

A woman with long brown hair, wearing a red halter-neck top with a white and yellow floral pattern, is blowing bubbles. She is looking upwards and to the left. The background is a blurred outdoor setting with green foliage and a bright sky. Several colorful bubbles are floating in the air around her.

2017

Denplan Essentials

Helps you spread the cost of your regular dental care with affordable monthly payments

That's the world of Denplan for you.



Denplan

At the heart of dental care



“I like the philosophy of prevention first. I like and trust my Denplan dentist and his team. I feel safe and secure in their care plan, if I have a problem I feel that I have a secure safety net of support”.

Angie, Denplan patient

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This Membership Booklet explains everything you need to know about Denplan Essentials, from how to apply to the benefits you will receive once you've joined.

Welcome to Denplan Essentials: budget for your private dental care and advice, and benefit from worldwide dental injury and dental emergency cover

We're delighted you're considering a dental plan that could help brighten your smile and improve the health of your teeth for years to come.

Denplan Essentials is an easy way of keeping up the great habit of regular check-ups with your dentist, so you'll always get expert advice about keeping your teeth in great condition and avoid any surprises. Your plan also includes dental x-rays and hygiene treatment and the worldwide dental injury and dental emergency cover with a dental emergency helpline included too.

You'll find more details about the benefits and exclusions and terms and conditions of your plan inside this booklet. It's worth keeping this booklet for easy reference in the future.

We'll take great care of you

Denplan is the UK's leading dental payment plan specialist. We've supported patients and worked alongside dentists for 30 years. Our approach is based on prevention, to get the care and treatment you need and feel even better about your dental health.

It's easy to get started

Your dental payment plan is quick to set up and helps you to budget for your private dental care. Simply complete the application form inside this booklet with your dentist or a member of their practice team. You can also add family members to your plan on the same form.

Join up. Relax. Smile.

Welcome to the World of Denplan

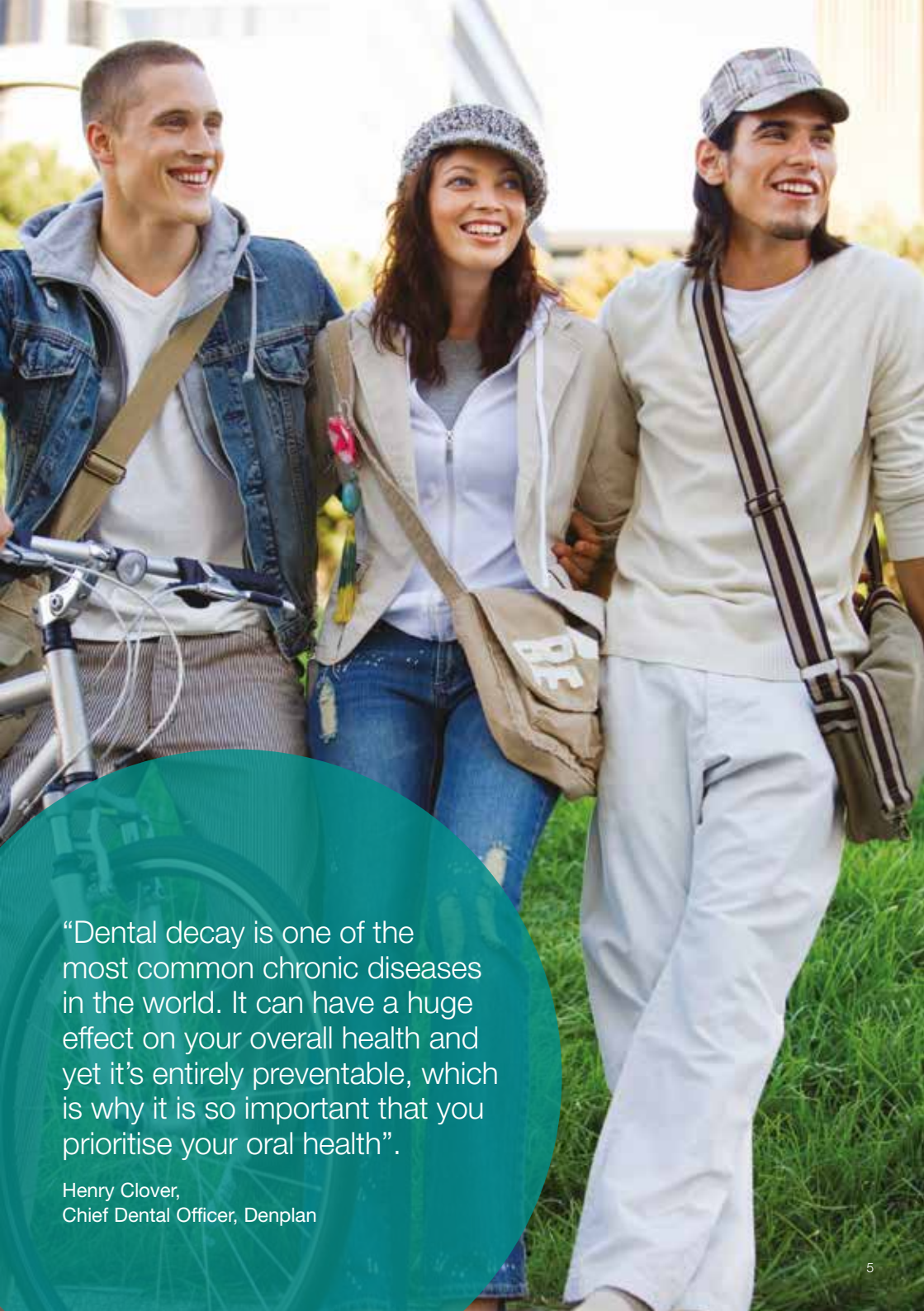
Got any questions?



**For more information, ring our
Customer Advisor Team on 0800 401 402*,
or email cae@denplan.co.uk or visit our
website at www.denplan.co.uk/patients**

*Lines are open from 8.30am to 5.30pm on Monday to Thursday
and from 8.30am to 4.30pm on Friday.





“Dental decay is one of the most common chronic diseases in the world. It can have a huge effect on your overall health and yet it’s entirely preventable, which is why it is so important that you prioritise your oral health”.

