



From  
October  
2018

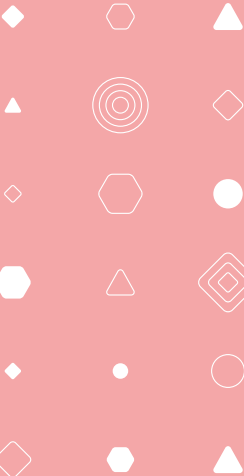
## Denplan Care

A comprehensive oral  
healthcare plan

Denplan  from  Simplyhealth  
Professionals

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# Welcome to Denplan Care: your personalised oral healthcare plan

We're delighted you're considering our most comprehensive dental plan that could brighten your smile and improve the health of your teeth for years to come.

Your personalised Denplan Care plan includes preventive care plus a wide range of restorative dental treatments.

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

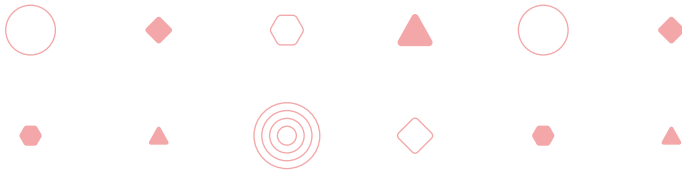
## **We'll help to take great care of you**

We are the UK's leading dental payment plan specialist. We've supported patients and worked alongside their dentists for over 30 years. Our approach is based on prevention, helping you to get the care and treatment you need to feel good about your dental health. We also offer products that you can use to complement your plan, like protecting yourself against dental emergencies and injuries with our Denplan Supplementary Insurance.

## **It's easy to get started**

Your dental payment plan is quick to set up and makes budgeting for your private dental care easy. 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.

**Join up. Relax. Smile.**



If you would like to talk with one of our Customer Advisors, you can ring them on 0800 401 402\* or email [cae@denplan.co.uk](mailto:cae@denplan.co.uk) or visit our website at [www.denplan.co.uk/patients](http://www.denplan.co.uk/patients)

\* Lines are open from 8:30am to 5:30pm Monday to Thursday and 8:30am to 5:00pm on Friday



## Why Denplan Care is so good for you

Denplan Care covers you for a wide range of high-quality dental treatments, while spreading the cost. This helps you to budget for the care and advice you will receive from your practice team.

Your dentist will tailor your plan to provide for any routine preventive dental care and restorative treatments you need. Your dentist can explain how they will tailor your plan so it's just right for you.

Denplan Care also works seamlessly with our worldwide dental injury and dental emergency cover (Denplan Supplementary Insurance) which you can add to your plan for just 60p per person per month.

### **Denplan Care key features:**

- Budget for your dental care with confidence - without worrying about unexpected bills
- Enjoy better oral health and a healthier smile
- Get cover for routine preventive care and a wide range of restorative treatments
- Compatible with our worldwide dental injury and dental emergency cover for just 60p per month!



### **How does Denplan Care work?**

The amount you pay for Denplan Care is decided by your dentist. It's based on your oral health and how much dental care and treatment you will need each year. After an initial assessment (which you may be charged for) you will be put into one of five categories depending on your oral health, which will determine your monthly payment. A one-off registration fee of £15 per person is payable when you register. Your dental team can explain more and answer any questions.

**Denplan Care is a great way to get excellent dental care whenever you need it, while spreading the cost.**

Please note: The Care Contract is between you and your dentist. Your plan covers you for all your routine care with your practice for which your care contract covers.

Any Denplan Supplementary Insurance cover you choose to buy with your plan is provided by Simplyhealth Access.



# Benefits at a glance

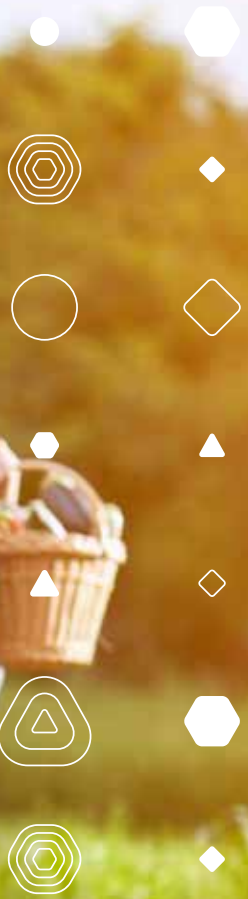
## Here's a handy overview of what is and isn't included in Denplan Care.

Denplan Care gives you
✓ An easy way to spread the cost of your routine preventive and restorative private dental care
Routine preventive and restorative dental care from your dentist, which includes
✓ Check-ups
✓ Scaling, polishing and other hygiene treatment
✓ Preventive dental advice and therapy
✓ Dental x-rays
✓ Necessary fillings
✓ Any necessary extractions
Major restorative care from your dentist
✓ Periodontal (gum) treatment
✓ Crowns, bridges, dentures, inlays (excluding laboratory fees)
✓ Root canal treatment (if offered by the dentist)
✓ The option to combine your plan with Denplan Supplementary Insurance and cover yourself for dental emergencies and injuries
Denplan Care 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
✗ 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 Care Contract on pages 19 - 22 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 including any additional treatment, or treatment your dentist has excluded from your plan.





