



Your Denplan Lucent **Policy handbook**



Welcome to Denplan

Your welcome letter, this policy handbook and your table of cover together form the basis of your cover with Denplan. This policy handbook contains full terms and conditions for your plan including any exclusions and limitations which may be applied.

Let's get started. Register your account online

Go to: denplan.co.uk/employeeonline and have your policy number ready.

You'll be able to:

- Make and track your claims
- Check what your policy covers
- Use your Smile Centre services
- Claim anywhere in the world via your online account
- Claim in roughly five minutes



Get help with your oral health when you need it with our Smile Centre

Dental advice at your fingertips

Have a look at our oral health information, where you can find oral health tips, latest news and offers.

Check your oral score

Check your current oral health online. You'll get a personalised summary, highlighting any potential risks.

Dental emergency helpline

A 24-hour worldwide dental emergency helpline is available when you need it most.

Denplan Discount Network

2,000 Denplan dentists dedicated to offering dentistry at a discount helping your cover limits go further.

24-hour coping with dental anxiety helpline

Access to 24/7 telephone counselling service to support you with dental related anxiety, worry and stress. Up to four structured telephone counselling sessions for each issue, in each year.

These services can be accessed via your online account at www.denplan.co.uk/employeeonline

Got a question? Get in touch:

corporatedental@simplyhealth.co.uk | 01962 828 007

How the plan works

You can see any dentist, of your choice, anywhere in the world, whether private or NHS.

1. Attend your dental appointment, pay for it, and keep hold of your fully itemised receipt.
2. Log in to your online account. Submit your receipt and claim online within 60 days of treatment.
3. We'll process your claim and you can track it online.

Dental emergencies

Dental emergencies can be extremely stressful and cause a lot of pain, if you are **in the UK** and need to see a dentist outside of normal opening hours we recommend that you take the following steps:



1. Contact your regular dental practice. Most dental practices will have an out of hours service.



2. If your dentist is unavailable call our emergency helpline team for some advice.

If you're **overseas** and need to see a dentist urgently we recommend that you take the following steps:



1. Speak to your hotel concierge, travel operator or any friends and family that may know the area and could recommend a dentist for you to visit.



2. If you do have emergency treatment overseas, please where possible obtain a fully itemised receipt in English or a translation before submitting your claim to us.



3. If you are unable to see a dentist you can contact our emergency helpline and they will be able to provide advice on what you can do in a dental emergency.

Our emergency helpline **+44(0) 1962 844 999**

Available 24 hours a day, 7 days a week, 365 days a year:

Frequently asked questions

Can I see any dentist?

With our policy you can see any dentist of your choice, anywhere in the world.

What does my plan cover me for?

To find out what you are covered for, please refer to your benefit table, which is available to be downloaded at www.denplan.co.uk/employeeonline.

When can I start claiming?

There is no waiting period to claim, except for the mouth cancer benefit which cannot be claimed in the first 90 days of your policy and our implant upgrade cover, if you have it, cannot be claimed in the first 28 days.

What information do I need to send with my claim?

In order for us to assess your claim promptly and correctly we require a fully itemised receipt which confirms you have paid for the treatment you are claiming for and the treatment has been carried out. If we do not receive this information it could lead to a delay in us processing your claim as we may need to contact you or your dental practice for more information.

How long will it take for my claim to be reimbursed?

If your claim contains all of the information we need; we will usually be able to fully assess your claim within five working days. If you do not supply all of the information we need, your claim may take longer as we may need to contact you or your dental practice. Please note, if your claim is marked as paid online your direct credit payment leaves our account instantly but can take an additional 3-5 working days to reach your account.

How can I monitor how much of my cover I have used?

You can view your available benefits by logging into our online services at www.denplan.co.uk/employeeonline. If you do not have access to your online account you can contact us on 01962 828007.

Is cosmetic treatment covered?

No, your policy only covers you for clinically necessary dental treatment. Examples of cosmetic treatment include tooth whitening, orthodontic treatment where your orthodontic grading on the IOTN Scale is 1-3 or placement of veneers to improve the appearance of your teeth.

Policy Terms and Conditions

Full terms and conditions and policy exclusions can be found in this policy handbook. We recommend that you familiarise yourself with these before submitting your claims.