Henry Clover,
Chief Dental Officer, Denplan



98%

of patients are satisfied with the service provided by the person at Denplan who dealt with their call*

*Denplan ServiceTick Customer Research Jan-Aug 2016.
Total respondents: 3,458

Why Denplan Essentials is so good for you

With Denplan Essentials, you don't need to wait and worry about dental problems happening suddenly, although if they do, we're always here to help. You can get peace of mind today.

With an emphasis on preventive care including advice, regular appointments, check-ups and hygiene treatments, your plan helps you and your dentist to spot and avoid dental problems before they happen.

Denplan Essentials also includes worldwide dental injury and dental emergency cover (Supplementary Insurance) and access to our 24-Hour Worldwide Dental Emergency Helpline.

Denplan Essentials: highlights

- Budget wisely and protect yourself from dental problems and extra cost later on
- Benefit from cover for check-ups, dental x-rays, access to hygiene treatment and expert advice
- Enjoy better dental health and a brighter smile
- Feel better about your dental hygiene with scaling and polishing included in your plan, enabling you to smile with confidence
- Receive worldwide dental injury and dental emergency cover automatically
- Access our 24-Hour Worldwide Dental Emergency Helpline (based in the UK) whenever you need to speak to someone (see pages 18-19).

How does Denplan Essentials work?

The amount you pay for Denplan Essentials is decided by your dentist. A pre-assessment of your oral health is not necessary.

Please note: the Essentials Contract is between you and your dentist. Your plan covers you for all preventive advice, check-ups and hygiene appointments with your practice for which you and your dentist will have an 'Essentials Contract'. Denplan Essentials also includes Supplementary Insurance which is provided by Simplyhealth Access.

Denplan Essentials is a great way to avoid dental problems, while spreading the cost of preventive care

“Denplan has enabled me to improve my overall oral hygiene. The staff and the practice are friendly and professional at all times and are good at calming me down. I actually enjoy going to the dentist as they also look after my wellbeing as well as my oral care”.

Maria, Denplan patient.


Benefits at a glance

Here's a handy overview of what is and isn't included in Denplan Essentials.

Denplan Essentials gives you
✓ An easy way to spread the cost of your routine check-ups and preventive advice
✓ Supplementary Insurance, to provide worldwide cover if you have a dental injury or dental emergency
Routine preventive care from your dentist which includes
✓ Check-ups (up to contract maximum)
✓ Scaling, polishing and other hygiene treatments (up to contract maximum)
✓ Preventive dental advice
✓ Dental x-rays
✓ Any additional treatment specified as included in your contract
Denplan Essentials does not cover
✗ Restorative dental treatments including fillings, crowns, bridges or dentures
✗ Laboratory fees and prescriptions
✗ Any treatment excluded by the dentist in your contract, which is then payable by you to the dentist
✗ Referral to a specialist or specialist treatment
✗ Treatment carried out by someone other than by your registered dentist, except when you need emergency temporary dental treatment
✗ Orthodontics, implants, cosmetic treatment
✗ Sedation fees

It's worth remembering that treatment is always at the discretion of your dentist. Full terms and conditions can be found in the Essentials Contract on pages 23-26 of this booklet and on the reverse of the Essentials Contract which you sign with your dentist.

Your dentist will also give you a separate specific breakdown of how your plan is tailored to you including any additional treatment or treatment your dentist has excluded from your plan.

A photograph of a man and a woman smiling at each other on a balcony. The man is on the left, wearing a dark suit jacket, and the woman is on the right, wearing a white jacket. They are both looking towards each other. The background is blurred, showing what appears to be a building facade. A large teal circle is overlaid on the right side of the image, containing text. Another teal circle is overlaid on the bottom left, containing a percentage and a statistic.

“I totally trust my dentist and have absolute faith in her advice and treatment. Like the way that dentist and Denplan work together organising and funding treatment as required”.

Jeannette, Denplan patient

90%

of patients find Denplan easy to deal with*

*Denplan ServiceTick Customer Research Jan-Aug 2016.
Total respondents: 2,788

Important information about your Denplan Essentials payment plan

Denplan Essentials is a dental payment plan contract agreed between you and your dentist to cover your routine preventive care, with the added peace of mind of worldwide dental injury and dental emergency cover.

Please see page 27 for further details of this cover (Supplementary Insurance).

Who is my contract with?

Your contract is between you and your dentist. Your dentist will give you a copy of the contract, which will be tailored to your needs. Denplan will send your payments to your dentist to carry out your treatment and provide continuing care.

How much will I pay?

The contract is between you and your dentist: your dentist sets their own fees so they will be able to give you a quote. Please note: there is a one-off registration charge on joining of £15.

How is my monthly payment calculated?

Monthly payments will be worked out by your dentist who will recommend the best preventive programme for you, which will fit within a specific pricing category.

Are there any discounts available?

Discounts may be available where more than one family member or group member at a single address, are registered at the same practice and payments are made under one Direct Debit. The following discounts may apply if offered by your dentist:

5% Two group members

10% Three group members

15% Four or more group members

How often will I visit my dentist?

Everyone's oral health needs are different: your dentist will let you know what's best for you.

What does my plan include?

You can see the benefits at a glance on page 8. Your dentist will also let you know of any additional treatments or exclusions when you join.

Additionally, you'll have worldwide dental injury and dental emergency cover (Supplementary Insurance), which Denplan arranges on your behalf. You'll also have access to our 24-Hour Worldwide Dental Emergency Helpline (see page 27 for more information).

How are my payments made?

The plan is based on monthly payments to cover the cost of your plan, allowing you to budget for your regular preventive dental care more easily and attend regular check-ups.



“My dental care is excellent and my dentist fully conversant with modern technological advances. I am always given every available option for treatment, together with a full explanation of how the work will be carried out. In addition, frequent hygienist visits give me the confidence that I have the best treatment possible”.

Elizabeth, Denplan patient



How to join Denplan Essentials

1. If you haven't already found a Denplan dentist you can do this by going to www.findadenplandentist.co.uk
2. Your Denplan member dentist will let you know what your monthly payment will be once you've registered.
3. When you have read the Supplementary Insurance policy summary (pages 27 to 30), please complete the Application Form and sign the Essentials contract which is between you and your dentist.
4. Once the form is complete it will be sent to Denplan and you will receive written confirmation of your application.