98%

of patients are satisfied with the service provided by the person at Simplyhealth Professionals who dealt with their call

Simplyhealth Professionals' Service Tick Customer Research Jan-Jun 2017, 1,930 patients





# Important information about your Denplan Care payment plan

**Denplan Care is a dental payment plan contract agreed between you and your dentist to cover your routine preventive and restorative care.**

## **Who is my contract with?**

Your contract is between you and your dentist. Your dentist will give you a copy of the contract, which will be tailored to your needs. Simplyhealth Professionals will send your payments to your dentist to carry out your treatment and provide continuing care.

## **How much will I pay?**

Your monthly payment is based on your oral health and the care and treatment your dentist expects to provide to you in the next 12 months. Payments are set by your dentist based on your individual needs, so your dentist will be able to quote you a price. There's also a one-off registration fee of £15 per person when the plan starts.

## **How is my monthly payment calculated?**

Your dentist assesses your dental history and the condition of your teeth and gums. This helps them to tailor the right preventive programme for you, which will determine how much time your dentist needs to spend caring for you this year. This is how your monthly payments are calculated.

## **How often will I visit my dentist?**

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

## **What does my plan include?**

You can see a quick overview on page 6. Your dentist will also let you know of any additional treatments or exclusions when you join.

## **How do I pay for Denplan Care?**

The plan is based on monthly payments by Direct Debit to cover the cost of your plan, enabling you to budget for your regular dental care more easily and attend regular check-ups.

## **Are there any discounts available?**

Discounts may be available where more than one family member or group member at a single address is registered at the same practice, and payments are made under one Direct Debit. If offered by the dentist, the following discounts may apply:

5% Two group members

10% Three group members

15% Four or more group members

# MyDenplan

It takes just a few minutes to sign up and access everything, including exclusive offers for member patients to an easy way to update your contact or Direct Debit details. It's all really easy and secure on [www.denplan.co.uk/mydenplan](http://www.denplan.co.uk/mydenplan)

You'll also find a copy of this year's **'Your Denplan'** booklet and lots of helpful information about your oral health in the **'MyTeeth'** section.

It works brilliantly on your smartphone too, so you always have the information you need at your fingertips.



## Denplan Supplementary Insurance

Denplan Supplementary Insurance is dental emergency and injury cover that pairs perfectly with Denplan Care to cover your routine care and restorative work while protecting you from unexpected costs.

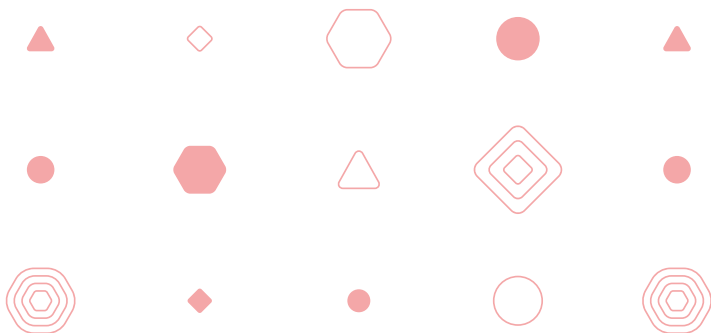
For 60p per person per month the Denplan Supplementary Insurance provides:

- Cover for the cost of temporary emergency treatment in the UK when you're more than 40 miles away from your dental practice
- Cover for the cost of temporary emergency treatment while you're abroad anywhere in the world
- Cover towards treatment costs if you have a dental injury
- Access to our 24 Hour Worldwide Dental Emergency Helpline

And that's not all! For a full list of benefits please see the insurance policy information on page 23.

## Denplan Implant Upgrade Cover

If you take out Denplan Supplementary Insurance, you can upgrade the protection it gives you to include dental implants, the most up-to-date treatment for tooth replacement. With Denplan Implant Upgrade Cover, you can cover the cost of fitting a dental implant, where clinically required in the event of a dental injury, with up to £2,100 per implant and a maximum of £20,000 per incident.



Call our Patient Support Team for any help on 0800 401 402.

# How to join Denplan Care

1. If you haven't already found a dentist offering a Denplan payment plan you can do this by going to [www.findadenplandentist.co.uk](http://www.findadenplandentist.co.uk)
2. Your Denplan provider dentist will let you know if you need any treatment before joining and what the monthly payment will be once you've registered.
3. When you have read the Insurance Product Information Document (IPID), please consider the suitability questions to help you decide the level of cover you might want (Enhanced, Full or Basic) and sign the Care Contract which is between you and your dentist.
4. Once the form is complete, it will be sent to Simplyhealth Professionals and you will receive written confirmation of your registration.

