



## KeyHealth Dental Benefit Tables 2026

<b>Silver Option.....</b>	<b>2</b>
<b>Gold Option .....</b>	<b>2</b>
<b>Platinum Option .....</b>	<b>2</b>
Dental Benefit Tables 2026 .....	2
Dental Benefits.....	2
KeyHealth Hospital Network.....	2
Pre-authorisation* .....	2
<b>Equilibrium Option.....</b>	<b>8</b>
Dental Benefit Table 2026 .....	8
Dental Benefits.....	8
KeyHealth Hospital Network.....	8
Pre-authorisation* .....	8
<b>Origin Option.....</b>	<b>12</b>
Dental Benefit Table 2026 .....	12
Dental Benefits.....	12
KeyHealth Hospital Network.....	12
Day-to-day Family Limit .....	12
<b>Essence Option .....</b>	<b>15</b>
Dental Benefit Table 2026 .....	15
Dental Benefits.....	15
Out-of-Hospital Dental Benefits.....	15
In-Hospital Dental Benefits .....	15
KeyHealth Hospital Network.....	15
<b>Additional Scheme Exclusions (Applicable to all KeyHealth options) .....</b>	<b>16</b>

### Get in touch

For assistance with Dental pre-authorisations, queries on your claims,  
or benefit information, contact DENIS:

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## Silver Option

## Gold Option

## Platinum Option

### Dental Benefit Tables 2026

#### Dental Benefits

Dental benefits are paid at the KeyHealth Dental Tariff (KDT).

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.

#### KeyHealth Hospital Network

Members on the **Silver, Gold, and Platinum** options must use a hospital within the **KeyHealth Hospital Network** for planned procedures.

Should a member voluntary make use of a non-network hospital, a 30% co-payment will be applicable to the hospital account.

In case of an emergency/PMB\*\* admission, a member on these options may be admitted to any private hospital without having to pay a non-network co-payment.

#### Pre-authorisation\*

Dentures must be pre-authorised on the **Silver, Gold and Platinum** options.

Hospitalisation and certain specialised dentistry procedures and treatment must be pre-authorised.

A co-payment of **R2 060** per hospital admission applies. All authorised dental cases in **Day Clinics** will be exempt from a co-payment.

If authorisation is applied for after the treatment has been done, a 20% penalty will apply.

This is applicable to hospitalisation (the hospital account) and for the following specialised out-of-hospital dentistry treatments: Crown & Bridge, Implants, Periodontics and Moderate/Deep Sedation in the dental rooms.

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 approved as per the managed care protocols.

Penalties do not apply to emergency hospital admission.

\*\*Prescribed Minimum Benefit

Conservative Dentistry	Silver	Gold	Platinum
<b>Consultations</b>	<ul style="list-style-type: none"><li>- <b>One</b> check-up per beneficiary per year</li><li>- Benefit subject to managed care protocols</li><li>- Covered at 100% of the KDT</li></ul>	<ul style="list-style-type: none"><li>- <b>Two</b> check-ups per beneficiary per year (once every 6 months)</li><li>- Benefit subject to managed care protocols</li><li>- Covered at 100% of the KDT</li></ul>	<ul style="list-style-type: none"><li>- <b>Two</b> check-ups per beneficiary per year (once every 6 months)</li><li>- Benefit subject to managed care protocols</li><li>- Covered at 100% of the KDT</li></ul>
<b>X-rays: Intraoral</b>	<ul style="list-style-type: none"><li>- Benefit subject to managed care protocols</li><li>- Covered at 100% of the KDT</li></ul>		
<b>X-rays: Extraoral</b>	<ul style="list-style-type: none"><li>- One per beneficiary in a 3-year period</li><li>- Additional benefit may be granted where specialised dental treatment is required.</li><li>- Benefit subject to managed care protocols</li><li>- Covered at 100% of the KDT</li></ul>		