Denplan Self Service

It takes a few minutes to sign up to access everything from member patient exclusive offers, keeping your contact or direct debit details up to date. Its all really easy and secure on www.denplan.co.uk/mydenplan

You'll also find a copy of this year's **'Your Denplan' booklet** and lots of helpful information about your oral health in the 'My teeth' section. It works brilliantly on your smartphone too, so you always have the information you need at your fingertips.



2017 – Denplan Essentials Patient Application Form

IMPORTANT – Please write in BLOCK CAPITALS using black or blue ink. Do not write outside the boxes as this form is processed electronically. Please note this form must be signed overleaf by the payer, if the form isn't signed then the application could be delayed.

Shaded areas of form to be completed by a practice team member

Name:

Job title:

Details of first patient

Has this person been registered with Denplan before? Yes No

Registration Number is/was

Title Mr Mrs Ms Miss Other

First name

Surname

Gender Male Female

Date of birth

D M Y

D M Y

Yes

No

Would you like Implant Upgrade Cover (charged at £2.25* per person per month)? Yes No

Is this person the payer?
Please complete address details in the
*Who will be paying and how? section overleaf.

Member dentist name

Registration Facility No.

Entitlement to treatment will start from

0

1

M

M

Y

Y

Y

Y

Y

Fee Code

Treating dentist GDC No.

Monthly fee £

Details of second patient

Has this person been registered with Denplan before? Yes No

Registration Number is/was

Title Mr Mrs Ms Miss Other

First name

Surname

Gender Male Female

Date of birth

D M Y

D M Y

Yes

No

Is this person the payer?
Please complete address details in the

Please complete address details in the
"Who will be paying and how?" section overleaf.

Would you like Implant Upgrade Cover (charged at £2.25* per person per month)?

Yes

No

Member dentist name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Registration Facility No.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Entitlement to treatment will start from	0 1		M	M	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
If no start date is entered Denplan will commence cover from the first day of the month following receipt.																					
Treating dentist GDC No.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Monthly fee ¹ £	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Details of third patient

Has this person been registered with Denplan before? Yes

No

Registration Number is/was

Title Mr

Mrs

Ms

Miss

Other

First name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Gender Male

Female

Date of birth

D

M

M

Y

Y

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Y

Is this person the payer? Yes
Please complete address details in the
"Who will be paying and how?" section overleaf.

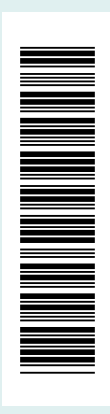
Would you like Implant Upgrade Cover (charged at £2.25* per person per month)?

Yes

No

Member dentist name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Registration Facility No.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Entitlement to treatment will start from	0 1		M	M	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
If no start date is entered Denplan will commence cover from the first day of the month following receipt.																					
Treating dentist GDC No.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Fee Code	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Monthly fee ¹ £	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

* Full details of the cover can be found in the accompanying 'Your Denplan Essentials Membership Booklet'. Prices quoted include Insurance Premium Tax charged at a prevailing rate (excluding residents of the Channel Islands and the Isle of Man).
† A one-off registration fee of £15 will be collected with the first payment.



PLEASE COMPLETE THE REVERSE OF THIS FORM



Name and full postal address of your bank or building society

To: The Manager	Bank/building society
Address	
	Postcode

Name(s) of account holder(s)

--

Branch sort code

--	--	--

Bank/building society account number

--	--	--	--	--	--	--	--	--	--

Banks and Building Societies may not accept Direct Debit instructions for some types of account.

Important – please read and sign below. This section must be signed by the payer who is purchasing the plan.

Supplementary Insurance policy summary and Denplan Insurance Services Information

Important – policy summary

Please read the Supplementary Insurance policy summary and the Denplan Insurance Services Information printed in this Membership Booklet. The Supplementary Insurance policy and Denplan Insurance Services are effective from the date of our acceptance of your application, and this will be detailed in the Welcome letter that we will issue within 3 working days of acceptance.

Declaration

I hereby apply to join/register the patient on Denplan Essentials and understand that I/the patient will be entering into an Essentials contract with my/their dentist, a Supplementary Insurance policy with SimplyHealth Access and will be provided with the Insurance Services from Denplan. I confirm that the patient and/I have received the Supplementary Insurance policy summary and the Denplan Insurance Services Information printed in the Membership Booklet as well as the Demands and Needs Statement.

Please sign and date here

Signature(s)

X

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Please make sure an Essentials contract is completed for each patient

Service user number

9	4	0	2	7	3
---	---	---	---	---	---

Reference

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Instruction to your bank or building society

Please pay Denplan Limited Direct Debits from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with Denplan Limited and, if so, details will be passed electronically to my bank/building society.

Signature(s)

--

--

Date

--

Data Protection Act

The answers on this form contain your personal data. We record, process and hold your personal data in accordance with the law in the United Kingdom and in particular the Data Protection Act. For full details of how we hold and use information relating to you please refer to the section headed, How we use information about you in the Supplementary Insurance policy document. By signing this form you confirm that you and all those included in your application consent to such use of your personal data and that you have specific permission of the other people included in this application form to provide this consent on their behalf. Denplan Limited may contact you with its other products and services. We may also share some of your details with other companies in the SimplyHealth group to enable them to contact you with details of their products and services. We may contact you by post or telephone if appropriate, if you do not wish us to do this, please tick this box We may also notify you electronically by email/SMS (if appropriate), if you would like to be contacted in this way please tick this box



Who will be paying and how?

By completing this section you agree to pay for the patients detailed on this application form. This may result in a change to your current payments or monthly Direct Debit if you are an existing payer.

Have you registered your details with Denplan before? Yes No

My Registration Number is/was

Title Mr Mrs Ms Miss Other

First name

Surname

Gender

Male

Female

Date of birth

House Number†

or House Name†

Street/Road

Town/City

County

Home tel.

Work tel.

Email‡

† The postcode and either house number or house name are required to process your application

‡ We will usually send correspondence regarding your dental plan to you via email. If you'd prefer to receive this by post, please tick here

Monthly by Direct Debit*

By an existing Direct Debit**

*Complete Direct Debit Instruction below. **If you are adding a new patient to an existing group, payment will be debited via the current Bank/Building Society details that we hold for you.

