

## KeyHealth Dental Benefit Tables 2020

SILVER OPTION Dental Benefit Table 2020.....	1
GOLD OPTION Dental Benefit Table 2020.....	1
PLATINUM OPTION Dental Benefit Table 2020 .....	1
EQUILIBRIUM OPTION Dental Benefit Table 2020.....	11
ORIGIN OPTION Dental Benefit Table 2020.....	16
Additional Scheme Exclusions ( <i>Applicable to all KeyHealth options</i> ) .....	19

### SILVER OPTION Dental Benefit Table 2020

### GOLD OPTION Dental Benefit Table 2020

### PLATINUM OPTION Dental Benefit Table 2020

#### Dental Benefits

Dental benefits are paid at the KeyHealth Dental Tariff (KDT).

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.

#### KeyHealth Hospital Network

Members on the Silver, Gold, and Platinum options must use a hospital within the KeyHealth Hospital Network for planned procedures.

Should a member make use of a non-network hospital, a 30% co-payment will be applicable to the hospital account.

In case of an emergency/PMB\*\* admission, a member on these options may be admitted to any private hospital without having to pay a non-network co-payment

#### Pre-authorisation\*

Dentures must be pre-authorized on the Silver, Gold and Platinum options.

Hospitalisation and certain specialised dentistry procedures and treatment must be pre-authorized.

If authorisation is applied for after the treatment has been done, a 20% penalty will apply.

This is applicable to hospitalisation (the hospital account) and for the following specialised out-of-hospital dentistry treatments: Crown & Bridge, Implants, Periodontics and IV/Conscious Sedation in the dental rooms.

Failure to pre-authorise orthodontic treatment will result in a payment *only* from date of authorisation for the remaining months of treatment, provided that the treatment is approved as per the managed care protocols.

Penalties do not apply to emergency hospital admission.

\*\*Prescribed Minimum Benefit

CONSERVATIVE DENTISTRY	SILVER	GOLD	PLATINUM
<b>Consultations</b>	Two check-ups per beneficiary per year (once every 6 months) Benefit subject to managed care protocols Covered at 100% of the KDT	Two check-ups per beneficiary per year (once every 6 months) Benefit subject to managed care protocols Covered at 100% of the KDT	Two check-ups per beneficiary per year (once every 6 months) Benefit subject to managed care protocols Covered at 100% of the KDT
<b>X-rays: Intraoral</b>	Benefit subject to managed care protocols Covered at 100% of the KDT	Benefit subject to managed care protocols Covered at 100% of the KDT	Benefit subject to managed care protocols Covered at 100% of the KDT
<b>X-rays: Extraoral</b>	One per beneficiary in a 3-year period Benefit subject to managed care protocols Covered at 100% of the KDT	One per beneficiary in a 3-year period Additional benefit may be granted where specialised dental treatment is required. Benefit subject to managed care protocols Covered at 100% of the KDT	One per beneficiary in a 3-year period Additional benefit may be granted where specialised dental treatment is required. Benefit subject to managed care protocols Covered at 100% of the KDT
<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 13 years of age Benefit subject to managed care protocols Covered at 100% of the KDT <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 13 years and older</li> <li>• Dental bleaching</li> </ul>	<i>Benefit for scale and polish:</i> Two scale and polish treatments per beneficiary per year (once every 6 months) <i>Benefit for fissure sealants:</i> Limited to beneficiaries younger than 16 years of age <i>Benefit for fluoride:</i> Limited to beneficiaries from age 5 and younger than 13 years of age Benefit subject to managed care protocols Covered at 100% of the KDT <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 13 years and older</li> <li>• Dental bleaching</li> </ul>	<i>Benefit for scale and polish:</i> Two scale and polish treatments per beneficiary per year (once every 6 months) <i>Benefit for fissure sealants:</i> Limited to beneficiaries younger than 16 years of age <i>Benefit for fluoride:</i> Limited to beneficiaries from age 5 and younger than 13 years of age Benefit subject to managed care protocols Covered at 100% of the KDT <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 13 years and older</li> <li>• Dental bleaching</li> </ul>

