



Bonitas 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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BONCOMPREHENSIVE Dental Benefit Table 2025

Dental Benefits**

The dental benefits of the **BonComprehensive** option will be paid from the member's available Savings and/or Threshold Limit.

Dental benefits are paid at the Bonitas Dental Tariff (BDT).

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.

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

Pre-authorisation*

Hospitalisation, and certain dentistry procedures and treatments must be pre-authorised. Pre-authorisation is required for: Dentures, Crown & Bridge, Implants, Orthodontics, Periodontics, Hospital Admissions and Moderate / Deep Sedation in the Dental Rooms.

Procedures and treatments not pre-authorised will not attract a benefit, with the exception of Crown & Bridge procedures where a 20% penalty will apply if authorisation is applied for after the treatment is clinically indicated.

Failure to pre-authorise orthodontic treatment will result in a payment *only* from date of authorisation for the remaining months of treatment, provided that the treatment is clinically indicated.

Penalties do not apply to emergency hospital admission.

*** Please note that Medscheme will be responsible for the payment of all dental related claims on the BonComprehensive option.*

CONSERVATIVE DENTISTRY	BONCOMPREHENSIVE
Consultations	Two check-ups per beneficiary per year (once every 6 months) Benefit subject to managed care protocols Covered at the BDT
X-rays: Intraoral	Benefit subject to managed care protocols Covered at the BDT
X-rays: Extraoral	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 BDT
Preventative Care	Two scale and polish treatments per beneficiary per year (once every 6 months) <i>Benefit for fissure sealants:</i> Limited to beneficiaries younger than 16 years of age <i>Benefit for fluoride:</i> Limited to beneficiaries from age 5 and younger than 16 years of age Benefit subject to managed care protocols Covered at the BDT

CONSERVATIVE DENTISTRY	BONCOMPREHENSIVE
	Scheme Exclusions: • Oral hygiene instruction • Oral hygiene evaluation • Professionally applied fluoride for beneficiaries younger than 5, and 16 years and older • Tooth whitening
Fillings	Benefit for fillings: Granted once per tooth in 720 days Benefit for re-treatment of a tooth: Subject to managed care protocols Multiple fillings: A treatment plan and X-rays may be required for multiple fillings Covered at the BDT Scheme Exclusions: • 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	Benefit subject to managed care protocols Covered at the BDT Scheme Exclusions: • 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	*Pre-authorisation required for Dentures One set of plastic dentures (an upper <i>and</i> a lower) per beneficiary in a 4-year period 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). Benefit for a mouth guard: Benefit available for both the clinical and the associated laboratory fee for a mouth guard (no pre-authorisation required). Benefit subject to managed care protocols Covered at the BDT Scheme Exclusions: • 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	BONCOMPREHENSIVE
Partial Chrome Cobalt Frame Dentures* and Associated Laboratory Costs	*Pre-authorisation required Two partial frames (an upper <i>and</i> a lower) per beneficiary in a 5-year period Benefit subject to managed care protocols Covered at the BDT Scheme Exclusions: • 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
Crown & Bridge* and Associated Laboratory Costs <i>A bridge comprises two or more crown units. Each crown is payable from the available Crown & Bridge benefit.</i>	*Pre-authorisation required Three crowns per family per year Benefit for crowns will be granted once per tooth in a 5-year period A treatment plan and X-rays may be requested Benefit subject to managed care protocols A pontic on a 2nd molar, where the 3rd molar is a crown retainer, is subject to managed care protocols Covered at the BDT Scheme Exclusions: • Crowns on third molars • Crown and bridge procedures for cosmetic reasons and associated laboratory costs • Occlusal rehabilitations and associated laboratory costs • Laboratory fabricated temporary crowns • 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	*Pre-authorisation required Two implants per beneficiary in a 5-year period Cost of implant components limited to R3 563 per implant Benefit subject to managed care protocols Covered at the BDT Scheme Exclusions: • Implants on third molars (wisdom teeth) • Laboratory delivery fees
Orthodontics* and Associated Laboratory Costs	*Pre-authorisation required Benefit for orthodontic treatment granted once per beneficiary per lifetime Only one family member may commence orthodontic treatment in a calendar year 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 and funding can be granted up to 100% of the BDT.

SPECIALISED DENTISTRY	BONCOMPREHENSIVE
	Benefit for orthodontic treatment will be granted where function is impaired. Benefit will not be granted where orthodontic treatment is required for cosmetic reasons. The associated laboratory costs will also not be covered. <i>Benefit for fixed comprehensive treatment:</i> Limited to individuals from age 9 and younger than 18 years of age Benefit subject to managed care protocols Covered at the BDT Scheme Exclusions: • 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*	*Pre-authorisation required 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 BDT Scheme Exclusions: • Surgical periodontics which includes gingivectomies, periodontal flap surgery, tissue grafting and the hemisection of a tooth • PerioChip placement
Maxillo-facial Surgery and Oral Pathology	<i>Surgery in the dental chair:</i> Benefit subject to managed care protocols Covered at the BDT <i>Temporo-mandibular joint (TMJ) therapy:</i> Benefit limited to non-surgical intervention/treatments <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. <i>Benefit for the closure of an oral-antral opening (code 8909):</i> <u>Subject to post-treatment motivation and managed care protocols</u> <i>Surgery in hospital:</i> See Hospitalisation* below Scheme Exclusions: • 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	BONCOMPREHENSIVE
Hospitalisation (General Anaesthetic)*	*Pre-authorisation required Admission protocols apply Benefit subject to managed care protocols General anaesthetic benefit available for children under the age of 5 years for extensive dental treatment General anaesthetic benefit available for the removal of impacted teeth 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, <u>and payable at the BDT</u>: • 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 Scheme Exclusions: • 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 BDT
Moderate/Deep Sedation in the Dental Rooms*	*Pre-authorisation required Benefit limited to extensive dental treatment Benefit subject to managed care protocols Covered at the BDT

BONCLASSIC Dental Benefit Table 2025

Dental Benefits

Dental benefits are paid at the Bonitas Dental Tariff (BDT) subject to the available financial limit.

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 Rules of the Scheme will prevail.

Co-payments

On the **BonClassic** option a co-payment is levied on the *hospital account*.

Hospital account: The co-payments on **BonClassic** to be waived if the cost of the service falls within the co-payment amount.

Bonitas BonClassic Hospital Network

Members on the **BonClassic** option must use a hospital within the Bonitas BonClassic Hospital Network.

Should a member on the **BonClassic** option make use of a non-network hospital for an elective procedure, a 30% co-payment will be applicable on the hospital account.

Pre-authorisation*

Hospitalisation, and certain dentistry procedures and treatments must be pre-authorised. Pre-authorisation is required for: Dentures, Crown & Bridge, Orthodontics, Periodontics, Hospital Admissions and Moderate/Deep Sedation in the Dental Rooms.

Procedures and treatments not pre-authorised will not attract a benefit, with the exception of Crown & Bridge procedures where a 20% penalty will apply if authorisation is applied for after the treatment has been clinically indicated.

Failure to pre-authorise orthodontic treatment will result in a payment *only* from date of authorisation for the remaining months of treatment, provided that the treatment is clinically indicated.

Penalties do not apply to emergency hospital admission.

