

Sizwe Dental Benefit Tables 2019

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PRIMARY CARE & PRIMARY CARE NETWORK Dental Benefit Table 2019

AFFORDABLE CARE & AFFORDABLE CARE NETWORK Dental Benefit Table 2019

FULL BENEFIT 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 Rules of the Scheme will prevail.

Hospital DSP Network

Members on the **Primary Care Network and Affordable Care Network** options must use a hospital within the Sizwe Hospital Network for planned procedures.

Should a member make use of a hospital that is not participating in the Scheme's Hospital DSP Network, a **20% co-payment** will be applicable on the hospital account.

Pre-authorisation*

Hospitalisation and certain Specialised Dentistry procedures, and treatments must be pre-authorised.

Procedures and treatment not authorised will not be eligible for funding.

If authorisation is approved after the treatment has been done, a **20% penalty** will apply. This is applicable to Hospitalisation (the hospital account) and for the following specialised out-of-hospital dentistry treatments: Crown & Bridge, Implants, Periodontics and IV/Conscious Sedation in the dental rooms.

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 approved as per the managed care protocols.

Penalties do not apply to emergency/PMB** hospital admissions.

** PMB = Prescribed Minimum Benefits

CONSERVATIVE DENTISTRY	PRIMARY CARE & PRIMARY CARE NETWORK	AFFORDABLE CARE & AFFORDABLE CARE NETWORK	FULL BENEFIT CARE
Consultations	Two check-ups per beneficiary per year (once every 6 months) Benefit subject to managed care protocols Covered at the SDT	Two check-ups per beneficiary per year (once every 6 months) Benefit subject to managed care protocols Covered at the SDT	Two check-ups per beneficiary per year (once every 6 months) Benefit subject to managed care protocols Covered at the SDT
X-rays: Intraoral	Benefit subject to managed care protocols Covered at the SDT	Benefit subject to managed care protocols Covered at the SDT	Benefit subject to managed care protocols Covered at the SDT
X-rays: Extraoral	One per beneficiary in a 3-year period Benefit subject to managed care protocols Covered at the SDT	One per beneficiary in a 3-year period Additional benefit may be considered where specialised dental treatment is required. Benefit subject to managed care protocols Covered at the SDT	One per beneficiary in a 3-year period Additional benefit may be considered where specialised dental treatment is required. Benefit subject to managed care protocols Covered at the SDT
Oral Hygiene	<i>Benefit for scale and polish:</i> Two scale and polish treatments per beneficiary per year (once every 6 months) <i>Benefit for fissure sealants:</i> Limited to beneficiaries younger than 16 years of age <i>Benefit for fluoride:</i> Limited to beneficiaries from age 5 and younger than 13 years of age Benefit subject to managed care protocols Covered at the SDT	<i>Benefit for scale and polish:</i> Two scale and polish treatments per beneficiary per year (once every 6 months) <i>Benefit for fissure sealants:</i> Limited to beneficiaries younger than 16 years of age <i>Benefit for fluoride:</i> Limited to beneficiaries from age 5 and younger than 13 years of age Benefit subject to managed care protocols Covered at the SDT	<i>Benefit for scale and polish:</i> Two scale and polish treatments per beneficiary per year (once every 6 months) <i>Benefit for fissure sealants:</i> Limited to beneficiaries younger than 16 years of age <i>Benefit for fluoride:</i> Limited to beneficiaries from age 5 and younger than 13 years of age Benefit subject to managed care protocols Covered at the SDT

CONSERVATIVE DENTISTRY	PRIMARY CARE & PRIMARY CARE NETWORK	AFFORDABLE CARE & AFFORDABLE CARE NETWORK	FULL BENEFIT CARE
	<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>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>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 for multiple fillings</p> <p>Covered at the SDT</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 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 for multiple fillings</p> <p>Covered at the SDT</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 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 for multiple fillings</p> <p>Covered at the SDT</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 subject to managed care protocols</p> <p>Covered at the SDT</p>	<p>Benefit subject to managed care protocols</p> <p>Covered at the SDT</p>	<p>Benefit subject to managed care protocols</p> <p>Covered at the SDT</p>

