

How we pay for visits to the dentist, special tooth and jaw care and major dental surgery

Engen Medical Benefit Fund pays for three different kinds of tooth, mouth and jaw care in three different ways:

1. Basic tooth and mouth care: Medical Savings Account and Insured benefit

We use the available funds in your Medical Savings Account (MSA) and Insured Benefit for basic dentistry to pay for basic tooth care like dentist check-ups, teeth cleaning, filing and fillings. Your basic dentistry limit depends on how many people are registered on the membership. We do **not** pay for basic dentistry to be done in hospital.

We pay up to the Fund Rate for basic dentistry as long as it's done in the dentist's rooms. You might have to pay a part of their fee yourself if the dentist charges more than the Fund Rate.

There is a limit at how much the Fund will pay for basic dentistry:

Your registered family	The most we will pay for basic tooth and gum care
Main member	R3 750
Main member and 1 dependant	R4 800
Main member and 2 dependants	R5 900
Main member and 3 dependants	R7 200
Main member and 4 dependants	R8 400

2. Specialised dentistry: Insured benefit

We use the specialised dentistry limit (not the funds in your Medical Savings Account) to pay for:

- Inlays
- Osseo-integrated implants (implants into bones)
- Crowns
- Bridges
- Study models
- Metal dentures and their repair
- Medicine for mouth care
- Periodontics (structures around teeth that support them)
- Prosthodontics (artificial replacements for teeth)
- Orthodontics (correcting the position of teeth and jaws)
- Orthognatic Dentistry

When the dentist has to do work that would normally be paid for from the benefit for basic dentistry as part of the specialised dentistry procedure, the Fund pays for that basic dentistry from the specialised dentistry limit. We have restructured the benefit to make sure your Medical Savings is not used for Specialised dentistry work.

Please call us on 0800 00 16 15 to confirm your benefits for orthodontic treatment.

If you need treatment in hospital, you have to call us for authorisation before you have the treatment done. If we approve your request, we pay for the hospital account from your insured benefits and the

related accounts (specialists, equipment, anaesthesiologist and so on) from the specialised dentistry limit. We pay up to the Fund Rate.

Once you reach your specialised dentistry limit, you have to pay for specialised dentistry yourself. Your specialised dentistry limit depends on how many people are registered on the membership:

Your registered family	The most we will pay for specialised dentistry
Main member	R8 500
Main member and 1 dependant	R11 750
Main member and 2 dependants	R14 750
Main member and 3 dependants	R17 250
Main member and 4 dependants	R19 000

3. Maxillofacial surgery: Insured benefit

We pay for surgery to the jaw and face (maxillofacial surgery) in the same way as we pay for other authorised treatment in hospital. You have to contact us (0800 00 16 15) for authorisation before you go for surgery. We will then confirm how we will pay all your accounts.

We don't use the funds in your MSA to pay for approved maxillofacial surgery. Instead, we pay from the Insured Benefit, up to the Fund Rate, for the procedure and your hospital stay. If the specialist or hospital charges more than the Fund Rate, you have to pay the difference.

Contact us

Please visit us at www.engenmed.co.za for more information or email us at service@engenmed.co.za or call us on 0800 00 16 15.