



Denplan

At the heart of dental health and wellbeing



Denplan
At the heart of dental care



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INVESTORS
IN PEOPLE



Welcome to Denplan

This booklet tells you all you need to know about the range of dental plans available to you and details on how to contact us.

About Denplan

We are the UK's leading dental payment plan specialist and a market leader in this field with nearly 25 years experience. We have around 1,900 company schemes and approximately 1.8 million registered patients so you know you're in good hands.

You have a choice of plans which we think meet a variety of different oral health needs, as well as access to our nationwide network of over 6,500 member dentists. Keep reading to find out how a dental plan arranged by Denplan can benefit you.

Contact us

General Enquiries:

Tel: 0800 838 951

Email: corporate@denplan.co.uk

24-Hour Dental Emergency Helpline:

Tel: 0800 7315 052 (UK)

Tel: +44 (0)1962 844571 (Worldwide)

Visit the web: www.denplan.co.uk/company-plans



Why is your oral health so important?

We are sure you know that cleaning your teeth, flossing twice a day and paying regular visits to your dentist is vital for maintaining good oral health.

59% of adults surveyed considered routine dental care very important*

But do you really know why?

When you visit your dentist they will check to make sure that your overall oral health is in good shape and offer advice on how it can be maintained and improved. They will also be able to look for early signs of gum disease and mouth cancer and arrange the best treatment to keep you in good oral health.

Did you know that numerous different types of lesions and diseases can be identified in the mouth?*** The early signs of diabetes, cardiovascular conditions and strokes can all be spotted during your regular dental check-ups.

90% of adults surveyed say they agree that dental health can impact on your general health*

Keep your teeth in top condition

At Denplan we strongly believe in preventive care - finding and treating dental problems before they become an issue, causing dental pain and requiring invasive treatment. Identifying dental problems early not only keeps you dentally fit but can save you money.

*Source: TNS Omnibus Survey, 1,000 adults were surveyed: November 2008

**Source: The impact of Oral Disease on Systematic Health. What is the evidence and how big is the problem? Article 09/09/08 Oral and Dental Research Trust



Preventive care and how it can help you

Being seen regularly by your dentist can help prevent:

- **Gum disease** - caused by a build up of plaque which, in the worst case, could mean loss of teeth
- **Mouth cancer** - this affects around 5,300 people every year in the UK (BDHF 2009) but if detected early it can be successfully treated
- **Dental emergencies** - the better the condition of your oral health the less likely you are to suffer a dental emergency

Hygienist visits

It is very important to see your hygienist on a regular basis to keep you dentally fit and prevent avoidable decay and other problems. Drinking tea, coffee, red wine or smoking can cause staining on your teeth and your hygienist will be able to remove it. The cleaner your teeth are, the easier it is to prevent future problems like plaque build-up which can result in tooth decay.

With these plans you are not only investing in your teeth but in your overall health and wellbeing.

For further information visit www.denplan.co.uk/company-plans



About the plans

You have a choice of plans with benefits in five key areas, making sure you are covered whatever the eventuality.

- **Routine treatments** - you have a choice of plans which include reimbursement towards your regular treatments such as check-ups, hygiene appointments and x-rays, up to £300 per policy year.
- **Restorative treatments** - the range of plans can also cover you for reimbursement towards more expensive treatments such as crowns and bridges. With the average crown costing as much as £330*, this is a really valuable benefit. You have a choice of plans with cover of up to £2,000 of restorative treatment per policy year.
- **100% reimbursement for NHS treatment** - we understand that you may be receiving NHS treatment, so you have a choice of plans which cover you for 100% reimbursement of all NHS dental charges. With charges on the NHS as high as £198** for complex treatments, this is a very valuable benefit.
- **24-Hour Worldwide Dental Injury and Dental Emergency cover** - all the plans include up to £10,800 cover for dental injuries and dental emergencies, both in the UK and abroad.
- **Mouth Cancer cover** - you also have mouth cancer cover up to £12,000 per policy year.

How does it work?

For example, if you choose Denplan Essential Plus: When you go to the dentist to receive a check-up (£45*), visit the hygienist (£40*) and have a crown fitted (£200*) you will receive £245 reimbursement on your plan (providing you meet the terms of the plan).

