Supplementary Insurance Policy 2011

and Denplan Insurance Services Information



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 dental 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 constitutes the full terms and conditions of this dental policy, which is for one year.

Definitions

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

appropriate mouth protection - a sports mouth guard.

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 or pre-authorised permanent 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 tooth or 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 dental 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 31st December.

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

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 and pre-authorised emergency permanent 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 adjustment	ts up to £37.00 per incident
02 X-rays	up to £28.50 per incident
03 Extraction of up to 2 teeth	up to £60.00 per incident
O4a Root canal extirpation to include dressings and/or temporary fillings and necessary prescript	tions up to £73.50 1 canal
04b As 4a - two canals	up to £84.00 2 canals
04c As 4a - three or more canals	up to £115.00 3+ canals
O5 Treatment of dental infection to include any necessary prescriptions	up to £31.00 per incident
06a Provision of temporary filling	up to £29.50 1st tooth
06b As 6a - each additional tooth	
07 Recement crown or inlay	up to £34.00 per item
08 Recement bridge	up to £48.00 per bridge
09 Construction and fitting of temporary crown	up to £58.00 per crown
10a Construction and fitting of temporary bridge	up to £128.00 per bridge
10b Provision of temporary post & core	up to £66.50 per tooth
Arrest of abnormal haemorrhage including aftercare and associated suture removal	up to £45.00 per incident
12 Removal of sutures placed by another practitioner	up to £27.50 per incident
13 Repair/adjustment of orthodontic appliance	up to £53.00 per incident
14 Adjustment to denture	up to £26.50 per incident
Repair of denture to include re-fixing of teeth and gums and repair of clasp	up to £48.00 per incident
Any other temporary treatment not otherwise specified	up to £60.00 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 if the treatment costs are likely to exceed £200.

Benefit will only be payable for treatments in connection with **dental injuries** that commence within a period of six 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 (six 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 and 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 £41.50 per incident
18	X-rays	up to £33.00 per incident
19a	Porcelain jacket crown*	up to £330.00 per unit
19b	Dentine bonded crown	up to £405.00 per unit
20a	Metal bonded porcelain crown	up to £370.00 per unit
20b	Post/core construction	up to £89.00 per tooth
21a	Metal bonded porcelain bridgework – retainer	up to £360.00 per retainer
21b	Metal bonded porcelain bridgework – pontic	up to £338.00 per pontic
22	Full metal crown	up to £370.00 per unit
23a	Zirconia Crown	up to £475.00 per unit
23b	Zirconia bridge unit	up to £475.00 per unit
24a	Laboratory constructed adhesive bridge – retainer	up to £215.00 per retainer
24b	Laboratory constructed adhesive bridge – pontic	
25	Laboratory constructed adhesive facing or veneer	up to £335.00 per unit
26a	Root canal treatment - incisor (includes filling of access cavity)	up to £200.00 per incisor
26b	Root canal treatment - canine (includes filling of access cavity)	up to £200.00 per canine
26c	Root canal treatment - premolar (includes filling of access cavity)	up to £235.00 per premolar
26d	Root canal treatment - molar (includes filling of access cavity)	up to £350.00 per molar
27a	Permanent acrylic denture	up to £390.00 per denture
27b	Permanent metal denture	up to £580.00 per denture
27c	Temporary denture following tooth loss (where required)	up to £169.00 per incident
28a	Laboratory made temporary bridge following tooth loss (where required)	
28b	Laboratory made temporary bridge following tooth loss (additional units)	
29	Emergency and other treatment following dental injury not otherwise specified	up to £600.00 per incident

^{*}If there are issues with the supply of materials for porcelain jacket crowns, please ask your dentist to contact Denplan for advice on how to proceed.

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 hour's 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 £20 of each and every claim under Benefit 30.

Benefit Limits

30a	Weekdays: 6am - 8am and 6pm - 10pm	up to £105.00 per incident
30b	Weekends & National Bank Holidays: 6am - 10pm	up to £130.00 per incident
30c	Nights: 10pm - 6am	up to £175.00 per incident
30d	Domiciliary visits up to two visits per year	up to £105.00 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

Benefit E - Overseas temporary emergency dental treatment

Denplan does not have Denplan member dentists overseas. You may see any dentist of your choice. However, if you require assistance in finding a dentist please call the 24-Hour Worldwide Dental Emergency Helpline number found in the contact details. If you require and receive temporary dental treatment in an emergency whilst overseas or you require emergency permanent dental treatment that has been pre-authorised by Denplan, benefit will be paid up to the limits specified below.