Conservative Dentistry	Silver	Gold	Platinum
<b>Preventative Care</b>	<p><b>Benefit for scale and polish:</b>  <b>One</b> scale and polish treatment per beneficiary per year</p>	<p><b>Benefit for scale and polish:</b>  <b>Two</b> scale and polish treatments per beneficiary per year (once every 6 months)</p>	<p><b>Benefit for scale and polish:</b>  <b>Two</b> scale and polish treatments per beneficiary per year (once every 6 months)</p>
	<ul style="list-style-type: none"> <li>- <b>Benefit for fissure sealants:</b>            Limited to beneficiaries younger than 16 years of age</li> <li>- <b>Benefit for fluoride:</b>            Limited to beneficiaries from age 5 and younger than 13 years of age</li> <li>- Benefit subject to managed care protocols</li> <li>- Covered at 100% of the KDT</li> </ul>		
	<p><b>Scheme Exclusions:</b></p> <ul style="list-style-type: none"> <li>- Oral hygiene instruction</li> <li>- Oral hygiene evaluation</li> <li>- Professionally applied fluoride for beneficiaries younger than 5, and 13 years and older</li> <li>- Tooth Whitening</li> </ul>		
<b>Fillings</b>	<ul style="list-style-type: none"> <li>- <b>Benefit for fillings:</b>            Granted once per tooth in 720 days</li> <li>- <b>Benefit for re-treatment of a tooth:</b>            Subject to managed care protocols</li> <li>- <b>Multiple fillings:</b>            A treatment plan and X-rays may be required</li> <li>- Covered at 100% of the KDT</li> </ul>		
	<p><b>Scheme Exclusions:</b></p> <ul style="list-style-type: none"> <li>- Fillings to restore teeth damaged due to toothbrush abrasion, attrition, erosion and fluorosis</li> <li>- Gold foil restorations</li> <li>- Ozone therapy</li> <li>- Resin bonding for restorations that are charged as a separate procedure to the restoration</li> <li>- The polishing of restorations</li> </ul>		
<b>Root Canal Therapy and Extractions</b>	<ul style="list-style-type: none"> <li>- Benefit subject to managed care protocols</li> <li>- Covered at 100% of the KDT</li> </ul>		
	<p><b>Scheme Exclusions:</b></p> <ul style="list-style-type: none"> <li>- Root canal therapy on primary (milk) teeth</li> <li>- Root canal therapy on third molars (wisdom teeth)</li> <li>- Direct and indirect pulp capping procedures</li> </ul>		
<b>Plastic Dentures* and Associated Laboratory Costs</b>	<p style="text-align: right;"><small>*Pre-authorisation required</small></p> <ul style="list-style-type: none"> <li>- <b>One</b> set of plastic dentures (an upper <i>and</i> a lower) per beneficiary in a 4-year period</li> <li>- <b>Benefit not available</b> 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).</li> <li>- <b>Benefit for a mouth guard:</b>            Benefit available for both the clinical and the associated laboratory fee for a mouth guard (no pre-authorisation required)</li> <li>- Benefit is subject to managed care protocols</li> <li>- Covered at 100% of the KDT</li> </ul>		

Conservative Dentistry	Silver	Gold	Platinum
<p><b>Scheme Exclusions:</b></p> <ul style="list-style-type: none"> <li>- Diagnostic dentures and associated laboratory costs</li> <li>- High impact acrylic</li> <li>- Laboratory delivery fees</li> <li>- Provisional dentures and associated laboratory costs</li> <li>- Snoring appliances and associated laboratory costs</li> <li>- The cost of gold, precious metal, semi-precious metal and platinum foil</li> </ul>			

