



"a reason to smile"

MCO (Since 1999)

A large, stylized grey tooth graphic is positioned on the left side of the slide, partially overlapping the main title text.

Tune- MediDent Dental Insurance Presentation *for Anika Brokers*

Presented by: Universal Medi-Dent Sdn Bhd

Benefits to an Insured Client

- ✓ Provide affordable dental insurance plans with savings up to 35% on dental treatments
- ✓ Tailor the insured dental plan to match client's current employee dental benefits plan
- ✓ Savings on family plans if the client covers/ intends to cover their employees' dependents
- ✓ Manage the client's employee dental benefits plan from start to finish
 - ✓ Authorization, Verification and payment approval
 - ✓ Monitor the dollar limit per employee
- ✓ One common premium, regardless of the gender, age, occupational grade or previous dental health

Benefits to the Employee

- ✓ Cashless dental treatment facility at our network of panel clinics*
- ✓ No waiting period before proceeding with treatment
- ✓ Cover for multiple treatments with no limits on the yearly number of visits to the dentist
- ✓ Opt in for dependents if the company does not cover dependents
- ✓ Access to over 500 dental practitioners and over 300 MediDent Panel clinics in both East, and West Malaysia.

Dental Plan Options

Category Number	Medi-Dent Dental Plan	Silver	Silver Special	Gold	Platinum	
Category I	Amalgam / Composite fillings	✓	✓	✓	✓	
	Anterior Tooth Color fillings	✓	✓	✓	✓	
	Extractions	✓	✓	✓	✓	
	Medication	✓	✓	✓	✓	
	X-ray	✓	✓	✓	✓	
	Scaling & polishing	✓	✓	✓	✓	
Category II	Root Canal Therapy	✓	✓	✓	✓	
	Surgical Removal of tooth	✓	✓	✓	✓	
Category III	Treatment of Acute Periodontal Infection	Not Covered	✓	✓	✓	
Category IV	Dentures		✓	✓		
Category V	Crowns and Bridges		Not Covered	Not Covered	Not Covered	✓
	Onlays					✓
	Orthodontics	✓				
	Implants	✓				

✓ Category I – Restorations and Preventive Treatments

- ❖ **Fillings or Restorations** – A procedure to replace or restore the decayed or broken part of a tooth
- ❖ **Pulp Capping** – Procedure to save a tooth from being extracted
- ❖ **Fissure Sealant** – A protective coat mainly applied to the molar teeth of young children to prevent decay
- ❖ **Extractions** – For teeth that are badly broken or that have extensive tooth decay
- ❖ **Scaling and Polishing** – An essential preventive treatment to remove the calculus and tartar deposits around teeth (*limited to once/ year*)



✓ Category II – Root Canal Therapy and Surgical Extractions

- ❖ Root Canal Therapy – Treatment to save the tooth when the decay has extended to the pulp or the nerve of the tooth
- ❖ Surgical removal of Teeth – Surgery may be required to extract teeth that have partially surfaced from the gum

Important notes:

- *For Claims under RCT – pre & post operative x-ray must be submitted*
- *For D095 - Post Operative X-ray confirming presence of 4th canal must be submitted*
- *For Surgical Extractions – a pre operative x-ray must be submitted*



✓ Category III – Treatment of Acute Periodontal Infection

- ❖ Treatment for the gum and the soft bones in the mouth that hold the teeth in place and prevent tooth loss in adults

** 1 visit per 6 months for first year of cover*
** Benefits for subsequent years will be subject to review*

✓ Category IV – Dental Prosthesis

- ❖ Dentures – Removable plates or dentures can be used to replace lost teeth

** Limited to 1 treatment/ year*



✓ Category V – Major Dental Work

- ❖ Crowns and Bridges – A heavily broken tooth can be protected or saved by using a Crown. Several crowns fused together form a bridge
- ❖ Onlays – Large cast metal fillings for posterior teeth or molars to restore the teeth
- ❖ Orthodontics – Specialized treatment to straighten the teeth and give you a perfect smile
- ❖ Implants – Treatment to replace missing teeth by using a titanium implant to support the growth of new bone to support a new tooth

Qualifying Periods:

- **Eligibility for Crowns & Bridges require a minimum 1 year participation**
- **Maximum payable for bridge is 3 units of crown (Written approval from Medident is required for crown & bridge work)**
- **Eligibility for Onlays & Orthodontics – Require 5 years of participation in the platinum plan**
- **Implants require 10 years of participation in the platinum plan**
- **X-rays must be provided for Crowns & Bridges work.**



Category I



Item Code	Dental Treatment	Rate (RM)
CATEGORY I : RESTORATIONS & PREVENTIVE TREATMENT		
<i>Amalgam / Composite fillings</i>		
D020	Single surface	71.00
D021	Two surfaces	90.00
D022	Three surfaces	105.00
D023	Dentine Pins – per pin	38.00
<i>Anterior tooth colour fillings</i>		
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

