

Bonitas Dental Benefit Tables 2019

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BONCOMPREHENSIVE Dental Benefit Table 2019

Dental Benefits**

The dental benefits of the BonComprehensive option will be paid from the member's available Savings and/or Threshold Limit.

Dental benefits are paid at the Bonitas Dental Tariff (BDT).

The dental benefits as published below will apply, subject to DENIS 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.

Co-payments

Specific hospital facilities may be contractually excluded by the Scheme and will incur a 30% co-payment.

Pre-authorisation*

Hospitalisation, and certain dentistry procedures and treatments must be pre-authorised. Pre-authorisation is required for: Dentures, Crown & Bridge, Implants, Orthodontics, Periodontics, Hospital and IV/Conscious Sedation.

Procedures and treatments not pre-authorised will not attract a benefit, with the exception of Crown & 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.

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

CONSERVATIVE DENTISTRY	BONCOMPREHENSIVE
Consultations	<p>Once every 6 months</p> <p>Benefit subject to managed care protocols</p> <p>Covered at the BDT</p>
X-rays: Intraoral	<p>Benefit subject to managed care protocols</p> <p>Covered at the BDT</p>
X-rays: Extraoral	<p>One per beneficiary in a 3-year period</p> <p>Additional benefit may be considered where specialised dental treatment is required.</p> <p>Benefit subject to managed care protocols</p> <p>Covered at the BDT</p>
Oral Hygiene	<p>Once every 6 months</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 16 years of age</p> <p>Benefit subject to managed care protocols</p> <p>Covered at the BDT</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 16 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 BDT</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

CONSERVATIVE DENTISTRY	BONCOMPREHENSIVE
<p>Root Canal Therapy and Extractions</p>	<p>Benefit 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 third molars (wisdom teeth) • Direct and indirect pulp capping procedures
<p>Plastic Dentures* and Associated Laboratory Costs</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>Benefit <i>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 BDT</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	BONCOMPREHENSIVE
<p>Partial Metal Frame Dentures* and Associated Laboratory Costs</p>	<p>Pre-authorisation required</p> <p>Two partial frames (an upper <i>and</i> a lower) per beneficiary in a 5-year period</p> <p>Benefit 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>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 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 BDT</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 • Occlusal rehabilitations and associated laboratory costs • Laboratory fabricated temporary crowns • 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>Implants* and Associated Laboratory Costs</p>	<p>Pre-authorisation required</p> <p>Two implants per beneficiary in a 5-year period</p> <p>Cost of implant components limited to R2 630 per implant</p> <p>Benefit subject to managed care protocols</p> <p>Covered at the BDT</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	BONCOMPREHENSIVE
<p>Orthodontics* and Associated Laboratory Costs</p>	<p>Pre-authorisation required</p> <p>Benefit for orthodontic treatment granted once per beneficiary per lifetime</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. Benefit allocation is subject to the outcome of the needs analysis and funding can be granted up to 100% of the BDT.</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></p> <p>Limited to individuals from age 9 and younger than 18 years of age</p> <p>Benefit subject to managed care protocols</p> <p>Covered at the BDT</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>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>Benefit subject to managed care protocols</p> <p>Covered at the BDT</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></p> <p>Benefit subject to managed care protocols</p> <p>Covered at the BDT</p> <p><i>Temporo-mandibular joint (TMJ) therapy:</i></p> <p>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></p> <p>Subject to motivation and managed care protocols</p> <p><i>Surgery in hospital:</i> See Hospitalisation* below</p>

SPECIALISED DENTISTRY	BONCOMPREHENSIVE
	<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	BONCOMPREHENSIVE
<p>Hospitalisation (General Anaesthetic)*</p>	<p>Pre-authorization required</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 the 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 • 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 the BDT</p>
<p>IV/Conscious Sedation in Rooms*</p>	<p>Pre-authorization required</p> <p>Benefit limited to extensive dental treatment</p> <p>Benefit subject to managed care protocols</p> <p>Covered at the BDT</p>

BONCLASSIC Dental Benefit Table 2019

Dental Benefits

Dental benefits are paid at the Bonitas Dental Tariff (BDT) subject to the available financial limit.

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.

