



Your Denplan Care Application and Membership Pack

Helping you plan for a confident smile



Denplan

Member of the Global  Group



This Application and Membership Pack is designed to explain all you need to know about Denplan Care, including how to apply and important information for when you've joined.

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Welcome to Denplan

With Denplan, you are given a great opportunity to work with your dentist to ensure you get the right care and protection for you and your teeth. You'll find all the information you need about being a Denplan Care patient with your dentist in this booklet.

About us

Denplan is the UK's leading dental plan specialist with over 1.8 million patients registered and over 6,500 member dentists. You can be assured that registering with a Denplan dentist will help you budget for regular, affordable, quality preventive dental care. With Denplan Care you are making an excellent start to ensuring your oral health and wellbeing is maintained, while keeping your smile confident.

How to apply

To apply, or add a family member to your existing membership, please complete the application form enclosed in this Application and Membership Pack with your dentist or a member of the practice team. Please keep this Application and Membership Pack for future reference, as it contains the terms and conditions of your contract with your dentist and details of what you're covered for if you have a dental emergency.

Award winning UK based call centre

Denplan has a dedicated, UK based, Customer Advisor team who are trained to deal with any questions you may have as a Denplan patient, providing you with continued support and advice. You can call them on 0800 401 402.

Denplan strives to be the best by offering its member dentists and patients, as well as its employees, the best dental services and support it can. In 2009 we were recognised as the 4th best company to work for by the Sunday Times Top 100 Companies and rated 2nd in the UK's Top 50 Call Centres for Customer Service.



INVESTOR IN PEOPLE

Denplan Care



What is Denplan Care?

Denplan Care is a dental payment plan and is a great way of ensuring that your oral health is monitored.

Denplan Care covers the treatment costs of most oral health problems so you can be assured that your dentist will provide the appropriate clinical treatment to restore and maintain your oral health. You don't have to worry about getting a large bill from your dentist for treatment that you weren't expecting.

Preventive care doesn't cost the earth

By choosing Denplan Care you can spread the cost of your regular visits to the dentist and hygienist. It means you can budget for your regular oral care and ensure you have regular access to a dentist when you need it.

Prevention is better than cure

Good oral health isn't just about avoiding fillings and toothache; it's integral to overall general health and wellbeing. It's always better to stop problems before they start and regular dental appointments can help reduce the need for treatment in the future.

As we age our teeth and gums naturally deteriorate so the earlier you start looking after your teeth the better. As a Denplan Care patient your dentist will advise you on the best way to keep your mouth and teeth healthy and provide you with regular check-ups and time with the hygienist.

Developing a good oral care routine is essential to ensure your teeth and gums are always kept healthy.

Supporting Denplan Care

Denplan has a dedicated Customer Advisor team who can help you with any questions or queries, from changing your address to helping you find a new dentist. You can also choose to do this via our website at www.denplan.co.uk/patients, where you can find helpful information on oral healthcare.

As a patient you'll have access to the 24 hour Worldwide Dental Emergency Helpline team who are there to help you with any dental emergencies you may have.

Your benefits at a glance



Denplan Care covers you for the clinical procedures listed below and with this plan, you automatically receive Supplementary Insurance which can help with unexpected dental emergencies, both at home and abroad, giving you peace of mind.

Below is a brief summary of the benefits and exclusions of your plan. For full details of the benefits, limitations and exclusions of your Supplementary Insurance please see pages 24-31 of this Application and Membership Pack.

Denplan Care gives you

- ✓ an easy and affordable way to budget for your routine dental care
- ✓ Supplementary Insurance to cover and help if you have a dental injury or emergency

Routine and preventive dental care from your dentist

- ✓ examinations
- ✓ hygiene treatment (including scaling and polishing)
- ✓ X-rays
- ✓ necessary fillings
- ✓ preventive dental advice and therapy
- ✓ any necessary extractions

Major restorative care from your dentist

- ✓ periodontal (gum) treatment
- ✓ crowns, bridges, dentures, inlays (excluding laboratory fees)
- ✓ root canal treatment

Denplan Care does not cover the following

- ✗ laboratory fees and prescriptions
- ✗ any treatment excluded by the dentist in your contract
- ✗ referral to a specialist and specialist treatment
- ✗ treatment carried out anywhere other than by your registered dentist, except when you need emergency temporary treatment
- ✗ orthodontics, implants, cosmetic treatment
- ✗ sedation fees

Please remember: Your routine treatment is at the discretion of your dentist. This is detailed in the Denplan Care Agreement found on pages 16-19 of this Application and Membership Pack and on the reverse of the contract which you will sign with your dentist.

Frequently Asked Questions



Q Is Denplan Care purely insurance?

A No, it is a payment plan agreed between you and your dentist to cover your routine dental treatment with the added benefit of Supplementary Insurance.

Q Who is my contract with?

A For the dental care you receive under your dental care agreement you are in contract with your dentist. A copy of the contract will be given to you by your dentist. Denplan send the payments you make directly to them, which means it is the dentist who is being paid to carry out your treatment and continuing care. Your dental care contract is put together specifically to meet your individual oral health needs.

Q Are there any discounts available?

A Where more than one member of a family (or group) at one address is registered at the same practice and payments are made under a single direct debit, the following discounts apply: 2 group members - 5%, 3 group members - 10%, 4 or more group members - 15%.

Q How much do I pay?

A As the contract is between you and your dentist we are unable to quote a price because the fees are set by the individual dentist. Please note there is also a one-off registration charge on joining, equal to your monthly payment.

Q How is my fee calculated?

A Your dentist completes a chart that takes into account your dental history, the health of your teeth and gums and the preventive programme recommended. These factors will place you in a specific category for which your dentist has already calculated the fee.



Q How often can I go to my dentist under Denplan?

A Your dentist will advise you on how often you need to visit as dental health will vary from patient to patient. Most people should attend the dentist once every 6 months.

