



PRIMARY DENTAL BENEFIT TABLE 2018
BONSAVE DENTAL BENEFIT TABLE 2018
STANDARD / STANDARD SELECT DENTAL BENEFIT TABLE 2018
BONCOM DENTAL BENEFIT TABLE 2018

Dental benefits are paid at the Bonitas Dental Tariff (BDT). Hospitalisation and certain specialised dentistry procedures and treatment must be pre-authorized*. Procedures and treatment not pre-authorized will not attract a benefit, with the exception of crown and bridge procedures where a 20% penalty will apply if authorisation is applied for after the treatment has been done. Failure to pre-authorise orthodontic treatment will result in a payment ONLY from date of authorisation for the remaining months of treatment, provided that the treatment is clinically indicated. Penalties do not apply to emergency hospital admission.

Co-payments are levied for **Orthodontics** on the **Standard** and **Standard Select** option

Benefits payable on the **Primary** option is subject to a **Designated Service Provider** arrangement with the DENIS Dental Network.

Dentures* must be pre-authorized on the Primary, BonSave, Standard, Standard Select and BonCom options.

Co-payments are levied on the **Hospital** account on the **Primary, BonSave, Standard** and **Standard Select** options.

Members on the **Standard Select** option must use a hospital within the **Bonitas Hospital Network**. Should a member on the **Standard Select** option make use of a non-network hospital, a 30% co-payment will be applicable on the hospital account.

Dental benefits are subject to managed care protocols and managed care interventions which may include the requirement of treatment plans and/or radiographs prior to benefit application. Scheme Exclusions apply to dental benefits. In the event of a dispute, the registered rules of the scheme prevail.

BonCom option**

The dental benefits of the BonCom option will be paid from the member's available savings and/or threshold limit. The dental benefits as published below will apply, subject to DENIS managed care protocols and managed care interventions which include pre-authorization where necessary. Pre-authorization is required for crowns, orthodontics, implants, periodontics, hospital and IV/conscious sedation. Co-payments are not applicable to maxillo-facial surgery and hospitalisation.

Please note that Medscheme will be responsible for the payment of all dental claims on the BonCom option.

		PRIMARY	BONSAVE	STANDARD/ STANDARD SELECT	BONCOM
CONSERVATIVE DENTISTRY	Consultations	Two annual check-ups per beneficiary (once in 6 months). Benefit is subject to managed care protocols. Covered at the BDT.	Two annual check-ups per beneficiary (once in 6 months). Benefit is subject to managed care protocols. Covered at the BDT.	Two annual check-ups per beneficiary (once in 6 months). Benefit is subject to managed care protocols. Covered at the BDT.	Once in 6 months Benefit is subject to managed care protocols. Covered at the BDT**.
	X-rays: Intra-oral	Benefit is subject to managed care protocols. Covered at the BDT.	Benefit is subject to managed care protocols. Covered at the BDT.	Benefit is subject to managed care protocols. Covered at the BDT.	Benefit is subject to managed care protocols. Covered at the BDT**.
	X-rays: Extra-oral	One per beneficiary in a 3-year period. Benefit is subject to managed care protocols. Covered at the BDT.	One per beneficiary in a 3-year period. Benefit is subject to managed care protocols. Covered at the BDT.	One per beneficiary in a 3-year period. Benefit is subject to managed care protocols. Additional benefit may be considered where specialised dental treatment is required. Covered at the BDT.	One per beneficiary in a 3-year period. Benefit is subject to managed care protocols. Additional benefit may be considered where specialised dental treatment is required. Covered at the BDT**.
	Oral Hygiene	Two annual scale and polish treatments per beneficiary (once in 6 months). Benefit is subject to managed care protocols.	Two annual scale and polish treatments per beneficiary (once in 6 months). Benefit is subject to managed care protocols.	Two annual scale and polish treatments per beneficiary (once in 6 months). Benefit is subject to managed care protocols.	Once in 6 months Benefit is subject to managed care protocols.

	PRIMARY	BONSAVE	STANDARD/ STANDARD SELECT	BONCOM
Oral Hygiene <i>(continue)</i>	<p>Covered at the BDT.</p> <p>Benefit for fissure sealants is limited to beneficiaries younger than 16 years of age.</p> <p>Benefit for fluoride is limited to beneficiaries from age 5 and younger than 16 years of age.</p> <p>Scheme Exclusions:</p> <ul style="list-style-type: none"> • Oral hygiene instructions • Oral hygiene evaluation • Professionally applied fluoride for beneficiaries 16 years and older • Dental bleaching 	<p>Covered at the BDT.</p> <p>Benefit for fissure sealants is limited to beneficiaries younger than 16 years of age.</p> <p>Benefit for fluoride is limited to beneficiaries from age 5 and younger than 16 years of age.</p> <p>Scheme Exclusions:</p> <ul style="list-style-type: none"> • Oral hygiene instructions • Oral hygiene evaluation • Professionally applied fluoride for beneficiaries 16 years and older • Dental bleaching 	<p>Covered at the BDT.</p> <p>Benefit for fissure sealants is limited to beneficiaries younger than 16 years of age.</p> <p>Benefit for fluoride is limited to beneficiaries from age 5 and younger than 16 years of age.</p> <p>Scheme Exclusions:</p> <ul style="list-style-type: none"> • Oral hygiene instructions • Oral hygiene evaluation • Professionally applied fluoride for beneficiaries 16 years and older • Dental bleaching 	<p>Covered at the BDT**.</p> <p>Benefit for fissure sealants is limited to beneficiaries younger than 16 years of age.</p> <p>Benefit for fluoride is limited to beneficiaries from age 5 and younger than 16 years of age.</p> <p>Scheme Exclusions:</p> <ul style="list-style-type: none"> • Oral hygiene instructions • Oral hygiene evaluation • Professionally applied fluoride for beneficiaries 16 years and older • Dental bleaching
Fillings	<p>Benefit for fillings are granted once per tooth in 365 days.</p> <p>Benefit for re-treatment of a tooth is subject to managed care protocols.</p> <p>Covered at the BDT.</p> <p>A treatment plan and X-rays may be required for multiple fillings.</p>	<p>Benefit for fillings are granted once per tooth in 365 days.</p> <p>Benefit for re-treatment of a tooth is subject to managed care protocols.</p> <p>Covered at the BDT.</p> <p>A treatment plan and X-rays may be required for multiple fillings.</p>	<p>Benefit for fillings are granted once per tooth in 365 days.</p> <p>Benefit for re-treatment of a tooth is subject to managed care protocols.</p> <p>Covered at the BDT.</p> <p>A treatment plan and X-rays may be required for multiple fillings.</p>	<p>Benefit for fillings are granted once per tooth in 365 days.</p> <p>Benefit for re-treatment of a tooth is subject to managed care protocols.</p> <p>Covered at the BDT**.</p> <p>A treatment plan and X-rays may be required for multiple fillings.</p>

	PRIMARY	BONSAVE	STANDARD/ STANDARD SELECT	BONCOM
Fillings (continue)	<p>Scheme Exclusions:</p> <ul style="list-style-type: none"> • Fillings to restore teeth damaged due to toothbrush abrasion, attrition, erosion and fluorosis • Resin bonding for restorations that are charged as a separate procedure to the restoration • The polishing of restorations • Gold foil restorations • Ozone therapy 	<p>Scheme Exclusions:</p> <ul style="list-style-type: none"> • Fillings to restore teeth damaged due to toothbrush abrasion, attrition, erosion and fluorosis • Resin bonding for restorations that are charged as a separate procedure to the restoration • The polishing of restorations • Gold foil restorations • Ozone therapy 	<p>Scheme Exclusions:</p> <ul style="list-style-type: none"> • Fillings to restore teeth damaged due to toothbrush abrasion, attrition, erosion and fluorosis • Resin bonding for restorations that are charged as a separate procedure to the restoration • The polishing of restorations • Gold foil restorations • Ozone therapy 	<p>Scheme Exclusions:</p> <ul style="list-style-type: none"> • Fillings to restore teeth damaged due to toothbrush abrasion, attrition, erosion and fluorosis • Resin bonding for restorations that are charged as a separate procedure to the restoration • The polishing of restorations • Gold foil restorations • Ozone therapy
Root Canal Therapy and Extractions	<p>Benefit is subject to managed care protocols.</p> <p>Benefit for root canal includes all teeth except primary teeth and permanent molars.</p> <p>Covered at the BDT.</p> <p>Scheme Exclusions:</p> <ul style="list-style-type: none"> • Direct and indirect pulp capping procedures • Root canal therapy on wisdom teeth (third molars) • Direct and indirect pulp capping procedures 	<p>Benefit is subject to managed care protocols.</p> <p>Benefit for root canal includes all teeth except primary teeth and permanent molars.</p> <p>Covered at the BDT.</p> <p>Scheme Exclusions:</p> <ul style="list-style-type: none"> • Direct and indirect pulp capping procedures • Root canal therapy on wisdom teeth (third molars) • Direct and indirect pulp capping procedures 	<p>Benefit is subject to managed care protocols.</p> <p>Covered at the BDT.</p> <p>Scheme Exclusions:</p> <ul style="list-style-type: none"> • Root canal therapy on primary (milk) teeth • Root canal therapy on wisdom teeth (third molars) • Direct and indirect pulp capping procedures 	<p>Benefit is subject to managed care protocols.</p> <p>Covered at the BDT**.</p> <p>Scheme Exclusions:</p> <ul style="list-style-type: none"> • Root canal therapy on primary (milk) teeth • Root canal therapy on wisdom teeth (third molars) • Direct and indirect pulp capping procedures

