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MEDICAL SCHEME

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IN A CLASS OF ITS OWN

BENEFIT OPTION BROCHURE

2019



# ABOUT US

The Chartered Accountants Medical Aid Fund (CAMAf), which was established in 1951, was originally designed for accounting professionals and offers superior benefits to qualifying members. As the fund focuses on a niche market, it is able to provide a range of benefits that significantly surpass those offered by most open schemes.

Always ahead of the curve, CAMAF strongly values innovation, and covers many procedures performed with the very latest technology. It also has a distinctly holistic focus, combining excellent healthcare benefits with an actively managed wellness programme.







This is complemented by its loyalty programme, Multiply, which offers a range of attractive rewards for doing the everyday things that ensure a healthy and happy life.

CAMAf is a trusted medical aid that gives its members peace of mind when it comes to the management of the scheme, as its Board of Trustees is made up of professionals who have a high regard for good corporate governance. They ensure that the delivery of excellent products and services is suitably balanced with sound reserves.

While CAMAF provides cover mainly for companies, it also accepts individual members subject to certain approved qualifications (see Criteria for Individual Membership).









# CAMAF Benefit Option Summary: **Star Rating**

	 Vital	 Essential Plus	 Network Choice	 First Choice	 Double Plus	 Alliance
Hospital and Chronic	☆☆☆☆☆	☆☆☆☆	☆☆☆	☆☆☆	☆☆☆☆☆	☆☆☆☆☆
Day to Day	-	-	☆☆☆	☆☆☆	☆☆☆☆	☆☆☆☆☆
Preventative Wellness Benefits	☆☆☆☆☆	-	☆☆☆	☆☆☆	☆☆☆☆☆	☆☆☆☆☆
MSA (savings)	-	☆☆☆☆☆	-	-	☆☆☆☆	☆☆☆☆








# CAMAF Benefit Options: Quick Summary

	 Vital	 Essential Plus	 Network Choice	 First Choice	 Double Plus	 Alliance
Hospital Facility Fees	Any private hospital	Any private hospital	Netcare hospitals only	Any private hospital	Any private hospital	Any private hospital. Private wards
Attending Doctor's and Specialists in Hospital	Up to 300% CBT	Up to 200% CBT	Up to 100% CBT	Up to 100% CBT	Up to 300% CBT	Up to 300% CBT
Chronic condition cover: medicines and consults	63 Conditions	27 Conditions	27 Conditions	27 Conditions	63 Conditions	64 Conditions
Radiology and Pathology	Unlimited In or Out of Hospital	Unlimited In Hospital. Out of Hospital from MSA	Limits apply In and Out of hospital	Limits apply In and Out of hospital	Unlimited In or Out of Hospital	Unlimited In or Out of Hospital
Preventative Wellness Benefits	14 extra benefits	4 extra benefits	10 extra benefits	10 extra benefits	14 extra benefits	14 extra benefits
Day to Day Overall Limit (Principal Member)	-	-	R3 040 for Medicines. R9 360 for Specialists. R3 040 for Other. From DSP only	R3 040 for Medicines. R9 360 for Specialists. R3 040 for Other. Paid at 80&	R12 336	R31 700
Medical Savings Account (Principal Member)	-	R6 180	-	-	R4 260	R6 540





## Benefit Option Quick Summary: **Vital**

	<b>Any Private Hospital:</b> No limits
	<b>Attending Doctors and Specialists:</b> Up to 300% of CBT
	<b>63 Chronic Conditions:</b> Medication and consultations. Covers the medication and necessary consultations and procedures. Includes unlimited appropriate biological drugs and specialised technology as well as door to door medication delivery
	<b>Unlimited X-Rays and Blood Tests</b> IN and OUT of hospital including MRI's and CT's
	<b>Screening Benefits</b>
	<b>3 Month</b> post hospitalisation benefit
	<b>External Appliances:</b> Wheelchair, hearing aid, breast pump, baby sleep monitor
	<b>Check-Ups and Vaccines:</b> GP, Specialist, Dental, Optometry, ECG

## Monthly Contribution Rates: **Vital**

Monthly income based on Total Cost to Company of Principal Member		Total Monthly Contribution
R0 - R42 000	Adult	R2 135
	Child	R1 095
R42 001 - R105 000	Adult	R2 420
	Child	R1 235
R105 001+	Adult	R2 685
	Child	R1 375





## VITAL

### IN HOSPITAL AND PRESCRIBED MINIMUM BENEFITS

<b>HOSPITAL ACCOMMODATION</b> INCLUDING CONFINEMENTS, SUBJECT TO PRE-AUTHORISATION	100% of Negotiated Rate in general ward and specialised units
<b>ATTENDING DOCTORS AND SPECIALISTS</b> CONSULTATIONS	Up to 300% CBT
MEDICAL AND SURGICAL PROCEDURES INCLUDING CONFINEMENTS SUBJECT TO PRE-AUTHORISATION	100% of Scheme Rate
<b>SUPPLEMENTARY HEALTHCARE IN HOSPITAL</b> (EG. PHYSIOTHERAPY AND PSYCHOTHERAPY)	100% CBT
<b>BLOOD TRANSFUSIONS</b> (IN AND OUT OF HOSPITAL)	100% of cost
<b>RADIOLOGY IN HOSPITAL</b> <b>ADVANCED SCANS (MRI/CT/PET)</b> SUBJECT TO PRE-AUTHORISATION	100% CBT 100% CBT
<b>PATHOLOGY</b> IN HOSPITAL	100% Negotiated Rate
<b>INTERNAL PROSTHESIS</b> SUBJECT TO PRE-AUTHORISATION	100% of cost
<b>HOME NURSING</b> UP TO 21 DAYS, SUBJECT TO PRE AUTHORIZATION	100% CBT
<b>STEP DOWN APPROVED FACILITIES</b> <b>ONLY, UP TO 90 DAYS</b> SUBJECT TO PRE-AUTHORISATION	100% Negotiated Rate
<b>MEDICATION</b> IN HOSPITAL	100% SEP plus dispensing fee
<b>TTO MEDICATION</b> UP TO ONE WEEK'S SUPPLY	100% SEP plus dispensing fee
<b>SUBSTANCE ABUSE</b>	PMB applied to hospital based treatment and limited to one rehabilitation treatment per beneficiary per year, subject to pre-authorisation and limited to 21 days
<b>AND TREATMENT - SUBJECT TO</b> <b>PRE-AUTHORISATION AND PROTOCOLS</b> REFER TO CHRONIC DISEASE LIST	100% SEP plus a dispensing fee, subject to RP and DSP. Consultations and procedures - at cost 100% SEP plus a dispensing fee, subject to RP and DSP. Consultations and procedures - at cost
<b>PMB DTP TREATMENT</b> OUT OF HOSPITAL TREATMENT SUBJECT TO REGISTRATION OF CONDITION AND PRE-AUTHORISATION	Medication - 100% SEP plus a dispensing fee, subject to MMAP and DSP. Consultations and procedures - at cost
<b>ONCOLOGY</b> SUBJECT TO PREAUTHORISATION AND ICON PROTOCOLS#	Medication - 100% SEP plus a dispensing fee, subject to RP and DSP. Consultations and procedures - at 100% Scheme Rate The ICON Core benefits apply

#Please refer to the website for ICON benefit structures





## VITAL

### PREVENTATIVE WELLNESS COVER

#### CAMAF LIFESTYLE PROGRAMME PER ADULT BENEFICIARY

**Includes:** Free health risk assessment at Clicks, Dis-Chem or Pick n Pay pharmacy.

#### ONE GP CONSULTATION ONLY \*ICD 10 CODE SPECIFIC TO GENERAL CHECK UP ONLY

100% CBT per beneficiary

#### ONE SPECIALIST CONSULTATION \*ICD 10 CODE SPECIFIC TO GENERAL CHECK UP ONLY. GYNAECOLOGISTS, UROLOGISTS, OR SPECIALIST PHYSICIANS\*\* FOR BENEFICIARIES OVER 16 YEARS. PAEDIATRICIANS FOR BENEFICIARIES UNDER 16 YEARS

100% CBT per beneficiary

#### PSYCHOTHERAPY

100% CBT limited to R11 530 per beneficiary

#### ONE DIETICIAN CONSULTATION

100% CBT per beneficiary

#### ONE DENTISTRY CONSULTATION GENERAL CHECK UP ONLY - excludes consumables

100% CBT per beneficiary

#### ONE ECG (PERFORMED BY GP OR SPECIALIST PHYSICIAN\*\*) \*ICD 10 CODE SPECIFIC TO GENERAL CHECK UP ONLY - excludes consumables

100% CBT per adult beneficiary

#### ONE OPTOMETRIST CONSULTATION

100% Optical Assistant Rates

#### METABOLIC SCREENING FOR NEW BORN BABIES

100% Negotiated Rate per new born baby

#### IMMUNISATION AND VACCINES (COST OF IMMUNISATION AND VACCINE ONLY)

SEP plus a dispensing fee, limited to R1 676 per beneficiary

#### CERVICAL CANCER VACCINE (HPV) (COST OF VACCINE ONLY - SUBJECT TO IMMUNISATION AND VACCINES BENEFIT)

Females between 9 and 16 years of age  
(SEP plus dispensing fee)

#### ONE HIV VCT TEST

100% CBT per beneficiary

#### MELANOMA SCREENING

100% CBT per adult beneficiary

#### UMBILICAL STEM CELL HARVESTING

Negotiated discount with Cryo-Save. Note: Please note that CAMAF does not cover expenses related to cord blood stem cells harvesting, testing and storage as this is in no treatment for a specific medical condition. The cash discount that is offered is passed directly on to you and is not paid from your health plan benefits.





