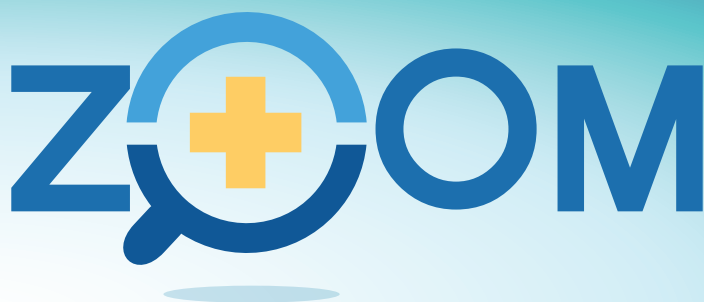




flexi**FED 2** Basic Dentistry Benefit

Fedhealth's flexi**FED 2** option offers a basic dentistry benefit to help members take care of their dental health, and prevent serious dental issues before they arise. Included in this benefit is cover for fillings, root canals and extractions. Here's how this benefit works:

Basic dentistry which includes X-rays and scaling and polishing is covered from the Savings Account. When your day-to-day claims have accumulated to your threshold level, basic dentistry is paid out of the threshold benefit. The basic dentistry benefit covers two annual consultations per beneficiary including x-rays, scaling and polishing, fillings, extractions and root canal. These consultations are subject to a contracted list of dentists and limited to a list of approved procedures, dental tariff codes and protocols. See below for a complete list of dental codes applicable to this benefit.

Dental codes

CODE	CODE DESCRIPTION	LIMITATIONS
8101	Consultation	2 per beneficiary per year
8104	Examination for a specific problem not requiring full mouth examination	1 per beneficiary per year
8107/8112	Intra oral radiographs, per film	Maximum of two per beneficiary per year
8159	Scaling and polishing	2 per beneficiary per year
8161	Topical application of fluoride	Between the ages of 3-12 years. 2 per beneficiary per year
8163	Fissure sealant, per tooth	Patients younger than 14; maximum of 8 per year; 2 per quadrant
8341	Amalgam one surface	Any four amalgam fillings per beneficiary per year
8342	Amalgam two surfaces	
8343	Amalgam three surfaces	
8344	Amalgam four and more surfaces	
8351	Resin restoration, one surface anterior	Any four resin fillings per beneficiary per year (anterior)
8352	Resin restoration, two surface anterior	
8353	Resin restoration, three surface anterior	
8354	Resin restoration, four and more surfaces	
8367	Resin restoration, one surface posterior	Any four resin fillings per beneficiary per year (posterior)
8368	Resin restoration, two surface posterior	
8369	Resin restoration, three surface posterior	
8370	Resin restoration, four and more surfaces	
8307	Amputation of pulp (pulpotomy)	Only on primary teeth
8132	Root canal therapy - gross pulpal debridement	1 per beneficiary per year
8201	Extraction, single tooth. Code 8201 is charged for the first extraction in a quadrant	Any 4 non-surgical extractions per beneficiary per year
8202	Extraction, each add tooth. Code 8202 is charged for each additional extraction in the same quadrant	
8937	Surgical removal of tooth	Quantity limit of 4, restricted to posterior permanent teeth
8935	Treatment of septic socket	1 per beneficiary per year
8109	Infection control / barrier techniques. Code 8109 includes the provision by the dentist of new rubber gloves, masks, etc for each patient	4 per year, 2 per visit
8110	Sterilised instrumentation	2 per year, 1 per visit
8145	Local anaesthetic	2 per year, 1 per visit

CONTACT DETAILS

For more information, please visit fedhealth.co.za, or use the Fedhealth Family Room, WhatsApp service or Fedhealth Member App. You can also call the Fedhealth Customer Contact Centre on **0860 002 153**.



