



SHS MANAGES DENTAL BENEFITS FOR:

- TeleMed
- Profmed
- Naspers
- Genesis
- Commed
- Ingwe

Contact SHS

TEL 0861 11 45 46

Dental Claim submissions

- TeleMed

SHS
PO Box 13221
Mowbray
7705

Dental Claims Call Centre

- TeleMed

TEL: 086 111 55 36
FAX: 086 542 6188
E-mail: dp1enquiry1@shsdent.co.za

Electronic Claim submission code

- TeleMed

Switchonline
Platinum TPLA0001
Gold TGOL0001
Silver TSIL0003

Healthbridge HB26
EMED Emd

Dental Hospital Authorisations

- TeleMed
- Profmed
- Naspers
- Genesis
- Commed
- Ingwe

TEL: 0861 11 45 46
FAX: 0866 15 66 97
E-mail: denthosp@shsdent.co.za

Specialised Dentistry Authorisations

- TeleMed
- Profmed
- Naspers
- Commed
- Ingwe

TEL: 0861 11 45 46
FAX: 0866 15 66 96
E-mail: specdent@shsdent.co.za

Pre-Auth Enquiry Call Centre

TEL: 0861 11 45 46
FAX: 0866 13 77 90
E-mail shs1enquiry1@shsdent.co.za

Postal address

SHS
PO Box 13221
Mowbray
7705

Dental Partners website

www.shsdent.co.za

Index

Dental Benefits per Scheme

1	Commed.....	3
	1.1 Standard Option.....	3
	1.2 De Luxe Option.....	3
	1.3 Core Option.....	3
2	Genesis	4
3	Ingwe.....	5
4	Naspers.....	6
	4.1 Naspers Basic Option.....	6
	4.2 Naspers Plus Option.....	6
5	Profmed.....	7
6	Telemed: Platinum, Gold and Silver	8
	6.1 Telemed Gold Select.....	9
	6.2 Telemed Gold Select Network Primecure.....	9
	6.3 Telemed Brons.....	9
7	Telemed Dental Policy and Procedures.....	9

DENTAL BENEFITS PER SCHEME

1. COMMED

1.1 STANDARD OPTION

<p><u>Basic Dentistry</u></p> <p>Conservative Dentistry: (eg.) Fillings Extractions X-rays</p>	<p>100% of Scheme Tariff, Annual financial limits apply.</p>
<p><u>Specialised Dentistry</u></p> <p>All Dentures Crowns Bridgework Orthodontic treatment Periodontal therapy Endodontics</p>	<p>100% of Scheme Tariff Subject to authorisation by scheme. Annual financial limits apply per member as well as per family Note: Gold/Metal inlays are excluded from benefit. Dentures: One per jaw every 4 years.</p>
<p><u>Maxillo-facial and Oral/Dental Surgery</u> <i>(In and Out of Hospital)</i></p> <p>Includes: Consultations Surgical procedures and operations</p>	<p>100% of Scheme Tariff (Included in limit of Specialised Dentistry) Subject to authorisation and treatment protocols. Accidents, injury, congenital abnormalities and oncology related Dental procedures.</p>

1.2 DE LUXE OPTION

<p><u>Basic Dentistry</u></p> <p>Conservative Dentistry: (eg.) Fillings Extractions X-rays</p>	<p>100% of Scheme Tariff Annual financial limits apply.</p>
<p><u>Specialised Dentistry</u></p> <p>All Dentures Crowns Bridgework Orthodontic treatment Periodontics Endodontics</p>	<p>100% of Scheme Tariff Annual financial limits apply per member as well as per family Note: Gold/Metal inlays are excluded from benefit. 100% of Scheme Tariff Dentures: One per jaw every 4 years. Subject to authorisation by scheme.</p>
<p><u>Maxillo-facial and Oral/Dental Surgery</u> <i>(In and Out of Hospital)</i></p> <p>Includes: Consultations Surgical procedures and operations</p>	<p>100% of Scheme Tariff (Included in limit of Specialised Dentistry) Accidents, injury, congenital abnormalities and oncology related procedures. Subject to authorisation and treatment protocols.</p>

