



taking care of our own



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# BENEFIT OPTIONS OVERVIEW

BENEFIT OPTION	ESSENTIAL	CUSTOM	HOSPICARE NETWORK	HOSPICARE	CLASSIC NETWORK	CLASSIC	OPTIMUM
	Option Type	PMB Exempt; Capitated	PMB Exempt; Capitated	Hospital Plan PMB	Hospital Plan PMB	Savings	Savings

IN-HOSPITAL BENEFITS: SUBJECT TO PRE-AUTHORISATION AND SCHEME PROTOCOLS							
Public Hospital	All Public facilities	All Public facilities	All Public facilities	All Public facilities.	All Public facilities	All Public facilities	All Public facilities
Private Hospital Overall Annual Limit (OAL)	Resuscitation/Stabilization	M: R 326 000 M+1: R 572 600	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Hospital Network	All Public facilities	Life Health Care	Life Health Care	Any Hospital	Life Health Care	Any Hospital	Any Hospital
30% Co-Payment for voluntary use of non-network Hospital		Applicable	Applicable		Applicable		
Alternate Care limit instead of hospitalisation		Per family 30 days to a maximum of R21 940 subject to OAL	PMB treatment only	PMB treatment only	Per family 30 days to a maximum of R36 500	Per family 30 days to a maximum of R36 500	Per family 30 days to a maximum of R41 200
Internal Prosthesis per family	R9 400	R16 720 subject to OAL	PMB treatment only	PMB treatment only	R38 600	R38 600	R47 000
Medicine to take home	Up to 7 days	Up to 7 days	Up to 7 days	Up to 7 days	Up to 7 days	Up to 7 days	Up to 7 days
Mental health (in and out of hospital)	All State facilities Resuscitation / Stabilization	R 23 250 subject to OAL	PMB treatment only	PMB treatment only	At Scheme Rate subject to clinical protocols	At Scheme Rate subject to clinical protocols	At Scheme Rate subject to clinical protocols
Oncology Non-PMB limits per family Generic reference pricing applies	Subject to State and managed care protocols	R73 150 subject to OAL	PMB only at a network provider	PMB treatment at a network provider	R500 000 20% co-payment applied after the limit has been reached	R500 000 20% co-payment applied after the limit has been reached	Unlimited
Organ Transplants Non-PMB limits per family and national donor			PMB treatment only	PMB treatment only	R 67 900	R 67 900	R 67 800
Pathology	Where approved during hospital admission Subject to State and managed care protocols	R 7 660 per beneficiary subject to OAL	PMB treatment only	PMB treatment only	At Scheme Rate	At Scheme Rate	At Scheme Rate
Radiology	Where approved during hospital admission Subject to State and managed care protocols	R 7 660 per beneficiary subject to OAL	PMB treatment only	PMB treatment only	At Scheme Rate	At Scheme Rate	At Scheme Rate
Reconstructive surgery limits per family			PMB treatment only	PMB treatment only	R 67 800	R 67 800	R 67 800
Refractive Surgery Once per beneficiary per lifetime			PMB treatment only	PMB treatment only	Per eye R 5 840 Both Eyes R11 680	Per eye R 5 840 Both Eyes R11 680	Per eye R 5 840 Both Eyes R11 680
Alcohol and drug Rehabilitation at a SANCA approved facility		Subject to Mental health sub limit and OAL	PMB treatment only	PMB treatment only	At Scheme Rate	At Scheme Rate	At Scheme Rate
Scans MRI, CT, PET and radio isotope	Where approved during hospital admission Subject to State and managed care protocols	Where approved during hospital admission Subject to State and managed care protocols	PMB treatment only	PMB treatment only	2 scans per family from risk thereafter from ASL	2 scans per family from risk thereafter from ASL	2 scans per family from risk thereafter from day-to-day limit
Ambulance Services Emergency Transport via Europ Assistance	Road only	Road only	Road and Air	Road and Air	Road and Air	Road and Air	Road and Air

ADDITIONAL BENEFITS NOT PAID FROM SAVINGS OR DAY TO DAY							
External Prosthesis per family	R6 300	R10 450 subject to clinical protocols and OAL	PMB treatment only	PMB treatment only	R24 500	R24 500	R29 000
Medical and surgical appliances limit per family	R2 750	R7 310 subject to OAL	PMB only	PMB only	R13 900	R13 900	R10 400
Glucometers per beneficiary every 2 years	R820	R820	R820 - PMB treatment only	R820 - PMB treatment only	R820	R820	R820
Nebuliser per family every 3 years	R820	R 820	R820 - PMB treatment only	R820 - PMB treatment only	R820	R820	R820
Other appliances every 4 years	Subject to motivation	Subject to motivation	PMB only	PMB only	From medical and surgical limit above	From medical and surgical limit above	From medical and surgical limit above
Hearing Aids			PMB treatment only	PMB treatment only	From medical and surgical limit above	From medical and surgical limit above	Unilateral: R12 200 Bilateral: R24 500 per beneficiary every 3 years
Hearing Aid maintenance per beneficiary per annum					R1 100 from medical and surgical limit above	R1 100 from medical and surgical limit above R1 060	R1 100



