



Introducing

Denplan Lucent Direct

A guide to our services

ed^Uhealth
BECAUSE YOUR HEALTH MATTERS



Thank you for considering Denplan

This guide is designed to help you understand what a dental plan is and how it works.

For someone who cares about maintaining their oral health we find our dental plans are a great way of managing the cost of dental care with predictable monthly payments. The cost of the plan will be dependent on your oral health needs and can end up costing a lot less than you think.

How a dental plan can benefit you?

A dental plan covers you for a wide range of common dental treatments, giving you the chance to spread the cost annually. With all of our plans you get access to several features:

- ☒ Worldwide cover
- ☒ Prompt reimbursement
- ☒ Visit any dentist (Denplan, NHS, or private) to claim back dental treatment costs
- ☒ Immediate cover* - claim for treatment from the day cover starts
- ☒ Pre-existing conditions covered*
- ☒ Cover for injuries and emergencies, including sporting injuries*
- ☒ 24-hour worldwide dental emergency helpline

**Do you have more questions?
Get in touch:**

www.denplan.co.uk/contactform | 01962 828 007

Lines are open from Monday to Friday 9am to 5pm.

* Please see terms and conditions for more information

How does the plan work?



Step 1

When you need treatment or a check-up, book your appointment, attend, pay, and obtain a fully itemised receipt.



Step 2

Use your online Employee Portal to claim. Upload a photo of your receipt and submit - simple as that!



Step 3

We'll review your claim and, once approved, you'll get your money back within 5 working days.

Frequently asked questions

Do I need to change my dentist when I join?

No, you can see any dentist anywhere in the world; there is no need to change your dentist when you join. We do have a network of dentists that offer discounts to our corporate patients so if you are looking for a new dentist, this is a great place to start. The Denplan Discount Network can also be accessed through our online services.

How long will it take for my claim to be reimbursed?

If your claim contains all of the information we need; we'll usually be able to fully assess your claim within five working days. If you do not supply all of the information we need, your claim may take longer as we may need to contact you or your dental practice.

How can I monitor how much of my cover I have used?

You can view your available benefits by logging into your online services.

Is cosmetic treatment covered?

No, your policy only covers you for clinically necessary dental treatment. Examples of cosmetic treatment include teeth whitening, orthodontic treatment where your orthodontic grading on the IOTN Scale is 1-3, or placement of veneers to improve the appearance of your teeth. This list is not exhaustive.



The Smile Centre - for all your dental needs

Dental advice at your fingertips

We offer oral health information, oral health tips and the latest news and offers.

Dental emergency helpline

A 24-hour worldwide dental emergency helpline is available.

Denplan Discount Network

An exclusive network of around 1,000 Denplan dentists dedicated to offering a discount to corporate members making dental care even more affordable.

24-hour coping with dental anxiety helpline

Access to 24/7 telephone counselling service to support members with dental related anxiety, worry and stress. Up to six structured telephone counselling sessions for each issue, in every rolling 12 months.

These services can be accessed online.



Denplan Lucent Direct table of cover

This product is suitable for someone who would benefit from support with everyday dental healthcare costs. Including costs like NHS and private dental check-ups. You'll also have cover towards unforeseen events like dental accidents, emergencies, and mouth cancer cover.

There are no annual limits
Benefits are for each person covered on the policy
Covered children will receive their own benefit entitlement

			Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Routine checks - each occasion								
Examinations	Normal, routine, recall examinations	100% payback up to NHS limits	£27	£32	£37	£46	£57	
	Extensive, New patient, Specialist consultation		£46	£57	£75	£81	£86	
Dental x-rays (each x-ray)	Small, Intra Oral, Bitewing		£8	£9	£10	£12	£14	
	Large, OPG, CT scan		£17	£23	£29	£35	£40	
Routine treatments - each occasion								
Cleaning	Scale and polish, Hygiene	100% payback up to NHS limits	£48	£60	£70	£75	£81	
Fillings	Silver		£37	£47	£58	£68	£79	
	White		£52	£70	£83	£95	£110	
Major treatments - each full course of treatment (including preparation, supply and fit)								
Crown (each tooth)		100% payback up to NHS limits	£200	£242	£315	£410	£494	
Post (each tooth)			£42	£53	£63	£74	£84	
Root canal (each tooth)			£105	£152	£189	£236	£347	
Bridge (any number of teeth)			£420	£578	£735	£893	£1,050	
Dental Implant (This reimbursement includes the implant and abutment. The cost of the crown is additionally covered up to the crown for each tooth limit)			£210	£236	£263	£289	£315	
Orthodontic (IOTN grade 4 – 5) IOTN stands for Index of Orthodontic Treatment Need. For further details visit the British Orthodontic Society: www.bos.org.uk			£420	£499	£578	£656	£735	
Denture - upper (partial or full)			£378	£504	£630	£714	£798	
Denture - lower (partial or full)			£378	£504	£630	£714	£798	
Inlay, Onlay (each tooth)			£210	£236	£263	£315	£368	
Veneer (each tooth; clinically necessary)			£210	£236	£263	£310	£410	
Periodontal, Gingivectomy (each course of treatment)			£89	£95	£105	£116	£126	
Repairs (for example recementation of a crown or bridge)			£46	£52	£57	£63	£75	
Extraction - simple (each tooth)			£28	£35	£44	£57	£72	
Extraction - surgical (each tooth)			£58	£63	£68	£105	£137	
Treatment extras - each requirement								
Fissure sealant		100% payback up to NHS limits	£29	£35	£46	£57	£69	
Topical fluoride application			£28	£37	£40	£44	£46	
Sedation with local anaesthetic			£74	£79	£84	£89	£95	
Mouthguard (including sport), Splinting, Post orthodontic retainer			£53	£58	£63	£68	£74	
Other clinically necessary restorative treatment not listed			£68	£79	£89	£105	£121	
NHS treatment								
100% payback up to NHS limits			✓	✓	✓	✓	✓	✓

