

Schedule of Benefits



TeamCare Level 3 Plan

Applicable to new registrations or renewals on or after 1st March 2020. This Schedule of Benefits must be read in conjunction with the DeCare Dental Rules - Terms and Conditions Booklet.

Section 1 - Investigative and Preventive Treatment - NO WAITING PERIOD	BENEFIT LIMIT*
Examinations	
• Two times per calendar year	100%
Scaling and Polishing	
• Two times per calendar year	100%
Radiographs (x-rays):	
Bitewings coverage:	
• 1 series per 12 month period for insured persons up to the age of 18 years	100%
• 1 series per 24 month period for insured persons over 18 years	100%
Full Mouth (Complete Series) or Panoramic	
• Covered once per 60-month period	100%
Periapical(s)	
• 4 single x-rays are covered per 12-month period	100%
Occlusal	
• 2 series per 24-month period	100%
Section 2 - Emergency Treatment - NO WAITING PERIOD	BENEFIT LIMIT*
• Once per 12 month period for the immediate, temporary relief of pain or infection	100%
Section 3 - Basic Treatment - NO WAITING PERIOD	BENEFIT LIMIT*
Restorations (fillings)	
• Once per tooth surface per 24 month period	70%
Pre-fabricated or Stainless Steel Crowns	
• Once per tooth per 60-month period for eligible dependant children up to the age of 19	70%
Sealants	
• Once per tooth per lifetime for permanent first and second molars of eligible dependant children up to the age of 16	70%
Space Maintainers	
• Once per tooth per lifetime on eligible dependant children up to the age of 17 for extracted primary posterior (back) teeth	70%
Periodontal Treatment	
• Periodontal scaling and root planing - once per quadrant per 36 month period	70%
• Full mouth debridement - once per tooth per lifetime	70%
• Periodontal maintenance - once per 24 month period	70%
Tooth Extractions	
• Tooth extraction - once per tooth per lifetime	70%

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Section 4 - Major Treatment - NO WAITING PERIOD	BENEFIT LIMIT*
Endodontic Therapy on Primary Teeth	
• Pulpal therapy - once per tooth per lifetime	70%
• Therapeutic pulpotomy - once per tooth per lifetime	70%
Endodontic Therapy on Permanent Teeth	
• Root canal therapy - once per tooth per lifetime	70%
Prosthetic Services - Dentures	
• Removable prosthetic services (Dentures) - once per 5 year period	70%
• Reline and rebase - 1 per 24 month period	70%
• Repairs, replacement of broken artificial teeth, replacement of broken clasp(s) - 1 per 6 month period	70%
• Denture adjustments - 2 times per 12 month period	70%
Prosthetic Services - Bridge and Implant Supported Crowns	
• Fixed prosthetic services (Bridge) - once per 5 year period	70%
• Bridge adjustments - 2 times per 12 month period	70%
• Implant supported crowns - once per tooth per 5-year period	70%
Crowns, Inlays, Onlays and Veneers	
• Permanent crowns, inlays and onlays - once per tooth per 5 year period	70%
• Crown repair - once per tooth per 12 month period	70%
• Veneers - Once per 5 year period (only applicable for anterior teeth and not for cosmetic reasons)	70%
Please Note: A separate annual maximum of €500 per period of insurance applies to crowns, inlays, onlays and veneers. €500	
Section 5 - Orthodontics - 18 MONTH WAITING PERIOD	BENEFIT LIMIT*
Orthodontic treatment:	
• Orthodontic benefit is available for eligible dependent children aged 8 to 18 years. Subject to a separate lifetime maximum of €1,000 per insured person	€1,000
Section 6 - Oral Cancer Benefit - NO WAITING PERIOD	BENEFIT LIMIT*
• Lump sum Benefit - A single lump sum payment which will be paid once per insured person per lifetime. We will pay the lump sum benefit following the diagnosis of a primary oral cancer, made by a recognised specialist	€2,000
• Oral Rehabilitation - A separate lifetime maximum benefit towards the cost of oral rehabilitation including the placement of dental implants and other prosthetic devices to restore oral function following surgical treatment of oral cancer	€3,000
Section 7 - Annual Policy Maximum	
This applies to all sections of your plan (excluding crowns, inlays, onlays and veneers which has a separate maximum of €500, and Oral Cancer Benefit which has a separate lifetime maximum of €5,000 per member). Maximum benefits may not be carried over to future years of cover.	
• Annual policy maximum per member per year	€2,000

* We will not cover 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.

This policy is underwritten by DeCare Dental Insurance Ireland DAC.

DeCare Dental Insurance Ireland DAC trading as DeCare Dental & DeCare Vision is regulated by the Central Bank of Ireland.

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