

Vhi Dental

Rules - Terms and Conditions



Date of Issue: 1st January 2021

Introduction to Your Policy

The purpose of this Policy is to provide an Insured Person with Dental Services as described below. Only the stated Treatments are covered. Maximum benefit limits and any applicable waiting periods are listed in Your Table of Benefits.

In order to qualify for cover under this Policy all Treatments must be undertaken by a Dentist or a Dental Hygienist in a dental surgery, be clinically necessary, in line with usual, reasonable and customary charges for the area where the Treatment was undertaken, and must be received by the Insured Person during their Period of Cover.

Definitions

We have defined below words or phrases used throughout this Policy. To avoid repeating these definitions please note that where these words or phrases appear they have the precise meaning described below unless otherwise stated. Where words or phrases are not listed within this section, they will take on their usual meaning within the English language.

Accident

An unforeseen injury caused by direct impact outside of oral cavity to an Insured Person's teeth and gums (this includes damage to dentures whilst being worn).

Cancer

A malignant tumour, tissues or cells, characterised by the uncontrolled growth and spread of malignant cells and invasion of tissue.

Child/Children

Your children, step-child/children, legally adopted child/children or child/children where you are their legal guardian provided that the child/children is under age 18 on the date they are first included under this Policy.

Claims Administrator

Vhi Dental Claims Department, Intana, IDA Business Park, Athlumney, Navan, Co. Meath
Telephone: 046 9077337
Email: vhidentalclaims@intana-assist.com

Congenital

Development of an abnormal organ or structure within the foetus whilst in the womb or absence of an organ or structure from birth.

Cosmetic Treatment/Cosmetic

Treatment not necessary to maintain dental health and which is used solely for the purpose of improving the Insured Person's appearance.

Cover

Dental Treatment and/or Emergency Treatment subject to the terms and conditions of the Policy.

Date of Entry

The date on which an Insured Person was included under this Policy.

Deciduous Teeth

The term used to describe the primary teeth.

Dentist/Dental Hygienist

A fully qualified dental practitioner registered with the Dental Council in the Republic of Ireland (IDC), the General Dental Council in the United Kingdom (GDC) where Treatment is undertaken in the United Kingdom, or any other person appropriately qualified to perform the Dental Services.

Dental Implant & Fixtures

An implant is usually required to replace a missing or an extracted tooth. The implant, which is fitted in bone where the tooth root would normally be. When fully integrated to the bone, a post (or abutment) is attached to the implant and a crown, bridge or denture is then placed over the abutment to replace the missing tooth or teeth.

Dental Services

The treatments described in the Benefits section of this Policy.

Emergency Treatment

Dental Treatment required for the immediate relief of severe pain, trauma, swelling or bleeding by their Dentist.

FDI

The internationally recognised numbering system for identifying the specific position of a tooth.

Inception Date

The date that the Insurance cover under this policy starts as shown in Your Policy Details.

Insured Person/You/Your

A person who is resident in the Republic of Ireland for a minimum of 180 days in any one Period of Cover, for whom we receive and accept a completed Application, the appropriate premium is paid and who is entitled to Cover in accordance with the terms of this Policy.

Index of Orthodontic Treatment Need (IOTN)

The internationally recognised grading system used to measure the necessity of orthodontic treatment.

Orthodontic Treatment

Treatment undertaken by a Dentist for the prevention and correction of irregularities of the teeth.

Partner

A man or woman who permanently resides with the Policyholder in a domestic relationship as their spouse or spousal equivalent.

Payee

The individual, company, corporation or organisation who is responsible for the arrangement of the Policy and payment of the premium.

Period of Cover

This is 12 consecutive months from either the inception date of the Policy or renewal date. The Period of Insurance is stated in your policy details.

Policy

This contract being Our contract with the Policyholder providing the Cover as detailed in this document. The Application forms part of the Policy and must be read together with this document (as amended from time to time).

Policyholder

An individual who subscribes to this Policy on behalf of each Insured Person and pays or undertakes to pay the appropriate premium. Where the insurance is arranged by an employer, company, corporation or organisation on behalf of its employees or members, the Policyholder shall be deemed to be the employee or member and not the employer, company, corporation or organisation.

Quadrant

One of the four equal sections into which the dental arches can be divided; begins at the midline of the arch and extends distally to the last tooth.

Rehabilitation

Dental Treatment or Treatments designed to facilitate the process of recovery from injury, illness, or disease.

Renewal Date

The date immediately following the expiry date of the Policy.

Simple Tooth Extraction

The simple process or act of removing a tooth or tooth parts.

Surgical Extractions

The process or act of removing a tooth or tooth parts which includes, but not limited to, gingival flap, mucogingival surgery, and osseous surgery.

Table of Benefits

The table attaching to and forming part of this Policy which sets out the benefits together with their corresponding financial limits that are applicable to Your Cover.

Temporary Dental Procedures

The provision of a non-permanent dental procedure to alleviate pain until a permanent treatment can be provided, such as temporary fillings designed to be easily removed at a time when it is appropriate to use a permanent filling.

Treatment

Dental Services or supplies described in this document which are clinically necessary for the maintenance and/or restoration of the oral health of an Insured Person.

Please note, all such services must be:

- a. provided by a Dentist/Dental Hygienist/Clinical Dental Technician;
- b. provided in accordance with accepted standards of dental practice;
- c. received by an Insured Person during a period of cover.

Treatment Plan

A report detailing the most appropriate course of Treatment agreed upon by the Dentist and Insured Person.

Waiting Period

The period that must be completed from the Commencement Date of the Policy before the specified benefits become eligible.

We/Our/Us/Insurer

Great Lakes Insurance SE, a Societas Europaea incorporated in Germany registered with the commercial register of the local court of Munich under number HRB 230378 whose registered office is Königinstr. 107, 80802 Munich, Germany.

