



Bonitas Dental Benefit Tables 2026

Dental Benefit Tables 2026

BonComprehensive.....	2
BonClassic	7
Standard.....	13
Standard Select.....	13
BonComplete.....	13
Primary	19
BonPrime.....	23
BonSave.....	28
BonFit.....	33
BonCap	38
Hospital Standard.....	40
BonEssential	43
BonEssential Select	43
BonStart	46
BonStart Plus	46
BonCore	48
Additional Scheme Exclusions (All Options)	49

Get in touch

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

Members: 0860 336 346 | **Providers:** 0861 033 647

www.denis.co.za

BonComprehensive

Dental Benefit Table 2026

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.

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

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/PMB** hospital admissions.

**** PMB = Prescribed Minimum Benefits**

Conservative Dentistry	BonComprehensive
Consultations	<ul style="list-style-type: none">- Two check-ups per beneficiary per year (once every 6 months)- Benefit subject to managed care protocols- Covered at the BDT
X-rays: Intraoral	<ul style="list-style-type: none">- Benefit subject to managed care protocols- Covered at the BDT
X-rays: Extraoral	<ul style="list-style-type: none">- 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	<ul style="list-style-type: none">- <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: <ul style="list-style-type: none">- Oral hygiene evaluation- Oral hygiene instruction- Professionally applied fluoride for beneficiaries younger than 5, and 16 years and older- Tooth whitening

Conservative Dentistry	BonComprehensive
Fillings	<ul style="list-style-type: none"> - <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
	<p><i>Scheme Exclusions:</i></p> <ul style="list-style-type: none"> - Fillings to restore teeth damaged due to toothbrush abrasion, attrition, erosion and fluorosis - Gold foil restorations - Ozone therapy - Resin bonding for restorations that are charged as a separate procedure to the restoration - The polishing of restorations
Root Canal Therapy and Extractions	<ul style="list-style-type: none"> - Benefit subject to managed care protocols - Covered at the BDT
	<p><i>Scheme Exclusions:</i></p> <ul style="list-style-type: none"> - Direct and indirect pulp capping procedures - Root canal therapy on primary (milk) teeth - Root canal therapy on third molars (wisdom teeth)
Plastic Dentures* and Associated Laboratory Costs	<p style="text-align: right;"><small>*Pre-authorisation required for Dentures</small></p> <ul style="list-style-type: none"> - 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
	<p><i>Scheme Exclusions:</i></p> <ul style="list-style-type: none"> - Diagnostic dentures and associated laboratory costs - High impact acrylic - Laboratory delivery fees - Provisional dentures and associated laboratory costs - Snoring appliances and associated laboratory costs - The cost of gold, precious metal, semi-precious metal and platinum foil

Specialised Dentistry	BonComprehensive
Partial Chrome Cobalt Frame Dentures* and Associated Laboratory Costs	<p style="text-align: right;">*Pre-authorisation required</p> <ul style="list-style-type: none"> - 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
	<p>Scheme Exclusions:</p> <ul style="list-style-type: none"> - High impact acrylic - Laboratory delivery fees - The cost of gold, precious metal, semi-precious metal and platinum foil - The metal base to full dentures and associated laboratory costs
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>	<p style="text-align: right;">*Pre-authorisation required</p> <ul style="list-style-type: none"> - 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
	<p>Scheme Exclusions:</p> <ul style="list-style-type: none"> - Crown and bridge procedures for cosmetic reasons and associated laboratory costs - Crowns on third molars - Emergency crowns that are not placed for the immediate protection in tooth injury and associated laboratory costs - Laboratory delivery fees - Laboratory fabricated temporary crowns - Occlusal rehabilitations and associated laboratory costs - Porcelain veneers and inlays, and associated laboratory costs - Provisional crowns and associated laboratory costs - The cost of gold, precious metal, semi-precious metal and platinum foil
Implants* and Associated Laboratory Costs	<p style="text-align: right;">*Pre-authorisation required</p> <ul style="list-style-type: none"> - Two implants per beneficiary in a 5-year period - Cost of implant components limited to R3 710 per implant - Benefit subject to managed care protocols - Covered at the BDT
	<p>Scheme Exclusions:</p> <ul style="list-style-type: none"> - Implants on third molars (wisdom teeth) - Laboratory delivery fees

Specialised Dentistry	BonComprehensive
Orthodontics* and Associated Laboratory Costs	<p style="text-align: right;">*Pre-authorisation required</p> <ul style="list-style-type: none"> - 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 - Covered at the BDT
	<p>Scheme Exclusions:</p> <ul style="list-style-type: none"> - Invisible retainer material - Laboratory delivery fees - Orthodontic re-treatment and any related laboratory costs - Orthognathic (jaw correction) and other orthodontic related surgery, and any associated hospital and laboratory costs
Periodontics*	<p style="text-align: right;">*Pre-authorisation required</p> <ul style="list-style-type: none"> - 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
	<p>Scheme Exclusions:</p> <ul style="list-style-type: none"> - PerioChip placement - Surgical periodontics which includes gingivectomies, periodontal flap surgery, tissue grafting and the hemisection of a tooth
Maxillo-facial Surgery and Oral Pathology	<ul style="list-style-type: none"> - <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
	<p>Scheme Exclusions:</p> <ul style="list-style-type: none"> - Bone and tissue regeneration procedures - Bone augmentations - Orthognathic (jaw correction) surgery - Sinus lifts - The auto-transplantation of teeth - The cost of bone regeneration material

Hospitalisation and Anaesthetics	BonComprehensive
Hospitalisation (General Anaesthetic)*	<p style="text-align: right;"><small>*Pre-authorisation required</small></p> <ul style="list-style-type: none"> - 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>: <ul style="list-style-type: none"> ○ 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
	<p>Scheme Exclusions:</p> <ul style="list-style-type: none"> - Multiple hospital admissions - The cost of dental materials for procedures performed under general anaesthesia - Where the only reason for admission to hospital is dental fear and anxiety - Where the only reason for the admission request is for a sterile facility
Inhalation Sedation in the Dental Rooms	<ul style="list-style-type: none"> - Benefit subject to managed care protocols - Covered at the BDT
Moderate/Deep Sedation in the Dental Rooms*	<p style="text-align: right;"><small>*Pre-authorisation required</small></p> <ul style="list-style-type: none"> - Benefit limited to extensive dental treatment - Benefit subject to managed care protocols - Covered at the BDT

BonClassic

Dental Benefit Table 2026

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 Hospital Network: BonClassic

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/PMB** hospital admissions.

