

Old Mutual Health Solutions Dental Benefit Table 2024

2024 Products*

COMPREHENSIVE ADVANCED PLAN Dental Benefit Table

COMPREHENSIVE PLUS PLAN Dental Benefit Table

COMPREHENSIVE STANDARD PLAN Dental Benefit Table

PRIMARY STANDARD PLAN Dental Benefit Table

PRIMARY STANDARD PLUS GOLDEN HOUR PLAN Dental Benefit Table

PRIMARY STANDARD PLUS HOSPITAL PLAN Dental Benefit Table

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

Dental Benefits

Dental benefits are paid at the DENIS Dental Tariff for dentists and dental therapists only.

ONLY the dental codes listed in the table below will be covered under these products.

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.

DENIS Dental Network

Benefits on the following plan are subject to the use of a Network Service Provider on the **DENIS Dental Network**:

**Comprehensive Advanced Plan,
Comprehensive Plus Plan,
Comprehensive Standard Plan,
Primary Standard Plan,
Primary Standard Plus Golden Hour Plan, and
Primary Standard Plus Hospital Plan.**

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

*NOTE- The following products offered by Old Mutual Health Solutions do not include benefits for out-of-hospital dental treatment: **Golden Hour, Hospital and Golden Hour Plus Hospital Plan.***

OLD MUTUAL HEALTH SOLUTIONS*

Conservative Dentistry

Code	Benefit	Limitations
8101	Full mouth examination, charting & treatment planning <i>General Dental Practitioner or Dental Therapist</i>	Two consultations per dependant per year (once every 6 months)
8104	Specific consultation / emergency <i>General Dental Practitioner or Dental Therapist</i>	One specific consultation for pain and sepsis per dependant per year; not within 4 weeks of 8101
8107 and/or 8112	Intraoral X-rays <i>General Dental Practitioner or Dental Therapist</i>	Maximum of 2 X-rays films per visit per dependant
8109 8110 8145	Infection control (gloves & masks) Instrument sterilisation Local anaesthetic if required <i>General Dental Practitioner or Dental Therapist</i>	One set per dependant per visit (One set = 8109 x 2, 8110 x 1) (8145 x 1 if required)
8155 and/or 8159	Cleaning of teeth <i>General Dental Practitioner or Dental Therapist</i>	Two polishing and scaling treatments per dependant per year (once every 6 months 8155 or 8159)
8161	Fluoride treatment (For dependants younger than 12 years of age) <i>General Dental Practitioner or Dental Therapist</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 or Dental Therapist</i>	Motivation and records required for more than 5 fillings per dependant per year Motivation required for 3 or 4 surface fillings on wisdom teeth (3 rd Molars) Benefit for fillings is granted once per tooth in 9 months
8201	Extractions (removal of teeth) <i>General Dental Practitioner or Dental Therapist</i>	Extraction of tooth or exposed roots
8132	Pulpectomy (pain relief)	Not covered on primary teeth

*NOTE- The following products offered by Old Mutual Health Solutions do not include benefits for out-of-hospital dental treatment: **Golden Hour, Hospital and Golden Hour Plus Hospital Plan.**