



Cover for dental treatment

2018

Overview

This document explains the cover for dental treatment. It gives you details about how Discovery Health Medical Scheme defines and pays for dental treatment – both in the dentist or dental specialist’s rooms, in hospital or a day clinic.

You’ll also find information about your cover for severe dental surgery covered as part of the *Severe Dental and Oral Surgery Benefit*.

There are a number of terms used in the document that you may not be familiar with. We give you the meaning of these terms.

Terminology	Description
Day clinic	This is a healthcare facility in which patients spend part of the day under medical supervision but do not stay overnight.
Day-to-day benefits	These are the funds available in the Medical Savings Account and Above Threshold Benefit, where applicable.
Deductible	This is the amount you must pay upfront to the hospital or day clinic. You must pay this amount from your pocket.
Dental appliances, their placement and orthodontic treatment	<p>Dental appliances, their placement and orthodontics are subject to a limit and pay from the day-to-day benefits. Related accounts for orthognathic surgery are also funded from this benefit and are subject to this limit. This limit is only applicable on certain plans.</p> <p>Dental appliances include crowns, dentures, bridges, clasps, veneers, implants, inlays or onlays and pontics.</p> <p>Professional fees, laboratory fees and the cost of the components used in placing dental appliances add up to the limit.</p>
Basic Dental Treatment	We define basic dental treatment as the diagnosis, prevention and treatment of diseases of the teeth, gums and related structures of the mouth.
Discovery Health Rate (DHR)	This is a rate set by us at which we pay for healthcare services from hospitals, pharmacies and healthcare professionals.
Payment arrangements	We have payment arrangements in place with specific healthcare professionals to pay them in full at an agreed rate.
Related account	A related account is any account for dental treatment done in a hospital or day clinic. It does not refer to the hospital or day clinic account. This could be the anaesthetist, dentist or dental specialist’s account.

About the different types of dental providers

There are many different healthcare providers who provide dental – and dental-related services. These include dentists and dental specialists who are responsible for major dental procedures, as well as therapists and oral hygienists. Here are the different names and a description of each health professional's responsibilities.

Name	Description
Dentist	Dentists generally deal with the normal maintenance of oral hygiene, for example fillings, extractions and root canal treatment.
Prosthodontist	Prosthodontists specialise in replacing absent teeth and tooth structures as well as the restoration of natural teeth. This includes for example crowns, bridges and dentures.
Periodontist	Periodontists specialise in the diagnosis, prevention and treatment of gum disease, for example root planning, flap surgery and gingivectomy.
Maxillo-facial and oral surgeon	Maxillo-facial and oral surgeons specialise in the treatment of structures in and around the mouth, for example extraction of impacted teeth, orthognathic surgery and the repair of fractures to the jaw and other facial bones.
Orthodontist	Orthodontists correct and preserve the ideal position of the teeth and dentofacial structures using braces, retainers, and other appliances.
Oral pathologist	Oral pathologists deal with pathology of the oral cavity.
Dental therapist	A dental therapist is a practitioner who delivers basic dental treatment like oral examinations, extractions and basic fillings.
Oral hygienist	Oral hygienists work with a dental practitioner doing oral examinations, x-rays, scaling and polishing, oral hygiene instruction, and fluoride treatment.
Dental technician	Dental technicians do not see patients directly. Working from models of the patient's mouth, they make appliances like dentures, crowns and orthodontic plates after referral from a dental practitioner.

Severe Dental and Oral Surgery Benefit, at a glance

Tell us about your surgery and we'll tell you if it meets our terms and conditions for cover

This benefit is subject to preauthorisation and the treatment meeting the Scheme's treatment guidelines and managed care criteria.

We cover a defined list of maxillo-facial procedures on the Severe Dental and Oral Surgery Benefit

The procedures that are included in the Severe Dental and Oral Surgery Benefit which are paid from the Hospital Benefit are:

- Internal temporomandibular joint (TMJ) surgery
- Cleft lip and palate repairs
- Surgery for severe life-threatening infections
- Cancer-related surgery
- Severe trauma-related surgery.

There's no overall limit for the procedures covered on the Severe Dental and Oral Surgery Benefit. However, accounts for dental appliances and their placement are paid from the available day-to-day benefits, regardless of the place of treatment, and subject to the annual limit where applicable.

