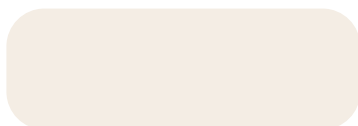


Denplan Dental Emergency and Injury Cover



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Introduction

Thank you for choosing to add Dental Emergency and Injury Cover, provided by Simplyhealth Access, to your Denplan payment plan. This product is only available to you if you have a Denplan payment plan.

This document explains the **policy** rules and how the **policy** works. Please take the time to read it and keep it safe in case you need it again. It should be read alongside the payment schedule and the welcome letter or email provided by Denplan, which together forms the full terms and conditions. These rules apply to all **members**. If you have any questions, then please contact us.

We want you and all **members** to have a **policy** that meets the needs of those who want to have cover towards treatment costs arising from **dental injuries** or require **emergency dental treatment**. Please remember to review your cover on a regular basis to make sure that it continues to meet your needs.



What do I do if I have a dental emergency in the UK?

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

If you are more than 40-miles away from your **dental practice**, or unable to contact them, you can call our 24-hour Emergency Assistance Line. Between the hours of 8am and midnight, our emergency appointment booking team will help you to find an appointment with a dental practice (please note, availability will depend on practice opening hours and the booking team may need to call you back when practices re-open).

The 24-hour assistance line does not offer any clinical dental advice or guidance.



What do I do if I have a dental emergency outside of the UK?

If you have a dental emergency while abroad you can see any dentist of your choice and settle the bill directly with them. You can then submit a claim for us to assess.

If you need help in finding a dental practice, we recommend that you discuss your needs with your hotel concierge, tour operator representative or any family, friends or colleagues you know in the area.



Useful Contacts:

Emergency Assistance Line UK:

0800 844 999

Emergency Assistance Line Overseas:

+44 1962 844999

Online:

www.denplan.co.uk/contactus

Insurance Queries Helpline:

0800 085 0960

(Please note, this service will be unable to support with overseas appointment bookings)



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

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

Making a claim

How do I make a claim?

The first thing you need to do is pay for the costs of the treatment. You then need to complete a claim form and send it back to us and we will assess it.

Benefit A can be claimed online, please visit:

<https://www.denplan.co.uk/how-to-claim>

For all other benefits, you can either claim by email or by post.

To get a claim form you can:

- Download one from our website – <https://www.denplan.co.uk/how-to-claim>
- Or, call us on **0800 085 0960** and we will send one in the post

To claim by email, please complete the claim form and send it, along with all proof of treatment to **DenplanClaimForms@simplyhealth.co.uk** or **trauma@simplyhealth.co.uk** if you are claiming for Benefit B.

To claim by post, please complete the claim form and send it, along with all proof of treatment to **Denplan, Anton House, Chantry Street, Andover, SP10 1DE.**

What do I need to provide so my claim can be paid?

Before we're able to assess your claim, we need to be sure that the **policy** covers the treatment you are claiming for. For example, we need to be sure that the person who received the treatment is covered, and there is not an exclusion that applies.

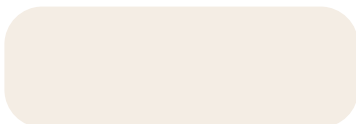
You'll need to send us proof of treatment (for example, a receipt that includes the practice details) that shows:

- The name of the patient
- The date of each individual treatment
- The cost of each individual treatment
- The amount paid for the treatment
- A description of the treatment received and / or planned.

For **dental injury** claims, we will ask you to provide details about the injury and we may request copies of relevant x-rays and / or your dental records.

We may need to discuss your claim with your registered **dental practice**, or the dental practice that provided the treatment if you were more than 40-miles from your registered **dental practice**.

Your claim could be delayed if you don't send us everything we need to assess it.



1. Your cover

Benefit A – Emergency Dental Treatment in the UK

This benefit is to help towards the cost of **emergency dental treatment** in the **UK** or **UK Territory** when you are more than 40-miles from your **dental practice**.

What Benefit A covers	What Benefit A does not cover
<p>✓ We will pay up to £600 for emergency dental treatment for each incident, with a maximum of £1200 each claiming year</p> <p>Where permanent dental treatment is required (for example, an extraction) we will pay the temporary dental treatment equivalent</p>	<p>✗ Emergency dental treatment in the UK or UK Territory carried out by your own dental practice, a dentist acting on behalf of your dental practice, or a dental practice within 40-miles of your own dental practice</p> <p>✗ Any dental appointments or dental treatment that you need after the emergency visit</p> <p>✗ General exclusions</p>

There's a limit to how much we will pay for treatment (see the table below for details). The total amount claimed cannot be more than £600 per incident.

