

A young man with curly hair and a young woman are lying on their stomachs in a grassy field, smiling and looking at a smartphone together. The man is wearing a red shirt and the woman is wearing a white top. The background is a bright, sunny outdoor setting.

Your Denplan

All you need to know
about your dental
payment plan.

That's the world of Denplan for you.



Denplan

At the heart of dental care

We'll help to take great care of you

It's great to have you onboard with Denplan. This is your policy handbook and it will help answer questions about your dental plan. We want you to learn more about the importance of a good dental care regime and help you get the most out of your plan. Please take the time to learn about your cover and how to use the additional services.

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Useful contacts for Denplan members

Denplan General Enquires

0800 838 951

Lines are open Monday to Thursday 8.30am to 5.30pm and Friday 8.30am to 4.30pm.
You can also email corporate@denplan.co.uk

Dental Emergencies (in the UK)

0800 7315 052

You can call our emergency helpline 24 hours a day, seven days a week. Call us for advice on what to do immediately and where to find your nearest available dentist.

Dental Emergencies (Abroad)

+44(0) 1962 844 751

Employees with a Denplan dental plan can see any dentist overseas. If you need help to find a dentist overseas, we do recommend that you discuss your needs with your hotel concierge, your operator representative or any family, friends or colleagues that you may know in the area first.



Benefits at a glance

A Denplan dental plan gives you
✓ An easy way to spread the cost of your routine preventive and restorative dental care
✓ Supplementary Insurance, to provide cover if you have a dental injury or dental emergency
Routine preventive dental treatments
✓ Check-ups
✓ Scaling, polishing and other hygiene treatment
✓ Preventive dental advice and therapy
✓ Dental x-rays
✓ Necessary fillings
Major restorative dental treatments
✓ Periodontal (gum) treatment
✓ Crowns, bridges, dentures, inlays
✓ Root canal treatment
✓ Implant cover (if clinically necessary)
A Denplan dental plan does not cover
✗ Cosmetic treatments
✗ Injury that takes place before the cover started
✗ Injury caused participating in contact sports, unless a sports mouthguard is worn
✗ Mouth cancer cover is not immediately available
✗ Pre-planned treatment

Please note: Denplan Key is for accident and emergency only. This level of cover does not include cover for routine or restorative treatments.

For a full list of exclusions and restrictions, please see the terms and conditions on page 13.

Additional features and benefits

The following services are available to you throughout your time with us.



Online claiming

You will have access to our online claiming service where you can submit, view and track all of your claims.

Find out more about claiming at www.denplan.co.uk/corporateclaims



Find a Dentist search

Our find a dentist service helps you to locate your nearest Denplan dentist to home or work. It also details additional information about the practice such as disability access and extended hours

Find your nearest Denplan dentist at www.denplan.co.uk/findadentist



Denplan Discount Network

An exclusive network of over 2,000 Denplan dentists dedicated to offering dentistry at a discount. This enables your cover limits to go further, making your dental care even more affordable.

Find out which dentists offer discounts at www.denplan.co.uk/ddn



Dental advice at your fingertips

In between visiting your dentist have a look at our dedicated oral health website, where you can find oral health tips, latest news and offers.

Find out more at www.denplan.co.uk/myteeth



Check your oral score

My Dental Score is a free assessment tool for people to find out the state of their oral health. You will be provided a personalised summary, highlighting any potential risks.

Check your oral health score at www.denplan.co.uk/mydentalscore

Frequently asked questions

Q: How does this benefit work?

A: You pay a monthly premium (your method of payment is decided by your employer). You will need to select the most suitable level of cover (if applicable). You can then visit the dentist and claim back for eligible costs up to your benefit limits.

Q When can I start claiming?

A: There is no waiting period and you can start claiming for routine and restorative treatments from the start date of your scheme. We'll also cover pre-existing conditions too (with the exception of mouth cancer).

Q How long will my cover last?

A: Your policy will be arranged for one year from the commencement date on your membership. Should you leave your employer then cover will cease on the last day of the working month. Denplan provides the option for you to transfer onto a direct debit group leaver policy if you wish to continue cover.

