



## Denplan for Schools

Denplan  
from



Simplyhealth  
Professionals



## Welcome to Denplan for Schools

Denplan for schools covers pupils of Independent Schools across the UK for dental injuries and emergencies 365 days a year anywhere in the world

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## Get in touch

**You can get in touch with one of our team by:**  
**Email:** [corporatedental@simplyhealth.co.uk](mailto:corporatedental@simplyhealth.co.uk)  
**Phone:** 0800 214 357

Lines are open from 9.00am – 5.00pm Monday – Friday.



# What is Denplan for Schools

An insurance policy that gives you money back towards the cost of dental injury and dental emergency treatment.

## Demands and Needs

This product meets the needs of a school that wants its pupils to benefit from support with treatment costs for dental injuries and emergency dental treatment.

## How it works

### Step 1

When the treatment has finished, pay the dentist in the usual way.

### Step 2

Submit your receipt and claim form to us by email or by post within 60 days of treatment.

### Step 3

Wait for the money to be reimbursed from Denplan to your designated bank account.

## What to do in a dental emergency

Dental pain can be a distressing experience – here is what you can do in a dental emergency.

In the UK – the child can visit any dentist and we'll help to find one where needed. Denplan for Schools covers dental injury and dental emergency treatment (see the Policy Summary for details).

Overseas – if the child has a dental emergency while abroad, they can still visit any dentist. Call the 24-hour Worldwide Dental Emergency Helpline on +44 1962 844 999. We will explain the best action to take to find a dentist in the local area.

Out of hours – If the child is in dental pain during the night or over the weekend, they can still receive dental treatment as Denplan for Schools includes cover for call-out fees and emergency treatment (see the Policy Summary for full details).

Year round peace of mind that comes from worldwide cover, provided by the UK's leading dental plan provider.



## Policy Summary

This is a brief description of the Denplan for Schools plan which is underwritten by Simplyhealth. It does not contain the full terms and conditions which can be found in the Policy Terms and Conditions on pages 9-13 of this booklet.

Benefits	Entitlement
<b>Worldwide dental injury</b>	Up to £10,000 each policy year
<b>Cash compensation for complete loss of permanent teeth</b>	£1,500 for a front tooth £750 for a back tooth £100 for a wisdom tooth Overall maximum of £5,000 each policy year for this benefit.
<b>Worldwide dental emergency treatment</b>	Up to £2,000 each policy year
<b>Dentist call-out fees</b>	100% re-imburement
<b>Hospital cash benefit</b> For each night spent in hospital for dental treatment under the care of a consultant specialising in dental or maxillofacial surgery in relation to a dental condition	£100 each night
<b>Incidental expenses</b> Transport costs incurred for travelling to receive emergency dental treatment. Telephone costs incurred for locating a dentist.	Up to £30 each incident
<b>Mouth cancer cover</b> Towards one course of treatment for up to 18 months following diagnosis	Up to £12,000
<b>24-Hour Worldwide Dental Emergency helpline</b>	✔

## What are the main exclusions and limitations of the Denplan for Schools plan?

As with all insurance policies general exclusions and limitations apply. Here is a summary of the main exclusions and limitations of the policy.

Exclusions	For full information please see
Claims under the dental injury or dental emergency benefit for treatment required as a result of a dental incident that occurred prior to the commencement date of the policy.	The terms and conditions on pages 9-13, Section 4. Exclusions
Treatment in connection with dental injuries must commence within a period of six months and must be completed within 72 months of the date of the original incident. Claims must be logged at time of injury.	
Any treatment relating to damage or injury caused whilst participating in contact sports (including training) unless you are wearing the mouth protection recommended or required by the sport's governing body.	
Dental injury caused other than by a sudden, unexpected, direct external impact to the mouth.	
Any treatment not deemed to be clinically necessary based on an assessment carried out by a dental practitioner appointed by Simplyhealth, including but not limited to cosmetic treatment, bleaching or other tooth whitening and orthodontics, unless the treatment is specifically related to a dental injury covered by this policy.	
Routine dental care and check-ups.	
Treatment for mouth cancer diagnosed before or within 90 days after joining Denplan for Schools or for which tests or consultations began within those 90 days, even if the diagnosis is not made until later.	





