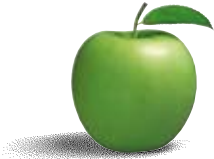


Supplementary Insurance Policy 2009

(and Insurance Services Information)



Denplan

Terms and conditions

The 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 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 constitute the full terms and conditions of this dental 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 mouthguard.

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 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 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 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 the 31st December.

you, your - a person who has been accepted as eligible for cover and is insured under this policy.

2. 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**.

3. 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** 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 £35.00 per incident
02	X-rays.....	up to £27.00 per incident
03	Extraction of up to 2 teeth.....	up to £57.00 per incident
04a	Root canal extirpation to include dressings and/or temporary fillings and necessary prescriptions.....	up to £70.00 1 canal
04b	As 4a - two canals.....	up to £80.00 2 canals
04c	As 4a - three or more canals.....	up to £110.00 3+ canals
05	Treatment of dental infection to include any necessary prescriptions.....	up to £30.00 per incident
06a	Provision of temporary filling.....	up to £28.00 1st tooth
06b	As 6a - each additional tooth.....	up to £19.00 add. tooth
07	Recement crown or inlay.....	up to £32.00 per item
08	Recement bridge.....	up to £45.00 per bridge
09	Construction and fitting of temporary crown.....	up to £55.00 per crown
10a	Construction and fitting of temporary bridge.....	up to £125.00 per bridge
10b	Provision of temporary post & core.....	up to £63.00 per tooth
11	Arrest of abnormal haemorrhage including aftercare and associated suture removal.....	up to £44.00 per incident
12	Removal of sutures placed by another practitioner.....	up to £27.00 per incident
13	Repair/adjustment of orthodontic appliance.....	up to £30.00 per incident
14	Adjustment to denture.....	up to £25.00 per incident
15	Repair of denture to include re-fixing of teeth and gums and repair of clasp.....	up to £45.00 per incident
16	Any other temporary treatment not otherwise specified.....	up to £58.00 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 Limited if the treatment costs exceed £200.00.

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 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 (6 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 stable oral condition, based on an assessment carried out by a dental panel appointed by Denplan.

Benefit limits

17	Examination and report to include all necessary smoothing, polishing and vitality testing.....	up to £39.00 per incident
18	X-rays.....	up to £31.00 per incident
19a	Porcelain jacket crown.....	up to £320.00 per unit
19b	Dentine bonded crown.....	up to £385.00 per unit
20a	Metal bonded porcelain crown.....	up to £360.00 per unit
20b	Post/core construction.....	up to £85.00 per tooth
21a	Metal bonded porcelain bridgework - retainer.....	up to £350.00 per retainer
21b	Metal bonded porcelain bridgework - pontic.....	up to £320.00 per pontic
22	Full metal crown.....	up to £355.00 per unit
23a	Zirconia Crown.....	up to £449.00 per unit
23b	Zirconia bridge unit.....	up to £449.00 per unit
24a	Laboratory constructed adhesive bridge - retainer.....	up to £210.00 per retainer
24b	Laboratory constructed adhesive bridge - pontic.....	up to £240.00 per pontic
25	Laboratory constructed adhesive facing or veneer.....	up to £319.00 per unit
26a	Root canal treatment - incisor (includes filling of access cavity).....	up to £195.00 per incisor
26b	Root canal treatment - canine (includes filling of access cavity).....	up to £195.00 per canine
26c	Root canal treatment - premolar (includes filling of access cavity).....	up to £230.00 per premolar
26d	Root canal treatment - molar (includes filling of access cavity).....	up to £330.00 per molar
27a	Permanent acrylic denture.....	up to £375.00 per denture
27b	Permanent metal denture.....	up to £550.00 per denture
27c	Temporary denture following tooth loss (where required).....	up to £160.00 per incident
28a	Laboratory made temporary bridge following tooth loss (where required).....	up to £123.00 up to 3 units
28b	Laboratory made temporary bridge following tooth loss (additional units).....	up to £41.00 per unit
29	Emergency and other treatment following dental injury not otherwise specified.....	up to £433.00 per incident

Where treatment involves replacing a crown, bridge, veneer or denture, benefit will be paid according to the cost of a replacement of similar type or 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 hours 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 £15 of each and every claim under Benefit 30.

Benefit Limits

30a	Weekdays: 6am - 8am and 6pm - 10pm	up to £100.00 per incident
30b	Weekends & National Bank Holidays: 6am - 10pm	up to £115.00 per incident
30c	Nights: 10pm - 6am	up to £175.00 per incident
30d	Domiciliary visits up to two visits per year	up to £100.00 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 sole 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 Denplan registered dentists overseas. **You** may see any dentist of **your** choice, however, if **you** require assistance in finding a dentist please call Denplan's Emergency Helpline number found in the contact details. If **you** require and receive **temporary dental treatment** in an emergency whilst overseas, benefit will be paid up to the limits specified below.