Instruction to your Bank or Building Society to pay by Direct Debit

General tips on oral healthcare

Your dentist will give you the best advice on how to look after your oral health; and here are a few extra tips on caring for your teeth and gums at home:

- Brush your teeth for a full two minutes, twice a day, with a fluoride toothpaste. Set a timer if you think you may be cutting the time short!
- Don't just stop at brushing your teeth and gums – give your tongue a good brush too or use a tongue scraper. The back of the tongue can harbour bacteria which are a major factor in causing bad breath
- Floss every day. If you're struggling to get to grips with flossing, speak to your dentist or hygienist about techniques. It's also worth trying interdental brushes or floss holders – ask your dentist or hygienist for advice
- Replace your toothbrush or brush head every three months, and choose a brush that is small enough to reach every part of your mouth especially behind the back teeth which are often overlooked
- Consider using a power toothbrush if you feel you need more help. They often have in-built timers to help you monitor your two minutes of brushing
- Spit toothpaste out after brushing, don't rinse. If you rinse after brushing, you'll wash away some of the protective fluoride

“My dentist has educated my husband and I and we have improved how we care for our teeth”.

Michael, Denplan patient

What to do in a dental emergency

These tips are only temporary measures – in all cases you should see your own dentist as soon as possible.

Toothaches: First, thoroughly rinse your mouth with warm water. If your mouth is swollen, apply a cold compress to the outside of your mouth or cheek. Never put aspirin or any other painkiller against the gums near the aching tooth as it may burn the gum tissue.

Chipped or broken teeth: Save any pieces. Rinse the mouth using warm water. If there's bleeding, apply a piece of gauze to the area and apply gentle pressure until the bleeding stops. Apply a cold compress near to the broken/chipped tooth to keep any swelling down and relieve pain.

Knocked-out tooth: Retrieve the tooth and, if possible, try to put it back in place (rinsing it briefly before doing so). Make sure it's facing the right way. Never force it into the socket. If it's not possible to reinsert the tooth into the socket, put the tooth in a small container of milk or slightly salty water. Knocked-out teeth have the highest chances of being saved when seen by the dentist and returned to their socket within one hour of being lost.

Lost filling: Stick a piece of sugarless chewing gum into the cavity or use an over-the-counter dental cement.

Lost crown: Make an appointment to see your dentist as soon as possible and take the crown with you. If possible, slip the crown back over the tooth. Before doing so, coat the inner surface with an over-the-counter dental cement, toothpaste, or denture adhesive, to help hold the crown in place. Do not use super glue!

Abscesses: These are infections that occur around the root of a tooth or in the space between the teeth and gums. Abscesses are a serious condition that can damage tissue and surrounding teeth, with the infection possibly spreading to other parts of the body if left untreated. See your dentist as soon as possible if you discover a pimple-like swelling on your gum that is usually painful. In the meantime, to ease the pain and help draw the pus toward the surface, try rinsing your mouth with a mild salt water solution several times a day.

Implant Upgrade Cover

You can add Implant Upgrade Cover to your dental injury and dental emergency insurance. It means that in the event of a dental injury which results in tooth loss you can, where clinically appropriate, benefit from the most up-to-date treatments for tooth replacement. The maximum cover is £20,000 per incident. If you choose Implant Upgrade Cover it will not be subject to any discounts.

To find out more about upgrading your cover please visit www.denplan.co.uk/implantupgrade or ring us on **0800 401 402**

Who to call in the event of a dental emergency

If you need dental treatment in an emergency, the last thing you want is a complicated process to follow. That's why we've made it as straightforward as possible for you.

- **I am at home or within 40 miles of my own Dental Practice**

Always contact your own dental practice first. They should have emergency cover in place for registered patients outside of normal practice hours, and instructions on what to do should be on their answering machine message.

- **I am at home and I am unable to reach my own dentist**

Call the 24-Hour Worldwide Dental Emergency Helpline on 0800 844 999. We will help you to contact your own dentist, or arrange an appointment with another local practice.

- **I am in the UK and more than 40 miles from my Dental Practice**

Call the 24-Hour Worldwide Dental Emergency Helpline on 0800 844 999. We will arrange dental advice or an appointment with a local dentist for temporary emergency treatment.

- **I am overseas**

Call the 24-Hour Worldwide Dental Emergency Helpline on +44 1962 844 999. We will explain the best action to take to find a dentist in the local area.

“Last year I broke my tooth on Christmas Eve away from home and Denplan were excellent in arranging for me to get treatment”.

Stuart, Denplan patient



“I have used the emergency helpline when I have been on holiday and the service was second to none. I was seen within hours and if this had not been the case it could have impacted on my holiday. It was worth its weight in gold to me for my peace of mind”.

Kim, Denplan patient

What do I do if I want to change my dentist?

Your Essentials Contract is between you and your dentist. It's based on your individual needs and the monthly payments are agreed between you and your dentist. This means that the Denplan Essentials Contract you have with your dentist is non-transferable.

If you're moving house or going away temporarily, you may need to change your dentist. If you change your dentist you will need to arrange a new Essentials Contract with your new dentist.

Changing your Denplan dentist

There are three simple steps to change your dentist and ensure you keep all the benefits of your Denplan membership.

- 1. Call your current dentist** and ask them to complete the Patient Leaving Form for you. We recommend going to a final appointment with your current dentist, because if you have outstanding treatment when you visit your new dentist you will be charged privately to have this completed.
- 2. Call us on 0800 401 402** once you're ready to cancel the contract you hold with your current dentist. Alternatively you can email us at cae@denplan.co.uk. Your contract will end with your dentist on the last day of the month. We need at least 21 days notice to cancel your contract, so if you contact us within a week of your last payment, you won't need to make another payment until you've registered with your new Denplan dentist.
- 3. Call your new Denplan dentist** and arrange your first appointment. Remember to tell them that you're a Denplan patient, and ask if there is any initial assessment fee. You'll need to complete an application form and sign a new contract with your dentist, and remember to take along the Patient Leaving Form from your previous dentist.



Talk to your dentist or call our Customer Advisor team for any help on **0800 401 402**.

"I have been extremely satisfied with the level of care I have received from both dentists and hygienists in the Denplan practices I have been attached to over many years of membership. I have been very impressed and relaxed with the fact that it is obvious that dentists are happy to not push unnecessary treatment on patients but content to focus on preventative measures. All members of the team at the practice and at Denplan are polite, caring and seem well informed".