Each person is also covered for the following benefits up to an annual limit:

Dental emergency and injury	
Worldwide emergency dental treatment	£800 Four incidents within the UK up to £200 each or two incidents overseas up to £400 each, towards your emergency appointment which was not pre-planned.
Worldwide dental injury	£10,000 Four incidents covered up to £2,500 each.
Dentist call out fees (UK only)	£300 Two incidents covered up to £150 each.
Worldwide telephone consultations for dental emergency or dental injury	100% When referred by Denplan through the emergency dental helpline.
Worldwide hospital cash benefit	£1,000 £100 each night, up to 10 nights. Cash amount when you are admitted for dental treatment under the care of a consultant specialising in dental or maxillofacial surgery in relation to a head or neck condition.
Mouth cancer cover	£20,000 Payment up to £20,000 towards one course of treatment up to 18 months following diagnosis. Cover not available for the first 90 days, please refer to section 1. Schedule of benefits of your policy terms and conditions.
Smile Centre (These services can be accessed through the Smile Centre via your online account at www.denplan.co.uk/employeeonline)	
24-hour worldwide dental emergency helpline	Access to unlimited 24/7 dental emergency helpline wherever you are in the world.
24-hour coping with dental anxiety helpline	Access to 24/7 telephone counselling service to support you with dental related anxiety, worry and stress. Up to six structured telephone counselling sessions for each issue, in each year.
Dental health information and tools	Dental health information for you and your family, dentist location finder tools, discounts and more.

Main exclusions and limitations

- Any treatment that is assessed by our dentist as not clinically necessary
- Treatment that you or a dentist knew you would need before your policy start date
- Any costs for dental procedures carried out as a result of a referral to a hospital, for example wisdom teeth removal
- Children can be covered up to the age of 24

Monthly cost

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Scheme member	£21.20	£36.65	£39.55	£65.75	£110.45	£162.85
Scheme member & partner	£42.45	£73.45	£78.95	£131.70	£221.00	£325.75
Single parent family (One adult and children)	£36.00	£62.45	£67.15	£112.00	£187.80	£276.95
Family (Two adults and children)	£57.20	£99.20	£106.55	£177.85	£298.35	£439.80

- Prices quoted include Insurance Premium Tax charged at the prevailing rate (excluding residents of the Channel Islands and the Isle of Man)
 - These premiums are valid for 12 months for any plan commencing from 1st April 2025 up until 31st March 2026
- An unlimited number of children can be added, up to the age of 24
 - Level 1 may not be suitable for children under the age of 18 (or under the age of 19 if in full-time education) as they are exempt from NHS charges

Is this product right for you?

This product meets the needs of someone who would benefit from support with everyday dental healthcare costs.

- Do you have regular dental examinations and treatment?

☐ **Yes** ☐ **No**
- Would you like to claim cash back towards your dental examinations and treatments?

☐ **Yes** ☐ **No**
- Would you like to claim for unforeseen events like a dental accident, emergency and mouth cancer cover?

☐ **Yes** ☐ **No**

If you have answered ‘No’ to **ALL** of these questions above this product may not be suitable for your needs. Please check the table of cover and the full policy documentation to make sure this product will meet your needs before completing your application. We do not provide advice or recommendations.

Policy Terms and Conditions

Full terms and conditions and policy exclusions can be found in this policy handbook. We recommend that you familiarise yourself with these before submitting your claims.

1. Schedule of benefits

You are covered for the benefits shown in **your table of cover** up to the annual limits shown for each course of treatment.

Routine checks, routine treatment, major treatment and treatment extras

This benefit is to help towards the costs when **you** see a qualified **dentist** for all dental treatment that have a monetary amount shown in **your table of cover**.

