

# Your Simply Dental Plan

Policy document: Part 1 – benefits and exclusions,  
monthly paid dental plans for individuals 2015

The accompanying Part 2 for this policy document is 'Part 2 – general terms and conditions, monthly paid dental plans for individuals 2015'



## Your table of cover

		Level 1	Level 2	Level 3	Level 4
Monthly premium for you	Payback level	£8.68	£14.47	£20.51	£26.24
Monthly premium for you and your partner		£17.36	£28.94	£41.02	£52.48
Monthly premium for up to four of your children under the age of 18		£3.20	£6.30	£9.56	£12.86

Your benefits

Annual limit for each person

No qualifying period					
<b>Check-ups</b> Includes dental check-ups, examinations and X-rays	100%	£40	£70	£100	£130
<b>Scale and polish</b> Includes scale and polish and hygienist's fees for maintenance	75%	£35	£65	£95	£125

3 month qualifying period					
<b>Treatment cover</b> Planned treatment, for example fillings, dentures and crowns, as well as periodontal care	50%	£200	£400 of which £200	£600 of which £300	£800 of which £400
is the maximum we will pay for crowns, bridges, inlays and onlays					
<b>Accident cover</b> Treatment to return you to your pre-accident state of oral health if you see a dentist or doctor within 30 days of the accident	100%	£5,000	£5,000	£5,000	£5,000
<b>Emergency visit cover</b> Covers urgent appointments, for example if you are in severe pain and need immediate treatment		£500	£500	£500	£500

<b>NHS hospital cover</b>	Cash amount to help towards everyday expenses if you need to stay in hospital for dental treatment	20 days / nights max per year	£50	£50	£50	£50
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**3 month qualifying period**

<b>Mouth cancer cover</b>	A single payment, payable once for each person for the lifetime of their membership	A single payment	£5,000	£5,000	£5,000	£5,000
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**Worldwide cover** Accident cover and Emergency visit cover apply anywhere in the world for any trip with a duration of up to and including 28 days.

The joining age for this policy is from 18 years old up to 79. If anyone on the policy is aged 80 or over you will not be able to increase your level of cover.

Premiums include Insurance Premium Tax.

**Pre-existing conditions, treatment identified in a qualifying period and cosmetic/aesthetic dentistry procedures are not covered.**

**You can find full details about the policy in your Policy Documentation.**

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# Introduction

These terms and conditions explain the limits of **your** cover under the **policy**. They apply to **you**, as a **member**, whether or not **you** have signed the application form or other document. Please read them carefully and keep them in a safe place for future reference.

If **you** have any questions about these terms and conditions, please contact Customer Services on 0370 908 3476. Calls to 03 numbers are no more expensive than calling numbers starting with 01 or 02 and are included in free call packages from landlines and mobiles.

## Making information about us accessible

**We** aim to make information about **us** accessible to **you**, whatever **your** needs, and information is available in large print or audio. Please call **us** if **we** can help in any other way.

## Section 1: Definitions

Certain words used in this **policy** have specific meanings. To avoid repeating the whole meaning **we** have shown these words in bold, and **you** can find their meaning in this 'definitions' section.

### Accident

An incident that happens by chance, which could not have been expected, causes a significant dental injury and requires medical or dental attention.

### Child/children

Natural or legally adopted dependent children of **you** or **your partner** who are under the age of 18.

### Claiming year

The period of time during which **you** can claim benefit for **your** chosen level of cover. **Your** first claiming year starts on **your registration date** and runs for 12 months. Subsequent claiming years start on the anniversary of **your registration date** and run for 12 months.

### Clinically necessary

Treatment that **you** need:

- to treat disease
  - to replace defective or worn dental work
- in order to secure and maintain **your** oral health.

### Cosmetic or aesthetic treatment

Treatment whose primary purpose is to improve **your** appearance, for example:

- any treatment that **you** choose to have and which is not **clinically necessary**, such as crowns, bridges, inlays and onlays
- replacement of silver-coloured fillings with white fillings
- tooth whitening, including bleaching and laser whitening
- veneers
- orthodontic treatment.

### Course of treatment

Treatment to an individual tooth, from preparation to completion. For example, if the treatment is for a bridge then a course of treatment will be from preparation to fitting of the bridge.

### Day-patient

A patient who is admitted to a hospital or day-patient unit because they need a period of medically supervised recovery but does not occupy a bed overnight.

### Dental clinician

A person who:

- is qualified as a dental surgeon or dental care professional
- is registered with the General Dental Council and engaged in general dental practice
- practices in the United Kingdom
- complies with the requirements of the publication "Scope of Practice" from the General Dental Council regarding their training and competence.