** PMB = Prescribed Minimum Benefits

Conservative Dentistry	BonClassic
Conservative Dentistry limit of R6 400 per family per year	
Consultations	<ul style="list-style-type: none">- Two check-ups per beneficiary per year (once every 6 months)- Benefit subject to managed care protocols- Covered at the BDT
X-rays: Intraoral	<ul style="list-style-type: none">- Benefit subject to managed care protocols- Covered at the BDT
X-rays: Extraoral	<ul style="list-style-type: none">- 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
	Conservative Dentistry limit of R6 400 per family per year
Preventative Care	<ul style="list-style-type: none"> - 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
	<p>Scheme Exclusions:</p> <ul style="list-style-type: none"> - Oral hygiene evaluation - Oral hygiene instruction - Professionally applied fluoride for beneficiaries younger than 5, and 16 years and older - Tooth whitening
Fillings	<ul style="list-style-type: none"> - 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
	<p>Scheme Exclusions:</p> <ul style="list-style-type: none"> - Fillings to restore teeth damaged due to toothbrush abrasion, attrition, erosion and fluorosis - Gold foil restorations - Ozone therapy - Resin bonding for restorations that are charged as a separate procedure to the restoration - The polishing of restorations
Root Canal Therapy and Extractions	<ul style="list-style-type: none"> - Benefit subject to managed care protocols - Covered at the BDT
	<p>Scheme Exclusions:</p> <ul style="list-style-type: none"> - Direct and indirect pulp capping procedures - Root canal therapy on primary (milk) teeth - Root canal therapy on third molars (wisdom teeth)

Conservative Dentistry	BonClassic
	Conservative Dentistry limit of R6 400 per family per year
Plastic Dentures* and Associated Laboratory Costs	<p>*Pre-authorisation required for Dentures</p> <ul style="list-style-type: none"> - One set of plastic dentures (an upper <i>and</i> a lower) per beneficiary in a 4-year period - <i>Limit:</i> 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). - <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 <p>Scheme Exclusions:</p> <ul style="list-style-type: none"> - Diagnostic dentures and associated laboratory costs - High impact acrylic - Laboratory delivery fees - Provisional dentures and associated laboratory costs - Snoring appliances and associated laboratory costs - The cost of gold, precious metal, semi-precious metal and platinum foil

Specialised Dentistry	BonClassic
	Specialised Dentistry limit of R7 710 per family per year
Partial Chrome Cobalt Frame Dentures* and Associated Laboratory Costs	<p>*Pre-authorisation required</p> <ul style="list-style-type: none"> - 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 <p>Scheme Exclusions:</p> <ul style="list-style-type: none"> - High impact acrylic - Laboratory delivery fees - The cost of gold, precious metal, semi-precious metal and platinum foil - The metal base to full dentures and associated laboratory costs

Specialised Dentistry	BonClassic
	Specialised Dentistry limit of R7 710 per family per year
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>	<p>*Pre-authorisation required</p> <ul style="list-style-type: none"> - 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
	<p>Scheme Exclusions:</p> <ul style="list-style-type: none"> - Crown and bridge procedures for cosmetic reasons and associated laboratory costs - Crowns on third molars - Emergency crowns that are not placed for the immediate protection in tooth injury and associated laboratory costs - Laboratory delivery fees - Laboratory fabricated temporary crowns - Occlusal rehabilitations and associated laboratory costs - Porcelain veneers and inlays, and associated laboratory costs - Provisional crowns and associated laboratory costs - The cost of gold, precious metal, semi-precious metal and platinum foil
Implants* and Associated Laboratory Costs	No benefit
Orthodontics* and Associated Laboratory Costs	<p>*Pre-authorisation required</p> <ul style="list-style-type: none"> - 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 <p>Scheme Exclusions:</p> <ul style="list-style-type: none"> - Invisible retainer material - Laboratory delivery fees - Orthodontic re-treatment and any related laboratory costs - Orthognathic (jaw correction) and other orthodontic related surgery, and any associated hospital and laboratory costs

Specialised Dentistry	BonClassic
	Specialised Dentistry limit of R7 710 per family per year
Periodontics*	*Pre-authorisation required
	<ul style="list-style-type: none"> - 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
	<p>Scheme Exclusions:</p> <ul style="list-style-type: none"> - PerioChip placement - Surgical periodontics which includes gingivectomies, periodontal flap surgery, tissue grafting and the hemisection of a tooth
Maxillo-facial Surgery and Oral Pathology	<ul style="list-style-type: none"> - <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
	<p>Scheme Exclusions:</p> <ul style="list-style-type: none"> - Bone and tissue regeneration procedures - Bone augmentations - Orthognathic (jaw correction) surgery - Sinus lifts - The auto-transplantation of teeth - The cost of bone regeneration material