## Policy terms and conditions

This document constitutes the full terms and conditions of the Denplan for Schools policy, which is for one year.

### 1. Definitions

The words, which appear in this policy in bold, have specific meanings, which are explained below:

**benefit(s)** – the benefit(s) that **we** will pay to you.

**call-out fee** – the fee claimed for the provision of temporary emergency treatment or treatment in the event of a **dental injury** where it has been necessary to re open the practice in the UK between the hours of 6.00pm and 8.00am on weekdays, weekends and Bank Holidays. Where a fee is claimed for re-opening a practice overseas, treatment must have been provided outside the practice's normal working hours.

**claim** – a claim for **benefit** under this policy.

**commencement date** – the first academic school day of the term in which we receive the premium for an **insured child**.

**contact sports** – specifically: rugby, lacrosse, hockey, boxing, wrestling, ice hockey and any sport where it is common practice to wear mouth protection as recommended or required by the sport's governing body.

**dental injury** – an injury to the teeth or supporting structures (including damage to orthodontic appliances whilst being worn) which is directly caused suddenly and unexpectedly by means of a direct external impact to the mouth.

**emergency dental treatment** – emergency dental treatment or pre-authorised permanent dental treatment provided at the initial emergency appointment, urgently required for the relief of severe pain, inability to eat, arrest of haemorrhage, the control of acute infection or a condition which causes a severe threat to the **insured child's** general health.

**insured child** – the child attending the independent school and accepted for cover by **us**.

**mouth cancer** – a malignant tumour, with

its primary site being in the hard and soft palate, gland tissue (including accessory, salivary, lymph and other gland tissue) in the mucosal lining of the oral cavity but excluding the tonsils, which is characterised by the uncontrolled growth and spread of malignant cells and the invasion of tissue.

**United Kingdom (UK)** - England, Wales, Scotland, Northern Ireland, Isle of Man and the Channel Islands.

**we, us, our** – Denplan Limited, registered number 1981238.

**year** – 1st September to 31st August or the period of time between the **commencement date** and 31st August.

**you or your** – parent or legal guardian of the **insured child**.

### 2. Eligibility

The **insured child** can only be covered under the Terms and Conditions of this policy, from the **commencement date**, if **your** child is entitled to enter the scheme in accordance with the eligibility rules defined by the school.

**Your** child will be covered during all school holidays until the end of the school term in which the **insured child** ceases attendance at the school.

### 3. Benefits

The **insured child** has the cover described in this policy document.

**We** will pay the **benefits** shown below to **you** or the **insured child** provided that **you** and the **insured child** comply with the Terms & Conditions of this policy:

#### i. Worldwide Dental injury

For the costs of dental treatment received by the **insured child** in connection with a **dental injury** which happens after the **commencement date** up to a limit of £10,000 per **year**. **Benefit** will only be payable for treatments in connection with dental injuries that commence within a period of six months of the date of the original incident, and while the policy is in force. If this spans a renewal period **we** will continue to cover the **insured child's** treatment after the renewal date. However **benefit** is not payable for treatment received more than 72 months after the date of the **dental injury**. If