Q What does my plan include?

A Denplan Care includes regular consultations, advice and restorative treatment, promoting preventive care to maintain your oral health. You will have access to regular appointments with your dentist to help minimise the need for restorative care (see pages 3-4 for full details).

Additionally, the Supplementary Insurance which Denplan arranges on your behalf, covers you for dental injury and emergency treatment, meaning you will have access to our 24 hour Worldwide Dental Emergency Helpline (turn to pages 20-23 for more information).

Q How are my payments organised?

A Denplan Care allows you to make fixed regular monthly payments to cover the cost of your dental treatment. Your payments mean you can budget for your regular monthly care and ensure that you get access to a dentist when you need it. Annual payment is also available on request.

Q Can I update my details online?

A By using the secure area of our website you can update your address, telephone number, email address, Direct Debit details, name and title and pay by Credit Card, if you have chosen to pay annually.

To log on you'll need your unique Denplan registration number (which will be provided by us once your application is complete), your date of birth and your email address.

To register to use our online services visit us at www.denplan.co.uk/patients and click on 'Denplan online services'.

4 easy steps to apply



Applying to be a Denplan Care patient

Step 1

Select a Denplan dental practice of your choice.

Step 2

Your Denplan dentist will establish if you need any treatment before joining and what your monthly payment will be once you've registered.

Step 3

Having read the Supplementary Insurance policy summary (pages 20-23), complete an application form and sign a Care Agreement (pages 16-19) with your dentist, which is the contract between you and your dentist.

Step 4

Once your application is received at Denplan we will write to you to confirm your registration and supply you with a membership card.

If you are an existing Denplan patient and wish to add family members to your plan, simply follow the steps above, from Step 2.

Denplan Care Patient Application Form

IMPORTANT – Please write in **BLOCK CAPITALS** using black or blue ink.
Do not write outside the boxes as this form is electronically scanned.

Completing this form

Patient/payer

Dentist

Who's applying to be a patient?

First patient details

Have you registered your details with Denplan before? No Yes

My Registration Number was

Title Mr Mrs Ms Miss Other

First Name

Surname

Gender Male Female

Date of birth

D D M M Y Y Y Y

Will you be paying? No Yes

If Yes, leave payer name blank overleaf but add address details.

Would you like Implant Upgrade Insurance (charged at £1.95* per person per month)? No Yes

Goodwill owning dentist name

Registration Facility No. (Membership No. + letter)

Treating dentist GDC No.

Entitlement to treatment will start from

0 1 M M Y Y Y Y

Fee Code

Monthly rate £

If no date is entered Denplan will commence cover from the next possible debit date.

Who's applying to be a patient?

Second patient details

Have you registered your details with Denplan before? No Yes

My Registration Number was

Title Mr Mrs Ms Miss Other

First Name

Surname

Gender Male Female

Date of birth

D D M M Y Y Y Y

Will you be paying? No Yes

If Yes, leave payer name blank overleaf but add address details.

Would you like Implant Upgrade Insurance (charged at £1.95* per person per month)? No Yes

Goodwill owning dentist name

Registration Facility No. (Membership No. + letter)

Treating dentist GDC No.

Entitlement to treatment will start from

0 1 M M Y Y Y Y

Fee Code

Monthly rate £

If no date is entered Denplan will commence cover from the next possible debit date.

Who's applying to be a patient?

Third patient details

Have you registered your details with Denplan before? No Yes

My Registration Number was

Title Mr Mrs Ms Miss Other

First Name

Surname

Gender Male Female

Date of birth

D D M M Y Y Y Y

Will you be paying? No Yes

If Yes, leave payer name blank overleaf but add address details.

Would you like Implant Upgrade Insurance (charged at £1.95* per person per month)? No Yes

Goodwill owning dentist name

Registration Facility No. (Membership No. + letter)

Treating dentist GDC No.

Entitlement to treatment will start from

0 1 M M Y Y Y Y

Fee Code

Monthly rate £

If no date is entered Denplan will commence cover from the next possible debit date.

* Full details of the cover provided can be found in the accompanying 'Your Denplan Care Application and Membership Pack'. Prices quoted include Insurance Premium Tax charged at a rate of 5% (excluding residents of the Channel Islands and the Isle of Man).





What is your role within the practice?

Signature

Date

Name

Authorised practice signatory

Signature

Date

Data Protection Act

To provide your plan Denplan Limited will hold and use information supplied by you about you and those people included in your application. By signing this form you confirm that all those included in your application consent to such use of this personal data. We may also disclose information about anyone included in your application when there is a legal requirement for us to do so or in circumstances when it would help us to prevent fraud or improper claims.

Denplan Limited may contact you with details of its other products and services and we may also share some of your details with other AXA Group companies or other carefully selected companies based within the European Economic Area to enable them to contact you with details of and, if appropriate, administer their products and services.

We may contact you by post, telephone, or electronically if appropriate. If you do not wish us to do this please tick the box otherwise we will assume that, for the time being, you are happy for us to contact you.

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 Application Pack. 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 Care and understand that I/the patient will be entering into a Denplan Care Agreement with my/their dentist, a Supplementary Insurance policy with AXA PFP healthcare 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 Application Pack as well as the Demands and Needs Statement. **Must be signed by the payer who is purchasing the plan.**

Important – please read

Bank/Building Society Account Number

Branch Sort Code

Name

Bank/Building Society Account

Signature(s)

Date

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 in force until I notify you otherwise. If you are not happy to authorise this instruction please contact us immediately.

Denplan Limited and, if so, details will be passed electronically to my Bank/Building Society.

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

Name and address of Bank or Building Society

Denplan Ltd, Denplan Court, Victoria Road, Winchester SO23 7RG.

Please provide your Bank or Building Society details below and send with completed application form to:

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

***Do NOT send payment with this form – we will send you an invoice.**

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

Monthly by Direct Debit* Annually by Direct Debit* Annually by invoice**

What is your preferred method of communication? Email Post Where possible, Denplan will endeavour to send correspondence via this method.

