



Your Simply Dental Plan

Policy document Part 1

Inside you'll find all you need to know about what is and isn't covered

Effective from 1st March 2019

Part 2 will tell you about adding your family, changing cover and claiming - as well as some other important information.

Your table of cover

	Level 1	Level 2	Level 3	Level 4
Monthly premium for you	£9.55	£15.92	£22.56	£28.87
Monthly premium for you and your partner	£19.10	£31.84	£45.12	£57.74
Monthly premium for up to four of your children under the age of 18	£3.52	£6.93	£10.52	£14.15

Premiums include Insurance Premium Tax where applicable

No qualifying period for these benefits

To help keep your teeth healthy	We pay	Annual limit for each person			
Check-ups Includes dental check-ups, examinations and x-rays	100% of your receipt up to your annual limit	£45	£75	£105	£135
Scale and polish Includes scale and polish and hygienist's fees for maintenance	75% of your receipt up to your annual limit	£35	£65	£95	£125

3 month qualifying period applies to all of these benefits

To help you when you need treatment	We pay	Annual limit for each person			
Treatment Includes fillings, dentures, periodontal care, crowns, bridges, inlays, onlays	50% of your receipt up to your annual limit	£200	£400 of which £200	£600 of which £300	£800 of which £400
is the maximum we will pay for crowns, bridges, inlays and onlays					

To help when the unexpected happens	We pay	Annual limit for each person
Accident Treatment to return you to your pre-accident state of oral health if you see a dentist or doctor within 30 days of the accident	100% of your receipt up to your annual limit	£5,000
Emergency visit Covers urgent appointments, for example if you are in severe pain and need immediate treatment		£500
To help you when you need it most	We pay	Annual limit for each person
NHS hospital Cash amount when you are admitted to an NHS hospital for dental treatment	For each day / night (max 20 each year)	£50
Mouth cancer A single payment, payable once for each person for the lifetime of their membership		£5,000

Worldwide cover - Accident and Emergency visit apply anywhere in the world.

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

Pre-existing conditions, treatment identified in a qualifying period and cosmetic dentistry procedures are not covered. You can find full policy details in the policy documents.

Introduction

Thank you for buying a Simplyhealth dental plan. This document explains the policy rules, and how the policy works. These rules apply to all members of the policy.

Please take the time to read them and keep them safe in case you need them again. If you have any questions, then please contact us.

We aim to make information about us and this policy accessible to you, whatever your needs, and information is available in large print or audio.

We want you to have a policy that meets your needs, and this product you have chosen meets the needs of someone who would benefit from support with the costs of their NHS and private dental check-ups and treatment. Please remember to review your cover on a regular basis to make sure that it continues to meet your needs.

How does my dental plan work?

It's simple: we'll pay your eligible claims up to the amounts shown for your level of cover. Your summary of cover will show which level applies to you.

For some of your benefits, we'll pay you a percentage of the costs you've paid for your treatment or service. For example, if your payback level is 75% and you've paid £100, we'll give you £75 back. Your **table of cover** shows the percentage of your costs that we'll pay back.

Section 1: How to make a claim

How do I make a claim?

The first thing you need to do is pay for the costs of the treatment. You then claim those costs back from us.

It's really easy to claim online. Please visit simplyhealth.co.uk/register and follow the simple registration process.

If you're unsure about how to claim online then please contact us.

What do I need to provide so my claim can be paid?

Before we're able to pay your claim, we need to be sure that the **policy** covers it. For example, we need to be sure that the person who receives the treatment is a **member**, and that there is not an exclusion that applies.

You'll need to send a statement of account or a detailed receipt that shows:

- who the patient is
- who gave the treatment or service and how much they've charged
- the details and date of the treatment or service and
- the amount that you've paid.

We won't be able to pay a claim if you don't send us everything that we need to assess it.

We don't accept receipts that have been altered, bank statements, invoices or credit or debit card receipts without supporting evidence. We are unable to return receipts.

If your claim is over £500, we may ask for more information, such as your dental records, to support the claim.

If you make a claim under the 'accident' benefit, we may ask for evidence of the accident and a fully itemised list of charges for treatment.

What happens if more information is needed to assess my claim?

We may need to ask the person who provided the treatment for more details. We won't pay if there's a charge for this.

We may ask for a second opinion from a dentist appointed by us or we may ask you to attend an appointment but we'll pay the cost for this. They will check that your treatment was **clinically necessary** and has been supplied at a reasonable cost when compared to similar dental work carried out in the UK. If you do not attend the appointment, we may not be able to pay your claim.

If the dentist appointed by us tells us that some or all of the treatment carried out wasn't **clinically necessary**, we may not pay the claim.

