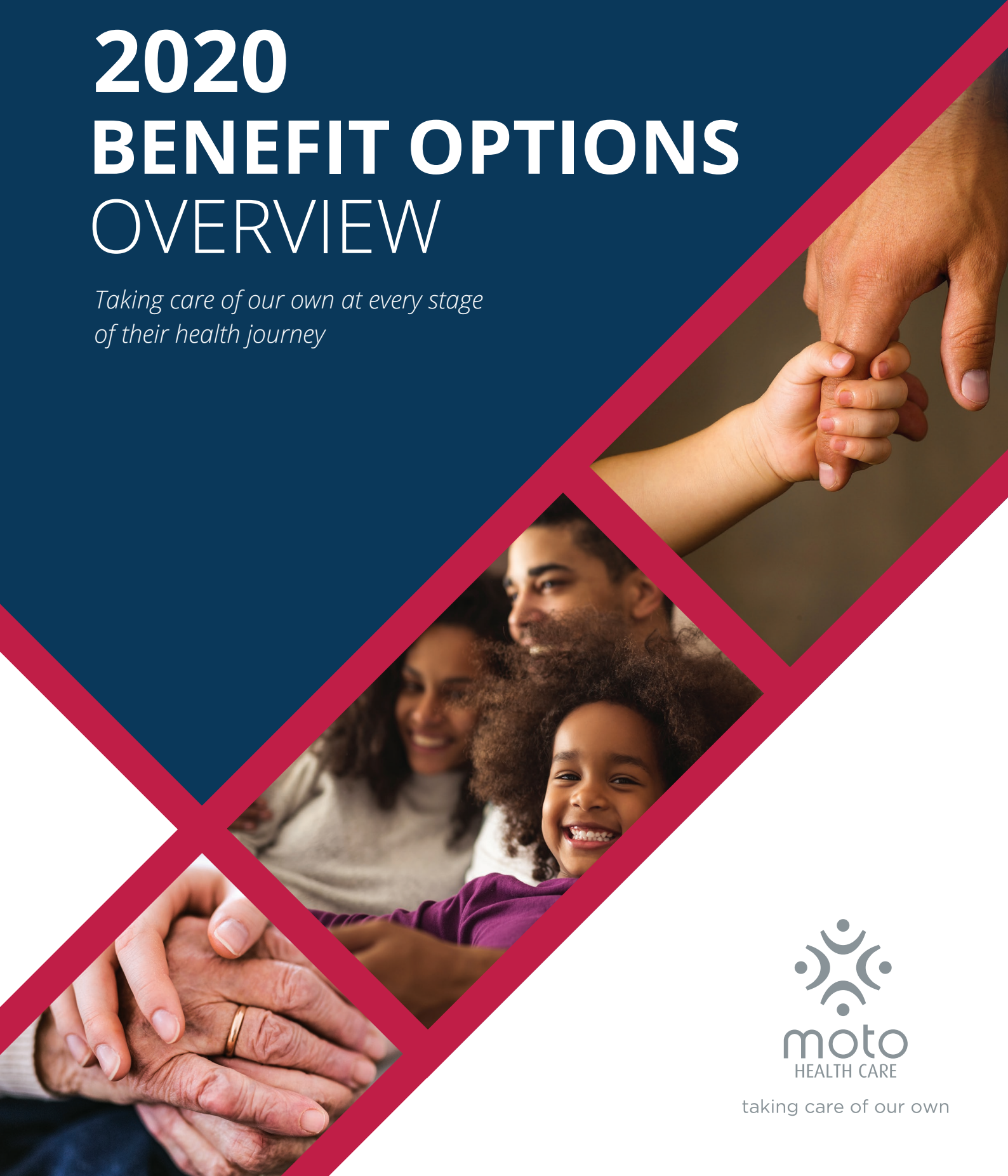


2020 BENEFIT OPTIONS OVERVIEW

*Taking care of our own at every stage
of their health journey*



taking care of our own


BENEFIT OPTION

Option Type

ESSENTIAL

 PMB Exempt;
Capitated

CUSTOM

 PMB Exempt;
Capitated

HOSPICARE NETWORK

 Hospital plan
PMB

IN HOSPITAL BENEFITS: SUBJECT TO PRE-AUTHORISATION AND SCHEME PROTOCOLS

Public Hospital	All Public facilities	All Public facilities	All Public facilities
Private Hospital limits	Resuscitation / Stabilization only	M: R312 000 M+: R548 000 Network Hospital	Any Network Hospital
30% Co-Payment for voluntary use of non-network Hospital		Applicable	Applicable
Alternate Care in-lieu of hospitalisation up to 30 days per event		R21 000 per family	PMB only
Internal Prosthesis per family per annum	R9 000	R15 000	PMB only
Medicine to take home	7 days supply per event	7 days supply per event	7 days supply per event
Mental health (in and out of hospital)	Resuscitation / Stabilization only	R22 250 and Hospital limit	PMB only
Oncology Non-PMB limits per family Generic reference pricing applies	At a state facility and managed care protocols	R70 000 and Hospital limit	PMB only at a network provider
Organ Transplants Non-PMB limits per family and national donor	No benefit	No benefit	PMB only
Pathology and radiology	During an approved Public Hospital stay	R7 330 per benefit per beneficiary and hospital limit	PMB only
Reconstructive surgery limits per family	No benefit	No benefit	PMB only
Refractive Surgery Once per beneficiary per lifetime	No benefit	No benefit	PMB only
Rehabilitation at a SANCA approved facility for alcohol and drugs	No benefit	Subject to Mental health and Hospital limits	PMB only
Scans MRI, CT, PET and radio isotope	During an approved Public Hospital stay	During an approved Hospital stay	PMB only
Ambulance Services Emergency Transport via EuropAssiat	Road only	Road only	Road and Air

OUT OF HOSPITAL BENEFITS

Annual Savings Limit (ASL)			
Day-to-day limit	At a network provider	At a network provider	As part of an approved treatment plan
Auxiliary Limits			PMB only