## Denplan Supplementary Insurance Suitability Questions

**We can only provide you with information on Simplyhealth's products, and we will not give you any advice or a personal recommendation for these products. However, we think that these questions will help you decide whether or not this policy is suitable for you.**

Would you like access to our 24 hour Emergency Helpline for advice or assistance in a dental emergency?

Yes  No

Would you like cover towards temporary treatment costs if you have a dental emergency and you are more than 40 miles away from your dental practice?

Yes  No

Would you like cover towards treatment costs if you have a dental injury?

Yes  No

Would you like cover towards the cost of a dental implant if you have a dental injury?

Yes  No

This policy is suitable for patients with Denplan Care who wish to have cover towards the cost of dental treatment for emergencies and injuries that the Denplan contract does not cover.

Please take a moment to review your answers. If you have answered 'No' to all of these questions we ask that you take a moment to decide whether or not this Denplan Supplementary Insurance policy is really suitable for you.



# Denplan Care Patient Application Form

**IMPORTANT** – Please write in BLOCK CAPITALS using black or blue ink. Do not write outside the boxes as this form is processed electronically. Please note this form must be signed overleaf by the payer, if the form isn't signed then the application could be delayed.

Shaded areas of form to be completed by a practice team member

Name:

Job title:

## Details of first patient

Has this person been registered as a Denplan patient before? Yes  No

Registration Number is/was

Title Mr  Mrs  Ms  Miss  Other

First name

Surname

Gender Male  Female

Date of birth

Is this person the payer? Yes

Please complete address details in the 'Who will be paying and how?' section overleaf.

Member dentist name

Registration Facility No.

Entitlement to treatment will start from

Treating dentist GDC No.

Fee Code

Monthly Fee\* £

If no start date is entered, Denplan cover will commence from the first day of the month following receipt of this form.

Enhanced

Full

Basic

Care Contract with your dentist, Denplan

Care Contract with your dentist and Denplan

Care Contract with your dentist

Supplementary Insurance and Denplan

Supplementary Insurance

(Price = Monthly Fee minus £0.60)

Implant Upgrade Cover

(Price = Monthly Fee)

(Price = Monthly Fee plus £2.25)

**You must choose one of these options. If no box is ticked you will automatically be placed on Basic.**

## Details of second patient



Has this person been registered as a Denplan patient before? Yes  No  Registration Number is/was

Title  Mr  Mrs  Ms  Miss  Other

First name

Surname

Gender  Male  Female

Date of birth

Is this person the payer? Yes

Please complete address details in the 'Who will be paying and how?' section overleaf.

Member dentist name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Registration Facility No.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Treating dentist GDC No.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Fee Code	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Monthly Fee* £	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If no start date is entered, Denplan cover will commence from the first day of the month following receipt of this form.

Enhanced  Full  Basic

Care Contract with your dentist, Denplan  Care Contract with your dentist and Denplan  Care Contract with your dentist  
Supplementary Insurance and Denplan  Supplementary Insurance (Price = Monthly Fee minus £0.60)  
Implant Upgrade Cover  (Price = Monthly Fee)  
(Price = Monthly Fee plus £2.25)

**You must choose one of these options. If no box is ticked you will automatically be placed on Basic.**

- \* Full details of the cover can be found in this 'Denplan Care membership booklet'. If you have chosen Full or Enhanced, prices quoted include Insurance Premium Tax charge at the prevailing rate (excluding residents of the Channel Islands and the Isle of Man).
- † A one-off registration fee of £15 per person will be collected with the first payment.



Please complete the reverse of this form

Please fill in the form and send to: Denplan Ltd., Simplyhealth House, Victoria Road, Wincchester SO23 7RG  
Name and full postal address of your Bank or Building Society

Service User Number  
**9 4 0 2 7 3**



To: The Manager

Bank/Building Society

Address

Reference


Postcode

Name(s) of account holder(s)

Signature(s)

Branch sort code

Bank/Building Society account number

--	--	--	--	--	--

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Date

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Banks and Building Societies may not accept Direct Debit Instructions for some types of account.

**Important – please read and sign below. This section must be signed by the payer who is purchasing the plan.**

**Important – Insurance Product Information Document (IPID)**

Please read the IPID that you will have been given with this Membership Booklet and ensure that you have considered the questions relating to whether the insurance is right for you.

If you have chosen Denplan Supplementary Insurance and Denplan Implant Upgrade Cover they will be effective from the date shown in your welcome pack.

Details of your insurance and payment plan will be in the welcome pack that will be sent to you three days from receipt of your application form.

**Declaration**

I apply to join/register the patient on a Denplan Care contract with my/their dentist. I confirm that I have/the patient has received the IPID and the Membership Booklet which contains the full policy document.