1.3 CORE OPTION

<p><u>Basic Dentistry</u></p> <p>Fillings, extractions & x-rays.</p> <p><u>Specialised dentistry</u></p> <p><u>Hospitalisation</u></p> <p><i>Exceptional cases only</i> Subject to authorisation and treatment protocols.</p>	<p>Unlimited conservative dentistry: fillings, extractions, ex-rays. 1 set of plastic dentures per beneficiary every 5 years At participating networks only.</p> <p>No Benefits</p> <p>Benefit is payable at 100% of Scheme Tariff from hospitalisation in cases of children under 7 years, wisdom teeth if authorised and accidents injury, congenital abnormalities and oncology related procedures.</p>
---	--

2. GENESIS

OUT OF HOSPITAL DENTAL COVER		
PRIVATE OPTION	PRIVATE PLUS OPTION	PRIVATE COMPREHENSIVE OPTION
No Dental Benefit	<p>100% of Scheme Tariff subject to Dental benefit & balance from savings.</p> <p>Dental Benefit (per person)</p> <p>Only the following qualify for dental benefits:</p> <ul style="list-style-type: none"> • One annual check up • Fillings • Tooth extractions • X-rays for conservative dentistry (excluding wide angle and panorex imaging, CT and MRI Scans) • Root canal (excluding root canal treatment on wisdoms ,crowns, temporary and provisional crowns) • Surgical removal of teeth including wisdom teeth where pathology and pain are directly associated with wisdom teeth subject to Genesis Protocols. 	<p>100% of Scheme Tariff subject to Dental benefit & balance from savings.</p> <p>Dental Benefit (per person)</p> <p>Only the following qualify for dental benefits:</p> <ul style="list-style-type: none"> • One annual check up • Fillings • Tooth extractions • X-rays for conservative dentistry (excluding wide angle and panorex imaging CT and MRI Scans) • Root canal (excluding root canal treatment on wisdoms ,crowns, temporary and provisional crowns) • Surgical removal of teeth including wisdom teeth where pathology and pain are directly associated with wisdom teeth subject to Genesis Protocols.
IN HOSPITAL DENTAL COVER		
PRIVATE OPTION	PRIVATE PLUS OPTION	PRIVATE COMPREHENSIVE OPTION
No Dental Benefit	<p>100% of Scheme Tariff for the surgical removal of impacted teeth where pathology and pain are directly associated with wisdom teeth subject to Genesis Protocols.</p> <p>100% of Scheme Tariff for children under the age of eight, for extractions and fillings (once only, lifetime limit).</p>	<p>100% of Scheme Tariff for the surgical removal of impacted teeth where pathology and pain are directly associated with wisdom teeth subject to Genesis Protocols.</p> <p>100% of Scheme Tariff for children under the age of eight, for extractions and fillings (once only, lifetime limit).</p>
MAXILLO-FACIAL SURGERY		
100% of Scheme Tariff Required as a result of major trauma or accident only , (excluding tooth implants, conservative dental treatment, fillings, x-rays, root treatment, periodontal services, dentures, orthodontics, tooth extractions and related costs)	100% of Scheme Tariff Required as a result of major trauma or accident only , (excluding tooth implants, conservative dental treatment, fillings, x-rays, root treatment, periodontal services, dentures, orthodontics, tooth extractions and related costs)	100% of Scheme Tariff Required as a result of major trauma or accident only , (excluding tooth implants, conservative dental treatment, fillings, x-rays, root treatment, periodontal services, dentures, orthodontics, tooth extractions and related costs)

