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DENTAL BENEFITS

2026

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For assistance with Dental pre-authorisations, queries on your claims, or benefit information, contact DENIS:

Members/Providers:



0860 765 633



polmedcustomerservice@denis.co.za



www.denis.co.za

Important Note

In the event of a dispute the Scheme Rules will supersede this benefit schedule.

The Polmed Scheme Rules can be found on the Polmed website: www.polmed.co.za

Polmed Aquarium Dental Benefit Summary 2026

Dental benefits are paid at the Polmed Dental Tariff (PDT) subject to the applicable Dental Sublimit and Out-Of-Hospital (OOH) Limits.

- M0 — R5 253 (OOH — R8 696)
- M1 — R5 924 (OOH — R12 092)
- M2 — R6 550 (OOH — R14 689)
- M3 — R7 188 (OOH — R15 679)
- M4+ — R7 842 (OOH — R17 962)

Polmed Aquarium members are required to use the Polmed Dental Provider Network for treatment. Members who voluntarily **opt to use a non-network provider**, will be liable for a **30% co-payment**.

The dental benefits as published in the Polmed 2026 Dental Benefit Tables (page 5) will apply, subject to DENIS managed care protocols and managed care interventions which may include the requirement of treatment plans and/or radiographs prior to benefit application.

Scheme Exclusions apply to dental benefits.

In the event of a dispute, the registered Rules of the Scheme will prevail.

Pre-authorisation¹:

- Hospitalisation, and certain dentistry procedures must be pre-authorised.
- Polmed Aquarium is restricted to the use of the Aquarium Hospital Network service provider for treatment in a hospital or day clinic. Penalties up to **30% of the hospital account** will apply for the use of a **non-network** facility.
- Pre-authorisation is required for: Periodontics (codes 8737, 8739) and Maxillo-facial Surgery (codes 8937, 8941, 9011, 9015, 9016, 8967).
- A penalty of **R500** will apply for **late authorisation** on all specialised treatment except for **general anaesthesia** where a **R5 000 penalty** will apply.
- Penalties do not apply to emergency hospital admission.

¹ Please note that Medscheme will be responsible for the receipt, processing and payment of the hospital and anaesthetist claims for authorised in hospital treatment and sedation.

If not submitted via a claims switching house by the service provider, these claims must be submitted to:

Hospital claims:

claimsmanagement@medscheme.co.za (Providers and Members)

Anaesthetist claims:

specialist@medscheme.co.za (Providers)

Polmed@medscheme.co.za (Members)

Polmed Marine Dental Benefit Summary 2026

Conservative dental benefits are paid at the Polmed Dental Tariff (PDT) Subject to the applicable Dental Sublimit and Out-Of-Hospital (OOH) Limits.

- M0 — R7 348 (OOH — R17 428)
- M1 — R8 307 (OOH — R30 479)
- M2 — R9 099 (OOH — R36 746)
- M3 — R10 143 (OOH — R42 208)
- M4+ — R11 318 (OOH — R45 901)

Specialised dental benefits are paid at the Polmed Dental Tariff subject to the Specialised Dental Limit of **R18 042** per family per year.

The dental benefits as published in the Polmed 2026 Dental Benefit Tables (page 5) will apply, subject to DENIS managed care protocols and managed care interventions which may include the requirement of treatment plans and/or radiographs prior to benefit application.

Scheme Exclusions apply to dental benefits.

In the event of a query, appeal or dispute, the registered Rules of the Scheme will prevail.

Pre-authorization²:

- Hospitalisation, and certain dentistry procedures must be pre-authorized.
- Pre-authorization is required for: Metal Frame Dentures, Crown & Bridge, Orthodontics, Periodontics, Hospital Admissions and Moderate / Deep Sedation in the Dental Rooms.
- A penalty of **R500** will apply for **late authorisation** on all specialised treatment except for **general anaesthesia** where a **R5 000 penalty** will apply.
- Penalties do not apply to emergency hospital admission.

² Please note that Medscheme will be responsible for the receipt, processing and payment of the hospital and anaesthetist claims for authorised in-hospital treatment and sedation.