Benefits

Cover

The purpose of this Policy is to provide an Insured Person with Dental Services as described below. Only the stated Treatments are covered. Maximum benefit limits and any applicable waiting periods are listed in Your Table of Benefits.

In order to qualify for cover under this Policy all Treatments must be undertaken by a Dentist or a Dental Hygienist in a dental surgery, be clinically necessary, in line with usual, reasonable and customary charges for the area where the Treatment was undertaken, and must be received by the Insured Person during their Period of Cover.

Benefit Rules

1. Treatment Limits and Annual Maximums

For Treatment Limits and Annual Maximums refer to Your Table of Benefits.

2. Children

A Child or Children under 18 years of age at the Inception Date/Renewal Date who are permanently resident with You or are under 18 years of age and in full time education can be covered by this Policy.

3. Dentist Identification

For Your protection and to comply with regulations regarding professional registration and conduct, Your claim must positively identify the Dentist who rendered Treatment. Benefit is paid on receipt of a valid claim where the dental surgeon is positively identified. The Dentists IDC, GDC or other national registration number provides this identification and must be entered on the claim form.

4. Tooth Numbering

In order to provide effective management of dental health claims it is important that We know which tooth has received Treatment. Dentists will be conversant with tooth numbering and will be able to enter the relevant tooth number on Your claim form. The tooth number must be in FDI format.

5. Policy Period

- a) If as a newly eligible employee You join a Vhi corporate plan after the beginning of the scheme year Your insurance will run from the date on which You join the plan until the following Renewal Date of your group scheme.
- b) As a member of the Vhi Dental Plan / Dental Plan Plus your Period of Cover shall run for 12 consecutive calendar months from Your Inception Date.

6. Dental Implants & Fixtures

- a) The insured benefit is paid on receipt of a valid claim where the dental surgeon is positively identified by his or her IDC, GDC or other national registration number.

7. Investigate and Preventative Treatments

- a) Scale and polish is defined as a regular hygiene visit.
- b) The additional scale and polish during pregnancy can be claimed from 14 weeks of a confirmed pregnancy.

8. Basic Treatments

- a) Periodontal scaling and root planning cover is available only after a periodontal examination is claimed.
- b) Periodontal scaling must be carried out and claimed for before any Periodontal Maintenance can be claimed for.

9. Prosthetics services

- a) The term dentures represent one upper denture and one lower denture.
- b) The dentures benefit is only claimable if the treatment is carried out by a Dentist or Clinical Dental Technicians.

10. Crowns, inlays, onlays and veneers

- a) Crown post and core or crown core build-up will be included in the crown cover under the policy.

11. Waiting Period

Where a waiting period applies to a benefit section of Your Policy, you will not be able to claim for the costs of any Dental Services or Treatment under this Policy which happens before the Waiting Period has been satisfied. Please see Your Table of Benefits for details of any applicable Waiting Periods.

If You have previously been covered by a dental insurance plan with another provider and You transfer Your cover to the VHI Dental Plan immediately on expiry of Your previous insurance Policy, these waiting periods will be reduced by any period of continuous and uninterrupted membership with the previous provider on the basis that the applicable benefit was covered by that provider. You must inform Us of Your previous insurance at the time of Your initial application for VHI Dental Plan cover and We will require evidence of Your previous dental insurance cover. You will be required to provide Us with a copy of Your previous insurers renewal invitation or similar evidence of the scope and period of cover provided by your previous insurers.

For the avoidance of doubt, if there has been any break in coverage, the waiting period will apply in full from Your Inception Date under this Policy.

Treatments in connection with dental injuries must commence within a period of 6 months and must be completed within 24 months of the date of the original incident. No payment will be made for any treatment that takes place outside the Period of Cover.

12. Excess

Where an excess is applicable to Your Policy it will show on the Table of Benefits. The excess is operated on a per person per year basis. The excess will be deducted from the value of Your claim at the time of settlement.

Benefit Provision

Annual Maximum

This is the maximum amount of money We will pay in respect of all benefits available below to each insured person in each period of insurance, unless otherwise stated. Maximum benefits may not be carried over to future years cover.

We will provide cover for the treatments shown below.

Unless otherwise stated, the maximum number of treatments we will pay for and the most we will pay towards the cost of each treatment in any Period(s) of Insurance are shown in your Table of Benefits.

| Section 2 – Investigate and Preventative Treatments | |
|---|--|
| What is covered | What is not covered |
| <p>Examinations</p> <ul style="list-style-type: none"> • Routine examinations • Private consultations <p>Scaling and Polish</p> <p>If included in your Table of Benefits - an additional preventative scale and polish treatment received between 14 weeks and 32 weeks of pregnancy.</p> <p>Radiographs (x-Rays)</p> <p>Bitewings coverage Full Mouth (complete series) or Panoramic Small x-rays</p> | <ul style="list-style-type: none"> • Any claim during the waiting period shown in your Table of Benefits <p>Cover is not provided for the following:</p> <ul style="list-style-type: none"> • Oral hygiene instruction and fluoride Treatments • The additional preventative scale and polish during pregnancy is not eligible before 14 weeks of a confirmed pregnancy • Cone beam CT scan, including two or three dimensional image reconstruction • Cephalogramic X-Ray • Occlusal x-rays • Case presentations and office visits. |

| Section 3 – Basic Treatments | |
|--|---|
| What is covered | What is not covered |
| <p>Clinical information from the treating dentist/dental provider may be requested when assessing claims for basic treatment. This includes but is not limited to, clinical notes, radiographs and clinical photos.</p> | <ul style="list-style-type: none"> • Any claim during the waiting period shown in Your Table of Benefits. |
| <p>Restoration (Fillings)</p> <p>Pre-Fabricated or Stainless Steel Crowns</p> <p>for deciduous teeth of eligible dependent Children up to the age of 18 years.</p> <p>Fissure Sealants</p> <p>for permanent first and second molars of eligible dependent children up to the age of 18.</p> <p>Space Maintainers</p> <p>on eligible dependent Children up to the age of 18 years for extracted deciduous posterior (rear) teeth.</p> | <p>Restoration (Fillings)</p> <ul style="list-style-type: none"> • Intravenous conscious sedation, general anaesthetic, analgesic agents and nitrous oxide. • Service or supplies that have the primary purpose of improving the appearance of Your teeth. This includes but is not limited to enamel microabrasion, tooth whitening agents, tooth bonding and veneer covering of teeth. • Placement or removal of sedative filling, base or liner used under a restoration. • Restorative cast post and core build-up, including pins and posts. • Procedures designed to alter, restore or maintain occlusion, including but not limited to: increasing vertical dimension, replacing or stabilising tooth structures lost by attrition, erosion, realignment of teeth, periodontal splinting and gnathologic recordings. |