3. INGWE HEALTH PLAN MEDICAL SCHEME

IN HOSPITAL DENTAL COVER					
	PIONEER	HOSPITAL PLUS	CAPITATION	MEDICARE	CLASSIC
<u>Dental Benefits</u>	100% of Scheme Tariff Subject to Pre- authorisation	100% of Scheme Tariff Subject to Pre- authorisation Annual financial limits apply.	100% of Scheme Tariff Subject to Pre- authorisation	100% of Scheme Tariff Subject to Pre- authorisation	100% of Scheme Tariff, Subject to Pre- authorisation Annual financial limits apply
OUT OF HOSPITAL DENTAL COVER					
	PIONEER	HOSPITAL PLUS	CAPITATION	MEDICARE	CLASSIC
<u>Basic Dentistry</u>	100% of the preferred provider tariff for the following qualifying dental benefits provided by the preferred provider. Consultation – 2 per beneficiary per annum. Preventative treatments – one treatment per beneficiary per year. Includes fluoride treatment, cleaning, scaling and polishing. Fillings (White or Amalgam). Protocols to apply. Pain / sepsis and infection control. Extractions. Protocols to apply. Local Anaesthetic. Intra Oral Radiograph. Protocols to apply. Emergency Root Canal.	100% of the Carecross preferred provider tariff for the following qualifying dental benefits provided by the preferred provider. Consultation – 2 per beneficiary per annum. Preventative treatments – one treatment per beneficiary per year. Includes fluoride treatment, cleaning, scaling and polishing. Fillings (White or Amalgam). Protocols to apply. Pain / sepsis and infection control. Extractions. Protocols to apply. Local Anaesthetic. Intra Oral Radiograph. Protocols to apply. Emergency Root Canal.	100% of the preferred provider tariff for the following qualifying dental benefits provided by the preferred provider. Consultation – 2 per beneficiary per annum. Preventative treatments – one treatment per beneficiary per year. Includes fluoride treatment, cleaning, scaling and polishing. Fillings (White or Amalgam). Protocols to apply. Pain / sepsis and infection control. Extractions. Protocols to apply. Local Anaesthetic. Intra Oral Radiograph. Protocols to apply. Emergency Root Canal.	100% of the preferred provider tariff for the following qualifying dental benefits provided by the preferred provider. Consultation – 2 per beneficiary per annum. Preventative treatments – one treatment per beneficiary per year. Includes fluoride treatment, cleaning, scaling and polishing. Fillings (White or Amalgam). Protocols to apply. Pain / sepsis and infection control. Extractions. Protocols to apply. Local Anaesthetic. Intra Oral Radiograph. Protocols to apply. Emergency Root Canal.	100% of Scheme Tariff, – Any Provider. Consultation- Annual Limits apply Includes: X-rays Preventive services, Extractions and Fillings
<u>Specialised Dentistry</u>	No Benefits	No Benefits	No Benefits	No Benefits	100% of Scheme Tariff, - Annual financial limits apply. Includes: All Dentures Crowns, Bridges Periodontics, Orthodontics, Endodontics Subject to authorisation and protocols apply.
<u>Maxillo-facial and Oral/Dental Surgery</u>	No Benefits	No Benefits	No Benefits	No Benefits	100% of Scheme Tariff - Annual financial limits apply.

4. NASPERS

4.1 NASPERS BASIC OPTION

<p><u>Basic Dentistry</u> Includes: Consultations X-rays Preventive services, Extractions and Fillings</p>	<p>100% of Scheme Tariff, Annual financial limits apply.</p>
<p><u>Specialised Dentistry</u> Includes: All Dentures Crowns, Bridges and Inlays Orthodontic treatment Endodontics Periodontal therapy All Dental technician services <u>Implant services</u> Includes: Placement of implant Exposure Cost of implants</p>	<p>100% of Scheme Tariff, Annual financial limits apply. Subject to authorisation.</p>
<p><u>Maxillo-facial and Oral/Dental Surgery</u> <i>(In and Out of Hospital)</i> Includes: Surgical removal of teeth Impacted teeth Orthognatic surgery</p>	<p>100% of Scheme Tariff, Annual financial limits apply. Subject to authorisation. If approved, subject to overall annual limit.</p>