I have completed the questions assessing my insurance needs and considered the answers when making my decision.

Signature(s)

X
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Date

D	D	M	M	Y	Y
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**Data Protection Statement**

Simplyhealth Professionals processes personal data supplied in the strictest confidence, in accordance with the law in the United Kingdom and in particular data protection legislation. The main purpose for which we hold and use personal data is to enable us to service the contract that you have purchased and to administer your plan. Other purposes for which we use personal data are to improve our services to you and our other clients; to comply with legal obligations which we are subject to; to protect our interests and for fraud detection and prevention. You have the right: to see your personal data that we hold; to ask us to amend data that is incorrect; to delete data, or not use it in certain ways; to move, copy or transfer your personal data. We will agree to any reasonable request unless it means that we cannot service your policy. For a more detailed explanation of how we use your data please take the time to read our full privacy policy online at the bottom of our website [www.denplan.co.uk](http://www.denplan.co.uk)

By listening to our customers, Simplyhealth Group will continue making improvements and introducing new products and services to help you and your loved ones stay as healthy as you can. We'd love to share this sort of information with you. We'll always treat your personal details with the utmost care and we'll never pass them on to other companies. Please let us know how you'd like to hear from us:

EMAIL POST PHONE SMS

If you change your mind just let us know any time by calling the Patient Support Team on 0800 401 402, going online to [www.denplan.co.uk/MyDenplan](http://www.denplan.co.uk/MyDenplan), or emailing us at [cae@denplan.co.uk](mailto:cae@denplan.co.uk)

Please make sure a Denplan Care Contract is completed for each patient



## Who will be paying and how?

By completing this section you agree to pay for the patients detailed on this application form. This may result in a change to your current payments or monthly Direct Debit if you are an existing payer.

Have you registered your details with us before? Yes  No  Registration Number is/was

Title Mr  Mrs  Ms  Miss  Other

First name

Surname

Gender Male  Female  Date of birth

House No.t  or House Name†

Street/Road

Town/City

County

Home tel.

Email#

Mobile tel.

Postcode†

† The postcode and either house number or house name are required to process your application

‡ We will usually send correspondence regarding your dental plan via post. If you'd prefer to receive this by email please tick here

Monthly by Direct Debit\*  By an existing Direct Debit\*\*

\*Complete Direct Debit Instruction below. \*\*If you are adding a new patient to an existing group, payment will be debited via the current Bank/Building Society details that we hold for you.

Instruction to your Bank or Building Society to pay by Direct Debit

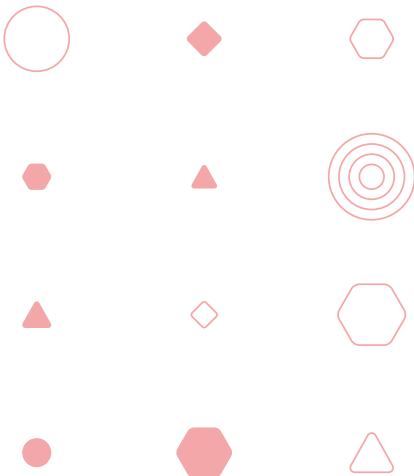
# What do I do if I want to change my dentist?

The Care Contract you have with your dentist is not transferable to another dentist. If you need to change your dentist for any reason, for example if you move to a new area, you will need to arrange a new Care Contract with your new dentist.