Hospitalisation and Anaesthetics	BonClassic
Hospitalisation (General Anaesthetic)*	<p style="text-align: right;"><small>*Pre-authorisation required</small></p> <ul style="list-style-type: none"> - 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: <ul style="list-style-type: none"> o A co-payment of R3 640 per hospital admission applies. o A co-payment of R2 600 per day clinic admission applies - General anaesthetic benefit available for the removal of impacted teeth: <ul style="list-style-type: none"> o A co-payment of R5 200 per hospital admission applies for the removal of impacted teeth and any other medical admission other than children younger than 5 years of age. o A co-payment of R2 600 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: <ul style="list-style-type: none"> o Apicectomies o Conservative dental treatment (fillings, extractions and root canal therapy) for adults o Dentectomies o Frenectomies o Implantology and associated surgical procedures o Professional oral hygiene procedures o Surgical tooth exposures for orthodontic reasons
	<p>Scheme Exclusions:</p> <ul style="list-style-type: none"> - Multiple hospital admissions - The cost of dental materials for procedures performed under general anaesthesia - Where the only reason for admission to hospital is dental fear and anxiety - Where the only reason for the admission request is for a sterile facility
Inhalation Sedation in the Dental Rooms	<ul style="list-style-type: none"> - Benefit subject to managed care protocols - Covered at the BDT
Moderate/Deep Sedation in the Dental Rooms*	<p style="text-align: right;"><small>*Pre-authorisation required</small></p> <ul style="list-style-type: none"> - Benefit limited to extensive dental treatment - Benefit subject to managed care protocols - Covered at the BDT

Standard

Standard Select

BonComplete

Dental Benefit Table 2026

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*

Bonitas 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/PMB** hospital admissions.

** PMB = *Prescribed Minimum Benefits*

Conservative Dentistry	Standard	Standard Select	BonComplete
Consultations	<ul style="list-style-type: none"> - Two check-ups per beneficiary per year (once every 6 months) - Benefit subject to managed care protocols - Covered at the BDT 		
X-rays: Intraoral	<ul style="list-style-type: none"> - Benefit subject to managed care protocols - Covered at the BDT 		
X-rays: Extraoral	<ul style="list-style-type: none"> - 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	<ul style="list-style-type: none"> - 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 <p><i>Scheme Exclusions:</i></p> <ul style="list-style-type: none"> - Oral hygiene evaluation - Oral hygiene instruction - Professionally applied fluoride for beneficiaries younger than 5, and 16 years and older - Tooth whitening 		
Fillings	<ul style="list-style-type: none"> - 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 <p><i>Scheme Exclusions:</i></p> <ul style="list-style-type: none"> - Fillings to restore teeth damaged due to toothbrush abrasion, attrition, erosion and fluorosis - Gold foil restorations - Ozone therapy - Resin bonding for restorations that are charged as a separate procedure to the restoration - The polishing of restorations 		
Root Canal Therapy and Extractions	<ul style="list-style-type: none"> - Benefit subject to managed care protocols - Covered at the BDT <p><i>Scheme Exclusions:</i></p> <ul style="list-style-type: none"> - Direct and indirect pulp capping procedures - Root canal therapy on primary (milk) teeth - Root canal therapy on third molars (wisdom teeth) 		

Conservative Dentistry	Standard	Standard Select	BonComplete
Plastic Dentures* and Associated Laboratory Costs	<ul style="list-style-type: none"> - One set of plastic dentures (an upper <i>and</i> a lower) per beneficiary in a 4-year period - Benefit not available 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 	*Pre-authorisation required for Dentures	

Specialised Dentistry	Standard	Standard Select	BonComplete
Partial Chrome Cobalt Frame Dentures* and Associated Laboratory Costs	<ul style="list-style-type: none"> - One partial metal frame (an upper <i>or</i> a lower) per beneficiary in a 5-year period - Benefit subject to managed care protocols 	*Pre-authorisation required	

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
	<ul style="list-style-type: none"> - 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 		
Scheme Exclusions:			
	<ul style="list-style-type: none"> - 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		
Orthodontics* and Associated Laboratory Costs	<ul style="list-style-type: none"> - 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 for orthodontic treatment will be granted where function is impaired. - Benefit allocation is subject to the outcome of the needs analysis. - Benefit will not be granted where orthodontic treatment is required for cosmetic reasons, and 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 		
	Standard: Funding can be granted up to 80% of the BDT.	Standard Select: Funding can be granted up to 80% of the BDT.	BonComplete: Funding can be granted up to 65% of the BDT.
Scheme Exclusions:			
	<ul style="list-style-type: none"> - Invisible retainer material - Laboratory delivery fees - Orthodontic re-treatment and any related laboratory costs - Orthognathic (jaw correction) and other orthodontic related surgery, and any associated hospital and laboratory costs 		

Specialised Dentistry	Standard	Standard Select	BonComplete
Periodontics*			*Pre-authorisation required
	<ul style="list-style-type: none"> - 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. 		
	<p>Scheme Exclusions:</p> <ul style="list-style-type: none"> - PerioChip placement - Surgical periodontics which includes gingivectomies, periodontal flap surgery, tissue grafting and the hemisection of a tooth 		
Maxillo-facial Surgery and Oral Pathology	<ul style="list-style-type: none"> - <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> <u>Subject to post-treatment motivation and managed care protocols</u> - <i>Surgery in hospital:</i> See Hospitalisation* below 		
	<p>Scheme Exclusions:</p> <ul style="list-style-type: none"> - Bone and tissue regeneration procedures - Bone augmentations - Orthognathic (jaw correction) surgery - Sinus lifts - The auto-transplantation of teeth - The cost of bone regeneration material 		

Hospitalisation and Anaesthetics	Standard	Standard Select	BonComplete
Hospitalisation (General Anaesthetic)*			*Pre-authorisation required
	<ul style="list-style-type: none"> - 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: <ul style="list-style-type: none"> o A co-payment of R3 640 per hospital admission applies. o A co-payment of R2 600 per day clinic admission applies. - General anaesthetic benefit available for the removal of impacted teeth: <ul style="list-style-type: none"> o A co-payment of R5 200 per hospital admission applies for the removal of impacted teeth and any other medical admission other than children younger than 5 years of age. o A co-payment of R2 600 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: <ul style="list-style-type: none"> o Apicectomies o Dentectomies o Frenectomies o Implantology and associated surgical procedures o Conservative dental treatment (fillings, extractions and root canal therapy) for adults o Professional oral hygiene procedures o Surgical tooth exposures for orthodontic reasons 		
	Scheme Exclusions:		
	<ul style="list-style-type: none"> - Multiple hospital admissions - The cost of dental materials for procedures performed under general anaesthesia - Where the only reason for admission to hospital is dental fear and anxiety - Where the only reason for the admission request is for a sterile facility 		
Inhalation Sedation in the Dental Rooms	<ul style="list-style-type: none"> - Benefit subject to managed care protocols - Covered at the BDT 		
Moderate/Deep Sedation in the Dental Rooms*			*Pre-authorisation required
	<ul style="list-style-type: none"> - Benefit limited to extensive dental treatment - Benefit subject to managed care protocols - Covered at the BDT 		

Primary

Dental Benefit Table 2026

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** option co-payments are levied on all treatments out of hospital.

