

## Bonitas Dental Benefit Tables 2020

BONCOMPREHENSIVE Dental Benefit Table 2020.....	2
BONCLASSIC Dental Benefit Table 2020 .....	8
STANDARD Dental Benefit Table 2020.....	15
STANDARD SELECT Dental Benefit Table 2020 .....	15
BONCOMPLETE Dental Benefit Table 2020 .....	15
PRIMARY Dental Benefit Table 2020 .....	25
PRIMARY SELECT Dental Benefit Table 2020 .....	25
BONSAVE Dental Benefit Table 2020.....	32
BONFIT SELECT Dental Benefit Table 2020 .....	36
BONCAP Dental Benefit Table 2020.....	37
HOSPITAL STANDARD Dental Benefit Table 2020.....	41
Additional Scheme Exclusions ( <i>All Options</i> ).....	44

## BONCOMPREHENSIVE Dental Benefit Table 2020

### 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
<b>Consultations</b>	Once every 6 months Benefit subject to managed care protocols Covered at the BDT
<b>X-rays: Intraoral</b>	Benefit subject to managed care protocols Covered at the BDT
<b>X-rays: Extraoral</b>	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
<b>Oral Hygiene</b>	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 <b>Scheme Exclusions:</b> <ul style="list-style-type: none"> <li>• Oral hygiene instruction</li> <li>• Oral hygiene evaluation</li> <li>• Professionally applied fluoride for beneficiaries younger than 5, and 16 years and older</li> <li>• Dental bleaching</li> </ul>
<b>Fillings</b>	<i>Benefit for fillings:</i> Granted once per tooth in 720 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 for multiple fillings Covered at the BDT <b>Scheme Exclusions:</b> <ul style="list-style-type: none"> <li>• Fillings to restore teeth damaged due to toothbrush abrasion, attrition, erosion and fluorosis</li> <li>• Resin bonding for restorations that are charged as a separate procedure to the restoration</li> <li>• The polishing of restorations</li> <li>• Gold foil restorations</li> <li>• Ozone therapy</li> </ul>

CONSERVATIVE DENTISTRY	BONCOMPREHENSIVE
<p><b>Root Canal Therapy and Extractions</b></p>	<p>Benefit subject to managed care protocols</p> <p>Covered at the BDT</p> <p><b>Scheme Exclusions:</b></p> <ul style="list-style-type: none"> <li>• Root canal therapy on primary (milk) teeth</li> <li>• Root canal therapy on third molars (wisdom teeth)</li> <li>• Direct and indirect pulp capping procedures</li> </ul>
<p><b>Plastic Dentures* and Associated Laboratory Costs</b></p>	<p><b>Pre-authorisation required</b></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><b>Scheme Exclusions:</b></p> <ul style="list-style-type: none"> <li>• Diagnostic dentures and associated laboratory costs</li> <li>• Snoring appliances and associated laboratory costs</li> <li>• High impact acrylic</li> <li>• The cost of gold, precious metal, semi-precious metal and platinum foil</li> <li>• Laboratory delivery fees</li> <li>• Provisional dentures and associated laboratory costs</li> </ul>

SPECIALISED DENTISTRY	BONCOMPREHENSIVE
<p><b>Partial Metal Frame Dentures* and Associated Laboratory Costs</b></p>	<p><b>Pre-authorisation required</b></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><b>Scheme Exclusions:</b></p> <ul style="list-style-type: none"> <li>• The metal base to full dentures and associated laboratory costs</li> <li>• High impact acrylic</li> <li>• The cost of gold, precious metal, semi-precious metal and platinum foil</li> <li>• Laboratory delivery fees</li> </ul>
<p><b>Crown &amp; Bridge* and Associated Laboratory Costs</b></p> <p><i>A bridge comprises two or more crown units. Each crown is payable from the available Crown &amp; Bridge benefit.</i></p>	<p><b>Pre-authorisation required</b></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>A pontic on a 2<sup>nd</sup> molar, where the 3<sup>rd</sup> molar is a crown retainer, is subject to managed care protocols</p> <p>Covered at the BDT</p> <p><b>Scheme Exclusions:</b></p> <ul style="list-style-type: none"> <li>• Crowns or crown retainers on third molars (wisdom teeth)</li> <li>• Crown and bridge procedures for cosmetic reasons and associated laboratory costs</li> <li>• Occlusal rehabilitations and associated laboratory costs</li> <li>• Laboratory fabricated temporary crowns</li> <li>• Provisional crowns and associated laboratory costs</li> <li>• Porcelain veneers and inlays, and associated laboratory costs</li> <li>• Emergency crowns that are not placed for the immediate protection in tooth injury and associated laboratory costs</li> <li>• The cost of gold, precious metal, semi-precious metal and platinum foil</li> <li>• Laboratory delivery fees</li> </ul>
<p><b>Implants* and Associated Laboratory Costs</b></p>	<p><b>Pre-authorisation required</b></p> <p>Two implants per beneficiary in a 5-year period</p> <p>Cost of implant components limited to <b>R2 762</b> per implant</p> <p>Benefit subject to managed care protocols</p> <p>Covered at the BDT</p> <p><b>Scheme Exclusions:</b></p> <ul style="list-style-type: none"> <li>• Implants on third molars (wisdom teeth)</li> <li>• Laboratory delivery fees</li> </ul>

SPECIALISED DENTISTRY	BONCOMPREHENSIVE
<b>Orthodontics* and Associated Laboratory Costs</b>	<p><b>Pre-authorisation required</b></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 <b>100%</b> 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><b>Scheme Exclusions:</b></p> <ul style="list-style-type: none"> <li>• Orthognathic (jaw correction) and other orthodontic related surgery, and any associated hospital and laboratory costs</li> <li>• Orthodontic re-treatment and any related laboratory costs</li> <li>• Invisible retainer material</li> <li>• Laboratory delivery fees</li> </ul>
<b>Periodontics*</b>	<p><b>Pre-authorisation required</b></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><b>Scheme Exclusions:</b></p> <ul style="list-style-type: none"> <li>• Surgical periodontics which includes gingivectomies, periodontal flap surgery, tissue grafting and the hemisection of a tooth</li> <li>• Perio chip placement</li> </ul>
<b>Maxillo-facial Surgery and Oral Pathology</b>	<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><b>Scheme Exclusions:</b></p> <ul style="list-style-type: none"> <li>• Orthognathic (jaw correction) surgery</li> <li>• Sinus lifts</li> <li>• Bone augmentations</li> <li>• Bone and tissue regeneration procedures</li> <li>• The cost of bone regeneration material</li> <li>• The auto-transplantation of teeth</li> </ul>