What is covered	What is not covered
<ul style="list-style-type: none">✔ clinically necessary dental treatment up to the amounts shown in your table of cover✔ sedation in connection with clinically necessary dental treatment, up to your benefit limits✔ diagnostic tools (for example, study models) will be covered under scans	<ul style="list-style-type: none">✗ treatment which is noted in your dental records or on a treatment plan, has been recommended by or discussed with your dentist, is known by you or is currently taking place at the date your cover starts✗ consultations for treatment that is not covered on your policy (for example, cosmetic treatment)✗ x-rays related to treatment that is not covered by your policy✗ replacement for loss of, or damage to dentures, other than whilst in your mouth✗ placement of a dental implant or bridge into a pre-existing gap, where there is no clinical requirement✗ orthodontic treatment (IOTN 1-3)*✗ general exclusions

Please note: The reimbursement amounts stated on **your table of cover** are for each course of treatment unless otherwise stated; **we** define a course of treatment as:

- x-ray or scan – a single x-ray or scan
- filling and fissure sealant – treatment to a single tooth
- root canal – full root canal treatment on a single tooth (can be multiple visits)
- crown, inlay, onlay, veneer, implants – a full course of treatment to a single tooth including preparation, supply and fit
- bridge and denture – a full course of treatment including preparation, supply and fit of a bridge or denture
- extraction – extraction of a single tooth
- orthodontic and periodontal treatment – a full course of treatment prescribed by **your dentist** that forms part of a single treatment plan

*IOTN stands for Index of Orthodontic Treatment Need. For further details visit the British Orthodontic Society: www.bos.org.uk

NHS treatment

This benefit is to help towards the costs when **you** see a qualified **dentist** for all items of treatment where '100% payback up to NHS limits' is shown in the **table of cover**.

What is covered

- ✓ costs for treatment carried out on the NHS by an NHS **dentist** will be fully reimbursed
- ✓ if **you** have selected a level of cover that only includes reimbursement for NHS treatment, and **you** have private treatment **we** will pay the NHS equivalent costs – the amount of money **your** treatment would have cost if it had been carried out and charged by the NHS

What is not covered

- ✗ any treatment that **you** have paid for privately will not be eligible for 100% reimbursement under this benefit even if it took place at an NHS dental practice
- ✗ any treatment that the NHS would not cover
- ✗ **general exclusions**

Additional claiming information about this benefit

The NHS has fixed costs for treatment; the price will vary depending on which part of the **UK** **you** are in. **You** can find the current prices for NHS treatment on the NHS website for **your** area.

In England, the NHS have 3 bands which all treatment covered falls into – Scotland, Wales and Northern Ireland all have different structures in place.

- Band 1 includes examinations, cleaning with a hygienist, x-rays and emergency appointments
- Band 2 includes root canal treatment, extractions and fillings
- Band 3 includes crowns, bridges and mouthguards

You can only claim the NHS equivalent costs once for each course of treatment. A course of treatment may take place over more than one visit to the **dentist**, for example, if a bridge is needed, there will likely be an appointment for preparation and an appointment to fit the bridge – this would be part of the same course of treatment.

Worldwide emergency dental treatment

This benefit is to help towards the costs of urgently required dental treatment at the initial emergency appointment.

What is covered

- ✓ treatment carried out at an emergency appointment which was not pre-planned and is required because **you** are in dental pain or there is a severe threat to **your** overall health
- ✓ prescription charges
- ✓ calls to **our** emergency helpline can be reimbursed if **you** are outside the **UK** (+44 (0) 1962 844 999)

What is not covered

- ✗ any treatment carried out at a follow up appointment. If **your policy** covers preventive and restorative treatment **you** may be able to claim for follow up appointments under these benefits
- ✗ any phone calls made to **our** emergency helpline or calls made in the **UK**
- ✗ **general exclusions**

Worldwide dental injury

This benefit is to help towards the costs when **you** see a qualified **dentist** for an **injury** to the teeth or supporting structures which is suddenly and unexpectedly caused by an external impact. All treatment connected with the same **injury** will be taken from the benefit limit in force on the date of the **injury**.

What is covered <ul style="list-style-type: none">✔ treatment following a dental injury that occurs whilst your policy is in force. This must start within six months of the date of the injury, and be completed within 24 months (six years for persons under 18)✔ treatment for dental injuries sustained while participating in a contact sport as long as you were wearing appropriate mouth protection✔ dentures are covered if you were wearing them at the time of the injury✔ prescription charges	What is not covered <ul style="list-style-type: none">✗ treatment needed as a result of a self-inflicted injury✗ treatment needed for a dental injury that occurred before your policy started✗ treatment needed following damage caused during the consumption of food (including foreign bodies contained within the mouth or jewellery)✗ dental injury resulting from an elective/ planned surgical procedure with or without the administration of general anaesthesia✗ general exclusions
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Dentist call out fees (UK only)

This benefit is to help towards the costs when a qualified **dentist** in the **UK** has to reopen their practice outside the practice's normal working hours to see **you**.

What is covered <ul style="list-style-type: none">✔ the cost of dentist's call out fees in the event of a dental injury or emergency dental treatment	What is not covered <ul style="list-style-type: none">✗ non UK dentist call out fees✗ general exclusions
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Worldwide telephone consultations for dental emergency or dental injury

This benefit is to help towards the costs when **you** speak to a qualified **dentist** about a dental emergency or a dental **injury**.

