

Dental Benefit

Who we are

Engen Medical Benefit Fund (referred to as 'the Fund'), registration number 1572, is a not-for-profit medical scheme, registered with the Council for Medical Schemes.

Discovery Health (Pty) Ltd (referred to as 'the Administrator'), registration number 1997/013480/07, is an authorised financial services provider, and is responsible for the administration of your membership on behalf of the Fund.

About this document

This document tells you how the Dental Benefit works.

Overview

Your dental benefits offer cover for:

- Basic Dentistry
- Specialised Dentistry
- Maxillo-facial surgery
- Basic dental trauma procedures.

How we cover Basic Dentistry

The Fund pays claims for basic dentistry from your Medical Savings Account (MSA). Any amounts paid from the MSA will simultaneously accrue to the Basic Dental Limit that applies for the Primary Care Benefit. Claims are paid up to 100% of the Fund rate.

The Basic Dental Limit is based on the number of members on the membership:

Main member	R4 934
Main member and 1 dependant	R6 139
Main member and 2 dependants	R7 564
Main member and 3 dependants	R9 318
Main member and 4 dependants	R10 852

You do not have cover for in-hospital admissions for basic dentistry.

How we cover specialised dentistry

This includes cover for inlays, Osseo-integrated Implantology, crowns, bridges, study models, metal-based dentures and the repair of metal-based dentures, oral medication and periodontics, orthodontics and prosthodontics including wisdom tooth extraction.

Please call us for confirmation of your benefits for orthodontic treatment.

We will pay claims up to 100% of the Fund Rate from the Specialised Dentistry Limit for Insured Benefits. The Specialised Dental Limit applicable to your membership is based on the number of beneficiaries on the membership:

Limited to R10 000 per beneficiary per year, up to a maximum of R18 220 per family
Should there only be one member on the policy, the limit will be R10 470.

The hospital account and the related accounts will all be paid from the Insured Benefit. All related accounts are paid subject to the above limits.

If you have a procedure with both specialised and basic dentistry, the claim will be paid as per the Specialised Dentistry Benefit.

How we cover maxillo-facial surgery

Maxillo-facial surgery are procedures to correct a wide spectrum of diseases, injuries, tumors, defects and deformities in the mouth, head, neck, face, jaws, and the hard and soft tissues of the oral and maxillofacial region.

Pre-authorisation is required for maxillo-facial surgery, which is major dental surgery. Claims are funded from the Insured Benefit at 100% of the Fund Rate.

How we cover basic dental trauma

An overall limit of R67 420 per beneficiary per year applies for this cover.

The Basic Dental Trauma Benefit covers the sudden and unanticipated injury to the teeth and mouth that requires urgent dental treatment after an accident or trauma injury. Basic dental trauma is paid up to 100% of the Fund Rate from the Insured Benefit for in- or out-of-hospital care.

Where the clinical entry criteria are met, we also cover dental appliances and prostheses and the placement thereof, up to an annual limit per beneficiary per year.

Clinical Entry Criteria

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

- There must be 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 claims must be presented with the relevant ICD-10 codes and external cause codes.

The Fund pays the claims for basic dental trauma subject to the following deductibles for in-hospital or day surgery admissions. You will have to pay the deductible to the provider:

In-hospital

Beneficiaries 13 years and older: R8 550

Beneficiaries younger than 13 years: R3 290

At Day Surgery facilities

Beneficiaries 13 years and older: R5 490

Beneficiaries younger than 13 years: R1 480

Contact us

You can contact us on 0800 001 615 or visit our website at www.engenmed.co.za for more information.

Queries and complaints

You may lodge a query or complaint with the Fund directly on 0800 001 615, or, if you are not satisfied with how the matter was dealt with, address a complaint in writing to the Principal Officer at the Fund's registered address. If your complaint remains unresolved, you may lodge a formal dispute by following the Fund's internal disputes process. You can read more about the disputes process on www.engenmed.co.za.

You may, as a last resort, approach the Council for Medical Schemes for assistance: Council for Medical Schemes Complaints Unit, Block A, Eco Glades 2 Office Park, 420 Witch-Hazel Avenue, Eco Park, Centurion, 0157 / 0861 123 267 / complaints@medicalschemes.co.za / www.medicalschemes.co.za