



Medshield Dental Benefit Tables 2024

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Get in touch

For assistance with Dental pre-authorisations in hospital or under sedation (in the doctor's rooms) contact DENIS:

Members: 0860 002 121 | **Providers:** 0861 033 647

For queries on your claims, available benefit information, or specialised dentistry authorisations, contact Medshield directly on 0860 002 120

www.denis.co.za

MEDIBONUS (550) OPTION Dental Benefit Table 2024

MEDIPLUS PRIME (551) OPTION Dental Benefit Table 2024

MEDIPLUS COMPACT (561) OPTION Dental Benefit Table 2024

Dental Benefits

From 2020 the MediPlus option was divided into two options, namely **MediPlus Prime** and **MediPlus Compact**. The dental benefits are the same on these options.

Dental benefits are paid at the Medshield Dental Tariff (MDT).

Basic Dentistry is payable from the Overall Annual Limit (OAL). On the **MediBonus**, **MediPlus Prime** and **MediPlus Compact** options the OAL is unlimited.

Specialised Dentistry is payable from a defined limit – *refer to the benefit table*.

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.

Pre-authorisation*

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

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

This is applicable to hospitalisation (the hospital account) and for the following specialised out-of-hospital treatments: Dentures, Implants, Crown & Bridge, Periodontal treatment and Moderate/Deep 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 clinically indicated.

Penalties do not apply to emergency hospital admission.

Hospital Network: MediPlus Prime & MediPlus Compact

Members on the **MediPlus Prime** option must use a hospital within the Medshield Prime Hospital Network.

Members on the **MediPlus Compact** option must use a hospital within the Medshield Compact Hospital Network.

Should a member on the **MediPlus Prime** or **MediPlus Compact** option obtain authorisation for an elective procedure in a non-network hospital, a **25% co-payment** on the hospital account will be applicable.

| CONSERVATIVE DENTISTRY | MEDIBONUS (550) | MEDIPLUS PRIME (551) & MEDIPLUS COMPACT (561) |
|-------------------------------|--|--|
| Consultations | Once per beneficiary every 6 months Benefit subject to managed care protocols Covered at the MDT Payable from the OAL | Once per beneficiary every 6 months Benefit subject to managed care protocols Covered at the MDT Payable from the OAL |
| X-rays: Intraoral | Benefit subject to managed care protocols Covered at the MDT Payable from the OAL | Benefit subject to managed care protocols Covered at the MDT Payable from the OAL |
| X-rays: Extraoral | Benefit subject to managed care protocols Covered at the MDT Payable from the OAL | Benefit subject to managed care protocols Covered at the MDT Payable from the OAL |
| Preventative Care | Once per beneficiary every 6 months Benefit subject to managed care protocols <i>Benefit for fissure sealants:</i> Limited to beneficiaries younger than 16 years of age <i>Benefit for fluoride:</i> Limited to beneficiaries from 5 and younger than 13 years of age Covered at the MDT Payable from the OAL Scheme Exclusions: <ul style="list-style-type: none"> • Oral hygiene instruction • Oral hygiene evaluation • Professionally applied fluoride for beneficiaries younger than 5, and 13 years and older • Tooth whitening | Once per beneficiary every 6 months Benefit subject to managed care protocols <i>Benefit for fissure sealants:</i> Limited to beneficiaries younger than 16 years of age <i>Benefit for fluoride:</i> Limited to beneficiaries from 5 and younger than 13 years of age Covered at the MDT Payable from the OAL Scheme Exclusions: <ul style="list-style-type: none"> • Oral hygiene instruction • Oral hygiene evaluation • Professionally applied fluoride for beneficiaries younger than 5, and 13 years and older • Tooth whitening |
| Fillings | <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 MDT Payable from the OAL | <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 MDT Payable from the OAL |

| CONSERVATIVE DENTISTRY | MEDIBONUS (550) | MEDIPLUS PRIME (551) & MEDIPLUS COMPACT (561) |
|---|---|---|
| | <p>Scheme Exclusions:</p> <ul style="list-style-type: none"> • Fillings to restore teeth damaged due to toothbrush abrasion, attrition, erosion and fluorosis • Resin bonding for restorations that are charged as a separate procedure to the restoration • Polishing of restorations • Gold foil restorations • Ozone therapy | <p>Scheme Exclusions:</p> <ul style="list-style-type: none"> • Fillings to restore teeth damaged due to toothbrush abrasion, attrition, erosion and fluorosis • Resin bonding for restorations that are charged as a separate procedure to the restoration • Polishing of restorations • Gold foil restorations • Ozone therapy |
| <p>Root Canal Therapy and Extractions</p> | <p>Benefit subject to managed care protocols</p> <p>Covered at the MDT</p> <p>Payable from the OAL</p> <p>Scheme Exclusions:</p> <ul style="list-style-type: none"> • Root canal therapy on primary (milk) teeth • Root canal therapy on third molars (wisdom teeth) • Direct and indirect pulp capping procedures | <p>Benefit subject to managed care protocols</p> <p>Covered at the MDT</p> <p>Payable from the OAL</p> <p>Scheme Exclusions:</p> <ul style="list-style-type: none"> • Root canal therapy on primary (milk) teeth • Root canal therapy on third molars (wisdom teeth) • Direct and indirect pulp capping procedures |
| <p>Plastic Dentures* and Associated Laboratory Costs</p> | <p>Pre-authorisation required</p> <p>One set of plastic dentures (an upper <i>and</i> a lower) per beneficiary in a 4-year period</p> <p><i>Benefit not available</i> for the clinical fee of denture repairs, denture tooth replacements and the addition of a soft base to new dentures; the laboratory fee will be covered (no pre-authorisation required).</p> <p><i>Benefit for a mouth guard:</i> Benefit available for both the clinical and the associated laboratory fee for a mouth guard (no pre-authorisation required).</p> <p>Benefit subject to managed care protocols</p> <p>Covered at the MDT</p> <p>Payable from the OAL</p> | <p>Pre-authorisation required</p> <p>One set of plastic dentures (an upper <i>and</i> a lower) per beneficiary in a 4-year period</p> <p><i>Benefit not available</i> for the clinical fee of denture repairs, denture tooth replacements and the addition of a soft base to new dentures; the laboratory fee will be covered (no pre-authorisation required).</p> <p><i>Benefit for a mouth guard:</i> Benefit available for both the clinical and the associated laboratory fee for a mouth guard (no pre-authorisation required).</p> <p>Benefit subject to managed care protocols</p> <p>Covered at the MDT</p> <p>Payable from the OAL</p> |

| CONSERVATIVE DENTISTRY | MEDIBONUS (550) | MEDIPLUS PRIME (551) & MEDIPLUS COMPACT (561) |
|------------------------|--|--|
| | <p>Scheme Exclusions:</p> <ul style="list-style-type: none"> • Diagnostic dentures and associated laboratory costs • Snoring appliances and associated laboratory costs • High impact acrylic • The cost of gold, precious metal, semi-precious metal and platinum foil • Laboratory delivery fees • Provisional dentures and associated laboratory costs | <p>Scheme Exclusions:</p> <ul style="list-style-type: none"> • Diagnostic dentures and associated laboratory costs • Snoring appliances and associated laboratory costs • High impact acrylic • The cost of gold, precious metal, semi-precious metal and platinum foil • Laboratory delivery fees • Provisional dentures and associated laboratory costs |

| SPECIALISED DENTISTRY | MEDIBONUS (550) | MEDIPLUS PRIME (551) & MEDIPLUS COMPACT (561) |
|--|---|---|
| <p>Partial Chrome Cobalt Frame Dentures* and Associated Laboratory Costs</p> | <p>Pre-authorisation required</p> <p>Two partial frames (an upper <i>and</i> a lower) per beneficiary in a 5-year period</p> <p>Benefit subject to managed care protocols</p> <p>Covered at the MDT</p> <p>Payable from the Specialised Dentistry limit of R20 350 per family</p> <p>Scheme Exclusions:</p> <ul style="list-style-type: none"> • The metal base to full dentures and the associated laboratory costs • High impact acrylic • The cost of gold, precious metal, semi-precious metal and platinum foil • Laboratory delivery fees | <p>Pre-authorisation required</p> <p>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 MDT</p> <p>Payable from the Specialised Dentistry limit of R14 600 per family</p> <p>Scheme Exclusions:</p> <ul style="list-style-type: none"> • The metal base to full dentures and the associated laboratory costs • High impact acrylic • The cost of gold, precious metal, semi-precious metal and platinum foil • Laboratory delivery fees |
| <p>Crown & Bridge* and Associated Laboratory Costs</p> <p><i>A bridge comprises two or more crown units. Each crown is payable from the available Crown & Bridge benefit.</i></p> | <p>Pre-authorisation required</p> <p>Benefit for crowns will be granted once per tooth in a 5-year period</p> <p>A treatment plan and X-rays may be requested</p> <p>Benefit subject to managed care protocols</p> <p>Covered at the MDT</p> <p>Payable from the Specialised Dentistry limit of R20 350 per family</p> | <p>Pre-authorisation required</p> <p>Benefit for crowns will be granted once per tooth in a 5-year period</p> <p>A treatment plan and X-rays may be requested</p> <p>Benefit subject to managed care protocols</p> <p>Covered at the MDT</p> <p>Payable from the Specialised Dentistry limit of R14 600 per family</p> |

