



Your Denplan Care Application and Membership Pack

Everything you need to know about Denplan Care



Denplan
At the heart of dental care



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



Welcome to Denplan

We want you to have good dental care; it's important to your health and wellbeing. Denplan Care could help you achieve this.

About Denplan

We have been part of the dental industry for over 25 years and have gained a great deal of experience during that time. We use this knowledge and experience of the dental industry to develop the plans we arrange and the services we offer. Denplan strongly promote preventive dentistry and the dental plans we arrange are designed to help keep you dentally fit with visits to your dental practice as often as is recommended.

How to apply

To apply, or to add a family member to your existing membership, please complete the application form in this pack with your dentist or a member of the practice team. Please keep this pack for future reference as it contains the terms and conditions of your contract with your dentist and details of what is covered if you have a dental injury or dental emergency.

This pack gives you full details about Denplan Care, but if you would like to talk with one of our Customer Advisors please call them on 0800 401 402* - they will be happy to answer any questions you may have. Or you can visit our website at www.denplan.co.uk/patients where there is lots of useful information.

*Lines are open from 8.30am to 5.30pm on Monday to Thursday and 8.30am to 4.30pm on Friday. We may record and/or monitor calls. Mobile phone charges may apply.



INVESTORS
IN PEOPLE



Denplan
At the heart of dental care



What is Denplan Care?

Denplan Care is a dental payment plan that provides comprehensive cover for your routine preventive and restorative dental care. It can be an easy and cost effective way of looking after and maintaining good oral health.

Preventive Care

Denplan Care provides you with an easy way to spread the cost of visiting your dentist and hygienist. You can budget for your regular oral care and any necessary restorative dental treatment and have access to a dentist when you need one.

As part of the dental plan, you will be able to take advantage of our 24-Hour Worldwide Dental Emergency Helpline whose advisors will be able to offer practical help and advice should you need it in a dental emergency.

Keeping healthy

Clinical evidence strongly links your oral and general health. It has been shown that poor oral hygiene is linked with a higher risk of developing chronic illnesses such as heart disease.*

Which means that seeing your dentist and hygienist as often as is recommended is perhaps even more important than you might realise.

*Source: British Medical Journal, Department of Epidemiology and Public Health, University of London – posted on the British Heart Foundation website on 28 May 2010



Benefits at a glance

Denplan Care includes treatment for most oral health problems and, with this plan, you receive mandatory Supplementary Insurance which provides cover for dental injuries and dental emergencies, at home and abroad.

Below is a brief summary of the benefits and exclusions of your plan. For full details of the benefits, exclusions and limitations of your Supplementary Insurance please see pages 22-29 of this pack.

Denplan Care gives you

- ✓ An easy and affordable way to spread the cost of your routine preventive and restorative dental care
- ✓ Supplementary Insurance, to provide cover if you have a dental injury or dental emergency

Routine preventive and restorative dental care from your dentist which includes

- ✓ Check-ups
- ✓ Scaling, polishing and other hygiene treatments
- ✓ Dental x-rays
- ✓ Necessary fillings
- ✓ Preventive dental advice and therapy
- ✓ Any necessary extractions

Major restorative care from your dentist

- ✓ Periodontal (gum) treatment
- ✓ Crowns, bridges, dentures, inlays (excluding laboratory fees)
- ✓ Root canal treatment

Denplan Care does not cover

- ✗ Laboratory fees and prescriptions
- ✗ Any treatment excluded by the dentist in your contract which is payable by you to the dentist
- ✗ Referral to a specialist and 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

Please remember: treatment is at the discretion of your dentist. This is a summary of product benefits, exclusions and limitations. Full terms and conditions can be found in the Denplan Care Agreement on pages 14-17 of this pack and on the reverse of the contract which you sign with your dentist.



Frequently asked questions

Q Is Denplan Care an insurance policy?

A No, it's a dental payment plan agreed between you and your dentist to cover your routine and restorative dental care with the added benefit of Supplementary Insurance.

