



**Dental Fund**



## To be eligible for compensation, you must:

- be a full member of Section 15, paying monthly.
- Have made, as a new member, at least one payment to IF Metall.
- Submit original receipts and specifications for the treatment.  
This must be done by letter, NOT by e-mail or other digital media.
- The treatment must be carried out by a dentist/dental hygienist in Sweden.

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The Dental Fund is not available to retired members



# You can claim compensation for

- Treatments carried out by dentists/dental hygienists in Sweden.
- For example: basic examinations, removal of plaque and tartar, repair of cavities, X-ray examination.
- Treatments carried out after 1 January 2020.

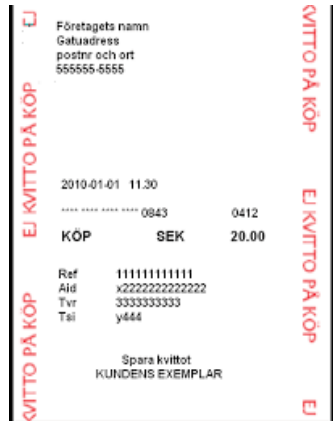


# You can NOT claim compensation for

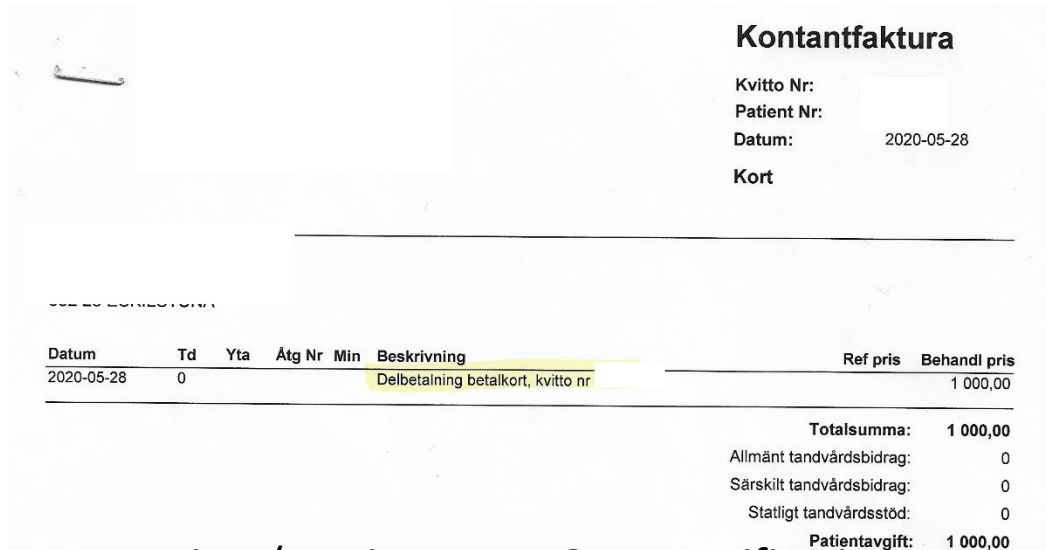
- Payment slips with "NO RECEIPT OF PURCHASE"
- Dental care articles such as toothbrush, toothpaste, fluoride tablets, mouth wash, toothpicks etc.
- Teeth grinding guards, braces, teeth whitening, dental jewellery, etc.
- Family member's dental care receipts.



# Examples of what you can NOT claim compensation for.



Payment slips with **"NO RECEIPT OF PURCHASE"**



Invoices/receipts WITHOUT specification

### Specificerad kostnadsberäkning

Datum 2020-11-10

An itemised cost estimate is NOT a receipt.