| SPECIALISED DENTISTRY | MEDIBONUS (550) | MEDIPLUS PRIME (551) & MEDIPLUS COMPACT (561) |
|---|---|---|
| | <p>A pontic on a 2nd molar, where the 3rd molar is a crown retainer, is subject to managed care protocols</p> <p>Scheme Exclusions:</p> <ul style="list-style-type: none"> • Crowns on third molars • Crown and bridge procedures for cosmetic reasons and associated laboratory costs • Crown and bridge procedures where there is no extensive tooth structure loss and associated laboratory costs • Laboratory fabricated temporary crowns • Occlusal rehabilitations and associated laboratory costs • Provisional crowns and associated laboratory costs • Emergency crowns that are not placed for the immediate protection in tooth injury and associated laboratory costs • The cost of gold, precious metal, semi-precious metal and platinum foil • Laboratory delivery fees | <p>A pontic on a 2nd molar, where the 3rd molar is a crown retainer, is subject to managed care protocols</p> <p>Scheme Exclusions:</p> <ul style="list-style-type: none"> • Crowns on third molars • Crown and bridge procedures for cosmetic reasons and associated laboratory costs • Crown and bridge procedures where there is no extensive tooth structure loss and associated laboratory costs • Laboratory fabricated temporary crowns • Occlusal rehabilitations and associated laboratory costs • Provisional crowns and associated laboratory costs • Emergency crowns that are not placed for the immediate protection in tooth injury and associated laboratory costs • The cost of gold, precious metal, semi-precious metal and platinum foil • Laboratory delivery fees |
| <p>Implants* and Associated Laboratory Costs</p> | <p>Pre-authorisation required</p> <p>Benefit includes all stages of treatment required to achieve the end result of placing an implant supported tooth or teeth into spaces left by previous removal of natural teeth, the surgical augmentation of jaw bone and surgical placement and exposure of implant/s. It also includes the implant crown(s) or implant denture(s).</p> <p>The following services are included:</p> <ul style="list-style-type: none"> • The cost of special investigations • All general and specialist dental practitioners • The anaesthetist (moderate/deep sedation) • The cost of materials, implant components, plates, screws, bone and bone equivalents | <p>Pre-authorisation required</p> <p>Benefit includes all stages of treatment required to achieve the end result of placing an implant supported tooth or teeth into spaces left by previous removal of natural teeth, the surgical augmentation of jaw bone and surgical placement and exposure of implant/s. It also includes the implant crown(s) or implant denture(s).</p> <p>The following services are included:</p> <ul style="list-style-type: none"> • The cost of special investigations • All general and specialist dental practitioners • The anaesthetist (moderate/deep sedation) • The cost of materials, implant components, plates, screws, bone and bone equivalents |

| SPECIALISED DENTISTRY | MEDIBONUS (550) | MEDIPLUS PRIME (551) & MEDIPLUS COMPACT (561) |
|---|---|---|
| | <p>Benefit subject to managed care protocols</p> <p>Covered at the MDT</p> <p>Payable from the Specialised Dentistry limit of R20 350 per family</p> <p>Scheme Exclusions:</p> <ul style="list-style-type: none"> • Implants on third molars (wisdom teeth) • Laboratory delivery fees | <p>Benefit subject to managed care protocols</p> <p>Covered at the MDT</p> <p>Payable from the Specialised Dentistry limit of R14 600 per family</p> <p>Scheme Exclusions:</p> <ul style="list-style-type: none"> • Implants on third molars (wisdom teeth) • Laboratory delivery fees |
| <p>Orthodontics* and Associated Laboratory Costs</p> | <p>Pre-authorisation required</p> <p>Benefit subject to managed care protocols</p> <p>On pre-authorisation cases will be clinically assessed by using an orthodontic needs analysis.</p> <p>Benefit allocation subject to the outcome of the needs analysis</p> <p>Covered at the MDT; payable from the Specialised Dentistry limit of R20 350 per family</p> <p>Benefit for orthodontic treatment will be granted where function is impaired.</p> <p>Benefit <i>will not be granted</i> where orthodontic treatment is required for cosmetic reasons. The associated laboratory costs will also not be covered.</p> <p>Benefit for orthodontic treatment limited to individuals younger than 18 years of age</p> <p>Scheme Exclusions:</p> <ul style="list-style-type: none"> • Orthodontic re-treatment and any associated laboratory costs • Cost of invisible retainer material • Laboratory delivery fees • Orthodontic treatment for beneficiaries younger than 9, and 18 years and older | <p>Pre-authorisation required</p> <p>Benefit subject to managed care protocols</p> <p>On pre-authorisation cases will be clinically assessed by using an orthodontic needs analysis.</p> <p>Benefit allocation subject to the outcome of the needs analysis</p> <p>Covered at the MDT; payable from the Specialised Dentistry limit of R14 600 per family</p> <p>Benefit for orthodontic treatment will be granted where function is impaired.</p> <p>Benefit <i>will not be granted</i> where orthodontic treatment is required for cosmetic reasons. The associated laboratory costs will also not be covered.</p> <p>Benefit for orthodontic treatment limited to individuals younger than 18 years of age</p> <p>Scheme Exclusions:</p> <ul style="list-style-type: none"> • Orthodontic re-treatment and any associated laboratory costs • Cost of invisible retainer material • Laboratory delivery fees • Orthodontic treatment for beneficiaries younger than 9, and 18 years and older |

| SPECIALISED DENTISTRY | MEDIBONUS (550) | MEDIPLUS PRIME (551) & MEDIPLUS COMPACT (561) |
|--|---|---|
| <p>Periodontics*</p> | <p>Pre-authorisation required</p> <p>Benefit will only be applied to members registered on the Periodontal Programme</p> <p>Benefit limited to conservative, non-surgical therapy only</p> <p>Benefit subject to managed care protocols</p> <p>Covered at the MDT; payable from the Specialised Dentistry limit of R20 350 per family</p> <p>Scheme Exclusions:</p> <ul style="list-style-type: none"> • Surgical procedures, which includes gingivectomies, periodontal flap surgery, tissue grafting, and the hemisection of a tooth • PerioChip placement • Periodontal plastic procedures for cosmetic reasons | <p>Pre-authorisation required</p> <p>Benefit will only be applied to members registered on the Periodontal Programme</p> <p>Benefit limited to conservative, non-surgical therapy only</p> <p>Benefit subject to managed care protocols</p> <p>Covered at the MDT; payable from the Specialised Dentistry limit of R14 600 per family</p> <p>Scheme Exclusions:</p> <ul style="list-style-type: none"> • Surgical procedures, which includes gingivectomies, periodontal flap surgery, tissue grafting, and the hemisection of a tooth • PerioChip placement • Periodontal plastic procedures for cosmetic reasons |
| <p>Oral Surgery (Non-elective surgery only)</p> | <p>Benefit subject to managed care protocols</p> <p>The following services are included:</p> <ul style="list-style-type: none"> • Consultations, visits, para-orthodontic surgical procedures • Preparation of jaws for prosthetics, including frenectomy, oral surgical removal of roots and minor oral surgeries <p>Covered at the MDT</p> <p>Payable from the Maxillo-facial limit of R21 950 per family</p> <p>Scheme Exclusions:</p> <ul style="list-style-type: none"> • Sinus lift procedures • The auto-transplantation of teeth | <p>Benefit subject to managed care protocols</p> <p>The following services are included:</p> <ul style="list-style-type: none"> • Consultations, visits, para-orthodontic surgical procedures • Preparation of jaws for prosthetics, including frenectomy, oral surgical removal of roots and minor oral surgeries <p>Covered at the MDT</p> <p>Payable from the Maxillo-facial limit of R18 760 per family</p> <p>Scheme Exclusions:</p> <ul style="list-style-type: none"> • Sinus lift procedures • The auto-transplantation of teeth |

| SPECIALISED DENTISTRY | MEDIBONUS (550) | MEDIPLUS PRIME (551) & MEDIPLUS COMPACT (561) |
|---|---|---|
| <p>Maxillo-facial Surgery <i>(Non-elective surgery only)</i></p> | <p>Benefit subject to managed care protocols</p> <p>Services included are the surgical removal of tumours and neoplasms, sepsis, trauma, congenital birth defects and other surgery not specifically mentioned.</p> <p><i>Benefit for the closure of an oral-antral opening (code 8909):</i> Subject to motivation and managed care protocols</p> <p>Covered at the MDT, and the doctor's account can be covered up to 200% of the MDT</p> <p>Payable from the Maxillo-facial limit of R21 950 per family</p> <p>Scheme Exclusions:</p> <ul style="list-style-type: none"> • Orthognathic (jaw correction) surgery • Maxillo-facial surgery for elective/cosmetic reasons | <p>Benefit subject to managed care protocols</p> <p>Services included are the surgical removal of tumours and neoplasms, sepsis, trauma, congenital birth defects and other surgery not specifically mentioned.</p> <p><i>Benefit for the closure of an oral-antral opening (code 8909):</i> Subject to motivation and managed care protocols</p> <p>Covered at the MDT</p> <p>Payable from the Maxillo-facial limit of R18 760 per family</p> <p>Scheme Exclusions:</p> <ul style="list-style-type: none"> • Orthognathic (jaw correction) surgery • Maxillo-facial surgery for elective/cosmetic reasons |

| HOSPITALISATION AND ANAESTHETICS | MEDIBONUS (550) | MEDIPLUS PRIME (551) & MEDIPLUS COMPACT (561) |
|---|--|--|
| <p>Hospitalisation: Basic Dentistry*</p> | <p>Pre-authorisation required</p> <p>Admission protocols apply</p> <p>Benefit subject to managed care protocols</p> <p>General anaesthetic and hospitalisation benefits for Basic Dentistry are <i>only</i> available for children under the age of 6 years for extensive dental treatment</p> <p>All service providers (dentist, anaesthetist and hospital) covered at the MDT and payable from the OAL</p> <p><i>TTO (To-take-out medicines): R875</i> per admission/case; payable from the OAL</p> | <p>Pre-authorisation required</p> <p>Admission protocols apply</p> <p>Benefit subject to managed care protocols</p> <p>General anaesthetic and hospitalisation benefits for Basic Dentistry are <i>only</i> available for children under the age of 6 years for extensive dental treatment</p> <p>All service providers (dentist, anaesthetist and hospital) covered at the MDT and payable from the OAL</p> <p><i>TTO (To-take-out medicines): R640</i> per admission/case; payable from the OAL</p> |