flexi**FED 2** Basic Dentistry Benefit *(cont.)*

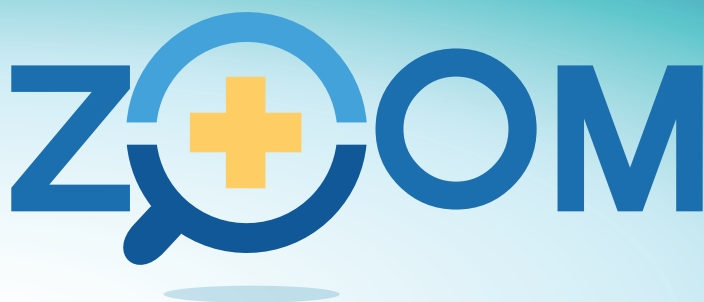
Dental codes

8231	Complete dentures - maxillary and mandibular	1 (One) set of dentures allowed per beneficiary per 24 months Only members and beneficiaries over the age of 21 years No mental base to complete or partial dentures allowed
8232	Complete dentures - maxillary or mandibular	
8233	Partial denture (resin base) - one tooth	
8234	Partial denture (resin base) - two teeth	
8235	Partial denture (resin base) - three teeth	
8236	Partial denture (resin base) - four teeth	
8237	Partial denture (resin base) - five teeth	
8238	Partial denture (resin base) - six teeth	
8239	Partial denture (resin base) - seven teeth	
8240	Partial denture (resin base) - eight teeth	
8241	Partial denture (resin base) - nine teeth and more	
8259	Rebase complete or partial dentures (Lab)	
8269	Repair denture	
8263	Reline complete or partial dentures (chair side)	
8271	Add tooth to existing partial dentures	
8273	Impression to repair / addition	
8140	Fee for treatment at a venue	Only if clinically indicated & authorised

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Disease Management	⋮	Europ Assistance	⋮	MVA Third Party Recovery Department	⋮	Fedhealth Baby
0860 101 306		0860 333 432		012 431 9718		0861 116 016



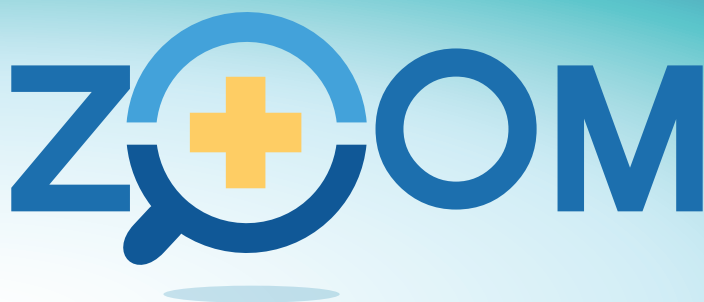
flexi**FED** 2 Basic Dentistry Benefit *(cont.)*

