

MediClub Agrihealth Dental Benefit Table 2025

MediClub Agrihealth*

**Please note this is not a medical scheme product, it is a primary healthcare/hospital indemnity product that is 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 **MediClub Agrihealth** plan are subject to the use of a Network Service Provider on the **DENIS Dental Network**.

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

MediClub Agrihealth

Dental Benefit Table: Conservative Dentistry

Code	Benefit	Limitations
8101	Consultation <i>General Dental Practitioner and Dental Therapist</i>	Two consultations per dependant per year (i.e. once every 6 months)
8104	Specific consultation / emergency <i>General Dental Practitioner or Dental Therapist</i>	One specific consultation for pain and sepsis per dependant per year Not within 4 weeks of charging 8101
8107 8112	Intraoral X-rays <i>General Dental Practitioner or Dental Therapist</i> Intraoral radiograph – periapical Intraoral radiograph - bitewing	Maximum of two X-rays (8107 and/or 8112) per visit per dependant
8109	Infection control (gloves & masks) <i>General Dental Practitioner or Dental Therapist</i>	Two per dependant per visit
8110	Instrument sterilisation <i>General Dental Practitioner or Dental Therapist</i>	One per dependant per visit
8145	Local anaesthetic <i>General Dental Practitioner or Dental Therapist</i>	One per dependant per visit
8155 and/or 8159	Cleaning of teeth <i>General Dental Practitioner or Dental Therapist</i>	Two polishing and scaling treatments per dependant per year (once every 6 months)
8161	Fluoride treatment <i>General Dental Practitioner or Dental Therapist</i>	Two treatments per year for dependants younger than 12 years of age (once every 6 months)
8341 8342 8343 8344 8351	Fillings <i>General Dental Practitioner or Dental Therapist</i> Amalgam – one surface Amalgam – two surfaces Amalgam – three surfaces Amalgam – four or more surfaces Resin – one surface, anterior	Motivation and records required for more than 5 fillings per dependant per year Motivation required for 3 or 4 surface fillings on wisdom teeth (3 rd Molars) Benefit for fillings is granted once per tooth in 9 months

Dental Benefit Table: Conservative Dentistry

Code	Benefit	Limitations
8352	Resin – two surfaces, anterior	
8353	Resin – three surfaces – anterior	
8354	Resin – four or more surfaces, anterior	
8367	Resin – one surface, posterior	
8368	Resin – two surfaces, posterior	
8369	Resin – three surfaces, posterior	
8370	Resin – four or more surfaces, posterior	
8201	Extractions (removal of teeth) <i>General Dental Practitioner or Dental Therapist</i>	Extraction of tooth or exposed roots
8132	Pulpectomy – emergency pulp removal <i>General Dental Practitioner or Dental Therapist</i>	For the relief of acute pain Not covered on primary teeth