

Get basic & specialised dental cover at a price that suits your needs from the **smile protector.**

Now **Specialised Dentistry** is offered outside the medical aid environment ... **we give you something to smile about!**

New & existing membership queries  
**0861 843 842** or (012) 685 5262

Claims department  
**0861 372 343** or (012) 741 5101

[smile@dentalrisk.co.za](mailto:smile@dentalrisk.co.za)

membership and claims enquiries and submissions

[auth@dentalrisk.com](mailto:auth@dentalrisk.com)

pre-authorisation requests and queries

[www.dentalrisk.co.za](http://www.dentalrisk.co.za)

**Protect your smile today!**

Apply online; complete an application form or SMS the word "JOIN" to 45288

#### HOW THE PRODUCT WORKS:

- You may use any provider - procedures may only be provided by registered South African dental practitioners
- The procedure or service being claimed for must be provided while the policy is in force
- Ensure all Specialised dental procedures are pre-authorized before the treatment commences

Do you need a dentist? For a list of our DRC preferred providers, please visit our website: [www.dentalrisk.co.za](http://www.dentalrisk.co.za)

#### WHAT IS THE PROCEDURE WHEN CLAIMING?

1. If you have paid the provider directly, we will refund you up to the maximum benefit allowed according to your option choice, into your bank account on receipt of a provider invoice / statement and proof of payment
2. **OR** the claim will be paid up to the maximum benefit allowed directly to the provider on receipt of the invoice and a signed payment cession form (available on the website)

- **All claims must be submitted within 1 month of the event occurring**
- Claim documentation can be emailed to [smile@dentalrisk.co.za](mailto:smile@dentalrisk.co.za) OR faxed to **086 687 1285**

#### WHEN AM I COVERED? (Compulsory Panoramic Scan)

- a) As soon as any relevant waiting periods expired and all premiums are paid up to date – please refer to the benefit table and
- b) A Compulsory Panoramic scan has been submitted . (A Panoramic scan is required to activate Specialised dental benefits - no pre-authorization will be processed if this scan has not been received)

**PANORAMIC SCAN:** This is a full mouth X-ray that will only be covered when joining the Bronze, Silver and Gold options as an individual, over the age of 18 years. The Panoramic radiograph will only be paid by DRUM once the scan has been received by DRUM via email [smile@dentalrisk.co.za](mailto:smile@dentalrisk.co.za). The cover is limited to Medicross (a list is available on our website) or any other facilities that has a panoramic radiograph machine. A benefit of R300 per nominated beneficiary is available and it is compulsory to submit this X-ray, **after your policy inception date** to DRUM for capturing and releasing of future benefits. Should pre-authorization for Specialised dentistry be submitted prior to the panoramic radiograph received, these requests will be denied. **NOTE** Medicross facilities do not charge a consultation fee. **Should you not have access to a Medicross and need to use another provider, please only do the Pan scan after your 3 month waiting period is over to allow for the consultation benefit to also be accessed.**

- o Once DRUM has received the panoramic scan, DRUM will identify all missing teeth, existing crowns, existing implants and existing temporary crowns. Existing crowns, existing implants and existing temporary crowns will be ruled as pre-existing conditions and will have an additional waiting period applied to them for a period of 5 (five) years. After the additional period of 5 years is completed, the policyholder may apply to have these procedures redone.

**NOTE:** If no contribution is made to the policy and/or you are in arrears, you are not covered. Should a debit order not be honoured by the bank, we will re-introduce the debit order to the bank for an extra fee of R10.00. **Should a debit order be rejected a second time, the policy will automatically be cancelled!**

Broker:  **HealthGroup**

An Authorised Financial Services Provider (FSP33932)  
An Accredited Healthcare Organisation (ORG3055)  
Block B, 10 on Abrey, 10 Abrey Road, Kloof, 3610  
Phone: 031 764 7298 | Fax: 0866 251 980

# 2018 Dental Insurance Because your smile matters!



**GUARDRISK**  
TAILORED RISK SOLUTIONS  
Insurer - FSP NUMBER: 75



**DRUM**  
dental risk underwriting managers

Juristic Representative of  
FAIS-IT: FSP Number 45810

New members must be under the age of 65 years

BENEFIT DESCRIPTION	WAITING PERIODS	PRIME	BRONZE	SILVER	GOLD
		USAGE PER PERSON	USAGE PER PERSON	USAGE PER PERSON	USAGE PER PERSON