DSP Network: Primary

Benefits payable on the **Primary** option 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** option.

ONLY 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*

Periodontics 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** option.

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

Should a member on the **Primary** 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.

** PMB = Prescribed Minimum Benefits

Conservative Dentistry	Primary
Consultations	<ul style="list-style-type: none">- 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	<ul style="list-style-type: none">- Benefit subject to managed care protocols- Covered at 75% of the BDT
X-rays: Extraoral	<ul style="list-style-type: none">- One per beneficiary in a 3-year period- Benefit subject to managed care protocols- Covered at 75% of the BDT

Conservative Dentistry	Primary
Preventative Care	<ul style="list-style-type: none"> <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 <p>Scheme Exclusions:</p> <ul style="list-style-type: none"> Oral hygiene instruction Oral hygiene evaluation Professionally applied fluoride for beneficiaries younger than 5, and 16 years and older Tooth whitening
Fillings	<ul style="list-style-type: none"> <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 <p>Scheme Exclusions:</p> <ul style="list-style-type: none"> Fillings to restore teeth damaged due to toothbrush abrasion, attrition, erosion and fluorosis Gold foil restorations Ozone therapy Resin bonding for restorations that are charged as a separate procedure to the restoration The polishing of restorations
Root Canal Therapy and Extractions	<ul style="list-style-type: none"> 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 <p>Scheme Exclusions:</p> <ul style="list-style-type: none"> Direct and indirect pulp capping procedures Root canal therapy on primary (milk) teeth Root canal therapy on third molars (wisdom teeth)
Periodontics	<p style="text-align: right;"><small>*Pre-authorisation required</small></p> <ul style="list-style-type: none"> 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 75% of the BDT <p>Scheme Exclusions:</p> <ul style="list-style-type: none"> PerioChip placement Surgical periodontics which includes gingivectomies, periodontal flap surgery tissue grafting and the hemisection of a tooth
Plastic Dentures* and Associated Laboratory Costs	No benefit

Specialised Dentistry	Primary
Partial Chrome Cobalt Frame Dentures and Associated Laboratory Costs	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
Implants and Associated Laboratory Costs	No benefit
Orthodontics and Associated Laboratory Costs	No benefit
Maxillo-facial Surgery and Oral Pathology	<ul style="list-style-type: none"> - <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> <u>Subject to post-treatment motivation and managed care protocols</u> - <i>Surgery in hospital:</i> See Hospitalisation* below
	<p>Scheme Exclusions:</p> <ul style="list-style-type: none"> - Bone and tissue regeneration procedures - Bone augmentations - Orthognathic (jaw correction) surgery - Sinus lifts - The auto-transplantation of teeth - The cost of bone regeneration material

Hospitalisation and Anaesthetics	Primary
Hospitalisation (General Anaesthetic)*	<p style="text-align: right;"><small>*Subject to pre-authorisation</small></p> <ul style="list-style-type: none"> - No benefit for In Hospital (General Anaesthetic) dentistry, except for PMBs. - Subject to Primary Select Hospital Network
Inhalation Sedation in the Dental Rooms	<ul style="list-style-type: none"> - Benefit subject to managed care protocols - Covered at 75% of the BDT
Moderate/Deep Sedation in the Dental Rooms*	<p style="text-align: right;"><small>*Pre-authorisation required</small></p> <ul style="list-style-type: none"> - Benefit limited to extensive dental treatment - Benefit subject to managed care protocols - Covered at 75% of the BDT

BonPrime

Dental Benefit Table 2026

Dental Benefits

Dental benefits are paid at the Bonitas Dental Tariff (BDT) subject to the available financial limit that includes the family day-to-day savings or Benefit Booster where activated and applicable.

The following dental tariff codes are payable from the Benefit Booster, subject to managed care protocols and activation on a beneficiary level:

Code	Description
8101	Oral Examination
8109	Infection Control
8110	Sterilised Instrumentation
8155	Polishing
8159	Scale and Polishing
8161	Fluoride – Children, younger than 13
8162	Fluoride – Adult, younger than 16
8163	Fissure Sealants

All conservative and specialised dental services will be interfaced by DENIS to the Scheme's administrator for payment from the member's positive savings account or Benefit Booster (where applicable).

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.

Hospitalisation

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

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

Should a member on the **BonPrime** 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/PMB** hospital admissions.