Annette, Denplan patient



“I highly recommend Denplan and I have an excellent dentist. Lots of my family and friends have registered with Denplan since I recommended it, I have been with Denplan since 2006 approximately, my daughter has joined and I am now going to register my son who is at university. I avail of the family discount. My dental practice also carried out a health assessment recently which monitors my risk of developing gum disease and created an awareness of the risk of mouth cancer”.

Mark, Denplan patient

The Essentials Contract between you and your dentist

Denplan's role is to provide administrative services to support the contract between you and your dentist. This includes passing your payments onto your dentist.

Please remember, the contract is with your dentist and cannot be transferred to another practice or dentist. If you are considering changing your dentist please contact Denplan who will advise you on how to transfer, ensuring your oral health is not compromised.

The following points make up the 'conditions' of the contract with your dentist. These are very important and we strongly advise that you read them carefully and keep them in a safe place so that you can refer to them in the future, should you need to.

1. Definition of terms used

Unless the context otherwise requires, 'contract' means this Essentials Contract and the terms which you have signed; 'dentist' means your treating dentist and 'Denplan' means Denplan Limited (company number 1981238) whose registered office address is at Hambleden House, Waterloo Court, Andover, Hampshire SP10 1LQ, UK.

2. Treatment to which you are entitled

The contract entitles you to receive routine preventive dental care required to maintain your oral health, as determined by your dentist. This includes the visits and treatments outlined in the document entitled 'Essentials Contract'. Your dentist may review your requirements at any time.

3. Treatment to which you are not entitled

The contract does not entitle you to:

- Restorative treatment
- Orthodontic appliance therapy ('braces')
- The provision, repair or replacement of dental implants and related superstructures
- Any treatment needed as a result of a 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) although this may be covered by your Supplementary Insurance. Please refer to the Membership Booklet (pages 31 - 39) for further information
- Sedation fees
- Any treatment not specified by your dentist in your contract
- Referral to a specialist or specialist treatment which is necessary in the reasonable opinion of your dentist

4. Prescriptions and laboratory charges

The contract fee does not cover pharmaceutical items, prescription fees or laboratory fees reasonably charged by your dentist, which must be paid by you directly to your dentist.

5. Dental emergency arrangements and insurance entitlements

Your dentist is obliged to provide reasonable access to out-of-hours emergency dental treatment, either directly, or through participation in an emergency dental cover arrangement.

In addition, Denplan arranges Supplementary Insurance for you. The full Terms and Conditions of your Supplementary Insurance policy can be found in the Membership Booklet (pages 31 - 39).

6. Alteration of monthly fee

Your dentist will normally review your monthly fee annually and your fees may change in January in any year and at other times in exceptional circumstances.

Should the fee change (for example due to inflation or increased material costs or practice running costs) you will be given at least 30 days written notice by letter, or email if consented (correspondence sent to the payer's email address if provided or last known address by ordinary post will be treated as adequate notice).

Should your oral health change, your dentist may change your level of plan, treatment included and associated fees by providing one month's written notice, or earlier with your consent. If you are not happy with any change in monthly fees, you have the right to terminate the agreement giving your dentist and Denplan not less than 21 days' notice, expiring on the last day of a calendar month, as detailed in condition 11.

7. Treatment by another dentist

The contract is with your dentist as specified in the document entitled 'Denplan Essentials Contract'.

If your dentist arranges for another dentist or a locum to provide routine care on his or her behalf, this will be covered by the contract. However, where you choose to have routine care or treatment provided by a practitioner independently of your dentist, any associated costs will not be covered by the contract. Furthermore, where you are referred by your own dentist to a specialist, the costs will not be covered (see condition 3).

8. Payment

You must pay the monthly fee by Direct Debit in favour of Denplan as collecting agent for your dentist.

Where you are not the payer specified in the document entitled 'Denplan Essentials Contract', you shall ensure that the payer pays any sum due by you under this contract. You agree that, when making any such payment, the payer acts as your agent and on your behalf.

Any other amounts due to the dentist (e.g. prescription fees, pharmaceutical items, laboratory charges or treatment not covered by the contract) are payable by you directly to the dentist and non-payment of such amounts will constitute a breach of the terms of the contract.

Your liability to pay the monthly fee continues until the contract is ended in accordance with this Agreement (see condition 11).

9. Direct Debit changes

Following a variation in monthly fee, the Direct Debit will be changed at the next available collection date. Where you are given notice of an increase in your monthly fee, your Direct Debit will be changed at the end of the required notice period (see condition 6).

10. Your responsibilities

You are responsible for keeping appointments made with your dentist and you must pay any 'missed appointment' fee should you fail to do so.

You must ensure that you also attend your dentist for regular examinations, receive the treatment your dentist advises and you must promptly inform your dentist of any injury, problem or other material matter affecting your oral health; if you fail to ensure any of this you will be liable to pay any fee reasonably charged for treatment necessary to restore your oral health, which could otherwise have been avoided.

If, in the reasonable opinion of your dentist, he or she is not able to maintain your oral health due to any act or omission on your part, your dentist may end the contract immediately by giving notice to that effect.

11. Ending the contract

Cooling off period

The policyholder can cancel the policy for any reason during the 14 day 'cooling off' period. This period begins on the contract start date, or the day the policyholder receives the policy terms and conditions if this is later, and will also apply from each renewal date.

Following this period, you may end the contract by giving not less than 21 days notice to your dentist and to Denplan, expiring on the last day of the calendar month.

Your dentist may end the contract by giving you two months' written notice expiring on the last day of a calendar month. In the event that you receive discounted treatment and you terminate this agreement within six months of receiving discounted treatment or within six months from the end of a course of discounted treatment, you may be liable to refund to the dentist the full amount of the discount offered by the dentist in relation to the treatment or course of treatment received. The initial examination fee may have to be paid for privately prior to re-registration under Denplan.

12. Non-payment

Non-payment of one fee

If you fail to make a monthly payment, Denplan will inform you accordingly and attempt to collect two payments in the following month. Insurance cover will cease from the date of the first failed payment and no insurance claims will be paid during this period.

Non-payment of two fees

If you fail to make two successive payments, Denplan will inform you that your contract has been cancelled. Insurance cover will cease from the date of the first failed payment and no insurance claims will be paid during this period.