Dentistry Basic Dentistry	At a primary care service provider	At a primary care service provider	PMB only
Specialised Dentistry	No benefit	1 set of acrylic dentures per adult dependent every 24 months	PMB only
General Practitioners (GP)	Unlimited at a primary care service provider	Unlimited at a primary care service provider	PMB only

HOSPICARE Hospital plan PMB	CLASSIC NETWORK Savings	CLASSIC Savings	OPTIMUM Traditional
All Public facilities	All Public facilities	All Public facilities	All Public facilities
All	Any Network Hospital	All	All
	Applicable		
PMB only	R35 000	R35 000	R39 500
PMB only	R35 400	R35 400	R41 700
7 days supply per event	7 days supply per event	7 days supply per event	7 days supply per event
PMB only	Scheme Rate	Scheme Rate	Scheme Rate
PMB only at a network provider	R500 000 20% co-payment applied after this limit is reached	R500 000 20% co-payment applied after this limit is reached	Unlimited
PMB only	R65 000	R65 000	R64 900
PMB only	Scheme Rate	Scheme Rate	Scheme Rate
PMB only	R64 900	R64 900	R64 900
PMB only	Per eye R5 590 Both Eyes R11 180	Per eye R5 590 Both Eyes R11 180	Per eye R5 590 Both Eyes R11 180
PMB only	Scheme Rate	Scheme Rate	Scheme Rate
PMB 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
Road and Air	Road and Air	Road and Air	Road and Air
	M: R6 360 A: R5 400 C: R1 620	M: R7 500 A: R6 360 C: R1 860	
As part of an approved treatment plan			M: R26 600 M+1: R37 000 M+2: R43 000 M+3+: R50 500
PMB only	Subject to ASL	Subject to ASL	Subject to day to day limits and sub limits M: R5 100 M+: R15 400
PMB only	Subject to ASL	Subject to ASL	Subject to day to day limits and sub limits M: R2 350 M+: R4 730
PMB only	Subject to ASL	Subject to ASL	M: R13 670 M+: R20 300
PMB only	Subject to ASL	Subject to ASL	Subject to day-to-day limit


BENEFIT OPTION

Option Type

ESSENTIAL

 PMB Exempt;
Capitated

CUSTOM

 PMB Exempt;
Capitated

HOSPICARE NETWORK

 Hospital plan
PMB

Medicine

Subject to formularies

Acute	Unlimited at a primary care service provider	Unlimited at a primary care service provider	PMB treatment only
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Over the Counter (OTC)