1. Schedule of benefits

You are covered for the benefits shown in **your** table of cover up to the amounts shown for each course of treatment.

Routine checks, Routine treatment, Major treatment and Treatment extras

This benefit is to help towards the costs when **you** see a qualified **dentist** for all dental treatment that have a monetary amount shown in **your** table of cover.

What is covered

- ✔ clinically necessary dental treatment up to the amounts shown in **your** table of cover
- ✔ sedation in connection with clinically necessary dental treatment, up to **your** benefit limits
- ✔ diagnostic tools (for example, study models) will be covered under large X-rays

What is not covered

- ✘ consultations for treatment that is not covered on **your policy** (for example, cosmetic treatment)
- ✘ X-rays related to treatment that is not covered by **your policy**
- ✘ replacement for loss of, or damage to dentures, other than whilst in **your** mouth
- ✘ placement of a dental implant or bridge into a pre-existing gap, where there is no clinical requirement
- ✘ orthodontic treatment (IOTN 1-3)*
- ✘ **general exclusions**

Please note: The reimbursement amounts stated on **your** table of cover are for each course of treatment unless otherwise stated; **we** define a course of treatment as:

- X-ray or scan – a single X-ray or scan
- filling and fissure sealant – treatment to a single tooth
- root canal – full root canal treatment on a single tooth (can be multiple visits)
- crown, inlay, onlay, veneer, implants – a full course of treatment to a single tooth including preparation, supply and fit
- bridge and denture – a full course of treatment including preparation, supply and fit of a bridge or denture
- extraction – extraction of a single tooth
- orthodontic and periodontal treatment – a full course of treatment prescribed by **your dentist** that forms part of a single treatment plan

*IOTN stands for Index of Orthodontic Treatment Need. For further details visit the British Orthodontic Society: www.bos.org.uk

NHS treatment

This benefit is to help towards the costs when **you** see a qualified **dentist** for all items of treatment where '100% up to NHS limits' is shown in the table of cover.

What is covered	What is not covered
<ul style="list-style-type: none">✔ costs for treatment carried out on the NHS by an NHS dentist will be fully reimbursed✔ if you have selected a level of cover that only includes reimbursement for NHS treatment, and you have private treatment we will pay the NHS equivalent costs – the amount of money your treatment would have cost if it had been carried out and charged by the NHS	<ul style="list-style-type: none">✘ any treatment that you have paid for privately will not be eligible for 100% reimbursement under this benefit even if it took place at an NHS dental practice✘ any treatment that the NHS would not cover✘ general exclusions

Additional claiming information about this benefit

The NHS has fixed costs for treatment; the price will vary depending on which part of the **UK you** are in. **You** can find the current prices for NHS treatment on the NHS website for **your** area.

In England, the NHS have 3 bands which all treatment covered falls into – Scotland, Wales and Northern Ireland all have different structures in place.

- Band 1 includes examinations, cleaning with a hygienist, X-rays and emergency appointments
- Band 2 includes root canal treatment, extractions and fillings
- Band 3 includes crowns, bridges and mouthguards

You can only claim the NHS equivalent costs once for each course of treatment. A course of treatment may take place over more than one visit to the **dentist**, for example, if a bridge is needed, there will likely be an appointment for preparation and an appointment to fit the bridge – this would be part of the same course of treatment.

Worldwide emergency dental treatment

This benefit is to help towards the costs of urgently required dental treatment at the initial emergency appointment.

What is covered	What is not covered
<ul style="list-style-type: none">✔ treatment carried out at an emergency appointment which was not pre-planned and is required because you are in dental pain or there is a severe threat to your overall health✔ prescription charges✔ calls to our emergency helpline can be reimbursed if you are outside the UK (+44 (0) 1962 844 999)	<ul style="list-style-type: none">✘ any treatment carried out at a follow up appointment. If your policy covers preventive and restorative treatment you may be able to claim for follow up appointments under these benefits✘ any phone calls made to our emergency helpline or calls made in the UK✘ general exclusions

Worldwide dental injury

This benefit is to help towards the costs when **you** see a qualified **dentist** for an **injury** to the teeth or supporting structures which is suddenly and unexpectedly caused by an external impact. All treatment connected with the same **injury** will be taken from the benefit limit in force on the date of the **injury**.

