

DENTAL BENEFITS 2025

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For assistance with Dental pre-authorisations, queries on your claims, or benefit information, contact DENIS:

Members/Providers:



0861 033 647



customer care@denis.co.za



www.denis.co.za

Important Note

In the event of a dispute the Scheme Rules will supersede this benefit schedule.

The SAMWUMED Scheme Rules can be found on the SAMWUMED website: www.samwumed.org

SAMWUMED Option A

Dental Benefit Summary 2025

Dental benefits are paid at the SAMWUMED Dental Tariff (SDT), subject to the applicable Dental Financial Limits.

- M0 — R4 460
- M1 — R5 310
- M2 — R7 400
- M3+ — R8 910

*Proportionate adjustment of benefits may apply for members joining after March of a benefit year.

Overall Annual Benefit Limit: **Unlimited**.

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. Dental condition specific waiting periods may be applied per beneficiary in addition to general waiting periods.

In the event of a dispute, the registered Rules of SAMWUMED will prevail.

Pre-authorisation*:

- Hospitalisation, and certain dentistry procedures must be pre-authorised.
- Pre-authorisation is required for: Dentures, Hospital Admissions and Moderate / Deep Sedation in the Dental Rooms.
- SAMWUMED OPTION A is restricted to the use of the SAMWUMED Hospital Network service provider for treatment in a hospital or day clinic. Penalties up to a **25% co-payment** will apply for the use of a **non-network** facility.
- A penalty of **R1 000** will apply for **late authorisation** on all In Hospital treatment.
- Penalties do not apply to emergency & PMB hospital admission.

* Please note that SAMWUMED/Medscheme will be responsible for the receipt, processing and payment of the hospital and anaesthetist claims for authorised in hospital treatment and sedation.

If not submitted via a claims switching house by the service provider to Medscheme, these claims must be submitted to: SAMWUMED@medscheme.co.za

SAMWUMED Option B

Dental Benefit Summary 2025

Conservative dental benefits are paid at the SAMWUMED Dental Tariff (SDT), subject to the applicable Dental Financial Limits.

- M0 — R9 520
- M1 — R10 930
- M2 — R12 710
- M3+ — R14 310

*Proportionate adjustment of benefits may apply for members joining after March of a benefit year.

Overall Annual Benefit Limit **R2 021 000** per family per annum.

Specialised dental benefits are paid at the SAMWUMED Dental Tariff subject to the SAMWUMED Dental Limit per family per year.

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. Dental condition specific waiting periods may be applied per beneficiary in addition to general waiting periods.

In the event of a query, appeal or dispute, the registered Rules of SAMWUMED will prevail.

Pre-authorisation**:

- Hospitalisation, and certain dentistry procedures must be pre-authorised.
- Pre-authorisation is required for: Dentures, Crown & Bridge, Orthodontics, Periodontics, Hospital Admissions and Moderate / Deep Sedation in the Dental Rooms.
- SAMWUMED OPTION B is restricted to the use of the SAMWUMED Hospital Network service provider for treatment in a hospital or day clinic. Penalties up to a **25% co-payment** will apply for the use of a **non-network** facility.
- A penalty of **R1 000** will apply for **late authorisation** for **general anaesthesia**.
- Penalties do not apply to emergency & PMB hospital admission.

** Please note that SAMWUMED/Medscheme will be responsible for the receipt, processing and payment of the hospital and anaesthetist claims for authorised in-hospital treatment and sedation.