### Dental treatment

Treatment performed by a **dental clinician** or **specialist**. Such treatment must be **clinically necessary** to secure **your** oral health. For example:

- dental crowns, bridges, fillings, inlays, onlays and fissure sealants but not **cosmetic or aesthetic treatment**
- root canal treatment
- X-rays
- dentures
- local anaesthetic fees
- gum-shields specifically designed for use while participating in a dangerous **sport**, provided by a dentist or **specialist**
- laboratory fees and dental technician fees referred by a dentist or **specialist**
- periodontal care carried out by a periodontist or hygienist.

## In-patient

A patient who is admitted to hospital and who occupies a bed overnight or longer, for medical reasons.

## Member

A policyholder with Simplyhealth.

## Mouth cancer

A diagnosis of primary cancer in any part of the oral cavity from the lips to the back of the tongue (for example the lips, tongue, major salivary glands, gums, soft or hard palate).

## Partner

A husband, wife or civil partner under the Civil Partnership Act 2004, or a person who lives with **you** permanently as if they were **your** husband, wife or civil partner.

## Policy

**Our** contract of insurance with **you**.

## Pre-existing condition

A condition is pre-existing if:

- **you** had symptoms of or knew about the condition before **you** joined the **policy**

or

- a **dental clinician** planned or recommended treatment for the condition before **you** joined the **policy**.

or

- **you** have not had a dental examination in the 24 months before **you** joined the **policy**

If **you** have not had a dental examination in the 24 months before **you** joined the **policy**, **we** will not pay for any treatment:

- identified as necessary
- planned, or
- that **you** receive

at the first dental examination by a **dental clinician** after **you** join the **policy**.

## Qualifying period

A set period of time in which **we** will not pay claims for any treatment or service that is identified or that **you** receive during that time. This could be from the date that **you** join the **policy** or the date of any increase in cover. The **table of cover** shows any qualifying periods that apply to the **policy**.

## Registration date

The date that the **policy** begins, as shown in **your** welcome letter.

## Review date

The annual anniversary of the date on which this **policy** started.

## Simplyhealth dentist

A dentist appointed by Simplyhealth to review and advise on all **dental treatment** and other dental matters.

## Specialist

A dentist who is:

- registered with the General Dental Council (GDC) in one of the recognised dental specialist areas on the 'specialist list'

and

- practising in the UK.

However, for claims under 'mouth cancer', specialist means a medical or dental practitioner:

- whose name is included in the register of specialists maintained by the General Medical Council/General Dental Council
- who holds or has held a substantive appointment (i.e. not a locum) as a consultant in a National Health Service Hospital/the Armed Services, or
- who has a Certificate of Completion of Training/ Certificate of Eligibility of Specialist Registration from the appropriate Royal College.

## Sports

Sports or activities that carry a higher than average likelihood of dental injury where it is reasonable to expect **you** to wear face or mouth protection, for example hockey or rugby.

## Table of cover

The table (current at the date of treatment) that **we** give **you**. This will show:

- the levels of cover that apply to each of the **policy's** premium levels (if there are different levels)
- any **qualifying periods** that apply
- any age rules for being covered by the **policy**
- any age rules for changing **your** premium level and
- whether or not **you** can cover a **child** or **partner** on the **policy**.

## We/our/us

Simplyhealth Access trading as Simplyhealth, a company incorporated in England and Wales.

## You/your

The **member** and, where applicable, any **partner** or **children** covered under the **policy**.

## Section 2: Details of cover under this policy

We will pay **you** up to the maximum amount of **your** chosen level shown in the **table of cover**. **You** have to pay the cost of the treatment and claim this back from **us**. The decisions that **you** make about the treatments that **you** have are **your** responsibility. **We** make no claims about the effectiveness and safety of treatments.

### Check-ups

Payback percentage of cost: 100%

	Level 1	Level 2	Level 3	Level 4
Annual limit	£40	£70	£100	£130

#### What the check-ups benefit covers

- ✓ check-ups, examinations, investigations or tests. A check-up includes investigations, services and procedures performed by a **dental clinician** or **specialist** to assess **your** oral health, for example X-rays and diagnostics (including study casts, wax-ups and stents).

#### What the check-ups benefit does not cover

- × general exclusions.

### Scale and polish

Payback percentage of cost: 75%

	Level 1	Level 2	Level 3	Level 4
Annual limit	£35	£65	£95	£125

#### What the scale and polish benefit covers

- ✓ a scale and polish completed by a **dental clinician**
- ✓ hygienist's fees for maintenance.