HOSPITALISATION AND ANAESTHETICS	BONCOMPREHENSIVE
<b>Hospitalisation (General Anaesthetic)*</b>	<p><b>Pre-authorisation required</b></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"> <li>• Apicectomies</li> <li>• Dentectomies</li> <li>• Frenectomies</li> <li>• Implantology and associated surgical procedures</li> <li>• Conservative dental treatment (fillings, extractions and root canal therapy) for adults</li> <li>• Professional oral hygiene procedures</li> <li>• Surgical tooth exposures for orthodontic reasons</li> </ul> <p><b>Scheme Exclusions:</b></p> <ul style="list-style-type: none"> <li>• Where the only reason for admission to hospital is dental fear and anxiety</li> <li>• Multiple hospital admissions</li> <li>• Where the only reason for the admission request is for a sterile facility</li> <li>• The cost of dental materials for procedures performed under general anaesthesia</li> </ul>
<b>Laughing Gas in Dental Rooms</b>	<p>Benefit subject to managed care protocols</p> <p>Covered at the BDT</p>
<b>IV/Conscious Sedation in Rooms*</b>	<p><b>Pre-authorisation required</b></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 2020

### 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	<b>BONCLASSIC</b> <i>Conservative Dentistry limit of R4 790 per family per year</i>
<b>Consultations</b>	Two check-ups per beneficiary per year (once every 6 months) Benefit subject to managed care protocols Covered at the BDT
<b>X-rays: Intraoral</b>	Benefit subject to managed care protocols Covered at the BDT
<b>X-rays: Extraoral</b>	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
<b>Oral Hygiene</b>	<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> Benefit subject to managed care protocols Covered at the BDT <p><b>Scheme Exclusions:</b></p> <ul style="list-style-type: none"> <li>• Oral hygiene instruction</li> <li>• Oral hygiene evaluation</li> <li>• Professionally applied fluoride for beneficiaries younger than 5, and 16 years and older</li> <li>• Dental bleaching</li> </ul>
<b>Fillings</b>	<p><i>Benefit for fillings:</i>            Granted once per tooth in 720 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> Covered at the BDT

CONSERVATIVE DENTISTRY	<p style="text-align: center;"><b>BONCLASSIC</b>  <i>Conservative Dentistry limit of R4 790 per family per year</i></p>
	<p><b>Scheme Exclusions:</b></p> <ul style="list-style-type: none"> <li>● Fillings to restore teeth damaged due to toothbrush abrasion, attrition, erosion and fluorosis</li> <li>● Resin bonding for restorations that are charged as a separate procedure to the restoration</li> <li>● The polishing of restorations</li> <li>● Gold foil restorations</li> <li>● Ozone therapy</li> </ul>
<p><b>Root Canal Therapy and Extractions</b></p>	<p>Benefit subject to managed care protocols  Covered at the BDT</p> <p><b>Scheme Exclusions:</b></p> <ul style="list-style-type: none"> <li>● Root canal therapy on primary (milk) teeth</li> <li>● Root canal therapy on third molars (wisdom teeth)</li> <li>● Direct and indirect pulp capping procedures</li> </ul>
<p><b>Plastic Dentures* and Associated Laboratory Costs</b></p>	<p><b>Pre-authorisation required</b></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  Covered at the BDT</p> <p><b>Scheme Exclusions:</b></p> <ul style="list-style-type: none"> <li>● Diagnostic dentures and associated laboratory costs</li> <li>● Snoring appliances and associated laboratory costs</li> <li>● High impact acrylic</li> <li>● The cost of gold, precious metal, semi-precious metal and platinum foil</li> <li>● Laboratory delivery fees</li> <li>● Provisional dentures and associated laboratory costs</li> </ul>

SPECIALISED DENTISTRY	<b>BONCLASSIC</b> <i>Specialised Dentistry limit of R5 760 per family per year</i>
<b>Partial Metal Frame Dentures* and Associated Laboratory Costs</b>	<p><b>Pre-authorisation required</b></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><b>Scheme Exclusions:</b></p> <ul style="list-style-type: none"> <li>• The metal base to full dentures and associated laboratory costs</li> <li>• High impact acrylic</li> <li>• The cost of gold, precious metal, semi-precious metal and platinum foil</li> <li>• Laboratory delivery fees</li> </ul>
<b>Crown &amp; Bridge* and Associated Laboratory Costs</b>  <i>A bridge comprises two or more crown units. Each crown is payable from the available Crown &amp; Bridge benefit.</i>	<p><b>Pre-authorisation required</b></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>A pontic on a 2<sup>nd</sup> molar, where the 3<sup>rd</sup> molar is a crown retainer, is subject to managed care protocols</p> <p>Covered at the BDT</p> <p><b>Scheme Exclusions:</b></p> <ul style="list-style-type: none"> <li>• Crowns or crown retainers on third molars (wisdom teeth)</li> <li>• Crown and bridge procedures for cosmetic reasons and associated laboratory costs</li> <li>• Laboratory fabricated temporary crowns</li> <li>• Occlusal rehabilitations and associated laboratory costs</li> <li>• Provisional crowns and associated laboratory costs</li> <li>• Porcelain veneers and inlays, and associated laboratory costs</li> <li>• Emergency crowns that are not placed for the immediate protection in tooth injury and associated laboratory costs</li> <li>• The cost of gold, precious metal, semi-precious metal and platinum foil</li> <li>• Laboratory delivery fees</li> </ul>
<b>Implants* and Associated Laboratory Costs</b>	<p>No benefit</p>