4.2 NASPERS PLUS OPTION

<p><u>Basic Dentistry</u> Includes: Consultations X-rays Preventive services, Extractions and Fillings</p>	<p>Fund Covers: 40% of Scheme Tariff and 60% from MSA. <i>If no MSA available, member liable for 60%.</i></p>
<p><u>Specialised Dentistry</u> Includes: All Dentures Crowns, Bridges and Inlays Orthodontic treatment Endodontics Periodontal therapy All Dental technician services <u>Implant Services</u> Includes: Placement of implant Exposure and cost of implants</p>	<p>Fund Covers: 100% of Scheme Tariff First annual financial sub- limit (Threshold) apply. <i>Thereafter</i> Fund cover: 40% of Scheme Tariff and 60% from MSA. <i>If no MSA available, member liable for 60%.</i> 100% of Scheme Tariff from Threshold and Sub-Limit. Subject to prior authorisation.</p>
<p><u>Maxillo-facial and Oral/Dental Surgery</u> <i>(In and Out of Hospital)</i> Includes: Surgical removal of teeth Impacted teeth Orthognatic surgery</p>	<p>100% of Naspers Tariff Annual financial limits apply Subject to prior authorisation.</p>

5. PROFMED

OUT OF HOSPITAL DENTAL COVER			
	PROPINNACLE	PROSECURE / PROSECURE PLUS	PROACTIVE / PROACTIVE PLUS
<u>Basic Dentistry</u> Includes: Consultations X-rays Preventive services Extractions Fillings Plastic Dentures Root Canal therapy	100% of Scheme Tariff, Subject to day-to-day limit	100% of Scheme Tariff, Subject to day-to-day limit	No Benefits
<u>Specialised Dentistry</u> Includes: Metal Frame Dentures Crowns, Bridges and Inlays Periodontal therapy Orthodontic treatment Implant services Including: Placement of implant Exposure and cost of implants	100% of Scheme Tariff, Subject to annual sub limits Subject to authorisation and treatment protocols	100% of Scheme Tariff, Subject to annual sub limits Subject to authorisation and treatment protocols	No Benefits
<u>Maxillo-facial and Oral/Dental Surgery</u>	100% of Scheme Tariff, Subject to annual sub limits Subject to authorisation and treatment protocols	100% of Scheme Tariff, Subject to annual sub limits Subject to authorisation and treatment protocols	No Benefits
IN HOSPITAL DENTAL COVER			
	PROPINNACLE	PROSECURE / PROSECURE PLUS	PROACTIVE / PROACTIVE PLUS
<u>Basic Dentistry</u> Subject to authorisation and treatment protocols.	100% of Scheme Tariff, Subject to day-to-day limit (Exceptional cases only for children under 7 years of age)	100% of Scheme Tariff, Subject to day-to-day limit (Exceptional cases only for children under 7 years of age)	No Benefits
<u>Specialised Dentistry</u>	No Benefits	No Benefits	No Benefits
<u>Maxillo-facial and Oral/Dental Surgery</u> (Exceptional cases Subject to authorisation and treatment protocols.	100% of Scheme Tariff, Subject to annual sub limits	100% of Scheme Tariff, Subject to annual sub limits	No Benefits
<u>Functional Orthognathic Surgery</u> <i>Exceptional cases only</i> Subject to authorisation and treatment protocols.	100% of Scheme Tariff Annual financial limits apply	No Benefits	No Benefits

6. TELEMED

Benefit		FLEXFUNDER		BASIC DENTISTRY PER BENEFICIARY	
	Auth required Y/N	SILVER	GOLD	PLATINUM	
Consultations	No *	Financial limit apply. Once every 6 months.	No financial limit. Once every 6 months.	No financial limit. Once every 6 months.	
Preventive Dentistry	No *	Financial limit apply. Once every 6 months.	No financial limit. Once every 6 months.	No financial limit. Once every 6 months.	
Intra-Oral X-rays	No *	Financial limit apply. Two Radiographs every 12 months, unless with root canal.	No financial limit. Two Radiographs every 12 months, unless with root canal.	No financial limit. Two Radiographs every 12 months, unless with root canal.	
Extra-Oral X-Rays	No *	Financial limit apply. One Radiograph every 24 months, except for orthodontic treatment planning in persons under 18 years, where an additional radiograph in the 24 month period will be granted	No financial limit. One Radiograph every 24 months, except for orthodontic treatment planning in persons under 18 years, where an additional radiograph in the 24 month period will be granted	No financial limit. One Radiograph every 24 months, except for orthodontic treatment planning in persons under 18 years, where an additional radiograph in the 24 month period will be granted	
Extractions	No *	Financial limit apply.	No financial limit.	No financial limit.	
Fillings	No *	Financial limit apply, one per tooth every 24 months and only 5 fillings per person per year.	No financial limit, one per tooth every 24 months and only 5 fillings per person per year.	No financial limit, one per tooth every 24 months and only 5 fillings per person per year.	
Root canal	No *	Financial limit apply, once per tooth every 36 months.	No financial limit, once per tooth every 36 months.	No financial limit, once per tooth every 36 months.	