*** PMB = Prescribed Minimum Benefits*

Conservative Dentistry	BonPrime
Conservative Dentistry payable from available Savings	
Consultations	<ul style="list-style-type: none"> - Two check-ups per beneficiary per year (once every 6 months) - Benefit subject to managed care protocols - Covered at the BDT
X-rays: Intraoral	<ul style="list-style-type: none"> - Benefit subject to managed care protocols - Covered at the BDT
X-rays: Extraoral	<ul style="list-style-type: none"> - 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	<ul style="list-style-type: none"> - <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
<p><i>Scheme Exclusions:</i></p> <ul style="list-style-type: none"> - Oral hygiene instruction - Oral hygiene evaluation - Professionally applied fluoride for beneficiaries younger than 5, and 16 years and older - Tooth whitening 	
Fillings	<ul style="list-style-type: none"> - <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
<p><i>Scheme Exclusions:</i></p> <ul style="list-style-type: none"> - Fillings to restore teeth damaged due to toothbrush abrasion, attrition, erosion and fluorosis - Gold foil restorations - Ozone therapy - Resin bonding for restorations that are charged as a separate procedure to the restoration - The polishing of restorations 	
Root Canal Therapy and Extractions	<ul style="list-style-type: none"> - Benefit subject to managed care protocols - Covered at the BDT
<p><i>Scheme Exclusions:</i></p> <ul style="list-style-type: none"> - Direct and indirect pulp capping procedures - Root canal therapy on primary (milk) teeth - Root canal therapy on third molars (wisdom teeth) 	

Conservative Dentistry payable from available **Savings****Plastic Dentures* and Associated Laboratory Costs*****Pre-authorisation required for Dentures**

- One set of plastic dentures (an upper *and* 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 *not available* 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 payable from available **Savings****Partial Chrome Cobalt Frame Dentures* and Associated Laboratory Costs*****Pre-authorisation required**

- Two partial metal frames (an upper *and* a lower) per beneficiary in a 5-year period
- Benefit subject to managed care protocols
- Covered at the BDT

Scheme Exclusions:

- High impact acrylic
- Laboratory delivery fees
- The cost of gold, precious metal, semi-precious metal and platinum foil
- The metal base to full dentures and associated laboratory costs

Specialised Dentistry payable from available **Savings**

Crown & Bridge* and Associated Laboratory Costs	<ul style="list-style-type: none"> - 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 <p>Scheme Exclusions:</p> <ul style="list-style-type: none"> - Crown and bridge procedures for cosmetic reasons and associated laboratory costs - Crowns on third molars - Emergency crowns that are not placed for the immediate protection in tooth injury and associated laboratory costs - Laboratory delivery fees - Laboratory fabricated temporary crowns - Occlusal rehabilitations and associated laboratory costs - Porcelain veneers and inlays, and associated laboratory costs - Provisional crowns and associated laboratory costs - The cost of gold, precious metal, semi-precious metal and platinum foil 	*Pre-authorisation required
Implants* and Associated Laboratory Costs	No benefit	
Orthodontics* and Associated Laboratory Costs	<ul style="list-style-type: none"> - 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 <p>Scheme Exclusions:</p> <ul style="list-style-type: none"> - Invisible retainer material - Laboratory delivery fees - Orthodontic re-treatment and any related laboratory costs - Orthognathic (jaw correction) and other orthodontic related surgery, and any associated hospital and laboratory costs 	*Pre-authorisation required

Specialised Dentistry payable from available **Savings****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:

- PerioChip placement
- Surgical periodontics which includes gingivectomies, periodontal flap surgery, tissue grafting and the hemisection of a tooth

Maxillo-facial Surgery and Oral Pathology

- *Surgery in the dental chair:*
Benefit subject to managed care protocols
Covered at the BDT
- *Temporo-mandibular joint (TMJ) therapy:*
Benefit limited to non-surgical intervention/treatments
- *Oral pathology procedures (cysts and biopsies, the surgical treatment of tumours of the jaw and soft tissue tumours):* Claims will only be covered if supported by a laboratory report that confirms diagnosis.
- *Benefit for the closure of an oral-antral opening (code 8909):*
Subject to post-treatment motivation and managed care protocols
- *Surgery in hospital:* See Hospitalisation* below

Scheme Exclusions:

- Bone and tissue regeneration procedures
- Bone augmentations
- Orthognathic (jaw correction) surgery
- Sinus lifts
- The auto-transplantation of teeth
- The cost of bone regeneration material

Hospitalisation and Anaesthetics payable from available **Savings****Hospitalisation (General Anaesthetic)******Subject to pre-authorisation**

- No benefit for In Hospital (General Anaesthetic) dentistry, *except for PMBs.*
- Subject to BonPrime Hospital Network

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**

- Payable from **Savings**
- Benefit limited to extensive dental treatment
- Benefit subject to managed care protocols
- Covered at the BDT

BonSave

Dental Benefit Table 2026

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 Hospital Network: BonSave

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*

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/PMB** hospital admissions.

** PMB = Prescribed Minimum Benefits

Preventative Dentistry	Code	BonSave
Preventative Dentistry payable by DENIS from Risk		
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 8162	- 5 to 12 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
Infection Control	8109	- One set per beneficiary per visit (One set = 8109 x 2, 8110 x 1)
Instrument Sterilisation	8110	

Conservative Dentistry	BonSave
Conservative Dentistry payable from available Savings	
X-rays: Intraoral	<ul style="list-style-type: none"> - Benefit subject to managed care protocols - Covered at the BDT
X-rays: Extraoral	<ul style="list-style-type: none"> - 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	<ul style="list-style-type: none"> - <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 <p>Scheme Exclusions:</p> <ul style="list-style-type: none"> - Fillings to restore teeth damaged due to toothbrush abrasion, attrition, erosion and fluorosis - Gold foil restorations - Ozone therapy - Resin bonding for restorations that are charged as a separate procedure to the restoration - The polishing of restorations
Root Canal Therapy and Extractions	<ul style="list-style-type: none"> - Benefit subject to managed care protocols - Covered at the BDT <p>Scheme Exclusions:</p> <ul style="list-style-type: none"> - Direct and indirect pulp capping procedures - Root canal therapy on primary (milk) teeth - Root canal therapy on third molars (wisdom teeth)
Plastic Dentures* and Associated Laboratory Costs	<p style="text-align: right;"><small>*Pre-authorisation required for Dentures</small></p> <ul style="list-style-type: none"> - 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 <p>Scheme Exclusions:</p> <ul style="list-style-type: none"> - Diagnostic dentures and associated laboratory costs - High impact acrylic - Laboratory delivery fees - Provisional dentures and associated laboratory costs - Snoring appliances and associated laboratory costs - The cost of gold, precious metal, semi-precious metal and platinum foil