| HOSPITALISATION AND ANAESTHETICS | MEDIBONUS (550) | MEDIPLUS PRIME (551) & MEDIPLUS COMPACT (561) |
|--|--|--|
| <p>Hospitalisation: Impacted Teeth*</p> | <p>Pre-authorisation required</p> <p>Admission protocols apply</p> <p>Benefit subject to managed care protocols</p> <p>A co-payment of R900 per admission in a day clinic applies</p> <p>A co-payment of R2 000 per hospital admission applies. No co-payment applies if procedure is done under moderate/deep sedation in Practitioners' rooms.</p> <p>General anaesthetic benefit available for the removal of impacted teeth.</p> <p>Hospital and anaesthetist accounts covered at the MDT from the OAL</p> <p>Dental account payable at the MDT from the Specialised Dentistry limit of R20 350 per family</p> <p><i>TTO (To-take-out medicines): R875</i> per admission/case; payable from the OAL</p> | <p>Pre-authorisation required</p> <p>Admission protocols apply</p> <p>Benefit subject to managed care protocols</p> <p>A co-payment of R1 575 per admission in a day clinic applies</p> <p>A co-payment of R3 500 per hospital admission applies. No co-payment applies if procedure is done under moderate/deep sedation in Practitioners' rooms.</p> <p>General anaesthetic benefit available for the removal of impacted teeth.</p> <p>Hospital and anaesthetist accounts covered at the MDT from the OAL</p> <p>Dental account payable at the MDT from the Specialised Dentistry limit of R14 600 per family</p> <p><i>TTO (To-take-out medicines): R640</i> per admission/case; payable from the OAL</p> |
| <p>Hospitalisation*</p> | <p>The hospital and anaesthetist accounts for the procedures listed below <i>will not be covered</i> when performed in hospital under general anaesthesia.</p> <p>The payment of the dental procedure will be payable from the appropriate out-of-hospital benefit:</p> <ul style="list-style-type: none"> • Apicectomy • Dentectomies • Frenectomies • Conservative dental treatment (fillings, extractions and root canal therapy) for beneficiaries 6 years and older • Professional oral hygiene procedures | <p>The hospital and anaesthetist account for the procedures listed below <i>will not be covered</i> when performed in hospital under general anaesthesia.</p> <p>The payment of the dental procedure will be payable from the appropriate out-of-hospital benefit:</p> <ul style="list-style-type: none"> • Apicectomy • Dentectomies • Frenectomies • Conservative dental treatment (fillings, extractions and root canal therapy) for beneficiaries 6 years and older • Professional oral hygiene procedures |

| HOSPITALISATION AND ANAESTHETICS | MEDIBONUS (550) | MEDIPLUS PRIME (551) & MEDIPLUS COMPACT (561) |
|---|--|--|
| | <p>Scheme Exclusions:</p> <ul style="list-style-type: none"> • Where the only reason for admission to hospital is dental fear and anxiety • Where the only reason for the admission request is a for a sterile facility • The cost for dental materials for procedures performed under general anaesthesia • Multiple hospital admissions • Implantology and associated surgical procedures • Surgical tooth exposure for orthodontic reasons | <p>Scheme Exclusions:</p> <ul style="list-style-type: none"> • Where the only reason for admission to hospital is dental fear and anxiety • Where the only reason for the admission request is a for a sterile facility • The cost for dental materials for procedures performed under general anaesthesia • Multiple hospital admissions • Implantology and associated surgical procedures • Surgical tooth exposure for orthodontic reasons |
| <p>Inhalation Sedation in Dental Rooms</p> | <p>Benefit subject to managed care protocols</p> <p>Covered at the MDT; Payable from the OAL</p> | <p>Benefit subject to managed care protocols</p> <p>Covered at the MDT; Payable from the OAL</p> |
| <p>Moderate/Deep Sedation in Dental Rooms*</p> | <p>Pre-authorisation required</p> <p>Benefit subject to managed care protocols</p> <p>Basic Dentistry (beneficiaries under and over the age of 6):</p> <p>Anaesthetist and dental accounts payable at the MDT from the OAL</p> <p>Impacted Teeth and Apicectomy:</p> <p>Anaesthetist account payable at the MDT from the OAL</p> <p>Dental account payable at the MDT from the Specialised Dentistry limit of R20 350 per family</p> <p>Implants:</p> <p>Both the anaesthetist and the dental accounts payable at the MDT from the Specialised Dentistry limit of R20 350 per family</p> | <p>Pre-authorisation required</p> <p>Benefit subject to managed care protocols</p> <p>Basic Dentistry (beneficiaries under and over the age of 6):</p> <p>Anaesthetist and dental accounts payable at the MDT from the OAL</p> <p>Impacted Teeth and Apicectomy:</p> <p>Anaesthetist account payable at the MDT from the OAL</p> <p>Dental account payable at the MDT from the Specialised Dentistry limit of R14 600 per family</p> <p>Implants:</p> <p>Both the anaesthetist and the dental accounts payable at the MDT from the Specialised Dentistry limit of R14 600 per family</p> |

MEDIVALUE PRIME (552) OPTION Dental Benefit Table 2024

MEDIVALUE COMPACT (562) OPTION Dental Benefit Table 2024

MEDIIPHILA (559) OPTION Dental Benefit Table 2024

Dental Benefits

From 2020 the MediValue option was divided into two options, namely **MediValue Prime** and **MediValue Compact**. The dental benefits are the same on these options.

Dental benefits are paid at the Medshield Dental Tariff (MDT).

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.

Limits: MediValue Prime & MediValue Compact

On these two MediValue options, Basic Dentistry is payable from a **family limit** of **R2 550**. Once this limit has been depleted, all other Basic Dentistry is limited to and included in the **day-to-day limit** as per the table below:

| | |
|---------|----------------|
| M = | R6 650 |
| M +1 = | R8 350 |
| M +2 = | R8 950 |
| M +3 = | R10 400 |
| M +4+ = | R11 500 |

Pre-authorisation*: MediValue Prime & MediValue Compact

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

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

This is applicable to hospitalisation (the hospital account) and for the following specialised out-of-hospital treatments: Dentures, Implants, Crown & Bridge, Periodontal treatment, and Moderate/Deep 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 clinically indicated.

Penalties do not apply to emergency hospital admission.

Pre-authorisation*: MediPhila

On the **MediPhila** option, there are *no* benefits for Basic Dentistry in hospital or for Specialised Dentistry out-of-hospital.

Hospitalisation and Moderate/Deep Sedation in the Dental Rooms must be pre-authorised.

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

This is applicable to hospitalisation (the hospital account) and for the following specialised out-of-hospital treatment: Moderate/Deep Sedation in the Dental Rooms and Wisdom Teeth Extraction.

Hospital Network: MediValue Prime, MediValue Compact & MediPhila

Members on the **MediValue Prime** option must use a hospital within the Medshield Prime Hospital Network.

Members on the **MediValue Compact** option must use a hospital within the Medshield Compact Hospital Network.

Members on the **MediPhila** option must use a hospital within the MediPhila Hospital network

Should a member on the **MediValue Prime, MediValue Compact and MediPhila** options obtain authorisation for an elective procedure in a non-network hospital, a **25% co-payment** on the hospital account will be applicable.

| CONSERVATIVE DENTISTRY | MEDIVALUE PRIME (552) & MEDIVALUE COMPACT (562) | MEDIPHILA (559) |
|---------------------------------|---|--|
| <p>Consultations</p> | <p>Once per beneficiary every 6 months Benefit subject to managed care protocols Covered at the MDT; payable from the family limit of R2 550 and then from the day-to-day limit</p> | <p>Once per beneficiary every 6 months Benefit subject to managed care protocols Covered at the MDT; payable from a sub-limit of R1 700 per family, limited to and included in the Specialised Dentistry limit of R6 900 per family</p> |
| <p>X-rays: Intraoral</p> | <p>Benefit subject to managed care protocols Covered at the MDT; payable from the family limit of R2 550 and then from the day-to-day limit</p> | <p>Benefit subject to managed care protocols. Covered at the MDT; payable from a sub-limit of R1 700 per family, limited to and included in the Specialised Dentistry limit of R6 900 per family</p> |
| <p>X-rays: Extraoral</p> | <p>Benefit subject to managed care protocols Additional benefit may be considered where specialised dental treatment is required. Covered at the MDT; payable from the family limit of R2 550 and then from the day-to-day limit</p> | <p>Benefit subject to managed care protocols Additional benefit may be considered where specialised dental treatment is required. Covered at the MDT; payable from a sub-limit of R1 700 per family, limited to and included in the Specialised Dentistry limit of R6 900 per family</p> |
| <p>Preventative Care</p> | <p>Once per beneficiary every 6 months Benefit subject to managed care protocols <i>Benefit for fissure sealants:</i> Limited to beneficiaries younger than 16 years of age <i>Benefit for fluoride:</i> Limited to beneficiaries from 5 and younger than 13 years of age Covered at the MDT; payable from the family limit of R2 550 and then from the day-to-day limit</p> <p>Scheme Exclusions:</p> <ul style="list-style-type: none"> • Oral hygiene instruction • Oral hygiene evaluation • Professionally applied fluoride for beneficiaries younger than 5, and 13 years and older • Tooth whitening | <p>Once per beneficiary every 6 months Benefit subject to managed care protocols <i>Benefit for fissure sealants:</i> Limited to beneficiaries younger than 16 years of age <i>Benefit for fluoride:</i> Limited to beneficiaries from 5 and younger than 13 years of age Covered at the MDT; payable from a sub-limit of R1 700 per family, limited to and included in the Specialised Dentistry limit of R6 900 per family</p> <p>Scheme Exclusions:</p> <ul style="list-style-type: none"> • Oral hygiene instruction • Oral hygiene evaluation • Professionally applied fluoride for beneficiaries younger than 5 and 13 years and older • Tooth whitening |

| CONSERVATIVE DENTISTRY | MEDIVALUE PRIME (552) & MEDIVALUE COMPACT (562) | MEDIPHILA (559) |
|---|---|---|
| <p>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> <p>Covered at the MDT; payable from the family limit of R2 550 and then from the day-to-day limit</p> <p>Scheme Exclusions:</p> <ul style="list-style-type: none"> • Fillings to restore teeth damaged due to toothbrush abrasion, attrition, erosion and fluorosis • Resin bonding for restorations that are charged as a separate procedure of the restoration • The polishing of restorations • Gold foil restorations • Ozone therapy | <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 MDT; payable from a sub-limit of R1 700 per family, limited to and included in the Specialised Dentistry limit of R6 900 per family</p> <p>Scheme Exclusions:</p> <ul style="list-style-type: none"> • Fillings to restore teeth damaged due to toothbrush abrasion, attrition, erosion and fluorosis • Resin bonding for restorations that are charged as a separate procedure to the restoration • The polishing of restorations • Gold foil restorations • Ozone therapy |
| <p>Root Canal Therapy and Extractions</p> | <p>Benefit subject to managed care protocols</p> <p>Covered at the MDT; payable from the family limit of R2 550 and then from the day-to-day limit</p> <p>Scheme Exclusions:</p> <ul style="list-style-type: none"> • Root canal therapy on primary (milk) teeth • Root canal therapy on third molars (wisdom teeth) • Direct and indirect pulp capping procedures | <p>Benefit subject to managed care protocols</p> <p>Covered at the MDT; payable from a sub-limit of R1 700 per family, limited to and included in the Specialised Dentistry Limit of R6 900 per family</p> <p>Scheme Exclusions:</p> <ul style="list-style-type: none"> • Root canal therapy on primary (milk) teeth • Root canal therapy on third molars (wisdom teeth) • Direct and indirect pulp capping procedures |
| <p>Plastic Dentures* and Associated Laboratory Costs</p> | <p>Pre-authorisation required</p> <p>One set of plastic dentures (an upper <i>and</i> a lower) per beneficiary in a 4-year period</p> <p><i>Benefit not available</i> for the clinical fee of denture repairs, denture tooth replacements and the addition of a soft base to new dentures; the laboratory fee will be covered (no pre-authorisation required).</p> | <p>Pre-authorisation required</p> <p>One set of plastic dentures (an upper <i>and</i> a lower) per beneficiary in a 4-year period</p> <p><i>Benefit not available</i> for the clinical fee of denture repairs, denture tooth replacements and the addition of a soft base to new dentures; the laboratory fee will be covered (no pre-authorisation required).</p> |