Category I



MediDent Schedule of Benefits Rates for 2022

Item Code	Dental Treatment Description	2022 Rates
Category I - Extractions		
D040	- Extraction - Anterior Teeth	83.00
D041	- Extraction - Premolars	90.00
D042	- Extraction - Molars	98.00
D043	- Extraction - Primary Teeth – Anterior	54.00
D044	- Extraction - 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
D070	- Medication (Inclusive of basic antibiotic)	41.00
D080	- X-Ray (Periapical x-ray only)	41.00

Category II & III



Item Code	Dental Treatment Description	2022 Rates (June Onwards)
Category II		
Root Canal Therapy (RCT)*		
D090	- Root Canal Therapy - Single Root	410.00
D091	- Root Canal Therapy - Two Roots	504.00
D092	- Root Canal Therapy - Three Roots	755.00
D093	- Apicectomy Anterior Tooth	173.00
D094	- Pulpectomy (Root Canal Treatment on deciduous teeth)	115.00
D095	- Extra Canal for Molar RCT**	188.00
Surgical removal of tooth**		
D101	- Surgical Extraction - Removal Of Embedded Root	250.00
D105	- Surgical Extraction - Wisdom tooth - Vertical Impaction	504.00
D106	- Surgical Extraction - Wisdom tooth - Mesio or Distal Angular Impaction	683.00
D107	- Surgical Extraction - Wisdom tooth - Horizontal Impaction	834.00
D108	- Surgical Extraction - Upper wisdom tooth	250.00
Treatment Of Acute Periodontal Infection***		
Category III		
D120	- Gingival Curettage Per Visit	201.00
D121	- Periodontal Surgery Or Cautery Per Visit	238.00

* For claims made under RCT, a pre- and post- operative x-ray must be submitted

** Post Op X-ray confirming presence of 4th canal must be submitted

Category IV & V



MediDent Schedule of Benefits Rates for 2022		
Item Code	Dental Treatment Description	2022 Rates
Category IV - ' Dental Prosthesis		
Dentures		
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
Category V- Crowns & Bridges		
Major Dental Work :		
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
Onlays#		
D160	- Onlay - Non-Precious	431.00
D161	- Onlay - Gold Onlays	611.00
Orthodontics		
D170	- Orthodontics - Full Banding Upper and Lower #	1,581.00
D180	- Implants Per Tooth##	2,444.00

Cashless Dental Treatment Pathway

1

Patient Calls Panel Clinic to arrange for an appointment before treatment date

2

Patient goes to Clinic, logs into MediDent's Web-Browser Ecard, and presents it to Clinic Staff.

3

Clinic Staff proceeds to check eligibility on the MediDent Dental portal, if available. Where it is unavailable, Clinic Staff will fill out the Patient's personal information on MediDent's Claim Form.

4

Upon treatment completion, patient signs the manual form to confirm the treatments undertaken.



Sample Claim Form at Panel Clinic

Malaysia's 1st Fully Underwritten Dental Insurance

Serving Malaysia for Over 10 Years

Quality Assurance & Quality Control

Since 1999



MEDIDENT "a reason to smile"

CLAIM FORM

PARTICULARS OF PATIENT (to be completed by patient)

Name : _____ Emp. No./any _____
 Tel. No. (C) : _____ (H) _____ (HP) _____
 IC No. (New) : _____ (Old) _____
 Policy No. : _____ Company Name _____

CLINIC DETAILS (to be completed by Dentist Only)

Clinic : _____ Clinic Reg. No. : _____
 Dentist : _____ MDC No. : _____

NEW PATIENT'S DETAILS (to be completed by Dentist for new patients only, prior to treatment)

Please circle (C) all teeth that have been filled and cross (X) all teeth that have been extracted or missing.

ADULT DENTITION		PRIMARY DENTITION	
18, 17, 16, 15, 14, 13, 12, 11	21, 22, 23, 24, 25, 26, 27, 28	58, 54, 53, 52, 51	61, 62, 63, 64, 65
48, 47, 46, 45, 44, 43, 42, 41	31, 32, 33, 34, 35, 36, 37, 38	85, 84, 83, 82, 81	71, 72, 73, 74, 75

CARD CATEGORY (to be completed by Dentist Only)

Type of cover (Please tick)

Silver Silver Special Golden Platinum Emergency

Specify % 50% 75% 100% Items Covered: 0042, 0041, 0043, 0044, 0045, 0046, 0047, 0048, 0049, 0050

TREATMENT DETAILS (to be completed by Dentist)

ADULT DENTITION		PRIMARY DENTITION	
18, 17, 16, 15, 14, 13, 12, 11	21, 22, 23, 24, 25, 26, 27, 28	58, 54, 53, 52, 51	61, 62, 63, 64, 65
48, 47, 46, 45, 44, 43, 42, 41	31, 32, 33, 34, 35, 36, 37, 38	85, 84, 83, 82, 81	71, 72, 73, 74, 75

Date of Visit : _____

Item Code	Comments	Tooth No.	Tooth Surface *	Fee (RM)
TOTAL RM				

Note
 * **Tooth Surface : M - Mesial O - Occlusal D - Distal I - Incisal B - Buccal L - Lingual C - Cervical**
 I confirm that I have received the above treatment and agree to indemnify THE INSURER in the event the treatment is not covered under the policy.
 I certify that I have prescribed the above treatment(s) to the patient.