What is covered

- ✔ treatment following a dental **injury** that occurs whilst **your policy** is in force. This must start within six months of the date of the **injury**, and be completed within 24 months (six years for persons under 18)
- ✔ treatment for dental injuries sustained while participating in a **contact sport** as long as **you** were wearing appropriate mouth protection
- ✔ dentures are covered if **you** were wearing them at the time of the **injury**
- ✔ prescription charges

What is not covered

- ✘ treatment needed as a result of a self-inflicted **injury**
- ✘ treatment needed for a dental **injury** that occurred before **your policy** started
- ✘ treatment needed following damage caused during the consumption of food (including foreign bodies contained within the food)
- ✘ dental **injury** resulting from an elective/ planned surgical procedure with or without the administration of general anaesthesia
- ✘ **general exclusions**

Dentist call out fees (UK only)

This benefit is to help towards the costs when charged for a qualified **dentist** in the **UK** to reopen their practice outside the practice's normal working hours to see **you**.

What is covered

- ✔ the cost of **dentist's** call out fees in the event of a dental **injury** or **emergency dental treatment**

What is not covered

- ✘ non **UK dentist** call out fees
- ✘ **general exclusions**

Worldwide telephone consultations for dental emergency or dental injury

This benefit is to help towards the costs when **you** speak to a qualified **dentist** about a dental emergency or a dental **injury**.

What is covered

- ✔ **dentist** fees following a referral by **us** to a **dentist**, to provide a telephone consultation in the event of a dental **injury** or dental emergency

What is not covered

- ✘ **general exclusions**

Worldwide hospital cash benefit

This benefit is to give **you** money to help towards the incidental costs involved with being admitted overnight to hospital for dental or maxillofacial surgery.

What is covered

- ✔ a cash amount for each night **you** stay overnight in hospital under the care of a consultant specialising in dental or maxillofacial surgery in relation to a head or neck condition

What is not covered

- ✘ the cost of the treatment carried out in a hospital (for example, wisdom tooth extractions)
- ✘ **general exclusions**

Mouth cancer cover

This benefit is to help towards the costs when diagnosed with mouth cancer when **you** see a qualified consultant.

Mouth cancer is a malignant tumour which is characterised by the uncontrolled growth and spread of malignant cells and the invasion of tissue.

What is covered

- ✔ charges for treatment of mouth cancer:
 - if **you** have been diagnosed with primary mouth cancer **you** are covered for charges for consultations and tests. Cover is only provided where the primary site is in the hard and/or soft palate, gland tissue (including accessory, salivary, lymph and other gland tissue) in the mucosal lining of the oral cavity.
 - **you** are only covered for treatment received within 18 calendar months of the date of diagnosis
 - **you** are only covered 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 **your** country of residence or treatment provided by another medical practitioner under referral from a consultant

What is not covered

- ✘ mouth cancer diagnosed before or within 90 days of when **you** are 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
- ✘ 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
- ✘ mouth cancer resulting from the chewing of tobacco products or betel nut, or from prolonged alcohol abuse
- ✘ secondary mouth cancer
- ✘ cancer of the tonsils
- ✘ **general exclusions**

Smile Centre

Through **your** online account at www.denplan.co.uk/employeeonline **you** can access a wealth of services and dental health-related information.

What is covered

- ✔ unlimited 24/7 dental emergency helpline, wherever **you** are in the world
- ✔ unlimited 'in the moment' counselling support and guidance for dental related anxiety and stress
- ✔ four structured telephone counselling sessions for dental related anxiety and stress, for each issue in each year¹

What is not covered

- ✘ non-clinically necessary counselling as defined by **our** counselling service provider
- ✘ long-term counselling
- ✘ counselling for **children** under the age of 16
- ✘ **general exclusions**

¹The year cycle begins from the date **you** start **your** counselling journey, not a calendar year or a dental plan **claiming year**.

The information and services available through Smile Centre can change without notice from time to time.

