

## BeWell 100 Series Dental Benefit Table 2024

### 2024 Product\*:

#### BeWell 103\* Plan Dental Benefit Table

*\*Please note this is not a Medical Scheme Product; it is a primary healthcare/hospital indemnity product that is 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 payable on the **BeWell 103 Plan** is subject to the use of a Network Service Provider on the ***DENIS Dental Network***.

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

## BeWell 100 Series: BeWell 103 - Conservative Dentistry

Code	Benefit	Limitations
8101	<b>Full mouth examination, charting &amp; treatment planning</b> <i>General Dental Practitioner or Dental Therapist</i>	Two consultations per dependant per year (once every 6 months)
8104	<b>Specific consultation / emergency</b> <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	<b>Intraoral X-rays</b> <i>General Dental Practitioner or Dental Therapist</i>	Maximum of 2 X-rays films per visit per dependant
8109 8110 8145	<b>Infection control</b> (gloves & masks) <b>Instrument sterilisation</b> <b>Local anaesthetic if required</b> <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	<b>Cleaning of teeth</b> <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	<b>Fluoride treatment</b> (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	<b>Fillings</b> <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 <sup>rd</sup> Molars)  Benefit for fillings is granted once per tooth in 9 months
8201	<b>Extractions (removal of teeth)</b> <i>General Dental Practitioner or Dental Therapist</i>	Extraction of tooth or exposed roots
8132	<b>Pulpectomy (pain relief)</b>	Not covered on primary teeth