CONSERVATIVE DENTISTRY	BONCLASSIC
	<i>Conservative Dentistry limit of R6 155 per family per year</i>
Consultations	Two check-ups per beneficiary per year (once every 6 months) Benefit subject to managed care protocols Covered at the BDT
X-rays: Intraoral	Benefit subject to managed care protocols Covered at the BDT
X-rays: Extraoral	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 BDT

CONSERVATIVE DENTISTRY	BONCLASSIC
	<i>Conservative Dentistry limit of R6 155 per family per year</i>
Preventative Care	Benefit for scale and polish: Two scale and polish treatments per beneficiary per year (once every 6 months) Benefit for fissure sealants: Limited to beneficiaries younger than 16 years of age Benefit for fluoride: Limited to beneficiaries from age 5 and younger than 16 years of age Benefit subject to managed care protocols Covered at the BDT Scheme Exclusions: • Oral hygiene instruction • Oral hygiene evaluation • Professionally applied fluoride for beneficiaries younger than 5, and 16 years and older • Tooth whitening
Fillings	Benefit for fillings: Granted once per tooth in 720 days Benefit for re-treatment of a tooth: Subject to managed care protocols Multiple fillings: A treatment plan and X-rays may be required for multiple fillings Covered at the BDT Scheme Exclusions: • 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	Benefit subject to managed care protocols Covered at the BDT Scheme Exclusions: • 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	*Pre-authorisation required for Dentures One set of plastic dentures (an upper <i>and</i> a lower) per beneficiary in a 4-year period Limit: Benefit for Plastic Dentures and Associated Laboratory Costs is payable from the available Conservative Dentistry limit. 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). Benefit for a mouth guard: Benefit available for both the clinical and the associated laboratory fee for a mouth guard (no pre-authorisation required).

CONSERVATIVE DENTISTRY	BONCLASSIC
	<i>Conservative Dentistry limit of R6 155 per family per year</i>
	Benefit subject to managed care protocols Covered at the BDT Scheme Exclusions: • 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	BONCLASSIC
	<i>Specialised Dentistry limit of R7 410 per family per year</i>
Partial Chrome Cobalt Frame Dentures* and Associated Laboratory Costs	*Pre-authorisation required Two partial metal frames (an upper <i>and</i> a lower) per beneficiary in a 5-year period Benefit subject to managed care protocols Covered at the BDT Scheme Exclusions: • 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
Crown & Bridge* and Associated Laboratory Costs <i>A bridge comprises two or more crown units. Each crown is payable from the available Crown & Bridge benefit.</i>	*Pre-authorisation required One crown per family per year Benefit for crowns will be granted once per tooth in a 5-year period A treatment plan and X-rays may be requested Benefit subject to managed care protocols A pontic on a 2nd molar, where the 3rd molar is a crown retainer, is subject to managed care protocols Covered at the BDT Scheme Exclusions: • 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

SPECIALISED DENTISTRY	BONCLASSIC
	<i>Specialised Dentistry limit of R7 410 per family per year</i>
Implants* and Associated Laboratory Costs	No benefit
Orthodontics* and Associated Laboratory Costs	*Pre-authorisation required Benefit for orthodontic treatment granted once per beneficiary per lifetime Only one family member may commence orthodontic treatment in a calendar year 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 and funding can be granted up to 100% of the BDT. Benefit for orthodontic treatment will be granted where function is impaired. Benefit will not be granted where orthodontic treatment is required for cosmetic reasons. The associated laboratory costs will also not be covered. <i>Benefit for fixed comprehensive treatment:</i> Limited to individuals from age 9 and younger than 18 years of age Benefit subject to managed care protocols Scheme Exclusions: • 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*	*Pre-authorisation required 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 BDT Scheme Exclusions: • Surgical periodontics which includes gingivectomies, periodontal flap surgery, tissue grafting and the hemisection of a tooth • PerioChip placement
Maxillo-facial Surgery and Oral Pathology	<i>Surgery in the dental chair:</i> Benefit subject to managed care protocols Covered at the BDT <i>Temporo-mandibular joint (TMJ) therapy:</i> Benefit limited to non-surgical intervention/treatments <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. <i>Benefit for the closure of an oral-antral opening (code 8909):</i> Subject to post-treatment motivation and managed care protocols <i>Surgery in hospital:</i> See Hospitalisation* below

SPECIALISED DENTISTRY	BONCLASSIC
	<i>Specialised Dentistry limit of R7 410 per family per year</i>
	Scheme Exclusions: • 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	BONCLASSIC
Hospitalisation (General Anaesthetic)*	*Pre-authorisation required Admission protocols apply Benefit subject to managed care protocols General anaesthetic benefit available for children under the age of 5 years for extensive dental treatment: • A co-payment of R3 500 per hospital admission applies. • A co-payment of R2 500 per day clinic admission applies General anaesthetic benefit available for the removal of impacted teeth: • A co-payment of R5 000 per hospital admission applies for the removal of impacted teeth and any other medical admission other than children younger than 5 years of age. • A co-payment of R2 500 per day clinic admission applies for the removal of impacted teeth including medical admission other than children younger than 5 years of age. 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 BDT: • Apicectomies • Dectomies • 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 Scheme Exclusions: • 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 BDT

HOSPITALISATION AND ANAESTHETICS	BONCLASSIC
Moderate/Deep Sedation in the Dental Rooms*	*Pre-authorisation required Benefit limited to extensive dental treatment Benefit subject to managed care protocols Covered at the BDT

STANDARD Dental Benefit Table 2025

STANDARD SELECT Dental Benefit Table 2025

BONCOMPLETE Dental Benefit Table 2025

Dental Benefits

Dental benefits are paid at the Bonitas Dental Tariff (BDT).

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.

Co-payments

On the **Standard**, **Standard Select** and **BonComplete** options:

- Co-payments are levied for *orthodontics*
- Co-payments are levied on the *hospital account*

Hospital Network: Standard Select & BonComplete

Members on the **Standard Select** option must use a hospital within the Bonitas Standard Select Hospital Network.

Members on the **BonComplete** option must use a hospital within the Bonitas BonComplete Hospital Network.

Hospital account: The co-payments on **BonComplete**, **Standard** and **Standard Select Options** to be waived if the cost of the service falls within the co-payment amount.

Should a member on these two options make use of a non-network hospital for an elective procedure, a 30% co-payment will be applicable on the hospital account.

Pre-authorisation*

Hospitalisation, and certain dentistry procedures and treatments must be pre-authorised. Pre-authorisation is required for Dentures, Crown & Bridge, Orthodontics, Periodontics, Hospital Admissions and Moderate/Deep Sedation in the Dental Rooms.

Procedures and treatments not pre-authorised will not attract a benefit, with the exception of Crown & Bridge procedures where a 20% penalty will apply if authorisation is applied for after the treatment has clinically indicated.

Failure to pre-authorise orthodontic treatment will result in a payment *only* from date of authorisation for the remaining months of treatment, provided that the treatment is clinically indicated.

Penalties do not apply to emergency hospital admission.

