

2021



taking care of our own

BENEFIT OPTIONS OVERVIEW



 BENEFIT OPTION Option Type	ESSENTIAL	CUSTOM	HOSPICARE NETWORK	HOSPICARE	CLASSIC NETWORK	CLASSIC	OPTIMUM
	PMB exempt; Network	PMB exempt; Network	Hospital plan PMB	Hospital plan PMB	Savings	Savings	Traditional

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

Public hospital	All State facilities	All State facilities	All State facilities	All State facilities	All State facilities	All State facilities	All State facilities
Private hospital Overall Annual Limit (OAL)	Resuscitation/Stabilisation	M: R 312 000 M+: R 548 000	Unlimited	Unlimited	Unlimited	Unlimited	All
Hospital network	All State 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		30 days per family to a maximum of R21 000 subject to OAL	PMB treatment only	PMB treatment only	30 days per family to a maximum of R35 000	30 days per family to a maximum of R35 000	30 days per family to a maximum of R39 500
Internal prosthesis per family	R9 000	R16 000 subject to OAL	PMB treatment only	PMB treatment only	R37 000	R37 000	R45 000
Medication 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/Stabilisation	R 22 250 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	R70 000 subject to OAL	PMB treatment only Non-PMB – no benefit	PMB treatment only Non-PMB – no benefit	R500 000 20% co-payment applied after limit has been reached	R500 000 20% co-payment applied after limit has been reached	Unlimited
Organ transplants Non-PMB limits per family and national donor			PMB treatment only Non-PMB – no benefit	PMB treatment only Non-PMB – no benefit	R65 000	R65 000	R64 900
Pathology	Where approved during hospital admission Subject to State and managed care protocols	R 7 330 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 7 330 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	R64 900	R64 900	R64 900
Refractive surgery Once per beneficiary per lifetime			PMB treatment only	PMB treatment only	Per eye R 5 590 Both eyes R11 180	Per eye R 5 590 Both eyes R11 180	Per eye R 5 590 Both eyes R11 180
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 for non-PMB from ASL	2 scans per family from risk thereafter for non-PMB from ASL	2 scans per family from risk thereafter for non-PMB from day-to-day
Ambulance services Emergency Transport via EuropAssistance	Road only	Road only	Road and air	Road and air	Road and air	Road and air	Road and air

ADDITIONAL BENEFITS: PAID FROM THE RISK BENEFIT

External prosthesis per family	R6 000	R10 000 subject to clinical protocols and OAL	PMB treatment only	PMB treatment only	R23 500	R23 500	R27 800
Medical and surgical appliances limit per family	R2 620	R7 000 subject to OAL			R13 300	R13 300	R10 000
Glucometers per beneficiary every 2 years	R790	R790	PMB treatment only	PMB treatment only	R790	R790	R790
Nebuliser per family every 3 years	R790	R790			R790	R790	R790
Other appliances every 4 years	Subject to motivation	Subject to motivation					
Hearing aids			PMB treatment only	PMB treatment only	From medical and surgical limit above	From medical and surgical limit above	Unilateral: R11 700 Bilateral: R23 500 Per beneficiary every 3 years
Hearing aid maintenance per beneficiary per year					R1 060 from medical and surgical limit above	R1 060 from medical and surgical limit above	R1 060 hearing aid benefit

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MEDICATION: SUBJECT TO FORMULARIES

Pharmacy	Network pharmacy	Network pharmacy	Medipost	Network pharmacy	Medipost	Network pharmacy	Any
Chronic medications	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 700 M+1: R9 300 M+2: R11 600 M+3: R12 600 M+4: R14 300 M+5+: R16 500	10 conditions M: R4 700 M+1: R9 300 M+2: R11 600 M+3: R12 600 M+4: R14 300 M+5+: R16 500	28 conditions M: R6 600 M+1: R13 200 M+2: R14 300 M+3: R16 500 M+4: R18 200 M+5+: R19 300
Co-payment for non-formulary medication			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%	
Extra consultations and medication (when ASL reaches R300)					M: 2 visits M+: 5 visits	M: 2 visits M+: 5 visits	
Maternity	Antenatal care at a primary care network provider	Antenatal care at a primary care network provider	12 antenatal visits	12 antenatal visits	12 antenatal visits	12 antenatal visits	12 antenatal 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 visit subject to GP referral and specialist limit	2 paediatric visits per pregnancy	2 paediatric visits per pregnancy	2 paediatric visits per pregnancy	2 paediatric visits per pregnancy	2 paediatric visits per pregnancy
	Two 2D scans (3D and 4D scans paid at 2D scan rate)	Two 2D scans (3D and 4D scans paid at 2D scan rate)	Two 2D scans (3D and 4D scans paid at 2D scan rate)	Two 2D scans (3D and 4D scans paid at 2D scan rate)	Two 2D scans (3D and 4D scans paid at 2D scan rate)	Two 2D scans (3D and 4D scans paid at 2D scan rate)	Two 2D scans (3D and 4D scans paid at 2D scan rate)