First Name

Surname

Gender Male Female

Date of birth

House Number

Street/Road

Town/City

County

Home tel.

Work tel.

Postcode

Title Mr Mrs Ms Miss Other

Have you registered your details with Denplan before? No Yes

My Registration Number was

Who will be paying and how?

I agree to pay for the patients entered on this form. (This may result in a change to your current payments or monthly Direct Debit if you are an existing payer.)



Oral Wellbeing



How often should I brush my teeth and for how long?

For two minutes, twice a day.

How often should I be flossing my teeth?

Flossing is an effective way of cleaning away any plaque from between your teeth and should be done on a daily basis.

It's a skill that your dentist or hygienist will be able to help you with. There are alternatives such as using special mini brushes that can be gently pushed between your teeth. Again, your dental team will be able to recommend the best alternatives for you.

How does tooth sensitivity come about?

The top layer of your tooth - the enamel - has no nerve endings in it. However, the bulk of the tooth inside - the dentine - contains numerous nerve endings and is highly sensitive. The enamel acts rather like the insulator around an electric cable. If the enamel becomes worn away, dentine can become exposed and the teeth may become painful with very hot or cold drinks. Equally, if the gums have shrunk back to expose the top parts of the roots of the teeth, this can also cause sensitivity.

Why do I get mouth ulcers?

Some people are naturally more susceptible to mouth ulcers. They can be quite painful and topical gels designed to treat them may help to ease this. Rarely, frequent ulcers may indicate an underlying medical condition, for example, people who are anaemic are more likely to suffer with ulcers. Ulcers that persist for more than two weeks should be checked out by your dentist.

Will smoking and drinking affect my dental health?

People who smoke and drink are 30 times more likely to contract mouth cancer, with tobacco and alcohol thought to contribute to around 80 per cent of cases. To reduce the risk of contracting mouth cancer, avoid smoking, using chewing tobacco and drinking alcohol.

Oral Wellbeing



How often should you brush your tongue?

Generally, the tongue tends to be self-cleaning; it has a movable surface and is constantly bathed in saliva so remnants of meals don't hang around for too long. Your teeth are also covered in saliva, but since they're hard and immovable, the food has more of a chance to latch on and stay there. For people who feel they have a problem with bad breath, tongue brushing may help.

Why do some people never get cavities?

There is plenty you can do to prevent cavities. Infants and children who grow up in areas where there is an appropriate level of fluoride in tap water have significantly fewer fillings than others. Fluoride toothpaste also has a huge impact on reducing the risk of decay developing.

Perhaps the biggest influence is diet. By consuming sugary foods and drinks on a regular basis the chances of getting cavities is greatly increased.

Remember, when teeth first grow, they are healthy and sound. By adopting a thorough daily cleaning routine using fluoride toothpaste, avoiding sugary foods and drinks and having regular check-ups, will help keep your teeth healthy.

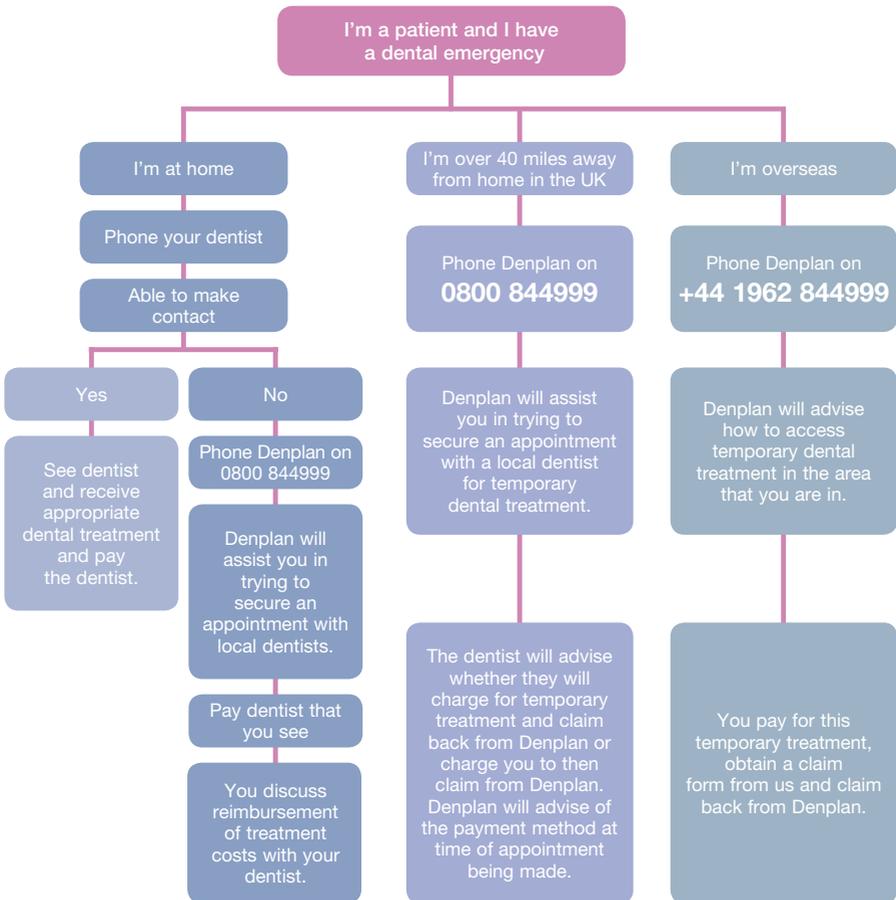
When is the best time to brush - in the morning when you wake up or after breakfast?

The traditional mantra has been to brush your teeth after breakfast. However, many people have acidic foods or drinks at breakfast such as orange juice or grapefruit. This can temporarily soften the surface layer of the enamel and brushing straight afterwards could remove this surface layer and, over time, lead to loss of the enamel. So the best advice is either to brush before breakfast, or wait for an hour afterwards, by which time the softened layer will have hardened up again.