*Source: Denplan Insurance Benefits Survey 2008 - Member dentist, 660 responses - Q1 2008

**Source: www.nhs.uk - search for NHS charges, band 3



Services available to you

When you join Denplan you have access to a range of services that help make the most of your plan.

91% of employees questioned are happy with Denplan's service*

90% of employees questioned would recommend Denplan to family and friends*

- **Find a Dentist service** - Don't know where your nearest dentist is? No need to worry, Denplan can put you in contact with one of our 6,500 member dentists in the UK via our unique Find a Dentist online service or contact us by phone and we will help find you one.
- **24-Hour Worldwide Dental Emergency Helpline** - In case of a dental emergency or if you find yourself in pain and don't know what to do, our friendly helpline advisors are always on hand to help you. In 2009 they answered over 5,000 phone calls and dealt with over 700 dental emergencies - it happens more than you think.
- **Enjoy excellent customer service** - Denplan's friendly advisor team are here to answer any questions you may have about your plan, from finding a dentist through to making a claim.

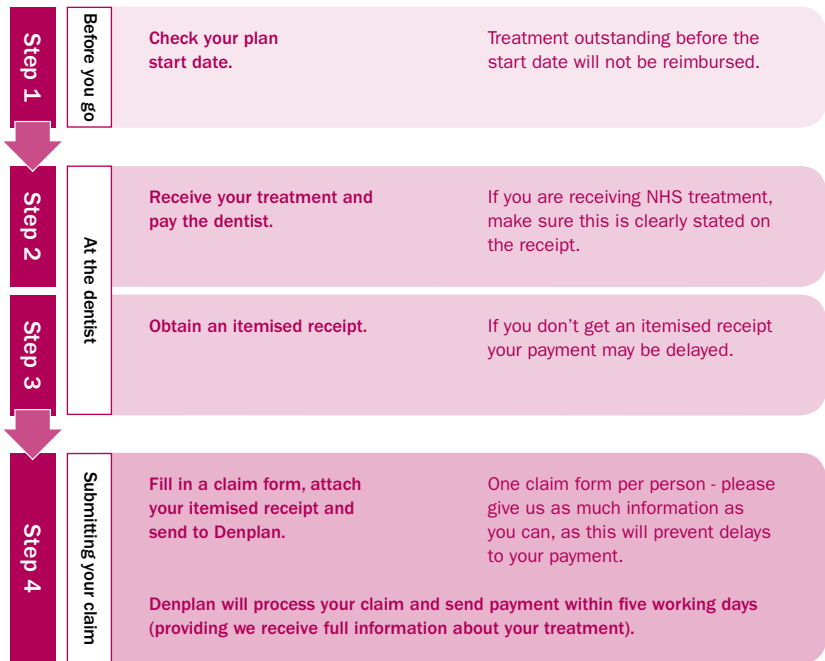
For further information visit www.denplan.co.uk/company-plans

*Source: BDRC research Q1 2010 - 193 adults questioned who recently received a claims payment from Denplan - contact Denplan for full details



Four easy steps to claim

Denplan has an easy to use claims process; you will receive payment within five working days (if all the necessary information has been provided on the claim form and all itemised receipts are attached). **In Q1 2010 - 98% of employees questioned were happy with the claims process.***



If you need a claim form visit www.denplan.co.uk/company-plans to fill in the editable PDF, print and send to us, or print one out, fill in and then send to us. Alternatively, call **0800 838 951** and we can send you one.

When sending to us please make sure you sign the claim form and send in all itemised receipts to: **Denplan Corporate, Denplan Court, Victoria Road, Winchester SO23 7RG**

*Source: BDRC research Q1 2010 - 193 adults questioned who recently received a claims payment from Denplan - contact Denplan for details



Policy summary

Denplan Key, Elementary, Essential, Essential Plus, Extensive and Extensive Plus.

This policy summary provides a brief description of this dental insurance which is underwritten by AXA PPP healthcare. In conjunction with this policy summary, the following forms the full terms and conditions; the policy terms and conditions found on pages 12-17, your schedule of cover and any endorsement provided to you.

