

2016

# Supplementary Insurance Policy

and Denplan Insurance  
Services information

That's the world of Denplan for you.



# Terms and conditions

This 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** plan contract. No recommendation has been made by Simplyhealth Access or Denplan Limited in connection with this policy.

This document should be read in conjunction with the payment schedule and any endorsement provided by **us** which together constitutes the full terms and conditions of this policy, which is for one **year**.

## 1 Definitions

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

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

**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.

**dental practice** - is the place in which the patient receives their regular clinical care.

**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 practice** where **you** are currently registered.

**emergency 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.

**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** - Denplan Limited, registered number 1981238.

**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.

## 2 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** within the **UK** when **you** are more than 40 miles away from **your dental practice**.

We will pay up to the following specified limits 1-16 shown below for **temporary dental treatment** up to £450 per incident subject to a maximum of £900 per year. Any subsequent treatment required after the initial appointment is specifically excluded.

#### Benefit Limits

01	Emergency examination/diagnosis and report to include all necessary smoothing, stoning, and occlusal adjustments	up to £47 per incident
02	X-rays	up to £31 per incident
03	Extraction of up to 2 teeth	up to £80 per incident
04a	Root canal extirpation to include dressings and/or temporary fillings and necessary prescriptions	up to £100 for 1 canal
04b	As 4a – two canals	up to £105 for 2 canals
04c	As 4a – three or more canals	up to £140 for 3+ canals
05	Treatment of dental infection to include any necessary prescriptions	up to £33 per incident
06a	Provision of temporary filling	up to £43 for 1st tooth
06b	As 6a – each additional tooth	up to £24 add. tooth
06c	Provision of an incisor or canine composite filling	up to £86 per tooth
07	Recement crown or inlay	up to £43 per item
08	Recement bridge	up to £54 per bridge
09	Construction and fitting of temporary crown	up to £67 per crown
10a	Construction and fitting of temporary bridge/denture	up to £155 per bridge
10b	Provision of temporary post and core	up to £75 per tooth
11	Arrest of abnormal haemorrhage including aftercare and associated suture removal	up to £50 per incident
12	Removal of sutures placed by another practitioner	up to £30 per incident
13	Repair/adjustment of orthodontic appliance	up to £58 per incident
14	Adjustment to denture	up to £32 per incident
15	Repair of denture to include re-fixing of teeth and gums and repair of clasp	up to £52 per incident
16	Any other temporary treatment not otherwise specified	up to £73 per incident

### Benefit B Worldwide dental injury

For the costs of dental treatment received by **you** in connection with a **dental injury** which happens after the **commencement date**. We will pay up to the specified benefit limits 17-29 shown below for **permanent dental treatment** (including appropriate temporary coverage). If **your** own contracted **dentist** will not be providing this **permanent dental treatment**, please confirm in writing to **us** prior to the commencement of the treatment. Prior authorisation must be obtained from **us** 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 practitioner appointed by **us**.

#### Benefit Limits

17	Examination and report to include all necessary smoothing, polishing and vitality testing	up to £47 per incident
18	X-rays	up to £35 per incident
19a	Porcelain jacket crown*	up to £420 per unit
19b	Dentine bonded crown	up to £460 per unit
20a	Metal bonded porcelain crown	up to £455 per unit
20b	Post/core construction	up to £102 per tooth
21a	Metal bonded porcelain bridgework – retainer	up to £455 per retainer
21b	Metal bonded porcelain bridgework – pontic	up to £420 per pontic
22	Full metal crown	up to £435 per unit
23a	Zirconia Crown	up to £535 per unit
23b	Zirconia bridge unit	up to £535 per unit
24a	Laboratory constructed adhesive bridge – retainer	up to £260 per retainer
24b	Laboratory constructed adhesive bridge – pontic	up to £295 per pontic
25	Laboratory constructed adhesive facing or veneer	up to £425 per unit
26a	Root canal treatment – incisor (includes filling of access cavity)	up to £315 per incisor
26b	Root canal treatment – canine (includes filling of access cavity)	up to £315 per incisor
26c	Root canal treatment – premolar (includes filling of access cavity)	up to £315 per premolar
26d	Root canal treatment – molar (includes filling of access cavity)	up to £385 per molar
27a	Permanent acrylic denture	up to £450 per denture
27b	Permanent metal denture	up to £660 per denture
27c	Temporary denture following tooth loss (where required)	up to £300 per incident
28a	Laboratory made temporary bridge following tooth loss (where required)	up to £180 up to 3 units
28b	Laboratory made temporary bridge following tooth loss (additional units)	up to £60 per unit
29	Emergency and other treatment following <b>dental injury</b> not otherwise specified	up to £115 per incident

### 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 resident in the **UK** for at least 180 days in the previous 365 days. **You** must also 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 **we** do not 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

- 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 dental treatment** unless pre-authorized by **us**.