If not submitted via a claims switching house by the service provider, these claims must be submitted to:

Hospital claims:

claimsmanagement@medscheme.co.za (Providers and Members)

Anaesthetist claims:

specialist@medscheme.co.za (Providers)

Polmed@medscheme.co.za (Members)

Polmed 2026 Dental Benefit Tables

Conservative Dentistry

Funded from Basic Dentistry limit, subject to OOH limit

Benefits	Aquarium	Marine
Consultations	<p>One consult (code 8101) available from the Preventative Care Benefit. Two check-ups in total per beneficiary per year (once every 6 months). Benefit subject to managed care protocols. Covered at the PDT.</p>	
X-rays: Intraoral	<p>Benefit subject to managed care protocols. Covered at the PDT.</p>	
X-rays: Extraoral	<p>One per beneficiary in a 3-year period. Additional benefit may be considered where specialised dental treatment is required. Benefit subject to managed care protocols. Covered at the PDT.</p>	
Preventative Care	<p>Covered at the PDT. Benefit subject to managed care protocols. Benefit for scale and polish: Two scale and polish treatments per beneficiary per year (once every 6 months). Benefit for fissure sealants: Limited to beneficiaries between the ages of 5 and 25. Available from the Preventative Care Benefit; limited to four per beneficiary in 12 months. Benefit for fluoride: Available from the Preventative Care Benefit, limited to one per beneficiary in 12 months. Code 8161 for beneficiaries younger than 12, and code 8162 for beneficiaries between the ages of 12 and 16.</p> <p>Funding Exclusions:</p> <ul style="list-style-type: none"> • Oral hygiene evaluation • Oral hygiene instructions • Professionally applied fluoride for beneficiaries older than 16 • Tooth whitening 	
Fillings	<p>Covered at the PDT Benefit for fillings: Granted once per tooth in 720 days Benefit for re-treatment of a tooth: Subject to managed care protocols Multiple fillings: A treatment plan and X-rays may be required for multiple fillings Resin Veneers: Direct (No Lab or CAD-CAM) – forms part of conservative restorative benefits</p> <p>Funding Exclusions:</p> <ul style="list-style-type: none"> • Fillings to restore teeth damaged due to toothbrush abrasion, attrition, erosion, and fluorosis. • Gold foil restorations • Ozone therapy • Resin bonding for restorations that are charged as a separate procedure to the restoration • The polishing of restorations 	

Conservative Dentistry

Funded from Basic Dentistry limit, subject to OOH limit

Benefits	Aquarium	Marine
Root Canal Therapy and Extractions	Benefit subject to managed care protocols Covered at the PDT	
	Funding Exclusions: <ul style="list-style-type: none"> Direct and indirect pulp capping procedures Root canal therapy on third molars (wisdom teeth) Root canal therapy on primary (milk) teeth 	
Plastic Dentures and Associated Laboratory Costs	Two plastic dentures per beneficiary in a 4-year period Benefit subject to managed care protocols Covered at the PDT	
	Funding Exclusions: <ul style="list-style-type: none"> Diagnostic dentures and associated laboratory costs High impact acrylic Laboratory delivery fees Mouth guards and associated laboratory costs Provisional dentures and associated laboratory costs Snoring appliances and associated laboratory costs The cost of gold, precious metal, semi-precious metal and platinum foil 	

Specialised Dentistry

Subject to available Specialised Annual Dental Family Limit on the Marine Option

Benefits	Aquarium	Marine
<p>Partial Chrome Cobalt Frame Dentures* and Associated Laboratory Costs</p>	<p>No benefit</p>	<p>*Pre-authorisation required</p> <p>Two partial metal frames per beneficiary in a 5-year period</p> <p>Benefit subject to managed care protocols Covered at the PDT</p> <p>Subject to Marine Specialised Dentistry Family Limit</p>
<p>Funding Exclusions:</p> <ul style="list-style-type: none"> • High impact acrylic • Laboratory delivery fees • The cost of gold, precious metal, semi-precious metal and platinum foil • The metal base to full dentures and associated laboratory costs 		
<p>Crown & Bridge* and Associated Laboratory Costs</p> <p><i>A bridge comprises two or more crown units. Each crown is payable from the available Crown & Bridge benefit.</i></p>	<p>No benefit</p>	<p>*Pre-authorisation required</p> <p>Benefit for crowns, bridges, porcelain veneers and inlays, and associated laboratory costs will be granted once per tooth in a 5-year period.</p> <p>A treatment plan and X-rays must be submitted for review.</p> <p>Benefit subject to managed care protocols.</p> <p>A pontic on a 2nd molar, where the 3rd molar is a crown retainer, is subject to managed care protocols</p> <p>Covered at the PDT</p> <p>Subject to Marine Specialised Dentistry Family Limit</p>
<p>Funding Exclusions:</p> <ul style="list-style-type: none"> • Crown and bridge procedures for cosmetic reasons and associated laboratory costs • Crowns on third molars • Emergency crowns that are not placed for the immediate protection in tooth injury and associated laboratory costs • Laboratory delivery fees • Laboratory fabricated temporary crowns • Occlusal rehabilitations and associated laboratory costs • Provisional crowns and associated laboratory costs • The cost of gold, precious metal, semi-precious metal and platinum foil 		
<p>Implants and Associated Laboratory Costs</p>	<p>No benefit</p>	<p>No benefit</p>