Claiming in the event of a dental emergency



If you have a dental emergency please follow the simple steps below.



All claims are subject to policy limitations and exclusions. Please see the Supplementary Insurance policy document on pages 24-31 of this Application and Membership Pack for further details.

If I want to change dentist, what do I do?



Denplan Care is a personal Contract between you and your dentist. It is based on the needs your dentist has identified and the monthly payments are agreed between you and your dentist.

This means that the Care Contract you have with your dentist is non-transferable.

If you are moving house or going away to college, you may have to change your dentist. There are a few simple steps you need to take in order to end your current Contract and set up a fresh Contract with a new dentist.

Action plan for a smooth transition to a new dentist:

- Arrange a leaving appointment with your current dentist.
- Ask your dentist to complete your Patient Leaving Form. You will need to give this to your new dentist. This will give them valuable information about your dental history.
- Contact Denplan in writing or by telephone to cancel your current contract, giving 21 days notice prior to the next payment date.
- Find a new Denplan dentist. Denplan can help you find a dentist in your area. Search the 'Find a Dentist' facility at www.denplan.co.uk or phone our Customer Advisor team on **0800 401 402**.

- Before booking your first appointment with your new dentist, check with them as to whether they will charge an examination fee for your new Denplan assessment (this charge is at the discretion of individual dentists and is not set by Denplan).
- Give your new dentist your completed Patient Leaving Form.
- Discuss your treatment needs with your new dentist and, if you are both happy, complete a new application form and Denplan Care Contract. (Please note that if you re-register within six months of ending your previous Contract, you will not have to pay a new registration fee).
- Check your new monthly fee. Denplan Care fees are not set by Denplan but by your dentist, so your new fees may change.

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

The Care Agreement 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, your Contract is with your dentist and cannot be transferred to another practice or dentist. However, 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 your Contract with your dentist. These are very important and we strongly advise that you read them through carefully and keep them in a safe place so that you can refer to them in the future, should you need to.

1. Explanation of terms used

In this Agreement, unless the context otherwise requires, the 'Contract' means this Agreement and the terms contained on the document entitled 'Denplan Care Contract' which you have signed; the 'dentist' means your treating dentist named in the document entitled 'Denplan Care Contract' and 'Denplan' means Denplan Limited (company number 1981238) and whose registered office address is at 5 Old Broad Street, London EC2N 1AD, UK.

2. Treatment to which you are entitled

This Contract entitles you to receive all the treatment normally provided by a general dental practitioner to maintain dental health, which may include;

- examinations
- dental healthcare advice
- preventive therapy and counselling
- radiographs (X-rays)
- restorations (fillings)
- root canal treatment
- scaling and polishing
- periodontal (gum treatment) and surgical treatment and the provision, repair and maintenance of prostheses including crowns, bridges and dentures (excluding laboratory fees charged by your dentist - see condition 4)

- any necessary extractions (excluding wisdom teeth - see condition 3).

3. Treatment to which you are not entitled

The Contract does not entitle you to:

- the treatment (if any) which you and your dentist agreed would be excluded at the start of the Contract
- orthodontic appliance therapy ('braces')
- the provision, repair or replacement of dental implants and related super-structures
- 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 pages 24-31 of this Application and Membership Pack for further information
- referral to a specialist and specialist treatment which is necessary in the reasonable opinion of your dentist
- any treatment which is purely cosmetic
- any treatment which is not clinically necessary in your dentist's opinion

- treatment carried out anywhere other than at your registered dentist, although temporary emergency treatment may be covered by your Supplementary Insurance. Please refer to pages 24-31 of this Application and Membership Pack for further information
- surgical extraction of wisdom teeth
- sedation fees.

4. Prescriptions and laboratory charges

The monthly fee does not cover pharmaceutical items, prescription fees or laboratory fees reasonably charged by the dentist, which must be paid in addition.

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 a dental emergency cover arrangement. In addition, Denplan administers Supplementary Insurance for you.

The full Terms and Conditions of your Supplementary Insurance policy can be found on pages 24-31 of this Application and Membership Pack.

6. Alteration of monthly fees

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 fees change (for example, due to inflation, or increased material or practice running costs) you will be given at least one month's written notice (correspondence sent to the payer's last known address by ordinary post will be treated as adequate notice).

Should your dental health change, the dentist may change your level of plan and treatment included and associated fees by providing one month's written notice, or earlier with your consent. If you are not happy with any increase in monthly fees, you have the right to terminate the agreement giving the 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 Care 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 the 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 for exclusions).

8. Payment

Unless your dentist makes special arrangements with Denplan, you must pay the monthly fee by Direct Debit in favour of Denplan as collecting agent for the dentist.

Where you are not the payer specified in the document entitled 'Denplan Care Contract', you shall ensure that the payer pays any sum payable 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. for prescription fees, pharmaceutical items or 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 decrease in monthly fee or increase in discount available to you, your 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 notice period (see condition 6).

10. Your responsibilities

You are responsible for keeping appointments made with the dentist and you should pay any 'missed appointment' fee reasonably charged if you fail to do so.

You must ensure that you also attend the dentist for regular examinations, receive the treatment the dentist advises and you must promptly inform the dentist of any injury, problem or other material matter affecting your dental 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 dental health, which could otherwise have been avoided. If, in the reasonable opinion of the dentist, he or she is not able to maintain your dental health due to any act or omission on your part, the dentist may end the Contract immediately by giving notice to that effect.

11. Ending the Contract

You may cancel the Contract by contacting Denplan within the cancellation period, which is 14 days following conclusion of the Contract. If you are intending to leave the care of your dentist, you should attend a final leaving appointment, at which your dentist can arrange to provide any outstanding treatment, check your dental health and should provide you with a record of this on the Leaving Form, which you should take to your new dentist. The initial examination fee and any necessary outstanding treatment prescribed by your

new dentist may have to be paid for privately to re-register under Denplan.

