

The Simply Dental Plan gives you money back on four important areas of your dental health up to your annual limits:

**Maintenance**, such as check-ups, hygienist visits and x-rays

**Treatment**, such as fillings, crowns and bridges

**Emergency dental visit**, if you are in pain and need fast access to treatment

**Accidental damage to your teeth**, just in case the unexpected should happen

#### Here's how it works:

- You pay a monthly amount. Cover starts from £7.35 a month which works out at just 25p a day
- In return, on our Core cover, you can claim up to £30 money back for maintenance each year. After an initial three month qualifying period you can also claim up to £200 money back for treatment including crowns, bridges onlays and inlays, plus up to £500 money back for emergency dental treatment
- It doesn't matter if you use an NHS dentist or have your treatment privately, you can claim for either. You can also cover up to four of your children living at home under the age of 18 from just £2 extra per month

## Join today!

You can join Simplyhealth by filling in the simple application form at the back of this brochure and sending back to us FREEPOST.

Alternatively for more information feel free to call us on:

0800 980 7892

or visit

[www.simplyhealth.co.uk/employee](http://www.simplyhealth.co.uk/employee)

**Simplyhealth**  
the new name for HSA,  
LHF and HealthSure

# In a simple table here's how much you have to pay and how much you get back

Your table of cover		Core	Plus
Monthly premium for you	Payback level	£7.35	£23.50
Monthly premium for you and your partner		£13.50	£47.00
Extra premium to cover up to four of your children under the age of 18 who live with you		£2.00	£10.00

Annual limit for each person

No qualifying period			
<b>Dental maintenance</b>	100%	£30	£100
Includes check-ups, examinations, consultations, X-rays, scaling and polishing and hygienist's fees			
3 month qualifying period			
<b>Dental treatment</b>	75% for Core level	£200	£1,000 of which £500 is the maximum we will pay for crowns, bridges, inlays and onlays
Includes restorative treatment such as fillings, dentures, crowns, bridges, inlays and onlays, as well as lab fees and periodontal treatment	50% for Plus level		
<b>Dental accident cover</b>	100%	£1,000	£5,000
Includes short term treatment required to repair the immediate accidental damage to your teeth. Treatment must be received within 48 hours			
<b>Dental emergency visit</b>		£500	£1,000
If you are in severe pain and you need immediate treatment			
<b>Call out fee</b>		£150	£250
An out of hours call out fee relating to a dental emergency visit only			
6 month qualifying period			
<b>Mouth cancer cover</b>	A single payment	£4,000	£10,000
A single payment, payable once for each member for the duration of the policy			

**Worldwide cover** Dental accident cover and Dental emergency visit apply anywhere in the world for any trip with a duration of up to and including 28 days.

Premiums include Insurance Premium Tax.

The joining age for this policy is from 18 years old up to 69. If you or anyone on your policy are aged 70 or over you will not be able to increase your level of cover. Children in full time education are covered up to the age of 24.

**Pre-existing conditions or treatment identified in a qualifying period and cosmetic/aesthetic dentistry procedures are not covered.**

**For full details of your plan, please read the Terms and Conditions.**

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# Your questions answered

## How old do I need to be to join?

You can apply to join if you are aged between 18 and 69 inclusive at the time of application and are a UK resident.

## When can I claim?

You can claim for Dental Maintenance immediately by using the claim form provided in your Welcome Pack. Treatment, accident and emergency benefits have a three month qualifying period and Mouth Cancer Cover has a six month qualifying period. Any treatment received or identified by you or your dentist as being required before or during the qualifying periods is not covered.

The claim form will need to be signed by your dentist, please see the claim form for more guidance. For claims over £500 you must submit full clinical records provided by your dentist or whenever we make a reasonable request for you to do so.

## When do my annual benefits start and end?

Your annual benefits commence from your policy start date and begin again on the same date every year.

## What is the duration of my cover?

The cover under your plan is monthly and runs from month to month until it is cancelled or otherwise comes to an end.

## Are existing conditions covered?

Pre-existing conditions requiring treatment which were either known about by you; planned or recommended by your dentist before you took out your policy; or which were revealed in the first check-up you have after taking out the policy (if you had not had a check-up for two years prior to taking out your policy) will not be covered. You will not be able to claim for Mouth Cancer Cover if you have previously been diagnosed with any cancer or if you have been referred by your dentist or GP for diagnostic tests before you take out a Simply Dental Plan or during your six month qualifying period.

## Does cover continue when I reach 70?

Yes, cover doesn't cease when you reach a certain age. You can keep your policy for as long as you wish. However, you cannot increase your cover after your 70th birthday.

## How are my benefits paid?

To make life easier for you, Simplyhealth provides a service which pays your benefits directly into your bank account via direct credit, sending you confirmation in the post.

## When will I receive money back from my claim?

We usually settle claims within a few days. Sometimes we may ask for further information which may delay the payment of your claim.

## What happens if my personal circumstances change?

So that your cover remains appropriate for your needs, it is important that you review it regularly and let us know about any significant changes to your healthcare requirements.

## Where can I get more information or additional help when making a claim?

If you have any queries, please call Simplyhealth Customer Services on 0800 980 7891 who will be pleased to help you.

## What do I do if I have changed my mind?

You have 14 days from receipt of your welcome pack in which to change your mind and receive a full refund from Simplyhealth, provided no claims have been made. Simply call Customer Services on 0800 980 7891. After this period our standard cancellation rights apply – please refer to section 7 of the terms and conditions for full details.

## How do I make a complaint?

At Simplyhealth we aim to provide you with the very highest levels of customer service and care at all times. In order to maintain this service standard, we encourage feedback from our customers and have put in place a procedure that you can use to raise any concern or complaint that you may have. In the first instance you should write to: Customer Services, Simplyhealth, Hambleden House, Andover, Hants. SP10 1LQ or contact customer services direct on 0800 980 7891.

If you are not satisfied with our response, or we have not replied within eight weeks, you have the right to refer your complaint to: Financial Ombudsman Service. Please refer to section 9 of the terms and conditions for full details.