Specialised Dentistry	Silver	Gold	Platinum
<b>Partial Chrome Cobalt Frame Dentures* and Associated Laboratory Costs</b>	No benefit	<p><b>*Pre-authorisation required</b></p> <ul style="list-style-type: none"> <li>- <b>One</b> partial frame (an upper <i>or</i> a lower) per beneficiary in a 5-year period</li> <li>- Benefit subject to managed care protocols</li> <li>- Covered at <b>80%</b> of the KDT</li> </ul>	<p><b>*Pre-authorisation required</b></p> <ul style="list-style-type: none"> <li>- <b>Two</b> partial frames (an upper <i>and</i> a lower) per beneficiary in a 5-year period</li> <li>- Benefit subject to managed care protocols</li> <li>- Covered at <b>80%</b> of the KDT</li> </ul>
<p><b>Scheme Exclusions:</b></p> <ul style="list-style-type: none"> <li>- High impact acrylic</li> <li>- Laboratory delivery fees</li> <li>- The cost of gold, precious metal, semi-precious metal and platinum foil</li> <li>- The metal base to full dentures and associated laboratory costs</li> </ul>			
<b>Crown &amp; Bridge* and Associated Laboratory Costs</b>  <i>A bridge comprises two or more crown units. Each crown is payable from the available Crown &amp; Bridge benefit.</i>	No benefit	<p><b>*Pre-authorisation required</b></p> <ul style="list-style-type: none"> <li>- <b>Two</b> Crowns per beneficiary per year.</li> <li>- Benefit for Crowns will be granted once per tooth in a 5-year period</li> <li>- Crown 1: payable at 80% of the KDT, a 20% co-payment applies</li> <li>- Crown 2: payable at 70% of the KDT, a 30% co-payment applies</li> <li>- A treatment plan and X-rays may be requested</li> <li>- Benefit subject to managed care protocols</li> <li>- A pontic on a 2<sup>nd</sup> molar, where the 3<sup>rd</sup> molar is a crown retainer, is subject to managed care protocols</li> </ul>	<p><b>*Pre-authorisation required</b></p> <ul style="list-style-type: none"> <li>- Benefit for crowns will be granted once per tooth in a 5-year period</li> <li>- A treatment plan and X-rays may be requested</li> <li>- Benefit subject to managed care protocols</li> <li>- A pontic on a 2<sup>nd</sup> molar, where the 3<sup>rd</sup> molar is a crown retainer, is subject to managed care protocols</li> <li>- Covered at <b>80%</b> of the KDT</li> </ul>

Specialised Dentistry	Silver	Gold	Platinum
	<p><b>Scheme Exclusions:</b></p> <ul style="list-style-type: none"> <li>- Crown and bridge procedures for cosmetic reasons and associated laboratory costs</li> <li>- Crowns on third molars</li> <li>- Emergency crowns that are not placed for the immediate protection in tooth injury and associated laboratory costs</li> <li>- Laboratory delivery fees</li> <li>- Laboratory fabricated temporary crowns</li> <li>- Occlusal rehabilitations and associated laboratory costs</li> <li>- Porcelain veneers and inlays, and associated laboratory costs</li> <li>- Provisional crowns and associated laboratory costs</li> <li>- The cost of gold, precious metal, semi-precious metal and platinum foil</li> </ul>		
<b>Implants* and Associated Laboratory Costs</b>	No benefit	No benefit	<p><b>*Pre-authorisation required</b></p> <ul style="list-style-type: none"> <li>- Cost of implant components limited to <b>R5 700</b> per beneficiary per year</li> <li>- Benefit subject to managed care protocols</li> <li>- Covered at <b>80%</b> of KDT</li> </ul>
	<p><b>Scheme Exclusions:</b></p> <ul style="list-style-type: none"> <li>- Implants on third molars (wisdom teeth)</li> <li>- Laboratory delivery fees</li> </ul>		
<b>Orthodontics* and Associated Laboratory Costs</b>			<p><b>*Pre-authorisation required</b></p> <ul style="list-style-type: none"> <li>- Benefit for orthodontic treatment granted once per beneficiary per lifetime</li> <li>- Only one family member may commence orthodontic treatment in a calendar year</li> <li>- 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. Funding can be granted up to <b>80%</b> of the KDT per beneficiary per lifetime.</li> <li>- Benefit for orthodontic treatment will be granted where function is impaired.</li> <li>- Benefit will not be granted where orthodontic treatment is required for cosmetic reasons. The associated laboratory costs will also not be covered.</li> <li>- <i>Benefit for fixed comprehensive treatment:</i> Limited to individuals from age 9 and younger than 18 years of age</li> <li>- Benefit subject to managed care protocols</li> </ul>
	<p><b>Scheme Exclusions:</b></p> <ul style="list-style-type: none"> <li>- Invisible retainer material</li> <li>- Laboratory delivery fees</li> <li>- Orthodontic re-treatment and any related laboratory costs</li> <li>- Orthognathic (jaw correction) and other orthodontic related surgery, and any associated hospital and laboratory costs</li> </ul>		