2. General exclusions

This **policy** does not cover:

1. any treatment that is assessed by **our dentist** as not clinically necessary.
2. reimbursement for travelling expenses or telephone calls. Unless in relation to telephone calls made under the 'Worldwide telephone consultations for dental emergency or dental injury' benefit.
3. any costs for dental procedures carried out as a result of a referral to a hospital, for example wisdom teeth extractions.
4. dental consumables that are taken away from the dental practice, for example toothbrushes, floss, toothpicks, gels and any other sundries.
5. if **you** have received dental treatment overseas, **we** will not reimburse for credit card fees, interest or commission fees incurred whilst overseas, as well as fees incurred for the translation of dental treatment or receipts.
6. any benefit if **your date of treatment** is before **your policy start date**.
7. any consultation with, or treatment by, a trainee (even if they are supervised by a qualified professional).
8. insurance premiums for any goods or services, or payment for any type of extended warranty or guarantee for goods or services.
9. regular payment plans for treatment, for example dental practice plan payments.
10. postage and packing costs.
11. administration or referral costs, joining fees or registration fees.
12. fees or charges for:
 - missing an appointment
 - completing a claim form or providing a medical report

3. Definitions

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

Adult dependant

Adult dependants as defined by the **policyholder's** eligibility rules.

Child/children

Dependant children of **you** or **your partner**, as defined by the **policyholder's** eligibility rules, who are under the age of 24.

Claiming year

The period of time during which **you** can claim the benefit for **your** chosen level of cover. **Your** first claiming year begins on **your start date** and runs until the **renewal date**. Subsequent claiming years run from one **renewal date** to the next.

Contact sport

Any sport where it is common practice to wear mouth protection, for example, rugby, lacrosse, hockey, boxing, wrestling, ice hockey.

Date of treatment

The date that the treatment or service was supplied or the dates when **you** were admitted and discharged from hospital.

Dentist

In the **UK**, a dental surgeon or dental care professional who is currently registered with the General Dental Council (GDC) carrying out the treatment which they are registered to perform. If the dental professional is outside the **UK**, a dental professional registered with the appropriate national regulatory authority.

Emergency dental treatment

Dental treatment provided at the initial emergency appointment urgently required for the relief of severe pain, arrest of haemorrhage, the control of acute infection or a condition which causes a severe threat to **your** general health.

Employee

A person who works for the **policyholder** and is covered by the **policy**. This can include:

- someone who is employed by the **policyholder** on a PAYE basis
- a salaried partner or equity partner in the **policyholder's** firm
- a registered director of the **policyholder**

General exclusion

Anything excluded under the **policy** as set out in section 2 above.

Injury

Damage to the teeth or supporting structures which is caused suddenly and unexpectedly by an external impact.

Member

Anyone who **we** have accepted for cover under this **policy**.

Partner

Anyone in a relationship with, and who lives with, an **employee**. This could be their husband, wife, civil partner or unmarried partner.

Policy

The insurance contract between **us** and the **policyholder**.

Policyholder

The legal entity (for example, a company or partnership) which **we** have agreed to provide this **policy** to.

Renewal date

The date the contract between **us** and the **policyholder** is renewed.

Restorative dental treatment

Clinically necessary dental treatment required to maintain the oral health of a patient in the opinion of **your dentist**. This may include treatment such as fillings, crowns, bridges and dentures.

Start date

The date that **your** cover under the **policy** starts.

United Kingdom or UK

England, Wales, Scotland, Northern Ireland, Isle of Man and the Channel Islands.

We/our/us

Denplan Limited trading as Simplyhealth, a company incorporated in England and Wales with registered number 1981238.

You/your

Anyone who is a **member** on the **policy**.

4. Claims: General

A. Making **your** claim

1. **Your** claim must be notified to **us** either by using **our** online claim system or by posting a fully completed claim form. **We** will not accept claim forms notified to **us** by any other means and **we** cannot accept receipts that are not accompanied by a valid claim.
2. All claims should be made to **us** within 60 days of the treatment taking place if reasonably possible. The longer the time between the **date of treatment** and submitting **your** claim the more difficult it may be for **us** to validate it.

