the fee payable for providing Denplan Insurance Services.

Denplan Insurance Services

Denplan acts on your behalf in making arrangements for the provision of Supplementary Insurance. In doing so, it will assist you with any enquiries regarding your eligibility for insurance cover, any general enquiries regarding your insurance and provides a 24-Hour Worldwide Dental Emergency Helpline.

Supplementary Insurance policy document

Terms and conditions

This 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. This policy is a mandatory part of **your** plan contract. No recommendation has been made by Simplyhealth Access or Denplan Limited in connection with this policy.

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, which is for one **year**.

1. Definitions

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

appropriate mouth protection – a sports mouth guard.

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 – 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.

dentist – in the **United Kingdom**, a dental surgeon who is currently registered with the General Dental Council and engaged in general dental practice.

dental practice – is the place in which the patient receives their regular clinical care.

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 – temporary dental 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 – 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 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 and HIV related tumours.

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

policyholder – the person who has entered into this contract.

premium – 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.

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

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 for **temporary dental treatment** up to £400 per incident subject to a maximum of £800 per year. Any subsequent treatment required after the initial appointment is specifically excluded.

Benefit Limits

| | | |
|-----|--|--------------------------|
| 01 | Emergency examination/diagnosis and report to include all necessary smoothing, stoning, and occlusal adjustments | up to £45 per incident |
| 02 | X-rays | up to £31 per incident |
| 03 | Extraction of up to 2 teeth | up to £67 per incident |
| 04a | Root canal extirpation to include dressings and/or temporary fillings and necessary prescriptions | up to £90 for 1 canal |
| 04b | As 4a – two canals | up to £100 for 2 canals |
| 04c | As 4a – three or more canals | up to £135 for 3+ canals |
| 05 | Treatment of dental infection to include any necessary prescriptions | up to £32 per incident |
| 06a | Provision of temporary filling | up to £40 for 1st tooth |
| 06b | As 6a – each additional tooth | up to £22 add. tooth |
| 07 | Recement crown or inlay | up to £41 per item |
| 08 | Recement bridge | up to £51 per bridge |
| 09 | Construction and fitting of temporary crown | up to £65 per crown |
| 10a | Construction and fitting of temporary bridge/denture | up to £150 per bridge |
| 10b | Provision of temporary post and core | up to £73 per tooth |
| 11 | Arrest of abnormal haemorrhage including aftercare and associated suture removal | up to £50 per incident |
| 12 | Removal of sutures placed by another practitioner | up to £30 per incident |
| 13 | Repair/adjustment of orthodontic appliance | up to £57 per incident |
| 14 | Adjustment to denture | up to £31 per incident |
| 15 | Repair of denture to include re-fixing of teeth and gums and repair of clasp | up to £51 per incident |
| 16 | Any other temporary treatment not otherwise specified | up to £69 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 treatment** (including appropriate temporary coverage) up to a maximum of £10,000 per **dental injury**. If **your** own contracted **dentist** will not be providing this **permanent treatment**, please confirm in writing 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 renewal period **we** will treat the claim as a continuing claim and **we** will continue to cover **your** treatment after the renewal date. 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 £45 per incident |
| 18 | X-rays | up to £34 per incident |
| 19a | Porcelain jacket crown* | up to £410 per unit |
| 19b | Dentine bonded crown | up to £440 per unit |
| 20a | Metal bonded porcelain crown | up to £430 per unit |
| 20b | Post/core construction | up to £94 per tooth |
| 21a | Metal bonded porcelain bridgework – retainer | up to £430 per retainer |
| 21b | Metal bonded porcelain bridgework – pontic | up to £400 per pontic |
| 22 | Full metal crown | up to £410 per unit |
| 23a | Zirconia Crown | up to £515 per unit |
| 23b | Zirconia bridge unit | up to £515 per unit |
| 24a | Laboratory constructed adhesive bridge – retainer | up to £235 per retainer |
| 24b | Laboratory constructed adhesive bridge – pontic | up to £280 per pontic |
| 25 | Laboratory constructed adhesive facing or veneer | up to £370 per unit |
| 26a | Root canal treatment – incisor (includes filling of access cavity) | up to £240 per incisor |
| 26b | Root canal treatment – canine (includes filling of access cavity) | up to £240 per canine |
| 26c | Root canal treatment – premolar (includes filling of access cavity) | up to £255 per premolar |
| 26d | Root canal treatment – molar (includes filling of access cavity) | up to £385 per molar |
| 27a | Permanent acrylic denture | up to £430 per denture |
| 27b | Permanent metal denture | up to £640 per denture |

| | | |
|-----|--|--------------------------|
| 27c | Temporary denture following tooth loss (where required) | up to £185 per incident |
| 28a | Laboratory made temporary bridge following tooth loss (where required) | up to £150 up to 3 units |
| 28b | Laboratory made temporary bridge following tooth loss (additional units) | up to £50 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 dentist** 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 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 claim under this benefit, which is payable to the **dentist** 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 £180.

