

Vhi Dental

Rules - Terms and Conditions



Date of Issue: 1st January 2026

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 Insurance.

Statement of Demands and 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.

Definitions

Definitions used in this policy and the other documentation which forms part of Your policy have specific meanings which are defined below. For Your convenience each of these words and phrases appears in Capitals in this policy. Where words and phrases are not shown, 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).

Bruxism

Clenching or grinding of teeth.

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, Collinson Insurance Solutions Europe Limited,
Kells Enterprise and Technology Centre, Cavan Road, Kells, Co. Meath, A82 E1C6, Ireland.
Telephone: 046 9077337
Email: vhidentalclaims@collinsongroup.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. In respect of this policy, congenital dental conditions include, but are not limited to:

- Hypodontia
- Supernumerary teeth
- Dentogenesis imperfecta
- Amelogenesis imperfecta
- Enamel staining on permanent teeth whilst they form under the gum line
- Florosis
- Cleft lip and palate

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 and 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.

Diabetes Mellitus

A lifelong condition caused by the lack, or insufficiency, of insulin. Diagnosis must be confirmed by the Physician treating the condition.

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

Any person insured under this Policy and indicated in the Membership Certificate.

Index of Orthodontic Treatment Need (IOTN)

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

Membership Certificate

The document issued with this policy which shows the name of the Principal Insured together with the Insured Persons, the Period of Insurance, Plan Type and any special terms and conditions or exclusions which apply to this policy.

Orthodontic Treatment

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

Partner

A person 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 Insurance

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

Periodontal Surgical Extraction

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

Physician

A legally licensed medical practitioner who for the purposes of this Policy is any one of the following: General Medical Practitioner, Consultant, Specialist, Dentist. He/she must be qualified and recognised by the regulation of the country where Medical Treatment is provided and who is practicing within the scope of his/her license and training.

Plan Type

The level of cover and benefits as shown on Your Membership Certificate.

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.

Subrogation

Our right to act as Your substitute to pursue any rights You may have against a third party who is liable for a loss paid by Us under this Policy.

Surgical Extraction

An extraction requiring an incision, elevation, and/or bone removal. It may be an entire tooth, or any part of a tooth, including retained roots.

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 Insurance.

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

Collinson Insurance Europe Limited, Development House, St. Anne Street, Floriana FRN 9010, Malta (Company No. C 89977).

You/Your

The person named as the Policyholder and/or anyone else insured under the Policy as shown in the Membership Certificate.

Basis of Your Insurance Cover

The application completed together with any supplementary information provided, this Policy, the Membership Certificate and Your Table of Benefits together with any endorsements We may have issued are all part of the contract of insurance between You and Us and should be read as one document. Providing You pay Vhi Dental the required amount of premium in euro on the date due and they agree to accept it, then We will provide You and the persons listed on the Membership Certificate with the benefits set out in Your Table of Benefits.

The insurance is effective only after We have issued written confirmation that the applicant has been accepted for cover and becomes, and remains, insured in accordance with the terms, provisions, conditions and exclusions set out in this Policy.

Eligibility Rules

1. Conditions of Acceptance

- a) You must answer all questions that We ask, as part of Your application, honestly and carefully at all times. Failure to take reasonable care in relation to the information You provide to us could result in Your policy being cancelled and any Claim You make may not be paid or may be reduced.
- b) We are entitled to refuse an application from any person without giving a reason. We also reserve the right to ask for evidence of age, state of health or employment status. We may wish to apply special terms, exclusions or premium increases to reflect any exceptional circumstances regarding your application.
- c) You and Your insured Dependants must be covered under the same policy and Plan Type providing identical cover and benefits.
- d) You cannot purchase this Policy as a means to access specialist dental Treatment or to fast-track treatment.

2. Insured Person Eligibility

An Insured Person must be resident in the Republic of Ireland for a minimum of 180 days in any one Period of Insurance, 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.

3. 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.

Benefit Rules

1. Treatment Limits and Annual Maximums

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

2. 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.

3. Tooth Numbering

In order to provide effective management of dental health claims it is important that We know which tooth has received Treatment. The tooth number must be in FDI format. Your Dentist will be familiar with this format and will be able to provide the relevant tooth number for Your claim.

4. 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 Insurance shall run for 12 consecutive calendar months from Your Inception Date.

5. Dental Implants & Fixtures

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

6. Investigative 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.

7. Prosthetics Services

- a) The term dentures represents 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.

8. Crowns, inlays, onlays and veneers

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

9. 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 Insurance.

