1) 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).

**Child/Children**
Your son, daughter, step-son, step-daughter or legally adopted son or daughter.

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

**Commencement Date**
The date on which the Insured Person’s Cover commences.

**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.

**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**
A device that replaces the natural root of a tooth to support the restoration of a missing tooth or group of 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.
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
The period of time as shown on Your policy details during which this Policy is effective, subject to payment of the required premium.

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.

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.

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.

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;
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, UK Branch, Plantation Place, 30 Fenchurch Street, London, EC3M 3AJ, (the insurer that underwrites the benefit) and its appointed third party administrator.
2) 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 Provision

Section 1 – 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.

Section 2 – Investigate and Preventative Treatments

Examinations
• Routine examinations – up to two per Policy year
• Private consultation – up to one per Policy year (copy of associated Treatment plan required)

Scaling and Polish
• Up to two per Policy year

Radiographs (x-Rays)
• Bitewings coverage
  • 1 series per 24 month period of insurance for Insured Persons

Full Mouth (complete series) or Panoramic
• 1 per 60 month period

Periapical(s)
• 4 single x-rays per 12 month period.
Section 3 – Basic Treatments

**Restoration (Fillings)**
- Once per tooth per 24 month period

**Pre-Fabricated or Stainless Steel Crowns**
- Once per lifetime for deciduous teeth of eligible dependent Children up to the age of 18 years

**Sealants**
- Once per tooth per lifetime for permanent first and second molars of eligible dependent children up to the age of 18 and as a preventative measure for adult members

**Space Maintainers**
- Once per tooth per lifetime on eligible dependent Children up to the age of 18 years for extracted primary posterior (rear) teeth

**Periodontal Treatment**
- Periodontal scaling and root planning – once per quadrant per 36 month period
- Periodontal maintenance – once per 24 month period

**Tooth Extractions**
- Simple tooth extraction – once per tooth per lifetime

**Emergency Treatment**
- 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.

Section 4 – Major Treatments

**Endodontic Therapy on Primary Teeth**
Pulpal treatment – once per tooth per lifetime

**Endodontic Therapy of Permanent Teeth**
Root canal therapy – once per tooth per lifetime

**Prosthetic Services – Dentures, Bridge and Implant Supported Crowns**
- 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
- Re-cement of Bridge – 2 times per 12 month period
- Implant supported crowns – once per tooth per lifetime
- A separate annual maximum per period of insurance applies to dentures, bridge and implant supported crowns

**Crowns, Inlays, Onlays and Veneers**
- Permanent crowns, inlays and onlays – once per tooth per 5 year period
- Crown re-cement – once per tooth per 12 month period
- A separate annual maximum per period of insurance applies to crowns, inlays and onlays
- Veneers - Once per anterior tooth per 5 year period and not for cosmetic reasons
Section 5 – Orthodontics

Orthodontic Treatment – covered for eligible Insured Persons within the age limits shown in Your Table of Benefits

• 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.

Orthodontic Treatment is subject to a lifetime maximum (please see Your Table of Benefits for details of this).

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.

Section 6 – Dental Implants

Vhi Dental Plan Holders.

Dental Implant Treatment – a contribution towards the dental implant fixture to an annual maximum of €250.

Vhi Dental Plan Plus Holders.

Dental Implant Treatment – covered only as a direct result of a dental injury following an Accident. 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.

3) Benefit Rules

1. Treatment Limits
For Treatment limits refer to Your Table of Benefits.

2. Children
A Child or Children under 18 years of age at the Commencement 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. Child Orthodontic Treatment
a) Where the person is insured under this policy, benefit is payable for Orthodontic Treatment received following the Child’s eighth birthday up to the Child’s eighteenth birthday. Where age limits apply a Child is an eligible dependant up to the age of 23 years.

b) Orthodontic Treatment must be required for a definite health or clinical need.

c) 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.

d) Orthodontic Treatment in progress (appliances placed prior to eligibility under this policy) is covered on a pro-rate basis after any applicable Waiting Period.

e) Benefit is issued once the appliance has been fitted (benefit will not be issued prior to final placement of the brace).

4. 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. The Dentists IDC, GDC or other national registration number provides this identification and must be entered on the claim form.

5. 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.

6. Annual Maximums
The maximum amount payable in any one Period of Cover shall not exceed the amount stated in Your Table of Benefits.
7. Policy Period
a) If as a newly eligible employee you join the Vhi Corporate/Flex 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.

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 Commencement Date.

8. 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.

b) The Dental Implant site must be identified by the FDI tooth number of the tooth position it fills.

c) Dental Implants placed in the site of 2nd or 3rd molars are excluded from benefit.

d) 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.

e) Teeth lost prior to the purchase of this Policy are not covered under the benefit.

f) 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.

g) 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.

h) 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.

i) 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.

j) 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.

k) Dental Implant fixture contribution includes any contribution for implant abutments.