If not submitted via a claims switching house by the service provider to Medscheme, these claims must be submitted to:

SAMWUMED@medscheme.co.za

SAMWUMED 2025 Dental Benefit Tables

Conservative Dentistry		
Funded from the available Family Dentistry limit		
Benefits	Option A	Option B
Consultations	Two check-ups per beneficiary per year (once every 6 months) Benefit subject to managed care protocols Covered at the SDT	Two check-ups per beneficiary per year (once every 6 months) Benefit subject to managed care protocols Covered at the SDT
X-rays: Intraoral	Benefit subject to managed care protocols Covered at the SDT	Benefit subject to managed care protocols Covered at the SDT
X-rays: Extraoral	One per beneficiary in a 3-year period Benefit subject to managed care protocols Covered at the SDT	One per beneficiary in a 3-year period Additional benefit may be considered where specialised dental treatment is required. Benefit subject to managed care protocols Covered at the SDT
Preventative Care	<p><i>Benefit for scale and polish:</i> Two scale and polish treatments per beneficiary per year (once every 6 months) Covered at the SDT</p> <p><i>Benefit for fissure sealants:</i> Limited to beneficiaries younger than 16 years of age</p> <p><i>Benefit for fluoride:</i> Limited to beneficiaries from age 5 and younger than 16 years of age Benefit subject to managed care protocols</p> <p>Funding Exclusions:</p> <ul style="list-style-type: none"> • Oral hygiene instruction • Oral hygiene evaluation • Professionally applied fluoride for beneficiaries younger than 5, and 16 years and older • Tooth whitening 	<p><i>Benefit for scale and polish:</i> Two scale and polish treatments per beneficiary per year (once every 6 months) Covered at the SDT</p> <p><i>Benefit for fissure sealants:</i> Limited to beneficiaries younger than 16 years of age</p> <p><i>Benefit for fluoride:</i> Limited to beneficiaries from age 5 and younger than 16 years of age Benefit subject to managed care protocols</p> <p>Funding Exclusions:</p> <ul style="list-style-type: none"> • Oral hygiene instruction • Oral hygiene evaluation • Professionally applied fluoride for beneficiaries younger than 5, and 16 years and older • Tooth whitening
Fillings	<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 and clinical motivation</p> <p><i>Multiple fillings:</i> A treatment plan and X-rays may be required for multiple fillings Covered at the SDT</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 and clinical motivation</p> <p><i>Multiple fillings:</i> A treatment plan and X-rays may be required for multiple fillings Covered at the SDT</p>

Conservative Dentistry

Funded from the available Family Dentistry limit

Benefits	Option A	Option B
	<p>Funding 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>Funding 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
Extractions	Benefit subject to managed care protocols Covered at the SDT	Benefit subject to managed care protocols Covered at the SDT
Root Canal Therapy	<p>No Benefit</p> <p>Benefit ONLY available for the treatment of pain and sepsis:</p> <ul style="list-style-type: none"> • Code 8132 • Code 8307 (Primary teeth only) <p>Benefit subject to managed care protocols Covered at the SDT</p>	<p>Benefit subject to managed care protocols Covered at the SDT</p> <p>Funding 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
Plastic Dentures* and Associated Laboratory Costs	<p>*Pre-authorisation required</p> <p>One set of plastic dentures (an upper and a lower) per beneficiary in a 4-year period</p> <p>Benefit not available for the clinical fee of denture repairs, denture tooth replacements and the addition of a soft base to new dentures; the laboratory fee will be covered (no preauthorisation required).</p> <p>Benefit subject to managed care protocols Covered at the SDT</p> <p>Funding 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>*Pre-authorisation required</p> <p>One set of plastic dentures (an upper and a lower) per beneficiary in a 4-year period</p> <p>Benefit not available for the clinical fee of denture repairs, denture tooth replacements and the addition of a soft base to new dentures; the laboratory fee will be covered (no preauthorisation required).</p> <p>Benefit subject to managed care protocols Covered at the SDT</p> <p>Funding 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