Following this period, you may end the Contract by giving not less than 21 days' notice to the dentist and to Denplan, expiring on the last day of a calendar month. Your dentist may end the Contract by giving you two months' written notice expiring on the last day of a calendar month.

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 from your account in the following month. Insurance claims may be settled at Denplan's discretion and we reserve the right to refuse any insurance claim relating to an incident that occurred during the unpaid period.

Non-payment of two fees

If you default on 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 during this period will be paid.

Insurance claims may be settled at Denplan's discretion and we reserve the right to refuse any claim relating to an incident that occurred during the unpaid period.

Refunds

In the instance of an administrative error or if Denplan agrees to refund your Denplan fees your 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 your fees directly from your dentist to cover the amount we have refunded to you. You will be liable for all sums outstanding to your dentist and Denplan.

13. Dental records

By signing the document entitled 'Denplan Care Contract' you consent to the disclosure of your notes and other 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 Agreement, for instance to take account of changes in the law, this can be done by your dentist giving you one month's 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 your Contract is with your dentist alone, 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 the 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, the dentist will allow a reasonable period for the claim to be settled before requiring payment from you.

17. Liabilities

Denplan Limited administers Denplan Care registrations and collects monthly fees on behalf of your dentist. This 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 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 the 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 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 Agreement 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

Supplementary Insurance and Implant Upgrade

keyfacts®

This policy summary provides a brief description of this dental insurance which is underwritten by AXA PPP healthcare. It does not contain the full terms and conditions which can be found in the Supplementary Insurance and Implant Upgrade sections of this Application and Membership Pack (pages 24-31), your payment schedule and any endorsement provided to you.

What is Supplementary Insurance and what is Implant Upgrade cover?

Supplementary Insurance is a mandatory part of your Denplan Care Agreement 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 implant treatment following a dental injury.

Demands & 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 Care Agreement, and no recommendation has been made by AXA PPP healthcare Limited or Denplan in connection with this policy.

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

Benefits of Supplementary Insurance

- ✓ **Temporary emergency dental treatment in the UK – when away from your own dentist in the UK**
Up to £800 per year.
Up to £400 per incident (up to specified treatment limits).
- ✓ **Overseas temporary emergency dental treatment**
Up to £824 per year.
Up to £412 per incident.
- ✓ **Worldwide dental injury**
Up to £10,000 per incident (up to specified treatment limits).
- ✓ **Hospital Cash Benefit**
Up to £62 for each night you stay overnight in hospital under the sole care of a dental or maxillofacial surgeon for treatment in relation to head or neck, for up to one year, whilst your policy is in force.
- ✓ **Out of hours consultation for dental emergency or dental injury**
Pays a fee to cover the cost of a dentist opening the dental practice to provide treatment outside normal surgery hours. The insured person is responsible for the first £15 of each claim.
- ✓ **Mouth Cancer Cover**
Up to £12,000 towards one course of treatment for up to 18 months following diagnosis (smokers are included).
- ✓ **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. Maximum per incident £20,000.

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 section of this Application and Membership Pack (pages 24-31).

What are the main exclusions and limitations of Supplementary Insurance and Implant Upgrade Cover?

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 the policy from the commencement date if you are a resident in the UK, Isle of Man or Channel Islands for at least 180 days during the year. | The Supplementary Insurance section of this the 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/specialist acting on behalf of your dental practice, or a dental practice within 40 miles of your registered dentist. | Section 4 – Exclusions Benefit A - Emergency Dental Treatment in the UK. |
| Permanent treatment in a dental emergency. There is only cover for temporary dental treatment required at the initial emergency appointment. | Section 4 – Exclusions – Benefit A & E - Emergency Dental Treatment in the UK and Overseas temporary emergency dental treatment. |
| Treatment in connection with dental injuries must commence within a period of 6 months and must be completed within 18 months of the date of the original incident. | 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 (6 years for persons under 18 years of age). | Section 4 – Exclusions Benefit B - Worldwide dental injury. |
| Injury caused other than by a sudden, unexpected, direct external impact to the mouth. | Section 4 – Exclusions Benefit B - Worldwide dental injury. |
| Implants (unless you have registered for Implants 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 Implant Upgrade Cover?

| Main exclusions and limitations which are specific to the Implant Upgrade Cover | Where can I find more information limitations of the Implant Upgrade Cover? |
|--|--|
| A dental injury which occurred within 28 days of the commencement date of the Policy. | Benefit Limits and Exclusions can be found in the Implant Upgrade Cover policy terms on page 31. |
| 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 claims forms and associated documents should be submitted to the following address: Insurance Department, Denplan Limited, Denplan Court, Victoria Road, Winchester, SO23 7RG. Additional claims forms can be obtained from one of our advisors on 0800 085 0960 or on-line at www.denplan.co.uk/patients.

How do I complain?

It is always the intention of AXA PPP healthcare and Denplan to provide a first class standard of service. However, should **you** have reason to complain **you** can do so in the following way:

- i. In the first instance, **you** should document **your** complaint and send it to Denplan at:

Insurance Manager,
Denplan Court,
Victoria Road,
Winchester SO23 7RG

Email: insuranceq@denplan.co.uk

Please quote **your** personal policy or claim number so that **your** enquiry can be dealt with quickly.

- ii. Should the matter still not be resolved to **your** satisfaction, **you** have the right to refer **your** complaint to:

Financial Ombudsman Service
South Quay Plaza,
183 Marsh Wall,
London E14 9SR

Email: complaint.info@financial-ombudsman.org.uk

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.