| CONSERVATIVE DENTISTRY | MEDIVALUE PRIME (552) & MEDIVALUE COMPACT (562) | MEDIPHILA (559) |
|------------------------|--|--|
| | <p><i>Benefit for a mouth guard:</i> Benefit available for both the clinical and the associated laboratory fee for a mouth guard (no pre-authorisation required). Covered at the MDT; payable from the family limit of R2 550 and then from the day-to-day limit</p> <p>Scheme Exclusions:</p> <ul style="list-style-type: none"> • Diagnostic dentures and associated laboratory costs • Snoring appliances and associated laboratory costs • High impact acrylic • The cost of gold, precious metal, semi-precious metal and platinum foil • Laboratory delivery fees • Provisional dentures and associated laboratory costs | <p><i>Benefit for a mouth guard:</i> Benefit available for both the clinical and the associated laboratory fee for a mouth guard (no pre-authorisation required). Covered at the MDT; payable from a sub-limit of R1 700 per family, limited to and included in the Specialised Dentistry limit of R6 900 per family</p> <p>Scheme Exclusions:</p> <ul style="list-style-type: none"> • Diagnostic dentures and associated laboratory costs • Snoring appliances and associated laboratory costs • High impact acrylic • The cost of gold, precious metal, semi-precious metal and platinum foil • Laboratory delivery fees • Provisional dentures and associated laboratory costs |

| SPECIALISED DENTISTRY | MEDIVALUE PRIME (552) & MEDIVALUE COMPACT (562) | MEDIPHILA (559) |
|---|---|-------------------|
| <p>Partial Chrome Cobalt Frame Dentures* and Associated Laboratory Costs</p> | <p>Pre-authorisation required</p> <p>Two partial frames (an upper <i>and</i> a lower) per beneficiary in a 5-year period</p> <p>Benefit subject to managed care protocols</p> <p>Covered at the MDT; payable from the day-to-day limit</p> <p>Scheme Exclusions:</p> <ul style="list-style-type: none"> • The metal base to full dentures and the associated laboratory costs • High impact acrylic • The cost of gold, precious metal, semi-precious metal and platinum foil • Laboratory delivery fees | <p>No benefit</p> |

| SPECIALISED DENTISTRY | MEDIVALUE PRIME (552) & MEDIVALUE COMPACT (562) | MEDIPHILA (559) |
|--|--|-------------------|
| <p>Crown & Bridge* and Associated Laboratory costs</p> <p><i>A bridge comprises two or more crown units. Each crown is payable from the available Crown & Bridge benefit.</i></p> | <p>Pre-authorisation required</p> <p>Benefits 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 2nd molar, where the 3rd molar is a crown retainer, is subject to managed care protocols</p> <p>Covered at the MDT; payable from the day-to-day limit</p> <p>Scheme Exclusions:</p> <ul style="list-style-type: none"> • Crowns on third molars • Crown and bridge procedures for cosmetic reasons and associated laboratory costs • Crown and bridge procedures where there is no extensive tooth structure loss and associated laboratory costs • Laboratory fabricated temporary crowns • Occlusal rehabilitations and associated laboratory costs • Provisional crowns and associated laboratory costs • Emergency crowns that are not placed for the immediate protection in tooth injury and associated laboratory costs • The cost of gold, precious metal, semi-precious metal and platinum foil • Laboratory delivery fees | <p>No benefit</p> |
| <p>Implants* and Associated Laboratory Costs</p> | <p>Pre-authorisation required</p> <p>Benefit includes all stages of treatment required to achieve the end result of placing an implant supported tooth or teeth into spaces left by previous removal of natural teeth, the surgical augmentation of jaw bone and surgical placement and exposure of implant/s. It also includes the implant crown(s) or implant denture(s).</p> <p>The following services are included:</p> <ul style="list-style-type: none"> • The cost of special investigations | <p>No benefit</p> |

| SPECIALISED DENTISTRY | MEDIVALUE PRIME (552) & MEDIVALUE COMPACT (562) | MEDIPHILA (559) |
|---|--|-------------------|
| | <ul style="list-style-type: none"> • All general and specialist dental practitioners • The anaesthetist (Moderate/Deep Sedation) • The cost of materials, implant components, plates, screws, bone and bone equivalents <p>Benefit subject to managed care protocols</p> <p>Covered at the MDT; payable from the Specialised Dentistry limit of R7 350 per family</p> <p>Scheme Exclusions:</p> <ul style="list-style-type: none"> • Implants on third molars (wisdom teeth) • Laboratory delivery fees | |
| <p>Orthodontics* and Associated Laboratory Costs</p> | <p>Pre-authorisation required</p> <p>Benefit subject to managed care protocols</p> <p>On pre-authorisation cases will be clinically assessed by using an orthodontic needs analysis.</p> <p>Benefit allocation subject to the outcome of the needs analysis</p> <p>Covered at the MDT; payable from the Specialised Dentistry limit of R7 350 per family</p> <p>Benefit for orthodontic treatment will be granted where function is impaired.</p> <p>Benefit <i>will not be granted</i> where orthodontic treatment is required for cosmetic reasons. The associated laboratory costs will also not be covered.</p> <p>Benefit for orthodontic treatment limited to individuals younger than 18 years of age</p> <p>Scheme Exclusions:</p> <ul style="list-style-type: none"> • Orthodontic re-treatment and any associated laboratory costs • Cost of invisible retainer material • Laboratory delivery fees • Orthodontic treatment for beneficiaries younger than 9, and 18 years and older | <p>No benefit</p> |

| SPECIALISED DENTISTRY | MEDIVALUE PRIME (552) & MEDIVALUE COMPACT (562) | MEDIPHILA (559) |
|---|--|-------------------|
| <p>Periodontics*</p> | <p>Pre-authorisation required</p> <p>Benefit will only be applied to members registered on the Periodontal Programme</p> <p>Benefit limited to conservative, non-surgical therapy only</p> <p>Benefit subject to managed care protocols</p> <p>Covered at the MDT; payable from the day-to-day limit</p> <p>Scheme Exclusions:</p> <ul style="list-style-type: none"> • Surgical procedures, which includes gingivectomies, periodontal flap surgery, tissue grafting and the hemisection of a tooth • PerioChip placement <p>Periodontal plastic procedures for cosmetic reasons</p> | <p>No benefit</p> |
| <p>Oral Surgery <i>(Non-elective surgery only)</i></p> | <p>Benefit subject to managed care protocols</p> <p>The following services are included:</p> <ul style="list-style-type: none"> • Consultations, visits, para-orthodontic surgical procedures • Preparation of jaws for prosthetics, including frenectomy, oral surgical removal of roots and minor oral surgeries. <p>Covered at the MDT; payable from the Maxillo-facial limit of R8 275 per family</p> <p>Scheme Exclusions:</p> <ul style="list-style-type: none"> • Sinus lift procedures • The auto-transplantation of teeth | <p>PMB only</p> |
| <p>Maxillo-facial Surgery <i>(Non-elective surgery only)</i></p> | <p>Benefit subject to managed care protocols</p> <p>Services included are the surgical removal of tumours and neoplasms, sepsis, trauma, congenital birth defects and other surgery not specifically mentioned.</p> <p><i>Benefit for the closure of an oral-antral opening (code 8909):</i> Subject to motivation and managed care protocols</p> <p>Covered at the MDT; payable from the Maxillo-facial limit of R8 275 per family</p> | <p>PMB only</p> |

| SPECIALISED DENTISTRY | MEDIVALUE PRIME (552) & MEDIVALUE COMPACT (562) | MEDIPHILA (559) |
|-----------------------|---|-----------------|
| | <p>Scheme Exclusions:</p> <ul style="list-style-type: none"> • Orthognathic (jaw correction) surgery • Maxillo-facial surgery for elective/ cosmetic reasons | |

| HOSPITALISATION AND ANAESTHETICS | MEDIVALUE PRIME (552) & MEDIVALUE COMPACT (562) | MEDIPHILA (559) |
|---|---|---|
| <p>Hospitalisation: Basic Dentistry*</p> | <p>Pre-authorisation required</p> <p>Admission protocols apply</p> <p>Benefit subject to managed care protocols</p> <p>General anaesthetic and hospitalisation benefits for Basic Dentistry are <i>only</i> available for children under the age of 6 years for extensive dental treatment</p> <p>All services covered at the MDT</p> <p>Dental account payable from the family limit of R2 550 and then payable from the day-to-day limit</p> <p>Hospital and anaesthetist accounts payable from the OAL</p> <p><i>TTO (To-take-out medicines): R525</i> per admission/case; payable from the OAL</p> | <p>No benefit</p> |
| <p>Hospitalisation: Impacted Teeth*</p> | <p>Pre-authorisation required</p> <p>Admission protocols apply</p> <p>Benefit subject to managed care protocols</p> <p>A co-payment of R1 800 per admission in a day clinic applies.</p> <p>A co-payment of R4 000 per hospital admission applies. No co-payment applies if procedure is done under moderate/deep sedation in Practitioners' rooms.</p> <p>General anaesthetic benefit available for the removal of impacted teeth.</p> <p>The hospital and anaesthetist account for the procedures listed below <i>will not be covered</i> when performed in hospital under general anaesthesia. The payment of the dental procedure will be payable from the appropriate out-of-hospital benefit:</p> <ul style="list-style-type: none"> • Apicectomy • Dentectomies | <p>Pre-authorisation required</p> <p>Admission protocols apply</p> <p>Benefit subject to managed care protocols</p> <p>A co-payment of R1 800 per admission in a day clinic applies.</p> <p>A co-payment of R4 000 per hospital admission applies. No co-payment applies if procedure is done under moderate/deep sedation in Practitioners' rooms.</p> <p>General anaesthetic benefit available for the removal of impacted teeth.</p> <p>The hospital and anaesthetist accounts for the following procedures <i>will not be covered</i> when performed in hospital under general anaesthesia. The payment of the dental procedure will be payable from the appropriate out-of-hospital benefit:</p> <ul style="list-style-type: none"> • Apicectomy • Dentectomies |