Specialised Dentistry

Subject to available Specialised Annual Dental Family Limit on the Marine Option

Benefits	Aquarium	Marine
Orthodontics* and Associated Laboratory Costs	No benefit	<p>*Pre-authorisation required</p> <p>Benefit for orthodontic treatment granted once per beneficiary per lifetime.</p> <p>On pre-authorisation, cases will be clinically assessed by using an orthodontic needs analysis.</p> <p>Benefit allocation is subject to the outcome of the needs analysis and covered at the PDT.</p> <p>Benefit for orthodontic treatment will be granted where function is impaired.</p> <p>Benefit will not be granted where orthodontic treatment is required for cosmetic reasons.</p> <p>The associated laboratory costs will also not be covered.</p> <p>Benefit for fixed comprehensive treatment:</p> <p>Limited to individuals from age 9 and younger than 18 years of age.</p> <p>Benefit subject to managed care protocols.</p> <p>Subject to Marine Specialised Dentistry Family Limit.</p>
	<p>Funding Exclusions:</p> <ul style="list-style-type: none"> ● Invisible retainer material ● Laboratory delivery fees ● Orthodontic re-treatment and any related laboratory costs ● Orthognathic (jaw correction) and other orthodontic related surgery, and any associated hospital and laboratory costs 	
Periodontics*	<p>*Pre-authorisation required</p> <p>Benefit only for root planing (codes 8737, 8739) and ONLY as a PMB</p>	<p>*Pre-authorisation required</p> <p>Benefit limited to conservative, non-surgical therapy only</p> <p>Benefit subject to managed care protocols</p> <p>Covered at the PDT</p> <p>Subject to Marine Specialised Dentistry Family Limit</p>
	<p>Funding Exclusions:</p> <ul style="list-style-type: none"> ● PerioChip placement 	

Specialised Dentistry

Subject to available Specialised Annual Dental Family Limit on the Marine Option

Benefits	Aquarium	Marine
Maxillo-facial Surgery and Oral Pathology*	<p>*Pre-authorisation required</p> <p>Benefit is only available for the following codes:</p> <p>Payable from Risk:</p> <ul style="list-style-type: none"> ● 8941 (surgical removal of impacted tooth – first tooth) <p>Payable from OOH:</p> <ul style="list-style-type: none"> ● 8937 (surgical removal of tooth) ● 9011 (incision & drainage of abscess – intra-oral) <p>Benefit for the following codes is only available if part of an Authorised PMB:</p> <ul style="list-style-type: none"> ● 9015 (apicectomy/periradicular surgery – anteriors) ● 9016 (apicectomy/periradicular surgery – molars) ● 8967 (surgical removal of jaw cyst – intra-oral approach) 	<p>*Pre-authorisation required</p> <p>Surgery in the dental chair:</p> <p>Covered at the PDT</p> <p>Subject to Marine Specialised Dentistry Family Limit</p> <p>Benefit subject to managed care protocols</p> <p>Oral pathology procedures (cysts and biopsies, the surgical treatment of tumours of the jaw and soft tissue tumours):</p> <p>Claims will only be covered if supported by a laboratory report that confirms diagnosis.</p> <p>Benefit for the closure of an oral-antral opening (code 8909):</p> <p>Subject to post-treatment motivation and managed care protocols</p> <p>Surgery in hospital:</p> <p>See Hospitalisation* below</p>
	<p>Funding Exclusions:</p> <ul style="list-style-type: none"> ● Bone and tissue regeneration procedures ● Bone augmentations ● Orthognathic (jaw correction) surgery ● Sinus lifts ● The auto-transplantation of teeth ● The cost of bone regeneration material 	