***If the number of treatments as specified are exceeded, further clinical information will be required and case management may be considered.**

		FLEXFUNDER		SPECIALISED DENTISTRY PER BENEFICIARY	
	Auth required Y/N	SILVER Financial limit apply	GOLD Financial limit apply	PLATINUM Financial limit apply	
Plastic Dentures	Yes	One per jaw every 4 years,	One per jaw every 4 years,	One per jaw every 4 years,	
Crown & Bridgework	Yes	One unit per beneficiary per year and one unit per tooth every 5 years.	Two units per beneficiary per year and one unit per tooth every 5 years.	Three units per beneficiary per year and one unit per tooth every 5 years.	
Metal frame dentures	Yes	One frame in 5 years.	No Benefit.	One frame in 5 years.	
Biteplate		One plate every 2 years	One plate every 2 years	One plate every 2 years	
Orthodontics (braces)	Yes	No Benefit.	Protocols apply: Only two removable appliances for mandatory cases below 18 years.	Protocols apply: Only mandatory cases below 18 years.	
Periodontal Surgery	Yes	No Benefit	Protocols apply. Non-surgical treatment only.	Protocols apply. Non-surgical treatment only.	
Prosthetic phase of Implants	Yes	No Benefit	Two implants for lower jaw with full lower denture only.	Two implants for lower jaw with full lower denture or one implant per jaw for single tooth replacement	
Surgery	Yes	Wisdom teeth only Protocols apply. Symptomatic cases or associated with pathology.	Wisdom teeth only Protocols apply. Symptomatic cases or associated with pathology.	Wisdom teeth only Protocols apply. Symptomatic cases or associated with pathology.	

External Appliances 2

Dental implants and components	Yes	No benefit	Only applicable to cost of Implants during surgical placement phase Maximum: R1000.00 per implant R 500.00 per exposure	Only applicable to cost of Implants during surgical placement phase Maximum: R1000.00 per implant R 500.00 per exposure	
--------------------------------	-----	------------	--	--	--

Maxillo-facial and Oral/Dental Surgery

Surgical phase of Implants	Yes	No Benefit	Two implants for lower jaw with full lower denture only. Surgery associated with implant therapy is not covered	Two implants for lower jaw with full lower denture or one implant per jaw for single tooth replacement. Surgery associated with implant therapy is not covered	
Orthognathic (jaw correction) surgery	Yes	Cover only for severe congenital abnormalities below 18 years.	Cover only for severe congenital abnormalities below 18 years.	Cover only for severe congenital abnormalities below 18 years.	

HOSPITAL, ANAESTHETICS AND SEDATION

	Auth required Y/N	SILVER	GOLD	PLATINUM	
Laughing gas in dental rooms	No	No restrictions.	No restrictions.	No restrictions.	
IV conscious sedation in rooms	Yes	Protocols apply.	Protocols apply.	Protocols apply.	
Hospitalisation General anaesthetic or Conscious Sedation	Yes	R400.00 co-payment per theatre admission Protocols apply.	R400.00 co-payment per theatre admission Protocols apply.	No co-payment Protocols apply.	

Note:

Penalties are levied for late authorisation.