CONSERVATIVE DENTISTRY	SILVER	GOLD	PLATINUM
<b>Fillings</b>	<p><i>Benefit for fillings:</i> Granted once per tooth in 365 days</p> <p><i>Benefit for re-treatment of a tooth:</i> Subject to managed care protocols</p> <p><i>Multiple fillings:</i> A treatment plan and X-rays may be required</p> <p>Covered at 100% of the KDT</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 365 days</p> <p><i>Benefit for re-treatment of a tooth:</i> Subject to managed care protocols</p> <p><i>Multiple fillings:</i> A treatment plan and X-rays may be required</p> <p>Covered at 100% of the KDT</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 365 days</p> <p><i>Benefit for re-treatment of a tooth:</i> Subject to managed care protocols</p> <p><i>Multiple fillings:</i> A treatment plan and X-rays may be required</p> <p>Covered at 100% of the KDT</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 100% of the KDT</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 100% of the KDT</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 100% of the KDT</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>
<b>Plastic Dentures* and Associated Laboratory Costs</b>	<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><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><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>

CONSERVATIVE DENTISTRY	SILVER	GOLD	PLATINUM
	<p><i>Benefit not available for the clinical fee of denture repairs, denture tooth replacements and the addition of a soft base to new dentures; the laboratory fee will be covered.</i></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 is subject to managed care protocols</p> <p>Covered at 100% of the KDT</p> <p><b>Scheme Exclusions:</b></p> <ul style="list-style-type: none"> <li>• Diagnostic dentures and associated laboratory costs</li> <li>• Provisional 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> </ul>	<p><i>Benefit not available for the clinical fee of denture repairs, denture tooth replacements and the addition of a soft base to new dentures; the laboratory fee will be covered.</i></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 is subject to managed care protocols</p> <p>Covered at 100% of the KDT</p> <p><b>Scheme Exclusions:</b></p> <ul style="list-style-type: none"> <li>• Diagnostic dentures and associated laboratory costs</li> <li>• Provisional 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> </ul>	<p><i>Benefit not available for the clinical fee of denture repairs, denture tooth replacements and the addition of a soft base to new dentures; the laboratory fee will be covered.</i></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 is subject to managed care protocols</p> <p>Covered at 100% of the KDT</p> <p><b>Scheme Exclusions:</b></p> <ul style="list-style-type: none"> <li>• Diagnostic dentures and associated laboratory costs</li> <li>• Provisional 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> </ul>

SPECIALISED DENTISTRY	SILVER	GOLD	PLATINUM
<p><b>Partial Metal Frame Dentures* and Associated Laboratory Costs</b></p>	<p>No benefit</p>	<p><b>Pre-authorisation required</b></p> <p>One partial 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 80% of the KDT</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>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 80% of the KDT</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>No benefit</p>	<p><b>Pre-authorisation required</b></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 80% of the KDT</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> </ul>	<p><b>Pre-authorisation required</b></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 80% of the KDT</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> </ul>

SPECIALISED DENTISTRY	SILVER	GOLD	PLATINUM
		<ul style="list-style-type: none"> <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>• 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	<p><b>Pre-authorisation required</b></p> <p>Cost of implant components limited to <b>R4 300</b> per beneficiary per year</p> <p>Benefit subject to managed care protocols</p> <p>Covered at 80% of KDT</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>
<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. Funding can be granted up to <b>80%</b> of the KDT per beneficiary per lifetime.</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. Funding can be granted up to <b>80%</b> of the KDT per beneficiary per lifetime.</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. Funding can be granted up to <b>80%</b> of the KDT per beneficiary per lifetime.</p>

SPECIALISED DENTISTRY	SILVER	GOLD	PLATINUM
	<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>	<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>	<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>
Periodontics*	No benefit	<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 <b>80%</b> of the KDT</p>	<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 <b>80%</b> of the KDT</p>



