DeCare DENTAL

Schedule of Benefits

Healthy Smiles Level 3 (Annual Max €1,500)

Applicable to new registrations or renewals on/or after 1st January 2026. This Schedule of Benefits must be read in conjunction with the DeCare Dental Rules - Terms and Conditions Booklet. The Schedule of Benefits below includes Healthy Smiles Adult and Junior Plan benefits.

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%
• Three times per calendar year:	
◦ During pregnancy	100%
◦ While undergoing chemotherapy for cancer	100%
◦ Where member is diagnosed with heart disease	100%
◦ Where member is diagnosed with end-stage renal/kidney disease	100%
◦ When member has undergone an organ transplant	100%
◦ Where member has Human Immunodeficiency Virus (HIV) or Acquired Immune Deficiency Syndrome (AIDS)	100%
◦ Where member has Autism Spectrum Disorder (ASD) Level 2 or higher	100%
Topical Fluoride Treatment	
• One per calendar year:	
◦ While undergoing chemotherapy for cancer	100%
◦ Where member is diagnosed with end-stage renal/kidney disease	100%
◦ Where member has undergone an organ transplant	100%
◦ Where member has Autism Spectrum Disorder (ASD) Level 2 or higher	100%
Radiographs (x-rays):	
Bitewings coverage:	
• 1 series per 12 month period for insured persons up to the age of 17 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%

Section 2 - Emergency Treatment – NO WAITING PERIOD	BENEFIT LIMIT*
• Once per 12 month period for the immediate, temporary relief of pain or infection	100%

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Section 3 - Basic Treatment – 3 MONTH WAITING PERIOD APPLIES	BENEFIT LIMIT*
Restorations (fillings)	
• Once per tooth surface per 24 month period	70%
Stainless Steel Crowns	
• Once per tooth per 60-month period for eligible dependent children up to the age of 19	70%
Sealants	
• Once per tooth per lifetime for permanent first and second molars of eligible dependent children up to the age of 16	70%
Space Maintainers	
• Once per tooth per lifetime on eligible dependent children up to the age of 17 for extracted primary posterior (back) teeth	70%
Periodontal Treatment	
• Periodontal scaling and root debridement - 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%

Section 4 - Major Treatment – 12 MONTH WAITING PERIOD APPLIES	BENEFIT LIMIT*
Endodontic Therapy on Primary Teeth	
• Pulpal therapy - once per tooth per lifetime	60%
• Therapeutic pulpotomy - once per tooth per lifetime	60%
Endodontic Therapy on Permanent Teeth	
• Root canal therapy - once per tooth per lifetime	60%
Prosthetic Services - Dentures, Bridge and Implant Supported Crowns	
• Reline and rebase - 1 per 24 month period	60%
• Repairs, replacement of broken artificial teeth, replacement of broken clasp(s) - 1 per 6 month period	60%
• Denture adjustments - 2 times per 12 month period	60%
• Removable prosthetic services (Dentures) - once per 5 year period	60%
• Fixed prosthetic services (bridge) – once per 5 year period	60%
• Recement of bridge – 2 times per 12 month period	60%
• Implant supported crowns – once per tooth per lifetime	60%
• Implant fixture – once per tooth per lifetime – a contribution towards the dental implant fixture to an annual maximum of €250	€250
• A separate annual maximum of €500 per period of insurance applies to dentures, bridge and implant supported crowns	€500
Crowns, Inlays, Onlays and Veneers	
• Permanent crowns, inlays and onlays - once per tooth per 5 year period	60%
• Crown repair - once per tooth per 12 month period	60%
• Veneers - once per tooth per 5 year period (only applicable for anterior teeth and not for cosmetic reasons)	60%
• A separate annual maximum of €500 per period of insurance applies to crowns, inlays, onlays and veneers.	€500
Please Note: Policy excess on major services	€100

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Section 5 – 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. A recognised specialist means a medical or dental practitioner who is on the relevant specialist register of the Medical Council or the Dental Council e.g., Oral and Maxillofacial Consultant on the specialist register of the Medical Council or Oral Surgeon on the specialist register of the Dental Council.	€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 6 – Annual Policy Maximum	
• Annual policy maximum per member per year This applies to all sections of your plan excluding: • Dentures, bridge and implant supported crowns which has a separate maximum of €500 • 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.	€1,500

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Get in touch
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