

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: Tesco 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 health plan has three levels of cover. Depending on the level you select each benefit has an annual limit we will pay up to. You can add your partner and up to four of your children to the policy. The table of cover will provide you with more information.



What is insured?

- **Maintenance** - the annual limits payable for this benefit range from £30 for Core to £100 for Plus. We pay 100% of your receipt up to the annual limit.
- **Treatment** - the annual limit payable for Core is £200. Extra has an annual limit of £500 of which £350 is the maximum that can be claimed for crowns, bridges, implants, inlays and onlays. Plus has an annual limit of £1,000 of which £500 is the maximum that can be claimed for crowns, bridges, implants, inlays and onlays. We pay 75% of your receipt for Core and Extra and 50% of your receipt for Plus, up to the annual limit.
- **Accident** - the annual limits payable for this benefit ranges from £1,000 for Core to £5,000 for Plus. We pay 100% of your receipt up to the annual limit.
- **Emergency visit** - the annual limits payable for this benefit range from £500 for Core to £1,000 for Plus. We pay 100% of your receipt up to the annual limit.
- **Call out fee** - the annual limits payable for this benefit range from £150 for Core to £250 for Plus. We pay 100% of your receipt up to the annual limit.
- **Mouth cancer** - a single payment ranging from £4,000 for Core to £10,000 for Plus, 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.
- 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 on this policy must live with the employee and be on the same level of cover as the employee.
- A child covered by this policy must be under 24 years old and be on the same level of cover as the employee.
- Treatment, Accident, Emergency visit and call out fee benefits are not payable for the first three months of cover.
- Mouth cancer benefit is not payable for the first six months of cover.
- Pre-existing conditions, treatment identified in a qualifying period and cosmetic procedures are not covered.
- 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.
- 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 are covered worldwide for 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 until the renewal date. It will renew automatically if it is not cancelled. If you buy or renew this product, the policy documentation will show these dates.



How do I cancel the contract?

- You can cancel your policy by writing to us or calling us.
- You can cancel within 14 days of receiving your policy documentation or within 14 days of the renewal date. We will refund the premium, unless a claim has been made. After that you can end the contract by giving us one month's notice. We can end the contract from a renewal date.