

Schedule of Benefits

Effective 01st May 2022

Item		Rate
Code	Dental Treatment Description	(RM)
Cate	gory I: Restorations & Preventive Treatment	
Ama	gam / Composite fillings	
D020	- Single surface	71.00
D021	- Two surfaces	90.00
D022		105.00
D023	·	38.00
D030		86.00
D031		103.00
D032	, , ,	64.00
D033	,	71.00
D034	5	68.00
D035	- Fissure Sealant – per Teeth	45.00
	actions and the second	
D040		83.00
D041		90.00
D042		98.00
D043	,	54.00
D044	,	56.00
D050	,	113.00
D055	5 · · · 5 (· · · · · · · · · · · · · ·	60.00
D060		60.00
D070	,	41.00
D080	- X-Ray (Periapical only)	41.00
Cate	gory II: Root Canal Therapy and Surgical Extractions^	
Root	Canal Therapy (RCT)*	
D090	- Single Root	410.00
D091	- Two Roots	504.00
D092		755.00
D093	•	173.00
D094	, , ,	115.00
D095		188.00
_	ical removal of tooth**	
D101		250.00
D105	•	504.00
D106	·	683.00
D107	•	834.00
D108	• • • • • • • • • • • • • • • • • • • •	250.00
*	For claims made under RCT, a pre and post operative x-ray must be submitted	
** For claims made under Surgical Extraction, a pre-operative x-ray must be submitted ^ Waiting period – after 60 days of cover		
- •	Waiting period – after 60 days of cover	



Category III: Treatment of Acute Periodontal Infection***

D120	- Gingival Curettage Per Visit	201.00
D121	- Periodontal Surgery or Cautery Per Visit	238.00

*** Maximum payable – 1 visit per 6 months for first year of cover.

Subsequent years benefit will be subject to review. Written report may be required.

Category IV: Dental Prosthesis+

Dentures

D140	- Simple Acrylic Plate 1-2 teeth	346.00
D141	- Each Extra Tooth	46.00
D142	- Full Dentures Single Arch	705.00
D143	- Full Dentures Upper and Lower	1,424.00
D144	- Cast Partial Plate	676.00
D145	- Cast Full Upper or Lower	790.00
D146	- Denture Repair / Tooth Addition	108.00
D147	- Denture Reline Partial	123.00
D148	- Denture Reline Full	200.00

Waiting Period – after 1 year of cover

Category V: Major Dental Work (not applicable to Gold Plan)

Crowns & Bridges++

D150	- Single Crown (Porcelain)	985.00
D151	- Bridge Porcelain Per Unit***	985.00
D152	- Post & Core	274.00
D153	- Metal Full Crown Non-Precious	826.00
D154	- Re-cementing Crowns	123.00
D154	- Re-cementing Crowns	123.00

^{**} Waiting period – after 1 year of cover, limited to 1 unit per year.

X-rays must be provided for Crown & Bridge work.

Written approval from Tune is required for Crown & Bridge work

Onlays#

D160	 Non-Precious 	431.00
D161	- Gold Onlays	611.00

[#] Waiting period – after 5 years of participation in the scheme under the Platinum plan

Orthodontics##

D170	- Full Banding Upper and Lower	1,581.00

Waiting period – after 5 years of participation in the scheme under the Platinum plan

Implants###

D180	- Implants Per Tooth	2,444.00
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^{###} Waiting period – after 10 years of participation in the scheme under the Platinum plan

Note: Waiting Period of 14 days is applicable to all benefits except Root Canal Therapy (RCT), Surgical Removal of Tooth, Dentures, Crowns & Bridges, Onlays, Orthodontics and Implants as specified in the Schedule of Benefits.

^{**} Max payable for Bridge is 3 units of Crown only.