

# COVER FOR DENTAL TREATMENT

DISCOVERY HEALTH MEDICAL SCHEME  
2022







## Overview

This document explains the cover for dental treatment. It gives you details about how Discovery Health Medical Scheme defines and pays for dental treatment in the dentist's or dental specialist's rooms, in hospital or at a day clinic.

You will also find information about your cover for severe dental surgery as part of the Severe Dental and Oral Surgery Benefit as well as dentistry related to basic dental trauma covered from the Basic Dental Trauma Benefit.

### About some of the terms we use in this document

There may be some terms we refer to in the document that you may not be familiar with. Here are the meanings of these terms.

TERMINOLOGY	DESCRIPTION
Above Threshold Benefit (ATB)	<b>Available on the Executive, Comprehensive and Priority plans</b> Once the day-to-day claims you have sent to us add up to the Annual Threshold, we pay the rest of your day-to-day claims from the Above Threshold Benefit (ATB), at the Discovery Health Rate (DHR) or a portion of it. The Executive and Comprehensive plans have an unlimited ATB, and the Priority plans have a limited ATB.
Annual Threshold	<b>Available on the Executive, Comprehensive and Priority plans</b> We set the Annual Threshold amount at the beginning of each year. The number and type of dependants (spouse, adult or child) on your plan will determine the amount. The Annual Threshold is an amount that your claims need to add up to before we pay your day-to-day claims from the Above Threshold Benefit (ATB).
Basic Dental Trauma	The sudden and unanticipated impact injury to teeth and mouth that requires urgent care for and replacement after partial or complete loss of one or more teeth as a result of an accident or injury which occurred in the preceding 30 days.
Basic Dental treatment	We define basic dental treatment as the diagnosis, prevention and treatment of diseases of the teeth, gums and related structures of the mouth.
Day clinic	This is a healthcare facility in which patients spend part of the day under medical supervision but do not stay overnight.
Day-to-day benefits	These are the available funds allocated to the Medical Savings Account (MSA) and Above Threshold Benefit (ATB), where applicable. Depending on the plan you choose, you may have cover for a defined set of day-to-day benefits. The level of day-to-day benefits depends on the plan you choose.
Deductible	This is the amount that you must pay upfront to the hospital or day clinic for specific treatments/procedures. If this amount is higher than the amount charged for the healthcare service, you will have to pay for the cost of the healthcare service.
Dental appliances, their placement and orthodontic treatment	Dental appliances, their placement and orthodontics are subject to a limit and pay from the day-to-day benefits, unless approved under the Basic Dental Trauma Benefit. Related accounts for orthognathic surgery are also funded from the day-to-day benefit and are subject to this limit. This limit is only applicable on certain plans. Dental appliances include crowns, dentures, bridges, clasps, veneers, implants, inlays or onlays and pontics. Professional fees, laboratory fees and the cost of the components used in placing dental appliances add up to the limit.
Discovery Health Rate (DHR)	This is a rate we pay for healthcare services from hospitals, pharmacies, healthcare professionals and other providers of relevant health services.
External Cause Code (ECC)	This is an ICD-10 code that describes the cause of an injury or poisoning. It is used together with the injury code to provide a comprehensive picture of the injury and its circumstances i.e. how it happened or what caused the injury. The ECC is always placed in a secondary coding position, following the injury code.

#### COVER FOR DENTAL TREATMENT

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TERMINOLOGY	DESCRIPTION
ICD-10 code	A clinical code that describes diseases and signs and symptoms, abnormal findings, complaints, social circumstances and external causes of injury or diseases, as classified by the World Health Organization (WHO).
Medical Savings Account (MSA)	<b>Available on the Executive, Comprehensive, Priority and Saver plans</b> The Medical Savings Account (MSA) is an amount that gets set aside for you at the beginning of each year or when you join the Scheme. You pay this amount back in equal portions as part of your monthly contribution. We pay your day-to-day medical expenses such as GP and specialist consultations, acute medicine, radiology and pathology from the available funds allocated to your MSA. Any unused funds will carry over to the next year. Should you leave the Scheme or change your plan partway through the year and have used more of the funds than what you have contributed, you will need to pay the difference to us.
Payment arrangements	We have payment arrangements in place with specific healthcare professionals to pay them in full at an agreed rate.
Related account	A related account is any account for dental treatment done in a hospital or day clinic. It does not refer to the hospital or day clinic account. This could be the anaesthetist, dentist or dental specialist's account.

## About the different types of dental providers

There are many different healthcare providers who provide dental and dental-related services. These include dentists and dental specialists who are responsible for major dental procedures, as well as therapists and oral hygienists. Here are the different names and a description of each healthcare professional's responsibilities.

