

Dental Treatments & Oral Health

Important: This article provides general information and does not determine entitlement to PMB cover. Whether a dental treatment qualifies as a PMB depends on the member's specific diagnosis, clinical circumstances, the applicable PMB Regulations and the rules of the medical scheme.

Good oral health is an important part of your overall health and well-being. Regular dental check-ups, good oral hygiene, and early treatment of dental problems can help prevent pain, infection, and the need for more complicated treatment later. However, many medical scheme members are unsure about which dental treatments are covered as Prescribed Minimum Benefits (PMBs), and which are paid for from their medical scheme day-to-day benefits or medical savings account.

What are Prescribed Minimum Benefits (PMBs)?

Prescribed Minimum Benefits (PMBs) are a set of healthcare benefits that all registered medical schemes in South Africa are legally required to cover. PMBs include:

- The diagnosis, treatment and care of any emergency medical condition;
- The diagnosis, treatment and care specified in the 271 Diagnosis and Treatment Pairs (DTPs) listed in the PMB Regulations. These DTPs cover defined groups of medical conditions and set out the required treatment and care; and
- The diagnosis, treatment and care of the 25 chronic conditions included in the Chronic Disease List (CDL).



The purpose of PMBs is to make sure that members receive essential healthcare for these conditions and are not left without necessary treatment when their available insured benefits have been used up.

Are routine dental services covered as PMBs?

Generally, no. Routine dental treatment is generally not covered under the PMB Regulations. Depending on your medical scheme and benefit option, these services may be paid from your day-to-day benefits, medical savings account, or other dental benefits, where available.

Examples of routine dental services include:

- Routine dental check-ups
- Professional teeth cleaning
- Fillings
- Tooth extractions
- Root canal treatment
- Dentures
- Crowns and bridges
- Orthodontic treatment, such as braces

These treatments are considered routine dental care and do not usually qualify for PMB cover unless they are needed to treat a recognised PMB condition. Some may be covered by a capped dental/wellness benefit as per the scheme rules, e.g. dental plaque removal and cleaning.

When can dental treatment be covered as a PMB?

Although routine dental care is generally not covered as a PMB, dental treatment may qualify if it is needed to manage a recognised PMB condition or an emergency medical condition.

Examples include:

- Treatment for cancer affecting the mouth.
- Surgery to repair a cleft lip or palate.
- Treatment for serious injuries to the face or jaw after an accident.
- Severe infections affecting the mouth, jaw, or surrounding tissues may qualify for PMB cover where they meet the criteria for an emergency medical condition or form part of a recognised PMB condition.
- Treatment for life-threatening conditions affecting the mouth, throat, or airway.

Whether treatment qualifies for PMB cover depends on the medical condition being treated and whether it falls within the PMB Regulations.

Dental emergencies and PMB cover

Some dental or oral problems can become medical emergencies and need immediate treatment.

Under Regulation 7 of the Medical Schemes Act, an “*emergency medical condition*” means the sudden and, at the time, unexpected onset of a health condition that requires immediate medical or surgical treatment, where failure to provide immediate treatment would result in serious impairment to bodily functions, serious dysfunction of a bodily organ or part, or would place the person’s life in serious jeopardy.

Therefore, if a dental or oral condition meets this definition, the medical scheme must cover the diagnosis, treatment and care required for the emergency as a Prescribed Minimum Benefit (PMB).

Examples include:

- Serious injuries to the face or jaw after an accident.
- Severe infections that spread beyond the tooth or gums or make it difficult to breathe, or septicaemia associated with severe infection of a tooth or gum.
- Conditions that make it difficult to swallow or breathe and need urgent medical treatment.

Your medical scheme will consider the information provided by the treating healthcare professional to determine whether the condition meets the legal definition of an emergency medical condition.

PMB cover depends on the medical condition

An important point to remember is that PMB cover is based on the medical condition being treated, not the dental procedure itself. This means that the same dental procedure may be covered in one situation but not in another.

For example, removing a tooth because of severe injuries after an accident or as part of cancer treatment may qualify for PMB cover. However, removing a tooth because of tooth decay would generally not qualify.

The same applies to treatments such as a root canal. It may qualify for PMB cover if it is clinically necessary as part of the treatment of a recognised PMB condition.

Even when a member has a PMB condition, medical schemes are only required to fund the treatment that is appropriate for that condition under the PMB Regulations. Treatment that goes beyond what is required under the PMB Regulations may not be covered as a PMB.

Whether treatment qualifies for PMB cover is assessed on a case-by-case basis using the member’s diagnosis, clinical information, and the requirements of the PMB Regulations.

Designated Service Providers (DSPs)

Medical schemes may require members to receive PMB treatment from a Designated Service Provider (DSP). A DSP is a doctor, hospital, or other healthcare provider that has an agreement with the medical scheme to provide treatment for PMB conditions.

Members should also check whether pre-authorisation is needed before planned treatment.

If a member voluntarily uses a provider other than the designated service provider for planned PMB treatment, the medical scheme may apply a co-payment or limit cover in accordance with its rules. This may not apply if it was an emergency or if it was not reasonable for the member to use the DSP.

Maintaining good oral health

The best way to avoid serious dental problems is to take good care of your teeth and gums.

Good oral health habits include:

- Brushing your teeth twice a day with fluoride toothpaste.
- Flossing regularly.
- Limiting sugary foods and drinks.
- Attending regular dental check-ups.

- Seeking treatment early when dental problems develop.

Good oral hygiene can help prevent tooth decay, gum disease, and other oral health problems that may require more extensive treatment later.

References

1. Republic of South Africa. Medical Schemes Act, 1998 (Act No. 131 of 1998).
2. Republic of South Africa. Regulations made in terms of the Medical Schemes Act, 1998, including Regulation 8, Regulation 15H and Regulation 15I.
3. Republic of South Africa. Annexure A to the Regulations under the Medical Schemes Act: Prescribed Minimum Benefits (Diagnosis and Treatment Pairs and Chronic Disease List).
4. Council for Medical Schemes. (n.d.) Prescribed Minimum Benefits. [online]. Available at: <https://www.medical-schemes.co.za/resources/pmb/> [Accessed 4 Aug. 2026].

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