Q: What does my plan include?

A: You can see a quick overview on page 2. You can also refer to the full list of exclusions and limitations on page 15 in the terms and conditions.

Q: How can I find a dentist?

A: Finding your local dentist is easy with our dentist locator. The find a dentist service helps you to locate your nearest Denplan dentist to home or work. You can find your nearest Denplan dentist at www.denplan.co.uk/findadentist



Frequently asked questions

Q: How do I claim?

A: Claim in 3 easy steps

Claiming online gives you a convenient way to submit and manage claims, whenever it suits you.

Step 1

When your treatment has finished, you pay the dentist in the usual way

Step 2

Submit your receipt and claim either online or by post within 60 days of treatment

Step 3

Track your claim online and wait for the money to be reimbursed directly to your bank account or via cheque

Q How long does it take for me to get paid by Denplan?

A: Our service standard for payment of claims is 5 working days once the claim has been received with all relevant information. Payments can be made by either cheque or Direct Credit.

Q How can I monitor how much of my cover I have used?

A: You can call a Denplan Customer Advisor on 0800 838951 who will be happy to confirm your remaining benefit over the phone. You can request an up to date benefit statement online by registering your membership at www.denplan.co.uk/login

Q: I haven't been to the dentist for a while, is that OK?

A: Yes, cover for routine and restorative treatments are immediate and no initial assessment is needed whether you are a regular attendee or have not been to the dentist in a while.

Q: What is the difference between pre-existing and pre-planned treatment?

A: A pre-existing condition is any condition, which the patient has already received dental treatment prior to enrolment in the dental benefit. An example of this may be a filling that you have previously had. If an issue occurs while on cover you can claim back for the cost of treatment.

Pre-planned treatment is any condition which the dentist has informed the patient that they require treatment. If the dentist has made the patient aware of an expected need for treatment before enrolling this will not be covered under your benefit.

Policy Terms and Conditions

This document constitutes the full terms and conditions of the 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:

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

call-out - 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.

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

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.

dentist - in the UK, a dental surgeon or dental care professional who is currently registered with the General Dental Council (GDC) together with any other regulatory authority. If the dentist is outside the UK, a dental surgeon who is currently registered with the appropriate national regulatory authority.

emergency dental treatment - 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.

policy term - the twelve month period immediately following the date your cover starts or, if shorter, the period of time between the date your cover starts and the renewal date.

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.

United Kingdom (UK) - England, Wales, Scotland, Northern Ireland, Isle of Man and the Channel Islands.

we, us, our – Denplan Limited, registered number 1981238.

you, your – any person covered by this policy.

2. Eligibility

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

- a. are resident in the **UK** for at least 180 days during the **policy term**; and
- b. are entitled to enter the scheme in accordance with the eligibility rules defined by **your** employer; or
- c. pay **your premium** directly to **us**

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

- d. the expiry of the **policy term**; or
- e. when **you** are no longer eligible to remain in the scheme according to the eligibility rules defined by **your** employer; or
- f. 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; or
- g. if **your** employer's group policy is cancelled.

3. Schedule of benefits

a. Worldwide dental injury

What is covered	What is not covered
<p>The costs of dental treatment received by you carried out by a dentist in connection with an injury which happens after the date your cover starts, up to the limits stated in the benefit table.</p> <p>You are only covered 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.</p> <p>You are only covered for treatment received within 24 months of the date of the injury.</p> <p>Dental prescription charges are included.</p>	<p>General exclusions (see section 4)</p> <p>Injury caused in the consumption of food (including foreign bodies contained within the food).</p> <p>Injury caused whilst training for or participating in contact sports, unless a sports mouthguard is worn.</p>

Note: If **your** treatment under this benefit 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.

