

# 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 amounts payable depend on the premium that you pay.



#### What is insured?

This dental plan has six levels of cover, ranging from Denplan Key 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.

- ✓ **NHS treatment** - when receiving NHS treatments we pay 100% of the NHS costs for Denplan Elementary up to Denplan Extensive Plus.
- ✓ **Private routine 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.
- ✓ **Private hygiene treatments** - 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.
- ✓ **Private dental 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.
- ✓ **Private restorative treatments** - we pay 100% of the NHS equivalent cost for Denplan Elementary. The annual limits payable on other levels range from £200 for Denplan Essential up to £2,000 for Denplan Extensive Plus. We pay 80% of your receipt up to the annual limit.
- ✓ **Worldwide dental injury** - we pay for up to £2,500 of treatment per dental injury, up to four incidents per policy year on all levels.
- ✓ **Worldwide emergency dental treatment** - in the UK we pay for £200 of treatment per incident, up to four incidents per policy year. Outside of the UK we pay for £400 of treatment per incident, up to two incidents per policy year. The annual limit for this benefit is £800 on all levels.
- ✓ **Dentist call-out fees** - we pay for up to £150 per incident for up to two incidents per policy year on all levels.

- ✓ **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 £20,000 towards one course of treatment for up to 18 months following diagnosis on all levels.
- ✓ **24-hour worldwide dental emergency helpline** - access to a dental emergency helpline wherever you are in the world on all levels.
- ✓ **Dentist fees for telephone consultations following injury or emergency** - when referred by Denplan we pay dentist telephone consultation fees on all levels.



#### What is not insured?

- ✗ People living outside the United Kingdom, Isle of Man and the Channel Islands.
- ✗ Pre-planned treatment.
- ✗ Non-clinically necessary treatment 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.
- ! A child covered by the policy must be under age 21, or 24 if in full time education.
- ! Mouth cancer treatment is not payable for the first 90 days of cover.



#### Where am I covered?

- ✓ Treatment and services are covered worldwide.



#### 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.
- Where an employee pays us, we accept payment by monthly Direct Debit.



#### 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 10 business days before the anniversary of the commencement date 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.
- **Where an employee pays us:** employees can cancel within 14 days of receiving their policy documentation or within 14 days of the renewal date or the day we receive payment of the first premium, whichever comes first, by writing to us or calling us. We will refund the premium, unless a claim has been made. After that employees can end the contract by giving us one month's notice.