TERMINOLOGY	DESCRIPTION
Dental technician	Dental technicians do not see patients directly. Working from models of the patient's mouth, they make appliances like dentures, crowns and orthodontic plates after referral from a dental practitioner.
Dental therapist	Dental therapists focus on the holistic care of patients, which ranges from prevention of oral disease and promotion of oral health to the alleviation of oral abnormalities, pain and disease and also function in the fields of preventive, promotive and rehabilitative health.
Dentist	Dentists generally deal with the normal maintenance of oral hygiene, for example fillings, extractions and root canal treatment.
Maxillo-facial and oral surgeon	Maxillo-facial and oral surgeons specialise in the treatment of structures in and around the mouth, for example extraction of fractured or impacted teeth, orthognathic surgery and the repair of fractures to the jaw and other facial bones.
Oral pathologist	Oral pathologists deal with pathology of the oral cavity.
Oral hygienist	Oral hygienists work with a dental practitioner doing oral examinations, x-rays, scaling and polishing, oral hygiene instruction, and fluoride treatment.
Orthodontist	Orthodontists correct and preserve the ideal position of the teeth and dentofacial structures using braces, retainers, and other appliances.
Periodontist	Periodontists specialise in the diagnosis, prevention and treatment of gum disease, for example root planning, flap surgery and gingivectomy.

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TERMINOLOGY	DESCRIPTION
Prosthodontist	Prosthodontists specialise in replacing absent teeth and tooth structures as well as the restoration of natural teeth. This includes for example crowns, bridges and dentures.

## Severe Dental and Oral Surgery Benefit

### Tell us about your surgery and we'll tell you if it meets the clinical entry criteria for cover from this benefit

This benefit is subject to preauthorisation and the treatment meeting the Scheme's treatment guidelines and managed care criteria.

### We cover a defined list of maxillo-facial procedures through the Severe Dental and Oral Surgery Benefit

The Severe Dental and Oral Surgery Benefit covers a defined list of procedures that are paid from the Hospital Benefit according to your chosen health plan. These procedures include:

- Internal temporomandibular joint (TMJ) surgery
- Cleft lip and palate repairs
- Surgery for severe life-threatening infections
- Cancer-related surgery

There is no overall limit for the procedures approved and covered by the Severe Dental and Oral Surgery Benefit. However, accounts for dental appliances and their placement are paid from the available day-to-day benefits, regardless of the place of treatment, and subject to the annual limit where applicable.

### You have full cover for specialists who we have a payment arrangement with

You can benefit by using specialists who we have a payment arrangement with, because we will cover their approved procedures in full from the Hospital Benefit.

### You may have a co-payment if you use other specialists

If you are treated in hospital by a specialist who we do not have a payment arrangement with, we cover you as follows:

- On the *Executive Plan*, up to 300% of the Discovery Health Rate (DHR)
- On the *Classic Plans*, up to 200% of the Discovery Health Rate (DHR)
- On the *Essential*, *Coastal* and *KeyCare Plans*, up to 100% of the Discovery Health Rate (DHR).

### How we cover other healthcare professionals

We cover GPs and other healthcare professionals up to 200% of the Discovery Health Rate (DHR) on the *Executive* and *Classic Plans* and 100% of the Discovery Health Rate (DHR) on the *Essential Smart* and *KeyCare Plans*, from the Hospital Benefit.

### How we cover radiology and pathology

We cover radiology and pathology up to 100% of the Discovery Health Rate (DHR) on all plans.

## Basic Dental Trauma Benefit

This benefit is available on all plans except the Essential Smart and KeyCare plans. The Basic Dental Trauma Benefit covers the sudden and unanticipated injury to the teeth and mouth that requires urgent dental treatment and replacement after an accident or trauma injury from your Hospital Benefit. Where the clinical entry criteria are met, we also cover dental appliances and prostheses and the placement thereof, regardless of the place of service, up to an annual limit per person per year. For more information on the benefit limits please refer to the *Benefit available for your plan type* section.

### You don't need to call us before having dental treatment related to basic dental trauma

Where the benefit and clinical entry criteria are met, we will pay your claims related to a basic dental trauma event from the Basic Dental Trauma Benefit. The claim submitted by your healthcare professional, with the relevant qualifying ICD-10 codes and external cause codes will determine whether your treatment qualifies for cover from the Basic Dental Trauma Benefit. For dental treatment done in-hospital or in a day clinic you need to pay an amount upfront (deductible) to the hospital or day clinic. Please refer to the "Dental treatment in-hospital" section below for more information on dental treatment in-hospital. Claims paid from the Basic Dental Trauma Benefit will not affect your day-to-day benefits.

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## You need to meet certain criteria to qualify for payment from this benefit

Certain benefit and clinical entry criteria apply for payment from the Basic Dental Trauma Benefit. Additional criteria include:

- Either partial or complete loss of one or more teeth
- Where partial loss has occurred, there isn't enough remaining dental hard tissue to support conservative restoration
- The initial treatment needs to start within 30-days of the injury
- The relevant ICD-10 codes and external cause codes indicate trauma.