b. Worldwide emergency dental treatment

What is covered	What is not covered
<p>The cost of emergency dental treatment carried out at the initial emergency appointment by a dentist within the UK and overseas, up to the limits stated in the benefit table.</p> <p>Dental prescription charges are included.</p> <p>Reimbursement of costs to the emergency helpline are covered, if calling from outside the UK.</p>	<p>General exclusions (see section 4)</p> <p>Any subsequent treatment required after the initial appointment is not covered under this benefit. However, if your level of cover includes 'Worldwide restorative dental treatment' (section 3.h), you may be able to claim for the subsequent costs.</p>

c. Dentist call-out fees

What is covered	What is not covered
The cost of dental call-outs in the event of an injury or dental emergency up to the limits stated in the benefit table.	General exclusions (see section 4)

d. Hospital cash benefit

What is covered	What is not covered
You can claim hospital cash payments as described in the benefit table 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 dental condition.	General exclusions (see section 4)

e. Mouth cancer cover

What is covered	What is not covered
<p>Treatment charges up to the limits stated in the benefit table for treatment of mouth cancer.</p> <p>Mouth cancer is a malignant tumour, which is characterised by the uncontrolled growth and spread of malignant cells and the invasion of tissue. Cover is only provided where the primary site is 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.</p> <p>You are only covered for treatment received within 18 calendar months of the date of diagnosis.</p> <p>You are only covered for treatment in relation to a specific occurrence of mouth cancer.</p> <p>If you have been diagnosed with mouth cancer, you are covered for charges for consultations and tests.</p> <p>You are only covered 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.</p>	<p>General exclusions (see section 4)</p> <p>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.</p> <p>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.</p> <p>Mouth cancer resulting from the chewing of tobacco products or betel nut, or from prolonged alcohol abuse.</p>

f. NHS treatment

The charges for providing dental treatment under the NHS differs throughout the UK with various treatments being classified within an NHS price band. 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.nhs.uk/nhsengland/aboutnhservices/dentists/pages/nhs-dental-charges.aspx for England and the Isle of Man and www.nhsdirect.wales.nhs.uk/localservices/dentistfaq/ for Wales). In Scotland and Northern Ireland, a schedule of treatment charges apply (see www.scotland.gov.uk/Topics/Health/Services/Dentistry for Scotland and www.hscbusiness.hscni.net/services/2069.htm for Northern Ireland)

What is covered	What is not covered
<p>100% reimbursement for treatment carried out under the NHS price bandings.</p> <p>If you have selected Denplan Elementary, you will also be reimbursed for the cost of private dental treatment up to the equivalent NHS price banding for each course of treatment that you have received. A course of treatment is defined as treatment to an individual tooth, from preparation to completion. For example if the treatment is for a bridge then a course of treatment will be from preparation to fitting of the bridge. This may take place over more than one visit to the dentist.</p>	<p>General exclusions (see section 4)</p>

Note: **You** must supply a clear, itemised NHS receipt to claim reimbursement under the NHS benefit. In the event that **we** are unable to establish **you** have received NHS treatment, **we** will assess **your** claim as private treatment, under benefits 3.g (Worldwide routine dental treatment) and 3.h (Worldwide restorative dental treatment).

g. Worldwide routine dental treatment

What is covered	What is not covered
<p>Clinically necessary routine dental examinations, hygiene treatments and dental x-rays (including CT scans) by a private dentist, up to the maximum limits stated in the benefit table.</p>	<p>General exclusions (see section 4)</p>

h. Worldwide restorative dental treatment

For information on the Index of Orthodontic Treatment Need (IOTN) scale, see www.bos.org.uk or contact **us**.

What is covered	What is not covered
<p>Clinically necessary restorative dental treatment carried out by a private dentist to maintain your oral health.</p> <p>Clinically necessary treatment carried out by a specialist dental practitioner accredited by the General Dental Council (GDC) in the UK practising in one of the recognised dental specialist areas contained within 'The Specialist List' held by the GDC at www.gdc-uk.org.</p> <p>These treatments include, but are not limited to; Fillings, crowns, dental implants, bridges, dentures, impressions, extractions, root canal treatment, periodontal treatment, orthodontic treatment and consultation fees (grades 4 – 5 on the IOTN scale), mouthguards for teeth grinding.</p> <p>The overall maximum reimbursement level for this benefit is stated in the benefit table for your chosen level of cover.</p>	<p>General exclusions (see section 4)</p> <p>Mouthguards for the purposes of sporting activities</p> <p>Orthodontic treatment and the consultation fees where treatment is not clinically necessary (grade 1 – 3 on the IOTN scale)</p> <p>Placement of a dental implant or bridge into a pre-existing space</p>

