

A close-up photograph of a young Black couple smiling warmly at the camera. The woman is on the left, leaning her head on the man's shoulder. The man is on the right, looking directly at the camera. They are both wearing white tank tops. The background is a plain, light color.

# DENTAL INSURANCE THAT WILL HAVE YOU SMILING

Wisdom Dental Insurance Policy and Disclosure



# Individual options

## Summary and Key Facts

Wisdom Dental Insurance is not a medical aid. It is an insurance policy that provides financial assistance to the Insured for the conditions and events described in the table below. Wisdom Dental Insurance may NOT, by law, pay for routine dental treatment such as examinations and x-rays nor may a provider be paid directly.

## Underwriter/Insurer

This policy is underwritten by Guardrisk Insurance Company Limited ("Guardrisk"), FSP75

## Your Administrator

Denis Insurance Administrators (Pty) Ltd ("DIA"), FSP 36026

## Type of Policy

Short term insurance stated benefit

Wisdom Dental Insurance is not a medical aid and the cover is not equivalent to that of a medical scheme. It is an insurance policy offering financial benefits for everyday dental problems, at an affordable premium.

## Operative Clause

In return for the timeous payment of the required monthly premium and subject to the terms and conditions of this policy, Guardrisk will pay specific amounts on the occurrence of specific conditions or events involving dental health. These events and amounts are tabled below.

Rules apply to each insured condition or events which are described in this document.

Claims are valid once a diagnosis has been made by a registered dental practitioner and as such the claim may be submitted to the administrator.

- Waiting periods will apply on the individual policies

## Benefits Per Insured

Treatment	Insured condition or event	Basic	Standard	Prestige	Comprehensive	Waiting period
Emergency root canal	Dental Emergency	R 300 per event	R 300 per event	R 300 per event	R 300 per event	None
Temporary crown	Accidental Tooth Fracture	R 2 000 per event	R 2 000 per event	R 2 000 per event	R 2 000 per event	None
Scale and polish	Gingivitis	No benefit	No benefit	R 100 per event	R 160 per event	3 Months
Tooth Extraction	Tooth decay or abscess – poor prognosis	No benefit	R 120 per tooth	R 120 per tooth	R 250 per tooth	3 Months
Dental filling	Tooth decay – good prognosis	No benefit	R 250 per tooth	R 350 per tooth	R 350 per tooth	3 Months
Root canal	Dental abscess – good prognosis of rehabilitation	No benefit	R 700 per tooth	R 1 000 per tooth	R 1 200 per tooth	6 Months
Impacted tooth removal	Impacted tooth	No benefit	No benefit	R 500 per tooth	R 600 per tooth	6 Months
Crown	Severely decayed or damaged tooth.	No benefit	No benefit	R 2 000 per tooth	R 3 500 per tooth	6 Months
Gum surgery	Periodontitis	No benefit	No benefit	R 1 500 per event	R 2 500 per event	6 Months
Bridge	Occlusal instability	No benefit	No benefit	No benefit	R 2 500 per missing tooth	6 Months
Implant	Occlusal instability	No benefit	No benefit	No benefit	R 6 000 per missing tooth	6 Months
Removable prosthesis (Denture)	Loss of teeth	No benefit	No benefit	No benefit	R 1 500 per jaw	6 Months
Surgery	Jaw fracture	R 15 000 per event	R 15 000 per event	R 15 000 per event	R 15 000 per event	None

## Cost per month

	Basic	Standard	Prestige	Comprehensive
Principle insured	R 23.00	R 58.00	R 132.00	R 210.00
Adult dependant	R 19.00	R 46.00	R 105.00	R 168.00
Child dependant	R 23.00	R 23.00	R 52.00	R 84.00

## Supplementary Rules

**Implants and dentures:** Benefits only available for teeth lost after Commencement Date of Insurance

**Pre-existing Conditions:** Excluded from benefit for a period of 12 months from Commencement Date or date of inclusion of an additional insured