| HOSPITALISATION AND ANAESTHETICS | MEDIVALUE PRIME (552) & MEDIVALUE COMPACT (562) | MEDIPHILA (559) |
|---|--|---|
| | <ul style="list-style-type: none"> • Frenectomies • Professional oral hygiene procedures • Conservative dental treatment (fillings, extractions and root canal therapy) for beneficiaries 6 years and older <p>Hospital and anaesthetist accounts covered at the MDT from the OAL</p> <p>Dental account payable at the MDT from the Specialised Dentistry limit of R7 350 per family</p> <p><i>TTO (To-take-out medicines): R525 per admission/case; payable from the OAL</i></p> <p>Scheme Exclusions:</p> <ul style="list-style-type: none"> • Where the only reason for admission to hospital is dental fear and anxiety • Where the only reason for the admission request is a for a sterile facility • The cost for dental materials for procedures performed under general anaesthesia • Multiple hospital admissions • Implantology and associated surgical procedures • Surgical tooth exposure for orthodontic reasons | <ul style="list-style-type: none"> • Frenectomies • Professional oral hygiene procedures • Conservative dental treatment (fillings, extractions and root canal therapy) <p>Hospital and anaesthetist account covered at the MDT from the OAL</p> <p>Dental account payable at the MDT from the Specialised Dentistry limit of R6 900 per family</p> <p><i>TTO (To-take-out medicines): R235 per admission/case; payable from the OAL</i></p> <p>Scheme exclusions:</p> <ul style="list-style-type: none"> • Where the only reason for admission to hospital is dental fear and anxiety • Where the only reason for the admission request is for a sterile facility • The cost of dental materials for procedures performed under general anaesthesia • Multiple hospital admissions • Implantology and associated procedures • Surgical tooth exposure for orthodontic reasons |
| <p>Inhalation Sedation in Dental Rooms</p> | <p>Benefit subject to managed care protocols</p> <p>Covered at the MDT; payable from the family limit of R2 550 and then from the day-to-day limit</p> | <p>Benefit subject to managed care protocols</p> <p>Covered at the MDT; payable from a sub-limit of R1 700 per family, limited to and included in the Specialised Dentistry limit of R6 900 per family</p> |
| <p>Moderate/Deep Sedation in Dental Rooms*</p> | <p>Pre-authorisation required</p> <p>Benefit subject to managed care protocols</p> <p>Basic Dentistry (beneficiaries under and over the age of 6):</p> <ul style="list-style-type: none"> • Anaesthetist account covered at the MDT from the OAL • Dental account payable from the day-to-day limit <p>Impacted teeth and Apicectomy:</p> <ul style="list-style-type: none"> • Anaesthetist account payable at the MDT from the OAL | <p>Pre-authorisation required</p> <p>Benefit subject to managed care protocols</p> <p>Only applicable to Impacted teeth and Apicectomy:</p> <ul style="list-style-type: none"> • Anaesthetist account payable at the MDT from the OAL • Dental account, <i>if procedure is done under moderate/deep sedation in the Dental Rooms</i>, payable at the MDT from the Specialised Dentistry limit of R6 900 per family |

| HOSPITALISATION AND ANAESTHETICS | MEDIVALUE PRIME (552) & MEDIVALUE COMPACT (562) | MEDIPHILA (559) |
|----------------------------------|--|-----------------|
| | <ul style="list-style-type: none"> Dental account payable at the MDT from the Specialised Dentistry limit of R7 350 per family <p>Implants:</p> <ul style="list-style-type: none"> Both the anaesthetist and the dental accounts payable at the MDT from the Specialised Dentistry limit of R7 350 per family | |

PREMIUM PLUS (686) OPTION Dental Benefit Table 2024

MEDISAVER (683) OPTION Dental Benefit Table 2024

Dental Benefits

Dental benefits are paid at the Medshield Dental Tariff (MDT).

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.

Personal Savings Account (PSA)

On the **Premium Plus** option, Basic and Specialised Dentistry, unless otherwise stated, are payable from the PSA with accumulation to threshold, or from the above threshold benefit once the member has reached the threshold level. The PSA will be allocated to the member's account on an *annual* basis on the Premium Plus option.

On the **MediSaver** option, Basic and Specialised Dentistry, unless otherwise stated, are payable from the PSA. The PSA will be allocated to the member's account on a *bi-annual* basis on the MediSaver option.

Pre-authorisation*

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

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

This is applicable to hospitalisation (the hospital account) and for the following specialised out-of-hospital treatments: Dentures, Implants, Crown & Bridge, Periodontal treatment and Moderate/Deep 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 clinically indicated.

Penalties do not apply to emergency hospital admission.

Hospital Network: MediSaver

Members on the **MediSaver** option must use a hospital within the Medshield Compact Network.

Should a member on the MediSaver option obtain authorisation for an elective procedure in a non-network hospital, a **25% co-payment** on the hospital account will be applicable.

| CONSERVATIVE DENTISTRY | PREMIUM PLUS (686) | MEDISAVER (683) |
|--------------------------|--|--|
| Consultations | Once per beneficiary every 6 months Benefit subject to managed care protocols Payable from the PSA | Once per beneficiary every 6 months Benefit subject to managed care protocols Payable from the PSA |
| X-rays: Intraoral | Benefit subject to managed care protocols Payable from the PSA | Benefit subject to managed care protocols Payable from the PSA |
| X-rays: Extraoral | Benefit subject to managed care protocols Additional benefit may be considered where specialised dental treatment is required. Payable from the PSA | Benefit subject to managed care protocols Additional benefit may be considered where specialised dental treatment is required. Payable from the PSA |
| Preventative Care | Once per beneficiary every 6 months Benefit subject to managed care protocols <i>Benefit for fissure sealants:</i> Limited to beneficiaries younger than 16 years of age <i>Benefit for fluoride:</i> Limited to beneficiaries from 5 and younger than 13 years of age Payable from the PSA Scheme Exclusions: <ul style="list-style-type: none"> • Oral hygiene instruction • Oral hygiene evaluation • Professionally applied fluoride for beneficiaries younger than 5, and 13 years and older • Tooth whitening | Once per beneficiary every 6 months Benefit subject to managed care protocols <i>Benefit for fissure sealants:</i> Limited to beneficiaries younger than 16 years of age <i>Benefit for fluoride:</i> Limited to beneficiaries from 5 and younger than 13 years of age Payable from the PSA Scheme Exclusions: <ul style="list-style-type: none"> • Oral hygiene instruction • Oral hygiene evaluation • Professionally applied fluoride for beneficiaries younger than 5, and 13 years and older • Tooth whitening |
| Fillings | <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 Payable from the PSA | <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 Payable from the PSA |

| CONSERVATIVE DENTISTRY | PREMIUM PLUS (686) | MEDISAVER (683) |
|---|--|--|
| | <p>Scheme Exclusions:</p> <ul style="list-style-type: none"> • Fillings to restore teeth damaged due to toothbrush abrasion, attrition, erosion and fluorosis • Resin bonding for restorations that are charged as a separate procedure of the restoration • The polishing of restorations • Gold foil restorations • Ozone therapy | <p>Scheme Exclusions:</p> <ul style="list-style-type: none"> • Fillings to restore teeth damaged due to toothbrush abrasion, attrition, erosion and fluorosis • Resin bonding for restorations that are charged as a separate procedure of the restoration • The polishing of restorations • Gold foil restorations • Ozone therapy |
| <p>Root Canal Therapy and Extractions</p> | <p>Benefit subject to managed care protocols Payable from the PSA</p> <p>Scheme Exclusions:</p> <ul style="list-style-type: none"> • Root canal therapy on primary (milk) teeth • Root canal therapy on third molars (wisdom teeth) • Direct and indirect pulp capping procedures | <p>Benefit subject to managed care protocols Payable from the PSA</p> <p>Scheme Exclusions:</p> <ul style="list-style-type: none"> • Root canal therapy on primary (milk) teeth • Root canal therapy on third molars (wisdom teeth) • Direct and indirect pulp capping procedures |
| <p>Plastic Dentures* and Associated Laboratory Costs</p> | <p>Pre-authorisation required</p> <p>One set of plastic dentures (an upper <i>and</i> a lower) per beneficiary in a 4-year period</p> <p><i>Benefit not available</i> for the clinical fee of denture repairs, denture tooth replacements and the addition of a soft base to new dentures; the laboratory fee will be covered (no pre-authorisation required).</p> <p><i>Benefit for a mouth guard:</i> Benefit available for both the clinical and the associated laboratory fee for a mouth guard (no pre-authorisation required).</p> <p>Payable from the PSA</p> | <p>Pre-authorisation required</p> <p>One set of plastic dentures (an upper <i>and</i> a lower) per beneficiary in a 4-year period</p> <p><i>Benefit not available</i> for the clinical fee of denture repairs, denture tooth replacements and the addition of a soft base to new dentures; the laboratory fee will be covered (no pre-authorisation required).</p> <p><i>Benefit for a mouth guard:</i> Benefit available for both the clinical and the associated laboratory fee for a mouth guard (no pre-authorisation required).</p> <p>Payable from the PSA</p> |

