

What do I do if I want to make a claim?

Completed claims forms and associated documents should be submitted to the following address:

Insurance Department,
Denplan Limited,
Denplan Court,
Victoria Road,
Winchester, SO23 7RG.

Additional claims forms can be obtained from one of our advisors on 0800 085 0960 or online at www.denplan.co.uk/patients.

How do I complain?

It is always the intention of AXA PPP healthcare Limited 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:

Insurance Manager,
Denplan Court,
Victoria Road,
Winchester SO23 7RG

Email: insuranceq@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.

Regulatory Protection

In the unlikely event that AXA PPP healthcare Limited becomes insolvent and is unable to pay the benefits under your policy, you are protected by the Financial Services Compensation Scheme (the FSCS). Further information about the operation of the scheme is available on the FSCS website: www.fscs.org.uk.

Cooling Off Period

You have a 14 day cooling off period if you have purchased the policy for yourself and/or your family, or are providing an employee benefit. This period begins on the day your Contract is agreed or the day you received your policy terms and conditions if this is later and will also apply from each renewal date.

If you do not cancel the policy during the cooling off period, the policy will continue on the terms described in the policy document for the remainder of the policy year.


Cancellation of your Supplementary Insurance policy will also cancel your Implants Upgrade Cover (if you have registered for this) and also your Denplan Care Agreement you have with your dentist and your Denplan Insurance Services. If you cancel your Denplan Care Agreement with your dentist, your Supplementary Insurance policy, your Implant Upgrade Cover and your Denplan Insurance Services will also be cancelled. However subsequent cancellation of your Implant Upgrade Cover will not cancel your Supplementary Insurance policy or your Denplan Care Contract.

The cost of your insurance and Denplan Insurance Services

Out of your total monthly Denplan payment, 90p represents the premium for your Supplementary Insurance and £1.95 is the premium for the Implant Upgrade Cover both of which are provided by AXA PPP healthcare Limited which includes Insurance Premium Tax charged at 5% (excluding residents of the Channel Islands and Isle of Man) and 39p is the fee payable for providing Denplan Insurance Services.

Denplan Insurance Services Information

Denplan acts on your behalf in making arrangements for the provision of Supplementary Insurance. In doing so, it will assist you with any enquiries regarding your eligibility for insurance cover, any general enquiries regarding your insurance and provides a 24-Hour Worldwide Dental Injury and Dental Emergency Helpline.

Member of the  Group

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Email: denplan@denplan.co.uk Registered in England No. 1981238.
Registered address 5 Old Broad Street, London EC2N 1AD, UK.

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.

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Policy Summary

Supplementary Insurance and Implant Upgrade 2010



Policy Summary

Supplementary Insurance and Implant Upgrade 2010

This policy summary provides a brief description of this dental insurance which is underwritten by AXA PPP healthcare Limited. It does not contain the full terms and conditions which can be found in the Supplementary Insurance and Implant Upgrade sections of the Application and Membership Pack (pages 24-31), your payment schedule and any endorsement provided to you.

What is Supplementary Insurance and what is Implant Upgrade cover?

Supplementary Insurance is a mandatory part of your Denplan Care Agreement that you have with your dentist. It provides cover towards costs for temporary dental treatment in a dental emergency when away from home as well as cover towards the costs of permanent dental treatment necessary as a result of dental injury. There is also cover for the treatment of mouth cancer.

Implant Upgrade Cover is available as an optional additional level of cover and provides you with cover towards the cost of implant treatment following a dental injury.

Demands & Needs Statement

The Supplementary Insurance policy meets the demands and needs of those who wish to ensure they have cover for treatment costs arising from dental injuries and dental emergencies. The policy is a mandatory part of your Denplan Care Agreement, and no recommendation has been made by AXA PPP healthcare Limited or Denplan in connection with this policy.

The following is a summary of the key benefits of your policy.