 M: 3 Scripts
M+: 5 Scripts

 M: 5 Scripts
M+: 7 Scripts

Optometry per beneficiary
Annual eye test

1 frame & two lenses every 24 months

Frame: R195

Frame: R195

PMB only

Contact lenses in lieu of glasses

R505

R505

Scans
MRI, CT, Radio Isotope

Sublimit per beneficiary R2700 and specialist limit below

PMB only

Specialist Limit

 M: R1 500
M+: R3 000
Primary care GP referral required

 M: R3 800
M+: R7 500
Primary care GP referral required

PMB only

ADDITIONAL BENEFITS: NOT PAID FROM SAVINGS OR DAY TO DAY

External Prosthesis per family	R6 000	R10 000	PMB only
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Medical and surgical appliances limit per family

R2 620

R7 000

Glucometers per beneficiary every 2 years

R790

R790

PMB only

Nebuliser per family every three years

R790

R790

Other appliances every 4 years

Subject to motivation

Subject to motivation

Hearing Aids

PMB only

Hearing Aid maintenance per beneficiary per annum
MEDICINE: SUBJECT TO FORMULARIES

Pharmacy	Network Pharmacy	Network Pharmacy	Medipost
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Chronic Disease List conditions (CDL)

10 conditions

25 conditions

26 conditions

Chronic Non-CDL Limits

PMB only

Co-payment for non-formulary medicine

20%

Co-payment for non-network Pharmacy

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

Out of Saving extra benefit

For consults and medicine

Maternity

Ante-natal care at a primary care network provider

Ante-natal care at a primary care network provider

12 Ante-natal visits

Pregnancy vitamins

Pregnancy vitamins

Pregnancy vitamins

Paediatric visit at network provider

Paediatric visit at network provider

2 Paediatric visits

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)

Flu Vaccine

Flu Vaccine

HOSPICARE Hospital plan PMB	CLASSIC NETWORK Savings	CLASSIC Savings	OPTIMUM Traditional
			Day to day limit and sub limits: M: R12 000 M+1: R13 000 M+2: R15 300 M+3: R16 700 M+4+: R17 800
PMB treatment only	Subject to ASL	Subject to ASL	
	R200 per event per day and ASL	R200 per event per day and ASL	R200 per event per day and day to day and acute limits
PMB only	Frame: R820	Frame: R820	Frame: R1 290
	R1 530	R1 530	R2 280
PMB only	2 scans per family, thereafter from ASL	2 scans per family, thereafter from ASL	2 scans per family, thereafter from day-to-day
PMB only	Subject to ASL	Subject to ASL	Subject to Day-to Day limit
PMB only	R23 500	R23 500	R27 800
	R13 300	R13 300	R10 000
PMB only	R790	R790	R790
	R790	R790	R790
PMB only	From Medical and Surgical limit above	From Medical and Surgical limit above	Unilateral: R11 700 Bilateral: R23 500 Per beneficiary every 3 years
	R1 060 from medical and surgical limit above	R1 060 from medical and surgical limit above	R1 060
Network Pharmacy	Medipost	Network Pharmacy	Any
26 conditions	26 conditions	26 conditions	26 conditions
PMB only	10 Conditions M: R4 500 M+1: R8 900 M+2: R11 100 M+3: R12 100 M+4: R13 700 M+5+: R15 800	10 Conditions M: R4 500 M+1: R8 900 M+2: R11 100 M+3: R12 100 M+4: R13 700 M+5+: R15 800	28 Conditions M: R6 300 M+1: R12 600 M+2: R13 700 M+3: R15 800 M+4: R17 400 M+5+: R18 500
20%	20%	20%	20%
30%	30%	30%	
	M: 2 visits M+: 5 visits	M: 2 visits M+: 5 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
2 Paediatric visits	2 Paediatric visits	2 Paediatric visits	2 Paediatric visits
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)

 BENEFIT OPTION Option Type	ESSENTIAL	CUSTOM	HOSPICARE NETWORK
	PMB Exempt; Capitated	PMB Exempt; Capitated	Hospital plan PMB
Wellness Benefit	Blood Glucose test Blood Pressure test Breast examination (ultrasound) Cholesterol test Pap smear Flu and Pneumococcal vaccination (high risk members) Prostate Specific Antigen (PSA) testing TB screening Baby Immunisation per DoH Schedule to age six	Baby Immunisation Per DoH Schedule to Age six Blood Glucose Test Cholesterol test Mammogram Pap smear Flu and Pneumococcal Vaccination (high risk members) Prostate Specific Antigen (PSA) Screening	