Benefit A – Emergency Dental Treatment in the UK	We will pay up to:
1. Emergency examination/diagnosis and report to include all necessary smoothing, stoning and occlusal adjustments or fluoride varnish and X-rays	£150 per incident
2. Extraction of up to two teeth	£200 per incident
3. Root canal extirpation to include dressings and/or temporary fillings and necessary prescriptions	£200 per canal
4. Treatment of dental infection (including necessary prescriptions)	£100 per incident
5. Provision of temporary filling	£60 per tooth
6. Provision of an incisor or canine composite filling	£200 per tooth
7. Recement crown or inlay	£100 per item
8. Recement bridge	£120 per bridge
9. Construction and fitting of temporary crown	£150 per crown
10a. Construction and fitting of temporary bridge/denture	£250 per bridge/denture
10b. Provision of temporary post and core	£110 per tooth
11. Arrest of abnormal haemorrhage including aftercare and associated suture removal (including those placed by another practitioner)	£70 per incident
12. Repair / adjustment of orthodontic appliance	£100 per incident
13. Adjustment / repair to denture	£125 per incident
14. Any other temporary treatment not listed	£125 per incident

Benefit B – Worldwide Dental Injury

This benefit helps with the cost of dental treatment you need due to a **dental injury** to your teeth and gums caused by a sudden and unexpected direct hit to the mouth. The teeth and gums that you're claiming for must have been in a good condition before the injury happened.

What Benefit B covers	What Benefit B does not cover
<p>✓ We will pay towards the cost of permanent dental treatment (including temporary fixes if needed) for a dental injury that happens after your policy starts. You must let us know that you intend to claim or submit a claim form within 6 months of the dental injury. Your policy must be active at the time of the injury.</p> <p>If your claim spans a claiming year, the claim will be treated as a continuing claim and we will continue to cover your treatment.</p>	<ul style="list-style-type: none"> ✗ Treatment received more than 18 months after the date of the dental injury. If the patient is under 18 at the time of the dental injury, we will not pay for treatment received more than six years after the date of the injury ✗ Treatment needed following damage caused during the consumption of food (including foreign bodies contained within the food) ✗ Damage caused by tooth brushing or other oral hygiene procedures ✗ Implants and all costs associated with the preparation and fitting of such a device, unless you have chosen to add Denplan Implant Upgrade Cover ✗ Treatment for dental injuries that happen while playing a high-risk sport, for example, hockey or rugby, if you were not wearing the appropriate face or mouth protection typically required for that sport ✗ Loss of, or damage to dentures, unless being worn ✗ Normal wear and tear ✗ General exclusions.

There's a limit to how much we will pay for treatment (see the table below for details). If your **permanent dental treatment** is more than £500, you will need to get our approval before starting.

Benefit B – Worldwide Dental Injury	We will pay up to:
15. Examination and report to include all necessary smoothing, polishing and vitality testing and X-rays	£150 per incident
16a. Porcelain jacket crown	£550 per unit
16b. Dentine bonded crown	£750 per unit
17a. Metal bonded porcelain crown	£750 per unit
17b. Post/core construction	£150 per tooth
18a. Metal bonded porcelain bridgework – retainer	£700 per retainer
18b. Metal bonded porcelain bridgework – pontic	£650 per pontic
19. Full metal crown	£600 per unit
20a. Zirconia crown	£750 per unit
20b. Zirconia bridge unit	£700 per unit
21a. Laboratory constructed adhesive bridge – retainer	£350 per retainer
21b. Laboratory constructed adhesive bridge – pontic	£400 per pontic
22. Laboratory constructed adhesive facing or veneer	£500 per unit
23a. Root canal treatment – incisor and canine (includes filling of access cavity)	£550 per incisor / canine
23b. Root canal treatment – premolar and molar (includes filling of access cavity)	£700 per premolar / molar

Benefit B – Worldwide Dental Injury – Continued	We will pay up to:
24a. Permanent acrylic denture	£650 per denture
24b. Permanent metal denture	£950 per denture
24c. Temporary denture following tooth loss (where required)	£400 per incident
25. Laboratory made temporary bridge following tooth loss (where required). Also includes adding additional units	£250 per unit
26. Emergency and other treatment following dental injury not otherwise specified	£800 per incident

Crowns, Bridges, Veneers, and Dentures

If you need to replace a crown, bridge, veneer, or denture, and the material is not listed, benefit will be paid in line with the cost of a similar type and quality. Benefits 16a-22 include the full process – making, fitting, and any temporary replacements.

Implants

If you don't have Denplan Implant Upgrade Cover but your dentist says you need an implant because of a **dental injury**, we'll contribute up to the cost of a similar bridge (within the set limits).

Benefit C – Re-opening a practice for Dental Emergencies or Dental Injuries

This benefit is to help towards the cost of a **dentist** re-opening a dental practice to provide **emergency dental treatment** or treatment because of a **dental injury**.

Any costs for **emergency dental treatment** can be claimed under benefit A if you are more than 40-miles from your registered **dental practice**, or benefit B if treatment is received for a **dental injury**.