Specialised Dentistry payable from available **Savings**

Partial Chrome Cobalt Frame Dentures* and Associated Laboratory Costs	<p style="text-align: right;">*Pre-authorisation required</p> <ul style="list-style-type: none"> - 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
Crown & Bridge* and Associated Laboratory Costs	<p style="text-align: right;">*Pre-authorisation required</p> <p><i>A bridge comprises two or more crown units. Each crown is payable from the available Crown & Bridge benefit.</i></p> <ul style="list-style-type: none"> - 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 <p>Scheme Exclusions:</p> <ul style="list-style-type: none"> - Crown and bridge procedures for cosmetic reasons and associated laboratory costs - Crowns on third molars - Emergency crowns that are not placed for the immediate protection in tooth injury and associated laboratory costs - Laboratory delivery fees - Laboratory fabricated temporary crowns - Occlusal rehabilitations and associated laboratory costs - Porcelain veneers and inlays, and associated laboratory costs - Provisional crowns and associated laboratory costs - The cost of gold, precious metal, semi-precious metal and platinum foil
Implants and Associated Laboratory Costs	<p>No benefit</p>

Orthodontics* and Associated Laboratory Costs	<p style="text-align: right;">*Pre-authorisation required</p> <ul style="list-style-type: none"> - 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 - Covered at the BDT
Periodontics*	<p style="text-align: right;">*Pre-authorisation required</p> <ul style="list-style-type: none"> - 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 <p><i>Scheme Exclusions:</i></p> <ul style="list-style-type: none"> - PerioChip placement - Surgical periodontics which includes gingivectomies, periodontal flap surgery, tissue grafting and the hemisection of a tooth
Maxillo-facial Surgery and Oral Pathology	<ul style="list-style-type: none"> - <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 <p><i>Scheme Exclusions:</i></p> <ul style="list-style-type: none"> - Bone and tissue regeneration procedures - Bone augmentations - Orthognathic (jaw correction) surgery - Sinus lifts - The auto-transplantation of teeth - The cost of bone regeneration material

Hospitalisation and Anaesthetics	BonSave
Hospitalisation (General Anaesthetic)*	<p style="text-align: right;"><small>*Pre-authorisation required</small></p> <ul style="list-style-type: none"> - 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: <ul style="list-style-type: none"> o A co-payment of R3 640 per hospital admission applies. o A co-payment of R2 600 per day clinic admission applies - The Hospital and Anesthetist accounts are payable from Risk; the Dental Provider's account is payable from Savings - General anaesthetic benefit available for the removal of impacted teeth: <ul style="list-style-type: none"> o A co-payment of R5 200 per hospital admission applies for the removal of impacted teeth and any other medical admission other than children younger than 5 years of age. o A co-payment of R2 600 per day clinic admission applies for the removal of impacted teeth including medical admission other than children younger than 5 years of age. - All 3 accounts (the Hospital, Anaesthetist and Dental Provider's accounts) are payable from Risk - For any other approved dental admissions, the Hospital and Anaesthetist accounts are payable from Risk; the Dental Provider's account is payable from Savings - 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: <ul style="list-style-type: none"> o Apicectomies o Denteectomies o Frenectomies o Implantology and associated surgical procedures o Conservative dental treatment (fillings, extractions and root canal therapy) for adults o Professional oral hygiene procedures o Surgical tooth exposures for orthodontic reasons
	<p>Scheme Exclusions:</p> <ul style="list-style-type: none"> - Multiple hospital admissions - The cost of dental materials for procedures performed under general anaesthesia - Where the only reason for admission to hospital is dental fear and anxiety - Where the only reason for the admission request is for a sterile facility
Inhalation Sedation in the Dental Rooms	<ul style="list-style-type: none"> - Payable from available Savings - Benefit subject to managed care protocols - Covered at the BDT
Moderate/Deep Sedation in the Dental Rooms*	<p style="text-align: right;"><small>*Pre-authorisation required</small></p> <ul style="list-style-type: none"> - Benefit limited to extensive dental treatment & the removal of Impacted Teeth - For extensive dental treatment, the Anaesthetist account is payable from Risk and the Dental Provider's account is payable from Savings - For the removal of impacted teeth, both the Anaesthetist and the Dental Provider's accounts are payable from Risk - Benefit subject to managed care protocols - Covered at the BDT

BonFit

Dental Benefit Table 2026

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** option.

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

Should a member on the **BonFit** 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.

** PMB = Prescribed Minimum Benefits

Preventative Dentistry	Code	BonFit
Preventative Dentistry payable by DENIS from Risk		
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 payable from available **Savings**

X-rays: Intraoral	<ul style="list-style-type: none"> - Benefit subject to managed care protocols - Covered at the BDT
X-rays: Extraoral	<ul style="list-style-type: none"> - 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	<ul style="list-style-type: none"> - <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
	<p><i>Scheme Exclusions:</i></p> <ul style="list-style-type: none"> - Fillings to restore teeth damaged due to toothbrush abrasion, attrition, erosion and fluorosis - Gold foil restorations - Ozone therapy - Resin bonding for restorations that are charged as a separate procedure to the restoration - The polishing of restorations
Root Canal Therapy and Extractions	<ul style="list-style-type: none"> - Benefit subject to managed care protocols - Covered at the BDT
	<p><i>Scheme Exclusions:</i></p> <ul style="list-style-type: none"> - Direct and indirect pulp capping procedures - Root canal therapy on primary (milk) teeth - Root canal therapy on third molars (wisdom teeth)
Plastic Dentures* and Associated Laboratory Costs	<ul style="list-style-type: none"> - 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
	<small>*Pre-authorisation required for Dentures</small>
	<p><i>Scheme Exclusions:</i></p> <ul style="list-style-type: none"> - Diagnostic dentures and associated laboratory costs - High impact acrylic - Laboratory delivery fees - Provisional dentures and associated laboratory costs - Snoring appliances and associated laboratory costs - The cost of gold, precious metal, semi-precious metal and platinum foil