Specialised Dentistry	Silver	Gold	Platinum
<b>Periodontics*</b>	No benefit	<p><b>*Pre-authorisation required</b></p> <ul style="list-style-type: none"> <li>- Benefit will only be applied to members registered on the Periodontal Programme</li> <li>- Benefit limited to conservative, non-surgical therapy only</li> <li>- Benefit subject to managed care protocols</li> <li>- Covered at <b>80%</b> of the KDT</li> </ul>	<p><b>*Pre-authorisation required</b></p> <ul style="list-style-type: none"> <li>- Benefit will only be applied to members registered on the Periodontal Programme</li> <li>- Benefit limited to conservative, non-surgical therapy only</li> <li>- Benefit subject to managed care protocols</li> <li>- Covered at <b>80%</b> of the KDT</li> </ul>
<b>Maxillo-facial Surgery and Oral Pathology</b>		<p><b>Scheme Exclusions:</b></p> <ul style="list-style-type: none"> <li>- PerioChip placement</li> <li>- Surgical periodontics which includes gingivectomies, periodontal flap surgery, tissue grafting and the hemisection of a tooth</li> </ul> <p>- <i>Surgery in the dental chair:</i> Benefit subject to managed care protocols Covered at 100% of the KDT</p> <p>- <i>Benefit for Temporo-mandibular Joint (TMJ) therapy:</i> Limited to non-surgical intervention/ treatments.</p> <p>- <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</p> <p>- <i>Benefit for the closure of an oral-antral opening (code 8909):</i> <u>Subject to post-treatment motivation and managed care protocols</u></p> <p>- <i>Surgery in hospital:</i> See Hospitalisation* below</p>	<p><b>Scheme Exclusions:</b></p> <ul style="list-style-type: none"> <li>- Auto-transplantation of teeth</li> <li>- Bone and tissue regeneration procedures</li> <li>- Bone augmentations</li> <li>- Cost of bone regeneration material</li> <li>- Orthognathic (jaw correction) surgery</li> <li>- Sinus lifts</li> </ul>

Hospitalisation and Anaesthetics	Silver	Gold	Platinum
<b>Hospitalisation (General Anaesthetic)*</b>	<ul style="list-style-type: none"> <li>- Admission protocols apply</li> <li>- Benefit subject to managed care protocols</li> <li>- A co-payment of <b>R2 060</b> per hospital admission applies</li> <li>- All authorised dental cases in <b>Day Clinics</b> will be exempt from a co-payment</li> <li>- General anaesthetic benefit available for children under the age of 5 years for extensive dental treatment</li> <li>- General anaesthetic benefit available for the removal of impacted teeth</li> <li>- 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 KDT: <ul style="list-style-type: none"> <li>o Apicectomies</li> <li>o Dentectomies</li> <li>o Frenectomies</li> <li>o Implantology and associated surgical procedures</li> <li>o Conservative dental treatment (fillings, extractions and root canal therapy) for adults</li> <li>o Professional oral hygiene procedures</li> <li>o Surgical tooth exposures for orthodontic reasons</li> </ul> </li> </ul>		<b>*Pre-authorisation required</b>
	<p><b>Scheme Exclusions:</b></p> <ul style="list-style-type: none"> <li>- Multiple hospital admissions</li> <li>- The cost of dental materials for procedures performed under general anaesthesia</li> <li>- Where the only reason for admission to hospital is dental fear and anxiety</li> <li>- Where the only reason for the admission request is for a sterile facility</li> </ul>		
<b>Inhalation Sedation in the Dental Rooms</b>	<ul style="list-style-type: none"> <li>- Benefit subject to managed care protocols</li> <li>- Covered at 100% of the KDT</li> </ul>		
<b>Moderate/Deep Sedation in the Dental Rooms*</b>			<b>*Pre-authorisation required</b>
	<ul style="list-style-type: none"> <li>- Benefit limited to extensive dental treatment</li> <li>- Benefit subject to managed care protocols</li> <li>- Covered at 100% of the KDT</li> </ul>		

## Equilibrium Option

### Dental Benefit Table 2026

#### Dental Benefits

Dental benefits are paid at the KeyHealth Dental Tariff (KDT).

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.

#### KeyHealth Hospital Network

Members on the **Equilibrium** option must use a hospital within the **KeyHealth Hospital Network** for planned procedures.

Should a member on the **Equilibrium** option voluntary make use of a non-network hospital, a 30% co-payment will be applicable on the hospital account.

In case of an emergency/PMB\*\* admission, a member on this option may be admitted to any private hospital without having to pay a non-network co-payment.