What Benefit C covers	What Benefit C does not cover
<ul style="list-style-type: none"> ✓ Costs towards a dentist re-opening a practice <ul style="list-style-type: none"> • Between 6pm and 8am, Monday – Friday • On national and local bank holidays • On a weekend to provide emergency dental treatment or urgent treatment for a dental injury in the UK or UK Territory We will only pay a maximum of 6 times in one claiming year ✓ Emergency home visits made for the purpose of providing emergency dental treatment at a location other than the dental practice where you are currently registered. This is limited to two visits per claiming year and is only payable if the visit is within a practice's normal working hours (where available) ✓ Telephone consultations (where you do not attend the practice on the same day as the telephone consultation). 	<ul style="list-style-type: none"> ✗ Costs towards opening a practice Monday – Friday when the practice is typically closed (for example, if the practice's published hours show the practice is only open for four days a week, we will not pay costs for opening on the typically closed day) ✗ Costs of the emergency dental treatment if you attend your registered dental practice ✗ General exclusions.

There's a limit to how much we will pay for re-opening a practice (see the table below for details).

Benefit C – Re-opening a practice for Dental Emergencies or Dental Injuries	We will pay up to:
27. Opening the practice / emergency home visits	£260 per incident
28. Telephone consultations	£60 per incident

Benefit D – Hospital Cash Benefit

This benefit is to help towards the incidental costs (for example, costs towards travel, parking, meals for visitors etc.) involved with you being 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 cash benefit will be paid for each night, for up to a maximum of one year.

To claim this benefit, along with your claim form, you'll need to send us a copy of your discharge letter, which must include your admission and discharge dates, as well as the name of the consultant providing the dental treatment.

Benefit D – Hospital Cash Benefit	We will pay up to:
29. Hospital Cash Benefit	£100 for each night

Benefit E – Overseas temporary emergency dental treatment

This benefit is to help towards the cost of temporary **emergency dental treatment** if you are overseas.

We do not have member dental practices overseas, so you may see any dentist of your choice. If you require help with 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.

Your claim will need to be submitted with an itemised receipt, giving details of the claim. The dental clinician treating you outside the **UK** or **UK Territory** must hold comparable qualifications to a dental clinician who practices in the **UK**. If you send us receipts in a foreign currency, we will calculate the rate of exchange to sterling using the rate published by Oanda (www.oanda.com) which applied on the date of treatment.

What Benefit E covers	What Benefit E does not cover
<ul style="list-style-type: none"> ✓ We will pay up to £600 for temporary emergency dental treatment for each incident, with a maximum of £1200 each claiming year ✓ Costs towards an overseas telephone call to the 24-hour Emergency Assistance Line. 	<ul style="list-style-type: none"> ✗ Permanent dental treatment ✗ General exclusions.

There's a limit to how much we will pay for temporary **emergency dental treatment** (see the table below for details).

Benefit E – Overseas temporary emergency dental treatment	We will pay up to:
30a. Overseas temporary emergency dental treatment (including prescription charges)	£600 per incident (maximum of £1200 each claiming year)
30b. Overseas telephone costs to the 24-hour Emergency Assistance Line with a receipt	£20 per call
30c. Overseas telephone costs to the 24-hour Emergency Assistance Line without a receipt	£10 per call

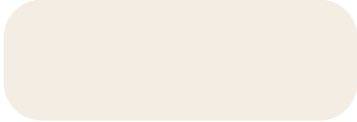
Benefit F – Mouth Cancer Cover

This benefit will help towards the cost of treatment charges and will pay a one-off payment if you are diagnosed with **mouth cancer** 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.

If you need to stay in hospital, this will be paid in line with Benefit D – Hospital Cash Benefit limits.

Please submit your claim form with a copy of a specialist’s letter confirming diagnosis, a copy of your treatment plan, and confirmation of your admittance and discharge if claiming for hospital cash benefit.

What Benefit F covers	What Benefit F does not cover
<ul style="list-style-type: none"> ✓ Treatment charges up to £12,500 for the treatment of mouth cancer ✓ We will make a one-off payment of £2,500 if you are diagnosed with mouth cancer (payment will only be made once to each member during the lifetime of the policy) <p>The diagnosis must be supported by a specialist’s letter and histology (microscopic study).</p>	<ul style="list-style-type: none"> ✗ Treatment charges for more than one course of treatment where the same cancer reoccurs either at the same site or a different location ✗ Treatment received 18 calendar months after the date of diagnosis ✗ We will not pay mouth cancer benefit if you were diagnosed before or within 90 days of your start date or, are having investigations or waiting for the outcome of tests within those 90 days, even if the diagnosis is not made until later ✗ Charges for consultations or tests for non-invasive tumours ✗ Mouth cancer resulting from the chewing of tobacco products or betel nut, or from prolonged alcohol abuse ✗ Mouth cancer which is found in the tonsils ✗ Secondary cancer in your mouth ✗ General exclusions.