What is Covered and What is Not Covered

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. Unused 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 – Investigative and Preventative Treatments	
What is covered	What is not covered
<p>Examinations</p> <ul style="list-style-type: none">• Routine examinations• Private consultations <p>Scale and Polish</p> <ul style="list-style-type: none">• Routine preventative scale and polish <p>If included in Your Table of Benefits:</p> <ul style="list-style-type: none">• an additional preventative scale and polish treatment received between 14 weeks and 32 weeks of pregnancy.• an additional preventative scale and polish treatment for eligible insured persons with a confirmed diagnosis of Diabetes Mellitus. Evidence of diagnosis is required to support the claim assessment. <p>Fluoride Treatment</p> <p>If included in Your Table of Benefits — fluoride treatment</p> <p>Radiographs (X-Rays)</p> <p>Bitewings coverage</p> <p>Full Mouth (complete series) or Panoramic</p> <p>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 unless included in Your Table of Benefits• 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• Cephalogramuic 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 For deciduous teeth of eligible dependent Children up to the age of 18 years.</p> <p>Fissure Sealants Covered for permanent first and second molars of eligible Insured Persons within the age limits shown in Your Table of Benefits.</p> <p>Space Maintainers On eligible dependent Children up to the age of 18 years for extracted deciduous posterior (rear) teeth.</p> <p>Please note: Teeth must have had an extraction claim under this Policy.</p> <p>Mouth Guards Where included in Your Table of Benefits — Cover for the treatment of Bruxism only under the direction of a Dentist.</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, bruxism, erosion, realignment of teeth, periodontal splinting and gnathologic recordings. Re-cement of stainless steel crown. <p>Space Maintainers</p> <ul style="list-style-type: none"> Space maintainer placed where the extraction of the deciduous posterior tooth or teeth have not had a tooth extraction claim under the Policy, no cover will be available under this Policy. <p>Mouth Guards</p> <ul style="list-style-type: none"> Mouth guards when not under the direction of a Dentist Mouth guards when not for the treatment of Bruxism Mouth guards used for the sole purpose of participating in sporting activities.

Section 3 – Basic Treatments *continued*

What is covered	What is not covered
<p>Periodontal Treatment</p> <ul style="list-style-type: none"> • Periodontal scaling, non-surgical debridement and root planing. • Periodontal maintenance. 	<p>Periodontal Treatments/Debridement</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, bruxism, erosion, realignment of teeth, periodontal splinting and gnathologic recordings. • Complex surgical periodontal and debridement 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. • If included on Your Table of Benefits - Surgical tooth extraction (undertaken in a Dental Practice). 	<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. This clause will not apply where surgical tooth extraction is included in Your Table of Benefits. • In-patient or out-patient hospital expenses. • Services for temporomandibular (TMJ). • Any surgical extraction that does not take place in a Dental Practice.
<p>Emergency Treatment</p> <ul style="list-style-type: none"> • Emergency examination, diagnostics and immediate/temporary relief of severe pain, trauma, swelling or bleeding, provision of a prescription or protective restoration. • Tele-dental consultation. 	<p>Emergency Treatment</p> <ul style="list-style-type: none"> • Any exclusion or item noted in the What is not covered under any other treatment or section of the Policy. • Any diagnostics, treatment, prescriptions or protective restorations not carried out at the point of the initial emergency examination appointment. • Any claim for the costs of prescribed medications. • Does not include treatments for rehabilitation or treatments already covered on the Policy.

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.
<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. Any treatment where benefit is provided under a different section of this Policy.
<p>Prosthetic Services — Dentures, Bridges, Implant Dentures, Implant Bridges and Implant Supported Crowns</p> <ul style="list-style-type: none"> Denture relines 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 including the implant fixture. 	<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, bruxism, 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. 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 and implant supported crowns 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). • Post and core of crown. 	<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, bruxism, 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. • Temporary provisional or interim crown. • Permanent crowns, inlays, onlays, veneers and post and core of crowns when the tooth does not have decay or fracture, or the tooth has not been endodontically treated. • Replacement of permanent crowns, inlays, onlays, veneers and post and core of crowns 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 Injury Implants

What is covered	What is not covered
<p>Dental Implant Fixtures for Dental Implant Treatment due to dental injury as the result of an Accident</p> <p>A contribution towards the dental implant fixture.</p> <p>Applies only where included in Your Table of Benefits.</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 provide a contribution, as stated in Your Table of Benefits, to the costs of 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. <p>Please note:</p> <ul style="list-style-type: none"> You must inform the Claims Administrator within 7 days of the Accident or as soon as reasonably possible. Please see General Condition 8. Accidents — Claims Procedure for more information. Before We can complete Your assessment for a Dental Injury Implant claim, an Accident report must be submitted to the Claims Administrator from the treating Dentist. 	<ul style="list-style-type: none"> Any claim during any applicable waiting period 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 this 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 treatment undertaken within any waiting period as shown on Your Table of Benefit. Any waiting period will commence from 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 Your 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 Dental 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.