Specialised Dentistry	BonFit
	Specialised Dentistry payable from available Savings
Partial Chrome Cobalt Frame Dentures* and Associated Laboratory Costs	<p style="text-align: right;">*Pre-authorisation required</p> <ul style="list-style-type: none"> - 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
Crown & Bridge* and Associated Laboratory Costs	<p style="text-align: right;">*Pre-authorisation required</p> <p>Scheme Exclusions:</p> <ul style="list-style-type: none"> - High impact acrylic - Laboratory delivery fees - The cost of gold, precious metal, semi-precious metal and platinum foil - The metal base to full dentures and associated laboratory costs
<i>A bridge comprises two or more crown units. Each crown is payable from the available Crown & Bridge benefit.</i>	<p style="text-align: right;">*Pre-authorisation required</p> <ul style="list-style-type: none"> - 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
	<p>Scheme Exclusions:</p> <ul style="list-style-type: none"> - Crown and bridge procedures for cosmetic reasons and associated laboratory costs - Crowns on third molars - Emergency crowns that are not placed for the immediate protection in tooth injury and associated laboratory costs - Laboratory delivery fees - Laboratory fabricated temporary crowns - Occlusal rehabilitations and associated laboratory costs - Porcelain veneers and inlays, and associated laboratory costs - Provisional crowns and associated laboratory costs - The cost of gold, precious metal, semi-precious metal and platinum foil
Implants and Associated Laboratory Costs	No benefit
Orthodontics* and Associated Laboratory Costs	<p style="text-align: right;">*Pre-authorisation required</p> <ul style="list-style-type: none"> - 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
	Specialised Dentistry payable from available Savings
	<p>Scheme Exclusions:</p> <ul style="list-style-type: none"> - 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*	<p style="text-align: right;">*Pre-authorisation required</p> <ul style="list-style-type: none"> - 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
	<p>Scheme Exclusions:</p> <ul style="list-style-type: none"> - PerioChip placement - Surgical periodontics which includes gingivectomies, periodontal flap surgery, tissue grafting and the hemisection of a tooth
Maxillo-facial Surgery and Oral Pathology	<ul style="list-style-type: none"> - <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
	<p>Scheme Exclusions:</p> <ul style="list-style-type: none"> - 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
Hospitalisation (General Anaesthetic)*	*Authorisation required for PMBs <ul style="list-style-type: none"> - No benefit for In Hospital (General Anaesthetic) dentistry, <i>except</i> for PMBs. - Subject to BonFit Select Hospital Network
Inhalation Sedation in the Dental Rooms	<ul style="list-style-type: none"> - Payable from available Savings - Benefit subject to managed care protocols - Covered at the BDT
Moderate/Deep Sedation in the Dental Rooms*	*Pre-authorisation required <ul style="list-style-type: none"> - Payable from Savings - Benefit limited to extensive dental treatment - Benefit subject to managed care protocols - Covered at the BDT

BonCap

Dental Benefit Table 2026

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 2026.

Only the dental codes listed in the table below will be covered under this option, except in the case of authorised 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*

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.

**** PMB = Prescribed Minimum Benefits**

Dental Benefit	Code	BonCap
DENIS Benefit Information per Code		
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

Dental Benefit	Code	BonCap
DENIS Benefit Information per Code		
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 8132	- Benefit for emergency treatment only - 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		- 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
	8341 8342 8343 8344 8351 8352 8353 8354 8367 8368 8369 8370	
Maxillo-facial Surgery in Dental Chair		- Surgery in the dental chair subject to the use of a DENIS designated service provider, and only the 2 codes listed below and PMBs will be covered:
	8937 8213	- Surgical removal of tooth - Surgical removal of residual roots
		- Cover for PMB treatment
Moderate/Deep Sedation in the Dental Rooms*	8144	<i>*Pre-authorisation required</i> - Benefit limited to extensive conservative dental treatment

Hospitalisation and Anaesthetics	BonCap
Hospitalisation (General Anaesthetic)*	<i>*Authorisation required for PMBs</i> - No benefits for in hospital (general anaesthetic) dentistry, except for PMBs .

Hospital Standard

Dental Benefit Table 2026

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.

Bonitas Hospital Network: Hospital Standard

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	<ul style="list-style-type: none">- 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*	<p style="text-align: right;"><small>*Pre-authorisation required for surgery in hospital</small></p> <ul style="list-style-type: none"> - Maxillo-facial surgery in hospital: 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 - Oral pathology procedures (cysts and biopsies, the surgical treatment of tumours of the jaw and soft tissue tumours): Claims will only be covered if supported by a laboratory report that confirms diagnosis. - Benefit for the closure of an oral-antral opening (code 8909): <u>Subject to post-treatment motivation and managed care protocols</u> - Other surgery in hospital: See Hospitalisation* below <p>Scheme Exclusions:</p> <ul style="list-style-type: none"> - Bone and tissue regeneration procedures - Bone augmentations - Orthognathic (jaw correction) surgery - Osseo-integrated implantation - Sinus lifts - The auto-transplantation of teeth - The cost of bone regeneration material

Hospitalisation and Anaesthetics	Hospital Standard
Hospitalisation (General Anaesthetic)*	<p style="text-align: right;">*Pre-authorisation required</p> <ul style="list-style-type: none"> - 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: <ul style="list-style-type: none"> o A co-payment of R3 640 per hospital admission applies. o A co-payment of R2 600 per day clinic admission applies - General anaesthetic benefit available for the removal of impacted teeth: <ul style="list-style-type: none"> o A co-payment of R5 200 per hospital admission applies for the removal of impacted teeth and any other medical admission other than children younger than 5 years of age. o A co-payment of R2 600 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.
	<p><i>Scheme Exclusions:</i></p> <ul style="list-style-type: none"> - 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*	<p style="text-align: right;">*Pre-authorisation required</p> <ul style="list-style-type: none"> - Benefit subject to managed care protocols - Covered at 100% of BDT - Only applicable in lieu of GA for the benefits described under Hospitalisation.

