



Thebemed Dental Benefit Tables 2025

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Get in touch

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

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www.denis.co.za

ENERGY PLAN Dental Benefit Table 2025

Dental Benefits

Dental benefits are paid at the Thebemed Dental Tariff (TDT).

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.

Scheme Exclusions apply to dental benefits.

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

To avoid unnecessary co-payments, members can request telephonic or written benefit confirmation prior to treatment.

Pre-authorisation*

Hospitalisation and certain specialised dentistry procedures and treatments must be pre-authorised.

Pre-authorisation is required for Dentures, Crown & Bridge, Orthodontics, Periodontics, Hospitalisation, and Moderate/Deep Sedation in the Dental Rooms.

If no pre-authorisation is obtained or if pre-authorisation is applied for after the treatment has been done, benefits will not apply.

This does not apply to emergency hospital admissions.

| CONSERVATIVE DENTISTRY | ENERGY PLAN |
|--------------------------|--|
| Consultations | Two check-ups per beneficiary per year (once every 6 months) Benefit subject to managed care protocols Covered at the TDT |
| X-rays: Intraoral | Benefit subject to managed care protocols Covered at the TDT |
| X-rays: Extraoral | One per beneficiary in a 3-year period Benefit subject to managed care protocols Covered at the TDT |
| Preventative Care | <p><i>Benefit for scale and polish:</i> Two scale and polish treatments per beneficiary per year (once every 6 months)</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 13 years of age Benefit subject to managed care protocols Covered at the TDT</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 16 years and older • Tooth whitening |

| CONSERVATIVE DENTISTRY | ENERGY PLAN |
|--|--|
| 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</p> <p><i>Multiple fillings:</i> A treatment plan and X-rays may be required for multiple fillings Covered at the TDT</p> <p><i>Scheme Exclusions:</i></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 |
| Root Canal Therapy and Extractions | <p>Benefit subject to managed care protocols Covered at the TDT</p> <p><i>Scheme Exclusions:</i></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 <i>and</i> a lower) per beneficiary in a 4-year period</p> <p>Benefit <i>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 Covered at the TDT</p> <p><i>Scheme Exclusions:</i></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 | ENERGY PLAN |
|--|--|
| Partial Chrome Cobalt Frame Dentures* and Associated Laboratory Costs | <p>*Pre-authorisation required</p> <p>One partial metal frame (an upper <i>or</i> a lower) per beneficiary in a 5-year period</p> <p>Benefit subject to managed care protocols</p> <p>Covered at the TDT</p> <p><i>Scheme Exclusions:</i></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 |
| Crowns* and Associated Laboratory Costs | <p>*Pre-authorisation required</p> <p>One crown per beneficiary per year</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>Covered at the TDT</p> <p><i>Scheme Exclusions:</i></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 |
| Implants and Associated Laboratory Costs | <p>No benefit</p> |
| Orthodontics* and Associated Laboratory Costs | <p>*Pre-authorisation required</p> <p>Benefit for orthodontic treatment is granted to a maximum of R8 304 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. Benefit allocation is subject to the outcome of the needs analysis.</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> |

| SPECIALISED DENTISTRY | ENERGY PLAN |
|---|---|
| | <p><i>Benefit for fixed comprehensive treatment:</i> Limited to individuals from age 9 and younger than 18 years of age Covered at the TDT Benefit subject to managed care protocols</p> <p><i>Scheme Exclusions:</i></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 |
| Periodontics* | <p>*Pre-authorisation required</p> <p>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 TDT</p> <p><i>Scheme Exclusions:</i></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 |
| Maxillo-facial Surgery and Oral Pathology | <p><i>Surgery in the dental chair:</i> Covered at the TDT Benefit subject to managed care protocols</p> <p><i>Temporo-mandibular joint (TMJ) therapy:</i> 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><i>Scheme Exclusions:</i></p> <ul style="list-style-type: none"> • Orthognathic (jaw correction) surgery • Sinus lift procedures • Bone augmentations • Bone and tissue regeneration procedures • The cost of bone regeneration material • The auto-transplantation of teeth |