**Plastic Dentures*
and
Associated
Laboratory Costs**

	PRIMARY	BONSAVE	STANDARD/ STANDARD SELECT	BONCOM
	Pre-authorisation is required.	Pre-authorisation is required.	Pre-authorisation is required.	Pre-authorisation is required.
	One set of plastic dentures (an upper and a lower) per beneficiary in a 4-year period.	One set of plastic dentures (an upper and a lower) per beneficiary in a 4-year period.	One set of plastic dentures (an upper and a lower) per beneficiary in a 4-year period.	One set of plastic dentures (an upper and a lower) per beneficiary in a 4-year period.
	Benefit is subject to managed care protocols.	Benefit is subject to managed care protocols.	Benefit is subject to managed care protocols.	Benefit is subject to managed care protocols.
	Covered at the BDT.	Covered at the BDT.	Covered at the BDT.	Covered at the BDT**.
	Benefit is not available for the clinical fee of denture repairs, denture tooth replacements and the addition of a soft base to new dentures; the laboratory fee will be covered.	Benefit is not available for the clinical fee of denture repairs, denture tooth replacements and the addition of a soft base to new dentures; the laboratory fee will be covered.	Benefit is not available for the clinical fee of denture repairs, denture tooth replacements and the addition of a soft base to new dentures; the laboratory fee will be covered.	Benefit is not available for the clinical fee of denture repairs, denture tooth replacements and the addition of a soft base to new dentures; the laboratory fee will be covered.
	Benefit is not available for the laboratory fee of mouthguards; the clinical fee will be covered.	Benefit is not available for the laboratory fee of mouthguards; the clinical fee will be covered.	Benefit is not available for the laboratory fee of mouthguards; the clinical fee will be covered.	Benefit is not available for the laboratory fee of mouthguards; the clinical fee will be covered.
	<p>Scheme Exclusions:</p> <ul style="list-style-type: none"> • Diagnostic dentures and associated laboratory costs • Snoring appliances and associated laboratory costs • High impact acrylic 	<p>Scheme Exclusions:</p> <ul style="list-style-type: none"> • Diagnostic dentures and associated laboratory costs • Snoring appliances and associated laboratory costs • High impact acrylic 	<p>Scheme Exclusions:</p> <ul style="list-style-type: none"> • Diagnostic dentures and associated laboratory costs • Snoring appliances and associated laboratory costs • High impact acrylic 	<p>Scheme Exclusions:</p> <ul style="list-style-type: none"> • Diagnostic dentures and associated laboratory costs • Snoring appliances and associated laboratory costs • High impact acrylic

	PRIMARY	BONSAVE	STANDARD/ STANDARD SELECT	BONCOM
CONSERVATIVE DENTISTRY	<p>Plastic Dentures* and Associated Laboratory Costs <i>(continue)</i></p> <ul style="list-style-type: none"> • The cost of gold, precious metal, semi-precious metal and platinum foil • Laboratory delivery fees • Provisional dentures and associated laboratory costs 	<ul style="list-style-type: none"> • The cost of gold, precious metal, semi-precious metal and platinum foil • Laboratory delivery fees • Provisional dentures and associated laboratory costs 	<ul style="list-style-type: none"> • The cost of gold, precious metal, semi-precious metal and platinum foil • Laboratory delivery fees • Provisional dentures and associated laboratory costs 	<p>The cost of gold, precious metal, semi-precious metal and platinum foil</p> <ul style="list-style-type: none"> • Laboratory delivery fees • Provisional dentures and associated laboratory costs
SPECIALISED DENTISTRY	<p>No benefit</p>	<p>No benefit</p>	<p>Pre-authorisation is required.</p> <p>One partial frame (an upper or a lower) per beneficiary in a 5-year period.</p> <p>Benefit is subject to managed care protocols.</p> <p>Covered at the BDT.</p> <p>Scheme Exclusions:</p> <ul style="list-style-type: none"> • The metal base to full dentures and associated laboratory costs • High impact acrylic • The cost of gold, precious metal, semi-precious metal and platinum foil • Laboratory delivery fees 	<p>Pre-authorisation is required.</p> <p>Two partial frames (an upper and a lower) per beneficiary in a 5-year period.</p> <p>Benefit is subject to managed care protocols.</p> <p>Covered at the BDT.</p> <p>Scheme Exclusions:</p> <ul style="list-style-type: none"> • The metal base to full dentures and associated laboratory costs • High impact acrylic • The cost of gold, precious metal, semi-precious metal and platinum foil • Laboratory delivery fees

		PRIMARY	BONSAVE	STANDARD/ STANDARD SELECT	BONCOM
SPECIALISED DENTISTRY	<p>Crown & Bridge* and Associated Laboratory Costs</p> <p><i>A bridge comprises two or more crown units. Each crown is payable from the available Crown & Bridge benefit.</i></p>	No benefit	No benefit	<p>Pre-authorisation is required.</p> <p>One crown per family per year.</p> <p>Benefit is subject to managed care protocols.</p> <p>Covered at the BDT.</p> <p>Benefits for crowns will be granted once per tooth in a 5-year period.</p> <p>A treatment plan and X-rays may be requested.</p> <p>Scheme Exclusions:</p> <ul style="list-style-type: none"> • Crowns or crown retainers on wisdom teeth (third molars) • Pontics on second molars where the third molar is a retainer • Crown and bridge procedures for cosmetic reasons and associated laboratory costs • Occlusal rehabilitations and associated laboratory costs 	<p>Pre-authorisation is required.</p> <p>Three crowns per family per year.</p> <p>Benefit is subject to managed care protocols.</p> <p>Covered at the BDT.</p> <p>Benefits for crowns will be granted once per tooth in a 5-year period.</p> <p>A treatment plan and X-rays may be requested.</p> <p>Scheme Exclusions:</p> <ul style="list-style-type: none"> • Crowns or crown retainers on wisdom teeth (third molars) • Pontics on second molars where the third molar is a retainer • Crown and bridge procedures for cosmetic reasons and associated laboratory costs • Occlusal rehabilitations and associated laboratory costs

		PRIMARY	BONSAVE	STANDARD/ STANDARD SELECT	BONCOM
SPECIALISED DENTISTRY	Crown & Bridge* and Associated Laboratory Costs <i>(continue)</i>			<ul style="list-style-type: none"> • Provisional crowns and associated laboratory costs • Porcelain veneers and inlays and associated laboratory costs • Emergency crowns that are not placed for the immediate protection in tooth injury and associated laboratory costs. • The cost of gold, precious metal, semi-precious metal and platinum foil • Laboratory delivery fees 	<ul style="list-style-type: none"> • Provisional crowns and associated laboratory costs • Porcelain veneers and inlays and associated laboratory costs • Emergency crowns that are not placed for the immediate protection in tooth injury and associated laboratory costs. • The cost of gold, precious metal, semi-precious metal and platinum foil • Laboratory delivery fees
	Implants* and Associated Laboratory Costs	No benefit	No benefit	No benefit	<p>Pre-authorisation is required.</p> <p>Two implants per beneficiary in a 5-year period.</p> <p>Benefit is subject to managed care protocols.</p> <p>Covered at the BDT**.</p> <p>Cost of implant components is limited to R2 490 per implant.</p>