BonEssential

BonEssential Select

Dental Benefit Table 2026

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.

Bonitas Hospital Network: BonEssential and BonEssential Select

Members on the **BonEssential** and **BonEssential Select** options must use a hospital within the **Bonitas BonEssential Hospital Network** and **BonEssential Select Hospital Network** respectively.

Should a member on the **BonEssential** and **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	<ul style="list-style-type: none">- 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	<p><i>Surgery in the dental chair:</i></p> <ul style="list-style-type: none"> - Benefit subject to managed care protocols - Covered at the BDT - Benefit ONLY available for the removal of impacted teeth - Code 8941 <p><i>Surgery in hospital:</i></p> <ul style="list-style-type: none"> - See Hospitalisation* below 	

Hospitalisation and Anaesthetics	BonEssential	BonEssential Select
Hospitalisation (General Anaesthetic)*		<p style="color: red;">*Pre-authorisation required</p> <ul style="list-style-type: none"> - Admission protocols apply - Benefit subject to managed care protocols - General anaesthetic benefit available for the removal of impacted teeth ONLY: <ul style="list-style-type: none"> o A co-payment of R5 200 per hospital admission applies. o A co-payment of R2 600 upfront co-payment to apply for the removal of impacted teeth if performed in a Day Clinic.
		<p>BonEssential Select: BonEssential Select is subject to the use of a hospital on the BonEssential Select Hospital Network.</p>

Hospitalisation and Anaesthetics	BonEssential	BonEssential Select
Inhalation Sedation in the Dental Rooms	No benefit	
Moderate/Deep Sedation in the Dental Rooms*	<ul style="list-style-type: none"> - Benefit subject to managed care protocols - Covered at 100% of BDT - Only applicable in lieu of GA for the benefits described under Hospitalisation. 	<small>*Pre-authorisation required</small>

BonStart

BonStart Plus

Dental Benefit Table 2026

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.

** PMB = Prescribed Minimum Benefits

Preventative Dentistry	Code	BonStart	BonStart Plus
DENIS Benefit Information per Code			
Consultation	8101	<ul style="list-style-type: none">- One consultation per beneficiary per year (not within 6 months from the previous year's consultation)	BonStart: R130 co-payment applies to the charged code 8101
			BonStart Plus: R75 co-payment applies to the charged code 8101
Polishing of Teeth	8155	<ul style="list-style-type: none">- One scale and polish treatment per beneficiary per year (not within 6 months from the previous year's scale and polish)	
Scaling and Polishing	8159	<ul style="list-style-type: none">- Code 8155 or 8159 (max of 1 in total per year)	
Fluoride Treatment		<ul style="list-style-type: none">- One treatment per year, limited to beneficiaries from age 5 and younger than 16 years of age	
	8161	<ul style="list-style-type: none">- 5 to 12 years of age	
	8162	<ul style="list-style-type: none">- 13 to 15 years of age	
Fissure Sealant	8163	<ul style="list-style-type: none">- One per tooth in a 3-year period for beneficiaries younger than 16 years of age	
Infection Control	8109	<ul style="list-style-type: none">- One set per beneficiary per visit (One set = 8109 x 2 and 8110 x 1)	
Instrument Sterilisation	8110		

Hospitalisation and Anaesthetics	BonStart	BonStart Plus
Hospitalisation* (General Anaesthetic)		*Authorisation required for PMBs
	<ul style="list-style-type: none"> - No benefit for In-hospital (General Anaesthetic) dentistry, <i>except for PMBs</i>. 	
	BonStart: Subject to BonStart Hospital Network	BonStart Plus: Subject to BonStart Plus Hospital Network

BonCore

Dental Benefit Table 2026

Dental Benefits

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 from the available family **Benefit Booster of R1 000 per family** and ONLY once activated for the claiming beneficiary, except in the case of authorised PMB** events.

This option does not provide benefits for any dental treatment not specified below.

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 Private Health Administrators (PHA) will be responsible for the payment of all dental claims (Out-of-hospital dentistry, In-hospital PMB dentistry and related anaesthetics) on the BonCore option.

Pre-authorisation*

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

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

A **R14 680 co-payment** applies to all non-network PMB approved admissions, subject to Regulation 8 (3) of the Act.

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

**** PMB = Prescribed Minimum Benefits**

Dental Benefit	Code	BonCore
		Payable from the Family Benefit Booster of R1 000 per family once activated
Consultation	8101	<ul style="list-style-type: none">- Two check-ups (8101 only) per beneficiary per year (once every 6 months)- Benefit subject to managed care protocols- Covered at the BDT
Polishing of Teeth	8155	<ul style="list-style-type: none">- Two polish (8155) or two scaling and polishing (8159) per beneficiary per year
Scaling and Polishing	8159	
Fluoride Treatment		<ul style="list-style-type: none">- Two treatment per year for beneficiaries older than 5 and under 16 years of age
	8161	<ul style="list-style-type: none">- 5 to 12 years of age (8161)
	8162	<ul style="list-style-type: none">- 13 to 15 years of age (8162)

Dental Benefit	Code	BonCore
		Payable from the Family Benefit Booster of R1 000 per family once activated
Fissure Sealant	8163	- One per tooth in a 3-year period for beneficiaries younger than 16 years of age (8163)
Infection Control	8109	- One set per beneficiary per visit (One set = 8109 x 2, 8110 x 1)
Instrument Sterilisation	8110	

Hospitalisation and Anaesthetics	BonCore
Hospitalisation (General Anaesthetic)*	*Authorisation required for PMBs - No benefits for in hospital (general anaesthetic) dentistry, except for PMBs.

Additional Scheme Exclusions (All 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
- Intramuscular or subcutaneous injection
- Nutritional and tobacco counselling
- Procedures that are defined as unusual circumstances and procedures that are defined as unlisted procedures
- Pulp tests
- Special report
- Treatment plan completed