## VITAL







### OTHER BENEFITS (per Beneficiary) NOT SUBJECT TO THE ANNUAL OVERALL BENEFIT LIMIT

<b>BASIC AND ADVANCED RADIOLOGY</b> OUT OF HOSPITAL MUST BE PERFORMED BY A REGISTERED RADIOLOGIST, ON REFERRAL FROM MEDICAL PRACTITIONER ONLY. ADVANCED SCANS (MRI/CT/PET) SUBJECT TO PRE-AUTHORISATION	100% CBT
<b>PATHOLOGY</b> OUT OF HOSPITAL PERFORMED BY A REGISTERED PATHOLOGIST AND REFERRED BY A MEDICAL PRACTITIONER PRE-AUTHORISATION REQUIRED FOR ADVANCED PATHOLOGY	100% Negotiated Rate or CBT
<b>POST-HOSPITALISATION</b> CONSULTATIONS AND TREATMENT UP TO 90 DAYS	300% CBT for attending practitioners 100% CBT for auxiliary services
<b>MEDICATION FOR ADDITIONAL CHRONIC CONDITIONS</b> (SUBJECT TO PRE-AUTHORISATION) REFER TO ADDITIONAL CHRONIC CONDITIONS LIST	100% SEP plus a dispensing fee, subject to RP and DSP Consultations 100% CBT
<b>EXTERNAL APPLIANCES (subject to referral)</b> IN AND OUT OF HOSPITAL PURCHASE, HIRE AND MAINTENANCE HEARING AIDS - 1 CLAIM PER 3 YEAR CYCLE FOR OVER 16 YEARS OF AGE YOUNGER THAN 16 YEARS OF AGE - 18 MONTH CYCLE WHEELCHAIRS - 3 YEAR CYCLE INSULIN PUMPS, SUBJECT TO PRE-AUTHORISATION AND DSP - 4 YEAR CYCLE BREAST PUMPS AND APNOEA MONITORS - THREE MONTHS PRIOR TO EXPECTED DUE DATE AND WITHIN SIX MONTHS AFTER THE BIRTH OF THE BABY. SUBJECT TO REGISTRATION ON THE MOTHER TO BE PROGRAMME	100% NAPPI price or 100% of cost, subject to the overall limit of R38 500 per beneficiary and subject to the following sub-limits:  Hearing Aids: R33 400 Wheelchairs for Quadriplegics: R33 400 Standard Wheelchairs: R23 500 Insulin Pumps: R38 500 Other external appliances: R 8 400 • Baby Apnoea monitors: R 2 600 • Breast pumps: R 4 300
<b>INTERNATIONAL TRAVEL COVER</b> Provided by Travel Insurance Consultants (TIC) and subject to their policy requirements. Arrange cover prior to your travel. Visit our website for full details.	R10 million per beneficiary per journey for emergency medical costs while you travel outside South Africa. This cover is for a period of 90 days from your departure from South Africa. Cover for pre-existing conditions is limited to R150,000 unless additional cover is arranged.
<b>NETCARE 911 EMERGENCY SERVICES</b>	Unlimited Subject to Netcare 911 authorisation





## Benefit Option Quick Summary: **Essential Plus**

	<b>Any Private Hospital:</b> No limits
	<b>Attending Doctors and Specialists:</b> Up to 200% of CBT
	<b>27 Chronic Conditions:</b> Medication and consultations
	<b>Unlimited X-Rays and Blood Tests</b> IN hospital including MRI and CT scans
	<b>Screening Benefits</b>
	<b>Psychotherapy and Immunisation Benefits</b>

## Monthly Contribution Rates: **Essential Plus**

Monthly income based on Total Cost to Company of Principal Member		Total Monthly Contribution
R0 - R105 000	Principal	R1 770
	Adult	R1 400
	Child	R 823
Monthly MSA Contribution	Principal	R 515
	Adult	R 412
	Child	R 242
Total Monthly Contribution	Principal	R2 285
	Adult	R1 812
	Child	R1 065
R105 001+	Principal	R2 123
	Adult	R1 681
	Child	R 988
Monthly MSA Contribution	Principal	R 515
	Adult	R 412
	Child	R 242
Total Monthly Contribution	Principal	R2 638
	Adult	R2 093
	Child	R1 230



## ESSENTIAL PLUS

### IN HOSPITAL AND PRESCRIBED MINIMUM BENEFITS

<b>HOSPITAL ACCOMMODATION</b> INCLUDING CONFINEMENTS, SUBJECT TO PRE-AUTHORISATION	100% of Negotiated Rate in general ward and specialised units
<b>ATTENDING DOCTORS AND SPECIALISTS</b> CONSULTATIONS	Up to 200% CBT
MEDICAL AND SURGICAL PROCEDURES INCLUDING CONFINEMENTS SUBJECT TO PRE-AUTHORISATION	100% of Scheme Rate
<b>SUPPLEMENTARY HEALTHCARE IN HOSPITAL</b> (EG. PHYSIOTHERAPY AND PSYCHOTHERAPY)	100% CBT
<b>BLOOD TRANSFUSIONS</b> (IN AND OUT OF HOSPITAL)	100% of cost
<b>RADIOLOGY IN HOSPITAL</b> <b>ADVANCED SCANS (MRI/CT/PET)</b> SUBJECT TO PRE-AUTHORISATION	100% CBT 100% CBT
<b>PATHOLOGY</b> IN HOSPITAL	100% Negotiated Rate
<b>INTERNAL PROSTHESIS</b> SUBJECT TO PRE-AUTHORISATION	100% of cost
<b>HOME NURSING</b> UP TO 21 DAYS, SUBJECT TO PRE AUTHORIZATION	100% CBT
<b>STEP DOWN APPROVED FACILITIES</b> <b>ONLY, UP TO 90 DAYS</b> SUBJECT TO PRE-AUTHORISATION	100% Negotiated Rate
<b>MEDICATION</b> IN HOSPITAL	100% SEP plus dispensing fee
<b>TTO MEDICATION</b> UP TO ONE WEEK'S SUPPLY	100% SEP plus dispensing fee
<b>SUBSTANCE ABUSE</b>	PMB applied to hospital based treatment and limited to one rehabilitation treatment per beneficiary per year, subject to pre-authorisation and limited to 21 days
<b>CHRONIC PMB CDL MEDICATION</b> <b>AND TREATMENT - SUBJECT TO</b> <b>PRE-AUTHORISATION AND PROTOCOLS</b> REFER TO CHRONIC DISEASE LIST	100% SEP plus a dispensing fee, subject to RP and DSP. Consultations and procedures - at cost
<b>PMB DTP TREATMENT</b> OUT OF HOSPITAL TREATMENT SUBJECT TO REGISTRATION OF CONDITION AND PRE-AUTHORISATION	Medication - 100% SEP plus a dispensing fee, subject to MMAP and DSP. Consultations and procedures - at cost
<b>ONCOLOGY</b> SUBJECT TO PREAUTHORISATION AND ICON PROTOCOLS#	Medication - 100% SEP plus a dispensing fee, subject to RP and DSP. Consultations and procedures - 100% DSP Tariff The DSP is the ICON network The ICON Essential benefits apply

#Please refer to the website for ICON benefit structures





## ESSENTIAL PLUS

### PREVENTATIVE WELLNESS COVER

<b>CAMAF LIFESTYLE PROGRAMME PER ADULT BENEFICIARY</b>	<b>Includes:</b> Free health risk assessment at Clicks, Dis-Chem or Pick n Pay pharmacy.
<b>ONE GP CONSULTATION ONLY</b> *ICD 10 CODE SPECIFIC TO GENERAL CHECK UP ONLY	Subject to Medical Savings Account
<b>ONE SPECIALIST CONSULTATION</b> *ICD 10 CODE SPECIFIC TO GENERAL CHECK UP ONLY. GYNAECOLOGISTS, UROLOGISTS, OR SPECIALIST PHYSICIANS** FOR BENEFICIARIES OVER 16 YEARS. PAEDIATRICIANS FOR BENEFICIARIES UNDER 16 YEARS	Subject to Medical Savings Account
<b>PSYCHOTHERAPY</b>	100% CBT limited to R11 530 per beneficiary
<b>ONE DIETICIAN CONSULTATION</b>	Subject to Medical Savings Account
<b>ONE DENTISTRY CONSULTATION</b> GENERAL CHECK UP ONLY - excludes consumables	Subject to Medical Savings Account
<b>ONE ECG</b> (PERFORMED BY GP OR SPECIALIST PHYSICIAN**) *ICD 10 CODE SPECIFIC TO GENERAL CHECK UP ONLY - excludes consumables	Subject to Medical Savings Account
<b>ONE OPTOMETRIST CONSULTATION</b>	Subject to Medical Savings Account
<b>METABOLIC SCREENING FOR NEW BORN BABIES</b>	Subject to Medical Savings Account
<b>IMMUNISATION AND VACCINES</b> (COST OF IMMUNISATION AND VACCINE ONLY)	SEP plus a dispensing fee, limited to R1 676 per beneficiary
<b>CERVICAL CANCER VACCINE (HPV)</b> (COST OF VACCINE ONLY - SUBJECT TO IMMUNISATION AND VACCINES BENEFIT)	Females between 9 and 16 years of age (SEP plus dispensing fee)
<b>ONE HIV VCT TEST</b>	100% CBT per beneficiary
<b>MELANOMA SCREENING</b>	Subject to Medical Savings Account
<b>UMBILICAL STEM CELL HARVESTING</b>	Negotiated discount with Cryo-Save. Note: Please note that CAMAF does not cover expenses related to cord blood stem cells harvesting, testing and storage as this is no treatment for a specific medical condition. The cash discount that is offered is passed directly on to you and is not paid from your health plan benefits.







