



taking care of our own

# 2025 OPTION BENEFITS

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



IN HOSPITAL							
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	Traditional
<b>Public Hospital</b>	All Public facilities	All Public facilities	All Public facilities	All Public facilities.	All Public facilities	All Public facilities	All Public facilities
<b>Private Hospital Overall Annual Limit (OAL)</b>	Resuscitation / Stabilisation	M: R 382 420 M+: R 671 700	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
<b>Hospital Network</b>	All Public facilities	Custom option Hospital Network	Life Health Care	Any Hospital	Life Health Care	Any Hospital	Any Hospital
<b>30% Co-Payment for voluntary use of non-network Hospital</b>		Applicable	Applicable		Applicable		
<b>Alternative Care limit instead of hospitalisation</b>		Per family 30 days to a maximum of R 25 740 subject to OAL	PMB treatment only	PMB treatment only	Per family 30 days to a maximum of R42 815	Per family 30 days to a maximum of R 42 815	Per family 30 days to a maximum of R 48 320
<b>Internal Prosthesis per family</b>	R11 020	R 19 610 subject to OAL	PMB treatment only	PMB treatment only	R 45 275	R 45 275	R 55 125
<b>Medicine to take home (TTO)</b>	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
<b>Mental health (in and out of hospital)</b>	All State facilities Resuscitation / stabilisation	R 27 270 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
<b>Oncology Non-PMB limits per family Generic reference pricing applies</b>	As part of approved hospitalisation	R 85 800 subject to OAL	PMB only at a network provider	PMB treatment at a network provider	R500 000 20% co-payment applied after limit has been reached	R500 000 20% co-payment applied after limit has been reached	Unlimited
<b>Organ Transplants Non-PMB limits per family and national donor</b>			PMB treatment only	PMB treatment only	R 76 070	R 76 070	R 76 070
<b>Pathology</b>	As part of approved hospitalisation	R 8 980 per beneficiary subject to OAL	PMB treatment only	PMB treatment only	At Scheme Rate	At Scheme Rate	At Scheme Rate
<b>Radiology</b>	As part of approved hospitalisation	R 8 980 per beneficiary subject to OAL	PMB treatment only	PMB treatment only	At Scheme Rate	At Scheme Rate	At Scheme Rate
<b>Reconstructive surgery limits per family</b>			PMB treatment only	PMB treatment only	R 75 950	R 75 950	R 75 950
<b>Refractive Surgery Once per beneficiary per lifetime</b>			PMB treatment only	PMB treatment only	Per eye R 6 540 Both Eyes R13 080	Per eye R 6 540 Both Eyes R13 080	Per eye R 6 540 Both Eyes R13 080
<b>Alcohol and drug Rehabilitation at a SANCA approved facility</b>		Subject to Mental health sub limit and OAL	PMB treatment only	PMB treatment only	At Scheme Rate	At Scheme Rate	At Scheme Rate

IN HOSPITAL							
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	Traditional
<b>Scans</b> MRI, CT, PET and radio isotope	As part of approved hospitalisation	Where approved during hospital admission Subject to State and managed care protocols	PMB treatment only	PMB treatment only	R 16 650 per scan. 2 scans per family from risk thereafter from ASL	R 16 650 per scan. 2 scans per family from risk thereafter from ASL	R 16 650 per scan. 2 scans per family from risk thereafter from day-to-day limit
<b>Ambulance Services</b> <b>Emergency Transport via via Europ Assistance</b>	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							
Benefit Option	Essential	Custom	Hospicare Network	Hospicare	Classic Network	Classic	Optimum
<b>External Prosthesis per family</b>	R7 100	R 12 250 subject to clinical protocols and OAL	PMB treatment only	PMB treatment only	R 28 740	R 28 740	R 34 000
<b>Medical and surgical appliances limit per family</b>	R 3 100	R8 565 subject to OAL			R 16 300	R 16 300	R 12 200
<b>Glucometers per beneficiary every 2 years</b>	R 915	R 915	PMB treatment only	PMB treatment only	R 920	R 920	R 920
<b>Nebuliser per family every 3 years</b>	R 915	R 915			R 920	R 920	R 920
<b>Other appliances every 4 years</b>	Subject to motivation	Subject to motivation	Subject to motivation	Subject to motivation	Subject to motivation	Subject to motivation	Subject to motivation
<b>Hearing Aids</b>			PMB treatment only	PMB treatment only	From Medical and Surgical limit above	From Medical and Surgical limit above	Unilateral: R13 720 Bilateral: R27 440 Per beneficiary every 3 years
<b>Hearing Aid maintenance per beneficiary per annum</b>					R 1 230 from medical and surgical limit above	R 1 230 from medical and surgical limit above	R 1 230
<b>Medicine</b> Subject to formularies							
<b>Pharmacy</b>	Network Pharmacy	Network Pharmacy	Medipost	Network Pharmacy	Medipost	Network Pharmacy	Any
<b>Chronic</b>	15 conditions	23 conditions	26 conditions	26 conditions	26 conditions	26 conditions	26 conditions
<b>Non-CDL Chronic Conditions Limits</b>	1 condition	2 conditions	PMB treatment only	PMB treatment only	10 Conditions M: R 5 750 M+1: R 11 370 M+2: R 14 195 M+3: R 15 350 M+4+: R 16 690	10 Conditions M: R 5 750 M+1: R 11 370 M+2: R 14 195 M+3: R 15 350 M+4+: R 16 690	28 Conditions M: R 8 080 M+1: R 16 170 M+2: R 17 460 M+3: R 20 150 M+4: R 21 280
<b>Co-payment for non-formulary medicine</b>			20%	20%	20%	20%	20%