# Terms and conditions

## Introduction

These terms and conditions set out the way **we** provide **you** with cover under **your Plan**. They bind **you**, as a **member**, whether or not **you** have signed the application form or other document. Please read them carefully and keep them in a safe place for future reference. If **you** have any questions about these terms and conditions, please contact Customer Services on **0800 980 7891**.

## Making information about us accessible

**We** aim to make information about **us** accessible to **you**, whatever **your** needs. **You** may call **us** on our minicom service on 0800 072 5840 and information is available in large print or audio. Please call **us** if we can help in any other way.

## Section 1: Definitions

To avoid repetition, the following words or expressions, wherever used in this **policy**, have the specific meanings given below. To identify the defined words or expressions, these are shown in **bold** print throughout this **policy**.

### Accident

An accident that happens by chance, which could not have been expected, causes a significant dental injury and requires medical or dental attention within 48 hours. The accident must occur after the three month **qualifying period**.

### Adjusted claims loss ratio

The amount claimed in a given calendar year divided by the premiums received in the same calendar year, excluding claims for **mouth cancer**.

### Callout fee

The amount charged by a dentist or **specialist** for attending an appointment at a dental practice outside the normal opening hours. The cost of treatment itself falls under the emergency treatment benefit.

### Check-ups

Check-ups, investigations, services and procedures performed by a dentist or **specialist** to investigate **your** oral health. It includes but is not limited to:

- dental check-ups
- X-rays
- diagnostic work including study casts, wax-ups and stents

### Child/children

Natural or legally adopted dependent children of **you** or **your partner** who are under the age of 18 who permanently live with **you** (or up to the age of 24 if in full time education).

### Claiming year

The period of time during which **you** can claim the benefit for **your** chosen **level** of cover. **Your** first claiming year starts on **your registration date** and runs for 12 months. Subsequent claiming years start on the anniversary of **your registration date** and run for 12 months.

### Clinically necessary

Required for the treatment of disease or the replacement of defective or worn work in order to secure and maintain oral health.

### Course of treatment

Treatment to an individual tooth, from preparation to completion. If the treatment is for a bridge then a course of treatment will be from preparation to fitting of the bridge.

### Cosmetic or aesthetic procedures

Treatment whose primary purpose is to improve **your** appearance, including but not limited to:

- any treatment **you** elect to have, such as crowns, bridges, inlays and onlays, which is not **clinically necessary**
- replacement of amalgam (silver colour) fillings with white fillings
- tooth whitening, including bleaching and laser whitening
- veneers
- orthodontic treatment

### 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
- practises in the United Kingdom
- complies with the requirements of the publication "Scope of Practice" from the **General Dental Council** regarding their training and competence.

### Dental emergency visit

A single dental appointment that takes place after the three month **qualifying period** that is urgently required to provide immediate treatment for the relief of severe pain, trauma, inability to eat, the control of acute infection, swelling or haemorrhage, or which severely threatens **your** general health.

### Dental treatment

Treatment and procedures performed by a **dental clinician** or **specialist**. Such treatment and procedures must be **clinically necessary** to secure and maintain oral health. They include but are not limited to:

- dental crowns, bridges, white fillings, inlays, onlays and fissure sealants but not **cosmetic or aesthetic** procedures
- root canal treatment
- X-rays
- dentures
- local anaesthetic fees
- gum-shields specifically designed for use while participating in a dangerous sport, provided by a dentist or **specialist**
- laboratory fees and dental technician fees referred by a dentist or **specialist**
- periodontal treatment carried out by a periodontist or hygienist

### General Dental Council

The organisation that regulates dental professionals in the United Kingdom.

### Level

The cover **you** select that determines the maximum amount of benefit available to **you**.

### Member

A policyholder with Simplyhealth.

### Mouth cancer

A diagnosis of primary cancer of the lips, tongue, major salivary glands, gums, mouth or pharynx or the oral cavity from the lips to the pharynx supported by a **specialist's** letter and histology (microscopic study).

### Partner

A husband, wife or civil partner under the Civil Partnership Act 2004, or a person who lives with **you** permanently as if they were **your** legal spouse or civil partner.

### Policy

**Our** contract of insurance with **you**.

### Policy document

This policy document, which comprises the terms and conditions that relate to the **policy**.

### Pre-existing condition

Treatment that is either or both of the following:

- planned or recommended by **your** dentist or known about by **you** before **your registration date**
- identified as necessary at a first dental examination by a dentist after **your registration date** if **you** have not attended a dentist in the 24 months before **your registration date**.

### Qualifying period

A period of time that must elapse before **we** will accept claims for the particular benefit. This applies on an individual basis from the date **you** join the **policy**.

### Registration date

The date the **policy** begins, as shown in **your** welcome letter.

### Simplyhealth dental clinician

A dental surgeon appointed by Simplyhealth to review and advise on all dental matters and **dental treatment**.

### Specialist

A dentist who:

- is included in the specialist list on distinctive branches of dentistry within the dentists' register, as defined by the **General Dental Council** (Distinctive Branches of Dentistry) Regulations 1998, and
- has additional specialist or further qualifications in a particular speciality, or whose practice is limited to such a speciality

However, for claims for **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

### Sports

Sports or activities that carry a higher than average likelihood of dental injury where it is reasonable to expect head, face or mouth protection to be worn, such as (but not limited to):

- hockey, including ice hockey
- boxing
- motor cycle racing
- rugby
- cricket

### Table of Cover

A table (current at the date of treatment) issued by **us** explaining the cover that applies to the **levels** of the **policy**.

**We/our/us**

Simplyhealth Access trading as Simplyhealth, a company incorporated in England and Wales.

**You/your**

The **member** and, where applicable, any **partner** or **children** covered under the **policy**.

## Section 2: Details of cover under this policy

For the following benefits **we** will pay **you** up to the maximum amount of **your** chosen **level** shown in the **table of cover**. **You** have to pay the cost of the treatment and claim this back from **us**, up to **your** maximum entitlement in **your** **claiming year**.