3. **Your** claim must be supported by proof that **you** have had the treatment – this should be in the form of a fully itemised receipt or statement of account from **your dentist**, detailing each treatment being claimed and the cost paid for that treatment.
4. **You** may need to supply additional documentation to help **us** validate **your** claim, for instance X-rays, dental records or details relating to the circumstances of an **injury**.
5. **We** will pay claims from the entitlements available on the date that **you** had **your** treatment in each **claiming year**.
6. If **we** are not able to validate **your** claim for any reason, for example **your** health professional no longer has access to **your** records, **we** may not be able to pay **your** claim.

B. If claims are received without all of the required information **we** will notify **you** and ask **you** to resubmit the claim to **us** once all information has been obtained.

C. In all cases **we** reserve the right to recover any incurred costs as the result of a third party's involvement. In addition, if **you** have another dental insurance policy **we** reserve the right to only pay an appropriate apportionment of the claim.

D. Claims will be paid into the **UK** bank account **you** specify when **you** make **your** claim. If no bank details are provided or **we** are unable to verify that the bank details supplied are valid, **we** will post a cheque payment to **you** at the **UK** address **we** have associated with the **policy**. Once **we** have made payment to a bank account, **we** will be unable to reissue a payment due to an error on **your** part.

E. If **you** are claiming for treatment that has taken place outside the **UK**:

1. please where possible supply a copy of **your** receipt in English or an English translation.
2. **we** will only make payments to a **UK** bank account or post cheques to a **UK** address.
3. all foreign currency claims will be converted to pounds sterling using the currency converter www.oanda.com based on the exchange rate in force on the date that treatment took place. No payments will be made for credit card fees, interest or commission fees incurred.

F. There may be instances where **we** are uncertain about whether or not a claim is covered by the **policy**. If this is the case **we** may ask a **dentist** (or other medical specialist) to advise **us** about the medical facts relating to a claim, or to examine **you** in connection with the claim. If **we** do this, **we** will pay the costs involved. In choosing a relevant **dentist** or specialist **we** will take into account **your** personal circumstances. If **you** do not co-operate with any **dentist** or specialist chosen by **us**, **we** will not pay **your** claim.

G. If **we** pay any costs for dental treatment which are not covered by the terms of this **policy**, the amount paid will count towards the annual maximum benefit available under the **policy** for that person. It does not mean that **we** will be liable to pay costs for that dental treatment in the future. If **we** pay a claim which is more than **you** are entitled to under the **policy**, **we** can recover the overpayment. **We** will ask **you** to repay the overpayment or deduct that amount from any other claim that **you** make.

H. If **you** are claiming for multiple treatments on one claim and do not provide **us** with an itemised statement or confirmation of the individual costs of each treatment, **we** will conduct **our** own internal breakdown to assess **your** claim. This breakdown will be conducted based on **our** knowledge and experience of the costs of dental treatments.

I. If **you** believe that **we** have incorrectly assessed **your** claim please contact us by email at corporatedental@simplyhealth.co.uk or on 01962 828 007. If **we** have made an error **we** will send **your** claim for reassessment. If however, **we** did not have the full and correct information about **your** claim **you** will need to provide **us** with this before **we** can send **your** claim for reassessment.

5. Eligibility

Your cover has been chosen by the **policyholder** and sets the benefits that are available to **you**. The table of cover shows the levels of cover and the benefits for each level. **Your policy** documentation will show which level applies to **you**.

A. **You** will only be covered under the **policy** if:

1. **you** permanently live in the **UK**.
2. **you** are entitled to cover under the **policy** in accordance with the eligibility rules defined by the **policyholder**.
3. premiums are paid on **your** behalf by **your** employer as required under the **policy**.

B. **Partners** can join if:

1. they are in a relationship with and live permanently with the **employee**.
2. premiums are paid on their behalf by the **policyholder**; and the **partner** must have the same level of cover as the **employee**.

C. Cover for **children** included on the **policy**

1. **We** will cover **your** and **your partner's children**. **We** may ask to see proof that a **child** is eligible to join the **policy** (for example, a birth certificate or adoption certificate).
2. At the first **renewal date** after the **child's** 24th birthday, **we** will cancel their membership of the **policy**.
3. **Children** must have the same level of cover as the **employee**.
4. **Children** can only be covered under one policy with **us**. **We** will not add a **child** to this **policy** if that **child** is already covered under another policy with **us**.