Patient's signature

Dentist's stamp & signature

Submit all Claim Forms in batches for each calendar month by the 10th of the following month.
Late submission will result in delayed payments or non payment by underwriter

SERIAL NO. MD _____

MEDIDENT SCHEDULE of Benefits

ITEM	DENTAL TREATMENT	RATE
Restorations & Preventive Treatment		
0818	Amalgam / Composite fillings	== 40
0819	Amalgam / Composite fillings - Single surface	== 30
0820	Amalgam / Composite fillings - Two surfaces	== 40
0821	Amalgam / Composite fillings - Three surfaces	== 50
0822	Amalgam / Composite fillings - Four surfaces	== 60
0823	Amalgam / Composite fillings - Full crown	== 70
0824	Amalgam / Composite fillings - Full denture	== 80
0825	Amalgam / Composite fillings - Full denture	== 90
0826	Amalgam / Composite fillings - Full denture	== 100
0827	Amalgam / Composite fillings - Full denture	== 110
0828	Amalgam / Composite fillings - Full denture	== 120
0829	Amalgam / Composite fillings - Full denture	== 130
0830	Amalgam / Composite fillings - Full denture	== 140
0831	Amalgam / Composite fillings - Full denture	== 150
0832	Amalgam / Composite fillings - Full denture	== 160
0833	Amalgam / Composite fillings - Full denture	== 170
0834	Amalgam / Composite fillings - Full denture	== 180
0835	Amalgam / Composite fillings - Full denture	== 190
0836	Amalgam / Composite fillings - Full denture	== 200
0837	Amalgam / Composite fillings - Full denture	== 210
0838	Amalgam / Composite fillings - Full denture	== 220
0839	Amalgam / Composite fillings - Full denture	== 230
0840	Amalgam / Composite fillings - Full denture	== 240
0841	Amalgam / Composite fillings - Full denture	== 250
0842	Amalgam / Composite fillings - Full denture	== 260
0843	Amalgam / Composite fillings - Full denture	== 270
0844	Amalgam / Composite fillings - Full denture	== 280
0845	Amalgam / Composite fillings - Full denture	== 290
0846	Amalgam / Composite fillings - Full denture	== 300
0847	Amalgam / Composite fillings - Full denture	== 310
0848	Amalgam / Composite fillings - Full denture	== 320
0849	Amalgam / Composite fillings - Full denture	== 330
0850	Amalgam / Composite fillings - Full denture	== 340
0851	Amalgam / Composite fillings - Full denture	== 350
0852	Amalgam / Composite fillings - Full denture	== 360
0853	Amalgam / Composite fillings - Full denture	== 370
0854	Amalgam / Composite fillings - Full denture	== 380
0855	Amalgam / Composite fillings - Full denture	== 390
0856	Amalgam / Composite fillings - Full denture	== 400
0857	Amalgam / Composite fillings - Full denture	== 410
0858	Amalgam / Composite fillings - Full denture	== 420
0859	Amalgam / Composite fillings - Full denture	== 430
0860	Amalgam / Composite fillings - Full denture	== 440
0861	Amalgam / Composite fillings - Full denture	== 450
0862	Amalgam / Composite fillings - Full denture	== 460
0863	Amalgam / Composite fillings - Full denture	== 470
0864	Amalgam / Composite fillings - Full denture	== 480
0865	Amalgam / Composite fillings - Full denture	== 490
0866	Amalgam / Composite fillings - Full denture	== 500
0867	Amalgam / Composite fillings - Full denture	== 510
0868	Amalgam / Composite fillings - Full denture	== 520
0869	Amalgam / Composite fillings - Full denture	== 530
0870	Amalgam / Composite fillings - Full denture	== 540
0871	Amalgam / Composite fillings - Full denture	== 550
0872	Amalgam / Composite fillings - Full denture	== 560
0873	Amalgam / Composite fillings - Full denture	== 570
0874	Amalgam / Composite fillings - Full denture	== 580
0875	Amalgam / Composite fillings - Full denture	== 590
0876	Amalgam / Composite fillings - Full denture	== 600
0877	Amalgam / Composite fillings - Full denture	== 610
0878	Amalgam / Composite fillings - Full denture	== 620
0879	Amalgam / Composite fillings - Full denture	== 630
0880	Amalgam / Composite fillings - Full denture	== 640
0881	Amalgam / Composite fillings - Full denture	== 650
0882	Amalgam / Composite fillings - Full denture	== 660
0883	Amalgam / Composite fillings - Full denture	== 670
0884	Amalgam / Composite fillings - Full denture	== 680
0885	Amalgam / Composite fillings - Full denture	== 690
0886	Amalgam / Composite fillings - Full denture	== 700
0887	Amalgam / Composite fillings - Full denture	== 710
0888	Amalgam / Composite fillings - Full denture	== 720
0889	Amalgam / Composite fillings - Full denture	== 730
0890	Amalgam / Composite fillings - Full denture	== 740
0891	Amalgam / Composite fillings - Full denture	== 750
0892	Amalgam / Composite fillings - Full denture	== 760
0893	Amalgam / Composite fillings - Full denture	== 770
0894	Amalgam / Composite fillings - Full denture	== 780
0895	Amalgam / Composite fillings - Full denture	== 790
0896	Amalgam / Composite fillings - Full denture	== 800
0897	Amalgam / Composite fillings - Full denture	== 810
0898	Amalgam / Composite fillings - Full denture	== 820
0899	Amalgam / Composite fillings - Full denture	== 830
0900	Amalgam / Composite fillings - Full denture	== 840
0901	Amalgam / Composite fillings - Full denture	== 850
0902	Amalgam / Composite fillings - Full denture	== 860
0903	Amalgam / Composite fillings - Full denture	== 870
0904	Amalgam / Composite fillings - Full denture	== 880
0905	Amalgam / Composite fillings - Full denture	== 890
0906	Amalgam / Composite fillings - Full denture	== 900
0907	Amalgam / Composite fillings - Full denture	== 910
0908	Amalgam / Composite fillings - Full denture	== 920
0909	Amalgam / Composite fillings - Full denture	== 930
0910	Amalgam / Composite fillings - Full denture	== 940
0911	Amalgam / Composite fillings - Full denture	== 950
0912	Amalgam / Composite fillings - Full denture	== 960
0913	Amalgam / Composite fillings - Full denture	== 970
0914	Amalgam / Composite fillings - Full denture	== 980
0915	Amalgam / Composite fillings - Full denture	== 990
0916	Amalgam / Composite fillings - Full denture	== 1000