What is Denplan Key?

This plan provides you with cover for treatment necessary as a result of a dental injury or dental emergency anywhere in the world and for treatment of mouth cancer.

What is Denplan Elementary?

This plan provides you with all the benefits of Denplan Key in addition to 100% reimbursement for NHS treatment. You also receive reimbursement up to NHS limits for any private treatment you receive.

What are Denplan Essential, Essential Plus, Extensive and Extensive Plus?

These plans provide you with all the benefits of Denplan Key in addition to 100% reimbursement for NHS treatment, as well as varying levels of reimbursement towards routine and restorative dental treatment anywhere in the world.

Benefits	Denplan Key	Denplan Elementary	Denplan Essential	Denplan Essential Plus	Denplan Extensive	Denplan Extensive Plus
100% reimbursement For NHS treatment.	X	✓	✓	✓	✓	✓
Routine examinations	X	100% reimbursement up to NHS limits	Up to £50 per policy year	Up to £50 per policy year	Up to £100 per policy year	Up to £100 per policy year
Hygiene treatments	X	100% reimbursement up to NHS limits	Up to £60 per policy year	Up to £60 per policy year	Up to £120 per policy year	Up to £120 per policy year
Dental x-rays	X	100% reimbursement up to NHS limits	Up to £40 per policy year	Up to £40 per policy year	Up to £80 per policy year	Up to £80 per policy year
Restorative treatments	X	100% reimbursement up to NHS limits	80% of the cost up to £200 per policy year	80% of the cost up to £1,000 per policy year	80% of the cost up to £400 per policy year	80% of the cost up to £2,000 per policy year
Worldwide dental injury Cover for up to £2,500 of treatment per dental injury for up to four incidents per policy year.	✓	✓	✓	✓	✓	✓
Worldwide emergency dental treatment In the UK: up to £200 of treatment per incident for up to four incidents per policy year. Outside the UK: up to £400 of treatment per incident for up to two incidents per policy year. There is an overall maximum of £800 per policy year for this benefit.	✓	✓	✓	✓	✓	✓
Hospital cash benefit £50 for each night you stay overnight in hospital, up to £1,000 per policy year, for dental treatment under the care of a consultant specialising in dental or maxillofacial surgery in relation to a head or neck condition.	✓	✓	✓	✓	✓	✓
Dentist call-out fees Up to £100 per incident for up to two incidents per policy year.	✓	✓	✓	✓	✓	✓
Mouth cancer cover Up to £12,000 towards one course of treatment for up to 18 months following diagnosis (smokers are included).	✓	✓	✓	✓	✓	✓
24-Hour Worldwide Dental Emergency Helpline	✓	✓	✓	✓	✓	✓

What are the main exclusions and limitations of Denplan Key, Elementary, Essential, Essential Plus, Extensive and Extensive Plus?

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

Exclusions	For further information
Treatment prescribed, planned, advised or taking place on or before the commencement date of the policy or for claims under the injury or emergency benefit for treatment required as a result of an incident that occurred prior to the commencement date of the policy.	For full information please see section 4. Exclusions in the terms and conditions.
Treatments in connection with dental injuries must commence within a period of six months and must be completed within 24 months of the date of the original incident.	For full information please see section 3. Schedule of benefits in the terms and conditions.
Any treatment relating to damage or injury caused whilst participating in contact sports (including training) unless the appropriate mouth protection is worn.	For full information please see section 4. Schedule of benefits in the terms and conditions.
Any treatment not deemed to be clinically necessary.	For full information please see section 4. Exclusions in the terms and conditions.
Dental implants and all costs associated with the preparation and fitting of such a device.	For full information please see section 4. Exclusions in the terms and conditions.
Treatment for 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.	For full information please see section 4. Schedule of benefits in the terms and conditions.
If you pay your premium directly to Denplan 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 the Channel Islands.	For full information please see section 2. Eligibility in the terms and conditions.

Policy Terms & Conditions

This document constitutes the full terms and conditions of **your** dental policy, which is for the **policy term**.

1. Definitions

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

appropriate mouth protection - a sports mouthguard.