**Maintenance cover****What is covered under maintenance**

- Dental **check-ups**, examinations or investigations including tests
- Scaling and polishing
- Hygienist fees for **maintenance**
- X-rays
- Diagnostic work, including study casts, wax-ups and stents
- Consultations with a dentist or **specialist**

**What is not covered under maintenance**

- General exclusions
- Periodontal treatment provided by a periodontist or hygienist
- Any work provided outside the UK;

**Treatment cover**

A completed course of **dental treatment** started after the three month **qualifying period**

**What is covered under treatment**

- Dental treatment** provided by a **dental clinician** or **specialist**
- Local anaesthetic fees
- Gum-shields specifically designed for use while participating in a sport, provided by a dentist or **specialist**
- Dental crowns, bridges, inlays and onlays up to the appropriate maximum entitlement
- Dental crowns, bridges or attachments to a dental implant
- White fillings and fissure sealants but not **cosmetic** or **aesthetic** procedures
- Dentures
- Laboratory fees and dental technician fees referred by a **dental clinician** or **specialist**
- Periodontal dental treatment carried out by a **dental clinician** or hygienist
- Extractions performed in a normal dental practice

**What is not covered under treatment**

- General exclusions
- Pre-existing conditions**
- Dental treatment** required within the three-month **qualifying period**
- Dental treatment** that was identified by **you** or **your** dentist (or both) as being required before or during the three-month **qualifying period**
- Dental treatment** that forms part of a **course of treatment** that began before or during the three-month **qualifying period**
- Dental treatment** that is not **clinically necessary**
- Dental treatment** that is not fully completed or paid for

- Appliances needed to treat grinding or clenching or to prevent tooth wear
- Dental treatment** received outside the UK

**We** may require that **you** support **your** claim with evidence from **your dental clinician** that, in their professional opinion, the **dental treatment** was **clinically necessary** to maintain **your** oral health.

**Dental accident cover**

The **accident** cover is designed to return **you** to **your** pre-**accident** state of oral health for **dental accidents** that take place after the three month **qualifying period**.

**What is covered under accident**

- Initial restorative treatment to return **your** oral health to its pre-**accident** state where **you** receive medical or dental attention within 48 hours of the **accident**
- Short-term treatment required to repair the immediate **accident** damage to **your** oral health

**What is not covered under accident**

- General exclusions
- Treatment where **you** did not receive medical or dental attention within 48 hours of the **accident**
- Further treatment required after the immediate restoration of the **accident**-damaged area including (but not limited to) remedial improvements to or the modification of work initially carried out as a result of the **accident**
- Any dental work required after the initial **accident** treatment (which would normally be covered under treatment cover)
- Treatment required as a result of participating in a **sport** where the appropriate mouth protection has not been worn

- Treatment that is not required as a direct result of an **accident**
- Treatment that is required as a direct result of an **accident** that occurred before or within the three month **qualifying period**
- Treatment required as a result of injury caused by foodstuffs or foreign bodies while eating, chewing or drinking

Along with any claim under this benefit, **you** must provide reasonable evidence of the **accident** having taken place and of the dental work being required as a direct result of the **accident**. The evidence **we** require may include the date of the **accident**, witness statements, photographs, X-rays, medical and dental reports and police incident numbers.

**Dental emergency visit cover****What is covered under emergency visit**

- A **dental emergency visit** that occurs after the three month **qualifying period**
- Dental treatment** urgently required for the immediate relief of severe pain, trauma, inability to eat, the control of acute infection, swelling, haemorrhage or which causes a severe threat to **your** general health that did not result from an **accident**
- Callout fees**
- A single prescription per emergency visit paid at standard NHS rates applicable at the date the prescription was issued whether an NHS or private prescription. All prescriptions must be to treat or provide relief from a dental related problem.

**What is not covered under emergency visit**

- General exclusions
- Pre-existing conditions**

- Any subsequent dental appointments or dental treatment required after the initial emergency dental visit (which would normally be covered under **dental treatment** cover)
- A **dental emergency visit** that occurs during the three-month **qualifying period**
- Dental treatment** required as a result of an **accident** (which would normally be covered under **accident** cover)
- A **course of treatment** unless completed during one **dental emergency visit**

**Mouth cancer cover**

The **policy** is designed to provide cover for primary and not secondary mouth cancer. When cancer occurs in the body, the place where it first starts is known as a primary tumour. If the cancer spreads and settles in the oral cavity and forms a new tumour, this is referred to as a secondary cancer or a metastasis. Benefit is only paid when the patient is diagnosed with primary mouth cancer.

**We** will pay **you** one single payment shown in the **table of cover** under **your** chosen **level** if **you** are diagnosed with primary **mouth cancer** by a **specialist** after the six month **qualifying period**. **Mouth cancer** cover is a one-off payment, payable once per person for the lifetime of membership, for as long as **we** offer **mouth cancer** cover under the terms of this **policy**.

**What is covered**

- We** will pay benefit when **you** have been diagnosed by a **specialist** with primary cancer of the lips, tongue, major salivary glands, gums, mouth or pharynx, or of the oral cavity from lips to pharynx after the six month **qualifying period**

**What is not covered**

- General exclusions

- Costs of any diagnostic or exploratory tests
- Conditions where **you** have been diagnosed with any cancer or are having investigations or waiting for the outcome of tests before or during a six month **qualifying period**
- Secondary mouth cancer

**General exclusions**

**We** will not provide cover for:

- charges made by a **dental clinician**, **specialist**, doctor or other professional for completing the claim form or for medical or other information **we** ask for in support of **your** claim
- dental consumables, including but not limited to toothbrushes, mouthwash and dental floss
- dental practice plan premiums and dental insurance premiums
- joining fees
- missed appointment fees and administration fees
- drugs and dental prescription charges apart from a single prescription at standard NHS rates as a part of the **Dental emergency visit** cover
- laboratory fees in isolation
- any treatment undertaken in a hospital following a referral from a **dental clinician**
- hypnosis, sedation or general anaesthetic fees
- cosmetic** or **aesthetic** procedures
- dental implants and associated procedures, although attachments to the dental implant such as crowns and bridges may be covered
- dental treatment that **you** cannot provide evidence of being **clinically necessary**
- any preparation for and treatment connected with having veneers fitted