## Dental treatment in-hospital where not approved under the Severe Dental and Oral Surgery Benefit

### You don't need to call us before having dental treatment

For all in-hospital dental treatment, other than those covered from the Severe Dental and Oral Surgery Benefit, there is no need to call us before having treatment, even if you are admitted to hospital.

### Upfront deductible payable for hospital or day clinic admissions

For this treatment you need to pay an amount upfront (deductible) to the hospital or day clinic for dental treatment done in-hospital. This amount depends on the member's age and the place of treatment. If the upfront amount is higher than the amount charged for the healthcare service, you will have to pay for the cost of the healthcare service. We pay the balance of the hospital or day clinic account from the Hospital Benefit. This applies to all plans except the *Essential Smart* and *KeyCare Plans*, for which dental treatment in-hospital is not funded. If you are on a network plan you need to use a facility in the network for your chosen plan.

### This is the amount you need to pay upfront:

	HOSPITAL	DAY CLINIC
Member younger than 13 years	R2 850	R1 300
Member 13 years or older	R7 350	R4 700

If you are 13 and older, we cover routine dental treatment such as preventive treatments, simple fillings and root canal treatments performed in-hospital from your available day-to-day benefits.

### We pay the related accounts for hospital or day clinic admissions from the Hospital Benefit

We pay related accounts from the Hospital Benefit.

### We do not cover in-hospital dental treatment on the Essential Smart and KeyCare Plans

In-hospital dental treatment is not covered on the *Essential Smart* and *KeyCare Plans*.

## This is how we pay for dental treatment, anaesthetics and dental appliances

DENTAL TREATMENT	
Executive Plan	Specialists paid up to 300% of the Discovery Health Rate (DHR), all other Health Care Professionals are paid at 100% of the Discovery Health Rate (DHR)
All other plans	Paid up to 100% of the Discovery Health Rate (DHR)
Other healthcare professionals paid up to 100% of the Discovery Health Rate (DHR)	
ANAESTHETISTS	
Executive Plan	Specialist anaesthetist paid up to 300%, GP anaesthetist paid up to 200% of the Discovery Health Rate (DHR)
Classic Plans	Paid at agreed rate or up to 200% of the Discovery Health Rate (DHR)
Essential and Coastal Plans	Paid at agreed rate or up to 100% of the Discovery Health Rate (DHR)

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## DENTAL APPLIANCES

All plans excluding the Essential Smart Plan and KeyCare Plans

Accounts for dental appliances and orthodontic treatment, including related accounts for orthognathic surgery, are paid from the available day-to-day benefits, where applicable, regardless of the place of treatment and subject to the annual benefit limit. Dental treatment approved treatment under the Basic Dental Trauma benefit will not affect your day-to-day benefits and dental appliances, prosthesis and the placement thereof will be subject to the Basic Dental Trauma annual benefit limit.

## How we cover preventive dental treatments

If you are 16 years and younger, you are covered for two dental sealants for each dental quadrant each year. If you are older than 16 years, you are covered for two professionally applied fluoride treatments and cleanings each year. These services are covered from your available day-to-day benefits.

### Dental limits

#### No overall limit for basic dental treatment

There is no overall limit for basic dental treatment on our plans. Cover depends on the plan you choose.

#### Basic dental treatment done in the dentist's rooms is paid from your day-to-day benefits

Depending on your plan, we pay for basic dental treatment done in the dentist or dental specialist's rooms from the available day-to-day benefits at 100% of the Discovery Health Rate (DHR). If you do not have funds available in your Medical Savings Account (MSA), where applicable, you must pay the dentist and dental specialist's account.

#### *If you are on the Executive, Comprehensive or Priority Plans:*

You have additional cover from the Above Threshold Benefit (ATB) when you reach your Annual Threshold. If you pay any accounts once your Medical Savings Account (MSA) is depleted, and before you have reached the Annual Threshold, remember to send the account to us so we can add it up to your Annual Threshold.

#### *If you are on the Classic Smart Comprehensive Plan:*

You have cover from the Above Threshold Benefit (ATB) once you reach your Annual Threshold. You also have cover for one defined dental check-up for each member each year at any dentist or dental therapist. This check-up covers you for a consultation, two bitewing X-rays, scale and polish, and fluoride. A co-payment of R115 applies.

#### *If you are on a Smart Plan:*

Members have cover for one defined dental check-up for each member each year at any dentist or dental therapist. This check-up covers you for a consultation, two bitewing X-rays, scale and polish, and fluoride. A co-payment of R115 on the [Classic Smart Plan](#) and R170 on the [Essential Smart Plan](#) applies.