## ESSENTIAL PLUS

### OTHER BENEFITS (per Beneficiary) NOT SUBJECT TO THE ANNUAL OVERALL BENEFIT LIMIT

**BASIC AND ADVANCED RADIOLOGY**  
OUT OF HOSPITAL  
MUST BE PERFORMED BY A REGISTERED RADIOLOGIST,  
ON REFERRAL FROM MEDICAL PRACTITIONER ONLY.  
ADVANCED SCANS (MRI/CT/PET) SUBJECT TO  
PRE-AUTHORISATION

Subject to Medical Savings Account

**PATHOLOGY**  
OUT OF HOSPITAL  
PERFORMED BY A REGISTERED PATHOLOGIST AND REFERRED BY A  
MEDICAL PRACTITIONER  
PRE-AUTHORISATION REQUIRED FOR ADVANCED PATHOLOGY

Subject to Medical Savings Account

**POST-HOSPITALISATION**  
CONSULTATIONS AND TREATMENT  
UP TO 90 DAYS

Subject to Medical Savings Account

**MEDICATION FOR ADDITIONAL CHRONIC CONDITIONS**  
(SUBJECT TO PRE-AUTHORISATION) REFER TO ADDITIONAL  
CHRONIC CONDITIONS LIST

Depression only. 100% SEP plus a dispensing fee subject to  
RP and DSP  
Consultations 100% CBT

**EXTERNAL APPLIANCES (subject to referral)**  
IN AND OUT OF HOSPITAL  
PURCHASE, HIRE AND MAINTENANCE  
HEARING AIDS - 1 CLAIM PER 3 YEAR  
CYCLE FOR OVER 16 YEARS OF AGE  
YOUNGER THAN 16 YEARS OF AGE  
- 18 MONTH CYCLE  
WHEELCHAIRS - 3 YEAR CYCLE  
INSULIN PUMPS, SUBJECT TO  
PRE-AUTHORISATION AND DSP - 4 YEAR CYCLE  
BREAST PUMPS AND APNOEA MONITORS - THREE MONTHS  
PRIOR TO EXPECTED DUE DATE AND WITHIN SIX MONTHS AFTER  
THE BIRTH OF THE BABY. SUBJECT TO REGISTRATION ON THE  
MOTHER TO BE PROGRAMME

Subject to Medical Savings Account

**INTERNATIONAL TRAVEL COVER**  
Provided by Travel Insurance Consultants (TIC) and subject to their policy  
requirements. Arrange cover prior to your travel. Visit our website for full  
details.

R10 million per beneficiary per journey for emergency  
medical costs while you travel outside South Africa.  
This cover is for a period of 90 days from your departure  
from South Africa. Cover for pre-existing conditions is  
limited to R150,000 unless additional cover is arranged.

**NETCARE 911  
EMERGENCY SERVICES**

Unlimited  
Subject to Netcare 911 authorisation



## ESSENTIAL PLUS







### OTHER BENEFITS (per Beneficiary) SUBJECT TO THE ANNUAL OVERALL DAY-TO-DAY BENEFIT LIMIT

<b>DAY TO DAY BENEFITS</b> BENEFITS BELOW ARE SUBJECT TO THE OVERALL ANNUAL LIMIT	Limited to funds available in the beneficiary's Medical Savings Account
<b>GP'S AND DENTISTS</b> DENTAL X-RAYS PERFORMED BY DENTISTS, CONSULTATIONS AND PROCEDURES PERFORMED BY THESE PRACTITIONERS; BASIC DENTISTRY	Subject to Medical Savings Account
<b>SPECIALISTS</b> CONSULTATIONS, PROCEDURES AND RADIOLOGY PERFORMED BY THESE PRACTITIONERS	Subject to Medical Savings Account
<b>ACUTE MEDICATION</b> INCLUDING INJECTIONS AND MATERIALS	Subject to Medical Savings Account
<b>CASUALTY AND OUT PATIENT TREATMENT AT A HOSPITAL</b> ALL MEDICATIONS WILL BE PAID OUT OF ACUTE MEDICATION BENEFIT	Subject to Medical Savings Account
<b>NURSE VISITS</b>	Subject to Medical Savings Account
<b>SUPPLEMENTARY HEALTH</b> AUDIOLOGY, CHIROPRACTORS, DIETICIANS, HOMOEOPATHS, OCCUPATIONAL THERAPY, PHYSIOTHERAPISTS, BIOKINETICISTS, PODIATRY AND SPEECH THERAPY	Subject to Medical Savings Account
<b>ADVANCED DENTISTRY</b> CROWNS, BRIDGES, ORTHODONTICS, DENTURES	Subject to Medical Savings Account
<b>OVER THE COUNTER MEDICATION</b>	Subject to Medical Savings Account
<b>LASER K</b> NO APPROVAL FOR SURGERY WHERE SPECTACLES OBTAINED IN PREVIOUS 12 MONTHS	Subject to Medical Savings Account
<b>ANTE-NATAL FOETAL SCANS</b> PER PREGNANCY	Subject to Medical Savings Account
<b>ANTE-NATAL CLASSES</b>	Subject to Medical Savings Account
<b>SPECTACLES AND LENSES</b> FROM OPTOMETRIST ONLY ANNUAL BENEFIT, UNLESS OTHERWISE STATED	Subject to Medical Savings Account





## Benefit Option Quick Summary: Network Choice

	<b>Network Hospital:</b> No limits (DSP hospital group is Netcare)
	<b>Attending Doctors:</b> Up to 100% CBT only at DSP
	<b>27 Chronic Conditions:</b> medication and consultations. Includes unlimited appropriate biological drugs and specialised technology and door to door medication delivery
	<b>X-Rays and Blood Tests</b> Advanced scans limited to R35 100 per family
	<b>Screening Benefits</b>
	<b>Vaccines</b>

## Monthly Contribution Rates: Network Choice

Monthly income based on Total Cost to Company of Principal Member		Total Monthly Contribution
R0 - R17 260	Principal	R1 513
	Adult	R1 265
	1st Child (rest are free)	R 658
R17 261 - R23 150	Principal	R1 799
	Adult	R1 436
	1st Child (rest are free)	R 809
R23 151 - R34 730	Principal	R2 152
	Adult	R1 667
	Child	R1 073
R34 731 +	Principal	R2 860
	Adult	R2 308
	Child	R1 405





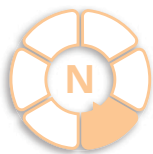
## NETWORK CHOICE

### IN HOSPITAL AND PRESCRIBED MINIMUM BENEFITS

<b>HOSPITAL ACCOMMODATION</b> INCLUDING CONFINEMENTS, SUBJECT TO PRE-AUTHORISATION	100% DSP tariff as per protocols. The DSP hospital group is Netcare.
<b>ATTENDING DOCTORS AND SPECIALISTS</b> CONSULTATIONS	Up to 100% CBT
MEDICAL AND SURGICAL PROCEDURES INCLUDING CONFINEMENTS SUBJECT TO PRE-AUTHORISATION	100% CBT
<b>SUPPLEMENTARY HEALTHCARE IN HOSPITAL</b> (EG. PHYSIOTHERAPY AND PSYCHOTHERAPY)	100% CBT
<b>BLOOD TRANSFUSIONS</b> (IN AND OUT OF HOSPITAL)	100% of cost
<b>RADIOLOGY IN HOSPITAL</b> <b>ADVANCED SCANS (MRI/CT/PET)</b> SUBJECT TO PRE-AUTHORISATION	100% CBT 100% CBT limited to R35 100 per family
<b>PATHOLOGY</b> IN HOSPITAL	100% CBT
<b>INTERNAL PROSTHESIS</b> SUBJECT TO PRE-AUTHORISATION	100% of cost limited to R35 100 per family
<b>HOME NURSING</b> UP TO 21 DAYS, SUBJECT TO PRE AUTHORIZATION	100% CBT (in lieu of hospitalisation only)
<b>STEP DOWN APPROVED FACILITIES</b> <b>ONLY, UP TO 90 DAYS</b> SUBJECT TO PRE-AUTHORISATION	100% DSP Tariff
<b>MEDICATION</b> IN HOSPITAL	100% SEP plus dispensing fee
<b>TTO MEDICATION</b> UP TO ONE WEEK'S SUPPLY	100% SEP plus dispensing fee
<b>SUBSTANCE ABUSE</b>	PMB applied to hospital based treatment and limited to one rehabilitation treatment per beneficiary per year, subject to pre-authorisation and limited to 21 days
<b>CHRONIC PMB CDL MEDICATION</b> <b>AND TREATMENT - SUBJECT TO</b> <b>PRE-AUTHORISATION AND PROTOCOLS</b> REFER TO CHRONIC DISEASE LIST	100% SEP plus a dispensing fee, subject to RP and DSP. Consultations and procedures - at cost
<b>PMB DTP TREATMENT</b> OUT OF HOSPITAL TREATMENT SUBJECT TO REGISTRATION OF CONDITION AND PRE-AUTHORISATION	Medication - 100% SEP plus a dispensing fee, subject to MMAP and DSP. Consultations and procedures - at cost
<b>ONCOLOGY</b> SUBJECT TO PREAUTHORISATION AND ICON PROTOCOLS#	Medication - 100% SEP plus a dispensing fee, subject to RP and DSP. Consultations and procedures - 100% DSP Tariff The DSP is the ICON network The ICON Essential benefits apply