		PRIMARY	BONSAVE	STANDARD/ STANDARD SELECT	BONCOM
SPECIALISED DENTISTRY	Implants* and Associated Laboratory Costs <i>(continue)</i>	No benefit	No benefit	No benefit	Scheme Exclusions: <ul style="list-style-type: none"> • Implants on wisdom teeth (third molars) • Dolder bars and associated abutments on implants including the associated laboratory costs • Laboratory delivery fees
	Orthodontics* and Associated Laboratory Costs	No benefit	No benefit	<p>Pre-authorization is required.</p> <p>Benefit is subject to managed care protocols.</p> <p>Orthodontic treatment is granted once per beneficiary per lifetime.</p> <p>On pre-authorization, cases will be clinically assessed by using an orthodontic needs analysis. Benefit allocation is subject to the outcome of the needs analysis and funding can be granted up to 80% of BDT.</p> <p>Benefit for orthodontic treatment will be granted where function is impaired</p>	<p>Pre-authorization is required.</p> <p>Benefit is subject to managed care protocols.</p> <p>Orthodontic treatment is granted once per beneficiary per lifetime.</p> <p>On pre-authorization, cases will be clinically assessed by using an orthodontic needs analysis. Benefit allocation is subject to the outcome of the needs analysis and funding can be granted up to 100% of BDT.</p> <p>Benefit for orthodontic treatment will be granted where function is impaired.</p>

SPECIALISED DENTISTRY	Orthodontics* and Associated Laboratory Costs (continue)	PRIMARY	BONSAVE	STANDARD/ STANDARD SELECT	BONCOM

		PRIMARY	BONSAVE	STANDARD/ STANDARD SELECT	BONCOM
SPECIALISED DENTISTRY	Periodontics*	No benefit	No benefit	<p>Pre-authorisation is required.</p> <p>Benefit is subject to managed care protocols.</p> <p>Covered at the BDT.</p> <p>Benefit is limited to conservative, non-surgical therapy only and will only be applied to members who are registered on the Periodontal Programme.</p> <p>Scheme Exclusions:</p> <ul style="list-style-type: none"> • Surgical periodontics which includes gingivectomies, periodontal flap surgery tissue grafting and the hemisection of a tooth • Perio chip placement 	<p>Pre-authorisation is required.</p> <p>Benefit is subject to managed care protocols.</p> <p>Covered at the BDT**.</p> <p>Benefit is limited to conservative, non-surgical therapy only and will only be applied to members who are registered on the Periodontal Programme.</p> <p>Scheme Exclusions:</p> <ul style="list-style-type: none"> • Surgical periodontics which includes gingivectomies, periodontal flap surgery tissue grafting and the hemisection of a tooth • Perio chip placement
	Maxillo-facial Surgery and Oral Pathology	<p><i>Surgery in the dental chair:</i> Benefit is subject to managed care protocols. Covered at the BDT.</p> <p><i>Temporo-mandibular joint (TMJ) therapy:</i> Benefit is limited to non-surgical intervention /treatments.</p>	<p><i>Surgery in the dental chair:</i> Benefit is subject to managed care protocols. Covered at the BDT.</p> <p><i>Temporo-mandibular joint (TMJ) therapy:</i> Benefit is limited to non-surgical intervention /treatments.</p>	<p><i>Surgery in the dental chair:</i> Benefit is subject to managed care protocols. Covered at the BDT.</p> <p><i>Temporo-mandibular joint (TMJ) therapy:</i> Benefit is limited to non-surgical intervention /treatments.</p>	<p><i>Surgery in the dental chair:</i> Benefit is subject to managed care protocols. Covered at the BDT**.</p> <p><i>Temporo-mandibular joint (TMJ) therapy:</i> Benefit is limited to non-surgical intervention /treatments.</p>

Maxillo-facial Surgery and Oral Pathology
(continue)

	PRIMARY	BONSAVE	STANDARD/ STANDARD SELECT	BONCOM
	<p><i>Oral pathology procedures (cysts and biopsies, the surgical treatment of tumours of the jaw and soft tissue tumours):</i> Claims will only be covered if supported by a laboratory report that confirms diagnosis.</p> <p>Scheme Exclusions:</p> <ul style="list-style-type: none"> • Orthognathic (jaw correction) surgery • Sinus lifts • Bone augmentations • Bone and tissue regeneration procedures • The cost of bone regeneration material • The auto-transplantation of teeth • The closure of an oral-antral opening (currently code 8909) when claimed during the same visit with impacted teeth (currently codes 8941, 8943 and 8945) <p><i>Surgery in hospital:</i></p> <ul style="list-style-type: none"> • See Hospitalisation* below 	<p><i>Oral pathology procedures (cysts and biopsies, the surgical treatment of tumours of the jaw and soft tissue tumours):</i> Claims will only be covered if supported by a laboratory report that confirms diagnosis.</p> <p>Scheme Exclusions:</p> <ul style="list-style-type: none"> • Orthognathic (jaw correction) surgery • Sinus lifts • Bone augmentations • Bone and tissue regeneration procedures • The cost of bone regeneration material • The auto-transplantation of teeth • The closure of an oral-antral opening (currently code 8909) when claimed during the same visit with impacted teeth (currently codes 8941, 8943 and 8945) <p><i>Surgery in hospital:</i></p> <ul style="list-style-type: none"> • See Hospitalisation* below 	<p><i>Oral pathology procedures (cysts and biopsies, the surgical treatment of tumours of the jaw and soft tissue tumours):</i> Claims will only be covered if supported by a laboratory report that confirms diagnosis.</p> <p>Scheme Exclusions:</p> <ul style="list-style-type: none"> • Orthognathic (jaw correction) surgery • Sinus lifts • Bone augmentations • Bone and tissue regeneration procedures • The cost of bone regeneration material • The auto-transplantation of teeth • The closure of an oral-antral opening (currently code 8909) when claimed during the same visit with impacted teeth (currently codes 8941, 8943 and 8945) <p><i>Surgery in hospital:</i></p> <ul style="list-style-type: none"> • See Hospitalisation* below 	<p><i>Oral pathology procedures (cysts and biopsies, the surgical treatment of tumours of the jaw and soft tissue tumours):</i> Claims will only be covered if supported by a laboratory report that confirms diagnosis.</p> <p>Scheme Exclusions:</p> <ul style="list-style-type: none"> • Orthognathic (jaw correction) surgery • Sinus lifts • Bone augmentations • Bone and tissue regeneration procedures • The cost of bone regeneration material • The auto-transplantation of teeth • The closure of an oral-antral opening (currently code 8909) when claimed during the same visit with impacted teeth (currently codes 8941, 8943 and 8945) <p><i>Surgery in hospital:</i></p> <ul style="list-style-type: none"> • See Hospitalisation* below

HOSPITALISATION AND ANAESTHETICS

**Hospitalisation
(General
Anaesthetic)***

	PRIMARY	BONSAVE	STANDARD/ STANDARD SELECT	BONCOM
	Pre-authorisation is required.	Pre-authorisation is required.	Pre-authorisation is required.	Pre-authorisation is required.
	Admission protocols apply.	Admission protocols apply.	Admission protocols apply.	Admission protocols apply.
	A co-payment of R3 000 per hospital admission applies.	A co-payment of R3 000 per hospital admission applies.	A co-payment of R3 000 per hospital admission applies.	
	General anaesthetic benefits are available for children under the age of 5 years for extensive dental treatment.	General anaesthetic benefits are available for children under the age of 5 years for extensive dental treatment.	General anaesthetic benefits are available for children under the age of 5 years for extensive dental treatment.	General anaesthetic benefits are available for children under the age of 5 years for extensive dental treatment.
	General anaesthetic benefits are available for the removal of impacted teeth. Benefit is subject to managed care protocols.	General anaesthetic benefits are available for the removal of impacted teeth. Benefit is subject to managed care protocols.	General anaesthetic benefits are available for the removal of impacted teeth. Benefit is subject to managed care protocols.	General anaesthetic benefits are available for the removal of impacted teeth. Benefit is subject to managed care protocols.
	The hospital and anaesthetist claims for the procedures listed below will not be covered when performed under general anaesthesia. The payment of the dental procedure will be dependent on available benefits, and payable at BDT: <ul style="list-style-type: none"> • Apicectomies • Dentectomies • Frenectomies • Implantology and associated surgical procedures 	The hospital and anaesthetist claims for the procedures listed below will not be covered when performed under general anaesthesia. The payment of the dental procedure will be dependent on available benefits, and payable at BDT: <ul style="list-style-type: none"> • Apicectomies • Dentectomies • Frenectomies • Implantology and associated surgical procedures 	The hospital and anaesthetist claims for the procedures listed below will not be covered when performed under general anaesthesia. The payment of the dental procedure will be dependent on available benefits, and payable at BDT: <ul style="list-style-type: none"> • Apicectomies • Dentectomies • Frenectomies • Implantology and associated surgical procedures 	The hospital and anaesthetist claims for the procedures listed below will not be covered when performed under general anaesthesia. The payment of the dental procedure will be dependent on available benefits, and payable at BDT**: <ul style="list-style-type: none"> • Apicectomies • Dentectomies • Frenectomies • Implantology and associated surgical procedures