SPECIALISED DENTISTRY	<b>BONCLASSIC</b> <i>Specialised Dentistry limit of R5 760 per family per year</i>
<b>Orthodontics* and Associated Laboratory Costs</b>	<p><b>Pre-authorisation required</b></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 <b>100%</b> 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><b>Scheme Exclusions:</b></p> <ul style="list-style-type: none"> <li>• Orthognathic (jaw correction) and other orthodontic related surgery, and any associated hospital and laboratory costs</li> <li>• Orthodontic re-treatment and any related laboratory costs</li> <li>• Invisible retainer material</li> <li>• Laboratory delivery fees</li> </ul>
<b>Periodontics*</b>	<p><b>Pre-authorisation required</b></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><b>Scheme Exclusions:</b></p> <ul style="list-style-type: none"> <li>• Surgical periodontics which includes gingivectomies, periodontal flap surgery, tissue grafting and the hemisection of a tooth</li> <li>• Perio chip placement</li> </ul>
<b>Maxillo-facial Surgery and Oral Pathology</b>	<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	<b>BONCLASSIC</b> <i>Specialised Dentistry limit of R5 760 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><b>Scheme Exclusions:</b></p> <ul style="list-style-type: none"> <li>• Orthognathic (jaw correction) surgery</li> <li>• Sinus lifts</li> <li>• Bone augmentations</li> <li>• Bone and tissue regeneration procedures</li> <li>• The cost of bone regeneration material</li> <li>• The auto-transplantation of teeth</li> </ul>

HOSPITALISATION AND ANAESTHETICS	<b>BONCLASSIC</b> <i>Specialised Dentistry limit of R5 760 per family per year</i>
<b>Hospitalisation (General Anaesthetic)*</b>	<p><b>Pre-authorisation required</b></p> <p>A <b>co-payment</b> of <b>R3 500</b> 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"> <li>• Apicectomies</li> <li>• Dentectomies</li> <li>• Frenectomies</li> <li>• Implantology and associated surgical procedures</li> <li>• Conservative dental treatment (fillings, extractions and root canal therapy) for adults</li> <li>• Professional oral hygiene procedures</li> <li>• Surgical tooth exposures for orthodontic reasons</li> </ul> <p><b>Scheme Exclusions:</b></p> <ul style="list-style-type: none"> <li>• Where the only reason for admission to hospital is dental fear and anxiety</li> <li>• Multiple hospital admissions</li> <li>• Where the only reason for the admission request is for a sterile facility</li> <li>• The cost of dental materials for procedures performed under general anaesthesia</li> </ul>
<b>Laughing Gas in Dental Rooms</b>	<p>Benefit subject to managed care protocols</p> <p>Covered at the BDT</p>

HOSPITALISATION AND ANAESTHETICS	<b>BONCLASSIC</b> <i>Specialised Dentistry limit of R5 760 per family per year</i>
<b>IV/Conscious Sedation in Rooms*</b>	<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 2020

## STANDARD SELECT Dental Benefit Table 2020

## BONCOMPLETE Dental Benefit Table 2020

### 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
<b>Consultations</b>	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
<b>X-rays: Intraoral</b>	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
<b>X-rays: Extraoral</b>	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
<b>Oral Hygiene</b>	<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><b>Scheme Exclusions:</b></p> <ul style="list-style-type: none"> <li>• Oral hygiene instruction</li> <li>• Oral hygiene evaluation</li> <li>• Professionally applied fluoride for beneficiaries younger than 5, and 16 years and older</li> <li>• Dental bleaching</li> </ul>	<p><b>Scheme Exclusions:</b></p> <ul style="list-style-type: none"> <li>• Oral hygiene instruction</li> <li>• Oral hygiene evaluation</li> <li>• Professionally applied fluoride for beneficiaries younger than 5, and 16 years and older</li> <li>• Dental bleaching</li> </ul>	<p><b>Scheme Exclusions:</b></p> <ul style="list-style-type: none"> <li>• Oral hygiene instruction</li> <li>• Oral hygiene evaluation</li> <li>• Professionally applied fluoride for beneficiaries younger than 5, and 16 years and older</li> <li>• Dental bleaching</li> </ul>
<b>Fillings</b>	<p><i>Benefit for fillings:</i> Granted once per tooth in 720 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><b>Scheme Exclusions:</b></p> <ul style="list-style-type: none"> <li>• Fillings to restore teeth damaged due to toothbrush abrasion, attrition, erosion and fluorosis</li> <li>• Resin bonding for restorations that are charged as a separate procedure to the restoration</li> <li>• The polishing of restorations</li> <li>• Gold foil restorations</li> <li>• Ozone therapy</li> </ul>	<p><i>Benefit for fillings:</i> Granted once per tooth in 720 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><b>Scheme Exclusions:</b></p> <ul style="list-style-type: none"> <li>• Fillings to restore teeth damaged due to toothbrush abrasion, attrition, erosion and fluorosis</li> <li>• Resin bonding for restorations that are charged as a separate procedure to the restoration</li> <li>• The polishing of restorations</li> <li>• Gold foil restorations</li> <li>• Ozone therapy</li> </ul>	<p><i>Benefit for fillings:</i> Granted once per tooth in 720 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><b>Scheme Exclusions:</b></p> <ul style="list-style-type: none"> <li>• Fillings to restore teeth damaged due to toothbrush abrasion, attrition, erosion and fluorosis</li> <li>• Resin bonding for restorations that are charged as a separate procedure to the restoration</li> <li>• The polishing of restorations</li> <li>• Gold foil restorations</li> <li>• Ozone therapy</li> </ul>
<b>Root Canal Therapy and Extractions</b>	<p>Benefit subject to managed care protocols</p> <p>Covered at the BDT</p> <p><b>Scheme Exclusions:</b></p> <ul style="list-style-type: none"> <li>• Root canal therapy on primary (milk) teeth</li> <li>• Root canal therapy on third molars (wisdom teeth)</li> <li>• Direct and indirect pulp capping procedures</li> </ul>	<p>Benefit subject to managed care protocols</p> <p>Covered at the BDT</p> <p><b>Scheme Exclusions:</b></p> <ul style="list-style-type: none"> <li>• Root canal therapy on primary (milk) teeth</li> <li>• Root canal therapy on third molars (wisdom teeth)</li> <li>• Direct and indirect pulp capping procedures</li> </ul>	<p>Benefit subject to managed care protocols</p> <p>Covered at the BDT</p> <p><b>Scheme Exclusions:</b></p> <ul style="list-style-type: none"> <li>• Root canal therapy on primary (milk) teeth</li> <li>• Root canal therapy on third molars (wisdom teeth)</li> <li>• Direct and indirect pulp capping procedures</li> </ul>