Q Who is my contract with?

A You are in contract with your dentist for the dental care you receive under your Care Agreement. A copy of the contract will be given to you by your dentist. Denplan send your payments to your dentist, who is being paid to carry out your treatment and provide continuing care. Your dental care contract is put together specifically to meet your oral health needs.

Q Are there any discounts available?

A Where more than one member of a family (or group) at a single address are registered at the same practice and payments are made under a single direct debit, the following discounts apply: two group members - 5%; three group members - 10%; four or more group members - 15%.

Q How much will I pay?

A As the contract is between you and your dentist we're unable to quote a price because the fees are set by your dentist. Please note there is a one-off registration charge on joining, equal to your monthly payment.

Q How is my fee calculated?

A Your dentist assesses your dental health taking into account your dental history, the health of your teeth and gums and the preventive programme recommended. These factors will place you in a specific category for which your dentist has already calculated the fee.



Q How often will I visit my dentist?

A Your dentist will let you know how often you need to visit, as everyone's oral health needs are different. Many people see their dentist every six months.

Q What does my plan include?

A Denplan Care includes regular consultations with your dentist, hygiene treatment, oral healthcare advice and restorative treatment. Preventive care will help to maintain your oral health and you will have access to regular appointments with your dentist to help minimise the need for restorative treatment (see pages 3-4 for full details).

Additionally, the Supplementary Insurance, which Denplan arranges on your behalf, covers you for dental injury and dental emergency treatment, and you will have access to our 24-Hour Worldwide Dental Emergency Helpline (turn to pages 22-29 for more information).

Q How are my payments made?

A Denplan Care allows you to make agreed monthly payments to cover the cost of your dental treatment. These payments mean you can budget for your regular oral care and ensure that you get access to a dentist when you need it (annual payment is also available).

Q Can I update my details online?

A By using the secure area of our website you can update your address, telephone number, email address, Direct Debit details, name and title.

To log on you'll need your unique Denplan registration number (which you will receive in the welcome letter we will send you), your date of birth and email address.

To register to use our online services visit us at www.denplan.co.uk, click on the Patient login button and then click on the 'Register' link.



Four easy steps to apply

Applying to be a Denplan Care patient

Step 1

Select a Denplan registered dental practice of your choice

Step 2

Your Denplan member dentist will work out if you need any treatment before joining and what the monthly payment will be once you've registered

Step 3

Having read the Supplementary Insurance policy summary (pages 18-21) complete the Application Form and sign the contract which is between you and your dentist

Step 4

Once your application is received at Denplan we will write to confirm your registration and supply you with a membership card

If you are an existing Denplan patient and wish to add family members to your plan, simply follow from Step 2.

2012 - 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, failure to do so will invalidate the application.

Shaded areas of form to be completed by a practice team member
 Name:
 Job title:

Details of first patient

Has this person been registered with Denplan before? Yes No Registration Number is/was

Title Mr Mrs Ms Other

First name

Surname

Gender Male Female Date of birth

D	M	M	Y	Y	Y
---	---	---	---	---	---

 Is this person the payer? Yes

Would you like Implant Upgrade Cover (charged at £1.99* per person per month)? Yes No

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

0	1	M	M	Y	Y	Y
---	---	---	---	---	---	---

 Treating dentist GDC No.

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

Details of second patient

Has this person been registered with Denplan before? Yes No Registration Number is/was

Title Mr Mrs Ms Other

First name

Surname

Gender Male Female Date of birth

D	M	M	Y	Y	Y
---	---	---	---	---	---

 Is this person the payer? Yes

Would you like Implant Upgrade Cover (charged at £1.99* per person per month)? Yes No

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

0	1	M	M	Y	Y	Y
---	---	---	---	---	---	---

 Treating dentist GDC No.