SPECIALISED DENTISTRY	SILVER	GOLD	PLATINUM
		<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>Scheme Exclusions:</b></p> <ul style="list-style-type: none"> <li>• Surgical periodontics which includes gingivectomies, periodontal flap surgery, tissue grafting and the hemisection of a tooth</li> <li>• Perio chip placement</li> </ul>
<p><b>Maxillo-facial Surgery and Oral Pathology</b></p>	<p><i>Surgery in the dental chair:</i> Benefit subject to managed care protocols Covered at 100% of the KDT</p> <p><i>Benefit for Temporomandibular Joint (TMJ) therapy:</i> 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>• Cost of bone regeneration material</li> <li>• Auto-transplantation of teeth</li> </ul>	<p><i>Surgery in the dental chair:</i> Benefit subject to managed care protocols Covered at 100% of the KDT</p> <p><i>Benefit for Temporomandibular Joint (TMJ) therapy:</i> 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>• Cost of bone regeneration material</li> <li>• Auto-transplantation of teeth</li> </ul>	<p><i>Surgery in the dental chair:</i> Benefit subject to managed care protocols Covered at 100% of the KDT</p> <p><i>Benefit for Temporomandibular Joint (TMJ) therapy:</i> 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>• Cost of bone regeneration material</li> <li>• Auto-transplantation of teeth</li> </ul>



HOSPITALISATION AND ANAESTHETICS	SILVER	GOLD	PLATINUM
<b>Hospitalisation (General Anaesthetic)*</b>	<p><b>Pre-authorisation required</b></p> <p>A <b>co-payment of R1 640</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 the KDT:</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 of R1 640</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 the KDT:</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 of R1 640</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 the KDT:</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	SILVER	GOLD	PLATINUM
	<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>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 The cost of dental materials for procedures performed under general anaesthesia</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 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 100% of the KDT</p>	<p>Benefit subject to managed care protocols</p> <p>Covered at 100% of the KDT</p>	<p>Benefit subject to managed care protocols</p> <p>Covered at 100% of the KDT</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 100% of the KDT</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 100% of the KDT</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 100% of the KDT</p>

## EQUILIBRIUM OPTION Dental Benefit Table 2020

### Dental Benefits

Dental benefits are paid at the KeyHealth Dental Tariff (KDT).

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.

### KeyHealth Hospital Network

Members on the **Equilibrium** option must use a hospital within the **KeyHealth Hospital Network** for planned procedures.

Should a member on the Equilibrium option make use of a non-network hospital, a 30% co-payment will be applicable on the hospital account.

In case of an emergency/PMB\*\* admission, a member on this option may be admitted to any private hospital without having to pay a non-network co-payment.

### Pre-authorisation\*

Dentures must be pre-authorised on the Equilibrium option.

Hospitalisation and certain specialised dentistry procedures and treatment must be pre-authorised.

If authorisation is applied for after the treatment has been done, a 20% penalty will apply.

This is applicable to Hospitalisation (the hospital account) and IV/Conscious Sedation in the dental rooms.

Failure to pre-authorise orthodontic treatment will result in a payment *only* from date of authorisation for the remaining months of treatment, provided that the treatment is approved as per the managed care protocols.

Penalties do not apply to emergency hospital admission.