Benefit Limits

33a	Overseas temporary emergency dental treatment (including prescription charges) up to £412.00 per incident	up to £824.00 per year
33b	Overseas telephone costs to the Denplan 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**.

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 treatment**.

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 (6 years for persons under 18 years).
- iii. Damage caused by toothbrushing 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 treatment**.

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. Costs recoverable by you from any other insurance policy.
- iii. Cosmetic treatment, or any dental treatment not clinically necessary for the establishment or maintenance of oral health.
- iv. Reimbursement for travelling expenses or telephone calls (unless to the emergency helpline from overseas).
- v. 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**.
- vi. Treatment, care or repair to teeth, gums, mouth or tongue in connection with "mouth jewellery".
- vii. Self-inflicted injury.
- viii. Mouthguards, gum shields or any dental appliances unless in conjunction with a **dental injury**.
- ix. Teeth and supporting structures that were not in a stable oral condition prior to the **dental injury**.
- x. Missed appointment fees.

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.
- (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). If **you** refuse or fail to keep **your** appointments **we** may refuse to consider **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) for 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 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.
- 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.

6. Cooling off period

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.

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**.

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.

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** one month's 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, continuous credit card payments or other payment method, 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. In the event that **you** and/or the **policyholder** obtain cover via fraudulent means, or make a fraudulent claim,

we reserve the right to cancel this policy, demand that any such claim settlements are repaid by the **policyholder**, and/or take the appropriate legal action against the **policyholder**.

- vii. The monthly **premium** will normally be altered on 1 January in any **year** and any other times in exceptional circumstances. Should the premiums change the **policyholder** will be given at least one month's 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, 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.

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 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 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 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 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 limited and Denplan Limited must follow when dealing with **you** and/or the **policyholder**. AXA PPP healthcare limited'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 limited becomes insolvent and is unable to pay the benefits under this policy, the **policyholder** is protected by the Financial Services Compensation Scheme (the FSCS). The first £2,000 of any claim is protected in full.

For amounts above this the FSCS will ensure that policyholders are compensated to 90% of the value that their policy would have paid. Further information about the operation of the scheme is available on the FSCS website: www.fscs.org.uk

How to complain

It is always the intention of AXA PPP healthcare limited and Denplan to provide a first class standard of service. However, should the **policyholder/you** have reason to complain the **policyholder/you** can do so in the following way:

- i. In the first instance, the **policyholder/you** should document the complaint and send it to the Insurance Manager, Denplan at:
Denplan Limited, Denplan Court, Victoria Road, Winchester SO23 7RG.
Please quote the personal policy or claim number so that the enquiry can be dealt with quickly.
- ii. Should the matter still not be resolved to the **policyholder's/your** satisfaction, the **policyholder/you** has the right to refer the complaint to:

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

This procedure will not prejudice the **policyholder's/your** right to take legal proceedings. However, please note that there are some instances when the Financial Ombudsman Service cannot consider complaints.

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/you** with any enquiries regarding **your** eligibility for insurance cover, any general enquiries regarding this insurance and provides a 24 hour worldwide emergency helpline.

The cost of your Supplementary Insurance and Insurance Services

Out of **your** total monthly Denplan payment 90p represents the premium for **your** Supplementary Insurance provided by AXA PPP healthcare limited, which includes Insurance Premium Tax at 5% (excluding residents of the Channel Islands and Isle of Man) and 39p is the fee payable to Denplan for providing Insurance Services.

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 **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 and Denplan Essentials.

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 3 '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

In addition to the costs shown in section 7 'Insurance Services' the following applies:

Of the total monthly payment for each person insured, the cost of this Implant Upgrade Cover provided by AXA PPP healthcare limited is £1.95, which includes Insurance Premium Tax at 5% (excluding residents of the Channel Islands and Isle of Man).

Contact Details

Emergency Enquiries

If you are in the locality of **your own dentist you** should access their emergency cover in the first instance.

In the event of a dental emergency Denplan have a 24-hour Worldwide (365 days) Emergency Helpline which assists patients in locating a **dentist** in the **UK** or overseas.

0800 844999
(+44 1962 844999 outside the UK)

The 24 hour Denplan Emergency Helpline will assist **you** in locating a dentist anywhere in the world

General Enquiries

Insurance Freephone:
0800 085 0960

Insurance Fax No.:
01962 849932

General Insurance Queries:
insurance@denplan.co.uk

Email:
denplan@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.

www.denplan.co.uk



Denplan

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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/ register 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.