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

Details of third patient

Has this person been registered with Denplan before? Yes No Registration Number is/was

Title Mr Mrs Ms Other

First name

Surname

Gender Male Female Date of birth

D	M	M	Y	Y	Y
---	---	---	---	---	---

 Is this person the payer? Yes

Would you like Implant Upgrade Cover (charged at £1.99* per person per month)? Yes No

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

0	1	M	M	Y	Y	Y
---	---	---	---	---	---	---

 Treating dentist GDC No.

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

* Full details of the cover can be found in the accompanying 'Your Denplan Care Application and Membership Pack'. Prices quoted include Insurance Premium Tax charged at the prevailing rate (excluding residents of the Channel Islands and the Isle of Man).
 † A one-off registration fee, equal to the monthly fee, will be collected with the first payment



PLEASE COMPLETE THE REVERSE OF THIS FORM



Oral wellbeing

How often should I brush my teeth and for how long?

For two minutes, twice a day with a toothpaste containing 1,350 - 1,500 parts per million of fluoride and don't rinse after brushing.

How often should I floss my teeth?

Flossing is an effective way of cleaning away plaque from between your teeth so should be done on a daily basis.

Special mini brushes are alternatives to floss and can be gently pushed between your teeth. Your dentist or hygienist will show you how to do this.

How often should I brush my tongue?

The tongue tends to be self-cleaning; it has a movable surface and is constantly covered in saliva so bits of food don't hang around for long. Your teeth are also covered in saliva, but since they're hard and immovable, the food is more likely to latch on. For people who feel they have a problem with bad breath, tongue brushing may help.

When is the best time to brush?

Many people have acidic foods or drinks at breakfast such as orange juice or grapefruit that can temporarily soften the top layer of your tooth (the enamel) and brushing straight afterwards could remove this surface layer and, over time, lead to loss of enamel. So it is best either to brush before breakfast, or wait for 30 minutes afterwards, by which time the softened layer will have hardened up again. Ideally brush your teeth after meals too and definitely before bed.

How does tooth sensitivity come about?

The enamel in your teeth has no nerve endings in it, however, the bulk of the tooth inside the dentine contains nerve endings and is highly sensitive.

The enamel acts rather like the insulator around an electric cable. If the enamel becomes worn away, dentine can become exposed and the teeth may become painful with very hot or cold drinks. Equally, if the gums have shrunk back to expose the top parts of the roots of the teeth, this can also cause sensitivity.



Oral wellbeing (continued)

Why do I get mouth ulcers?

Some people are naturally more susceptible to mouth ulcers. They can be quite painful and topical gels which are designed to treat them may help to ease this. In some cases, frequent ulcers may indicate an underlying medical condition, for example, people who are anaemic are more likely to suffer from them. Ulcers that persist for more than two weeks should be checked out by your dentist.

Will smoking and drinking affect my dental health?

People who smoke and drink alcohol are 30 times more likely to develop mouth cancer, with tobacco and alcohol thought to contribute to around 75% of cases*. To reduce the risk of contracting mouth cancer, avoid smoking, chewing tobacco and drinking alcohol.

Why do some people never get cavities?

There is plenty you can do to prevent cavities. Infants and children who grow up in areas where there is an appropriate level of fluoride in tap water have significantly fewer fillings than others. Fluoride toothpaste also has a huge impact on reducing the risk of decay developing.

Perhaps the biggest influence is diet. By consuming sugary foods and drinks on a regular basis the chances of getting cavities is greatly increased.

