

Your Denplan Lucent Benefit Table

Amounts shown are the maximum per person and per course of treatment unless otherwise stated. Unlimited number of claims on all the following treatments.		Lucent 1	Lucent 2	Lucent 3	Lucent 4	Lucent 5	Lucent 6
NHS	NHS Treatment	100% NHS	100% NHS	100% NHS	100% NHS	100% NHS	100% NHS
Examinations	Normal Examination Extensive/New Patient/Specialist Consultation	100% NHS	£20 £40	£25 £50	£30 £65	£40 £70	£50 £75
X rays	Small or bitewing x ray (per x ray) Other x rays or CT Scan	100% NHS	£6 £15	£7 £20	£8 £25	£10 £30	£12 £35
Cleaning	Scale & Polish	100% NHS	£40	£50	£60	£65	£70
Fillings	Silver filling White (tooth coloured) filling	100% NHS	£35 £45	£45 £60	£55 £75	£65 £90	£75 £105
Major treatments¹	Crown per tooth Post Root canal treatment Bridge - any number of teeth Dental implants (implant & abutment) ² Orthodontic treatment Upper or Lower denture (partial or full) Inlay / Onlay - Per inlay or onlay Veneer - per veneer Repair of major treatments		£190 £40 £100 £400 100% NHS £360 £140 £125 £35	£230 £50 £145 £550 £225 £475 £480 £200 £160 £40	£300 £60 £180 £700 £250 £550 £600 £250 £200 £200 £45	£390 £70 £225 £850 £275 £625 £680 £300 £295 £55	£470 £80 £330 £1,000 £300 £700 £760 £350 £390 £65
Extractions	Simple extraction - per tooth Surgical extraction - per tooth	100% NHS	£25 £55	£32 £60	£40 £65	£52 £100	£65 £130
Other treatments	Fissure Sealant Topical Fluoride Application Sedation Periodontal treatment ¹ Mouthguard (exc. for Sports) Other clinically necessary restorative treatment not listed		£20 £18 £70 £85 £50 £65	£30 £24 £75 £90 £55 £75	£40 £32 £80 £100 £60 £85	£50 £35 £85 £110 £65 £100	£60 £38 £90 £120 £70 £115

1 - Reimbursement for these items include all visits relating to a full course of treatment including preparation, supply and fit.

2 - This reimbursement includes the implant and abutment. The cost of the crown is additionally covered up to the crown per tooth limit.

Clear benefits

- Unlimited number of claims for all the above treatments
- Everyone on cover entitled to the above limits
- Visit any dentist
- Clinically necessary orthodontic treatment for adults and children
- Private and NHS treatment covered on all levels - If you are on level 1 and you have private treatment, we will pay the NHS equivalent costs – the amount of money your treatment would have cost if it had been carried out and you had been charged as an NHS patient

What else is covered?

In addition to the above core benefits, you are also covered for:

		Lucent 1	Lucent 2	Lucent 3	Lucent 4	Lucent 5	Lucent 6
Worldwide emergency dental treatment	In the UK: up to £200 of treatment per incident for up to four incidents per policy year Outside the UK: up to £400 of treatment per incident for up to two incidents per policy year	£800	£800	£800	£800	£800	£800
Worldwide dental injury	Cover for up to £2,500 of treatment per dental injury up to 4 incidents per year	£10,000	£10,000	£10,000	£10,000	£10,000	£10,000
Mouth Cancer	Up to £20,000 towards one course of treatment for up to 18 months following diagnosis	£20,000	£20,000	£20,000	£20,000	£20,000	£20,000
Hospital Cash Benefit	£100 for each night you stay overnight in hospital, up to £1,000 per policy year, for dental treatment under the care of a consultant specialising in dental or maxillofacial surgery in relation to a head or neck condition.	£1,000	£1,000	£1,000	£1,000	£1,000	£1,000
Dentist Call-out Fees	Up to £150 per incident for up to two incidents per policy year.	£300	£300	£300	£300	£300	£300
Telephone Consultation	Dentist fees for telephone consultations following injury or emergency (when referred by Denplan)	100%	100%	100%	100%	100%	100%

What are the main exclusions and limitations of Denplan Lucent?

As with all insurance policies, general exclusions and limitations apply. The following is a summary of the main exclusions and limitations of the policy. Please refer to the terms and conditions for full details of all exclusions and limitations.

Exclusions
Any treatment which is noted in your dental records or on a treatment plan, has been recommended by or discussed with a dentist, is known by you or is currently taking place at the date your cover starts. Important: If you join as part of your employers transfer from another provider we will not apply this exclusion.
Any treatment that is assessed by our dentist as not clinically necessary.
Non clinically necessary orthodontic treatment (Index of Orthodontic Treatment Need grade 1-3).
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.

Denplan Limited, Denplan Court, Victoria Road, Winchester, SO23 7RG, UK.
Tel: +44 (0) 1962 828 000. Fax: +44 (0) 1962 840 846. Email: corporate@denplan.co.uk

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