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

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

country of residence - the country in which **you** are resident on a limited or unlimited secondment in agreement with **your** employer.

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

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.

dental specialist - a specialist dental practitioner accredited by the General Dental Council (GDC) in the UK practising one of the recognised **dental specialist** areas contained within 'The Specialist List' held by the GDC at www.gdc-uk.org

emergency dental treatment - temporary dental treatment provided at the initial emergency appointment urgently required for the relief of severe pain, arrest of haemorrhage, the control of acute infection or a condition which causes a severe threat to **your** general health. For the avoidance of doubt any subsequent treatment required after the initial emergency appointment is specifically excluded.

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.

NHS price bandings - the prevailing charging structure for NHS treatment carried out in England, Wales, Scotland, Northern Ireland and the Isle of Man. At the time of printing, the charge structure in England, Wales and the Isle of Man was based on 3 price bandings (details can be found at www.dh.gov.uk/dentistry). In Scotland and Northern Ireland, a schedule of treatment charges apply (see www.scotland.gov.uk/dentistry for Scotland and www.centalservicesagency.com/display/dental_charges for Northern Ireland)

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

policy term - the twelve month period immediately following the **commencement date** or, if shorter, the period of time between the **commencement date** and the renewal date. In the case of a renewed policy the twelve month period immediately following the renewal date. This may also refer to a non twelve month period as agreed by **your** employer and confirmed in **your** joining details.

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

restorative dental treatment - clinically necessary dental treatment required to maintain the oral health of a patient in the opinion of **your** dentist. This may include treatment such as fillings, crowns, bridges and dentures.

specialist dental treatment - dental treatment carried out by a **dental specialist**, within their specialist area.

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.

you, your - a person who has been accepted for cover under this policy.

2. Eligibility

You can only be covered under the terms and conditions of this policy, from the **commencement date**, if **you**:

- i. pay **your premium** direct to Denplan and are resident in the **UK** for at least 180 days during the **policy term**; or
- ii. are entitled to enter the scheme in accordance with the eligibility rules defined by **your** employer; or
- iii. are related to an eligible employee who is also covered on the corporate scheme.

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

- i. the expiry of the **policy term**; or
- ii. when **you** are no longer eligible to remain in the scheme according to the eligibility rules defined by **your** employer; or
- iii. in the case of a company funded scheme, the last day of the month in which **your** employment ceases, unless **we** have agreed otherwise with **your** employer.

3. Schedule of benefits

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

All benefit limits are stated for a 12 calendar month **policy term**. If **your policy term** is for a period other than 12 months, the benefits stated below may be recalculated on a pro-rata basis according to the length of **your policy term** and will be communicated separately to **you** by letter.

Below are the benefits of all plans:

- i. **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** up to a limit of £2,500 per **dental injury** subject to an overall limit of four **dental injuries** per **policy term**. Benefit will only be payable for treatments in connection with **dental injuries** that commence within a period of 6 months of the date of the original incident and/or notification of an intention to claim, and while **your** 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, with benefits subject to the policy limits of the **policy term** in which the incident

took place. However, in no event will benefit be payable for treatment received more than 24 months after the date of the injury.

- ii. **Worldwide emergency dental treatment**
For the cost of **emergency dental treatment** within the **UK** **we** will pay for **temporary dental treatment** (including prescription charges) up to £200 per incident subject to a maximum of four incidents per **policy term** or for the cost of **emergency dental treatment** overseas **we** will pay for **temporary dental treatment** (including prescription charges) up to £400 per incident, subject to a maximum of two incidents per **policy term**. There is an overall maximum of £800 per **policy term** for this benefit. For the avoidance of doubt any subsequent treatment required after the initial appointment is specifically excluded.
- iii. **Dentist call-out fees**
For the cost of emergency dental call-out up to £100 per call-out subject to a maximum of two incidents per **policy term**. By call-out **we** mean the necessity for a dentist in the **UK** to re open the practice between the hours of 6.00pm and 8.00am on weekdays or weekend and bank holidays or outside the **UK**, outside the practice's normal working hours to provide **emergency dental treatment** or treatment in the event of a **dental injury**.
- iv. **Hospital cash benefit**
If **you** are admitted overnight as an in-patient to a licensed medical or surgical hospital for dental treatment under the care of a consultant specialising in dental or maxillofacial surgery in relation to a head or neck condition, £50 per night subject to a maximum of £1,000 per **policy term**.
- v. **Mouth cancer cover**
This benefit covers the insured for treatment charges up to £12,000 for treatment of **mouth cancer**.