This section is only applicable to you if Denplan Implant Upgrade Cover has been added to this **policy**. Denplan Implant Upgrade cover, provided by Simplyhealth Access, is an upgrade product that can only be added if you have Denplan Dental Emergency and Injury Cover.

This is an upgrade to Benefit B – Worldwide Dental Injury only.

Denplan Implant Upgrade Cover

This benefit is to help towards the cost of **implants** that are **clinically necessary** following a **dental injury**.

What Denplan Implant Upgrade covers	What Denplan Implant Upgrade does not cover
<ul style="list-style-type: none"> ✓ We will pay for a clinically necessary implant that is needed following a dental injury ✓ Procedures that need to be carried out to support the fitting of the implant (for example, bone augmentation, CT scans etc.). 	<ul style="list-style-type: none"> ✗ Placement of an implant that is needed for reasons other than a dental injury ✗ Placement of an implant into a space where there was no tooth present at the time of the injury, or where a dentist/specialist dentist deems it not clinically necessary ✗ Replacement following the failure of an implant to integrate ✗ Placement of an implant where the dental injury happened before or within 28 days of the start date of the Denplan Implant Upgrade Cover ✗ Any implant treatment which was prescribed, planned or is taking place at the start date of the Denplan Implant Upgrade Cover ✗ Teeth and gums that were not in a good condition before the dental injury happened ✗ General exclusions.

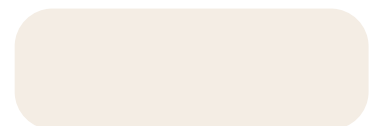
There's a limit to how much we will pay for an **implant** (see the table below for details).

Benefit – Denplan Implant Upgrade Cover	We will pay up to:
31. Fitting an implant (including temporary coverage) – maximum of £20,000 per incident	£3,000 per fixture
32. Procedures to support fitting of the implant	£1,000 per incident

2. General exclusions

This **policy** does not provide cover for:

- Any dental treatment which was prescribed, planned, recommended or is taking place at the **policy start date**
- Cosmetic treatment (treatment that you have chosen to have where the primary purpose is to improve your appearance) or treatment that is not **clinically necessary**, for example tooth whitening
- Reimbursement for travelling expenses or telephone calls (unless to the 24-hour Emergency Assistance Line from overseas)
- Specialist treatment, (advanced care beyond what a general **dentist** would normally provide), unless it's needed because of a **dental injury**
- Treatment, care or repair to teeth, gums, mouth or tongue in connection with 'mouth jewellery'
- Self-inflicted injury
- Mouth guards, gum shields or any dental appliances unless in conjunction with a **dental injury**.
- Missed appointment fees
- **Dental injury** resulting from a hospital surgical procedure with or without the administration of general anaesthetic.



3. Definitions

We give certain words and phrases specific meanings in the policy rules. We use **bold type** to show you which these are and so you can refer to here to find out what they mean.

When we say 'you' or 'your' in this document, we mean anyone who is a **member** under this **policy**. When you see 'we', 'us' or 'our' we mean Denplan Limited, an Appointed Representative of Simplyhealth Access registered company number 01981238.

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

clinically necessary – Treatment that you need:

- to treat disease
- to replace defective or worn dental work in order to secure and maintain your oral health.

dental injury/injuries – an injury to your teeth, gums, or dentures (while being worn) caused suddenly and unexpectedly by a direct hit or blow to the mouth.

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

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

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

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

member – anyone who is covered by this **policy**.

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.

policy – The insurance contract between Simplyhealth Access and the **policyholder**.

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

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

premium/s – the money you need to pay us for this **policy**.

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

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

United Kingdom or UK – England, Wales, Scotland and Northern Ireland.

UK resident – Someone who has their main home in the **UK**, resides in the **UK** for at least 183 days a year, and holds a **UK** National Insurance number.

UK Territory – For the purpose of this **policy**, a resident of a UK Territory is a person who: has their main home in Jersey, Guernsey or the Isle of Man and spends at least 183 days a year there; and holds a National Insurance number, Social Security Number or pays Social Insurance (whichever is applicable).

4. Membership

4.1 What do I need to be covered under this policy?

To be covered under this **policy**, you must have an existing Denplan payment plan.

4.2 Can I have cover if I live outside of the UK?

You can have cover if you are a **UK resident** or live in a **UK Territory**. If you or the **policyholder** leaves the **UK** or **UK Territory** to permanently live abroad, they will no longer be covered from the date that they leave.

4.3 What if my contact details change?

You must update your online account or tell us as soon as you can about these changes. If you don't

then we may not be able to tell you about any changes we intend to make to this **policy**, including changes to **premiums** or benefits. We will cancel the **policy** if we become aware that communications from us are not being received.

4.4 How long does my cover last?

This is a monthly continuous **policy** that automatically renews each month. It starts from the date we include you on the **policy** and carries on from one month to the next until either we or the **policyholder** cancel it.