CONSERVATIVE DENTISTRY	STANDARD	STANDARD SELECT	BONCOMPLETE
<p><b>Plastic Dentures* and Associated Laboratory Costs</b></p>	<p><b>Pre-authorisation required</b></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><b>Scheme Exclusions:</b></p> <ul style="list-style-type: none"> <li>• Diagnostic dentures and associated laboratory costs</li> <li>• Snoring appliances and associated laboratory costs</li> <li>• High impact acrylic</li> <li>• The cost of gold, precious metal, semi-precious metal and platinum foil</li> <li>• Laboratory delivery fees</li> <li>• Provisional dentures and associated laboratory costs</li> </ul>	<p><b>Pre-authorisation required</b></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><b>Scheme Exclusions:</b></p> <ul style="list-style-type: none"> <li>• Diagnostic dentures and associated laboratory costs</li> <li>• Snoring appliances and associated laboratory costs</li> <li>• High impact acrylic</li> <li>• The cost of gold, precious metal, semi-precious metal and platinum foil</li> <li>• Laboratory delivery fees</li> <li>• Provisional dentures and associated laboratory costs</li> </ul>	<p><b>Pre-authorisation required</b></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><b>Scheme Exclusions:</b></p> <ul style="list-style-type: none"> <li>• Diagnostic dentures and associated laboratory costs</li> <li>• Snoring appliances and associated laboratory costs</li> <li>• High impact acrylic</li> <li>• The cost of gold, precious metal, semi-precious metal and platinum foil</li> <li>• Laboratory delivery fees</li> <li>• Provisional dentures and associated laboratory costs</li> </ul>

SPECIALISED DENTISTRY	STANDARD	STANDARD SELECT	BONCOMPLETE
<p><b>Partial Metal Frame Dentures* and Associated Laboratory Costs</b></p>	<p><b>Pre-authorisation required</b></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><b>Scheme Exclusions:</b></p> <ul style="list-style-type: none"> <li>• The metal base to full dentures and associated laboratory costs</li> <li>• High impact acrylic</li> <li>• The cost of gold, precious metal, semi-precious metal and platinum foil</li> <li>• Laboratory delivery fees</li> </ul>	<p><b>Pre-authorisation required</b></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><b>Scheme Exclusions:</b></p> <ul style="list-style-type: none"> <li>• The metal base to full dentures and associated laboratory costs</li> <li>• High impact acrylic</li> <li>• The cost of gold, precious metal, semi-precious metal and platinum foil</li> <li>• Laboratory delivery fees</li> </ul>	<p><b>Pre-authorisation required</b></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><b>Scheme Exclusions:</b></p> <ul style="list-style-type: none"> <li>• The metal base to full dentures and associated laboratory costs</li> <li>• High impact acrylic</li> <li>• The cost of gold, precious metal, semi-precious metal and platinum foil</li> <li>• Laboratory delivery fees</li> </ul>
<p><b>Crown &amp; Bridge* and Associated Laboratory Costs</b></p> <p><i>A bridge comprises two or more crown units. Each crown is payable from the available Crown &amp; Bridge benefit.</i></p>	<p><b>Pre-authorisation required</b></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>A pontic on a 2<sup>nd</sup> molar, where the 3<sup>rd</sup> molar is a crown retainer, is subject to managed care protocols</p> <p>Covered at the BDT</p> <p><b>Scheme Exclusions:</b></p> <ul style="list-style-type: none"> <li>• Crowns or crown retainers on third molars (wisdom teeth)</li> <li>• Crown and bridge procedures for cosmetic reasons and associated laboratory costs</li> </ul>	<p><b>Pre-authorisation required</b></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>A pontic on a 2<sup>nd</sup> molar, where the 3<sup>rd</sup> molar is a crown retainer, is subject to managed care protocols</p> <p>Covered at the BDT</p> <p><b>Scheme Exclusions:</b></p> <ul style="list-style-type: none"> <li>• Crowns or crown retainers on third molars (wisdom teeth)</li> <li>• Crown and bridge procedures for cosmetic reasons and associated laboratory costs</li> </ul>	<p><b>Pre-authorisation required</b></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>A pontic on a 2<sup>nd</sup> molar, where the 3<sup>rd</sup> molar is a crown retainer, is subject to managed care protocols</p> <p>Covered at the BDT</p> <p><b>Scheme Exclusions:</b></p> <ul style="list-style-type: none"> <li>• Crowns or crown retainers on third molars (wisdom teeth)</li> <li>• Crown and bridge procedures for cosmetic reasons and associated laboratory costs</li> </ul>

