Dental benefits explained

Benefits for dental services and procedures are managed by Dental Risk Company (DRC).

When you have a dental claim, DRC confirms your benefits, validates the claim, and sends it to Medihelp for payment.

Medihelp will pay the claim according to DRC's validation and show the transaction on your Medihelp claims statement. You can view or download your claim statement on the **Member Zone** at any time.

How are dental benefits paid?

MedPrime MedElite MedPlus

- DRC protocols apply
- Services are paid from your available insured dental benefits.
- **Frenectomy** (removal of oral tissue bands) and **Tooth exposure and Impactions** for othodontic purposes (Excluding third molars) – Please review benefits below per plan:

MedAdd

- Under 18: paid from insured dental benefits
- Over 18: paid from your available savings
- You can use any dentist.

- Benefits are paid from the available funds in your savings account, except for the following procedures, which are paid from insured dental benefits:
  - Removal of impacted teeth, in or out of hospital, and
  - Extensive dental treatment for children younger than seven years in hospital, claims for hospital and anaesthesia.
- **Frenectomy** (removal of oral tissue bands) and **Tooth exposure and Impactions** for othodontic purposes (Excluding third molars) - Please review benefits below per plan:

MedMove! MedReach

- DRC protocols apply
- Services are paid from your available insured dental benefits
- Must use a dentist on the DRC network

MedSaver

- Benefits are paid from the available funds in your savings account, except for the following procedures, which are paid from insured dental benefits:
  - Removal of impacted teeth, in or out of hospital, and
- **Frenectomy** (removal of oral tissue bands) and **Tooth exposure and Impactions** for othodontic purposes (Excluding third molars) – Please review benefits below per plan:

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Pre-authorisation

All specialised dental services must be pre-authorised, including:

- partial metal frame dentures
- maxillofacial surgery
- oral pathology
- crowns and bridges
- implants
- orthodontic treatment
- periodontal treatment
- procedures performed under general
- anaesthesia in day procedure facilities or under conscious sedation in the dentist's chair.

When may co-payments apply?

- When services exceed the available benefits, amounts or quantities.
- If DRC protocols aren't followed.
- Planned dental procedures:
  - Non-network options - To avoid a 35% co-payment use any day procedure facility.
  - Network options - To avoid a 35% co-payment use a network day procedurefacility.
  - MedMove! - To avoid a R12 875 co-payment per admission use a network day procedure facility.
- MedMove! and MedElect members who use non-network dentists will be liable for the full account.
- Procedure specific co-payments, in hospital or day procedure facilities, will apply per admission and differs per plan.

Visit Medihelp's **website** to find a **day procedure facility** in the network. On dental treatment performed in hospital, a procedure-specific co-payment applies per admission. Co-payment amount varies per plan.

DRC's contact details

Dental procedures and hospital pre-authorisation

Tel: 087 943 9618

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Benefits

	MedVital	MedAdd	MedSaver	MedReach	MedPrime	MedElite
Specialised dentistry or dental services	**Subject to DRC protocols and pre-authorisation – 100% of the MT***					
Partial metal frame dentures	This plan does not cover this service	Savings account Two partial frames (upper and lower jaw) per beneficiary in a five-year period		This plan does not cover this service	One partial frame (upper or lower jaw) per beneficiary in a five-year period	Two partial frames (upper and lower jaw) per beneficiary in a five-year period
Maxillofacial surgery and oral pathology: Surgery in the dentist's chair Benefits for temporomandibular joint (TMJ) therapy are limited to non-surgical interventions/treatments)	PMB only			PMB only	Unlimited	Unlimited
Crowns and bridges Subject to pre-authorisation	This plan does not cover these services	Savings account	Savings account	This plan does not cover these services	One crown per family per year, once per tooth in a five-year period	Two crowns per family per year, once per tooth in a five-year period
Implants Subject to pre-authorisation					This plan does not cover this service	This plan does not cover this service
Orthodontic treatment (only one beneficiary <18 years per family may begin orthodontic treatment per calendar year and payment is only made from the date of authorisation until the patient turns 18) Subject to pre-authorisation and orthodontic needs analysis					R11 715 per beneficiary per lifetime	R15 325 per beneficiary per lifetime
Periodontal treatment (conservative non-surgical therapy only) Subject to pre-authorisation and a treatment plan					Unlimited	Unlimited

* Medihelp tariff paid by Medihelp for dental treatment, that can include a contracted tariff or the Medihelp Dental Tariff. A period is calculated from the date of service.