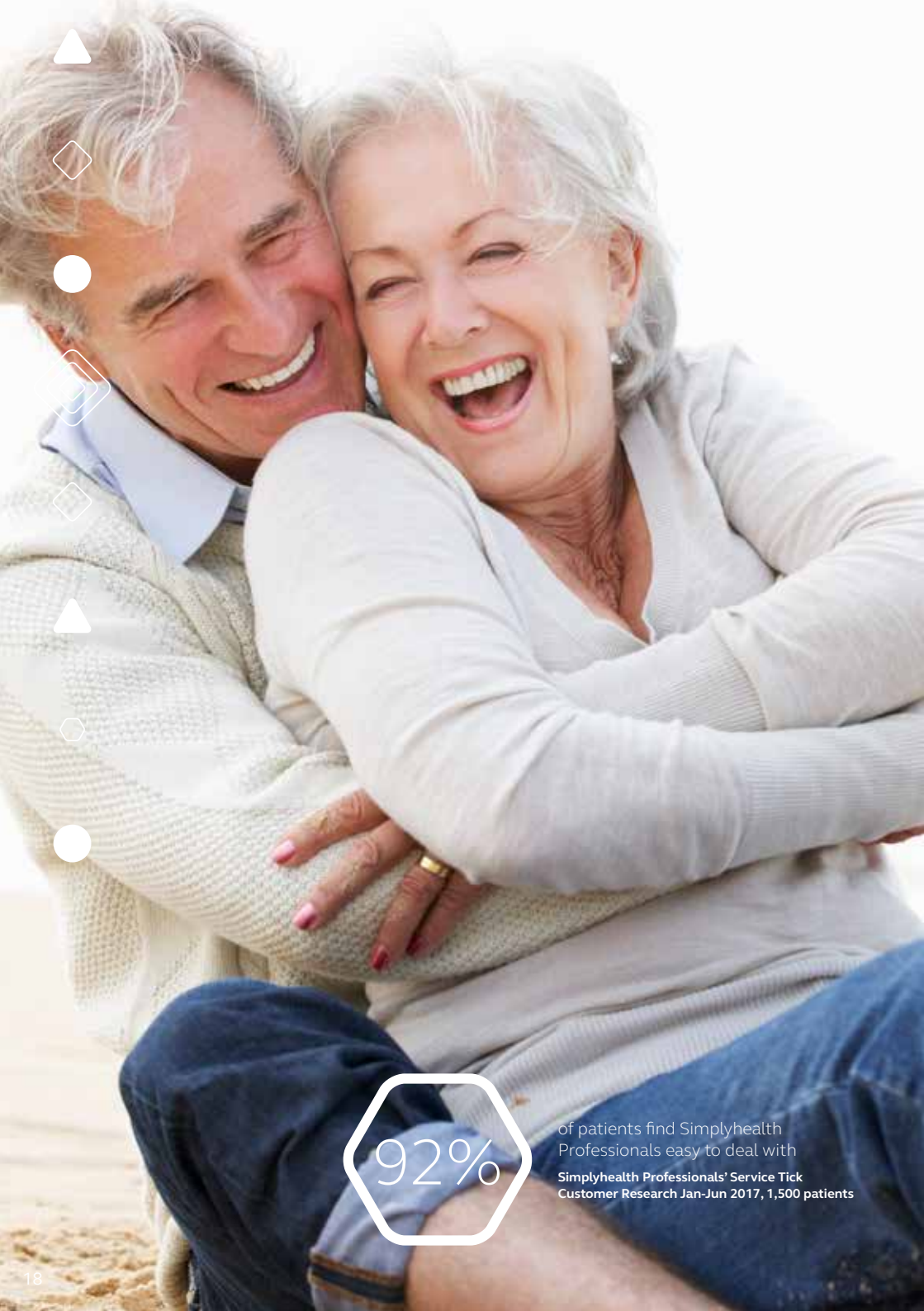
## Changing your dentist

**There are three simple steps to change your dentist and ensure you keep all the benefits of your Denplan payment plan:**

- 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](mailto: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 dentist
- 3. Call your new 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 the Patient Leaving Form your previous dentist filled in



Call our Patient Support Team for any help on 0800 401 402.



of patients find Simplyhealth Professionals easy to deal with  
Simplyhealth Professionals' Service Tick  
Customer Research Jan-Jun 2017, 1,500 patients



# The Care Contract between you and your dentist

**Simplyhealth Professionals' 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 Simplyhealth Professionals who will advise you on how to change, 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 Care Contract and the terms which you have signed; 'dentist' means your treating dentist and 'Simplyhealth Professionals' means Denplan Limited (company number 1981238) whose registered office address is at Hambleton House, Waterloo Court, Andover, Hampshire SP10 1LQ, UK.

## 2. Treatment to which you are entitled

The contract entitles you to receive all the treatment normally provided by a general dental practitioner to maintain oral health, which may include the following at the dentist's discretion:

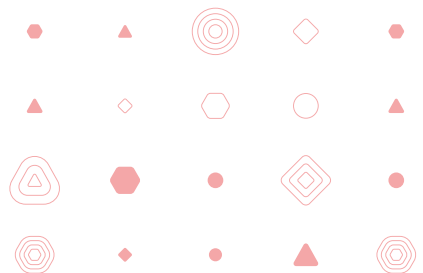
- Check-ups
- Oral healthcare advice
- Preventive therapy and counselling
- Radiographs (x-rays)
- Restorations (fillings)
- Unless excluded, you are entitled to root canal treatment
- Scaling and polishing and other hygiene treatments
- Periodontal (gum treatment) and surgical treatment and the provision, repair and maintenance of prostheses including crowns, bridges and dentures (excluding laboratory fees charged by your dentist – see condition 4)

- Any necessary extractions (excluding wisdom teeth – see condition 3)

## 3. Treatment to which you are not entitled

The contract does not entitle you to:

- Any treatment which you and your dentist agreed to exclude at the start of the contract
- Orthodontic appliance therapy ('braces')
- The provision, repair or replacement of dental implants and related superstructures
- Any treatment needed as a result of a dental injury (an injury to the teeth or supporting structures, including damage to dentures whilst being worn, which is caused suddenly and unexpectedly by means of a direct external impact to the mouth)
- Referral to a specialist or specialist treatment which is necessary in the reasonable opinion of your dentist
- Any treatment which is purely cosmetic
- Any treatment which is not clinically necessary in your dentist's opinion
- Treatment carried out by anyone other than your registered dentist
- Surgical extraction of wisdom teeth
- Sedation fees



#### **4. Prescriptions and laboratory charges**

The contract does not cover pharmaceutical items, prescription fees or laboratory fees reasonably charged by your dentist, which must be paid by you directly to your dentist.

