



PLEASE NOTE that the Fund obtained exemption until 31 December 2019 from compliance with the prescribed minimum benefits requirements.

GLOSSARY

GRP	The generic reference price – the Scheme bases its medicine benefits on the cost of generic medicines instead of brand-name medicines.
MMI Health	MMI Health is contracted to the Scheme for all managed healthcare services and the management of the Scheme's provider network.
Scheme rate	The Scheme rate is the tariff set by the Scheme for reimbursement of claims in the absence of any other agreed or contracted tariff with any service provider.
SEP	The single exit price is the legislated price of medicine.
SOF	The scale of fees is MMI Health's negotiated tariff fee payable to various service providers, including those listed on the network.
UPFS	The uniform patient fee schedule is the fee schedule applied by the public sector.

BENEFITS SUMMARY

EFFECTIVE 1 JANUARY 2019

ANNUAL BENEFITS FOR DAY-TO-DAY MEDICAL SERVICES

OUT-OF-HOSPITAL BENEFITS

BENEFIT CATEGORY	NOTES	PRIMARY OPTION	STANDARD OPTION	ADVANCED OPTION
Overall annual limit: Single member Member + 1 Member + 2 Member + 3 Member + 4		R10 400 per single member R16 000 per family R20 800 per family R21 400 per family R21 800 per family	R10 800 per single member R16 400 per family R21 400 per family R22 200 per family R22 600 per family	R11 700 per single member R17 300 per family R23 000 per family R23 500 per family R23 900 per family
General practitioner Limited to 7 visits per beneficiary per annum and subject to overall annual limit	Network general practitioner Consultations and acute medication	100% of SOF	100% of SOF	100% of SOF
	Emergency consultations	100% of SOF	100% of SOF	100% of SOF
	Non-network general practitioner Please note: A co-payment equal to the difference between the network and non-network GP may apply if a non-network GP is used	100% of Scheme rate	100% of Scheme rate	100% of Scheme rate
	Acute medication Subject to R250 per prescription	100% of SEP, formulary medication and GRP, subject to overall annual limit	100% of SEP and GRP, subject to overall annual limit	100% of SEP and GRP, subject to overall annual limit
Over-the-counter (OTC) medication Includes homeopathic, herbal and natural medication	OTC medication and influenza vaccines Subject to R250 per event, with a maximum of R1 200 per family per year	100% of SEP and GRP, subject to overall annual limit	100% of SEP and GRP, subject to overall annual limit	100% of SEP and GRP, subject to overall annual limit
Specialists	Consultations Please note: A co-payment equal to the difference between the Scheme rate and specialist rate may apply	Up to 140% of Scheme rate, subject to overall annual limit	Up to 140% of Scheme rate, subject to overall annual limit	Up to 140% of Scheme rate, subject to overall annual limit
	Acute medication No repeat prescriptions allowed	The medication may be obtained at any pharmacy	100% of SEP and GRP, subject to overall annual limit	100% of SEP and GRP, subject to overall annual limit