Notes:
 For certain, orthodontics and implants, please refer to the schedule of benefits for more details.
 * Please note that category and individual codes are subject to change. Some conditions will have to be subject to approval.

MediDent Hotline
03-20709177
Mon - Fri : 9.00am to 6.00pm

Reimbursement or Pay & Claim Pathway

Patient goes to clinic, pays for treatment and collects the receipt

Note#1: Please keep original hard copy receipts safely until reimbursement claim has been paid

Patient (Employee) sends the scanned documents (i.e. Receipt and the Reimbursement form) to pahealth.claims@tuneprotect.com (Tune). From here, Tune will send the same to Medident

Note#2: You will only be reimbursed based on Medident rates

Upon receiving the documents from Tune, Medi-Dent processes and approves the claim and sends to Tune for Payment

Tune credits the amount reimbursable to the employees' account based on the bank details provided on Medi-Dent's 2022 Reimbursement form



Ecard Registration Process Flow



1

Go to the E-Card website – www.ecard.medident.com.my.

2

Select Register Now button, and key in all details required and proceed to Register.

3

Click the registration verification email to complete the registration process.

4

Log on to the Ecard portal to view all Ecards for the said policy number (Principals & Dependents).

Ecard Registration Overview

Register

NRIC/Passport number

NRIC 701201010000

Phone (optional)

+60 12-2108-139

E-mail

xxxx@tuneprotect.com

Password

.....

Confirm Password

.....

Terms and Conditions

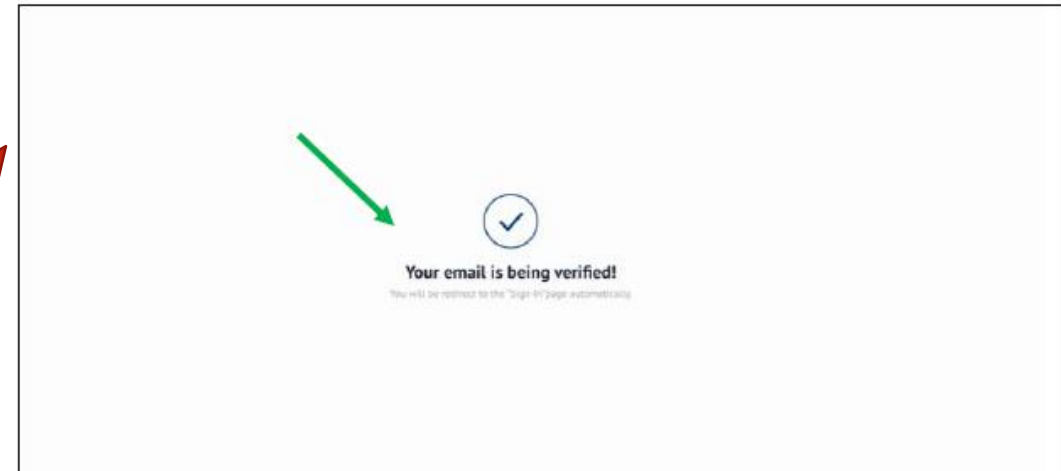
By ticking this box, I hereby acknowledge that I have read the [Privacy Policy](#) and have agreed to the [Terms & Conditions](#).