Regulatory Protection

In the unlikely event that AXA PPP healthcare Limited becomes insolvent and is unable to pay the benefits under your policy, you are protected by the Financial Services Compensation Scheme (the FSCS). The first £2,000 of any claim is protected in full. For amounts above this the FSCS will ensure that policyholders are compensated to 90% of the value that their policy would have paid. Further information about the operation of the scheme is available on the FSCS website: www.fscs.org.uk

Cooling Off Period

You have a 14 day cooling off period if you have purchased the policy for yourself and/or your family, or are providing an employee benefit. This period begins on the day your contract is agreed or the day you received your policy terms and conditions if this is later and will also apply from each renewal date.

If you do not cancel the policy during the cooling off period, the policy will continue on the terms described in the policy document for the remainder of the policy year.

Cancellation of your Supplementary Insurance policy will also cancel your Implants Upgrade Cover (if you have registered for this) and also your Denplan Care Agreement you have with your dentist and your Denplan Insurance Services. If you cancel your Denplan Care Agreement 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 Denplan Care Contract.

The cost of your insurance and Denplan Insurance Services

Out of your total monthly Denplan payment, 90p represents the premium for your Supplementary Insurance and £1.95 is the premium for the Implant Upgrade Cover both of which are provided by AXA PPP healthcare Limited which includes Insurance Premium Tax charged at 5% (excluding residents of the Channel Islands and Isle of Man) and 39p is the fee payable for providing Denplan Insurance Services.

Denplan Insurance Services Information

Denplan acts on your behalf in making arrangements for the provision of Supplementary Insurance. In doing so, it will assist you with any enquiries regarding your eligibility for insurance cover, any general enquiries regarding your insurance and provides a 24 hour Worldwide Dental Emergency Helpline.

Supplementary Insurance policy document

Terms and conditions

This document should be read in conjunction with the payment schedule and any endorsement provided by Denplan which together constitute the full terms and conditions of this dental policy, which is for one **year**.

1. Definitions

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

appropriate mouth protection - a sports mouthguard.

commencement date - the cover start date as shown in the welcome letter or other notices issued by Denplan Limited.

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.

dentist - in the **United Kingdom**, a dental surgeon who is currently registered with the General Dental Council and engaged in general dental practice.

domiciliary visit - a visit made for the purpose of providing **emergency dental treatment** at a location other than the dental surgery where **you** are currently registered.

emergency dental treatment - temporary 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 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 and HIV related tumours.

permanent 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 - AXA PPP healthcare Limited

year - 1st January to 31st December or the period of time between the **commencement date** and the 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** (including prescription charges) within the **UK** when **you** are more than 40 miles away from **your** dental practice. **We** will pay up to the following specified limits for **temporary dental treatment** up to £400 per incident subject to a maximum of £800 per year.

For the avoidance of doubt, any subsequent treatment required after the initial appointment is specifically excluded.

Benefit Limits

| | | |
|-----|---|---------------------------|
| 01 | Examination and report to include all necessary smoothing, stoning, and occlusal adjustments | up to £35.00 per incident |
| 02 | X-rays..... | up to £27.00 per incident |
| 03 | Extraction of up to 2 teeth | up to £57.00 per incident |
| 04a | Root canal extirpation to include dressings and/or temporary fillings and necessary prescriptions | up to £70.00 1 canal |
| 04b | As 4a - two canals | up to £80.00 2 canals |
| 04c | As 4a - three or more canals..... | up to £110.00 3+ canals |
| 05 | Treatment of dental infection to include any necessary prescriptions | up to £30.00 per incident |
| 06a | Provision of temporary filling | up to £28.00 1st tooth |
| 06b | As 6a - each additional tooth | up to £19.00 add. tooth |
| 07 | Re-cement crown or inlay..... | up to £32.00 per item |
| 08 | Re-cement bridge..... | up to £45.00 per bridge |
| 09 | Construction and fitting of temporary crown..... | up to £55.00 per crown |
| 10a | Construction and fitting of temporary bridge | up to £125.00 per bridge |
| 10b | Provision of temporary post & core | up to £63.00 per tooth |
| 11 | Arrest of abnormal haemorrhage including aftercare and associated suture removal | up to £44.00 per incident |
| 12 | Removal of sutures placed by another practitioner..... | up to £27.00 per incident |
| 13 | Repair/adjustment of orthodontic appliance | up to £50.00 per incident |
| 14 | Adjustment to denture | up to £25.00 per incident |
| 15 | Repair of denture to include re-fixing of teeth and gums and repair of clasp..... | up to £45.00 per incident |
| 16 | Any other temporary treatment not otherwise specified | up to £58.00 per incident |

Benefit B – Worldwide dental injury

For the costs of dental treatment (including prescription charges) received by **you** in connection with a **dental injury** which happens after the **commencement date**. **We** will pay up to the following specified limits for **permanent treatment** (including appropriate temporary coverage) up to a maximum of £10,000 per **dental injury**. If **your** own contracted **dentist** will not be providing this **permanent treatment** please confirm in writing to Denplan prior to the commencement of treatment. Prior authorisation must be obtained from Denplan Limited if the treatment costs exceed £200.00.

Benefit will only be payable for treatments in connection with **dental injuries** that commence within a period of 6 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 (6 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 stable oral condition, based on an assessment carried out by a dental panel appointed by Denplan.

