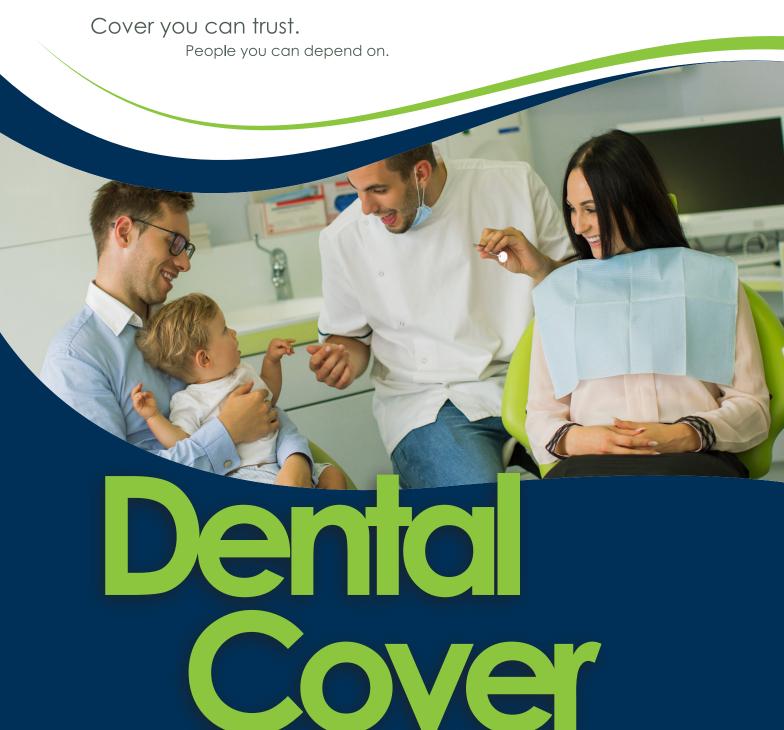
zestlife





Underwritten by Guardrisk Insurance Company Limited, an authorised financial services provider (FSP No. 75) and a licensed non-life insurer. Zestlife is an authorised financial services provider (FSP No. 37485).





Dentistry Cover is a health insurance policy that is designed to assist individuals and families to fund the high cost of private dentistry.

Zestlife offers you a choice of Dentistry Cover options.

Comprehensive Dentistry Cover: Provides funding for a comprehensive range of dentistry treatment costs. High stated cover amounts* are provided to fund in part or whole, the actual costs of dentistry, emergency, accidental, illness related and specialised dental treatment.

Core Dentistry Cover: Provides more affordable funding for frequently incurred dentistry treatment costs. This option pays lower stated cover amounts* to fund in part or whole, the actual costs of dentistry, emergency, accidental and illness related dental treatment costs.

The Comprehensive and Core options are suitable for individuals and families on medical aids that provide limited or no dental cover. Both the Comprehensive and Core options can also be used by individuals and families who are not on medical aid and have no existing dental cover.

This is not a medical scheme and the cover is not the same as that of a medical scheme. This policy is not a substitute for medical scheme membership.

*The stated benefit amounts are the total benefit to cover the costs relating to the diagnosis, subject to the terms and conditions of the policy.

Who is covered?

Cover is available to you as an "individual" as the only life insured or to you and your immediate family. The family option includes cover for yourself, spouse and children as well as grandchildren. To qualify for cover a grandchild must be a dependant on your medical aid.

SPOUSE is the person to whom you are married by law, tribal custom or tenets of any religion. Only one spouse can be covered under the policy.

CHILD(REN) means your child or children, legally adopted children, stepchildren under the age of 21 or older if they are physically or mentally handicapped and dependant on the parents for financial support, or your grandchildren provided that they are dependants on your South African medical aid. A maximum of 4 children may be covered on the policy.



The table below lists Claim Events and Stated Cover Amounts provided under Dental Cover's, Comprehensive and Core options:

| Benefit | Claim Events Covered | Comprehensive Dental Cover | Core Dental Cover |
|-------------------------------------|---|---|--|
| Dentistry Treatment Benefit | General dentistry events, including check-ups for treatment of minor dental discomfort and gum disease. | R900 per visit, 2 per annum | R600 per visit, 2 per annum |
| | Severely decayed or damaged tooth. | R1 200 per tooth | R600 per tooth |
| | Impacted wisdom teeth | R1 800 per tooth | R900 per tooth |
| Emergency Dentistry | Dental abscess | R3 000 per tooth | R1 200 per tooth |
| Treatment | Emergency Treatment of Pain or Infection. | R3 000 per tooth | R1 200 per tooth |
| Accidental | Chipped tooth | R1 200 per tooth | R600 per tooth |
| Dentistry | Fractured tooth | R6 000 per tooth | R2 400 per tooth |
| Treatment | Knocked tooth loose | R6 000 per tooth | R2 400 per tooth |
| | Knocked tooth out | R6 000 per tooth | R2 400 per tooth |
| | Jaw fracture | R30 000 per event | R18 000 per event |
| Dentistry Illness Treatment | Oral Cancer | R30 000 once per person insured, payable on first time diagnosis. | R18 000 once per person insured, payable on first time diagnosis |
| Long Term Dentistry Treatment | Dentures | R6 600 payable per upper / lower jaw every 4 years. | Not Covered |
| nodiffichi | Dental Implants | R12 000 per tooth, every 24 months. | Not Covered |
| | Dental Bridges | R12 000 per tooth, every 24 months. | Not Covered |



Monthly premiums

| COMPREHENSIVE DENTAL COVER | CORE DENTAL COVER |
|---|---|
| COVER FOR INDIVIDUALS | COVER FOR INDIVIDUALS |
| R179 pm | R110 pm |
| FAMILY COVER | FAMILY COVER |
| POLICYHOLDER, SPOUSE AND UP TO 4 CHILDREN | POLICYHOLDER, SPOUSE AND UP TO 4 CHILDREN |
| R359 pm | R220 pm |

^{*}Premiums are valid for 2024 and are subject to change on 1 January 2025.

Terms of cover

The table below contains a summary of the terms of cover.

| Benefit | Claim Events | Terms of Cover |
|---|---|--|
| Treatment including ch Benefit treatment o | General dentistry events, | Benefit Amount: |
| | including check-ups for treatment of minor dental | Comprehensive R900 I Core R600 |
| | discomfort and gum disease | The stated cover amount can only be claimed twice in any 12 consecutive calendar months for each person insured. |
| | | Benefits can be claimed separately or together with severely decayed or damaged teeth and/or impacted wisdom teeth. |
| | | A 3-month waiting period applies from the commencement date of cover. No claims will be payable during this period. |
| | Benefits cannot be claimed together with the Emergency Dentistry, Dentistry Treatment Following Accident or the Oral Cancer Treatment benefits. | |
| | | *No benefits will be paid to treat pre-existing conditions that existed 12 months before the commencement date of cover. |
| | Severely decayed or | Benefit Amount: |
| damaged too | damaged tooth | Comprehensive R1 200 I Core R600 |
| | | A severely decayed or damaged tooth is a tooth where at least two thirds of the visible tooth structure has been lost and there is no option of restoration. |
| | | This stated cover amount can only be claimed once per tooth for each person insured. |





| Benefit | Claim Events | Terms of Cover |
|-----------------------------------|--|---|
| Dentistry Treatment Benefit | Severely Decayed or Damaged Tooth Continued | A 3-month waiting period applies from the commencement date of cover. No claims will be payable for benefits during this period. |
| | | This benefit cannot be claimed together with any other benefit under the policy for the same claim event. |
| | | *No benefits will be paid to treat pre-existing conditions that existed 12 months before the commencement date of cover. |
| | Impacted Wisdom Teeth | Benefit Amount: |
| | | Comprehensive R1 800 Core R900 |
| | | An impacted wisdom tooth is defined where the eruption of the wisdom tooth is impeded by another tooth or the lower jawbone and where the extraction of the wisdom tooth is required. |
| | | This stated cover amount can only be claimed once per wisdom tooth for each person insured. |
| | | A 3-month waiting period applies from the commencement date of cover. No claims will be payable for benefits during this period. |
| | | This benefit cannot be claimed together with any other benefit under the policy for the same claim event. |
| | | *No benefits will be paid to treat pre-existing conditions that existed 12 months before the commencement date of cover. |
| Emergency | Dental Abscess | Benefit Amount: |
| Dentistry Treatment | | Comprehensive R3 000 I Core R1 200 |
| nedimeni | | This benefit can only be claimed once per tooth in a consecutive 5 year period and milk teeth are excluded. |
| | | This benefit cannot be claimed together with any other benefit under the policy for the same claim event. |
| | Emergency Treatment of Pain | Benefit Amount: |
| | or Infection | Comprehensive R3 000 I Core R1 200 |
| | | A benefit amount will be paid upon the diagnosis of a dental emergency requiring treatment for pain and or infection requiring immediate relief and is not covered under any other policy benefit. Milk teeth are excluded. |
| | | This benefit cannot be claimed together with any other benefit under the policy for the same claim event. |