HOSPITALISATION AND ANAESTHETICS

	PRIMARY	BONSAVE	STANDARD/ STANDARD SELECT	BONCOM
<p>Hospitalisation (General Anaesthetic)* <i>(continue)</i></p>	<ul style="list-style-type: none"> • Conservative dental treatment (fillings, extractions and root canal therapy) for adults • Professional oral hygiene procedures • Surgical tooth exposures for orthodontic reasons <p>Scheme Exclusions:</p> <ul style="list-style-type: none"> • Where the only reason for admission to hospital is dental fear and anxiety • Multiple hospital admissions • Where the only reason for the admission request is for a sterile facility • The cost of dental materials for procedures performed under general anaesthesia 	<ul style="list-style-type: none"> • Conservative dental treatment (fillings, extractions and root canal therapy) for adults • Professional oral hygiene procedures • Surgical tooth exposures for orthodontic reasons <p>Scheme Exclusions:</p> <ul style="list-style-type: none"> • Where the only reason for admission to hospital is dental fear and anxiety • Multiple hospital admissions • Where the only reason for the admission request is for a sterile facility • The cost of dental materials for procedures performed under general anaesthesia 	<ul style="list-style-type: none"> • Conservative dental treatment (fillings, extractions and root canal therapy) for adults • Professional oral hygiene procedures • Surgical tooth exposures for orthodontic reasons <p>Scheme Exclusions:</p> <ul style="list-style-type: none"> • Where the only reason for admission to hospital is dental fear and anxiety • Multiple hospital admissions • Where the only reason for the admission request is for a sterile facility • The cost of dental materials for procedures performed under general anaesthesia 	<ul style="list-style-type: none"> • Conservative dental treatment (fillings, extractions and root canal therapy) for adults • Professional oral hygiene procedures • Surgical tooth exposures for orthodontic reasons <p>Scheme Exclusions:</p> <ul style="list-style-type: none"> • Where the only reason for admission to hospital is dental fear and anxiety • Multiple hospital admissions • Where the only reason for the admission request is for a sterile facility • The cost of dental materials for procedures performed under general anaesthesia
<p>Laughing Gas in Dental Rooms</p>	<p>Benefit is subject to managed care protocols.</p> <p>Covered at the BDT.</p>	<p>Benefit is subject to managed care protocols.</p> <p>Covered at the BDT.</p>	<p>Benefit is subject to managed care protocols.</p> <p>Covered at the BDT.</p>	<p>Benefit is subject to managed care protocols.</p> <p>Covered at the BDT**.</p>

		PRIMARY	BONSAVE	STANDARD/ STANDARD SELECT	BONCOM
HOSPITALISATION AND ANAESTHETICS	IV/Conscious Sedation in Rooms*	Pre-authorisation is required.	Pre-authorisation is required.	Pre-authorisation is required.	Pre-authorisation is required.
		Benefit is subject to managed care protocols.	Benefit is subject to managed care protocols.	Benefit is subject to managed care protocols.	Benefit is subject to managed care protocols.
		Covered at the BDT.	Covered at the BDT.	Covered at the BDT.	Covered at the BDT**.
		Benefit is limited to extensive dental treatment.	Benefit is limited to extensive dental treatment.	Benefit is limited to extensive dental treatment.	Benefit is limited to extensive dental treatment.

Additional Scheme Exclusions:

- Electrognathographic recordings, pantographic recordings and other such electronic analyses
- Nutritional and tobacco counseling
- Caries susceptibility and microbiological tests
- Fissure sealants on patients 16 years and older
- Pulp tests
- Cost of Mineral Trioxide
- Cost of prescribed toothpastes, mouthwashes (e.g. Corsodyl) and ointments
- Appointment not kept
- Special report
- Dental testimony including dento-legal fees
- Treatment plan completed (currently code 8120)
- Enamel microabrasion
- Behaviour management
- Intramuscular or subcutaneous injection
- Procedures that are defined as unusual circumstances and procedures that are defined as unlisted procedures

BONCLASSIC DENTAL BENEFIT TABLE 2018

Dental benefits are paid at the Bonitas Dental Tariff (BDT) subject to the available financial limit. Hospitalisation and certain specialised dentistry procedures must be pre-authorized*. Procedures and treatment not pre-authorized will not attract a benefit, with the exception of crown and bridge procedures where a 20% penalty will apply if authorisation is applied for after the treatment has been done. Failure to pre-authorise orthodontic treatment will result in a payment ONLY from date of authorisation for the remaining months of treatment, provided that the treatment is clinically indicated. Penalties do not apply to emergency hospital admission.

Co-payments are levied on the **Hospital** account on the **BonClassic** option.

Dentures* must be pre-authorized on the **BonClassic** option.

Dental benefits are subject to managed care protocols and managed care interventions which may include the requirement of treatment plans and/or radiographs prior to benefit application. Scheme Exclusions apply to dental benefits. In the event of a dispute, the rules of the scheme prevail.

		BONCLASSIC
		Conservative Dentistry – Limit of R4 450 per family per year Specialised Dentistry – Limit of R5 350 per family per year
CONSERVATIVE DENTISTRY	Consultations	Two annual check-ups per beneficiary (once in 6 months). Benefit is subject to managed care protocols. Covered at the BDT.
	X-rays: Intra-oral	Benefit is subject to managed care protocols. Covered at the BDT.
	X-rays: Extra-oral	One per beneficiary in a 3-year period. Benefit is subject to managed care protocols. Additional benefit may be considered where specialised dental treatment is required. Covered at the BDT.
	Oral Hygiene	Two annual scale and polish treatments per beneficiary (once in 6 months). Benefit is subject to managed care protocols. Benefit for fissure sealants is limited to beneficiaries younger than 16 years of age. Benefit for fluoride is limited to beneficiaries from age 5 and younger than 16 years of age. Covered at the BDT.

CONSERVATIVE DENTISTRY		<p>BONCLASSIC</p> <p>Conservative Dentistry – Limit of R4 450 per family per year Specialised Dentistry – Limit of R5 350 per family per year</p>
	<p>Oral Hygiene <i>(continue)</i></p>	<p>Scheme Exclusions:</p> <ul style="list-style-type: none"> • Oral hygiene instructions • Oral hygiene evaluation • Professionally applied fluoride for beneficiaries 16 years and older • Dental bleaching
	<p>Fillings</p>	<p>Benefit for fillings are granted once per tooth in 365 days.</p> <p>Benefit for re-treatment of a tooth is subject to managed care protocols. Covered at the BDT.</p> <p>A treatment plan and X-rays may be required for multiple fillings.</p> <p>Scheme Exclusions:</p> <ul style="list-style-type: none"> • Fillings to restore teeth damaged due to toothbrush abrasion, attrition, erosion and fluorosis • Resin bonding for restorations that are charged as a separate procedure to the restoration • The polishing of restorations • Gold foil restorations • Ozone therapy
	<p>Root Canal Therapy and Extractions</p>	<p>Benefit is subject to managed care protocols. Covered at the BDT.</p> <p>Scheme Exclusions:</p> <ul style="list-style-type: none"> • Root canal therapy on primary (milk) teeth • Root canal therapy on wisdom teeth (third molars) • Direct and indirect pulp capping procedures
	<p>Plastic Dentures* and Associated Laboratory Costs</p>	<p>Pre-authorisation is required.</p> <p>One set of plastic dentures (an upper and a lower) per beneficiary in a 4-year period. Benefit is subject to managed care protocols.</p> <p>Covered at the BDT.</p> <p><i>Please note:</i></p> <ul style="list-style-type: none"> • Benefit for plastic dentures and associated laboratory costs is payable from the available Conservative Dentistry limit. • Benefit is not available for the clinical fee of denture repairs, denture tooth replacements and the addition of a soft base to new dentures; the laboratory fee will be covered. • Benefit is not available for the laboratory fee of mouthguards; the clinical fee will be covered.