Funded from the available Family Dentistry limit

Benefits	Option A	Option B
<p>Partial Chrome Cobalt Frame Dentures* and Associated Laboratory Costs</p>	<p>*Pre-authorisation required</p> <p>Two partial frames (an upper and a lower) per beneficiary in a 5-year period</p> <p>Benefit subject to managed care protocols</p> <p>Covered at the SDT</p> <p>Scheme Exclusions:</p> <ul style="list-style-type: none"> • The metal base to full dentures and 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 and a lower) per beneficiary in a 5-year period</p> <p>Benefit subject to managed care protocols</p> <p>Covered at the SDT</p> <p>Scheme Exclusions:</p> <ul style="list-style-type: none"> • The metal base to full dentures and 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>No benefit</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 must be submitted for review and clinical approval.</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 SDT</p> <p>Funding 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 • Occlusal rehabilitations and associated laboratory costs • Provisional crowns and associated laboratory costs • Porcelain veneers and inlays, 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>No benefit</p>	<p>No benefit</p>

Specialised Dentistry

Funded from the available Family Dentistry limit

Benefits	Option A	Option B
<p>Orthodontics* and Associated Laboratory Costs</p>	<p>No benefit</p>	<p>*Pre-authorisation required</p> <p>Benefit for orthodontic treatment granted once per beneficiary per lifetime</p> <p>Only one family member may commence orthodontic treatment in a calendar year</p> <p>On pre-authorisation, cases will be clinically assessed by using an orthodontic needs analysis.</p> <p>Benefit allocation is subject to the outcome of the needs analysis and covered at the SDT.</p> <p>Benefit for orthodontic treatment will be granted where function is impaired.</p> <p>Benefit will not be granted where orthodontic treatment is required for cosmetic reasons.</p> <p>The associated laboratory costs will also not be covered when done for cosmetic reasons.</p> <p><i>Benefit for fixed comprehensive treatment:</i> Limited to individuals from age 9 and younger than 18 years of age</p> <p>Benefit subject to managed care protocols</p> <p>Funding Exclusions:</p> <ul style="list-style-type: none"> • Orthognathic (jaw correction) and other orthodontic related surgery, and any associated hospital and laboratory costs • Orthodontic re-treatment and any related laboratory costs • Invisible retainer material • Laboratory delivery fees
<p>Periodontics*</p>	<p>No Benefit</p>	<p>*Pre-authorisation required</p> <ul style="list-style-type: none"> • Benefit will only be applied to members registered on the Periodontal Programme • Benefit limited to conservative, non-surgical therapy only • Benefit subject to managed care protocols • Covered at the SDT <p>Funding Exclusions:</p> <ul style="list-style-type: none"> • Surgical periodontics which includes gingivectomies, periodontal flap surgery, tissue grafting and the hemisection of a tooth • PerioChip placement

Specialised Dentistry

Funded from the available Family Dentistry limit

Benefits	Option A	Option B
<p>Maxillo-facial Surgery and Oral Pathology*</p>	<p>*Pre-authorisation required</p> <p><i>Surgery in the dental chair:</i> Covered at the SDT Benefit subject to managed care protocols for the removal of impacted teeth only</p> <p>Funding Exclusions:</p> <ul style="list-style-type: none"> • Orthognathic (jaw correction) surgery • Sinus lifts • Bone augmentations • Bone and tissue regeneration procedures • The cost of bone regeneration material • The auto-transplantation of teeth 	<p>*Pre-authorisation required</p> <p><i>Surgery in the dental chair:</i> Covered at the SDT Benefit subject to managed care protocols</p> <p>Temporo-mandibular joint (TMJ) therapy: Benefit limited to non-surgical intervention/ treatments</p> <p><i>Oral pathology procedures (cysts and biopsies, the surgical treatment of tumours of the jaw and soft tissue tumours):</i> Claims will only be covered if supported by a laboratory report that confirms diagnosis.</p> <p><i>Benefit for the closure of an oral-antral opening (code 8909):</i> Subject to post-treatment motivation and managed care protocols</p> <p><i>Surgery in hospital:</i> See Hospitalisation* below</p> <p>Funding Exclusions:</p> <ul style="list-style-type: none"> • Orthognathic (jaw correction) surgery • Sinus lifts • Bone augmentations • Bone and tissue regeneration procedures • The cost of bone regeneration material • The auto-transplantation of teeth