| CONSERVATIVE DENTISTRY | PREMIUM PLUS (686) | MEDISAVER (683) |
|------------------------|--|--|
| | <p>Scheme Exclusions:</p> <ul style="list-style-type: none"> • Diagnostic dentures and associated laboratory costs • Snoring appliances and associated laboratory costs • High impact acrylic • The cost of gold, precious metal, semi-precious metal and platinum foil • Laboratory delivery fees • Provisional dentures and associated laboratory costs | <p>Scheme Exclusions:</p> <ul style="list-style-type: none"> • Diagnostic dentures and associated laboratory costs • Snoring appliances and associated laboratory costs • High impact acrylic • The cost of gold, precious metal, semi-precious metal and platinum foil • Laboratory delivery fees • Provisional dentures and associated laboratory costs |

| SPECIALISED DENTISTRY | PREMIUM PLUS (686) | MEDISAVER (683) |
|---|--|--|
| <p>Partial Chrome Cobalt Frame Dentures* and Associated Laboratory Costs <i>(Specialised – PSA)</i></p> | <p>Pre-authorisation required</p> <p>Two partial frames (an upper <i>and</i> a lower) per beneficiary in a 5-year period</p> <p>Benefit subject to managed care protocols</p> <p>Payable from the PSA</p> <p>Scheme Exclusions:</p> <ul style="list-style-type: none"> • The metal base to full dentures and the associated laboratory costs • High impact acrylic • The cost of gold, precious metal, semi-precious metal and platinum foil • Laboratory delivery fees | <p>Pre-authorisation required</p> <p>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>Payable from the PSA</p> <p>Scheme Exclusions:</p> <ul style="list-style-type: none"> • The metal base to full dentures and the associated laboratory costs • High impact acrylic • The cost of gold, precious metal, semi-precious metal and platinum foil • Laboratory delivery fees |
| <p>Crown & Bridge* and Associated Laboratory Costs <i>(Specialised – PSA)</i></p> <p><i>A bridge comprises two or more crown units. Each crown is payable from the available Crown & Bridge benefit.</i></p> | <p>Pre-authorisation required</p> <p>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 2nd molar, where the 3rd molar is a crown retainer, is subject to managed care protocols</p> <p>Payable from the PSA</p> | <p>Pre-authorisation required</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 2nd molar, where the 3rd molar is a crown retainer, is subject to managed care protocols</p> <p>Payable from the PSA</p> |

| SPECIALISED DENTISTRY | PREMIUM PLUS (686) | MEDISAVER (683) |
|---|--|--|
| | <p>Scheme Exclusions:</p> <ul style="list-style-type: none"> • Crowns on third molars • Crown and bridge procedures for cosmetic reasons and associated laboratory costs • Laboratory fabricated temporary crowns • Crown and bridge procedures where there is no extensive tooth structure loss and associated laboratory costs • Occlusal rehabilitations and associated laboratory costs • Provisional crowns and associated laboratory costs • Emergency crowns that are not placed for the immediate protection in tooth injury and associated laboratory costs • The cost of gold, precious metal, semi-precious metal and platinum foil • Laboratory delivery fees | <p>Scheme Exclusions:</p> <ul style="list-style-type: none"> • Crowns on third molars • Crown and bridge procedures for cosmetic reasons and associated laboratory costs • Laboratory fabricated temporary crowns • Crown and bridge procedures where there is no extensive tooth structure loss and associated laboratory costs • Occlusal rehabilitations and associated laboratory costs • Provisional crowns and associated laboratory costs • Emergency crowns that are not placed for the immediate protection in tooth injury and associated laboratory costs • The cost of gold, precious metal, semi-precious metal and platinum foil • Laboratory delivery fees |
| <p>Implants* and Associated Laboratory Costs</p> | <p>Pre-authorisation required</p> <p>Benefit includes all stages of treatment required to achieve the end result of placing an implant supported tooth or teeth into spaces left by previous removal of natural teeth, the surgical augmentation of jaw bone and surgical placement and exposure of implant/s. It also includes the implant crown(s) or implant denture(s).</p> <p>The following services are included:</p> <ul style="list-style-type: none"> • The cost of special investigations • All general and specialist dental practitioners • The anaesthetist (moderate/deep sedation) • The cost of materials, implant components, plates, screws, bone and bone equivalents <p>Benefit subject to managed care protocols</p> <p>Payable from the Specialised Dentistry limit of R21 400 per family</p> | <p>Pre-authorisation required</p> <p>Benefit includes all stages of treatment required to achieve the end result of placing an implant supported tooth or teeth into spaces left by previous removal of natural teeth, the surgical augmentation of jaw bone and surgical placement and exposure of implant/s. It also includes the implant crown(s) or implant denture(s).</p> <p>The following services are included:</p> <ul style="list-style-type: none"> • The cost of special investigations • All general and specialist dental practitioners • The anaesthetist (moderate/deep sedation) • The cost of materials, implant components, plates, screws, bone and bone equivalents <p>Benefit subject to managed care protocols</p> <p>Payable from the Specialised Dentistry limit of R14 550 per family</p> |

| SPECIALISED DENTISTRY | PREMIUM PLUS (686) | MEDISAVER (683) |
|---|--|---|
| | <p>If the procedure is done in the doctor's rooms, the doctor's account will be covered up to 200% of MDT.</p> <p>Scheme Exclusions:</p> <ul style="list-style-type: none"> • Implants on third molars (wisdom teeth) • Laboratory delivery fees | <p>Scheme Exclusions:</p> <ul style="list-style-type: none"> • Implants on third molars (wisdom teeth) • Laboratory delivery fees |
| <p>Orthodontics* and Associated Laboratory Costs</p> | <p>Pre-authorisation required</p> <p>Benefit subject to managed care protocols</p> <p>On pre-authorisation cases will be clinically assessed by using an orthodontic needs analysis.</p> <p>Benefit allocation subject to the outcome of the needs analysis</p> <p>Payable from the Specialised Dentistry Limit of R21 400 per family</p> <p>Benefit for orthodontic treatment will be granted where function is impaired.</p> <p>Benefit <i>will not be granted</i> where orthodontic treatment is required for cosmetic reasons. The associated laboratory costs will also not be covered.</p> <p>Benefit for orthodontic treatment limited to individuals younger than 18 years of age</p> <p>Scheme Exclusions:</p> <ul style="list-style-type: none"> • Orthodontic re-treatment and any related laboratory costs • Cost of invisible retainer material • Laboratory delivery fees • Orthodontic treatment for beneficiaries younger than 9, and 18 years and older | <p>Pre-authorisation required</p> <p>Benefit subject to managed care protocols</p> <p>On pre-authorisation cases will be clinically assessed by using an orthodontic needs analysis.</p> <p>Benefit allocation subject to the outcome of the needs analysis</p> <p>Payable from the PSA</p> <p>Benefit for orthodontic treatment will be granted where function is impaired.</p> <p>Benefit <i>will not be granted</i> where orthodontic treatment is required for cosmetic reasons. The associated laboratory costs will also not be covered.</p> <p>Benefit for orthodontic treatment limited to individuals younger than 18 years of age</p> <p>Scheme Exclusions:</p> <ul style="list-style-type: none"> • Orthodontic re-treatment and any related laboratory costs • Cost of invisible retainer material • Laboratory delivery fees • Orthodontic treatment for beneficiaries younger than 9, and 18 years and older |
| <p>Periodontics* (Specialised – PSA)</p> | <p>Pre-authorisation required</p> <p>Benefit will only be applied to members registered on the Periodontal Programme</p> <p>Benefit limited to conservative, non-surgical therapy only</p> <p>Benefit subject to managed care protocols</p> <p>Payable from the PSA</p> | <p>Pre-authorisation required</p> <p>Benefit will only be applied to members registered on the Periodontal Programme</p> <p>Benefit limited to conservative, non-surgical therapy only</p> <p>Benefit subject to managed care protocols</p> <p>Payable from the PSA</p> |

| SPECIALISED DENTISTRY | PREMIUM PLUS (686) | MEDISAVER (683) |
|--|---|---|
| | <p>Scheme Exclusions:</p> <ul style="list-style-type: none"> • Surgical procedures, which includes gingivectomies, periodontal flap surgery, tissue grafting, and the hemisection of a tooth • PerioChip placement • Periodontal plastic procedures for cosmetic reasons | <p>Scheme Exclusions:</p> <ul style="list-style-type: none"> • Surgical procedures, which includes gingivectomies, periodontal flap surgery, tissue grafting, and the hemisection of a tooth • PerioChip placement • Periodontal plastic procedures for cosmetic reasons |
| <p>Oral Surgery (Non-elective surgery only)</p> | <p>Benefit subject to managed care protocols</p> <p>The following services are included:</p> <ul style="list-style-type: none"> • Consultations, visits, para-orthodontic surgical procedures • Preparation of jaws for prosthetics, including frenectomy, oral surgical removal of roots and minor oral surgeries <p>Payable from the Maxillo-facial limit of R21 400 per family</p> <p>Scheme Exclusions:</p> <ul style="list-style-type: none"> • Sinus lift procedures • The auto-transplantation of teeth | <p>Benefit subject to managed care protocols</p> <p>The following services are included:</p> <ul style="list-style-type: none"> • Consultations, visits, para-orthodontic surgical procedures • Preparation of jaws for prosthetics, including frenectomy, oral surgical removal of roots and minor oral surgeries <p>Payable from the Maxillo-facial limit of R21 950 per family</p> <p>Scheme Exclusions:</p> <ul style="list-style-type: none"> • Sinus lift procedures • The auto-transplantation of teeth |
| <p>Maxillo-facial Surgery (Non-elective surgery only)</p> | <p>Benefit subject to managed care protocols</p> <p>Services included are the surgical removal of tumours and neoplasms, sepsis, trauma, congenital birth defects and other surgery not specifically mentioned.</p> <p><i>Benefit for the closure of an oral-antral opening (code 8909):</i> Subject to motivation and managed care protocols</p> <p>Payable from the Maxillo-facial limit of R21 400 per family</p> <p>Doctor's account can be covered up to 200% of MDT</p> <p>Scheme Exclusions:</p> <ul style="list-style-type: none"> • Orthognathic (jaw correction) surgery • Maxillo-facial surgery for elective/cosmetic reasons | <p>Benefit subject to managed care protocols</p> <p>Services included are the surgical removal of tumours and neoplasms, sepsis, trauma, congenital birth defects and other surgery not specifically mentioned.</p> <p><i>Benefit for the closure of an oral-antral opening (code 8909):</i> Subject to motivation and managed care protocols</p> <p>Payable from the Maxillo-facial limit of R21 950 per family</p> <p>Scheme Exclusions:</p> <ul style="list-style-type: none"> • Orthognathic (jaw correction) surgery • Maxillo-facial surgery for elective/cosmetic reasons |