- treatment cannot be completed within 72 months, please contact us for advice.
- ii. Cash compensation for loss of teeth  
As an additional part of the **dental injury** cover, compensation is payable for complete loss of the **insured child's** adult teeth following a **dental injury**, up to £5,000 each **year**.
    - £1,500 for the complete loss of a front tooth (incisor or canine)
    - £750 for the complete loss of a back tooth (premolar or molar)
    - £100 for the complete loss of a wisdom tooth
  - iii. Worldwide emergency dental treatment  
For the cost of **emergency dental treatment** anywhere in the world up to £2,000 each **year**. For the avoidance of doubt any subsequent treatment required after the initial appointment is specifically excluded.
  - iv. Dentist call-out fees.  
**We** will pay 100% of the cost of emergency dental **call-out fees** and/ or the cost of an emergency telephone consultation with a dentist. By call-out **we** mean the necessity for a dentist in the UK to re-open the practice between the hours of 6.00pm and 8.00am on weekdays or weekend and bank holidays or outside the UK, outside the practice's normal working hours to provide **emergency dental treatment** or treatment in the event of a **dental injury**.
  - v. Hospital cash benefit.  
If the **insured child** is admitted overnight as an in-patient to a licensed medical or surgical hospital under the care of a consultant specialising in dental or maxillofacial surgery in relation to a dental condition, £100 each night.
  - vi. Incidental expenses  
Cover for the cost of incidental expenses in relation to **emergency dental treatment** (for example telephone costs for locating a dentist, transport costs incurred for travelling to receive **emergency dental treatment**) up to £30 for each incident. Receipts will be required.

- vii. Mouth cancer cover  
This **benefit** covers the **insured child** for treatment charges up to £12,000 for treatment of **mouth cancer**.
- viii. The **benefits** will be paid only for treatment received within 18 calendar months of the date of diagnosis on a live policy.
- ix. **Benefits** will be paid for one course of treatment only, in connection with a specific occurrence of mouth cancer. No further benefits are payable in the event of a reoccurrence of this same cancer, either at the same site or at a different location.
- xii. **Benefits** will be paid only for treatment given by a consultant who is recognised as a specialist in cancer treatment by the NHS or the States of Guernsey and Jersey, or treatment provided by another medical practitioner under referral from a consultant.
- xiii. The hospital cash benefit will only be paid for overnight stays directly relating to the initial occurrence of **mouth cancer**.

#### 4. Exclusions

This policy does not provide dental cover for:

- i. **Claims** under the injury or dental emergency **benefit** for treatment required as a result of an incident that occurred prior to the **commencement date** of the policy.
- ii. Routine dental care and check-ups.
- iii. Injury caused by food stuff (including foreign bodies therein) under the **dental injury benefit**.
- iv. Payments in excess of the maximum **benefits** for each **year** as stated above.
- v. Prescription charges unless related to **claims** paid under the worldwide **dental injury** or worldwide **emergency dental treatment benefits**.
- vi. The provision of mouthguards, gum shields or any dental appliances unless related to a **dental injury** covered under this policy.
- vii. Routine orthodontic treatment.
- viii. Cosmetic treatment, meaning dental treatment not necessary for the

establishment or maintenance of oral health.

- ix. Treatment, care or repair to or in connection with "tooth jewellery".
- x. **Mouth cancer** diagnosed before or within 90 days of when the **insured child** was first provided with **mouth cancer** cover by **us** or for which tests or consultation began within those 90 days, even if the diagnosis is not made until later.
- xi. Charges for consultations or tests for non-invasive tumours under the **mouth cancer** cover **benefit**.
- xii. Damage or injury caused whilst training for or participating in **contact sports** unless he **insured child** is wearing the mouth protection recommended or required by the sport's governing body.
- xiii. Self-inflicted injuries.
- xiv. Loss of, or damage to dentures or orthodontic appliance, other than whilst being worn.
- xv. Any treatment which is not clinically necessary based on an assessment carried out by a dental practitioner appointed by Simplyhealth, including but not limited to cosmetic treatment, bleaching or other tooth whitening and orthodontics, unless the treatment is specifically related to a **dental injury** covered by this policy.

#### 5. Claims general

When determining **claims we** act on behalf of the underwriter, Simplyhealth. **We** have the delegated authority to do so, and in this instance are not acting as **your** intermediary, but as the agent of Simplyhealth.