Benefit Limits

| | | |
|-----|---|-------------------------|
| 30a | Weekdays: 6am – 8am and 6pm – 10pm | up to £125 per incident |
| 30b | Weekends and National Bank Holidays: 6am – 10pm | up to £175 per incident |
| 30c | Nights: 10pm – 6am | up to £200 per incident |
| 30d | Christmas Day | up to £200 per incident |
| 30e | Boxing Day | up to £200 per incident |
| 30f | New Year's Eve after 6pm | up to £200 per incident |
| 30g | New Year's Day | up to £200 per incident |
| 30h | Domiciliary visits up to two per year , payable within a practice's normal working hours (where available).. | up to £120 per incident |
| 31a | Telephone consultation (where no attendance follows): 6am – 8am and 6pm – 10pm weekdays, 6am – 10pm weekends and bank holidays | up to £30 per incident |
| 31b | Telephone consultation (where no attendance follows): 10pm – 6am | up to £50 per incident |

Benefit D Hospital cash benefit

Hospital cash 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 | Hospital Cash Benefit | up to £62 per night |
|----|-----------------------------|---------------------|

Benefit E Overseas temporary emergency dental treatment

Denplan does not have member **dentists** 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 temporary **emergency dental treatment** or **you** require **emergency permanent dental treatment** that has been pre-authorised by **us**, benefit will be paid up to the limits specified below.

Benefit Limits

| | | |
|-----|--|---------------------|
| 33a | Overseas temporary emergency dental treatment (including prescription charges) and pre-authorised emergency permanent dental treatment up to £450 per incident | up to £900 per year |
| 33b | Overseas telephone costs to the 24-Hour Worldwide Dental Emergency Helpline | up to £17 per call |

Benefit F Mouth cancer cover

This benefit covers **you** for treatment charges up to £12,000 for treatment of **mouth cancer**.

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 recurrence of this same cancer, either at the same site or at a different location
- Benefit 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

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 resident in the **UK** for at least 180 days from 1st January to 31st December. **You** must also have an existing Denplan Care, Denplan Essentials, Plans for Children or Membership Plan Contract.

The insurance cover under this policy will end at the earliest of the following:

- i. If **we** fail to receive the full **premium** on the due date; or
- ii. The expiry of the **year**.

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 **dentist**, a **dentist** acting on behalf of **your dental practice** or a **dental practice** within 40 miles of your registered **dentist**
- 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 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.

- 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** which is related in any way to HIV infection or AIDS.
- iv. **Mouth cancer** resulting from the chewing of tobacco products or betel nut, or from prolonged alcohol abuse.
- v. **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 the administering of required general anaesthesia as part of an elective/planned surgical procedure.

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 claim form signed by **you** and the **dentist**. 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.

- ii. 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:
 - (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 all cases **we** reserve the right to recover any costs incurred as a result of a third party's involvement. In addition, if **you** have another dental insurance policy **we** reserve the right to pay an appropriate apportionment of the claim.
- iv. If the treatment is received overseas then **we** will pay benefits in pounds sterling. This means **we** will need to 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 **dentist**.
- 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.

6. Cancellation

Should the **policyholder** wish to cancel this policy, the **policyholder** can do so by informing **us** directly via telephone, or sending a letter, fax or email.

Cancellation of this Supplementary Insurance policy will also cancel the plan contract **you** have with **your dentist** and **your** Denplan Insurance Services. Cancellation of **your** plan contract with **your dentist** will automatically cancel your Supplementary Insurance policy and **your** Denplan Insurance Services will also be cancelled.

Cooling off period

The **policyholder** has a 14 day cooling off period if they have purchased the policy for themselves and/or their family, or are providing an employee benefit. This period begins on the day this contract is agreed, or the day the **policyholder** receives the policy terms and conditions if this is later, and will also apply from each renewal date.

If the **policyholder** does not cancel the policy during the cooling off period, the policy will continue on the terms described in the policy document for the remainder of the policy **year**.