Benefit Limits

33a	Overseas temporary emergency dental treatment (including prescription charges) and prescription charges and prescription charges are prescription charges.	pre-authorised emergency permanent
	dental treatment up to £450.00 per incident	up to £900.00 per year
33b	Overseas telephone costs to the 24-Hour Worldwide Dental 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.

3. 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.

4. Exclusions

This policy does not provide cover for:

Benefit A - Emergency dental treatment in the UK

- 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.
- Permanent dental treatment unless pre-authorised by Denplan.

Benefit B - Worldwide dental injury

- Injury caused by the consumption of food (including foreign bodies contained within the food).
- Treatment following dental injury more than 18 months after the date of the injury to which the treatment relates (six years for persons under 18 years).
- Damage caused by tooth brushing or other oral hygiene procedures.
- Implants and all costs associated with the preparation and fitting of such a device unless registered for Implant Upgrade Cover as shown in the payment schedule.
- 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

 Permanent dental treatment unless pre-authorised by Denplan.

Benefit F - Mouth cancer cover

- 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.
- 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.
- Mouth cancer resulting from the chewing of tobacco products or betel nut, or from prolonged alcohol abuse.

General

 Any dental treatment which was prescribed, planned, diagnosed as necessary or is currently taking place at the commencement date.

- ii. Cosmetic treatment, or any dental treatment not clinically necessary for the establishment or maintenance of oral health.
- Reimbursement for travelling expenses or telephone calls (unless to the 24-Hour Worldwide Dental Emergency Helpline from overseas).
- iv. 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.
- v. Treatment, care or repair to teeth, gums, mouth or tongue in connection with 'mouth jewellery'.
- vi. Self-inflicted injury.
- Mouth guards, gum shields or any dental appliances unless in conjunction with a dental injury.
- viii. Teeth and supporting structures that were not in a reasonable and stable oral condition prior to the **dental injury**.
- ix. Missed appointment fees.
- Dental injury resulting from the administering of required general anaesthesia as part of an elective surgical procedure.

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, 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 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) in relation to your 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 may not pay your claim.
- 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) 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 partys 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.
- 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.
- vii. You must tell us if you are able to claim any of the costs from another insurance policy or other third party. If another insurance policy is involved we will only pay our proper share.
- viii. Any benefits we pay for dental treatment to which you are not strictly entitled under the terms of this policy shall count towards your annual maximum benefits available under the policy, but we shall not, by making any such payment, be liable to pay any future benefits in respect of such dental treatment.

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** 30 days' 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

 This contract between the policyholder and us is made up of these terms and conditions, the payment schedule and any endorsement provided by us.

- 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 or other payment methods, 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. 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 pay your claim and may declare the policy void, as if it never existed. If we have already paid your claim 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.
- vii. The monthly premium will normally be altered on 1st January in any year and any other times in exceptional circumstances. Should the premium change the policyholder will be given at least 30 days' 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 Limited as the underwriter. For further information 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 or 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 has 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.

The Financial Services Compensation Scheme (FSCS)

We are also participants in the Financial Services Compensation Scheme established under the Financial Services and Markets Act 2000. The scheme is administered by the Financial Services Compensation Scheme Limited (FSCS), a body established by the FSA. The scheme is governed by FSA Rules and may act if it decides that an insurance company is in such serious financial difficulties that it may not be able to honour its contracts of insurance.

The scheme may assist by providing financial assistance to the insurer concerned, by transferring policies to another insurer, or by paying compensation to eligible **policyholders**.

Further information about the operation of the scheme is available on the FSCS website: www.fscs.org.uk

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 Dental Emergency Helpline.

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, Denplan Essentials, Plans for Children and Membership Plan. 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 2 '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;
- any implant treatment which was prescribed, planned or is currently taking place at the commencement date of the Implant Upgrade Cover.

iii) Genera

Of the total monthly payment for each person insured, the cost of this Implant Upgrade Cover provided by AXA PPP healthcare Limited is £1.99 which includes Insurance Premium Tax at the prevailing rate (excluding residents of the Channel Islands and Isle of Man).

How to contact us:

Dental Emergency Enquiries

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

If you are more than 40 miles away from your dentist, or unable to contact your dental practice, Denplan have a 24-Hour Worldwide Dental Emergency Helpline which will help you locate a dentist in the UK or overseas.

0800 844 999

(+44 1962 844 999 outside the UK)

The 24-Hour Worldwide Dental Emergency Helpline will assist you in locating a dentist anywhere in the world.

General Enquiries

Insurance Helpline: 0800 085 0960

Insurance Fax No.: 01962 849932

General Insurance Queries: insurance@denplan.co.uk

Email:

denplan@denplan.co.uk

Website:

www.denplan.co.ul

For any queries regarding Denplan in general, please call our Customer Advisor Team on 0800 401 402.



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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.

We may record and/or monitor calls.