Co-payments

On the BonClassic option a co-payment is levied on the hospital account.

Specific hospital facilities may be contractually excluded by the Scheme and will incur a further 30% co-payment.

Pre-authorisation*

Hospitalisation, and certain dentistry procedures and treatments must be pre-authorised. Pre-authorisation is required for: Dentures, Crown & Bridge, Orthodontics, Periodontics, Hospital and IV/Conscious Sedation.

Procedures and treatments not pre-authorised will not attract a benefit, with the exception of Crown & 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.

CONSERVATIVE DENTISTRY	BONCLASSIC <i>Conservative Dentistry limit of R4 700 per family per year</i>
Consultations	Two check-ups per beneficiary per year (once every 6 months) Benefit subject to managed care protocols Covered at the BDT
X-rays: Intraoral	Benefit subject to managed care protocols Covered at the BDT
X-rays: Extraoral	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 BDT
Oral Hygiene	<p><i>Benefit for scale and polish:</i> Two scale and polish treatments per beneficiary per year (once every 6 months)</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 16 years of age Benefit subject to managed care protocols Covered at the BDT</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 16 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 Covered at the BDT</p>

CONSERVATIVE DENTISTRY	BONCLASSIC <i>Conservative Dentistry limit of R4 700 per family per year</i>
	<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 BDT</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
Plastic Dentures* and Associated Laboratory Costs	<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>Limit:</i> Benefit for Plastic Dentures and Associated Laboratory Costs is payable from the available Conservative Dentistry limit.</p> <p>Benefit <i>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 BDT</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	BONCLASSIC <i>Specialised Dentistry limit of R5 650 per family per year</i>
Partial Metal Frame Dentures* and Associated Laboratory Costs	<p>Pre-authorisation required</p> <p>Two partial metal frames (an upper <i>and</i> a lower) per beneficiary in a 5-year period</p> <p>Benefit 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
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>	<p>Pre-authorisation 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 BDT</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 <ul style="list-style-type: none"> • The cost of gold, precious metal, semi-precious metal and platinum foil • Laboratory delivery fees
Implants* and Associated Laboratory Costs	<p>No benefit</p>

SPECIALISED DENTISTRY	BONCLASSIC <i>Specialised Dentistry limit of R5 650 per family per year</i>
Orthodontics* and Associated Laboratory Costs	<p>Pre-authorisation required</p> <p>Benefit for orthodontic treatment granted once per beneficiary per lifetime</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. Benefit allocation is subject to the outcome of the needs analysis and funding can be granted up to 100% of the BDT.</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>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 associated hospital and laboratory costs • Orthodontic re-treatment and any related laboratory costs • Invisible retainer material • Laboratory delivery fees
Periodontics*	<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 BDT</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 BDT</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>

SPECIALISED DENTISTRY	BONCLASSIC <i>Specialised Dentistry limit of R5 650 per family per year</i>
	<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><i>Scheme Exclusions:</i></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	BONCLASSIC <i>Specialised Dentistry limit of R5 650 per family per year</i>
Hospitalisation (General Anaesthetic)*	<p>Pre-authorisation required</p> <p>A co-payment of R3 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 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 • 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>Benefit subject to managed care protocols</p> <p>Covered at the BDT</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 BDT</p>

STANDARD Dental Benefit Table 2019

STANDARD SELECT Dental Benefit Table 2019

BONCOMPLETE Dental Benefit Table 2019

Dental Benefits

Dental benefits are paid at the Bonitas Dental Tariff (BDT).

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.

Co-payments

On the **Standard**, **Standard Select** and **BonComplete** options:

- Co-payments are levied for *Orthodontics*
- Co-payments are levied on the *hospital account*
- Specific hospital facilities may be contractually excluded by the Scheme and will incur a further 30% co-payment.

Bonitas Standard Select Hospital Network

Members on the **Standard Select** option must use a hospital within the Bonitas Standard Select Hospital Network.

Should a member on the Standard Select option make use of a non-network hospital for an elective procedure, a 30% co-payment will be applicable on the hospital account.

Pre-authorisation*

Hospitalisation, and certain dentistry procedures and treatments must be pre-authorised. Pre-authorisation is required for Dentures, Crown & Bridge, Orthodontics, Periodontics, Hospital and IV/Conscious Sedation.