5. Paying premiums and IPT

5.1 How can I pay?

You must pay by Direct Debit. This will be collected along with the fee you pay for your Denplan payment plan.

5.2 What happens if I don't pay the premium?

If we don't receive the full **premium**, we won't pay claims, and we may suspend or cancel this **policy**. We will tell you if this happens and what you need to do to continue cover. You will not be covered for any incidents that happen during the period where your **premiums** were not paid.

5.3 Does the premium include Insurance Premium Tax (IPT)?

For **UK residents**, the **premium** includes IPT. If you live in a **UK territory**, the **premium** will exclude IPT. If IPT changes, we may need to change the **premium** to reflect the change. We will tell you about this.



6. Claims rules

6.1 How do I make a claim?

The first thing you need to do is pay for the costs of the treatment. You then need to complete a claim form and send it back to us and we will assess it.

Benefit A can be claimed online, please visit <https://www.denplan.co.uk/how-to-claim>

For all other benefits, you can either claim by email or by post.

To get a claim form you can either:

- Download one from our website – <https://www.denplan.co.uk/how-to-claim>
- Or call us on **0800 085 0960** and we will send one in the post.

To claim by email, please complete the claim form and send it, along with all proof of treatment to DenplanClaimForms@simplyhealth.co.uk or trauma@simplyhealth.co.uk if you are claiming for Benefit B.

To claim by post, please complete the claim form and send it, along with all proof of treatment to the address on the claim form.

You'll need to complete all sections of the claim form; any incomplete forms may cause a delay in your claim being assessed.

The claim must be supported by proof of treatment (for example, a receipt or an official document) that should show:

- The name of the patient
- The date of each individual treatment
- The cost of each individual treatment
- The amount paid for the treatment
- A description of the treatment received and / or planned.

For **dental injury** claims, we may ask you to provide details about the injury as well as copies of relevant x-rays and / or your dental records. We may need to discuss your claim with your registered **dental practice**, or the dental practice that provided the treatment if you were more than 40-miles from your registered **dental practice**.

We won't be able to pay a claim if you don't send us everything we need to assess it.

6.2 What happens if more information is needed to assess my claim?

We may need to ask the person who provided the service or treatment for more details. We won't pay if there's a charge for this. We may ask for a second opinion but we'll pay the cost for this.

6.3 How quickly should I submit my claim?

As quickly as possible. We'll pay your claim as soon as we can but there is no set timescale for this. If there is a long time between the treatment date and when you make a claim, it may be more difficult for us to assess it (for example, your dentist may no longer have access to your records). This is why we recommend that you send your claim to us as quickly as possible and at least within 60 days of the completion of your dental treatment. If we're unable to validate your claim, your claim will not be paid.

6.4 Can I claim if I have paid for treatment but not yet had it?

No. We'll only pay for treatment that you have already received, been charged for and have paid in full.

6.5 How will my claim be paid?

We will pay claims into the bank account that you have asked us to on the claim form.

6.6 What happens if I'm paid more than I'm entitled to by mistake?

If we pay you more than you're entitled to by mistake, we'll either ask you to repay that money, or we'll deduct it from any other claim that you make on any of the policies you hold with us. You're not entitled to keep any overpayment.

6.7 What information do I need to send to support a claim for a dental injury or emergency treatment outside the UK or UK Territory?

You will need to send a translated statement of account or receipt in English both giving details of the claim. The dental clinician treating you outside the **UK or UK Territory** must hold comparable qualifications to a dental clinician who practices in the **UK**. If you send us receipts in a foreign currency, we will calculate the rate of exchange to sterling using the rate published by Oanda (www.oanda.com) which applied on the date of treatment.

6.8 What happens if I make a claim on this policy but also have a policy with a different company that covers the same claim?

If you make a claim on this **policy** and you have a policy with a different company which would cover the same claim then you must tell us. We may contact the other company about the claim so that we don't pay costs that they have already paid. If we find that we have paid more than we should have we will take action to recover the overpayment from you.

6.9 What should I do if I have a claim against a third party for compensation?

You must tell us as soon as you can if you have a claim for compensation against a third party (for example, if they've caused you a **dental injury**) and the compensation includes the cost of treatment or

services that you have claimed for under this **policy**, as we may have a legal right to recover those costs (either from you or from the third party involved, depending on whether or not you have yet received any compensation).

7. How does cover end?

7.1 Can I cancel this policy?

Cooling off period

The **policyholder** can cancel this **policy** for any reason by notifying us during the 14 day 'cooling off' period, which begins on the **start date** or the day that they receive their policy documents if that is later.

Ending the policy

If the **policyholder** cancels this **policy** after the 'cooling off' period, they must give us a minimum of 21 days' notice. 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.

7.2 What happens to my payment plan or Implant upgrade cover if I cancel this policy?

If the **policyholder** has previously added Denplan Implant Upgrade Cover, this will also be cancelled when this **policy** is cancelled.