#### *If you are on a Core Plan:*

We do not cover out-of-hospital day-to-day costs on Core Plans so you must pay these claims.

#### *If you are on a KeyCare Plus, KeyCare Start or KeyCare Start Region Plan:*

We cover selected basic dental treatment (consultations, fillings and extractions) only at a dentist who is on the KeyCare dentist network. Certain rules and limits may apply.

### Dental appliances and orthodontic treatment limit on the Executive, Comprehensive and Priority Plans (where not approved under the Basic Dental Trauma Benefit)

When we refer to dental appliances, we refer to any fixed or removable dental appliance such as implants, crowns, veneers, bridges, dentures and inlays. This also includes orthodontic treatment like braces and retainers and related accounts for orthognathic surgery.

We pay all dental appliances, their placement and orthodontic treatment from the available funds in the day-to-day benefits (Medical Savings Account (MSA) and Above Threshold Benefit (ATB)) up to a limit per person per year regardless of place of service.

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These are not separate benefits. Limits apply to claims paid from the Medical Savings Account (MSA), paid by you and paid by the Above Threshold Benefit (ATB). On the *Classic Smart Comprehensive Plan*, you have cover once you reach your Annual Threshold.

If you join the Discovery Health Medical Scheme after January, you won't get the full limit because it is calculated by counting the remaining months in the year.

PLAN	DENTAL APPLIANCES AND ORTHODONTIC TREATMENT LIMIT
Executive and Comprehensive	R30 750
Priority	R19 150

### Dental appliances, prosthesis and placement thereof covered from the Basic Dental Trauma Benefit

Approved cover for dental appliances (implants), prosthesis and the placement thereof from the Basic Dental Trauma Benefit is subject to the annual limit of R58 000 per person per year. Cover from the Basic Dental Trauma Benefit does not affect your day-to-day benefits.

PLAN	BASIC DENTAL TRAUMA DENTAL APPLIANCE LIMIT
Executive	R58 000 for dental appliance, prosthesis and the placement thereof
Comprehensive	
Priority	
Smart ( <i>Classic Smart plan only</i> )	
Saver	
Core	

### Getting the most out of your dental benefits

#### *Use a dental specialist who we have a payment arrangement with*

If we have a payment arrangement with the dental specialist, we will pay the account up to the agreed rate. If you don't use a dental specialist who we have an arrangement with, you will be responsible for any shortfall between what the provider charges and what we pay. Visit [www.discovery.co.za](http://www.discovery.co.za) or click on **Find a healthcare provider** on the Discovery app to find a provider that is covered in full to avoid co-payments.

#### *Your dentist and dental specialist must include specific information on the account*

##### **Tooth numbers**

Dentists and dental specialists use a numbering system to identify teeth in the mouth. This information serves a practical purpose in dental treatment. This tooth numbering system is done according to local and international guidelines. Your dentist and dental specialist must give the relevant tooth number(s) on their account. If we receive accounts with no tooth number(s), we will not be able to pay the account.

##### **Place of service indicator**

Your dentist and dental specialist also need to indicate on each claim where they performed the dental treatment. This could be in the doctor's rooms, in hospital or in a day clinic facility. Including this information on your doctor's account will ensure we pay the accounts from the correct benefit. Without a place of service indicator on the claim, we will pay the claim from your day-to-day benefits.

##### **ICD-10 codes and external cause codes**

Your dentist and dental specialist also need to indicate the relevant ICD-10 code and external cause code for the dental treatment. Including this information on your doctor's account will ensure we pay the accounts from the correct benefit. Without this information, we will not be able to pay the account.

##### **COVER FOR DENTAL TREATMENT**

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## Benefits available for your plan type

### EXECUTIVE PLAN

#### Severe Dental and Oral Surgery Benefit

The Severe Dental and Oral Surgery Benefit covers a defined list of procedures, with no upfront payment and no overall limit. This benefit is subject to authorisation and the Scheme's rules and your chosen plan.

You must preauthorise your admission to hospital at least 48 hours before you go in. Please call 0860 99 88 77.

#### Dental treatment in-hospital (if not approved under the Severe Dental and Oral Surgery Benefit)

You need to pay a portion of your hospital or day clinic account upfront for dental admissions. This amount varies, depending on your age and the place of treatment.

We pay the balance of the hospital account from your Hospital Benefit, up to 100% of the Discovery Health Rate (DHR). We pay the related accounts, which include the dentist and other related accounts, from your Hospital Benefit, up to 100% of the Discovery Health Rate (DHR). We pay specialists up to 300% of the Discovery Health Rate (DHR). For members 13 and older, we cover routine conservative dentistry, such as preventive treatment, simple fillings and root canal treatment from your available day-to-day benefits.