#### Pre-authorisation\*

Dentures must be pre-authorised on the **Equilibrium** option. Hospitalisation and certain specialised dentistry procedures and treatment must be pre-authorised.

A co-payment of **R2 060** per hospital admission applies. All authorised dental cases in **Day Clinics** will be exempt from a co-payment.

If authorisation is applied for after the treatment has been done, a 20% penalty will apply.

This is applicable to Hospitalisation (the hospital account) and Moderate/Deep Sedation in the dental rooms.

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 approved as per the managed care protocols.

Penalties do not apply to emergency hospital admission.

\*\*Prescribed Minimum Benefit

Conservative Dentistry	Equilibrium
<b>Consultations</b>	<ul style="list-style-type: none"><li>- One check-up per beneficiary per year</li><li>- Three specific (emergency) consultations per beneficiary per year</li><li>- Benefit subject to managed care protocols</li><li>- Covered at 100% of the KDT</li></ul>
<b>X-rays: Intraoral</b>	<ul style="list-style-type: none"><li>- Four X-rays in total per beneficiary per year</li><li>- Benefit subject to managed care protocols</li><li>- Covered at 100% of the KDT</li></ul>
<b>X-rays: Extraoral</b>	<ul style="list-style-type: none"><li>- One per beneficiary in a 3-year period</li><li>- Additional benefit may be granted where specialised dental treatment is required.</li><li>- Benefit subject to managed care protocols</li><li>- Covered at 100% of the KDT</li></ul>
<b>Preventative Care</b>	<ul style="list-style-type: none"><li>- <i>Benefit for scale and polish:</i> One scale and polish treatment per beneficiary per year (once every 6 months)</li><li>- <i>Benefit for fissure sealants:</i> Limited to beneficiaries younger than 16 years of age</li><li>- <i>Benefit for fluoride:</i> Limited to beneficiaries from age 5 and younger than 13 years of age</li><li>- Benefit subject to managed care protocols</li><li>- Covered at 100% of the KDT</li></ul>

Conservative Dentistry	Equilibrium
	<p><b>Scheme Exclusions:</b></p> <ul style="list-style-type: none"> <li>- Oral hygiene instruction</li> <li>- Oral hygiene evaluation</li> <li>- Professionally applied fluoride for beneficiaries younger than 5, and 13 years and older</li> <li>- Tooth whitening</li> </ul>
Fillings	<ul style="list-style-type: none"> <li>- <i>Benefit for fillings:</i> Granted once per tooth in 720 days</li> <li>- <i>Benefit for re-treatment of a tooth:</i> Subject to managed care protocols</li> <li>- <i>Multiple fillings:</i> A treatment plan and X-rays may be required for multiple fillings</li> <li>- Covered at 100% of the KDT</li> </ul> <p><b>Scheme Exclusions:</b></p> <ul style="list-style-type: none"> <li>- Fillings to restore teeth damaged due to toothbrush abrasion, attrition, erosion and fluorosis</li> <li>- Gold foil restorations</li> <li>- Ozone therapy</li> <li>- Resin bonding for restorations that are charged as a separate procedure to the restoration</li> <li>- The polishing of restorations</li> </ul>
Root Canal Therapy and Extractions	<ul style="list-style-type: none"> <li>- Benefit subject to managed care protocols</li> <li>- Covered at 100% of the KDT</li> </ul> <p><b>Scheme Exclusions:</b></p> <ul style="list-style-type: none"> <li>- Direct and indirect pulp capping procedures</li> <li>- Root canal therapy on primary (milk) teeth</li> <li>- Root canal therapy on third molars (wisdom teeth)</li> </ul>
Plastic Dentures* and Associated Laboratory Costs	<p style="text-align: right;"><small>*Pre-authorisation required</small></p> <ul style="list-style-type: none"> <li>- One set of plastic dentures (an upper <i>and</i> a lower) per beneficiary in a 4-year period</li> <li>- <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).</li> <li>- <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).</li> <li>- Benefit subject to managed care protocols</li> <li>- Covered at 100% of the KDT</li> </ul> <p><b>Scheme Exclusions:</b></p> <ul style="list-style-type: none"> <li>- Diagnostic dentures and associated laboratory costs</li> <li>- High impact acrylic</li> <li>- Laboratory delivery fees</li> <li>- Provisional dentures and associated laboratory costs</li> <li>- Snoring appliances and associated laboratory costs</li> <li>- The cost of gold, precious metal, semi-precious metal and platinum foil</li> </ul>