| Tid             | Yta | Åtg | T | Min | Text inkl tillstånd   | Ref pris | Patient avg | Tandv stöd | Behandl pris |
|-----------------|-----|-----|---|-----|---|----------|-------------|------------|--------------|
| 101             | M   |     |   |     | Basundersökning och rådgivning utförd av tandläkare<br>* Basundersökning  | 865,00   | 845,00      | 940,00     |              |
| 127             | M   |     |   |     | Röntgenundersökning, delstatus<br>* Behov av omfattande undersökning eller utredning  | 195,00   | 215,00      | 315,00     |              |
| 126             | M   |     |   |     | Parodontterapi, mekanisk rengöring<br>* Behov av omfattande undersökning eller utredning                                    | 830,00   | 830,00      | 835,00     |              |
| 114             | M   |     |   |     | Kompletterande röntgen eller röntgenutredning utförd av tandhygienist<br>* Behov av omfattande undersökning eller utredning | 525,00   | 565,00      | 595,00     |              |
| 511             | M   |     |   |     | Sjukvårdsbidrag till rådgivning eller inspektion vid munhälsoproblem<br>* Parodontit  | 430,00   | 460,00      | 480,00     |              |
| 342             | M   |     |   |     | Sjukvårdsbidrag till åtgärder av parodontal sjukdom eller parodontit<br>* Parodontit  | 1255,00  | 562,00      | 293,00     | 1175,00      |
| 349             | M   |     |   |     | Sjukvårdsbidrag till åtgärder av parodontal sjukdom eller parodontit, store omfattning<br>* Parodontit                      | 1035,00  | 552,00      | 117,00     | 1170,00      |
| 114             | M   |     |   |     | Kompletterande röntgen eller röntgenutredning utförd av tandhygienist<br>* Behov av omfattande undersökning eller utredning | 575,00   | 332,50      | 282,50     | 595,00       |
| 511             | M   |     |   |     | Sjukvårdsbidrag till rådgivning eller inspektion vid munhälsoproblem eller parodontal sjukdom<br>* Parodontit               | 430,00   | 265,00      | 215,00     | 480,00       |
| Totalt          |     |     |   |     |   |          |             |            | 5240,00      |
| Tandvårdsbidrag |     |     |   |     |   |          |             |            | 1285,00      |
| Tandvårdsbidrag |     |     |   |     |   |          |             |            | 0,00         |
| Patientavgift   |     |     |   |     |   |          |             |            | 5065,00      |

| Sammanställning vård           |       |        |        |  |               |          |               |          |  | Sida 1/2                 |  |
|--------------------------------|-------|--------|--------|--|---------------|----------|---------------|----------|--|--------------------------|--|
| Vårdperiod: 20-03-18 -         |       |        |        |  |               |          |               |          |  | Utskriven 20-05-19 15:19 |  |
| 2020-03-18                     |       |        |        |  |               |          |               |          |  | Ingående HK-belopp 0     |  |
| Tillstånd                      | Åtg   | Altåtg | Tand   | Info   | Refpris       | Antal    | à Pris        |          |  |                          |  |
| 1001                           | 101   |        |        | Basundersökning och diagnostik, tandläkare                                       | 865,00        | 1        | 1.150,00      |          |  |                          |  |
| 1301                           | 103   |        |        | Akut eller kompletterande undersökning eller utredning av enstaka tand eller ens | 375,00        | 1        | 375,00        |          |  |                          |  |
| 1301                           | 127   |        |        | Röntgenundersökning, delstatus   | 195,00        | 1        | 195,00        |          |  |                          |  |
| 3064                           | 401   |        | 27     | Tanduttagning, en tand   | 1.035,00      | 1        | 1.295,00      |          |  |                          |  |
| ATB                            | Antal | 1      | Belopp | 300,00   | HK-ersättning | 0,00     | Patientbelopp | 2.715,00 |  |                          |  |
|                                |       |        |        |  | Öresavrundn.  | 0,00     | Att betala    | 2.715,00 |  |                          |  |
| Tot FK refbelopp denna faktura |       |        |        |  | 2.170,00      |          |               |          |  |                          |  |
| 2020-04-02                     |       |        |        |  |               |          |               |          |  | Ingående HK-belopp 2170  |  |
| Tillstånd                      | Åtg   | Altåtg | Tand   | Info   | Refpris       | Antal    | à Pris        |          |  |                          |  |
| 4011                           | 705   |        | 25     | Fyllning av två ytor på molar eller premolar                                     | 1.155,00      | 1        | 1.144,00      |          |  |                          |  |
| 4071                           | 704   |        | 15     | Fyllning av en yta på molar eller premolar                                       | 785,00        | 1        | 500,00        |          |  |                          |  |
| 4071                           | 704   |        | 16     | Fyllning av en yta på molar eller premolar                                       | 785,00        | 1        | 500,00        |          |  |                          |  |
| 4071                           | 704   |        | 44     | Fyllning av en yta på molar eller premolar                                       | 785,00        | 1        | 500,00        |          |  |                          |  |
| 4071                           | 704   |        | 45     | Fyllning av en yta på molar eller premolar                                       | 785,00        | 1        | 500,00        |          |  |                          |  |
| 4071                           | 701   |        | 13     | Fyllning av en yta på framtand eller hömtand                                     | 615,00        | 1        | 500,00        |          |  |                          |  |
|                                |       |        |        |  | HK-ersättning | 1.407,00 | Patientbelopp | 2.237,00 |  |                          |  |
|                                |       |        |        |  | Öresavrundn.  | 0,00     | Att betala    | 2.237,00 |  |                          |  |
| Tot FK refbelopp denna faktura |       |        |        |  | 3.644,00      |          |               |          |  |                          |  |