Conditions of the **mouth cancer** cover benefit:

- The benefits will be paid only for treatment received within 18 calendar months of the date of diagnosis.
- Benefits will be paid only for one course of treatment in connection with a specific occurrence of **mouth cancer**. No further benefits are payable in the event of a re occurrence 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 **your country of residence** or treatment provided by another medical practitioner under referral from a consultant.
- vi. 24 hour worldwide dental emergency helpline. In the event of **you** experiencing a dental incident, all reasonable assistance will be given in locating a dentist.
- vii. If **you** do not have Implant Upgrade Cover and **dental implants** are clinically required, **we** will pay towards the cost of **dental implants** up to the value of the equivalent bridgework within the specified benefit limits. The maximum equivalent bridgework value is **£1,000 per dental implant**, with all claims subject to the limits specified in section 3 (Schedule of Benefits).

Denplan Elementary:

All the benefits listed in 3(i – vi) above, plus;

- viii. 100% reimbursement for treatment carried out under the **NHS price bandings**. If **you** receive private treatment, **you** will be reimbursed for the cost up to the equivalent **NHS price banding** level for the treatment **you** have received.

Denplan Essential:

All the benefits listed in 3(i – vi) above, plus;

- ix. Routine and **restorative dental treatment** in the **UK** and abroad:
- 100% reimbursement for treatment carried out under the **NHS price bandings** (please see NHS Treatment* below).

The following benefits apply to treatment carried out on a private basis (not under the **NHS price bandings**).

- Routine consultations or reports provided by a dentist - Up to **£50 per policy term**.
- Routine scaling and polishing provided by a dentist or hygienist - Up to **£60 per policy term**.
- Clinically necessary radiographs of the teeth and jaws - Up to **£40 per policy term**.
- Clinically necessary **restorative dental treatment** and **specialist dental treatment** - 80% of the cost up to **£200 per policy term**.

Denplan Essential Plus:

- x. All the benefits of Denplan Essential, with an increased limit of 80% of the cost up to **£1000 per policy term** towards clinically necessary **restorative dental treatment** and **specialist dental treatment**.

Denplan Extensive

All the benefits listed in 3(i – vi) above, plus;

- xi. Routine and **restorative dental treatment** in the **UK** and abroad:
- 100% reimbursement for treatment carried out under the **NHS price bandings** (please see NHS Treatment* below).

The following benefits apply to treatment carried out on a private basis (not under the **NHS price bandings**).

- Routine consultations or reports provided by a dentist - Up to **£100 per policy term**.
- Routine scaling and polishing provided by a dentist or hygienist - Up to **£120 per policy term**.
- Clinically necessary radiographs of the teeth and jaws - Up to **£80 per policy term**.
- Clinically necessary **restorative dental treatment** and **specialist dental treatment** - 80% of the cost up to **£400 per policy term**.

Denplan Extensive Plus:

- xii. All the benefits of Denplan Extensive, with an increased limit of 80% of the cost up to **£2000 per policy term** towards clinically necessary **restorative dental treatment** and **specialist dental treatment**.

NHS Treatment*

- xiii. **You** must supply evidence of NHS treatment covered by the **NHS price bandings**. Within Scotland and Northern Ireland, **you** must supply a clear, itemised NHS receipt to claim reimbursement under the NHS benefit.
- xiv. Should **you** submit a claim for NHS treatment, with no clear evidence that the treatment has been carried out under the NHS, then **your** claim will be assessed as described above, within the routine and restorative treatment limits.

