

2014 Supplementary Insurance Policy

and Denplan Insurance Services information



Denplan

At the heart of dental care

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:

appropriate mouth protection - a sports mouth guard.

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.

dentist - in the **United Kingdom**, a dental surgeon who is currently registered with the General Dental Council and engaged in general dental practice.

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

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 - temporary 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 - 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 for **temporary dental treatment** up to £400 per incident subject to a maximum of £800 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 £45 per incident |
| 02 | X-rays | up to £31 per incident |
| 03 | Extraction of up to 2 teeth | up to £67 per incident |
| 04a | Root canal extirpation to include dressings and/or temporary fillings and necessary prescriptions | up to £90 for 1 canal |
| 04b | As 4a – two canals | up to £100 for 2 canals |
| 04c | As 4a – three or more canals | up to £135 for 3+ canals |
| 05 | Treatment of dental infection to include any necessary prescriptions | up to £32 per incident |
| 06a | Provision of temporary filling | up to £40 for 1st tooth |
| 06b | As 6a – each additional tooth | up to £22 add. tooth |
| 07 | Recement crown or inlay | up to £41 per item |
| 08 | Recement bridge | up to £51 per bridge |
| 09 | Construction and fitting of temporary crown | up to £65 per crown |
| 10a | Construction and fitting of temporary bridge/denture | up to £150 per bridge |
| 10b | Provision of temporary post and core | up to £73 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 £57 per incident |
| 14 | Adjustment to denture | up to £31 per incident |
| 15 | Repair of denture to include re-fixing of teeth and gums and repair of clasp | up to £51 per incident |
| 16 | Any other temporary treatment not otherwise specified | up to £69 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 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 **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 £45 per incident |
| 18 | X-rays | up to £34 per incident |
| 19a | Porcelain jacket crown* | up to £410 per unit |
| 19b | Dentine bonded crown | up to £440 per unit |
| 20a | Metal bonded porcelain crown | up to £430 per unit |
| 20b | Post/core construction | up to £94 per tooth |
| 21a | Metal bonded porcelain bridgework – retainer | up to £430 per retainer |
| 21b | Metal bonded porcelain bridgework – pontic | up to £400 per pontic |
| 22 | Full metal crown | up to £410 per unit |
| 23a | Zirconia Crown | up to £515 per unit |
| 23b | Zirconia bridge unit | up to £515 per unit |
| 24a | Laboratory constructed adhesive bridge – retainer | up to £235 per retainer |
| 24b | Laboratory constructed adhesive bridge – pontic | up to £280 per pontic |
| 25 | Laboratory constructed adhesive facing or veneer | up to £370 per unit |
| 26a | Root canal treatment – incisor (includes filling of access cavity) | up to £240 per incisor |
| 26b | Root canal treatment – canine (includes filling of access cavity) | up to £240 per canine |
| 26c | Root canal treatment – premolar (includes filling of access cavity) | up to £255 per premolar |
| 26d | Root canal treatment – molar (includes filling of access cavity) | up to £385 per molar |
| 27a | Permanent acrylic denture | up to £430 per denture |
| 27b | Permanent metal denture | up to £640 per denture |
| 27c | Temporary denture following tooth loss (where required) | up to £185 per incident |
| 28a | Laboratory made temporary bridge following tooth loss (where required) | up to £150 up to 3 units |
| 28b | Laboratory made temporary bridge following tooth loss (additional units) | up to £50 per unit |
| 29 | Emergency and other treatment following dental injury not otherwise specified | up to £615 per incident |

*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 £125 per incident |
| 30b | Weekends and National Bank Holidays: 6am – 10pm | up to £175 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 year , payable within a practice's normal working hours (where available) | up to £120 per incident |
| 31a | Telephone consultation (where no attendance follows): 6am – 8am and 6pm – 10pm weekdays, 6am – 10pm weekends and bank holidays | up to £30 per incident |
| 31b | Telephone consultation (where no attendance follows): 10pm – 6am | up to £50 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 | Hospital Cash Benefit | up to £62 per night |
|----|-----------------------|---------------------|

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 temporary **emergency dental treatment** or **you** require **emergency permanent dental treatment** that has been pre-authorised by **us**, benefit will be paid up to the limits specified below.

Benefit Limits

| | | |
|-----|--|---------------------|
| 33a | Overseas temporary emergency dental treatment (including prescription charges) and pre-authorised emergency permanent dental treatment up to £450 per incident | up to £900 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**.

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

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 from 1st January to 31st December. **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-authorised 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.
- 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-authorised 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** which is related in any way to HIV infection or AIDS.
- iv. **Mouth cancer** resulting from the chewing of tobacco products or betel nut, or from prolonged alcohol abuse.
- v. **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 the administering of required general anaesthesia as part of an elective/planned surgical procedure.

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. 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 the plan contract **you** have with **your dentist** and **your** Denplan Insurance Services. Cancellation of **your** plan contract with **your dentist** will automatically cancel **your** Supplementary Insurance policy and **your** Denplan Insurance Services will also be cancelled.

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**.

Ending the contract mid term

Should the **policyholder** wish to cancel this contract during its term, they may do so by giving **us** not less than 21 days notice, for the policy to end on the last day of that month.

We 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.

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. 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.
- iii. The policy is written in English and all other information and communications to the **policyholder** relating to the policy will also be in English.

- iv. 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.
- v. 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**.
- vi. 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).
- vii. **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.
- viii. All **policyholders** must provide an up-to-date mailing address.
- ix. **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 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.

We will deal with all personal information supplied in the strictest confidence, as required by the Data Protection Act 1998. **We** may send personal and sensitive personal information in confidence for processing by people who provide a service to **us** and to Simplyhealth Access as the underwriter on the understanding that they will keep the information confidential and in accordance with the Data Protection Act 1998.

We 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 **we** may ask medical service providers (or others) to supply **us** with further information. When **you** give **us** information about family members **we** 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, including any claims correspondence, to the **policyholder** unless advised to do otherwise.

We are required by law, in certain circumstances, to disclose information to law enforcement agencies about suspicions of fraudulent claims and other crime. **We** 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, **we** may contact **you** by post, telephone or electronically with details of **our** other products and services and those of **our** carefully selected partners. **We** may also share some of **your** details with other companies in the Simplyhealth group and with **our** carefully selected partners to enable them to contact **you** with details of their products and services. If **you** change **your** mind please contact **us** on 0800 401 402 otherwise **we** 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 Simplyhealth Access, which is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority (FCA) and 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 <http://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** 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 (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 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 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.

iii. General

Of the total monthly payment for each person insured, the cost of this Implant Upgrade Cover provided by Simplyhealth Access is £1.99 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

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



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