Procedures and treatments not pre-authorised will not attract a benefit, with the exception of Crown & 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.

CONSERVATIVE DENTISTRY	STANDARD	STANDARD SELECT	BONCOMPLETE
Consultations	Two check-ups per beneficiary per year (once every 6 months) Benefit subject to managed care protocols Covered at the BDT	Two check-ups per beneficiary per year (once every 6 months) Benefit subject to managed care protocols Covered at the BDT	Two check-ups per beneficiary per year (once every 6 months) Benefit subject to managed care protocols Covered at the BDT
X-rays: Intraoral	Benefit subject to managed care protocols Covered at the BDT	Benefit subject to managed care protocols Covered at the BDT	Benefit subject to managed care protocols Covered at the BDT
X-rays: Extraoral	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 BDT	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 BDT	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 BDT
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 16 years of age Benefit subject to managed care protocols Covered at the BDT	<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 16 years of age Benefit subject to managed care protocols Covered at the BDT	<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 16 years of age Benefit subject to managed care protocols Covered at the BDT

CONSERVATIVE DENTISTRY	STANDARD	STANDARD SELECT	BONCOMPLETE
	<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 16 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 16 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 16 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 BDT</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 BDT</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 BDT</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 BDT</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>Benefit 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 third molars (wisdom teeth) • Direct and indirect pulp capping procedures 	<p>Benefit 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 third molars (wisdom teeth) • Direct and indirect pulp capping procedures

CONSERVATIVE DENTISTRY	STANDARD	STANDARD SELECT	BONCOMPLETE
<p>Plastic Dentures* and Associated Laboratory Costs</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 BDT</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 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 BDT</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 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 BDT</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	STANDARD	STANDARD SELECT	BONCOMPLETE
<p>Partial Metal Frame Dentures* and Associated Laboratory Costs</p>	<p>Pre-authorisation required</p> <p>One partial metal frame (an upper <i>or</i> a lower) per beneficiary in a 5-year period</p> <p>Benefit 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 required</p> <p>One partial metal frame (an upper <i>or</i> a lower) per beneficiary in a 5-year period</p> <p>Benefit 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 required</p> <p>One partial metal frame (an upper <i>or</i> a lower) per beneficiary in a 5-year period</p> <p>Benefit 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>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 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 BDT</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 	<p>Pre-authorisation 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 BDT</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 	<p>Pre-authorisation 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 BDT</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

SPECIALISED DENTISTRY	STANDARD	STANDARD SELECT	BONCOMPLETE
	<ul style="list-style-type: none"> • 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"> • 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"> • 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	No benefit
Orthodontics* and Associated Laboratory Costs	<p>Pre-authorisation required</p> <p>Benefit for orthodontic treatment granted once per beneficiary per lifetime</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. Benefit allocation is subject to the outcome of the needs analysis and funding can be granted up to 80% of the BDT.</p> <p>Benefit for orthodontic treatment will be granted where function is impaired</p>	<p>Pre-authorisation required</p> <p>Benefit for orthodontic treatment granted once per beneficiary per lifetime</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. Benefit allocation is subject to the outcome of the needs analysis and funding can be granted up to 80% of the BDT.</p> <p>Benefit for orthodontic treatment will be granted where function is impaired</p>	<p>Pre-authorisation required</p> <p>Benefit for orthodontic treatment granted once per beneficiary per lifetime</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. Benefit allocation is subject to the outcome of the needs analysis and funding can be granted up to 65% of the BDT.</p> <p>Benefit for orthodontic treatment will be granted where function is impaired</p>

SPECIALISED DENTISTRY	STANDARD	STANDARD SELECT	BONCOMPLETE
	<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>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 associated hospital and laboratory costs • Orthodontic re-treatment and any related laboratory costs • Invisible retainer material • Laboratory delivery fees 	<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>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 associated hospital and laboratory costs • Orthodontic re-treatment and any related laboratory costs • Invisible retainer material • Laboratory delivery fees 	<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>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 associated hospital and laboratory costs • Orthodontic re-treatment and any related laboratory costs • Invisible retainer material • Laboratory delivery fees
Periodontics*	<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 BDT</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>Benefit subject to managed care protocols</p> <p>Covered at the BDT</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>Benefit subject to managed care protocols</p> <p>Covered at the BDT</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