Specialised Dentistry: R 500.00

Hospitalisation: R 1 100.00

6.1 TELEMED GOLD SELECT – ONECARE (GOLS)

<p><u>Basic Dentistry</u> Includes: Consultations Scaling and polishing Fillings Primary Extractions Emergency Root Canal Plastic Dentures</p>	<p>According to network approved tariff list for primary care dentistry at any Provider. Paid from Flexpenditure Benefits. Annual financial limits apply. Subject to treatment protocols of ONECARE network.</p> <p>Note: No benefit for MRI & CAT scans for any dento-alveolar procedure.</p>
<p><u>Specialised Dentistry</u> Includes: Orthodontics Periodontics Prostodontics Crown & Bridgework Metal-Base Dentures Bite plates Implant-supported tooth replacement Removal of wisdom teeth for orthodontic reasons</p>	<p>100% of Scheme Tariff, Annual financial limits apply. Subject to Preauthorisation and treatment protocols.</p> <p>Note: No Benefits for : Any complications with removable dentures. Orthognatic surgery & Orthodontic therapy above 18 years.</p> <ul style="list-style-type: none"> • MRI & CAT scans for any dento-alveolar procedure.
<p><u>Maxillo-facial and Oral/Dental Surgery</u> Includes: Cysts Tumours Fractures Salivary gland Complicated infections TM joint pathology Cleft lip & palate Orthognathic surgery Surgical placement of Dental Implants Surgical removal of teeth</p>	<p>100% of Scheme Tariff, Subject to treatment protocols.</p> <p>Note: No benefit for:</p> <ul style="list-style-type: none"> • MRI & CAT scans for any dento-alveolar procedure • Orthognatic surgery above 18 years

6.2 TELEMED GOLD SELECT – PRIME CURE (GOLM)

Refer to Prime Cure Health Contact Number 0861 665 665

6.3 TELEMED BRONZE

Refer to Prime Cure Health Contact Number 0861 665 665

7. TELEMED DENTAL POLICY AND PROCEDURES

7.1 General Principles

- 7.1.1 Procedure codes in the National schedule of Recommended Fees and Guidelines will apply.
- 7.2.1 Supplementary Health Services Tariff will apply.
- 7.3.1 All dental procedures are covered as per the description of Rules for the specific scheme option concerned.
- 7.4.1 The Clinical Protocols of Supplementary Health Services will take precedence and apply in all cases.
- 7.5.1 All treatment rendered by a dental specialist is regarded as Specialised treatment regardless of the treatment with the exception of treatment defined as falling within PMB.
- 7.6.1 All specialised dentistry and hospitalisation for dental procedures are subject to pre-authorisation by Supplementary Health Services before treatment commences. Penalties are levied for late authorisation. For Specialised Dentistry R500.00 will apply and for Hospitalisation R1 100.00 will apply, except in the case of emergency hospital admissions. Such authorisation must be obtained within 48 hours or the following working day thereafter.
- 7.7.1 Members of the scheme have to request comprehensive quotations for all aspects and phases of a treatment plan, especially in instances where more than one provider is concerned.
- 7.8.1 A written authorisation is not a guarantee of payment and is issued subject to available benefit at the time when the claim/s is received. The authorisation includes a summary of benefit allocation.
- 7.9.1 With the exception of orthodontic treatment and implant therapy, where longer periods may apply, an authorisation is valid for three (3) months. Hospital Authorisations are only valid for one (1) month.
- 7.10.1 All treatment that falls within the published prescribed minimum benefits is managed and covered in accordance with scheme general rules pertaining to the scheme option and is payable by the scheme.