4. Exclusions

This policy does not provide cover for:

- i. **Permanent treatment** in the case of an emergency under the **emergency dental treatment** benefit.
- ii. **Dental injury** caused in the consumption of food (including foreign bodies contained within the food).
- iii. Damage caused by toothbrushing or other oral hygiene procedures.
- iv. **Dental injury** caused whilst training for or participating in **contact sports** (including training) unless **appropriate mouth protection** is worn.
- v. Loss of, or damage to dentures, other than whilst being worn.
- vi. **Mouth cancer** diagnosed before or within 90 days of when **you** were first provided with **mouth cancer** cover by **us** or for which tests or consultation began within those 90 days, even if the diagnosis is not made until later.
- vii. Charges for consultations or tests for non-invasive tumours under the **mouth cancer** cover benefit, or tests that don't result in a diagnosis of **mouth cancer**.
- viii. Orthodontic treatment which is not clinically necessary. Only orthodontic work classified as scale 4 or 5 on the Community Periodontal Index of Treatment Needs (CPITN) classification will be considered for reimbursement, up to the relevant benefit limits as stated in section 3 (Schedule of benefits).

In addition, no benefit will be payable under section 3 (Schedule of benefits) as a result or consequence of any of the following:

- ix. **Mouth cancer** which is related in any way to HIV infection or AIDS.
- x. **Mouth cancer** resulting from the chewing of tobacco products or betel nut, or from prolonged alcohol abuse.
- xi. Any dental treatment which was prescribed, planned, diagnosed as necessary or is currently taking place at the **commencement date**.
- xii. Costs recovered from any other insurance policies.
- xiii. Any treatment not deemed to be clinically necessary.

- xiv. Reimbursement for travelling expenses or telephone calls (unless to the emergency helpline from overseas).
- xv. Treatment, care or repair to teeth, gums, mouth or tongue in connection with "mouth jewellery".
- xvi. Self-inflicted **dental injury**.
- xvii. Mouthguards, gum shields or any dental appliances.
- xviii. **Dental implants** and all costs associated with the preparation and fitting of such a device, except as stated in section 3 (vii) within these terms and conditions, unless otherwise stated in **your** welcome letter.
- xix. Wisdom teeth extraction, other than those extracted at the dentist's surgery.
- xx. **Dental injury** caused by laparoscopic procedures.
- xxi. Dental procedures carried out in a hospital.

5. Claims general

When determining claims Denplan act on behalf of the underwriter, AXA PPP healthcare Limited. Denplan have 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 **you** fully completing and signing the official claim form. Incomplete claim forms will be returned and may cause a delay in **your** claim being assessed. In any event claim forms must be completed at **your** own expense and should be received by Denplan within 60 days of receiving **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 a receipt or an official document issued by the treating practice. Where a receipt or an official document is unobtainable the treating dental surgery must sign and stamp the completed claim form.
(c) Please note it may be necessary to provide relevant x-rays and/or **your** dental records in support of a **dental injury** claim.
- ii. No benefit will be payable if Denplan have not received proof of all facts relevant to **your** claim. This shall include but not be limited to:
 - (a) proof of **your** eligibility for cover on the date of treatment;

- (b) proof of the dental treatment, this may be by way of a medical report (at **your** own expense);
- (c) for claims under the worldwide **dental injury** benefit, details pertaining to the circumstances of the injury **you** have experienced. In all cases **we** reserve the right to recover any incurred costs 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.
- iii. Claims settlement will only be made payable to the policyholder or other persons covered by this policy. Claims will not be settled directly with any dentist or any other third party.
- iv. If the treatment is received abroad then **we** will pay benefits in pounds sterling. This means **we** will need to convert the expenditure into sterling using FXConverter at www.oanda.com. The exchange rate will be calculated at the rate in force at the date of the receipt.
- v. There may be instances where **we** are uncertain about the eligibility of a claim. If this is the case **we** may at **our** own cost ask a dentist or other medical specialist, chosen by **us**, to advise **us** about the medical facts relating to a claim or to examine **you** in connection with the claim. In choosing a relevant dentist or specialist **we** will take into account **your** personal circumstances. **You** must co-operate with any dentist or specialist chosen by **us** or **we** will not pay **your** claim.
- iv. The policy is written in English and all other information and communications to **you** relating to the policy will also be in English.
- v. All policyholders must provide an up to date mailing address.
- vi. If **you** pay **your** premium directly to Denplan, Denplan will write to **you** prior to the end of any **policy term** to let **you** know that **we** wish to renew **your** policy and on what terms. If Denplan do not hear from **you** in response, then **we** may at **our** option assume that **you** wish to renew **your** current policy on those new terms. Where **you** have opted to pay the **premium** by Direct Debit, Denplan may continue to collect **premiums** by such method for the new **policy term**. Please note that if Denplan do not receive **your premium**, this may affect **your** cover. **We** reserve the right to refuse renewal of the policy.
- vii. 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 make benefit payments for that claim and may declare the policy void, as if it never existed. If **we** have already paid benefit **we** can recover those 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**.

