Get the most out of your dental benefits

Dental benefits

1. Make sure you have funds available in your medical savings account

Discovery pays for dentistry done in the dentist’s rooms from your day-to-day benefits. If you don’t have funds available in your medical savings account, you must pay the dentist and dental specialist account from your pocket.

If you are on the Executive, Comprehensive or Priority plans, you have additional cover from the above threshold benefit when you reach your threshold. If you do pay any accounts from your pocket, remember to send the account to Discovery so that they can add it up to your threshold.

If you are on Classic Comprehensive O Medical Savings plan, you have cover from the above threshold benefit once you reach your threshold.

Core plans don’t cover out-of-hospital day-to-day costs, so you must pay these costs from your pocket.

2. Use a dental specialist who Discovery has a payment arrangement with

If Discovery has a payment arrangement with the dental specialist, they will pay the account up to the agreed rate. If you don’t use a dental specialist who they have an arrangement with, you will have to pay any shortfall between what the provider charges and what Discovery Health pays.

The MaPS tool on www.discovery.co.za helps you find medical service providers where you will be covered without a copayment.

3. Make sure you have benefits available for dental appliances and orthodontics

Dental appliances are fixed or removable dental appliances such as implants, crowns, veneers, bridges, dentures and inlays. This also includes orthodontic treatment like braces and retainers and related accounts for orthographic surgery.
Regardless of the place of treatment, Discovery will pay all dental appliances, their placement and orthodontic treatment from the available funds in the day-to-day benefits (your medical savings account and above threshold benefit, where applicable).

The Comprehensive and Priority plans have a yearly limit for dental appliances, their placement and orthodontic treatment. Refer to the dental benefits for your plan type for more details about this limit. If you join the medical scheme after January, you won’t get the full limit because it’s calculated counting the remaining months in the year.

4 You’ll pay a smaller amount up front when you have dentistry done in a day clinic instead of a hospital

For dental admissions to a hospital or day clinic, you need to pay a portion of your account up front. This amount varies, depending on your age and place of treatment:

<table>
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<tr>
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<th>Hospital</th>
<th>Day clinic</th>
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<tbody>
<tr>
<td>Member younger than 13 years</td>
<td>R1 700</td>
<td>R800</td>
</tr>
<tr>
<td>Member 13 years or older</td>
<td>R4 400</td>
<td>R2 850</td>
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</tbody>
</table>

Discovery pays the balance of the hospital or day clinic account from the hospital benefit.

If you are 13 and older, Discovery covers routine dentistry, such as preventative treatments, simple filing and root canal treatments performed in hospital, from your available day-to-day benefits.

5 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 according to local and international guidelines.

Your dentist and dental specialist must give the relevant tooth numbering on their account. If Discovery receives accounts with no tooth numbering, they will not be able to pay.

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 room, in-hospital or in a day clinic facility.

Including this information on your doctor’s account will ensure Discovery pays the accounts from the correct benefit. Without a place of service indicator on the claim, Discovery will pay the claim from your day-to-day benefits.
Optical benefits

Discovery pays for your optical benefits from the medical savings account or the above threshold benefit on the Executive, Comprehensive or Priority plans up to a certain limit. This is not a separate benefit – you need to have funds in your medical savings account or have reached your above threshold benefit before Discovery will pay. They pay up to 100% of the Discovery Health rate for the optometrist.

If you join the scheme after January, you won’t get the full amount because it’s calculated counting the remaining months of the year.

Limits

<table>
<thead>
<tr>
<th>Plan</th>
<th>Amount per person per year</th>
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<tbody>
<tr>
<td>Executive</td>
<td>R5 700</td>
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<tr>
<td>Comprehensive</td>
<td>R3 850</td>
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<tr>
<td>Priority</td>
<td>R3 550</td>
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On the Saver plans, Discovery will pay your optical benefit from available funds in your medical savings account up to 100% of the Discovery Health rate.

Core Plans don’t cover out-of-hospital day-to-day costs, so you must pay these costs from your pocket.

On KeyCare Plus and KeyCare Access you’re covered for:

- one eye test
- one pair of white monofocal or bifocal lenses, or basic contact lenses (clear lenses with no added colour, tints or designs).

Discovery covers this only if you use an optician who is part of Iso Leso Optics. This cover is available every two years (24 months from last date of service). You must also use an eye doctor in the Discovery network.

Discounts

You can get a 20% discount on your frames and eyeglass lenses when you visit an optometrist in the Discovery Health optometry network. The discount is immediate at point of sale and will help preserve your medical savings account.

The discount is available on all plans except KeyCare.

The discount is only applicable to hardware items such as frames, eyeglass lenses and their add-ons. The discount is not available for contact lenses and professional services like consultation and eye examination fees.

For more information
Contact your Alexander Forbes Health consultant.

Yours in health,
Alexander Forbes Health