- any preparation for and treatment connected with orthodontics
- dental treatment required as a result of tooth or mouth jewellery
- claims relating to treatment arising directly or indirectly from:
  - **you** participating 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 while not being worn
- dental work required as a result of war or terrorist activity
- dental work that takes place after **you** cease to reside permanently in the United Kingdom
- dental work provided by a **member** of **your** family

## Section 3: How to join

- 3.1 **You** can apply to join if **you** are aged between 18 and 69 inclusive at the time of application and are a UK resident. **You** must reside permanently at an address in the UK and this must be **your** correspondence address. **We** do not have to accept **your** application or provide an explanation of our refusal. If **you** are already a **member** than these terms may not apply.
- 3.2 **You** can apply to include **your partner** on the **policy** at the same **level** as **you** if they meet the criteria detailed in section 3.1, reside permanently with **you** and **you** pay the appropriate increase in premium. **We** do not have to accept **your partner's** application or provide an explanation of our refusal.

- 3.3 **You** can also apply to include up to a maximum of four of **your** or **your partner's children** on the **policy** if they permanently live with **you** and are under the age of 18. On a **child's** 18<sup>th</sup> birthday they will cease to be covered by this **policy** unless they are in full time education where they can stay on the **policy** until they are 24. **We** may request **your child's** original birth certificate if they are covered on the **policy**. Once a **child** has been covered on the **policy** they must stay on the **policy** for at least one year. If a **child** is removed from the **policy**, they cannot rejoin (unless taking their own policy) for a period of three years.
- 3.4 Any information **you** provide to **us** must be accurate, true and completed to the best of **your** knowledge and belief. If **you** fail to comply with this condition, **we** may either refuse **your** application or cancel the **policy**.
- 3.5 Cover under the **policy** is monthly and starts from **your** registration date. It continues from month to month until it is cancelled or otherwise comes to an end.

## Section 4: Premiums

- 4.1 Premiums are payable by direct debit in advance of any cover being provided under the **policy**. **We** may require **your** first payment by debit or credit card. **You** must continue to pay **your** premiums to be entitled to claim. Failure to do so will mean **we** will suspend the **policy**.
- 4.2 **Your** premium **level** sets the cover that is available to **you**, as detailed in the **table of cover**. **You** can increase or decrease **your** premium at any time but **you** must stay on that premium **level** for at least 12 months before **you** can increase or decrease **your** premium **level** again. Any changes to **your** premium will not change **your** claiming year.

- 4.3 If **you** increase or decrease **your** premium, any claims paid in the **claiming year** under the previous premium **level** will count towards the maximum entitlement available under the new premium **level**.
- 4.4 If **you** increase **your** premium **level**, where a benefit has a **qualifying period**, a further **qualifying period** will apply. During this time any claims for the benefit with a **qualifying period** will be paid at the previous benefit rate that applied before the increase, provided the original **qualifying period** has already been served.
- 4.5 **You** are not able to increase **your** premium **level** if anyone covered under the **policy** is aged 70 or over.
- 4.6 If **we** change **your** premiums, **we** will give **you** advance notice of the change. The minimum notice is detailed in section 9.
- 4.7 If it applies, Insurance Premium Tax (IPT) is included in **your** premium. If the Government changes IPT, **we** may have to amend **your** premium from the date that the IPT change is implemented. **We** will notify **you** of this change separately.

## Section 5: How to claim

- 5.1 **We** will pay **you** only for **dental treatment** **you** have already received and paid for in full. In other words, if **you** undertake a **course of treatment**, **you** can only claim for the treatment already undertaken and paid for. For claims over £500 **you** must submit full clinical records provided by **your** dentist. Claims will be offset against the **claiming year** in which **you** receive treatment. **You** must use the claim form **we** provide for making claims. If **you** need a claim form please visit [www.simplyhealth.co.uk](http://www.simplyhealth.co.uk) or call customer services on 0800 980 7891.

- 5.2 When making a claim **you** need to send a fully completed claim form and original receipt for any bill that **you** are seeking reimbursement for. The claim form will need to be signed by **your dental clinician** – please see the claim form for guidance. **We** will not accept claims submitted by **your dental clinician** directly to **us**. The original receipt or bill (or both) must be on official headed paper and must show the name of the patient, the name, address and qualifications of the person providing treatment, a description of the treatment and the amount paid for it.
- 5.3 **Our** claims procedures are designed to ensure **we** pay valid claims quickly. They rely on **you** submitting **your** claim within a reasonable time of **your** date of treatment, so please send in **your** claim as soon as possible and in any event within six months of the date of treatment.
- 5.4 **We** may seek information to validate **your** claim from **you** or **your** dentist. **You** must give **us** any information or proof to support **your** claim if **we** make a reasonable request for **you** to do so. **We** also reserve the right to deduct from **your** claim any extra costs **we** incur in taking these additional steps; in which case **we** will explain how **we** have arrived at those costs. **You** should be aware **your** practitioner may also charge **you** for the cost of providing confirmation of treatment or additional evidence.
- 5.5 If **you** delay **your** claim for more than 2 years from the date of treatment, **we** will not pay **your** claim unless **you** can provide evidence of exceptional circumstances which justify the delay.
- 5.6 **You** must provide **us** with any information or documents to support **your** claim if **your** claim exceeds £500 or whenever **we** make a reasonable request for **you** to do so. This should

include dental records and may include proof of eligibility for cover on the date of treatment, X-rays, photographs, dental casts/models, price lists/guidelines for the dental practice or evidence of dental history. When claiming **accident** benefit, **we** may require more details as evidence of the **accident**. **We** may require a fully itemised list of charges for treatment. **We** may not be able to process **your** claim if **your** health professional refuses to provide the information **we** require.