Section 3 – Basic Treatments *continued*

| What is covered | What is not covered |
|--|--|
| <p>Periodontal Treatment</p> <p>Please note that a periodontal examination is required prior to periodontal treatment.</p> <ul style="list-style-type: none"> • Periodontal scaling and root planning. • Periodontal maintenance. | <p>Periodontal Treatments</p> <ul style="list-style-type: none"> • Procedures designed to alter, restore or maintain occlusion, including but not limited to: increasing vertical dimension, replacing or stabilising tooth structures lost by attrition, erosion, realignment of teeth, periodontal splinting and gnathologic recordings. • Complex surgical periodontal services including gingivectomy, gingivoplasty, gingival curettage, gingival flap, apically positioned flap, mucogingival surgery, and osseous surgery. • Procedures designed to enable prosthetic or restorative services to be performed such as crown lengthening. • Bacteriological test for determination of periodontal disease or pathological agents. • Controlled release of therapeutic agents or biologic modifiers used to aid in soft tissue and osseous tissue regeneration. • Provisional splinting, temporary procedures or interim stabilisation of teeth. • Intravenous conscious sedation, general anaesthesia, analgesic agents and nitrous oxide. |
| <p>Tooth Extraction</p> <ul style="list-style-type: none"> • Simple tooth extraction. | <p>Tooth Extractions</p> <ul style="list-style-type: none"> • Intravenous conscious sedation, general anaesthetic, analgesic agents and nitrous oxide Services or supplies that are medical in nature, including dental oral surgery services performed in a hospital. • Any artificial material implanted or grafted into or onto bone or soft tissue, including implant procedures and associated fixtures, or surgical removal of implants. • Any oral surgery, including the surgical extractions, surgical exposure of an impacted or unerupted tooth, surgical repositioning of teeth, surgical removal of an impacted tooth or the surgical removal of residual roots, alveolectomy, alveoloplasty, and vestibuloplasty. • In-patient or out-patient hospital expenses. • Services for temporomandibular (TMJ). |
| <p>Emergency Treatment</p> <p>For the immediate/temporary relief of severe pain, trauma, swelling or bleeding, prescriptions or protective restoration.</p> | <p>Emergency Treatment</p> <p>Does not include treatments for rehabilitation or treatments already covered on the policy.</p> |

Section 4 – Major Treatments

| What is covered | What is not covered |
|--|---|
| <p>Clinical information from the treating dentist/dental provider may be requested when assessing claims for major treatment. This includes but is not limited to, clinical notes, radiographs and clinical photos.</p> | <ul style="list-style-type: none"> • Any claim during the waiting period shown in Your Table of Benefits. • The Section Excess shown in your Table of Benefits. |
| <p>Endodontic Therapy on Primary Teeth</p> <ul style="list-style-type: none"> • Pulpal treatment <p>Endodontic Therapy of Permanent Teeth</p> <ul style="list-style-type: none"> • Root canal therapy | <p>Endodontic Therapy on Primary Teeth and Endodontic Therapy of Permanent Teeth</p> <ul style="list-style-type: none"> • Re-Treatment or additional Treatment necessary to correct or relieve the results of Treatment previously paid under the Policy. • Root canal obstruction, internal root repair of perforation defects, incomplete endodontic treatment and bleaching of discoloured teeth. • Intentional reimplantation, apicoectomy, root amputation, apexification, retrograde filling and hemisection. |
| <p>Prosthetic Services - Dentures, Bridges, Implant Dentures, Implant Bridges and Implant Supported Crowns</p> <ul style="list-style-type: none"> • Denture reline and denture rebase. • Denture repairs, replacement of broken denture artificial teeth, replacement of denture broken clasp(s). • Denture adjustment. • Removable prosthetic services (Dentures and implant dentures). • Fixed prosthetic services (Bridges and implant bridges). • Re-cement of Bridge. • Implant supported crowns. | <p>Prosthetic Services</p> <ul style="list-style-type: none"> • The replacement of an existing denture with a bridge or implant supported crown. • If the tooth or teeth being replaced have not had a tooth extraction claim under the policy there will be no cover available under this policy. • Dental Implant/Implant Support Crown cover does not extend to the replacement of existing Implant crowns or Implant fixtures. Therefore cover will only be provided for a tooth which has a tooth extraction claimed under the policy. • Replacement of congenitally missing teeth. • Interim, removable or fixed, prosthetic appliances (dentures, partials, bridges or implant supported crowns). • Paediatric, removable or fixed, prosthetic appliances (dentures, partials or bridges). • Additional, elective or enhanced prosthodontics procedures including but not limited to connector bar(s), stress breakers, and precision attachments. • Procedures designed to enable prosthetic or restorative services to be performed such as crown lengthening. • Procedures designed to alter, restore or maintain occlusion, including but not limited to: increasing vertical dimension, replacing or stabilising tooth structures lost by attrition, erosion, realignment of teeth, periodontal splinting and gnathologic recordings. • Services or supplies that have the primary purpose of improving the appearance of Your teeth. • Placement or removal of sedative filling, base or liner used under a restoration. • Restorative cast post and core build-up, including pins and post. • Any artificial material implanted or grafted into or onto bone or soft tissue, including implant procedures and associated fixtures, or surgical removal of implants. • The difference in cost between a more expensive Treatment where, there is a less costly, professionally acceptable Treatment available. • Dental Implants placed in the site of 2nd or 3rd molars are excluded from benefit. • Any Claims for the replacement of dentures damaged whilst not being worn. |