CONSERVATIVE DENTISTRY	STANDARD	STANDARD SELECT	BONCOMPLETE
Consultations	Two check-ups per beneficiary per year (once every 6 months) Benefit subject to managed care protocols Covered at the BDT	Two check-ups per beneficiary per year (once every 6 months) Benefit subject to managed care protocols Covered at the BDT	Two check-ups per beneficiary per year (once every 6 months) Benefit subject to managed care protocols Covered at the BDT
X-rays: Intraoral	Benefit subject to managed care protocols Covered at the BDT	Benefit subject to managed care protocols Covered at the BDT	Benefit subject to managed care protocols Covered at the BDT
X-rays: Extraoral	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 BDT	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 BDT	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 BDT
Preventative Care	<i>Benefit for scale and polish:</i> Two scale and polish treatments per beneficiary per year (once every 6 months) <i>Benefit for fissure sealants:</i> Limited to beneficiaries younger than 16 years of age <i>Benefit for fluoride:</i> Limited to beneficiaries from age 5 and younger than 16 years of age Benefit subject to managed care protocols Covered at the BDT Scheme Exclusions: • Oral hygiene instruction • Oral hygiene evaluation • Professionally applied fluoride for beneficiaries younger than 5, and 16 years and older • Tooth whitening	<i>Benefit for scale and polish:</i> Two scale and polish treatments per beneficiary per year (once every 6 months) <i>Benefit for fissure sealants:</i> Limited to beneficiaries younger than 16 years of age <i>Benefit for fluoride:</i> Limited to beneficiaries from age 5 and younger than 16 years of age Benefit subject to managed care protocols Covered at the BDT Scheme Exclusions: • Oral hygiene instruction • Oral hygiene evaluation • Professionally applied fluoride for beneficiaries younger than 5, and 16 years and older • Tooth whitening	<i>Benefit for scale and polish:</i> Two scale and polish treatments per beneficiary per year (once every 6 months) <i>Benefit for fissure sealants:</i> Limited to beneficiaries younger than 16 years of age <i>Benefit for fluoride:</i> Limited to beneficiaries from age 5 and younger than 16 years of age Benefit subject to managed care protocols Covered at the BDT Scheme Exclusions: • Oral hygiene instruction • Oral hygiene evaluation • Professionally applied fluoride for beneficiaries younger than 5, and 16 years and older • Tooth whitening

CONSERVATIVE DENTISTRY	STANDARD	STANDARD SELECT	BONCOMPLETE
Fillings	<i>Benefit for fillings:</i> Granted once per tooth in 720 days <i>Benefit for re-treatment of a tooth:</i> Subject to managed care protocols <i>Multiple fillings:</i> A treatment plan and X-rays may be required for multiple fillings Covered at the BDT Scheme Exclusions: • 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	<i>Benefit for fillings:</i> Granted once per tooth in 720 days <i>Benefit for re-treatment of a tooth:</i> Subject to managed care protocols <i>Multiple fillings:</i> A treatment plan and X-rays may be required for multiple fillings Covered at the BDT Scheme Exclusions: • 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	<i>Benefit for fillings:</i> Granted once per tooth in 720 days <i>Benefit for re-treatment of a tooth:</i> Subject to managed care protocols <i>Multiple fillings:</i> A treatment plan and X-rays may be required for multiple fillings Covered at the BDT Scheme Exclusions: • 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	Benefit subject to managed care protocols Covered at the BDT Scheme Exclusions: • Root canal therapy on primary (milk) teeth • Root canal therapy on third molars (wisdom teeth) • Direct and indirect pulp capping procedures	Benefit subject to managed care protocols Covered at the BDT Scheme Exclusions: • Root canal therapy on primary (milk) teeth • Root canal therapy on third molars (wisdom teeth) • Direct and indirect pulp capping procedures	Benefit subject to managed care protocols Covered at the BDT Scheme Exclusions: • 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	*Pre-authorisation required for Dentures One set of plastic dentures (an upper <i>and</i> a lower) per beneficiary in a 4-year period <i>Benefit 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).	*Pre-authorisation required for Dentures One set of plastic dentures (an upper <i>and</i> a lower) per beneficiary in a 4-year period <i>Benefit 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).	*Pre-authorisation required for Dentures One set of plastic dentures (an upper <i>and</i> a lower) per beneficiary in a 4-year period <i>Benefit 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).

CONSERVATIVE DENTISTRY	STANDARD	STANDARD SELECT	BONCOMPLETE
	<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). Benefit subject to managed care protocols Covered at the BDT Scheme Exclusions: - 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	<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). Benefit subject to managed care protocols Covered at the BDT Scheme Exclusions: - 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	<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). Benefit subject to managed care protocols Covered at the BDT Scheme Exclusions: - 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	STANDARD	STANDARD SELECT	BONCOMPLETE
Partial Chrome Cobalt Frame Dentures* and Associated Laboratory Costs	*Pre-authorisation required One partial metal frame (an upper <i>or</i> a lower) per beneficiary in a 5-year period Benefit subject to managed care protocols Covered at the BDT Scheme Exclusions: - 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	*Pre-authorisation required One partial metal frame (an upper <i>or</i> a lower) per beneficiary in a 5-year period Benefit subject to managed care protocols Covered at the BDT Scheme Exclusions: - 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	*Pre-authorisation required One partial metal frame (an upper <i>or</i> a lower) per beneficiary in a 5-year period Benefit subject to managed care protocols Covered at the BDT Scheme Exclusions: - 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	STANDARD	STANDARD SELECT	BONCOMPLETE
Crown & Bridge* and Associated Laboratory Costs <i>A bridge comprises two or more crown units. Each crown is payable from the available Crown & Bridge benefit.</i>	*Pre-authorisation required One crown per family per year Benefit for crowns will be granted once per tooth in a 5-year period A treatment plan and X-rays may be requested Benefit subject to managed care protocols A pontic on a 2nd molar, where the 3rd molar is a crown retainer, is subject to managed care protocols Covered at the BDT Scheme Exclusions: • 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	*Pre-authorisation required One crown per family per year Benefit for crowns will be granted once per tooth in a 5-year period A treatment plan and X-rays may be requested Benefit subject to managed care protocols A pontic on a 2nd molar, where the 3rd molar is a crown retainer, is subject to managed care protocols Covered at the BDT Scheme Exclusions: • 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	*Pre-authorisation required One crown per family per year Benefit for crowns will be granted once per tooth in a 5-year period A treatment plan and X-rays may be requested Benefit subject to managed care protocols A pontic on a 2nd molar, where the 3rd molar is a crown retainer, is subject to managed care protocols Covered at the BDT Scheme Exclusions: • 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	No benefit	No benefit	No benefit

SPECIALISED DENTISTRY	STANDARD	STANDARD SELECT	BONCOMPLETE
Orthodontics* and Associated Laboratory Costs	*Pre-authorisation required Benefit for orthodontic treatment granted once per beneficiary per lifetime Only one family member may commence orthodontic treatment in a calendar year 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 and funding can be granted up to 80% of the BDT. Benefit for orthodontic treatment will be granted where function is impaired Benefit will not be granted where orthodontic treatment is required for cosmetic reasons. The associated laboratory costs will also not be covered. <i>Benefit for fixed comprehensive treatment:</i> Limited to individuals from age 9 and younger than 18 years of age Benefit subject to managed care protocols Scheme Exclusions: • 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	*Pre-authorisation required Benefit for orthodontic treatment granted once per beneficiary per lifetime Only one family member may commence orthodontic treatment in a calendar year 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 and funding can be granted up to 80% of the BDT. Benefit for orthodontic treatment will be granted where function is impaired Benefit will not be granted where orthodontic treatment is required for cosmetic reasons. The associated laboratory costs will also not be covered. <i>Benefit for fixed comprehensive treatment:</i> Limited to individuals from age 9 and younger than 18 years of age Benefit subject to managed care protocols Scheme Exclusions: • 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	*Pre-authorisation required Benefit for orthodontic treatment granted once per beneficiary per lifetime Only one family member may commence orthodontic treatment in a calendar year 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 and funding can be granted up to 65% of the BDT. Benefit for orthodontic treatment will be granted where function is impaired Benefit will not be granted where orthodontic treatment is required for cosmetic reasons. The associated laboratory costs will also not be covered. <i>Benefit for fixed comprehensive treatment:</i> Limited to individuals from age 9 and younger than 18 years of age Benefit subject to managed care protocols Scheme Exclusions: • 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