What is covered <ul style="list-style-type: none">✔ dentist fees following a referral by us to a dentist, to provide a telephone consultation in the event of a dental injury or dental emergency	What is not covered <ul style="list-style-type: none">✗ general exclusions
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Worldwide hospital cash benefit

This benefit is to give **you** money to help towards the incidental costs involved with being admitted overnight to hospital for dental or maxillofacial surgery.

What is covered <ul style="list-style-type: none">✔ a cash amount for each night you stay overnight in hospital under the care of a consultant specialising in dental or maxillofacial surgery in relation to a head or neck condition	What is not covered <ul style="list-style-type: none">✗ the cost of the treatment carried out in a hospital (for example, wisdom tooth extractions)✗ general exclusions
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Mouth cancer cover

This benefit is to help towards the costs when diagnosed with mouth cancer when **you** see a qualified consultant.

Mouth cancer is a malignant tumour which is characterised by the uncontrolled growth and spread of malignant cells and the invasion of tissue.

What is covered

- ✓ charges for treatment of mouth cancer:
 - if **you** have been diagnosed with mouth cancer **you** are covered for charges for consultations and tests. Cover is only provided where the primary site is in the hard and/or soft palate, gland tissue (including accessory, salivary, lymph and other gland tissue) in the mucosal lining of the oral cavity
 - **you** are only covered for treatment received within 18 calendar months of the date of diagnosis
 - **you** are only covered 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 **your** country of residence or treatment provided by another medical practitioner under referral from a consultant

What is not covered

- ✗ mouth cancer diagnosed before or within 90 days of when **you** are first provided with mouth cancer cover by **us**, or for which tests or consultation began within those 90 days, even if the diagnosis is not made until later
- ✗ no further benefits are payable in the event of a reoccurrence of this same cancer, either at the same site or at a different location
- ✗ mouth cancer resulting from the chewing of tobacco products or betel nut, or from prolonged alcohol abuse
- ✗ secondary mouth cancer
- ✗ cancer of the tonsils
- ✗ **general exclusions**

Smile Centre

Through **your** online account at www.denplan.co.uk/employeeonline **you** can access a wealth of services and dental health-related information.

What is covered

- ✓ unlimited 24/7 dental emergency helpline, wherever **you** are in the world
- ✓ unlimited 'in the moment' counselling support and guidance for dental related anxiety and stress
- ✓ six structured telephone counselling sessions for dental related anxiety and stress, for each issue, in each year¹

What is not covered

- ✗ non dental-related counselling as defined by **our** counselling service provider
- ✗ long-term counselling
- ✗ counselling for **children** under the age of 16
- ✗ **general exclusions**

¹The year cycle begins from the date **you** start **your** counselling journey, not a calendar year or a dental plan **claiming year**.

The information and services available through Smile Centre can change without notice from time to time.

2. General exclusions

This **policy** does not cover:

- any treatment that is assessed by **our dentist** as not clinically necessary
- cosmetic or aesthetic treatment under any circumstances (e.g. teeth whitening)
- any treatment for psychological reasons
- any treatment which is noted in **your** dental records or on a treatment plan, has been recommended by or discussed with a **dentist**, is known by **you** or is currently taking place at the date **your** cover starts (please note if **you** have joined **Simplyhealth** as part of **your** employer's transfer from another provider **we** may not apply this exclusion)
- reimbursement for travelling expenses or telephone calls. Unless in relation to telephone calls made under the 'worldwide telephone consultations for dental emergency or dental injury' benefit
- any costs for dental procedures carried out as a result of a referral to a hospital, for example wisdom teeth extractions
- dental consumables that are taken away from the dental practice, for example toothbrushes, floss, toothpicks, gels and any other sundries
- if **you** have received dental treatment overseas, **we** will not reimburse for credit card fees, interest or commission fees incurred whilst overseas, as well as fees incurred for the translation of dental treatment or receipts
- any benefit if **your date of treatment** is before **your policy start date**
- any consultation with, or treatment by, a trainee (even if they are supervised by a qualified professional)
- insurance premiums for any goods or services, or payment for any type of extended warranty or guarantee for goods or services
- regular payment plans for treatment, for example dental practice plan payments
- postage and packing costs
- administration or referral costs, joining fees or registration fees
- fees or charges for:
 - missing an appointment
 - completing a claim form or providing a medical report.

3. Definitions

The words which appear in this **policy** in bold have specific meanings which are explained below:

Child / children

Natural or legally adopted children of **you** or **your partner**, as defined by **your** employer's eligibility rules, who are under the age of 24.

Claiming year

The period of time during which **you** can claim the benefit for **your** chosen level of cover. **Your** first claiming year begins on **your start date** and runs until the **renewal date**. Subsequent claiming years run from one **renewal date** to the next.

Contact sport

Any sport where it is common practice to wear mouth protection, for example rugby, lacrosse, hockey, boxing, wrestling, ice hockey.

