

**ENERGY CORE OPTION DENTAL BENEFIT TABLE 2018**  
**ENERGY MEDIUM OPTION DENTAL BENEFIT TABLE 2018**  
**ENERGY OPEN OPTION DENTAL BENEFIT TABLE 2018**

Dental benefits are paid at the Thebemed Dental Tariff (TDT). Hospitalisation and certain specialised dentistry procedures and treatment must be pre-authorized\*. If no pre-authorization is obtained or if pre-authorization is applied for after the treatment has been done, benefits will not apply. This does not apply to emergency hospital admissions. 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.

Pre-authorization is required for Periodontics, Hospitalisation, Dentures and IV/Conscious Sedation in rooms	
<b>CONSERVATIVE DENTISTRY</b>	<p><b>Consultations</b></p> <p>Two annual check-ups per beneficiary (once in 6 months).</p> <p>Benefit is subject to managed care protocols.</p> <p>Covered at the TDT</p>
	<p><b>X-rays: Intra-oral</b></p> <p>Benefit is subject to managed care protocols.</p> <p>Covered at the TDT</p>
	<p><b>X-rays: Extra-oral</b></p> <p>One per beneficiary in a 3-year period.</p> <p>Benefit is subject to managed care protocols.</p> <p>Covered at the TDT</p>
	<p><b>Oral Hygiene</b></p> <p>Two annual scale and polish treatments per beneficiary (once in 6 months).</p> <p>Benefit is subject to managed care protocols.</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 13 years of age.</p> <p>Covered at the TDT</p> <p><b>Scheme Exclusions:</b></p> <ul style="list-style-type: none"> <li>• Oral hygiene instructions</li> <li>• Oral hygiene evaluation</li> <li>• Professionally applied fluoride for beneficiaries 13 years and older</li> <li>• Dental bleaching</li> </ul>

<b>CONSERVATIVE DENTISTRY</b>	<p><b>Fillings</b></p>	<p>Benefit for fillings is granted once per tooth in 365 days.</p> <p>Benefits for retreatment of a tooth are subject to managed care protocols. Covered at the TDT</p> <p>A treatment plan and X-rays may be required for multiple fillings.</p> <p><b>Scheme Exclusions:</b></p> <ul style="list-style-type: none"> <li>• Fillings to restore teeth damaged due to toothbrush abrasion, attrition, erosion and fluorosis</li> <li>• Resin bonding for restorations that are charged as a separate procedure to the restoration</li> <li>• The polishing of restorations</li> <li>• Gold foil restorations</li> <li>• Ozone therapy</li> </ul>
	<p><b>Root Canal Therapy and Extractions</b></p>	<p>Benefit is subject to managed care protocols.</p> <p>Covered at the TDT</p> <p><b>Scheme Exclusions:</b></p> <ul style="list-style-type: none"> <li>• Root canal therapy on primary (milk) teeth</li> <li>• Root canal therapy on wisdom teeth (third molars)</li> <li>• Direct and indirect pulp capping procedures</li> </ul>
	<p><b>Plastic Dentures* and Associated Laboratory Costs</b></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.</p> <p>Benefit is subject to managed care protocols.</p> <p>Covered at the TDT</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> <p><b>Scheme Exclusions:</b></p> <ul style="list-style-type: none"> <li>• Diagnostic dentures and associated laboratory costs</li> <li>• Snoring appliances and associated laboratory costs</li> <li>• High impact acrylic</li> <li>• The cost of gold, precious metal, semi-precious metal and platinum foil</li> <li>• Laboratory delivery fees</li> <li>• Provisional dentures and associated laboratory costs</li> </ul>

Pre-authorisation is required for Periodontics, Hospitalisation, Dentures and IV/Conscious Sedation in rooms