## General Definitions

- 1. Accident:** In terms of this policy the word accident relates only to an event where the force which fractures the tooth is from an external source. For example: a fall where forceful contact is made between the teeth and a hard surface, or where a hard object (such as a cricket ball) strikes the teeth resulting in the fracture. Deciduous teeth are excluded.
- 2. Dental Emergency:** An event where the Insured has dental pain or infection and needs immediate treatment for the relief thereof. Routine visits are expressly excluded from this policy. Benefits are paid per event.
- 3. Infection:** An acute infection of the gums or associated with teeth.
- 4. Toothache:** Acute pain where the Insured must seek immediate relief.
- 5. Fractured tooth:** Where at least 50% of the visible portion of the tooth is lost and where the dental nerve is permanently damaged. Deciduous teeth are excluded.
- 6. Jaw fracture:** A fracture of the mandible, maxilla or zygoma.
- 7. Gingivitis:** is an inflammatory condition that may affect the gums if plaque (germs) is not removed by manual brushing.
- 8. Rehabilitation:** means the successful rebuilding of a damaged tooth.
- 9. Prognosis:** The "prognosis" of a condition is the likely chance of successful treatment. For example, a poor prognosis of restoring a tooth means that the dentist feels that a tooth is affected too badly by decay or fracture and that there is no point in trying to restore the tooth and rather extract it.
- 10. Tooth decay:** Also known as "caries" is the bacterial process that results in demineralisation of the tooth structure and subsequent cavitation (creation of a hole). For insurance purposes the tooth is considered decayed once there is either clinical or radiological evidence of cavitation. Marginal leakage which is the visible staining of the margin between an existing filling and the tooth without demonstrated cavitation is not covered in terms of this insurance policy.
- 11. Impacted:** Teeth are termed "impacted" where eruption into the oral cavity is impeded by the position of another tooth or the bone of the mandible. Cover is granted only when there is pathology associated with the impacted tooth. Pathology is defined for the purposes of impaction as cysts, tooth resorption, recurrent pericoronitis (an intermittent infection of the gum surrounding a tooth which is in the process of eruption) in the case of partially impacted teeth (infection must have occurred at least two times over a 6 month period), or osteomyelitis (a severe infection of the bone) resulting from the impaction.
- 12. Dental abscess:** This is defined as a periapical (tip of the root) or other radicular (root) infection that results from a tooth related pathology (decay or fracture).
- 13. Severely decayed or damaged:** This indicates that at least two thirds of the visible tooth structure has been lost to decay or trauma regardless of the nature of the trauma.
- 14. Periodontitis:** This is a severe infection of the gums where the attachment of the gum to the tooth is broken down. The severity of the disease is determined by measuring the extent of the attachment loss.
- 15. Pre-existing condition:** If the insured is aware of a condition requiring specific treatment before joining the scheme, then such condition is deemed to be a pre-existing condition.

## Benefit Definitions, Rules and Claims Procedure

- 16. Gingivitis**
  - 16.1.** Once diagnosed and the claim settled, the gingivitis condition is considered properly treated and therefore un-claimable per insured life for a period of 12 months.
  - 16.2.** A waiting period of 3 months applies to this condition.
- 17. Tooth decay**
  - 17.1.** Enamel fracture due to mastication (chewing) or bruxism (tooth grinding) attracts the same cover as tooth decay.
  - 17.2.** Tooth decay is measured on the prognosis of rehabilitation.
  - 17.3.** Once diagnosed and the claim settled, the tooth decay with a poor prognosis of rehabilitation is considered properly treated and therefore un-claimable on the policy per individual tooth.
  - 17.4.** Once diagnosed and the claim settled, the tooth is considered properly treated and the same condition is un-claimable per individual tooth for a period of 3 years.
  - 17.5.** Tooth decay with a good prognosis of rehabilitation will attract a different cover amount than tooth decay with a poor prognosis of rehabilitation.