Specialised Dentistry	Equilibrium
<b>Partial Chrome Cobalt Frame Dentures and Associated Laboratory Costs</b>	No benefit
<b>Crowns and Associated Laboratory Costs</b>	No benefit
<b>Orthodontics* and Associated Laboratory Costs</b>	<ul style="list-style-type: none"> <li>- Benefit for orthodontic treatment granted once per beneficiary per lifetime</li> <li>- Only one family member may commence orthodontic treatment in a calendar year</li> <li>- 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. Funding can be granted up to <b>80%</b> of the KDT per beneficiary per lifetime.</li> <li>- Benefit for orthodontic treatment will be granted where function is impaired.</li> <li>- Benefit will not be granted where orthodontic treatment is required for cosmetic reasons. The associated laboratory costs will also not be covered.</li> <li>- <i>Benefit for fixed comprehensive treatment:</i> Limited to individuals from age 9 and younger than 18 years of age</li> <li>- Benefit subject to managed care protocols</li> </ul> <p><b>*Pre-authorisation required</b></p>
	<p><b>Scheme Exclusions:</b></p> <ul style="list-style-type: none"> <li>- Invisible retainer material</li> <li>- Laboratory delivery fees</li> <li>- Orthodontic re-treatment and any related laboratory costs</li> <li>- Orthognathic (jaw correction) and other orthodontic related surgery, and any associated hospital and laboratory costs</li> </ul>
<b>Periodontics</b>	No benefit
<b>Implants and Associated Laboratory Costs</b>	No benefit
<b>Maxillo-facial Surgery and Oral Pathology</b>	<ul style="list-style-type: none"> <li>- <i>Surgery in the dental chair:</i> Removal of impacted teeth only Benefit subject to managed care protocols Covered at 100% of the KDT</li> <li>- <i>Benefit for the closure of an oral-antral opening (code 8909):</i> Subject to post-treatment motivation and managed care protocols</li> <li>- <i>Surgery in hospital:</i> See Hospitalisation* below</li> </ul> <p><b>Scheme Exclusions:</b></p> <ul style="list-style-type: none"> <li>- Auto-transplantation of teeth</li> <li>- Bone and tissue regeneration procedures</li> <li>- Bone augmentations</li> <li>- Cost of bone regeneration material</li> <li>- Orthognathic (jaw correction) surgery</li> <li>- Sinus lifts</li> </ul>

Hospitalisation and Anaesthetics	Equilibrium
<b>Hospitalisation (General Anaesthetic)*</b>	<p style="text-align: right;"><b>*Pre-authorisation required</b></p> <ul style="list-style-type: none"> <li>- Admission protocols apply</li> <li>- Benefit subject to managed care protocols</li> <li>- A co-payment of <b>R2 060</b> per hospital admission applies</li> <li>- All authorised dental cases in <b>Day Clinics</b> will be exempt from a co-payment</li> <li>- General anaesthetic benefit available for children under the age of 5 years for extensive dental treatment</li> <li>- General anaesthetic benefit available for the removal of impacted teeth</li> <li>- 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 KDT: <ul style="list-style-type: none"> <li>o Apicectomies</li> <li>o Dentectomies</li> <li>o Frenectomies</li> <li>o Implantology and associated surgical procedures</li> <li>o Conservative dental treatment (fillings, extractions and root canal therapy) for adults</li> <li>o Professional oral hygiene procedures</li> <li>o Surgical tooth exposures for orthodontic reasons</li> </ul> </li> </ul> <p><b>Scheme Exclusions:</b></p> <ul style="list-style-type: none"> <li>- Multiple hospital admissions</li> <li>- The cost of dental materials for procedures performed under general anaesthesia</li> <li>- Where the only reason for admission to hospital is dental fear and anxiety</li> <li>- Where the only reason for the admission request is for a sterile facility</li> </ul>
<b>Inhalation Sedation in the Dental Rooms</b>	<ul style="list-style-type: none"> <li>- Benefit subject to managed care protocols</li> <li>- Covered at 100% of the KDT</li> </ul>
<b>Moderate/Deep Sedation in the Dental Rooms*</b>	<p style="text-align: right;"><b>*Pre-authorisation required</b></p> <ul style="list-style-type: none"> <li>- Benefit limited to extensive dental treatment</li> <li>- Benefit subject to managed care protocols</li> <li>- Covered at 100% of the KDT</li> </ul>

## Origin Option

### Dental Benefit Table 2026

#### Dental Benefits

Dental benefits are paid at the KeyHealth Dental Tariff (KDT).