You have full cover for specialists who we have a payment arrangement with

You can benefit by using specialists who we have a payment arrangement with, because we will cover their approved procedures in full.

You may have a co-payment if you use other specialists

If you are treated in hospital by a specialist who we do not have a payment arrangement with, we cover you as follows:

- On the Executive Plan, up to 300% of the Discovery Health Rate
- On the Classic Plans, up to 200% of the Discovery Health Rate
- On the Essential, Coastal and KeyCare Plans, up to 100% of the Discovery Health Rate.

How we cover other healthcare professionals

We cover GPs and other healthcare services up to 200% of the Discovery Health Rate on the Executive and Classic Plans and 100% of the Discovery Health Rate on the Essential, Coastal and KeyCare Plans, from the Hospital Benefit.

How we cover radiology and pathology

We cover radiology and pathology up to 100% of the Discovery Health Rate on all plans.

All other dental treatment in hospital (excluding severe oral and dental surgery)

You don't need to call us before having dental treatment

For all other in-hospital dental treatment, other than those covered from the Severe Dental and Oral Surgery Benefit, there is no need to call us before having treatment even if you are admitted to hospital.

Deductible payable upfront for hospital or day clinic admissions

You need to pay an amount upfront (deductible) to the hospital or day clinic for dental treatment done in hospital. This amount depends on the member's age and the place of treatment. We pay the balance of the hospital or day clinic account from the Hospital Benefit. This applies to all plans except KeyCare plans.

This is the amount you need to pay upfront when you go to:

	Hospital	Day clinic
Member younger than 13 years	R2 200	R1 000
Member 13 years or older	R5 650	R3 650

We pay the balance of the hospital or day clinic account from the Hospital Benefit.

If you are 13 and older, we cover routine dental treatment such as preventive treatments, simple filling and root canal treatments performed in hospital from your available day-to-day benefits.

We pay the related accounts for hospital or day clinic admissions from the Hospital Benefit

We pay related accounts from the Hospital Benefit.

This is how we pay for:

Dental Treatment	
Executive Plan	Specialists paid up to 300% of the Discovery Health Rate, all other Health Care Professionals are paid at 100% of the Discovery Health Rate.
All other plans	Paid up to 100% of the Discovery Health Rate

Anaesthetists	
Executive Plan	Specialist anaesthetist paid up to 300%, GP anaesthetist paid up to 200%.
Classic Plans	Paid at agreed rate or up to 200% of the Discovery Health Rate.
Essential and Coastal Plans	Paid at agreed rate or up to 100% of the Discovery Health Rate.
Other healthcare professionals paid up to 100% of the Discovery Health Rate	

Dental appliances	
All plans excluding the Essential Smart Plan and KeyCare Plans	Accounts for dental appliances and orthodontic treatment, including related accounts for orthognathic surgery, are paid from the available day-to-day benefits regardless of the place of treatment and subject to the annual benefit limit

How we cover preventive dental treatments

If you are 16 years and younger, you are covered for two dental sealants for each dental quadrant each year. If you are older than 16 years, you are covered for two professionally applied fluoride and cleanings each year. These services are covered from your available day-to-day benefits.

We do not cover in-hospital dental treatment on the Essential Smart and KeyCare Plans

In-hospital dental treatment is not covered on the Essential Smart and KeyCare Plans.

Dental limits

No overall limit for basic dental treatment

There is no overall limit for basic dental treatment on our plans.

Basic dental treatment done in the dentist's rooms is paid from your day-to-day benefits

We pay for basic dental treatment done in the dentist or dental specialist's rooms from the available day-to-day benefits at 100% of the Discovery Health Rate. If you don't have funds available in your Medical Savings Account, where applicable, you must pay the dentist and dental specialist's account from your pocket.

If you are on the Executive, Comprehensive or Priority Plans, you have additional cover from the Above Threshold Benefit when you reach your Annual Threshold. If you do pay any accounts from your pocket, (when you are in a self-payment gap) remember to send the account to us so we can add it up to your Annual Threshold.

If you are on the Classic Comprehensive Zero MSA Plan, you have cover from the Above Threshold Benefit once you reach your Annual Threshold.