<b>SPECIALISED DENTISTRY</b>	<b>Partial Metal Frame Dentures* and Associated Laboratory Costs</b>	<p>Pre-authorisation is required.</p> <p>One partial frame (an upper <b>or</b> a lower) per beneficiary in a 5-year period.</p> <p>Benefit is subject to managed care protocols.</p> <p>Covered at the TDT.</p> <p><b>Scheme Exclusions:</b></p> <ul style="list-style-type: none"> <li>• The metal base to full dentures and associated laboratory costs</li> <li>• High impact acrylic</li> <li>• The cost of gold, precious metal, semi-precious metal and platinum foil</li> <li>• Laboratory delivery fees</li> </ul>
	<b>Crowns and Associated Laboratory Costs*</b>	<p>Pre-authorisation is required.</p> <p>One crown per beneficiary per year.</p> <p>Benefit is subject to managed care protocols.</p> <p>Covered at the TDT</p> <p>Benefits for crowns granted once per tooth in a 5-year period. A treatment plan and X-rays may be requested.</p> <p><b>Scheme Exclusions:</b></p> <ul style="list-style-type: none"> <li>• Crowns or crown retainers on wisdom teeth (third molars)</li> <li>• Pontics on second molars where the third molar is a retainer</li> <li>• Crown and bridge procedures for cosmetic reasons and associated laboratory costs</li> <li>• Occlusal rehabilitation and associated laboratory costs</li> <li>• Provisional crowns and associated laboratory costs</li> <li>• Porcelain veneers and inlays and associated laboratory costs</li> <li>• Emergency crowns not placed for the immediate protection in tooth injury and associated laboratory costs</li> <li>• The cost of gold, precious metal, semi-precious metal and platinum foil</li> <li>• Laboratory delivery fees</li> </ul>
	<b>Implants and Associated Laboratory Costs</b>	<p>No benefit</p>
	<b>Orthodontics and Associated Laboratory Costs*</b>	<p>Pre-authorisation required</p> <p>Covered at the TDT</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. Benefit allocation subject to the outcome of the needs analysis and is only allowed once per beneficiary per lifetime.</p>

Pre-authorisation is required for Periodontics, Hospitalisation, Dentures and IV/Conscious Sedation in rooms

SPECIALISED DENTISTRY	<p><b>Orthodontics and Associated Laboratory Costs*</b> (continue)</p>	<p>Benefit for orthodontic treatment will be granted where function is impaired.</p> <p>Benefit will not be granted where orthodontic treatment is required for cosmetic reasons. 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><b>Scheme Exclusions:</b></p> <ul style="list-style-type: none"> <li>• Orthognathic (jaw correction) and other orthodontic related surgery and any related hospital cost including associated laboratory costs</li> <li>• Orthodontic re-treatment and any related laboratory costs</li> <li>• Invisible retainer material</li> <li>• Laboratory delivery fees</li> </ul>
	<p><b>Periodontics*</b></p>	<p>Pre-authorisation is required.</p> <p>Benefit is subject to managed care protocols. Covered at the TDT</p> <p>Benefit limited to conservative, non-surgical therapy only and will only be applied to members who are registered on the Periodontal Programme.</p> <p><b>Scheme Exclusions:</b></p> <ul style="list-style-type: none"> <li>• Surgical periodontics which includes gingivectomies, periodontal flap surgery tissue grafting and the hemisection of a tooth</li> <li>• Perio chip placement</li> </ul>
	<p><b>Maxillo-facial Surgery and Oral Pathology</b></p>	<p><i>Surgery in the dental chair:</i> Benefit is subject to managed care protocols. Covered at the TDT</p> <p><i>Temporo-mandibular joint (TMJ) therapy:</i> Benefit is limited to non-surgical intervention/treatments.</p> <p><i>Oral pathology treatments (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><b>Scheme Exclusions:</b></p> <ul style="list-style-type: none"> <li>• Orthognathic (jaw correction) surgery</li> <li>• Bone augmentations</li> <li>• Bone and tissue regeneration procedures</li> <li>• The cost of bone regeneration material</li> <li>• The auto-transplantation of teeth</li> <li>• Sinus lift procedures</li> </ul>