Benefit Limits

| | | |
|-----|---|-----------------------------|
| 17 | Examination and report to include all necessary smoothing, polishing and vitality testing | up to £39.00 per incident |
| 18 | X-rays..... | up to £31.00 per incident |
| 19a | Porcelain jacket crown..... | up to £320.00 per unit |
| 19b | Dentine bonded crown | up to £385.00 per unit |
| 20a | Metal bonded porcelain crown | up to £360.00 per unit |
| 20b | Post/core construction | up to £85.00 per tooth |
| 21a | Metal bonded porcelain bridgework - retainer | up to £350.00 per retainer |
| 21b | Metal bonded porcelain bridgework - pontic | up to £320.00 per pontic |
| 22 | Full metal crown..... | up to £355.00 per unit |
| 23a | Zirconia Crown..... | up to £449.00 per unit |
| 23b | Zirconia bridge unit..... | up to £449.00 per unit |
| 24a | Laboratory constructed adhesive bridge - retainer | up to £210.00 per retainer |
| 24b | Laboratory constructed adhesive bridge - pontic | up to £240.00 per pontic |
| 25 | Laboratory constructed adhesive facing or veneer | up to £319.00 per unit |
| 26a | Root canal treatment - incisor (includes filling of access cavity)..... | up to £195.00 per incisor |
| 26b | Root canal treatment - canine (includes filling of access cavity)..... | up to £195.00 per canine |
| 26c | Root canal treatment - premolar (includes filling of access cavity) | up to £230.00 per premolar |
| 26d | Root canal treatment - molar (includes filling of access cavity) | up to £330.00 per molar |
| 27a | Permanent acrylic denture..... | up to £375.00 per denture |
| 27b | Permanent metal denture | up to £550.00 per denture |
| 27c | Temporary denture following tooth loss (where required)..... | up to £160.00 per incident |
| 28a | Laboratory made temporary bridge following tooth loss (where required)..... | up to £123.00 up to 3 units |
| 28b | Laboratory made temporary bridge following tooth loss (additional units)..... | up to £41.00 per unit |
| 29 | Emergency and other treatment following dental injury not otherwise specified | up to £433.00 per incident |

Where treatment involves replacing a crown, bridge, veneer or denture, benefit will be paid according to the cost of a replacement of similar type or quality. Benefits 19a-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 – Out of hours 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, or outside the **UK** outside a practice's normal working hours which are Monday to Friday. Please note that **you** will be responsible for the first £15 of each and every claim under Benefit 30.

Benefit Limits

| | | |
|-----|---|----------------------------|
| 30a | Weekdays: 6am - 8am and 6pm - 10pm | up to £100.00 per incident |
| 30b | Weekends & National Bank Holidays: 6am - 10pm | up to £115.00 per incident |
| 30c | Nights: 10pm - 6am | up to £175.00 per incident |
| 30d | Domiciliary visits up to two visits per year | up to £100.00 per incident |
| 30e | Christmas Day | up to £175.00 per incident |
| 30f | Boxing Day | up to £175.00 per incident |
| 30g | New Year's Eve after 6pm | up to £175.00 per incident |
| 30h | New Year's Day | up to £175.00 per incident |
| 31a | Telephone consultation: 6am - 10pm | up to £26.00 per incident |
| 31b | Telephone consultation: 10pm - 6am | up to £41.00 per incident |

Benefit D – Hospital cash benefit

Hospital cash for dental care and treatment.

If **you** are admitted overnight as an in-patient to a licensed medical or surgical hospital under the sole care of a consultant specialising in dental or maxillofacial surgery in relation to a head or neck condition. The following will be paid per night, for up to a maximum of one **year**.

Benefit Limits

| | | |
|----|-----------------------------|------------------------|
| 32 | Hospital Cash Benefit | up to £62.00 per night |
|----|-----------------------------|------------------------|

Benefit E – Overseas temporary emergency dental treatment

Denplan does not have Denplan registered dentists overseas. **You** may see any dentist of **your** choice, however, if **you** require assistance in finding a dentist please call Denplan's Emergency Helpline number found in the contact details. If **you** require and receive **temporary dental treatment** in an emergency whilst overseas, benefit will be paid up to the limits specified below.

Benefit Limits

| | | |
|-----|--|------------------------|
| 33a | Overseas temporary emergency dental treatment (including prescription charges) up to £412.00 per incident | up to £824.00 per year |
| 33b | Overseas telephone costs to the Denplan Emergency Helpline | up to £17.00 per call |

Benefit F - Mouth Cancer Cover

This benefit covers **you** for treatment charges up to £12,000 for treatment of **mouth cancer**.

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.

Maximum

The maximum benefits payable, within the policy **year** as stated in the schedule of benefits, is the maximum benefit payable for all claims regardless of the number of policies **you** may have with **us**.

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:

- i. resident in the UK for at least 180 days during the year; and
- ii. 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:

- i. if Denplan fail to 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** registered dentist.
- ii. Permanent treatment.

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 (6 years for persons under 18 years).
- iii. Damage caused by toothbrushing 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.
- 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 treatment**.

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** which is related in any way to HIV infection or AIDS.
- iv. **Mouth cancer** resulting from the chewing of tobacco products or betel nut, or from prolonged alcohol abuse.

General

- i. Any dental treatment which was prescribed, planned, diagnosed as necessary or is currently taking place at the **commencement date**.
- ii. Costs recoverable by **you** from any other insurance policy.
- iii. Cosmetic treatment, or any dental treatment not clinically necessary for the establishment or maintenance of oral health.
- iv. Reimbursement for travelling expenses or telephone calls (unless to the emergency helpline from overseas).

- v. 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**.
 - vi. Treatment, care or repair to teeth, gums, mouth or tongue in connection with 'mouth jewellery'.
 - vii. Self-inflicted injury.
 - viii. Mouthguards, gum shields or any dental appliances unless in conjunction with a **dental injury**.
 - ix. Teeth and supporting structures that were not in a stable oral condition prior to the **dental injury**.
 - x. Missed appointment fees.
- (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). If **you** refuse or fail to keep **your** appointments **we** may refuse to consider **your** claim.
- ii. No benefit will be payable if Denplan has 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) for claims under the worldwide **dental injury** benefit, details pertaining to the circumstances of the injury **you** have experienced.

5. Claims general

When determining claims Denplan act on behalf of the underwriter, AXA PPP healthcare Limited. Denplan has the delegated authority to do so, and in this instance are not acting as **your** intermediary, but as the agent of AXA PPP healthcare Limited.