#Please refer to the website for ICON benefit structures





## NETWORK CHOICE

### PREVENTATIVE WELLNESS COVER

<b>CAMAF LIFESTYLE PROGRAMME PER ADULT BENEFICIARY</b>	<b>Includes:</b> Free health risk assessment at Clicks, Dis-Chem or Pick n Pay pharmacy.
<b>ONE GP CONSULTATION ONLY</b> *ICD 10 CODE SPECIFIC TO GENERAL CHECK UP ONLY	100% CBT per beneficiary (Network Doctor only)
<b>ONE SPECIALIST CONSULTATION</b> *ICD 10 CODE SPECIFIC TO GENERAL CHECK UP ONLY. GYNAECOLOGISTS, UROLOGISTS, OR SPECIALIST PHYSICIANS** FOR BENEFICIARIES OVER 16 YEARS. PAEDIATRICIANS FOR BENEFICIARIES UNDER 16 YEARS	100% CBT per beneficiary
<b>PSYCHOTHERAPY</b>	100% CBT limited to R11 530 per beneficiary
<b>ONE DENTISTRY CONSULTATION</b> GENERAL CHECK UP ONLY - excludes consumables	100% CBT per beneficiary
<b>ONE ECG</b> (PERFORMED BY GP OR SPECIALIST PHYSICIAN**) *ICD 10 CODE SPECIFIC TO GENERAL CHECK UP ONLY - excludes consumables	100% CBT per adult beneficiary
<b>ONE OPTOMETRIST CONSULTATION</b>	Refer to spectacle and lenses benefits
<b>METABOLIC SCREENING FOR NEW BORN BABIES</b>	100% Negotiated Rate per new born baby
<b>IMMUNISATION AND VACCINES</b> (COST OF IMMUNISATION AND VACCINE ONLY)	SEP plus a dispensing fee, subject to MMAP, limited to R1 676 per beneficiary
<b>CERVICAL CANCER VACCINE (HPV)</b> (COST OF VACCINE ONLY - SUBJECT TO IMMUNISATION AND VACCINES BENEFIT)	Females between 9 and 16 years of age (SEP plus dispensing fee)
<b>ONE HIV VCT TEST</b>	100% CBT per beneficiary
<b>UMBILICAL STEM CELL HARVESTING</b>	Negotiated discount with Cryo-Save. Note: Please note that CAMAF does not cover expenses related to cord blood stem cells harvesting, testing and storage as this is no treatment for a specific medical condition. The cash discount that is offered is passed directly on to you and is not paid from your health plan benefits.





## NETWORK CHOICE

### OTHER BENEFITS (per Beneficiary) NOT SUBJECT TO THE ANNUAL OVERALL BENEFIT LIMIT

**BASIC AND ADVANCED RADIOLOGY**  
OUT OF HOSPITAL  
MUST BE PERFORMED BY A REGISTERED RADIOLOGIST,  
ON REFERRAL FROM MEDICAL PRACTITIONER ONLY.  
ADVANCED SCANS (MRI/CT/PET) SUBJECT TO  
PRE-AUTHORISATION

Basic Radiology: Referrals by DSP or specialist, 100% CBT limited to R4 100 per beneficiary  
Advanced scans: 100% CBT limited to R35 100 per family (on referral by DSP or specialist)

**PATHOLOGY**  
OUT OF HOSPITAL  
PERFORMED BY A REGISTERED PATHOLOGIST AND REFERRED BY A  
MEDICAL PRACTITIONER  
PRE-AUTHORISATION REQUIRED FOR ADVANCED PATHOLOGY

Referred by DSP or specialist, 100% CBT, limited to R6 550 per beneficiary

**MEDICATION FOR ADDITIONAL CHRONIC CONDITIONS**  
(SUBJECT TO PRE-AUTHORISATION) REFER TO ADDITIONAL  
CHRONIC CONDITIONS LIST

Depression only. 100% SEP plus a dispensing fee subject to RP and DSP  
Consultations 100% CBT

**EXTERNAL APPLIANCES (subject to referral)**  
IN AND OUT OF HOSPITAL  
PURCHASE, HIRE AND MAINTENANCE  
HEARING AIDS - 1 CLAIM PER 3 YEAR  
CYCLE FOR OVER 16 YEARS OF AGE  
YOUNGER THAN 16 YEARS OF AGE  
- 18 MONTH CYCLE  
WHEELCHAIRS - 3 YEAR CYCLE  
INSULIN PUMPS, SUBJECT TO  
PRE-AUTHORISATION AND DSP - 4 YEAR CYCLE  
BREAST PUMPS AND APNOEA MONITORS - THREE MONTHS  
PRIOR TO EXPECTED DUE DATE AND WITHIN SIX MONTHS AFTER  
THE BIRTH OF THE BABY. SUBJECT TO REGISTRATION ON THE  
MOTHER TO BE PROGRAMME

100% NAPPI price or 100% of cost, limited to R6 300 per beneficiary and subject to DSP or Specialist referral and subject to the following sub-limits:

- Baby Apnoea monitors: R2 100
- Breast pumps: R3 600

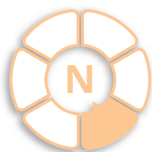
**INTERNATIONAL TRAVEL COVER**  
Provided by Travel Insurance Consultants (TIC) and subject to their policy requirements. Arrange cover prior to your travel. Visit our website for full details.

R10 million per beneficiary per journey for emergency medical costs while you travel outside South Africa.  
This cover is for a period of 90 days from your departure from South Africa. Cover for pre-existing conditions is limited to R150,000 unless additional cover is arranged.

**NETCARE 911  
EMERGENCY SERVICES**

Unlimited  
Subject to Netcare 911 authorisation





## NETWORK CHOICE







### OTHER BENEFITS (per Beneficiary) SUBJECT TO THE ANNUAL OVERALL DAY-TO-DAY BENEFIT LIMIT

<b>DAY TO DAY BENEFITS</b> BENEFITS BELOW ARE SUBJECT TO THE OVERALL ANNUAL LIMIT	Annual overall limit: Beneficiary specific limits: (a) Medicines R3 040 (b) Advanced Dentistry R6 370 (c) Other R3 040 (d) Specialists R9 360
<b>GP'S AND DENTISTS</b> DENTAL X-RAYS PERFORMED BY DENTISTS, CONSULTATIONS AND PROCEDURES PERFORMED BY THESE PRACTITIONERS; BASIC DENTISTRY	100% negotiated rate subject to sublimit (c) - Network GP only
<b>SPECIALISTS</b> CONSULTATIONS, PROCEDURES AND RADIOLOGY PERFORMED BY THESE PRACTITIONERS	100% CBT Subject to limit (d) (on referral from a network GP only)
<b>ACUTE MEDICATION</b> INCLUDING INJECTIONS AND MATERIALS	100% SEP plus a dispensing fee, subject to MMAP. Subject to limit (a) (on referral from a network GP only)
<b>NON-DSP VISITS</b> TO DOCTORS' ROOMS	One non-network visit per beneficiary or two per family, 20% co-payment AND One casualty visit per family (facility fee, consumed meds and materials). Limited to R 1 310 Associated claims such as radiology and pathology are not covered unless it is a PMB or DTP.
<b>CASUALTY AND OUT PATIENT TREATMENT AT A HOSPITAL</b> ALL MEDICATIONS WILL BE PAID OUT OF ACUTE MEDICATION BENEFIT	
<b>NURSE VISITS</b>	100% CBT subject to limit (c)
<b>SUPPLEMENTARY HEALTH</b> AUDIOLOGY, CHIROPRACTORS, HOMOEOPATHS, OCCUPATIONAL THERAPY, PHYSIOTHERAPISTS, BIKINETICISTS, PODIATRY AND SPEECH THERAPY	100% CBT limited to R2 550 per beneficiary on referral from DSP or from a Specialist. Subject to limit (c)
	<b>BENEFIT SPECIFIC LIMITS</b>
<b>ADVANCED DENTISTRY</b> CROWNS, BRIDGES, ORTHODONTICS, DENTURES	100% of CBT Subject to limit (b) dental implants excluded
<b>OVER THE COUNTER MEDICATION</b>	50% SEP plus a dispensing fee, subject to MMAP, limited to R1 560 per beneficiary. Subject to limit (a)
<b>ANTE-NATAL FOETAL SCANS</b> PER PREGNANCY	3 scans at 80% CBT. Subject to limit (c)
<b>ANTE-NATAL CLASSES</b>	80% CBT subject to sub-limit R970 per pregnancy Subject to limit (c)
<b>SPECTACLES AND LENSES</b> FROM OPTOMETRIST ONLY ANNUAL BENEFIT, UNLESS OTHERWISE STATED	<p>The benefit <b>PER BENEFICIARY</b> at a <b>PPN provider</b> would be as follows:</p> <p>One claim every two consecutive years. Each beneficiary is entitled to:</p> <p>One Composite Consultation inclusive of a Refraction, Tonometry and Visual Field screening <b>AND EITHER SPECTACLES - A PPN Frame</b> to the value of R150 or R600 off any alternative frame and/or lens enhancements and one pair of lenses; either One pair of Clear Aquity Single Vision; Clear Aquity Bifocal lenses or Clear Aquity Multifocal lenses <b>OR CONTACT LENSES - Contact lenses</b> to the value of R800.</p> <p>The benefit <b>PER BENEFICIARY</b> at a <b>NON PPN provider</b> would be as follows:</p> <p>One consultation per Beneficiary during the Benefit Cycle, limited to a maximum cost of R715 <b>AND EITHER SPECTACLES - A frame</b> benefit of R600 towards the cost of a frame and/or lens enhancements and one pair of lenses; either one pair of clear single vision spectacle lenses limited to R175 per lens or one pair of clear flat top bifocal spectacle lenses limited to R380 per lens or one pair of clear flat top Multifocal lenses limited to R695 per lens <b>OR CONTACT LENSES - Contact Lenses</b> to the value of R800.</p>