Investigate and Preventative Treatments
a) Scale and polish is defined as a regular hygiene visit.

Basic Treatments
a) Periodontal scaling and root planning cover is available only after a periodontal examination is claimed.

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.

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.

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 Commencement 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.

10. 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.
4) Exclusions

1. Exclusions for Section 2 – Investigate and Preventative Treatments
Cover is not provided for the following:

- Oral hygiene instruction and fluoride Treatments
- Cone beam CT scan, including two or three dimensional image reconstruction
- Occlusal x-rays
- Case presentations, office visits and consultations.

2. Exclusions for Section 3 – Basic Treatments
Cover is not provided for the following:

**Fillings**
- Intravenous conscious sedation, general anaesthetic, analgesic agents and nitrous oxide.
- Mouth guards.
- 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.

**Periodontal Treatments**
- 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.

**Tooth Extractions**
- 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).

3. Exclusions for Section 4 – Major Treatments
Clinical information from the treating dentist/dental provider may be requested when assess claims for major treatment. This includes but not limited to, clinical notes, radiographs and clinical photos.

Cover is not provided for the following:

**Endodontic Therapy on Primary Teeth and Endodontic Therapy of Permanent Teeth**
- 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.

**Prosthetic Services**
- The replacement of an existing denture with a bridge or implant supported crown.
- Initial installation of:
  1. full or partial dentures
  2. fixed bridgework
  3. implant supported crown
- If the tooth or teeth being replaced have not had a tooth extraction claim under the policy.
- Replacement of congenitally missing teeth.
- Interim removal or fixed prosthetic appliances (dentures, partials, bridges or implant supported crowns).
- Paediatric removal 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.

Crows, Inlays, Onlays and Veneers
• 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 or core build-up, including pins and posts.
• Temporary provisional or interim crown.
• Occlusal procedures, including occlusal guard and adjustments.
• 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.

4. Exclusions for Section 5 – Orthodontics
• 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.
• 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.

5. 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. Services or supplies which are not described in the benefits schedule of this Policy or which are specifically excluded under the Exclusions or General Exclusions;
4. Cosmetic Treatments and Treatments not clinically necessary;
5. 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;
6. Services or supplies which are experimental in nature, or not normally supplied by a dental practice, or which are not clinically necessary;
7. Orthodontic Treatment, unless specifically covered by Your selected plan type, subject to the terms on this Policy;
8. Any Treatment resulting from deliberate self-inflicted injury;
9. 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;
10. Any Treatment during a Period of Cover once the annual maximum number of Treatments or maximum annual benefit limit has been reached;
11. Reimbursement for travelling expenses or telephone calls in connection with any Treatments or charges for completing the claim form;
12. Any Claims for the replacement of dentures damaged whilst not being worn;
13. 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;
14. 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;
15. 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;
16. Treatment arising directly or indirectly from injuries sustained while engaged in illegal, unlawful or antisocial activities;
17. Re-Treatment or additional Treatment necessary to correct or relieve the results of Treatment previously funded under this Policy;
18. 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;
19. Oral Cancer resulting from smoking or chewing tobacco products (including betel nut juice);
20. Treatment where there is no visible evidence of damage or trauma to otherwise healthy functional teeth;
21. Treatment required as a result of damage caused by tooth or mouth jewellery;
22. Any costs which exceed the reimbursement levels specified in the Table of Benefit;
23. Any Treatment not listed on the Table of Benefit;
24. Treatment received from a qualified Dentist who is a member of your family or an Insured Person under this Policy;
25. Corrections of congenital conditions;
26. New, experimental or investigational dental techniques or services will not be covered until there is an established scientific basis for recommendation;
27. Repair or replacement of lost/broken devices.

28. 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 government(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.

5) 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

If this Policy has been effected by an employer, cover will automatically cease when You leave the employment of the Payee.

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 shall be that prevailing generally at the Commencement Date or if later, the appropriate Renewal Date.

e. 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.

f. If a change to a customer account results in a premium refund/shortfall of less than or equal to €10 no charge/refund will be made due to the administration costs involved.
3. Cancellation
a. Where this Policy is provided by an employer, if the Payee cancels Cover or the Policyholder leaves the employment of the Payee, the Policyholder may apply for cover under Vhi Dental Plan or Vhi Dental Plan Plus and provided there is no break in cover, all Waiting Periods will be waived. 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 a breach fee of €40 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 first class 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 or Your Dentist 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. Reimbursement is available only if the Treatment is provided by a Dentist or Dental Hygienist.

d. 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.