SPECIALISED DENTISTRY	STANDARD	STANDARD SELECT	BONCOMPLETE
	<ul style="list-style-type: none"> <li>• Laboratory fabricated temporary crowns</li> <li>• Occlusal rehabilitations and associated laboratory costs</li> <li>• Provisional crowns and associated laboratory costs</li> <li>• Porcelain veneers and inlays, and associated laboratory costs</li> <li>• Emergency crowns that are not placed for the immediate protection in tooth injury and associated laboratory costs</li> <li>• The cost of gold, precious metal, semi-precious metal and platinum foil</li> <li>• Laboratory delivery fees</li> </ul>	<ul style="list-style-type: none"> <li>• Laboratory fabricated temporary crowns</li> <li>• Occlusal rehabilitations and associated laboratory costs</li> <li>• Provisional crowns and associated laboratory costs</li> <li>• Porcelain veneers and inlays, and associated laboratory costs</li> <li>• Emergency crowns that are not placed for the immediate protection in tooth injury and associated laboratory costs</li> <li>• The cost of gold, precious metal, semi-precious metal and platinum foil</li> <li>• Laboratory delivery fees</li> </ul>	<ul style="list-style-type: none"> <li>• Laboratory fabricated temporary crowns</li> <li>• Occlusal rehabilitations and associated laboratory costs</li> <li>• Provisional crowns and associated laboratory costs</li> <li>• Porcelain veneers and inlays, and associated laboratory costs</li> <li>• Emergency crowns that are not placed for the immediate protection in tooth injury and associated laboratory costs</li> <li>• The cost of gold, precious metal, semi-precious metal and platinum foil</li> <li>• Laboratory delivery fees</li> </ul>
<b>Implants* and Associated Laboratory Costs</b>	No benefit	No benefit	No benefit
<b>Orthodontics* and Associated Laboratory Costs</b>	<p><b>Pre-authorisation required</b></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 <b>80%</b> of the BDT.</p> <p>Benefit for orthodontic treatment will be granted where function is impaired</p>	<p><b>Pre-authorisation required</b></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 <b>80%</b> of the BDT.</p> <p>Benefit for orthodontic treatment will be granted where function is impaired</p>	<p><b>Pre-authorisation required</b></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 <b>65%</b> 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><b>Scheme Exclusions:</b></p> <ul style="list-style-type: none"> <li>• Orthognathic (jaw correction) and other orthodontic related surgery, and any associated hospital and laboratory costs</li> <li>• Orthodontic re-treatment and any related laboratory costs</li> <li>• Invisible retainer material</li> <li>• Laboratory delivery fees</li> </ul>	<p>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><b>Scheme Exclusions:</b></p> <ul style="list-style-type: none"> <li>• Orthognathic (jaw correction) and other orthodontic related surgery, and any associated hospital and laboratory costs</li> <li>• Orthodontic re-treatment and any related laboratory costs</li> <li>• Invisible retainer material</li> <li>• Laboratory delivery fees</li> </ul>	<p>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><b>Scheme Exclusions:</b></p> <ul style="list-style-type: none"> <li>• Orthognathic (jaw correction) and other orthodontic related surgery, and any associated hospital and laboratory costs</li> <li>• Orthodontic re-treatment and any related laboratory costs</li> <li>• Invisible retainer material</li> <li>• Laboratory delivery fees</li> </ul>
Periodontics*	<p><b>Pre-authorisation required</b></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><b>Scheme Exclusions:</b></p> <ul style="list-style-type: none"> <li>• Surgical periodontics which includes gingivectomies, periodontal flap surgery, tissue grafting and the hemisection of a tooth</li> <li>• Perio chip placement</li> </ul>	<p><b>Pre-authorisation required</b></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><b>Scheme Exclusions:</b></p> <ul style="list-style-type: none"> <li>• Surgical periodontics which includes gingivectomies, periodontal flap surgery, tissue grafting and the hemisection of a tooth</li> <li>• Perio chip placement</li> </ul>	<p><b>Pre-authorisation required</b></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><b>Scheme Exclusions:</b></p> <ul style="list-style-type: none"> <li>• Surgical periodontics which includes gingivectomies, periodontal flap surgery, tissue grafting and the hemisection of a tooth</li> <li>• Perio chip placement</li> </ul>

SPECIALISED DENTISTRY	STANDARD	STANDARD SELECT	BONCOMPLETE
<b>Maxillo-facial Surgery and Oral Pathology</b>	<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><b>Scheme Exclusions:</b></p> <ul style="list-style-type: none"> <li>● Orthognathic (jaw correction) surgery</li> <li>● Sinus lifts</li> <li>● Bone augmentations</li> <li>● Bone and tissue regeneration procedures</li> <li>● The cost of bone regeneration material</li> <li>● The auto-transplantation of teeth</li> </ul>	<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><b>Scheme Exclusions:</b></p> <ul style="list-style-type: none"> <li>● Orthognathic (jaw correction) surgery</li> <li>● Sinus lifts</li> <li>● Bone augmentations</li> <li>● Bone and tissue regeneration procedures</li> <li>● The cost of bone regeneration material</li> <li>● The auto-transplantation of teeth</li> </ul>	<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><b>Scheme Exclusions:</b></p> <ul style="list-style-type: none"> <li>● Orthognathic (jaw correction) surgery</li> <li>● Sinus lifts</li> <li>● Bone augmentations</li> <li>● Bone and tissue regeneration procedures</li> <li>● The cost of bone regeneration material</li> <li>● The auto-transplantation of teeth</li> </ul>

HOSPITALISATION AND ANAESTHETICS	STANDARD	STANDARD SELECT	BONCOMPLETE
<p><b>Hospitalisation (General Anaesthetic)*</b></p>	<p><b>Pre-authorisation required</b></p> <p>A <b>co-payment</b> of <b>R3 500</b> 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"> <li>• Apicectomies</li> <li>• Dentectomies</li> <li>• Frenectomies</li> <li>• Implantology and associated surgical procedures</li> <li>• Conservative dental treatment (fillings, extractions and root canal therapy) for adults</li> <li>• Professional oral hygiene procedures</li> <li>• Surgical tooth exposures for orthodontic reasons</li> </ul>	<p><b>Pre-authorisation required</b></p> <p>A <b>co-payment</b> of <b>R3 500</b> 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"> <li>• Apicectomies</li> <li>• Dentectomies</li> <li>• Frenectomies</li> <li>• Implantology and associated surgical procedures</li> <li>• Conservative dental treatment (fillings, extractions and root canal therapy) for adults</li> <li>• Professional oral hygiene procedures</li> <li>• Surgical tooth exposures for orthodontic reasons</li> </ul>	<p><b>Pre-authorisation required</b></p> <p>A <b>co-payment</b> of <b>R3 500</b> 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"> <li>• Apicectomies</li> <li>• Dentectomies</li> <li>• Frenectomies</li> <li>• Implantology and associated surgical procedures</li> <li>• Conservative dental treatment (fillings, extractions and root canal therapy) for adults</li> <li>• Professional oral hygiene procedures</li> <li>• Surgical tooth exposures for orthodontic reasons</li> </ul>