Contributions

	ESSENTIAL	CUSTOM	HOPICARE	HOSPICARE NETWORK	CLASSIC	CLASSIC NETWORK	OPTIMUM
SALARY BAND	R0 – R3 000	R0 – R3 200					
Principal	R370	R 1010	R2 170	R1 875	R3 685	R3 140	R6 795
Adult	R220	R 810	R1 835	R1 590	R3 130	R2 670	R5 780
Child	R150	R 255	R540	R465	R920	R790	R1700
SALARY BAND	R3001 – R6500	R3 201 – R5 800					
Principal	R390	R 1060					
Adult	R230	R 845					
Child	R150	R 265					
SALARY BAND	R6 501 – R9 500	R5 801 – R8 500					
Principal	R560	R1 160					
Adult	R340	R 930					
Child	R225	R 290					
SALARY BAND	R9 501 +	R8 501 – R10 500					
Principal	R645	R1 330					
Adult	R390	R1 065					
Child	R260	R 335					
SALARY BAND		R10 501 +					
Principal		R1 845					
Adult		R1 480					
Child		R 460					

PLEASE NOTE: Product rules, limits, terms and conditions apply. Where there is a discrepancy between the content provided in this member guide, 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).

OPERATING HOURS

Our call Centre is open from 07:00 to 17:00 weekdays and from 8:00 to 12:00 on Saturdays.

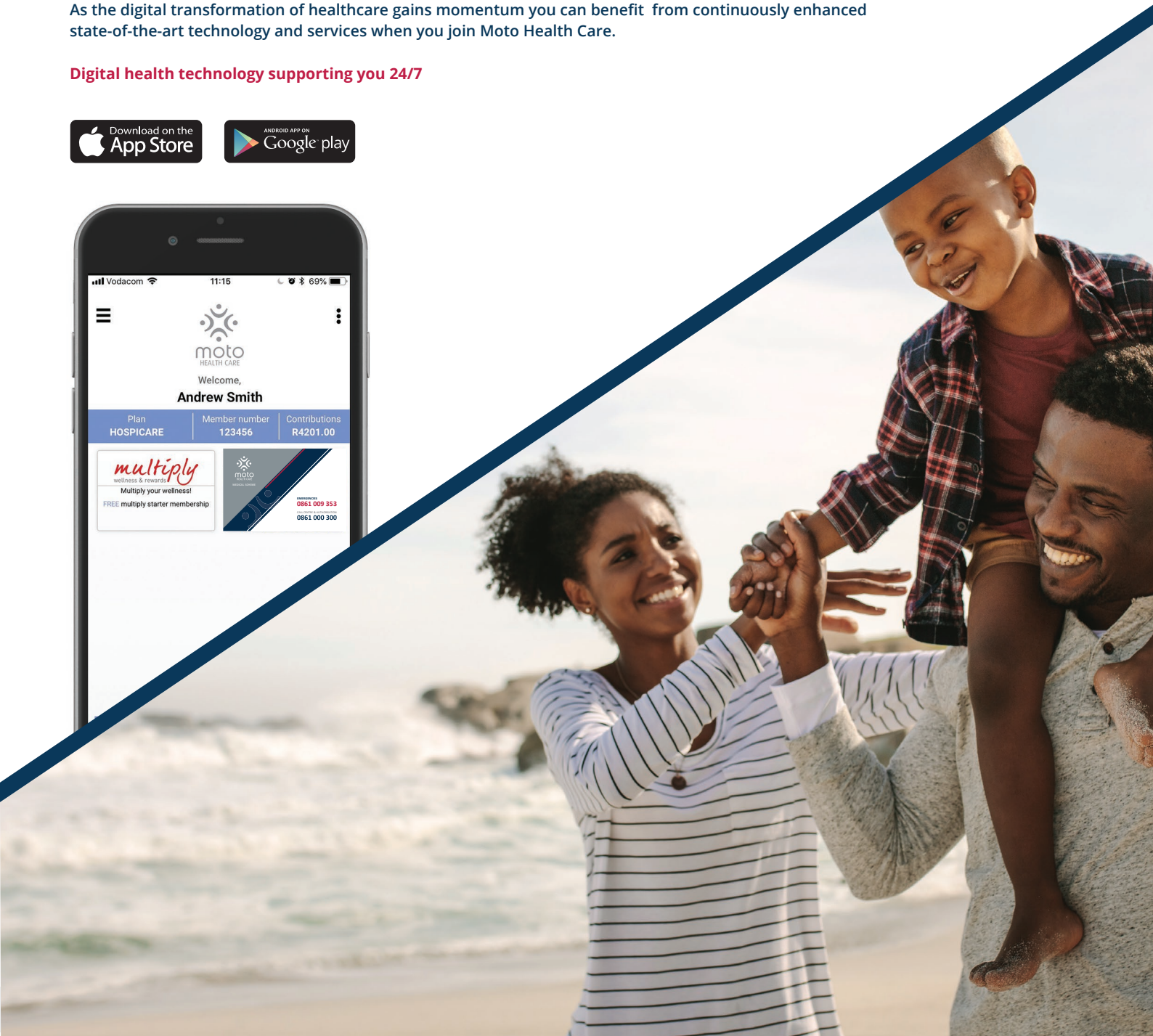
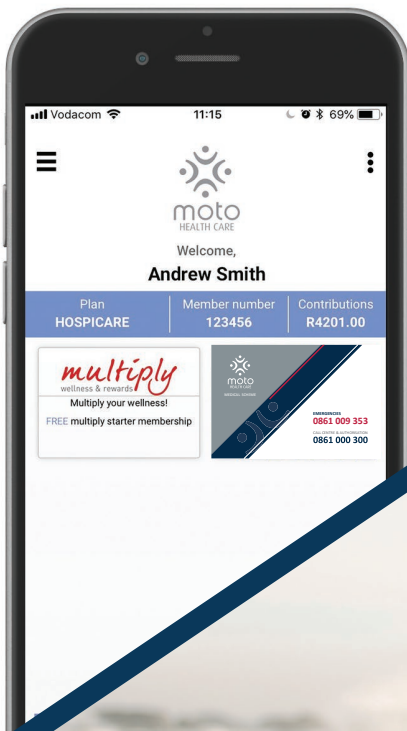
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HOSPICARE Hospital plan PMB	CLASSIC NETWORK Savings	CLASSIC Savings	OPTIMUM Traditional
	Blood Glucose test Cholesterol test Mammogram Pap smear Prostate Specific Antigen (PSA) screening TB screening Glaucoma screening Flu and pneumococcal vaccination Dexa bone density scan Tetanus Diphtheria injection Baby Immunisation per DoH Schedule to age six	Blood Glucose test Cholesterol test Mammogram Pap smear Prostate Specific Antigen (PSA) screening TB screening Glaucoma screening Flu and pneumococcal vaccination Dexa bone density scan Tetanus Diphtheria injection Baby Immunisation per DoH Schedule to age six	Blood Glucose test Cholesterol test Mammogram Pap smear Prostate specific Antigen (PSA) screening TB screening Glaucoma screening Flu and pneumococcal vaccination Dexa bone density scan Tetanus Diphtheria injection Baby Immunisation per DoH Schedule to age six