| HOSPITALISATION AND ANAESTHETICS | ENERGY PLAN |
|--|---|
| Hospitalisation (General Anaesthetic)* | <p>*Pre-authorisation required</p> <p>Admission protocols apply</p> <p>Benefit subject to managed care protocols</p> <p>General anaesthetic benefit available for children under the age of 5 years for extensive dental treatment</p> <p>General anaesthetic benefit available for the removal of impacted teeth</p> <p>The hospital and anaesthetist claims for the procedures listed below <i>will not be covered</i> when performed under general anaesthesia. The payment of the dental procedure will be dependent on available benefits, and payable at the TDT:</p> <ul style="list-style-type: none"> • Apicectomies • Dentectomies • Frenectomies • Implantology and associated surgical procedures • Conservative dental treatment (fillings, extractions and root canal therapy) for adults • Professional oral hygiene procedures • Surgical tooth exposures 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 • 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 | <p>Benefit subject to managed care protocols</p> <p>Covered at the TDT</p> |
| Moderate/Deep Sedation in the Dental Rooms* | <p>*Pre-authorisation required</p> <p>Benefit limited to extensive dental treatment</p> <p>Benefit subject to managed care protocols</p> <p>Covered at the TDT</p> |

UNIVERSAL PLAN Dental Benefit Table 2025

UNIVERSAL PLAN EFFICIENCY DISCOUNT OPTION (EDO) Dental Benefit Table 2025

Dental Benefits

Dental benefits are paid at the Thebemed Dental Tariff (TDT). **Conservative** dentistry benefits are limited to the specified list of procedure codes and benefit limitations stipulated in the Conservative Dentistry table below. There is no benefit for Specialised dentistry.

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.

Scheme Exclusions apply to dental benefits.

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

To avoid unnecessary co-payments, members can request telephonic or written benefit confirmation prior to treatment.

DSP Network

Benefits payable on the **Universal Plan** and the **Universal Plan EDO** are subject to the use of a Designated Service Provider (DSP) on the **DENIS Dental Network**.

If there is no DSP in the member's area, the member needs to contact DENIS prior to treatment.

| CONSERVATIVE DENTISTRY | CODE | UNIVERSAL PLAN & EDO <i>Quantity paid per beneficiary per calendar year</i> |
|--|--------------|--|
| Consultations | 8101 | One per beneficiary per calendar year Benefit subject to managed care protocols Covered at the TDT |
| X-rays | 8107 8112 | Four X-rays in total per beneficiary per calendar year Benefit subject to managed care protocols Covered at the TDT |
| Gloves, Masks and Sterilised Instruments | 8109 8110 | One set per beneficiary per visit (8109 x 2 and 8110 x 1) Benefit subject to managed care protocols Covered at the TDT |
| Scale and Polish | 8159 8155 | One per beneficiary per calendar year (either 8159 or 8155) Benefit subject to managed care protocols Covered at the TDT |
| After Hours Emergency | 8129 | Benefit subject to managed care protocols Covered at the TDT |
| Specific Oral Examination | 8104 | Benefit subject to managed care protocols Covered at the TDT |

| CONSERVATIVE DENTISTRY | CODE | UNIVERSAL PLAN & EDO <i>Quantity paid per beneficiary per calendar year</i> |
|---|--------------|---|
| Emergency Pulp removal for the relief of acute pain prior to root canal therapy | 8132 | Benefit subject to managed care protocols Covered at the TDT |
| Root Canal Treatment | 8136 | Benefit subject to managed care protocols |
| | 8307 | Covered at the TDT |
| | 8317 | Code 8307 – Primary teeth ONLY |
| | 8318 | All other codes: ONLY covered on permanent teeth |
| | 8323 | <i>Scheme Exclusions:</i> |
| | 8324 | <ul style="list-style-type: none"> Root canal therapy on third molars (wisdom teeth) |
| | 8328 | <ul style="list-style-type: none"> Direct and indirect pulp capping procedures |
| | 8329 | |
| | 8330 | |
| | 8331 | |
| | 8332 | |
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| | 8334 | |
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| | 8337 | |
| | 8338 | |
| | 8339 | |
| | 8340 | |
| | 8634 | |
| | 8635 | |
| | 8640 | |
| Local Anaesthetic | 8145 | One per beneficiary per visit Benefit subject to managed care protocols Covered at the TDT |
| Extractions | 8201 | Extraction of tooth or exposed roots Covered at the TDT |
| Conservative Dental Restorations; Amalgam and Anterior Resin Restorations | 8341 | Maximum of four fillings per beneficiary per calendar year |
| | 8342 | Benefit for fillings granted once per tooth in 720 days |
| | 8343 | Benefit for retreatment of a tooth subject to managed care protocols |
| | 8344 | Benefit subject to managed care protocols |
| | 8351 | Benefit subject to managed care protocols |
| | 8352 | Covered at the TDT |
| | 8353 8354 | |