Section 4 – Major Treatments *continued*

| What is covered | What is not covered |
|---|--|
| <p>Crowns, Inlays, Onlays and Veneers</p> <ul style="list-style-type: none"> • Permanent crowns, inlays and onlays. • Re-cement of crown, inlay, onlay and veneer. • Veneers (other than for cosmetic reasons). | <p>Crowns, Inlays, Onlays and Veneers</p> <ul style="list-style-type: none"> • Procedures designed to enable prosthetic or restorative services to be performed such as crown lengthening. • Procedures designed to alter, restore or maintain occlusion, including but not limited to: increasing vertical dimension, replacing or stabilising tooth structures lost by attrition, erosion, realignment of teeth, periodontal splinting and gnathologic recordings. • Services or supplies that have the primary purpose of improving the appearance of Your teeth. This includes but is not limited to tooth whitening agents or tooth bonding and veneer covering of the teeth. • Placement or removal of sedative filling, base or liner used under a restoration. • Restorative cast post and core build-up, including pins and posts that are not involved with crown treatment in the same tooth. • Temporary provisional or interim crown. • Permanent crowns, inlays, onlays and veneers when the tooth does not have decay or fracture, or the tooth has not been endodontically treated. • Replacement of permanent crowns, inlays, onlays and veneers when the tooth does not have decay, or the tooth or restoration does not have fracture. |

Section 5 – Orthodontics

| What is covered | What is not covered |
|--|--|
| <p>Orthodontic Treatment</p> <p>– covered for eligible Insured Persons within the age limits shown in Your Table of Benefits.</p> <ul style="list-style-type: none"> • Limited Treatment – Treatments which are not full Treatment cases and undertaken mainly for minor tooth movement. • Interceptive Treatment – Treatment used to prevent or assist in the severity of future treatment. • Comprehensive Treatment – Co-ordinated and multi-stage Treatment to improve and restore Your bite to its optimum position. • Removable appliance therapy – Treatment using an appliance that is removable and not cemented or bonded to the teeth. • Fixed appliance therapy – Treatment using an appliance where components of the appliance are cemented or bonded to the teeth. <p>Orthodontic Treatment is subject to a lifetime maximum (please see Your Table of Benefits for details of this).</p> <p>Please note: We will assess your treatment in line with the dental health component of the Index of Orthodontic need (IOTN). Only Grade 3 and higher, where there is a definite need for orthodontic treatment will be considered for cover. Orthodontic treatment for aesthetic or cosmetic reasons is not covered. Before we can complete your assessment for an orthodontic claim pre-treatment photographs and IOTN Grade will be required from you or your treating Dentist or Orthodontist.</p> | <ul style="list-style-type: none"> • Any claim during the waiting period shown in Your Table of Benefits. • Separate services billed when they are an inherent component of Treatment including but not limited to consultations, x-rays and study models. • Monthly Treatment visits that are inclusive of Treatment costs. • Repair or replacement of lost/broken/stolen appliances, including orthodontic tooth retainers. • Re-Treatment of or additional Treatment necessary to correct or relieve the results of Treatment previously paid under the Policy. • In-patient or out-patient hospital expenses. • Provisional splinting, temporary procedures or interim stabilisation of teeth. • Orthodontic Treatment for aesthetic or Cosmetic reasons or which is classed as Level 2 and below as per the Index of Orthodontic Treatment need is not covered under this Policy. |

Section 5 – Orthodontics *continued*

| What is covered | What is not covered |
|---|---------------------|
| <p>Orthodontic Treatment</p> <p>a) For child orthodontic treatment where the person is insured under this policy, benefit is payable for Orthodontic Treatment received following the Child's 8th birthday up to the Child's 18th birthday.</p> <p>b) Orthodontic Treatment must be required for a definite health or clinical need.</p> <p>c) Orthodontic Treatment in progress (appliances placed prior to eligibility under this policy) is covered on a pro-rate basis after any applicable Waiting Period.</p> <p>d) Benefit is issued once the appliance has been fitted (benefit will not be issued prior to final placement of the brace).</p> | |

Section 6 – Dental Implants

| What is covered | What is not covered |
|---|--|
| <p>Dental Implant Fixtures A contribution towards the dental implant fixture.</p> <p>Dental Implant Treatment Due to accident – Applies only to Plan Plus Policies.</p> <p>If as a result of an Accident, You sustain a dental injury resulting in a clinical requirement for one or more of Your natural teeth to be replaced by Dental Implant(s), this benefit will cover the costs of the Dental Implant fixture to replace an existing tooth root or existing Dental Implant, including temporary coverage.</p> <ul style="list-style-type: none"> • Dental Implant fixture contribution includes any contribution for implant abutments. | <ul style="list-style-type: none"> • Any claim during the waiting period shown in Your Table of Benefits. • The Section Excess shown in your Table of Benefits. • The insured benefit is only paid once per Insured Person per tooth site and the Insurer is not liable for any future costs incurred by Dental Implant complications such as rejection, fracture or infection. • No benefit shall be payable for any claim under Section 6 of the Dental Implants benefit where either shown as "No Cover" on Your Table of Benefits or where Treatment is required for any reason other than where You have sustained a dental injury following an Accident. • Dental Implant cover does not extend to the replacement of existing Implant crowns or Implant fixtures. Therefore cover will only be provided for a tooth which has a tooth extraction claimed under the policy. • No benefit shall be payable for placement of a Dental Implant into a pre-existing toothless space or where a Dentist/specialist Dentist deems it not clinically appropriate, or replacement following the failure of a Dental Implant to integrate or due to a subsequent breakdown of integration. • No benefit shall be payable for any Dental Implant Treatment which was necessary, prescribed, planned or is currently taking place at the Commencement Date of this Policy or the first inclusion of an Insured Person on this Policy if later. • No benefit shall be payable in respect of any Dental Implant Treatment undertaken within 3 months of the first Commencement Date of this Policy or the first inclusion of an Insured Person on this Policy if later. |