- 5.7 By signing **your** claim form **you** are consenting to medical information about **your** claim being shared with a Simplyhealth **dental clinician**. **We** reserve the right to obtain an opinion from a Simplyhealth **dental clinician** at **our** expense to ensure there is evidence that the dental work:
- was **clinically necessary**
  - has been supplied at a reasonable cost when compared to similar dental work carried out in the United Kingdom
- 5.8 Where the **Simplyhealth dental clinician** advises **us** that some or all of the work carried was not **clinically necessary** and/or the charge for treatment is higher than normally charged for similar treatment when compared with similar treatment carried out in the United Kingdom, **we** reserve the right to refuse the claim, or pay an amount based on charges for similar treatment.
- 5.9 **We** may require **you** to attend an appointment, at our request, with a **Simplyhealth dental clinician** appointed by **us**, at our expense. Failure to attend the appointment may result in **your** claim not being paid.
- 5.10 **We** monitor claiming behaviour on all policies and may request an appointment with **you** to discuss **your** claims. If **you** do not co-operate

with our reasonable requests, claims may not be paid and **we** may cancel all **your** policies with Simplyhealth.

- 5.11 Please note that the processing of a claim that **you** have submitted will be temporarily put on hold where **we** have requested further information or evidence from **you** or a dentist in accordance with clause 5.6 of these terms and conditions
- 5.12 **We** will only accept original unaltered receipts. **We** do not accept invoices, credit card receipts or photocopies. **We** do not return any receipts or invoices.
- 5.13 If **you** paid for treatment with vouchers or coupons, **we** will not accept the claim or reimburse **you**.
- 5.14 **We** will not pay any claim while **you** are in breach of these Terms and Conditions or in arrears with **your** payments.
- 5.15 **We** do not pay any amounts **you** may be charged by a **dental clinician, specialist** or other person for completing **your** claim form or for medical or other information **we** request in support of **your** claim. These charges will be **your** responsibility.
- 5.16 **You** can only claim for treatment **you** have received under one area of cover.
- 5.17 **We** pay claims only via direct credit into a bank account nominated by **you**. It is **your** responsibility to keep us informed of any change to where **you** require claims to be paid.
- 5.18 If **you** or anyone included on the **policy** holds or is covered under another insurance policy with **us**, **you** can claim on either or both policies up to **your** maximum entitlement as long as **you** have individual receipts to support **your** claim.

The total reimbursement cannot exceed the value of the costs **you** have incurred.

- 5.19 "Dental **accident** cover" and "dental **emergency visit** cover" are available anywhere in the world, provided **your** trip is for business or holiday and does not last more than 28 days.

Claims for dental **accident** and dental **emergency visit** cover must be supported where necessary with a translation of the invoice and relevant receipt into English, providing details of the claim. The dentist or **specialist** providing dental **accident** and dental **emergency visit** must hold comparable qualifications to a dentist or **specialist** who practises in the United Kingdom.

- 5.20 When **you** join **you** can claim straight away, except for benefits that have a **qualifying period**. If **you** increase **your** premium level, where a benefit has a **qualifying period**, a further **qualifying period** will apply. During this time any claims for the benefit with a **qualifying period** will be paid at the previous benefit rate that applied before the increase, provided the original **qualifying period** has already been served.
- 5.21 **We** reserve the right to recover any overpayment of claims from any sums payable to **you** and/or to recover any such overpayments directly from **you**.
- 5.22 **We** will not provide cover for treatment provided to **you** by a **member** of **your** family or a business associate of **your** family.

- 5.23 **We** reserve the right to refer **your** clinical records to the **General Dental Council** where our Simplyhealth dental clinician has raised concerns as detailed in clause 5.4. **We** will contact **you** to notify **you** if **your** dental records are to be referred to the **General Dental Council**. **You** may then ask **us** to remove all specific references to **your** personal identity.

- 5.24 Claims **you** may have against third parties – if **you** are bringing or are entitled to bring a legal compensation claim against a third party, which would cover claims met under the **policy**, then **you** must tell **us** about this as **we** may have the right to recover these sums from that third party. To enable **us** to do this, **you** must notify **us** of the claim, keep **us** informed of its progress, and act in accordance with our instructions.

- 5.25 If **we** consider that **you** have a legal right to compensation from another party for costs which **you** have claimed for under the **policy**, **we** are entitled to take legal action against that third party (including legal action in **your** name) to recover the amount **you** have claimed.

- 5.26 Other insurance held by **you** with **us** – if **you** or anyone included on the **policy** holds or is covered under another insurance policy with **us**, then **you** can claim on either or both policies up to **your** maximum entitlement as long as **you** have individual receipts to support **your** claim. The total **we** pay will not exceed the value of the costs **you** have incurred.

- 5.27 Other insurance held by **you** with a different company – if **you** are making a claim to **us** and **you** have insurance with another insurance company that covers **you** for any of the same benefits under the **policy**, **you** must tell **us**. **We** may need to contact this other company as **we** will not be liable to pay more than **our** proportionate share when split between the insurance companies.

## Section 6: Fraud and acting without utmost good faith

- 6.1 The contract between **you** and **us** is based on mutual trust. To protect the vast majority of **members** who are honest, **we** have rigorous anti-fraud measures. These include:
- a) investigating claims through the use of private investigators
  - b) passing details of suspected fraudulent claims to the police or the Crown Prosecution Service for them to investigate and prosecute through the criminal courts
  - c) working with the NHS Counter-Fraud team, Health Professionals' Trade Associations, other insurance companies and other agencies with an interest in controlling fraud of this nature (as detailed in section 11)
- 6.2 Fraud is a criminal offence that can result in a large fine or even a prison sentence. When **we** find examples of fraud, **we** will always seek to prosecute offenders. If a **member** acts fraudulently, **we** will always seek to recover the costs of all fraudulent claims plus interest and **our** own legal costs.