D. **Partner** and **child** cover through a flexible benefits scheme:

If the rules of the flexible benefits scheme allow, the **employee** can apply to include their **partner** or **children** on the **policy**. An **employee's partner** and **children** must have the same level of cover as the **employee**. The **employee** can add a **partner** or **child** either:

1. during the flex enrolment window when the **employee** chooses their flex benefits. The change will take effect from the **renewal date**, or;
2. at a different time if the rules of the flexible benefits scheme allow them to do so, for example following a lifestyle event (such as getting married).

E. Where the **policyholder** has selected to include cover for **adult dependants** they can join in line with the **policyholder's** eligibility rules. **Adult dependants** must have the same level of cover as the **employee**.

F. Changing **your** level of cover

1. Changes to the level of cover can be made at the **renewal date** or at a different time in line with the **policyholder's** eligibility rules, whether this is the **policyholder** changing the **employee's** level of cover or an **employee** upgrading their cover.

G. **Your** cover under this **policy** will end at the earliest of the following:

1. the expiry of the **policy**; or
2. when **you** are no longer eligible for cover according to the eligibility rules defined by the **policyholder**; or
3. an **employee** ceasing employment with the **policyholder**; or
4. **you** no longer live in the **UK** permanently; or
5. if **we** make a commercial decision to no longer offer the product included in the **policy**; or
6. if **we** decide at the **renewal date** not to continue to offer the **policy** to the **policyholder**; or
7. **our** cancellation of the **policy** due to the **policyholder's** failure to pay premiums.

6. Fraud

If **you** (or anyone acting on **your** behalf) make a claim under this **policy** or obtain cover knowing it to be false or fraudulent **we**:

- can refuse to make payments for that claim, and/or
- may cancel **your** cover with immediate effect.

If **we** have already paid claims **we** can seek to recover that money from **you**. Where **we** have paid a claim which **we** later find is fraudulent (whether in whole or in part) **we**:

- will be entitled to recover those sums from **you** and any claims **we** may have paid since (whether fraudulent or not), and/or
- may take the appropriate legal action against **you**.

We reserve the right to contact the **policyholder** to inform them of any fraudulent activity.

7. General

- A. All information and communications to **you** relating to this **policy** will be in English.
- B. **You** must provide an up to date mailing address.
- C. If **we** decide not to enforce a term of this **policy** on one or more occasions, this does not mean that the term no longer applies. **We** may rely on that term at a later occasion if **we** decide to do so, unless **we** have told **you** in writing that the term no longer applies.

- D. Terms under this **policy** can only be enforced under the Contracts (Rights of Third Parties) Act 1999 ('the Act') by **us**, the **policyholder**, or an **employee**.
- E. This **policy** is governed by the laws of England and Wales. Any disputes arising in connection with the **policy** which are not resolved through **our** complaints process can only be dealt with by the courts of England and Wales unless **you** and **we** agree to a different method to resolve the dispute.

How to make a complaint

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 which you can use to raise any concern, complaint or recommendation that you have. In the first instance you should contact Customer Services on 01962 828 007 or write to the Customer Services Manager at Simplyhealth House, Victoria Road, Winchester, SO23 7RG or email: corporatedental@simplyhealth.co.uk. Please quote your policy or claim number. We will investigate any complaint and issue a final response.

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.

Telephone: 0800 023 4567 or 0300 123 9123

Email: complaint.info@financial-ombudsman.org.uk

Website: www.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. 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.

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. If this happens, any valid outstanding claims you have at that point would be paid by the FSCS.

For more details on the scheme please visit www.fscs.org.uk or contact the FSCS direct on 0800 678 1100 or 020 7741 4100.

How we use your personal data

Simplyhealth respects your privacy and is committed to protecting your personal data. This privacy notice sets out the way in which any personal data you provide to us is used and kept safe by us. For a more detailed explanation of how we use your data please take the time to read our full privacy policy online at the bottom of our website or alternatively request a copy from our Data Protection Officer.

Why do you need my personal data and what do you use it for?

