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MAKOTI PRIMARY OPTION Dental Benefit Table 2019

MAKOTI COMPREHENSIVE OPTION Dental Benefit Table 2019

Dental Benefits

Dental benefits are paid at the Scheme Tariff.

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.

Specialised Dentistry

All Specialised Dentistry benefits for the **Makoti Comprehensive** option are subject to a limit of **R3 119** per family per year. This includes Partial Metal Frame Dentures, Crown & Bridge, Orthodontics, Periodontics and Maxillo-facial Surgery.

Pre-authorisation*

Makoti Comprehensive option: Dentures must be pre-authorised.

All options: Hospitalisation and certain Specialised Dentistry procedures must be pre-authorised.

If no pre-authorisation is obtained or if pre-authorisation is applied for after the treatment has been done, benefits will not apply for Crowns, Periodontics, IV/Conscious Sedation and Hospitalisation.

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.

Pre-authorisation does not apply to emergency hospital admissions.

CONSERVATIVE DENTISTRY	MAKOTI PRIMARY	MAKOTI COMPREHENSIVE
Consultations	One check-up per beneficiary per year Benefit subject to managed care protocols Covered at the Scheme Tariff	One check-up per beneficiary per year Benefit subject to managed care protocols Covered at the Scheme Tariff
X-rays: Intraoral	Benefit subject to managed care protocols Covered at the Scheme Tariff	Benefit subject to managed care protocols Covered at the Scheme Tariff
X-rays: Extraoral	One per beneficiary in a 3-year period Benefit subject to managed care protocols Covered at the Scheme Tariff	One per beneficiary in a 3-year period Additional benefit may be granted where specialised dental treatment is required. Benefit subject to managed care protocols Covered at the Scheme Tariff
Oral Hygiene	<p><i>Benefit for scale and polish:</i> One scale and polish treatment per beneficiary per year</p> <p><i>Benefit for fissure sealants:</i> Limited to beneficiaries younger than 16 years of age</p> <p><i>Benefit for fluoride:</i> Limited to beneficiaries from age 5 and younger than 13 years of age</p> <p>Benefit subject to managed care protocols Covered at the Scheme Tariff</p> <p>Scheme Exclusions:</p> <ul style="list-style-type: none"> • Oral hygiene instruction • Oral hygiene evaluation • Professionally applied fluoride for beneficiaries younger than 5, and 13 years and older • Dental bleaching 	<p><i>Benefit for scale and polish:</i> One scale and polish treatment per beneficiary per year</p> <p><i>Benefit for fissure sealants:</i> Limited to beneficiaries younger than 16 years of age</p> <p><i>Benefit for fluoride:</i> Limited to beneficiaries from age 5 and younger than 13 years of age</p> <p>Benefit subject to managed care protocols Covered at the Scheme Tariff</p> <p>Scheme Exclusions:</p> <ul style="list-style-type: none"> • Oral hygiene instruction • Oral hygiene evaluation • Professionally applied fluoride for beneficiaries younger than 5, and 13 years and older • Dental bleaching
Fillings	<p><i>Benefit for fillings:</i> Granted once per tooth in 365 days</p> <p><i>Benefit for re-treatment of a tooth:</i> Subject to managed care protocols</p> <p><i>Multiple fillings:</i> A treatment plan and X-rays may be required</p>	<p><i>Benefit for fillings:</i> Granted once per tooth in 365 days</p> <p><i>Benefit for re-treatment of a tooth:</i> Subject to managed care protocols</p> <p><i>Multiple fillings:</i> A treatment plan and X-rays may be required</p>

CONSERVATIVE DENTISTRY	MAKOTI PRIMARY	MAKOTI COMPREHENSIVE
	<p><i>Benefit for more than three fillings per beneficiary: Subject to pre-notification</i></p> <p>Covered at the Scheme Tariff</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><i>Benefit for more than three fillings per beneficiary: Subject to pre-notification</i></p> <p>Covered at the Scheme Tariff</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 for extractions only available for procedure codes 8201 and 8202</p> <p>Benefit subject to managed care protocols</p> <p>Covered at the Scheme Tariff</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 subject to managed care protocols</p> <p>Covered at the Scheme Tariff</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*</p>	<p>No benefit</p>	<p>Pre-authorisation required</p> <p>One set of plastic dentures (an upper <i>and</i> a lower) per beneficiary in a 4-year period</p> <p><i>Benefit not available</i> 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><i>Benefit for a mouth guard:</i> Benefit available for both the clinical and the associated laboratory fee for a mouth guard.</p> <p>Benefit subject to managed care protocols</p> <p>Covered at the Scheme Tariff</p>