Section 7 – Oral Cancer

| What is covered | What is not covered |
|--|--|
| <p>The Oral Cancer benefit is a single lump sum benefit amount which will be paid only in full, once per insured, per lifetime.</p> <p>We will pay the lump sum benefit as outlined in the table of benefits, following the diagnosis of a primary Oral Cancer, made by a recognised specialist where the oral cancer is located in one or more of the following areas:</p> <ul style="list-style-type: none"> • Lip • Tongue • Gingivae • Floor of mouth • Palate • Major salivary glands • Oropharynx | <ul style="list-style-type: none"> • Oral Cancer which was diagnosed, or for which tests were conducted or planned prior to the date on which the insured person first joined the Vhi plan are not covered. • Oral cancers which were undiagnosed but for which you had experienced symptoms prior to your date of entry are not covered. • Any Secondary Oral cancer |

General Exclusions

Cover is not provided for the following:

1. Initial treatment to replace any missing tooth present before the policy was taken out will not be covered
2. Services or supplies for the Treatment which a Dentist is unable to provide due to circumstances beyond Our control or the control of such Dentist;
3. Cosmetic Treatments and Treatments not clinically necessary;
4. Associated Treatment costs from any in-patient, day-patient or out-patient care performed in a hospital setting. Specific dental treatments detailed within the policy will be covered if Treatment is carried out in a hospital setting;
5. Services or supplies which are experimental in nature, or not normally supplied by a dental practice, or which are not clinically necessary;
6. Orthodontic Treatment, unless specifically covered by Your selected plan type, subject to the terms on this Policy;
7. Any Treatment resulting from deliberate self-inflicted injury;
8. Treatment received prior to the commencement of the Period of Cover, or Treatment received after the Period of Cover ceases, or where the Policy is cancelled or premiums are outstanding for a period greater than two (2) months;
9. Any Treatment during a Period of Cover once the annual maximum number of Treatments or maximum annual benefit limit has been reached;
10. Reimbursement for travelling expenses or telephone calls in connection with any Treatments or charges for completing the claim form;
11. Any Claims where a Treatment Plan is not submitted but has been detailed in Your Table of Benefits as being a requirement for eligibility of Treatment; or any treatment outside of the valid period specified in your treatment plan, treatment must be carried out during your current period of insurance
12. Any costs which are unreasonable, unnecessary or inappropriately incurred. All benefits will be paid in accordance with customary and accepted levels of charges for the Treatment received. The charges must be reasonable, necessary and incurred wholly and exclusively for the purposes of Treatment;
13. Any treatment relating to damage or injury caused whilst participating in any contact sport when the appropriate tooth protection or head protection was not being worn;
14. Treatment arising directly or indirectly from injuries sustained while engaged in illegal, unlawful or antisocial activities;
15. Re-Treatment or additional Treatment necessary to correct or relieve the results of Treatment previously funded under this Policy;
16. Oral Cancer diagnosed, suspected, or for which tests were conducted or planned or for which a referral to a specialist had been made prior to the date the Insured Person first joined the plan;
17. Oral Cancer resulting from smoking or chewing tobacco products (including betel nut juice);
18. Treatment where there is no visible evidence of damage or trauma to otherwise healthy functional teeth;
19. Treatment required as a result of damage caused by tooth or mouth jewellery;
20. Any costs which exceed the reimbursement levels specified in the Table of Benefit;
21. Any Treatment not listed on the Table of Benefit;
22. Treatment received from a qualified Dentist who is a member of your family or an Insured Person under this Policy;

23. Corrections of congenital conditions;
24. New, experimental or investigational dental techniques or services will not be covered until there is an established scientific basis for recommendation;
25. Any claims for the replacement of dentures damaged whilst not being worn.
26. Repair or replacement of lost/broken devices.
27. Services for temporomandibular (TMJ).
28. Mouth Guards.
29. Occlusal procedures, including occlusal guard and adjustments.
30. **War and Terrorism Mass Destruction Exclusion Clause**
Notwithstanding any provision to the contrary within this insurance or any endorsement thereto it is agreed that this insurance shall exclude war, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, or military or usurped power or terrorism but only as the sole result of the utilisation of nuclear, chemical or biological weapons of mass destruction howsoever these may be distributed or combined.
For the purpose of this clause:
 - i) Terrorism means an act, or acts, of any person, or group(s) of persons, committed for political, religious, ideological or similar purposes with the intention to influence any government and/or to put the public, or any section of the public, in fear. Terrorism can include, but not be limited to, the actual use of force or violence and/or the threat of such use. Furthermore, the perpetrators of terrorism can either be acting alone, or on behalf of, or in connection with any organisation(s) or governments(s).
 - ii) Utilisation of nuclear weapons of mass destruction means the use of any explosive nuclear weapon or device or the emission, discharge, dispersal, release or escape of fissile material emitting a level of radioactivity capable of causing incapacitating disablement or death amongst people or animals.
 - iii) Utilisation of chemical weapons of mass destruction means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing incapacitating disablement or death amongst people or animals.
 - iv) Utilisation of biological weapons of mass destruction means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organism(s) and/or biologically produced toxin(s) (including genetically modified organisms and chemically synthesised toxins) which are capable of causing incapacitating disablement or death amongst people or animals.

General Conditions

The following conditions apply:

Compliance with Policy Terms

Our liability under this Policy will be conditional upon each Insured Person complying with terms and conditions of this Policy.