5. Claims Notification
All claims must be notified (and supporting documentation supplied) within 180 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 of the claim settlement. 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 of the claim settlement. 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 claim shall be forfeited and (if appropriate) recoverable. We may refer the matter to the An Garda Siochana for criminal investigation, the Policy may be rendered invalid and we may take action consistent with our legal rights.

12. **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.

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

14. **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.

15. **Age Limitations**
Dependant Children may be covered up to the age of 23 years. Cover will cease with effect from the first Renewal Date following the 23rd birthday of the Child.
6) 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 up to 23 years of age who are permanently resident with You or who are in full time education can be covered by this Policy.
• All Partner and Children’s premiums are Your responsibility and will be deducted as one total amount.

Can I Cancel Or Amend My Membership?
• Once You have joined the scheme Your basis of cover will remain as selected for the remainder of the Policy year.
• Adding a Partner or Child/Children can be made at any time during the Period of Cover subject to completion of the appropriate application form and payment of the required premium, where appropriate. The addition will be made from the date that the fully completed application is received or a future date.
• 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 a breach fee of €40 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 of settlement.
7) 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 Ombudsman’s Bureau at:

Financial Services Ombudsman’s Bureau
3rd Floor
Lincoln House
Lincoln Place
Dublin 2

LoCall: 1890 882090
Telephone: 01 6620899
E-mail: enquiries@financialombudsman.ie
Web: www.financialombudsman.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.

8) 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.

9) Jurisdiction & Applicable 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.
10) Data Protection Notice

The information which you provide to the Vhi Group ("Vhi") will be used within the Vhi group of companies and by the insurer and their representatives for processing your application and claims, customer services and for the administration of any healthcare related products and services of which you and any other person on your policy avail. Data may also be used for statistical analyses and the detection and prevention of fraud. We may share your data with trusted third parties who process data on our behalf, inside and outside of the European Economic Area. We may also share your data with other insurers to verify your cover, and with state bodies as required by law. Sensitive personal data including up to date medical diagnoses information may be held, used and processed for the purpose of undertaking investigations into, and to adjudicate on, claims (including the length of your hospital stay and the treatment received) and for the purposes of Vhi providing information about products and services aimed at managing your health and wellbeing.

By entering, renewing or amending an existing policy with us, you confirm that you explicitly consent to Vhi processing your personal data for the purposes described above, and have explained to each person who is included on your policy why we may ask for this information and what we will use it for. You also confirm that each person has agreed to this.

You have the right, subject to certain exemptions, to access any personal data that we hold about you (for which we may charge you a small fee) and to have inaccuracies corrected. If you wish to avail of these rights, please write to the Data Protection Office, Vhi House, 20 Lower Abbey Street, Dublin 1.

Vhi’s Data Protection Statement contains a further detailed breakdown of the personal data we collect in relation to our customers and how we use that personal data. The Data Protection Statement can be found at www.vhi.ie or should you wish to contact us on (056) 444 4444 or 1890 44 44 44, you can request a hard copy. If you have any queries regarding your data, please write to the Data Protection Officer, Vhi, Vhi House, 20 Lower Abbey Street, Dublin 1.

We may send you information about other products and services which may be of interest to you, provided you have indicated that you would like to receive such information. If you wish to change your preference in respect of receipt of these communications, please contact us at the above number or online at www.vhi.ie/contact.

11) Important Regulatory Information

This Policy is underwritten by Great Lakes Insurance SE, UK Branch who is authorised by Bundesanstalt für Finanzdienstleistungsaufsicht in Germany and subject to limited regulation by the Financial Conduct Authority and Prudential Regulation Authority in the UK. Details about the extent of our regulation by the Financial Conduct Authority and Prudential Regulation Authority are available from us on request.

This Policy is administered by Collinson Insurance Services Ltd, who is appointed by Great Lakes Insurance SE, UK Branch 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 Services Limited and arranges and provides administration on insurance plans underwritten by Great Lakes Insurance SE, UK Branch. 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 Services Ltd. Further details are available on request.

Great Lakes Insurance SE, UK Branch, is authorised by Bundesanstalt für Finanzdienstleistungsaufsicht in Germany and subject to limited regulation by the Financial Conduct Authority and Prudential Regulation Authority in the UK and is regulated by the Central Bank of Ireland for conduct of business rules.

Collinson Insurance Services Ltd are authorised by the Financial Conduct Authority in the United Kingdom and are regulated by the Central Bank of Ireland for conduct of business rules.

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.
12) 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 Services Limited for Vhi Dental Insurance which is underwritten by Great Lakes Insurance SE, UK Branch.
Great Lakes Insurance SE, UK Branch, is authorised by Bundesanstalt für Finanzdienstleistungsauflsicht in Germany and subject to limited regulation by the Financial Conduct Authority and Prudential Regulation Authority in the UK and is regulated by the Central Bank of Ireland for conduct of business rules.