TUNE PROTECT MALAYSIA
(TUNE INSURANCE MALAYSIA BERHAD ((197601004719(30686-K)))
Level 9 Wisma Tune, No. 19 Lorong Dungun, Damansara Heights, 50490 Kuala Lumpur, Malaysia.
Tel No: +603-20879000 **Fax No:** +603-20941366 **Website:** www.tuneprotect.com
SST Registration No: W10-1808-31039805

Attaching to and forming part of Policy No : 77-976-26-000089

M E M O R A N D U M

SCHEDULE OF BENEFITS
EFFECTIVE 01.05.2022

ITEM CODE	DENTAL TREATMENT DESCRIPTION	RATE (RM)
	CATEGORY I : RESTORATIONS & PREVENTIVE TREATMENT	
	AMALGAM / COMPOSITE FILLINGS	
D020	- SINGLE SURFACE	71.00
D021	- TWO SURFACES	90.00
D022	- THREE SURFACES	105.00
D023	- DENTINE PINS - PER PIN	38.00
D030	- CLASS III	86.00
D031	- CLASS IV	103.00
D032	- PRIMARY TEETH SINGLE SURFACE RESTORATION AMALGAM OR COMPOSITE	64.00
D033	- PRIMARY TEETH TWO/THREE SURFACES RESTORATION AMALGAM OR COMPOSITE	71.00
D034	- PULP CAPPING IN DECIDUOUS TEETH	68.00
D035	- FISSURE SEALANT - PER TEETH	45.00
	EXTRACTIONS	
D040	- ANTERIOR TEETH	83.00
D041	- PREMOLARS	90.00
D042	- MOLARS	98.00
D043	- PRIMARY TEETH - ANTERIOR	54.00
D044	- PRIMARY TEETH - POSTERIOR	56.00
D050	- SCALING & POLISHING (PAYMENT LIMITED TO 1 VISIT IN 12 MONTHS)	113.00
D055	- SCALING & POLISHING (CHILDREN UP TO AGE OF 14, PAYMENT LIMITED TO 1 VISIT IN 12 MONTHS)	60.00
D060	- DRESSING PER TOOTH (TEMPORARY FILLINGS)	60.00

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D070	- MEDICATION (INCLUSIVE OF BASIC ANTIBIOTIC)	41.00
D080	- X-RAY (PERIAPICAL ONLY)	41.00

CATEGORY II : ROOT CANAL THERAPY AND SURGICAL EXTRACTIONS

ROOT CANAL THERAPY (RCT)*

D090	- SINGLE ROOT	410.00
D091	- TWO ROOTS	504.00
D092	- THREE ROOTS	755.00
D093	- APICECTOMY ANTERIOR TOOTH	173.00
D094	- PULPECTOMY (ROOT CANAL TREATMENT ON DECIDOUS TEETH)	115.00
D095	- EXTRA CANAL FOR MOLAR RCT**	188.00

SURGICAL REMOVAL OF TOOTH**

D101	- REMOVAL OF EMBEDDED ROOT	250.00
D105	- WISDOM TOOTH - VERTICAL IMPACTION	504.00
D106	- WISDOM TOOTH - MESIO-ANGULAR IMPACTION	683.00
D107	- WISDOM TOOTH - HORIZONTAL IMPACTION	834.00
D108	- UPPER WISDOM TOOTH	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

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 +

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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

+ WAITNG PERIOD - AFTER 1 YEAR OF COVER

CATEGORY V : MAJOR DENTAL WORK

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

++ WAITING 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 US 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

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THE PLATINUM PLAN

IMPLANTS

D180	- IMPLANTS PER TOOTH ###	2,444.00
	### WAITING PERIOD - AFTER 10 YEARS OF PARTICIPATION IN THE SCHEME UNDER THE PLATINUM PLAN	

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