## Benefit Option Quick Summary: **First Choice**

	<b>Any Private Hospital:</b> No limits
	<b>Attending Dr's and Specialists:</b> Up to 100% CBT
	<b>27 Chronic Conditions:</b> medication and consultations. Includes unlimited appropriate biological drugs and specialised technology and door to door medication delivery
	<b>X-Rays and Blood Tests</b> Advanced scans limited to R35 100 per family
	<b>Screening Benefits</b>
	<b>80% of</b> GP, Specialists, Dental, Optometry, Check-ups, ECG, Vaccines

## Monthly Contribution Rates: **First Choice**

Monthly income based on Total Cost to Company of Principal Member		Total Monthly Contribution
R0 - R8 950	Adult	R1 052
	Child	R 641
R8 951 - R17 260	Adult	R1 671
	Child	R 990
R17 261 - R23 150	Adult	R2 509
	Child	R1 459
R23 151 - R34 730	Adult	R3 122
	Child	R2 053
R34 731 +	Adult	R3 414
	Child	R2 228





## FIRST CHOICE

### IN HOSPITAL AND PRESCRIBED MINIMUM BENEFITS

<b>HOSPITAL ACCOMMODATION</b> INCLUDING CONFINEMENTS, SUBJECT TO PRE-AUTHORISATION	100% of Negotiated Rate in general ward and specialised units
<b>ATTENDING DOCTORS AND SPECIALISTS</b> CONSULTATIONS	Up to 100% CBT
MEDICAL AND SURGICAL PROCEDURES INCLUDING CONFINEMENTS SUBJECT TO PRE-AUTHORISATION	100% CBT Exclusions: cochlear implants, excimer laser, osseo-integrated implants
<b>SUPPLEMENTARY HEALTHCARE IN HOSPITAL</b> (EG. PHYSIOTHERAPY AND PSYCHOTHERAPY)	100% CBT
<b>BLOOD TRANSFUSIONS</b> (IN AND OUT OF HOSPITAL)	100% of cost
<b>RADIOLOGY IN HOSPITAL</b> <b>ADVANCED SCANS (MRI/CT/PET)</b> SUBJECT TO PRE-AUTHORISATION	100% CBT 100% CBT limited to R35 100 per family
<b>PATHOLOGY</b> IN HOSPITAL	100% CBT
<b>INTERNAL PROSTHESIS</b> SUBJECT TO PRE-AUTHORISATION	100% of cost limited to R35 100 per family
<b>HOME NURSING</b> UP TO 21 DAYS, SUBJECT TO PRE AUTHORIZATION	100% CBT (in lieu of hospitalisation only)
<b>STEP DOWN APPROVED FACILITIES</b> <b>ONLY, UP TO 90 DAYS</b> SUBJECT TO PRE-AUTHORISATION	100% Negotiated Rate
<b>MEDICATION</b> IN HOSPITAL	100% SEP plus dispensing fee
<b>TTO MEDICATION</b> UP TO ONE WEEK'S SUPPLY	100% SEP plus dispensing fee
<b>SUBSTANCE ABUSE</b>	PMB applied to hospital based treatment and limited to one rehabilitation treatment per beneficiary per year, subject to pre-authorisation and limited to 21 days
<b>CHRONIC PMB CDL MEDICATION</b> <b>AND TREATMENT - SUBJECT TO</b> <b>PRE-AUTHORISATION AND PROTOCOLS</b> REFER TO CHRONIC DISEASE LIST	100% SEP plus a dispensing fee, subject to RP and DSP. Consultations and procedures - at cost
<b>PMB DTP TREATMENT</b> OUT OF HOSPITAL TREATMENT SUBJECT TO REGISTRATION OF CONDITION AND PRE-AUTHORISATION	Medication - 100% SEP plus a dispensing fee, subject to MMAP and DSP. Consultations and procedures - at cost
<b>ONCOLOGY</b> SUBJECT TO PREAUTHORISATION AND ICON PROTOCOLS#	Medication - 100% SEP plus a dispensing fee, subject to RP and DSP. Consultations and procedures - 100% DSP Tariff The DSP is the ICON network The ICON Essential benefits apply

#Please refer to the website for ICON benefit structures





## FIRST CHOICE

### PREVENTATIVE WELLNESS COVER

<b>CAMAF LIFESTYLE PROGRAMME PER ADULT BENEFICIARY</b>	<b>Includes:</b> Free health risk assessment at Clicks, Dis-Chem or Pick n Pay pharmacy.
<b>ONE GP CONSULTATION ONLY</b> *ICD 10 CODE SPECIFIC TO GENERAL CHECK UP ONLY	100% CBT per beneficiary
<b>ONE SPECIALIST CONSULTATION</b> *ICD 10 CODE SPECIFIC TO GENERAL CHECK UP ONLY. GYNAECOLOGISTS, UROLOGISTS, OR SPECIALIST PHYSICIANS** FOR BENEFICIARIES OVER 16 YEARS. PAEDIATRICIANS FOR BENEFICIARIES UNDER 16 YEARS	100% CBT per beneficiary
<b>PSYCHOTHERAPY</b>	100% CBT limited to R11 530 per beneficiary
<b>ONE DENTISTRY CONSULTATION</b> GENERAL CHECK UP ONLY - excludes consumables	100% CBT per beneficiary
<b>ONE ECG</b> (PERFORMED BY GP OR SPECIALIST PHYSICIAN**) *ICD 10 CODE SPECIFIC TO GENERAL CHECK UP ONLY - excludes consumables	100% CBT per adult beneficiary
<b>ONE OPTOMETRIST CONSULTATION</b>	Refer to spectacle and lenses benefits
<b>METABOLIC SCREENING FOR NEW BORN BABIES</b>	100% Negotiated Rate per new born baby
<b>IMMUNISATION AND VACCINES</b> (COST OF IMMUNISATION AND VACCINE ONLY)	SEP plus a dispensing fee, subject to MMAP, limited to R1 676 per beneficiary
<b>CERVICAL CANCER VACCINE (HPV)</b> (COST OF VACCINE ONLY - SUBJECT TO IMMUNISATION AND VACCINES BENEFIT)	Females between 9 and 16 years of age (SEP plus dispensing fee)
<b>ONE HIV VCT TEST</b>	100% CBT per beneficiary
<b>UMBILICAL STEM CELL HARVESTING</b>	Negotiated discount with Cryo-Save. Note: Please note that CAMAF does not cover expenses related to cord blood stem cells harvesting, testing and storage as this is no treatment for a specific medical condition. The cash discount that is offered is passed directly on to you and is not paid from your health plan benefits.





## FIRST CHOICE

### OTHER BENEFITS (per Beneficiary) NOT SUBJECT TO THE ANNUAL OVERALL BENEFIT LIMIT

**BASIC AND ADVANCED RADIOLOGY**  
OUT OF HOSPITAL  
MUST BE PERFORMED BY A REGISTERED RADIOLOGIST,  
ON REFERRAL FROM MEDICAL PRACTITIONER ONLY.  
ADVANCED SCANS (MRI/CT/PET) SUBJECT TO  
PRE-AUTHORISATION

Basic Radiology: 100% CBT limited to  
R4 100 per beneficiary  
Advanced scans: 100% CBT limited to  
R35 100 per family

**PATHOLOGY**  
OUT OF HOSPITAL  
PERFORMED BY A REGISTERED PATHOLOGIST AND REFERRED BY A  
MEDICAL PRACTITIONER  
PRE-AUTHORISATION REQUIRED FOR ADVANCED PATHOLOGY

100% CBT limited to R6 550 per beneficiary

**MEDICATION FOR ADDITIONAL CHRONIC CONDITIONS**  
(SUBJECT TO PRE-AUTHORISATION) REFER TO ADDITIONAL  
CHRONIC CONDITIONS LIST

Depression only. 100% SEP plus a dispensing fee subject to  
RP and DSP  
Consultations 100% CBT

**EXTERNAL APPLIANCES (subject to referral)**  
IN AND OUT OF HOSPITAL  
PURCHASE, HIRE AND MAINTENANCE  
HEARING AIDS - 1 CLAIM PER 3 YEAR  
CYCLE FOR OVER 16 YEARS OF AGE  
YOUNGER THAN 16 YEARS OF AGE  
- 18 MONTH CYCLE  
WHEELCHAIRS - 3 YEAR CYCLE  
INSULIN PUMPS, SUBJECT TO  
PRE-AUTHORISATION AND DSP - 4 YEAR CYCLE  
BREAST PUMPS AND APNOEA MONITORS - THREE MONTHS  
PRIOR TO EXPECTED DUE DATE AND WITHIN SIX MONTHS AFTER  
THE BIRTH OF THE BABY. SUBJECT TO REGISTRATION ON THE  
MOTHER TO BE PROGRAMME

100% NAPPI price or 100% of cost, in hospital and 80%  
of cost out of hospital with an overall limit of R6 300 per  
beneficiary and subject to the following  
sub-limits:

- Baby Apnoea monitors: R2 100
- Breast pumps: R3 600

**INTERNATIONAL TRAVEL COVER**  
Provided by Travel Insurance Consultants (TIC) and subject to their policy  
requirements. Arrange cover prior to your travel. Visit our website for full  
details.

R10 million per beneficiary per journey for emergency  
medical costs while you travel outside South Africa.  
This cover is for a period of 90 days from your departure  
from South Africa. Cover for pre-existing conditions is  
limited to R150,000 unless additional cover is arranged.