You must answer all questions about this policy honestly and fully at all times. You must also tell Us straight away if anything that You have already told Us changes. If You do not tell Us, Your policy may be cancelled and any claim You make may not be paid.

1. Changing Employment

Cover will automatically cease when You leave the employment of the Payee; (Please refer to General conditions point 3, Cancellation).

2. Policy Duration and Payment

- a. The Policy Period of Cover shall be for no longer than twelve consecutive calendar months. In the case where the Policy has been arranged by an employer, company, corporation or organisation on behalf of its employees or members the Policy Period of Cover for each employee or member will be as shown on their Policy details document, but shall be for no longer than twelve consecutive calendar months.
- b. At the end of the Policy Period of Cover, We may offer cover for a further twelve consecutive calendar months subject to the terms in force at the time of each Renewal Date and payment of the appropriate premium. There is no guaranteed renewability provided under this Policy.
- c. If an Insured Person obtains cover after the Commencement Date or the Renewal Date, the Period of Cover shall be for the period up until the following Renewal Date and annually renewable thereafter.
- d. The amount payable may be changed by Us from time to time. However, this Policy will not be subject to any alteration in payment rates generally introduced until the next Renewal Date.
- e. If a change to your policy results in a premium refund or shortfall of less than or equal to €10, no refund or charge will be made due to the administration costs involved. Provided the required amount of premium is paid on the date due then we will provide you and the persons listed in the policy details with the benefits set out in your table of benefits. You are responsible for ensuring payments are made.
- f. For policyholders that pay by salary deduction, your annual premium will be collected in monthly or weekly installments. The calculation of your annual premium into a monthly or weekly payment frequency may result in a slightly different total premium to the annual premium due to rounding.

- g. Where you have multiple products and the payment received does not equal the invoice issued for the combined premium, we will allocate the amount paid proportionately to each product based on the premium due and contact you to arrange payment for the shortfall.
- h. All payments made to us are receipted and if the amount paid does not meet the full amount requested, we will return your payment and you will not be covered.

3. Cancellation

- a. Where this Policy is provided by an employer, if the Payee cancels Cover, the Policyholder may apply for cover under Vhi Dental Plan or Vhi Dental Plan Plus and provided there is no break in cover, we will honour time served against any waiting periods on your new plan. If the Policyholder transfers to a new Payee their cover can remain in force provided that the new Payee accepts responsibility for the premium payment.
- b. If a Payee terminates cover at renewal stage, he/she will be allowed to enrol 12 months after the termination date subject to the Waiting Periods.
- c. If a Payee terminates cover before the Renewal Date, other than in accordance with clause d, e and f outlined below, no pro-rata refund for the unexpired portion of the premium paid will be given and the full remaining premium will be charged to the Payee to cover Our administration costs. Should a Payee wish to return to Vhi Dental then all Waiting Periods will apply to the new Policy.
- d. Whilst We shall not cancel this Policy because of eligible claims made by an Insured Person We may at any time terminate an Insured Person's Cover or subject his/her Cover to different terms if the Insured Person, Payee or the Policyholder has at any time:
 - i. misled Us by mis-statement or concealment;
 - ii. knowingly claimed benefits for any purpose other than as are provided for under this Policy;
 - iii. agreed to any attempt by a third party to obtain unreasonable financial gain to Our detriment;
 - iv. failed to make the required premium payments;
 - v. otherwise failed to observe the terms and conditions of this Policy.
- e. If We cancel the Policy We shall give You 30 days notice sent by post to Your last known address. If We do so, the Payee may be entitled to a proportionate refund of premium.
- f. If We cancel Your Policy on the grounds of fraud, cancellation may be immediate and We may keep any premium You have paid. We may also inform An Garda Siochana of the circumstances.

4. Claims Procedure

Direct billing claims incurred within the Vhi Dental Network

- a. Any claim for Treatment listed in Section 2 of the Benefits will require pre-authorisation at point of treatment. You will need to contact the Claims Administrator (see Definitions) for confirmation of available benefit.
- b. All other Treatment must be pre-authorised at least 5 working days in advance of being undertaken. You will be required to submit a Treatment Plan together with an estimate of costs. The Claims Administrator will assess this information and where appropriate provide a pre-authorisation. If You fail to follow this claims procedure You will be required to pay for the Treatment provided and submit a claim to the Claims Administrator for assessment in the using the procedure for non-direct billing claims outlined below. Please note this excludes all and any Emergency Treatment. All claims for Emergency Treatment must be submitted using the procedure for non-direct billing claims outlined below.

Non-Direct billing claims incurred within or outside of the Vhi Dental Network

- a. Claims must be submitted using the Vhi Dental claim form.
- b. You should pay for the Treatment provided and on the claim form You should ask the Dentist to detail the Treatment, indicate the fee charged and sign the form. Then attach the receipts to the form and return these to the Claims Administrator. The claim settlement will be up to the maximum value of the eligible benefit. You will be responsible for payment of any Excess and the balance of Treatment costs to the Dentist.
- c. If any benefit is provided or any payment is made under this Policy as a result of an action by a third party then the Insured Person must:
 - i. give Us full details of the potential claim against a third party;
 - ii. allow Us to pursue any loss under this Policy at Our expense;
 - iii. help Us to take legal action if We ask You to.
- d. Payment is made on the final day of the treatment/payment date.

Dental claims under Vhi Health insurance plan

We may put in place separate claims process arrangements with certain customers who are part of a Group Scheme who also hold a Vhi private health insurance plan with Vhi Insurance DAC that covers eligible dental costs.

Such separate claims process arrangements will involve the collection and processing of claims data under a Vhi Dental Plan and the subsequent sharing of this data with Vhi Insurance DAC for separate adjudication for any eligible benefit under the Vhi Insurance private health insurance plan. In such circumstances the claimant will receive separate benefit statements from Collinson Insurance Solutions Europe Limited and Vhi Insurance DAC in respect of any eligible benefits under the Vhi Dental policy and/or the Vhi Insurance private health insurance policy. You will be notified separately if this arrangement applies to you.