There will be no impact to your Denplan payment plan with your **dental practice** if you cancel this **policy**.

7.3 What happens to this policy if I cancel my Denplan payment plan?

If you cancel your Denplan payment plan with your **dental practice**, this **policy** and the Denplan Implant Upgrade Cover will also be cancelled.

7.4 Can Denplan cancel this policy?

Yes. We'll be entitled to cancel the **policy**:

- If we haven't received the **premium** for two months in a row. If this happens we'll tell the **policyholder**
- If you are no longer a **UK**, or **UK Territory** resident
- If the **policyholder** dies
- If we detect fraudulent activity on this **policy**
- If you are abusive to or subject our staff to any threatening behaviour in any way
- If we decide to no longer offer this product. We'll give the **policyholder** at least three months' notice before the cover ends.

7.5 What happens once this policy is cancelled?

Once this **policy** is cancelled, cover ends for all **members** and we will not pay for any claims or treatment received after the cancellation date.

8. Changes to the terms of this policy

8.1 Can the terms of this policy change?

Yes, we can make changes to this **policy** but will give reasonable notice (no less than 30 days).

8.2 What sort of changes could be made?

We could make any of these changes:

- changes to **policy** cover such as benefits and benefit limits
- changes to **policy** rules
- changes to **premiums**
- any other changes we may need to make for commercial or regulatory reasons.

8.3 How will I be told about a change?

To tell the **policyholder** about a change, we will contact them at the postal or email address that they gave us.

8.4 What if I don't want to accept any changes?

If the **policyholder** doesn't want to accept any changes made to the **policy**, they have the right to cancel (in line with 'how does cover end').

9. General rules

9.1 This contract between the **policyholder** and Simplyhealth Access is made up of these terms and conditions, the payment schedule and any other documentation provided by us.

9.2 If at any time we have not applied any of these **policy** rules, we can still apply them in the future.

9.3 The terms of this **policy** can only be enforced by us or by the **policyholder**, or any **members** covered by this **policy**.

9.4 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.

9.5 We (and the companies we work with) cannot offer cover or pay any claims if doing so would break international laws or sanctions. This includes rules set by the European Union, **United Kingdom**, United States, or the United Nations. If we find that providing cover might break these rules, we'll let you know in writing as soon as possible, if we're able to.

9.6 We will use English for all policy documents and letters.

9.7 The laws of England govern this **policy**.

10. Fraud

10.1 What is Fraud?

Fraud is a crime that can result in a fine or prison sentence. We would consider someone (which includes the treating professional or practitioner) to be committing fraud by:

- making a claim;
- submitting a statement in support of a claim; or
- sending us a document in support of a claim knowing that it was false, misleading, or exaggerated in any way, with the intention of deceiving us into paying them more than they are entitled to.

10.2 How do we protect ourselves from fraud?

We have strong anti-fraud measures to protect ourselves and our customers. These include:

- reviews of all activity and claims on this **policy** (we may use private investigators to support any reviews)
- passing details of suspected fraudulent claims to the relevant authorities (including the Police) for them to investigate and prosecute through the criminal courts
- sharing information with NHS counter fraud teams, health professionals' trade associations, other insurance companies and other agencies with a legitimate interest in preventing fraud
- other actions that we think are necessary.

10.3 What happens if we suspect fraud?

If we suspect fraud we will take appropriate action to protect our rights, which may include:

- suspending the **policy** whilst we review the matter. We will tell the **policyholder** if we do this, and we won't pay claims until we've received any **premiums** that we didn't collect whilst the **policy** was suspended
- recovering the full amount (including any element that is not fraudulent) that we have paid to a **member** any fraudulent claim made by them on this **policy**
- no longer accepting claims for treatment that has been provided by a particular professional
- cancelling cover for the **member** who submitted the fraudulent claim, or for all **members** on this **policy** if we think that is necessary
- cancelling all policies the **member** has with the Simplyhealth Group
- taking legal action to recover any of our costs as a direct result of fraud, plus interest and legal costs
- contacting the **policyholder** to inform them of any fraudulent or suspected fraudulent activity
- any other actions that we think are necessary.

11. How do I complain?

We aim to provide you with the highest levels of service. However, should you wish to raise any concern, complaint or recommendation you can do so in the following way:

In the first instance, you should contact Customer Services on **0800 401 402**, email **DenplanCustomer.Relations@simplyhealth.co.uk**, visit **www.denplan.co.uk/contactus** or write to:

The Customer Services Director, Denplan, part of Simplyhealth, Anton House, Chantry Street, Andover SP10 1DE.

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

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

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

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

Telephone: 0800 023 4567

Website: www.financial-ombudsman.org.uk

The Financial Ombudsman Service will only consider your complaint if you have given us the opportunity to resolve the matter first. We will send you full details of our complaints procedure if you ask us for them.