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	MedVital	MedAdd	MedSaver	MedReach	MedPrime	MedElite
Conservative dental services*						
• Routine check-ups	This plan does not cover these services	Beneficiaries <18 years: One in six months from date of service Beneficiaries >18 years: Savings account	Savings account One in six months from date of service	One in 365 days per beneficiary from date of service	One in six months from date of service	
• Oral hygiene • Scale and polish treatments for beneficiaries >12 years		Beneficiaries <18 years: One in six months from date of service Beneficiaries >18 years: Savings account	Savings account One in six months from the date of service	One in 365 days from date of service (<12 years - item code 8155 and >12 years - item code 8159)	One in six months from date of service	
• Fluoride treatment for children >5 and <13 years		Beneficiaries >5 and <13 years: One in six months from date of service Beneficiaries >18 years: Savings account	Savings account One in six months from the date of service	One in 365 days from date of service		
• Fissure sealants for children >5 and <16 years only (permanent teeth)		Savings account First and second permanent molars once per tooth	Savings account First and second permanent molars once per tooth	First and second permanent molars once per tooth	First and second permanent molars once per tooth	First and second permanent molars once per tooth
• Fillings (treatment plans and X-rays may be requested for multiple fillings)***		Beneficiaries <18 years: One filling per tooth in 12 months from date of service Beneficiaries >18 years: Savings account	Savings account One filling per tooth in 12 months from date of service	Four fillings per beneficiary, one filling per tooth in 12 months from date of service for resin restorations in anterior and posterior teeth	One filling per tooth in 12 months from date of service	One filling per tooth in 12 months from date of service
Tooth extractions in the dentist's chair***		Beneficiaries <18 years: Unlimited Surgical extractions (savings account) Beneficiaries >18 years: Savings account	Savings account	Unlimited	Unlimited	Unlimited
Root canal treatment in the dentist's chair (only on permanent teeth)*				Two per beneficiary per year		
Laughing gas (in the dentist's chair)		Savings account		Unlimited		

* Benefits for the retreatment of a tooth are subject to managed care protocols. Specific item codes and pre-authorisation apply to certain dental services.
** Medihelp tariff paid by Medihelp for dental treatment, that can include a contracted tariff or the Medihelp Dental Tariff.
*** Pre-authorisation is required for more than 4 fillings per year, 2 fillings on front teeth per visit and 4 extractions per visit.

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	MedVital	MedAdd	MedSaver	MedReach	MedPrime	MedElite
Dental procedures under conscious **sedation** in the dentist's chair (sedation cost) Subject to pre-authorisation and managed care protocols	Removal of impacted teeth only (third molars – dentist's account only for item codes 8941/8943/8945	Removal of impacted teeth only (third molars - dentist's account only for item codes 8941/8943/8945) Frenectomy (removal of oral tissue band) for children younger than 12 years		Removal of impacted teeth only (third molars)	Removal of impacted teeth only (third molars) Extensive dental treatment including frenectomy (removal of oral tissue band) for children younger than 12 years	
Dental procedures performed under general anaesthesia in day procedure facility (hospital and anaesthesia account) - network plans must make use of a day procedure network Pre-authorisation and protocols apply	R4 225 co-payment per admission			R2 330 co-payment per admission	R1 910 co-payment per admission	R1 155 co-payment per admission
• Removal of imacted teeth (third molars) (item codes 8941, 8943, 8945)	100% of the MT			100% of the MT	100% of the MT	100% of the MT
• Extensive dental treatment for children younger than seven years - once per beneficiary per 365-day period	This plan does not cover these services	100% of the MT***	Savings account	100% of the MT	100% of the MT	100% of the MT
• Frenectomy (removal of oral tissue band) for children younger than seven years		100% of the MT***	100% of the MT***	This plan does not cover these services	100% of the MT	100% of the MT
• Tooth exposure and impaction for approved orthodontic treatment (excl. third molars)		100% of the MT***	100% of the MT***	This plan does not cover these services	100% of the MT	100% of the MT
• Treatment for special need patients		100% of the MT	Savings account	100% of the MT	100% of the MT	100% of the MT

* Benefits for the retreatment of a tooth are subject to managed care protcols. Specific item codes and pre-authorisation apply to certain dental services.
** Medihelp tariff paid by Medihelp for dental treatment, that can include a contracted tariff or Medihelp Dental Tariff.
*** Professional fees (dentist account) are paid from your savings account.

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	MedVital	MedAdd	MedSaver	MedReach	MedPrime	MedElite
Plastic dentures	This plan does not cover these services	Savings account One set per beneficiary in a four-year period		This plan does not cover this service	One set per beneficiary in a four-year period	One set per beneficiary in a four-year period
X-rays • Intra-oral X-rays Pre-authorisation for more than six per year		100% of the MT Beneficiaries <18 years: Unlimited Beneficiaries >18 years: Savings account	Savings account	Four per beneficiary per year	Unlimited	Unlimited
• Extra-oral X-rays		100% of the MT Beneficiaries <18 years: One per beneficiary in a three-year period Beneficiaries >18 years: Savings account	Savings account One per beneficiary in a three-year period	One per beneficiary in a three-year period	One per beneficiary in a three-year period	

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