Refunds

If Denplan agrees to refund your Denplan fees for any reason, your membership registration for those months will be treated as unpaid and the conditions relating to non-payment will fully apply to you. If payment has already been forwarded to your dentist we reserve the right to reclaim the corresponding payments from your dentist. You will be liable for all sums outstanding to your dentist and Denplan.

13. Dental records

By signing the document entitled 'Essentials Contract' you consent to the disclosure of your dental records for the purposes of any review, assessment or consideration of the care provided by your dentist which may take place under the terms of his or her membership of Denplan but not for any other purpose without your further consent.

14. Variation of these conditions

If it is necessary to vary the conditions in this Contract, for instance to take account of changes in the law, this can be done by your dentist giving you 30 days' written notice. If you do not wish the contract to continue, having regard to any variation notified to you, you may end it as detailed in condition 11. If you do not do this by the time the notice of variation expires, you will be deemed to have accepted the variation.

15. Contract not transferable

As the contract is with your dentist, you may not transfer it to another practice or dentist. If you need to change your dentist a new contract will be required. You are not entitled to assign or sub-contract any rights or obligations you may have under the contract to any other person.

16. Treatment outside the contract

Nothing in the contract prevents you and your dentist agreeing that he or she will provide treatment outside your entitlement under the contract. You will be responsible for paying for such treatment but if it is, or may be, covered by the Supplementary Insurance and you act promptly to submit a claim, your dentist may allow a reasonable period for the claim to be settled before requiring payment from you.

17. Liabilities

Denplan Limited administers Essentials registrations and collects monthly fees on behalf of your dentist. The contract is not with Denplan and Denplan has no liability to you (whether in respect of tort (including, without limitation, negligence), breach of contract, defective or unsatisfactory treatment, or otherwise) in connection with any contract it administers on behalf of your dentist. This does not affect any right or remedy you may have against your dentist.

18. Disputes

All Denplan member dentists are required to have an in-house complaints procedure. If you are unhappy with any aspect of your dental care you should, in the first instance, approach your dentist directly. If you remain dissatisfied, Denplan offers an impartial complaints handling service for registered patients. Your dentist must agree to participate in Denplan's complaints handling services, including an undertaking to submit any claim arising out of the contract to arbitration.

19. Notices

Any notice given by your dentist under these conditions is valid if Denplan gives it to you on your dentist's behalf. Any notice given by your dentist or Denplan is valid if sent to the payer's email address if provided or your last known address by ordinary post.

20. Third Parties

The contract is intended to confer a benefit on your dentist and you. No other person shall be entitled to enforce any term of the contract by virtue of the contracts (Rights of Third Parties) Act 1999 (the 'Act').

21. Governing Law and Jurisdiction

Both parties agree that this Contract shall be governed by and construed in accordance with the Law of England and Wales and the parties hereby irrevocably submit to the exclusive jurisdiction of the English Courts.

Policy Summary

keyfacts

Supplementary Insurance 2017

This policy summary provides a brief description of the dental insurance which is underwritten by Simplyhealth Access. It does not contain the full terms and conditions which can be found in the Supplementary Insurance section of the Membership Booklet (pages 31-39).

What is Supplementary Insurance?

Supplementary Insurance is included as part of your Denplan dental payment plan that you have with your dentist. It provides cover towards costs for temporary dental treatment in a dental emergency when away from home as well as cover towards the costs of permanent dental treatment necessary as a result of dental injury. There is also cover for the treatment of mouth cancer.

Implant Upgrade Cover is available as an optional additional level of cover and provides you with cover towards the cost of dental implant treatment following a dental injury.

Demands and Needs Statement

The Supplementary Insurance policy meets the demands and needs of those who wish to ensure they have cover for treatment costs arising from dental injuries and dental emergencies. The policy is a mandatory part of your Denplan dental payment plan and no recommendation has been made by Simplyhealth Access or Denplan in connection with this policy.

The following is a summary of the key benefits of your policy

Benefits of Supplementary Insurance
<ul style="list-style-type: none">• Temporary emergency dental treatment – when you are more than 40 miles away from your own dental practice in the UK Up to £900 per year. Up to £450 per incident (up to specified treatment limits).
<ul style="list-style-type: none">• Overseas temporary emergency dental treatment Up to £940 per year. Up to £470 per incident.
<ul style="list-style-type: none">• Worldwide dental injury Prior authorisation must be obtained from Denplan if the treatment costs are likely to exceed £200.
<ul style="list-style-type: none">• Hospital Cash Benefit Up to £62 for each night you stay overnight in hospital for dental treatment under the care of a dental or maxillofacial surgeon, for up to one year, whilst your policy is in force.
<ul style="list-style-type: none">• Consultation for dental emergency or dental injury Pays towards the cost of a dentist opening the dental practice to provide treatment outside normal surgery hours. The insured person is responsible for the first £20 of each claim.
<ul style="list-style-type: none">• Mouth Cancer Cover Up to £12,000 towards one course of treatment for up to 18 months following diagnosis (smokers are included).
<ul style="list-style-type: none">• Benefit of Implant Upgrade Cover (if you have registered for this). Provision of implant fixture (including temporary coverage) up to £2,100 per implant fixture if you sustain a dental injury. Maximum per incident is £20,000.

A dental injury is - 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.

How long will my cover last?

Your policy will be arranged from the start date on your welcome letter, or agreed commencement date when applying by telephone, for the remainder of the calendar year and will then be arranged on an annual basis as detailed in the Supplementary Insurance policy section of the Membership Booklet (pages 31-39).

What are the main exclusions and limitations of Supplementary Insurance?

As with all insurance policies general exclusions apply. The following is a summary of the main exclusions and limitations of the policy.