BONCLASSIC	
Conservative Dentistry – Limit of R4 450 per family per year Specialised Dentistry – Limit of R5 350 per family per year	
CONSERVATIVE DENTISTRY	<p>Plastic Dentures* and Associated Laboratory Costs <i>(continue)</i></p> <p><i>Scheme Exclusions:</i></p> <ul style="list-style-type: none"> • Diagnostic dentures and associated laboratory costs • Snoring appliances and associated laboratory costs • High impact acrylic • The cost of gold, precious metal, semi-precious metal and platinum foil • Laboratory delivery fees • Provisional dentures and associated laboratory costs
SPECIALISED DENTISTRY	<p>Partial Metal Frame Dentures* and Associated Laboratory Costs</p> <p>Pre-authorisation is required.</p> <p>Two partial metal frames (an upper and a lower) per beneficiary in a 5-year period.</p> <p>Benefit is subject to managed care protocols.</p> <p>Covered at the BDT.</p> <p><i>Scheme Exclusions:</i></p> <ul style="list-style-type: none"> • The metal base to full dentures and associated laboratory costs • High impact acrylic • The cost of gold, precious metal, semi-precious metal and platinum foil • Laboratory delivery fees
	<p>Crown & Bridge* and Associated Laboratory Costs</p> <p><i>A bridge comprises two or more crown units. Each crown is payable from the available Crown & Bridge benefit.</i></p> <p>Pre-authorisation is required.</p> <p>One crown per family per year.</p> <p>Benefit is subject to managed care protocols.</p> <p>Covered at the BDT.</p> <p>Benefits for crowns are granted once per tooth in a 5-year period.</p> <p>A treatment plan and X-rays may be requested.</p> <p><i>Scheme Exclusions:</i></p> <ul style="list-style-type: none"> • Crowns or crown retainers on wisdom teeth (third molars) • Pontics on second molars where the third molar is a retainer • Crown and bridge procedures for cosmetic reasons and associated laboratory costs • Occlusal rehabilitations and associated laboratory costs • Provisional crowns and associated laboratory costs • Porcelain veneers and inlays and associated laboratory costs • Emergency crowns that are not placed for the immediate protection in tooth injury and associated laboratory costs • The cost of gold, precious metal, semi-precious metal and platinum foil • Laboratory delivery fees

	<p>BONCLASSIC</p> <p>Conservative Dentistry – Limit of R4 450 per family per year Specialised Dentistry – Limit of R5 350 per family per year</p>
<p>Implants* and Associated Laboratory Costs</p>	<p>No benefit</p>
<p>Orthodontics* and Associated Laboratory Costs</p>	<p>Pre-authorisation is required.</p> <p>Benefit is subject to managed care protocols.</p> <p>On pre-authorisation, cases will be clinically assessed by using an orthodontic needs analysis.</p> <p>Benefit allocation is subject to the outcome of the needs analysis and funding can be granted up to 100% of BDT.</p> <p>Benefit for orthodontic treatment will be granted where function is impaired.</p> <p>Orthodontic treatment is granted once per beneficiary per lifetime.</p> <p>Benefit will not be granted where orthodontic treatment is required for cosmetic reasons.</p> <p>The associated laboratory costs will also not be covered.</p> <p>Only one family member may commence orthodontic treatment in a calendar year.</p> <p>Benefit for fixed comprehensive treatment is limited to individuals from age 9 and younger than 18 years of age.</p> <p>Scheme Exclusions:</p> <ul style="list-style-type: none"> • Orthognathic (jaw correction) and other orthodontic related surgery and any related Hospital cost including Associated Laboratory Costs • Orthodontic re-treatment and any related Laboratory costs • Invisible retainer material • Laboratory delivery fees
<p>Periodontics*</p>	<p>Pre-authorisation is required.</p> <p>Benefit is subject to managed care protocols.</p> <p>Covered at the BDT.</p> <p>Benefit is limited to conservative, non-surgical therapy only and will only be applied to members who are registered on the Periodontal Programme.</p> <p>Scheme Exclusions:</p> <ul style="list-style-type: none"> • Surgical periodontics which includes gingivectomies, periodontal flap surgery tissue grafting and the hemisection of a tooth • Perio chip placement

	<p>BONCLASSIC</p> <p>Conservative Dentistry – Limit of R4 450 per family per year Specialised Dentistry – Limit of R5 350 per family per year</p>
<p>SPECIALISED DENTISTRY</p>	<p>Maxillo-facial Surgery and Oral Pathology</p> <p><i>Surgery in the dental chair:</i> Benefit is subject to managed care protocols. Covered at the BDT.</p> <p><i>Temporo-mandibular joint (TMJ) therapy:</i> Benefit is limited to non-surgical intervention/treatments.</p> <p><i>Oral pathology procedures (cysts and biopsies, the surgical treatment of tumours of the jaw and soft tissue tumours):</i> Claims will only be covered if supported by a laboratory report that confirms diagnosis.</p> <p>Scheme Exclusions:</p> <ul style="list-style-type: none"> • Orthognathic (jaw correction) surgery • Sinus lifts • Bone augmentations • Bone and tissue regeneration procedures • The cost of bone regeneration material • The auto-transplantation of teeth • The closure of an oral-antral opening (currently code 8909) when claimed during the same visit with impacted teeth (currently codes 8941, 8943 and 8945) <p><i>Surgery in hospital:</i> See Hospitalisation* below</p>
<p>Hospitalisation (General Anaesthetic)*</p>	<p>Pre-authorisation is required.</p> <p>Admission protocols apply.</p> <p>A co-payment of R3 000 per hospital admission applies.</p> <p>General anaesthetic benefits are available for children under the age of 5 years for extensive dental treatment.</p> <p>General anaesthetic benefits are available for the removal of impacted teeth.</p> <p>Benefit is subject to managed care protocols.</p>

		BONCLASSIC Conservative Dentistry – Limit of R4 450 per family per year Specialised Dentistry – Limit of R5 350 per family per year
SPECIALISED DENTISTRY	Hospitalisation (General Anaesthetic)* <i>(continue)</i>	<p>The hospital and anaesthetist claims for the procedures listed below will not be covered when performed under general anaesthesia. The payment of the dental procedure will be dependent on available benefits, and payable at BDT:</p> <ul style="list-style-type: none"> • Apicectomies • Dentectomies • Frenectomies • Implantology and associated surgical procedures • Conservative dental treatment (fillings, extractions and root canal therapy) for adults • Professional oral hygiene procedures • Surgical tooth exposures for orthodontic reasons <p>Scheme Exclusions:</p> <ul style="list-style-type: none"> • Where the only reason for admission to hospital is dental fear and anxiety • Multiple hospital admissions <p>Where the only reason for the admission request is for a sterile facility The cost of dental materials for procedures performed under general anaesthesia</p>
HOSPITALISATION AND ANAESTHETICS	Laughing Gas in Dental Rooms	Benefit is subject to managed care protocols. Covered at the BDT.
	IV/Conscious Sedation in Rooms*	Pre-authorisation is required. Benefit is subject to managed care protocols. Covered at the BDT. Benefit is limited to extensive dental treatment.

Additional Scheme Exclusions:

- Electrognathographic recordings, pantographic recordings and other such electronic analyses.
- Nutritional and tobacco counseling
- Caries susceptibility and microbiological tests
- Pulp tests
- Cost of Mineral Trioxide
- Cost of prescribed toothpastes, mouthwashes (e.g. Corsodyl) and ointments
- Appointment not kept
- Special report
- Dental testimony including dento-legal fees
- Treatment plan completed
- Enamel microabrasion
- Behaviour management
- Intramuscular or subcutaneous injection
- Procedures that are defined as unusual circumstances and procedures that are defined as unlisted procedures

BONCAP DENTAL BENEFIT TABLE 2018

Dental benefits are managed by DENIS at the Bonitas Dental Tariff (BDT) and are subject to a DENIS Designated Service Provider Network for conservative out of hospital services. If there is no Designated Service Provider in the member's area, the member needs to contact DENIS prior to treatment. This option does not provide benefits for any specialised dentistry, with the exception of limited maxillo-facial dentistry. Dental benefits are subject to managed care protocols and managed care interventions which may include the requirement of treatment plans and/or radiographs prior to benefit application. Only the dental codes listed in the table below will be covered under this option except in the case of authorised hospitalisation and authorised PMB events. In the event of a dispute, the registered rules of the scheme prevail.

Dentures* must be pre-authorized on BonCap option. A 20% penalty will apply if authorisation is applied for after the treatment has been done.

There is no overall annual limit on BonCap for 2018. Access to a maxillo-facial specialist is ONLY on referral from a dentist on the DENIS Designated Service Provider Network and authorised by DENIS. **PMB** treatment is the only treatment covered in hospital on the BonCap option. All dental related **PMB** hospitalisation, must be pre-authorized* by DENIS. Emergencies require authorisation within 48 hours of the first working day.

Please note that ALL dental claims (out-of-hospital dentistry, in-hospital **PMB** dentistry and related anaesthetics) will be paid by Medscheme.