<b>DAY TO DAY / SAVINGS</b>							
<b>Benefit Option</b>	<b>Essential</b>	<b>Custom</b>	<b>Hospicare Network</b>	<b>Hospicare</b>	<b>Classic Network</b>	<b>Classic</b>	<b>Optimum</b>
<b>Option Type</b>	PMB Exempt; Capitated	PMB Exempt; Capitated	Hospital plan PMB	Hospital plan PMB	Savings	Savings	Traditional
<b>Annual Savings Limit (ASL)</b>					M: R 7 752 A: R 6 576 C: R 1 944	M: R 9 096 A: R 7 716 C: R 2 280	
<b>Day-to-day limit</b>	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: R 32 480 M+1: R 45 275 M+2: R 52 655 M+3+: R 61 815
<b>Auxiliary Limits</b>			PMB treatment only	PMB treatment only	Subject to ASL	Subject to ASL	Subject to day-to-day limit and sub limits M: R 5 975 M+: R 18 030
<b>Dentistry</b>							
<b>Basic Dentistry</b>	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: R 2 985 M+: R 6 010
<b>Specialised Dentistry</b>	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: R 15 800 M+: R 23 455
<b>General Practitioners (GP)</b>	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>Medicine</b> Subject to formularies							
<b>Acute</b>	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 14 040 M+1: R 15 210 M+2: R 17 910 M+3: R 19 540 M+4+: R 20 830
<b>Over the Counter (OTC)</b>	M: 3 Scripts M+: 5 Scripts	M: 5 Scripts M+: 7 Scripts			R 265 subject to ASL	R 265 subject to ASL	R265 subject to day to day and acute limits
<b>Optometry per beneficiary</b> 1 composite eye examination 1 frame & two lenses every 24 months	Frame: R 247	Frame: R 247	PMB treatment only	PMB treatment only	Frame: R 1 045	Frame: R 1 045	Frame: R 1 650
<b>Contact lenses instead of glasses</b>	R 647	R 647			R 1 530	R 1 530	R 2 280
<b>Specialist Benefit Limit</b>	M: R 1 845 M+: R 3 685 Subject to network GP referral, pre-authorisation and managed care protocols	M: R 4 775 M+: R 9 560 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
<b>Scans</b>							
<b>MRI, CT, Radio Isotope</b>		Sub limit per beneficiary R 3 665 and specialist limit	PMB treatment only	PMB treatment only	R 16 650 per scan. 2 scans per family paid from risk, thereafter from ASL	R 16 650 per scan. 2 scans per family paid from risk, thereafter from ASL	R 16 650 per scan. 2 scans per family paid from risk, thereafter from day to day Clinical

# CONTRIBUTIONS

ESSENTIAL		
R 0 – R 3 618	Principal	R 482
	Adult	R 289
	Child	R 194
R 3 619 - R 7 766	Principal	R 513
	Adult	R 308
	Child	R 194
R 7 767 – R 11 383	Principal	R 734
	Adult	R 445
	Child	R 289
R 11 384+	Principal	R 847
	Adult	R 513
	Child	R 344

CUSTOM		
R 0 – R 3 855	Principal	R 1 324
	Adult	R 1 060
	Child	R 339
R 3 856 - R 6 950	Principal	R 1 393
	Adult	R 1 109
	Child	R 352
R 6 951 - R 10 157	Principal	R 1 525
	Adult	R 1 224
	Child	R 382
R 10 158 - R 12 547	Principal	R 1 743
	Adult	R 1 399
	Child	R 445
R 12 548 - R 16 955	Principal	R 2 428
	Adult	R 1 945
	Child	R 609
R 16 956+	Principal	R 2 671
	Adult	R 2 139
	Child	R 669

		HOSPICARE NETWORK	HOSPICARE	CLASSIC NETWORK	CLASSIC	OPTIMUM
Gross Contributions	Principal	R 2 611	R 3 024	R 4 306	R 5 050	R 9 287
	Adult	R 2 213	R 2 558	R 3 653	R 4 286	R 7 905
	Child	R 652	R 751	R 1 077	R 1 264	R 2 326

**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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# BENEFIT OPTIONS OVERVIEW

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

## 2025

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APP TODAY**