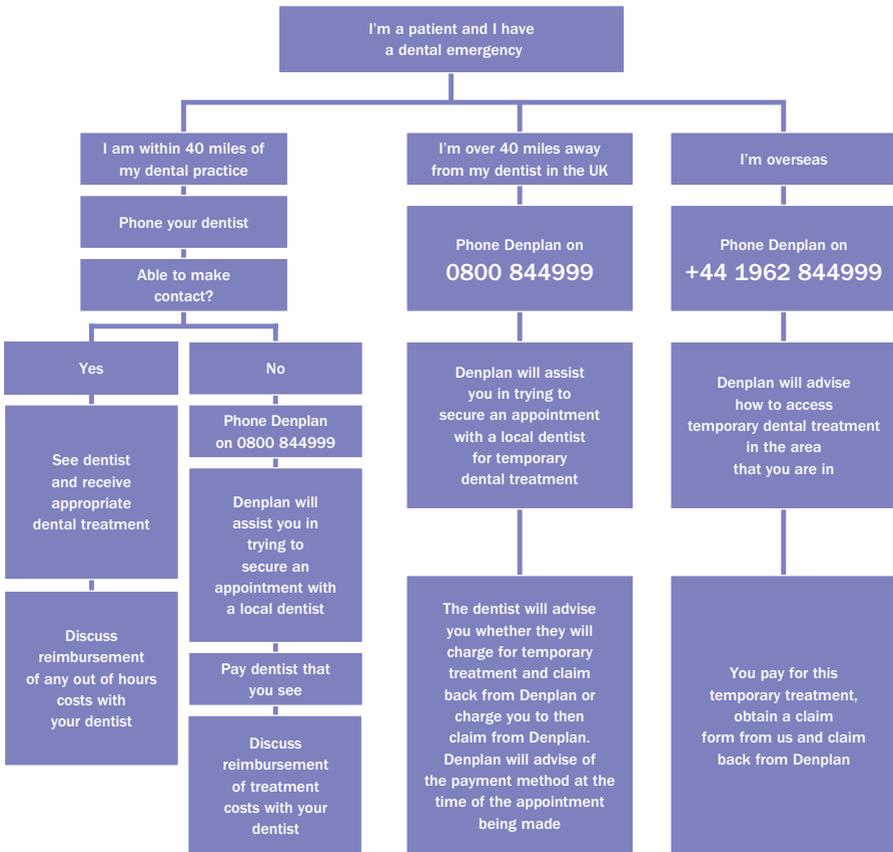
Remember, when teeth first grow, they are healthy. Adopting a thorough daily cleaning routine using fluoride toothpaste, avoiding sugary foods and drinks and having regular check-ups, will help keep your teeth healthy.

*Source: http://www.oralcancerfoundation.org/cdc/cdc_chapter3.htm 11 October 2010.
<http://info.cancerresearchuk.org/cancerstats/types/oral/riskfactors/> 11 October 2010.



What to do in the event of a dental emergency

If you have a dental emergency please follow the simple steps below:



All claims are subject to policy limitations and exclusions. Please see the Supplementary Insurance Policy document on pages 22-29 of this pack for further details.



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

Denplan Care is a contract between you and your dentist. It's based on your needs and the monthly payments are agreed between you and your dentist.

This means that the Denplan Care Contract you have with your dentist is non-transferable.

If you are moving house or going away temporarily, you may have to change your dentist. There are a few simple steps you need to take in order to end your current contract and set up a fresh contract with a new dentist.

Action plan:

- Arrange a leaving appointment with your current dentist
 - Ask your dentist to complete your Patient Leaving Form (you will need to give this to your new dentist). This will give them valuable information about your dental history
 - Contact Denplan to cancel your current contract, giving 21 days notice prior to the next payment date
 - Find a new Denplan dentist. Denplan can help you find a dentist in your area. Search the 'Find a Dentist' facility at www.denplan.co.uk or phone our Customer Advisor team on **0800 401 402**
- Before booking your first appointment with your new dentist, check to see whether they will charge a fee for your new Denplan assessment (this charge is at the discretion of individual dentists and is not set by Denplan)
 - Give your new dentist your completed Patient Leaving Form
 - Discuss your treatment needs with your new dentist and, if you are both happy, complete a new application form and Denplan Care Contract (please note that if you re-register within six months of ending your previous contract, you will not have to pay a new registration fee)
 - Denplan Care fees are not set by Denplan but by your dentist, so your new fees may be different

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

The Care Agreement 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 transfer, 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

