

COVER FOR DENTAL TREATMENT

DISCOVERY HEALTH MEDICAL SCHEME
2024





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 and 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)	Available on the Executive, Comprehensive and Priority plans 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 Plan has an unlimited ATB, the Comprehensive and Priority plans have a limited ATB.
Annual Threshold	Available on the Executive, Comprehensive and Priority plans 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.
Comprehensive cover	This cover includes benefits that go beyond the essential healthcare services and Prescribed Minimum Benefits as prescribed by the Medical Schemes Act. Comprehensive cover offers additional cover and supplementary benefits to compliment basic cover. You have the flexibility to choose your healthcare options and service providers. Whether it's full cover or options outside of full cover, we give you the freedom to decide what suits your needs. Our cover is in line with or goes beyond defined clinical best practices. This makes sure that you get treatment that is expected and clinically appropriate. We may review these principles from time to time to stay current with changes in the healthcare landscape. While comprehensive, cover remains subject to the Scheme's treatment guidelines, protocols, and designated service providers. We still prioritise managed care to ensure the best outcomes for your health.
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.



TERMINOLOGY	DESCRIPTION
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.
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)	Available on the Executive, Comprehensive, Priority and Saver plans The Medical Savings Account (MSA) is an amount that gets allocated to 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. You can choose to have your claims paid from the MSA either at the Discovery Health Rate, or at cost. Any unused funds will carry over to the next year. Should you leave the Scheme or change your plan during the year and have used more of the funds than what you have contributed, you will need to pay the difference to us.
Orthognathic surgery	Orthognathic surgery is the realignment of the mandible (lower jaw) or maxilla (upper jaw). The realignment of the lower jaw can be done with or without a Genioplasty (re-alignment of the chin). Osteotomies are mostly done as part of severe orthodontic treatment
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 and/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 function in the fields of preventive, promotive and rehabilitative health. disease and promotion of oral health to the alleviation of oral abnormalities, pain and disease and 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.
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. Once you provide us with the details about your surgery, we will confirm if it can be covered from the benefit.

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 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, Essential Dynamic 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.

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.

Orthognathic Surgery

Orthognathic surgery, also called jaw surgery, is the realignment of the lower jaw or upper jaw due to a range of conditions.

You don't need to call us before having the Orthognathic surgery

For all in-hospital dental treatment and surgery, other than those covered from the Severe Dental and Oral Surgery Benefit (including but not limited to malocclusion directly related to congenital abnormalities, PMB conditions, and severe pathology due to malocclusion), there is no need to call us before going to hospital, even if you have to stay overnight as no authorisation is required or issued. For this 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 and how your hospital account will be covered.

How we pay your related accounts

Depending on your chosen health plan, we pay all codes related to the orthognathic surgery from your available day-to-day benefits and subject to the dental appliances and orthodontic treatment limit, where applicable. All other codes, including the anaesthetist account, are paid from your Hospital Benefit according to your chosen plan type. For more information on how these accounts are paid, please refer to the [Benefit available for your plan type](#) section.

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, Essential Dynamic Smart and KeyCare plans](#), for which dental treatment in-hospital is not funded, except if covered under the Severe Dental and Oral Surgery Benefit. 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	R3,200	R1,450
Member 13 years or older	R8,250	R5,300

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, Essential Dynamic Smart and KeyCare plans

In-hospital dental treatment is not covered on the [Essential Smart, Essential Dynamic Smart and KeyCare plans](#), except if covered under the Severe Dental and Oral Surgery Benefit.

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)

DENTAL APPLIANCES	
All plans excluding the Essential Smart, Essential Dynamic Smart 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 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 R120 on the Classic Smart Plan and R180 on the Essential Smart and Essential Dynamic Smart plans 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 Regional 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. These are not separate benefits. Limits apply to claims paid from the Medical Savings Account (MSA), paid by you and paid from the Above Threshold Benefit (ATB).

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	R34,500
Priority	R21,500

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 R65,150 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	R65,150 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 or click on Find a healthcare provider on the Discovery Health 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.

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 (deductible) 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 and replacement 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 R65,150 per person per year.

Orthognathic Surgery

You need to pay a portion of your hospital or day clinic account upfront (deductible) 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 all codes related to the orthognathic surgery from the available funds allocated to your Medical Savings Account (MSA) or Above Threshold Benefit (ATB), subject to the annual dental appliances and orthodontic treatment limit of R34 500 per person. All other codes are paid from your Hospital Benefit, up to 100% of the Discovery Health Rate (DHR). We pay anaesthetists up to 300% of the Discovery Health Rate (DHR).



