



Essential Employee Benefits (EEB) Dental Benefit Table 2026

Essential Employee Benefits (EEB) Plans*

EEB Combined Plan

EEB Essential Plan

EEB Executive Combined Plan

EEB Executive Essential 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 Combined Plan

EEB Executive Essential 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 Combined Plan & EEB Executive Essential Plan

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
	Intraoral X-rays <i>General Dental Practitioner or Dental Therapist</i>	Maximum of two X-rays (8107 and/or 8112) per visit per dependant
8107 8112	Intraoral radiograph – periapical Intraoral radiograph - bitewing	Maximum quantity of seven X-rays (8107 and 8112) per dependant per year in total
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 No benefit for 8145 when charged with Scale and Polish only.
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 (children) <i>General Dental Practitioner or Dental Therapist</i>	Two treatments per year (once every 6 months), and limited to dependants from age 3 up to 12 years of age
8162	Fluoride treatment (adults) <i>General Dental Practitioner or Dental Therapist</i>	Two treatments per year (once every 6 months), and only for dependants older than 12 and younger than 16 years of age . No cover for 16 years and older.

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Dental Benefit Table: Conservative Dentistry

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