Ending the contract mid term

Should the **policyholder** wish to cancel this contract during its term, they may do so by giving us not less than 21 days notice, for the policy to end on the last day of that month.

We may also end this contract by giving the **policyholder** 30 days written notice for the policy to end on the last day of that month.

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 **premium** will result in **us** suspending your benefits, and taking all necessary action to recover monies outstanding. 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.
- iii. The policy is written in English and all other information and communications to the **policyholder** relating to the policy will also be in English.

- iv. If the **premium** is paid directly to **us**, **we** will write to the **policyholder** prior to the end of any policy **year** to let them know that we wish to renew the policy and on what terms. If **we** do not hear from the **policyholder** in response, then **we** may at **our** option assume that the **policyholder** wishes to renew 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 for the new policy year. Please note that if **we** do not receive the **premium**, this may affect **your** cover. **We** reserve the right to refuse renewal of the policy.
- v. 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**.
- vi. The monthly **premium** will normally be altered on 1st January in any **year** and any other times in exceptional circumstances. Should the **premium** change, the **policyholder** will be given at least 30 days' written notice (correspondence sent to the last known address by ordinary post will be treated as adequate notice).
- vii. **We** will accept payment by monthly Direct Debit or annually by cheque, 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.
- viii. All **policyholders** must provide an up-to-date mailing address.

- ix. **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 an United Nations resolution. If a potential breach is discovered, where possible **we** will advise **you** in writing as soon as **we** can.

How is my personal data protected?

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

We will deal with all personal information supplied in the strictest confidence, as required by the Data Protection Act 1998. **We** may send personal and sensitive personal information in confidence for processing by people who provide a service to **us** and to Simplyhealth Access as the underwriter on the understanding that they will keep the information confidential and in accordance with the Data Protection Act 1998.

We will hold and use information about **you** and any family members covered by **your** policy, supplied by **you** or any family members and to provide the services set out under the terms of this policy, administer **your** policy and develop customer relationships and services.

In certain circumstances **we** may ask medical service providers (or others) to supply **us** with further information. 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, including any claims correspondence, to the **policyholder** unless advised to do otherwise.

We are required by law, in certain circumstances, to disclose information to law enforcement agencies about suspicions of fraudulent claims and other crime. **We** will disclose information to third parties including other insurers for the purposes of prevention or investigation of crime including reasonable suspicion about fraud or otherwise improper claims.

If **you** have agreed, **we** may contact **you** by post, telephone or electronically with details of **our** other products and services and those of our carefully selected partners. **We** may also share some of **your** details with other companies in the Simplyhealth group and with our carefully selected partners to enable them to contact **you** with details of their products and services. If **you** change **your** mind please contact **us** on 0800 401 402 otherwise **we** will assume that, for the time being, **you** are happy to be contacted in this way.

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).

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 <http://www.fsa.gov.uk/register/home.do> 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 (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).

Denplan Insurance Services

We act on the **policyholder's/your** behalf in making arrangements for the provision of Supplementary Insurance. In doing so, **we** will assist **you** and/or the **policyholder** with any enquiries regarding **your** eligibility for insurance cover, any general enquiries regarding this insurance and provides a 24-Hour Worldwide Dental Emergency Helpline.

8. Implant Upgrade Cover

This section is only applicable to **you** if the **policyholder** has registered for Implant Upgrade Cover to be added to this 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 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:

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, **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 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 Implant Upgrade Cover.

iii. General

Of the total monthly payment for each person insured, the cost of this Implant Upgrade Cover provided by Simplyhealth Access is £1.99 which includes Insurance Premium Tax at the prevailing rate (excluding residents of the Channel Islands and Isle of Man).

Who to contact in a dental emergency

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

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

Denplan does not have Denplan member dentists overseas, therefore you can 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 you know in the area.

Useful numbers

Dental Emergency Helpline
UK:

0800 844 999

Overseas:

+44 1962 844999

Insurance Queries Helpline:

0800 085 0960

Insurance Queries Email:

insurance@denplan.co.uk

For any queries about Denplan in general, please call our Customer Advisor team on **0800 401 402**

Website:

www.denplan.co.uk

Denplan Online Services

What you can do online

By using the secure area of our website, you can update your:

- Address, telephone number and
- email address
- Direct Debit details
- Name and title

