



Membership Handbook Dental Plans

December
2025

Thank you for choosing Irish Life Health

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Words in **bold** in this Membership Handbook are defined terms. These are words or phrases commonly used in the private health insurance industry. **You** can find full explanations in the Definitions section at the end of this Membership Handbook. Where these terms appear in the text, it is important that **you** understand the meaning and read these in conjunction with the rest of terms and conditions throughout this document.

1 Your Contract

Everything you need to know about your policy

Your contract with us is made up of the following:

- > Your Membership Handbook
- > Your completed Application Form, whether completed by you or on your behalf (if applicable)
- > Your policy documentation, which sets out your plan, your membership number, your commencement date and your next renewal date
- > Your Table of Cover, which outlines the benefits in your plan and a link to which Dental facilities apply to your plan
- > The Dental Schedule of Benefits, which sets out the treatments and procedures we cover
- > Terms of Business
- > Data Privacy Notice

Dental insurance policies are contracts between the insurer and the policyholder, because the policyholder (or in some cases their employer) is the person who has arranged and paid for the policy. However, the terms and conditions of this contract will apply to all plans and all claims made under the policy.

Therefore where we refer to 'you' and 'your' throughout this Membership Handbook, we refer to both the policyholder and the member(s) listed on the policy. This also applies to members of group schemes. If you are a member of a group scheme where your employer has arranged your cover and is paying all or part of your premium, the Group Schemes section in this Membership Handbook will also apply to you.

You must ensure that the information that is provided to us when you are taking out a policy (whether in an application form or otherwise) is accurate and complete (even where the information is being provided to us by someone on your behalf). Otherwise it could mean we won't pay a claim under the policy and some or all of the members' plans under the policy may be cancelled. This may also cause difficulty should you wish to purchase dental insurance elsewhere.

Understanding your cover

Dental insurance cover can be difficult to understand so to help you check your cover we have set out a checklist below. We understand that it may be difficult for you to figure out whether you are covered yourself so if you're in any way unsure, please call us on 01 562 5100 or check Am I Covered in your member area and we'll walk you through it.

The checklists below explain what to look for to see if you are covered under your plan Benefits.

Dental Benefits

What to look for	Where to check
<ul style="list-style-type: none">> Is the benefit covered under your plan?> How much will we pay?> Is there an excess?	Your Table of Cover
<ul style="list-style-type: none">> What terms and conditions apply to the benefit?> How can you claim?	Your Membership Handbook
<ul style="list-style-type: none">> What does the benefit cover?> Are there any further criteria?	The Dental Schedule of Benefits (if applicable)

As you can see, you will need to take many factors into account to see whether your dental expenses are covered. Below is a short explanation of the contractual documents and other factors that you need to take into account to see if you are covered.

Membership Handbook

This document:

- > will help guide you through your dental insurance cover;
- > explains the general terms and conditions of your contract with us;
- > explains all our benefits including the terms and conditions which apply to each (but please note that all these benefits may not be available on your plan);
- > sets out the things that are not covered under your plan;
- > explains how to make a claim.

Table of Cover

Your Table of Cover sets out the benefits that are available under your plan.

The Dental Schedule of Benefits

The Dental Schedule of Benefits sets out the treatments and procedures we cover. It shows the clinical indicators that must be present in order for a procedure or treatment to be covered

We would advise you to check on Am I Covered in your member area or contact us or your dental care provider before undergoing your procedure or treatment to confirm whether it will be covered by us.

The List of Dental facilities

This list confirms the **Dental facilities** which can directly settle a **claim** on **your** behalf up to the limits shown on **your** Table Of Cover. This can be found on **our** website www.irishlifehealth.ie/help/dental-lists.

Ground rules

We will only cover the costs of **medical care** which **our** medical advisers believe is an established **treatment** which is **medically necessary**. In addition **we** only cover **reasonable and customary costs**.

Clinical indicators

In some cases medical criteria known as **clinical indicators** need to be satisfied before **our medical advisers** will consider the **treatment** or **procedure** to be **medically necessary**.

Excess/Shortfall

You will need to pay any **excess** or shortfall that applies to a **benefit** or a group of **benefits** under **your plan**. **You** can't **claim** these expenses back from **us**. **You** can see if an **excess** or shortfall applies by checking **your** Table of Cover.

Understanding changes to your cover

1. Changes to your plan on renewal

From time to time **we** alter the **benefits** available under **our plans**. If **we** alter the **plan** that **you** are on, the **benefit** changes will not affect **you** during **your policy year** but will apply if **you** purchase that **plan** at **your** next renewal. Therefore, it is important to remember that where **you** renew on the same **plan** the **benefits** may not be the same as they were in **your** previous **policy year**.

2. Changes to your cover throughout your policy year

In some cases the cover that is available under **your plan** may change throughout **your policy year** for the following reasons:

Changes to the Dental Schedule of Benefits

We review and where necessary amend the Dental Schedule of Benefits regularly to update the **procedures and treatments** that are covered by **us** and the **clinical indicators**, conditions of payment and/or payment indicators that apply to **procedures and treatments**. These changes may become effective during **your policy year**. **You** can find the most current version of the Dental Schedule of Benefits on **our** website or call **us** on **01 562 5100** to check cover.

Changes to the List of Dental facilities

We may add **Dental facilities** to the Lists of **Dental facilities** from time to time. **We** may also need to remove **Dental facilities** from the Lists of **Dental facilities** if **our** arrangement with those **Dental facilities** ends.

You can find the most current versions of these **lists** on **our** website at www.irishlifehealth.ie/help/dentalists or call **us** on **01 562 5100** to check cover.

Changes required by law

In the event that **we** are legally required to make changes to any of **our** contracts, **policies** or **plans**, such changes shall affect **your plan** immediately.

The changes described above are automatically applied to all **our plans** as soon as they occur. **You** and the **members** named on **your policy** should always check the most recent Dental Schedule of Benefits and List of Dental Facilities. **You** can do this **yourself** by checking the most up to date information on **our** website or **you** can call **us** and **we** will check this for **you**.

Acknowledgment

By entering this **policy**, **you** are acknowledging that **you** have read this Membership Handbook and understand **your** cover. In particular, **you** are confirming that **you** understand the contractual documents that make up **your** contract with **us** and that **your** cover may change throughout **your policy year**.



2 Your Cover & How to Claim

The **benefits** available under **your plan** are shown in **your** Table of Cover. They are divided into different sections mainly due to the type of **benefits** covered.

The following sections of this Membership Handbook explain the different types of **benefits** offered by **us**. Within each section is a table which lists **our benefits**, shows the terms and conditions that apply to each **benefit**, and tells **you** how to **claim** it. It also details what is not covered under each **benefit**. Please note that this is not an exhaustive list of exclusions but is intended to clarify what is covered under each **benefit**.

Please note that all these **benefits** may not be available under **your plan**. You should check **your** Table of Cover to see which **benefits** apply to **you** and how much **you** can **claim** under each **benefit**. You will also be able to see on **your** Table of Cover if an **excess** or shortfall applies.

If an **excess** applies to **your plan**, this will always affect all the **benefits** included in that section of **your** Table of Cover. It doesn't matter if one or more of **your Benefits** appear in a different section in this Membership Handbook. In some cases **your benefit** may not cover all **your** costs and **you** will need to pay a proportion of the costs **yourself**. This is known as a shortfall. For instance, if **your dental benefits** are subject to 70% cover, **you** will be required to pay the remaining 30% **yourself**. You can see if a shortfall applies and if so, how much it is, on **your** Table of Cover.

We will always deduct any withholding tax or other deductions required by law before paying **your claim**.

2.1 Dental Benefits

These **benefits** typically allow **you** to **claim** a contribution from **us** towards visits to **dental practitioners** or for certain dental services. The amounts that can be claimed and frequency or number of visits they apply to are set out in **your** Table of Cover. Where contributions are listed as a single amount, they are claimable once per **policy year** unless otherwise stated. Please see the "How to calculate **your** cover under **your** dental **benefits**" section on page 17 for details on how **you** may be covered under these **benefits**. You can **claim** these **benefits** for dental services received in **Ireland** or when **you** are abroad.

We will only cover the costs of dental care which **our medical advisers** believe is an established **treatment**, which is clinically appropriate and, where applicable, **medically necessary**. In addition, **we** only cover reasonable and customary costs. There may be instances where **benefits** in different sections of **your** Table of Cover apply to the same dental expenses. In this instance when claiming online, please check **your** Table of Cover to choose the section **you** wish to **claim** under. You cannot **claim** for the same dental expenses twice.