5. Claims Notification

All claims must be notified (and supporting documentation supplied) within 365 days of the date of completion of the item of Treatment. We will not be liable in respect of any claim notified late.

6. Overseas Dental Emergencies – Claims Procedure

If You require Emergency Treatment when abroad simply obtain the Treatment required and request the invoice to be written in English and on return to the Republic of Ireland forward it to the Claims Administrator (see Definitions). Reimbursement will be in Euro at the equivalent benefit scale using the exchange rate in force at the date the claim was incurred. You shall be responsible for paying for the translation of receipts, claim forms or supporting documents not completed in English and this charge shall not be included in the value of the claim reimbursement.

7. Overseas Routine & Restorative Dental Treatment – Claims Procedure

If You require Routine or Restorative Treatment when abroad simply obtain the Treatment required and request the claim form and invoice to be written in English and on return to the Republic of Ireland forward it to the Claims Administrator (see Definitions). Reimbursement will be in Euro at the equivalent benefit scale using the exchange rate in force at the date the claim was incurred. You shall be responsible for paying for the translation of receipts, claim forms or supporting documents not completed in English, and this charge shall not be included in the value of the claim reimbursement.

8. Accidents – Claims Procedure

In the event of needing Treatment following an Accident or a sports injury, You must inform the Claims Administrator (see Definitions) within 7 days of the Accident or as soon as reasonably possible. We may require confirmation of the Accident and Treatment before agreeing to any reimbursements necessary.

9. Arbitration

If there is any dispute about the Policy interpretation, or if We have accepted a claim but there is a disagreement over the amount We will pay, We offer You the option of resolving this by using the Arbitration procedure We have arranged. Please see the details shown under the Customer Satisfaction section. Using this service will not affect Your legal rights.

10. Alteration

We may alter any of the terms of this Policy at any Renewal Date. Details of the change will be advised to You at such time.

11. Fraudulent or Unfounded Claims

If any claim under this Policy is in any respect fraudulent or unfounded, all benefit paid and/or payable in relation to that fraudulent claim shall be forfeited and (if appropriate) recoverable.

We shall not be liable to You in respect of a relevant claim occurring after the time of the fraudulent act.

For the avoidance of doubt, the rights and obligations of the parties to the contract with respect to claims occurring before the time of the fraudulent act are unaffected; and

- We need not return any Premiums paid.
- May share information about the circumstances with other organisations, public bodies and authorities, including An Garda Síochána and other law enforcement agencies for criminal investigation.
- If this insurance contract provides cover for any person who is not a party to the contract (an Insured Person), and a fraudulent claim is made under the contract by or on behalf of an Insured Person, We may exercise the rights set out as if there were an individual insurance contract between Us and the Insured Person. However, the exercise of any of those rights shall not affect cover provided under the contract for any other Insured Persons.

The policy relating to the insured who has committed the fraudulent act may be rendered as invalid. Where there are multiple insured individuals provided for under the policy and the fraudulent act is deemed to be isolated to the individual insured in question, the cover relating to other insured persons who remain on the policy shall remain unaffected.

12. Sanctions

We shall not provide cover or be liable to pay any claim or other sums, including return premiums, where this would expose us to any sanction, prohibition or restriction under United Nations resolutions, asset freezing or trade or economic sanctions, laws or regulations of the European Union, United Kingdom, and/or all other jurisdictions where We transact business.

13. Other Insurance

Without prejudice to any other right or remedy We may have against any third party, if there is any other insurance covering any of the same benefits the Policyholder must disclose or procure that the relevant Insured Person discloses the same to Us. We shall not be liable to pay or contribute more than Our rateable proportion. Any payment or contribution over and above such liability shall be at Our absolute discretion and shall be without prejudice to this condition. We reserve the right to claim back from another insurer any payment We have made above Our rateable proportion. This recovery shall be in Our name and for Our own benefit.

14. Waiver

Waiver by Us of any term or condition of this Policy will not prevent Us from relying on such terms or conditions afterwards.

15. Settlement of Claims

All settlements will be made in Euro by bank transfer to the nominated bank account of the principal Insured Person. When claims settlements are made by bank transfer, You will be responsible for supplying Us with the correct bank account details and Your full authority for Us to remit monies directly to that account. Provided that payment is remitted to the bank account designated by You, We shall have no further liability or responsibility in respect of such payment, and it shall be Your sole responsibility to make collection of any misdirected payment in the event of incorrect details having been provided to Us.

Policy Overview

Its Aims

To provide one or more of the following during the term of Your plan –

- A refund of a proportion of dental costs for You subject to the exclusions listed in this Rules - Terms and Conditions;
- A refund of a proportion of dental costs for You, Your Partner and Children, subject to the exclusions listed in this Rules - Terms and Conditions.

You decide at the start or renewal of this Policy which of these events You want covered.

Your Commitment

- You agree to disclose any requested information in support of Your Policy. If You do not, Your cover could be affected and any claim You make may not be paid.

Will My Contribution Change During The Term of my Contract?

- The plan will only change at the Renewal Date and any changes will be notified to You at the outset of each Policy year.

Can Children Have Dental Plan Cover?

- Children can have dental plan cover. All Partner and Children's premiums are Your responsibility and will be deducted as one total amount in your preferred payment method.

Can I Cancel Or Amend My Membership?

- Once You take out a policy Your basis of cover will remain as selected for the remainder of the Policy year.
- If the entire Policy is to be terminated the Payee must make this request one (1) month prior to the date cancellation is required and We will write to you to confirm acceptance of the termination. No pro-rata refund for the unexpired portion of the premium paid will be given and the full remaining premium will be charged to the Payee to cover Our administration costs.

Can I Change My Level Of Cover?

