

SUBSIDY AMOUNT (UP TO \$)

DENTAL SERVICES	CLAIM LIMITS	CHAS ORANGE	CHAS BLUE	MERDEKA	PIONEER
Consultation	Up to 2 consultations per calendar year*	\$0	\$20.50	\$25.50	\$30.50
X-rays	Up to 6 X-rays per calendar year	\$0	\$11	\$16	\$21
Scaling & Polishing	Up to 2 scaling and 2 polishing per calendar year	\$0	\$50.50	\$60.50	\$70.50
Fluoride Treatment	Up to 2 fluoride treatment per calendar year	\$0	\$20.50	\$25.50	\$30.50
Fillings (Simple)	Up to 6 fillings per calendar year**	\$0	\$30	\$35	\$40
Fillings (Complex)	Up to 6 fillings per calendar year**	\$0	\$55	\$60	\$65
Permanent Crown	Up to 4 permanent crowns per calendar year	\$84.50	\$127.50	\$132.50	\$137.50
Simple teeth extraction (anterior)	Up to 4 extractions per calendar year**	\$0	\$28.50	\$33.50	\$38.50
Simple teeth extraction (posterior)	Up to 4 extractions per calendar year**	\$0	\$68.50	\$73.50	\$78.50
Root canal treatment (anterior)	Up to 2 root canal treatments per calendar year**	\$109.50	\$164	\$169	\$174
Root canal treatment (premolar)	Up to 2 root canal treatments per calendar year**	\$140	\$210	\$215	\$220
Root canal treatment (molar)	Up to 2 root canal treatments per calendar year**	\$170.50	\$256.50	\$261.50	\$266.50
Dentures (partial) - less than 6 teeth	Up to 1 upper and 1 lower denture per 3 calendar years**	\$65.50	\$98	\$103	\$108
Dentures (partial) - 6 or more teeth	Up to 1 upper and 1 lower denture per 3 calendar years**	\$140	\$210	\$215	\$220
Dentures (complete)	Up to 1 upper and 1 lower denture per 3 calendar years	\$170.50	\$256.50	\$261.50	\$266.50

* A six-month interval must be maintained between the two consultation claims within the calendar year. This only applies to initial consultations for newcomers or follow-up consultations in cases where the dentist proposes a new treatment strategy and performs a comprehensive oral inspection.

** These limits are shared across all corresponding categories of fillings, extractions, root canal treatments, or partial removable dentures, as appropriate.