Date of treatment

The date that the treatment or service was supplied or the dates when **you** were admitted and discharged from hospital.

Dentist

In the **UK**, a dental surgeon or dental care professional who is currently registered with the General Dental Council (GDC) carrying out the treatment which they are registered to perform. If the dental professional is outside the **UK**, a dental professional registered with the appropriate national regulatory authority.

Eligibility criteria

Criteria set by **your** employer that **you** must meet in order to be eligible for cover under this **policy**.

Emergency dental treatment

Dental treatment provided at the initial emergency appointment urgently required for the relief of severe pain, arrest of haemorrhage, the control of acute infection or a condition which causes a severe threat to **your** general health.

General exclusion

Anything excluded under the **policy** as set out in section 2 above.

Injury

Damage to the teeth or supporting structures which is caused suddenly and unexpectedly by an external impact.

Member

Anyone who **we** have accepted for cover under this **policy** in accordance with the **eligibility criteria**. A member must be:

- an **employee**; or
- a **partner**; or
- a **child**; or
- any other category or member approved by **us** in writing.

Partner

Anyone in a relationship with, and who lives with, the **policyholder**. This could be their husband, wife, civil partner or unmarried partner.

Personal Data

Data which relates to a living person who can be identified from that data, or from that data and other information which is in the possession of, or is likely to come into the possession of **Simplyhealth**.

Policy

The terms and conditions within this document.

Policyholder

The **member** that **we** have agreed to provide the **policy** to.

Renewal date

The date the contract between **us** and the **policyholder** is renewed.

Start date

The date that **your** cover under the **policy** starts.

Table of cover

The table provided separately to this document that details the benefit amounts available on **your** **policy**.

UK resident

Someone who has their main home in the **UK**, resides in the **UK** for at least 183 days a year, and holds a **UK** National Insurance number.

UK Territory

For the purpose of this **policy** a resident of a UK Territory is a person who: has their main home in Jersey, Guernsey or the Isle of Man and spends at least 183 days a year there; and holds a National Insurance number, Social Security Number or pays Social Insurance (whichever is applicable).

United Kingdom or UK

England, Wales, Scotland and Northern Ireland.

We / our / us / Simplyhealth

Denplan Limited trading as Simplyhealth, a company incorporated in England and Wales with registered number 1981238.

You / your

Anyone who is a **member** on the **policy**.

4. Claims: General

4.1 Making **your** claim

Your claim must be notified to **us** either by using **our** online claim system or by posting a fully completed claim form. **We** will not accept claim forms notified to **us** by any other means and **we** cannot accept receipts that are not accompanied by a valid claim.

All claims should be made to **us** within 60 days of the treatment taking place if reasonably possible. The longer the time between the **date of treatment** and submitting **your** claim the more difficult it may be for **us** to validate it.

Your claim must be supported by proof that **you** have had the treatment—this should be in the form of a fully itemised receipt or statement of account from **your** **dentist**, detailing each treatment being claimed and the cost paid for that treatment.

You may need to supply additional documentation to help **us** validate **your** claim, for example x-rays, dental records or details relating to the circumstances of an **injury**.

We will pay claims from the entitlements available on the date that **you** had **your** treatment in each **claiming** year.

If **we** are not able to validate **your** claim for any reason, for example **your** dental health professional no longer has access to **your** records, **we** may not be able to pay **your** claim.

4.2 If claims are received without all of the required information **we** will notify **you** and ask **you** to resubmit the claim to **us** once all information has been obtained.

4.3 **You** will inform **us** if **you** have another dental insurance policy. In all cases **we** reserve the right to recover any incurred costs as the result of a third party's involvement. In addition, if **you** have another dental insurance policy **we** reserve the right to only pay an appropriate apportionment of the claim.

4.4 Claims will be paid into the **UK** bank account **you** specify when **you** make **your** claim. Once **we** have made payment to a bank account, **we** will be unable to reissue a payment due to an error on **your** part. **We** will contact **you** using the contact details provided when submitting **your** claim.

- 4.5 If **you** are claiming for treatment that has taken place outside the **UK**:
- supply a copy of **your** fully itemised receipt containing **your** full name, **date of treatment** and cost breakdown in English or an English translation
 - **we** will require proof that **your** treatment overseas has taken place
 - **we** will only make payments to a **UK** bank account belonging to **you**
 - all foreign currency claims will be converted to pounds sterling using the currency converter www.oanda.com based on the exchange rate in force on the date that treatment took place. No payments will be made for credit card fees, interest or commission fees incurred.
- 4.6 There may be instances where **we** are uncertain about whether or not a claim is covered by the **policy**. If this is the case **we** may ask a **dentist** (or other medical specialist) to advise **us** about the medical facts relating to a claim, or to examine **you** in connection with the claim. If **we** do this, **we** will pay the costs involved. In choosing a relevant **dentist** or specialist **we** will take into account **your** personal circumstances. If **you** do not co-operate with any **dentist** or specialist chosen by **us**, **we** will not pay **your** claim.
- 4.7 If **we** pay any costs for dental treatment which are not covered by the terms of this **policy**, the amount paid will count towards the annual maximum benefit available under the **policy** for that **member**. It does not mean that **we** will be liable to pay costs for that dental treatment in the future.
- 4.8 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.
- 4.9 If **you** are claiming for multiple treatments on one claim and do not provide **us** with an itemised statement or confirmation of the individual costs of each treatment, **we** will conduct **our** own internal breakdown to assess **your** claim. This breakdown will be conducted based on **our** knowledge and experience of the costs of dental treatments.

