

Table of Benefits – Vhi Dental Plan

Applicable to new registrations or renewals on/or after 1st January, 2021.

This Table of Benefits must be read in conjunction with the Vhi Dental Rules – Terms and Conditions. Maximum payable per procedure and rules.

Benefit Provision	Benefit Limit
Section 1 – Annual maximum	
<p>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.</p> <ul style="list-style-type: none"> • Year 1 & 2 continuous insurance on the Dental Plan • Year 3 & 4 continuous insurance on the Dental Plan* • Year 5+ continuous insurance on the Dental Plan** <p>*A loyalty benefit will apply at the commencement of your third continuous year of cover on the Dental Plan when the annual maximum will be increased by €200. ** A loyalty benefit will apply at the commencement of your fifth continuous year of cover on the Dental Plan when the annual maximum will be increased by €300.</p>	<p>€1,000</p> <p>€1,200</p> <p>€1,500</p>
Section 2 – Investigative and preventative treatments	
<p>Examinations</p> <ul style="list-style-type: none"> • Routine examinations - up to two per policy year • Private consultation – up to one per policy year (copy of associated treatment plan required) <p>Scaling and polish</p> <ul style="list-style-type: none"> • Up to two per policy year <p>Radiographs (x-rays)</p> <ul style="list-style-type: none"> • Bitewings coverage <ul style="list-style-type: none"> - 1 series per 24 month period of insurance <p>Full mouth (complete series) or panoramic</p> <ul style="list-style-type: none"> • 1 per 60 month period <p>Periapical(s)</p> <ul style="list-style-type: none"> • 4 single x-rays per 12 month period 	<p>100%</p> <p>100%</p> <p>100%</p> <p>100%</p> <p>100%</p> <p>100%</p>
Section 3 – Basic treatments – 3 months waiting period applies	
<p>Restoration (fillings)</p> <ul style="list-style-type: none"> • Once per tooth per 24 month period <p>Pre-fabricated or stainless steel crowns</p> <ul style="list-style-type: none"> • Once per tooth per lifetime for deciduous teeth of eligible dependent children up to the age of 18 years <p>Sealants</p> <ul style="list-style-type: none"> • Once per tooth per lifetime for permanent first and second molars of eligible dependent children up to the age of 18 years <p>Space maintainers</p> <ul style="list-style-type: none"> • Once per tooth per lifetime on eligible dependent children up to the age of 18 years for extracted primary posterior (rear) teeth <p>Periodontal treatment</p>	<p>70%</p> <p>70%</p> <p>70%</p> <p>70%</p>

H Denotes benefit changes to this plan.

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	<ul style="list-style-type: none"> • Periodontal scaling and root planning – once per quadrant per 36 month period • Periodontal maintenance – once per 24 month period <p>Tooth extractions</p> <ul style="list-style-type: none"> • Simple tooth extraction – once per tooth per lifetime <p>Emergency treatment</p> <ul style="list-style-type: none"> • Once per 12 month period for the immediate, temporary relief of severe pain, trauma, swelling or bleeding. This does not include treatments for rehabilitation or treatments already covered on the policy. Please note that emergency treatment is not subject to the 3 months waiting period. 	<p>70%</p> <p>70%</p> <p>70%</p> <p>100%</p>
	<p>Section 4 – Major treatments – 12 months waiting period applies</p>	
	<p>Endodontic therapy on primary teeth</p> <ul style="list-style-type: none"> • Pulpal treatment – once per tooth per lifetime <p>Endodontic therapy on permanent teeth</p> <ul style="list-style-type: none"> • Root canal therapy – once per tooth per lifetime <p>Prosthetic services – dentures, bridge and implant supported crowns</p> <ul style="list-style-type: none"> • Denture reline and denture rebase – 1 per 24 month period • Denture repairs, replacement of broken denture artificial teeth, replacement of denture broken clasp(s) – 1 per six month period • Denture adjustment – 2 times per 12 month period • Removable prosthetic services (dentures) – once per 5 year period • Fixed prosthetic services (bridge) – once per 5 year period • Recement of bridge – 2 times per 12 month period • Implant supported crowns – once per tooth per lifetime including a contribution towards the dental implant fixture to an annual maximum of €250 • A separate annual maximum of €500 per period of insurance applies to dentures, bridge and implant supported crowns <p>Crowns, inlays, onlays and veneers</p> <ul style="list-style-type: none"> • Permanent crowns, inlays and onlays – once per tooth per 5 year period • Crown recement – once per tooth per 12 month period • Veneers – once per 5 year period (only applicable for anterior teeth and not for cosmetic reasons) • A separate annual maximum of €500 per period of insurance applies to crowns, inlays, onlays and veneers 	<p>50%</p> <p>50%</p> <p>50%</p> <p>50%</p> <p>50%</p> <p>50%</p> <p>50%</p> <p>50%</p> <p>50%</p> <p>50%</p> <p>50%</p> <p>€500</p> <p>50%</p> <p>50%</p> <p>50%</p> <p>€500</p>
	<p>Section 5 – Orthodontics – 24 months waiting period applies</p>	
	<p>Orthodontic treatment – no age limits apply</p> <ul style="list-style-type: none"> • Limited treatment • Interceptive treatment • Comprehensive treatment • Removable appliance therapy • Fixed appliance therapy <p>Orthodontic treatment is subject to a lifetime maximum of €500 per insured person</p>	<p>€500</p>

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	Please note: we will assess your treatment in line with the dental health component of the Index of Orthodontic Treatment 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.	
	Section 6 – Dental implants upgrade – not applicable under this plan	
	Dental implant treatment – covered only as a direct result of a dental injury following an accident.	No cover

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