#### 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 (six years for persons under 18 years).
- iii. Damage caused by tooth brushing 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. I.e. A sports mouth guard.
- 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 dental treatment** unless pre-authorized by **us**.

#### 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** resulting from the chewing of tobacco products or betel nut, or from prolonged alcohol abuse.
- iv. **Mouth cancer** which is found in the tonsils.

### General

- i. 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.
- iii. 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.
- vii. 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.
- x. **Dental injury** resulting from an elective/planned surgical procedure with or without the administration of General Anaesthesia.

### 5 Claims general

When determining claims **we** act on behalf of the underwriter, Simplyhealth Access. **We** have the delegated authority to do so, and in this instance are not acting as **your** intermediary, but as the agent of Simplyhealth Access.

- i. (a) Claims will only be accepted if received by **us** on an official Denplan claim form signed by **you** and the **dentist**. 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 **us** 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.
- ii. No benefit will be payable if **we** have not received proof of all facts relevant to **your** claim. This shall include but not be limited to:  
(a) proof of **your** eligibility for cover on the date of treatment;  
(b) proof of the dental treatment, this may be by way of a medical report (at **your** own expense);

(c) 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 costs incurred 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](http://www.oanda.com). The exchange rate will be calculated at the rate in force on the date of the receipt.
- v. **We** reserve 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 Cancellation

Should the **policyholder** wish to cancel this policy, the **policyholder** can do so by informing **us** directly via telephone, or sending a letter, fax or email.

Cancellation of this Supplementary Insurance policy will also cancel **your** implant upgrade insurance and **your** Denplan contract with **your** **dentist**. If **you** cancel **your** Denplan contract with **your** **dentist**, **your** Supplementary Insurance policy will also be cancelled. However if **you** cancel **your** Implant Upgrade Insurance policy this will not affect **your** Denplan contract or Supplementary Insurance.

### Cooling off period

The **policyholder** can cancel the policy for any reason up to 14 days from either the day they receive the policy documents or the day on which we receive payment of the first **premium** whichever happens later – this applies for a new policy or following a renewal date.

### Ending the contract mid term

After the cooling off period, the **policyholder** can cancel the contract by giving **us** a minimum of 21 days' notice. If, during the notice period, the next month's payment becomes due **we** will collect it and **your** cover will continue until the end of the month which the final payment covers.

## Denplan Cancellation

**We** exercise **our** right to cancel the policy at any time (backdated where appropriate) if:

- **we** have reason to suspect that **you** submitted a fraudulent claim
- **you** materially breach the terms and conditions of this policy
- if **you** are abusive to **our** staff

To protect **our** staff, **we** ask that **you** treat **us** in the way **you** wish to be treated. If **you** are abusive during **our** contact with **you**, **we** will terminate the contact. If **you** continue to be abusive, **we** reserve the right to cancel all policies **you** hold with Denplan.

**We** may also end this contract, for non-payment of fees as detailed in the plan contract, by giving the **policyholder** 30 days written notice for the policy to end on the last day of that month.

## 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 **us**, **we** 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 **we** do 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, **we** may continue to collect **premiums** by such method for the new policy **year**. Please note that if **we** 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 sums 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 by letter, or email if consented (correspondence sent to the last known address by ordinary post or electronically via email will be treated as adequate notice).
- viii. **We** will accept payment by monthly Direct Debit or annually by cheque, debit/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.
- x. **We** and other service providers will not provide cover or pay claims under this policy if doing so would expose **us** or the service provider to a breach of international economic sanctions, laws or regulations, including but not limited to those provided for by the European Union, **United Kingdom**, United States of America or under a United Nations resolution. If a potential breach is discovered, where possible **we** will advise **you** in writing as soon as **we** can.

## How we use information about you

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

Where **we** have your agreement **we** may use **your** personal data to provide **you** with offers of products and services from Denplan. Where **you** have agreed **we** may share **your** personal data with other companies within the Simplyhealth Group 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, Denplan Court, Victoria Road, Winchester, SO23 7RG. Denplan records telephone calls for training and quality assurance purposes.

Please ensure that **you** show the following information to others covered under **your** policy, or make them aware of its contents.

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, **we** will send all correspondence about the policy to the **policyholder** unless advised to do otherwise.

Any correspondence which contains clinical information will only be sent to the patient, or in the case of a child under 16, to the signatory on the claim form.

## 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 <https://register.fca.org.uk/> 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** 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](http://www.fscs.org.uk). To find out whether **you** would be eligible to claim under the scheme **you** should contact the FSCS (0800 678 1100).