CONSERVATIVE DENTISTRY	PRIMARY CARE & PRIMARY CARE NETWORK	AFFORDABLE CARE & AFFORDABLE CARE NETWORK	FULL BENEFIT CARE
	<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>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>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* and Associated Laboratory Costs</p>	<p>Pre-authorisation is 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; 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 	<p>Pre-authorisation is 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; 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 	<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; 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	PRIMARY CARE & PRIMARY CARE NETWORK	AFFORDABLE CARE & AFFORDABLE CARE NETWORK	FULL BENEFIT CARE
<p>Partial Metal Frame* Dentures and Associated Laboratory Costs</p>	<p>No benefit</p>	<p>Pre-authorization is required</p> <p>Two partial frames (an upper <i>and</i> a lower) per beneficiary in a 5-year period, limited to one family member per year</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"> • The metal base to full dentures and associated laboratory costs • High impact acrylic • The cost of gold, precious metal, semiprecious metal and platinum foil • Laboratory delivery fees 	<p>Two partial frames (an upper <i>and</i> a lower) per beneficiary in a 5-year period, limited to one family member per year</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"> • The metal base to full dentures and associated laboratory costs • High impact acrylic • The cost of gold, precious metal, semiprecious 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-authorization required</p> <p>One crown per family per year</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 SDT</p> <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 • Laboratory fabricated temporary crowns 	<p>Pre-authorization required</p> <p>Three crowns per family per year</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 SDT</p> <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 • Laboratory fabricated temporary crowns

SPECIALISED DENTISTRY	PRIMARY CARE & PRIMARY CARE NETWORK	AFFORDABLE CARE & AFFORDABLE CARE NETWORK	FULL BENEFIT CARE
		<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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
Implants* and Associated Laboratory Costs	No benefit	No benefit	<p>Pre-authorisation required</p> <p>Two implants per beneficiary in a 5-year period</p> <p>Cost of implant components limited to R3 880 per implant</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"> • Implants on third molars (wisdom teeth) • Dolder bars and associated abutments on implants including associated laboratory costs • Laboratory delivery fees

SPECIALISED DENTISTRY	PRIMARY CARE & PRIMARY CARE NETWORK	AFFORDABLE CARE & AFFORDABLE CARE NETWORK	FULL BENEFIT CARE
<p>Orthodontics* and Associated Laboratory Costs</p>	<p>No benefit</p>	<p>Pre-authorisation required</p> <p>Only one family member may commence orthodontic treatment in a calendar year</p> <p>Benefit subject to managed care protocols and will only be funded from date of authorisation</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 SDT.</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> <p>Scheme Exclusions:</p> <ul style="list-style-type: none"> • Orthognathic (jaw correction) and other orthodontic related surgery, and any associated hospital and laboratory costs • Orthodontic re-treatment and any related laboratory costs • Invisible retainer material • Laboratory delivery fees 	<p>Pre-authorisation required</p> <p>Only one family member may commence orthodontic treatment in a calendar year</p> <p>Benefit subject to managed care protocols and will only be funded from date of authorisation</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 100% of SDT.</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> <p>Scheme Exclusions:</p> <ul style="list-style-type: none"> • Orthognathic (jaw correction) and other orthodontic related surgery, and any associated hospital and laboratory costs • Orthodontic re-treatment and any related laboratory costs • Invisible retainer material • Laboratory delivery fees

SPECIALISED DENTISTRY	PRIMARY CARE & PRIMARY CARE NETWORK	AFFORDABLE CARE & AFFORDABLE CARE NETWORK	FULL BENEFIT CARE
<p>Periodontics*</p>	<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>No benefit for surgical Periodontics</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"> • Surgical periodontics which includes gingivectomies, periodontal flap surgery, tissue grafting and the hemisection of a tooth • Perio chip placement 	<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>No benefit for surgical Periodontics</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"> • Surgical periodontics which includes gingivectomies, periodontal flap surgery, tissue grafting and the hemisection of a tooth • Perio chip placement 	<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>No benefit for surgical Periodontics</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"> • Surgical periodontics which includes gingivectomies, periodontal flap surgery, tissue grafting and the hemisection of a tooth • Perio chip placement
<p>Maxillo-facial Surgery and Oral Pathology</p>	<p><i>Surgery in the dental chair:</i> Benefit subject to managed care protocols Covered at the SDT</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 the dental chair:</i> Benefit subject to managed care protocols Covered at the SDT</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 the dental chair:</i> Benefit subject to managed care protocols Covered at the SDT</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>