#### What the scale and polish benefit does not cover

- × general exclusions.

### Treatment

Payback percentage of cost: 50%

	Level 1	Level 2	Level 3	Level 4
Annual limit	£200	£400 of which £200	£600 of which £300	£800 of which £400
		is the maximum we will pay for crowns, bridges, inlays and onlays		

Treatment cover will pay (up to **your** annual benefit limit) for a completed course of **clinically necessary dental treatment** which started after the **qualifying period** has finished. **We** may ask for evidence from **your dental clinician** that, in their professional opinion, the **dental treatment** was **clinically necessary**.

#### What the treatment benefit covers

- ✓ **dental treatment** provided by a **dental clinician** or **specialist**
- ✓ local anaesthetic fees
- ✓ dental crowns, bridges, inlays and onlays up to the annual benefit limit
- ✓ dental crowns, bridges or attachments to a dental implant
- ✓ fillings and fissure sealants
- ✓ dentures
- ✓ fees for laboratory and dental technician services referred by a **dental clinician** or **specialist**
- ✓ periodontal care
- ✓ extractions
- ✓ gum-shields specifically designed for use while participating in a **sport**, provided by a dentist or **specialist**
- ✓ the standard NHS rate for one prescription each **course of treatment** (whether the prescription is an NHS or private prescription). The prescription must be written by a **dental clinician** or **specialist**. This does not cover Prescription Prepayment Certificates (PPC).

### What the treatment benefit does not cover

- × general exclusions
- × **pre-existing conditions**
- × **dental treatment:**
  - that **you** need within the **qualifying period**
  - which **you** or a **dental clinician** identified that **you** needed at any time before **you** joined the **policy** or during **your qualifying period**
  - that forms part of a **course of treatment** that began at any time before **you** joined the **policy** or during **your qualifying period**
  - that is not fully completed or paid for
- × appliances needed to treat grinding or clenching or to prevent tooth wear, for example, mouth guards.

### Accident

Payback percentage of cost: 100%

	Level 1	Level 2	Level 3	Level 4
Annual limit	£5,000	£5,000	£5,000	£5,000

The accident benefit covers treatment that **you** need as a result of an **accident** in order to return **you** to **your pre-accident** state of oral health. If **you** make a claim under this benefit, **you** must provide reasonable evidence of the **accident** having taken place and of the treatment being **clinically necessary** as a direct result of the **accident**. The evidence that **we** ask for may include the date of the **accident**, witness statements, photographs, X-rays, medical and dental reports and police incident numbers.

### What the accident benefit covers

- ✓ restorative treatment to return **your** oral health to its pre-**accident** state if **you** receive medical or dental attention within 30 days of the **accident**
- ✓ the standard NHS rate for one prescription (whether the prescription is an NHS or private prescription). The prescription must be written by a **dental clinician** or **specialist**. This does not cover Prescription Prepayment Certificates (PPC).

### What the accident benefit does not cover

- × general exclusions
- × treatment where **you** did not receive medical or dental attention within 30 days of the **accident**
- × further treatment that **you** need after the immediate restoration of the **accident**-damaged area, for example remedial improvements to, or the modification of, work carried out as a result of the **accident**
- × treatment that **you** need as a result of participating in a **sport** where **you** were not wearing the appropriate face or mouth protection
- × treatment that **you** need as a direct result of an **accident** that occurred before or within the **qualifying period**
- × treatment that **you** need as a result of injury caused by foodstuffs or foreign bodies while eating, chewing or drinking.

### Emergency visit

Payback percentage of cost: 100%

	Level 1	Level 2	Level 3	Level 4
Annual limit	£500	£500	£500	£500

**We** pay for the emergency treatment that **you** have at an emergency visit to a dentist, not **dental treatment** that **you** have at further visits for the same condition (**you** may be able to claim for this under 'treatment').

### What the emergency visit benefit covers

- ✓ **dental treatment** which **you** urgently need to treat or relieve:
  - severe pain that **you** cannot relieve with medicines that **you** can buy without a prescription (over the counter medicines)
  - trauma
  - inability to eat
  - acute infection
  - swelling in your mouth or face
  - uncontrollable bleeding in **your** mouth
  - a condition which causes a severe threat to **your** general health
- ✓ callout fees – these are the fees charged by a dentist or **specialist** for attending an appointment at a dental practice outside the normal opening hours
- ✓ **we** will pay the standard NHS rate for single prescription for an emergency visit, whether the prescription is an NHS or private prescription. This does not cover Prescription Prepayment Certificates (PPC). All prescriptions must be written for a dental related problem.