HOSPITALISATION AND ANAESTHETICS	STANDARD	STANDARD SELECT	BONCOMPLETE
	<p><b><i>Scheme Exclusions:</i></b></p> <ul style="list-style-type: none"> <li>• Where the only reason for admission to hospital is dental fear and anxiety</li> <li>• Multiple hospital admissions</li> <li>• Where the only reason for the admission request is for a sterile facility</li> <li>• The cost of dental materials for procedures performed under general anaesthesia</li> </ul>	<p><b><i>Scheme Exclusions:</i></b></p> <ul style="list-style-type: none"> <li>• Where the only reason for admission to hospital is dental fear and anxiety</li> <li>• Multiple hospital admissions</li> <li>• Where the only reason for the admission request is for a sterile facility</li> <li>• The cost of dental materials for procedures performed under general anaesthesia</li> </ul>	<p><b><i>Scheme Exclusions:</i></b></p> <ul style="list-style-type: none"> <li>• Where the only reason for admission to hospital is dental fear and anxiety</li> <li>• Multiple hospital admissions</li> <li>• Where the only reason for the admission request is for a sterile facility</li> <li>• The cost of dental materials for procedures performed under general anaesthesia</li> </ul>
<p><b>Laughing Gas in Dental Rooms</b></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>Benefit subject to managed care protocols</p> <p>Covered at the BDT</p>
<p><b>IV/Conscious Sedation in Rooms*</b></p>	<p><b>Pre-authorisation required</b></p> <p>Benefit limited to extensive dental treatment</p> <p>Benefit subject to managed care protocols</p> <p>Covered at the BDT</p>	<p><b>Pre-authorisation required</b></p> <p>Benefit limited to extensive dental treatment</p> <p>Benefit subject to managed care protocols</p> <p>Covered at the BDT</p>	<p><b>Pre-authorisation required</b></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 2020

## PRIMARY SELECT Dental Benefit Table 2020

### 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.

### 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.

### Out-of-Network Emergency Consultation

There is a benefit for *one* out-of-network emergency consultation (tariff code 8104) per beneficiary per year on the **Primary** and **Primary Select** options. The following treatment is covered when charged with code 8104: extractions (codes 8201 & 8202 – max of 2 in total); a pulpotomy (8307 – max of 2) or a pulpectomy (8132 – max of 2).

### 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.

CONSERVATIVE DENTISTRY	PRIMARY	PRIMARY SELECT
<b>Consultations</b>	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
<b>X-rays: Intraoral</b>	Benefit subject to managed care protocols Covered at the BDT	Benefit subject to managed care protocols Covered at the BDT
<b>X-rays: Extraoral</b>	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
<b>Oral Hygiene</b>	<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><b>Scheme Exclusions:</b></p> <ul style="list-style-type: none"> <li>• Oral hygiene instruction</li> <li>• Oral hygiene evaluation</li> <li>• Professionally applied fluoride for beneficiaries younger than 5, and 16 years and older</li> <li>• Dental bleaching</li> </ul>	<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><b>Scheme Exclusions:</b></p> <ul style="list-style-type: none"> <li>• Oral hygiene instruction</li> <li>• Oral hygiene evaluation</li> <li>• Professionally applied fluoride for beneficiaries younger than 5, and 16 years and older</li> <li>• Dental bleaching</li> </ul>
<b>Fillings</b>	<p><i>Benefit for fillings:</i> Granted once per tooth in 720 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 720 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><b>Scheme Exclusions:</b></p> <ul style="list-style-type: none"> <li>• Fillings to restore teeth damaged due to toothbrush abrasion, attrition, erosion and fluorosis</li> <li>• Resin bonding for restorations that are charged as a separate procedure to the restoration</li> <li>• The polishing of restorations</li> <li>• Gold foil restorations</li> <li>• Ozone therapy</li> </ul>	<p>Covered at the BDT</p> <p><b>Scheme Exclusions:</b></p> <ul style="list-style-type: none"> <li>• Fillings to restore teeth damaged due to toothbrush abrasion, attrition, erosion and fluorosis</li> <li>• Resin bonding for restorations that are charged as a separate procedure to the restoration</li> <li>• The polishing of restorations</li> <li>• Gold foil restorations</li> <li>• Ozone therapy</li> </ul>
<p><b>Root Canal Therapy and Extractions</b></p>	<p>Benefit 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><b>Scheme Exclusions:</b></p> <ul style="list-style-type: none"> <li>• Root canal therapy on primary (milk) teeth</li> <li>• Root canal therapy on third molars (wisdom teeth)</li> <li>• Direct and indirect pulp capping procedures</li> </ul>	<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><b>Scheme Exclusions:</b></p> <ul style="list-style-type: none"> <li>• Root canal therapy on primary (milk) teeth</li> <li>• Root canal therapy on third molars (wisdom teeth)</li> <li>• Direct and indirect pulp capping procedures</li> </ul>
<p><b>Plastic Dentures* and Associated Laboratory Costs</b></p>	<p><b>Pre-authorisation required</b></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><b>Pre-authorisation required</b></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><b>Scheme Exclusions:</b></p> <ul style="list-style-type: none"> <li>• Diagnostic dentures and associated laboratory costs</li> <li>• Snoring appliances and associated laboratory costs</li> <li>• High impact acrylic</li> <li>• The cost of gold, precious metal, semi-precious metal and platinum foil</li> <li>• Laboratory delivery fees</li> <li>• Provisional dentures and associated laboratory costs</li> </ul>	<p><b>Scheme Exclusions:</b></p> <ul style="list-style-type: none"> <li>• Diagnostic dentures and associated laboratory costs</li> <li>• Snoring appliances and associated laboratory costs</li> <li>• High impact acrylic</li> <li>• The cost of gold, precious metal, semi-precious metal and platinum foil</li> <li>• Laboratory delivery fees</li> <li>• Provisional dentures and associated laboratory costs</li> </ul>

SPECIALISED DENTISTRY	PRIMARY	PRIMARY SELECT
<p><b>Partial Metal Frame Dentures* and Associated Laboratory Costs</b></p>	<p>No benefit</p>	<p>No benefit</p>
<p><b>Crown &amp; Bridge* and Associated Laboratory Costs</b></p> <p><i>A bridge comprises two or more crown units. Each crown is payable from the available Crown &amp; Bridge benefit.</i></p>	<p>No benefit</p>	<p>No benefit</p>
<p><b>Implants* and Associated Laboratory Costs</b></p>	<p>No benefit</p>	<p>No benefit</p>
<p><b>Orthodontics* and Associated Laboratory Costs</b></p>	<p>No benefit</p>	<p>No benefit</p>
<p><b>Periodontics*</b></p>	<p>No benefit</p>	<p>No benefit</p>