SPECIALISED DENTISTRY	STANDARD	STANDARD SELECT	BONCOMPLETE
Maxillo-facial Surgery and Oral Pathology	<p><i>Surgery in the dental chair:</i> Covered at the BDT Benefit subject to managed care protocols</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>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 the dental chair:</i> Covered at the BDT Benefit subject to managed care protocols</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>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 the dental chair:</i> Covered at the BDT Benefit subject to managed care protocols</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>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	STANDARD	STANDARD SELECT	BONCOMPLETE
<p>Hospitalisation (General Anaesthetic)*</p>	<p>Pre-authorisation required</p> <p>A co-payment of R3 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.</p> <p>The payment of the dental procedure will be dependent on available benefits, and payable at the 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>Pre-authorisation required</p> <p>A co-payment of R3 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.</p> <p>The payment of the dental procedure will be dependent on available benefits, and payable at the 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>Pre-authorisation required</p> <p>A co-payment of R3 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.</p> <p>The payment of the dental procedure will be dependent on available benefits, and payable at the 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

HOSPITALISATION AND ANAESTHETICS	STANDARD	STANDARD SELECT	BONCOMPLETE
	<p><i>Scheme Exclusions:</i></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><i>Scheme Exclusions:</i></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><i>Scheme Exclusions:</i></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>Benefit subject to managed care protocols</p> <p>Covered at the BDT</p>	<p>Benefit subject to managed care protocols</p> <p>Covered at the BDT</p>	<p>Benefit subject to managed care protocols</p> <p>Covered at the BDT</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 BDT</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 BDT</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 BDT</p>

PRIMARY Dental Benefit Table 2019

PRIMARY SELECT Dental Benefit Table 2019

Dental Benefits

Dental benefits are paid at the Bonitas Dental Tariff (BDT).

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*

Hospitalisation and Dentures must be pre-authorised.

Procedures and treatments not pre-authorised will not attract a benefit.

Penalties do not apply to emergency hospital admission.

Co-payment: Primary and Primary Select Options

On the **Primary** and **Primary Select** options a co-payment is levied on the hospital account.

Specific facilities may be contractually excluded by the Scheme and will incur a further 30% co-payment.

Bonitas Primary Select Hospital Network

Members on the **Primary Select** option must use a hospital within the Bonitas Primary Select Hospital Network.

Should a member on the **Primary Select** option make use of a non-network hospital for an elective procedure, a 30% co-payment will be applicable on the hospital account.

DSP Network: Primary and Primary Select Options

Benefits payable on the **Primary** and **Primary Select** options are subject to the use of a Designated Service Provider (DSP) dentist on the DENIS Dental Network.

CONSERVATIVE DENTISTRY	PRIMARY	PRIMARY SELECT
Consultations	Two check-ups per beneficiary per year (once every 6 months) Benefit subject to managed care protocols Covered at the BDT	Two check-ups per beneficiary per year (once every 6 months) Benefit subject to managed care protocols Covered at the BDT
X-rays: Intraoral	Benefit subject to managed care protocols Covered at the BDT	Benefit subject to managed care protocols Covered at the BDT
X-rays: Extraoral	One per beneficiary in a 3-year period Benefit subject to managed care protocols Covered at the BDT	One per beneficiary in a 3-year period Benefit subject to managed care protocols Covered at the BDT
Oral Hygiene	<p><i>Benefit for scale and polish:</i> Two scale and polish treatments per beneficiary per year (once every 6 months)</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 16 years of age</p> <p>Benefit subject to managed care protocols Covered at the BDT</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 16 years and older • Dental bleaching 	<p><i>Benefit for scale and polish:</i> Two scale and polish treatments per beneficiary per year (once every 6 months)</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 16 years of age</p> <p>Benefit subject to managed care protocols Covered at the BDT</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 16 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><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>