**NETCARE 911  
EMERGENCY SERVICES**

Unlimited  
Subject to Netcare 911 authorisation



## FIRST CHOICE










### OTHER BENEFITS (per Beneficiary) SUBJECT TO THE ANNUAL OVERALL DAY-TO-DAY BENEFIT LIMIT

<b>DAY TO DAY BENEFITS</b> BENEFITS BELOW ARE SUBJECT TO THE OVERALL ANNUAL LIMIT	Annual overall limit: Beneficiary specific limits: (a) Medicines R3 040 (b) Advanced Dentistry R6 370 (c) Other R3 040 (d) Specialists R9 360
<b>GP'S AND DENTISTS</b> DENTAL X-RAYS PERFORMED BY DENTISTS, CONSULTATIONS AND PROCEDURES PERFORMED BY THESE PRACTITIONERS; BASIC DENTISTRY	80% CBT Subject to limit (c)
<b>SPECIALISTS</b> CONSULTATIONS, PROCEDURES AND RADIOLOGY PERFORMED BY THESE PRACTITIONERS	80% CBT Subject to limit (d)
<b>ACUTE MEDICATION</b> INCLUDING INJECTIONS AND MATERIALS	80% SEP plus a dispensing fee, subject to MMAP. Subject to limit (a)
<b>CASUALTY AND OUT PATIENT TREATMENT AT A HOSPITAL</b> ALL MEDICATIONS WILL BE PAID OUT OF ACUTE MEDICATION BENEFIT	Medication: 80% SEP plus a dispensing fee subject to limit (a) Treatment: 80% CBT subject to limit (c)
<b>NURSE VISITS</b>	80% CBT subject to limit (c)
<b>SUPPLEMENTARY HEALTH</b> AUDIOLOGY, CHIROPRACTORS, DIETICIANS, HOMOEOPATHS, OCCUPATIONAL THERAPY, PHYSIOTHERAPISTS, BIOKINETICISTS, PODIATRY AND SPEECH THERAPY	80% CBT subject to sub-limit R2 550 Subject to limit (c)
<b>ADVANCED DENTISTRY</b> CROWNS, BRIDGES, ORTHODONTICS, DENTURES	50% CBT Subject to limit (b) dental implants excluded
<b>OVER THE COUNTER MEDICATION</b>	50% SEP plus a dispensing fee, subject to MMAP, limited to R1 560 per beneficiary. Subject to limit (a)
<b>ANTE-NATAL FOETAL SCANS</b> PER PREGNANCY	3 scans at 80% CBT. Subject to limit (c)
<b>ANTE-NATAL CLASSES</b>	80% CBT subject to sub-limit R970 per pregnancy Subject to limit (c)
<b>SPECTACLES AND LENSES</b> FROM OPTOMETRIST ONLY ANNUAL BENEFIT, UNLESS OTHERWISE STATED	<p>The benefit <b>PER BENEFICIARY</b> at a <b>PPN provider</b> would be as follows:</p> <p>One claim every two consecutive years. Each beneficiary is entitled to: One Composite Consultation inclusive of a Refraction, Tonometry and Visual Field screening AND <b>EITHER SPECTACLES</b> - A PPN Frame to the value of R150 or R600 off any alternative frame and/or lens enhancements and one pair of lenses; either One pair of Clear Aquity Single Vision; Clear Aquity Bifocal lenses or Clear Aquity Multifocal lenses OR <b>CONTACT LENSES</b> - Contact lenses to the value of R800.</p> <p>The benefit <b>PER BENEFICIARY</b> at a <b>NON PPN provider</b> would be as follows:</p> <p>One consultation per beneficiary during the Benefit Cycle, limited to a maximum cost of R715 AND <b>EITHER SPECTACLES</b> - A frame benefit of R600 towards the cost of a frame and/or lens enhancements and one pair of lenses; either one pair of clear single vision spectacle lenses limited to R175 per lens or one pair of clear flat top bifocal spectacle lenses limited to R380 per lens or one pair of clear flat top Multifocal lenses limited to R695 per lens OR <b>CONTACT LENSES</b> - Contact Lenses to the value of R800.</p>





## Benefit Option Quick Summary: Double Plus

	<b>Any Private Hospital:</b> No limits
	<b>Attending Dr's and Specialists:</b> Up to 300% CBT
	<b>63 Chronic Conditions</b> Medication and Consultations. Includes unlimited appropriate Biological Drugs and Specialised Technology
	<b>Unlimited X-rays and Blood Tests</b> In and Out of Hospital including MRI and CT Scans
	<b>Screening Benefit</b>
	<b>3 Month</b> Post Hospitalisation Benefit
	<b>External Appliances:</b> wheelchair, hearing aid, breast pump, baby sleep monitor
	<b>Check-ups and Vaccines:</b> GP, Specialist, Dental, Optometry, ECG
	<b>Infertility</b> R58 500 per family

## Monthly Contribution Rates: Double Plus

<b>Monthly Risk Contribution</b>	Adult	R3 639
	Child	R2 089
<b>Monthly MSA Contribution</b>	Adult	R 355
	Child	R 225
<b>Total Monthly Contribution</b>	<b>Adult</b>	<b>R3 994</b>
	<b>Child</b>	<b>R2 314</b>





## DOUBLE PLUS

### IN HOSPITAL AND PRESCRIBED MINIMUM BENEFITS

<b>HOSPITAL ACCOMMODATION</b> INCLUDING CONFINEMENTS, SUBJECT TO PRE-AUTHORISATION	100% of Negotiated Rate in general ward and specialised units
<b>ATTENDING DOCTORS AND SPECIALISTS</b> CONSULTATIONS	Up to 300% CBT
MEDICAL AND SURGICAL PROCEDURES INCLUDING CONFINEMENTS SUBJECT TO PRE-AUTHORISATION	100% of Scheme Rate
<b>SUPPLEMENTARY HEALTHCARE IN HOSPITAL</b> (EG. PHYSIOTHERAPY AND PSYCHOTHERAPY)	100% CBT
<b>BLOOD TRANSFUSIONS</b> (IN AND OUT OF HOSPITAL)	100% of cost
<b>RADIOLOGY IN HOSPITAL</b> <b>ADVANCED SCANS (MRI/CT/PET)</b> SUBJECT TO PRE-AUTHORISATION	100% CBT 100% CBT
<b>PATHOLOGY</b> IN HOSPITAL	100% Negotiated Rate
<b>INTERNAL PROSTHESIS</b> SUBJECT TO PRE-AUTHORISATION	100% of cost
<b>HOME NURSING</b> UP TO 21 DAYS, SUBJECT TO PRE AUTHORISATION	100% CBT
<b>STEP DOWN APPROVED FACILITIES</b> <b>ONLY, UP TO 90 DAYS</b> SUBJECT TO PRE-AUTHORISATION	100% Negotiated Rate
<b>MEDICATION</b> IN HOSPITAL	100% SEP plus dispensing fee
<b>TTO MEDICATION</b> UP TO ONE WEEK'S SUPPLY	100% SEP plus dispensing fee
<b>INFERTILITY TREATMENT</b>	Treatment limited to R58 500 per family
<b>SUBSTANCE ABUSE</b>	PMB applied to hospital based treatment and limited to one rehabilitation treatment per beneficiary per year, subject to pre-authorisation and limited to 21 days
<b>CHRONIC PMB CDL MEDICATION</b> <b>AND TREATMENT - SUBJECT TO</b> <b>PRE-AUTHORISATION AND PROTOCOLS</b> REFER TO CHRONIC DISEASE LIST	100% SEP plus a dispensing fee, subject to RP and DSP. Consultations and procedures - at cost
<b>PMB DTP TREATMENT</b> OUT OF HOSPITAL TREATMENT SUBJECT TO REGISTRATION OF CONDITION AND PRE-AUTHORISATION	Medication - 100% SEP plus a dispensing fee, subject to MMAP and DSP. Consultations and procedures - at cost
<b>ONCOLOGY</b> SUBJECT TO PREAUTHORISATION AND ICON PROTOCOLS#	Medication - 100% SEP plus a dispensing fee, subject to RP and DSP. Consultations and procedures - at 100% Scheme Rate The ICON Core benefits apply

#Please refer to the website for ICON benefit structures







DOUBLE PLUS	
PREVENTATIVE WELLNESS COVER	
<b>CAMAF LIFESTYLE PROGRAMME</b> PER ADULT BENEFICIARY	<b>Includes:</b> Free health risk assessment at Clicks, Dis-Chem or Pick n Pay pharmacy.
<b>ONE GP CONSULTATION ONLY</b> *ICD 10 CODE SPECIFIC TO GENERAL CHECK UP ONLY	100% CBT per beneficiary
<b>ONE SPECIALIST CONSULTATION</b> *ICD 10 CODE SPECIFIC TO GENERAL CHECK UP ONLY. GYNAECOLOGISTS, UROLOGISTS, OR SPECIALIST PHYSICIANS** FOR BENEFICIARIES OVER 16 YEARS. PAEDIATRICIANS FOR BENEFICIARIES UNDER 16 YEARS	100% CBT per beneficiary
<b>PSYCHOTHERAPY</b>	100% CBT limited to R11 530 per beneficiary
<b>ONE DIETICIAN CONSULTATION</b>	100% CBT per beneficiary
<b>ONE DENTISTRY CONSULTATION</b> GENERAL CHECK UP ONLY - excludes consumables	100% CBT per beneficiary
<b>ONE ECG</b> (PERFORMED BY GP OR SPECIALIST PHYSICIAN**) *ICD 10 CODE SPECIFIC TO GENERAL CHECK UP ONLY - excludes consumables	100% CBT per adult beneficiary
<b>ONE OPTOMETRIST CONSULTATION</b>	100% Optical Assistant Rates
<b>METABOLIC SCREENING FOR NEW BORN BABIES</b>	100% Negotiated Rate per new born baby
<b>IMMUNISATION AND VACCINES</b> (COST OF IMMUNISATION AND VACCINE ONLY)	SEP plus a dispensing fee, limited to: Adults R2 520 - Child R4 184
<b>CERVICAL CANCER VACCINE (HPV)</b> (COST OF VACCINE ONLY - SUBJECT TO IMMUNISATION AND VACCINES BENEFIT)	Females between 9 and 16 years of age (SEP plus dispensing fee)
<b>ONE HIV VCT TEST</b>	100% CBT per beneficiary
<b>MELANOMA SCREENING</b>	100% CBT per adult beneficiary
<b>UMBILICAL STEM CELL HARVESTING</b>	Negotiated discount with Cryo-Save. Note: Please note that CAMAF does not cover expenses related to cord blood stem cells harvesting, testing and storage as this is no treatment for a specific medical condition. The cash discount that is offered is passed directly on to you and is not paid from your health plan benefits.





