

Dental Benefit 2026



Who we are

SAB Medical Aid (referred to as ‘the Scheme’), registration number 1209, is a not-for-profit organisation, registered with the Council for Medical Schemes.

Discovery Health (Pty) Ltd, registration number 1997/013480/07, (referred to as ‘the Administrator’) is a separate company and an authorised financial services provider and is responsible for the administration of your membership on behalf of the Scheme.

Overview

This document explains the cover for dental treatment. It gives you details about how the Scheme defines and pays for dental treatment – both in the dentist or dental specialist’s rooms, in-hospital or at a day clinic.

About some of the terms we use in this document

There may be some terms we refer to in the document that you may not be familiar with. Here are the meanings of these terms.

Terminology	Description
Day clinic	This is a healthcare facility in which patients spend part of the day under medical supervision but do not stay overnight.
Routine benefits	Depending on the benefit option you choose, you may have cover for a defined set of routine benefits. The level of routine benefits depend on the benefit option you choose.
Deductible	This is the amount that you must pay upfront to the hospital or day clinic for specific treatments or procedures. If this amount is higher than the amount charged for the healthcare service, you will have to pay for the cost of the healthcare service.

Terminology	Description
Dental appliances, their placement and orthodontic treatment	Dental appliances include crowns, dentures, bridges, clasps, veneers, implants, inlays or onlays and pontics. Professional fees, laboratory fees and the cost of the components used in placing dental appliances.
Basic dental treatment	We define basic dental treatment as the diagnosis, prevention, and treatment of diseases of the teeth, gums, and related structures of the mouth.
Scheme Rate	This is a rate we pay for healthcare services from hospitals, pharmacies, healthcare professionals and other providers of relevant health services.
Payment arrangements	We have payment arrangements in place with specific healthcare professionals to pay them in full at an agreed rate.
Related account	A related account is any account for dental treatment done in a hospital or day clinic. It does not refer to the hospital or day clinic account. This could be the anaesthetist, dentist, or dental specialist's account.

About the different types of dental providers

There are many different healthcare professionals who provide dental and dental-related services. These include dentists and dental specialists who are responsible for major dental procedures, as well as therapists and oral hygienists. Here are the different names and a description of each health professional's responsibilities.

Terminology	Description
Dentist	Dentists generally deal with the normal maintenance of oral hygiene, for example fillings, extractions, and root canal treatment.
Prosthodontist	Prosthodontists specialise in replacing absent teeth and tooth structures as well as the restoration of natural teeth. This includes, for example, crowns, bridges, and dentures.
Periodontist	Periodontists specialise in the diagnosis, prevention, and treatment of gum disease, for example root planning, flap surgery and gingivectomy.
Maxillo-facial and oral surgeon	Maxillo-facial and oral surgeons specialise in the treatment of structures in and around the mouth, for example extraction of impacted teeth, orthognathic surgery, and the repair of fractures to the jaw and other facial bones
Orthodontist	Orthodontists correct and preserve the ideal position of the teeth and dentofacial structures using braces, retainers, and other appliances.
Oral pathologist	Oral pathologists deal with pathology of the oral cavity.
Dental therapist	Oral hygienists work with a dental practitioner doing oral examinations, x-rays, scaling and polishing, oral hygiene instruction, and fluoride treatment.
Dental technician	Dental technicians do not see patients directly. Working from models of the patient's mouth, they make appliances like dentures, crowns, and orthodontic plates after referral from a dental practitioner.

Dental benefits available for your option

Comprehensive Option

Out-of-hospital basic dentistry

This benefit covers basic dental treatment received out-of-hospital from a dentist, oral hygienist, or dental therapist and includes oral medical procedures, plastic dentures, and dental technician fees.

The Scheme will pay up to 80% of the lower of the claimed amount or the Scheme Rate. The remaining 20% will first be paid from your Medical Savings Account (MSA). If your MSA has been used up, this amount will be deducted from your salary or collected by debit order if you pay your own contributions.

Claims are paid from your unlimited Overall Annual Limit and are subject to a day-to-day limit based on the number of beneficiaries covered on your membership:

- Single member: **R28 081**
- Member with one dependant: **R37 546**
- Member with two dependants: **R45 026**
- Member with three or more dependants: **R50 820**

In-hospital basic dentistry

If you need basic dental treatment while admitted to a hospital or day clinic, you must obtain pre-authorisation before treatment takes place.

When you're admitted, an upfront payment is required by the hospital or day clinic. The amount depends on your age and where you receive treatment.

Day clinic admissions:

- **R1 389** for beneficiaries 12 years old or younger
- **R5 036** for beneficiaries 13 years old or older

Hospital admissions:

- **R3 068** for beneficiaries 12 years old or younger
- **R7 872** for beneficiaries 13 years old or older

Once your treatment has been authorised, the hospital and anaesthetist accounts are covered at 100% of the lower of the claimed amount or the Scheme Rate.

The dentist's account is covered at 80% of the lower of the claimed amount or the Scheme Rate. The remaining 20% of the dentist's account will be paid from your Medical Savings Account (MSA). If your MSA has been depleted, the amount will be deducted from your salary or collected by debit order if you pay your own contributions.