Benefits of Supplementary Insurance
<p>✔ Temporary emergency dental treatment and pre-authorised permanent emergency dental treatment in the UK - when away from your own dentist in the UK Up to £800 per year. Up to £400 per incident (up to specified treatment limits).</p>
<p>✔ Overseas temporary emergency dental treatment and pre-authorised permanent emergency dental treatment Up to £840 per year. Up to £420 per incident.</p>
<p>✔ Worldwide dental injury Up to £10,000 per incident (up to specified treatment limits).</p>
<p>✔ Hospital Cash Benefit Up to £62 for each night you stay overnight in hospital under the sole care of a dental or maxillofacial surgeon for treatment in relation to a head or neck condition, for up to one year, whilst your policy is in force.</p>
<p>✔ Out of hours consultation for dental emergency or dental injury Pays a fee to cover the cost of a dentist opening the dental practice to provide treatment outside normal surgery hours. The insured person is responsible for the first £20 of each claim.</p>
<p>✔ Mouth Cancer Cover Up to £12,000 towards one course of treatment for up to 18 months following diagnosis (smokers are included).</p>
<p>✔ Benefit of Implant Upgrade Cover (if you have registered for this) Provision of implant fixture (including temporary coverage) up to £2,100 per implant fixture. Maximum per incident £20,000.</p>

How long will my cover last?

Your policy will be arranged from the start date on your welcome letter, or agreed commencement date when applying by telephone, for the remainder of the calendar year and will then be arranged on an annual basis as detailed in the Supplementary Insurance policy document section of the Application and Membership Pack (pages 24-31).

What are the main exclusions and limitations of Supplementary Insurance and Implant Upgrade Cover?

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

What are the main exclusions and limitations?	Where can I find more information on the limitations of the Supplementary Insurance?
You can only be covered under the terms and conditions of the policy from the commencement date if you are a resident in the UK, Isle of Man or Channel Islands for at least 180 days during the year.	The Supplementary Insurance section of the booklet, Section 3 - Eligibility.
Any dental treatment which was prescribed, planned, diagnosed as necessary or is currently taking place at the commencement date.	Section 4 - Exclusions General.
Emergency dental treatment in the UK carried out by your own dentist, a dentist/specialist acting on behalf of your dental practice, or a dental practice within 40 miles of your registered dentist.	Section 4 - Exclusions Benefit A - Emergency Dental Treatment in the UK.
Permanent treatment in a dental emergency when not previously pre-authorised by Denplan. Cover is only provided for temporary dental treatment required at the initial emergency appointment.	Section 4 - Exclusions - Benefit A & E - Emergency Dental Treatment in the UK and Overseas temporary emergency dental treatment.
Treatment in connection with dental injuries must commence within a period of six months and must be completed within 18 months of the date of the original incident (within six years for persons under 18 years of age).	Section 4 - Exclusions Benefit B - Worldwide Dental Injury
Dental Injury caused whilst participating in any form of contact sport (including training) unless appropriate mouth protection is worn.	Section 4 - Exclusions Benefit B - Worldwide Dental Injury.
Dental Injury resulting from the administering of required general anaesthesia as part of an elective surgical procedure.	Section 4 - Exclusions General.
Implants (unless you have registered for Implant Upgrade Cover), cosmetic treatment or any treatment not deemed to be clinically necessary.	Section 4 - Exclusions Benefit B - Worldwide Dental Injury, and General.
Mouth cancer diagnosed before or within 90 days after you joined Denplan or for which tests or consultations began within those 90 days, even if the diagnosis is not made until later.	Section 4 - Exclusions Benefit F - Mouth Cancer Cover.

What are the main exclusions and limitations which are specific to the Implant Upgrade Cover?

Main exclusions and limitations which are specific to the Implant Upgrade Cover	Where can I find more information limitations of the Implant Upgrade Cover?
A dental injury which occurred within 28 days of the commencement date of the Policy.	Benefit Limits and Exclusions can be found in the Implant Upgrade Cover policy terms on page 31.
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.	