Making a complaint to the Ombudsman will not affect any legal rights that you may have. However, please note that there are some instances when the Financial Ombudsman Service cannot consider complaints.

The Financial Services Compensation Scheme (FSCS)

You are protected by the Financial Services Compensation Scheme (FSCS) – in the unlikely event that Simplyhealth Access goes out of business or into liquidation the FSCS protects you. If this happens, any valid outstanding claims you have at that point would be paid by the FSCS.

For more information on the scheme please visit **www.fscs.org.uk** or contact FSCS direct on **0800 678 1100** or **020 7741 4100**.



12. Personal Data

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

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

How we use your data

We need and may use your data to:

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

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

The data we collect about you

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

Who holds my personal data?

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

How do you protect my personal data?

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

Who can see my personal data?

We can share your personal data:

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

How long do you keep my personal data for?

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

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

You have the right to see your personal data that we hold.

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

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

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

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

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

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

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

Or the Information Commissioner's Office (ICO).

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

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

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

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

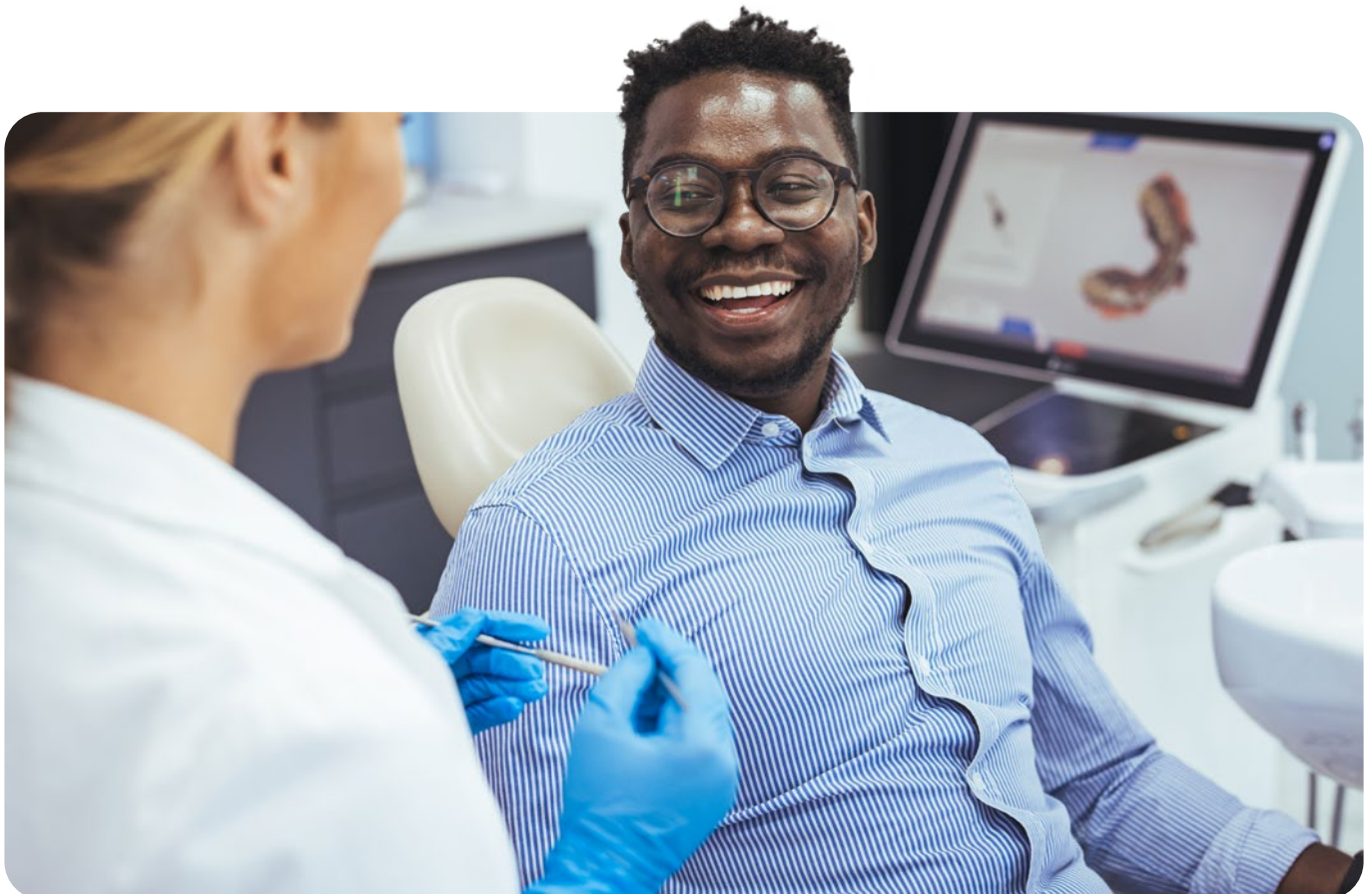
Any correspondence which contains clinical information will only be sent to the patient, or in the case of a child under 16, to the signatory on the claim form.

