

Table of Benefits – Dental Starter

Applicable to new registrations or renewals on/or after 1st April, 2010.

This Table of Benefits must be read in conjunction with the Vhi DeCare Dental Rules – Terms and Conditions. The Voluntary Health Insurance Board (trading as Vhi Healthcare) is an agent of DeCare Dental. Vhi Healthcare is a Multi-Agency Intermediary regulated by the Financial Regulator. DeCare Dental Insurance Ireland, Ltd., is a registered dental insurance underwriter and administrator, regulated by The Financial Regulator. Registration # 383762.

	Benefit Provision	Benefit Limit
	Section 1 - Investigative and preventive treatment - no waiting period	
A	Examinations	
	1 per 12 month period for insured persons up to the age of 18 years	70% of charge up to a maximum of €18
B	Radiographs (x-rays)	
	Bitewings coverage <ul style="list-style-type: none"> 1 series per 12 month period for insured persons up to the age of 18 years 	70% of charge up to a maximum of €14
	Panoramic <ul style="list-style-type: none"> 1 series per 60 months period for insured persons age 16 or over 	70% of charge up to a maximum of €31
	Periapical(s)	No cover
	Occlusal <ul style="list-style-type: none"> 2 series per 24 month period 	70% of charge up to a maximum of €18
C	Scaling and polishing	
	1 per 12 month period - any combination of this procedure or periodontal maintenance (see Periodontal Maintenance in Section 2 below) is covered 1 per 12 month period: <ul style="list-style-type: none"> Insured person 18 years or over Insured person up to the age of 18 	70% of charge up to a maximum of €42 70% of charge up to a maximum of €29
	Section 2 - Basic treatment - 3 month waiting period applies	
A	Restorations (fillings) - once per tooth surface per 24 month period	
	Amalgam (silver) <ul style="list-style-type: none"> 1 surface 2 surfaces 3 or more surfaces 	50% of charge up to a maximum of €38 50% of charge up to a maximum of €40 50% of charge up to a maximum of €45
	Composite (white) on front teeth <ul style="list-style-type: none"> 1 surface 2 surfaces 3 or more surfaces 	50% of charge up to a maximum of €38 50% of charge up to a maximum of €45 50% of charge up to a maximum of €50
	Composite (white) on back teeth <ul style="list-style-type: none"> 1 surface 	50% of charge up to a maximum of €42

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	<ul style="list-style-type: none"> • 2 surfaces • 3 surfaces • 4 surfaces 	<p>50% of charge up to a maximum of €49</p> <p>50% of charge up to a maximum of €54</p> <p>50% of charge up to a maximum of €55</p>
B	Pre-fabricated or stainless steel crowns	No cover
C	Sealants	
	Once per lifetime for permanent first and second molars of eligible dependent children up to the age of 16	70% of charge up to a maximum of €25
D	Space maintainers	No cover
E	Periodontal treatment <ul style="list-style-type: none"> • Periodontal scaling and root planning - per tooth: once per 36 month period • Periodontal scaling and root planning - per quadrant: once per 36 month period • Full mouth debridement - once per tooth per lifetime • Periodontal maintenance - once per 12 month period - any combination of this procedure and scaling and polishing (see Scaling and Polishing in Section 1 above) is covered once per 12 month period 	<p>50% of charge up to a maximum of €40</p> <p>50% of charge up to a maximum of €60</p> <p>No cover</p> <p>70% of charge up to a maximum of €42</p>
F	Tooth extractions - once per tooth per lifetime	
	Simple tooth extraction	50% of charge up to a maximum of €40
G	Emergency treatment - once per 12 months	
	For the immediate, temporary relief of pain or infection	50% of charge up to a maximum of €35
	Emergency treatment is not subject to the 3 month waiting period	
	Section 3 - Major treatment - 12 month waiting period applies	
A	Policy excess	€100
B	Endodontic therapy on primary teeth - once per tooth per lifetime <ul style="list-style-type: none"> • Root canal therapy - front teeth • Root canal therapy - premolar/bicuspid teeth • Root canal therapy - molar teeth • Re-treatment of root canal 	<p>40% of charge up to a maximum of €125</p> <p>40% of charge up to a maximum of €125</p> <p>40% of charge up to a maximum of €125</p> <p>No cover</p>
C	Endodontic therapy on permanent teeth - once per tooth per lifetime <ul style="list-style-type: none"> • Root canal therapy - front teeth • Root canal therapy - premolar/bicuspid teeth 	<p>40% of charge up to a maximum of €175</p> <p>40% of charge up to a maximum of €185</p>

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	<ul style="list-style-type: none"> • Root canal therapy - molar teeth • Re-treatment of root canal 	<p>40% of charge up to a maximum of €245</p> <p>No cover</p>
D	<p>Prosthetic services - dentures - once per 60 month period</p> <ul style="list-style-type: none"> • Partial acrylic denture (1-11 teeth) • Full upper denture or full lower denture • Partial metal upper denture or partial metal lower denture • Reline-chair side • Repairs, replacement of broken artificial teeth, replacement of broken clasp 	<p>25% of charge up to a maximum of €160</p> <p>25% of charge up to a maximum of €190</p> <p>25% of charge up to a maximum of €215</p> <p>25% of charge up to a maximum of €32</p> <p>No cover</p>
E	<p>Prosthetic services – bridge and implant supported crowns</p> <ul style="list-style-type: none"> • Bridge services • Implant supported crowns 	<p>No cover</p> <p>No cover</p>
F	Crowns, inlays and onlays	No cover
	Section 4 – Orthodontics	
A	Orthodontic treatment	No cover
	Section 5 – Annual maximum	
A	This applies to all sections of your plan. Maximum benefits may not be carried over to future years of cover.	€750

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