Pre-authorisation is required for Periodontics, Hospitalisation, Dentures and IV/Conscious Sedation in rooms

**SPECIALISED  
DENTISTRY**

**Maxillo-facial Surgery  
and Oral Pathology**  
(continue)

- 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)

*Surgery in hospital:*  
See Hospitalisation\* below

**HOSPITALISATION AND ANAESTHETICS**

**Hospitalisation  
(General Anaesthetic)\***

Pre-authorisation is required.

Admission protocols apply.

General anaesthetic benefits are available for children younger than 5 years of age for extensive dental treatment.

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 the TDT:

- Apicectomies
- Dectomies
- 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

***Scheme Exclusions:***

- 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**

Benefit is subject to managed care protocols

Covered at the TDT

**IV/Conscious Sedation  
in Rooms\***

Pre-authorisation is required.

Benefit is subject to managed care protocols.

Covered at the TDT

Benefit limited to extensive dental treatment.

***Additional Scheme Exclusions:***

- Electrognathographic recordings, pantographic recordings and other such electronic analysis
- 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

## THEBEMED UNIVERSAL & UNIVERSAL EDO DENTAL BENEFIT TABLE 2018

Dental benefits are paid at the Thebemed Dental Tariff (TDT). 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.

The benefits available on the Universal and the Universal EDO Plans are subject to a Designated Service Provider (DSP) arrangement with DENIS Network dentists. If there is no Designated Service Provider in the member's area, the member needs to contact DENIS prior to treatment.

	PROCEDURE CODE	QUANTITY PAID PER BENEFICIARY PER CALENDAR YEAR
<b>Consultations</b>	8101	One per beneficiary per calendar year Benefit is subject to managed care protocols Covered at the TDT
<b>X-rays</b>	8107, 8112	Four X-rays in total per beneficiary per calendar year Benefit is subject to managed care protocols Covered at the TDT
<b>Gloves, Masks and Sterilised Instruments</b>	8109, 8110	One set per beneficiary per visit (8109 x 1 and 8110 x 1) Benefit is subject to managed care protocols Covered at the TDT
<b>Scale and Polish</b>	8159, 8155	One per beneficiary per calendar year (either 8159 or 8155) Benefit is subject to managed care protocols Covered at the TDT
<b>After Hours Emergency</b>	8129	Benefit is subject to managed care protocols Covered at the TDT
<b>Specific Oral Examination</b>	8104	Benefit is subject to managed care protocols Covered at the TDT

	PROCEDURE CODE	QUANTITY PAID PER BENEFICIARY PER CALENDAR YEAR
<b>Emergency Root Canal Treatment</b>	8132	Benefit is subject to managed care protocols  Root canal treatment on wisdom teeth (third molars) not covered.  Covered at the TDT
<b>Local Anaesthetic</b>	8145	One per beneficiary per visit.  Benefit is subject to managed care protocols  Covered at the TDT
<b>Extractions</b>	8201, 8202	Benefit is subject to managed care protocols  Covered at the TDT
<b>Conservative Dental Restorations; Amalgam and Anterior Resin Restorations</b>	8341, 8342, 8343, 8344, 8351, 8352, 8353, 8354	Maximum of four fillings per beneficiary per calendar year  Benefit for fillings granted once per tooth in 365 days  Benefit for retreatment of a tooth subject to managed care protocols  Benefit is subject to managed care protocols  Covered at the TDT
<b>Surgery in the Dental Rooms (<i>Impacted teeth only</i>)</b>	8941, 8943, 8945	Benefit is subject to managed care protocols  Covered at the TDT
<b>Plastic Dentures*</b>	8231, 8232, 8233, 8234, 8235, 8236, 8237, 8238, 8239, 8240, 8241	Pre-authorization is required.  One set of plastic dentures (an upper <b>and</b> a lower) per beneficiary in a 4-year period  Benefit is subject to managed care protocols  Covered at the TDT