Prevention & Investigation

Benefit	Description / Criteria
Routine Examinations	<p>What is covered</p> <ul style="list-style-type: none"> > Routine examinations <p>What is not covered</p> <ul style="list-style-type: none"> > Oral hygiene instruction and fluoride treatment. > Case presentations and office visits
Private Consultation	<p>What is covered</p> <ul style="list-style-type: none"> > A private consultation <p>What is not covered</p> <ul style="list-style-type: none"> > Routine examinations > Case presentations and office visits
Scaling & Polishing Scaling & Polishing - Maternity Scaling & Polishing - Chemotherapy Scaling & Polishing - Diabetes	<p>What is covered</p> <ul style="list-style-type: none"> > Dental Cleaning (Scaling and Polishing) > Scaling and polishing which is a dental procedure carried out at a single visit to clean calculus and plaque from the teeth > An additional Dental Cleaning (Scaling and Polishing) can be claimed from 14 weeks of a confirmed pregnancy > An additional Dental Cleaning (Scaling and Polishing) can be claimed when undergoing chemotherapy for confirmed diagnosis of cancer > An additional Dental Cleaning (Scaling and Polishing) can be claimed by members with a confirmed diagnosis of Type 1 or Type 2 Diabetes <p>What is not covered</p> <ul style="list-style-type: none"> > Oral hygiene instruction and fluoride treatment > Dental work carried out by a dental hygienist not carried out under the supervision of a registered dentist who has first examined the member and who has indicated to the dental hygienist the course of treatment to be provided > A Dental Cleaning (Scaling and Polishing) when carried out on the same day as Periodontal scaling and root planing, Full Mouth Debridement or Periodontal Maintenance > The additional Dental Cleaning (Scaling and Polishing) during pregnancy is not eligible before 14 weeks of a confirmed pregnancy
Fluoride treatments	<p>What is covered</p> <ul style="list-style-type: none"> > Fluoride treatments, where a dental practitioner has indicated the treatment is medically necessary <p>What is not covered</p> <ul style="list-style-type: none"> > Fluoride treatments, where a dental practitioner has not indicated the treatment is medically necessary > The cost of any treatments or products self-provided or self-prescribed by the insured or provided or prescribed by a member of the insured's immediate family
X-rays – Bitewings – under 18 years old	<p>What is covered</p> <ul style="list-style-type: none"> > Bitewing x-rays (Full Series) for members aged under 18 at treatment date > A Bitewing is a type of dental x-ray characterized by showing upper and opposing lower teeth in a single photo film to identify decay <p>What is not covered</p> <ul style="list-style-type: none"> > Cone beam CT scan, including two- or three-dimensional image reconstruction > Vertex Occlusal radiographs (image receptor placed in occlusal plane)

Benefit	Description / Criteria
X-ray – bitewings – over 18 years old	<p>What is covered</p> <ul style="list-style-type: none"> > Bitewing x-rays (Full Series) for members aged 18 and over at treatment date > A Bitewing is a type of dental x-ray characterized by showing upper and opposing lower teeth in a single photo film to identify decay <p>What is not covered</p> <ul style="list-style-type: none"> > Cone beam CT scan, including two- and three-dimensional image reconstruction > Vertex Occlusal radiographs (image receptor placed in occlusal plane)
X-ray - Bitewings	<p>What is covered</p> <ul style="list-style-type: none"> > Bitewing x-rays (Full Series) > A Bitewing is a type of dental x-ray characterized by showing upper and opposing lower teeth in a single photo film to identify decay <p>What is not covered</p> <ul style="list-style-type: none"> > Cone beam CT scan, including two- and three-dimensional image reconstruction > Vertex Occlusal radiographs (image receptor placed in occlusal plane)
X-rays - Panoramic	<p>What is covered</p> <ul style="list-style-type: none"> > Full mouth (Complete Series) or Panoramic x-rays for all members <p>What is not covered</p> <ul style="list-style-type: none"> > Cone Beam Computed Tomography scan, including two- and three-dimensional image reconstruction > Cephalogramic X-Ray > Craniofacial X-Ray > Vertex Occlusal radiographs (image receptor placed in occlusal plane)
X-rays - Single Periapical	<p>What is covered</p> <ul style="list-style-type: none"> > Single periapical x-rays, i.e. x-ray of the area and tissue surrounding the tip of a tooth root, if carried out for identifying or confirming pathology, evaluating dental development, dento-alveolar trauma, deep carious lesions, periapical pathology or oral involvement of systemic disease <p>What is not covered</p> <ul style="list-style-type: none"> > Cone Beam Computed Tomography scan, including two- and three-dimensional image reconstruction > Cephalogramic X-Ray > Craniofacial X-Ray > Vertex Occlusal radiographs (image receptor placed in occlusal plane)
X-rays - Occlusal	<p>What is covered</p> <ul style="list-style-type: none"> > Occlusal x-rays if carried out for periapical assessment of the upper anterior teeth, detecting the presence of unerupted canines, supernumeraries and odontomes, determining the bucco/palatal position of unerupted canines, evaluation of the size and extent of lesions such as cysts or tumors in the anterior maxilla or fractures of the anterior teeth and alveolar bone <p>What is not covered</p> <ul style="list-style-type: none"> > Cone Beam Computed Tomography scan, including two- and three-dimensional image reconstruction > Cephalogramic X-Ray > Craniofacial X-Ray > Vertex Occlusal radiographs (image receptor placed in occlusal plane)

Basic Treatments

Benefit	Description / Criteria
Fillings	<p>What is covered</p> <ul style="list-style-type: none">> Cover for dental treatment required to restore decayed or fractured, permanent or primary teeth> Composite resin restorations (White) fillings for anterior (front) and posterior molar and pre-molar (back) teeth
Child Pre-fabricated or stainless steel crowns - up to age of 19	<p>What is covered</p> <ul style="list-style-type: none">> Benefit available for members aged 19 and under at treatment date
Child Pre-fabricated or stainless steel crowns - up to age of 18	<p>What is covered</p> <ul style="list-style-type: none">> Benefit available for members aged 18 and under at treatment date
Child Sealants - up to the age of 16	<p>What is covered</p> <ul style="list-style-type: none">> Benefit available for members aged 16 and under at treatment date> Benefit applies to permanent first and second molars
Child Sealants - up to the age of 18	<p>What is covered</p> <ul style="list-style-type: none">> Benefit available for members aged 18 and under at treatment date> Benefit applies to permanent first and second molars
Child Space Maintainers - up to age of 17	<p>What is covered</p> <ul style="list-style-type: none">> Eligible child member aged 17 and under at treatment date for extracted deciduous posterior (rear) teeth.> Treatment to preserve arch length, to prevent malposition, supra eruption, impaction or crowding of developing permanent teeth, following the premature loss of primary dentition <p>What is not covered</p> <ul style="list-style-type: none">> Extracted deciduous posterior (rear) teeth in adults
Child Space Maintainers - up to age of 18	<p>What is covered</p> <ul style="list-style-type: none">> Eligible child member aged 18 and under at treatment date for extracted deciduous posterior (rear) teeth.> Treatment to preserve arch length, to prevent malposition, supra eruption, impaction or crowding of developing permanent teeth, following the premature loss of primary dentition <p>What is not covered</p> <ul style="list-style-type: none">> Extracted deciduous posterior (rear) teeth in adults aged 19 or over

Note for the above

General exclusions for fillings, pre-fabricated stainless steel crowns, sealants and space maintainers.

What is not covered

- > Fillings limitation: cover for posterior composites, molar and pre-molar (back) teeth is limited to the same surfaces and allowances for composite restorations. The **member** must pay any difference in cost between the maximum **benefit** payable for the covered **benefit** and the optional **treatment**, plus any **benefit** limit balance for the covered **benefit**
- > Intravenous conscious sedation, general anaesthesia, analgesic agents and nitrous oxide
- > Mouth guards
- > Services or supplies that have the primary purpose of improving the appearance of **your** teeth. This includes but is not limited to enamel micro abrasion, tooth whitening agents, tooth bonding and veneer covering of the teeth
- > Placement or removal of sedative filling, base or liner used under a restoration
- > Restorative cast post and core build-up, including pins and posts
- > Repair or replacement of lost/broken/stolen appliances
- > Procedures designed to alter, restore or maintain the bite (occlusion), including but not limited to: increasing vertical dimension, replacing or stabilizing tooth structure caused by attrition from **bruxism** including clenching of the teeth, abrasion caused by use of abrasive dental materials, erosion caused by acids of nonbacterial origin, realignment of teeth, periodontal splinting and bite recordings
- > Stainless steel crowns when the tooth does not have decay or fracture

Periodontal Scaling & Root Planing	What is covered <ul style="list-style-type: none"> > Procedures which involve the instrumentation of the crown and root surfaces of the teeth to remove plaque and calculus from these surfaces > Indicated for members with periodontal disease. Periodontal diseases are disease processes involving the periodontium inclusive of the supportive apparatus surrounding a tooth, which includes the gingival tissue, alveolar bone, cementum, and periodontal ligament > Only two quadrants per session of treatment can be claimed for at one time
Full mouth debridement	What is covered <ul style="list-style-type: none"> > Non-surgical full mouth debridement to enable comprehensive periodontal evaluation and diagnosis. The removal of subgingival and/or supragingival plaque and calculus that obstructs the ability to perform an oral evaluation
Periodontal maintenance Periodontal maintenance - Diabetes	What is covered <ul style="list-style-type: none"> > Periodontal maintenance which includes removal of bacteria from the gum pocket areas, scaling and polishing of the teeth, periodontal evaluation and gum pocket measurements for members who have completed periodontal treatment > Member must have previously been treated with Periodontal Scaling & Root Planing > The frequency with which this benefit can be claimed may be increased for members with a confirmed diagnosis of Type 1 or Type 2 Diabetes. Please refer to your Table of Cover for details

Note for the above

General exclusions Periodontal Scaling & Root Planing, Full mouth debridement and Periodontal Maintenance.