BENEFIT	CODE	DENIS BENEFIT INFORMATION
Consultation	8101	One check-up per beneficiary per year.
Specific Consultation (Emergency)	8104	One specific (emergency) consultation for pain and sepsis per beneficiary per year.
Intra-oral X-rays	8107 and/or 8112	Four X-rays in total per beneficiary per year.
Extra-oral X-rays	8115	One per beneficiary in a lifetime.
Polishing of Teeth Scaling and Polishing	8155 8159	One polish OR one scaling and polishing per beneficiary per year.
Fluoride Treatment	8161 or 8162	One treatment per year for beneficiaries under 16 years of age: <ul style="list-style-type: none"> • 8161: 5 - 12 years of age; and • 8162: 13 - 15 years of age
Fissure Sealant	8163	One per tooth in a 3-year period for beneficiaries younger than 16 years of age.
Infection Control Instrument Sterilisation Local Anaesthetic	8109 8110 8145	One set per beneficiary per visit. (A Set: 8109 x 2, 8110 x 1 & 8145 x 1)

BENEFIT	CODE	DENIS BENEFIT INFORMATION
Inhalation Sedation (Laughing gas in dental rooms)	8141 8143	Inhalation sedation limited to extensive dental treatment only. <ul style="list-style-type: none"> • 8141 First 15 minutes • 8143 Each additional 15 minutes
Emergency Root Canal Treatment	8131 8132	Benefit for emergency treatment only. <i>Please note:</i> Root canal treatment on third molar is not covered.
Pulp Treatments	8307	Benefit for amputation of pulp of primary teeth.
Extractions (Removal of teeth)	8201 8202 8935	Code 8201 is charged for the first extraction in a quadrant. Code 8202 is charged for each additional extraction in a quadrant. Treatment of septic sockets
Dental Fillings	8341 8342 8343 8344 8351 8352 8353 8354 8367 8368 8369 8370	Benefit for 4 fillings per beneficiary per year. Benefit for fillings are granted once per tooth in 365 days. Benefit for re-treatment of a tooth is subject to managed care protocols.
Plastic Dentures*	8231 8232 8233 8234 8235 8236 8237 8238 8239 8240 8241	Pre-authorisation is required. One set of plastic dentures (an upper and a lower) per family in a 2-year period for beneficiaries 21 years and older. 20% co-payment applies. The appropriate laboratory codes will be covered. 20% co-payment applies.
Denture Rebase	8259	Rebase of Denture once per family per year for beneficiaries 21 years and older. 20% co-payment applies. The appropriate laboratory codes will be covered. 20% co-payment applies.
Denture Repairs	8263 8269 8271 8273	Repairs to existing dentures twice per family per year for beneficiaries 21 years and older. 20% co-payment applies. The appropriate laboratory codes will be covered. 20% co-payment applies.

BENEFIT	CODE	DENIS BENEFIT INFORMATION
Maxillo-facial Surgery in dental chair*		Surgery in the dental chair – DENIS Designated Service Provider; access to a maxillo-facial specialist by DENIS pre-authorisation ONLY.
	8937	Surgical removal of tooth.
	8213 8214 8953	Surgical removal of residual roots.
	8941 8943 8945	Surgical removal of impacted teeth.
		Cover for PMB treatment. <i>Please note:</i> No benefit for osseo-integrated implants and orthognathic surgery.
IV/Conscious Sedation in the rooms*	8144	Pre-authorisation from DENIS is required. Benefit is limited to extensive dental treatment.
Hospitalisation* (General Anaesthetic)		No benefits for in hospital (general anaesthetic) dentistry, except for PMBs . Subject to pre-authorisation.

Additional Scheme Exclusions:

- Electrognathographic recordings, pantographic recordings and other such electronic analyses.
- Nutritional and tobacco counseling
- Caries susceptibility and microbiological tests
- Pulp tests
- Cost of Mineral Trioxide
- Cost of prescribed toothpastes, mouthwashes (e.g. Corsodyl) and ointments
- Appointment not kept
- Special report
- Dental testimony including dento-legal fees
- Treatment plan completed
- Enamel microabrasion
- Behaviour management
- Intramuscular or subcutaneous injection
- Procedures that are defined as unusual circumstances and procedures that are defined as unlisted procedures

BONFIT DENTAL BENEFIT TABLE 2018

Dental benefits are managed by DENIS at the Bonitas Dental Tariff (BDT). This option does not provide benefits for dentures and specialised dentistry, with the exception of limited maxillo-facial dentistry. Dental benefits are subject to managed care protocols and managed care interventions which may include the requirement of treatment plans and/or radiographs prior to benefit application.

PMB treatment is the only treatment covered in hospital on the BonFit option. All dental related **PMB** hospitalisation, must be pre-authorized* by DENIS. Emergencies require authorisation within 48 hours of the first working day.

Dental benefits are subject to managed care protocols and managed care interventions which may include the requirement of treatment plans and/or radiographs prior to benefit application. Scheme Exclusions apply to dental benefits. In the event of a dispute, the rules of the scheme will prevail.

		BONITAS BONFIT OPTION
CONSERVATIVE DENTISTRY	Consultations	Two annual check-ups per beneficiary (once in 6 months). Benefit is subject to managed care protocols. Covered at the BDT.
	X-rays: Intra-oral	Benefit is subject to managed care protocols. Covered at the BDT.
	X-rays: Extra-oral	One per beneficiary in a 3-year period. Benefit is subject to managed care protocols. Covered at the BDT.
	Oral Hygiene	Two annual scale and polish treatments per beneficiary (once in 6 months). Benefit is subject to managed care protocols. Benefit for fissure sealants is limited to beneficiaries younger than 16 years of age. Benefit for fluoride is limited to beneficiaries from age 5 and younger than 16 years of age. Covered at the BDT. Scheme Exclusions: <ul style="list-style-type: none"> • Oral hygiene instruction • Oral hygiene evaluation • Professionally applied fluoride for beneficiaries 13-years and older • Dental bleaching

BONITAS BONFIT OPTION

		BONITAS BONFIT OPTION
CONSERVATIVE DENTISTRY	Fillings	<p>Benefit for fillings are granted once per tooth in 365 days.</p> <p>Benefit for re-treatment of a tooth is subject to managed care protocols.</p> <p>Covered at the BDT.</p> <p>A treatment plan and X-rays may be required for multiple fillings.</p> <p>Scheme Exclusions:</p> <ul style="list-style-type: none"> • Fillings to restore teeth damaged due to toothbrush abrasion, attrition, erosion and fluorosis • Resin bonding for restorations that are charged as a separate procedure to the restoration • The polishing of restorations • Gold foil restorations • Ozone therapy
	Root Canal Therapy and Extractions	<p>Benefit is subject to managed care protocols.</p> <p>Covered at the BDT.</p> <p>Scheme Exclusions:</p> <ul style="list-style-type: none"> • Root canal therapy on primary (milk) teeth • Root canal therapy on wisdom teeth (third molars) • Direct and indirect pulp capping procedures
	Plastic Dentures and associated Laboratory costs	No benefit
SPECIALISED DENTISTRY	Partial Metal Frame Dentures and Associated Laboratory Costs	No benefit
	Crown & Bridge and Associated Laboratory Costs	No benefit
	Implants	No benefit
	Orthodontics and Associated Laboratory Costs	No benefit
	Periodontics	No benefit

		BONITAS BONFIT OPTION
SPECIALISED DENTISTRY	<p>Maxillo-facial Surgery and Oral Pathology in Rooms (excluding removal of impacted teeth under IV/conscious sedation)</p>	<p><i>Surgery in the dental chair:</i> Benefit is subject to managed care protocols. Covered at the BDT.</p> <p><i>Temporo-mandibular joint (TMJ) therapy:</i> Benefit is limited to non-surgical intervention/treatments.</p> <p><i>Oral pathology procedures (cysts and biopsies, the surgical treatment of tumours of the jaw and soft tissue tumours):</i> Claims will only be covered if supported by a laboratory report that confirms diagnosis.</p> <p>Scheme Exclusions:</p> <ul style="list-style-type: none"> • Orthognathic (jaw correction) surgery • Sinus lifts • Bone augmentations • Bone and tissue regeneration procedures • The cost of bone regeneration material • The auto-transplantation of teeth • The closure of an oral-antral opening (currently code 8909) when claimed during the same visit with impacted teeth (currently codes 8941, 8943 and 8945) is a scheme exclusion. <p><i>Surgery in hospital:</i> See Hospitalisation* below</p>
HOSPITALISATION AND ANAESTHETICS	<p>Hospitalisation (General Anaesthetic)</p>	<p>No benefits for in hospital (general anaesthetic) dentistry, except for PMBs.</p> <p>Subject to pre-authorisation.</p>
	<p>Laughing Gas in Dental Rooms</p>	<p>Benefit is subject to managed care protocols.</p> <p>Covered at the BDT.</p>
	<p>IV/Conscious Sedation in Rooms*</p>	<p>Pre-authorisation is required.</p> <p>Benefit is subject to managed care protocols.</p> <p>Covered at the BDT.</p> <p>Benefit is limited to extensive dental treatment.</p>