SPECIALISED DENTISTRY	STANDARD	STANDARD SELECT	BONCOMPLETE
Periodontics*	*Pre-authorisation required 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 BDT Scheme Exclusions: • Surgical periodontics which includes gingivectomies, periodontal flap surgery, tissue grafting and the hemisection of a tooth • PerioChip placement	*Pre-authorisation required 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 BDT Scheme Exclusions: • Surgical periodontics which includes gingivectomies, periodontal flap surgery, tissue grafting and the hemisection of a tooth • PerioChip placement	*Pre-authorisation required 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 BDT Scheme Exclusions: • Surgical periodontics which includes gingivectomies, periodontal flap surgery, tissue grafting and the hemisection of a tooth • PerioChip placement
Maxillo-facial Surgery and Oral Pathology	<i>Surgery in the dental chair:</i> Covered at the BDT Benefit subject to managed care protocols <i>Temporo-mandibular joint (TMJ) therapy:</i> Benefit limited to non-surgical intervention/ treatments <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. <i>Benefit for the closure of an oral-antral opening (code 8909):</i> Subject to post-treatment motivation and managed care protocols <i>Surgery in hospital:</i> See Hospitalisation* below Scheme Exclusions: • Orthognathic (jaw correction) surgery • Sinus lifts • Bone augmentations • Bone and tissue regeneration procedures • The cost of bone regeneration material • The auto-transplantation of teeth	<i>Surgery in the dental chair:</i> Covered at the BDT Benefit subject to managed care protocols <i>Temporo-mandibular joint (TMJ) therapy:</i> Benefit limited to non-surgical intervention/ treatments <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. <i>Benefit for the closure of an oral-antral opening (code 8909):</i> Subject to post-treatment motivation and managed care protocols <i>Surgery in hospital:</i> See Hospitalisation* below Scheme Exclusions: • Orthognathic (jaw correction) surgery • Sinus lifts • Bone augmentations • Bone and tissue regeneration procedures • The cost of bone regeneration material • The auto-transplantation of teeth	<i>Surgery in the dental chair:</i> Covered at the BDT Benefit subject to managed care protocols <i>Temporo-mandibular joint (TMJ) therapy:</i> Benefit limited to non-surgical intervention/ treatments <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. <i>Benefit for the closure of an oral-antral opening (code 8909):</i> Subject to post-treatment motivation and managed care protocols <i>Surgery in hospital:</i> See Hospitalisation* below Scheme Exclusions: • 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	STANDARD	STANDARD SELECT	BONCOMPLETE
Hospitalisation (General Anaesthetic)*	*Pre-authorisation required Admission protocols apply Benefit subject to managed care protocols General anaesthetic benefit available for children under the age of 5 years for extensive dental treatment: • A co-payment of R3 500 per hospital admission applies. • A co-payment of R2 500 per day clinic admission applies. General anaesthetic benefit available for the removal of impacted teeth: • A co-payment of R5 000 per hospital admission applies for the removal of impacted teeth and any other medical admission other than children younger than 5 years of age. • A co-payment of R2 500 per day clinic admission applies for the removal of impacted teeth and any other medical admission other than children younger than 5 years of age. 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 BDT: • Apicectomies • Dentectomies • Frenectomies • Implantology and associated surgical procedures • Conservative dental treatment (fillings, extractions and root canal therapy) for adults	*Pre-authorisation required Admission protocols apply Benefit subject to managed care protocols General anaesthetic benefit available for children under the age of 5 years for extensive dental treatment: • A co-payment of R3 500 per hospital admission applies. • A co-payment of R2 500 per day clinic admission applies. General anaesthetic benefit available for the removal of impacted teeth: • A co-payment of R5 000 per hospital admission applies for the removal of impacted teeth and any other medical admission other than children younger than 5 years of age. • A co-payment of R2 500 per day clinic admission applies for the removal of impacted teeth and any other medical admission other than children younger than 5 years of age. 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 BDT: • Apicectomies • Dentectomies • Frenectomies • Implantology and associated surgical procedures • Conservative dental treatment (fillings, extractions and root canal therapy) for adults	*Pre-authorisation required Admission protocols apply Benefit subject to managed care protocols General anaesthetic benefit available for children under the age of 5 years for extensive dental treatment: • A co-payment of R3 500 per hospital admission applies. • A co-payment of R2 500 per day clinic admission applies. General anaesthetic benefit available for the removal of impacted teeth: • A co-payment of R5 000 per hospital admission applies for the removal of impacted teeth and any other medical admission other than children younger than 5 years of age. • A co-payment of R2 500 per day clinic admission applies for the removal of impacted teeth and any other medical admission other than children younger than 5 years of age. 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 BDT: • Apicectomies • Dentectomies • Frenectomies • Implantology and associated surgical procedures • Conservative dental treatment (fillings, extractions and root canal therapy) for adults

HOSPITALISATION AND ANAESTHETICS	STANDARD	STANDARD SELECT	BONCOMPLETE
	- Professional oral hygiene procedures - Surgical tooth exposures for orthodontic reasons Scheme Exclusions: - 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	- Professional oral hygiene procedures - Surgical tooth exposures for orthodontic reasons Scheme Exclusions: - 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	- Professional oral hygiene procedures - Surgical tooth exposures for orthodontic reasons Scheme Exclusions: - 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 BDT	Benefit subject to managed care protocols Covered at the BDT	Benefit subject to managed care protocols Covered at the BDT
Moderate/Deep Sedation in the Dental Rooms*	*Pre-authorisation required Benefit limited to extensive dental treatment Benefit subject to managed care protocols Covered at the BDT	*Pre-authorisation required Benefit limited to extensive dental treatment Benefit subject to managed care protocols Covered at the BDT	*Pre-authorisation required Benefit limited to extensive dental treatment Benefit subject to managed care protocols Covered at the BDT

PRIMARY Dental Benefit Table 2025

PRIMARY SELECT Dental Benefit Table 2025

Dental Benefits

Dental benefits are paid at the Bonitas Dental Tariff (BDT). 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.

Co-payments

On the **Primary** and **Primary Select** options co-payments are levied on all treatment out of hospital.

DSP Network: Primary and Primary Select

Benefits payable on the **Primary** and **Primary Select** options are subject to the use of a Designated Service Provider (DSP) on the DENIS Dental Network.

Out-of-Network Emergency Consultation

There is a benefit for *one* out-of-network emergency consultation (tariff code 8104) per beneficiary per year on the **Primary** and **Primary Select** options.

The following treatment is covered when charged with code 8104: extractions (code 8201 – max of 2); a pulpotomy (8307 – max of 2) or a pulpectomy (8132 – max of 2). No benefit for other out-of-network visits.

Pre-authorisation*

Dentures must be pre-authorised.

Procedures and treatments not pre-authorised will not attract a benefit.

Hospitalisation

PMB treatment is the only dental treatment covered in hospital on the Primary and the Primary Select options.

Pre-authorisation by DENIS is required for any dental-related PMB hospitalisation, subject to the Primary Select Hospital Network on both options.

Should a member on the Primary and the Primary Select option make use of a non-network hospital for a PMB procedure, a 30% co-payment will be applicable on the hospital account.

Emergencies require authorisation within 48 hours of the first working day after admission.