CONSERVATIVE DENTISTRY	MAKOTI PRIMARY	MAKOTI COMPREHENSIVE
		<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	MAKOTI PRIMARY	MAKOTI COMPREHENSIVE <i>Specialised Dentistry limit R3 119 per family</i>
<p>Partial Metal Frame Dentures* and Associated Laboratory Costs</p>	<p>No benefit</p>	<p>Pre-authorisation required</p> <p>One partial frame (an upper or a lower) per beneficiary in a 5-year period</p> <p>Benefit subject to managed care protocols</p> <p>Covered at the Scheme Tariff</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>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>No benefit</p>	<p>Pre-authorisation required</p> <p>Benefit 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>Benefit subject to managed care protocols</p> <p>Covered at the Scheme Tariff</p>

SPECIALISED DENTISTRY	MAKOTI PRIMARY	MAKOTI COMPREHENSIVE <i>Specialised Dentistry limit R3 119 per family</i>
		<p>Scheme Exclusions:</p> <ul style="list-style-type: none"> • Crowns or crown retainers on third molars (wisdom teeth) • Pontic on second molar where the third molar is a crown retainer • Crown and bridge procedures for cosmetic reasons and associated laboratory costs • Laboratory fabricated temporary crowns • 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
Implants* and Associated Laboratory Costs	No benefit	No benefit
Orthodontics* and Associated Laboratory Costs	No benefit	<p>Pre-authorisation required</p> <p>Only one family member may commence orthodontic treatment in a calendar year</p> <p>On pre-authorisation, cases will be clinically assessed by using an orthodontic needs analysis, and funding can be granted up to 100% of the Scheme Orthodontic Tariff per beneficiary per lifetime.</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. The associated laboratory costs will also not be covered.</p> <p><i>Benefit for fixed comprehensive treatment:</i> Limited to individuals from age 9 and younger than 18 years of age</p>

SPECIALISED DENTISTRY	MAKOTI PRIMARY	MAKOTI COMPREHENSIVE <i>Specialised Dentistry limit R3 119 per family</i>
		<p>Benefit subject to managed care protocols</p> <p>Scheme Exclusions:</p> <ul style="list-style-type: none"> • Orthognathic (jaw correction) and other orthodontic related surgery and any related hospital and laboratory costs • Orthodontic re-treatment and any related laboratory costs • Invisible retainer material • Laboratory delivery fees
Periodontics*	No benefit	<p>Pre-authorisation required</p> <p>Benefit will only be applied to members registered on the Periodontal Programme</p> <p>Benefit limited to conservative, non-surgical therapy only</p> <p>Benefit subject to managed care protocols</p> <p>Covered at the Scheme Tariff</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 subject to managed care protocols Covered at the Scheme Tariff</p> <p><i>Benefit only available for the following procedure codes:</i> 8931, 8935, 9011 and 9013</p> <p><i>Surgery in hospital:</i> See Hospitalisation* below</p>	<p><i>Surgery in the dental chair:</i> Benefit subject to managed care protocols Covered at the Scheme Tariff</p> <p><i>Temporo-mandibular joint (TMJ) therapy:</i> Benefit 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><i>Benefit for the closure of an oral-antral opening (code 8909):</i> Subject to motivation and managed care protocols</p> <p><i>Surgery in hospital:</i> See Hospitalisation* below</p>

SPECIALISED DENTISTRY	MAKOTI PRIMARY	MAKOTI COMPREHENSIVE <i>Specialised Dentistry limit R3 119 per family</i>
		<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

HOSPITALISATION AND ANAESTHETICS	MAKOTI PRIMARY	MAKOTI COMPREHENSIVE <i>Specialised Dentistry limit R3 119 per family</i>
Hospitalisation (General Anaesthetic)*	<p>Pre-authorisation required</p> <p>Admission protocols apply</p> <p>PMB admissions only</p>	<p>Pre-authorisation required</p> <p>Admission protocols apply</p> <p>Removal of impacted teeth and PMB admissions only</p>
Laughing Gas in Dental Rooms	<p>Benefit subject to managed care protocols</p> <p>Covered at the Scheme Tariff</p>	<p>Benefit subject to managed care protocols</p> <p>Covered at the Scheme Tariff</p>
IV/Conscious Sedation in Rooms*	<p>Pre-authorisation required</p> <p>Benefit limited to extensive dental treatment</p> <p>Benefit subject to managed care protocols</p> <p>Covered at the Scheme Tariff</p>	<p>Pre-authorisation required</p> <p>Benefit limited to extensive dental treatment</p> <p>Benefit subject to managed care protocols</p> <p>Covered at the Scheme Tariff</p>

MALCOR PLAN D Dental Benefit Table 2019

Dental Benefits

Dental benefits are paid at the Scheme Tariff.