Section 8 – Congenital Conditions – no waiting period

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>Congenital Conditions</p> <p>Where included in your Table of Benefits, the following treatments will be covered for a diagnosed congenital condition:</p> <ul style="list-style-type: none"> • Fillings • Simple tooth extractions • Removable prosthetic services (Dentures and Implant Dentures) • Fixed prosthetic services (Bridges and Implant Bridges) • Implant Supported Crowns • Permanent crowns, inlays and onlays • Veneers (other than for cosmetic reasons) <p>Covered for eligible Insured Persons within the age limits shown in Your Table of Benefits.</p> <p>Congenital Conditions Treatment is subject to a lifetime maximum (please see Your Table of Benefits for details of this).</p>	<ul style="list-style-type: none"> • Intravenous conscious sedation, general anaesthetic, analgesic agents and nitrous oxide. • Placement or removal of sedative filling, base or liner used under a restoration. • Services or supplies that are medical in nature, including dental oral surgery services performed in a hospital. • 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. • The replacement of an existing denture with a bridge or implant supported crown. • Implant Supported Crown cover does not extend to the replacement of existing Implant crowns or Implant fixtures. • 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.

Section 8 – Congenital Conditions – no waiting period *continued*

What is covered	What is not covered
	<ul style="list-style-type: none"> • Any artificial material implanted or grafted into or onto bone or soft tissue, including implant procedures and associated fixtures, or surgical removal of implants. • Dental Implants and implant supported crowns 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. • Temporary, provisional or interim procedures or services. • Any treatment solely for aesthetic or Cosmetic purposes and where treatment is not clinically necessary. • Orthodontic Treatment. Any claims for Orthodontic Treatment will be assessed under Section 5, where included in Your Table of Benefits.

General Exclusions Applicable to All Sections of this Policy

Please note that these General Exclusions override all other terms and conditions of this Policy.

We will not pay costs for:

1. Initial Treatment to replace any missing tooth present before this 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 in the opinion of Our Chief Dental Officer;
4. Associated Treatment costs from any in-patient, day-patient or out-patient care performed in a hospital setting. Specific dental Treatments detailed within this 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 in the opinion of Our Chief Dental Officer;
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 Insurance, or Treatment received after the Period of Insurance 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 Insurance 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 in the opinion of Our Chief Dental Officer. 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 Your Table of Benefit;
21. Any Treatment not listed on Your 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, unless specifically included in Your Table of Benefits;
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 dental devices;
27. Treatment for the temporomandibular joint (TMJ);
28. Mouth Guards, unless specifically included in your Table of Benefits;
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.
31. 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.

General Policy Conditions Applicable to All Sections of this Policy

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 that We ask as part of Your application for cover under this Policy honestly and carefully at all times. Failure to take reasonable care in relation to the information You provide to Us could result in Your Policy being terminated and any claim You make may not be paid or may be reduced.

1. Renewal

As a condition of renewal, the Policyholder must continue to be resident in the Republic of Ireland for a minimum of 180 days in any one Period of Insurance.

2. Policy Duration and Payment

- a) Where the insurance has been arranged by an individual member, subject to payment of the required premium, this policy will remain in force for a period of up to one year from Your inception date and is renewable for successive one-year periods at the prevailing terms, premium rates and benefits.

A renewal notice will be provided by Vhi Healthcare DAC in advance of the expiry date of Your Period of Insurance detailing the process You need to follow to renew or cancel this Policy.

There is no guaranteed renewability provided under this Policy.

- b) Where the insurance has been arranged by an employer, company, corporation or organisation the Period of Insurance for each employee or member will be as shown on their Membership Certificate. Your insurance will run from the date on which You join the plan until the following renewal of Your group scheme.
- c) If an Insured Person obtains cover after the Commencement Date or the Renewal Date, the Period of Insurance 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 and Termination

Cancellation

- a) If this Policy has been arranged by an employer on behalf of its employees, in the case where an employee leaves employment then all cover under this Policy in respect of that employee and his/her Dependants will cease on the date that employment is terminated.
- b) On the date Your employer tells Us that You are to be deleted from cover.
- c) 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.
- d) Where this Policy is not provided by an employer, if the Payee cancels cover before the Renewal Date, no pro-rata refund for the unexpired portion of the premium 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.