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## MEDICINE: SUBJECT TO FORMULARIES

Pharmacy	Network Pharmacy	Network Pharmacy	Medipost	Network Pharmacy	Medipost	Network Pharmacy	Any
Chronic	13 conditions	25 conditions	26 conditions	26 conditions	26 conditions	26 conditions	26 conditions
Chronic Non-CDL Limits			PMB treatment only	PMB treatment only	10 Conditions M: R4 900 M+1: R9 700 M+2: R12 100 M+3: R13 100 M+4: R14 900 M+5: R17 200	10 Conditions M: R4 900 M+1: R9 700 M+2: R12 100 M+3: R13 100 M+4: R14 900 M+5: R17 200	28 Conditions M: R6 900 M+1: R13 800 M+2: R14 900 M+3: R17 200 M+4: R19 000 M+5: R20 100
Co-payment for non-formulary medicine			20%	20%	20%	20%	20%
Co-payment for non-network Pharmacy	No benefit if non-network pharmacy is used	No benefit if non-network pharmacy is used	30%	30%	30%	30%	
Out of area or emergency visits per family	3 visits to a maximum of R1 000	3 visits to a maximum of R1 000					
Extra consultations and medicine (when ASL reaches R300) - Limit R300					M: 2 visits M+: 5 visits	M: 2 visits M+: 5 visits	

## MATERNITY

Maternity Subject to registration on the Programme	Ante-natal care at a primary care network provider	Ante-natal care at a primary care network provider	12 Ante-natal visits	12 Ante-natal visits	12 Ante-natal visits	12 Ante-natal visits	12 Ante-natal visits;
	Pregnancy vitamins	Pregnancy vitamins	Pregnancy vitamins	Pregnancy vitamins	Pregnancy vitamins	Pregnancy vitamins	Pregnancy vitamins
	Paediatric visit Subject to GP referral and specialist limit	Paediatric Visits Subject to GP referral and specialist limit	2 Paediatric visits per pregnancy				
	Two 2D scans (3D & 4D scans paid at 2D scan rate)	Two 2D scans (3D & 4D scans paid at 2D scan rate)	Two 2D scans (3D & 4D scans paid at 2D scan rate)	Two 2D scans (3D & 4D scans paid at 2D scan rate)	Two 2D scans (3D & 4D scans paid at 2D scan rate)	Two 2D scans (3D & 4D scans paid at 2D scan rate)	Two 2D scans (3D & 4D scans paid at 2D scan rate)

## WELLNESS PROGRAMME

Flu Vaccine Baby Immunisation Blood Glucose test Blood Pressure test Clinical breast screening for high risk members Cholesterol test Pap smear Pneumococcal Pneumococcal vaccination (high risk members) Prostate Specific Antigen (PSA) testing TB screening	Flu Vaccine Baby Immunisation Blood Glucose test Blood Pressure test Cholesterol test Mammogram Pap smear Pneumococcal Vaccination (high risk members) Prostate Specific Antigen (PSA) Screening TB screening			Flu Vaccine Baby Immunisation Blood Glucose test Cholesterol test Mammogram Pap smear Prostate specific Antigen (PSA) screening TB screening Glaucoma screening Pneumococcal vaccination Dexa bone Density scan Tetanus Diphtheria injection	Flu Vaccine Baby Immunisation Blood Glucose test Cholesterol test Mammogram Pap smear Prostate specific Antigen (PSA) screening TB screening Glaucoma screening Pneumococcal vaccination Dexa bone Density scan Tetanus Diphtheria injection	Flu Vaccine Baby Immunisation Blood Glucose test Cholesterol test Mammogram Pap smear Prostate specific Antigen (PSA) screening TB screening Glaucoma screening Pneumococcal vaccination Dexa bone Density scan Tetanus Diphtheria injection	Flu Vaccine Baby Immunisation Blood Glucose test Cholesterol test Mammogram Pap smear Prostate specific Antigen (PSA) screening TB screening Glaucoma screening Pneumococcal vaccination Dexa bone Density scan Tetanus Diphtheria injection
Hello Doctor Access to a Doctor 24 hours a day	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited

**ER made Easy**  
Pre-authorisation and emergency/managed care protocols

R1 000 per beneficiary      R1 000 per beneficiary      R1 000 per beneficiary

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	Option Type	PMB Exempt; Capitated	PMB Exempt; Capitated	Hospital Plan PMB	Hospital Plan PMB	Savings	Savings
<b>DAY TO DAY / SAVINGS</b>							
Annual Savings Limit (ASL)					M: R6 968 A: R5 916 C: R1 762	M: R8 245 A: R6 923 C: R2 077	
Day-to-day limit	At a primary care network provider	At a primary care network provider	As part of an approved treatment plan	As part of an approved treatment plan			M: R27 700 M+1: R38 600 M+2: R44 900 M+3+: R52 700
Auxiliary Limits			PMB treatment only	PMB treatment only	Subject to ASL	Subject to ASL	Subject to day to day limit and sub limits M: R5 330 M+: R16 100
<b>DENTISTRY</b>							
Basic Dentistry	At a primary care network provider	At a primary care network provider	PMB treatment only	PMB treatment only	Subject to ASL	Subject to ASL	Subject to day to day limit and sub limits M: R2 450 M+: R4 940
Specialised Dentistry	No benefit	1 set of acrylic dentures per adult dependent every 24 months	PMB treatment only	PMB treatment only	Subject to ASL	Subject to ASL	Subject to day to day limit and sub limits M: R14 280 M+: R21 200
<b>MEDICINE: SUBJECT TO FORMULARIES</b>							
Acute	Unlimited at a primary care network provider	Unlimited at a primary care network provider	PMB treatment only	PMB treatment only	Subject to ASL	Subject to ASL	Subject to day to day limit and sub limits: M: R12 540 M+1: R13 580 M+2: R15 990 M+3: R17 450 M+4+: R18 600
Over the Counter (OTC)	M: 3 Scripts M+: 5 Scripts	M: 5 Scripts M+: 7 Scripts			R230 per event per day and ASL	R230 per event per day and ASL	R230 per event per day and day to day and acute limits
<b>OPTOMETRY</b>							
Optometry per beneficiary 1 composite eye examination 1 frame & two lenses every 24 months	Frame: R209	Frame: R209	PMB treatment only	PMB treatment only	Frame: R860	Frame: R860	Frame: R1 355
Contact lenses instead of glasses	R548	R548			R1 530	R1 530	R2 280
<b>CONSULTATIONS</b>							
Telehealth					100% of the Scheme Rate Subject to ASL	100% of the Scheme Rate Subject to ASL	100% of the Scheme Rate Subject to day to day limits
Specialist Limit	M: R1 570 M+: R3 140 Subject to network GP referral, pre-authorisation and managed care protocols	M: R4 070 M+: R8 150 Subject to network GP referral, pre-authorisation and managed care protocols	PMB treatment only	PMB treatment only	Subject to ASL	Subject to ASL	Subject to Day-to Day limit
General Practitioners (GP)	Unlimited at a primary care network provider	Unlimited at a primary care network provider	PMB treatment only	PMB treatment only	Subject to ASL	Subject to ASL	Subject to day-to-day limit
<b>SCANS</b>							
Scans MRI, CT, Radio Isotope		Sub limit per beneficiary R3 130 and specialist limit	PMB treatment only	PMB treatment only	2 scans per family paid from risk, thereafter from ASL	2 scans per family paid from risk, thereafter from ASL	2 scans per family paid from risk, thereafter from day to day.

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## CONTRIBUTIONS

BAND	ESSENTIAL	CUSTOM	HOSPICARE	HOSPICARE NETWORK	CLASSIC	CLASSIC NETWORK	OPTIMUM
<b>SALARY BAND</b>	<b>R0 – R3 100</b>	<b>R0 – R3 300</b>	<b>R0 – R3 100</b>				
<b>Principal</b>	R400	R 1 097	R2 389	R2 063	R4 060	R3 462	R7 474
<b>Adult</b>	R239	R 879	R2 021	R1 748	R3 446	R2 937	R6 362
<b>Child</b>	R161	R 281	R593	R515	R1 017	R866	R1 872
<b>SALARY BAND</b>	<b>R3 101 – R6 650</b>	<b>R3 301 – R5 950</b>					
<b>Principal</b>	R426	R1 154					
<b>Adult</b>	R255	R920					
<b>Child</b>	R161	R291					
<b>SALARY BAND</b>	<b>R6 651 – R9 750</b>	<b>R5 951 – R8 700</b>					
<b>Principal</b>	R608	R1 264					
<b>Adult</b>	R369	R1 014					
<b>Child</b>	R239	R317					
<b>SALARY BAND</b>	<b>R9 751 +</b>	<b>R8 701 – R10 750</b>					
<b>Principal</b>	R702	R1 446					
<b>Adult</b>	R426	R1 160					
<b>Child</b>	R286	R369					
<b>SALARY BAND</b>		<b>R10 751 +</b>					
<b>Principal</b>		R2 012					
<b>Adult</b>		R1 612					
<b>Child</b>		R504					

**PLEASE NOTE:** Product rules, limits, terms and conditions apply. Where there is a discrepancy between the content provided in this overview booklet, the website and the Scheme rules, the Scheme rules will prevail. The Scheme rules are available on request. Benefits are subject to approval from the Council for Medical Schemes (CMS).

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