



## flexiFED 3 Basic Dentistry Benefit

On flexiFED 3, members enjoy a generous basic dentistry benefit to help them preserve their dental health. Included in this benefit is cover for fillings, root canals and extractions, and even dentures. 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

### CONTACT DETAILS

For more information, please visit [fedhealth.co.za](http://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**.

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



## flexiFED 3 Basic Dentistry Benefit *(cont.)*

### Dental codes

CODE	CODE DESCRIPTION	LIMITATIONS
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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