Dental Laboratory Codes

CODE	CODE DESCRIPTION	PRACTICE
9301	Casting and trimming of model in plaster(yellow/white), per model	54/93
9302	Altered cast of existing model	54/93
9303	Casting and trimming of model in super hard stone (die stone), per model	54/93
9309	New Trimmed base to supplied model, per model	54/93
9311	Trimming of supplied model, per model	54/93
9321	Occlusion block, per block	54/93
9323	Occlusion block on baseplate, per block	54/93
9327	Infection control per impression in impression material or denture (excluding wax)	54/93
9330	Delivery charge per completed/invoiced procedure	54/93
9331	Full upper and lower dentures	54/93
9333	Full upper or lower dentures	54/93
9335	Set-up and waxing of full upper and lower dentures	54/93
9337	Set-up and waxing of full upper or lower dentures	54/93
9339	Waxing and finishing of full upper and lower dentures	54/93
9341	Waxing and finishing of full upper or lower dentures	54/93
9343	Additional fee for dentures on adjustable articulator at request of dentist	54/93
9345	Additional fee for immediate dentures, per tooth socketed	54/93
9346	Additional fee for immediate dentures, per tooth not socketed	54/93
9347	Additional fee for each retry from the 3rd retry and upwards at an agreed quantum, hourly rate	54/93
9351	Set-up and finish one tooth denture	54/93
9352	Set-up and finish two-tooth denture	54/93
9353	Set-up and finish three-tooth denture	54/93
9354	Set-up and finish four-tooth denture	54/93
9355	Set-up and finish five-tooth denture	54/93
9356	Set-up and finish six-tooth denture	54/93
9357	Set-up and finish seven-tooth denture	54/93
9358	Set-up and finish eight-tooth denture	54/93
9359	Set-up and finish nine-tooth denture	54/93
9361	Set-up and waxing one tooth denture	54/93
9362	Set-up and waxing two-tooth denture	54/93
9363	Set-up and waxing three-tooth denture	54/93
9364	Set-up and waxing four-tooth denture	54/93
9365	Set-up and waxing five-tooth denture	54/93
9366	Set-up and waxing six-tooth denture	54/93
9367	Set-up and waxing seven-tooth denture	54/93
9368	Set-up and waxing eight-tooth denture	54/93
9369	Set-up and waxing nine or more tooth denture	54/93
9371	Waxing and finishing one-tooth denture	54/93
9372	Waxing and finishing two-tooth denture	54/93
9373	Waxing and finishing three-tooth denture	54/93
9374	Waxing and finishing four-tooth denture	54/93
9375	Waxing and finishing five-tooth denture	54/93
9376	Waxing and finishing six-tooth denture	54/93
9377	Waxing and finishing seven-tooth denture	54/93
9378	Waxing and finishing eight-tooth denture	54/93
9379	Waxing and finishing nine or more tooth denture	54/93
9391	Basic charge which includes repair on one fracture or addition of one tooth of one clasp	54/93

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flexiFED 2 Basic Dentistry Benefit *(cont.)*

Dental Laboratory Codes

CODE	CODE DESCRIPTION	PRACTICE
9393	Additional charge for each additional fracture, or tooth or clasp	54/93
9391	Basic charge which includes repair on one fracture or addition of one tooth of one clasp	54/93
9393	Additional charge for each additional fracture, or tooth or clasp	54/93
9395	Additional fee for using wire strengthener	54/93
9397	Additional fee for using pre-formed strengthener (excluding cost of strengthener)	54/93
9398	Additional fee for using mesh strengthener in repair procedure	54/93
9401	Clear base	54/93
9403	Dox grinding of upper and lower dentures	54/93
9413	Reline/rebase of single dentures	54/93
9415	Remodel of single denture	54/93
9417	Soft base reline per denture excluding cost of soft base material	54/93
9419	Soft base to new denture, per denture excluding cost of soft base material	54/93
9423	Lingual or palatal bar (excluding the cost of material)	54/93
9425	Cleaning and polishing of existing denture, per denture	54/93
9427	Mesh strengthener (excluding the cost of material)	54/93
9430	In-lab consultation hourly rate or part thereof	54/93
9431	Special tray, acrylic, each	54/93
9433	Special tray in base plate material each	54/93
9435	Provision of single arm clasp to partial denture	54/93
9437	Provision of double arm clasp to partial denture	54/93
9439	Provision of single arm clasp with rest, to partial denture	54/93
9441	Provision of double arm clasp with rest, to partial denture	54/93
9443	Provision of preformed clasp or roach clasp, partial denture (excluding the cost of clasp)	54/93
9445	Provision of rest only to partial denture	54/93
9447	Gegote klammer	54/93
9448	Casting and trimming of model from impression inside occlusion block or wax try in	54/93
9495	Basic fee for the repairing of or addition to any appliance necessitating the casting of a model (9301)	54/93
9497	Basic fee if a new section is to be fabricated and where item 9495 does not apply (9301)	54/93
9517	Aesthetic wax-up, per unit	54/93
9700	Diatrics 1 x 6/8	54/93
9702	Diatrics, odds, anterior	54/93
9704	Diatrics, odds, posterior	54/93
9720	Soft base material per denture	54/93
9722	Acrylic per denture	54/93
9723	Flexible denture material (small, medium or large)	54/93
9726	Preformed Ball or Roach Clasp	54/93
9728	Cost of lingual 1 palatal bar	54/93
9729	Cost of mesh strengthener	54/93
9738	Cost of preformed strengthener	54/93

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