Smart Plan members have cover for one defined dental check-up for each member each year at any dentist or dental therapist. This check-up covers you for a consultation, two bitewing X-rays, scale and polish, and fluoride. A co-payment of R100 on the Classic Smart Plan and R150 on the Essential Smart Plan applies.

Core plans do not cover out-of-hospital day-to-day costs so you must pay these costs from your pocket.

On KeyCare Plus and KeyCare Access plans we cover selected basic dental treatment (consultations, fillings and extractions) only at a dentist who is on the KeyCare dentist network. Certain rules and limits may apply.

We pay dental appliances, their placement, and orthodontic treatment up to a limit on the Executive, Comprehensive and Priority Plans

When we refer to dental appliances we refer to any fixed or removable dental appliance such as implants, crowns, veneers, bridges, dentures and inlays. This also includes orthodontic treatment like braces and retainers and related accounts for orthognathic surgery.

We pay all dental appliances, their placement and orthodontic treatment from the available funds in the day-to-day benefits (Medical Savings Account and Above Threshold Benefit, where applicable), regardless of the place of treatment.

On the Executive, Comprehensive and Priority Plans, we pay dental appliances, their placement and orthodontic treatment (including related accounts for orthognathic surgery) up to a limit for each person for the year from available day-to-day benefits, regardless of the place of treatment. The limit applies to claims paid from your Medical Savings Account, your own pocket (when you are in a self-payment gap) and Above Threshold Benefit.

If you join the medical scheme after January, you won't get the full limit because it is calculated by counting the remaining months in the year.

Plan	Limit
Executive and Comprehensive	R26 200
Priority	R16 300

Getting the most out of your dental benefits

Use a dental specialist who we have a payment arrangement with

If we have a payment arrangement with the dental specialist, we will pay the account up to the agreed rate. If you don't use a dental specialist who we have an arrangement with, you will be responsible for any shortfall between what the provider charges and what Discovery Health Medical Scheme pays. The MaPS tool on www.discovery.co.za helps you find medical service providers where you will be covered without a co-payment.

Your dentist and dental specialist must include specific information on the account

Tooth numbers: Dentists and dental specialists use a numbering system to identify teeth in the mouth. This information serves a practical purpose in dental treatment. This tooth numbering system is according to local and international guidelines. Your dentist and dental specialist must give the relevant tooth numbering on their account. If we receive accounts with no tooth numbering, we will not be able to pay the account.

Place of service indicator: Your dentist and dental specialist also needs to indicate on each claim where he or she performed the dental treatment. This could be in the doctor's rooms, in hospital or in a day clinic facility. Including this information on your doctor's account will ensure we pay the accounts from the correct benefit. Without a place of service indicator on the claim, we will pay the claim from your day-to-day benefits.

Benefits available for your plan type

Executive Plan

Severe Dental and Oral Surgery Benefit

The Severe Dental and Oral Surgery Benefit covers a defined list of procedures, with no upfront payment and no overall limit. This benefit is subject to authorisation and the Scheme's rules.

You must preauthorise your admission to hospital at least 48 hours before you go in. Please call 0860 99 88 77. You can also apply for approval by sending an email to preauthorisation@discovery.co.za

Other dental treatment in hospital

You need to pay a portion of your hospital or day clinic account upfront for dental admissions. This amount varies, depending on your age and the place of treatment.

We pay the balance of the hospital account from your Hospital Benefit, up to 100% of the DHR. We pay the related accounts, which include the dentist and other related accounts, from your Hospital Benefit, up to 100% of the DHR. We pay specialists up to 300% of the DHR.

For members 13 and older, we cover routine conservative dentistry, such as preventive treatment, simple fillings and root canal treatment from your available day-to-day benefits.

Dental limit

There is no overall limit for basic dental treatment. However, all dental appliances, their placement, and orthodontic treatment (including related accounts for orthognathic surgery) are paid at 100% of the DHR from your day-to-day benefits, up to an annual limit of R26 200 a person.

If you join the Scheme after January, you won't get the full limit because it is calculated by counting the remaining months in the year.

Basic dental treatment done in the dentist's rooms is paid from your day-to-day benefits

We pay for basic dental treatment done in the dentist or dental specialist's rooms at 100% of the DHR from the available funds allocated to your Medical Savings Account and from the Above Threshold Benefit once your claims add up to the Annual Threshold.