In this Agreement, unless the context otherwise requires, 'Contract' means this Agreement and the terms contained in the document entitled 'Denplan Care Contract' which you have signed; 'dentist' means your treating dentist named in the document entitled 'Denplan Care Contract' and 'Denplan' means Denplan Limited (company number 1981238) and whose registered office address is at Hambleden 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)
- Sometimes 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 super-structures (unless you have opted for Implant Upgrade Cover)
- 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 directly caused suddenly and unexpectedly by means of a direct external impact to the mouth) although this may be covered by your Supplementary Insurance. Please refer to the Application and Membership Pack for further information
- 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 anywhere other than by your registered dentist, although temporary emergency treatment may be covered by your Supplementary Insurance. Please refer to the Application and Membership Pack for further information
- 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 and insurance entitlements

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.

In addition, Denplan arranges Supplementary Insurance for you. The full Terms and Conditions of your Supplementary Insurance policy can be found in the Application and Membership Pack.

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 or practice running costs) you will be given at least one month's written notice (correspondence sent to the payer's 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 Denplan not less than 21 days' notice, expiring on the last day of a calendar month, as detailed in condition 11.

7. Treatment by another dentist

The Contract is with your dentist as specified in the document entitled 'Denplan 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 three).

8. Payment

Unless your dentist makes special arrangements with Denplan, you must pay the monthly fee by Direct Debit in favour of Denplan as collecting agent for your dentist.

Where you are not the payer specified in the document entitled 'Denplan 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).

9. 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 6).

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

You may cancel the Contract by contacting Denplan within the cancellation 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 a 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, where your dentist can arrange to provide any outstanding treatment, check your oral health and provide you with a record of this on the 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 under Denplan.

12. 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.

13. Dental records

By signing the document entitled 'Denplan 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 Denplan 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 Agreement, 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. 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 but if it is, or may be, covered by the Supplementary Insurance and you act promptly to submit a claim, your dentist will allow a reasonable period for the claim to be settled before requiring payment from you.

17. Liabilities

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

18. 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.

19. 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 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 Agreement 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.

Supplementary Insurance and Dental Implant Upgrade

This policy summary provides a brief description of the dental insurance which is underwritten by AXA PPP healthcare Limited. It does not contain the full terms and conditions which can be found in the Supplementary Insurance section of the Application and Membership Pack (pages 22-29).

What is Supplementary Insurance?

Supplementary Insurance is a mandatory 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 & 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 AXA PPP healthcare Limited 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 and pre-authorized permanent emergency dental treatment in the UK**
- 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 and pre-authorized permanent 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 under the care of a dental or maxillofacial surgeon for treatment in relation to a head or neck condition, for up to one year, whilst your policy is in force.
- ✓ **Out of hours consultation for dental emergency or dental injury**
Pays benefits to cover 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. 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 Application and Membership Pack (pages 22-29).

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 Application and Membership Pack,
Any dental treatment which was prescribed, planned, diagnosed as necessary or is currently taking place at the commencement date.	Section 3 - Eligibility.
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 General.
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.
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 A & E - Emergency Dental Treatment in the UK and Overseas temporary emergency dental treatment.
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 - Exclusions Benefit B - Worldwide Dental Injury.
Implants (unless you have registered for Implant Upgrade Cover), cosmetic treatment or any treatment not deemed to be clinically necessary.	Section 4 - Exclusions 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 B - Worldwide Dental Injury, and General. 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 Policy.	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)

We are also participants in the Financial Services Compensation Scheme established under the Financial Services and Markets Act 2000. The scheme is administered by the Financial Services Compensation Scheme Limited (FSCS), a body established by the FSA. The scheme is governed by FSA Rules and may act if it decides that an insurance company is in such serious financial difficulties that it may not be able to honour its contracts of insurance.

The scheme may assist by providing financial assistance to the insurer concerned, by transferring policies to another insurer, or by paying compensation to eligible policyholders.