| Benefit | Claim Events | Terms of Cover |
|--|---------------------|--|
| Dentistry Treatment Following An Accident | Chipped Tooth | Benefit Amount: |
| | | Comprehensive R1 200 I Core R600 |
| | | A chipped tooth is where a small piece of tooth has broken off, but the nerve of the tooth is not damaged. |
| | | This benefit to cover unexpected costs is only payable for permanent teeth (excluding damage to milk teeth and dental works such as crowns, implants and bridges). |
| | | This stated cover amount can be claimed twice in any consecutive 12 month period for each person insured. |
| | | This benefit can only be claimed for chipped teeth as a result of an accident after the commencement date of cover. |
| | Fractured Tooth | Benefit Amount: |
| | | Comprehensive R6 000 I Core R2 400 |
| | | This benefit to cover unexpected costs will be paid upon the diagnosis of a fractured tooth where at least 50% of the visible portion of the tooth is lost or where the dental nerve is permanently damaged. |
| | | This benefit is only payable for permanent teeth (excluding damage to milk teeth and dental works such as crowns, implants and bridges). |
| | | This benefit can only be claimed for fractured teeth as a result of an accident after the commencement date of cover. |
| | | This benefit cannot be claimed together with any other benefit under the policy for the same claim event. |
| | Knocked Tooth Loose | Benefit Amount: |
| | | Comprehensive R6 000 I Core R2 400 |
| | | This benefit to cover unexpected costs will be paid where the tooth position is visibly altered in relation to other teeth. |
| | | This benefit is only payable for permanent teeth (excluding damage to milk teeth and dental works such as crowns, implants and bridges). |
| | | This benefit can only be claimed for knocked tooth loose as a result of an accident after the commencement date of cover. |
| | | This benefit cannot be claimed together with any other benefit under the policy for the same claim event. |



| Benefit | Claim Events | Terms of Cover |
|---|-------------------|--|
| Dentistry Following An Accident Continued | Knocked Tooth Out | Benefit Amount: |
| | | Comprehensive R6 000 I Core R2 400 |
| | | This benefit to cover unexpected costs will be paid upon diagnosis of a knocked tooth out where a tooth is knocked out of the socket and cannot be replaced into the socket and is therefore irretrievably lost. |
| | | This benefit is only payable for permanent teeth (excluding damage to milk teeth and dental works such as crowns, implants and bridges). |
| | | This benefit can only be claimed for knocked tooth loose as a result of an accident after the commencement date of cover. |
| | | This benefit cannot be claimed together with any other benefit under the policy for the same claim event. |
| | Jaw Fracture | Benefit Amount: Comprehensive R30 000 I Core R18 000 |
| | | This benefit to cover unexpected costs will be paid upon the diagnosis of jaw fracture where the upper and / or lower jawbone and / or cheekbone is fractured. |
| | | This benefit can only be claimed for jaw fracture as a result of an accident after the commencement date of cover. |
| | | This benefit cannot be claimed together with any other benefit under the policy for the same claim event. |
| Dentistry | Oral Cancer | Benefit Amount: |
| Illness Treatment | | Comprehensive R30 000 I Core R18 000 |
| | | This benefit will be paid upon first diagnosis of oral cancer to cover the unexpected costs. |
| | | This benefit amount can only be claimed once by each person insured and is subject to a 3-month waiting period from the commencement date of cover. No claims will be payable for Oral Cancer diagnosed before the commencement of cover or during the 3-month waiting period. |
| | | *No benefits will be paid to treat pre-existing conditions that existed 12 months before the commencement date of cover. |