## DOUBLE PLUS

### OTHER BENEFITS (per Beneficiary) NOT SUBJECT TO THE ANNUAL OVERALL BENEFIT LIMIT

**BASIC AND ADVANCED RADIOLOGY**  
OUT OF HOSPITAL  
MUST BE PERFORMED BY A REGISTERED RADIOLOGIST,  
ON REFERRAL FROM MEDICAL PRACTITIONER ONLY.  
ADVANCED SCANS (MRI/CT/PET) SUBJECT TO  
PRE-AUTHORISATION

100% CBT

**PATHOLOGY**  
OUT OF HOSPITAL  
PERFORMED BY A REGISTERED PATHOLOGIST AND REFERRED BY A  
MEDICAL PRACTITIONER  
PRE-AUTHORISATION REQUIRED FOR ADVANCED PATHOLOGY

100% Negotiated Rate or CBT

**POST-HOSPITALISATION**  
CONSULTATIONS AND TREATMENT  
UP TO 90 DAYS

300% CBT for attending practitioners  
100% CBT for auxiliary services

**MEDICATION FOR ADDITIONAL CHRONIC CONDITIONS**  
(SUBJECT TO PRE-AUTHORISATION) REFER TO ADDITIONAL  
CHRONIC CONDITIONS LIST

100% SEP plus a dispensing fee, subject to  
RP and DSP  
Consultations 100% CBT

**EXTERNAL APPLIANCES (subject to referral)**  
IN AND OUT OF HOSPITAL  
PURCHASE, HIRE AND MAINTENANCE  
HEARING AIDS - 1 CLAIM PER 3 YEAR  
CYCLE FOR OVER 16 YEARS OF AGE  
YOUNGER THAN 16 YEARS OF AGE  
- 18 MONTH CYCLE  
WHEELCHAIRS - 3 YEAR CYCLE  
INSULIN PUMPS, SUBJECT TO  
PRE-AUTHORISATION AND DSP - 4 YEAR CYCLE  
BREAST PUMPS AND APNOEA MONITORS - THREE MONTHS  
PRIOR TO EXPECTED DUE DATE AND WITHIN SIX MONTHS AFTER  
THE BIRTH OF THE BABY. SUBJECT TO REGISTRATION ON THE  
MOTHER TO BE PROGRAMME

100% NAPPI price or 100% of cost, subject to the overall  
limit of R66 900 per beneficiary and subject to the following  
sub-limits:

Hearing Aids:	R66 900
Wheelchairs for	
Quadriplegics:	R66 900
Standard Wheelchairs:	R42 700
Insulin Pumps:	R43 600
Other external appliances:	R14 300
• Baby Apnoea monitors:	R 2 600
• Breast pumps:	R 4 300

**INTERNATIONAL TRAVEL COVER**  
Provided by Travel Insurance Consultants (TIC) and subject to their policy  
requirements. Arrange cover prior to your travel. Visit our website for full  
details.

R10 million per beneficiary per journey for emergency  
medical costs while you travel outside South Africa.  
This cover is for a period of 90 days from your departure  
from South Africa. Cover for pre-existing conditions is  
limited to R150,000 unless additional cover is arranged.

**NETCARE 911  
EMERGENCY SERVICES**

Unlimited  
Subject to Netcare 911 authorisation












## DOUBLE PLUS

### OTHER BENEFITS (per Beneficiary) SUBJECT TO THE ANNUAL OVERALL DAY-TO-DAY BENEFIT LIMIT

<b>DAY TO DAY BENEFITS</b> BENEFITS BELOW ARE SUBJECT TO THE OVERALL ANNUAL LIMIT	Annual Overall Limits Adult R12 336 Child R 8 572
<b>GP'S AND DENTISTS</b> DENTAL X-RAYS PERFORMED BY DENTISTS, CONSULTATIONS AND PROCEDURES PERFORMED BY THESE PRACTITIONERS; BASIC DENTISTRY	80% CBT
<b>SPECIALISTS</b> CONSULTATIONS, PROCEDURES AND RADIOLOGY PERFORMED BY THESE PRACTITIONERS	80% CBT
<b>ACUTE MEDICATION</b> INCLUDING INJECTIONS AND MATERIALS	80% SEP plus dispensing fee, subject to MMAP, co-payment from MSA
<b>CASUALTY AND OUT PATIENT TREATMENT AT A HOSPITAL</b> ALL MEDICATIONS WILL BE PAID OUT OF ACUTE MEDICATION BENEFIT	80% CBT
<b>NURSE VISITS</b>	80% CBT up to 21 days
<b>SUPPLEMENTARY HEALTH</b> AUDIOLOGY, CHIROPRACTORS, DIETICIANS, HOMOEOPATHS, OCCUPATIONAL THERAPY, PHYSIOTHERAPISTS, BIOKINETICISTS, PODIATRY AND SPEECH THERAPY	80% CBT
<b>ADVANCED DENTISTRY</b> CROWNS, BRIDGES, ORTHODONTICS, DENTURES	80% CBT limited to: Mo R12 300 M1 R17 700 M2+ R23 800
<b>OVER THE COUNTER MEDICATION</b>	80% SEP plus a dispensing fee, subject to MMAP, co-payment from MSA, limited to R1 800 per beneficiary
<b>LASER K</b> NO APPROVAL FOR SURGERY WHERE SPECTACLES OBTAINED IN PREVIOUS 12 MONTHS	80% CBT limited to R4 630 per beneficiary per eye
<b>ANTE-NATAL FOETAL SCANS</b> PER PREGNANCY	4 Scans at 80% CBT
<b>ANTE-NATAL CLASSES</b>	80% CBT limited to R1 834 per pregnancy
<b>SPECTACLES AND LENSES</b> FROM OPTOMETRIST ONLY ANNUAL BENEFIT, UNLESS OTHERWISE STATED	<b>Consultation:</b> See Preventative Wellness Benefit Add ons R1 070 Single vision R1 070 OR Bifocal R2 850 OR Varifocal R4 370 AND Frames R3 932 OR Contact lenses R3 822 Lenses, frames etc 80% Optical Assistant Rates



## Benefit Option Quick Summary: Alliance

	<b>Any Private Hospital:</b> No limits, private wards for confinements (subject to availability)
	<b>Attending Dr's and Specialists:</b> Up to 300% CBT
	<b>64 Chronic Conditions</b> medication and consultations. Includes unlimited appropriate biological drugs and specialised technology
	<b>Unlimited X-Rays and Blood Tests</b> IN and OUT of hospital including MRI and CT scans
	<b>Screening Benefit</b>
	<b>3 Month</b> post hospitalisation benefit
	<b>External Appliances:</b> Wheelchair, hearing aid, breast pump, baby sleep monitor
	<b>Check-Ups and Vaccines:</b> GP, Specialist, Dental, Optometry, Dermatologist, ECG, Dietician
	<b>Infertility</b> R83 000 per family

## Monthly Contribution Rates: Alliance

<b>Monthly Risk Contribution</b>	Adult	R5 501
	Child	R2 988
<b>Monthly MSA Contriabution</b>	Adult	R 545
	Child	R 255
<b>Total Monthly Contribution</b>	<b>Adult</b>	<b>R6 046</b>
	<b>Child</b>	<b>R3 243</b>





## ALLIANCE

### IN HOSPITAL AND PRESCRIBED MINIMUM BENEFITS

<b>HOSPITAL ACCOMMODATION</b> INCLUDING CONFINEMENTS, SUBJECT TO PRE-AUTHORISATION	100% of Negotiated Rate in general ward and specialised units. Private ward for confinements (subject to availability)
<b>ATTENDING DOCTORS AND SPECIALISTS</b> CONSULTATIONS	Up to 300% CBT
MEDICAL AND SURGICAL PROCEDURES INCLUDING CONFINEMENTS SUBJECT TO PRE-AUTHORISATION	100% of Scheme Rate
<b>SUPPLEMENTARY HEALTHCARE IN HOSPITAL</b> (EG. PHYSIOTHERAPY AND PSYCHOTHERAPY)	100% CBT
<b>BLOOD TRANSFUSIONS</b> (IN AND OUT OF HOSPITAL)	100% of cost
<b>RADIOLOGY IN HOSPITAL</b> <b>ADVANCED SCANS (MRI/CT/PET)</b> SUBJECT TO PRE-AUTHORISATION	100% CBT 100% CBT
<b>PATHOLOGY</b> IN HOSPITAL	100% Negotiated Rate
<b>INTERNAL PROSTHESIS</b> SUBJECT TO PRE-AUTHORISATION	100% of cost
<b>HOME NURSING</b> UP TO 21 DAYS, SUBJECT TO PRE AUTHORIZATION	100% CBT
<b>STEP DOWN APPROVED FACILITIES</b> <b>ONLY, UP TO 90 DAYS</b> SUBJECT TO PRE-AUTHORISATION	100% Negotiated Rate
<b>MEDICATION</b> IN HOSPITAL	100% SEP plus dispensing fee
<b>TTO MEDICATION</b> UP TO ONE WEEK'S SUPPLY	100% SEP plus dispensing fee
<b>INFERTILITY TREATMENT</b>	Treatment limited to R83 000 per family
<b>SUBSTANCE ABUSE</b>	PMB applied to hospital based treatment and limited to one rehabilitation treatment per beneficiary per year, subject to pre-authorisation and limited to 21 days
<b>CHRONIC PMB CDL MEDICATION</b> <b>AND TREATMENT - SUBJECT TO</b> <b>PRE-AUTHORISATION AND PROTOCOLS</b> REFER TO CHRONIC DISEASE LIST	100% SEP plus a dispensing fee, subject to RP and DSP. Consultations and procedures - at cost
<b>PMB DTP TREATMENT</b> OUT OF HOSPITAL TREATMENT SUBJECT TO REGISTRATION OF CONDITION AND PRE-AUTHORISATION	Medication - 100% SEP plus a dispensing fee, subject to MMAP and DSP. Consultations and procedures - at cost
<b>ONCOLOGY</b> SUBJECT TO PREAUTHORISATION AND ICON PROTOCOLS#	Medication - 100% SEP plus a dispensing fee, subject to RP and DSP. Consultations and procedures - at 100% Scheme Rate The ICON Enhanced benefits apply