SPECIALISED DENTISTRY	PRIMARY CARE & PRIMARY CARE NETWORK	AFFORDABLE CARE & AFFORDABLE CARE NETWORK	FULL BENEFIT CARE
	<p><i>Surgery in hospital:</i> See Hospitalisation* below</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 	<p><i>Surgery in hospital:</i> See Hospitalisation* below</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 	<p><i>Surgery in hospital:</i> See Hospitalisation* below</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

HOSPITALISATION AND ANAESTHETICS	PRIMARY CARE & PRIMARY CARE NETWORK	AFFORDABLE CARE & AFFORDABLE CARE NETWORK	FULL BENEFIT CARE
<p>Hospitalisation (General Anaesthetic)*</p>	<p>Pre-authorisation required</p> <p>A co-payment of R1 500 per hospital admission applies</p> <p>Admission protocols apply</p> <p>Benefit subject to managed care protocols</p> <p>General anaesthetic benefit available for children under the age of 5 years for extensive dental treatment</p> <p>General anaesthetic benefit available for the removal of impacted teeth</p> <p>The hospital and anaesthetist claims for the procedures listed below <i>will not be covered</i> when performed under general anaesthesia. The payment of the dental procedure will be dependent on available benefits, and payable at SDT:</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>Pre-authorisation required</p> <p>A co-payment of R1 500 per hospital admission applies</p> <p>Admission protocols apply</p> <p>Benefit subject to managed care protocols</p> <p>General anaesthetic benefit available for children under the age of 5 years for extensive dental treatment</p> <p>General anaesthetic benefit available for the removal of impacted teeth</p> <p>The hospital and anaesthetist claims for the procedures listed below <i>will not be covered</i> when performed under general anaesthesia. The payment of the dental procedure will be dependent on available benefits, and payable at SDT:</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>Pre-authorisation required</p> <p>A co-payment of R1 500 per hospital admission applies</p> <p>Admission protocols apply</p> <p>Benefit subject to managed care protocols</p> <p>General anaesthetic benefit available for children under the age of 5 years for extensive dental treatment</p> <p>General anaesthetic benefit available for the removal of impacted teeth</p> <p>The hospital and anaesthetist claims for the procedures listed below <i>will not be covered</i> when performed under general anaesthesia. The payment of the dental procedure will be dependent on available benefits, and payable at SDT:</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

HOSPITALISATION AND ANAESTHETICS	PRIMARY CARE & PRIMARY CARE NETWORK	AFFORDABLE CARE & AFFORDABLE CARE NETWORK	FULL BENEFIT CARE
	<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>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>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 subject to managed care protocols</p> <p>Covered at 100% of the SDT</p>	<p>Benefit subject to managed care protocols</p> <p>Covered at 100% of the SDT</p>	<p>Benefit subject to managed care protocols</p> <p>Covered at 100% of the SDT</p>
<p>IV/Conscious Sedation in Rooms*</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 SDT</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 SDT</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 SDT</p>

SIZWE HOSPITAL CARE (ENHANCED) Dental Benefit Table 2019

Dental Benefits

Dental benefits for Conservative and Specialised Dentistry are payable from available funds in the member's savings account for out-of-hospital services.

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 Rules of the Scheme will prevail.

Pre-authorisation*

Dental treatment in hospital and under IV/conscious sedation in the dental rooms must be pre-authorised.

If no pre-authorisation is obtained –

In-hospital: If authorisation is approved after the treatment has been done, a **20% penalty** will apply on the hospital account. Penalties do not apply to emergency/PMB** hospital admission.