What you will need

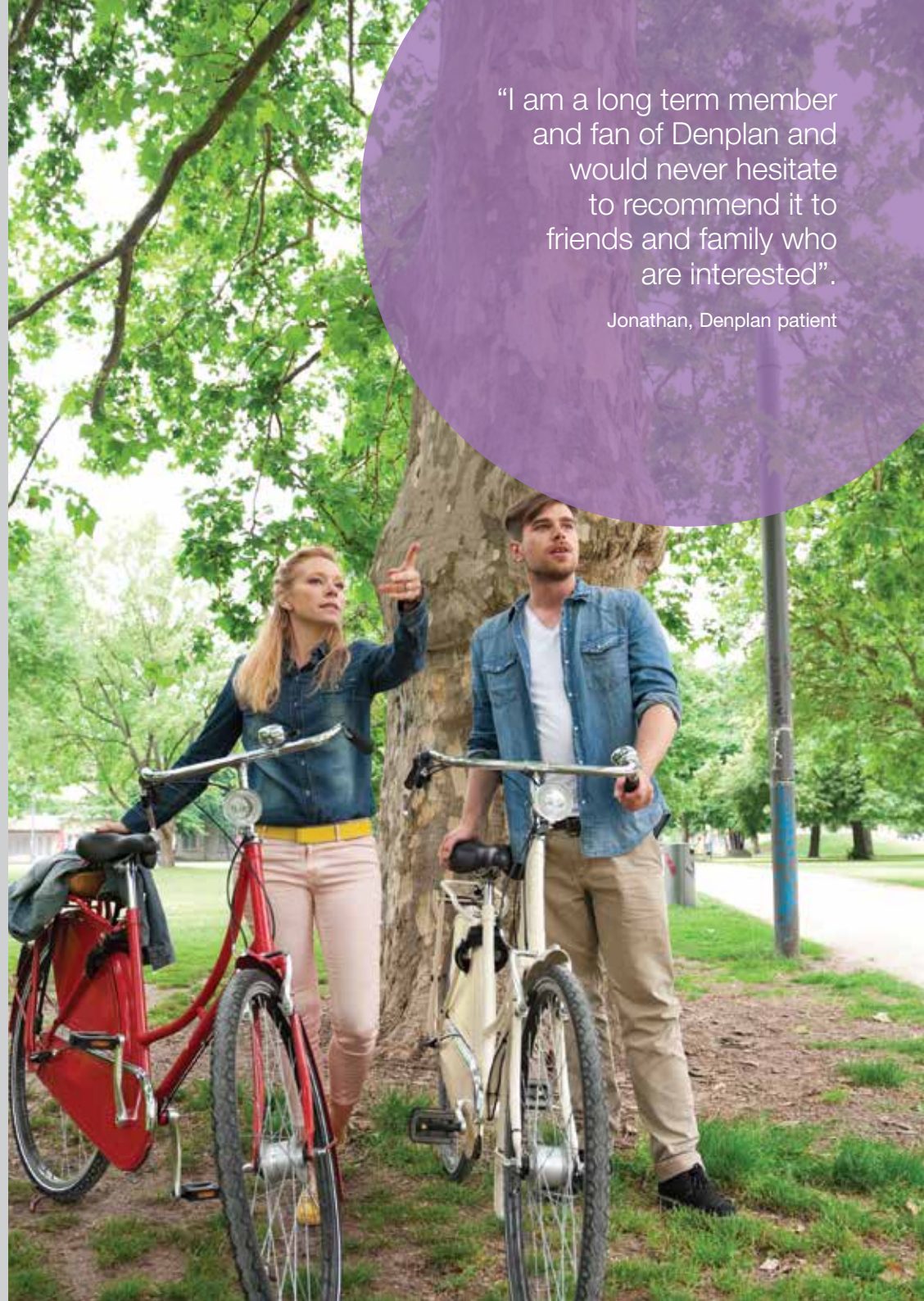
- Your Denplan registration number, as provided on your welcome letter
- Date of birth
- Email address

To register, simply click on the register button at

www.denplan.co.uk/patients

“I am a long term member and fan of Denplan and would never hesitate to recommend it to friends and family who are interested”.

Jonathan, Denplan patient





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Part of Simplyhealth, Denplan Ltd is 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 Ltd is regulated by the Jersey Financial Services Commission for General Insurance Mediation Business. Denplan Ltd only arranges insurance underwritten by Simplyhealth Access. Premiums received by Denplan Ltd are held by us as an agent of the insurer. Denplan Ltd is registered in England No. 1981238. The registered offices for these companies is Hambleden House, Waterloo Court, Andover, Hampshire SP10 1LQ.