What is not covered

- > Dental 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 gnathological recordings
- > Complex surgical periodontal and debridement services including but not limited to: gingivectomy, gingivoplasty (Gum Contouring), gingival curettage, sub-gingival curettage, gingival flap, apically positioned flap, mucogingival surgery, and osseous surgery
- > Dental Procedures designed to enable esthetic, 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
- > Dental Cleaning (Scaling and Polishing) when carried out on the same day as Periodontal scaling and root planing, full mouth debridement or periodontal maintenance.
- > Non-surgical periodontal **treatment** unless a full periodontal charting is carried out after a Basic **Periodontal Examination (BPE)** code 3 or 4 is detected in any sextant of the mouth

Tooth Extractions	<p>What is covered</p> <ul style="list-style-type: none"> > Simple tooth extractions defined as the process of removal of coronal remnants (retained pieces of the crown portion of the tooth) on primary teeth and the extraction of erupted tooth or exposed tooth > Surgical tooth extractions defined as the surgical removal of an erupted tooth requiring the removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated. Tooth extraction does not include the removal of an impacted tooth. <p>What is not covered</p> <ul style="list-style-type: none"> > Tooth extraction does not include the removal of an impacted tooth i.e. has failed to erupt into the dental arch > 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. > Hospital expenses either In-patient or out-patient > Services for temporomandibular (TMJ) > Removal of wisdom teeth by surgery > Removal of impacted tooth by surgery which includes, occlusal surface covered by soft tissue, part of crown covered by bone or most or all of crown covered by bone > Cytology sample collection – collection of oral cytology sample via scraping of the oral mucosa.
Simple Tooth Extractions	<p>What is covered</p> <ul style="list-style-type: none"> > Simple tooth extractions defined as the process of removal of coronal remnants (retained pieces of the crown portion of the tooth) on primary teeth and the extraction of erupted tooth or exposed tooth <p>What is not covered</p> <ul style="list-style-type: none"> > Tooth extraction does not include the removal of an impacted tooth i.e. has failed to erupt into the dental arch > 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. > Hospital expenses either In-patient or out-patient > Services for temporomandibular (TMJ) > Removal of wisdom teeth by surgery > Removal of impacted tooth by surgery which includes, occlusal surface covered by soft tissue, part of crown covered by bone or most or all of crown covered by bone > Cytology sample collection – collection of oral cytology sample via scraping of the oral mucosa.

Emergency Treatment	<p>What is covered</p> <ul style="list-style-type: none"> > Emergency examination, diagnostics and immediate/temporary relief of severe pain, trauma, swelling or bleeding, prescriptions or protective restoration <p>What is not covered</p> <ul style="list-style-type: none"> > Any diagnostics or treatments not carried out at the point of the initial emergency examination and treatment appointment > Treatment carried out at scheduled appointments > Basic or major restorative treatments, including but not limited to completed permanent fillings, completed root canal treatments, crowns, bridges, implants > Treatments already covered on the policy > Oral surgery services, including the surgical removal of teeth and the surgical removal of impacted wisdom teeth
Teledental consultation	<p>What is covered</p> <ul style="list-style-type: none"> > A teledental consultation that is deemed medically necessary, in the opinion of the dental practitioner i.e. why an in-person examination was not possible <p>What is not covered</p> <ul style="list-style-type: none"> > In person examinations > A teledental consultation that is not deemed medically necessary, in the opinion of the dental practitioner > Case presentations and office visits

Major Treatments: Endodontic Therapy

Benefit	Description / Criteria
Pulpal Treatment	<p>What is covered</p> <ul style="list-style-type: none"> > Endodontic therapy on primary teeth
Therapeutic pulpotomy	<p>What is covered</p> <ul style="list-style-type: none"> > Endodontic therapy on primary teeth > A dental procedure performed on a primary tooth to arrest decay progressing near, or to, the tooth's pulp or nerve
Root Canal Therapy	<p>What is covered</p> <ul style="list-style-type: none"> > Endodontic therapy on permanent teeth > A dental procedure which removes inflamed or infected pulp on the inside of the tooth which is then carefully cleaned and disinfected, then filled and sealed by the Dentist. The purpose of this procedure to eliminate bacteria from the infected root canal, prevent reinfection of the tooth and retain the natural tooth

Note for the above

General Exclusions on Endodontic Therapy

What is not covered

- > Re-**treatment** or additional **treatment** necessary to correct or relieve the results of **treatment** previously paid under the **policy**
- > Removal of pulpal debridement, pulp cap, post, pin(s), resorbable or non-resorbable filling material(s) and the procedures used to prepare and place material(s) in the canals (root)
- > 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
- > Endodontic **treatments** that are elective in nature

Major Treatments: Prosthetic Services

Benefit	Description / Criteria
Denture Reline & Rebase	<p>What is covered</p> <ul style="list-style-type: none"> > When the prosthetic appliance (denture or bridge) is the permanent prosthetic appliance > Resurfacing of the tissue of a denture base with new material to make it fit the underlying tissue more accurately > Replacement of the entire denture base with new material <p>What is not covered</p> <ul style="list-style-type: none"> > Reline & Rebase within the first 6 months following the initial placement of the prosthetic appliance (denture or bridge) > Temporary prosthetic replacement appliance
Denture Adjustment	<p>What is covered</p> <ul style="list-style-type: none"> > When the prosthetic appliance (denture or bridge) is the permanent prosthetic appliance > Removing or adjusting the part of the permanent denture causing irritation of the mouth <p>What is not covered</p> <ul style="list-style-type: none"> > Denture Adjustment within the first 6 months following the initial placement of the prosthetic appliance (denture or bridge) > Temporary prosthetic replacement appliance
Denture Repair	<p>What is covered</p> <ul style="list-style-type: none"> > When the prosthetic appliance (denture or bridge) is the permanent prosthetic appliance > Repair to damaged, broken or cracked dentures and repairs to restore stability, retention, occlusal contacts and chewing capacity <p>What is not covered</p> <ul style="list-style-type: none"> > Denture Repair within the first 6 months following the initial placement of the prosthetic appliance (denture or bridge) > Temporary prosthetic replacement appliance
Removable Dentures	<p>What is covered</p> <ul style="list-style-type: none"> > For the replacement of extracted (removed) permanent teeth > The replacement of existing removable dentures > If the existing removable denture is plastic and the replacement removable denture is metal, the insured person must pay the difference in cost between the dentist's fees for the covered plastic denture and the optional metal denture, plus any benefit limit for the covered service <p>What is not covered</p> <ul style="list-style-type: none"> > Removable or fixed, prosthetic appliances (dentures, partials or bridges) available to members under the age of 16 at date of treatment
Fixed Bridge	<p>What is covered</p> <ul style="list-style-type: none"> > For the replacement of extracted (removed) permanent teeth > If no more than 3 teeth are missing in the same arch > A natural, healthy sound tooth is present to serve as the anterior and posterior retainer > No other missing teeth in the same arch have been replaced with a removable partial denture > If none of the individual units of the bridge has been benefited previously as a crown or cast restoration in the last 5 years <p>What is not covered</p> <ul style="list-style-type: none"> > Removable or fixed, prosthetic appliances (dentures, partials or bridges) available to members under the age of 16 at date of treatment
Bridge adjustments	<p>What is covered</p> <ul style="list-style-type: none"> > When the bridge is the permanent prosthetic appliance > Bridge reshaping or refinishing, repositioning bridge components, bridge cementing or tightening <p>What is not covered</p> <ul style="list-style-type: none"> > Bridge adjustment within the first 6 months following the initial placement of the bridge > Temporary prosthetic replacement appliance

Benefit	Description / Criteria
Implant Supported Crowns	<p>What is covered</p> <ul style="list-style-type: none"> > For the replacement of extracted (removed) permanent teeth > No other missing teeth in the same arch i.e. the row of teeth in either jaw have been replaced with a removable partial denture > If the tooth in question has not benefited previously as a crown or cast restoration in the last 5 years <p>What is not covered</p> <ul style="list-style-type: none"> > Dental Implant/Implant Support Crown cover does not extend to the replacement of existing Implant crowns or Implant fixtures
Dental Implant Fixture	<p>What is covered</p> <ul style="list-style-type: none"> > Contribution towards the cost of a Dental Implant Fixture to an annual maximum
Implant Supported Crowns (including the implant fixture)	<p>What is covered</p> <ul style="list-style-type: none"> > For the replacement of extracted (removed) permanent teeth > No other missing teeth in the same arch i.e. the row of teeth in either jaw have been replaced with a removable partial denture > If the tooth in question has not benefited previously as a crown or cast restoration in the last 5 years <p>What is not covered</p> <ul style="list-style-type: none"> > Dental Implant / Implanted Support Crown cover does not extend to the replacement of existing Implant crowns or Implant fixtures

Note for the above

General Exclusions on Prosthetic Services

What is not covered

- > Replacement of an existing denture with a bridge or implant supported crown
- > Removable prosthetic appliances (dentures/bridges) where less than 5 years have elapsed since the last benefited removable prosthetic appliance was initially placed
- > Replacement removable prosthetic appliances (dentures/bridges) where the existing prosthetic appliance can be repaired or adjusted
- > Initial installation of full or partial dentures, fixed bridgework or an implant supported crown to replace a tooth (teeth), which was extracted prior to becoming an insured person under this **policy** or any other Dental **policy**
- > Replacement of congenitally missing teeth, unless specified on **your** Table Of Cover
- > Interim removable or fixed prosthetic appliances (dentures, partials, bridges or implant supported crowns)
- > Removable or fixed, prosthetic appliances (dentures, partials or bridges) available only to **members** under the age of 16 at date of **treatment**
- > Additional, elective or enhanced prosthodontic procedures including but not limited to connector bar(s), stress breakers, and precision attachments
- > Procedures designed to enable aesthetic, prosthetic or restorative services to be performed such as a crown lengthening
- > Procedures designed to alter, restore or maintain the bite (occlusion), including but not limited to: increasing vertical dimension, replacing or stabilising tooth structure caused by attrition from **bruxism** including clenching of the teeth, abrasion caused by use of abrasive dental materials, erosion caused by acids of nonbacterial origin, realignment of teeth, periodontal splinting and bite 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 posts
- > 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, in **our** view there is a less costly, professionally acceptable **treatment** available