## Denplan Insurance Services

**We** act on the **policyholder's**/**your** behalf in making arrangements for the provision of Supplementary Insurance. In doing so, **we** will assist **you** and/or the **policyholder** with any enquiries regarding **your** eligibility for insurance cover, any general enquiries regarding this insurance and provide a 24-Hour Worldwide Dental Emergency Helpline.

## How do I 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:

In the first instance, **you** should contact Customer Services on 0800 401 402 or write to:

[insurance@denplan.co.uk](mailto:insurance@denplan.co.uk)

or

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

Please quote **your** personal policy or claim number. We will investigate any complaint and issue a final response.

If **you** are not satisfied with **our** response, or **we** have not replied within eight weeks, **you** can refer your complaint to The Financial Ombudsman Service, via:

Financial Ombudsman Service, Exchange Tower, London E14 9SR

Email: [complaint.info@financial-ombudsman.org.uk](mailto:complaint.info@financial-ombudsman.org.uk)

Telephone: 0800 023 4 567

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.



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

\*If there are issues with the supply of materials for porcelain jacket crowns, please ask **your dentist** to contact **us** 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 and 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 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.

Please note that **you** will be responsible for the first £20 of each and every call-out claim under this benefit, which is payable to the **dentist** at the time of the emergency appointment. E.g. The maximum that **we** will pay for an out of hours consultation on Christmas day is £180.

#### Benefit Limits

30a	Weekdays: 6am – 8am and 6pm – 10pm	up to £135 per incident
30b	Weekends and Bank Holidays: 6am – 10pm	up to £180 per incident
30c	Nights: 10pm – 6am	up to £200 per incident
30d	Christmas Day	up to £200 per incident
30e	Boxing Day	up to £200 per incident
30f	New Year's Eve after 6pm	up to £200 per incident
30g	New Year's Day	up to £200 per incident
30h	Domiciliary visits up to two per <b>year</b> , payable within a practice's normal working hours (where available)	up to £125 per incident
31a	Telephone consultation (where no attendance follows): 6am – 8am and 6pm – 10pm weekdays, 6am – 10pm weekends and bank holidays	up to £36 per incident
31b	Telephone consultation (where no attendance follows): 10pm – 6am	up to £51 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 for dental treatment under the care of a consultant specialising in dental or maxillofacial surgery, the following will be paid per night, for up to a maximum of one year.

#### Benefit Limits

32	Cash Benefit	up to £62 per night
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### Benefit E Overseas temporary emergency dental treatment

Denplan does not have member **dentists** overseas, and **you** may therefore see any **dentist** of **your** choice. If **you** require assistance in finding a **dentist**, **we** recommend that **you** discuss **your** needs with **your** hotel concierge, tour operator representative or any family, friends or colleagues that **you** know in the area.

If, while overseas, **you** require **emergency dental treatment** **we** will pay up to the limits specified below for **temporary dental treatment** or for **permanent dental treatment** that has been pre-authorised by **us**.

#### Benefit Limits

33a	Overseas emergency <b>temporary dental treatment</b> (including prescription charges) and pre-authorised emergency <b>permanent dental treatment</b>	up to £470 per incident up to £940 per year
33b	Overseas telephone costs to the 24-Hour Worldwide Dental Emergency Helpline	up to £17 per call

### Benefit F Mouth cancer cover

This benefit covers **you** for:

- Treatment charges up to £12,000 for treatment of **mouth cancer**
- Up to 14 days hospital cash benefit

#### 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 recurrence 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
- The Hospital Cash Benefit will only be paid for overnight stays directly relating to the initial occurrence of mouth cancer



## 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 dental **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 Denplan Supplementary Insurance.

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 Denplan 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 of £20,000 per incident.

35. Implant complementary procedures (Bone augmentation, CT Scan) up to £600 per incident.

### 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.
- d. teeth and supporting structures that were not in a reasonable and stable condition prior to the **dental injury**.

### iii. General

Of the total monthly payment for each person insured, the cost of this Implant Upgrade Cover provided by Simplyhealth Access is £2.25 which includes Insurance Premium Tax at the prevailing rate (excluding residents of the Channel Islands and Isle of Man).



### What to do in a Dental Emergency:

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, we have a 24-Hour Worldwide Dental Emergency Helpline which will help you locate a dentist in the UK.

Denplan does not have member dentists overseas, therefore if you have an emergency while abroad you can see any dentist of your choice. If you require assistance in finding a dentist, we recommend that you discuss your needs with your hotel concierge, tour operator representative or any family, friends or colleagues you know in the area.



### Useful Contacts:

**Dental Emergency Helpline UK:**  
0800 844 999

**Dental Emergency Helpline Overseas:**  
+44 1962 844999

**Insurance Queries Helpline:**  
0800 085 0960

**Insurance Queries Email:**  
insurance@denplan.co.uk

**Website:** www.denplan.co.uk



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