| HOSPITALISATION AND ANAESTHETICS | PREMIUM PLUS (686) | MEDISAVER (683) |
|--|---|---|
| <p>Hospitalisation Basic Dentistry*</p> | <p>Pre-authorisation required Admission protocols apply Benefit subject to managed care protocols General anaesthetic and hospitalisation benefits for Basic Dentistry are <i>only</i> available for children under the age of 6 years for extensive dental treatment All service providers (dentist, anaesthetist and hospital) are payable from the OAL <i>TTO (To-take-out medicines): R930</i> per admission/case; payable from the OAL</p> | <p>Pre-authorisation required Admission protocols apply Benefit subject to managed care protocols General anaesthetic and hospitalisation benefits for Basic Dentistry are <i>only</i> available for children under the age of 6 years for extensive dental treatment Hospital and anaesthetist accounts payable from the OAL Dental account payable from the Specialised Dentistry limit of R14 550 per family <i>TTO (To-take-out medicines): R760</i> per admission/case; payable from the OAL</p> |
| <p>Hospitalisation Impacted Teeth*</p> | <p>Pre-authorisation required Admission protocols apply Benefit is subject to managed care protocols A co-payment or R900 per admission in a day clinic applies. A co-payment of R2 000 per hospital admission applies. No co-payment applies if procedure is done under moderate/deep sedation in Practitioners' rooms. General anaesthetic benefit available for the removal of impacted teeth. Hospital and anaesthetist accounts payable from the OAL Dental account payable from the Specialised Dentistry limit of R21 400 per family <i>TTO (To-take-out medicines): R930</i> per admission/case; payable from the OAL</p> | <p>Pre-authorisation required Admission protocols apply Benefit is subject to managed care protocols. A co-payment of R1 575 per admission in a day clinic applies. A co-payment of R3 500 per hospital admission applies. No co-payment applies if procedure is done under moderate/deep sedation in Practitioners' rooms. General anaesthetic benefit available for the removal of impacted teeth. Hospital and anaesthetist accounts payable from the OAL. Dental account payable from the Specialised Dentistry limit of R14 550 per family <i>TTO (To-take-out medicines): R760</i> per admission/case; payable from the OAL</p> |

| HOSPITALISATION AND ANAESTHETICS | PREMIUM PLUS (686) | MEDISAVER (683) |
|---|--|--|
| <p>Hospitalisation*</p> | <p>The hospital and anaesthetist accounts for the procedures listed below <i>will not be covered</i> when performed in hospital under general anaesthesia. The payment of the dental procedure will be payable from the appropriate out-of-hospital benefit:</p> <ul style="list-style-type: none"> • Apicectomy • Dentectomies • Frenectomies • Conservative dental treatment (fillings, extractions and root canal therapy) for beneficiaries 6 years and older • Professional oral hygiene procedures <p>Scheme Exclusions:</p> <ul style="list-style-type: none"> • Where the only reason for admission to hospital is dental fear and anxiety • Where the only reason for the admission request is a for a sterile facility • The cost for dental materials for procedures performed under general anaesthesia • Multiple hospital admissions • Implantology and associated surgical procedures • Surgical tooth exposure for orthodontic reasons | <p>The hospital and anaesthetist accounts for the procedures listed below <i>will not be covered</i> when performed in hospital under general anaesthesia. The payment of the dental procedure will be payable from the appropriate out-of-hospital benefit:</p> <ul style="list-style-type: none"> • Apicectomy • Dentectomies • Frenectomies • Conservative dental treatment (fillings, extractions and root canal therapy) for beneficiaries 6 years and older • Professional oral hygiene procedures <p>Scheme Exclusions:</p> <ul style="list-style-type: none"> • Where the only reason for admission to hospital is dental fear and anxiety • Where the only reason for the admission request is a for a sterile facility • The cost for dental materials for procedures performed under general anaesthesia • Multiple hospital admissions • Implantology and associated surgical procedures • Surgical tooth exposure for orthodontic reasons |
| <p>Inhalation Sedation in Dental Rooms</p> | <p>Benefit subject to managed care protocols Payable from the PSA</p> | <p>Benefit subject to managed care protocols Payable from the PSA</p> |

| HOSPITALISATION AND ANAESTHETICS | PREMIUM PLUS (686) | MEDISAVER (683) |
|---|---|--|
| Moderate/Deep Sedation in Dental Rooms* | <p>Pre-authorisation required</p> <p>Benefit subject to managed care protocols</p> <p><i>Basic Dentistry (beneficiaries <u>under and over the age of 6</u>):</i></p> <ul style="list-style-type: none"> • Anaesthetist account payable from the OAL • Dental account, if procedure is done under moderate/deep sedation in Dental Rooms, payable up to 200% of MDT from the OAL <p><i>Impacted Teeth and Apicectomy:</i></p> <ul style="list-style-type: none"> • Anaesthetist account payable from the OAL • Dental account, if procedure is done under moderate/deep sedation in Dental Rooms, payable up to 200% of MDT from the Specialised Dentistry limit of R21 400 per family <p><i>Implants:</i></p> <ul style="list-style-type: none"> • Both the anaesthetist and the dental accounts payable from the Specialised Dentistry limit of R21 400 per family • Dental account will be covered up to 200% of MDT. | <p>Pre-authorisation required</p> <p>Benefit subject to managed care protocols</p> <p><i>Basic Dentistry (beneficiaries <u>under the age of 6</u>):</i></p> <ul style="list-style-type: none"> • Anaesthetist account payable from the OAL • Dental account payable from the Specialised Dentistry limit of R14 550 per family <p><i>Basic Dentistry (beneficiaries <u>6 years and older</u>):</i></p> <ul style="list-style-type: none"> • Both the anaesthetist and the dental accounts payable from the PSA <p><i>Impacted Teeth and Apicectomy:</i></p> <ul style="list-style-type: none"> • Anaesthetist account payable from the OAL • Dental account payable from the Specialised Dentistry limit of R14 550 per family <p><i>Implants:</i></p> <ul style="list-style-type: none"> • Both the anaesthetist and the dental accounts payable from the Specialised Dentistry limit of R14 550 per family |

MEDICORE (685) OPTION Dental Benefit Table 2024

Dental Benefits

Dental benefits are paid at the Medshield Dental Tariff (MDT).

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.

Pre-authorisation*

Hospitalisation must be pre-authorized.

If authorisation is approved after the treatment has been done, a **20% penalty** will apply to the hospital account.

Penalties do not apply to emergency hospital admission.

Hospital Network

Members on the **MediCore** option must use a hospital within the Medshield Compact Hospital Network.

Should a member on the **MediCore** option obtain authorisation for an elective procedure in a non-network hospital, a **25% co-payment** on the hospital account will be applicable.

| CONSERVATIVE DENTISTRY | MEDICORE (685) |
|--|----------------|
| Consultations | No benefit |
| X-rays: Intraoral | No benefit |
| X-rays: Extraoral | No benefit |
| Preventative Care | No benefit |
| Fillings | No benefit |
| Root Canal Therapy and Extractions | No benefit |
| Plastic Dentures and Associated Laboratory Costs | No benefit |

| SPECIALISED DENTISTRY | MEDICORE (685) |
|--|--|
| Partial Chrome Cobalt Frame Dentures and Associated Laboratory Costs | No benefit |
| Crown & Bridge and Associated Laboratory Costs. | No benefit |
| Implants and Associated Laboratory Costs | No benefit |
| Orthodontics and Associated Laboratory Costs | No benefit |
| Periodontics | No benefit |
| Oral Surgery <i>(Non-elective surgery only)</i> | Benefit subject to managed care protocols The following services are included: <ul style="list-style-type: none"> • Consultations, visits, para-orthodontic surgical procedures • Preparation of jaws for prosthetics, including frenectomy, oral surgical removal of roots and minor oral surgeries Covered at the MDT; payable from the Maxillo-facial limit of R14 300 per family Scheme Exclusions: <ul style="list-style-type: none"> • Sinus lifts procedures • The auto-transplantation of teeth |
| Maxillo-facial Surgery <i>(Non-elective surgery only)</i> | Benefit subject to managed care protocols Services included are the surgical removal of tumours and neoplasms, sepsis, trauma, congenital birth defects and other surgery not specifically mentioned. <i>Benefit for the closure of an oral-antral opening (code 8909):</i> Subject to motivation and managed care protocols Covered at the MDT; the doctor's account can be covered up to 200% of MDT Payable from the Maxillo-facial limit of R14 300 per family Scheme Exclusions: <ul style="list-style-type: none"> • Orthognathic (jaw correction) surgery • Maxillo-facial surgery for elective / cosmetic reasons |

| HOSPITALISATION AND ANAESTHETICS | MEDICORE (685) |
|--|---|
| Hospitalisation: Basic Dentistry* | <p>Pre-authorisation required</p> <p>Admission protocols apply</p> <p>Benefit subject to managed care protocols</p> <p>General anaesthetic and hospitalisation benefits for Basic Dentistry are <i>only</i> available for children under the age of 6 years for extensive dental treatment</p> <p>All service providers (dentist, anaesthetist and hospital) covered at the MDT</p> <p>Payable from the OAL</p> <p><i>TTO (To-take-out medicines): R410 per admission/case; payable from the OAL</i></p> |
| Hospitalisation: Impacted Teeth | <p>No benefit</p> |
| Hospitalisation* | <p>The hospital and anaesthetist accounts for the procedures listed below <i>will not be covered</i> when performed in hospital under general anaesthesia:</p> <ul style="list-style-type: none"> • Apicectomy • Dentectomies • Frenectomies • Conservative dental treatment (fillings, extractions and root canal therapy) for beneficiaries 6 years and older • Professional oral hygiene procedures <p>Scheme Exclusions:</p> <ul style="list-style-type: none"> • Where the only reason for admission to hospital is dental fear and anxiety • Where the only reason for the admission request is a for a sterile facility • The cost for dental materials for procedures performed under general anaesthesia. • Multiple hospital admissions • Implantology and associated surgical procedures • Surgical tooth exposure for orthodontic reasons |
| Inhalation Sedation in Dental Rooms | <p>No benefit</p> |
| Moderate/Deep Sedation in Dental Rooms* | <p>Pre-authorisation required</p> <p>Benefit subject to managed care protocols</p> <p>Basic Dentistry (beneficiaries <u>under</u> the age of 6): Anaesthetist and dental accounts payable at the MDT from the OAL</p> <p>Impacted Teeth and Apicectomy: No benefit</p> <p>Implants: No benefit</p> |

MEDICURVE OPTION Dental Benefit Table 2024

Dental Benefits

Dental benefits are paid at the Medshield Dental Tariff (MDT).