\*\*Prescribed Minimum Benefit

CONSERVATIVE DENTISTRY	EQUILIBRIUM
<b>Consultations</b>	<p>One check-up per beneficiary per year</p> <p>Three specific (emergency) consultations per beneficiary per year</p> <p>Benefit subject to managed care protocols</p> <p>Covered at 100% of the KDT</p>
<b>X-rays: Intraoral</b>	<p>Four X-rays in total per beneficiary per year</p> <p>Benefit subject to managed care protocols</p> <p>Covered at 100% of the KDT</p>
<b>X-rays: Extraoral</b>	<p>One per beneficiary in a 3-year period</p> <p>Benefit subject to managed care protocols</p> <p>Covered at 100% of the KDT</p>
<b>Oral Hygiene</b>	<p><i>Benefit for scale and polish:</i></p> <p>One scale and polish treatment per beneficiary per year (once every 6 months)</p> <p><i>Benefit for fissure sealants:</i></p> <p>Limited to beneficiaries younger than 16 years of age</p> <p><i>Benefit for fluoride:</i></p> <p>Limited to beneficiaries from age 5 and younger than 13 years of age</p> <p>Benefit subject to managed care protocols</p> <p>Covered at 100% of the KDT</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 13 years and older</li> <li>• Dental bleaching</li> </ul>
<b>Fillings</b>	<p><i>Benefit for fillings:</i></p> <p>Granted once per tooth in 365 days</p> <p><i>Benefit for re-treatment of a tooth:</i></p> <p>Subject to managed care protocols</p> <p><i>Multiple fillings:</i></p> <p>A treatment plan and X-rays may be required for multiple fillings</p> <p>Covered at 100% of the KDT</p>

CONSERVATIVE DENTISTRY	EQUILIBRIUM
	<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</p> <p>Covered at 100% of the KDT</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 100% of the KDT</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	EQUILIBRIUM
Partial Metal Frame Dentures and Associated Laboratory Costs	No benefit
Crowns and Associated Laboratory Costs	No benefit
Orthodontics and Associated Laboratory Costs	<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. Funding can be granted up to <b>80%</b> of the KDT per beneficiary per lifetime.</p> <p>Benefit for orthodontic treatment will be granted where function is impaired.</p> <p>Benefit will not be granted where orthodontic treatment is required for cosmetic reasons. The associated laboratory costs will also not be covered.</p> <p><i>Benefit for fixed comprehensive treatment:</i> Limited to individuals from age 9 and younger than 18 years of age</p> <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	No benefit
Implants and Associated Laboratory Costs	No benefit
Maxillo-facial Surgery and Oral Pathology	<p><i>Surgery in the dental chair:</i> Removal of impacted teeth only Benefit subject to managed care protocols Covered at 100% of the KDT</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	EQUILIBRIUM
	<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>• Cost of bone regeneration material</li> <li>• Auto-transplantation of teeth</li> </ul>

HOSPITALISATION AND ANAESTHETICS	EQUILIBRIUM
<b>Hospitalisation (General Anaesthetic)*</b>	<p><b>Pre-authorisation required</b></p> <p>A <b>co-payment of R1 640</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 the KDT:</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 100% of the KDT</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 100% of the KDT</p>



## ORIGIN OPTION Dental Benefit Table 2020

### Dental Benefits

Dental benefits are paid at the KeyHealth Dental Tariff (KDT).

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.

There is no benefit for Root Canal Therapy, Dentures, Specialised Dentistry and dental treatment In Hospital on the Origin option. The only **exception** is a benefit for the removal of impacted teeth under GA in hospital or under IV/conscious sedation or where laughing gas is used in the dental chair. This benefit is subject to pre-authorization. All the accounts relating to the removal of impacted teeth are covered from Risk (i.e. the dental account, the anaesthetist account & the hospital account). These claims will be paid by DENIS.

### KeyHealth Hospital Network

Members on the Origin option must use a hospital within the KeyHealth Hospital Network for the removal of impacted teeth under GA.

Should a member make use of a non-network hospital,

a 30% co-payment will be applicable to the hospital account.

In case of an emergency/ PMB\*\* admission, a member may be admitted to any private hospital without having to pay a non-network co-payment.

Scheme Exclusions apply to dental benefits.

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

### Day-to-day Family Limit

All out-of-hospital benefits accumulate to the Day-to-day Family Limit.

As this is a family benefit, it means that one member of the family can use the total benefit allocation.