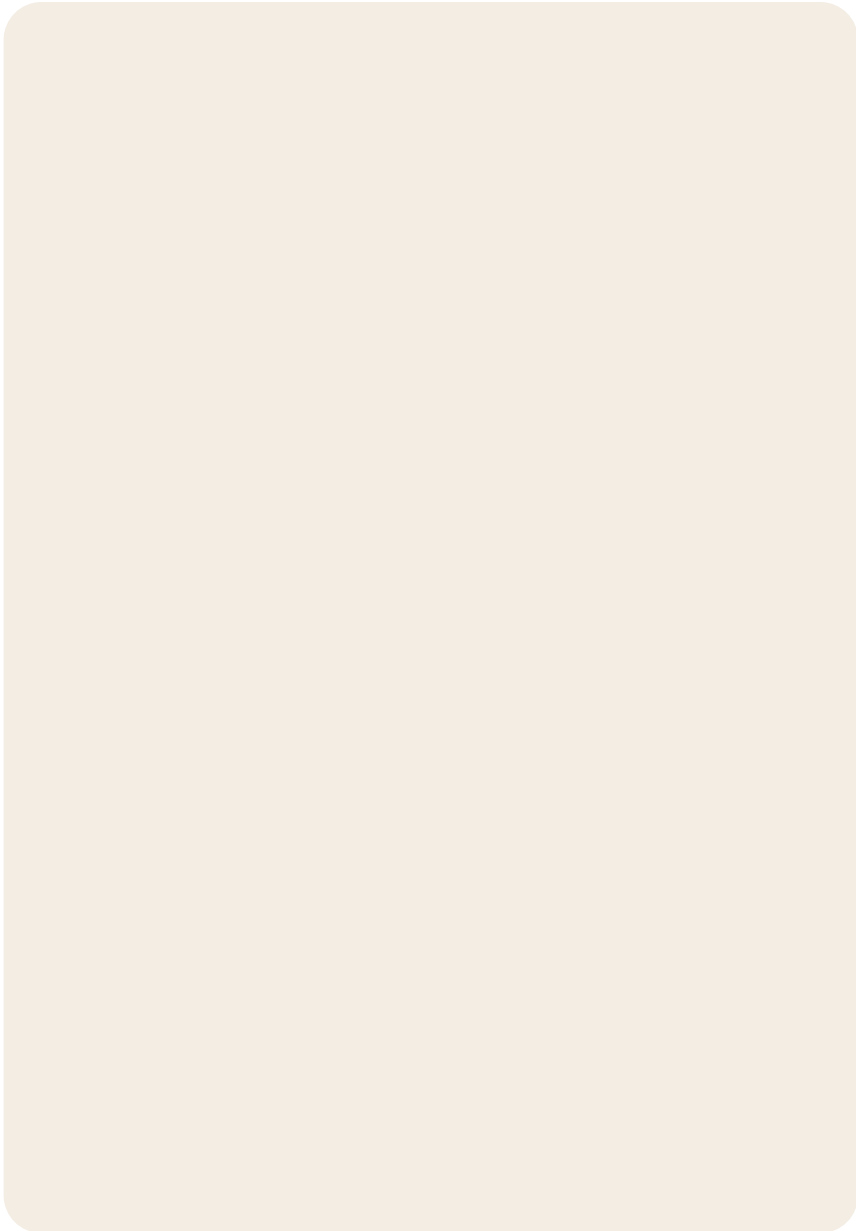
What regulatory protection do I have?

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

Financial services in the **UK** are regulated by both the PRA and FCA. Both regulators are committed to securing the appropriate degree of protection for consumers and promoting public understanding of the financial system.

The PRA and FCA have set out rules which regulate the sale and administration of general insurance which Simplyhealth Access and Denplan Limited must follow when dealing with you. Simplyhealth Access' Financial Services Register number is 202183. You can check this on the Financial Services Register by visiting the Financial Conduct Authority's website **<https://register.fca.org.uk/>** or by contacting the Financial Conduct Authority on **0800 111 6768**.





Denplan is a trading name of Denplan Limited. Denplan Limited is incorporated in England and Wales, company no. 01981238. Denplan Limited is an Appointed Representative of Simplyhealth Access, Financial Services Register number 195821. Premiums received by Denplan Limited are held by us as an agent of the insurer. Denplan Limited is regulated by the Jersey Financial Services Commission for General Insurance Mediation Business, firm reference GIMB0234.

Simplyhealth is a trading name of Simplyhealth Access. Simplyhealth Access is incorporated in England and Wales, company no. 00183035. Simplyhealth Access is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority, Financial Services Register number 202183.

Registered office for all of the above named companies: Anton House, Chantry Street, Andover, Hampshire, England SP10 1DE.

PREG48-0126