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 will prevail.

Pre-authorisation*

Dentures, Hospitalisation and IV/Conscious Sedation must be pre-authorised.

If no pre-authorisation is obtained or if pre-authorisation is applied for after the treatment has been done, benefits will not apply. This does not apply to emergency hospital admission.

CONSERVATIVE DENTISTRY	MALCOR PLAN D
Consultations	One check-up per beneficiary per year Benefit subject to managed care protocols Covered at the Scheme Tariff
X-rays: Intraoral	Benefit subject to managed care protocols Covered at the Scheme Tariff
X-rays: Extraoral	One per beneficiary in a 3-year period Benefit subject to managed care protocols Covered at the Scheme Tariff
Oral Hygiene	<p><i>Benefit for scale and polish:</i> One scale and polish treatment per beneficiary per year</p> <p><i>Benefit for fissure sealants:</i> Limited to beneficiaries younger than 16 years of age</p> <p><i>Benefit for fluoride:</i> Limited to beneficiaries from age 5 and younger than 13 years of age</p> <p>Benefit subject to managed care protocols Covered at the Scheme Tariff</p> <p>Scheme Exclusions:</p> <ul style="list-style-type: none"> • Oral hygiene instruction • Oral hygiene evaluation • Professionally applied fluoride for beneficiaries younger than 5, and 13 years and older • Dental bleaching

CONSERVATIVE DENTISTRY	MALCOR PLAN D
<p>Fillings</p>	<p><i>Benefit for fillings:</i> Granted once per tooth in 365 days</p> <p><i>Benefit for re-treatment of a tooth:</i> Subject to managed care protocols</p> <p><i>Multiple fillings:</i> A treatment plan and X-rays may be required</p> <p><i>Benefit for more than three fillings per beneficiary:</i> Subject to pre-notification</p> <p>Covered at the Scheme Tariff</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 for extractions only available for procedure codes 8201 and 8202</p> <p>Benefit subject to managed care protocols</p> <p>Covered at the Scheme Tariff</p> <p>Scheme Exclusions:</p> <ul style="list-style-type: none"> • Root canal therapy on primary (milk) teeth • Root canal therapy on third molars (wisdom teeth) • Direct and indirect pulp capping procedures
<p>Plastic Dentures*</p>	<p>Pre-authorisation required</p> <p>One set of plastic dentures (an upper <i>and</i> a lower) per beneficiary in a 4-year period</p> <p><i>Benefit not available</i> 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><i>Benefit for a mouth guard:</i> Benefit available for both the clinical and the associated laboratory fee for a mouth guard</p> <p>Benefit subject to managed care protocols</p> <p>Covered at the Scheme Tariff</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	MALCOR PLAN D
Partial Metal Frame Dentures and Associated Laboratory Costs	No benefit
Crown & Bridge and Associated Laboratory Costs <i>A bridge comprises two or more crown units. Each crown is payable from the available Crown & Bridge benefit.</i>	No benefit
Implants and Associated Laboratory Costs	No benefit
Orthodontics and Associated Laboratory Costs	No benefit
Periodontics	No benefit
Maxillo-facial Surgery and Oral Pathology	<p><i>Surgery in the dental chair:</i> Benefit subject to managed care protocols Covered at the Scheme Tariff</p> <p><i>Benefit only available for the following procedure codes:</i> 8931, 8935, 9011 and 9013</p> <p><i>Surgery in hospital:</i> See Hospitalisation* below</p>

HOSPITALISATION AND ANAESTHETICS	MALCOR PLAN D
Hospitalisation (General Anaesthetic)*	<p>Pre-authorisation required</p> <p>Admission protocols apply</p> <p>PMB admissions only</p>
Laughing Gas in Dental Rooms	<p>Benefit subject to managed care protocols</p> <p>Covered at the Scheme Tariff</p>
Conscious Sedation in Rooms*	<p>Pre-authorisation required</p> <p>Benefit limited to extensive dental treatment</p> <p>Benefit subject to managed care protocols</p> <p>Covered at the Scheme Tariff</p>

SIZWE GOMOMO CARE Dental Benefit Table 2019

Dental Benefits

Dental benefits are paid at the Sizwe Dental Tariff (SDT).

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 will prevail.

DSP Network

Benefits payable on the **Sizwe Gomomo Care** plan is subject to the use of a Designated Service Provider (DSP) on the ***DENIS Dental Network***.