#### The Basic Dental Trauma Benefit

The Basic Dental Trauma Benefit offers cover for the sudden and unanticipated injury to teeth and mouth that requires urgent dental treatment after an accident or trauma injury, subject to clinical entry criteria. Where the clinical entry criteria are met, cover for dental appliances and prosthesis and their placement are paid up to an annual limit of R58 000 per person per year.

#### Dental appliance and orthodontic treatment limit

There is no overall limit for basic dental treatment. However, all dental appliances, their placement, and orthodontic treatment (including related accounts for orthognathic surgery) are paid at 100% of the Discovery Health Rate (DHR), and up to 300% for anaesthetist. Claims are paid from your day-to-day benefits (regardless of the place of service), up to an annual limit of R30 750 per person. If you join the Scheme after January, you will not get the full limit because it is calculated by counting the remaining months in the year. These are not separate benefits. Limits apply for claims paid from your Medical Savings Account (MSA), paid by you and paid by the Above Threshold Benefit (ATB).

Where approved under the Basic Dental Trauma Benefit cover will be from your Hospital Benefit, subject to the annual benefit limit of R58 000 per person per year.

#### Basic dental treatment done in the dentist's rooms is paid from your day-to-day benefits

We pay for basic dental treatment done in the dentist or dental specialist's rooms at 100% of the Discovery Health Rate (DHR) from the available funds allocated to your Medical Savings Account (MSA) and from the Above Threshold Benefit (ATB) once your claims add up to the Annual Threshold.

If you have run out of funds in your Medical Savings Account (MSA) and have not yet reached your Annual Threshold, you will need to pay these accounts.

### COMPREHENSIVE SERIES

#### Severe Dental and Oral Surgery Benefit

The Severe Dental and Oral Surgery Benefit covers a defined list of procedures, with no upfront payment and no overall limit. This benefit is subject to authorisation and the Scheme's rules.

You must preauthorise your admission to hospital at least 48 hours before you go in. Please call 0860 99 88 77.

#### COVER FOR DENTAL TREATMENT

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*If you are on the Classic Delta and Essential Delta network option:*

You are covered in full at private hospitals and day clinics in the Delta Hospital Network. For planned admissions at hospitals outside the network, you must pay an amount of R9 100 upfront to the hospital. This does not apply in an emergency.

*If you are on the Classic Smart Comprehensive plan:*

You must pay an upfront amount of R10 400 for planned admissions to hospitals not in the Smart Plan Hospital Network. This does not apply in an emergency.

## Other dental treatment in hospital

You need to pay a portion of your hospital or day clinic account upfront for dental admissions. This amount varies, depending on your age and the place of treatment. We pay the balance of the hospital account from your Hospital Benefit, up to 100% of the Discovery Health Rate (DHR).

We pay the related accounts, which include the dental surgeon's account, from your Hospital Benefit, up to 100% of the Discovery Health Rate (DHR). On Classic plans, we pay anaesthetists up to 200% of the Discovery Health Rate (DHR). For members 13 and older, we cover routine conservative dentistry, such as preventive treatment, simple fillings and root canal treatment from your available day-to-day benefits.

## The Basic Dental Trauma Benefit

The Basic Dental Trauma Benefit covers sudden and unanticipated injury to teeth and mouth that requires urgent dental treatment after an accident or trauma injury. Where the clinical entry criteria are met, cover for dental appliances and prosthesis and their placement are paid up to an annual limit of R58 000 per person per year.

## Dental appliance and orthodontic treatment limit

There is no overall limit for basic dental treatment. However, all dental appliances, their placement, and orthodontic treatment (including related accounts for orthognathic surgery) are paid at 100% of the Discovery Health Rate (DHR) and up to 200% of the Discovery Health Rate (DHR) for anaesthetists on the Classic Plans. Claims are paid from your day-to-day benefits (regardless of the place of service), up to an annual limit of R30 750 per person. These are not separate benefits. Limits apply to claims paid from Medical Savings Account (MSA), paid by you and paid from the Above Threshold Benefit (ATB). If you are on a Classic Smart Comprehensive plan, you will have to pay for these claims until you reach your Annual Threshold. Where approved under the Basic Dental Trauma Benefit cover will be from your Hospital Benefit, subject to the annual benefit limit of R58 000 per person per year.

If you join the Scheme after January, you won't get the full limit because it is calculated by counting the remaining months in the year.

## Basic dental treatment done in the dentist's rooms is paid from your day-to-day benefits

We pay for basic dental treatment done in the dentist or dental specialist's rooms at 100% of the Discovery Health Rate (DHR) from the available funds allocated to your Medical Savings Account (MSA) and from the Above Threshold Benefit (ATB) once your claims add up to the Annual Threshold. If you have run out of funds in your Medical Savings Account (MSA) and have not yet reached your Annual Threshold you will need to pay these accounts.