- 6.3 If **we** reasonably suspect that **you** have submitted a fraudulent claim, or that **you** are acting without the utmost good faith, **we** are unlikely to pay claims and may suspend the **policy**. **We** may also cancel all **your** insurance policies with **us** and with any other company within the Simplyhealth Group. To avoid doubt, the following list contains examples of practices **we** would class as fraudulent or failing to act with utmost good faith:

- a) Deliberately giving **us** false information about **you**, a person on the **policy** or a claim on the **policy**
- b) Making any claim under the **policy** where **you** know the claim is false, or is exaggerated in any respect
- c) Making a statement in support of a claim where **you** know the statement is false in any respect
- d) Sending **us** a document in support of a claim where **you** know the document is forged, false or otherwise misleading in any respect
- e) Making claims under more than one insurance policy in order to receive a sum greater than the cost of treatment (also known as betterment)
- f) Submitting claims for costs which are clearly outside those recoverable under these Terms and Conditions
- g) Failing to provide **us** with support to verify the validity of a claim
- h) **You** fail to tell **us** of another means by which **you** could recover costs of treatment

## Section 7: Limitations and cancellations of cover

- 7.1 **We** are an organisation run purely for the benefit of **our members**, with no shareholders and therefore no need to pay dividends. **We** adopt a community pricing approach for the majority of **our** products; this means that **members** with the same product pay the same premium regardless of their personal circumstances or stage in life. By taking this approach, cover is there for **you** at a reasonable cost when **you** most need it, with the help of contributions from the rest of the **members** of **your** community.

In order to protect **our** ability to continue to offer community pricing, and maintain premium and benefit levels for the widest possible community of **members** **we** may transfer a group of **members** to a new product by cancelling their existing policies and providing them with a new **policy** in its place. Where **we** do this, the new product will have premiums, benefits and terms and conditions that more fairly reflect the level of claims made by that group of **members** whose policies have been transferred.

- 7.2 For the purpose of Section 7.1, a group includes:
- All **members** covered by these terms who live within a postcode area (eg XY1)
  - All **members** covered by these terms who are part of an employee scheme
  - All **members** covered by these terms who regularly use a particular healthcare establishment

- 7.3 **We** will only take action under section 7.1 where the group has an adjusted claims loss ratio which is at least 50% higher than the average

adjusted claims loss ratio of all **members** covered by these terms for each of the last three full calendar years or for at least four of the last five full calendar years.

- 7.4 If **you** are affected **we** will:
- Explain why **we** have taken such action, and why it has impacted **you**
  - Detail the new product **you** are being transferred to, including premiums, **table of cover** and terms and conditions
  - Provide **you** with at least 3 months' notice of such a change
  - Offer **you** the right to cancel with immediate effect, in which case the earliest date on which the **policy** will terminate will be the end of the month for which **you** have paid premium.
  - Leave **your claiming year** as it is and not require **you** to re-serve any **qualifying periods** as a result of this action.

**You** will not need to re-serve any **qualifying periods**. However, claims made under either this **policy** or the new product will count towards the maximum benefit entitlement of the new product for the **claiming year** in which the transfer takes effect.

- 7.5 **You** agree to **us** providing **you** with the new product unless **you** tell **us** that **you** wish to cancel. This clause does not affect **your** right to cancel under section 7.4 above.

## Section 8: How does cover end?

- 8.1 All cover under this **policy** will end automatically and **we** will not cover **you** for any claims **you** have not yet sent **us** for **you** and all other people included on the **policy** in the following circumstances:
- You** cancel the **policy** by giving **us** one month's notice in writing. **We** will not refund any premiums **you** have already paid.
  - You** or any third party who is paying **your** premiums on **your** behalf miss paying three consecutive monthly premiums. **We** may reinstate that cover once all outstanding premiums have been paid.
  - You** die. The **policy** can be transferred to **your partner** provided that they are already named on the **policy** and that within three months of death they have taken over the payment of premiums.
  - We** exercise **our** right to cancel the **policy** if **we** make a commercial decision to stop providing this **policy** or an equivalent **policy**. **We** will give **you** at least three months' written notice of **our** decision.
  - We** exercise **our** right to cancel the **policy** at any time (backdated where appropriate) if:
    - we** have reason to suspect that **you** submitted a fraudulent claim – please see section 6.3
    - you** materially breach the terms and conditions of this **policy**
    - you** fail to act with utmost good faith

- 10.3 Where **you** have been notified of a change to the terms and conditions, **we** will pay claims in accordance with the terms and conditions in operation at the time treatment was supplied or diagnosis made.

## Section 11: How we use information that we hold about you

- 11.1 **We** will store and process **your** personal data ('**your** information') in accordance with the Data Protection Act 1998.
- 11.2 **We** and other companies within the Simplyhealth group will use **your** information for providing **our** services, for assessment and analysis, for assessing premiums and risks, for handling claims, for improving **our** services, and for protecting **our** interests.
- 11.3 **We** and other companies within the Simplyhealth group will use **your** information to keep **you** informed by post, telephone, e-mail or other means about products and services that may be of interest to **you**. If **you** do not wish **your** information to be used for these purposes, please write to: The Data Controller, Simplyhealth, Hambleden House, Waterloo Court, Andover, Hampshire, SP10 1LQ.
- 11.4 **We** will keep **your** information confidential. However, **we** may give **your** information and information about how **you** use **our** products to the following:
- Fraud prevention agencies and other organisations who may record, use and give out information to other insurers

- 8.2 All cover under this **policy** for a **partner** or **child** included on the **policy** will end when he or she dies or stops satisfying the criteria in section 3.2 and 3.3.