Further information about the operation of the scheme is available on the FSCS website: www.fscs.org.uk

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 Denplan Care Agreement you have with your dentist and your Denplan Insurance Services. If you cancel your Denplan Care Agreement 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 Denplan Care Agreement.

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 AXA PPP healthcare Limited, which includes Insurance Premium Tax charged at the prevailing rate (excluding residents of the Channel Islands and Isle of Man) and 39p 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 Denplan Care Agreement, and no recommendation has been made by AXA PPP healthcare Limited or Denplan in connection with this policy.

This document should be read in conjunction with the payment schedule and any endorsement provided by Denplan 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 Denplan Limited.

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.

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

emergency dental treatment - temporary dental treatment or pre-authorised permanent 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 - AXA PPP healthcare Limited.

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** (including prescription charges) 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** and pre-authorised **emergency permanent dental treatment** up to £400 per incident subject to a maximum of £800 per year. For the avoidance of doubt, any subsequent treatment required after the initial appointment is specifically excluded.

Benefit Limits

01	Examination and report to include all necessary smoothing, stoning, and occlusal adjustments	up to £38.00 per incident
02	X-rays.....	up to £30.00 per incident
03	Extraction of up to 2 teeth.....	up to £61.50 per incident
04a	Root canal extirpation to include dressings and/or temporary fillings and necessary prescriptions.....	up to £75.50 1 canal
04b	As 4a - two canals	up to £86.50 2 canals
04c	As 4a - three or more canals	up to £118.50 3+ canals
05	Treatment of dental infection to include any necessary prescriptions	up to £32.00 per incident
06a	Provision of temporary filling.....	up to £30.50 1st tooth
06b	As 6a - each additional tooth	up to £20.50 add. tooth
07	Recement crown or inlay	up to £46.00 per item
08	Recement bridge	up to £50.00 per bridge
09	Construction and fitting of temporary crown	up to £60.00 per crown
10a	Construction and fitting of temporary bridge.....	up to £132.00 per bridge
10b	Provision of temporary post & core	up to £68.50 per tooth
11	Arrest of abnormal haemorrhage including aftercare and associated suture removal.....	up to £46.00 per incident
12	Removal of sutures placed by another practitioner	up to £28.00 per incident
13	Repair/adjustment of orthodontic appliance	up to £54.50 per incident
14	Adjustment to denture.....	up to £27.00 per incident
15	Repair of denture to include re-fixing of teeth and gums and repair of clasp	up to £49.50 per incident
16	Any other temporary treatment not otherwise specified.....	up to £65.00 per incident

Benefit B - Worldwide dental injury

For the costs of dental treatment (including prescription charges) received by **you** in connection with a **dental injury** which happens after the **commencement date**. We will pay up to the following specified limits 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 Denplan prior to the commencement of treatment.

Prior authorisation must be obtained from Denplan 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 Denplan.

Benefit Limits

17	Examination and report to include all necessary smoothing, polishing and vitality testing.....	up to £43.00 per incident
18	X-rays.....	up to £34.00 per incident
19a	Porcelain jacket crown*	up to £340.00 per unit
19b	Dentine bonded crown	up to £402.00 per unit
20a	Metal bonded porcelain crown	up to £390.00 per unit
20b	Post/core construction.....	up to £90.00 per tooth
21a	Metal bonded porcelain bridgework – retainer	up to £390.00 per retainer
21b	Metal bonded porcelain bridgework – pontic	up to £360.00 per pontic
22	Full metal crown	up to £381.00 per unit
23a	Zirconia Crown.....	up to £489.00 per unit
23b	Zirconia bridge unit	up to £489.00 per unit
24a	Laboratory constructed adhesive bridge – retainer.....	up to £221.50 per retainer
24b	Laboratory constructed adhesive bridge – pontic.....	up to £257.50 per pontic
25	Laboratory constructed adhesive facing or veneer	up to £345.00 per unit
26a	Root canal treatment - incisor (includes filling of access cavity)	up to £206.00 per incisor
26b	Root canal treatment - canine (includes filling of access cavity)	up to £206.00 per canine
26c	Root canal treatment - premolar (includes filling of access cavity).....	up to £242.00 per premolar
26d	Root canal treatment - molar (includes filling of access cavity).....	up to £360.50 per molar
27a	Permanent acrylic denture	up to £401.50 per denture
27b	Permanent metal denture.....	up to £597.50 per denture
27c	Temporary denture following tooth loss (where required).....	up to £174.00 per incident
28a	Laboratory made temporary bridge following tooth loss (where required).....	up to £139.00 up to 3 units
28b	Laboratory made temporary bridge following tooth loss (additional units)	up to £46.00 per unit
29	Emergency and other treatment following dental injury not otherwise specified.....	up to £600.00 per incident