AGREE

REGISTER

Already have an account?

SIGN IN



MEDIDENT

E-mail

Enter your e-mail

Password

Enter your password

Forgot password? [RESET](#)

SIGN IN

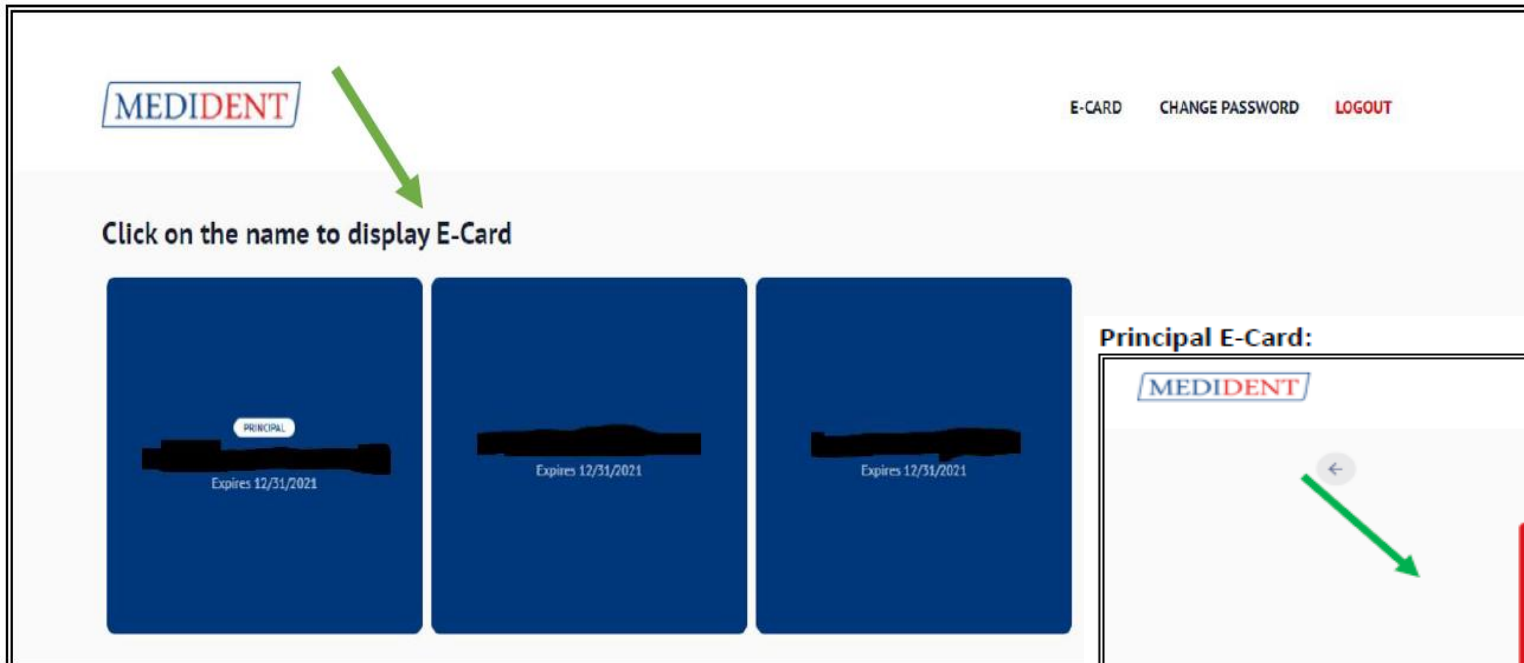
Are you new here?

REGISTER

Who is Universal Medi-Dent?

Universal Medi-Dent is a Managed Care Organisation providing insured dental plans for corporate clients in Malaysia for 19 years in collaboration with Tune Insurance Malaysia Bhd (Tune Protect Malaysia).