If this dentist raises concerns about your treatment, we may refer your clinical records to the General Dental Council (GDC). We'll tell you if we plan to do this and will remove all references to your personal identity if you ask us to.

Section 2: Your cover

This section explains what is and isn't covered for each of the benefits on this **policy**. You decide the treatments that you need, and the people who provide them. We aren't responsible for the treatment or services you receive or for any consequences that may result from them.

Check-ups

What the check-ups benefit covers

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

What the check-ups benefit does not cover

- × **general exclusions.**

Scale and polish

What the scale and polish benefit covers

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

What the scale and polish benefit does not cover

- × **general exclusions.**

Treatment

This benefit is to help towards the costs of a completed course of **clinically necessary** dental treatment. We may ask for evidence from your **dental clinician** that, in their professional opinion, the treatment was **clinically necessary**.

What the treatment benefit covers

- ✓ dental treatment provided by a **dental clinician** or **specialist**
- ✓ local anaesthetic fees
- ✓ dental crowns, bridges, inlays and onlays up to the annual benefit limit
- ✓ dental crowns, bridges or attachments to a dental implant
- ✓ fillings and fissure sealants
- ✓ dentures
- ✓ fees for laboratory and dental technician services referred by a **dental clinician** or **specialist**
- ✓ periodontal care
- ✓ extractions

- ✓ gum-shields specifically designed for use while participating in a sport that has a higher than average likelihood of dental injury and where it is reasonable to expect you to wear face or mouth protection, for example hockey or rugby, provided by a dentist or **specialist**
- ✓ the standard NHS rate for one prescription each **course of treatment** (whether the prescription is an NHS or private prescription). The prescription must be written by a **dental clinician** or **specialist**. This does not cover Prescription Prepayment Certificates (PPC) or any medicine obtained using one.

What the treatment benefit does not cover

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

Accident

This benefit is to help towards the costs of returning your oral health to its pre-accident state following an accident. An accident is an incident that happens by chance, which could not have been expected, causes a significant dental injury and requires medical or dental attention.

This benefit has a **qualifying period** of three months.

In order for us to assess your claim, we'll need evidence that an accident has taken place and that the treatment you've received is **clinically necessary** and as a direct result of the accident. You must send us a copy of your dental or medical records (which should include any relevant X-rays) confirming this.

We will ask for additional evidence, such as witness statements, photographs and police incident numbers if your records do not provide the information we need to assess your claim.

What the accident benefit covers

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

What the accident benefit does not cover

- × further treatment that you need after the immediate restoration of the accident-damaged area, for example remedial improvements to, or the modification of, work carried out as a result of the accident
- × treatment that you need as a result of participating in a sport that has a higher than average likelihood of dental injury and where it is reasonable to expect you to wear face or mouth protection, for example hockey or rugby, and where you were not wearing the appropriate face or mouth protection
- × treatment that you need as a direct result of an accident that occurred before or within the **qualifying period**
- × treatment that you need as a result of injury caused by foreign bodies or foodstuffs while eating, chewing or drinking
- × **general exclusions.**

Emergency visit

This benefit is to help towards the costs of the emergency treatment that you have at an emergency visit to a dentist, not dental treatment that you have at further visits for the same condition (you may be able to claim for this under 'treatment').

What the emergency visit benefit covers

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

What the emergency visit benefit does not cover

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

NHS hospital

This benefit can help towards costs such as meals for visitors, telephone calls, travel costs or even hospital parking fees, if you are admitted to hospital primarily for dental treatment.

You can claim a maximum of 20 days or nights each **policy year.**

To make an online claim for hospital cover you'll need a copy of your discharge letter as evidence of your admission. If you do not have your discharge letter, you'll need to get written confirmation of your hospital stay (for example a letter on headed paper from the hospital).

What the dental hospital benefit covers

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

An in-patient is a patient who is admitted to hospital and who occupies a bed overnight or longer for medical reasons.

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

If you are admitted as a day-patient and then stay overnight, we will pay one night's hospital cover (not one day and one night).

What the dental hospital benefit does not cover

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

Mouth cancer

This benefit will pay the amount shown in the **table of cover** for your level of cover if you're diagnosed with primary mouth cancer.

When cancer occurs, the part of the body where it first appears indicates the primary cancer, for example bowel cancer. If the cancer spreads and settles in a different part of the body, for example the oral cavity, forming a new tumour, this is called a secondary cancer (also called a metastasis).

We'll make the payment if you're diagnosed with primary **mouth cancer**:

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

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

We will pay mouth cancer benefit

- ✓ if you have been diagnosed with primary **mouth cancer**.

The diagnosis must be supported by a **specialist's** letter and histology (microscopic study).