EXECUTIVE PLAN

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 R34,500 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 R65,150 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.

If you are on the Classic Smart Comprehensive plan:

You must pay an upfront amount of R11,650 for planned admissions to hospitals not in the Smart 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 and replacement 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 R65,150 per person per year.



COMPREHENSIVE SERIES

Orthognathic Surgery

You need to pay a portion of your hospital or day clinic account upfront (deductible) 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 all codes related to the orthognathic surgery from the available funds allocated to your Medical Savings Account (MSA) or limited Above Threshold Benefit (ATB), subject to the annual dental appliances and orthodontic treatment limit of R34,500 per person. All other codes are paid 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).

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 R34,500 per person. These are not separate benefits. Limits apply to claims paid from Medical Savings Account (MSA), paid by you and paid from the limited 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 R65,150 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.

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.

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.



PRIORITY SERIES

The Basic Dental Trauma Benefit

The Basic Dental Trauma Benefit covers sudden and unanticipated injury to teeth and mouth that requires urgent dental treatment and replacement 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 R65,150 per person per year.

Orthognathic Surgery

You need to pay a portion of your hospital or day clinic account upfront (deductible) 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 all codes related to the orthognathic surgery from the available funds allocated to your Medical Savings Account (MSA) or limited Above Threshold Benefit (ATB), subject to the annual dental appliances and orthodontic treatment limit of R21,500 per person. We pay claims up to the benefit limit or ATB limit, whichever you reach first. All other codes are paid 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).

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 R21,500 per person. These are not separate benefits. The limit applies to claims paid from 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 R65,150 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 R10,200 upfront to the hospital. This does not apply in an emergency.



SAVER SERIES

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).

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 available funds allocated to your 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 and replacement 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 R65,150 per person per year.

Orthognathic Surgery

You need to pay a portion of your hospital or day clinic account upfront (deductible) 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 all codes related to the orthognathic surgery from the available funds allocated to your Medical Savings Account (MSA). All other codes are paid 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).

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 R65,150 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.

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



SMART SERIES

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 Smart and Essential Smart plans:

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 R11,650 upfront to the hospital. This does not apply in an emergency.

If you are on the Essential Dynamic Smart Plan:

You must use Ask Discovery to guide you to the most appropriate Dynamic Smart network hospital. If you have a planned hospital admission at any other hospital, you will have to pay R14 050 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 and Essential Dynamic Smart plans

In-hospital dental treatment is not covered on the Essential Smart and Essential Dynamic Smart plans.

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 and replacement 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 R65,150 per person per year.

Essential Smart and Essential Dynamic Smart plans

This benefit is not available on the Essential Smart and Essential Dynamic Smart plans.

Orthognathic Surgery

Classic Smart Plan

You need to pay a portion of your hospital or day clinic account upfront (deductible) 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).

You must pay the costs of the codes related to the orthognathic surgery. All other codes are paid 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).

Essential Smart and Essential Dynamic Smart plans

This is not covered on the Essential Smart and Essential Dynamic Smart plans.



SMART SERIES

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 on the Classic Smart Plan, cover will be from your Hospital Benefit, subject to the annual benefit limit of R65,150 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 R120 on the Classic Smart Plan and R180 on the Essential Smart and Essential Dynamic Smart plans applies with the balance of this fee covered up to the Discovery Health Rate (DHR). Your co-payment may be more if the healthcare professional charges above 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 R10,200 upfront to the hospital. This does not apply in an emergency.

If you are on the Coastal Core 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 and replacement 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 R65,150 per person per year.



CORE SERIES

Orthognathic Surgery

You need to pay a portion of your hospital or day clinic account upfront (deductible) 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).

You must pay the costs of the codes related to the orthognathic surgery. All other codes are paid 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).

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 R65,150 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.

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.

Orthognathic Surgery

This is not covered 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.

Working to care for and protect you

Our goal is to provide support for you in the times when you need it most.

How to contact us

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

Go to 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.

What to do if you have a complaint

01 | 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. We would also love to hear from you if we have exceeded your expectations.

02 | 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 or by emailing principalofficer@discovery.co.za.

03 | 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](#).

04 | 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 | 0861 123 267 | www.medicalschemes.co.za.

Your privacy is important to us

We hold your privacy in the highest regard. Our unwavering commitment to protecting your personal information and ensuring the security and confidentiality of your data is clearly outlined in our Privacy Statement. You can view our latest version on www.discovery.co.za > Medical aid > About Discovery Health Medical Scheme.