Note: Please consult the benefit table to confirm whether **your** chosen level of cover also includes cover under benefits 3.g (Worldwide routine dental treatment) and 3.h (Worldwide restorative dental treatment).

i. Telephone consultations for dental emergency or dental injury

What is covered	What is not covered
<p>Dentist fees following a referral by Denplan to a dentist, to provide a telephone consultation in the event of a dental emergency or dental injury.</p>	<p>General exclusions (see section 4)</p>

4. General exclusions

This policy does not cover:

- any treatment that is assessed by our dentist as not clinically necessary.
- any treatment which was prescribed, planned, recommended by **your dentist**, known by **you**,

or is currently taking place at the date **your** cover starts.

Important: **We** will not apply this exclusion if **you** have transferred (with **your** employer) from another insurer to this policy with no break in cover.

- loss of, or damage to dentures, other than whilst in your mouth.

- a. reimbursement for travelling expenses or telephone calls (except calls to the emergency helpline if calling from outside the UK).
- b. treatment, care or repair to teeth, gums, mouth or tongue in connection with “mouth jewellery”.
- c. dental consumables, such as toothbrushes, mouthwash and dental floss.
- d. any costs for dental procedures carried out in a hospital, for example wisdom teeth extractions.

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

- e. self inflicted dental **injury**.
- f. dental **injury** caused by endoscopic procedures.

5. Claims general

- a. (i) **Your** claim must be notified to **us** 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 **us** within 60 days of receiving **your** dental treatment, if reasonably possible;
- (ii) **Your** claim must be supported by proof of treatment detailing the dates and costs of each individual treatment. The proof must be a fully itemised receipt or an official document issued by the treating practice (in English if reasonably possible). Where a receipt or an official document is unobtainable, the treating dental surgery must sign and stamp the completed claim form;
- (iii) **You** may need to provide us with documentation to support **your** claim, for example x-rays and/or **your** dental records.
- b. No benefit will be payable if **we** have not received proof of all facts relevant to **your** claim. For example:
 - (i) proof of **your** eligibility for cover on the date of treatment;

- (ii) proof that the dental treatment has been received, including the type of treatment received and the date of treatment. This may be by way of a medical report (at **your** own expense);
- (iii) proof of payment for the dental treatment **you** are claiming for;
- (iv) for claims under the worldwide dental injury benefit, details relating to the circumstances of the injury **you** have experienced.

- c. 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 only pay an appropriate apportionment of the claim.
- d. Claims settlement will be made payable to the policyholder, or any other third party as specified by the policyholder on the claim form. **We** will send cheques to a **UK** address only, and all direct credit settlements must be paid into a **UK** clearing bank account.
- e. 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, and will be the basis of the settlement.
- f. There may be instances where **we** are uncertain about whether or not a claim is covered by the policy. 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. If **you** do not co-operate with any **dentist** or specialist chosen by **us**, **we** will not pay **your** claim.
- g. If **we** pay any costs for dental treatment which are not covered by the terms of this policy, the amount paid will count towards the annual maximum benefit available under the policy for that person. It does not mean that **we** will be liable to pay costs for that dental treatment in the future.

6. Cancellation

The Financial Conduct Authority rules allow certain policyholders to cancel their policy and have their premium returned. This will only apply to **you** if **you** are:

- a. paying premiums directly to **us**;
 - b. an unincorporated business (a sole trader or a partnership which is not a Limited Liability Partnership) and are purchasing the cover for yourself as well as **your** employees.
- h. If **you** pay your premium directly to **us**, **we** will write to **you** before the end of any **policy term** to let **you** know that **we** wish to renew your policy and on what terms. If **we** 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, **we** may continue to collect premiums by Direct Debit for the new policy term. Please note that if **we** do not receive **your** premium, this may affect **your** cover. **We** reserve the right to refuse renewal of the policy.