Hospitalisation and Anaesthetics

Benefits	Option A	Option B
<p>Hospitalisation (General Anaesthetic)*</p>	<p>*Pre-authorisation required</p> <p>Admission protocols apply</p> <p>Benefit subject to managed care protocols</p> <p>Subject to the use of a SAMWUMED Network Hospital, a 25% Co-payment applies when using a Non-Network Hospital</p> <ul style="list-style-type: none"> • General anaesthetic benefit available for children under the age of 7 years for extensive dental treatment. • Dental practitioner claims paid from the Family Dentistry limit <p>The hospital and anaesthetist claims must be submitted to SAMWUMED for processing. Funded from the Hospital Benefit subject to available OAL limits.</p>	<p>*Pre-authorisation required</p> <p>Admission protocols apply</p> <p>Benefit subject to managed care protocols</p> <p>Subject to the use of a SAMWUMED Network Hospital, a 25% Co-payment applies when using a Non-Network Hospital</p> <ul style="list-style-type: none"> • General anaesthetic benefit available for children under the age of 7 years for extensive dental treatment. • Dental practitioner claims paid from the Family Dentistry limit • General anaesthetic benefit available for the removal of impacted teeth. • Dental practitioner claims paid from the Family Dentistry limit <p>The hospital and anaesthetist claims must be submitted to SAMWUMED for processing. Funded from the Hospital Benefit subject to available OAL limits.</p>

Hospitalisation and Anaesthetics

Benefits	Option A	Option B
	<p>The hospital and anaesthetist claims for the procedures listed below will not be covered when performed under general anaesthesia. The payment of the dental procedure will be dependent on available benefits, and payable at the SDT:</p> <ul style="list-style-type: none"> • Apicectomies • Dentectomies • Conservative dental treatment (fillings, extractions and root canal therapy) for adults • Professional oral hygiene procedures <p>Funding Exclusions:</p> <ul style="list-style-type: none"> • Where the only reason for admission to hospital is dental fear and anxiety • Multiple hospital admissions • Where the only reason for the admission request is for a sterile facility • The cost of dental materials for procedures performed under general anaesthesia 	<p>The hospital and anaesthetist claims for the procedures listed below will not be covered when performed under general anaesthesia. The payment of the dental procedure will be dependent on available benefits, and payable at the SDT:</p> <ul style="list-style-type: none"> • Apicectomies • Dentectomies • Conservative dental treatment (fillings, extractions and root canal therapy) for adults • Professional oral hygiene procedures • Surgical tooth exposures for orthodontic reasons <p>Funding Exclusions:</p> <ul style="list-style-type: none"> • Where the only reason for admission to hospital is dental fear and anxiety • Multiple hospital admissions • Where the only reason for the admission request is for a sterile facility • The cost of dental materials for procedures performed under general anaesthesia
Inhalation Sedation in the Dental Rooms	Benefit subject to managed care protocols Covered at the SDT	Benefit subject to managed care protocols Covered at the SDT
Moderate/Deep Sedation in the Dental Rooms*	<p>*Pre-authorisation required</p> <p>Benefit limited to extensive dental treatment and removal of impacted teeth.</p> <p>Benefit subject to managed care protocols Covered at the SDT</p> <p>Dental practitioners claim subject to the Family Dental Benefit limit</p> <p>The anaesthetist claim must be submitted to SAMWUMED for processing. Funded from the OAL Hospital Benefit</p>	<p>*Pre-authorisation required</p> <p>Benefit limited to extensive dental treatment and removal of impacted teeth.</p> <p>Benefit subject to managed care protocols Covered at the SDT</p> <p>Dental practitioners claim subject to the Family Dental Benefit limit</p> <p>The anaesthetist claim must be submitted to SAMWUMED for processing. Funded from the OAL Hospital Benefit</p>

General Exclusions (All SAMWUMED Options)

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