- 17.6.** No claim is payable on the same tooth, if a previous claim for pathology associated with impaction has been filed.
- 17.7.** Changing existing fillings for reasons including headache, fatigue or other conditions not directly related to the tooth structure is not covered.
- 17.8.** Changing of existing fillings for cosmetic reasons is not covered.
- 17.9.** A maximum of 7 teeth may be claimed for tooth decay with a good prognosis of rehabilitation during any 12 month period.
- 18. Dental abscess**
  - 18.1.** Dental abscess is measured on the prognosis for rehabilitation.
  - 18.2.** A dental abscess with a poor prognosis of rehabilitation attracts the same cover amount as tooth decay with a poor prognosis of rehabilitation.
  - 18.3.** Once diagnosed and the claim settled, the dental abscess with a good prognosis of rehabilitation is considered properly treated and the same condition is un-claimable per individual tooth for a period of 5 years.
  - 18.4.** A tooth decay claim cannot be made at the same time for the same tooth.
  - 18.5.** The benefit is payable once per tooth regardless of the number of roots on the tooth or number of abscesses associated with the tooth.
  - 18.6.** A maximum of 3 teeth may be claimed for a dental abscess during any 12 month period.
  - 18.7.** Deciduous teeth (milk teeth) are excluded.
- 19. Impacted tooth**
  - 19.1.** Teeth that are in the process of eruption, but are not impacted, are excluded.
  - 19.2.** Once diagnosed and the claim settled, the individual impacted tooth is considered properly treated. Therefore no further claims will be paid for this tooth.
- 20. Severely decayed or damaged tooth**
  - 20.1.** A maximum of 2 teeth are covered in a period of 12 months.
  - 20.2.** The administrator *may* require a diagnostic x-ray (such x-ray should be taken before any treatment is attempted) to substantiate the claim.
  - 20.3.** Once diagnosed and the claim settled, the tooth is considered properly treated and the same condition is un-claimable per individual tooth for a period of 5 years.
  - 20.4.** The replacement of existing crowns is subject to the pre-existing condition exclusion period of 12 months.
  - 20.5.** Deciduous teeth (milk teeth) are excluded.
- 21. Periodontitis**
  - 21.1.** A Treatment Plan with the value of 3 or 4 in at least 3 sextants must be measured and reported by the dental professional.

## Exclusions

- 22.** No claims will be processed when the policy is in arrears.

## Claims Documentation

A **diagnostic report** is defined as follows: A report that indicates the existence of the condition and which has been written by a registered dental practitioner. Such report *may* contain an x-ray analysis or the x-ray itself or an intra-oral photograph, which clearly shows the condition.

The minimum diagnostic reporting should contain the diagnostic description code (ICD-10) and, for benefits which involve a tooth, the relevant FDI tooth number.

A **treatment invoice** is defined as follows: A treatment invoice indicates that a procedure has been done in order to treat an existing condition. Such invoices usually contain procedure descriptions or diagnostic descriptions.

If the treatment that has been rendered is a treatment that is appropriate for both insured and non-insured conditions, then diagnostic evidence of the original condition is always required to support the claim.

## Claims Process

A claim may only be submitted AFTER a diagnosis by a registered dental health care provider has been completed. The policyholder should notify the dental claims administrator within 3 (three) months. All benefits in respect of valid claims will be paid to the policyholder provided that the insured is in good standing.

The claimant must submit a valid diagnostic report or treatment invoice from a registered dental practitioner.

A medical certificate indicating the nature of the external blow is required where claiming for accidental trauma benefits.

The dental claims administrator may request clinical documentation and/or evidence to support the claim.

A claim may be made telephonically by calling 0860 104 940. You will need your policy number and the dental invoice or treatment plan available for the operator.

The dental invoice may be submitted directly by mail to Denis, PO Box 114, Century City, Canal Walk, 7446 or faxed to 0866 737 336.

## Premium Payment

The premium is payable monthly in advance and is subject to review. The premium will be debited monthly to the Premium Payer's bank account. The Commencement Date of the policy will be the first of the month after which the first premium has been deducted and received. If it has not been received by the Administrator by the due date, this insurance shall be deemed to have been cancelled at midnight on the last day of the last month for which a premium has been received. The Administrator shall not be obliged to accept any premium tendered to it after the Commencement Date provided that premiums due with effect from the second month of the currency of this Policy will be accepted if paid within 15 (fifteen) days of the due date.

## Policy inception and Termination

- 23.** Cover under this policy for any insured life is restricted to a maximum inception age of 65 (sixty five) years
- 24.** Cover under this Policy shall cease on the day that:
  - 24.1.** the premiums that are due are unpaid (and as provided for in the above Premium Payment clause);
  - 24.2.** the Policyholder dies;
  - 24.3.** the Insurer provides 30 (thirty) days written notice of cancellation to the Policyholder at the latter's last known address;
  - 24.4.** the Policyholder provides 30 (thirty) days written notice for cancellation to the Administrator;
  - 24.5.** the Policyholder's child dependant(s) reaches the maximum expiry age of 25 (twenty five),

whichever of the aforementioned events first occur.