*If you are on the Classic Smart Comprehensive Plan:*

You have cover once you reach your Annual Threshold. You also have cover for one defined dental check-up for each member each year at any dentist or dental therapist. This check-up covers you for a consultation, two bitewing X-rays, scale and polish, and fluoride. A co-payment of R115 applies with the balance of this fee covered up to the Discovery Health Rate (DHR).

## PRIORITY SERIES

## Severe Dental and Oral Surgery Benefit

The Severe Dental and Oral Surgery Benefit covers a defined list of procedures, with no upfront payment and no overall limit. This benefit is subject to authorisation and the Scheme's rules.

You must preauthorise your admission to hospital at least 48 hours before you go in. Please call 0860 99 88 77.

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## Other dental treatment in hospital

You need to pay a portion of your hospital or day-clinic account upfront for dental admissions. This amount varies, depending on your age and the place of treatment. We pay the balance of the hospital account from your Hospital Benefit, up to 100% of the Discovery Health Rate (DHR).

We pay the related accounts, which include the dental surgeon's account, from your Hospital Benefit, up to 100% of the Discovery Health Rate (DHR). On the Classic Plan, we pay anaesthetists up to 200% of the Discovery Health Rate (DHR).

For members 13 and older, we cover routine conservative dentistry, such as preventive treatment, simple fillings and root canal treatment from your available day-to-day benefits.

## The Basic Dental Trauma Benefit

The Basic Dental Trauma Benefit covers sudden and unanticipated injury to teeth and mouth that requires urgent dental treatment after an accident or trauma injury. Where the clinical entry criteria are met, cover for dental appliances and prosthesis and their placement are paid up to an annual limit of R58 000 per person per year.

## Dental appliance and orthodontic treatment limit

There is no overall limit for basic dental treatment. However, all dental appliances, their placement, and orthodontic treatment (including related accounts for orthognathic surgery) are paid at 100% of the Discovery Health Rate (DHR) and up to 200% of the Discovery Health Rate (DHR) for anaesthetists on the Classic plan. Claims are paid from your day-to-day benefits (regardless of the place of service), up to an annual limit of R19 150 per person. These are not separate benefits. The limit applies to claims paid by the Medical Savings Account (MSA), paid by you and paid from the Above Threshold Benefit (ATB). The overall Above Threshold Benefit (ATB) limit applies. Where approved under the Basic Dental Trauma Benefit cover will be from your Hospital Benefit, subject to the annual benefit limit of R58 000 per person per year.

If you join the Scheme after January, you won't get the full limit because it is calculated by counting the remaining months in the year.

## Basic dental treatment done in the dentist's rooms is paid from your day-to-day benefits

We pay for basic dental treatment done in the dentist or dental specialist's rooms at 100% of the Discovery Health Rate (DHR) from the available funds allocated to your Medical Savings Account (MSA) and from the limited Above Threshold Benefit (ATB) once your claims add up to the Annual Threshold.

If you have run out of funds in your Medical Savings Account (MSA) and have not yet reached your Annual Threshold, you will need to pay these accounts.

## SAVER SERIES

## Severe Dental and Oral Surgery Benefit

The Severe Dental and Oral Surgery Benefit covers a defined list of procedures, with no upfront payment and no overall limit. This benefit is subject to authorisation and the Scheme's rules.

You must preauthorise your admission to hospital at least 48 hours before you go in. Please call 0860 99 88 77.

*If you are on the Classic Delta and Essential Delta network option:*

You are covered in full at private hospitals and day clinics in the Delta Hospital Network. For planned admissions at hospitals outside the network, you must pay an amount of R9 100 upfront to the hospital. This does not apply in an emergency.

*If you are on the Coastal Saver Plan:*

You must go to an approved hospital in one of the four coastal provinces for a planned hospital admission. If you do not use a coastal hospital, we will pay up to a maximum of 70% of the hospital account and you must pay the difference.

## Other dental treatment in hospital

You need to pay a portion of your hospital or day clinic account upfront for dental admissions. This amount varies, depending on your age and the place of treatment. We pay the balance of the hospital account from your Hospital Benefit, up to 100% of the Discovery Health Rate (DHR).

### COVER FOR DENTAL TREATMENT

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We pay the related accounts, which include the dental surgeon's account, from your Hospital Benefit, up to 100% Discovery Health Rate (DHR). On Classic plans, we pay anaesthetists up to 200% of the Discovery Health Rate (DHR).

For members 13 and older, we cover routine conservative dentistry, such as preventive treatment, simple fillings and root canal treatment from your available Medical Savings Account (MSA).

### **The Basic Dental Trauma Benefit**

The Basic Dental Trauma Benefit covers sudden and unanticipated injury to teeth and mouth that requires urgent dental treatment after an accident or trauma injury. Where the clinical entry criteria are met, cover for dental appliances and prosthesis and their placement are paid up to an annual limit of R58 000 per person per year.

