

A) INDIVIDUAL PLANS

The details of these plans are as per attached brochure and the pricing is fixed i.e. RM388 for the Gold plan. This premium is not inclusive of the Rm10.00 stamp duty. **Category I to IV at 100% coverage**

b) CORPORATE plans

We have various corporate plans with the most basic starting at RM188 per person (tax and stamp duty not included), this plan covers **Category 1 at 100% and 2 at 30%**. Detailed schedule of benefits attached. We are agreeable to you promoting this to your corporate clients that may be interested in dental benefits' for their staff on the following **conditions:** \

- i) Plan is to be sold to group size of not less than 10 persons.
- ii) Base Rate and coverage is fixed and cannot be varied. If your client requests' a more comprehensive covers, this must be referred to us for our quotation.
- iii) No group and/or other discounts are allowed from this base rate unless referred to us for our prior approval.

IHM is in the process of signing up as our agent, in the interim we are agreeable to the following; We trust this is acceptable to you and we look forward to a mutually profitable venture together. If you or your team needs further information and /or clarification please feel free to call us we'll be glad to assist.

## Schedule of Benefits

Item Code Dental Treatment Description Rate (RM)

### **Category I: Restorations & Preventive Treatment**

#### Amalgam / Composite fillings

D020 - Single surface	45.00
D021 - Two surfaces	55.00
D022 - Three surfaces	65.00
D023 - Dentine Pins – per pin	25.00
Anterior tooth colour fillings	
D030 - Class III	55.00
D031 - Class IV	63.00
D032 - Primary Teeth Single Surface Restoration Amalgam or Composite	40.00
D033 - Primary Teeth Two/Three Surfaces Restoration Amalgam or Composite	45.00
D034 - Pulp Capping in deciduous teeth	42.00
D035 - Fissure Sealant – per teeth	25.00

#### Extractions

D040 - Anterior Teeth	50.00
D041 - Premolars	55.00
D042 - Molars	60.00
D043 - Primary Teeth – Anterior	30.00
D044 - Primary Teeth – Posterior	35.00
D050 - Scaling & Polishing (Payment limited to 1 visit in 12 months)	65.00
D060 - Dressing Per Tooth (Temporary fillings)	35.00
D070 - Medication (Inclusive of basic antibiotic)	25.00
D080 - X-Ray (P.A only)	25.00

### **Category II: Root Canal Therapy and Surgical Extractions**

#### Root Canal Therapy (RCT)\*

D090 - Single Root	250.00
D091 - Two Roots	310.00
D092 - Three Roots	475.00
D093 - Apicectomy Anterior Tooth	110.00
D094 - Pulpectomy (Root Canal Treatment on deciduous teeth)	75.00

Surgical removal of tooth\*\*

D101 - Removal of Embedded Root	175.00
D105 - Wisdom tooth - Vertical Impaction	320.00
D106 - Wisdom tooth - Mesio-Angular Impaction	450.00
D107 - Wisdom tooth - Horizontal Impaction	550.00
D108 - Upper wisdom tooth	100.00

Item Code Dental Treatment Description Rate (RM)

**Category III: Treatment Of Acute Periodontal Infection\***

D120 - Gingival Curettage per Visit	130.00
D121 - Periodontal Surgery or Cautery Per Visit	150.00

\*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	225.00
D141 - Each Extra Tooth	35.00
D142 - Full Dentures Single Arch	450.00
D143 - Full Dentures Upper and Lower	900.00
D144 - Cast Partial Plate	430.00
D145 - Cast Full Upper or Lower	500.00
D146 - Denture Repair / Tooth Addition	65.00
D147 - Denture Reline Partial	75.00
D148 - Denture Reline Full	150.00

+ Qualifying Period – after 1 year of cover

**Category V: Major Dental Work *Crowns & Bridges*\***

D150 - Single Crown (Porcelain)	650.00
D151 - Bridge Porcelain per Unit	650.00
D152 - Post & Core	175.00
D153 - Metal Full Crown Non- Precious	550.00
D154 - Re-cementing Crowns	75.00

\* Qualifying period – after 1 year of cover, limited to one unit per year.

\*\* Max payable for bridge is 3 units of crown only.

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

Written approval from U.M.D. is required for crown & bridge work

***Onlays* \*\***

D160 - Non-Precious	275.00
D161 - Gold Onlays	375.00

\*\*Qualifying period –after 5 years of participation in the scheme under the platinum plan

***Orthodontics***

D170 - Full Banding Upper and Lower #	1,000.00
# Qualifying period- after 5 years of participation in the scheme under the platinum plan	
D180 - Implants per Tooth##	1,500.00