CONSERVATIVE DENTISTRY	PRIMARY	PRIMARY SELECT
Consultations	Two check-ups per beneficiary per year (once every 6 months) Benefit subject to managed care protocols Covered at 75% of the BDT	Two check-ups per beneficiary per year (once every 6 months) Benefit subject to managed care protocols Covered at 75% of the BDT
X-rays: Intraoral	Benefit subject to managed care protocols Covered at 75% of the BDT	Benefit subject to managed care protocols Covered at 75% of the BDT
X-rays: Extraoral	One per beneficiary in a 3-year period Benefit subject to managed care protocols Covered at 75% of the BDT	One per beneficiary in a 3-year period Benefit subject to managed care protocols Covered at 75% of the BDT

CONSERVATIVE DENTISTRY	PRIMARY	PRIMARY SELECT
Preventative Care	<i>Benefit for scale and polish:</i> Two scale and polish treatments per beneficiary per year (once every 6 months) <i>Benefit for fissure sealants:</i> Limited to beneficiaries younger than 16 years of age <i>Benefit for fluoride:</i> Limited to beneficiaries from age 5 and younger than 16 years of age Benefit subject to managed care protocols Covered at 75% of the BDT Scheme Exclusions: • Oral hygiene instruction • Oral hygiene evaluation • Professionally applied fluoride for beneficiaries younger than 5, and 16 years and older • Tooth whitening	<i>Benefit for scale and polish:</i> Two scale and polish treatments per beneficiary per year (once every 6 months) <i>Benefit for fissure sealants:</i> Limited to beneficiaries younger than 16 years of age <i>Benefit for fluoride:</i> Limited to beneficiaries from age 5 and younger than 16 years of age Benefit subject to managed care protocols Covered at 75% of the BDT Scheme Exclusions: • Oral hygiene instruction • Oral hygiene evaluation • Professionally applied fluoride for beneficiaries younger than 5, and 16 years and older • Tooth whitening
Fillings	<i>Benefit for fillings:</i> Granted once per tooth in 720 days <i>Benefit for re-treatment of a tooth:</i> Subject to managed care protocols <i>Multiple fillings:</i> A treatment plan and X-rays may be required for multiple fillings Covered at 75% of the BDT Scheme Exclusions: • 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	<i>Benefit for fillings:</i> Granted once per tooth in 720 days <i>Benefit for re-treatment of a tooth:</i> Subject to managed care protocols <i>Multiple fillings:</i> A treatment plan and X-rays may be required for multiple fillings Covered at 75% of the BDT Scheme Exclusions: • 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

CONSERVATIVE DENTISTRY	PRIMARY	PRIMARY SELECT
Root Canal Therapy and Extractions	Benefit for root canal therapy includes all teeth except primary teeth and permanent molars. Benefit subject to managed care protocols Covered at 75% of the BDT Scheme Exclusions: • Root canal therapy on primary (milk) teeth • Root canal therapy on third molars (wisdom teeth) • Direct and indirect pulp capping procedures	Benefit for root canal therapy includes all teeth except primary teeth and permanent molars. Benefit subject to managed care protocols Covered at 75% of the BDT Scheme Exclusions: • 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	*Pre-authorisation required for Dentures One set of plastic dentures (an upper <i>and</i> a lower) in a 4-year period for beneficiaries 21 years and older. A 25% co-payment applies. The appropriate laboratory codes will be covered with a 25% co-payment. <i>Benefit 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). <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). Benefit subject to managed care protocols Covered at 75% of the BDT Scheme Exclusions: • 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	*Pre-authorisation required for Dentures One set of plastic dentures (an upper <i>and</i> a lower) in a 4-year period for beneficiaries 21 years and older. A 25% co-payment applies. The appropriate laboratory codes will be covered with a 25% co-payment. <i>Benefit 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). <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). Benefit subject to managed care protocols Covered at 75% of the BDT Scheme Exclusions: • 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	PRIMARY	PRIMARY SELECT
Partial Chrome Cobalt Frame Dentures and Associated Laboratory Costs	No benefit	No benefit
Crown & Bridge and Associated Laboratory Costs <i>A bridge comprises two or more crown units. Each crown is payable from the available Crown & Bridge benefit.</i>	No benefit	No benefit
Implants and Associated Laboratory Costs	No benefit	No benefit
Orthodontics and Associated Laboratory Costs	No benefit	No benefit
Periodontics	No benefit	No benefit
Maxillo-facial Surgery and Oral Pathology	<i>Surgery in the dental chair:</i> Covered at 75% of the BDT Benefit subject to managed care protocols <i>Temporo-mandibular joint (TMJ) therapy:</i> Benefit limited to non-surgical intervention/treatments <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. <i>Benefit for the closure of an oral-antral opening (code 8909):</i> Subject to post-treatment motivation and managed care protocols <i>Surgery in hospital:</i> See Hospitalisation* below Scheme Exclusions: • Orthognathic (jaw correction) surgery • Sinus lifts • Bone augmentations • Bone and tissue regeneration procedures • The cost of bone regeneration material • The auto-transplantation of teeth	<i>Surgery in the dental chair:</i> Covered at 75% of the BDT Benefit subject to managed care protocols <i>Temporo-mandibular joint (TMJ) therapy:</i> Benefit limited to non-surgical intervention/treatments <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. <i>Benefit for the closure of an oral-antral opening (code 8909):</i> Subject to post-treatment motivation and managed care protocols <i>Surgery in hospital:</i> See Hospitalisation* below Scheme Exclusions: • 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	PRIMARY	PRIMARY SELECT
Hospitalisation (General Anaesthetic)*	Authorisation required No benefit for In Hospital (General Anaesthetic) dentistry, <i>except</i> for authorised PMBs. Subject to the Primary Hospital Network	Authorisation required No benefit for In Hospital (General Anaesthetic) dentistry, <i>except</i> for authorised PMBs. Subject to the Primary Select Hospital Network
Inhalation Sedation in the Dental Rooms	Covered at 75% of the BDT Benefit subject to managed care protocols	Covered at 75% of the BDT Benefit subject to managed care protocols
Moderate/Deep Sedation in the Dental Rooms*	Pre-authorisation required Covered at 75% of the BDT Benefit subject to managed care protocols Benefit limited to extensive dental treatment	Pre-authorisation required Covered at 75% of the BDT Benefit subject to managed care protocols Benefit limited to extensive dental treatment

BONSAVE Dental Benefit Table 2025

Dental Benefits Out of Hospital

Preventative dental benefits are managed by DENIS and paid at the Bonitas Dental Tariff (BDT) from risk. **Only** the preventative dental codes listed in the table below will be covered from risk for out of hospital dental services.

All other out of hospital conservative and specialised dental services will be interfaced by DENIS to the Scheme's administrator for payment from the member's positive savings account.

Dental benefits are subject to managed care protocols.

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

Co-payments

On the **BonSave** option a co-payment is levied on the *hospital account*.

Hospital account: The co-payments on BonSave to be waived if the cost of the service falls within the co-payment amount.

Bonitas BonSave Hospital Network

Members on the **BonSave** option must use a hospital within the Bonitas BonSave Hospital Network.

Should a member on the **BonSave** option make use of a non-network hospital for an elective procedure, a 30% co-payment will be applicable on the hospital account.

Pre-Authorisation*

Dental treatment in hospital and Moderate/Deep Sedation in the Dental Rooms is limited to the removal of impacted teeth **ONLY** and must be pre-authorised. Procedures and treatment not pre-authorised will not attract a benefit.

Penalties do not apply to emergency/PMB hospital admissions.