***Additional Scheme Exclusions:***

- Electrognathographic recordings, pantographic recordings and other such electronic analysis
- 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

## THEBEMED FANTASY BENEFIT TABLE 2018

Dental benefits are paid at the Thebemed Dental Tariff (TDT). **Conservative** dentistry benefits are payable from **risk**, limited to the specified list of procedure codes and benefit limitations stipulated in the Conservative Dentistry table below. **Specialised** dentistry benefits are payable from the member's **savings account**, limited to **R2 500 per family per year**. Refer to the Specialised Dentistry table for these benefits. **Pre-authorisation\*** is required for Plastic & Partial Metal Frame Dentures, Crowns, Periodontics and IV/Conscious sedation in the rooms. There are **no** benefits for **In-hospital** dental treatment, except for PMB's, subject to pre-authorisation.

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.

		PROCEDURE CODE	QUANTITY PAID PER BENEFICIARY PER CALENDAR YEAR
CONSERVATIVE DENTISTRY	<b>Consultations</b>	8101	One per beneficiary per calendar year Benefit is subject to managed care protocols Covered at the TDT
	<b>X-rays</b>	8107, 8112	Four X-rays in total per beneficiary per calendar year Benefit is subject to managed care protocols Covered at the TDT
	<b>Gloves, Masks and Sterilised Instruments</b>	8109, 8110	One set per beneficiary per visit (8109 x 1 and 8110 x 1) Benefit is subject to managed care protocols Covered at the TDT
	<b>Scale and Polish</b>	8159, 8155	One per beneficiary per calendar year (either 8159 or 8155) Benefit is subject to managed care protocols Covered at the TDT
CONSERVATIVE DENTISTRY	<b>After Hours Emergency</b>	8129	Benefit is subject to managed care protocols Covered at the TDT
	<b>Specific Oral Examination</b>	8104	Benefit is subject to managed care protocols Covered at the TDT

	PROCEDURE CODE	QUANTITY PAID PER BENEFICIARY PER CALENDAR YEAR
<b>Emergency Root Canal Treatment</b>	8132	Benefit is subject to managed care protocols  Root canal treatment on wisdom teeth (third molars) not covered.  Covered at the TDT
<b>Local Anaesthetic</b>	8145	One per beneficiary per visit.  Benefit is subject to managed care protocols  Covered at the TDT
<b>Extractions</b>	8201, 8202	Benefit is subject to managed care protocols  Covered at the TDT
<b>Conservative Dental Restorations; Amalgam and Anterior Resin Restorations</b>	8341, 8342, 8343, 8344, 8351, 8352, 8353, 8354	Maximum of four fillings per beneficiary per calendar year  Benefit for fillings granted once per tooth in 365 days  Benefit for retreatment of a tooth subject to managed care protocols  Benefit is subject to managed care protocols  Covered at the TDT
<b>Surgery in the Dental Rooms (<i>Impacted teeth only</i>)</b>	8941, 8943, 8945	Benefit is subject to managed care protocols  Covered at the TDT
<b>Plastic Dentures*</b>	8231, 8232, 8233, 8234, 8235, 8236, 8237, 8238, 8239, 8240, 8241	Pre-authorisation is required.  One set of plastic dentures (an upper <b>and</b> a lower) per beneficiary in a 4-year period  Benefit is subject to managed care protocols. Covered at the TDT

