

**Applicable to new registrations or renewals on/or after 24th March 2026.**

Dear Customer,

### Important Notice—Statement of Suitability

This is an important document which sets out the reasons why the product(s) or service(s) offered or recommended is/are considered suitable, or the most suitable, for your particular needs, objectives and circumstances.

Considering the details you shared regarding your budget, personal circumstances, the benefits you prioritise, your previous policy (if any) and the level of coverage you desire, we are satisfied that **Healthy Smiles, Level 4** is the most suitable product we have available for your dental insurance needs, for the following reasons:

| <b>HEALTHY SMILES- Level 4 provides the following:</b>                                        |                                                                                                                                                                                                            |                 |               |
|-----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|---------------|
| Cover                                                                                         | Type of Care                                                                                                                                                                                               | Level of Cover* | Level 4 Cover |
| Immediate Cover                                                                               | <b>Care &amp; Prevent</b>                                                                                                                                                                                  |                 |               |
|                                                                                               | 2 dental exams per year, dental x-rays,<br>2 dental cleanings per year,<br>1 emergency dental treatment worldwide per year.                                                                                | 100%            | ✓             |
| 3 month waiting period                                                                        | <b>Basic Treatment</b>                                                                                                                                                                                     |                 |               |
|                                                                                               | -Fillings.<br>-Extractions.<br>-Treatment of Gum Disease.<br>-Sealants (for children).<br>-Space maintainers (for children).<br>-Stainless Steel Crowns (for children).                                    | 70%             | ✓             |
| 12 month waiting period                                                                       | <b>Major Treatment</b>                                                                                                                                                                                     |                 |               |
|                                                                                               | Root canals, dentures, bridges & implant supported crowns.*<br>Crowns, inlays, onlays & veneers.**<br>Implant fixture, once per tooth lifetime.***<br>^€100 policy excess applies to major treatments only | 60%             | ✓             |
| Immediate Cover                                                                               | <b>Oral Cancer Benefits*</b><br>(*lifetime maximum €5,000)                                                                                                                                                 | €5,000          | ✓             |
| 2 year waiting period                                                                         | <b>Lifetime Orthodontic Benefit*</b><br>(*lifetime maximum €1,000)                                                                                                                                         | €1,000          | ✓             |
| Policy Maximums                                                                               | *Annual maximums for dentures, bridges, & implant supported crowns per member per year.                                                                                                                    | €500            | ✓             |
|                                                                                               | **Annual maximum for crowns, inlays, onlays and veneers per member per year.                                                                                                                               | €500            | ✓             |
|                                                                                               | ***Annual maximum for implant fixtures per member per year.                                                                                                                                                | €250            | ✓             |
|                                                                                               | Annual maximum for all other services per member per year.                                                                                                                                                 | €1,500          | ✓             |
| <i>Dental insurance cover for a minimum of a 12-month period.</i>                             |                                                                                                                                                                                                            |                 |               |
| <i>This plan is subject to Schedule of Benefits and Rules - Terms and Conditions booklet.</i> |                                                                                                                                                                                                            |                 |               |

DeCare Dental, Unit 10a, Lakeside Retail Park, Ballindine Road, Clarendon, Co. Mayo, F12 V089.

Tel: 094 9378608 Email: [query@decaredental.ie](mailto:query@decaredental.ie) [www.decare.ie](http://www.decare.ie)

This policy is underwritten by DeCare Dental Insurance Ireland DAC.

DeCare Dental Insurance Ireland DAC is a designated activity company.

Board of Directors: Carin Bryans, Dennis Casey (USA), Dani Fjelstad (USA), Alan Holmes, Maureen Walsh.

Registered in Ireland. Registration No: 383762. Registered Office: Unit 10a, Lakeside Retail Park, Ballindine Road, Clarendon, Co. Mayo. VAT No: 6403762C

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

Furthermore, we have outlined the main features of the plan we recommend in the accompanying Insurance Product Information Document. Further details on the plan benefits are evident in your Schedule of Benefits.

Waiting periods, benefit maximums, frequency limitations and a policy excess apply for certain treatments. Please refer to the accompanying Insurance Product Information Document and Schedule of Benefits and Rules - Terms and Conditions booklet for full details of restrictions and covered services.

*This Suitability Statement is intended as a guide only and does not form part of a contract.*

Yours Sincerely,

A handwritten signature in black ink, appearing to read 'G. Murphy', is positioned above a horizontal line.

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Gavin Murphy  
Individual Sales Retention Manager

DeCare Dental, Unit 10a, Lakeside Retail Park, Ballindine Road, Claremorris, Co. Mayo, F12 V089.

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