Pre-authorisation*

Dentures, Hospitalisation and IV/Conscious Sedation in the rooms must be pre-authorised.

If no authorisation is obtained before commencing procedures or treatment under IV/Conscious Sedation, no benefits will apply.

Annual Family Limit

The Dental Benefits are subject to an Annual Family limit for dentistry.

The Annual Family limit amount is calculated according to the number of lives on the membership (*see table below*).

Number of Lives	Annual Family Limit
Member	R2 920
Member +1	R3 370
Member +2	R3 660
Member +3	R3 960
Member +4	R4 230
Member +5	R4 530
Member +6+	R4 970

CONSERVATIVE DENTISTRY	SIZWE GOMOMO CARE
Consultations	<p>One check-up per beneficiary per year</p> <p>Benefit subject to managed care protocols</p> <p>Covered at the SDT</p>
X-rays: Intraoral	<p>Benefit subject to managed care protocols</p> <p>Covered at the SDT</p>
X-rays: Extraoral	<p>One per beneficiary in a 3-year period</p> <p>Benefit subject to managed care protocols</p> <p>Covered at the SDT</p>
Oral Hygiene	<p><i>Benefit for scale and polish:</i> One scale and polish treatment per beneficiary per year</p> <p><i>Benefit for fissure sealants:</i> Limited to beneficiaries younger than 16 years of age</p> <p><i>Benefit for fluoride:</i> Limited to beneficiaries from age 5 and younger than 13 years of age</p> <p>Benefit subject to managed care protocols</p> <p>Covered at the SDT</p> <p><i>Scheme Exclusions:</i></p> <ul style="list-style-type: none"> • Oral hygiene instruction • Oral hygiene evaluation • Professionally applied fluoride for beneficiaries younger than 5, and 13 years and older • Dental bleaching
Fillings	<p><i>Benefit for fillings:</i> Granted once per tooth in 365 days</p> <p><i>Benefit for re-treatment of a tooth:</i> Subject to managed care protocols</p> <p><i>Multiple fillings:</i> A treatment plan and X-rays may be required</p> <p><i>Benefit for more than three fillings per beneficiary:</i> Subject to pre-notification</p> <p>Covered at the SDT</p>

CONSERVATIVE DENTISTRY	SIZWE GOMOMO CARE
	<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 for extractions only available for procedure codes 8201 and 8202</p> <p>Benefit subject to managed care protocols</p> <p>Covered at the SDT</p> <p>Scheme Exclusions:</p> <ul style="list-style-type: none"> • Root canal therapy on primary (milk) teeth • Root canal therapy on third molars (wisdom teeth) • Direct and indirect pulp capping procedures
<p>Plastic Dentures*</p>	<p>Pre-authorisation required</p> <p>One set of plastic dentures (an upper <i>and</i> a lower) per beneficiary in a 4-year period</p> <p><i>Benefit not available</i> 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><i>Benefit for a mouth guard:</i> Benefit available for both the clinical and the associated laboratory fee for a mouth guard</p> <p>Benefit subject to managed care protocols</p> <p>Covered at the SDT</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	SIZWE GOMOMO CARE
Partial Metal Frame Dentures and Associated Laboratory Costs	No benefit
Crown & Bridge and Associated Laboratory Costs <i>A bridge comprises two or more crown units. Each crown is payable from the available Crown & Bridge benefit.</i>	No benefit
Implants and Associated Laboratory Costs	No benefit
Orthodontics and Associated Laboratory Costs	No benefit
Periodontics	No benefit
Maxillo-facial Surgery and Oral Pathology	<p><i>Surgery in the dental chair:</i> Benefit subject to managed care protocols Covered at the SDT</p> <p><i>Benefit only available for the following procedure codes:</i> 8931, 8935, 9011 and 9013</p> <p><i>Surgery in hospital:</i> See Hospitalisation* below</p>

HOSPITALISATION AND ANAESTHETICS	SIZWE GOMOMO CARE
Hospitalisation (General Anaesthetic)*	<p>Pre-authorisation required</p> <p>Admission protocols apply</p> <p>PMB admissions only</p> <p><i>Managed by Sechaba</i></p>
Laughing Gas in Dental Rooms	<p>Benefit subject to managed care protocols</p> <p>Covered at the SDT</p>
IV/Conscious Sedation in Rooms*	<p>Pre-authorisation required</p> <p>Benefit limited to extensive dental treatment</p> <p>Benefit subject to managed care protocols</p> <p>Covered at the SDT</p>

Additional Scheme Exclusions (*All Plans & Options*)

- 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