Once this Policy has been cancelled for whatever reason, Our liability will immediately cease.

Termination

This Policy shall terminate in any of the following situations:

- a) Failure to pay the premium on the date due. At Our absolute discretion, We may reinstate the cover if the outstanding premiums are paid to Us in full, although We reserve the right to make any variation in the cover provided.
- b) Where You have misled Us by mis-statement or concealment or failed to answer any question about this Policy honestly and fully. No refund of any premium paid will be made in this case irrespective of when Our liability to the member ceased.
- c) Where You have failed to observe or breached the terms and conditions of this Policy. No refund of any premium paid will be made in this case irrespective of when Our liability to the member ceased.
- d) If a claim is found to be fraudulent in any way, this policy shall become void, meaning it no longer exists, from the date of the fraudulent claim and, the premium paid will be lost. Any benefits received by you for any claim found to be fraudulent, must be repaid to us. We may inform the Gardai/Police of the circumstances.
- e) Where You have failed to answer any question about this Policy honestly and carefully.
- f) On the Expiry Date of this Policy.

If We terminate this Policy We shall give You 30 days notice sent by post to Your last known address.

Once this Policy has been terminated for whatever reason, Our liability will immediately cease.

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, 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 can be submitted:
 - Using <https://vhidental.claimhere.ie/> please follow the onscreen instructions to register and should You need any support please contact us on 046 907 7337, 8am to 5pm Monday to Friday, or;
 - 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.

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) as soon as possible after the date of completion of the item of Treatment.

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 and 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. 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.

10. 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.

11. Other Insurance

- a) If there is any other insurance covering any of the benefits that are provided under this Policy for which a claim is made, then You must disclose this to Us as the time of submitting the Claim.
- b) If it transpires that You have been paid for all or some of the Claim costs by another source or insurance, We have the right to a refund from You. We reserve the right to deduct such refund from You from any impending or future Claim settlements or to terminate Your Policy from the Date of Entry without a refund of premium.

12. Waiver

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

13. 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.

14. Subrogation

- a) We reserve the right to retain all rights of subrogation in accordance with Irish regulations. You are not authorised to admit liability for any eventuality or give a promise of undertaking to anyone which binds You or Us.
- b) We are entitled to take over any rights in the defence or settlement of any claim and to take proceedings in Your name for Our benefit against another party. We shall have full discretion in such matters. This is to enable Us to recover any costs We have incurred from any third party who may have liability for the costs.
- c) If at the time of the loss or damage there is any other indemnity or insurance which wholly or partly covers the same occurrence, the underwriters shall not be liable to pay or contribute towards the loss or damage except in excess of the sums recovered or recoverable under the other indemnity or insurance.

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.

Complaint/Dispute

We aim to provide a first-class service at all times however, with the best will in the world, things can sometimes go wrong and We would much rather hear about it than leave You feeling dissatisfied. As a customer driven client focused company, We rely on Your feedback to help Us continually improve Our service levels.

If Your complaint relates to the way Your Policy was sold to You or regarding information about Your Policy, please contact VHI Healthcare in one of the following ways:

- a. call on 056 444 4444, Monday to Friday, 8am to 7pm and Saturday from 9am to 3pm;
- b. complete a complaints enquiry form on [vhi.ie/contact us/help and support/complaints](https://vhi.ie/contact-us/help-and-support/complaints); or
- c. Email at: info@vhi.ie

If Your complaint relates to a claim, please contact:

Vhi Dental Customer Relations Team

Collinson Insurance Solutions Europe Limited, Kells Enterprise and Technology Centre, Cavan Road, Kells, County Meath, A82 E1C6, Ireland.

Call on 046 9077337

Email at: cielcomplaints@collinsoninsurance.com

Collinson Insurance Europe Limited (CIEL) is the insurer and underwrites all the benefits provided under this Policy. CIEL appointed Collinson Insurance Solutions Europe Limited (CISEL) to handle complaints on its behalf.

Any complaint should be headed 'COMPLAINT' and You should include copies of supporting material. We will provide You with an acknowledgement of Your complaint within 5 working days. We will try to provide You with a full response within 15 working days from when We receive Your complaint and Our response will be Our final decision based on the evidence presented.