If you have run out of funds in your Medical Savings Account and have not yet reached your Annual Threshold (you are in the Self-payment Gap), you will need to pay these accounts. This is not a separate benefit; limits apply to claims paid from your MSA, your own pocket (if you are in a Self-payment Gap) and Above Threshold Benefit.

Comprehensive Series

Severe Dental and Oral Surgery Benefit

The Severe Dental and Oral Surgery Benefit covers a defined list of procedures, with no upfront payment and no overall limit. This benefit is subject to authorisation and the Scheme's rules.

You must preauthorise your admission to hospital at least 48 hours before you go in. Please call 0860 99 88 77. You can also apply for approval by sending an email to preauthorisation@discovery.co.za

If you are on the Classic Delta and Essential Delta network option: You are covered in full at private hospitals and day clinics in the Delta Hospital Network. For planned admissions at hospitals outside the network, you must pay an amount of R7 650 upfront to the hospital. This does not apply in an emergency.

Other dental treatment in hospital

You need to pay a portion of your hospital or day clinic account upfront for dental admissions. This amount varies, depending on your age and the place of treatment. We pay the balance of the hospital account from your Hospital Benefit, up to 100% of the DHR.

We pay the related accounts, which include the dental surgeon's account, from your Hospital Benefit, up to 100% of the DHR. On Classic plans, we pay anaesthetists up to 200% of the DHR.

For members 13 and older, we cover routine conservative dentistry, such as preventive treatment, simple fillings and root canal treatment from your available day-to-day benefits.

Dental limit

There is no overall limit for basic dental treatment. However, all dental appliances, their placement, and orthodontic treatment (including related accounts for orthognathic surgery) are paid at 100% of the DHR from your day-to-day benefits, up to an annual limit of R26 200 a person.

If you join the Scheme after January, you won't get the full limit because it is calculated by counting the remaining months in the year.

Basic dental treatment done in the dentist's rooms is paid from your day-to-day benefits

We pay for basic dental treatment done in the dentist or dental specialist's rooms at 100% of the DHR from the available funds allocated to your Medical Savings Account and from the Above Threshold Benefit once your claims add up to the Annual Threshold.

The Classic Comprehensive Zero MSA Plan does not have a Medical Savings Account and so there is no benefit for day-to-day medical expenses until you reach the Annual Threshold. After this, we pay claims from the Above Threshold Benefit.

If you have run out of funds in your Medical Savings Account and have not yet reached your Annual Threshold (you are in the Self-payment Gap), you will need to pay these accounts. This is not a separate benefit; limits apply to claims paid from your MSA, your own pocket (if you are in a Self-payment Gap) and Above Threshold Benefit.

Priority Series

Severe Dental and Oral Surgery Benefit

The Severe Dental and Oral Surgery Benefit covers a defined list of procedures, with no upfront payment and no overall limit. This benefit is subject to authorisation and the Scheme's rules.

You must preauthorise your admission to hospital at least 48 hours before you go in. Please call 0860 99 88 77. You can also apply for approval by sending an email to preauthorisation@discovery.co.za

Other dental treatment in hospital

You need to pay a portion of your hospital or day-clinic account upfront for dental admissions. This amount varies, depending on your age and the place of treatment. We pay the balance of the hospital account from your Hospital Benefit, up to 100% of the DHR.

We pay the related accounts, which include the dental surgeon's account, from your Hospital Benefit, up to 100% of the DHR. On the Classic Plan, we pay anaesthetists up to 200% of the DHR.

For members 13 and older, we cover routine conservative dentistry, such as preventive treatment, simple fillings and root canal treatment from your available day-to-day benefits.

Dental limit

There is no overall limit for basic dental treatment. However, all dental appliances, their placement, and orthodontic treatment (including related accounts for orthognathic surgery) are paid at 100% of the DHR from your day-to-day benefits, up to an annual limit of R16 300 a person.

If you join the Scheme after January, you won't get the full limit because it is calculated by counting the remaining months in the year. The overall Above Threshold Benefit (ATB) limit applies.