- i. (a) The **insured child's claim** must be notified to **us** by completion of the official claim form.
- (b) All claim forms must be fully completed and signed by **you** or a school representative and must quote the name of the **insured child's** attending school. Incomplete claim forms will be returned.
- (c) Incomplete claim forms may cause a delay in **your claim** being assessed. In any event claim forms must be completed at **your** own expense and should be received by

Denplan within 60 days of receiving treatment, if reasonably possible.

- (d) **Your claim** must be supported by proof of payment detailing the dates and costs of each individual treatment (if appropriate).
- ii. No **benefit** will be payable if **we** have not received proof of all facts relevant to **your claim**. This shall include but not be limited to:
  - (a) proof of the **insured child's** eligibility for cover on the date of treatment;
  - (b) proof of the treatment, this may be by way of a medical report (at **your** own expense);
  - (c) for **claims** under the worldwide **dental injury benefit**, details pertaining to the circumstances of the **dental injury** the **insured child** has experienced.

In all cases **we** retain the right to recover any incurred costs as a result of a third party's involvement. In addition, if the **insured child** is covered by another insurance policy **we** reserve the right to pay an appropriate apportionment of the **claim**.

- iii. If the treatment is received abroad then **we** will pay **benefits** in pounds sterling. This means **we** will need to convert the expenditure into sterling using FXConverter at [www.oanda.com](http://www.oanda.com). The exchange rate will be calculated at the rate in force on the date of the receipt.
- iv. There may be instances where **we** are uncertain about the eligibility of a **claim**. If this is the case **we** ask to see a copy of the **insured child's** dental records.
- v. **You** must tell **us** if **you** can **claim** any of the cost from another insurance policy or other third party.



## 6. General

- i. This policy is a contract between the school and **us**, and the school pays the premium for the **insured child** directly to **us**.
- ii. If **we** do not receive the premium **we** may suspend the **insured child's benefits**, and take all necessary action to recover monies outstanding.
- iii. The law of England and Wales will apply to this policy.
- iv. The policy is written in English and all other information and communications to **you** relating to the policy will also be in English.
- v. If **you** (or anyone acting on **your** behalf) make a **claim** under the policy or obtain cover knowing it to be false or fraudulent, **we** can refuse to make **benefit** payments for that **claim** and may declare the cover void, as if it never existed. If **we** have already paid **benefit we** can recover those from **you**. Where **we** have paid a **claim** later found to be fraudulent, (whether in whole, or in part), **we** will be able to recover those sums from **you** and/or take the appropriate legal action against **you**.

### Cancellation

The school may cancel the policy by writing to us or calling us. If the school cancels the policy within 14 days of receiving the policy documentation, **we** will refund the premium, unless you have made a claim. After that, the school can end the contract at any time, cover will stop from the end of the period for which **we** have received the insurance premium.

**We** can end the contract by giving the school 7 days' notice. **We** will only do this in the event that you or the school have been dishonest or fraudulent in any dealings with us.

### How we use your data and how it is protected.

**You** can find details of how **we** use and protect **your** data in the privacy notice on our website.

**Our** up to date privacy notice can be found at: <https://www.denplan.co.uk/about-denplan/our-policies/privacy-and-legal-policies/privacypolicy>

### What regulatory protection do i have?

We operate strict procedures to ensure that your personal data is kept safe.

You have the right to see your personal data which is held by us.

If you have any questions or concerns about the personal data we hold and how we use it, please write to: ' The Data Protection Officer, Corporate Dental, Simplyhealth House, Winchester, SO23 7RG. We record calls for training and quality assurance purposes.

### What regulatory protection do I have?

Denplan Limited is an appointed representative of Simplyhealth Access, which is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority (FCA) and Prudential Regulation Authority (PRA).

Financial services in the UK are regulated by both the PRA and FCA. Both regulators are committed to securing the appropriate degree of protection for consumers and promoting public understanding of the financial system. The PRA and FCA have set out rules which regulate the sale and administration of general insurance which Simplyhealth and Denplan must follow when dealing with you. Simplyhealth Access Financial Services Register number is 202183 and Denplan's is 195821. You can check these on the Financial Services Register by visiting the FCA's website <https://register.fca.org.uk/> or by contacting the FCA on 0800 111 6768.