#### **5. Dental emergency arrangements**

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

#### **6. 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 increased material costs or practice running costs) you will be given at least 30 days' written notice by letter, or email if consented (correspondence sent to the payer's email address if provided or last known address by ordinary post will be treated as adequate notice).

Should your oral health change, the dentist may change your level of plan, treatment included and associated fee by providing one month's written notice, or less with your consent. If you are not happy with any change in monthly fee, you have the right to terminate the agreement giving your dentist and Simplyhealth Professionals not less than 21 days' notice, expiring on the last day of a calendar month, as detailed in condition 11 Ending the contract.

#### **7. Treatment by another dentist**

The contract is with your dentist as specified in the document entitled Care Contract. If your dentist arranges for another dentist or a locum to provide routine care on his or her behalf, this will be covered by the contract. However, where you choose to have routine care or treatment provided by a practitioner independently of your dentist, any associated costs will not be covered by the contract.

Furthermore, where you are referred by your own dentist to a specialist, the costs will not be covered (see condition 3 Treatment to which you are not entitled).

#### **8. Payment**

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

Where you are not the payer specified in the document entitled 'Care 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. prescription fees, pharmaceutical items, laboratory charges or treatment not covered by the contract) 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 this Agreement (see condition 11 Ending the contract).

#### **9. Direct Debit changes**

Following a variation in monthly fee, the 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 6 Alteration of the monthly fee).

#### **10. 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 your dentist for regular examinations, receive the treatment your dentist advises and you must promptly inform your dentist of any injury, problem or other material matter affecting your oral health. If you fail to ensure any of this you will be liable to pay any fee reasonably charged for treatment necessary to restore your oral health, which could otherwise have been avoided.

If, in the reasonable opinion of your dentist, he or she is not able to maintain your oral health due to any act or omission on your part, your dentist may end the contract immediately by giving notice to that effect.

## **11. Ending the contract**

### **Cooling off period**

You can cancel the Care Contract for any reason during the 14 day 'cooling off' period. This period begins on the contract start date, or the day you receive the payment schedule if this is later.

Following this period, you may end the contract by giving not less than 21 days' notice to your dentist and to Simplyhealth Professionals, 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. If you are intending to leave the care of your dentist, you should attend a final leaving appointment when your dentist can arrange to provide any outstanding treatment, check your oral health and provide you with a record of this on the Patient Leaving Form, which you should take to your new dentist. The initial examination fee and any necessary outstanding treatment prescribed by your new dentist may have to be paid for privately to re-register onto a new Denplan payment plan.

## **12. Non-payment**

### **Non-payment of one fee**

If you fail to make a monthly payment, Simplyhealth Professionals will inform you accordingly and attempt to collect two payments in the following month.

### **Non-payment of two fees**

If you fail to make two successive payments, Simplyhealth Professionals will inform you that your contract has been cancelled.

### **Refunds**

If Simplyhealth Professionals 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 Simplyhealth Professionals.

## **13. Dental records**

By signing the document entitled 'Care 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 Simplyhealth Professionals, but not for any other purpose without your further consent.

## **14. Variation of these conditions**

If it is necessary to vary the conditions in this 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 11 (Ending the contract). If you do not do this by the time the notice of variation expires, you will be deemed to have accepted the variation.

## **15. 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 your 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.

## 16. Treatment outside the contract

Nothing in the contract prevents you and your dentist agreeing that he or she will provide treatment outside your entitlement under the contract. You will be responsible for paying for such treatment.

## 17. Liabilities

Denplan Limited administers Care registrations and collects monthly fees on behalf of your dentist. The contract is not with Simplyhealth Professionals and Simplyhealth Professionals 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 behalf of your dentist. This does not affect any right or remedy you may have against your dentist.

## 18. Disputes

All dentists who offer Denplan products 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, Simplyhealth Professionals offers an impartial mediation service for registered patients. Your dentist must agree to participate in Simplyhealth Professionals' clinical mediation service, including an undertaking to submit any claim arising out of the contract to arbitration.