*If there are issues with the supply of materials for porcelain jacket crowns, please ask your **dentist** to contact Denplan 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 - Out of hour's 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, or outside the **UK** outside a practice's normal working hours which are Monday to Friday.

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.

Benefit Limits

30a	Weekdays: 6am - 8am and 6pm - 10pm	up to £115.00 per incident
30b	Weekends & National Bank Holidays: 6am - 10pm	up to £140.00 per incident
30c	Nights: 10pm - 6am	up to £175.00 per incident
30d	Domiciliary visits up to two visits per year.....	up to £105.00 per incident
30e	Christmas Day	up to £175.00 per incident
30f	Boxing Day	up to £175.00 per incident
30g	New Year's Eve after 6pm.....	up to £175.00 per incident
30h	New Year's Day	up to £175.00 per incident
31a	Telephone consultation: 6am - 10pm.....	up to £26.00 per incident
31b	Telephone consultation: 10pm - 6am.....	up to £41.00 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 under the care of a consultant specialising in dental or maxillofacial surgery in relation to a head or neck condition, the following will be paid per night, for up to a maximum of one **year**.

Benefit Limits

32	Hospital Cash Benefit	up to £62.00 per night
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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 emergency **temporary dental treatment** or you require **emergency permanent dental treatment** that has been pre-authorised by Denplan, 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 £450.00 per incident	up to £900.00 per year
33b	Overseas telephone costs to the 24-Hour Worldwide Dental Emergency Helpline	up to £17.00 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 reoccurrence 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.

Maximum

The maximum benefits payable, within the policy **year** as stated in the schedule of benefits, is the maximum benefit payable for all claims regardless of the number of policies you may have with **us**.

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:

- i. resident in the **UK** for at least 180 days during the **year**; and
- ii. 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 Denplan 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 Denplan.

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 Denplan.

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.

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 surgical procedure.

5. Claims general

When determining claims Denplan act on behalf of the underwriter, AXA PPP healthcare Limited. Denplan has the delegated authority to do so, and in this instance are not acting as your intermediary, but as the agent of AXA PPP healthcare Limited.

- i. (a) **Your** claim must be notified to Denplan by completing and signing the official claim form by all parties. 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 Denplan 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** 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 Denplan has 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. Denplan reserves 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 with **us**, the **policyholder** can do so by informing Denplan directly via telephone, or sending a letter, fax or email.

Cancellation of this Supplementary Insurance policy will also cancel the Denplan Care Agreement you have with **your** dentist and your Denplan Insurance Services. Cancellation of **your** Denplan Care Agreement 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 not less than 21 days' notice to Denplan, for the policy to end on the last day of that month.

Denplan 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.

Your Supplementary Insurance policy and Denplan Insurance Services will automatically be cancelled if **your** Denplan Care or Denplan Essentials or Plans for Children or Membership Plan agreement expires for whatever reason.

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.
- 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 Denplan, Denplan 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 Denplan does 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, Denplan may continue to collect premiums by such method for the new policy year. Please note that if Denplan do not receive the premium, this may affect your cover. We reserve the right to refuse renewal of the policy.