- 4.10 If **you** believe that **we** have incorrectly assessed **your** claim please contact **us** here: www.denplan.co.uk/contactform or on 01962 828 007. If **we** have made an error **we** will send **your** claim for reassessment. If however, **we** did not have the full and correct information about **your** claim **you** will need to provide **us** with this before **we** can send **your** claim for reassessment.

5. Eligibility

- 5.1 **You** will only be covered under the **policy** if:

- **you** are a **UK resident** or a resident of a **UK Territory**
- **you** pay **your** premiums to **us** by Direct Debit.

- 5.2 **Partners** can join if:

- they are in a relationship with and live permanently with the **policyholder**
- premiums are paid to **us** as required by the **policy**; and the **partner** must have the same level of cover as the **policyholder**, unless otherwise agreed with **us**.

- 5.3 Cover for **children** included on the **policy**

- **We** will cover **you** and **your partner's children**. **We** may ask to see proof that a **child** is eligible to join the **policy** (e.g. a birth certificate or adoption certificate)
- At the first **renewal date** after the **child's** 24th birthday, **children** will be changed to adult cover which is chargeable at the full adult premium
- **You** and **your partner's children** must have the same level of cover as the **policyholder**, unless otherwise agreed with **us**
- **Children** can only be covered under one policy with **us**. **We** will not cover a **child** on this **policy** if that **child** is already covered under another dental policy with **us**.

6. Changing cover

Changes to the level of cover can be made at the **renewal date**. Once **you** have changed **your** level of cover **you** must stay on that level until the next **renewal date** before **you** can change **your** level again.

6.1 How long cover lasts

Your cover starts from the date that **we** and the **policyholder** agree to include **you** on the **policy** and continues until the expiry of the **policy**, or until either **we** or the **policyholder** cancel it.

6.2 Insurance Premium Tax (IPT)

Where it applies, IPT is included in the premium. If the Government changes IPT, **we** may have to amend the premium from the date that the IPT change is implemented.

We will notify the **policyholder** of this change separately.

7. Cancellation

When we can cancel the policy

7.1 The circumstances when **we** can cancel the **policy** are:

- if **we** have not received the premium for two consecutive months. **We** will always attempt to contact the **policyholder** to tell them that **we** have not received the payment. **We** do this before **we** cancel the **policy** in order to give the **policyholder** the opportunity to pay the unpaid premium and keep the cover active
- if the **policyholder** dies. Their **partner** and **children** will be able to continue cover with **us**, although the premiums, benefits and exclusions may not be the same as this **policy**
- if **we** make a commercial decision to no longer offer this product. If this happens, **we** will give the **policyholder** at least three months' written notice of **our** decision and offer an alternative product, if **we** have one, in order for cover to continue
- if the **policyholder** has:
 - deliberately misled **us** in any way, for example given **us** false information, or not given **us** information that **we** have asked for about a **member** or a claim on the **policy**. **We** can backdate the cancellation in these circumstances
 - not acted honestly in their dealings with **us**

When we can cancel a member from the policy

7.2 The circumstances when **we** will cancel a **member** from the **policy** are:

- if the **policyholder** asks **us** to
- if a **partner** no longer lives with the **policyholder**
- when a **child** reaches the age of 24 at the next **renewal date**, where the **child** is not moving onto adult cover
- if **you** deliberately mislead **us** in any way, for example give **us** false information, or do not give **us** information that **we** have asked for about a **member** or a claim on the **policy**. **We** can backdate the cancellation in these circumstances
- if **you** have not acted honestly in any of **your** dealings with **us**
- if **you** are abusive to **our** staff. If **you** continue to be abusive, **we** may cancel all policies that **you** hold with **us**
- **you** are no longer a **UK resident** or a resident of a **UK Territory**.

When the policyholder can cancel the policy

7.3 The **policyholder** can cancel the **policy** for any reason during the 'cooling off' period. This is up to 14 days from the day they receive their welcome or renewal letter, or the start date of the **policy**, whichever is the latest. Provided that **we** have not paid any claims, **we** will refund in full any premium that **we** have received. If **we** have paid claims, **we** will deduct the cost of those claims from any refund **we** give. If the cost of the claims is greater than the premium, **we** do not have to refund the premium.

7.4 After the 'cooling off' period the **policyholder** can cancel the **policy** by giving **us** one month's notice. **We** will not backdate the cancellation to before the date that the **policyholder** tells **us** and **we** will not refund any premiums that **we** have received. To cancel the **policy**, please contact **us** here: www.denplan.co.uk/contactform or on 01962 828 007.

