



Essential Employee Benefits (EEB) Dental Benefit Tables 2023

2023 Products*

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**Please note these are not medical scheme products, they are primary healthcare/hospital indemnity products that are registered within the Demarcation Exemption Framework.*

PEP EXECUTIVE PLAN Dental Benefit Table

Dental Benefits

Dental benefits are paid at the DENIS Dental Tariff.

ONLY the dental codes listed in the table below will be covered under this plan.

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, Inhalation Sedation in Dental Rooms, Moderate/Deep Sedation in Dental Rooms and Dental Treatment in hospital.

Compulsory Network

Benefits payable on the PEP Executive Plan is subject to the use of a Network Service Provider on the ***DENIS Dental Network***.

There will be no benefit for out-of-network visits and treatment.

PEP EXECUTIVE PLAN Conservative Dentistry

Code	Benefit	Limitations
8101 and/or 8154	Consultation <i>General Dental Practitioner, Dental Therapist or Oral Hygienist</i>	Two consultations in total per dependant per year (once every 6 months)
8104 or 8164	Specific consultation / Emergency <i>8104: General Dental Practitioner or Dental Therapist</i> <i>8164: Oral Hygienist</i>	One specific consultation in total for pain and sepsis per dependant per year
8107 and/or 8112	Intraoral X-rays <i>General Dental Practitioner, Dental Therapist or Oral Hygienist</i>	Four X-rays per dependant per year
8109 8110 8145	Infection control (gloves & masks) Instrument sterilisation Local anaesthetic <i>General Dental Practitioner, Dental Therapist or Oral Hygienist</i>	One set per dependant per visit (One set = 8109 x 2, 8110 x 1, 8145 x 1)
8155 and/or 8159	Cleaning of teeth <i>General Dental Practitioner, Dental Therapist or Oral Hygienist</i>	Two polishing and scaling treatments per dependant per year (once every 6 months)
8161	Fluoride treatment (For dependants younger than 12 years of age) <i>General Dental Practitioner, Dental Therapist or Oral Hygienist</i>	Two treatments per year for dependants younger than 12 years of age (once every 6 months)
8341 8342 8343 8344 8351 8352 8353 8354 8367 8368 8369 8370	Fillings <i>General Dental Practitioner, Dental Therapist</i> <i>8351 & 8367: Oral Hygienist</i>	Benefit for four fillings per dependant per year Benefit for fillings are granted once per tooth in 365 days Benefit for re-treatment of a tooth subject to managed care protocols

PEP EXECUTIVE PLAN Conservative Dentistry

Code	Benefit	Limitations
8201	<p>Extractions (Removal of teeth) <i>General Dental Practitioner or Dental Therapist</i></p>	Extraction of tooth or exposed roots
8131	<p>Emergency dental treatment where no other treatment item is applicable <i>General Dental Practitioner, Dental Therapist or Oral Hygienist</i></p>	Benefit for emergency treatment only

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Compulsory Network

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