## Section 9: Customer care

- 9.1 **We** aim to provide you with the very highest levels of customer service and care at all times. To maintain this service standard, **we** have a procedure **you** can use to raise any concern, complaint or recommendation **you** have by contacting Customer Services on 0800 294 7305 or writing to Simplyhealth Customer Services, at **our** registered office address of Hambleden House, Waterloo Court, Andover, Hampshire SP10 1LQ. **We** will investigate any complaint and issue a final response.
- 9.2 If **you** are not satisfied with **our** response, or **we** have not replied within 8 weeks, **you** have the right to refer **your** complaint to: Financial Ombudsman Service  
South Quay Plaza  
183 Marsh Wall  
London  
E14 9SR  
Telephone: 0800 023 4567
- The Financial Ombudsman Service will only consider **your** complaint if **you** have given **us** the opportunity to resolve the matter first. Making a complaint to the Ombudsman will not affect any legal rights that **you** may have.
- We** will send you full details of **our** complaints procedure if **you** ask **us** for them.
- 9.3 Changing **your** mind – **you** have 14 days from receiving **your** welcome letter to change **your** mind and receive a full refund of any premiums **you** have paid, provided **you** have not made

any claims. If **you** change **your** mind, please call 0800 980 7891 or write to Simplyhealth Customer Services at **our** registered office address, and **we** will cancel the **policy** for **you**.

- 9.4 Changes to **your** details – **you** must inform **us** as soon as reasonably possible of any changes to the information **you** have given to **us**, including any change of address, marital status or any other material change. Failure to do so may result in changes being made to the **policy** without notification, for example **your** premium being increased.
- 9.5 **You** are protected by the Financial Services Compensation Scheme (FSCS) – in the unlikely event that **we** go out of business or into liquidation the FSCS protects **you**. Should this happen, any valid outstanding claims **you** have at that point would be paid by the scheme. For more details on the scheme please visit [www.fscs.org.uk](http://www.fscs.org.uk) or contact the FSCS direct on 0800 678 1100.

## Section 10: What happens if we change the terms and conditions of your policy

- 10.1 **We** have the absolute right to change any of the terms and conditions relating to the **policy** if **we** give **you** one month's notice for changes to:
- the cover the **policy** provides
  - terms and conditions
  - premiums
- 10.2 **We** will notify **you** of any such changes at **your** home address. **We** will not be responsible if, for any reason, **you** do not receive them. **You** may cancel the **policy** in accordance with section 8.1 if **you** do not like the changes **we** have made.

- People who provide a service to **us** or act as **our** agents on the understanding that they will keep the information confidential and in accordance with the Data Protection Act 1998
- Anyone to whom **we** may transfer **our** rights and duties under this agreement
- We** may also give out **your** information if **we** have a duty to do so (such as to regulatory bodies), or if the law allows **us** to do so or if the person requesting **your** information has, in **our** opinion, a legitimate interest in the disclosure

- 11.5 Sensitive data – to assess the terms of the insurance contract or administer claims, **we** may collect data that the Data Protection Act 1998 defines as sensitive. By agreeing to these terms and conditions, **you** consent to **us** processing this data and assessing the terms of the insurance contract or administering claims.
- 11.6 **You** have the right to see **your** information which is held by **us**. There may be a charge if **you** want to do this. For more details, write to the Data Controller at the address shown above.
- 11.7 **You** are declaring that **you** have a right to give **us** information about **your partner** and anyone else referred to by **you**.
- 11.8 **Your** calls may be recorded and monitored for training and quality assurance purposes.

## Section 12: General Information

- 12.1 Waiver – the failure or delay by either **you** or **us** to insist upon the strict performance of any term or condition of the **policy** or to exercise any related right or remedy does not waive any breach or subsequent breach of that term or condition.

- 12.2 Enforcement – no term of this **policy** or any part of it is enforceable under the Contracts (Rights of Third Parties) Act 1999 ('the Act') by a person who is not party to it. For the purposes of the Act **your partner** or **children** (or both) are not party to the **policy**.
- 12.3 Choice of law and jurisdiction – the parties to insurance contracts in the United Kingdom may choose which law will apply. Unless **we** agree otherwise in writing, English law will apply to the **policy**. The Courts of England have sole jurisdiction over any claims arising in connection with the **policy**.
- 12.4 Language – **we** will communicate with **you** in English.
- 12.5 **We** make no claims about the effectiveness and safety of treatments. **You** take full responsibility for **your** treatment decisions.
- 12.6 To protect **our** staff, **we** ask **you** treat **us** in the way **you** wish to be treated. If **you** are abusive during **our** contact with **you**, **we** will terminate the contact. If **you** continue to be abusive, **we** reserve the right to cancel all policies **you** hold with Simplyhealth.

DENTD&amp;V T&amp;C-11/11



## About us and our insurance services

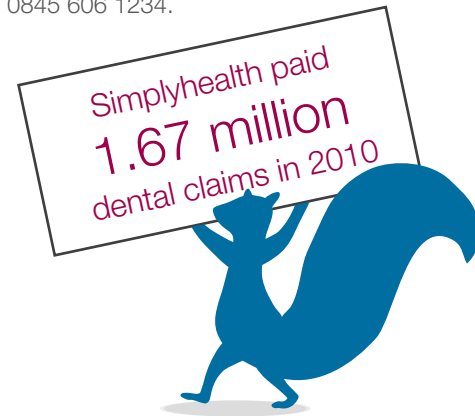
Simplyhealth is a trading name of Simplyhealth Access which is authorised and regulated by the Financial Services Authority (FSA). Our FSA register number is 202183. You can check this on the FSA's Register by visiting the FSA website at [www.fsa.gov.uk/register](http://www.fsa.gov.uk/register) or by telephoning the FSA directly on 0845 606 1234.

We can only provide you with information on our own products and you will not receive any advice or a personal recommendation from us for our health plans. We may ask you some questions to narrow down the product option on which we provide you with information, but you will then need to make your own choice about how to proceed.

### The Direct Debit Guarantee



- This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits
- If there are any changes to the amount, date or frequency of your Direct Debit Simplyhealth will notify you 10 working days in advance of your account being debited or otherwise agreed. If you request Simplyhealth to collect a payment, confirmation of the amount and date will be given to you at the time of the request
- If an error is made in the payment of your Direct Debit, by Simplyhealth or your bank or building society you are entitled to a full and immediate refund of the amount paid from your bank or building society
  - If you receive a refund you are not entitled to, you must pay it back when Simplyhealth asks you to
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us



Simplyhealth is a trading name of Simplyhealth Access, which is authorised and regulated by the Financial Services Authority. Simplyhealth Access is registered and incorporated in England and Wales, registered no. 183035. Its registered office is Hambleden House, Waterloo Court, Andover, Hampshire SP10 1LQ. Your calls may be recorded and monitored for training and quality assurance purposes.