| Benefit | Claim Events | Terms of Cover |
|------------------------|--------------------|---|
| Specialised | Removable Dentures | Benefit Amount: |
| Dentistry Treatment | | Comprehensive R6 600 Core R0 |
| irealmeni | | This benefit to cover unexpected costs is payable upon first time and subsequent diagnosis of impaired function due to loss of teeth due to infection or trauma (2nd and 3rd molars excluded), requiring removeable dentures as the treatment determined by a dental professional. |
| | | After the initial benefit payment, this benefit is restricted to one claim every 4 years, per person insured. This benefit is subject to a 6-month waiting period from the commencement date cover. No benefit will be payable where loss of teeth occurs before the commencement date of cover or during the 6-month waiting period from the commencement date of cover. |
| | | This benefit cannot be claimed in conjunction with the Dental Implant or Bridge benefits. Loss of milk teeth are excluded. |
| | | *No benefits will be paid to treat pre-existing conditions that existed 12 months before the commencement date of cover. |
| | Dental Implant | Benefit Amount: |
| | | Comprehensive R12 000 I Core R0 |
| | | This benefit to cover unexpected costs is payable when a tooth is lost, and this loss could result in the adjacent teeth changing position and causing the bite to become unstable. The condition must be diagnosed by a dental professional and the likely treatment must be an implant. |
| | | This benefit is limited to one claim during any 24-month period. |
| | | This benefit is subject to a 6-month waiting period from the commencement date cover. No benefit is payable during the waiting period and no benefit will be payable when a tooth is lost before the commencement of cover or during the 6-month waiting period. |
| | | This benefit of R12 000 is the total amount that can be claimed for the tooth lost as well as the adjacent teeth. |
| | | After an Implant claim has been paid for a specific tooth lost and/or adjacent teeth, the tooth will be considered to have been properly treated and no further Implant or Dental Bridge claim will be paid. |
| | | This benefit cannot be claimed in conjunction with the Removable Dentures or Chipped, Fractured Teeth or Knocked Teeth Loose or Out or Jaw Fracture. Loss of milk teeth are excluded. |
| | | *No benefits will be paid to treat pre-existing conditions that existed 12 months before the commencement date of cover. |



| Benefit | Claim Events | Terms of Cover |
|--|---------------|--|
| Specialised Dentistry Treatment Continued | Dental Bridge | Benefit Amount: Comprehensive R12 000 Core R0 |
| | | This benefit to cover unexpected costs is payable when a tooth is lost, and this loss could result in the adjacent teeth changing position and causing the bite to become unstable. The condition must be diagnosed by a dental professional and the likely treatment must be a Dental Bridge. |
| | | This benefit is limited to one claim during any 24-month period. |
| | | A waiting period of 6 months applies to the Dental Bridge benefit. No benefit will be payable when a tooth is lost before the commencement of cover or during the 6-month waiting period. |
| | | This benefit of R12 000 is the total amount that can be claimed for the tooth lost as well as the adjacent teeth. After a Dental Bridge claim has been paid for a specific tooth lost and/or adjacent teeth, the tooth will be considered to have been properly treated and no further Implant or Bridge claim will be paid. |
| | | This benefit cannot be claimed in conjunction with the Removable Dentures or Chipped, Fractured Teeth or Knocked Teeth Loose or Out or Jaw Fracture. Loss of milk teeth are excluded. |
| | | *No benefits will be paid to treat pre-existing conditions that existed 12 months before the commencement date of cover. |

*Pre-existing Condition Exclusion

You will not be entitled to claim a benefit in respect of a medical condition for which in the 12 months preceding the start date of your policy medical advice, diagnosis, care or treatment was received or would reasonably have been recommended.



Exclusions

General Exclusions

No benefit will be paid if:

- There has not been a diagnosis by a dentist of the claim event.
- A claim arises directly or indirectly from or is traceable to:
 - wilful self-injury or where the insured individual is affected temporarily or influenced by alcohol, narcotics, insanity or drugs.
 - contamination by radioactivity from any nuclear fuel or nuclear waste from the combustion of nuclear fuel or from any nuclear weapons material.
 - the result of the Insured's deliberate exposure to exceptional danger (except in an attempt to save human life).
 - a need to change existing fillings for reasons including headaches, fatigue or other conditions not directly related to a tooth structure and/or for cosmetic reasons.

- war, mutiny, riot, military rising, military or martial law or state of siege, rebellion, revolution, invasion, act of foreign enemy, hostilities, uprising or civil commotion.
- participation in hazardous sports such as (but not limited to): aviation sport, paragliding, underwater diving, hanggliding, game hunting, spear fishing, rock climbing, cycle racing, mountaineering, racing of any kind (whether as passenger or as driver) involving the use of any power driven vehicle, vessel or craft, skydiving / parachuting, parasailing, go-carting, drag racing, rally driving, bungi-jumping, winter sports involving snow or ice, polo or horseback, steeplechasing, or professional football or rugby.

A copy of the policy wording containing the full policy terms and conditions is available upon request.



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CONTACT US

For expert advice, please contact Zestlife on (021) 180 4220 / 0860 009 378 or e-mail info@zestlife.co.za or visit www.zestlife.co.za to apply online today.