What happens when cover is cancelled?

- 7.5 If **we** or the **policyholder** cancels the **policy**, cover will end for all **members** on the **policy**. The **policyholder** should tell all **members** that the **policy** has been cancelled. Cancellation of the **policy**, or **your** membership of the **policy**, means that **we** will not pay for any treatment or services that **you** receive after the cancellation date, with the exception of dental **injury** treatment when the incident was registered with **us** prior to cancellation taking place.

8. Fraud

8.1 What is fraud?

We would consider someone (which includes the treating professional or practitioner) to be committing fraud by:

- making a claim,
- submitting a statement in support of a claim, or
- sending **us** a document in support of a claim, knowing that it was false, misleading, or exaggerated in any way, with the intention of deceiving **us** into paying them more than they are entitled to.

8.2 How do **we** protect ourselves from fraud?

We have strong anti-fraud measures to protect ourselves and **our** customers.

These may include:

- reviews of all activity and claims on this **policy** (**we** may use private investigators to support any reviews)
- passing details of suspected fraudulent claims to the relevant authorities (including the Police) for them to investigate and prosecute through the criminal courts
- sharing information with NHS counter fraud teams, health professionals' trade associations, other insurance companies and other agencies with a legitimate interest in preventing fraud
- other actions that **we** think are necessary.

8.3 What happens if **we** suspect fraud?

If **we** suspect fraud **we** will take appropriate action to protect **our** rights, which may include:

- suspending the **policy** whilst **we** review the matter. **We** will tell **you** and the **policyholder** if **we** do this, and **we** will not pay claims until **we** have received any premiums that **we** did not collect whilst the **policy** was suspended
- recovering the full amount (including any element that is not fraudulent) that **we** have paid to a **member** for any fraudulent claim made by them on this **policy**
- no longer accepting claims for treatment that has been provided by a particular professional
- cancelling cover for the **member** who submitted the fraudulent claim, or for all **members** on this **policy** if **we** think that is necessary
- cancelling all **policies** the **member** has with the Simplyhealth Group
- taking legal action to recover any of **our** costs as a direct result of fraud, plus interest and legal costs
- contacting the **policyholder** to inform them of any fraudulent or suspected fraudulent activity
- any other actions that **we** think are necessary.

9. General

- 9.1 All information and communications to **you** relating to this **policy** will be in English.

- 9.2 **You** must provide an up to date **UK** mailing address.

- 9.3 If **we** decide not to enforce a term of this **policy** on one or more occasions, this does not mean that the term no longer applies. **We** may rely on that term at a later occasion if **we** decide to do so, unless **we** have told **you** in writing that the term no longer applies.

- 9.4 No term of the **policy** or any part of it is enforceable under the Contracts (Rights of Third Parties) Act 1999 ('the Act') by a person who is not party to it. For the purposes of the Act a **partner** and any **children** are not party to the **policy**.

- 9.5 This **policy** is governed by the laws of England and Wales. Any disputes arising in connection with the **policy** which are not resolved through **our** complaints process can only be dealt with by the courts of England and Wales unless **you** and **we** agree to a different method to resolve the dispute.
- 9.6 If **we** intend on changing the **policy**, **we** will give the **policyholder** at least 10 working days notice. If for whatever reason **you** do not receive details of the changes, those changes will still take effect.
- 9.7 If **we** change the terms of the **policy**, **we** will pay claims according to the terms that applied at the time **you** received the treatment or service that **you** are claiming for.
- 9.8 **We** will write to **you** before the end of any **policy** term to let **you** know that **we** wish to renew **your policy** and on what terms. If **we** do not hear from **you** in response, then **we** may at **our** option assume that **you** wish to renew **your** current **policy** on those new terms. Where **you** pay the premium by Direct Debit, **we** may continue to collect premiums by Direct Debit for the new **policy** term.

Please note that if **we** do not receive **your** premium, this may affect **your policy** cover. **We** reserve the right to refuse renewal of the **policy**.

10. Complaints

How to make a complaint

We aim to provide **you** with the very highest levels of customer service and care at all times. To maintain this service standard, **we** have a procedure which **you** can use to raise any concern, complaint or recommendation that **you** have. In the first instance **you** should contact Customer Services on 01962 828 007 or write to the Customer Services Manager at Anton House, Chantry Street, Andover, Hampshire SP10 1DE or email: DenplanCustomer.Relations@simplyhealth.co.uk Please quote **your 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** have the right to refer **your** complaint to: Financial Ombudsman Service, Exchange Tower, London E14 9SR.

- Telephone: 0800 023 4567 or 0300 123 9123
- Email: complaint.info@financial-ombudsman.org.uk
- 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. Making a complaint to the Ombudsman will not affect any legal rights that **you** may have. **We** will send **you** full details of **our** complaints procedure if **you** ask **us** for them.