Hospitalisation and Anaesthetics

Benefits	Aquarium	Marine
Hospitalisation (General Anaesthetic)*	<p>*Pre-authorisation required</p> <p>Admission protocols apply Subject to the use of an Aquarium Network Hospital</p> <p>Benefit subject to managed care protocols</p> <ul style="list-style-type: none"> • General anaesthetic benefit available for children under the age of 7 years for extensive dental treatment. • Dental practitioner claims paid from Basic Dentistry limit, subject to OOH limit • General anaesthetic benefit available for the removal of impacted teeth. • Dental practitioner claims subject to the In Hospital Family Limit. <p>The hospital and anaesthetist claims must be submitted to Medscheme for processing. Funded from the Hospital Benefit subject to available limits.</p>	<p>*Pre-authorisation required</p> <p>Admission protocols apply</p> <p>Benefit subject to managed care protocols</p> <ul style="list-style-type: none"> • General anaesthetic benefit available for children under the age of 7 years for extensive dental treatment. • Dental practitioner claims paid from Basic Dentistry limit, subject to OOH limit • General anaesthetic benefit available for the removal of impacted teeth. • Dental practitioner claims subject to Marine Specialised Dentistry Family Limit <p>The hospital and anaesthetist claims must be submitted to Medscheme for processing. Funded from the Hospital Benefit.</p>
	<p>Funding Exclusions:</p> <ul style="list-style-type: none"> • Multiple hospital admissions • The cost of dental materials for procedures performed under general anaesthesia • Where the only reason for admission to hospital is dental fear and anxiety • Where the only reason for the admission request is for a sterile facility 	
Inhalation Sedation in the Dental Rooms	<p>Benefit subject to managed care protocols Covered at the PDT Subject to the OOH Family Dental Sublimit</p>	<p>Benefit subject to managed care protocols Covered at the PDT Subject to the OOH Family Dental Sublimit</p>
Moderate/Deep Sedation in the Dental Rooms*	<p>*Pre-authorisation required</p> <p>Benefit limited to extensive dental treatment and removal of impacted teeth only.</p> <p>Benefit subject to managed care protocols Covered at the PDT</p> <p>The anaesthetist claim must be submitted to Medscheme for processing. Funded from the Hospital Benefit</p>	<p>*Pre-authorisation required</p> <p>Benefit limited to extensive dental treatment and removal of impacted teeth only.</p> <p>Benefit subject to managed care protocols Covered at the PDT</p> <p>Subject to Marine Specialised Dentistry Family Limit</p> <p>The anaesthetist claim must be submitted to Medscheme for processing. Funded from the Hospital Benefit</p>

Preventative Care Benefit

NB: Special Notes

POLMED provides funding for some preventative services that are paid from the risk benefit and does not accumulate to the members OOH Limit or Dental Sublimit and is available on both options. The preventative codes mentioned below are not in addition to the standard benefits and are included in the overall dental benefits offered on the member's respective option, where managed care rules are applied.

Procedure/Treatment	Code	Frequency/Limitations
Dental screening	8101* 8102 x 1 in 12 months	Annually *One consultation (8101) from Preventative Care Benefit, the second consultation from available Dental Sublimit Benefit subject to managed care protocols
Consultation and topical fluoride application for children aged 0-6 years	8161 (age 0 – 11) x 1 in 12 months	Annually Benefit subject to managed care protocols
<i>Benefit for scale and polish:</i> Two scale and polish treatments per beneficiary per year (once every 6 months)	8155 x 2 (once every 6 months) OR 8159 x 2 (once every 6 months)	Bi-Annually Benefit subject to managed care protocols
Topical fluoride application for children aged 7-16 years	8162 (age 12 – 16) x1 in 12 months	Annually Benefit subject to managed care protocols
Caries risk assessment for children aged 0-14 years (Clinical information to be submitted to managed care)	8123 x 1 in 24 months	Once every second year Benefit subject to managed care protocols
Periodontal disease and caries risk assessment for adults 19 years of age and older (Clinical information to be submitted to managed care)	8176 x 1 in 24 months 8123 x 1 in 24 months	Once every second year Benefit subject to managed care protocols
Fissure sealants for 5 to 25 year old	8163 x 4 in 12 months	Maximum of four per annum Benefit subject to managed care protocols

General Exclusions

The following services/items are excluded from benefits with due regard to PMBs and will not be paid by the Scheme:

- Aids for participation in sport, e.g., mouthguards.
- Appointment not kept: Charges for appointments that a member or dependant fails to keep with service providers.
- Behaviour management
- Caries susceptibility and microbiological tests
- Cost of Mineral Trioxide
- Cost of prescribed toothpastes, mouthwashes (e.g. Corsodyl) and ointments
- Dental testimony including dento-legal fees
- Electrognathographic recordings, pantographic recordings and other such electronic analyses
- Enamel microabrasion
- Fixed orthodontics for beneficiaries above the age of 18 years.
- Gold inlays in dentures, soft and metal base to new dentures, invisible retainers, Osseo Integrated implants and bleaching of vital (living) teeth.
- Intramuscular or subcutaneous injection
- Laboratory delivery fees
- Nutritional and tobacco counselling
- Operations, treatments, and procedures, by choice, for cosmetic purposes where no pathological substance exists which proves the necessity of the procedure, and/or which is not lifesaving, life-sustaining or life-supporting.
- Procedures that are defined as unusual circumstances and procedures that are defined as unlisted procedures
- Pulp tests
- Reports, investigations or tests for insurance purposes, admission to universities or schools, fitness tests and examinations, medical court reports, employment, emigration, or immigration, etc.
- Special report
- Treatment plan completed