### **Dental appliance and orthodontic treatment**

There is no overall limit for basic dental treatment. However, all dental appliances, their placement, and orthodontic treatment (including related accounts for orthognathic surgery) are paid at 100% of the Discovery Health Rate (DHR) from your Medical Savings Account (MSA), as long as you have money available. Where approved under the Basic Dental Trauma Benefit cover will be from your Hospital Benefit, subject to the annual benefit limit of R58 000 per person per year.

### **Basic dental treatment done in the dentist's rooms is paid from your day-to-day benefits**

We pay for basic dental treatment done in the dentist or dental specialist's rooms from the day-to-day benefits at 100% of the Discovery Health Rate (DHR). If you don't have funds available in your Medical Savings Account (MSA), you must pay these accounts.

## **SMART SERIES**

### **Severe Dental and Oral Surgery Benefit**

The Severe Dental and Oral Surgery Benefit covers a defined list of procedures, with no upfront payment and no overall limit. This benefit is subject to authorisation and the Scheme's rules.

You must preauthorise your admission to hospital at least 48 hours before you go in. Please call 0860 99 88 77.

You are covered in full at private hospitals in the Smart Plan Hospital Network. For planned admissions at hospitals outside the network, you must pay an amount of R10 400 upfront to the hospital. This does not apply in an emergency.

### **Other dental treatment in hospital**

#### *Classic Smart Plan*

You need to pay a portion of your hospital or day clinic account upfront for dental admissions. This amount varies, depending on your age and the place of treatment. We pay the balance of the hospital account from your Hospital Benefit, up to 100% of the Discovery Health Rate (DHR).

We pay the related accounts, which include the dental surgeon's account, from your Hospital Benefit, up to 100% of the Discovery Health Rate (DHR). We pay anaesthetists up to 200% of the Discovery Health Rate (DHR).

For members 13 and older, you must pay for routine conservative dentistry, such as preventive treatment, simple fillings and root canal treatment.

#### *Essential Smart Plan*

In-hospital dental treatment is not covered on the Essential Smart Plan.

### **The Basic Dental Trauma Benefit**

#### *Classic Smart Plan*

The Basic Dental Trauma Benefit covers sudden and unanticipated injury to teeth and mouth that requires urgent dental treatment after an accident or trauma injury. Where the clinical entry criteria are met, cover for dental appliances and prosthesis and their placement are paid up to an annual limit of R58 000 per person per year.

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### Essential Smart Plan

This benefit is not available on the Essential Smart Plan.

### Dental appliance and orthodontic treatment

You must pay for the cost of all dental appliances, their placements and orthodontic treatment (including the related accounts for orthognathic surgery). Where approved under the Basic Dental Trauma Benefit cover will be from your Hospital Benefit, subject to the annual benefit limit of R58 000 per person per year.

### Basic dental treatment done in the dentist's rooms is paid from your day-to-day benefits

Smart plan members have cover for one defined dental check-up for each member each year at any dentist or dental therapist. This check-up covers you for a consultation, two bitewing X-rays, scale and polish, and fluoride.

A co-payment of R115 on the Classic Smart Plan and R170 on the Essential Smart Plan applies with the balance of this fee covered up to the Discovery Health Rate (DHR).

## CORE SERIES

### Severe Dental and Oral Surgery Benefit

The Severe Dental and Oral Surgery Benefit covers a defined list of procedures, with no upfront payment and no overall limit. This benefit is subject to authorisation and the Scheme's rules.

You must preauthorise your admission to hospital at least 48 hours before you go in. Please call 0860 99 88 77.

#### *If you are on the Classic Delta and Essential Delta network option:*

You are covered in full at private hospitals and day clinics in the Delta Hospital Network. For planned admissions at hospitals outside the network, you must pay an amount of R9 100 upfront to the hospital. This does not apply in an emergency.

#### *If you are on the Coastal Saver Plan:*

You must go to an approved hospital in one of the four coastal provinces for a planned hospital admission. If you don't use a coastal hospital, the Scheme will pay up to a maximum of 70% of the hospital account and you must pay the difference. This does not apply in an emergency.

### Other dental treatment in hospital

You need to pay a portion of your hospital or day clinic account upfront for dental admissions. This amount varies, depending on your age and the place of treatment. We pay the balance of the hospital account from your Hospital Benefit, up to 100% of the Discovery Health Rate (DHR).

We pay the related accounts, which include the dental surgeon's account, from your Hospital Benefit, up to 100% of Discovery Health Rate (DHR). On Classic plans, we pay anaesthetists up to 200% of the Discovery Health Rate (DHR).