You are protected by the Financial Services Compensation Scheme (FSCS) – in the unlikely event that **we** go out of business or into liquidation the FSCS protects **you**. If this happens, any valid outstanding claims **you** have at that point would be paid by the FSCS.

For more details on the scheme please visit www.fscs.org.uk or contact the FSCS direct on 0800 678 1100 or 020 7741 4100.

11. Personal Data

How we use your personal data (privacy notice)

Simplyhealth respects **your** privacy and is committed to protecting **your personal data**. This privacy notice sets out the way in which any **personal data** **you** provide to **us** is used and kept safe by **us**. For a more detailed explanation of how **we** use **your** data please take the time to read **our** full privacy policy online at the bottom of **our** website or alternatively request a copy from **our** Data Protection Officer. Please ensure that **you** show the following information to others covered by **your policy** or make them aware of its contents.

Why do you need my personal data and what do you use it for?

- service the **policy**/contract that **you** have
- identify, analyse and calculate insurance risks
- improve **our** services to **our** customers
- comply with legal obligations which **we** are subject to
- protect **our** interests
- detect and prevent fraud.

Sometimes **we** may use automation and profiling to evaluate information about **you**, which may include identifying and investigating fraudulent activity, to understand claiming behaviour and patterns or to tailor **our** services to provide **you** with a more efficient, consistent and fair customer experience. If **you** want to know more please contact **us**.

Who holds my personal data?

Simplyhealth Access who are part of the **Simplyhealth** group of companies.

What personal data will Simplyhealth need to know?

If **you** have a **policy**, **we** need to know, for example, **your** name, address and date of birth. **We** may also take **your** phone number and email address. In order to pay claims, **we** will need **your** bank account details. For **members** with **policies** arranged by a company, **we** will know who **your** employer is and **we** might hold **your** payroll details. **Your** employer may also provide further details, such as **your** name, address and date of birth. **We** may record and monitor both inbound and outbound calls for training and monitoring.

How does Simplyhealth protect my personal data?

By law **we** must have measures in place to protect data. As a result, **we** have strict rules to protect the storage and use of all **personal data**. These rules apply to anyone who uses the data. **We** may send **your personal data** outside the **UK** or European Economic Area. If **we** do this, **we** ensure the same level of protection is afforded to it by ensuring an appropriate safeguard is implemented.

Who can see my personal data?

We may share **your personal data**:

- with persons who provide a service to **us** or act as **our** agents
- with anyone to whom **we** may transfer rights and duties under this **policy**
- with persons who may record, use and give data to other insurers (such as agencies whose role is to prevent fraud)
- with persons that the **policyholder** appoints (such as a broker) in order to service the **policy**
- with **your** employer, where appropriate
- where **we** have a duty to provide personal data (such as to regulatory bodies), or if the law allows **us** to do so.

In these situations, **we** may send **your personal data** outside the **UK** or European Economic Area.

How long is my personal data kept for?

We keep **your personal data** for seven years after this **policy** has ended.

What rights do I have around the use of my personal data?

You have the right to see **your personal data** that **we** hold. **You** also have the right to ask **us** to amend **personal data** that is incorrect. **You** can ask **us** to delete **personal data**, or not use it in certain ways. **You** have the right to move, copy or transfer **your personal data**. **We** will agree to any reasonable request unless it means that **we** cannot service **your policy**. **You** will need to contact the Data Protection Officer to do this.

If I have given you my consent to use my personal data for a reason, can I change my mind?

Yes. **You** can change **your** mind at any time. But if this means that **we** cannot service the **policy**, **we** may have to cancel it.

Who can I contact to talk about my personal data?

If **you** have any questions or comments regarding any aspect of **your personal data**, please contact **our** Data Protection Officer either by email: thedataprotectionofficer@simplyhealth.co.uk, or by post, at:

The Data Protection Officer
Simplyhealth Access
Anton House
Chantry Street
Andover
Hampshire
SP10 1DE

If I am not happy with the way you use my data, who can I talk to?

If **you** are not happy with the way **we** use **your personal data**, **you** can contact **our** Data Protection Officer, or the Information Commissioner's Office (ICO). **You** can call the ICO on 0303 123 1113 or 01625 545 745, or email the ICO at casework@ico.org.uk

Simplyhealth Access is registered as the Data Controller with the ICO, number Z9564932.

About Simplyhealth

Denplan Limited trading as Simplyhealth 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. Denplan Ltd is registered in England and Wales No. 1981238. The registered offices for these companies is Anton House, Chantry Street, Andover, Hampshire SP10 1DE.

You can check this on the Financial Services Register by visiting the Financial Conduct Authority's website register.fca.org.uk/ or by contacting the Financial Conduct Authority on 0800 111 6768.

How to contact us:

You can contact us here:
www.denplan.co.uk/contactform

or call **01962 828 007**
Lines are open Monday to Friday 9am to 5pm

You can view more information at
www.denplan.co.uk/companies/employees



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Some of our services are provided by Third Party suppliers

Eduhealth-Pre-Sale-Handbook-0425