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 and dental treatment In Hospital on the Origin option.

The **only exception** is a benefit for the removal of impacted teeth under General Anaesthesia (GA) in hospital or under Moderate/Deep Sedation in the dental rooms or Inhalation Sedation in the dental chair. This benefit is subject to pre-authorisation.

All the accounts relating to the removal of impacted teeth are covered from Risk (i.e. the dental account, the anaesthetist account and the hospital account). These claims will be paid by DENIS.

*With the exception of pre-authorised removal of impacted teeth, all dental claims will be paid by the Scheme's administrator from the day-to-day family limit.*

#### KeyHealth Hospital Network

Members on the **Origin** option must use a hospital within the **KeyHealth Hospital Network** for the removal of impacted teeth under GA.

A co-payment of **R2 060** per hospital admission applies. All authorised dental cases in **Day Clinics** will be exempt from a co-payment.

Should a member voluntary make use of a non-network hospital, a 30% co-payment will be applicable to the hospital account.

In case of an emergency/ PMB admission, a member may be admitted to any private hospital without having to pay a non-network co-payment.

Scheme Exclusions apply to dental benefits.

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

#### Day-to-day Family Limit

All out-of-hospital benefits accumulate to the Day-to-day Family Limit.

As this is a family benefit, it means that one member of the family can use the total benefit allocation.

The limit will be calculated by the Scheme's administrator as follows:

- Principal Member: **R3 425** per year
- Adult Dependant: **R1 990** per year
- Child Dependant: **R1 050** per year

Conservative Dentistry	Origin
	Conservative Dentistry subject to Day-to-day Family Limit
<b>Consultations</b>	One check-up per beneficiary per year Three specific (emergency) consultations per beneficiary per year Benefit subject to managed care protocols Covered at 100% of the KDT
<b>X-rays: Intraoral</b>	Four X-rays per beneficiary per year Benefit subject to managed care protocols Covered at 100% of the KDT
<b>X-rays: Extraoral</b>	One per beneficiary in a 3-year period Benefit subject to managed care protocols Covered at 100% of the KDT

Conservative Dentistry	Origin
	Conservative Dentistry subject to Day-to-day Family Limit
Preventative Care	<p><i>Benefit for scale and polish:</i> One scale and polish treatment per beneficiary per year (once every 6 months)</p> <p><i>Benefit for fissure sealants:</i> Limited to beneficiaries younger than 16 years of age</p> <p><i>Benefit for fluoride:</i> Limited to beneficiaries from age 5 and younger than 13 years of age Benefit subject to managed care protocols Covered at 100% of the KDT</p> <p><b>Scheme Exclusions:</b> Oral hygiene instruction Oral hygiene evaluation Professionally applied fluoride for beneficiaries younger than 5, and 13 years and older Tooth whitening</p>
Fillings	<p><i>Benefit for fillings:</i> Granted once per tooth in 720 days</p> <p><i>Benefit for re-treatment of a tooth:</i> Subject to managed care protocols</p> <p><i>Multiple fillings:</i> A treatment plan and X-rays may be required for multiple fillings Covered at 100% of the KDT</p> <p><b>Scheme Exclusions:</b> 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</p>
Extractions	Benefit subject to managed care protocols Covered at 100% of the KDT
Root Canal Therapy	No benefit
Plastic Dentures and Associated Laboratory Costs	No benefit

Specialised Dentistry	Origin
<b>Partial Chrome Cobalt Frame Dentures and Associated Laboratory Costs</b>	No benefit
<b>Crowns and Associated Laboratory Costs</b>	No benefit
<b>Orthodontics and Associated Laboratory Costs</b>	No benefit
<b>Periodontics</b>	No benefit
<b>Implants and Associated Laboratory Costs</b>	No benefit
<b>Maxillo-facial Surgery and Oral Pathology</b>	No benefit

