

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: Simply 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 plan has five 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?

- **Simply Extras** - provides access to a 24/7 worldwide dental emergency helpline and 24/7 access to support and structured telephone counselling for dental anxiety.
- **New patient assessment** - the annual limits payable for this benefit range from £60 for level one to £130 for level five. We will pay towards one new patient assessment per claiming year. We pay 100% of your receipt up to the annual limit.
- **Routine examinations** - the annual limits payable for this benefit range from £80 for level one to £220 for level five. We will pay up to half of the annual entitlement towards each examination, up to two per claiming year.
- **Hygienist appointments** - the annual limits payable for this benefit range from £100 for level one to £260 for level five. We will pay up to half of the annual entitlement towards each hygienist appointment, up to two per claiming year.
- **Essential care** - the annual limits payable for this benefit range from £300 for level one and £375 for level two, of which £120 is the maximum we will pay towards periodontal treatment each claiming year, and £450 for level three to £800 for level five, of which £180 is the maximum we will pay towards periodontal treatment each claiming year. We pay 100% of your receipt up to the annual limit (or inner limit).
- **X-rays and scans** - the annual limits payable for this benefit range from £40 for level one to £100 for level five. We pay 100% of your receipt up to the annual limit.
- **Mouth guards** - the annual limits payable for this benefit range from £55 for level one to £75 for level five. We pay 100% of your receipt up to the annual limit.
- **Complex care** - the annual limits payable for this benefit are £300 for level one, £500 for level two of which £400 is the maximum we will pay towards orthodontic treatment each claiming year, £800 for level three of which £500 is the maximum we will pay towards orthodontic treatment each claiming year, £1,750 for level four of which £600 is the maximum we will pay towards orthodontic treatment each claiming year, £2,200 for level five of which £700 is the maximum we will pay towards orthodontic treatment each claiming year. We pay 80% of your receipt up to the annual limit (or inner limit).
- **Emergency dental treatment** - the annual limit for this benefit is £800 on all levels. We pay up to £400 of treatment towards each incident, up to two incidents in each policy year.
- **Dental injury** - the annual limit for this benefit is £10,000 on all levels. We pay up to £2,500 of treatment towards each dental injury, up to four incidents in each policy year.
- **Dentist call out fees** - the annual limit for this benefit is £300 on all level. We pay up to £150 towards each incident, up to two incidents in each policy year.
- **Telephone consultations for dental emergency or dental injury** - when referred through the emergency dental helpline, we pay 100% of the dentist telephone consultation fees on all levels.
- **Hospital cash benefit** - we pay £100 for each night you are admitted to hospital for dental treatment. The annual limit for this benefit is £1,000 on all levels.(max 10 nights)
- **Mouth cancer cover** - the annual limit for this benefit is £20,000 towards one course of treatment for up to 18 months following diagnosis on all levels.



What is not insured?

- People who are not residents of the United Kingdom or UK Territories.
- People who do not meet the eligibility criteria.
- Non-clinically necessary treatment as assessed by our dentist, or cosmetic treatment.
- Treatment identified prior to the policy start date or within the benefit qualifying period (pre-existing conditions).



Are there any restrictions on cover?

- There is an annual limit for some benefits on this policy.
- Each benefit has a number of exclusions, please read the full policy documentation to understand what is and isn't covered.
- For some benefits, we only pay part of each receipt that you claim for. For example 80%.
- Treatment following a dental accident must start within 6 months of the date of the accident and be completed within 24 months for an adult, or within 6 years for persons under the age of 18 (as long as the accident occurred before the age of 18). We will not cover treatment for a dental accident that occurred before the policy start date, or which continues after the policy ends/the member receiving treatment as a result of a dental accident is removed from cover.
- A partner covered by 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 age 24 and be on the same level of cover as the employee.
- Mouth cancer treatment is not payable for the first 3 months of cover or after 18 months following diagnosis.
- Structured counselling sessions are restricted to 6 telephone sessions for each issue, each rolling year from the date of your first session, if deemed clinically appropriate.



Where am I covered?

Treatment and services are covered worldwide except mouth cancer cover, dentist call out fees and the coping with dental anxiety helpline, which are only covered in the UK or UK Territories.



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 contact details.
- **when making a claim?** Give us the information that we need to assess the claim properly.



When and how do I pay?

- From a company we accept payment by monthly Direct Debit, BACS or in some cases, where it has been agreed the company may pay us the premium directly from employee salaries.



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. If you buy or renew this product, your summary of cover will show these dates.



How do I cancel the contract?

- A company can cancel the contract on the next renewal date by giving us two months' notice by writing to us or calling us.
- **Where a company pays us:** employees can cancel their policy in accordance with their employer's eligibility rules. Requests to cancel cover must be submitted via the employer.