What are the main exclusions and limitations?	Where can I find more information on the limitations of the Supplementary Insurance?
You can only be covered under the terms and conditions of this policy from the commencement date if you and the policyholder are a UK resident. You must also have an existing Denplan Care, Denplan Essentials, Plans for Children or Membership Plan Contract.	The Supplementary Insurance section of the Membership Booklet Section 3 – Eligibility.
Any dental treatment which was prescribed, planned, diagnosed as necessary or is currently taking place at the commencement date.	Section 4 – Exclusions General.
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 dental practice.	Section 4 – Exclusions Benefit A – Emergency Dental Treatment in the UK.
Permanent treatment in a dental emergency when not previously pre-authorised by Denplan. Cover is only provided for temporary dental treatment required at the initial emergency appointment.	Section 4 – Exclusions – Benefit A – Emergency Dental Treatment in the UK and Benefit E Overseas temporary emergency dental treatment.
Treatment in connection with dental injuries must commence within a period of six months and must be completed within 18 months of the date of the original incident (within six years for persons under 18 years of age).	Section 4 – Exclusions Benefit B – Worldwide Dental Injury.
Dental injury caused whilst participating in any form of contact sport (including training) unless appropriate mouth protection is worn.	Section 4 – Exclusions Benefit B – Worldwide Dental Injury
Dental injury resulting from a hospital surgical procedure with or without the administration of general anaesthetic.	Section 4 – General.
Implants (unless you have registered for Implant Upgrade Cover), cosmetic treatment or any treatment not deemed to be clinically necessary.	Section 4 – Exclusions Benefit B – Worldwide Dental Injury, and General.
Mouth cancer diagnosed before or within 90 days after you joined Denplan or for which tests or consultations began within those 90 days, even if the diagnosis is not made until later.	Section 4 – Exclusions Benefit F – Mouth Cancer Cover.

What are the main exclusions and limitations which are specific to the Dental Implant Upgrade Cover in addition to those above?

Main exclusions and limitations which are specific to the Implant Upgrade Cover	Where can I find more information on the limitations of the Implant Upgrade Cover?
A dental injury which occurred within 28 days of the commencement date of the Dental Implant Upgrade cover.	Section 8 – Exclusions.
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.	

What do I do if I want to make a claim?

Completed claim forms and associated documents should be submitted to the following address:

Insurance Department
Denplan Limited
Denplan Court
Victoria Road
Winchester
SO23 7RG

Claims can also be emailed to:
insurance@denplan.co.uk

Additional claim forms can be obtained from one of our advisors on 0800 085 0960 or online at www.denplan.co.uk/patients

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

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
Telephone: 0800 023 4567

Website: www.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.

If you bought the policy online and you wish to make a complaint, you can use <http://ec.europa.eu/odr> which is the European Commission's Online Dispute Resolution (ODR) platform. The ODR platform will not resolve your complaint, but provides an alternative way to access the Financial Ombudsman Service.

The Financial Services Compensation Scheme (FSCS)

In the unlikely event that Simplyhealth Access becomes insolvent and is unable to pay the benefits under your Supplementary Insurance, 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).

Cooling Off Period

The policyholder can cancel the policy for any reason during the 14 day 'cooling off' period. This period begins on the contract start date, or the day the policyholder receives the policy terms and conditions if this is later, and will also apply from each renewal date.

Cancellation of your Supplementary Insurance policy will cancel your Implant Upgrade Cover, your Plan Contract you have with your dentist and your Denplan Insurance Services. If you cancel your Plan Contract with your dentist, your Supplementary Insurance policy, your Implant Upgrade Cover and your Denplan Insurance Services will also be cancelled.

However subsequent cancellation of your Implant Upgrade Cover will not cancel your Supplementary Insurance policy or your Plan Contract.

The cost of your insurance and Denplan Insurance Services

Out of your total monthly Denplan payment, 93p represents the premium for your Supplementary Insurance and £2.25 is the premium for the Implant Upgrade Cover (if you have opted for this additional cover), both of which are provided by Simplyhealth Access. 52p is the fee payable to Denplan for providing Insurance Services all fees include Insurance Premium Tax charged at the current rate (excluding residents of the Channel Islands and the Isle of Man).

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.

Supplementary Insurance policy document

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.

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 £48 per incident
02	X-rays	up to £32 per incident
03	Extraction of up to 2 teeth	up to £82 per incident
04a	Root canal extirpation to include dressings and/or temporary fillings and necessary prescriptions	up to £102 for 1 canal
04b	As 4a – two canals	up to £107 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 £38 per incident
06a	Provision of temporary filling	up to £43 for 1st tooth
06b	As 6a – each additional tooth	up to £25 add. tooth
06c	Provision of an incisor or canine composite filling	up to £100 per tooth
07	Recement crown or inlay	up to £45 per item
08	Recement bridge	up to £55 per bridge
09	Construction and fitting of temporary crown	up to £75 per crown
10a	Construction and fitting of temporary bridge/denture	up to £155 per bridge
10b	Provision of temporary post and core	up to £77 per tooth
11	Arrest of abnormal haemorrhage including aftercare and associated suture removal	up to £51 per incident
12	Removal of sutures placed by another practitioner	up to £31 per incident
13	Repair/adjustment of orthodontic appliance	up to £60 per incident
14	Adjustment to denture	up to £33 per incident
15	Repair of denture to include re-fixing of teeth and gums and repair of clasp	up to £53 per incident
16	Any other temporary treatment not otherwise specified	up to £75 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 **you** 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 £48 per incident
18	X-rays	up to £36 per incident
19a	Porcelain jacket crown*	up to £430 per unit
19b	Dentine bonded crown	up to £470 per unit
20a	Metal bonded porcelain crown	up to £465 per unit
20b	Post/core construction	up to £104 per tooth
21a	Metal bonded porcelain bridgework – retainer	up to £465 per retainer
21b	Metal bonded porcelain bridgework – pontic	up to £430 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 £275 per retainer
24b	Laboratory constructed adhesive bridge – pontic	up to £300 per pontic
25	Laboratory constructed adhesive facing or veneer	up to £430 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 canine
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 £390 per molar
27a	Permanent acrylic denture	up to £500 per denture
27b	Permanent metal denture	up to £750 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 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 £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 year , payable within a practice's normal working hours (where available)	up to £130 per incident
31a	Telephone consultation (where no attendance follows): 6am – 8am and 6pm – 10pm weekdays, 6am – 10pm weekends and bank holidays	up to £37 per incident
31b	Telephone consultation (where no attendance follows): 10pm – 6am	up to £55 per incident

Benefit D Hospital cash benefit

Hospital cash benefit 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 temporary dental treatment (including prescription charges) and pre-authorised emergency permanent dental treatment	up to £470 per incident	up to £940 per year
33b	Overseas telephone costs to the 24-Hour Worldwide Dental Emergency Helpline		up to £20 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**

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 a **UK** resident. **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, after which no insurance claim will be paid:

- 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 dental practice**.
- 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. 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-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** 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 a hospital surgical procedure with or without the administration of general anaesthetic.