If the treatment is not authorised or you do not obtain pre-authorisation, the hospital and anaesthetist accounts will not be covered by the Scheme.

The dentist's account will still be covered at 80% of the lower of the claimed amount or the Scheme Rate, subject to your available day-to-day limit. The remaining 20% will be paid from your MSA. If your MSA has been depleted, the amount will be deducted from your salary or collected by debit order if you pay your own contributions.

The day-to-day limit depends on the number of beneficiaries covered on your membership:

- Single member: **R28 081**
- Member with one dependant: **R37 546**
- Member with two dependants: **R45 026**
- Member with three or more dependants: **R50 820**

Advanced dentistry

The advanced (specialised) dentistry limit covers treatments, received both in- and out-of-hospital, such as crowns, bridges, osseo-integrated implants, orthodontic treatment, and orthognathic surgery.

Treatment is covered up to 80% of the lower of the claimed amount or Scheme Rate. The remaining 20% will first be paid from your Medical Savings Account (MSA). If your MSA has been used up, this amount will be deducted from your salary or collected by debit order if you pay your own contributions.

This treatment is subject to combined limit for advanced dentistry and orthodontics based on the number of beneficiaries covered on your membership:

- Single member: **R14 041**
- Member with one or more dependants **R18 369**

There is no cover for orthodontic treatment for beneficiaries aged 21 and older.

If your provider charges more than the Scheme Rate, you will be required to pay the difference out of your own pocket.

Maxillo-facial and oral surgery

This benefit covers consultations and surgical procedures performed by a maxillo-facial specialist or dentist.

To access this benefit, you must obtain pre-authorisation before treatment takes place. Once your treatment has been approved, the Scheme will pay up to 100% of the lower of the claimed amount or the Scheme Rate from your unlimited Overall Annual Limit.

Essential Option

Out-of-hospital basic dentistry

This benefit covers basic dental treatment received out-of-hospital from a dentist, oral hygienist, or dental therapist and includes oral medical procedures, plastic dentures, and dental technician fees.

The Scheme will pay up to 80% of the lower of the claimed amount or the Scheme Rate. The remaining 20% will be paid by you and deducted from your salary or collected by debit order if you pay your own contributions.

Claims are paid from your limited Overall Annual Limit and are subject to a combined in- and out-of-hospital dental sub-limit based on the number of people covered on your membership:

- Single member: **R4 503**
- Member with one dependant: **R7 431**
- Member with two dependants: **R8 741**
- Member with three or more dependants: **R10 028**

In-hospital basic dentistry

If you need basic dental treatment while admitted to a hospital or day clinic, you must obtain pre-authorisation before treatment takes place.

When you're admitted, an upfront payment is required by the hospital or day clinic. The amount depends on your age and where you receive treatment.

Day clinic admissions:

- **R1 389** for beneficiaries 12 years old or younger
- **R5 036** for beneficiaries 13 years old or older

Hospital admissions:

- **R3 068** for beneficiaries 12 years old or younger
- **R7 872** for beneficiaries 13 years old or older

Once your treatment has been approved, the Scheme will pay up to 80% of the lower of the claimed amount or the Scheme Rate. The remaining 20% will be deducted from your salary or collected by debit order if you pay your own contributions.

The hospital and anaesthetist accounts will be paid from the limited Overall Annual Limit.

The dentist's account will be paid from your limited Overall Annual Limit and is subject to a combined in- and out-of-hospital dental sub-limit. This sub-limit depends on the number of people covered on your membership:

- Single member: **R4 503**
- Member with one dependant: **R7 431**
- Member with two dependants: **R8 741**
- Member with three or more dependants: **R10 028**

Advanced dentistry

The Essential Option does not offer cover for advanced dentistry, including treatment such as inlays, crowns, bridges, mounted study models, metal base dentures, the treatment by periodontists (excluding oral medical procedures) and prosthodontists, osseointegrated implants, orthodontic treatment, and orthognathic surgery.

Maxillo-facial and oral surgery

This benefit covers consultations and surgical procedures performed by a maxillo-facial specialist or dentist.

To access this benefit, you must obtain pre-authorisation before treatment takes place. Once your treatment has been approved, the Scheme will pay up to 100% of the lower of the claimed amount or the Scheme Rate from your limited Overall Annual Limit.



Contact us

You can call our Customer Care Centre on 0860 002 133 or visit our website at www.sabmas.co.za for more information.

Complaints process

You may lodge a complaint or query with SAB Medical Aid directly on 0860 002 133 or address a complaint in writing directly to the Principal Officer. If your complaint remains unresolved, you may lodge a formal dispute by following the Scheme's internal dispute process.

Members, who wish to approach the Council for Medical Schemes for assistance, may do so in writing to: Council for Medical Schemes Complaints Unit, Block A, Eco Glades 2 Office Park, 420 Witch-Hazel Avenue, Eco Park, Centurion, 0157 or email complaints@medicalschemes.co.za. Customer Care Centre: 0861 123 267 / website www.medicalschemes.co.za.