

Cover for Dental Treatment 2026

Overview

This document explains cover for dental treatment. It gives you details on how MEDIPOS Medical Scheme defines and pays for dental treatment in the dentist or dental specialist's rooms, in hospital and at a day clinic. All treatment is subject to the Scheme rules.

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
Cover	Cover refers to the benefits you have access to and how we pay for healthcare services, such as consultations, medicine and hospitals, on your benefit option.
Medical Scheme Rate	This is the rate we pay for healthcare services from hospitals, pharmacies, healthcare providers, and other providers of relevant health services.
Conscious sedation	Conscious sedation is a drug-induced depression of consciousness, during which the patient responds purposefully to verbal commands, either alone or accompanied by light touch.

Basic dentistry

Basic dentistry includes routine prophylaxis (prevention and treatment), scaling and polishing (cleaning), fluoride application, fillings, non-surgical tooth extraction and root canal treatment.

Cover is subject to the basic dentistry family limits and claims are paid at 100% of the Medical Scheme Rate for in-room procedures.

Option A	Option B	Option B Classic	Option C
R10 930 per family per annum	R8 990 per family per annum	R8 990 per family per annum	R3 800 per family per annum

In-hospital basic dentistry is subject to pre-authorisation.

Additional basic dentistry limits:

- Two annual consultations per beneficiary.
- One intra-oral x-ray per beneficiary every two years.
- One extra-oral x-ray per beneficiary every two years.
- Two scale and polish treatments per beneficiary per annum.
- Fissure sealants limited to individuals younger than 16 years of age.
- One oral hygiene treatment per beneficiary per annum.
- Two professionally applied fluoride sessions per beneficiary per annum.
- One filling per tooth every 12 months.

Advanced dentistry

Includes dentures, inlays/onlays, periodontal surgery, crowns and bridges, as well as orthodontic treatment and dental implants.

Cover is subject to the advanced dentistry family limits for Option A and B. Option C is subject to the overall day-to-day limit. Claims are paid at 100% of the Medical Scheme Rate.

Option A	Option B	Option B Classic	Option C
R20 370 per family per annum	R13 490 per family per annum	R13 490 per family per annum	Subject to the overall day-today limit

Additional advanced dentistry limits:

- One plastic denture per beneficiary per jaw every 24 months.
- One partial metal frame denture per beneficiary per jaw every 24 months.
- One crown per tooth per beneficiary every 36 months.
- One dental implant per tooth site per lifetime. Dental implants are limited to R3 500 per implant every 5 years.

Orthodontic treatment

Cover is limited to the advanced dentistry limit on Option A and Option B and to the overall day-to-day limit on Option C. All claims are paid at 100% of the Medical Scheme Rate.

Orthodontic treatment is an exclusion for members 21 years and over.

General anaesthesia and conscious sedation for dental procedures

General anaesthesia and conscious sedation are covered for children under the age of eight. Claims are paid at 100% of the Medical Scheme Rate in- and out-of-hospital.

Maxillo-facial surgery and consultations done in- and out-of-hospital

This includes surgical removal of tumors and neoplasms, sepsis, trauma, congenital birth defects and other surgery. Cover is subject to a limit of R19 120 per family per annum on all benefit options. All claims are paid at 100% of the Medical Scheme Rate and subject to pre-authorisation for in-hospital procedures.

Contact us

Call us on 0860 100 078 or visit www.medipos.co.za for more information.