**Basic Dentistry**

Consultations (including Infection Control, Local Anaesthetic & Sterilisation)	3 Months	2 Visits @ R340 each	3 Visits @ R340 each	4 Visits @ R340 each	5 Visits @ R340 each
Fillings	3 Months	2 Events @ R300 each	3 Events @ R300 each	4 Events @ R400 each	4 Events @ R400 each
X-rays	3 Months	2 X-rays @ R75 each	3 X-rays @ R75 each	5 X-rays @ R85 each	6 X-rays @ R90 each
Extractions	3 Months	2 Events @ R180 each	2 Events @ R180 each	3 Events @ R200 each	4 Events @ R260 each
Emergency Root Canal	3 Months	2 Events @ R190 each	3 Events @ R200 each	3 Events @ R300 each	3 Events @ R300 each
Bite Plate	3 Months	Not covered on this option	1 Per annum @ R600	1 Per annum @ R800	1 Per annum @ R1 000
Mouth Guard	3 Months		1 Per 24 month cycle @ R400	1 Per 24 month cycle @ R400	1 Per 24 month cycle @ R600
Pan Scan (for over 18yrs)	1 month		1 Per policyholder @ R300	1 Per policyholder @ R300	1 Per policyholder @ R300
Preventative: Scale & Polish	3 months		Not covered on this option	1 Event @ R150	2 Events @ R200 each

**Specialised Dentistry (pre-authorisation is required for all treatments listed below before any treatment commences)**

Wisdom Teeth in Chair	6 Months	2 Teeth @ R580 each	Not covered on this option	4 Teeth @ R1 000 each	4 Teeth @ R1 250 each
Wisdom Teeth in Hospital	6 Months	Not covered on this option		2 Teeth @ R3 500 each	4 Teeth @ R3 500 each
Root Canal	6 Months	Not covered on this option		2 Events @ R1 300 each	3 Events @ R1 500 each
Dentures	6 Months	Not covered on this option	1 full set every 5 years @ R3 000	1 Full set every 5 years @ R3 000	1 Full set every 5 years @ R3 500
Temporary Crowns	6 Months	2 Events @ R450 each	1 Event @ R450 each	2 Events @ R600 each	3 Events @ R600 each
Crowns and Bridge work	6 Months	Not covered on this option	1 Event @ R3 000	1 Event @ R3 000	2 Events @ R3 500 each
Implants (pin and placement)	6 Months	Not covered on this option		1 Event @ R5 000	2 Events @ R6 000 each

**Value Added Benefits**

Trauma	1 Month	1 Per Year @ R16 000	1 Per Year @ R25 000	1 Per Year @ R25 000	1 Per Year @ R25 000
Premium Waiver	1 Month	Not covered on this option	3 Months premium	3 Months premium	6 Months premium

**Monthly Premiums**

MEMBER	AGE LIMIT	MONTHLY PREMIUM	MONTHLY PREMIUM	MONTHLY PREMIUM	MONTHLY PREMIUM
Principle Member: 18 yrs +	New members must be under the age of 65 years	R31.00	R115.00	R225.00	R320.00
Spouse / Adult Dependand		R27.00	R98.00	R170.00	R260.00
Child Dependants : 0 – 21 yrs		R23.00	R64.00	R110.00	R163.00

The benefit descriptions in this brochure do not supersede the Benefit Policy. E&OE. NOTE: BENEFITS AVAILABLE PER ANNUM TO APPLICANTS IF AGREEMENT IS ENTERED INTO BEFORE THE AGE OF 65.

Our product has been designed to help make previously unaffordable dental treatments more affordable!



**MANAGING YOUR BENEFITS:**

**Exclusions**

**IMPLANTS:** The Insured Member cannot join and receive cover for previously extracted tooth. (The Administrator must have the extraction on record as paid for cover to be granted for an implant).

**FILLINGS AND CROWNS / CAPS:** Changing existing fillings / crowns / caps for reasons including headaches, fatigue or other conditions not directly related to the tooth structure and for cosmetic reasons is excluded

**IMPACTED TEETH:** Teeth that are in the process of eruption, but are not impacted are excluded.

**COSMETIC:** no benefit will be paid unless the clinical functionality of the mouth/ tooth is affected according to our protocols.

**PAN SCAN:** pre-existing conditions = 5 years exclusion (see When Am I Covered).

**Administration**

**BACK CLAIMING:** No dental claims for treatments received during the respective waiting periods will be paid once the waiting periods are over – all claims need to be dated for treatments received once the waiting periods are over.

**CLAIMING:** always quote your policy number or main member ID number when submitting documentation to the claims or pre-authorisation department. **Claims MUST be submitted within 30 days after treatment.**

**UPDATE DETAILS:** be sure to notify us immediately should your email or cellphone number change – we communicate membership and claims information via email and sms

**MEMBERSHIP IDENTIFICATION:** no membership cards are provided – we simply require your policy number or main member ID number to identify membership

**PRE-AUTHORISATION:** all Specialised dental benefits listed must be pre-authorised before the treatment commences! We require a comprehensive quotation + an x-ray to support the treatment. In the event of Trauma, pre-authorisation must be obtained within 48 working hours of the event occurring. A police report / emergency room report is required. Further evidence may be requested at the discretion of the Administrator. **Email to [auth@dentalrisk.com](mailto:auth@dentalrisk.com)**