SPECIALISED DENTISTRY	PRIMARY	PRIMARY SELECT
<p><b>Maxillo-facial Surgery and Oral Pathology</b></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><b>Scheme Exclusions:</b></p> <ul style="list-style-type: none"> <li>• Orthognathic (jaw correction) surgery</li> <li>• Sinus lifts</li> <li>• Bone augmentations</li> <li>• Bone and tissue regeneration procedures</li> <li>• The cost of bone regeneration material</li> <li>• The auto-transplantation of teeth</li> </ul>	<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><b>Scheme Exclusions:</b></p> <ul style="list-style-type: none"> <li>• Orthognathic (jaw correction) surgery</li> <li>• Sinus lifts</li> <li>• Bone augmentations</li> <li>• Bone and tissue regeneration procedures</li> <li>• The cost of bone regeneration material</li> <li>• The auto-transplantation of teeth</li> </ul>

HOSPITALISATION AND ANAESTHETICS	PRIMARY	PRIMARY SELECT
<p><b>Hospitalisation (General Anaesthetic)*</b></p>	<p><b>Pre-authorisation required</b></p> <p>A <b>co-payment of R3 500</b> 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"> <li>• Apicectomies</li> <li>• Dentectomies</li> <li>• Frenectomies</li> <li>• Implantology and associated surgical procedures</li> <li>• Conservative dental treatment (fillings, extractions and root canal therapy) for adults</li> <li>• Professional oral hygiene procedures</li> <li>• Surgical tooth exposures for orthodontic reasons</li> </ul> <p><b>Scheme Exclusions:</b></p> <ul style="list-style-type: none"> <li>• Where the only reason for admission to hospital is dental fear and anxiety</li> <li>• Multiple hospital admissions</li> <li>• Where the only reason for the admission request is for a sterile facility</li> <li>• The cost of dental materials for procedures performed under general anaesthesia</li> </ul>	<p><b>Pre-authorisation required</b></p> <p>A <b>co-payment of R3 500</b> 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"> <li>• Apicectomies</li> <li>• Dentectomies</li> <li>• Frenectomies</li> <li>• Implantology and associated surgical procedures</li> <li>• Conservative dental treatment (fillings, extractions and root canal therapy) for adults</li> <li>• Professional oral hygiene procedures</li> <li>• Surgical tooth exposures for orthodontic reasons</li> </ul> <p><b>Scheme Exclusions:</b></p> <ul style="list-style-type: none"> <li>• Where the only reason for admission to hospital is dental fear and anxiety</li> <li>• Multiple hospital admissions</li> <li>• Where the only reason for the admission request is for a sterile facility</li> <li>• The cost of dental materials for procedures performed under general anaesthesia</li> </ul>

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

## BONSAVE Dental Benefit Table 2020

### 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.

### Hospitalisation: BonSave Option

Prescribed Minimum Benefit (PMB) treatment is the only treatment covered in hospital on the **BonSave** 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
<b>Consultations</b>	Two check-ups per beneficiary per year (once every 6 months) Benefit subject to managed care protocols Covered at the BDT
<b>X-rays: Intraoral</b>	Benefit subject to managed care protocols Covered at the BDT
<b>X-rays: Extraoral</b>	One per beneficiary in a 3-year period Benefit subject to managed care protocols Covered at the BDT
<b>Oral Hygiene</b>	<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>



CONSERVATIVE DENTISTRY	BONSAVE
	<p><b>Scheme Exclusions:</b></p> <ul style="list-style-type: none"> <li>• Oral hygiene instruction</li> <li>• Oral hygiene evaluation</li> <li>• Professionally applied fluoride for beneficiaries younger than 5, and 16 years and older</li> <li>• Dental bleaching</li> </ul>
<p><b>Fillings</b></p>	<p><i>Benefit for fillings:</i> Granted once per tooth in 720 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><b>Scheme Exclusions:</b></p> <ul style="list-style-type: none"> <li>• Fillings to restore teeth damaged due to toothbrush abrasion, attrition, erosion and fluorosis</li> <li>• Resin bonding for restorations that are charged as a separate procedure to the restoration</li> <li>• The polishing of restorations</li> <li>• Gold foil restorations</li> <li>• Ozone therapy</li> </ul>
<p><b>Root Canal Therapy and Extractions</b></p>	<p>Benefit 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><b>Scheme Exclusions:</b></p> <ul style="list-style-type: none"> <li>• Root canal therapy on primary (milk) teeth</li> <li>• Root canal therapy on permanent molars</li> <li>• Direct and indirect pulp capping procedures</li> </ul>
<p><b>Plastic Dentures* and Associated Laboratory Costs</b></p>	<p>No benefit</p>

SPECIALISED DENTISTRY	BONSAVE
<b>Partial Metal Frame Dentures* and Associated Laboratory Costs</b>	No benefit
<b>Crown &amp; Bridge* and Associated Laboratory Costs</b> <i>A bridge comprises two or more crown units. Each crown is payable from the available Crown &amp; Bridge benefit.</i>	No benefit
<b>Implants* and Associated Laboratory Costs</b>	No benefit
<b>Orthodontics* and Associated Laboratory Costs</b>	No benefit
<b>Periodontics*</b>	No benefit
<b>Maxillo-facial Surgery and Oral Pathology</b>	<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>

SPECIALISED DENTISTRY	BONSAVE
	<p><b>Scheme Exclusions:</b></p> <ul style="list-style-type: none"> <li>• Orthognathic (jaw correction) surgery</li> <li>• Sinus lifts</li> <li>• Bone augmentations</li> <li>• Bone and tissue regeneration procedures</li> <li>• The cost of bone regeneration material</li> <li>• The auto-transplantation of teeth</li> </ul>

HOSPITALISATION AND ANAESTHETICS	BONSAVE
<b>Hospitalisation (General Anaesthetic)*</b>	No benefit for In-hospital (General Anaesthetic) dentistry, except for <b>PMBs</b> . <i>Subject to pre-authorisation</i>
<b>Laughing Gas in Dental Rooms</b>	Benefit subject to managed care protocols Covered at the BDT
<b>IV/Conscious Sedation in Rooms*</b>	<i>Pre-authorisation required</i> Benefit limited to extensive dental treatment Benefit subject to managed care protocols Covered at the BDT

## BONFIT SELECT Dental Benefit Table 2020

### Dental Benefits

**Preventative** dental benefits are managed by DENIS and paid at the Bonitas Dental Tariff (BDT).

**Only** the dental codes listed in the table below will be covered under this option.

Dental benefits are subject to managed care protocols.