## Here's a reminder of your level of cover and payment information.

You have chosen to join the  level with/without your partner and with/without children at a cost of £  .  per month

We believe it’s really important to take care of your teeth, which is why we have a dental plan that helps you look after them as best you can.

Here’s your Application Form  
Simply fill in your details below and send it back to us. No stamp required

Please moisten the gummed edges, fold, seal and send to us Freepost (no stamp required)

A Level of cover

SE code

LV0026

	Core	Plus	
One Adult per month	<input type="checkbox"/> £7.35	<input type="checkbox"/> £23.50	<input type="checkbox"/> I am/we are new applicant/s*
Two adults per month	<input type="checkbox"/> £13.50	<input type="checkbox"/> £47.00	<input type="checkbox"/> I already pay but wish to change Plan level*
One Adult and up to 4 children per month	<input type="checkbox"/> £9.35	<input type="checkbox"/> £33.50	<input type="checkbox"/> I already pay but wish to add partner*
Two Adults and up to 4 children per month	<input type="checkbox"/> £15.50	<input type="checkbox"/> £57.00	<input type="checkbox"/> I already pay for self and partner but wish to change our Plan level*

\*Deductions are only permissible for your partner, and/or family member residing at the same address. If changing level of cover please refer to Terms and Conditions.

B Your details

Surname:	Title:	Date of birth:
Forename(s):		Employer:
Address:          Postcode:		Telephone (home): MANDATORY
		Telephone (mobile):
		E-mail: MANDATORY

Details of resident second adult and up to four resident children to be covered

Title	Surname	Forename(s)	Relationship	Date of birth

Enclosed are our standard terms and conditions which form the basis of our insurance contract for this policy. For your own benefit and protection you should read these carefully before signing this declaration. By signing this declaration you are agreeing to abide by the terms and conditions of this policy, therefore if you do not understand any point then please contact us for further information before signing. We rely on the information you declare within the application in making our decision whether or not to accept your application; if any information you declare is found to be false we may cancel your policy. I understand that I have 14 days from the receipt of my welcome pack in which to change my mind and to cancel the policy, after which the standard cancellation period detailed within the terms and conditions will apply. I confirm that those named on this application are below the age of 70, are UK residents and are not sports professionals.

**Data Protection Act**  
The answers on this form contain your personal data. We record, process and hold your personal data in accordance with the law in the United Kingdom and in particular the Data Protection Act. We may, from time to time, wish to offer you other products and services, which we believe will be of interest to you. Should you not wish to receive such communications, please tick the box ☐

Signature (s): X

Date: X

C Payment option - Direct Debit

Service user number

695491

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

Please fill in the whole form including official use box using a ball point pen and send to: Simplyhealth, Hambleden House, Waterloo Court, Andover, Hants SP10 1LQ

Name(s) of account holder(s)

Bank/building society account number

Branch sort code

Name and full postal address of your bank or building society

To the Manager: Bank or Building Society

Address: Postcode:

Reference

**Instruction to your bank or building society**

Please pay Simplyhealth 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 with Simplyhealth and, if so, details will be passed electronically to my bank or building society.

Signature (s): X

Date: X

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

This is not part of the instruction to your bank or building society - This information will only be used by Simplyhealth  
Simplyhealth will automatically pay your benefits into the bank account details listed above, If you have any queries, please phone 0800 980 7890.

Day of the month on which you'd like the Direct Debit to be collected from your account:

If premiums are to be paid by a party other than the policy holder please complete the boxes below.

Name:

Address:

Telephone no:

Your policy starts the day you sign this form. Please check your welcome pack for confirmation of your policy details.



# Why it's a good idea to have a Simply Dental Plan

Here are some interesting facts about dental care in the UK:

- The cost for NHS dental treatment has risen from 1 April 2011 with a simple filling costing as much as £47.00 ([www.nhs.uk](http://www.nhs.uk))
- 37% of people believe that private dentistry offered better quality than the NHS. However despite this a greater number of people (42%) said they would prefer to see an NHS dentist indicating that cost rather than quality could be a key driver in people's decision to use the NHS (Simplyhealth Annual Dental Survey 2011)
- 40% of people admit they have put off going to the dentist for financial reasons (Simplyhealth Annual Dental Survey 2011)
- Although people may see NHS dentistry as the more affordable option, more than half (54%) say they've experienced a decline in the quality of treatment they receive. The days of visiting the dentist every six months are fading away:
  - 20% say they are not asked to visit the dentist as much
  - 18% say the NHS doesn't cover as much as it used to
  - 17% feel that they do not receive the same level of treatment (such as a scale and polish) as they used to (Simplyhealth Annual Dental Survey 2011)



Business Reply Plus  
Licence Number  
RLRL-HSYT-YLSH



Simplyhealth  
Hambleden House  
Waterloo Court  
ANDOVER  
SP10 1LQ



For more information or to join, call us on  
**0800 080 7892**  
or visit [www.simplyhealth.co.uk/employee](http://www.simplyhealth.co.uk/employee)

Simply look at the table of cover inside this brochure and choose the right level for you, fill in this application form, seal and send to us FREEPOST.  
You will be sent a welcome pack from Simplyhealth which will contain details of your policy start date and payments.

## How to join

Fill in your average cost per year		How much do you (and your family) spend on Maintenance? (such as check-ups, investigations, x-rays, scaling and polishing)	How much do you (and your family) spend on Treatment? (such as crowns, bridges and fillings)	Total cost

We understand that everyone's needs are different, so what do you spend in an average year?  
Fill in the blanks and see how much you could benefit from a Simply Dental Plan. Don't forget, if you have a partner or any children, to include what their treatments cost too.

## Here's how Simplyhealth could benefit you

simplydentalplan

Your teeth are important to you  
We're here to help you take care of them

