

# Essential Employee Benefits (EEB) Dental Benefit Table 2025

## 2025 Essential Employee Benefits (EEB) Plans\*

**EEB Combined Plan**

**EEB Essential Plan**

**EEB Executive Essential Plan**

**EEB Executive Combined Plan**

*\*Please note these are not medical scheme products, they are primary healthcare/hospital indemnity products that are registered within the Demarcation Exemption Framework.*

## Dental Benefits

Dental benefits are paid at the DENIS Network Dental Tariff.

ONLY the dental codes listed in the table below will be covered under this plan.

Dental benefits are subject to managed care protocols and managed care interventions which may include the requirement of treatment plans and/or radiographs prior to benefit application.

There is no benefit for: Root Canal Therapy, Dentures, Specialised Dentistry, Inhalation Sedation in Dental Rooms, Moderate/Deep Sedation in Dental Rooms and Dental Treatment in hospital.

## Compulsory Network

Benefits payable on the following Essential Employee Benefits (EEB) plans are subject to the use of a Network Service Provider on the ***DENIS Dental Network***:

**EEB Combined Plan**

**EEB Essential Plan**

**EEB Executive Essential Plan**

**EEB Executive Combined Plan**

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

### Essential Employee Benefits (EEB) Plans:

EEB Combined Plan, EEB Essential Plan, EEB Executive Essential Plan, EEB Executive Combined Plan

#### Dental Benefit Table: Conservative Dentistry

Code	Benefit	Limitations
<b>8101</b>	<b>Consultation</b> <i>General Dental Practitioner and Dental Therapist</i>	<b>Two</b> consultations per dependant per year (i.e. once every 6 months)
<b>8104</b>	<b>Specific consultation / emergency</b> <i>General Dental Practitioner or Dental Therapist</i>	<b>One</b> specific consultation for pain and sepsis per dependant per year Not within 4 weeks of charging 8101
<b>8107</b> <b>8112</b>	<b>Intraoral X-rays</b> <i>General Dental Practitioner or Dental Therapist</i>  Intraoral radiograph – periapical Intraoral radiograph - bitewing	Maximum of <b>two</b> X-rays (8107 and/or 8112) per visit per dependant  Maximum quantity of <b>seven</b> X-rays (8107 and 8112) per dependant per year in total
<b>8109</b>	<b>Infection control</b> (gloves & masks) <i>General Dental Practitioner or Dental Therapist</i>	<b>Two</b> per dependant per visit
<b>8110</b>	<b>Instrument sterilisation</b> <i>General Dental Practitioner or Dental Therapist</i>	<b>One</b> per dependant per visit
<b>8145</b>	<b>Local anaesthetic</b> <i>General Dental Practitioner or Dental Therapist</i>	<b>One</b> per dependant per visit  No benefit for 8145 when charged with Scale and Polish only.
<b>8155</b> and/or <b>8159</b>	<b>Cleaning of teeth</b> <i>General Dental Practitioner or Dental Therapist</i>	<b>Two</b> polishing and scaling treatments per dependant per year (once every 6 months)
<b>8161</b>	<b>Fluoride treatment (children)</b> <i>General Dental Practitioner or Dental Therapist</i>	<b>Two</b> treatments per year (once every 6 months), and limited to dependants <b>from age 3 up to 12 years of age</b>
<b>8162</b>	<b>Fluoride treatment (adults)</b> <i>General Dental Practitioner or Dental Therapist</i>	<b>Two</b> treatments per year (once every 6 months), and only for dependants <b>older than 12 and younger than 16 years of age</b> .  No cover for 16 years and older.

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EEB Combined Plan, EEB Essential Plan, EEB Executive Essential Plan, EEB Executive Combined Plan

#### Dental Benefit Table: Conservative Dentistry

Code	Benefit	Limitations
	<b>Fillings</b> <i>General Dental Practitioner or Dental Therapist</i>	Motivation and records are required for <b>more than four fillings</b> per dependant per year.  Benefit for fillings are granted once per tooth in 9 months.
<b>8341</b>	Amalgam – one surface	
<b>8342</b>	Amalgam – two surfaces	
<b>8343</b>	Amalgam – three surfaces	
<b>8344</b>	Amalgam – four or more surfaces	
<b>8351</b>	Resin – one surface, anterior	
<b>8352</b>	Resin – two surfaces, anterior	
<b>8353</b>	Resin – three surfaces – anterior	
<b>8354</b>	Resin – four or more surfaces, anterior	
<b>8367</b>	Resin – one surface, posterior	
<b>8368</b>	Resin – two surfaces, posterior	
<b>8369</b>	Resin – three surfaces, posterior	
<b>8370</b>	Resin – four or more surfaces, posterior	
<b>8201</b>	<b>Extractions (removal of teeth)</b> <i>General Dental Practitioner or Dental Therapist</i>	Extraction of teeth or exposed roots
<b>8132</b>	<b>Pulpectomy – emergency pulp removal</b> <i>General Dental Practitioner</i>	For the relief of acute pain  Not covered on primary teeth