PREVENTATIVE DENTISTRY	CODE	BONSAVE
		<i>Payable by DENIS from Risk</i>
Consultations	8101	Two consultations per beneficiary per year (once every 6 months)
Polishing of Teeth	8155	Two scale and polish treatments per beneficiary per year (once every 6 months)
Scaling and Polishing	8159	Code 8155 and/or 8159 (max of 2 in total per year)
Fluoride Treatment		Two treatments per year, limited to beneficiaries from age 5 and younger than 16 years of age
	8161	5 to 12 years of age
	8162	13 to 15 years of age
Fissure Sealant	8163	One per tooth in a 3-year period for beneficiaries younger than 16 years of age
Infection Control	8109	One set per beneficiary per visit (One set = 8109 x 2, 8110 x 1)
Instrument Sterilisation	8110	

CONSERVATIVE DENTISTRY	BONSAVE
	<i>Payable from available Savings</i>
X-rays: Intraoral	Benefit subject to managed care protocols Covered at the BDT
X-rays: Extraoral	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 BDT
Fillings	Benefit for fillings: Granted once per tooth in 720 days Benefit for re-treatment of a tooth: Subject to managed care protocols Multiple fillings: A treatment plan and X-rays may be required for multiple fillings Covered at the BDT Scheme Exclusions: • 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	Benefit subject to managed care protocols Covered at the BDT Scheme Exclusions: • 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	*Pre-authorisation required for Dentures One set of plastic dentures (an upper <i>and</i> a lower) per beneficiary in a 4-year period 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). Benefit for a mouth guard: Benefit available for both the clinical and the associated laboratory fee for a mouth guard (no pre-authorisation required). Benefit subject to managed care protocols Covered at the BDT Scheme Exclusions: • 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	BONSAVE
	<i>Payable from available Savings</i>
Partial Chrome Cobalt Frame Dentures* and Associated Laboratory Costs	*Pre-authorisation required Two partial frames (an upper <i>and</i> a lower) per beneficiary in a 5-year period Benefit subject to managed care protocols Covered at the BDT Scheme Exclusions: • 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
Crown & Bridge* and Associated Laboratory Costs <i>A bridge comprises two or more crown units. Each crown is payable from the available Crown & Bridge benefit.</i>	*Pre-authorisation required Three crowns per family per year Benefit for crowns will be granted once per tooth in a 5-year period A treatment plan and X-rays may be requested Benefit subject to managed care protocols A pontic on a 2nd molar, where the 3rd molar is a crown retainer, is subject to managed care protocols Covered at the BDT Scheme Exclusions: • Crowns on third molars • Crown and bridge procedures for cosmetic reasons and associated laboratory costs • Occlusal rehabilitations and associated laboratory costs • Laboratory fabricated temporary crowns • 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	No benefit
Orthodontics* and Associated Laboratory Costs	*Pre-authorisation required Benefit for orthodontic treatment granted once per beneficiary per lifetime Only one family member may commence orthodontic treatment in a calendar year 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 and funding can be granted up to 100% of the BDT. Benefit for orthodontic treatment will be granted where function is impaired. Benefit will not be granted where orthodontic treatment is required for cosmetic reasons. The associated laboratory costs will also not be covered. Benefit for fixed comprehensive treatment: Limited to individuals from age 9 and younger than 18 years of age Benefit subject to managed care protocols Covered at the BDT

SPECIALISED DENTISTRY	BONSAVE
	<i>Payable from available Savings</i>
	Scheme Exclusions: • 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*	*Pre-authorisation required 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 BDT Scheme Exclusions: • Surgical periodontics which includes gingivectomies, periodontal flap surgery, tissue grafting and the hemisection of a tooth • PerioChip placement
Maxillo-facial Surgery and Oral Pathology	<i>Surgery in the dental chair:</i> Benefit subject to managed care protocols Covered at the BDT <i>Temporo-mandibular joint (TMJ) therapy:</i> Benefit limited to non-surgical intervention/treatments <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. <i>Benefit for the closure of an oral-antral opening (code 8909):</i> Subject to post-treatment motivation and managed care protocols <i>Surgery in hospital:</i> See Hospitalisation* below Scheme Exclusions: • 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	BONSAVE
	<i>Payable from Risk, unless specified from Savings</i>
Hospitalisation (General Anaesthetic)*	*Pre-authorisation required Admission protocols apply General anaesthetic benefit ONLY available for the removal of impacted teeth - payable from Risk: • A co-payment of R5 000 per hospital admission applies. • A co-payment of R2 500 upfront co-payment to apply for the removal of impacted teeth if performed in a Day Clinic. Benefit subject to managed care protocols Scheme Exclusions: • 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	Payable from available Savings Benefit subject to managed care protocols Covered at the BDT
Moderate/Deep Sedation in the Dental Rooms*	*Pre-authorisation required For the removal of impacted teeth – payable from Risk For any other extensive dental treatment, payable from Savings Benefit subject to managed care protocols Covered at the BDT

BONFIT SELECT Dental Benefit Table 2025

Dental Benefits Out of Hospital

Preventative dental benefits are managed by DENIS and paid at the Bonitas Dental Tariff (BDT) from risk.

Only the preventative dental codes listed in the table below will be covered from risk for out of hospital dental services.

All other out-of-hospital conservative and specialised dental services will be interfaced by DENIS to the Scheme's administrator for payment from the member's positive **savings account**.

Dental benefits are subject to managed care protocols.

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

Hospitalisation

PMB treatment is the only dental treatment covered in hospital on the **BonFit Select** option.

Pre-authorisation by DENIS is required for any dental-related PMB hospitalisation, subject to the **BonFit Select Hospital Network**.

Should a member on the **BonFit Select** option make use of a non-network hospital for a PMB procedure, a 30% co-payment will be applicable on the hospital account.

Emergencies require authorisation within 48 hours of the first working day after admission.

PREVENTATIVE DENTISTRY	CODE	BONFIT SELECT <i>Payable by DENIS from Risk</i>
Consultation	8101	Two consultations per beneficiary per year (once every 6 months)
Polishing of Teeth	8155	Two scale and polish treatments per beneficiary per year (once every 6 months)
Scaling and Polishing	8159	Code 8155 and/or 8159 (max of 2 in total per year)
Fluoride Treatment		Two treatments per year, limited to beneficiaries from age 5 and younger than 16 years of age
	8161	5 to 12 years of age
	8162	13 to 15 years of age
Fissure Sealant	8163	One per tooth in a 3-year period for beneficiaries younger than 16 years of age
Infection Control	8109	One set per beneficiary per visit (One set = 8109 x 2, 8110 x 1)
Instrument Sterilisation	8110	

CONSERVATIVE DENTISTRY	BONFIT SELECT <i>Payable from available Savings</i>
X-rays: Intraoral	Benefit subject to managed care protocols Covered at the BDT
X-rays: Extraoral	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 BDT
Fillings	<i>Benefit for fillings:</i> Granted once per tooth in 720 days <i>Benefit for re-treatment of a tooth:</i> Subject to managed care protocols <i>Multiple fillings:</i> A treatment plan and X-rays may be required for multiple fillings Covered at the BDT Scheme Exclusions: • 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	Benefit subject to managed care protocols Covered at the BDT
Plastic Dentures* and Associated Laboratory Costs	*Pre-authorisation required for Dentures One set of plastic dentures (an upper <i>and</i> a lower) per beneficiary in a 4-year period 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). <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). Benefit subject to managed care protocols Covered at the BDT Scheme Exclusions: • 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	BONFIT SELECT <i>Payable from available Savings</i>
Partial Chrome Cobalt Frame Dentures* and Associated Laboratory Costs	*Pre-authorisation required Two partial frames (an upper <i>and</i> a lower) per beneficiary in a 5-year period Benefit subject to managed care protocols Covered at the BDT Scheme Exclusions: • 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
Crown & Bridge* and Associated Laboratory Costs <i>A bridge comprises two or more crown units. Each crown is payable from the available Crown & Bridge benefit.</i>	*Pre-authorisation required Three crowns per family per year Benefit for crowns will be granted once per tooth in a 5-year period A treatment plan and X-rays may be requested Benefit subject to managed care protocols A pontic on a 2nd molar, where the 3rd molar is a crown retainer, is subject to managed care protocols Covered at the BDT Scheme Exclusions: • Crowns on third molars • Crown and bridge procedures for cosmetic reasons and associated laboratory costs • Occlusal rehabilitations and associated laboratory costs • Laboratory fabricated temporary crowns • 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	No benefit
Orthodontics* and Associated Laboratory Costs	*Pre-authorisation required Benefit for orthodontic treatment granted once per beneficiary per lifetime Only one family member may commence orthodontic treatment in a calendar year 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 and funding can be granted up to 100% of the BDT. Benefit for orthodontic treatment will be granted where function is impaired. Benefit will not be granted where orthodontic treatment is required for cosmetic reasons. The associated laboratory costs will also not be covered. Benefit for fixed comprehensive treatment: Limited to individuals from age 9 and younger than 18 years of age Benefit subject to managed care protocols Covered at the BDT