### What the emergency visit benefit does not cover

- × general exclusions
- × **pre-existing conditions**
- × any dental appointments or **dental treatment** that **you** need after the first emergency visit (**you** may be able to claim for this under 'treatment')
- × an emergency visit that you have within the **qualifying period**
- × **dental treatment** that **you** need as a result of an **accident** (**you** may be able to claim for this under 'accident')
- × referrals from a **dental clinician** to a **specialist**.

## NHS hospital

Maximum number of nights each **claiming year**: 20

	Level 1	Level 2	Level 3	Level 4
Cash amount each day or night	£50	£50	£50	£50

For claims for dental hospital benefit **you** should complete the front of the claim form and send **us** a copy of **your** discharge papers.

### What the dental hospital benefit covers

- ✓ time spent in an NHS hospital as an **in-patient** or **day-patient** where referral is primarily for **dental treatment**. **You** must have been referred by a dentist, GP or accident or emergency department.

### What the dental hospital benefit does not cover

- × a hospital admission during the **qualifying period**
- × **dental treatment** in a hospital where **you** are not admitted as a **day-patient** or as an **in-patient**.
- × payment of this benefit in conjunction with 'treatment'
- × **pre-existing conditions**
- × admission to an accident or emergency unit
- × **dental treatment** in a hospital where this is not the primary reason for being in hospital
- × out-patient appointments.

## Mouth cancer

	Level 1	Level 2	Level 3	Level 4
A single payment of	£5,000	£5,000	£5,000	£5,000

**We** will pay the **mouth cancer** benefit only if **you** are diagnosed with primary **mouth cancer**. When cancer occurs, the part of the body where it first appears indicates the primary cancer, for example bowel cancer. If the cancer spreads and settles in a different part of the body, for example the oral cavity, forming a new tumour, this is called a secondary cancer (also called a metastasis).

**We** will give **you** the sum shown in the **table of cover** under **your** chosen premium level if **you** are diagnosed with primary **mouth cancer**:

- by a **specialist**
- after the **qualifying period**.

**We** will only pay **you** **mouth cancer** benefit once during the lifetime of **your** membership.

### We will pay mouth cancer benefit

- ✓ if **you** have been diagnosed with primary **mouth cancer**.  
The diagnosis must be supported by a **specialist's** letter and histology (microscopic study).
- We will not pay mouth cancer benefit**
  - × if, either before or during the **qualifying period**, **you**
    - have been diagnosed with any **mouth cancer** or
    - are having investigations or waiting for the outcome of tests
  - × for secondary cancer in **your** mouth
  - × general exclusions.

## General exclusions

### We will not pay for:

- × a **course of treatment** that **you** have paid for but have not yet received
- × any costs that **you** incur outside the UK, except for 'emergency visit' and 'accident'
- × any charges for completing the claim form or for medical or other information **we** ask for in support of **your** claim
- × dental consumables, for example toothbrushes, mouthwash and dental floss
- × dental practice plan payments and joining fees, and dental insurance premiums
- × missed appointment fees and administration fees
- × fees for laboratory and dental technician services not referred by a **dental clinician** or **specialist**
- × any costs for treatment undertaken in a hospital following a referral from a **dental clinician**
- × hypnosis or sedation

- × **cosmetic or aesthetic treatment**, or treatment that is not **clinically necessary**
- × implants, or any preparation for and treatment connected with implants, although attachments to the dental implant such as crowns and bridges may be covered. This exclusion does not apply to an existing abutment which is damaged in an **accident** covered by the **policy**
- × veneers, or any preparation for and treatment connected with having veneers fitted. This exclusion does not apply to an existing veneer which is damaged in an **accident** covered by the **policy**
- × orthodontic treatment, or any preparation for and treatment connected with orthodontics
- × dental work required as a result of damage caused by tooth or mouth jewellery
- × claims relating to treatment arising directly or indirectly from
  - **your** participation in a criminal act
  - **your** abuse of alcohol or drugs
  - an **accident** while **you** were under the influence of alcohol or drugs
  - deliberate self-inflicted injury
- × damage to dentures that happens whilst **you** are not wearing them
- × any claim that **you** make as a result of war or terrorist activity
- × any claim that takes place after **you** no longer live permanently in the United Kingdom
- × any claim for treatment that **you** receive from:
  - a member of **your** immediate family – a parent, **child**, brother or sister, or **your partner**
  - a business that **you** own.

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