| CONSERVATIVE DENTISTRY | CODE | UNIVERSAL PLAN & EDO |
|---|------|---|
| | | <i>Quantity paid per beneficiary per calendar year</i> |
| Surgery in the Dental Rooms <i>(Impacted teeth only)</i> | 8941 | Benefit subject to managed care protocols Covered at the TDT |
| Plastic Dentures* | 8231 | *Pre-authorisation required |
| | 8232 | One set of plastic dentures (an upper and a lower) per beneficiary in a 4-year period |
| | 8233 | |
| | 8234 | Benefit subject to managed care protocols |
| | 8235 | Covered at the TDT |
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FANTASY PLAN Benefit Table 2025

Dental Benefits

Dental benefits are paid at the Thebemed Dental Tariff (TDT).

Conservative dentistry benefits are payable from **Risk**, limited to the specified list of procedure codes and benefit limitations stipulated in the Conservative Dentistry table below.

Specialised dentistry benefits are payable from the **Member's Savings Account**, limited to **R2 500** per family per year. Refer to the Specialised Dentistry table for these benefits.

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.

Scheme Exclusions apply to dental benefits.

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

To avoid unnecessary co-payments, members can request telephonic or written benefit confirmation prior to treatment.

Pre-authorisation*

Pre-authorisation is required for Plastic & Partial Metal Frame Dentures, Crowns, Periodontics and Moderate/ Deep Sedation in the Dental Rooms.

PMB treatment is the only dental treatment covered in hospital. Pre-authorisation by DENIS is required for any dental related **PMB hospitalisation**.

| CONSERVATIVE DENTISTRY | CODE | FANTASY PLAN <i>Quantity paid per beneficiary per calendar year</i> |
|--|--------------|---|
| Consultations | 8101 | One per beneficiary per calendar year Benefit is subject to managed care protocols Covered at the TDT |
| X-rays | 8107 8112 | Four X-rays in total per beneficiary per calendar year Benefit is subject to managed care protocols Covered at the TDT |
| Gloves, Masks and Sterilised Instruments | 8109 8110 | One set per beneficiary per visit (8109 x 2 and 8110 x 1) Benefit is subject to managed care protocols Covered at the TDT |
| Scale and Polish | 8159 8155 | One per beneficiary per calendar year (either 8159 or 8155) Benefit is subject to managed care protocols Covered at the TDT |

| CONSERVATIVE DENTISTRY | CODE | FANTASY PLAN <i>Quantity paid per beneficiary per calendar year</i> |
|---|------|---|
| | | |
| After Hours Emergency | 8129 | Benefit subject to managed care protocols Covered at the TDT |
| Specific Oral Examination | 8104 | Benefit subject to managed care protocols Covered at the TDT |
| Emergency Pulp removal for the relief of acute pain prior to root canal therapy | 8132 | Benefit subject to managed care protocols Covered at the TDT |
| Root Canal Treatment | 8136 | Benefit subject to managed care protocols |
| | 8307 | Covered at the TDT |
| | 8317 | Code 8307 – Primary teeth ONLY |
| | 8318 | All other codes: ONLY covered on permanent teeth |
| | 8323 | <i>Scheme Exclusions:</i> |
| | 8324 | • Root canal therapy on third molars (wisdom teeth) |
| | 8328 | • Direct and indirect pulp capping procedures |
| | 8329 | |
| | 8330 | |
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| | 8337 | |
| | 8338 | |
| | 8339 | |
| | 8340 | |
| | 8634 | |
| | 8635 | |
| | 8640 | |
| Local Anaesthetic | 8145 | One per beneficiary per visit Benefit subject to managed care protocols Covered at the TDT |
| Extractions | 8201 | Extraction of tooth or exposed roots Benefit subject to managed care protocols Covered at the TDT |