**SPECIALISED DENTISTRY**  
**SUBJECT TO SAVINGS & LIMITED TO R2 500 PER FAMILY PER YEAR**

<b>SPECIALISED DENTISTRY</b>	<b>Partial Metal Frame Dentures* and Associated Laboratory Costs</b>	<p>Pre-authorisation is required.</p> <p>One partial frame (an upper <b>or</b> a lower) per beneficiary in a 5-year period.</p> <p>Benefit is subject to managed care protocols.</p> <p>Covered at the TDT.</p> <p><b>Scheme Exclusions:</b></p> <ul style="list-style-type: none"> <li>• The metal base to full dentures and associated laboratory costs</li> <li>• High impact acrylic</li> <li>• The cost of gold, precious metal, semi-precious metal and platinum foil</li> <li>• Laboratory delivery fees</li> </ul>
	<b>Crowns* and Associated Laboratory Costs</b>	<p>Pre-authorisation is required.</p> <p>One crown per <b>family</b> per year.</p> <p>Benefit is subject to managed care protocols.</p> <p>Covered at the TDT</p> <p>Benefits for crowns granted once per tooth in a 5-year period. A treatment plan and X-rays may be requested.</p> <p><b>Scheme Exclusions:</b></p> <ul style="list-style-type: none"> <li>• Crowns or crown retainers on wisdom teeth (third molars)</li> <li>• Pontics on second molars where the third molar is a retainer</li> <li>• Crown and bridge procedures for cosmetic reasons and associated laboratory costs</li> <li>• Occlusal rehabilitation and associated laboratory costs</li> <li>• Provisional crowns and associated laboratory costs</li> <li>• Porcelain veneers and inlays and associated laboratory costs</li> <li>• Emergency crowns not placed for the immediate protection in tooth injury and associated laboratory costs</li> <li>• The cost of gold, precious metal, semi-precious metal and platinum foil</li> <li>• Laboratory delivery fees</li> </ul>
	<b>Implants and Associated Laboratory Costs</b>	No benefit
	<b>Orthodontics and Associated Laboratory Costs</b>	No benefit

**SPECIALISED DENTISTRY**  
**SUBJECT TO SAVINGS & LIMITED TO R2 500 PER FAMILY PER YEAR**

<b>SPECIALISED DENTISTRY</b>	<p><b>Periodontics*</b></p>	<p>Pre-authorisation is required.</p> <p>Benefit is subject to managed care protocols. Covered at the TDT</p> <p>Benefit limited to conservative, non-surgical therapy only and will only be applied to members who are registered on the Periodontal Programme.</p> <p><b>Scheme Exclusions:</b></p> <ul style="list-style-type: none"> <li>• Surgical periodontics which includes gingivectomies, periodontal flap surgery tissue grafting and the hemisection of a tooth</li> <li>• Perio chip placement</li> </ul>
	<p><b>Maxillo-facial Surgery and Oral Pathology</b></p>	<p><i>Surgery in the dental chair:</i> Benefit is subject to managed care protocols. Covered at the TDT</p> <p><i>Temporo-mandibular joint (TMJ) therapy:</i> Benefit is limited to non-surgical intervention/treatments.</p> <p><i>Oral pathology treatments (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><b>Scheme Exclusions:</b></p> <ul style="list-style-type: none"> <li>• Orthognathic (jaw correction) surgery</li> <li>• Bone augmentations</li> <li>• Bone and tissue regeneration procedures</li> <li>• The cost of bone regeneration material</li> <li>• The auto-transplantation of teeth</li> <li>• Sinus lift procedures</li> <li>• 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)</li> </ul>

<b>HOSPITALISATION AND ANAESTHETICS</b>	<b>Hospitalisation (General Anaesthetic)*</b>	Pre-authorisation is required. Admission protocols apply. <b>PMB admissions only.</b>
	<b>Laughing Gas in Dental Rooms</b>	Benefit is subject to managed care protocols. Covered at the TDT
	<b>IV/Conscious Sedation in Rooms*</b>	Pre-authorisation is required. Benefit is subject to managed care protocols. Covered at the TDT Benefit limited to extensive dental treatment.

**Additional Scheme Exclusions:**

- Electrognathographic recordings, pantographic recordings and other such electronic analysis
  - 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