WELLNESS PROGRAMME

	Flu vaccine Baby immunisation Blood glucose test Blood pressure test Cholesterol test Pap smear Pneumococcal vaccination (high risk members) Prostate specific antigen (PSA) screening 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 Mammogram Pap smear Prostate specific antigen (PSA) screening TB screening Glaucoma screening Pneumococcal vaccination Dexa bone density scan Tetanus diphtheria injection Health assessment – finger prick	Flu vaccine Baby immunisation Mammogram Pap smear Prostate specific antigen (PSA) screening TB screening Glaucoma screening Pneumococcal vaccination Dexa bone density scan Tetanus diphtheria injection Health assessment – finger prick	Flu vaccine Baby immunisation Mammogram Pap smear Prostate specific antigen (PSA) screening TB screening Glaucoma screening Pneumococcal vaccination Dexa bone density scan Tetanus diphtheria injection Health assessment – finger prick
Hello Doctor Call or text a doctor 24 hours a day	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited

DAY TO DAY / SAVINGS

Annual savings limit (ASL)					M: R6 660 A: R5 640 C: R1 680	M: R7 860 A: R6 600 C: R1 980	
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: R26 600 M+1: R37 000 M+2: R43 000 M+3+: R50 500
Auxiliary limits			PMB treatment only	PMB treatment only	Subject to ASL	Subject to ASL	Subject to day-to-day and sub-limits M: R5 100 M+: R15 400

DENTISTRY

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 and sub-limits M: R2 350 M+: R4 730
Specialised dentistry	No benefit	1 set of plastic dentures per adult dependant every 24 months	PMB treatment only	PMB treatment only	Subject to ASL	Subject to ASL	Subject to day-to-day and sub-limits M: R13 670 M+: R20 300

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General practitioners (GP's)	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
Out-of-area or emergency visits per family	3 visits to a maximum of R1 000	3 visits to a maximum of R1 000			ER Made Easy	ER Made Easy	ER Made Easy
MEDICATION: SUBJECT TO FORMULARIES							
Acute medication	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: R 12 000 M+1: R 13 000 M+2: R 15 300 M+3: R 16 700 M+4+: R 17 800
Over the counter (OTC)	M: 3 scripts M+: 5 scripts	M: 5 scripts M+: 7 scripts			R220 per event per day and ASL	R220 per event per day and ASL	R220 per event per day Subject to day-to-day and acute medication limits
Optometry per beneficiary							
1 composite eye examination 1 frame and two lenses every 24 months	Frame: R200	Frame: R200	PMB treatment only	PMB treatment only	Frame: R820	Frame: R820	Frame: R1 290
Contact lenses instead of glasses	R525	R525			R1 530	R1 530	R2 280
Specialist limit	M: R1 500 M+: R3 000 Subject to network GP referral, pre-authorisation and managed care protocols	M: R3 900 M+: R7 800 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
Scans MRI, CT, Radio isotope		Sub limit per beneficiary R3000 and subject to the 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

Contributions

	ESSENTIAL	CUSTOM	HOSPICARE	HOSPICARE NETWORK	CLASSIC	CLASSIC NETWORK	OPTIMUM
SALARY BAND	R0 – R3 100	R0 – R3 300					
Principal	R385	R 1 055	R2 275	R1 965	R3 870	R3 300	R7 125
Adult	R230	R 845	R1 925	R1 665	R3 285	R2 800	R6 065
Child	R155	R 270	R565	R490	R970	R825	R1 785
SALARY BAND	R3 101 – R6 650	R3 301 – R5 950					
Principal	R410	R1 110					
Adult	R245	R885					
Child	R155	R280					
SALARY BAND	R6 651 – R9 750	R5 951 – R8 700					
Principal	R585	R1 215					
Adult	R355	R975					
Child	R230	R305					
SALARY BAND	R9 751 +	R8 701 – R10 750					
Principal	R675	R1 390					
Adult	R410	R1 115					
Child	R275	R355					
SALARY BAND		R10 751 +					
Principal		R1 935					
Adult		R1 550					
Child		R485					

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).


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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