Orthodontic Treatment

Benefit	Description / Criteria
Child Orthodontic Treatment (for children between the age of 8 and 18)	<p>What is covered</p> <ul style="list-style-type: none">> Benefit payable where members meet the Index of Orthodontic Need (IOTN) of Grade 3 and higher, where there is a definite health or clinical need for Orthodontic treatment> Orthodontic Treatment subject to a lifetime maximum. Please refer to your Table of Cover for details> Orthodontic Treatment subject to a One per lifetime benefit> Benefit issued only when active treatment has commenced, when the fixed appliance has been fitted and activated> Members must be between the age of 8 and 18 (inclusive) at date of treatment> 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 that is already in progress, appliances placed prior to eligibility under the insurance Policy, is covered on a pro-rata basis after any applicable Waiting Period are served by the member> Benefit is issued once the appliance has been fitted (benefit will not be issued before final placement of the brace) <p>What is not covered</p> <ul style="list-style-type: none">> Orthodontic Treatment for aesthetic or Cosmetic reasons or which is classed as Level 2 and below as per the Index of Orthodontic Treatment Need (IOTN)> If dental benefit has been paid previously under any other dental contract> Separate services billed when they are an essential component of orthodontic treatment, including but not limited to, consultations, x-rays and study models> Orthodontic treatment visits that which are inclusive of treatment cost> Where an appliance is lost, stolen or damaged requiring repair or replacement> Orthodontic retention/retainer as a separate service as these are considered as the final stage of orthodontic treatment> Repeat or additional treatments required to correct or relieve the results of treatment previously paid under the insurance policy> Hospital expenses in an in-patient or out-patient setting> Provisional splinting, temporary procedures or temporary stabilisation of teeth> Any Orthodontic treatment which has been carried out by a dental professional who is not on the Register of Dental Specialists, Division of Orthodontics with the Irish Dental Council

Oral Cancer

Benefit	Description / Criteria
Single lump sum payment after diagnosis of primary oral cancer by a specialist	<div><div>> Single lump sum payment after diagnosis of primary oral cancer by a recognised specialist</div><div>> Diagnosis of oral cancer must be made by a recognised specialist and where the oral cancer is located in any of the following areas:<div><div>- Lip</div><div>- Tongue</div><div>- Gingivae (gums)</div><div>- Floor of mouth (under the tongue)</div><div>- Roof of mouth (palate)</div><div>- Buccal mucosa (lining of cheeks and back of lips)</div><div>- Parotid, Submandibular and Sublingual Glands (Major salivary glands)</div><div>- Oropharynx (base of tongue, soft palate, tonsils and back of throat)</div></div></div></div>
To restore oral function following surgical treatment for oral cancer	<div><div>> We will cover treatments up to a separate lifetime maximum benefit toward the cost of restoring oral function following surgical treatment for oral cancer, which includes the placement of dental implant and other prosthetic devices</div><div>> Diagnosis of oral cancer must be made by a recognised specialist and where the oral cancer is located in any of the following areas:<div><div>- Lip</div><div>- Tongue</div><div>- Gingivae (gums)</div><div>- Floor of mouth (under the tongue)</div><div>- Roof of mouth (palate)</div><div>- Buccal mucosa (lining of cheeks and back of lips)</div><div>- Parotid, Submandibular and Sublingual Glands (Major salivary glands)</div><div>- Oropharynx (base of tongue, soft palate, tonsils and back of throat)</div></div></div></div>

Note for the above

General Exclusions Oral Cancer

What is not covered

> Any Secondary Oral **cancer**

> Oral **Cancer** as a resulting of smoking or chewing tobacco products

> Oral **Cancer** which was diagnosed, or for which tests were conducted, scheduled or planned prior to the date on which the insured person first joined the dental insurance **plan**

> Oral cancers, which were not yet diagnosed but for which the **member** had experienced symptoms prior to the date of insurance on the **plan**

> Oral **Cancer** therapeutics or **treatments**

Congenital Conditions

Benefit	Description / Criteria
Congenital Conditions - Fillings	<p>What is covered</p> <ul style="list-style-type: none"> > Congenital conditions due to inherited or spontaneous genetic mutations > Cover for dental treatment required to restore decayed or fractured, permanent or primary teeth > Composite resin restorations (White) fillings for anterior (front) and posterior molar and pre-molar (back) teeth <p>What is not covered</p> <ul style="list-style-type: none"> > General exclusions for fillings, pre-fabricated stainless steel crowns, sealants and space maintainers
Congenital Conditions – Simple Tooth Extractions	<p>What is covered</p> <ul style="list-style-type: none"> > Congenital conditions due to inherited or spontaneous genetic mutations > Simple tooth extractions defined as the process of removal of coronal remnants (retained pieces of the crown portion of the tooth) on primary teeth and the extraction of erupted tooth or exposed tooth > Surgical tooth extractions defined as the surgical removal of an erupted tooth requiring the removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal <p>What is not covered</p> <ul style="list-style-type: none"> > Conditions that are not inherited or spontaneous genetic mutations > Tooth extraction does not include the removal of an impacted tooth i.e. has failed to erupt into the dental arch > 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, alvelectomy, alveoloplasty, and vestibuloplasty. > Hospital expenses either In-patient or out-patient > Services for temporomandibular (TMJ) > Removal of wisdom teeth by surgery > Removal of impacted tooth by surgery which includes, occlusal surface covered by soft tissue, part of crown covered by bone or most or all of crown covered by bone > Cytology sample collection – collection of oral cytology sample via scraping of the oral mucosa.
Congenital Conditions – Removable Dentures	<p>What is covered</p> <ul style="list-style-type: none"> > Congenital conditions due to inherited or spontaneous genetic mutations > For the replacement of extracted (removed) permanent teeth > The replacement of existing removable dentures > If the existing removable denture is plastic and the replacement removable denture is metal, the insured person must pay the difference in cost between the dentist's fees for the covered plastic denture and the optional metal denture, plus any benefit limit for the covered service <p>What is not covered</p> <ul style="list-style-type: none"> > Conditions that are not inherited or spontaneous genetic mutations > Removable or fixed, prosthetic appliances (dentures, partials or bridges) available to members under the age of 16 at date of treatment > General exclusions for Prosthetic Services, which you will find detailed in the Prosthetic Services section

Benefit	Description / Criteria
Congenital Conditions – Fixed Bridge	<p>What is covered</p> <ul style="list-style-type: none"> > Congenital conditions due to inherited or spontaneous genetic mutations > For the replacement of extracted (removed) permanent teeth > If no more than 3 teeth are missing in the same arch > A natural, healthy sound tooth is present to serve as the anterior and posterior retainer > No other missing teeth in the same arch have been replaced with a removable partial denture > If none of the individual units of the bridge has been benefited previously as a crown or cast restoration in the last 5 years <p>What is not covered</p> <ul style="list-style-type: none"> > Conditions that are not inherited or spontaneous genetic mutations > Removable or fixed, prosthetic appliances (dentures, partials or bridges) available to members under the age of 16 at date of treatment > General exclusions for Prosthetic Services, which you will find detailed in the Prosthetic Services section
Congenital Conditions – Implant Supported Crowns	<p>What is covered</p> <ul style="list-style-type: none"> > Congenital conditions due to inherited or spontaneous genetic mutations > For the replacement of extracted (removed) permanent teeth > No other missing teeth in the same arch i.e. the row of teeth in either jaw have been replaced with a removable partial denture > If the tooth in question has not benefited previously as a crown or cast restoration in the last 5 years <p>What is not covered</p> <ul style="list-style-type: none"> > Conditions that are not inherited or spontaneous genetic mutations > General exclusions for Prosthetic Services, which you will find detailed in the Prosthetic Services section
Congenital Conditions – Permanent crowns - inlays and onlays	<p>What is covered</p> <ul style="list-style-type: none"> > Congenital conditions due to inherited or spontaneous genetic mutations > A dental inlay which is custom-fit to fill the space in the centre of the tooth which has been damaged by decay or injury > A dental onlay to fix more extensive damage or a large cavity that extends beyond the tooth's centre > Services performed to restore lost tooth structure as a result of decay or fracture > If the tooth has decay or fracture and there has been loss of tooth structure to such an extent that the tooth cannot be restored by a composite restoration (white filling) > If the tooth has been root canal treated <p>What is not covered</p> <ul style="list-style-type: none"> > Conditions that are not inherited or spontaneous genetic mutations > General exclusions for Permanent crowns – inlays and onlays, which you will find detailed in the Permanent crowns – inlays and onlays section
Congenital Conditions – Anterior Teeth Veneers	<p>What is covered</p> <ul style="list-style-type: none"> > Congenital conditions due to inherited or spontaneous genetic mutations > A thin shell of porcelain, ceramic, or composite covering which is affixed to the anterior face of teeth > Services performed to restore lost tooth structure as a result of decay or fracture > If the tooth has decay or fracture and there has been loss of tooth structure to such an extent that the tooth cannot be restored by a composite restoration (white filling) <p>What is not covered</p> <ul style="list-style-type: none"> > Conditions that are not inherited or spontaneous genetic mutations > General exclusions for Permanent crowns – inlays and onlays, which you will find detailed in the Permanent crowns – inlays and onlays section