- i. (a) **Your** claim must be notified to Denplan by completing and signing the official claim form by all parties. 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 Denplan within 60 days of the completion of **your** dental treatment.
- (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.
- iii. In all cases **we** reserve the right to recover any incurred costs 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. Denplan reserves 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.

6. Cooling off period

Should the **policyholder** wish to cancel this policy with **us**, the **policyholder** can do so by informing Denplan directly via telephone, or sending a letter, fax or email.

Ending the Contract Mid Term

Should the **policyholder** wish to cancel this contract during its term, they may do so by giving not less than 21 days' notice to Denplan, for the policy to end on the last day of that month.

Denplan may also end this contract by giving the **policyholder** one month's written notice for the policy to end on the last day of that month.

Your Supplementary Insurance policy and Denplan Insurance Services will automatically be cancelled if **your** Denplan Care, Denplan Essentials, Plans for Children or Membership Plan agreement expires for whatever reason.

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 Denplan, Denplan 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 Denplan does 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, continuous credit card payments or other payment method, Denplan may continue to collect premiums by such method for the new policy **year**. Please note that if Denplan do not receive the **premium**, this may affect your cover. **We** reserve the right to refuse renewal of the policy.
- vi. In the event that **you** and/or the **policyholder** obtain cover via fraudulent means, or make a fraudulent claim, **we** reserve the right to cancel this policy, demand that any such claim settlements are repaid by the **policyholder**, and/or take the appropriate legal action against the **policyholder**.
- vii. The monthly **premium** will normally be altered on 1 January in any **year** and any other times in exceptional circumstances. Should the premiums change the **policyholder** will be given at least one month's written notice (correspondence sent to the last known address by ordinary post will be treated as adequate notice).
- viii. Denplan will accept payment by monthly Direct Debit or annually by cheque, 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.

How is my personal data protected?

Please ensure that **you** show the following information to others covered under **your** policy, or make them aware of its contents. Denplan will deal with all personal information supplied in the strictest confidence, as required by the Data Protection Act 1998. Denplan may send personal and sensitive personal information in confidence for processing by other companies and intermediaries and to AXA PPP healthcare as the underwriter of this policy. Denplan will extend the same duty of confidentiality to any third parties to whom it may subcontract the administration of **your** policy, including those based outside the European Economic Area.

Denplan will hold and use information about **you** and any family members covered by **your** policy, supplied by **you** or family members, to provide the services set out under the terms of this policy, administer **your** policy and develop customer relationships and services. In certain circumstances Denplan may ask medical service providers (or others) to supply Denplan with further information.

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, Denplan will send all correspondence about the policy, including any claims correspondence, to the **policyholder** unless advised to do otherwise.

Denplan are required by law, in certain circumstances, to disclose information to law enforcement agencies about suspicions of fraudulent claims and other crime. Denplan will disclose information to third parties including other insurers for the purposes of prevention or investigation of crime including reasonable suspicion about fraud or otherwise improper claims. If **you** have agreed, Denplan may use the information **you** have provided to Denplan to contact **you** by post, telephone or electronically with details of other products and services. With **your** agreement Denplan may also share some

of **your** details with other AXA Group companies and other carefully selected companies based in the European Economic Area to enable them to contact **you** about their products and services. If **you** change **your** mind please contact Denplan on 0800 401 402 otherwise Denplan will assume that, for the time being, **you** are happy to be contacted in this way.

What regulatory protection do I have?

Denplan Limited is an appointed representative of AXA PPP healthcare Limited, which is authorised and regulated by the Financial Services Authority (FSA). The FSA was established by government to provide a single statutory regulator for financial services. The FSA is committed to securing the appropriate degree of protection for consumers and promoting public understanding of the financial system.

The FSA have set out rules which regulate the sale and administration of general insurance which AXA PPP healthcare Limited and Denplan Limited must follow when dealing with **you** and/or the **policyholder**.

AXA PPP healthcare Limited's registration number is 202947.

This information can be accessed by visiting the FSA register which is on their website: www.fsa.gov.uk/register or by contacting the FSA on 0845 606 1234.

Denplan Insurance Services

Denplan acts on the **policyholder's/your** behalf in making arrangements for the provision of Supplementary Insurance. In doing so, it will assist **you** and/or the **policyholder/you** with any enquiries regarding **your** eligibility for insurance cover, any general enquiries regarding this insurance and provides a 24 hour Worldwide Dental Emergency Helpline.

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 **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 Supplementary Insurance policy cover under Denplan Care.

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 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:

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, **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 per incident £20,000.

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.

Contact Details

Dental Emergency Enquiries

If you are in the locality of your own dentist you should access their dental emergency cover in the first instance.

In the event of a dental emergency Denplan have a 24 hour Worldwide Dental Emergency Helpline which assists patients in locating a dentist in the UK or overseas.

0800 844999

(+44 1962 844999 outside the UK)

The 24 hour Worldwide Dental Emergency Helpline will assist you in locating a dentist anywhere in the world.

General Enquiries

Insurance Freephone:

0800 085 0960

Insurance Fax No.:

01962 849932

Insurance Queries:

insurance@denplan.co.uk

Email:

denplan@denplan.co.uk

Website:

www.denplan.co.uk

For any queries regarding Denplan in general, please call our Customer Advisor team on:

0800 401402

Denplan online services

What you can do online

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

- address, telephone number and email address
- Direct Debit details
- name and title
- pay by Credit Card if you are invoiced annually

What you will need

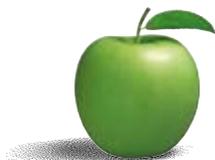
- your Denplan registration number, as provided on your welcome letter
- date of birth
- email address

To register

Simply click on Denplan online services at www.denplan.co.uk

You can also access a wealth of useful information. Find out about your Supplementary Insurance and our 24 hour Worldwide Dental Emergency Helpline and download claim and policy documents by visiting www.denplan.co.uk/patients.

www.denplan.co.uk



Denplan

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