A dental care summary is NOT a receipt.



# Dental wellness agreements

To claim compensation for your wellness agreement, you need to submit a copy of your dental wellness agreement and a bank statement showing payments made.

Refunds are paid twice a year.

The first payment is for January-June and the next payment is for July-December.

Provided you have submitted the Dental Wellness Agreement AND the bank statement.



## Frisktandvårdsavtal

Avtalsnummer:

Avtalsparter:

Folktandvården

Organisationsnummer:

Avtalsperiod: 2019-05-21 - 2022-05-20

Avgiftsklass: 5

Pris: kr för hela avtalsperioden

Valt betalsett: Kontant

Vad som ingår i frisktandvårdsavtalet framgår av de bifogade avtalsvillkoren.



# Payments

If you have Swedbank, you need not do anything. If you have an account at any other bank, you can register this with Swedbank via: [www.swedbank.se/kontoregister](http://www.swedbank.se/kontoregister)

If you have not registered your account, you will receive a payment notification, and you will then have to go to a Swedbank branch and ask for help to make a transfer. Take the opportunity to register your account to receive any future payments.



# Application

The receipts must be submitted with the application that can be found here: <https://www.ifmetall.se/om-oss/vara-avdelningar/stockholms-lan/tandfonden/>



## Application form for compensation from Dental Fund from 01/01/2020

Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Address: \_\_\_\_\_ Post code: \_\_\_\_\_ Town: \_\_\_\_\_

Mobile number: \_\_\_\_\_

Membership number/Personal identity number: \_\_\_\_\_

If you have an account at Swedbank, you don't need to do anything.

If you have an account with another bank, please register this to Swedbank via:

[www.swedbank.se/kontoregister](http://www.swedbank.se/kontoregister)

The compensation will be transferred directly to your account.

Receipts should be sent to: IF Metall Stockholm County,

Att: Tandfonden

BOX 90202

120 23 STOCKHOLM

Please attach the original receipt below:  If it is a large receipt, staple this page together and enclose your large receipt behind this page.





# Questions & Answers

*Is it possible to claim compensation in advance?*

- **No, The Dental Fund pays compensation for expenses incurred.**

*Is it possible to claim compensation based on membership in the unemployment insurance fund?*

- **No, compensation is only available to members of the trade union IF Metall.**

*Is there a qualifying period?*

- **Yes. If you have left IF Metall and only been a member of the unemployment insurance fund, you must become a member again and be a member for six months before you can claim compensation from The Dental Fund again.**

*Can I claim compensation for family members' dental care?*

- **No, this only applies to you as a paying member.**

*How much compensation can I claim?*

- **The Dental Fund reimburses 50% of costs up to a maximum of SEK 6,000 per year.**

**In other words, each member can receive a maximum of SEK 3,000 per year back from the fund.**

*What happens when I retire?*

- **When you retire, your membership in The Dental Fund is terminated and you can no longer claim compensation from The Dental Fund.**

Please do not accumulate all your receipts until the end of the year, but rather send your receipts to us as soon as possible after the completed treatment 😊



**Receipts should be sent/submitted to:**

IF Metall Stockholms Län  
Att: Tandfonden  
Box 90202  
120 23 Stockholm

Visiting address:  
Glasfibergatan 10  
125 45 Älvsjö

If you have questions, please call: 08-534 816 00



**IFMETALL**