Simplyhealth Access and Denplan Limited are both members of the Simplyhealth group of companies.

### The Financial Services Compensation Scheme (FSCS)

In the unlikely event that Simplyhealth Access becomes insolvent and is unable to pay the benefits under **your** scheme, **you** may be entitled to claim compensation from the Financial Services Compensation Scheme (the FSCS). You will need to meet specific FSCS criteria depending on your particular circumstances. Further information about the operation of the scheme is available on the FSCS website: [www.fscs.org.uk](http://www.fscs.org.uk). To find out whether **you** would be eligible to claim under the scheme **you** should contact the FSCS (0800 678 1100).

### How to complain

It is always **our** intention to provide a first class standard of service. However, should **you** wish to raise any concern, complaint or recommendation **you** can do so in the following way:

- a: In the first instance, **you** should contact Customer Services on 0800 838 951 or write to:

#### Corporate Customer Service Manager

Simplyhealth House,  
Victoria Road,  
Winchester  
SO23 7RG

Email: [corporatedental@simplyhealth.co.uk](mailto:corporatedental@simplyhealth.co.uk)

Please quote **your** personal policy or claim number. **We** will investigate any complaint and issue a final response.

- b: 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

Exchange Tower  
London  
E14 9SR

Email: [complaint.info@financial-ombudsman.org.uk](mailto:complaint.info@financial-ombudsman.org.uk)

The Financial Ombudsman Service will only consider **your** complaint if **you** have given **us** the opportunity to resolve the matter first.

This procedure will not prejudice **your** right to take legal proceedings. However, please note that there are some instances when the Financial Ombudsman Service cannot consider complaints.

## Dental first aid tips



**Rinse the mouth vigorously** with luke-warm (body temperature) salt water to dislodge trapped food or debris



**Clean the area** around the sore tooth thoroughly



**Do not use** very hot or very cold water as this may inflame the situation

For further information visit  
[www.denplan.co.uk/schools](http://www.denplan.co.uk/schools)



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**Phone:** 0800 214 357

Lines are open from 9.00am – 5.00pm Monday – Friday.





Simplyhealth Professionals is a trading name of Denplan Limited, Simplyhealth House, Victoria Road, Winchester, SO23 7RG, UK. Tel: +44 (0) 1962 828 000. Fax: +44 (0) 1962 840 846.

Denplan Limited is an Appointed Representative of Simplyhealth Access for arranging and administering dental insurance. Simplyhealth Access is incorporated in England and Wales, registered no. 183035 and is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Denplan Limited is regulated by the Jersey Financial Services Commission for General Insurance Mediation Business. Denplan Limited only arranges insurance underwritten by Simplyhealth Access. Premiums received by Denplan Limited are held by us as an agent of the insurer. Denplan Limited is registered in England No. 1981238. The registered office for these companies is Hambleton House, Waterloo Court, Andover, Hampshire SP10 1LQ.

Dear Parent

**Re: Denplan for Schools – Comprehensive worldwide dental accident and emergency cover**

Please find enclosed a brochure on Denplan for Schools, which gives full details of the cover. If you have any questions relating to the plan, please telephone (Simply Health) Denplan, on 0800 214 357.

Please return the slip below indicating if you wish your child(ren) to be covered by the Denplan for Schools scheme.

We shall assume that if you do not complete the form, you do not wish your child(ren) to be included, as it is an **opt-in** scheme.

Yours sincerely

David Ramm  
Bursar

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**DENPLAN FOR SCHOOLS**

T0: The Manor Preparatory School, Faringdon Road, Abingdon, OX13 6LN

Name of Child(ren) .....

I do require my child(ren) to be included in the Denplan for Schools scheme with effect from ..... Therefore, please add the Premium of £4.99 per term per child to my termly fee invoice.

Signed ..... Date .....