General Dental Claims Exclusions

Note on General Dental Claims Exclusions

What is not covered

- > Dental services or health care services not specifically covered under **your policy**. This includes hospital charges, prescription drug charges and services of anaesthetists. It also includes services or supplies that are medical in nature including dental oral surgery services, performed in a hospital
- > Any other oral surgery **procedure** other than surgical extractions
- > Hospital in-patient or out-patient expenses
- > New, experimental or investigational dental techniques or services will not be covered until there is, to **our** satisfaction, an established scientific basis for recommendation
- > Cosmetic Dental services. Dental services are subject to post-payment review of dental records. **We** reserve the right to collect any payment, and the insured person is responsible for the full charge
- > Services or supplies which have the primary objective of improving teeth appearance. This includes, but is not limited to, enamel microabrasion, tooth whitening agents, tooth bonding and veneer covering of teeth
- > Dental services completed before the date the insured person became eligible for dental cover
- > General anaesthesia, Intravenous conscious sedation, analgesic agents, and nitrous oxide
- > Dental services performed other than by a **dentist**, or their employees
- > Dental services, appliances or restorations that are necessary to alter, restore or maintain bite occlusion. These include, but are not limited to: increasing vertical tooth dimension, replacing or stabilising tooth structure caused by attrition from **bruxism** including clenching of the teeth, abrasion caused by use of abrasive dental materials, erosion caused by acids of nonbacterial origin, realignment of teeth, periodontal splinting and bite recordings
- > Artificial material which is implanted or grafted into or onto bone or soft tissue, including implant services and associated fixtures, or surgical removal of implants
- > Orthodontic **treatment** services other than those described in this handbook and the Dental Schedule of Benefits as a covered dental service
- > Lost, stolen or damaged appliances which require repair or replacement
- > Case presentations, office visits, study models and consultations
- > Incomplete, interim or temporary services
- > Corrections of **congenital** conditions
- > Replacement of congenitally missing teeth, unless specified on your Table Of Cover
- > Mouth guards
- > Repeat or additional **treatments** required to correct or relieve the results of **treatment** previously paid under the insurance **policy**
- > Procedures designed to enable esthetic, prosthetic or restorative services to be performed such as a crown lengthening
- > Bacteriologic tests and cytology sample collection
- > Separate services billed when they are an inherent component of a dental service where the **benefit** is reimbursed at an allowed amount
- > Paediatric removable or fixed prosthetic appliances (dentures, partials or bridges)
- > Interim or temporary removable or fixed prosthetic appliances (dentures, partials or bridges)
- > Services for the replacement of an existing partial denture with a bridge or implant supported crown
- > Additional, elective or enhanced prosthodontic procedures including but not limited to, connector bar(s), stress breakers and precision attachments
- > Provisional splinting, temporary procedures or interim stabilisation
- > Controlled release of therapeutic agents or biologic modifiers used to aid in soft tissue and osseous tissue regeneration.
- > Placement or removal of sedative filling, base or liner used under a restoration
- > Oral hygiene instruction and fluoride **treatment**
- > Restorative cast post and core or core build-up, including pins and posts
- > Occlusal procedures, including occlusal guards, occlusal adjustments, odontoplasty and enamoplasty
- > Services for temporomandibular joint disorder (TMJ)
- > Complex surgical periodontal services, including gingivectomy, gingivoplasty (Gum Contouring), gingival curettage, sub-gingival curettage, gingival flap, apically positioned flap, mucogingival surgery and osseous surgery

Note General Dental Claims Exclusions

- > Initial installation of full or partial dentures, fixed bridgework or an implant supported crown to replace a tooth (teeth) which was extracted prior to becoming an insured person under this **policy**
- > Permanent crowns, inlays, onlays or veneers when the tooth does not have decay or fracture or the tooth has not been root canal treated
- > Any cost which is unnecessary or which is in **excess** of the usual, reasonable and customary charges for the area where the expense was incurred
- > Cone beam CT scan, including two and three dimensional image reconstruction
- > Vertex Occlusal radiographs
- > Orthodontic **treatment** is not covered if dental **benefit** has been paid previously under any other contract
- > The surgical removal of wisdom teeth
- > Elective endodontic **treatments**
- > **Treatment** received prior to the commencement of the Period of Insurance, or **Treatment** received after the Period of Insurance ceases
- > 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
- > Oral **Cancer** resulting from smoking or chewing tobacco products (including betel nut juice)
- > 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**
- > 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**

Note: We will only cover the costs of visits to **dental professionals** who have appropriate qualifications and registrations.



Crowns, Inlays, Onlays & Veneers

Benefit	Description / Criteria
Permanent crowns - inlays and onlays	<p>What is covered</p> <ul style="list-style-type: none"> > A dental inlay which is custom-fit to fill the space in the centre of the tooth which has been damaged by decay or injury > A dental onlay to fix more extensive damage or a large cavity that extends beyond the tooth's centre > Services performed to restore lost tooth structure as a result of decay or fracture > If the tooth has decay or fracture and there has been loss of tooth structure to such an extent that the tooth cannot be restored by a composite restoration (white filling) > If the tooth has been root canal treated
Post & Core of Crown	<p>What is covered</p> <ul style="list-style-type: none"> > A dental procedure for a post and core of crown where there is an inadequate amount of sound tooth tissue remaining to retain a conventional crown
Crown Repair	<p>What is covered</p> <ul style="list-style-type: none"> > A dental procedure for fixing minor dental crown damage or minor resin repairs
Anterior Teeth Veneers	<p>What is covered</p> <ul style="list-style-type: none"> > A thin shell of porcelain, ceramic, or composite covering which is affixed to the anterior face of teeth > Services performed to restore lost tooth structure as a result of decay or fracture > If the tooth has decay or fracture and there has been loss of tooth structure to such an extent that the tooth cannot be restored by a composite restoration (white filling)

Note for the above

General exclusions Permanent crowns - inlays and onlays

What is not covered

- > Limitation: If a filling(s) is performed within 12 months before the placement of a crown on the same tooth, then the **benefit** paid will be calculated on the amount remaining following the deduction of the charged amount for the filling(s) from the charged amount for the crown
- > Procedures which are designed to allow esthetic, prosthetic or restorative procedures and services to be performed such as a crown lengthening
- > Procedures designed to alter, restore or maintain occlusion, including but not limited to: increasing tooth vertical dimension, replacing or stabilising tooth structure caused by attrition from **bruxism** including clenching of the teeth, abrasion caused by use of abrasive dental materials, erosion caused by acids of nonbacterial origin, realignment of teeth, periodontal splinting and bite recordings
- > Services or supplies that have the primary purpose of improving the appearance of **your** teeth, which includes but is not limited to, tooth whitening agents or tooth bonding and veneer covering of the teeth
- > Sedative fillings (placement or removal), base or liner used under a tooth restoration
- > Restorative cast post and core or core build-up. This exclusion also includes pins and posts
- > Canal preparation and fitting of preformed dowel and post
- > A temporary, provisional or interim crown – Crown **benefit** is payable for permanent crowns only
- > Occlusal procedures that include an occlusal guard and their adjustments/readjustments
- > Permanent crowns, inlays, onlays or veneers when the tooth does not have decay or fracture, or where the tooth has not been endodontically treated
- > Permanent crowns, inlays, onlays and veneers when the tooth has had an **elective endodontic treatment**. **Treatments** must be clinically necessary



How to claim

You have 2 ways in which you can **claim** under **your Irish Life Health Dental policy**:

Pay and Claim

1. You need to pay the dental **care provider yourself** and then **claim** the amount that is covered back from **us** during **your policy** year by scanning **your** original receipts and submitting them through **our** online **claims** tool (**Irish Life Health Online Claiming**) in **your member** area on www.irishlifehealth.ie. You must submit **your** receipts within six months of the end of **your policy** year. If **your** receipts are not received within these six months, **your claim** will not be paid.

You should keep **your** original receipts for **your** own records and in case **we** request them to be resubmitted. Please ensure that all receipts state:

- > The amount paid;
- > The full details of the **treatment** received;
- > The full name of the **member** receiving **treatment** and their date of birth;
- > The date the **treatment** was received;
- > The type of **dental practitioner** that you attended;
- > The tooth upon which the **treatment** was carried out (where applicable);
- > The **tooth surface** upon which the **treatment** was carried out (where applicable);
- > The name, address and qualifications of the **practitioner** providing the care on the **practitioner's** headed paper.

Direct Settlement

2. In order to avail of **direct settlement** you can visit one of the **Irish Life Health** approved **Dental facilities**. You can find the most current lists of approved **Dental practices** on **our** website www.irishlifehealth.ie/dental-lists. The list of approved practices may change from time to time.

If you decide to avail of the **direct settlement** facility through one of **our** approved **Dental practices**, they will submit the **claim** on **your** behalf up to the value stated on **your** Table Of Cover. Any balance remaining (i.e. shortfall) between the total **treatment** amount and the amount claimed on **your** behalf by the dental practice, must be settled directly by **you** with the dental practice.

Before the practice provides the **treatment**, they will first need to check **your** cover in advance with **Irish Life Health**. This check will inform the practice if this **benefit** is available to **you** to **claim** and will verify if **you** are covered, partly covered or not covered.

If **you** do not wish the approved **Dental practice** to settle the **claim** on **your** behalf, **you** must pay them the full amount of the **treatment** and then **you** can **claim** the amount covered by **your policy** through the process described in section 1 above.

Note:

We may also need further information in the following situations:

- > When claiming for the private consultation **benefit** you must also submit a copy of **your** associated **treatment plan** from a **dentist**;
- > When claiming for the **emergency** dental care **benefit** you must also submit a dental report from a **dentist**;
- > When claiming for the Periodontal Maintenance **benefit** for Type 1 or Type 2 **Diabetes**, **you** must also submit a dental report from a **dentist** confirming the presence of **Diabetes**;
- > For the Orthodontic **benefit**, **you** must also submit a dental report from a **dentist** (including payment schedule) confirming that the condition meets the Index of Orthodontic need (IOTN) of Grade 3 and higher, where there is a definite need for Orthodontic **treatment**;
- > When claiming for either of the **Cancer** Benefits, **you** must also submit confirmation of **your** diagnosis of primary oral **cancer** by a **specialist**.

How to calculate your cover under your dental benefits

The amount that can be claimed under these **benefits** may be a set amount per visit or it may be a percentage of the cost of the visit up to a maximum amount per visit or per **policy year** or, in some instances, per consecutive **policy years**. There may be a limit to the number of times in **your policy year(s)** or, in some instances, per consecutive **policy years** that you can **claim** a particular **benefit**. Please note that there may be a limit(s) on the total amount that **we** will pay for all or certain Dental Benefits in a **policy year** or consecutive **policy years**. This limit(s) will be shown on **your** Table Of Cover.