CONSERVATIVE DENTISTRY	PRIMARY	PRIMARY SELECT
	<p>Covered at the BDT</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>Covered at the BDT</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 root canal therapy includes all teeth except primary teeth and permanent molars.</p> <p>Benefit 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 third molars (wisdom teeth) • Direct and indirect pulp capping procedures 	<p>Benefit for root canal therapy includes all teeth except primary teeth and permanent molars.</p> <p>Benefit 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 third molars (wisdom teeth) • Direct and indirect pulp capping procedures
<p>Plastic Dentures* and Associated Laboratory Costs</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 BDT</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 BDT</p>

CONSERVATIVE DENTISTRY	PRIMARY	PRIMARY SELECT
	<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>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	PRIMARY SELECT
<p>Partial Metal Frame Dentures* and Associated Laboratory Costs</p>	No benefit	No benefit
<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>Implants* and Associated Laboratory Costs</p>	No benefit	No benefit
<p>Orthodontics* and Associated Laboratory Costs</p>	No benefit	No benefit
<p>Periodontics*</p>	No benefit	No benefit

SPECIALISED DENTISTRY	PRIMARY	PRIMARY SELECT
<p>Maxillo-facial Surgery and Oral Pathology</p>	<p><i>Surgery in the dental chair:</i> Covered at the BDT Benefit subject to managed care protocols</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>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 the dental chair:</i> Covered at the BDT Benefit subject to managed care protocols</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>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	PRIMARY SELECT
<p>Hospitalisation (General Anaesthetic)*</p>	<p>Pre-authorisation required</p> <p>A co-payment of R3 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.</p> <p>The payment of the dental procedure will be dependent on available benefits, and payable at the 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 • 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 required</p> <p>A co-payment of R3 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.</p> <p>The payment of the dental procedure will be dependent on available benefits, and payable at the 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 • Where the only reason for the admission request is for a sterile facility • The cost of dental materials for procedures performed under general anaesthesia

HOSPITALISATION AND ANAESTHETICS	PRIMARY	PRIMARY SELECT
Laughing Gas in Dental Rooms	Benefit subject to managed care protocols Covered at the BDT	Benefit subject to managed care protocols Covered at the BDT
IV/Conscious Sedation in Rooms*	Pre-authorization required Benefit limited to extensive dental treatment Benefit subject to managed care protocols Covered at the BDT	Pre-authorization required Benefit limited to extensive dental treatment Benefit subject to managed care protocols Covered at the BDT

BONSAVE Dental Benefit Table 2019

BONFIT Dental Benefit Table 2019

Dental Benefits

Dental benefits are paid at the Bonitas Dental Tariff (BDT).

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*

Hospitalisation and Dentures must be pre-authorised.

Procedures and treatments not pre-authorised will not attract a benefit.

Penalties do not apply to emergency hospital admission.

Co-payment: BonSave Option

On the **BonSave** option a co-payment is levied on the hospital account.

Specific facilities may be contractually excluded by the Scheme and will incur a further 30% co-payment.

Hospitalisation: BonFit Option

Prescribed Minimum Benefit (PMB) treatment is the only treatment covered in hospital on the **BonFit** option.

All dental related PMB hospitalisation, must be pre-authorised by DENIS.

Emergencies require authorisation within 48 hours of the first working day.

CONSERVATIVE DENTISTRY	BONSAVE	BONFIT
<p>Consultations</p>	<p>Two check-ups per beneficiary per year (once every 6 months)</p> <p>Benefit subject to managed care protocols</p> <p>Covered at the BDT</p>	<p>Two check-ups per beneficiary per year (once every 6 months)</p> <p>Benefit subject to managed care protocols</p> <p>Covered at the BDT</p>
<p>X-rays: Intraoral</p>	<p>Benefit subject to managed care protocols</p> <p>Covered at the BDT</p>	<p>Benefit subject to managed care protocols</p> <p>Covered at the BDT</p>
<p>X-rays: Extraoral</p>	<p>One per beneficiary in a 3-year period</p> <p>Benefit subject to managed care protocols</p> <p>Covered at the BDT</p>	<p>One per beneficiary in a 3-year period</p> <p>Benefit subject to managed care protocols</p> <p>Covered at the BDT</p>
<p>Oral Hygiene</p>	<p><i>Benefit for scale and polish:</i> Two scale and polish treatments per beneficiary per year (once every 6 months)</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 16 years of age</p> <p>Benefit subject to managed care protocols</p> <p>Covered at the BDT</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 16 years and older • Dental bleaching 	<p><i>Benefit for scale and polish:</i> Two scale and polish treatments per beneficiary per year (once every 6 months)</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 16 years of age</p> <p>Benefit subject to managed care protocols</p> <p>Covered at the BDT</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 16 years and older • Dental bleaching
<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 for multiple 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 for multiple fillings</p>