## Repudiation of Claims

Where the Insured/claimant disputes Guardrisk's rejection of the claim, the Insured/claimant has 180 (one hundred and eighty) days from the date of the rejection letter to make representations to Guardrisk in respect of this decision. If the dispute is not resolved at the end of this period then the Insured/claimant must within a further 180 (one hundred and eighty) days institute legal action by way of the service of summons against Guardrisk, failing which, the Insured/claimant will forfeit his/her claim and no liability can arise in terms of such claim.

## Misrepresentation

This Policy shall be voidable in the event of misrepresentation, misdescription or non-disclosure by or on behalf of the Insured of any material particular to Guardrisk in which event, any and all premiums so paid or payable, shall be forfeited to Guardrisk.

## No Surrenders or Cessions

This Policy may not be surrendered, assigned or transferred.

## Condition Precedent

Strict compliance by the Principal Insured and by the Administrator with all the provisions, conditions and terms of this Policy shall be a condition precedent to liability on the part of Guardrisk hereunder.

## Policy Amendments

Guardrisk may amend the terms and conditions of this Policy upon giving the Administrator written notice of such intention at least 1 (one) month before any premium rate adjustment, and 3 (three) months before any other Policy amendment. The Administrator must inform the Principal Insured of any material amendment of the terms and conditions.

## Value Added Tax

It is hereby agreed that all sums insured, amounts and limits reflected in this Policy are inclusive of VAT.

## Fraud

If any claim under this Policy is in any respect fraudulent, or if any fraudulent means or devices are used by the Insured or anyone acting on their behalf to obtain any benefits under this Policy, all benefits under this Policy in respect of such claims shall be forfeited.

## Jurisdiction

Only the courts of the Republic of South Africa shall have jurisdiction to entertain any claims arising out of or in respect of this Policy and the law of the Republic of South Africa shall apply



to this Policy. The parties hereby consent to the jurisdiction of the Witwatersrand Local Division of the High Court in respect of all claims and causes of action between them, whether now or in the future, arising out of or in respect of this Policy.

### Payments

All payments are to be made in the currency of the Republic of South Africa and where payment is to be made to or by Guardrisk it shall be made at Guardrisk's Head Office unless Guardrisk allows otherwise.

### Commission or Other Remuneration Payable

Remuneration included in the monthly premium:  
An Administration fee of 5% (five percent) of the total monthly premium is payable to Denis Insurance Administrators (Pty) Ltd. Broker commission of 20% (twenty percent) of the net monthly premium is payable to the Broker.

### Additional Disclosure Details

#### 25. Contact and other details of the Administrator:

- 25.1. The Administrator, Denis Insurance Administrators (Pty) Ltd, is an Authorised Financial Services Provider (FSP number 36026) in terms of Section 8 of the Financial Advisory and Intermediary Services Act 2002 (Act 37 of 2002),
- 25.2. A copy of the license, which contains details of the financial services the Administrator is authorised to provide, along with any exemptions, is available for inspection and is on display at the Administrator's offices.
- 25.3. The Administrator is authorised to provide financial advice and intermediary services in the following categories:  
Category 1.2 - Short Term Insurance Personal Lines  
Category 1.3 - Long Term Insurance Sub-Category B1  
Category 1.4 - Long Term Insurance Sub-Category C  
Category 1.6 - Short Term Insurance Commercial Lines
- 25.4. Physical Address: Block D, The Forum, Northbank Lane, Century City, 7441
- 25.5. Postal Address: PO Box 114, Century City, Canal Walk, 7446
- 25.6. Telephone Number: 0860 104 940
- 25.7. Fax Number: 0866 737 336
- 25.8. Compliance Officer: TenFour Consulting (Pty) Ltd, telephone number 0129919600, e-mail germa@tenfour.co.za, fax 0866915253
- 25.9. The Administrator has a structured complaints resolution policy in place. In the event that you are dissatisfied with their service, please address your complaint to them in writing at the abovementioned postal address.
- 25.10. The Administrator is a company incorporated in terms of South African company legislation.

It performs services as an intermediary under the Short Term Insurance Act and Financial Advisory and Intermediary Services Act, entering into short-term policies. It has an agreement with Guardrisk, a cell captive insurer, and has the necessary mandates to act on behalf of Guardrisk.