The limit will be calculated by the Scheme's administrator as follows:

- Principal Member: R 2 575 per year
- Adult Dependent: R 1 505 per year
- Child Dependent: R790 per year

***With the exception of pre-authorized removal of impacted teeth, all dental claims will be paid by the Scheme's administrator from the day-to-day family limit.***

<b>CONSERVATIVE DENTISTRY</b>	<b>ORIGIN</b> <i>Subject to Day-to-day Family Limit</i>
<b>Consultations</b>	<p>One check-up per beneficiary per year</p> <p>Three specific (emergency) consultations per beneficiary per year</p> <p>Benefit subject to managed care protocols</p> <p>Covered at 100% of the KDT</p>
<b>X-rays: Intraoral</b>	<p>Four X-rays per beneficiary per year</p> <p>Benefit subject to managed care protocols</p> <p>Covered at 100% of the KDT</p>
<b>X-rays: Extraoral</b>	<p>One per beneficiary in a 3-year period</p> <p>Benefit subject to managed care protocols</p> <p>Covered at 100% of the KDT</p>
<b>Oral Hygiene</b>	<p><i>Benefit for scale and polish:</i></p> <p>One scale and polish treatment per beneficiary per year (once every 6 months)</p> <p><i>Benefit for fissure sealants:</i></p> <p>Limited to beneficiaries younger than 16 years of age</p> <p><i>Benefit for fluoride:</i></p> <p>Limited to beneficiaries from age 5 and younger than 13 years of age</p> <p>Benefit subject to managed care protocols</p> <p>Covered at 100% of the KDT</p> <p><b><i>Scheme Exclusions:</i></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 13 years and older</li> <li>• Dental bleaching</li> </ul>
<b>Fillings</b>	<p><i>Benefit for fillings:</i></p> <p>Granted once per tooth in 365 days</p> <p><i>Benefit for re-treatment of a tooth:</i></p> <p>Subject to managed care protocols</p> <p><i>Multiple fillings:</i></p> <p>A treatment plan and X-rays may be required for multiple fillings</p> <p>Covered at 100% of the KDT</p>

CONSERVATIVE DENTISTRY	ORIGIN <i>Subject to Day-to-day Family Limit</i>
	<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>Extractions</b>	Benefit subject to managed care protocols  Covered at 100% of the KDT
<b>Root Canal Therapy</b>	No benefit
<b>Plastic Dentures and Associated Laboratory Costs</b>	No benefit

SPECIALISED DENTISTRY	ORIGIN <i>Subject to Day-to-day Family Limit</i>
<b>Partial Metal Frame Dentures and Associated Laboratory Costs</b>	No benefit
<b>Crowns and Associated Laboratory Costs</b>	No benefit
<b>Orthodontics and Associated Laboratory Costs</b>	No benefit
<b>Periodontics</b>	No benefit
<b>Implants and Associated Laboratory Costs</b>	No benefit
<b>Maxillo-facial Surgery and Oral Pathology</b>	No benefit

HOSPITALISATION AND ANAESTHETICS	ORIGIN
<b>Hospitalisation (General Anaesthetic)</b>	<p><b>Pre-authorisation required</b></p> <p>A <b>co-payment of R1 640</b> per hospital admission applies</p> <p>Admission protocols apply</p> <p>Benefit subject to managed care protocols</p> <p>ONLY for the removal of impacted teeth under GA</p>
<b>Laughing Gas in Dental Rooms</b>	<p><b>Pre-authorisation required</b></p> <p>ONLY for the removal of impacted teeth</p>
<b>IV/Conscious Sedation in Rooms</b>	<p><b>Pre-authorisation required</b></p> <p>ONLY for the removal of impacted teeth</p>

#### **Additional Scheme Exclusions (*Applicable to all KeyHealth options*)**

- Electrognathographic recordings, pantographic recordings and other such electronic analyses
- Nutritional and tobacco counseling
- Caries susceptibility and microbiological tests
- Fissure sealants on patients 16 years and older
- Pulp tests
- Cost of Mineral Trioxide
- Cost of prescribed toothpastes, mouthwashes (e.g. Corsodyl) and ointments
- Appointment not kept
- Special report
- Dental testimony including dento-legal fees
- Treatment plan completed (currently code 8120)
- Enamel microabrasion
- Behaviour management
- Intramuscular or subcutaneous injection
- Procedures that are defined as unusual circumstances and procedures that are defined as unlisted procedures