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.

Pre-authorisation*

Hospitalisation must be pre-authorised.

If authorisation is approved after the treatment has been done, a **20% penalty** will apply to the hospital account.

Penalties do not apply to emergency hospital admission.

Hospital Network

Members on the **MediCurve** option must use a hospital within the Medshield MediCurve Hospital Network.

Should a member on the **MediCurve** option obtain authorisation for an elective procedure in a non-network hospital, a **25% co-payment** on the hospital account will be applicable.

| CONSERVATIVE DENTISTRY | CODE | MEDICURVE (563) |
|-----------------------------------|------------------|---|
| Consultations | 8101 | One dental examination (code 8101) every six months with a R150 upfront co-payment per beneficiary |
| Specific Consultation (Emergency) | 8104 | One specific consultation (emergency) for pain and sepsis per beneficiary per year |
| 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 | |
| X-rays: Intraoral | 8107 and/or 8112 | Four X-rays in total per beneficiary per year |
| X-rays: Extraoral | 8115 | One Extraoral X-ray (8115) per beneficiary per lifetime will be considered; subject to motivation and approval for the removal of impacted wisdom teeth ONLY. |
| Polishing of Teeth | 8155 | One polish (8155) or one scaling and polishing (8159) per beneficiary per year. |
| Scaling and Polishing | 8159 | |

| CONSERVATIVE DENTISTRY | CODE | MEDICURVE (563) |
|---|-------------|---|
| 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 |
| Fillings | 8341 | Benefit for 4 fillings per beneficiary per year |
| | 8342 | Benefit for fillings are granted once per tooth in 720 days |
| | 8343 | Benefit for re-treatment of a tooth subject to managed care protocols |
| | 8344 | |
| | 8351 | |
| | 8352 | |
| | 8353 | |
| | 8354 | |
| | 8367 | |
| | 8368 | |
| 8369 | | |
| 8370 | | |
| Extractions (Removal of Teeth) | 8201 | Extraction of tooth or exposed roots |
| Root Canal Therapy and Extractions | | No benefit |
| Plastic Dentures and Associated Laboratory Costs | | No benefit |

| SPECIALISED DENTISTRY | MEDICURVE (563) |
|---|---|
| Partial Metal Frame Dentures and Associated Laboratory Costs | No benefit |
| Crown & Bridge and Associated Laboratory Costs. | No benefit |
| Implants and Associated Laboratory Costs | No benefit |
| Orthodontics and Associated Laboratory Costs | No benefit |
| Periodontics | No benefit |
| Oral Surgery <i>(Non-elective surgery only)</i> | <p>Pre-authorisation required</p> <p>Benefit subject to managed care protocols</p> <p>The following services are included:</p> <ul style="list-style-type: none"> • Consultations, visits, para-orthodontic surgical procedures • Preparation of jaws for prosthetics, including frenectomy, oral surgical removal of roots and minor oral surgeries <p>Covered at the MDT; payable from the Maxillo-facial limit of R5 800 per family</p> <p>Scheme Exclusions:</p> <ul style="list-style-type: none"> • Sinus lifts procedures • The auto-transplantation of teeth |
| Maxillo-facial Surgery <i>(Non-elective surgery only)</i> | <p>Pre-authorisation required</p> <p>Benefit subject to managed care protocols</p> <p>Services included are the surgical removal of tumours and neoplasms, sepsis, trauma, congenital birth defects and other surgery not specifically mentioned.</p> <p><i>Benefit for the closure of an oral-antral opening (code 8909):</i> Subject to motivation and managed care protocols</p> <p>Covered at the MDT; payable from the Maxillo-facial limit of R5 800 per family</p> <p>Scheme Exclusions:</p> <ul style="list-style-type: none"> • Orthognathic (jaw correction) surgery • Maxillo-facial surgery for elective / cosmetic reasons |

| HOSPITALISATION AND ANAESTHETICS | MEDICURVE (563) |
|--|---|
| Hospitalisation: Basic Dentistry* | No benefit |
| Hospitalisation: Impacted Teeth | <p>Pre-authorisation required</p> <p>Admission protocols apply</p> <p>Benefit subject to managed care protocols</p> <p>A co-payment of R1 800 per admission in a day clinic applies.</p> <p>A co-payment of R4 000 per hospital admission applies. No co-payment applies if procedure is done under moderate/deep sedation in Practitioners' rooms.</p> <p>General anaesthetic benefit available for the removal of impacted teeth.</p> <p>All three accounts (the hospital, anaesthetist and dental accounts) are covered at the MDT from the OAL.</p> <p><i>TTO (To-take-out medicines): R480</i> per admission/case; payable from the OAL</p> <p>Scheme Exclusions:</p> <ul style="list-style-type: none"> • Where the only reason for admission to hospital is dental fear and anxiety • Where the only reason for the admission request is a for a sterile facility • The cost for dental materials for procedures performed under general anaesthesia. • Multiple hospital admissions • Implantology and associated surgical procedures • Surgical tooth exposure for orthodontic reasons |
| Inhalation Sedation in Dental Rooms | No benefit |
| Moderate/Deep Sedation in the Dental Rooms* | <p>Pre-authorisation required</p> <p>Benefit subject to managed care protocols</p> <p>ONLY for Impacted Teeth:</p> <p>Both accounts (the anaesthetist and dental accounts) are covered at the MDT from the OAL</p> |

MEDISWIFT (564) OPTION Dental Benefit Table 2024

Dental Benefits

Dental benefits are paid at the Medshield Dental Tariff (MDT).

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.

Pre-authorisation*

Hospitalisation must be pre-authorised.

If authorisation is approved after the treatment has been done, a **20% penalty** will apply to the hospital account.

Penalties do not apply to emergency hospital admission.

Hospital Network

Members on the **MediSwift** option must use a hospital within the Medshield Compact Hospital Network.

Should a member on the **MediSwift** option obtain authorisation for an elective procedure in a non-network hospital, a **25% co-payment** on the hospital account will be applicable.

| CONSERVATIVE DENTISTRY | MEDISWIFT (564) |
|--|-----------------|
| Consultations | No benefit |
| X-rays: Intraoral | No benefit |
| X-rays: Extraoral | No benefit |
| Preventative Care | No benefit |
| Fillings | No benefit |
| Root Canal Therapy and Extractions | No benefit |
| Plastic Dentures and Associated Laboratory Costs | No benefit |

| SPECIALISED DENTISTRY | MEDISWIFT (564) |
|--|--|
| Partial Chrome Cobalt Frame Dentures and Associated Laboratory Costs | No benefit |
| Crown & Bridge and Associated Laboratory Costs. | No benefit |
| Implants and Associated Laboratory Costs | No benefit |
| Orthodontics and Associated Laboratory Costs | No benefit |
| Periodontics | No benefit |
| Oral Surgery <i>(Non-elective surgery only)</i> | Benefit subject to managed care protocols The following services are included: <ul style="list-style-type: none"> • Consultations, visits, para-orthodontic surgical procedures • Preparation of jaws for prosthetics, including frenectomy, oral surgical removal of roots and minor oral surgeries Covered at the MDT; payable from the Maxillo-facial limit of R14 300 per family Scheme Exclusions: <ul style="list-style-type: none"> • Sinus lifts procedures • The auto-transplantation of teeth |
| Maxillo-facial Surgery <i>(Non-elective surgery only)</i> | Benefit subject to managed care protocols Services included are the surgical removal of tumours and neoplasms, sepsis, trauma, congenital birth defects and other surgery not specifically mentioned. <i>Benefit for the closure of an oral-antral opening (code 8909):</i> Subject to motivation and managed care protocols Covered at the MDT; payable from the Maxillo-facial limit of R14 300 per family Scheme Exclusions: <ul style="list-style-type: none"> • Orthognathic (jaw correction) surgery • Maxillo-facial surgery for elective / cosmetic reasons |

| HOSPITALISATION AND ANAESTHETICS | MEDISWIFT (564) |
|--|--|
| Hospitalisation: Basic Dentistry* | <p>Pre-authorisation required</p> <p>Admission protocols apply</p> <p>Benefit subject to managed care protocols</p> <p>General anaesthetic and hospitalisation benefits for Basic Dentistry are <i>only</i> available for children under the age of 6 years for extensive dental treatment</p> <p>All service providers (dentist, anaesthetist and hospital) covered at the MDT</p> <p>Payable from the OAL</p> <p><i>TTO (To-take-out medicines): R220 per admission/case; payable from the OAL</i></p> |
| Hospitalisation: Impacted Teeth | <p>No benefit</p> |
| Hospitalisation* | <p>The hospital and anaesthetist accounts for the procedures listed below <i>will not be covered</i> when performed in hospital under general anaesthesia:</p> <ul style="list-style-type: none"> • Apicectomy • Dentectomies • Frenectomies • Conservative dental treatment (fillings, extractions and root canal therapy) for beneficiaries 6 years and older • Professional oral hygiene procedures <p>Scheme Exclusions:</p> <ul style="list-style-type: none"> • Where the only reason for admission to hospital is dental fear and anxiety • Where the only reason for the admission request is a for a sterile facility • The cost for dental materials for procedures performed under general anaesthesia • Multiple hospital admissions • Implantology and associated surgical procedures • Surgical tooth exposure for orthodontic reasons |
| Inhalation Sedation in Dental Rooms | <p>No benefit</p> |
| Moderate/Deep Sedation in Dental Rooms* | <p>Pre-authorisation required</p> <p>Benefit subject to managed care protocols</p> <p>Basic Dentistry (beneficiaries <u>under</u> the age of 6): Anaesthetist and dental accounts payable at the MDT from the OAL</p> <p>Impacted Teeth and Apicectomy: No benefit</p> <p>Implants: No benefit</p> |

Additional Scheme Exclusions (All 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 dentolegal 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
- Dental procedures or devices which are not regarded by the relevant Managed Healthcare Programme as clinically essential or clinically desirable (also a scheme exclusion)