- 25.11. Professional indemnity insurance is in force.
26. **Contact and other details of Guardrisk:**
- 26.1. Guardrisk Insurance Company Ltd is an Authorised Financial Services Provider (FSP number 75) in terms of the Financial Advisory and Intermediary Services Act. Guardrisk is a registered short-term insurer in terms of the provisions of the Short-term Insurance Act, 1998.
- 26.2. Physical Address: 115 West Street, Sandton, 2196
- 26.3. Postal Address: P.O. Box 786015, Sandton, 2146
- 26.4. Telephone Numbers: 011 669 1000 / 021 401 9929
- 26.5. Fax Numbers: 011 669 1931 / 021 415 4741
- 26.6. Compliance Officer: available on above numbers.

### Other Matters of Importance

27. You, the Insured, must be informed of any material changes in the details provided herein about the Administrator and/or Guardrisk;
28. If the information about the Administrator and/or Guardrisk was given orally, it must be confirmed in writing within 30 (thirty) days;
29. If any complaint to the Administrator and/or Guardrisk is not resolved to your satisfaction, you may submit the complaint to the Registrar of Short term Insurance;
30. A polygraph or any lie detector test is not obligatory in the event of a claim and the failure thereof may not be the sole reason for repudiating a claim;
31. If the premium is paid by debit order:
  - 31.1. it may only be in favour of one person and may not be transferred without your approval; and
  - 31.2. Guardrisk must inform you at least 30 (thirty) days before the cancellation thereof, in writing, of its intention to cancel such debit order;
32. Guardrisk and not the Administrator must give reasons for repudiating your claim;
33. Guardrisk may not cancel your insurance merely by informing the Administrator. There is an obligation to make sure the cancellation notice has been sent to you;
34. You are entitled to a copy of this Policy document free of charge.

### Warnings to Insured

35. Take the time to familiarize yourself with, and understand, the content of your policy;
36. Do not sign any blank or partially completed forms;
37. Complete all forms in ink;
38. Keep all documents handed to you;

39. Make a note of what is said to you;
40. Do not be pressurized to buy the product; and
41. Incorrect or non-disclosure by you of relevant facts may influence the Insurer / Administrator regarding any claims made.

### Complaints Procedure

If any insurance complaint to the Administrator or Insurer is not resolved to your satisfaction, you may submit the complaint to the following regulators:

**The Short Term Insurance Ombudsman** - in the event of claims problems not satisfactorily resolved:  
P O Box 32334, Braamfontein, 2017  
**Tel:** 011 726 8900, Share call: 0860 726 890, Fax: 011 726 5501  
**E-mail:** info@osti.co.za  
**Website:** www.osti.co.za

**The FAIS Ombud** - in respect of complaints about the Administrator or Guardrisk:  
P O Box 74571, Lynwood Ridge, 0040  
**Tel:** 012 470 9080, Share call: 0860 324 766 / 0860 FAISOM  
**Fax:** 012 348 3447  
**E-mail:** info@faisombud.co.za  
**Website:** www.faisombud.co.za

**The Registrar of Short Term Insurance** (Financial Services Board) if any complaint to the Administrator or Guardrisk is not resolved to your satisfaction:  
P O Box 35655, Menlo Park, 0102  
**Tel:** 012 428 8000, Fax: 012 347 0221

### How to Claim

#### You must supply one of the following:

- A treatment invoice if you have already been treated by a dentist, **or**
- A treatment plan showing what treatment is required and why, **or**
- An accident report detailing what happened and how

#### Always ensure your policy number is quoted.

A claim form is included in your welcome pack and is also available for download on the website.

**Claim line:** 0860 104 940 (have your policy number ready)  
**Email:** claims@denisinsurance.com  
**Fax:** 0866 737 336  
**Postal address:** PO Box 114, Century City, 7446

WE PAY THE  
POLICYHOLDER!  
NOT YOUR  
SERVICE  
PROVIDER.

**For more details please contact the  
Wisdom Customer Support Centre.**

**Enquiries & Claims**

**Tel (claims):** 086 107 6453

**E-mail (claims):** [correspondence@denisinsurance.com](mailto:correspondence@denisinsurance.com)

**Fax Number (claims):** 0866 737 336

\* Premiums specified are standard – premiums for groups may differ.