In the event of a dispute, the registered Rules of the Scheme will prevail.

### Hospitalisation

PMB treatment is the only dental treatment covered in hospital on the BonFit Select 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	Two consultations per beneficiary per year (once every 6 months)
Polishing of Teeth	8155	Two scale and polish treatments per beneficiary per year (once every 6 months)
Scaling and Polishing	8159	Code 8155 and/or 8159 (max of 2 in total per year)
Fluoride Treatment		Two treatments per year, limited to beneficiaries from age 5 and younger than 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	
Hospitalisation* (General Anaesthetic)		No benefit for In-hospital (General Anaesthetic) dentistry, <i>except</i> for PMBs. <b>Subject to pre-authorisation</b>

## BONCAP Dental Benefit Table 2020

### 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 2020.
- 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

BENEFIT	CODE	DENIS BENEFIT INFORMATION
Emergency Root Canal Treatment	8131 8132	Benefit for emergency treatment only <i>Please note:</i> Root canal treatment on third molar is not covered.
Pulp Treatments	8307	Benefit for amputation of pulp of primary teeth
Extractions (Removal of Teeth)	8201	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 8342 8343 8344 8351 8352 8353 8354 8367 8368 8369 8370	Benefit for 4 fillings per beneficiary per year Benefit for fillings are granted once per tooth in 720 days Benefit for re-treatment of a tooth subject to managed care protocols
Plastic Dentures*	8231 8232 8233 8234 8235 8236 8237 8238 8239 8240 8241	<b>Pre-authorisation required</b> 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. <b>20% co-payment</b> applies. The appropriate laboratory codes will be covered. <b>20% co-payment</b> applies.
Denture Rebase	8259	Rebase of denture once per family per year for beneficiaries 21 years and older. <b>20% co-payment</b> applies The appropriate laboratory codes will be covered. <b>20% co-payment</b> applies.

BENEFIT	CODE	DENIS BENEFIT INFORMATION
Denture Repairs	8263 8269 8271 8273	Repairs to existing dentures twice per family per year for beneficiaries 21 years and older. <b>20% co-payment</b> applies. The appropriate laboratory codes will be covered. <b>20% co-payment</b> applies.
Maxillo-facial Surgery in Dental Chair*		Surgery in the dental chair – DENIS designated service provider; access to a maxillo-facial specialist by DENIS <b>pre-authorisation</b> 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	<b>Pre-authorisation required</b> Benefit limited to extensive dental treatment
Hospitalisation* (General Anaesthetic)		No benefits for in hospital (general anaesthetic) dentistry, <i>except</i> for <b>PMBs</b> . <b>Pre-authorisation required</b>



## HOSPITAL STANDARD Dental Benefit Table 2020

### 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
<b>Consultations</b>	No benefit
<b>X-rays: Intraoral</b>	No benefit
<b>X-rays: Extraoral</b>	No benefit
<b>Oral Hygiene</b>	No benefit
<b>Fillings</b>	No benefit
<b>Root Canal Therapy and Extractions</b>	No benefit
<b>Plastic Dentures</b>	No benefit

SPECIALISED DENTISTRY	HOSPITAL STANDARD
<b>Partial Metal Frame Dentures and Associated Laboratory Costs</b>	No benefit
<b>Crown &amp; Bridge and Associated Laboratory Costs</b>	No benefit
<b>Implants and Associated Laboratory Costs</b>	No benefit
<b>Orthodontics and Associated Laboratory Costs</b>	No benefit
<b>Periodontics</b>	No benefit
<b>Maxillo-facial Surgery*</b>	<p><i>Maxillo-facial surgery in hospital:</i></p> <ul style="list-style-type: none"> <li>- <b>Pre-authorisation required</b></li> <li>- Services included are surgery as a result of tumours, neoplasms, sepsis, trauma and congenital birth defects.</li> <li>- Benefit subject to managed care protocols and payable to the specialist up to <b>100%</b> of the BDT</li> </ul> <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"> <li>- Claims will only be covered if supported by a laboratory report that confirms diagnosis.</li> </ul> <p><i>Benefit for the closure of an oral-antral opening (code 8909):</i></p> <ul style="list-style-type: none"> <li>- Subject to motivation and managed care protocols</li> </ul> <p><i>Other surgery in hospital:</i></p> <ul style="list-style-type: none"> <li>- See Hospitalisation* below</li> </ul> <p><b>Scheme Exclusions:</b></p> <ul style="list-style-type: none"> <li>● Osseo-integrated implantation</li> <li>● Orthognathic (jaw correction) surgery</li> <li>● Sinus lifts</li> <li>● Bone augmentations</li> <li>● Bone and tissue regeneration procedures</li> <li>● The cost of bone regeneration material</li> <li>● The auto-transplantation of teeth</li> </ul>

HOSPITALISATION AND ANAESTHETICS	HOSPITAL STANDARD
<b>Hospitalisation (General Anaesthetic)*</b>	<p><b>Pre-authorisation required</b></p> <p>A <b>co-payment</b> 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><b>Scheme Exclusions:</b></p> <ul style="list-style-type: none"> <li>• Where the only reason for admission to hospital is dental fear and anxiety</li> <li>• Multiple hospital admissions</li> <li>• Where the only reason for the admission request is for a sterile facility</li> <li>• The cost of dental materials for procedures performed under general anaesthesia</li> </ul>
<b>Laughing Gas in Dental Rooms</b>	<p>No benefit</p>
<b>IV/Conscious Sedation in Rooms*</b>	<p><b>Pre-authorisation required</b></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>

## **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