SPECIALISED DENTISTRY	BONFIT SELECT <i>Payable from available Savings</i>
	Scheme Exclusions: • 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*	*Pre-authorisation required 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 BDT Scheme Exclusions: • Surgical periodontics which includes gingivectomies, periodontal flap surgery, tissue grafting and the hemisection of a tooth • PerioChip placement
Maxillo-facial Surgery and Oral Pathology	<i>Surgery in the dental chair:</i> Benefit subject to managed care protocols Covered at the BDT <i>Temporo-mandibular joint (TMJ) therapy:</i> Benefit limited to non-surgical intervention/treatments <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. <i>Benefit for the closure of an oral-antral opening (code 8909):</i> Subject to post-treatment motivation and managed care protocols <i>Surgery in hospital:</i> See Hospitalisation* below Scheme Exclusions: • 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	BONFIT SELECT
Hospitalisation (General Anaesthetic)*	No benefit for In Hospital (General Anaesthetic) dentistry, <i>except</i> for PMBs. Subject to BonFit Select Hospital Network <i>*Subject to pre-authorisation</i>
Inhalation Sedation in the Dental Rooms	Payable from available Savings Benefit subject to managed care protocols Covered at the BDT
Moderate/Deep Sedation in the Dental Rooms*	<i>*Pre-authorisation required</i> Payable from Savings Benefit limited to extensive dental treatment Benefit subject to managed care protocols Covered at the BDT

BONCAP Dental Benefit Table 2025

Dental Benefits

Dental benefits are managed by DENIS and paid at the Bonitas Dental Tariff (BDT).

There is no overall annual limit on **BonCap** for 2025.

Only the dental codes listed in the table below will be covered under this option, except in the case of authorised Prescribed Minimum Benefit (PMB) events.

This option does not provide benefits for any 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.

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

Please note that PHA will be responsible for the payment of all dental claims (Out-of-hospital dentistry, In-hospital PMB dentistry and related anaesthetics) on the BonCap option.

DSP Network

Benefits payable for Conservative Out-of-hospital services on the **BonCap** option are subject to the use of a Designated Service Provider (DSP) on the **DENIS Dental Network**. No benefit for out-of-network visits.

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

Pre-authorisation*

Dentures must be pre-authorised on the **BonCap** option. A 20% penalty will apply if authorisation is applied for after the treatment is clinically indicated.

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

Emergencies require authorisation within 48 hours of the first working day.

BENEFIT	CODE	BONCAP DENIS Benefit Information
Consultation	8101	One check-up per beneficiary per year (Once every 365 days)
Specific Consultation (Emergency)	8104	One specific consultation (emergency) for pain and sepsis per beneficiary per year
Intraoral X-rays	8107 and/or 8112	Four X-rays in total per beneficiary per year NOTE: X-rays Extraoral – NO Benefit
Polishing of Teeth	8155	One polish (8155) or one scaling and polishing (8159) per beneficiary per year
Scaling and Polishing	8159	
Fluoride Treatment		One treatment per year for beneficiaries under 16 years of age
	8161	5 to 12 years of age
	8162	13 to 15 years of age
Fissure Sealant	8163	One per tooth in a 3-year period for beneficiaries younger than 16 years of age

BENEFIT	CODE	BONCAP <i>DENIS Benefit Information</i>
Infection Control	8109	One set per beneficiary per visit (One set = 8109 x 2, 8110 x 1, 8145 x 1)
Instrument Sterilisation	8110	
Local Anaesthetic	8145	
Inhalation Sedation in the Dental Rooms		Inhalation Sedation is limited to extensive conservative dental treatment only
	8141	First 15 minutes
	8143	Each additional 15 minutes
Emergency Pulp removal for the relief of acute pain prior to root canal therapy	8131	Benefit for emergency treatment only
	8132	Pulp Removal (Pulpectomy)
Pulp Treatments	8307	Benefit for amputation of pulp of primary teeth
Extractions (Removal of Teeth)	8201	Extraction of tooth or exposed roots
	8935	Treatment of septic socket
Dental Fillings	8341 8342 8343 8344 8351 8352 8353 8354 8367 8368 8369 8370	Benefit for 4 fillings per beneficiary per year Benefit for fillings are granted once per tooth in 720 days Benefit for re-treatment of a tooth subject to managed care protocols
Plastic Dentures*	8231 8232 8233 8234 8235 8236 8237 8238 8239 8240 8241	*Pre-authorisation required One set of plastic dentures (an upper <i>and</i> a lower) per family in a 2-year period for beneficiaries 21 years and older. 20% co-payment applies. The appropriate laboratory codes will be covered. 20% co-payment applies.

BENEFIT	CODE	BONCAP <i>DENIS Benefit Information</i>
Denture Rebase	8259	Rebase of denture once per family per year for beneficiaries 21 years and older. 20% co-payment applies The appropriate laboratory codes will be covered. 20% co-payment applies.
Denture Repairs	8263 8269 8271 8273	Repairs to existing dentures twice per family per year for beneficiaries 21 years and older. 20% co-payment applies. The appropriate laboratory codes will be covered. 20% co-payment applies.
Maxillo-facial Surgery in Dental Chair		Surgery in the dental chair subject to the use of a DENIS designated service provider and only the 3 codes listed below will be covered.
	8937	Surgical removal of tooth
	8213	Surgical removal of residual roots
		Cover for PMB treatment
Moderate/Deep Sedation in the Dental Rooms*	8144	*Pre-authorisation required Benefit limited to extensive conservative dental treatment
Hospitalisation (General Anaesthetic)*		No benefits for in hospital (general anaesthetic) dentistry, <i>except</i> for PMBs . *Pre-authorisation required

HOSPITAL STANDARD Dental Benefit Table 2025

Dental Benefits

Dental benefits are paid at the Bonitas Dental Tariff (BDT).

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 Rules of the Scheme will prevail.

Co-payments

On the **Hospital Standard** option a co-payment is levied on the *hospital account*.

Hospital account: The co-payments on **Hospital Standard** to be waived if the cost of the service falls within the co-payment amount.

Hospital Standard Hospital Network

Members on the **Hospital Standard** option must use a hospital within the Bonitas Hospital Standard Hospital Network.

Should a member on the **Hospital Standard** option make use of a non-network hospital for an elective procedure, a 30% co-payment will be applicable on the hospital account.

Pre-authorisation*

Dental treatment in hospital and Moderate/Deep Sedation in the Dental Rooms must be pre-authorised. Procedures and treatments not pre-authorised will not attract a benefit.

Penalties do not apply to emergency/PMB** hospital admissions.