Basic dental treatment done in the dentist's rooms is paid from your day-to-day benefits

We pay for basic dental treatment done in the dentist or dental specialist's rooms at 100% of the DHR from the available funds allocated to your Medical Savings Account and from the limited Above Threshold Benefit once your claims add up to the Annual Threshold.

If you have run out of funds in your Medical Savings Account and have not yet reached your Annual Threshold (you are in the Self-payment Gap), you will need to pay these accounts. This is not a separate benefit; limits apply to claims paid from your MSA, your own pocket (if you are in a Self-payment Gap) and Above Threshold Benefit.

Saver Series

Severe Dental and Oral Surgery Benefit

The Severe Dental and Oral Surgery Benefit covers a defined list of procedures, with no upfront payment and no overall limit. This benefit is subject to authorisation and the Scheme's rules.

You must preauthorise your admission to hospital at least 48 hours before you go in. Please call 0860 99 88 77. You can also apply for approval by sending an email to preauthorisation@discovery.co.za

If you are on the Classic Delta and Essential Delta network option: You are covered in full at private hospitals and day clinics in the Delta Hospital Network. For planned admissions at hospitals outside the network, you must pay an amount of R7 650 upfront to the hospital. This does not apply in an emergency.

If you are on the Coastal Saver Plan: You must go to a hospital in one of the four coastal provinces for a planned hospital admission. If you don't use a coastal hospital, the Scheme will pay up to a maximum of 70% of the hospital account and you must pay the difference.

Other dental treatment in hospital

You need to pay a portion of your hospital or day clinic account upfront for dental admissions. This amount varies, depending on your age and the place of treatment. We pay the balance of the hospital account from your Hospital Benefit, up to 100% of the DHR.

We pay the related accounts, which include the dental surgeon's account, from your Hospital Benefit, up to 100% of the DHR. On Classic plans, we pay anaesthetists up to 200% of the DHR.

For members 13 and older, we cover routine conservative dentistry, such as preventive treatment, simple fillings and root canal treatment from your available Medical Savings Account (MSA).

Dental limit

There is no overall limit for basic dental treatment. However, all dental appliances, their placement, and orthodontic treatment (including related accounts for orthognathic surgery) are paid at 100% of the DHR from your Medical Savings Account (MSA), as long as you have money available.

Basic dental treatment done in the dentist's rooms is paid from your day-to-day benefits

We pay for basic dental treatment done in the dentist or dental specialist's rooms from the day-to-day benefits at 100% of the DHR. If you don't have funds available in your Medical Savings Account, you must pay the dentist and dental specialist's account from your pocket.

Smart Series

Severe Dental and Oral Surgery Benefit

The Severe Dental and Oral Surgery Benefit covers a defined list of procedures, with no upfront payment and no overall limit. This benefit is subject to authorisation and the Scheme's rules.

You must preauthorise your admission to hospital at least 48 hours before you go in. Please call 0860 99 88 77. You can also apply for approval by sending an email to preauthorisation@discovery.co.za

You are covered in full at private hospitals in the Smart Plan Hospital Network. For planned admissions at hospitals outside the network, you must pay an amount of R8 800 upfront to the hospital. This does not apply in an emergency.

Other dental treatment in hospital

Classic Smart Plan

You need to pay a portion of your hospital or day clinic account upfront for dental admissions. This amount varies, depending on your age and the place of treatment. We pay the balance of the hospital account from your Hospital Benefit, up to 100% of the DHR.

We pay the related accounts, which include the dental surgeon's account, from your Hospital Benefit, up to 100% of the DHR. We pay anaesthetists up to 200% of the DHR.

For members 13 and older, you must pay for routine conservative dentistry, such as preventive treatment, simple fillings and root canal treatment.

Essential Smart Plan

In-hospital dental treatment is not covered on the Essential Smart Plan.

Dental limit

There is no overall dental limit. However, you must pay for the cost of all dental appliances, their placements and orthodontic treatment (including the related accounts for orthognathic surgery).

Basic dental treatment done in the dentist's rooms is paid from your day-to-day benefits

Smart plan members have cover for one defined dental check-up for each member each year at any dentist or dental therapist. This check-up covers you for a consultation, two bitewing X-rays, scale and polish, and fluoride.

A co-payment of R100 on the Classic Smart Plan and R150 on the Essential Smart Plan applies.