Ecard Registration Overview



MEDIDENT

E-CARD CHANGE PASSWORD LOGOUT

Click on the name to display E-Card

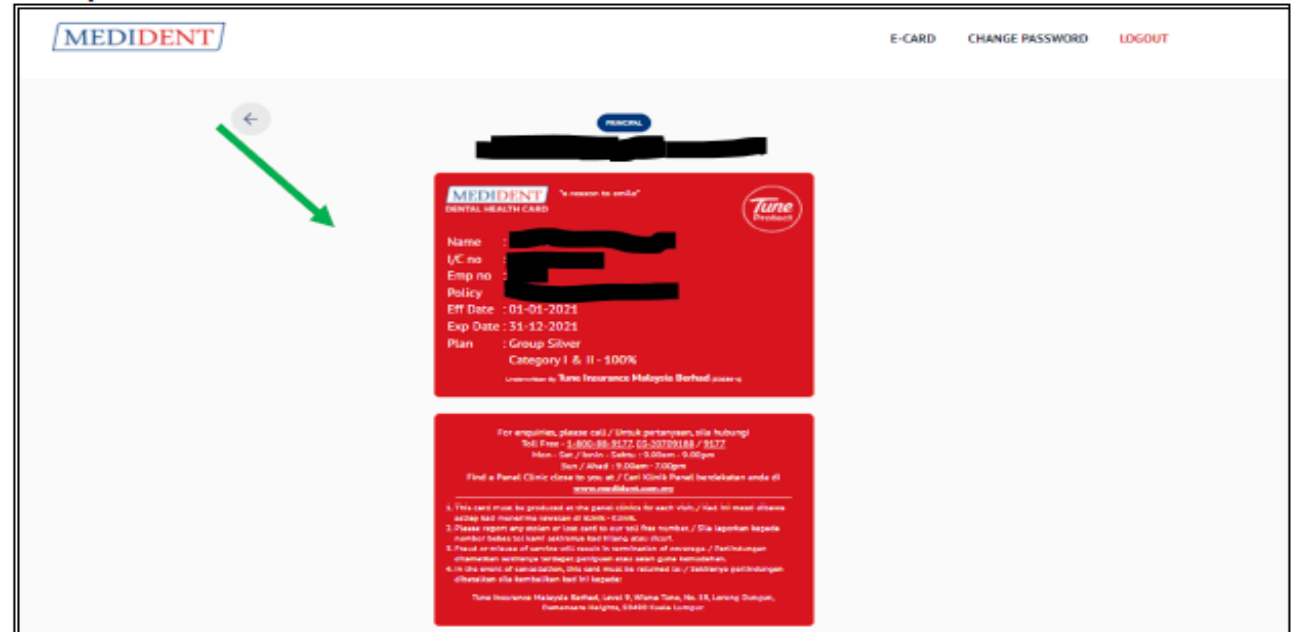
PRINCIPAL
Expires 12/31/2021

Expires 12/31/2021

Expires 12/31/2021



Principal E-Card:



MEDIDENT

E-CARD CHANGE PASSWORD LOGOUT

←

PRINCIPAL

MEDIDENT "a reason to smile"

DENTAL HEALTH CARD

TUNE

Name: [REDACTED]
I/C no: [REDACTED]
Emp no: [REDACTED]
Policy: [REDACTED]
Eff Date: 01-01-2021
Exp Date: 31-12-2021
Plan: Group Silver
Category I & II - 100%

For employees, please call / (untuk pertanyaan, sila hubungi)
Tel Fone: +603-88-2122 (0-2022)188 / 9122
Masa: Isn / Isn: Sabtu: 9.00am - 0.00pm
Isn / Ahad: 9.00am - 7.00pm
Find a Panel Clinic close to you at / Cari Klinik Panel berdekatan anda di
www.medident.com.my

- This card must be produced at the panel clinic for each visit / Card ini mesti dibawa setiap kali menghadiri rawatan di klinik.
- Please report any stolen or lost card to our HQ free number / Sila laporkan kepada nombor helpline kami sekiranya kad hilang atau dicuri.
- Partial or misuse of service will result in termination of coverage / Pemakaian sebahagian perkhidmatan atau penyalahgunaan akan mengakibatkan pemutusan insurans perkhidmatan.
- In the event of cancellation, this card must be returned to / Sekiranya pencatutan/ alihkandungan aka aka pembebasan kad ini kepada:

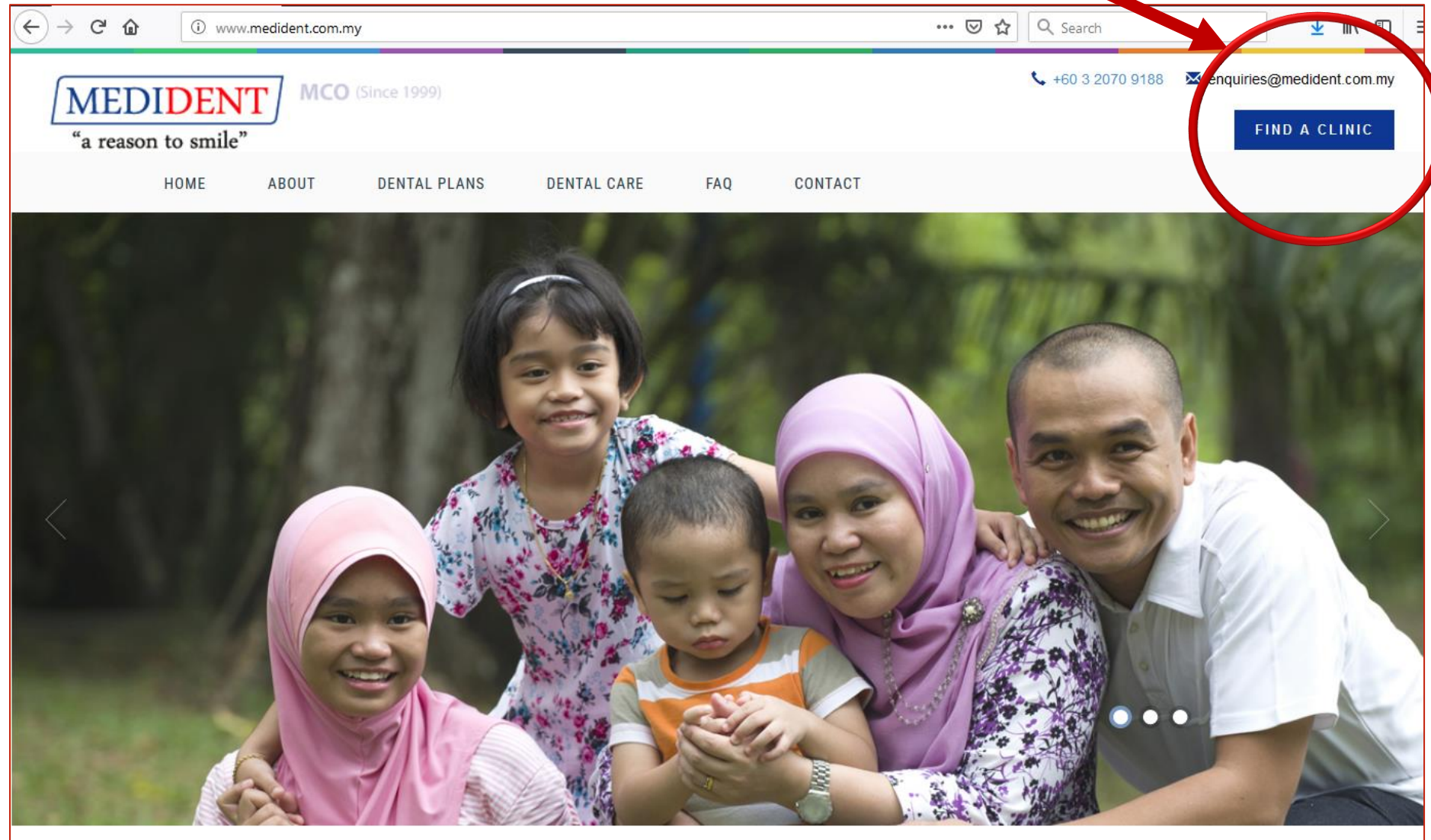
Tune Insurance Malaysia Berhad, Level 9, Wisma Tune, No. 19, Lorong Tunjaya, Damansara Perdana, 50490 Kuala Lumpur.