Additional Scheme Exclusions:

- Electrognathographic recordings, pantographic recordings and other such electronic analyses
- Nutritional and tobacco counseling
- Caries susceptibility and microbiological tests
- Fissure sealants on patients 16 years and older

- Pulp tests
- Cost of Mineral Trioxide
- Cost of prescribed toothpastes, mouthwashes (e.g. Corsodyl) and ointments
- Appointment not kept
- Special report
- Dental testimony including dento-legal fees
- Treatment plan completed (currently code 8120)
- Enamel microabrasion
- Behaviour management
- Intramuscular or subcutaneous injection
- Procedures that are defined as unusual circumstances and procedures that are defined as unlisted procedures

BONCOMPLETE DENTAL BENEFIT TABLE 2018

Dental benefits are paid at the Bonitas Dental Tariff (BDT). Hospitalisation and certain specialised dentistry procedures and treatment must be pre-authorized*. Procedures and treatment not pre-authorized will not attract a benefit, with the exception of crown and bridge procedures where a 20% penalty will apply if authorisation is applied for after the treatment has been done. Failure to pre-authorise orthodontic treatment will result in a payment ONLY from date of authorisation for the remaining months of treatment, provided that the treatment is clinically indicated. Penalties do not apply to emergency hospital admission.

Dentures* must be pre-authorized on BonComplete option.

Co-payments are levied on the **Hospital** account on the **BonComplete** option.

Dental benefits are subject to managed care protocols and managed care interventions which may include the requirement of treatment plans and/or radiographs prior to benefit application. Scheme Exclusions apply to dental benefits. In the event of a dispute, the rules of the scheme prevail.

		BONCOMPLETE
CONSERVATIVE DENTISTRY	Consultations	Two annual check-ups per beneficiary (once in 6 months). Benefit is subject to managed care protocols. Covered at the BDT.
	X-rays: Intra-oral	Benefit is subject to managed care protocols. Covered at the BDT.
	X-rays: Extra-oral	One per beneficiary in a 3-year period. Benefit is subject to managed care protocols. Additional benefit may be considered where specialised dental treatment is required. Covered at the BDT.
	Oral Hygiene	Two annual scale and polish treatments per beneficiary (once in 6 months). Benefit is subject to managed care protocols. Benefit for fissure sealants is limited to beneficiaries younger than 16 years of age. Benefit for fluoride is limited to beneficiaries from age 5 and younger than 16 years of age. Covered at the BDT.

BONCOMPLETE	
Oral Hygiene <i>(continue)</i>	<p><i>Scheme Exclusions:</i></p> <ul style="list-style-type: none"> • Oral hygiene instructions • Oral hygiene evaluation • Professionally applied fluoride for beneficiaries 16 years and older • Dental bleaching
Fillings <i>(continue)</i>	<p>Benefit for fillings are granted once per tooth in 365 days.</p> <p>Benefit for re-treatment of a tooth is subject to managed care protocols. Covered at the BDT.</p> <p>A treatment plan and X-rays may be required for multiple fillings.</p> <p><i>Scheme Exclusions:</i></p> <ul style="list-style-type: none"> • Fillings to restore teeth damaged due to toothbrush abrasion, attrition, erosion and fluorosis • Resin bonding for restorations that are charged as a separate procedure to the restoration • The polishing of restorations • Gold foil restorations • Ozone therapy
Root Canal Therapy and Extractions	<p>Benefit is subject to managed care protocols.</p> <p>Covered at the BDT.</p> <p><i>Scheme Exclusions:</i></p> <ul style="list-style-type: none"> • Root canal therapy on primary (milk) teeth • Root canal therapy on wisdom teeth (third molars) • Direct and indirect pulp capping procedures
Plastic Dentures* and Associated Laboratory costs	<p>Pre-authorisation is required.</p> <p>One set of plastic dentures (an upper and a lower) per beneficiary in a 4-year period.</p> <p>Benefit is subject to managed care protocols. Covered at the BDT.</p> <p>Benefit is not available for the clinical fee of denture repairs, denture tooth replacements and the addition of a soft base to new dentures; the laboratory fee will be covered.</p> <p>Benefit is not available for the laboratory fee of mouthguards; the clinical fee will be covered.</p>

		BONCOMPLETE
CONSERVATIVE DENTISTRY	<p>Plastic Dentures* and Associated Laboratory costs <i>(continue)</i></p>	<p>Scheme Exclusions:</p> <ul style="list-style-type: none"> • Diagnostic dentures and associated laboratory costs • Snoring appliances and associated laboratory costs • High impact acrylic • The cost of gold, precious metal, semi-precious metal and platinum foil • Laboratory delivery fees • Provisional dentures and associated laboratory costs
SPECIALISED DENTISTRY	<p>Partial Metal Frame Dentures* and Associated Laboratory Costs</p>	<p>Pre-authorisation is required.</p> <p>One partial metal frames (an upper or a lower) per beneficiary in a 5-year period.</p> <p>Benefit is subject to managed care protocols.</p> <p>Covered at the BDT.</p> <p>Scheme Exclusions:</p> <ul style="list-style-type: none"> • The metal base to full dentures and associated laboratory costs • High impact acrylic • The cost of gold, precious metal, semi-precious metal and platinum foil • Laboratory delivery fees
SPECIALISED DENTISTRY	<p>Crown & Bridge* and Associated Laboratory Costs</p> <p><i>A bridge comprises two or more crown units. Each crown is payable from the available Crown & Bridge benefit.</i></p>	<p>Pre-authorisation is required.</p> <p>One crown per family per year.</p> <p>Benefit is subject to managed care protocols. Covered at the BDT.</p> <p>Benefits for crowns are granted once per tooth in a 5-year period.</p> <p>A treatment plan and X-rays may be requested.</p> <p>Scheme Exclusions:</p> <ul style="list-style-type: none"> • Crowns or crown retainers on wisdom teeth (third molars) • Pontics on second molars where the third molar is a retainer • Crown and bridge procedures for cosmetic reasons and associated laboratory costs • Occlusal rehabilitations and associated laboratory costs • Provisional crowns and associated laboratory costs • Porcelain veneers and inlays and associated laboratory costs • Emergency crowns that are not placed for the immediate protection in tooth injury and associated laboratory costs • The cost of gold, precious metal, semi-precious metal and platinum foil • Laboratory delivery fees

BONCOMPLETE	
Implants* and Associated Laboratory Costs	No benefit
Orthodontics* and Associated Laboratory Costs	<p>Pre-authorisation is required. Benefit is subject to managed care protocols.</p> <p>On pre-authorisation, cases will be clinically assessed by using an orthodontic needs analysis. Benefit allocation is subject to the outcome of the needs analysis and funding can be granted up to 65% of BDT.</p> <p>Benefit for orthodontic treatment will be granted where function is impaired. Orthodontic treatment is granted once per beneficiary per lifetime. Benefit will not be granted where orthodontic treatment is required for cosmetic reasons. The associated laboratory costs will also not be covered.</p> <p>Only one family member may commence Orthodontic treatment in a calendar year. Benefit for fixed comprehensive treatment is limited to individuals from age 9 and younger than 18 years of age.</p> <p>Scheme Exclusions:</p> <ul style="list-style-type: none"> • Orthognathic (jaw correction) and other orthodontic related surgery and any related Hospital cost including Associated Laboratory Costs • Orthodontic re-treatment and any related Laboratory costs • Invisible retainer material • Laboratory delivery fees
Periodontics*	<p>Pre-authorisation is required. Benefit is subject to managed care protocols. Covered at the BDT.</p> <p>Benefit is limited to conservative, non-surgical therapy only and will only be applied to members who are registered on the Periodontal Programme.</p> <p>Scheme Exclusions:</p> <ul style="list-style-type: none"> • Surgical periodontics which includes gingivectomies, periodontal flap surgery tissue grafting and the hemisection of a tooth • Perio chip placement
Maxillo-facial Surgery and Oral Pathology	<p><i>Surgery in the dental chair:</i> Benefit is subject to managed care protocols. Covered at the BDT.</p> <p><i>Temporo-mandibular joint (TMJ) therapy:</i> Benefit is limited to non-surgical intervention/treatments.</p> <p><i>Oral pathology procedures (cysts and biopsies, the surgical treatment of tumours of the jaw and soft tissue tumours):</i> Claims will only be covered if supported by a laboratory report that confirms diagnosis.</p>