Core Series

Severe Dental and Oral Surgery Benefit

The Severe Dental and Oral Surgery Benefit covers a defined list of procedures, with no upfront payment and no overall limit. This benefit is subject to authorisation and the Scheme's rules.

You must preauthorise your admission to hospital at least 48 hours before you go in. Please call 0860 99 88 77. You can also apply for approval by sending an email to preauthorisation@discovery.co.za

If you are on the Classic Delta and Essential Delta network option: You are covered in full at private hospitals and day clinics in the Delta Hospital Network. For planned admissions at hospitals outside the network, you must pay an amount of R7 650 upfront to the hospital. This does not apply in an emergency.

If you are on the Coastal Saver Plan: You must go to a hospital in one of the four coastal provinces for a planned hospital admission. If you don't use a coastal hospital, the Scheme will pay up to a maximum of 70% of the hospital account and you must pay the difference.

Other dental treatment in hospital

You need to pay a portion of your hospital or day clinic account upfront for dental admissions. This amount varies, depending on your age and the place of treatment. We pay the balance of the hospital account from your Hospital Benefit, up to 100% of the DHR.

We pay the related accounts, which include the dental surgeon's account, from your Hospital Benefit, up to 100% of the DHR. On Classic plans, we pay anaesthetists up to 200% of the DHR.

Dental limit

You are responsible for paying the cost of all dental appliances, their placements and orthodontic treatment (including the related accounts for orthognathic surgery).

Basic dental treatment done in the dentist's rooms

Core plans do not cover out-of-hospital day-to-day costs so you must pay these costs from your pocket.

KeyCare Series

Severe Dental and Oral Surgery Benefit

The Severe Dental and Oral Surgery Benefit covers a defined list of procedures, with no upfront payment and no overall limit. This benefit is subject to authorisation and the Scheme's rules.

You must preauthorise your admission to hospital at least 48 hours before you go in. Please call 0860 99 88 77. You can also apply for approval by sending an email to preauthorisation@discovery.co.za

For planned hospital admissions, you have full cover for the hospital account in the Full Cover Hospital Network and up to 70% of the DHR in the Partial Cover Hospital Network. If you use a hospital outside the network you will have to pay these costs from your pocket.

Other dental treatment in hospital

In-hospital dental treatment is not covered on KeyCare plans.

Dental limit

You are responsible for paying the cost of all dental appliances, their placements and orthodontic treatment (including the related accounts for orthognathic surgery).

Basic dental treatment done in the dentist's rooms

KeyCare Plus and KeyCare Access

We cover consultations, fillings and tooth removals at a dentist in our dentist network. Certain rules and limits may apply.

KeyCare Core

You must pay the costs of dentistry done in the rooms from your pocket.

Contact us

You can call us on 0860 99 88 77 or visit www.discovery.co.za for more information.

Complaints process

The following channels are available for your complaints and we encourage you to follow the process:

Step 1 – To take your query further: If you have already contacted the Discovery Health Medical Scheme and feel that your query has still not been resolved, please complete our online complaints form on www.discovery.co.za. We would also love to hear from you if we have exceeded your expectations.

Step 2 – To contact the Principal Officer: If you are still not satisfied with the resolution of your complaint after following the process in Step 1 you are able to escalate your complaint to the Principal Officer of the Discovery Health Medical Scheme. You may lodge a query or complaint with Discovery Health Medical Scheme by completing the online form on www.discovery.co.za or by emailing principalofficer@discovery.co.za.

Step 3 – To lodge a dispute: If you have received a final decision from Discovery Health Medical Scheme and want to challenge it, you may lodge a formal dispute. You can find more information of the Scheme's dispute process on the website.

Step 4 – To contact the Council for Medical Schemes: Discovery Health Medical Scheme is regulated by the Council for Medical Schemes. You may contact the Council at any stage of the complaints process, but we encourage you to first follow the steps above to resolve your complaint before contacting the Council. Contact details for the Council for Medical Schemes: Council for Medical Schemes Complaints Unit, Block A, Eco Glades 2 Office Park, 420 Witch-Hazel Avenue, Eco Park, Centurion 0157 | complaints@medicalschemes.com | 0861 123 267 | www.medicalschemes.com