7.2 Limitations, Exclusions and Restrictions

- 7.2.1. Cosmetic procedures such as bleaching and anterior tooth laminate veneers and posterior tooth porcelain or resin inlays are not covered.
- 7.2.2. Benefits for crowns will be granted once per tooth in 5 years except where clinically motivated and assessed by Supplementary Health Services. Bridges are limited to pontics for permanent incisors, canines and pre-molars.
- 7.2.3. Laboratory fabricated crowns are not covered on primary teeth or third molars.
- 7.2.4. Acrylic and temporary crowns, including laboratory aspects, placed for any reason are excluded from benefits.
- 7.2.5. Benefits for periodontal disease management is limited to conservative (non-surgical) management once every 2 years and is subject to pre-authorisation using the CPITN index. Surgical periodontal treatment is not covered.
- 7.2.6. Orthodontic treatment
- Orthodontic treatment is limited to persons of 18 years and younger.
 - Benefits for all orthodontic treatment is subject to prior appraisal using the Index of Complexity, Outcome and Need (ICON[®] Copyright University of Wales College of Medicine) or other such recognised clinical index as determined by Supplementary Health Services.
 - Fixed orthodontics applies to Platinum option only. The amount of benefit allocated per case is determined by the severity level of the upper and lower jaw discrepancy of the case as defined by the index as per Supplementary Health Services Tariff to a maximum of R10,000.00.
 - On the Gold option, two removable appliances only are covered.
 - No Benefit on the Silver options for orthodontic treatment.
 - Re-treatment of orthodontic cases is not covered and for transferred cases to a next provider; only the balance of the treatment plan will be covered.
 - Replacement of orthodontic appliances and remounting of orthodontic brackets are not covered.
 - Removable appliances are limited to 2 appliances and
 - Retainers are limited to one per jaw, according to the Supplementary Health Services Tariff.
 - Invisible retainer material is not covered.
- 7.2.7. Orthognathic (jaw correction) surgery is not covered except in the case of severe facial abnormalities below 18 years and where specifically authorised by Supplementary Health Services. Preparatory orthodontic therapy prior to orthognathic surgery will be limited to the treatment required to achieve an outcome without such surgery.
- 7.2.8. Tempero-mandibular joint therapy is limited to non surgical procedures. Appliances for such therapy are limited to a bite-plate and will qualify for benefits every 2 years.
- 7.2.9. Apisectomies will not be covered unless a reasonable attempt has been made to drain the peri-apical infection via endodontic procedures and through re-treatment where applicable. Please see 3.1.3
- 7.2.10. Implantology and all procedures associated with implantology.
- There are no implant benefits on Silver option.
 - On the Gold and Platinum options cover is limited to lower denture stabilisation with simple abutments on two implants. In the case of Platinum members only, cover is limited to one single tooth replacements per jaw. The authorised procedures including the laboratory cost and the cost of the implant components as invoiced by the dentist are subject to the Supplementary Health Services Tariff.
 - The prosthodontic portion of implant treatment is subject to the option rules governing that treatment (e.g. crown or denture).
 - Failed implant replacement is not covered.
 - Surgery associated with implant therapy is not covered.
- 7.2.11. Plastic dentures are limited to one per jaw (i.e. 2 per person) in a four year period except where clinically justified and authorised by Supplementary Health Services. Complicated Dentures are covered at the Basic Denture rate.
- 7.2.12. Partial metal denture frames are limited to one per jaw (i.e. two per person) within a five year period. There is no benefit for this procedure on Gold option.
- 7.2.13. Metal base to full dentures or soft base to new dentures including laboratory cost is not covered.
- 7.2.14. Endodontic procedures are not covered on third molars unless clinically motivated and assessed by Supplementary Health Services.
- 7.2.15. Endodontic re-treatment is not covered within 3 years of initial endodontic treatment.
- 7.2.16. The following dental procedures will not be covered:
- Oral hygiene instructions.
 - Nutritional counselling.
 - Tobacco counselling.
 - Caries-susceptibility and microbial tests.
 - Pulp capping (direct or indirect).