## 19. Notices

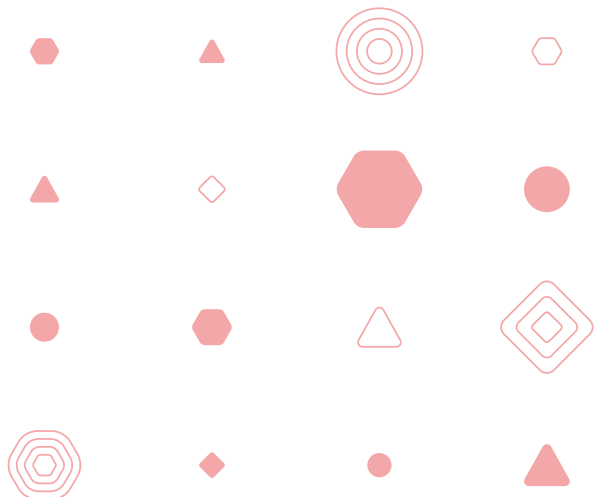
Any notice given by your dentist under these conditions is valid if Simplyhealth Professionals gives it to you on your dentist's behalf. Any notice given by your dentist or Simplyhealth Professionals is valid if sent to the payer's email address, if provided, or last known address by ordinary post.

## 20. 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').

## 21. Governing Law and Jurisdiction

Both parties agree that this 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.



# Denplan Supplementary Insurance policy document

## 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 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** - 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.

**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 trading as Simplyhealth Professionals, 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 specifically excluded.

#### Benefit Limits

<b>01</b>	Emergency examination/diagnosis and report to include all necessary smoothing, stoning and occlusal adjustments or fluoride varnish .....	up to £48 per incident
<b>02</b>	X-rays .....	up to £32 per incident
<b>03</b>	Extraction of up to two teeth .....	up to £86 per incident
<b>04a</b>	Root canal extirpation to include dressings and/or temporary fillings and necessary prescriptions .....	up to £102 for 1 canal
<b>04b</b>	As 4a – two canals .....	up to £107 for 2 canals
<b>04c</b>	As 4a – three or more canals .....	up to £143 for 3+ canals
<b>05</b>	Treatment of dental infection to include any necessary prescriptions .....	up to £38 per incident
<b>06a</b>	Provision of temporary filling .....	up to £44 for 1st tooth
<b>06b</b>	As 6a – each additional tooth .....	up to £25 add. tooth
<b>06c</b>	Provision of an incisor or canine composite filling .....	up to £102 per tooth
<b>07</b>	Recement crown or inlay .....	up to £46 per item
<b>08</b>	Recement bridge .....	up to £56 per bridge
<b>09</b>	Construction and fitting of temporary crown .....	up to £100 per crown
<b>10a</b>	Construction and fitting of temporary bridge/denture .....	up to £180 per bridge
<b>10b</b>	Provision of temporary post and core .....	up to £82 per tooth
<b>11</b>	Arrest of abnormal haemorrhage including aftercare and associated suture removal .....	up to £51 per incident
<b>12</b>	Removal of sutures placed by another practitioner .....	up to £31 per incident
<b>13</b>	Repair/adjustment of orthodontic appliance .....	up to £60 per incident
<b>14</b>	Adjustment to denture .....	up to £34 per incident
<b>15</b>	Repair of denture to include re-fixing of teeth and gums and repair of clasp .....	up to £53 per incident
<b>16</b>	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 **dentist** 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

<b>17</b>	Examination and report to include all necessary smoothing, polishing and vitality testing .....	up to £48 per incident
<b>18</b>	X-rays .....	up to £36 per incident
<b>19a</b>	Porcelain jacket crown* .....	up to £430 per unit
<b>19b</b>	Dentine bonded crown .....	up to £478 per unit
<b>20a</b>	Metal bonded porcelain crown .....	up to £470 per unit
<b>20b</b>	Post/core construction .....	up to £108 per tooth
<b>21a</b>	Metal bonded porcelain bridgework – retainer .....	up to £470 per retainer
<b>21b</b>	Metal bonded porcelain bridgework – pontic .....	up to £435 per pontic
<b>22</b>	Full metal crown .....	up to £450 per unit
<b>23a</b>	Zirconia crown .....	up to £540 per unit
<b>23b</b>	Zirconia bridge unit .....	up to £540 per unit
<b>24a</b>	Laboratory constructed adhesive bridge – retainer .....	up to £275 per retainer
<b>24b</b>	Laboratory constructed adhesive bridge – pontic .....	up to £300 per pontic
<b>25</b>	Laboratory constructed adhesive facing or veneer .....	up to £445 per unit
<b>26a</b>	Root canal treatment – incisor (includes filling of access cavity) .....	up to £318 per incisor
<b>26b</b>	Root canal treatment – canine (includes filling of access cavity) .....	up to £318 per canine
<b>26c</b>	Root canal treatment – premolar (includes filling of access cavity) .....	up to £318 per premolar
<b>26d</b>	Root canal treatment – molar (includes filling of access cavity) .....	up to £390 per molar
<b>27a</b>	Permanent acrylic denture .....	up to £500 per denture
<b>27b</b>	Permanent metal denture .....	up to £775 per denture
<b>27c</b>	Temporary denture following tooth loss (where required) .....	up to £305 per incident
<b>28a</b>	Laboratory made temporary bridge following tooth loss (where required) .....	up to £183 up to 3 units
<b>28b</b>	Laboratory made temporary bridge following tooth loss (additional units) .....	up to £61 per unit
<b>29</b>	Emergency and other treatment following <b>dental injury</b> 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 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 **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 £185.