- Yes but only on the Renewal Date of the Policy.

When Does The Cover Commence?

- Cover will commence from Our acceptance of Your Application and confirmation from the Payee that they will accept responsibility for your premium payment. For new joiners or dependants, cover will commence from the date of Our acceptance of their Application.

Are Pre-Existing Conditions Covered?

- As a member You will be accepted for the plan regardless of Your dental fitness. Subject to any Waiting Periods, all pre-existing conditions with the exception of stated exclusions are covered.

What Happens If I Need Treatment Abroad?

- Should You be treated abroad, just ask for the Dentist's receipt to be written in English and forward it to us as a normal claim. You will be reimbursed at the Euro equivalent using the exchange rate prevailing at the date the claim was incurred.

Customer Satisfaction

Our Promise of Service

We aim to provide a first class service at all times. However, if You have a complaint You should contact Us in the first instance at:

Vhi Dental Claims Department

Intana

IDA Business Park, Athlumney, Navan, Co. Meath

By phone on: 046 9077337

Or e-mail on: vhidentalclaims@intana-assistance.com

We will aim to provide You with a full response within four weeks of the date We receive Your complaint and Our response will be Our final decision based on the evidence presented. If, for any reason, there is a delay in completing Our investigations, We will explain why and tell You when We hope to reach a decision.

If You are not satisfied with the results of Our investigation, or fail to receive a final answer within 25 working days of Us receiving Your complaint, You have the right to refer Your complaint to an independent authority for consideration. That authority is the Financial Services and Pensions Ombudsman's Bureau at:

Financial Services and Pensions Ombudsman's Bureau

3rd Floor, Lincoln House, Lincoln Place, Dublin 2.

Tel: +353 (0) 1 567 7000 Email: info@fspo.ie Website: www.fspo.ie

Please note that if You wish to refer this matter to the Ombudsman You must do so within 15 working days of Our final decision. You must have completed the above procedure before the Ombudsman will consider Your case. Your legal rights are not affected.

Statement of Demands & Needs

This product meets the demands and needs of an individual who seeks protection against the costs of Accident and Emergency dental Treatment and routine dental Treatment.

Governing Law

This Policy shall be governed by and constructed in accordance with the Laws of the Republic of Ireland and it is irrevocably agreed that the Courts of the Republic of Ireland are to have jurisdiction to settle any disputes which may arise out of or in connection with this Policy Agreement.

Data Protection

Personal Data provided in connection with this policy will be used and processed in line with the Data Protection Notice which has been sent to you separately. A copy of this is also available at www.vhi.ie or one can be requested from Vhi at any time.

Important Regulatory Information

This Policy is underwritten by Great Lakes Insurance SE, a Societas Europaea incorporated in Germany registered with the commercial register of the local court of Munich under number HRB 230378 whose registered office is Königinstr. 107, 80802 Munich, Germany. Great Lakes Insurance SE is authorised by Bundesanstalt für Finanzdienstleistungsaufsicht in Germany and is regulated by the Central Bank of Ireland for conduct of business rules.

This Policy is administered by Collinson Insurance Solutions Europe Limited, who is appointed by Great Lakes Insurance SE, as the third party administrator.

Vhi Dental is a trading name of Vhi Healthcare DAC trading as Vhi Healthcare. Vhi Healthcare is tied to Collinson Insurance Solutions Europe Limited and arranges and provides administration on insurance plans underwritten by Great Lakes Insurance SE. Vhi Healthcare receives a portion of the premium to manage the Vhi Dental business. Vhi Healthcare is not obliged, either contractually or otherwise, to introduce a minimum level of business to Collinson Insurance Solutions Europe Limited. Further details are available on request.

Collinson Insurance Solutions Europe Limited is incorporated in Malta and is enrolled in the Insurance Agents List to act as an Insurance Agent in terms of the Insurance Distribution Act (Cap.487).

Your plan is bound by the Law of the Republic of Ireland and comes under the jurisdiction of the Courts of the Republic of Ireland in any disputes.

Your Right to Change Your Mind

You have 14 days from completing Your application process in which to change Your mind.

Here are some questions to help You decide.

Do You understand what Your Policy will do for You?

- Before You complete the application process You should have read the Policy Overview which forms part of the Rules - Terms and Conditions, which details how the Plan will work for You. This should answer Your questions.

If there is anything which is still unclear please contact Vhi Healthcare on **01 448 2861**

If You wish to cancel what should You do?

- If You wish to cancel Your Cover please de-select the benefit on Your employee benefits website, or call Vhi Healthcare on **01 448 2861**
- You must cancel Your Cover on or before the 14th day following the completion of Your application process or receipt of the Rules - Terms and Conditions, whichever is the later.

Will You lose anything by cancelling?

- We will repay the Payee any money which has been paid to them free of charges provided no claims have been submitted and paid during this Period of Cover.

For queries on the administration/changes to your policy
please contact our administration department at:
Telephone: (056) 444 4444 or 1890 44 44 44

Our administration department can be contacted:
08.00 - 18.00 hrs Monday to Friday and 09.00 - 15.00 hrs on Saturday

Email: vhi.ie/contact
Website: vhi.ie/dental
Address: Vhi Healthcare
IDA Business Park
Purcellsinch
Dublin Road
Kilkenny
Ireland

For claims queries please contact the claims department at:
Telephone: 046 9077337

Our claims department can be contacted:
08.30 - 18.00 hrs Monday to Friday and 09.00 - 14.00 hrs on Saturday

Email: vhidentalclaims@intana-assist.com
Address: Vhi Dental Claims Department
Intana
IDA Business Park
Athlumney
Navan
Co. Meath
Ireland

Vhi Healthcare DAC trading as Vhi Healthcare is regulated by the Central Bank of Ireland.
Vhi Healthcare is tied to Collinson Insurance Solutions Europe Limited for Vhi Dental Insurance which is underwritten by Great Lakes Insurance SE.

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