- Root canal treatment on primary and wisdom teeth.
 - Implant tooth replacement on wisdom teeth
 - Crowns on primary or wisdom teeth.
 - Polishing of restorations.
 - Ozone therapy.
 - Fixed prosthodontics used to repair occlusal wear.
 - Diagnostic dentures.
 - Provisional and emergency crowns including lab costs.
 - Snoring appliances.
 - Perio chip.
 - Gingivectomy.
 - Cost of gold, precious metal, semi-precious metal and platinum foil.
 - Metal substitute coping material for laboratory cost for crowns.
 - Inlays and onlays regardless of material used, will not be covered
 - Pontics on first and second molars.
 - Connecting bars such as Dolder bars for implants.
 - Mouth guards (including material and laboratory cost).
 - Bonding of restorations as a separate charge.
 - Therapy of healed extraction sites.
 - Electrognatographic recordings.
 - Vascular surgery for treatment of headaches.
 - Lab costs where the associated dental procedure is not covered.
 - High impact acrylic.
 - Bleaching of teeth.
 - Cost of mineral trioxide.
 - Mouth wash and toothpastes.
- 7.2.17. Benefits for conservative dental restorations fillings will be granted once per tooth in 2 years except where clinically motivated and assessed by Supplementary Health Services. In the case of fillings on posterior teeth (molar and pre-molars) the SHS Dental Partners tariff for amalgam fillings will apply, regardless of the material used.
- 7.2.18. Benefits for dental restorations are limited to a maximum of five restorations per dependant per year.
- 7.2.19. Benefits for dental "check-ups" as described in the schedule under code 8101 are allowed once per six-month period per dependant per practitioner. Further visits to the dentists in said period will be covered as per code 8104. Where high risk individuals require more regular "check-ups" such visits will attract benefit once risk has been clinically motivated and assessed by Supplementary Health Services.
- 7.2.20. Preventive visits are limited to one every six months. More regular visits will attract benefit once disease risk has been clinically motivated and assessed by Supplementary Health Services.
- 7.2.21. Fissure sealants are covered once every 2 years, up to 14 years only on permanent molars and pre-molars.
- 7.2.22. Two intra-oral radiographs per year unless with root canal therapy and clinically motivated and assessed by Supplementary Health Services.
- 7.2.23. One extra-oral radiograph per year, except for orthodontic treatment planning where 2 extra-oral radiographs will be covered
- 7.2.24. MRI and CAT scans for any dento-aleolar procedures will not be covered.

7.3. Option specific exclusions - Refer to Rules of Option

- 7.3.1. Metal denture frames are excluded on GOLD options.
- 7.3.2. Comprehensive (fixed) orthodontic treatment is excluded on GOLD options.

7.4 Hospitalisation

- 7.4.1. Hospitalisation for dentistry is not automatically covered and is subject to pre-authorisation where the following protocols will apply:
- 7.4.2. Hospitalisation cover is provided where an underlying medical condition increases the risk of treating in the rooms or indicates that higher level of care is required. The requirement of a sterile facility is not on its own an acceptable reason for hospitalisation for dental treatment.
- 7.4.3. Hospitalisation cover is provided when the treatment envisaged is of such a nature that it can not normally be tolerated by an average person without a general anaesthesia.
- 7.4.4. Apisectomy procedures in hospital are only covered as per 2.1.9 and on molars and lower pre molars.
- 7.4.5. Frenectomies in hospital.
- 7.4.6. Periodontal procedures are not covered in hospital.
- 7.4.7. Removal of impacted teeth will be covered when the tooth is associated with pathology or severe pain and the removal of such a tooth can not be reasonably performed outside of hospital as may be radiologically verified and not for orthodontic reasons.
- 7.4.8. Hospitalisation benefits are not available for dental implantology and associated procedures e.g. sinus lift, bone harvest, etc.
- 7.4.9. Bone and tissue regeneration procedures.
- 7.4.10. Multiple restorative visits to theatre for children under the age of 7 years will not be covered i.e. a single hospital visit should suffice to stabilise the dentition until the child is old enough for routine dental treatment in dental rooms.
- 7.4.11. Theatre visits for persons above 7 years for conservative dentistry and extractions will not be covered.

7.5 Patient anxiety control

- 7.5.1 Where a dental practitioner requires a medical colleague to administer sedatives intravenously (not general anaesthetic) to assist in difficult cases in the dental rooms, the fee charged by the second professional will be covered by the scheme only if pre-authorised by Supplementary Health Services. Such authorisation will only be considered if nitrous oxide has been unsuccessful.
- 7.5.2. No limits are placed on the use of oral sedatives or nitrous oxide administered by dental practitioners in their rooms.

7.6. Patient Information and Communication

- 7.6.1. Informed consent to treatment by members is critical to the successful management of dental expenditure.
- 7.6.2. Every effort is made to pre-inform members of rules and protocols before treatment commences.