**Benefit Limits**

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

<b>32</b> Cash Benefit .....	up to £62 per night
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**Benefit E Overseas temporary emergency dental treatment**

**We** do 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 **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**.

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 Limits**

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

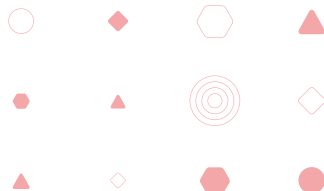
**Benefit F Mouth cancer cover**

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 dentist**, 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 **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.

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. This means **we** will need to convert the expenditure into sterling using FX Converter at [www.oanda.com](http://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.
- 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 dentist** will remain unaffected. However, if **you** cancel **your** Denplan contract with **your dentist**, **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 contract start date, or the day the **policyholder** receives the policy terms and conditions if this is later.

### Ending the contract

After the cooling off period, the **policyholder** can cancel the contract 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** materially breach the terms and conditions of this policy
- if **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** may at **our** option 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** will normally be altered on 1st January in any **claiming year**.
- viii. **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.
- 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)



## How we use your data

Why do **you** need my personal data and what do **you** use it for?

**We** need and 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

**We** and other companies within the Simplyhealth group may use **your** information to keep **you** informed about products and services that may be of interest to **you**.

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 tailor **our** marketing material to **your** needs, 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. If **you** want to know more please contact **us**.

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. For members with policies arranged by a company, **we** will know who **your** employer is and **we** might hold **your** payroll details. When **you** make a claim, **you** consent to **us** processing personal medical details about **you** for that claim.

**We** may record and monitor both inbound and outbound calls for training and monitoring.

### Who holds my personal data?

Simplyhealth respects **your** privacy and is committed to protecting **your** personal data. This privacy notice sets out the way in which any personal data **you** provide to **us** is used and kept safe by **us**. For a more detailed explanation of how **we** use **your** data please take the time to read **our** full privacy policy online at the bottom of **our** website or alternatively request a copy from **our** Data Protection Officer at the address given below.

The Data Protection Officer, Simplyhealth Access, Hambleden House, Waterloo Court, Andover, Hampshire SP10 1LQ.

### 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, even if they are not part of the Simplyhealth Group (**we** make sure that **our** contracts include clauses to protect data). **We** may send **your** personal data outside the European Economic Area. If **we** do this, **we** put contracts in place to ensure that the data will be kept confidential. **Our** processes also include protection for **our** buildings and IT systems. To check that these measures work **we** run independent audits on a regular basis.

### Who can see my personal data?

**We** can give **your** personal data:

- to persons who provide a service to **us** or act as **our** agents
- to anyone to whom **we** may transfer rights and duties under this policy
- to persons who may record, use and give data to other insurers (such as agencies whose role is to prevent fraud)
- to 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** dentist, 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, or if the person who asks for the data has a lawful interest in seeing the data.

In these situations, **we** may send **your** personal data outside the European Economic Area.

### How long do you keep my personal data for?

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

### 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. **We** will agree to any reasonable request unless it means that **we** cannot service **your** policy. **You** will need to contact the Data Protection Officer to do this.

### 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, or the Information Commissioner's Office (ICO). **You** can call the ICO on 0303 123 1113 or 01625 545 745; or email the ICO at [casework@ico.org.uk](mailto:casework@ico.org.uk)

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](http://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 085 0960, email: [insurance@denplan.co.uk](mailto:insurance@denplan.co.uk) or write to: The Insurance Manager, Simplyhealth Professionals, Simplyhealth House, Victoria Road, Winchester, SO23 7RG.

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](mailto:complaint.info@financial-ombudsman.org.uk)

Telephone: 0800 023 4567

Website: [www.financial-ombudsman.org.uk](http://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.

## 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.

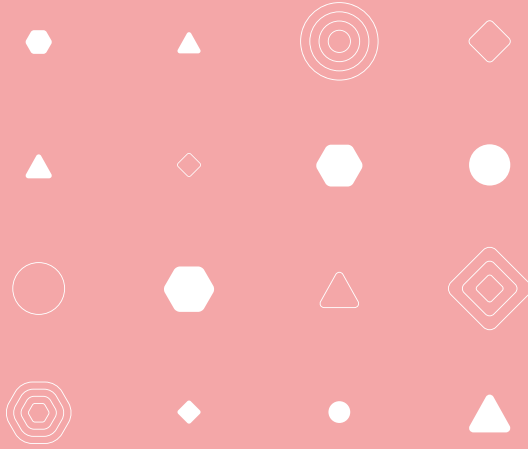
### ii. Exclusions

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).



**Denplan** |  **Simplyhealth**  
from Professionals

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