Dental Insurance

Insurance Product Information Document

Company: Collinson Insurance Europe Limited is authorised by the Malta Financial Services Authority in Malta and is regulated by the Central Bank of Ireland for Conduct of Business Rules



Product: Vhi Dental Plan Plus

This document does not contain the full terms and conditions of the cover which can be found in the policy wording and schedule. It is important that you read all these documents carefully.

What is this type of insurance?

This is a dental insurance contract which provides the member with cover towards the cost of dental treatment that they may need during the period of insurance.



What is insured?

Overall Maximum Benefit

- The maximum amount we will pay in respect of all benefits per person, per period of insurance is:
 - Year 1 & 2 up to €1,000
 - Year 3 & 4 up to €1,200
 - Year 5+ up to €1,500

Investigative and Preventative treatments

- ✓ 2 routine check-ups per period of insurance up to €100 per treatment
- ✓ 2 scaling and polishes per period of insurance & 1 additional scale and polish during pregnancy for eligible adults – up to €120 per treatment
- ✓ X-rays: 100% cover
 - 4 single tooth x-rays per year up to €50 per single x-ray
 - 1 bitewing x-ray every 2 years up to €75

Basic Treatments – 70% cover

- ✓ Fillings once per tooth every 2 years.
- ✓ Simple tooth extractions once per tooth.
- ✓ Periodontal maintenance once every 2 years.
- Space maintainers and stainless steel crowns for children - once per tooth.

Emergency Treatment

- ✓ 1 tele-dental consultation per period of insurance up to €35
- Emergency examination, diagnostics and immediate/temporary relief of severe pain, trauma, swelling or bleeding, prescriptions or protective restoration - Once every 12 months - 100% cover



What is not insured?

Investigative and Preventative Treatments

X Oral hygiene instruction and fluoride treatments

Basic Treatments

- General anaesthetics or intravenous conscious sedation.
- X Mouth guards.
- Oral surgery, such as surgical extractions of impacted teeth.
- In-patient or out-patient hospital expenses.

Major Treatments

- Replacement of an existing denture with a bridge or implant supported crown.
- Initial installation of dentures, bridgework or implant supported crowns where the tooth being replaced was not as a result of a valid claim under this policy.
- The difference in cost between a more expensive treatment where less costly treatment is available.

Orthodontics

- Treatment to correct minor irregularities (grades 1 or 2 on the Index of Orthodontic Need)
- Repair or replacement of lost/broken/stolen appliances
- In-patient or out-patient hospital expenses

General Exclusions

You are not covered for:

- The initial treatment to replace any tooth that was missing before this policy was taken out.
- Cosmetic surgery and treatments that are not clinically necessary.
- Any claims for the replacement of dentures damaged whilst not being worn.



What is insured continued...

Major Treatments - 50% cover

- Permanent crowns, inlays, onlays, and veneers once per tooth every 5 years.
- Crown re-cement once per tooth per year.
- Root canal treatment once per tooth.
- ✓ New dentures and bridges once every 5 years.
- Implant supported crowns once per tooth.

Orthodontics - up to a lifetime maximum of €1,250

- Includes cover for limited and comprehensive treatments and both removable and fixed appliance therapy.
- This is not subject to Your Overall Maximum Benefit as stated above.

Oral Cancer - up to a lifetime maximum of €5,000

- We will pay the lump sum benefit following the diagnosis of a primary Oral Cancer.
- This is not subject to Your Overall Maximum Benefit as stated above.

Dental Injury Implant Treatment – up to €2,000 per year

- A contribution towards the cost of a dental implant fixture caused as a direct result of a dental injury following an accident.
- This is not subject to Your Overall Maximum Benefit as stated above.



What is not insured continued..

General Exclusions

- Any treatment as a result of a sports injury if the appropriate tooth or head protection was not being worn.
- Oral cancer caused by smoking or chewing tobacco.
- Any treatment required as a result of damage caused by tooth or mouth jewellery.

Are there any restrictions on cover?

- ! A separate annual maximum of €1,000 per year applies to:
 - dentures, bridge and implant supported crowns
- ! A separate annual maximum of €750 per year applies to:
 - crowns, inlays, onlays, and veneers

Waiting Periods

- ! There is a 3 month waiting period for all basic treatments and dental injury implants.
- ! There is a 12 month waiting period for all Major treatments
- There is a 24 month waiting period for all orthodontic treatments

(The above waiting periods may be reduced if you were covered by a dental insurance plan with another provider immediately before you take out this policy)



Where am I covered?

You are covered in recognised dental practices in the Republic of Ireland as well as cover for emergency treatment abroad.



What are my obligations?

You are required to:

- Contact us when planning dental treatment in order to obtain pre-authorisation.
- Make any payments within the required or agreed time and to provide any documents or information which we request.



When and how do I pay?

You must pay your premium when it becomes due for the duration of your policy. You are responsible for ensuring all payments are made. If you are signed up for direct debit you are required to pay in line with your payment schedule. If you are paying by salary deduction your premium will be deducted by your employer from your salary. If you are paying by cheque you are required to pay within 14 days of receiving an invoice. All premiums owed must be paid within the policy term.



When does the cover start and end?

Your policy covers a 12 month period unless we agree to a shorter period. The policy start and end dates are shown on your policy document.



How do I cancel the contract?

You can cancel your policy within 14 days of receipt of your policy documents. The 14 day period starts 2 days after the issue date of your policy documentation or in the event of a policy renewal, within 14 days of the renewal date. If you wish to cancel your cover please contact Vhi Healthcare on **01 448 2861**.

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