How to claim

Log into your member secure area on irishlifehealth.ie, upload a photo of your receipt and submit your details – it's that simple.



LOG IN



UPLOAD



SUBMIT

www.irishlifehealth.ie

3 Exclusions from Your Cover

We do not cover the following:

- > Any costs that are not covered under a **benefit** listed on your Table of Cover
- > The cost of any **medical care** that **our** medical advisers believe is not clinically appropriate and, where applicable, **medically necessary**;
- > Any costs that **our** medical advisers believe are not **reasonable and customary costs**;
- > The cost of any **medical care** that **our** medical advisers believe is not an established **treatment**;
- > Any costs incurred in a **dental facility** that is not covered under **your plan**;
- > Any costs arising from or related to **medical care** not covered by **Irish Life Health**, including subsequent **treatments**, procedures or **medical care** which are required as a result of such **medical care**;
- > Any shortfalls due to currency exchange fluctuations;
- > Any remote or virtual consultations, unless specified on your Table Of Cover;
- > Any costs arising from or related to **injury** or illness caused by virtue of war, chemical, biological or nuclear disasters, civil disobedience or any act of terrorism;
- > The cost of any **medical care** or other goods or services provided by a **member** of the insured's **immediate family** unless this is **pre-authorised** by **Irish Life Health**;
- > Expenses for which **you** are not liable;
- > The cost of any **medical care** or other goods or services which were not received by **you**;
- > Any costs not incurred during **your policy** year;
- > Any costs associated with the **treatment** of symptoms which are not due to any underlying disease, illness or **injury**;
- > The cost of any **medical care** which is performed by, or under the direction of, a **dental professional** who is not registered with the Dental Council of **Ireland** as a **specialist** in the area in question;
- > Any costs, legal or otherwise, incurred by a **member** as a result of making a **claim** or taking legal action against any person/company/public body;
- > Medical expenses imposed for non-attendance or late cancellation of an appointment;
- > The costs of medical certificates, medical records / reports, or the costs associated with obtaining details of medical history;
- > Differences in foreign exchange rates, bank charges or other charges applied to foreign exchange.

4 Your Policy

Joining Irish Life Health

Your **plan/policy** lasts for one year which means that **your policy/plan** will run until the **renewal date** shown on **your policy** documentation unless cancelled by the **policyholder** or by **us** for the reasons outlined in this Membership Handbook. As soon as **we** receive **your** first premium, **you** will be covered from **your** chosen commencement date subject to the terms and conditions of **your policy**. When **you've** joined, **you** will have access to the secure **membership** area of **our** website where **you** can make changes to **your** cover and to **your** personal details. **We** may contact **you** by post, email, phone, SMS and through **your Irish Life Health** secure **member** area. Please note that if **you** are a **group scheme member** **you** may not be able to make changes to **your plan** via the secure **membership** area of **our** website. Please see section 8 for further details on **group schemes**.

Changing your policy

The **policyholder** can make changes to their **policy** or any of the **plans** listed on their **policy** at any time by logging onto the **membership** area on **our** website (www.irishlifehealth.ie/members/manage-my-plan) or by contacting **us** (or their broker) directly. Changes can affect the premium that is payable. If a change is made to the **policy**, **we** will issue new **policy** documents to the **policyholder** as soon as the change is completed. **We** cannot take instructions to make changes to the **policy** or any of the **plans** listed on the **policy** from a **member** or individual who is not the **policyholder**. However, the **policyholder** can nominate a person to act on their behalf to discuss the **policy**, administer the **policy** and / or discuss **claims**. If **you** wish to nominate someone, please log on to **your membership** portal where **you** can capture **policy** permissions. Alternatively, **you** can call or write to **us** and let **us** know if **you** want to nominate a person to act on **your** behalf for some or all of the above permissions.

Where a **plan** is altered prior to the end of the **policy** year, the **Benefits** will be applied on a **pro-rata** basis.

Renewing your plan

To renew **your membership**:

- > If **you** pay in monthly instalments by direct debit, simply continue to make **your** direct debit payments. **We** will automatically renew **your policy**;
- > If **you** pay **your** annual premium in advance by credit or debit card, please contact **us** to arrange payment and renew **your policy** (see section 10 of this Membership Handbook for **our** contact details).

Where **your** premium is collected by monthly direct debit via **your** broker, **your** monthly direct debit will automatically roll over at **your** next **renewal date**. If **you** wish to amend this, change **your** bank details, or change **your** method of payment to an annual payment, please contact **your** broker directly.

Cancelling your policy

Your policy or any of the **plans** listed on **your policy** may be cancelled before the end of **your policy year** for one of three reasons:

1) You no longer want dental insurance with Irish Life Health

The **policyholder** can choose to cancel the **policy** or any of the **plans** listed on the **policy** at any time. To do this, they just need to call **our** customer services team or let **us** know in writing. **We** will refund any amount due on cancellation to the **policyholder**. In the case of a **policyholder** who has passed away, **we** will issue a refund by cheque to the deceased's estate. If **we're** asked to remove a **member** from the **policy**, **we** reserve the right to tell them that they are no longer covered, however, please note that it is not **our policy** to do so. It is the **policyholder's** responsibility to inform the **members** on their **policy** of any changes that affect their cover.

2) Premiums are not kept up to date

We will cancel the **policy** or any of the **plans** listed on **your policy** if **you** do not pay **your** premium when it falls due. **We** will cancel the **policy** or any of the **plans** listed on the **policy** from the date that **your** premiums were paid up to (the Cancellation Date). **We** will not pay any **claims** for goods or services received after the Cancellation Date. **We** will send **you** a letter or email giving **you** 14 days' notice of **our** intention to cancel. **We** will send this to the last postal or email address **you** provided.

3) Incorrect information / fraud

We may cancel the **policy** or any of the **plans** on the **policy** if

- > **we** are provided with incorrect information about any of the **members** named on the **policy**; or
- > if any of the **members** named on **your policy** try to or make a fraudulent **claim**.

Consequences of cancellation

Once a **plan** is cancelled, the **member** will no longer be covered. **We** will not pay any **claims** for goods or services received after the Cancellation Date. **We** will be entitled to recover any **claim** amount paid for goods or services received after the Cancellation Date. **Benefits** will be allocated on a **pro-rata** basis. (e.g. where a **benefit** covers a contribution for up to 4 visits and the **plan** is cancelled after 6 months, the number of visits for which the **member** can **claim** will be reduced to 2).

If a fully paid **policy** or **plan** is cancelled before the end of the **policy year**, **we** will reimburse the **policyholder** for the cover the **member(s)** have not received – i.e. from the Cancellation Date until the next **renewal date**. Please note **we** will apply a mid-term cancellation charge (**you** can find more information about this charge in the next paragraph). **We** will not return the amount of premium for any cover received before the date of cancellation. If **we** cancel a fully paid **policy** or **plan** before the end of the **policy year** due to the submission of a fraudulent or dishonest **claim**, **we** will not refund any of the premium that has already been paid.

Mid-term cancellation charge

We will apply a mid-term cancellation administration fee of €25 if:

- > **you** choose to cancel **your policy** or any of the **plans** listed in **your policy** before the end of **your policy year**;
- > **we** are forced to cancel **your policy** or any of the **plans** listed in **your policy** due to non-payment of premium, because **you** or any of the **members** on the **policy** try to **claim** when **you're/they're** not entitled to or because **you** have provided **us** with incorrect information.

We reserve the right to deduct the amount for the mid-term cancellation charge against any amount due to be refunded. In all other cases **we** will send **you** an invoice in respect of the mid-term cancellation charge. A mid-term cancellation charge also applies to policies paid by direct debit.

Cooling Off

You can cancel **your policy** free of charge within 14 working days from the date the **policy** was entered into or from the date **you** are given the **policy** documentation, whichever is the later. This is known as the cooling off period. **We'll** give **you** a full refund of premium unless **you** or any **member** has made a **claim** during this period.

If a **claim** has been made and **you** wish to cancel **your policy** from the start date, the cost of any **claim** will be deducted from the refund due. Should **you** wish to cancel **your policy** with effect from a date later than the start date, **we** will charge **you** for providing dental insurance cover up to the date of cancellation and **we** will apply a mid-term cancellation charge in this case.

Paying your premiums

All premiums must be paid in euro.

You can pay **your** premium monthly by direct debit or annually, in full, by debit or credit card only.

If **you** have chosen to pay by direct debit, **we** will collect **your** premium on a monthly basis and it's up to **you** to make sure **your** monthly payments are available for collection. The first payment in any **policy year** may be more or less than **your** monthly premium if **your policy** start date is different to **your** chosen direct debit collection date. This may also occur if **you** decide to change **your** direct debit collection date mid **policy year**.

Where **your** premium is collected by **your** broker, **your** monthly direct debit will automatically roll over at **your** next **renewal date**. If **you** wish to change **your** bank details or change to an annual payment, please contact **your** broker directly.