** PMB = Prescribed Minimum Benefits

CONSERVATIVE DENTISTRY	HOSPITAL STANDARD
Consultations	No benefit
X-rays: Intraoral	No benefit
X-rays: Extraoral	No benefit
Preventative Care	Fissure sealants (tariff code 8163) are available for beneficiaries younger than 16 years of age and limited to one per tooth in 3 years Benefit for fissure sealants subject to managed care protocols Covered at 100% of BDT
Fillings	No benefit
Root Canal Therapy and Extractions	No benefit
Plastic Dentures	No benefit

SPECIALISED DENTISTRY	HOSPITAL STANDARD
Partial Chrome Cobalt Frame Dentures and Associated Laboratory Costs	No benefit
Crown & Bridge and Associated Laboratory Costs	No benefit
Implants and Associated Laboratory Costs	No benefit
Orthodontics and Associated Laboratory Costs	No benefit
Periodontics	No benefit
Maxillo-facial Surgery*	<i>Maxillo-facial surgery in hospital:</i> - *Pre-authorisation required - Services included are surgery as a result of tumours, neoplasms, sepsis, trauma and congenital birth defects. - Benefit subject to managed care protocols and payable to the specialist up to 100% of the BDT <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. <i>Benefit for the closure of an oral-antral opening (code 8909):</i> - Subject to post-treatment motivation and managed care protocols <i>Other surgery in hospital:</i> - See Hospitalisation* below Scheme Exclusions: • Osseo-integrated implantation • 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	HOSPITAL STANDARD
Hospitalisation (General Anaesthetic)*	*Pre-authorisation required Admission protocols apply Benefit subject to managed care protocols General anaesthetic benefit available for children under the age of 5 years for extensive dental treatment: • A co-payment of R3 500 per hospital admission applies. • A co-payment of R2 500 per day clinic admission applies General anaesthetic benefit available for the removal of impacted teeth: • A co-payment of R5 000 per hospital admission applies for the removal of impacted teeth and any other medical admission other than children younger than 5 years of age. • A co-payment of R2 500 per day clinic admission applies for the removal of impacted teeth and any other medical admission other than children younger than 5 years of age. Scheme Exclusions: • 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	No benefit
Moderate/Deep Sedation in the Dental Rooms*	*Pre-authorisation required Benefit subject to managed care protocols Covered at 100% of BDT Only applicable in lieu of GA for the benefits described under Hospitalisation.

BONESSENTIAL Dental Benefit Table 2025

BONESSENTIAL SELECT Dental Benefit Table 2025

Dental Benefits

Dental benefits are paid at the Bonitas Dental Tariff (BDT).

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 Rules of the Scheme will prevail.

Co-payments

On the **BonEssential** and **BonEssential Select** options a co-payment is levied on the *hospital account*.

Hospital account: The co-payments on **BonEssential** and **BonEssential Select** options to be waived if the cost of the service falls within the co-payment amount.

BonEssential Select Hospital Network

Members on the **BonEssential Select** option must use a hospital within the Bonitas BonEssential Select Hospital Network.

Should a member on the **BonEssential Select** option make use of a non-network hospital for an elective procedure, a 30% co-payment will be applicable on the hospital account.

Pre-authorisation*

Dental treatment in hospital and Moderate/Deep Sedation in the Dental Rooms must be pre-authorised. Procedures and treatments not pre-authorised will not attract a benefit.

Penalties do not apply to emergency/PMB** hospital admissions.

** PMB = Prescribed Minimum Benefits

CONSERVATIVE DENTISTRY	BONESSENTIAL & BONESSENTIAL SELECT
Consultations	No benefit
X-rays: Intraoral	No benefit
X-rays: Extraoral	No benefit
Preventative Care	Fissure sealants (tariff code 8163) are available for beneficiaries younger than 16 years of age and limited to one per tooth in 3 years Benefit for fissure sealants subject to managed care protocols Covered at 100% of BDT
Fillings	No benefit
Root Canal Therapy and Extractions	No benefit
Plastic Dentures	No benefit

SPECIALISED DENTISTRY	BONEssential & BONEssential SELECT
Partial Chrome Cobalt Frame Dentures and Associated Laboratory Costs	No benefit
Crown & Bridge and Associated Laboratory Costs	No benefit
Implants and Associated Laboratory Costs	No benefit
Orthodontics and Associated Laboratory Costs	No benefit
Periodontics	No benefit
Maxillo-facial Surgery	<i>Surgery in the dental chair:</i> Benefit subject to managed care protocols Covered at the BDT Benefit ONLY available for the removal of impacted teeth: Code 8941 <i>Surgery in hospital:</i> • See Hospitalisation* below

HOSPITALISATION AND ANAESTHETICS	BONEssential & BONEssential SELECT
Hospitalisation (General Anaesthetic)*	*Pre-authorisation required Admission protocols apply Benefit subject to managed care protocols BonEssential Select is subject to the use of a hospital on the BonEssential Select Hospital Network. General anaesthetic benefit available for the removal of impacted teeth ONLY: • A co-payment of R5 000 per hospital admission applies. • A co-payment of R2 500 upfront co-payment to apply for the removal of impacted teeth if performed in a Day Clinic. Scheme Exclusions: • 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

HOSPITALISATION AND ANAESTHETICS	BONEssential & BONEssential SELECT
Inhalation Sedation in the Dental Rooms	No benefit
Moderate/Deep Sedation in the Dental Rooms*	*Pre-authorisation required Benefit subject to managed care protocols Covered at 100% of BDT Only applicable in lieu of GA for the benefits described under Hospitalisation.

BONSTART Dental Benefit Table 2025

BONSTART PLUS Dental Benefit Table 2025

Dental Benefits

Preventative dental benefits are managed by DENIS and paid at the Bonitas Dental Tariff (BDT).

Only the dental codes listed in the table below will be covered under this option.

Dental benefits are subject to managed care protocols.

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

Hospitalisation

PMB treatment is the only dental treatment covered in hospital on these options.

Pre-authorisation by DENIS is required for any dental related PMB hospitalisation. Subject to **BonStart** and **BonStart Plus Hospital Network**.

A **R12 680 co-payment** to apply to all non-network admissions, subject to Regulation 8 (3).

Emergencies require authorisation within 48 hours of the first working day.

BENEFIT	CODE	BONSTART	BONSTART PLUS
Consultation	8101	One consultation per beneficiary per year (not within 6 months from the previous year's consultation) R125 co-payment applies to the charged code 8101	One consultation per beneficiary per year (not within 6 months from the previous year's consultation) R70 co-payment applies to the charged code 8101
Polishing of Teeth	8155	One scale and polish treatment per beneficiary per year (not within 6 months from the previous year's scale and polish) Code 8155 or 8159 (max of 1 in total per year)	One scale and polish treatment per beneficiary per year (not within 6 months from the previous year's scale and polish) Code 8155 or 8159 (max of 1 in total per year)
Scaling and Polishing	8159		
Fluoride Treatment		One treatment per year, limited to beneficiaries from age 5 and younger than 16 years of age	One treatment per year, limited to beneficiaries from age 5 and younger than 16 years of age
	8161	5 to 12 years of age	5 to 12 years of age
	8162	13 to 15 years of age	13 to 15 years of age
Fissure Sealant	8163	One per tooth in a 3-year period for beneficiaries younger than 16 years of age	One per tooth in a 3-year period for beneficiaries younger than 16 years of age
Infection Control	8109	One set per beneficiary per visit (One set = 8109 x 2 and 8110 x 1)	One set per beneficiary per visit (One set = 8109 x 2 and 8110 x 1)
Instrument Sterilisation	8110		

BENEFIT	CODE	BONSTART	BONSTART PLUS
Hospitalisation* (General Anaesthetic)		No benefit for In-hospital (General Anaesthetic) dentistry, <i>except</i> for PMBs. Subject to BonStart Hospital Network <i>*Subject to pre-authorisation</i>	No benefit for In-hospital (General Anaesthetic) dentistry, <i>except</i> for PMBs. Subject to BonStart Plus Hospital Network <i>*Subject to pre-authorisation</i>

Additional Scheme Exclusions (All 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