		BONCOMPLETE
SPECIALISED DENTISTRY	Maxillo-facial Surgery and Oral Pathology (continue)	<p>Scheme Exclusions:</p> <ul style="list-style-type: none"> • Orthognathic (jaw correction) surgery • Sinus lifts • Bone augmentations • Bone and tissue regeneration procedures • The cost of bone regeneration material • The auto-transplantation of teeth • The closure of an oral-antral opening (currently code 8909) when claimed during the same visit with impacted teeth (currently codes 8941, 8943 and 8945) is a scheme exclusion. <p><i>Surgery in hospital:</i> See Hospitalisation* below</p>
HOSPITALISATION AND ANAESTHETICS	Hospitalisation (General Anaesthetic)*	<p>Pre-authorisation is required. Admission protocols apply.</p> <p>A co-payment of R3 000 per hospital admission applies.</p> <p>General anaesthetic benefits are available for children under the age of 5 years for extensive dental treatment.</p> <p>General anaesthetic benefits are available for the removal of impacted teeth. Benefit is subject to managed care protocols.</p> <p>The Hospital and anaesthetist claims for the procedures listed below will not be covered when performed under general anaesthesia. The payment of the dental procedure will be dependent on available benefits, and payable at BDT:</p> <ul style="list-style-type: none"> • Apicectomies • Dentectomies • Frenectomies • Implantology and associated surgical procedures • Conservative dental treatment (fillings, extractions and root canal therapy) for adults • Professional oral hygiene procedures • Surgical tooth exposures for orthodontic reasons <p>Scheme Exclusions:</p> <ul style="list-style-type: none"> • Where the only reason for admission to hospital is dental fear and anxiety • Multiple hospital admissions <p>Where the only reason for the admission request is for a sterile facility The cost of dental materials for procedures performed under general anaesthesia</p>
	Laughing Gas in Dental Rooms	Benefit is subject to managed care protocols. Covered at the BDT.
	IV/Conscious Sedation in Rooms*	Pre-authorisation is required. Benefit is subject to managed care protocols. Covered at the BDT. Benefit is limited to extensive dental treatment.

Additional Scheme Exclusions:

- Electrognathographic recordings, pantographic recordings and other such electronic analyses.
- Nutritional and tobacco counseling
- Caries susceptibility and microbiological tests
- Pulp tests
- Cost of Mineral Trioxide
- Cost of prescribed toothpastes, mouthwashes (e.g. Corsodyl) and ointments
- Appointment not kept
- Special report
- Dental testimony including dento-legal fees
- Treatment plan completed
- Enamel microabrasion
- Behaviour management
- Intramuscular or subcutaneous injection
- Procedures that are defined as unusual circumstances and procedures that are defined as unlisted procedures

Bonitas Hospital Plus and Hospital Standard Dental Benefit Table 2018

Dental benefits are paid at the Bonitas Dental Tariff (BDT). Dental treatment in hospital and under IV/conscious sedation in the dental rooms must be pre-authorized*. Procedures and treatment not pre-authorized will not attract a benefit. Penalties do not apply to emergency/PMB** hospital admissions. Specific facilities may be contractually excluded by the Scheme and will incur a 30% co-payment.

Dental benefits are subject to managed care protocols and managed care interventions which may include the requirement of treatment plans and/or radiographs prior to benefit application. Scheme Exclusions apply to dental benefits. In the event of a dispute, the rules of the scheme will prevail.

** PMB = Prescribed Minimum Benefits

	HOSPITAL PLUS	HOSPITAL STANDARD	
CONSERVATIVE DENTISTRY	Consultations	No benefit	No benefit
	X-rays: Intra-oral	No benefit	No benefit
	X-rays: Extra-oral	No benefit	No benefit
	Oral Hygiene	No benefit	No benefit
	Fillings	No benefit	No benefit
	Root Canal Therapy and Extractions	No benefit	No benefit
	Plastic Dentures	No benefit	No benefit
SPECIALISED DENTISTRY	Partial Metal Frame Dentures and Associated Laboratory Costs	No benefit	No benefit
	Crown & Bridge and Associated Laboratory Costs	No benefit	No benefit
	Implants and Associated Laboratory Costs	No benefit	No benefit
	Orthodontics and Associated Laboratory Costs	No benefit	No benefit
	Periodontics	No benefit	No benefit

	HOSPITAL PLUS	HOSPITAL STANDARD
Maxillo-facial Surgery*	<p><i>Surgery in-hospital:</i> Pre-authorisation is required. Benefit is subject to managed care protocols and payable up to 200% of BDT. Covered at the BDT.</p> <p>Services included are surgery as a result of tumours, neoplasms, sepsis, trauma and congenital birth defects in the case of children born into the Scheme.</p> <p><i>Oral pathology procedures (cysts and biopsies, the surgical treatment of tumours of the jaw and soft tissue tumours):</i> Claims will only be covered if supported by a laboratory report that confirms diagnosis.</p> <p>Scheme Exclusions:</p> <ul style="list-style-type: none"> • Osseo-integrated implantation • Orthognathic (jaw correction) surgery • Sinus lifts • Bone augmentations • Bone and tissue regeneration procedures • The cost of bone regeneration material • The auto-transplantation of teeth • The closure of an oral-antral opening (currently code 8909) when claimed during the same visit with impacted teeth (currently codes 8941, 8943 and 8945) <p><i>Surgery in hospital:</i> See Hospitalisation* below</p>	<p><i>Surgery in-hospital:</i> Pre-authorisation is required. Benefit is subject to managed care protocols and payable at 100% of BDT. Covered at the BDT.</p> <p>Services included are surgery as a result of facial fractures, surgical removal of tumours and neoplasms and the surgical treatment of sepsis and congenital abnormalities in the case of children born into the Scheme.</p> <p><i>Oral pathology procedures (cysts and biopsies, the surgical treatment of tumours of the jaw and soft tissue tumours):</i> Claims will only be covered if supported by a laboratory report that confirms diagnosis.</p> <p>Scheme Exclusions:</p> <ul style="list-style-type: none"> • Osseo-integrated implantation • Orthognathic (jaw correction) surgery • Sinus lifts • Bone augmentations • Bone and tissue regeneration procedures • The cost of bone regeneration material • The auto-transplantation of teeth • The closure of an oral-antral opening (currently code 8909) when claimed during the same visit with impacted teeth (currently codes 8941, 8943 and 8945) <p><i>Surgery in hospital:</i> See Hospitalisation* below</p>

	HOSPITAL PLUS	HOSPITAL STANDARD
Hospitalisation (general anaesthetic)*	<p>Pre-authorisation is required.</p> <p>Admission protocols apply.</p> <p>A co-payment of R3 000 per hospital admission applies.</p> <p>General anaesthetic benefits are available for children under the age of 5 years for extensive dental treatment. Benefit is subject to managed care protocols.</p> <p>General anaesthetic benefits are available for the removal of impacted teeth. Benefit is subject to managed care protocols.</p> <p>Scheme Exclusions:</p> <ul style="list-style-type: none"> • Where the only reason for admission to hospital is dental fear and anxiety • Multiple hospital admissions • Where the only reason for the admission request is for a sterile facility. • The cost of dental materials for procedures performed under general anaesthesia 	<p>Pre-authorisation is required.</p> <p>Admission protocols apply.</p> <p>A co-payment of R3 000 per hospital admission applies.</p> <p>General anaesthetic benefits are available for children under the age of 5 years for extensive dental treatment. Benefit is subject to managed care protocols.</p> <p>General anaesthetic benefits are available for the removal of impacted teeth. Benefit is subject to managed care protocols.</p> <p>Scheme Exclusions:</p> <ul style="list-style-type: none"> • Where the only reason for admission to hospital is dental fear and anxiety • Multiple hospital admissions • Where the only reason for the admission request is for a sterile facility. • The cost of dental materials for procedures performed under general anaesthesia
Laughing Gas in Dental Rooms	No benefit	No benefit
IV/Conscious Sedation in Rooms*	<p>Pre-authorisation is required.</p> <p>Benefit is subject to managed care protocols.</p> <p>Covered at 100% of BDT.</p> <p>Only applicable in lieu of GA for the benefits described under Hospitalisation.</p>	<p>Pre-authorisation is required.</p> <p>Benefit is subject to managed care protocols.</p> <p>Covered at 100% of BDT.</p> <p>Only applicable in lieu of GA for the benefits described under Hospitalisation.</p>

Additional Scheme Exclusions:

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