CONSERVATIVE DENTISTRY	BONSAVE	BONFIT
	<p>Covered at the BDT</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>Covered at the BDT</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 root canal therapy includes all teeth except primary teeth and permanent molars.</p> <p>Benefit 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 permanent molars • Direct and indirect pulp capping procedures 	<p>Benefit 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 third molars (wisdom teeth) • Direct and indirect pulp capping procedures
<p>Plastic Dentures* and Associated Laboratory Costs</p>	<p>Pre-authorization 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 BDT</p>	<p>No benefit</p>

CONSERVATIVE DENTISTRY	BONSAVE	BONFIT
	<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	BONSAVE	BONFIT
Partial Metal Frame Dentures* and Associated Laboratory Costs	No benefit	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	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

SPECIALISED DENTISTRY	BONSAVE	BONFIT
<p>Maxillo-facial Surgery and Oral Pathology</p>	<p><i>Surgery in the dental chair:</i> Covered at the BDT Benefit subject to managed care protocols</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>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 the dental chair:</i> Covered at the BDT Benefit subject to managed care protocols</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>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	BONSAVE	BONFIT
<p>Hospitalisation (General Anaesthetic)*</p>	<p>Pre-authorisation required</p> <p>A co-payment of R3 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.</p> <p>The payment of the dental procedure will be dependent on available benefits, and payable at the 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 • 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>No benefit for In-hospital (General Anaesthetic) dentistry, except for PMBS.</p> <p>Subject to pre-authorisation</p>

HOSPITALISATION AND ANAESTHETICS	BONSAVE	BONFIT
Laughing Gas in Dental Rooms	Benefit subject to managed care protocols Covered at the BDT	Benefit subject to managed care protocols Covered at the BDT
IV/Conscious Sedation in Rooms*	Pre-authorization required Benefit limited to extensive dental treatment Benefit subject to managed care protocols Covered at the BDT	Pre-authorization required Benefit limited to extensive dental treatment Benefit subject to managed care protocols Covered at the BDT

HOSPITAL STANDARD Dental Benefit Table 2019

Dental Benefits

Dental benefits are paid at the Bonitas Dental Tariff (BDT).

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.

Co-payments

On the **Hospital Standard** option a co-payment is levied on the **hospital account**.

Specific facilities may be contractually excluded by the Scheme and will incur a further 30% co-payment.

Pre-authorisation*

Dental treatment in hospital and under IV/conscious sedation in the dental rooms must be pre-authorised. Procedures and treatments not pre-authorised will not attract a benefit.

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

** PMB = Prescribed Minimum Benefits

CONSERVATIVE DENTISTRY	HOSPITAL STANDARD
Consultations	No benefit
X-rays: Intraoral	No benefit
X-rays: Extraoral	No benefit
Oral Hygiene	No benefit
Fillings	No benefit
Root Canal Therapy and Extractions	No benefit
Plastic Dentures	No benefit

SPECIALISED DENTISTRY	HOSPITAL STANDARD
Partial Metal Frame Dentures and Associated Laboratory Costs	No benefit
Crown & Bridge and Associated Laboratory Costs	No benefit
Implants and Associated Laboratory Costs	No benefit
Orthodontics and Associated Laboratory Costs	No benefit
Periodontics	No benefit
Maxillo-facial Surgery*	<p><i>Maxillo-facial surgery in hospital:</i></p> <ul style="list-style-type: none"> - Pre-authorisation required - Services included are surgery as a result of tumours, neoplasms, sepsis, trauma and congenital birth defects. - Benefit subject to managed care protocols and payable to the specialist up to 200% of the BDT <p><i>Oral pathology procedures (cysts and biopsies, the surgical treatment of tumours of the jaw and soft tissue tumours):</i></p> <ul style="list-style-type: none"> - Claims will only be covered if supported by a laboratory report that confirms diagnosis. <p><i>Benefit for the closure of an oral-antral opening (code 8909):</i></p> <ul style="list-style-type: none"> - Subject to motivation and managed care protocols <p><i>Other surgery in hospital:</i></p> <ul style="list-style-type: none"> - See Hospitalisation* below <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