| CONSERVATIVE DENTISTRY | CODE | FANTASY PLAN <i>Quantity paid per beneficiary per calendar year</i> |
|---|------|--|
| Conservative Dental Restorations; Amalgam and Anterior Resin Restorations | 8341 | Maximum of four fillings per beneficiary per calendar year |
| | 8342 | Benefit for fillings granted once per tooth in 720 days |
| | 8343 | Benefit for retreatment of a tooth subject to managed care protocols |
| | 8344 | Benefit is subject to managed care protocols |
| | 8351 | Covered at the TDT |
| | 8352 | |
| | 8353 | |
| | 8354 | |
| Surgery in the Dental Rooms (<i>Impacted teeth only</i>) | 8941 | Benefit subject to managed care protocols Covered at the TDT |
| Plastic Dentures* | 8231 | *Pre-authorisation required |
| | 8232 | One set of plastic dentures (an upper and a lower) per beneficiary in a 4-year period |
| | 8233 | |
| | 8234 | Benefit subject to managed care protocols |
| | 8235 | Covered at the TDT |
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| SPECIALISED DENTISTRY | FANTASY PLAN <i>Subject to Savings - Limited to R2 500 Per Family Per Year</i> |
|---|---|
| Partial Chrome Cobalt Frame Dentures* and Associated Laboratory Costs | *Pre-authorisation required One partial frame (an upper or a lower) per beneficiary in a 5-year period Benefit subject to managed care protocols Covered at the TDT Scheme Exclusions: <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 |

| SPECIALISED DENTISTRY | FANTASY PLAN <i>Subject to Savings - Limited to R2 500 Per Family Per Year</i> |
|---|--|
| Crowns* and Associated Laboratory Costs | <p>*Pre-authorisation required</p> <p>One crown <i>per family</i> per year</p> <p>Benefit for crowns 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 TDT</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 • Laboratory fabricated temporary crowns • Occlusal rehabilitation and associated laboratory costs • Provisional crowns and associated laboratory costs • Porcelain veneers and inlays and associated laboratory costs • Emergency crowns 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 |
| Implants and Associated Laboratory Costs | No benefit |
| Orthodontics and Associated Laboratory Costs | No benefit |
| Periodontics* | <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 TDT</p> <p>Scheme 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 |
| Maxillo-facial Surgery and Oral Pathology | <p><i>Surgery in the dental chair:</i></p> <p>Covered at the TDT</p> <p>Benefit subject to managed care protocols</p> <p><i>Temporo-mandibular joint (TMJ) therapy:</i></p> <p>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> |

| SPECIALISED DENTISTRY | FANTASY PLAN |
|--------------------------|--|
| | <i>Subject to Savings - Limited to R2 500 Per Family Per Year</i> |
| | <p><i>Benefit for the closure of an oral-antral opening (code 8909): Subject to post-treatment motivation and managed care protocols</i></p> <p><i>Surgery in hospital:</i> See Hospitalisation* below</p> <p>Scheme Exclusions:</p> <ul style="list-style-type: none"> • Orthognathic (jaw correction) surgery • Sinus lift procedures • Bone augmentations • Bone and tissue regeneration procedures • The cost of bone regeneration material • The auto-transplantation of teeth |

| HOSPITALISATION AND ANAESTHETICS | FANTASY PLAN |
|--|---|
| Hospitalisation (General Anaesthetic)* | <p>*Pre-authorisation required</p> <p>PMB admission only</p> <p>Admission protocols apply</p> |
| Inhalation Sedation in Dental Rooms | <p>Benefit subject to managed care protocols</p> <p>Covered at the TDT</p> |
| Moderate/Deep Sedation in the Dental Rooms* | <p>*Pre-authorisation required</p> <p>Benefit limited to extensive dental treatment</p> <p>Benefit subject to managed care protocols</p> <p>Covered at the TDT</p> |

Additional Scheme Exclusions

- Electrognathographic recordings, pantographic recordings and other such electronic analysis
- Nutritional and tobacco counselling
- 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 dento-legal 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