Denplan Lucent Voluntary Handbook

All you need to know about your dental payment plan.

That’s the world of Denplan for you.
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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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

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](http://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](http://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](http://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](http://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/mydентalscore](http://www.denplan.co.uk/mydентalscore)
Frequently asked questions

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.

Q:  What does my plan include?
A:  You can see a quick overview on page 4. You can also refer to the full list of exclusions and limitations in section 3 and 4 of the terms and conditions.

Q:  How can I find a dentist?
A:  Finding your local dentist is easy with our dentist locater. 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
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 838 951 who will be happy to confirm your remaining benefit over the phone. You can view 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.

For further information visit www.denplan.co.uk
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, from one renewal date to the next.

**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. pay your premium directly to us
### 3. Schedule of benefits

**a. Worldwide dental injury**

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

Dental prescription charges are included.

**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**

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

For further information visit [www.denplan.co.uk](http://www.denplan.co.uk)
### c. Dentist call-out fees

#### What is 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.

#### What is not covered

General exclusions (see section 4)

### d. Hospital cash benefit

#### What is 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.

#### What is not covered

General exclusions (see section 4)

### e. Mouth cancer cover

#### What is covered

Treatment charges up to the limits stated in the benefit table for treatment of mouth cancer.

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.

You are only covered for treatment received within 18 calendar months of the date of diagnosis.

You are only covered for treatment in relation to a specific occurrence of mouth cancer.

If you have been diagnosed with mouth cancer, you are covered for charges for consultations and tests.

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.

#### What is not covered

General exclusions (see section 4)

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.

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.

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

<table>
<thead>
<tr>
<th>What is covered</th>
<th>What is not covered</th>
</tr>
</thead>
<tbody>
<tr>
<td>100% reimbursement for treatment carried out under the NHS price bandings.</td>
<td>General exclusions (see section 4)</td>
</tr>
<tr>
<td>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.</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>What is covered</th>
<th>What is not covered</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td>General exclusions (see section 4)</td>
</tr>
</tbody>
</table>
h. Worldwide restorative dental treatment

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

<table>
<thead>
<tr>
<th>What is covered</th>
<th>What is not covered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinically necessary restorative dental treatment</td>
<td>General exclusions (see section 4)</td>
</tr>
<tr>
<td>carried out by a private dentist to maintain your oral health.</td>
<td>Mouthguards for the purposes of sporting activities</td>
</tr>
<tr>
<td>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 <a href="http://www.gdc-uk.org">www.gdc-uk.org</a>.</td>
<td>Orthodontic treatment and the consultation fees when treatment is not clinically necessary (grade 1 – 3 on the IOTN scale) or orthodontic treatment completed after members’ 18th birthday</td>
</tr>
<tr>
<td>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.</td>
<td>Placement of a dental implant or bridge into a pre-existing space</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>What is covered</th>
<th>What is not covered</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td>General exclusions (see section 4)</td>
</tr>
</tbody>
</table>

4. General exclusions

This policy does not cover:

a. any treatment that is assessed by our dentist as not clinically necessary.

b. 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.

c. loss of, or damage to dentures, other than whilst in your mouth.
d. reimbursement for travelling expenses or telephone calls (except calls to the emergency helpline if calling from outside the UK).

e. treatment, care or repair to teeth, gums, mouth or tongue in connection with “mouth jewellery”.

f. dental consumables, such as toothbrushes, mouthwash and dental floss.

g. 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:

h. self inflicted dental injury.

i. 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

You have 14 days to change your mind and cancel your policy from either the day you receive your welcome or renewal letter or the day on which we receive payment of the first premium, whichever comes first. 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.

This is a 12 month policy, after the 14 days, your insurance cover under this policy will end at the earliest of the following:

a. you cancel the policy at the next annual renewal. We will not refund any premiums that you have already paid.

b. you miss paying two consecutive monthly premiums. We may reinstate that cover once all outstanding premiums have been paid. We will always attempt to contact you to tell you that we have not received the payment. We do this before we cancel the policy in order to give you the opportunity to pay the unpaid premium and keep the policy active

c. we exercise our right to cancel the policy if we make a commercial decision to stop providing this policy or an equivalent policy. We will give you at least three months’ written notice of our decision.

d. 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.

Should you wish to cancel your policy with us, you can do so by informing us on 0800 838 951 or emailing corporate@denplan.co.uk.

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.

h. 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.

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.