### The Basic Dental Trauma Benefit

The Basic Dental Trauma Benefit covers sudden and unanticipated injury to teeth and mouth that requires urgent dental treatment after an accident or trauma injury. Where the clinical entry criteria are met, cover for dental appliances and prosthesis and their placement are paid up to an annual limit of R58 000 per person per year.

### Dental appliance and orthodontic treatment limit

You are responsible for paying the cost of all dental appliances, their placements and orthodontic treatment (including the related accounts for orthognathic surgery). Where approved under the Basic Dental Trauma Benefit cover will be from your Hospital Benefit, subject to the annual benefit limit of R58 000 per person per year.

### Basic dental treatment done in the dentist's rooms

Core plans do not cover out-of-hospital day-to-day costs so you must pay these costs yourself.

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## KEYCARE SERIES

### Severe Dental and Oral Surgery Benefit

The Severe Dental and Oral Surgery Benefit covers a defined list of procedures, with no upfront payment and no overall limit. This benefit is subject to authorisation and the Scheme's rules.

You must preauthorise your admission to hospital at least 48 hours before you go in. Please call 0860 99 88 77.

#### *KeyCare Plus and Core*

For planned hospital admissions, you have full cover for the hospital account in the Full Cover Hospital Network and up to 70% of the Discovery Health Rate (DHR) in the Partial Cover Hospital Network. If you use a hospital outside the network, you will have to pay these costs yourself. This does not apply in an emergency.

#### *KeyCare Start*

For planned hospital admissions, you are covered in full at your chosen KeyCare Start Network Hospital. If you use a hospital outside the network, you will have to pay these costs yourself. This does not apply in an emergency.

#### *KeyCare Start Regional*

For planned hospital admissions, you are covered in full at your chosen KeyCare Start Regional Network Hospital. If you use a hospital outside the network, you will have to pay these costs yourself. This does not apply in an emergency.

### Other dental treatment in hospital

In-hospital dental treatment is not covered on KeyCare plans.

### The Basic Dental Trauma Benefit

This benefit is not available on the KeyCare Plans.

### Dental appliance and orthodontic treatment

You are responsible for paying the cost of all dental appliances, their placements and orthodontic treatment (including the related accounts for orthognathic surgery).

### Basic dental treatment done in the dentist's rooms

#### *KeyCare Plus, KeyCare Start and KeyCare Start Regional*

We cover consultations, fillings and tooth removals at a dentist in our dentist network. Certain rules and limits may apply.

#### *KeyCare Core*

You must pay the costs of dentistry done in the rooms.

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## Contact us

Tel (members): 0860 99 88 77, Tel (health partners): 0860 44 55 66

Go to [www.discovery.co.za](http://www.discovery.co.za) to Get Help or ask a question on WhatsApp. Save this number 0860 756 756 on your phone and say "Hi" to start chatting with us 24/7.

PO Box 784262, Sandton, 2146. 1 Discovery Place, Sandton, 2196.

### Complaints process

Discovery Health Medical Scheme is committed to providing you with the highest standard of service and your feedback is important to us. The following channels are available for your complaints and we encourage you to follow the process:

#### 1 | STEP 1 – TO TAKE YOUR QUERY FURTHER:

If you have already contacted the Discovery Health Medical Scheme and feel that your query has still not been resolved, please complete our online complaints form on [www.discovery.co.za](http://www.discovery.co.za). We would also love to hear from you if we have exceeded your expectations.

#### 2 | STEP 2 – TO CONTACT THE PRINCIPAL OFFICER:

If you are still not satisfied with the resolution of your complaint after following the process in Step 1 you are able to escalate your complaint to the Principal Officer of the Discovery Health Medical Scheme. You may lodge a query or complaint with Discovery Health Medical Scheme by completing the online form on [www.discovery.co.za](http://www.discovery.co.za) or by emailing [principalofficer@discovery.co.za](mailto:principalofficer@discovery.co.za).

#### 3 | STEP 3 – TO LODGE A DISPUTE:

If you have received a final decision from Discovery Health Medical Scheme and want to challenge it, you may lodge a formal dispute. You can find more information of the Scheme's dispute process on the website.

#### 4 | STEP 4 – TO CONTACT THE COUNCIL FOR MEDICAL SCHEMES:

Discovery Health Medical Scheme is regulated by the Council for Medical Schemes. You may contact the Council at any stage of the complaints process, but we encourage you to first follow the steps above to resolve your complaint before contacting the Council. Contact details for the Council for Medical Schemes: Council for Medical Schemes Complaints Unit, Block A, Eco Glades 2 Office Park, 420 Witch-Hazel Avenue, Eco Park, Centurion 0157 | [complaints@medicalschemes.co.za](mailto:complaints@medicalschemes.co.za) | 0861 123 267 | [www.medicalschemes.co.za](http://www.medicalschemes.co.za)

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