Hospitalisation and Anaesthetics	Origin
<b>Hospitalisation (General Anaesthetic)*</b>	<p style="color: red;">*Pre-authorisation required</p> <p>Admission protocols apply            A co-payment of <b>R2 060</b> per hospital admission applies            All authorised dental cases in <b>Day Clinics</b> will be exempt from a co-payment            Benefit subject to managed care protocols            ONLY for the removal of impacted teeth under GA</p>
<b>Inhalation Sedation in the Dental Rooms*</b>	<p style="color: red;">*Pre-authorisation required</p> <p>ONLY for the removal of impacted teeth</p>
<b>Moderate/Deep Sedation in the Dental Rooms*</b>	<p style="color: red;">*Pre-authorisation required</p> <p>ONLY for the removal of impacted teeth</p>

## Essence Option

### Dental Benefit Table 2026

#### Dental Benefits

Dental benefits are paid at the KeyHealth Dental Tariff (KDT).

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.

#### Out-of-Hospital Dental Benefits

**Only** the 5 dental codes listed in the table below will be covered under this option, except in the case of authorised Prescribed Minimum Benefit (PMB) events.

All other Out-of-Hospital dental treatment (conservative or specialised) is for the member's own account.

The 5 dental codes will be paid by DENIS.

#### In-Hospital Dental Benefits

There is a benefit for the removal of impacted teeth under General Anaesthesia (GA) in hospital or under Moderate/Deep Sedation in the Dental Rooms. This benefit is subject to pre-authorisation.

All the accounts relating to the removal of impacted teeth are covered from Risk (i.e., the dental account, the anaesthetist account and the hospital account). These claims will be paid by DENIS.

#### KeyHealth Hospital Network

Members on the **Essence** option must use a hospital within the **KeyHealth Hospital Network** for the removal of impacted teeth under GA.

A co-payment of **R2 060** per hospital admission applies. All authorised dental cases in **Day Clinics** will be exempt from a co-payment

Should a member voluntary make use of a non-network hospital, a 30% co-payment will be applicable to the hospital account.

In case of an emergency/ PMB admission, a member may be admitted to any private hospital without having to pay a non-network co-payment.

Scheme Exclusions apply to dental benefits.

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

Out-of-Hospital Dental Benefits	Code	Essence
Consultation	8101	One check-up per beneficiary per year (not within 6 months from the previous year's consultation)
Infection Control (Gloves & Masks)	8109	Gloves & masks limited to 2 per beneficiary per year
Instrument Sterilisation	8110	1 sterile tray per beneficiary per year
Intra-oral X-rays	8107 and/or 8112	Limited to 4 X-rays in total per beneficiary per year <b>NOTE: No benefit for extra-oral X-rays</b>

Hospitalisation and Anaesthetics	Essence
<b>Hospitalisation (General Anaesthetic)*</b>	<p style="text-align: right;"><b>*Pre-authorisation required</b></p> <ul style="list-style-type: none"> <li>- Admission protocols apply</li> <li>- A co-payment of <b>R2 060</b> per hospital admission applies</li> <li>- All authorised dental cases in <b>Day Clinics</b> will be exempt from a co-payment</li> <li>- Benefit subject to managed care protocols</li> <li>- ONLY for the removal of impacted teeth under GA (code 8941)</li> </ul>
<b>Moderate/Deep Sedation in the Dental Rooms*</b>	<p style="text-align: right;"><b>*Pre-authorisation required</b></p> <p>ONLY for the removal of impacted teeth (code 8941)</p>

### **Additional Scheme Exclusions (Applicable to all KeyHealth options)**

- Appointment not kept
- Behaviour management
- Caries susceptibility and microbiological tests
- Cost of Mineral Trioxide
- Cost of prescribed toothpastes, mouthwashes (e.g. Corsodyl) and ointments
- Dental testimony including dento-legal fees
- Electrognathographic recordings, pantographic recordings and other such electronic analyses
- Enamel microabrasion
- Fissure sealants on patients 16 years and older
- Intramuscular or subcutaneous injection
- Nutritional and tobacco counseling
- Procedures that are defined as unusual circumstances and procedures that are defined as unlisted procedures
- Pulp tests
- Special report
- Treatment plan completed (currently code 8120)