Out-of-hospital: If authorisation for IV/conscious sedation is approved after the treatment has been done, a **20% penalty** will apply.

*** PMB = Prescribed Minimum Benefits*

CONSERVATIVE DENTISTRY	SIZWE HOSPITAL CARE (ENHANCED)
Consultations	Payable from available funds in the savings account Once every 6 months Benefit subject to managed care protocols Covered at the SDT
X-rays: Intraoral	Payable from available funds in the savings account Benefit subject to managed care protocols Covered at the SDT
X-rays: Extraoral	Payable from available funds in the savings account One per beneficiary in a 3-year period Additional benefit may be considered where specialised dental treatment is required. Benefit subject to managed care protocols Covered at the SDT
Oral Hygiene	Payable from available funds in the savings account Once every 6 months <i>Benefit for fissure sealants:</i> Limited to beneficiaries younger than 16 years of age <i>Benefit for fluoride:</i> Limited to beneficiaries from age 5 and younger than 13 years of age Benefit subject to managed care protocols Covered at the SDT Scheme Exclusions: <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	Payable from available funds in the savings account <i>Benefit for fillings:</i> Granted once per tooth in 365 days <i>Benefit for re-treatment of a tooth:</i> Subject to managed care protocols <i>Multiple fillings:</i> A treatment plan and X-rays may be required Benefit subject to managed care protocols Covered at the SDT

CONSERVATIVE DENTISTRY	SIZWE HOSPITAL CARE (ENHANCED)
	<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>Payable from available funds in the savings account</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 and Associated Laboratory Costs</p>	<p>Payable from available funds in the savings account</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 HOSPITAL CARE (ENHANCED)
Partial Metal Frame Dentures and Associated Laboratory Costs	<p>Payable from available funds in the savings account</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"> • 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
Crown & Bridge and Associated Laboratory Costs	<p>Payable from available funds in the savings account</p> <p>Benefits for crowns 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 SDT</p> <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	<p>Payable from available funds in the savings account</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"> • Implants on third molars (wisdom teeth) • Dolder bars and associated abutments on implants including the associated laboratory costs • Laboratory delivery fees

SPECIALISED DENTISTRY	SIZWE HOSPITAL CARE (ENHANCED)
<p>Orthodontics and Associated Laboratory Costs</p>	<p>Payable from available funds in the savings account</p> <p><i>Benefit for fixed comprehensive treatment:</i> Limited to individuals from age 9 and younger than 18 years of age</p> <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 cost including associated laboratory costs • Orthodontic re-treatment and any related laboratory costs • Invisible retainer material • Laboratory delivery fees
<p>Periodontics</p>	<p>Payable from available funds in the savings account</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 SDT</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>Maxillo-facial Surgery and Oral Pathology in Rooms</p> <p><i>(excluding removal of impacted teeth under IV/conscious sedation)</i></p>	<p>Payable from available funds in the savings account</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> <p>Benefit subject to managed care protocols</p> <p>Covered at the SDT</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

HOSPITALISATION AND ANAESTHETICS	SIZWE HOSPITAL CARE (ENHANCED)
Hospitalisation (General Anaesthetic)*	<p>Pre-authorisation required</p> <p>A co-payment of R1 500 per hospital admission applies</p> <p>Admission protocols apply</p> <p>Benefit subject to managed care protocols</p> <p>General anaesthetic benefit available for children under the age of 5 years for extensive dental treatment</p> <p>General anaesthetic benefit available for the removal of impacted teeth</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	<p>Payable from available funds in the savings account</p> <p>Benefit is 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>

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

***Managed by **Enabledmed**

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>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 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	<i>Surgery in the dental chair:</i> Benefit subject to managed care protocols Covered at the SDT <i>Benefit only available for the following procedure codes:</i> 8931, 8935, 9011 and 9013 <i>Surgery in hospital:</i> See Hospitalisation* below

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

Specific Exclusions: Primary Care & Primary Care Network

- Specialised dentistry: crowns & bridges, implants, orthodontics and surgical periodontics
- Metal base to full dentures
- Partial metal frame dentures