

Schedule of Benefits



TeamCare for Level 3 Plus

Applicable to new registrations or renewals on or after 1st December, 2013. This Schedule of Benefits must be read in conjunction with the DeCare Dental 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 <ul style="list-style-type: none"> Pulpal therapy - once per tooth per lifetime Therapeutic pulpotomy - once per tooth per lifetime 	70% 70%
Endodontic Therapy on Permanent Teeth <ul style="list-style-type: none"> Root canal therapy - once per tooth per lifetime 	70%
Prosthetic Services - Dentures <ul style="list-style-type: none"> Removable prosthetic services (Dentures) - once per 5 year period Reline and rebase - 1 per 24 month period Repairs, replacement of broken artificial teeth, replacement of broken clasp(s) - 1 per 6 month period Denture adjustments - 2 times per 12 month period 	70% 70% 70% 70%
Prosthetic Services - Bridge and Implant Supported Crowns <ul style="list-style-type: none"> Fixed prosthetic services (Bridge) - once per 5 year period Bridge adjustments - 2 times per 12 month period Implant supported crowns - once per tooth per 5-year period including a contribution towards the dental implant fixture to an annual maximum of €250 	70% 70% 70%
Crowns, Inlays and Onlays <ul style="list-style-type: none"> Permanent crowns, inlays and onlays - once per tooth per 5-year period Crown repair - once per tooth per 12 month period 	70% 70%
Please Note: A separate annual maximum of €600 per period of insurance applies to crowns, inlays and onlays.	€600
Section 5 - Orthodontics - 18 MONTH WAITING PERIOD	BENEFIT LIMIT
Orthodontic treatment: <ul style="list-style-type: none"> Orthodontic benefit is available for eligible dependent children aged 8 to 18 years. Subject to a separate lifetime maximum of €1,250 per insured person 	€1,250
Section 6 - Annual Policy Maximum	
This applies to all sections of your plan (excluding crowns, inlays and onlays which has a separate maximum of €600). Maximum benefits may not be carried over to future years of cover.	
<ul style="list-style-type: none"> Annual policy maximum per member per year 	€2,000

This policy is underwritten by DeCare Dental Insurance Ireland Limited.

DeCare Dental Insurance Ireland Limited trading as DeCare Dental and DentalCover.ie is regulated by the Central Bank of Ireland.

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