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 other companies and intermediaries and to AXA PPP healthcare as the underwriter of this policy. Denplan will extend the same duty of confidentiality to any third parties to whom it may subcontract the administration of **your** policy, including those based outside the European Economic Area.

Denplan will hold and use information about **you** and any family members covered by **your** policy, supplied by **you**, any family members and **your** employer (if applicable) to provide the services set out under the terms of this policy, administer **your** policy and develop customer

6. General

- i. This contract between **you** and **us** is made up of these terms and conditions, **your** schedule of cover and any endorsement provided by **us** in **your** welcome or renewal letter.
- ii. Non payment of **premium** will result in **us** suspending **your** benefits, and taking all necessary action to recover monies outstanding.
- iii. **You** 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.

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 other AXA Group companies and other carefully selected companies based in the European Economic Area to enable them to contact **you** about their products and services. If you change **your** mind please contact Denplan on 0800 838 951 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 AXA PPP healthcare Limited, 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 have set out rules which regulate the sale and administration of general insurance which AXA PPP healthcare and Denplan must follow when dealing with you. AXA PPP healthcare's registration number is 202947. This information can be accessed by visiting the FSA register which is on their website: www.fsa.gov.uk/register or by contacting the FSA on 0845 606 1234.

In the unlikely event that AXA PPP healthcare becomes insolvent and is unable to pay the benefits under **your** group scheme, **you** may be entitled to claim compensation from the Financial Services Compensation Scheme (the FSCS). **You** will need to meet specific FSCS criteria depending on **your** particular circumstances. Further information about the operation of the scheme is available on the FSCS website: www.fscs.org.uk. To find out whether **you** would be eligible to claim under the scheme **you** should contact the FSCS (0207 892 7300).

How to complain

It is always the intention of AXA PPP healthcare and 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:

Corporate Customer Service Manager,
Denplan Corporate,
Denplan Court,
Victoria Road,
Winchester
SO23 7RG

Email: corporate@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@financial-ombudsman.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.



How to contact us

24-Hour Dental Emergency Helpline

To assist you in locating a dentist anywhere in the world in the event of a dental injury or dental emergency.

Call: 0800 7315 052
(in the UK)

+44 (0)1962 844571
(outside the UK)

Continuing with your plan

If your company ceases to offer dental cover as a company benefit, or if you leave your current company, please do not hesitate to contact us to discuss how you can continue to benefit from our services.

Call: 0800 838 951
Email: corporate@denplan.co.uk

General enquiries

If you have any queries at all, please do not hesitate to contact one of our advisors.

Call: 0800 838 951
Email: corporate@denplan.co.uk

Need help finding a dentist?

Denplan is only too happy to help you find a Denplan dentist in your area through our telephone and online Find a Dentist service.

Call: 0800 838 951
Visit: www.denplan.co.uk

Please remember to quote your policy number whenever you call or write to Denplan, this can be found on any written communication you receive from Denplan.

Lines are open 8.00am to 5.30pm Monday to Thursday and 8.00am to 4.30pm Friday. Calls may be recorded for subsequent query.

Member of the  Group

Denplan Limited, Denplan Court, Victoria Road, Winchester, SO23 7RG, UK.

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Denplan Limited is an Appointed Representative of AXA PPP healthcare Limited 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 offers dental insurance from AXA PPP healthcare Limited and is a member of the AXA UK plc group of companies of which AXA PPP healthcare is a member. Telephone calls may be recorded for security, regulatory and training reasons as well as monitored under our quality control procedures.