If **you** are covered under a company arranged group, this is not applicable to **you** and any queries should be raised with **your** administrator.

You have 14 days from receiving **your** welcome or renewal letter to change **your** mind and cancel **your** policy. If **you** cancel within this period **we** will then return any premium paid for the policy, as long as no claims have been made on the policy in relation to the period of cover before cancellation.

Should **you** wish to cancel **your** policy with **us**, **you** can do so by informing **us**.

7. General

- a. 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.
- b. Where applicable, family members and dependent children may also be included in the dental scheme on the same dental plan. Dependent children are those aged up to 21 (or 24 if in full time education).
- c. Non payment of premium will result in **us** suspending **your** benefits, and taking all necessary action to recover monies outstanding.
- d. The law of England and Wales will apply to this policy.
- e. All information and communications to **you** relating to the policy will be in English.
- f. All policyholders must provide an up to date mailing address.
- g. 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 that money from **you**. Where **we** have paid a claim which **we** later find is 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?

We will hold and use information relating to **you**. **We** call this information personal data. The main purpose which we hold and use personal data for is to enable **us** to provide insurance services to **you** in relation to this **policy**. Other purposes which **we** use personal data for are to identify, analyse and calculate insurance risks, to improve **our** services to **you** and our other customers, to comply with legal obligations which **we** are subject to, to protect our interests and for fraud detection and prevention.

We may receive and share personal data with persons appointed by you or who provide a service to you, for example your healthcare providers (such as an insurance intermediary, or a hospital or specialist). **We** may provide personal data to persons appointed by **us** who assist **us** in relation to the services **we** provide to **you**, including companies operating outside the United Kingdom and to organisations responsible for fraud prevention.

Where **we** have **your** agreement **we** will use **your** personal data to provide **you** with offers of products and services from Simplyhealth. Where **you** have agreed **we** will share your personal data with other companies within the Simplyhealth Group and carefully selected third parties in order for them to provide **you** with offers of products and services.

We operate strict procedures to ensure that personal data is kept secure.

You have the right to see **your** personal data which is held by **us**. There may be a charge if **you** want to do this. If **you** have any questions or concerns about the personal data **we** hold and how **we** use it please write to: The Data Protection Officer, Denplan Corporate, Denplan Court, Victoria Road, Winchester, SO23 7RG. Denplan records telephone calls for training and quality assurance purposes.

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). 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 www.fsa.gov.uk/register/home.do or by contacting the Financial Conduct Authority on 0800 111 6768.

The Financial Services Compensation Scheme (FSCS)

In the unlikely event that Simplyhealth Access 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 on 0800 678 1100.

How to complain

It is always **our** intention to provide a first class standard of service. However, should **you** wish to raise any concern, complaint or recommendation **you** can do so in the following way:

- a. In the first instance, **you** should contact Customer Services on 0800 838 951 or write to:

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. **We** will investigate any complaint and issue a final response.

- b. If **you** are not satisfied with our response, or **we** have not replied within eight weeks, **you** have the right to refer your complaint to:

Financial Ombudsman Service

Exchange Tower
London
E14 9SR
Email: complaint.info@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.

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.



Denplan Limited, Denplan Court, Victoria Road, Winchester, SO23 7RG, UK.
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Part of Simplyhealth, Denplan Ltd is an Appointed Representative of Simplyhealth Access for arranging and administering dental insurance. Simplyhealth Access is incorporated in England and Wales, registered no. 183035 and is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Denplan Ltd is regulated by the Jersey Financial Services Commission for General Insurance Mediation Business. Denplan Ltd only arranges insurance underwritten by Simplyhealth Access. Premiums received by Denplan Ltd are held by us as an agent of the insurer. Denplan Ltd is registered in England No. 1981238. The registered offices for these companies is Hambleton House, Waterloo Court, Andover, Hampshire SP10 1LQ.