We will not pay mouth cancer benefit

- × if, either before or during the **qualifying period**, you
 - have been diagnosed with any **mouth cancer** or
 - are having investigations or waiting for the outcome of tests
- × for secondary cancer in your mouth
- × for cancer of the tonsils
- × **general exclusions**.

General exclusions

- × This **policy** will not pay for:
 - a **course of treatment** that you have paid for but have not yet received
 - any costs that you incur outside the UK, except for 'emergency visit' and 'accident'
 - fees or charges for:
 - missing an appointment
 - completing a claim form or providing a medical report
 - providing further information in support
 - of a claim.
 - claims where you have paid costs with:
 - discount vouchers or coupons
 - any type of retail points scheme or loyalty scheme
 - dental consumables, for example toothbrushes, mouthwash and dental floss
 - dental practice plan payments and joining fees, and dental insurance premiums
- fees for laboratory and dental technician services not referred by a **dental clinician** or **specialist**
- any costs for treatment undertaken in a hospital following a referral from a **dental clinician**
- hypnosis or sedation
- cosmetic treatment (treatment that you have chosen to have where the primary purpose is to improve your appearance) or treatment that is not **clinically necessary**, for example tooth whitening, veneers.
- implants, or any preparation for and treatment connected with implants, although attachments to the dental implant such as crowns and bridges may be covered. This exclusion does not apply to an existing abutment which is damaged in an accident covered by the **policy**
- veneers, or any preparation for and treatment connected with having veneers fitted. This exclusion does not apply to an existing veneer which is damaged in an accident covered by the **policy**
- orthodontic treatment, or any preparation for and treatment connected with orthodontics
- dental work required as a result of damage caused by tooth or mouth jewellery
- claims relating to treatment arising directly or indirectly from
 - your participation in a criminal act
 - your abuse of alcohol or drugs
 - an accident while you were under the influence of alcohol or drugs
 - deliberate self-inflicted injury
- damage to dentures that happens whilst you are not wearing them
- any claim that you make as a result of war or terrorist activity
- any claim that takes place after you no longer live permanently in the United Kingdom
- any claim for treatment that you receive from:
 - a member of your immediate family – a parent, child, brother or sister, or your **partner**
 - a business that you own.

Section 3: Definitions

We give certain words and phrases specific meanings in the policy rules. We use **bold type** to show you which these are and so we don't have to keep explaining what they mean.

When we refer to 'you' or 'your' in this document, we mean anyone who is a **member** under this **policy**. When you see 'we', 'us' or 'our' we mean Simplyhealth Access trading as Simplyhealth, a company incorporated in England and Wales.

Child/children

Natural or legally adopted dependent children of the **policyholder** or their **partner**. Children must be under the age of 18.

Clinically necessary

Treatment that you need:

- to treat disease
- to replace defective or worn dental work

in order to secure and maintain your oral health.

Course of treatment

Treatment to an individual tooth, from preparation to completion.

Dental clinician

A person who:

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

General exclusions

Anything excluded under this **policy** as set out in the 'Your cover' section.

Member

Anyone who we have accepted cover for under this **policy**.

Mouth cancer

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

Partner

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

Policy

The insurance contract between Simplyhealth and the **policyholder**.

Policyholder

The first person named on the summary of cover.

Policy year

The 12 calendar months from the **start date** or the last **renewal date**. Your summary of cover shows the dates for your policy year.

Pre-existing condition

A condition is pre-existing if:

- you had symptoms of or knew about the condition before you joined the **policy**
or
- a **dental clinician** planned or recommended treatment for the condition before you joined the **policy**.
or
- you have not had a dental examination in the 24 months before you joined the **policy**

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

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

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

Qualifying period

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

Renewal date

The date on which this **policy** will renew. You'll find this on your summary of cover.

Specialist

A dentist who is:

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

and

- practising in the UK.

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

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

Start date

The date on which this **policy** starts. You'll find this on your summary of cover.

Table of cover

The table applicable at the treatment date. This will show:

- the levels of cover available
- the benefit entitlements available under each level of cover
- any age rules for joining and changing your level of cover
- whether or not **partners** or **children** can be covered by this **policy**.

Important contact information

If you have any questions about your policy and how it works, here's how you can get in contact with us:

You can call us on:

0370 908 3476

You can write to us at:

Simplyhealth
Hambleden House
Waterloo Court
Andover
Hampshire
SP10 1LQ

You can also email us:

customerservices@simplyhealth.co.uk

If you're unhappy with the service you've received, then please let us know

You can call us on:

0370 908 3310

Or email us: customerrelations@simplyhealth.co.uk

You can also contact us using Facebook or Twitter:

Facebook - @SimplyhealthUK or
[facebook.com/simplyhealthuk](https://www.facebook.com/simplyhealthuk)

Twitter - @AskSimplyhealth



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