We need and use your data to:

- service the policy/contract that you have
- identify, analyse and calculate insurance risks
- improve our services to our customers
- comply with legal obligations which we are subject to
- protect our interests
- detect and prevent fraud.

Sometimes we may use automation and profiling to evaluate information about you, which may include to determine whether an application for a product is accepted by us, to tailor our marketing material to your needs, to identify and investigate fraudulent activity, to understand claiming behaviour and patterns or to tailor our services to provide you with a more efficient, consistent and fair customer experience. If you want to know more please contact us.

Who will use my personal data?

We and other companies within the Simplyhealth group may use your information to keep you informed about products and services that may be of interest to you, including from carefully selected third parties.

Who holds my personal data?

Simplyhealth Access who are part of the Simplyhealth group of companies.

What personal data will Simplyhealth need to know?

If you have a policy, we need to know, for example, your name, address and date of birth. We may also take your phone number and email address. In order to take payments and to pay claims, we will need your bank account details. For members with policies arranged by a company, we will

know who your employer is and we might hold your payroll details. Your employer may also provide further details, such as your date of birth or address.

We may record and monitor both inbound and outbound calls for training and monitoring.

How do you protect my personal data?

By law we must have measures in place to protect data. To do this we have strict rules to protect the storage and use of all personal data. These rules apply to anyone who uses the data, even if they are not part of the Simplyhealth group – all our partners are contracted to protect data to the same standard as us. We may send your personal data outside the European Economic Area. If we do this, we put contracts in place to ensure that the data will be kept confidential. Our processes also include protection for our buildings and IT systems. To ensure these measures work, we perform checks (including physically visiting premises) on a regular basis.

Who can see my personal data?

We can give your personal data:

- to persons who provide a service to us or act as our agents
- to anyone to whom we may transfer rights and duties under this policy
- to persons who may record, use and give data to other insurers (such as agencies whose role is to prevent fraud)
- to persons that the policyholder appoints (such as a broker) in order to service the policy
- to your employer, where appropriate
- where we have a duty to provide personal data (such as to regulatory bodies), or if the law allows us to do so, or if the person asking for the data has a lawful interest to see the data.

In these situations, we may send your personal data outside the European Economic Area.

How long is my personal data kept for?

We keep your personal data for seven years after this policy has been cancelled.

What rights do I have around the use of my personal data?

You have the right to see your personal data that we hold. You also have the right to ask us to amend personal data that is incorrect. You

can ask us to delete personal data, or not use it in certain ways. You have the right to move, copy or transfer your personal data. We will agree to any reasonable request unless it means that we cannot service your policy. You'll need to contact the Data Protection Officer to do this.

If I have given you my consent to use my personal data for a reason, can I change my mind?

Yes. You can change your mind at any time. But if this means that we cannot service the policy, we may have to cancel it.

Who can I contact to talk about my personal data?

If you have any questions or comments regarding any aspect of your personal data, please contact our Data Protection Officer either by email: thedataprotectionofficer@simplyhealth.co.uk, or by post, at:

The Data Protection Officer
Simplyhealth Access
Hambleton House
Waterloo Court
Andover
Hampshire
SP10 1LQ

If I am not happy with the way you use my data, who can I talk to?

If you're not happy with the way we use your personal data, you can contact our Data Protection Officer, or the Information Commissioner's Office (ICO). You can call the ICO on 0303 123 1113 or 01625 545 745, or email the ICO at casework@ico.org.uk. Simplyhealth Access is registered as the Data Controller with the ICO, number Z9564932.

Part of these services are provided by a third party supplier.

About Simplyhealth

Denplan Limited trading as Simplyhealth 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 Ltd is regulated by the Jersey Financial Services Commission for General Insurance Mediation Business. Denplan Ltd only arranges insurance underwritten by Simplyhealth Access. Denplan Ltd is registered in England and Wales No. 1981238. The registered offices for these companies is Hambleton House, Waterloo Court, Andover, Hampshire, SP10 1LQ.

How to contact us

You can email us at

corporatedental@simplyhealth.co.uk

or call **01962 828 007**

Lines are open Monday to Friday 9am to 5pm

You can view more information at

www.denplan.co.uk/patients/through-my-employer