HOSPITALISATION AND ANAESTHETICS	HOSPITAL STANDARD
Hospitalisation (General Anaesthetic)*	<p>Pre-authorisation required</p> <p>A co-payment of R3 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><i>Scheme Exclusions:</i></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>No benefit</p>
IV/Conscious Sedation in Rooms*	<p>Pre-authorisation required</p> <p>Benefit 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>

Dental Benefits

- Dental benefits are managed by DENIS and paid at the Bonitas Dental Tariff (BDT).
- There is no overall annual limit on BonCap for 2019.
- Only the dental codes listed in the table below will be covered under this option, except in the case of authorised hospitalisation and authorised Prescribed Minimum Benefit (PMB) events.
- 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.
- In the event of a dispute, the registered Rules of the Scheme will prevail.

Please note that Medscheme will be responsible for the payment of all dental claims (Out-of-hospital dentistry, In-hospital PMB dentistry and related anaesthetics) on the BonCap option.

DSP Network

Benefits payable for Conservative Out-of-hospital services on the BonCap option are subject to the use of a Designated Service Provider (DSP) dentist on the **DENIS Dental Network**.

If there is no DSP in the member's area, the member needs to contact DENIS prior to treatment.

Pre-authorisation* and referral

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

Access to a **maxillo-facial specialist** is *only* on referral from a DSP dentist on the DENIS Network *and* authorisation by DENIS.

PMB treatment is the only dental treatment covered in hospital on the BonCap option. Pre-authorisation by DENIS is required for any dental related **PMB hospitalisation**.

Emergencies require authorisation within 48 hours of the first working day.

BENEFIT	CODE	DENIS BENEFIT INFORMATION
Consultation	8101	One check-up per beneficiary per year
Specific Consultation (Emergency)	8104	One specific consultation (emergency) for pain and sepsis per beneficiary per year
Intraoral X-rays	8107 <i>and/or</i> 8112	Four X-rays in total per beneficiary per year
Extraoral X-rays	8115	One per beneficiary in a lifetime
Polishing of Teeth	8155	One polish (8155) <i>or</i> one scaling and polishing (8159) per beneficiary per year
Scaling and Polishing	8159	
Fluoride Treatment		One treatment per year for beneficiaries under 16 years of age
	8161	5 to 12 years of age
	8162	13 to 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	8109	One set per beneficiary per visit (One set = 8109 x 2, 8110 x 1, 8145 x 1)
Instrument Sterilisation	8110	
Local Anaesthetic	8145	
Inhalation Sedation (Laughing Gas in Dental Rooms)		Inhalation sedation limited to extensive dental treatment only
	8141	First 15 minutes
	8143	Each additional 15 minutes

Emergency Root Canal Treatment	8131	Benefit for emergency treatment only
	8132	<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	Charged for the first extraction in a quadrant
	8202	Charged for each additional extraction in a quadrant
	8935	Treatment of septic sockets
Dental Fillings	8341	Benefit for 4 fillings per beneficiary per year
	8342	Benefit for fillings are granted once per tooth in 365 days
	8343	Benefit for re-treatment of a tooth subject to managed care protocols
	8344	
	8351	
	8352	
	8353	
	8354	
	8367	
	8368	
	8369	
8370		
Plastic Dentures*	8231	Pre-authorisation required
	8232	One set of plastic dentures (an upper <i>and</i> a lower) per family in a 2-year period for beneficiaries 21 years and older. 20% co-payment applies.
	8233	
	8234	The appropriate laboratory codes will be covered.
	8235	20% co-payment applies.
	8236	
	8237	
	8238	
	8239	
	8240	
8241		

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

Additional Scheme Exclusions (*All Options*)

- 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