5 General Terms and Conditions

General rules

- > **Your policy** is governed at all times by the laws of **Ireland** and the exclusive jurisdiction of the courts of **Ireland**;
- > All **policy** documents and communications to **members** will be in English. **We** can provide **policy** documents and/or communications in braille or large print if requested;
- > **You** can only take out dental insurance in **Ireland** if **you** are a resident of **Ireland**. If **you** are not a resident of **Ireland** **we** will not be able to provide **you** with dental insurance cover and **we** will decline any **claims** made by **you** whilst **you** are not a resident of **Ireland**;
- > For some **benefits** on **your plan**, **we** may require additional information from **you** or **your dentist**, in order to properly assess the **claim**. Typically, **we** may ask for clinical records, documentation, x-rays or receipts. **We** may request this information at the point of **claim** submission or subsequently as part of **our claim** assessment process. If **we** do request this information and **you** do not provide it to **us** or the information provided is inaccurate or incomplete, **we** will not be able to assess **your claim** and it will not be paid;
- > **You** may be required to validate the information contained in any **claim** **you** submit. **We** may contact **you** during the **claims** process for this purpose;
- > Where the amount that can be claimed under a **benefit** is greater than the amount **you** have been charged for the goods or services that are covered under that **benefit**, **we** will only cover the amount that **you** have been charged subject to any shortfall which may apply;
- > Where **we** cover the cost of goods or services that **you** have received as a result of an **accident** or **injury** for which another person/company/public body may be liable and **you** make a **claim** or take legal action against such other person/company/public body, **you** must include the cost of the goods or services covered by **us** in the damages **you** seek to recover from the person/company/public body. If **you** successfully recover some or all of the costs covered by **Irish Life Health**, by whatever means, **you** must reimburse **us** as soon as possible. **We** will not contribute towards the costs of pursuing such a **claim** or legal action;
- > Where **you** (or any other person for whom **you** are seeking dental insurance) hold any form of dental insurance with another company **you** must let **us** know at the inception of **your policy**. Where the costs of the goods or services which are covered under **your plan** with **Irish Life Health** are also insured by another insurer, such costs will be allocated between **us** and **your** other insurer on a **pro-rata** basis when **you** make a **claim**;
- > Where **you** hold more than one **Irish Life Health policy**, **we** will check across these policies to ensure **you** have not made a financial gain where a **benefit** has been claimed for on more than one **policy**;
- > Where a **claim** is submitted under this **policy**, the outcome of the **claim** will be communicated to the **policyholder**, regardless of which **member** on the **policy** submitted the **claim**;
- > **You** will be covered under the **benefits** available in the **plan** **you** hold on the date **your medical care** (or other service) commences or on the date **you** receive goods, subject to any waiting periods that may apply. If **you** reduce the level of cover on **your plan**, this lower level of cover becomes effective immediately;
- > For **direct settlement** **you** must provide details of **your membership** with **us** to any providers in the **Irish Life Health** network of approved **Dental practices** before undergoing any **treatment**;
- > **We** will not return the original receipts **you** send **us** as part of **your claim**, however, **we** may return other original documents **you** submit to **us** provided **you** let **us** know **you** require **us** to return them to **you** at the time **you** submit them to **us**;
- > **We** will not pay **your claim** where **you** have failed to comply with any of the terms of **our** contractual documents;
- > **We** have absolute discretion whether or not to exercise **our** legal rights. Failure to exercise **our** legal rights shall not prevent **us** from doing so in the future;
- > **Irish Life Health** and **our** agents reserve the right to review any information which relates to the **medical care**, goods or services that **you** are claiming for (including **your** medical records) where **we** are of the opinion that access to such information is required to process **your claim** and/or detect or prevent fraud. **You** must provide any providers with any consents which they require to allow them to release such information to **Irish Life Health** and **our** agents. **We** will not pay **your claim** where **we** are unable to gain access to any information which **we** believe is necessary to enable **us** to process the **claim** or detect fraud;
- > If any provision of this Membership Handbook is found by any court or administrative body of competent jurisdiction to be invalid or unenforceable, the invalidity or unenforceability of such provision shall not affect the other provisions of this Membership Handbook and all provisions not affected by such invalidity or unenforceability shall remain in full force and effect.
- > Any dispute between **you** and **us** (about **our** liability over a **claim** or the amount to be paid, where the amount of the **claim** is €5,000 or more) must be referred (within 12 months of the dispute arising) to an arbitrator appointed jointly by **you** and **us**. If **we** cannot agree on an arbitrator, the President of the Law Society of **Ireland** will decide on the arbitrator and the decision of that arbitrator will be final. **We** may not refer the dispute to arbitration without **your** consent where the amount of the **claim** is less than €5,000. If **you** do not refer such a dispute to arbitration within 12 months, **we** will treat the **claim** as abandoned.

6 Waiting periods

A waiting period is the amount of time that must pass before **you** will be covered under **your plan** for certain **benefit** groups, detailed below. If **you** submit a **claim** and **you** are still subject to waiting periods, **your claim** will not be paid.

Previous dental insurance coverage outside of **Ireland** is not taken into account for waiting periods.

There are a number of different types of waiting periods and these apply to Basic **treatments**, Major **treatments** and Orthodontics.

These waiting periods apply when **you** take out Dental insurance for the first time or when **you** take out Dental insurance after **your** previous dental insurance has lapsed.

Where there has been continuous and uninterrupted coverage, the applicable waiting periods will be reduced by this period providing that the **benefit** was covered by the Dental insurance provider.

We may ask for evidence of previous dental insurance cover at time of application. If it is determined that there has not been continuous or uninterrupted cover, then the waiting periods outlined below apply from the start date of **your Irish Life Health** Dental insurance.

- > Basic Treatment – 3 months waiting period applies
- > Major Treatments – 12 months waiting period applies
- > Orthodontics – 24 months waiting period applies

7 Fraud Policy

We operate a fraud **policy** in respect of all **claims** made by **you** or on **your** behalf. **We** do regular audits of all **claims**. **We** will check across all **Irish Life Health** policies held by **you** to ensure **you** have not made a financial gain where a **benefit** has been claimed for on more than one **policy**. In all instances where fraud is suspected, **we** will carry out a full and comprehensive investigation. If a **claim** submitted by **you** or on **your** behalf is found to be fraudulent or dishonest in any way, the **claim** will be declined in its entirety, **benefits** under the **policy** will be forfeited and the **policy** and/or any **plans** listed on the **policy** may be cancelled and **we** may refuse any new **policies** for **you**. **We** reserve the right to refer the matter and details of the fraudulent **claim** to the appropriate authorities for prosecution.

8 Group Schemes

If **your plan** was started as part of a **group scheme** arrangement and the **group scheme sponsor** is acting on **your** behalf, **you** agree that the **group scheme sponsor** will have the following powers and responsibilities for the **policy**:

- > The **group scheme sponsor** may instruct **us** to start and cancel the **policy**;
- > The **group scheme sponsor** may instruct **us** to change **your plan** or level of cover;
- > The **group scheme sponsor** may instruct **us** to add or reduce the number of **members** on the **policy**;
- > The **group scheme sponsor** may amend or cancel any or all of the **plans** listed under the **policy**;
- > The **group scheme sponsor** must ensure that all premiums are paid on time as unpaid premiums may impact whether **claims** are paid;
- > The **group scheme sponsor** must ensure that all adequate consents from **members** are obtained prior to the **policy** entering into force, including consents from **members** for the processing of their personal data.

Members who are part of a **group scheme** arrangement may require the permission of the **group scheme sponsor** to amend their cover. In such circumstances, the **members** may be required to pay additional premium for such amended cover. If **you** join a **group scheme** after the scheme start or **renewal date**, **your benefit** entitlement may be adjusted on a **pro-rata basis**.

If **your policy** was arranged through a **group scheme sponsor**, **your** cover will continue as long as **you** fulfil the conditions for participation in the **group scheme** and the **group scheme sponsor** continues to pay **your** premium.

9 Premium Changes

We may change the premium payable for **our plans** from time to time. These changes will not affect **you** until **your** next **renewal date** unless **you** change **your plan** during **your policy** year. Please note that **we** deduct **your tax relief** from **your** premium so **you** don't have to **claim** it back from the Revenue Commissioners. The level of **tax relief** is set by the Government and may be changed at any time which is outside **our** control. **We** are legally obliged to apply tax changes immediately and this may result in a change to the amount that **you** are required to pay to **us** for the **plans** listed in **your policy**.

10 Your Contacts

When contacting **our** numbers below, please quote **your membership number** which is detailed on **your** digital **membership** card or **policy** documentation.

Irish Life Health customer service team

Contact **us** should **you** have any queries or in order to obtain **pre-authorisation**.

Post: Customer Care Team,
Irish Life Health dac,
PO Box 13028, Dublin 1

E-mail: heretohelp@irishlifehealth.ie

Telephone: 01 562 5100

Corporate enquiries

E-mail: justaskus@irishlifehealth.ie

Telephone: 01 562 5399

Claims submission

For dental **claims** not settled through our approved dental network, submit **your** receipts through our online **claims** tool (**Irish Life Health** Online Claiming) in **your member** area on www.irishlifehealth.ie. **You** must submit **your** receipts within six months of the end of **your policy year**. **We** may ask **you** to submit any other supporting documentation for verification.

Appeals

Should **you** wish to appeal a **claim** decision, **you** can contact the Customer Care Team:

Telephone: 01 562 5100

Email: heretohelp@irishlifehealth.ie

Post: Claims Support Team,
PO Box 13028,
Dublin 1

Complaints

We aim to give excellent service to all **our members**; however, **we** recognise that things may occasionally go wrong. **We** will do **our** best to deal with **your** complaint as effectively and quickly as possible.

If **you** arranged **your** cover through broker initially then **you** should direct **your** complaint to the broker through whom **you** arranged **your** cover.

Alternatively **you** can contact the Complaints Team:

Telephone: 01 562 5100

Email: heretohelp@irishlifehealth.ie

Post: The Complaints Team,
PO Box 13028,
Dublin 1

If **you** remain dissatisfied with **Irish Life Health**, **you** may refer **your** complaint to the Financial Services and Pensions Ombudsman (FSPO) at the following:

Post: Financial Services and Pensions Ombudsman
Lincoln House,
Lincoln Place,
Dublin 2,
D02 VH29.

Telephone: 01 567 7000

Email: info@fsp.ie

Website: www.fspo.ie



11 Definitions

Accident

An incident that happens unexpectedly and unintentionally, resulting in **injury**.