Panel Clinic Search

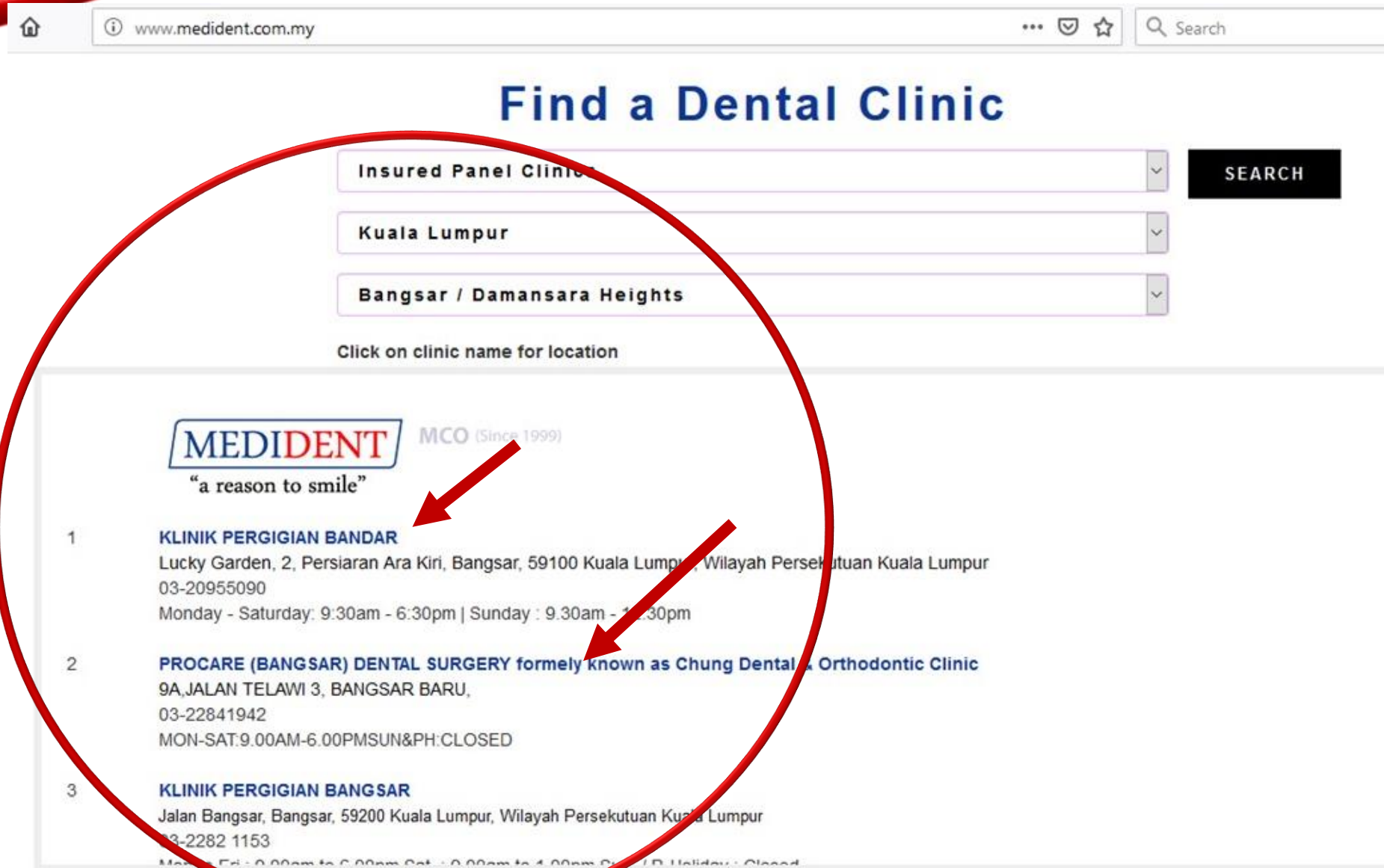
Clients can search for
Medi-Dent Panel Clinics at
www.medident.com.my



Click on
the “Find
a Clinic”
button



Upon Searching, the list will populate a list as shown



The screenshot shows the Medident website interface for finding a dental clinic. The browser address bar displays 'www.medident.com.my'. The main heading is 'Find a Dental Clinic'. Below this, there are three dropdown filters: 'Insured Panel Clinics', 'Kuala Lumpur', and 'Bangsar / Damansara Heights'. A black 'SEARCH' button is positioned to the right of these filters. Below the filters, a red circle highlights a list of three dental clinics. The first clinic is 'KLINIK PERGIGIAN BANDAR' with the address 'Lucky Garden, 2, Persiaran Ara Kiri, Bangsar, 59100 Kuala Lumpur, Wilayah Persekutuan Kuala Lumpur'. The second is 'PROCARE (BANGSAR) DENTAL SURGERY formerly known as Chung Dental & Orthodontic Clinic' at '9A, JALAN TELAWI 3, BANGSAR BARU'. The third is 'KLINIK PERGIGIAN BANGSAR' at 'Jalan Bangsar, Bangsar, 59200 Kuala Lumpur, Wilayah Persekutuan Kuala Lumpur'. Two red arrows point to the clinic names in the list.

www.medident.com.my

Find a Dental Clinic

Insured Panel Clinics

Kuala Lumpur

Bangsar / Damansara Heights

SEARCH

Click on clinic name for location

MEDIDENT MCO (Since 1999)
"a reason to smile"

- KLINIK PERGIGIAN BANDAR**
Lucky Garden, 2, Persiaran Ara Kiri, Bangsar, 59100 Kuala Lumpur, Wilayah Persekutuan Kuala Lumpur
03-20955090
Monday - Saturday: 9:30am - 6:30pm | Sunday : 9.30am - 1.30pm
- PROCARE (BANGSAR) DENTAL SURGERY formerly known as Chung Dental & Orthodontic Clinic**
9A, JALAN TELAWI 3, BANGSAR BARU,
03-22841942
MON-SAT:9.00AM-6.00PMSUN&PH:CLOSED
- KLINIK PERGIGIAN BANGSAR**
Jalan Bangsar, Bangsar, 59200 Kuala Lumpur, Wilayah Persekutuan Kuala Lumpur
03-2282 1153
Mon - Fri: 9.00am to 6.00pm Sat: 9.00am to 4.00pm Sun / P. Holiday: Closed



Thank You!