

Our dental benefits are managed by DENIS, the leader in dental managed-care services. The world-class dental benefit management service that DENIS offers to scheme clients, stems from combining clinical expertise with cutting-edge technology.

HOW DO I SUBMIT CLAIMS TO DENIS?

1

Ensure the following details are clearly visible on your claim:

- Your membership number
- The dentist's details and practice registration number
- The correct dependant name and code (see your membership card)
- The treatment date
- The relevant procedure codes
- The tooth numbers (if applicable)
- The relevant ICD-10 codes

2

Email your claim to claims@denis.co.za or post the original copies of your dental claims to Private Bag X 1, Century City, 7446, Cape Town.

Please note:

Failure to pre-authorise orthodontic treatment will result in payment only from the date of authorisation for the remaining months of treatment, provided that the treatment is clinically indicated.

WHICH DENTAL BENEFITS DO I NEED PRE-AUTHORISATION FOR?

Call the DENIS call centre on **0860 336 346** or email DENIS at bonitasenq@denis.co.za to obtain pre-authorisation for the following dental treatments:

- Crown and bridge procedures
- Hospitalisation
- Orthodontics
- Moderate/Deep Sedation
- Implants
- Periodontics
- Plastic dentures and partial chrome cobalt frame dentures

HOW DO I GET PRE-AUTHORISATION FOR THESE DENTAL PROCEDURES?

We require the following information for pre-authorisation (if/where applicable):

- Hospital practice number
- Hospital admission date
- Anaesthetist practice number
- Main reason as to why the procedure is needed
- X-rays
- Treating Dental Provider practice number
- Medical report of special medical conditions (if applicable)
- Detailed lab quotation
- Diagnostic photos
- Procedure code(s) with ICD-10 code(s) and where relevant the applicable tooth numbers

WILL I HAVE ANY CO-PAYMENTS?



Members on all options except for BonComprehensive and Standard must use a hospital on the Bonitas network. Should members who are not on BonComprehensive or Standard make use of a non-network hospital for an elective procedure, a 30% co-payment (R12 680 on BonStart and BonStart Plus) will be applicable on the hospital account. To find a network hospital visit www.bonitas.co.za/networks.

A general anaesthetic benefit is available for extensive dental treatment for children under the age of 5 years. A co-payment of R3 640 per hospital admission applies. A R2 600 co-payment applies if the dental treatment is done in a day hospital.

There is also a general anaesthetic benefit available for the removal of impacted teeth. A co-payment of R5 200 per hospital admission applies. A R2 600 co-payment applies if the dental treatment is done in a day hospital.*

**This is only applicable to Bonitas options that have In-Hospital Dental Benefits.*

Bonitas Standard & Standard Select: For Orthodontics funding can be granted up to 80% of the Bonitas Dental Tariff (BDT).

For BonComplete, funding can be granted up to 65% of the BDT.

Failure to pre-authorise orthodontic treatment will result in a payment only from date of authorisation for the remaining months of treatment, provided that the treatment is clinically indicated.

Bonitas Standard & Standard Select: For Plastic and Partial Metal Frame Dentures funding can be granted up to 80% of the Bonitas Dental Tariff (BDT) subject to pre-authorisation.

Members on BonComprehensive will be required to submit anaesthetic and hospital claims directly to Medscheme via the Bonitas Mobile App, WhatsApp or via email to claims@bonitas.co.za. Primary: A co-payment of 25% applicable to all services/benefits.

Apart from the above all other dental related claims to be sent to claims@denis.co.za.

BonStart and BonStart Plus require a co-payment for dental consultations billed under code 8101. The co-payment is R130 on BonStart and R75 on BonStart Plus.

Preventative dental codes 8101, 8155, 8159, 8161, 8162, 8163, 8109 and 8110 will fund from available Benefit Booster limits once activated on the BonPrime and BonCore options. Subject to managed care protocols and rules.

HOW DO I FIND A DENTIST ON THE NETWORK?

The DENIS network has dentists located nationwide. To find a dentist on the network near you, go to www.denis.co.za and use the Find a Dentist tool.



SAVINGS TOP-UP PAYMENTS

You have the choice to opt in or out for your claims to automatically pay above the Scheme Rate from your savings (known as top-up payments). This can be done on the Member Zone by selecting the "Savings Payment Preference" tab on the home page and following the self-service steps, or by chatting live to an agent through any of our digital platforms (WhatsApp, Member App, Member Zone) and asking them to update your savings preference.

This would be on condition that there are sufficient funds in your Savings, and that the services provided are covered by your benefit plan.

WHERE CAN I GET MORE INFORMATION ON MY BENEFITS FOR SPECIALISED DENTAL PROCEDURES?

DENIS supplies all dentists with a guide that illustrates the dental benefit management methodology and the amount charged for that procedure. Where the amount your dentist charges and the amount we will pay for a specific procedure differ, you have the right to negotiate this difference with your dentist. You can also visit www.denis.co.za to learn more.

WHAT OTHER DENTAL BENEFITS DO I HAVE ACCESS TO?

As a Bonitas member, you are automatically a member of the dental wellness programme. As part of this, you will receive treatment-related information leaflets. At your company's wellness days, you'll also be offered oral screenings, guidance and dental products.

DETAILS FOR DENIS



Call: 0860 336 346



Email: bonitasenq@denis.co.za

For claims:	claims@denis.co.za
For hospital authorisations:	hospitalenq@denis.co.za
For orthodontic and implant authorisations:	ortho@denis.co.za
For crown and bridge authorisations:	crowns@denis.co.za
For periodontal authorisations:	perio@denis.co.za