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.
- ix. If **we** pay a claim which is more than **you** are entitled to under the policy, **we** can recover the overpayment. **We** will ask **you** to repay the overpayment or deduct that amount from any other claim that **you** make.

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 cover 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 Cover 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 'cooling off' period. This period begins on the contract start date, or the day the policyholder receives the policy terms and conditions if this is later, and will also apply from each 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.
- xi. The insurance cost is 93p and 52p is the fee payable to Denplan for Providing Insurance Services both fees include Insurance Premium Tax charged at the current rate (excluding residents of the Channel Islands and the Isle of Man).

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 Limited, 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. 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
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
Telephone: 0800 023 4567

Website: www.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.

If you bought the policy online and you wish to make a complaint, you can use <http://ec.europa.eu/odr> which is the European Commission's Online Dispute Resolution (ODR) platform. The ODR platform will not resolve your complaint, but provides an alternative way to access the Financial Ombudsman Service.

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:

These Benefit B benefits are in addition to those Benefit B benefits shown in Section 2.

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, following a dental injury, **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 current rate (excluding residents of the Channel Islands and Isle of Man).



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

Who to contact in a dental emergency

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

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

Denplan does not have Denplan member dentists overseas, therefore 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 numbers

Dental Emergency Helpline
UK:

0800 844 999

Overseas:

+44 1962 844999

Insurance Queries Helpline:

0800 085 0960

Insurance Queries Email:

insurance@denplan.co.uk

For any queries about Denplan in general, please call our Customer Advisor team on **0800 401 402**

Website:

www.denplan.co.uk/patients

Or email:

cae@denplan.co.uk

Denplan Online Services - My Denplan

What you can do online

By using the secure area of our website, you can:

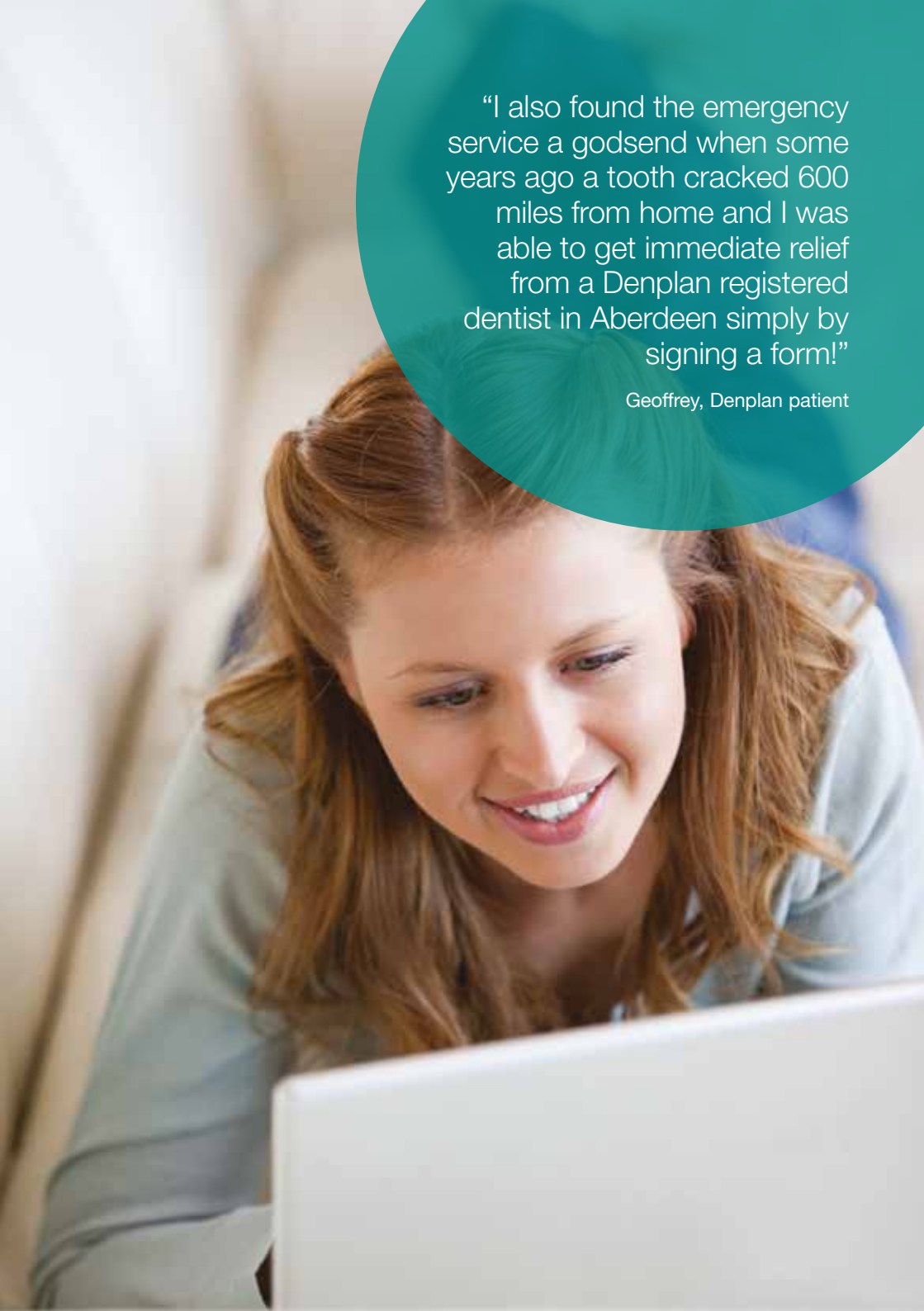
- Update your address, telephone number and email address
- Amend your Direct Debit details
- Change your name or title
- Find our member exclusives
- Download and print your payment history
- Sign up to Implant Upgrade insurance

What you will need

- Your Denplan registration number, as provided on your welcome letter
- Date of birth
- Email address

To register, simply click on the register button at

www.denplan.co.uk/mydenplan



“I also found the emergency service a godsend when some years ago a tooth cracked 600 miles from home and I was able to get immediate relief from a Denplan registered dentist in Aberdeen simply by signing a form!”

Geoffrey, Denplan patient



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Part of Simplyhealth, Denplan Ltd is an Appointed Representative of Simplyhealth Access for arranging and administering dental 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 the Prudential Regulation Authority. Denplan Ltd 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.