- 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 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).
- viii. Denplan 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 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.

Denplan will deal with all personal information supplied in the strictest confidence, as required by the Data Protection Act 1998. Denplan may send personal and sensitive personal information in confidence for processing by people who provide a service to **us** and to AXA PPP healthcare Limited as the underwriter on the understanding that they will keep the information confidential and in accordance with the Data Protection Act 1998. Denplan 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 Denplan may ask medical service providers (or others) to supply Denplan with further information. When **you** give Denplan information about family members Denplan 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, Denplan will send all correspondence about the policy, including any claims correspondence, to the **policyholder** unless advised to do otherwise.

Denplan are required by law, in certain circumstances, to disclose information to law enforcement agencies about suspicions of fraudulent claims and other crime. Denplan 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, Denplan may use the information **you** have provided to Denplan to contact **you** by post, telephone or electronically with details of other products and services. With **your** agreement, Denplan may also share

some of **your** details with Simplyhealth Group to enable them to contact **you** about their products and services. If **you** change **your** mind please contact Denplan on 0800 401 402 otherwise Denplan 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 and regulated by the Financial Services Authority (FSA). The FSA was established by Government to provide a single statutory regulator for financial services. The FSA is committed to securing the appropriate degree of protection for consumers and promoting public understanding of the financial system. The FSA has set out rules which regulate the sale and administration of general insurance which Simplyhealth Access and Denplan Limited must follow when dealing with you and/or the policyholder.

Simplyhealth's registration number is 202183.

This information can be accessed by visiting the FSA register which is on their website: www.fsa.gov.uk or by contacting the FSA on 0845 606 1234.

The Financial Services Compensation Scheme (FSCS)

We are also participants in the Financial Services Compensation Scheme established under the Financial Services and Markets Act 2000. The scheme is administered by the Financial Services Compensation Scheme Limited (FSCS), a body established by the FSA. The scheme is governed by FSA Rules and may act if it decides that an insurance company is in such serious financial difficulties that it may not be able to honour its contracts of insurance. The scheme may assist by providing financial assistance to the insurer concerned, by transferring policies to another insurer, or by paying compensation to eligible policyholders.

Denplan Insurance Services

Denplan acts on the **policyholder's/your** behalf in making arrangements for the provision of Supplementary Insurance. In doing so, it 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 Supplementary Insurance cover under Denplan Care, Denplan Essentials, Plans for Children and Membership Plan. 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 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 per incident £20,000.

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 AXA PPP healthcare Limited is £1.99 which includes Insurance Premium Tax at the prevailing rate (excluding residents of the Channel Islands and Isle of Man).



What to do 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 that you know in the area.

Useful Contacts:

Dental Emergency Helpline UK:
0800 844 999

Dental Emergency Helpline Overseas:
+44 1962 844999

Insurance Queries Helpline:
0800 085 0960

Insurance Queries Email:
insurance@denplan.co.uk

Website:
www.denplan.co.uk

For any queries regarding Denplan in general, please call our Customer Advisor Team on 0800 401 402

We may record and/or monitor calls. Mobile phone charges may apply.

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

You can also access a wealth of useful information. Find out about your Supplementary Insurance and our 24-Hour Worldwide Dental Emergency Helpline and download claim and policy documents by visiting www.denplan.co.uk/patients



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Part of Simplyhealth, Denplan Limited is an Appointed Representative of Simplyhealth Access which is authorised and regulated by the Financial Services Authority. This information can be checked by visiting the FSA register which is on their website: www.fsa.gov.uk or by contacting the FSA on 0845 606 1234.

Denplan Limited is regulated by the Jersey Financial Services Commission.

This policy is underwritten by AXA PPP healthcare Limited. Denplan Limited only arranges dental insurance from Simplyhealth Access and AXA PPP healthcare Limited. Premiums received are held by Denplan as agent of the insurer.

Your calls may be recorded and monitored for training and quality assurance purposes.