If You are not satisfied with the results of Our investigation, or fail to receive a final answer within 40 working days of Us receiving Your complaint, You have the right to refer Your complaint to an independent authority for consideration which can advise You on how to proceed further and may be able to help in resolving Your complaint.

Financial Services and Pensions Ombudsman.

Address: 3rd Floor, Lincoln House, Lincoln Place, Dublin 2, Ireland.

Tel: +353 (0) 1 567 7000

Website: www.fspo.ie

Alternatively, You can contact:

The Office of the Arbiter for Financial Services in Malta.

Address: Office of the Arbiter for Financial Services, N/S in Regional Road, Msida, MSD1920, Malta

Online form: <https://financialarbiter.org.mt/oafs/enquiry>

Tel: +356 212 492 45

Taking this option will not prejudice Your rights to take legal proceedings if You so choose.

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 vhi.ie or one can be requested from Vhi at any time.

Important Regulatory Information

So that You are clear as to the different parties providing the insurance services and benefits under this Policy:

Who is the insurer?

This policy is underwritten by Collinson Insurance Europe Limited (CIEL).

CIEL is regulated and authorised by the Malta Financial Services Authority, with a registration number C89977 and registered office at Third Floor, Development House, St. Anne Street, Floriana, FRN 9010, Malta. This can be verified at: <https://www.mfsa.mt/financial-services-register>.

CIEL provides the cover under this Policy but does not make any personal recommendations. CIEL is regulated by the Central Bank of Ireland for conduct business rules.

This Policy documentation issued by Us forms a contract of insurance between the underwriters, Collinson Insurance Europe Limited, and those people specified on Your Membership Certificate. This contract is only valid when You have a valid Membership Certificate and have paid the appropriate premium.

Who distributes this policy and provides general administration?

This policy is distributed by Vhi Healthcare DAC, trading as Vhi Healthcare, an insurance intermediary registered in Ireland with registration number 474622 and regulated by the Central Bank of Ireland. Vhi Healthcare DAC registered office is Vhi House, Lower Abbey Street, Dublin 1, Ireland. This can be verified at: <https://registers.centralbank.ie>

Vhi Healthcare DAC provides all services relating to the sale and general administration of the Policy including the issue of documents and collection of premiums. Vhi Healthcare DAC also handles customer service specifically related to the sales process.

Vhi Healthcare is tied to Collinson Insurance Europe Limited for Vhi Dental Insurance. Vhi Healthcare DAC receives a portion of the premium to manage your Policy. Vhi Healthcare DAC is not obliged, either contractually or otherwise, to introduce a minimum level of business to Collinson Insurance Europe Limited.

Who handles claims, complaints and provides assistance?

CIEL appointed Collinson Insurance Solutions Europe Limited (CISEL) of Kells Enterprise and Technology Centre, Cavan Road, Kells, Co. Meath, A82 E1C6, Ireland to provide all services relating to claims, complaints and assistance services. CISEL is an entity licenced and authorised in Malta by the Malta Financial Services Authority with a registration number C89980, and registered address 3rd Floor, Development House, St Anne Street, Floriana FRN 9010, Malta.

Customers of a Group Scheme who also hold a Vhi private health insurance plan that covers eligible dental costs, may have their claims handled by Vhi Insurance DAC.

Vhi Healthcare DAC handles complaints specifically related to the sales process.

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 this 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 Insurance.



For queries on the administration/changes to Your Policy
please contact our administration department at:

Telephone: 01 448 2861

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,
R95 WKK6,
Ireland.

For claims queries please contact the claims department at:

Telephone: 046 9077337

Our claims department can be contacted:
08:00 - 17:00 hrs Monday to Friday

Email: vhidentalclaims@collinsongroup.com
Address: Vhi Dental Claims Department,
Collinson Insurance Solutions Europe Limited,
Kells Enterprise and Technology Centre,
Cavan Road,
Kells,
Co. Meath,
A82 E1C6,
Ireland.

Vhi Healthcare DAC trading as Vhi Healthcare is regulated by the Central Bank of Ireland and is tied to Collinson Insurance Europe Limited (CIEL) for Vhi Dental Insurance which is underwritten by CIEL. Collinson Insurance Europe Limited and Collinson Insurance Solutions Europe Limited are authorised by the Malta Financial Services Authority in Malta and are regulated by the Central Bank of Ireland for conduct of business rules.