#Please refer to the website for ICON benefit structures



## ALLIANCE

### PREVENTATIVE WELLNESS COVER

<b>CAMAF LIFESTYLE PROGRAMME</b> PER ADULT BENEFICIARY	<b>Includes:</b> Free health risk assessment at Clicks, Dis-Chem or Pick n Pay pharmacy.
<b>ONE GP CONSULTATION ONLY</b> *ICD 10 CODE SPECIFIC TO GENERAL CHECK UP ONLY	100% CBT per beneficiary
<b>ONE SPECIALIST CONSULTATION</b> *ICD 10 CODE SPECIFIC TO GENERAL CHECK UP ONLY. GYNAECOLOGISTS, UROLOGISTS, OR SPECIALIST PHYSICIANS** FOR BENEFICIARIES OVER 16 YEARS. PAEDIATRICIANS FOR BENEFICIARIES UNDER 16 YEARS	100% CBT per beneficiary
<b>PSYCHOTHERAPY</b>	100% CBT limited to R11 530 per beneficiary
<b>ONE DIETICIAN CONSULTATION</b>	100% CBT per beneficiary
<b>ONE DENTISTRY CONSULTATION</b> GENERAL CHECK UP ONLY - excludes consumables	100% CBT per beneficiary
<b>ONE ECG</b> (PERFORMED BY GP OR SPECIALIST PHYSICIAN**) *ICD 10 CODE SPECIFIC TO GENERAL CHECK UP ONLY - excludes consumables	100% CBT per adult beneficiary
<b>ONE OPTOMETRIST CONSULTATION</b>	100% Optical Assistant Rates
<b>METABOLIC SCREENING FOR NEW BORN BABIES</b>	100% Negotiated Rate per new born baby
<b>IMMUNISATION AND VACCINES</b> (COST OF IMMUNISATION AND VACCINE ONLY)	SEP plus a dispensing fee, limited to R5 038 per beneficiary
<b>CERVICAL CANCER VACCINE (HPV)</b> (COST OF VACCINE ONLY - SUBJECT TO IMMUNISATION AND VACCINES BENEFIT)	Females between 9 and 16 years of age (SEP plus dispensing fee)
<b>ONE HIV VCT TEST</b>	100% CBT per beneficiary
<b>MELANOMA SCREENING</b>	100% CBT per adult beneficiary
<b>UMBILICAL STEM CELL HARVESTING</b>	Negotiated discount with Cryo-Save. Note: Please note that CAMAF does not cover expenses related to cord blood stem cells harvesting, testing and storage as this is no treatment for a specific medical condition. The cash discount that is offered is passed directly on to you and is not paid from your health plan benefits.





## ALLIANCE

### OTHER BENEFITS (per Beneficiary) NOT SUBJECT TO THE ANNUAL OVERALL BENEFIT LIMIT

<b>BASIC AND ADVANCED RADIOLOGY</b> OUT OF HOSPITAL MUST BE PERFORMED BY A REGISTERED RADIOLOGIST, ON REFERRAL FROM MEDICAL PRACTITIONER ONLY. ADVANCED SCANS (MRI/CT/PET) SUBJECT TO PRE-AUTHORISATION	100% CBT
<b>PATHOLOGY</b> OUT OF HOSPITAL PERFORMED BY A REGISTERED PATHOLOGIST AND REFERRED BY A MEDICAL PRACTITIONER PRE-AUTHORISATION REQUIRED FOR ADVANCED PATHOLOGY	100% Negotiated Rate or CBT
<b>POST-HOSPITALISATION</b> CONSULTATIONS AND TREATMENT UP TO 90 DAYS	300% CBT for attending practitioners 100% CBT for auxiliary services
<b>MEDICATION FOR ADDITIONAL CHRONIC CONDITIONS</b> (SUBJECT TO PRE-AUTHORISATION) REFER TO ADDITIONAL CHRONIC CONDITIONS LIST	100% SEP plus a dispensing fee, subject to RP and DSP Consultations 100% CBT
<b>EXTERNAL APPLIANCES (subject to referral)</b> IN AND OUT OF HOSPITAL PURCHASE, HIRE AND MAINTENANCE HEARING AIDS - 1 CLAIM PER 3 YEAR CYCLE FOR OVER 16 YEARS OF AGE YOUNGER THAN 16 YEARS OF AGE - 18 MONTH CYCLE WHEELCHAIRS - 3 YEAR CYCLE INSULIN PUMPS, SUBJECT TO PRE-AUTHORISATION AND DSP - 4 YEAR CYCLE BREAST PUMPS AND APNOEA MONITORS – THREE MONTHS PRIOR TO EXPECTED DUE DATE AND WITHIN SIX MONTHS AFTER THE BIRTH OF THE BABY. SUBJECT TO REGISTRATION ON THE MOTHER TO BE PROGRAMME	100% NAPPI price or 100% of cost, subject to the overall limit of R83 600 per beneficiary and subject to the following sub-limits:  Hearing Aids: R83 600 Wheelchairs for Quadriplegics: R83 600 Standard Wheelchairs: R50 000 Insulin Pumps: R50 000 Other external appliances: R16 650 • Baby Apnoea monitors: R 2 625 • Breast pumps: R 4 300
<b>INTERNATIONAL TRAVEL COVER</b> Provided by Travel Insurance Consultants (TIC) and subject to their policy requirements. Arrange cover prior to your travel. Visit our website for full details.	R10 million per beneficiary per journey for emergency medical costs while you travel outside South Africa. This cover is for a period of 90 days from your departure from South Africa. Cover for pre-existing conditions is limited to R150,000 unless additional cover is arranged.
<b>NETCARE 911 EMERGENCY SERVICES</b>	Unlimited Subject to Netcare 911 authorisation







## ALLIANCE

### OTHER BENEFITS (per Beneficiary) SUBJECT TO THE ANNUAL OVERALL DAY-TO-DAY BENEFIT LIMIT

<b>DAY TO DAY BENEFITS</b> BENEFITS BELOW ARE SUBJECT TO THE OVERALL ANNUAL LIMIT	Annual Overall Limits Adult R31 700 Child R19 800
<b>GP'S AND DENTISTS</b> DENTAL X-RAYS PERFORMED BY DENTISTS, CONSULTATIONS AND PROCEDURES PERFORMED BY THESE PRACTITIONERS; BASIC DENTISTRY	80% CBT
<b>SPECIALISTS</b> CONSULTATIONS, PROCEDURES AND RADIOLOGY PERFORMED BY THESE PRACTITIONERS	80% CBT
<b>ACUTE MEDICATION</b> INCLUDING INJECTIONS AND MATERIALS	80% SEP plus dispensing fee, subject to MMAP, co-payment from MSA
<b>CASUALTY AND OUT PATIENT TREATMENT AT A HOSPITAL</b> ALL MEDICATIONS WILL BE PAID OUT OF ACUTE MEDICATION BENEFIT	80% CBT
<b>NURSE VISITS</b>	80% CBT up to 21 days
<b>SUPPLEMENTARY HEALTH</b> AUDIOLOGY, CHIROPRACTORS, DIETICIANS, HOMOEOPATHS, OCCUPATIONAL THERAPY, PHYSIOTHERAPISTS, BIOKINETICISTS, PODIATRY AND SPEECH THERAPY	80% CBT
<b>ADVANCED DENTISTRY</b> CROWNS, BRIDGES, ORTHODONTICS, DENTURES	80% CBT limited to: M0 R16 600 M1 R24 800 M2+ R29 800
<b>OVER THE COUNTER MEDICATION</b>	80% SEP plus a dispensing fee, subject to MMAP, co- payment from MSA, limited to R4 200 per beneficiary
<b>LASER K</b> NO APPROVAL FOR SURGERY WHERE SPECTACLES OBTAINED IN PREVIOUS 12 MONTHS	80% CBT limited to R12 530 per beneficiary per eye
<b>ANTE-NATAL FOETAL SCANS</b> PER PREGNANCY	6 Scans at 80% CBT
<b>ANTE-NATAL CLASSES</b>	80% CBT limited to R2 505 per pregnancy
<b>SPECTACLES AND LENSES</b> FROM OPTOMETRIST ONLY ANNUAL BENEFIT, UNLESS OTHERWISE STATED	<b>Consultation:</b> See Preventative Wellness Benefit Add ons R1 630 Single vision R1 630 OR Bifocal R3 260 OR Varifocal R4 900 AND Frames R7 300 OR Contact lenses R7 100 Lenses, frames etc 80% Optical Assistant Rates

# Benefit Option Change 2019



Click here to change your  
benefit option for 2019