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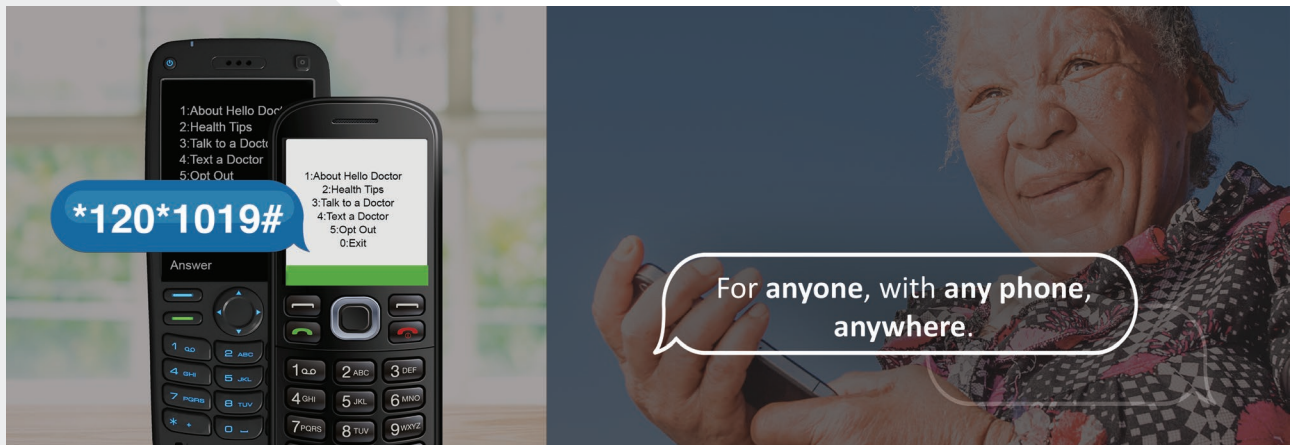
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