Dental Plan

Insurance Product Information Document

Insurer: Simplyhealth Access, which is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority, Financial Services Register number 202183. Simplyhealth is registered and incorporated in England and Wales.

Product: Simplyhealth Dental Plan

This document provides a summary of the key information relating to this policy but it is not personalised to you. The other documents you receive from us, before and after the policy starts, will tell you what you need to know about the policy.

What is this type of insurance?

This policy is a dental plan. It gives you money back towards a selection of dental benefits that you pay for and claim back from us, up to an annual limit. This dental plan has four levels of cover. Depending on the level you select, each benefit has an annual limit we will pay up to, for each person covered. The table of cover will provide you with more information. You can add your partner and up to four of your children to the policy.

What is insured?

- **Check-ups** - the annual limits payable for this benefit range from £45 for level one to £135 for level four. We pay 100% of your receipt up to the annual limit.
- **Scale and polish** - the annual limits payable for this benefit range from £35 for level one to £125 for level four. We pay 75% of your receipt up to the annual limit.
- **Treatment** - the annual limit payable for this benefit is £200 for level one. Level two has an annual limit of £400 of which £200 is the maximum that can be claimed for crowns, bridges, inlays and onlays. Level three has an annual limit of £600 of which £300 is the maximum that can be claimed for crowns, bridges, inlays and onlays. Level four has an annual limit of £800 of which £400 is the maximum that can be claimed for crowns, bridges, inlays and onlays. We pay 50% of your receipt up to the annual limit.
- **Accident** - the annual limit payable for this benefit is £5,000. We pay 100% of your receipt up to the annual limit.
- **Emergency visit** - the annual limit payable for this benefit is £500. We pay 100% of your receipt up to the annual limit.
- **Hospital** - we pay for each day or night you are admitted for dental treatment, up to a maximum of 20 days/nights each policy year. The amount payable for each day/night is £50.
- **Mouth cancer** - a single £5,000 payment, payable once for each person for the lifetime of their membership.

What is not insured?

- People who are not residents of the United Kingdom or UK Territories.

Are there any restrictions on cover?

- There is an annual limit for each benefit on this policy (except for the mouth cancer benefit, which is payable once for each person for the lifetime of their membership).
- For some benefits, we only pay part of each receipt that you claim for. For example 50%, 75%.
- Each benefit has a number of exclusions, please read the full policy documentation to find out what these are.
- A partner covered by this policy must live with the policyholder and be on the same level of cover as the policyholder.
- A child covered by this policy must be under 18 and be on the same level of cover as the policyholder.
- Pre-existing conditions, treatment identified in a qualifying period and cosmetic procedures are not covered.
- Mouth cancer is not payable if you are diagnosed or having tests before joining, or during the three month qualifying period, even if diagnosed after.
- If you have not seen a dentist in the two years before you join this policy, we will not pay for any treatment identified as necessary, planned or received during the first dental examination you have after you join this policy.
- Treatment, Accident, Emergency visit, Hospital and Mouth cancer benefits are not payable for the first three months of cover.
- To make a claim under the Accident benefit, medical or dental treatment must be received within 30 days of the accident.

Where am I covered?

You are covered in the UK only. However, you have worldwide cover under the Accident and Emergency benefits.

What are my obligations:

- **at the start of the contract?** Give us honest, accurate and complete information when buying the policy, check your policy documentation when you receive it to make sure you have the cover you need and expect.
- **during the term of the contract?** Pay the premium on time, let us know of changes to your address.
- **when making a claim?** Give us the information that we need to assess the claim properly.

When and how do I pay?

We accept payment by monthly Direct Debit.

When does the cover start and end?

The cover starts from the date we include you on the policy and lasts for one year. It will renew automatically if it is not cancelled in accordance with the policy terms. If you buy or renew this product, your summary of cover will show these dates.

How do I cancel the contract?

You can cancel your policy by contacting us via our website, by the telephone, or by post.

If you cancel within 14 days of receiving your policy documentation, we will refund the premium, unless you have made a claim. If you cancel this policy after the 14 day 'cooling off' period, and before the end of your minimum 12 month contract term, you will be required to pay the remaining premiums for the policy year in which you have cancelled.

Alternatively, you can elect for the policy not to renew at the next renewal date, at which point no further payments will be taken and you will no longer be on cover.

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