

Dental Plan

Insurance Product Information Document



Insurer: Simplyhealth Access, which is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority, Financial Services Register number 202183. Simplyhealth is registered and incorporated in England and Wales.

Product: Denplan Wellbeing

This document provides a summary of the key information relating to this policy but it is not personalised to you. The other documents you receive from us, before and after the policy starts, will tell you what you need to know about the policy.

What is this type of insurance?

This policy is a dental plan. It gives you money back towards a selection of dental treatments that you pay for and claim back from us, up to an annual limit. The annual limits available depend on the premium that you pay.



What is insured?

This dental plan has six levels of cover, ranging from Denplan Key (emergency and injury) to Denplan Extensive Plus. Depending on the level you select, each benefit has an annual limit we will pay up to. The table of cover will provide you with more information.

- ✓ **Worldwide preventive treatment: Examinations** - the annual limits payable for this benefit range from 100% of the NHS equivalent cost for Denplan Elementary and £50 for Denplan Essential up to £100 for Denplan Extensive Plus. We pay 100% of your receipt up to the annual limit.
- ✓ **Worldwide preventive treatment: Hygiene** - the annual limits payable for this benefit range from 100% of the NHS equivalent cost for Denplan Elementary and £70 for Denplan Essential up to £140 for Denplan Extensive Plus. We pay 100% of your receipt up to the annual limit.
- ✓ **Worldwide preventive treatment: X-rays** - the annual limits payable for this benefit range from 100% of the NHS equivalent cost for Denplan Elementary and £40 for Denplan Essential up to £80 for Denplan Extensive Plus. We pay 100% of your receipt up to the annual limit.
- ✓ **Worldwide restorative treatment** - we pay 100% of the NHS equivalent cost for Denplan Elementary. The annual limits payable on other levels range from £200 for Essentials up to £2000 for Denplan Extensive Plus. We pay 80% of your receipt up to the annual limit.
- ✓ **NHS treatment** - when receiving NHS treatment we pay 100% of the NHS cost for Denplan Elementary up to Denplan Extensive Plus.
- ✓ **Worldwide emergency dental treatment** - in the UK we pay for up to £200 of treatment towards each incident, up to four incidents in each policy year. Outside of the UK we pay for up to £400 of treatment towards each incident, up to two incidents in each policy year. The annual limit for this benefit is £800 on all levels.
- ✓ **Worldwide dental injury** - we pay for up to £2,500 of treatment towards each dental injury, up to four incidents in each policy year. The annual limit for this benefit is £10,000 on all levels.

- ✓ **Dentist call out fees** - we pay for up to £150 towards each incident, up to two incidents in each policy year. The annual limit for this benefit is £300 on all levels.
- ✓ **Worldwide telephone consultations for dental emergency or dental injury** - when referred by Denplan through the emergency dental helpline we pay dentist telephone consultation fees on all levels.
- ✓ **Worldwide hospital cash benefit** - we pay £100 for each night you are admitted to hospital for dental treatment. The annual limit for this benefit is £1,000 on all levels.
- ✓ **Mouth cancer cover** - the annual limit for this benefit is up to £20,000 towards one course of treatment for up to 18 months following diagnosis on all levels.
- ✓ **Smile Centre** - provides access to a 24/7 worldwide dental emergency helpline, 24/7 access to support and structured telephone counselling for dental anxiety and dental health information, including dentist locations finder tools.



What is not insured?

- ✗ People living outside the United Kingdom, Isle of Man and the Channel Islands.
- ✗ Non-clinically necessary treatments as assessed by our dentist.



Are there any restrictions on cover?

- ! There is an annual limit for some benefits on this policy.
- ! Each benefit has a number of exclusions, please read the full policy documentation to find out what these are.
- ! Treatment following a dental injury must start within 6 months of the date of the injury, and be completed within 24 months for an adult or within 6 years for a child under the age of 18.
- ! A child covered by this policy must be under age 24.

cont...



Are there any restrictions on cover?

- ! Mouth cancer treatment is not payable for the first 90 days of cover or after 18 months following diagnosis.
- ! Structured counselling sessions are restricted to 4 telephone sessions for each issue, each year from the date of your first session



Where am I covered?

- ✓ Treatment and services are covered worldwide except dentist call out fees and the coping with dental anxiety helpline, which are only covered in the UK.



What are my obligations:

- **at the start of the contract?** Give us honest, accurate and complete information when buying the policy, check your policy documentation when you receive it to make sure you have the cover you need and expect.
- **during the term of the contract?** Pay the premium on time, keep your details up to date.
- **when making a claim?** Give us the information that we need to assess the claim properly.



When and how do I pay?

- From a company we accept payment by monthly Direct Debit, BACS or in some cases, where it has been agreed the company may pay us the premium directly from employee salaries.



When does the cover start and end?

The cover starts from the date we include you on the policy and lasts until the renewal date. It will renew automatically each year if it is not cancelled. If you buy or renew this product, the policy documentation will show these dates.



How do I cancel the contract?

- A company can cancel the contract on the next renewal date by giving us two months' notice by writing to us or calling us.
- **Where a company pays us:** employees can cancel their policy in accordance with their employer's eligibility rules. Requests to cancel cover must be submitted via the employer.