Authorise(d)

Irish Life Health must agree before certain **treatments** and procedures will be covered, **you** must call **Irish Life Health** to seek authorisation.

Basic Periodontal Examination (BPE)

The BPE is a screening tool that is used to indicate the level of further examination needed and provide basic guidance to **Dentists** on **treatment** needed.

Benefit

Benefits are the individual pieces of cover that make up **your plan**. Each **benefit** covers a different type of medical expense or associated cost.

Bruxism

A medical condition characterised by the clenching or grinding of teeth.

Cancer

A disease in which abnormal cells divide without control and can invade nearby tissues. **Cancer** cells can also spread to other parts of the body through the blood and lymph systems.

Care provider

A **dentist**, dental hygienist, **dental professional**, oral surgeon or periodontist.

Claim(s)

Where a **member** (or a dental facility or a **care provider** on their behalf) requests payment from **Irish Life Health** of the costs that are covered by a **benefit** available under their **plan**.

Clinical indicators

The medical criteria that must be satisfied in order for a **treatment** or **procedure** to be deemed to be **medically necessary** by our medical advisers.

Congenital

Congenital conditions are structural or functional anomalies that occur during intrauterine life and may be detected before birth, at birth or in some cases only in later infancy.

Dental facility

A dental practice or **treatment** centre.

Dentist

A dental **practitioner**, who:

- > holds a current full registration with the Irish Dental Council;
- > is on the Register of **Dentists**;
- > is qualified to practice as a **dentist**;
- > holds a primary dental qualification;

> for **treatment** performed outside **Ireland**, a person who is legally qualified and recognised as a **dentist** in that country.

Dental Hygienist

A fully qualified dental **practitioner**, who:

- > holds a current full registration with the Irish Dental Council, or any other person appropriately qualified to perform the Dental Services;
- > is on the Register of Dental Hygienists;
- > is appropriately qualified to perform the dental services of a **dental hygienist**;
- > for **treatment** performed outside Ireland, a person who is legally qualified and recognised as a **dental hygienist** in that country.

Dental Professional

A dental **practitioner**, who meets the definitions and requirements of either a **Dentist** or a Dental Hygienist

Dental Record

Contemporaneous records kept by a **dentist** that document dental **treatment** provided to the **member**. These records should contain full details of all dental services provided. Whilst not an exhaustive list these will include clinical diagnosis, **treatment**, any imaging carried out and their relevant reports.

Diabetes

A metabolic disorder in which the body has high sugar levels for prolonged periods of time. Type 1 refers to the chronic condition where the pancreas produces little or no insulin. Type 2 refers to the chronic condition where the pancreas makes less insulin than normal and the body becomes resistant to insulin.

Direct settlement

Where **we** settle **your bill** with **your dental facility** or **care providers** directly so **you** don't have to pay them and **claim** it back from **us**.

E.G.

An abbreviation meaning "for example".

Elective endodontic treatment

Root canal **treatment** where there is no clear diagnosis or confirmation of damaged tooth pulp by bacterial infection or where the diagnosis is reversible pulpitis and root canal **treatment** is performed

Emergency treatment

Emergency examination, diagnostics and immediate/temporary relief of severe pain, trauma, swelling or bleeding, prescriptions or protective restoration.

Established treatment

A **treatment** or **procedure** that is, in the opinion of **our** medical advisers, an established clinical practice for the purpose for which it has been prescribed, is supported by publication in Irish or international peer reviewed journals, and is proven and not experimental.

Excess

The part of a **claim** which must be paid by the **member** and which applies after all shortfalls are paid.

FDI Notation

FDI World Dental Federation tooth numbering system. It is the recognised dentistry tooth numbering system for teeth and areas of the oral cavity. Tooth numbers are required to denote and specify information with a specific tooth.

Group scheme

A collection of **members** who are insured by **Irish Life Health** as a group under the instructions of a **group scheme sponsor**.

Group scheme sponsor

A **group scheme sponsor** is a natural or legal person whether an employer, association, professional body or otherwise who arranges or facilitates for a group of persons to receive dental insurance cover from **Irish Life Health** as a **group scheme**.

I.E.

An abbreviation meaning “that is to say/ specifically”

Immediate family

Your parent, child, sibling, spouse and partner.

Injury

A wound or trauma inflicted on the body by an external force.

Index of Orthodontic Treatment Need (IOTN)

A scale designed to measure the orthodontic need of a **member**. The scale is used by orthodontists to determine whether orthodontic **treatment** is necessary.

Irish Life Health

Irish Life Health dac.

Ireland

The Republic of **Ireland** excluding Northern **Ireland**.

Medical adviser

A fully qualified **dental professional** who holds all the necessary registrations to practice in **Ireland** and who provides medical advice to **Irish Life Health**.

Medical care

Care relating to the science or practice of medicine.

Medically necessary

Medical care which is prescribed by a **dental professional** and which, in the opinion of **our** medical advisers, is generally accepted as appropriate with regard to good standards or medical practice and:

- i) is consistent with the **member's** symptoms or diagnosis or **treatment**;
- ii) is necessary for such a diagnosis or **treatment**;
- iii) is not provided primarily for the convenience of the **member**, the **dental facility** or **care provider** or at the request of the **member**;

- iv) is furnished at the most appropriate level, which can be safely and effectively provided to the **member**;
- v) is for procedures and investigations that are **medically proven** and appropriate;
- vi) does not include extended convalescence or palliative care.
- vii) Does not include Dental services performed for cosmetic purposes. Dental services are subject to post payment review of dental records. **We** reserve the right to collect any payment and the insured person is responsible for the full charge.

Medically proven

Clinical and medical practice that the results reported for a **procedure** were actual, significant, based on appropriate research and able to pass the legislative requirements (if any) and relevant medical regulations imposed by the relevant Europeans Medical Agency or medical body, and is not subject to limitation by the Regulatory or Advisory bodies.

Member

A person named on a **policyholder's policy**. Each **member** will be covered to the level of **benefits** available under the **plan** assigned to him/her by the **policyholder**.

Membership number

The number assigned by **us** to a **member**. Each person named on the **policy** has a separate **membership number**, as set out in the **policy** documentation.

Pay & Claim

Where you pay for **treatment** at a **care provider** and then **claim** a contribution back from **us**, up to the limits on **your policy**, subject to terms and conditions.

Periodontist

A **dentist** who has completed a 3 year post graduate training course which is, or is recognised as, equivalent to training courses accredited by the European Federation of Periodontists.

Plan

A package of dental insurance **benefits**. Policyholders choose the **plans** which apply to each **member** named on their **policy** when they take out their **policy**.

Policy

The dental insurance contract between the **policyholder** and **Irish Life Health** under which the **policyholder** and **members** (if applicable) are insured by **Irish Life Health**.

Policyholder

The person who holds a contract of insurance with **Irish Life Health** for the **benefit** of themselves and the **members** named on their **policy**. The **policyholder** is responsible for paying the premiums for all the plans listed in that **policy**.

Policy year

The period for which a **policyholder** and **members** are insured under a **policy**. All policies run for a period of one year.

Practitioner

A fully qualified dental **practitioner** who holds all the necessary registrations to practice in **Ireland**.

Pre-authorisation / pre-authorised / pre-authorise

Irish Life Health must agree in advance before certain **treatments** and procedures will be covered. This consent is known as **pre-authorisation**.

Procedure

A dental process or course of action. Use of the term '**procedure**' will include surgical procedures, where appropriate.

Pro-rata

In proportion, proportional or proportionally as appropriate. Where **benefits** are available on a **pro-rata** basis, the **benefit** entitlement may be adjusted based on the number of days the **member** is actually insured for.

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.

Reasonable and customary costs

Medical expenses that are of a similar level to those claimed by the majority of **our members** for similar **medical care** carried out in **Ireland**.

Renewal date

The day after the final day of a **policy year**. The **policyholder's** next **renewal date** is shown on the **policyholder's policy** documentation.

Simple Tooth Extractions

The process of removal of coronal remnants (retained pieces of the crown portion of the tooth) on primary teeth and the extraction of erupted tooth or exposed tooth.

Specialist

A medical professional on the **specialist** division of the Irish Medical Council register, or equivalent regulatory body outside of Ireland

Surgical Tooth Extractions

The surgical removal of an erupted tooth requiring the removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated.

Tax relief

Tax relief on dental insurance payments. Everybody is entitled to **tax relief** on some or all of the premium they pay for dental insurance. **Tax relief** on dental insurance premiums is applied at source. This means that **we claim your tax relief** from the Revenue Commissioners on **your** behalf and automatically reduce the premium **you** pay **us** for the plans listed on **your policy** by this amount.

Tooth number

Tooth numbers are required to denote and specify information with a specific tooth.

Tooth surface

Any of the outer portions of a tooth. Each tooth has five surfaces, and each surface has its own name. The surfaces on the molar and premolars are:

- i) occlusal (top or biting surface);
- ii) distal (back);
- iii) mesial (front);
- iv) buccal (cheek side);
- v) lingual / palatal (tongue / palatal surface).

The surfaces for incisors are the same with the exception of the top/biting surface which is referred to as an Incisal tip.

Treatment

Any service a person needs for the medical investigation, cure, or alleviation of the symptoms of illness or **injury**.

We, us, our

Irish Life Health dac.

Working day

Monday to Friday excluding bank holidays.

You, your

The **policyholder** and any **member(s)** named under a **policy**.





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All information included in this Membership Handbook is correct at time of going to print, 12 December 2025. For full details and terms and conditions **you** can access Membership Handbooks on www.irishlifehealth.ie or call **us** on **01 562 5100**.

Solvency And Financial Condition Report

Irish Life Health's Solvency and Financial Conditions Report is available at www.irishlifehealth.ie/privacy-and-legal/solvency-and-financial-condition