BENEFIT CATEGORY		NOTES	PRIMARY OPTION	STANDARD OPTION	ADVANCED OPTION
Emergency room/ casualty department (hospital unit)	Primary care benefits for acute illnesses or injuries which may require immediate attention	Excluding facility fee	100% of SOF, subject to overall annual limit	100% of SOF, subject to overall annual limit	100% of SOF, subject to overall annual limit
Dental Annual limit: Single member R4 700 Member + 1 R5 600 Member + 2 R6 700 Member + 3 R6 800 Member + 4 R7 000	Includes the following: - Basic dentistry - Advanced/special- ised dentistry - Dentures - Procedures under conscious sedation in a doctor's rooms	Please note: Members are liable for all costs related to dental care by any general or specialist dentist where costs exceed the dental rate and/or dental limit	100% of Scheme rate; dental limit subject to overall annual limit	100% of Scheme rate; dental limit subject to overall annual limit	100% of Scheme rate; dental limit subject to overall annual limit
	Dental therapist	Please note: Members are liable for all costs related to dental care by any general or specialist dentist where costs exceed the dental rate and/or dental limit	80% of the Scheme rate; dental limit subject to overall annual limit	80% of the Scheme rate; dental limit subject to overall annual limit	80% of the Scheme rate; dental limit subject to overall annual limit
Optometrists Optical limit: R2 400 per beneficiary every two years; i.e. 2019 to 2020	Frames, lenses, contact lenses, tints and eye tests	Optometrists must obtain authorisation for patient referral to a specialist	100% of Scheme rate; optical limit subject to overall annual limit	100% of Scheme rate; optical limit subject to overall annual limit	100% of Scheme rate; optical limit subject to overall annual limit
Radiology			100% of SOF, subject to overall annual limit	100% of SOF, subject to overall annual limit	100% of SOF, subject to overall annual limit
Pathology			100% of SOF, subject to overall annual limit	100% of SOF, subject to overall annual limit	100% of SOF, subject to overall annual limit
Auxiliary services	Nursing services, speech therapist, dietician, occupational therapist, social worker, audiologist, chiropractor, chiropractor, physiotherapy and antiretroviral therapy		100% of Scheme rate, subject to overall annual limit	100% of Scheme rate, subject to overall annual limit	100% of Scheme rate, subject to overall annual limit
Appliances, e.g. nebulisers, crutches, glucometers, hearing aids, hire of oxygen cylinders, etc.	Subject to registration with the appropriate Disease Risk Management Programme	Written motivation from a general practitioner is required; subject to approval from medical advisor	100% of Scheme rate, subject to overall annual limit	100% of Scheme rate, subject to overall annual limit	100% of Scheme rate, subject to overall annual limit
Clinical psychology		The member is responsible for ensuring that an authorisation number is obtained before consulting a specialist	100% of Scheme rate, subject to overall annual limit	100% of Scheme rate, subject to overall annual limit	100% of Scheme rate, subject to overall annual limit
Chronic medication	To obtain benefits for chronic medication, the patient must be registered with the Medicine Risk Management Programme	The Fund's approved chronic condition list is applicable Medication approved as per the Chronic Disease Medication Formulary All medication may be obtained from a pharmacy or a dispensing network general practitioner	R8 400 per beneficiary per year 100% of SEP and GRP	R8 400 per beneficiary per year 100% of SEP and GRP	R8 400 per beneficiary per year 100% of SEP and GRP

BENEFIT CATEGORY		NOTES	PRIMARY OPTION	STANDARD OPTION	ADVANCED OPTION
Ambulance services	Members must make use of Netcare 911 Members must call 082 911 for all ambulance services	For voluntary use of any other emergency service provider, members will be liable for a 20% co-payment	Netcare 911 only	Netcare 911 only	Netcare 911 only
HIV/AIDS	This benefit is subject to enrolment on the HIV/AIDS Programme The costs for GPs, medicine and pathology will be covered at contracted service providers Medicine and hospital pre-authorisation is required	This benefit includes medication, doctor's consultations and blood tests required for the treatment of the condition, as well as the cost of prophylaxis for preventative treatment	R12 500 per beneficiary per year 100% of Scheme rate Medicine: 100% of SEP and GRP	R12 500 per beneficiary per year 100% of Scheme rate Medicine: 100% of SEP and GRP	R12 500 per beneficiary per year 100% of Scheme rate Medicine: 100% of SEP and GRP

ANNUAL BENEFITS FOR HOSPITALISATION AND OTHER MAJOR MEDICAL SERVICES

IN-HOSPITAL BENEFITS

BENEFIT CATEGORY		NOTES	PRIMARY OPTION	STANDARD OPTION	ADVANCED OPTION
Annual in-hospital limit			Limited to overall annual limit	R158 000 per beneficiary per year	R641 000 per beneficiary per year
Private hospital or state facility	Members must use contracted hospitals designated by MMI Health	All admissions and procedures in hospital must be authorised by MMI Health 48 hours before admission This applies to all beneficiaries registered on the Standard and Advanced Options	No separate private hospital cover Treatment at state facility only; UPFS rates applicable Subject to overall annual limit	100% of SOF Subject to annual in-hospital limit	100% of SOF Subject to annual in-hospital limit
Private hospital or State facility Associated professional service, i.e. doctor, physiotherapist, occupational therapist, dietician, etc.	Network general practitioner Non-network general practitioner	Please note that a co-payment equal to the difference between the network and non-network general practitioner may apply if a non-network general practitioner is used	Treatment at State facility only UPFS rates applicable Subject to overall annual limit	100% of SOF 100% of the Scheme rate Subject to annual in-hospital limit	100% of SOF 100% of the Scheme rate Subject to annual in-hospital limit
	Specialists	Please note that a co-payment equal to the difference between the Scheme rate and specialist rate may apply if a non-network specialist is used	Treatment at State facility only; UPFS rates applicable Subject to overall annual limit	100% of Scheme rate Subject to annual in-hospital limit	100% of Scheme rate Subject to annual in-hospital limit
	Maternity Please note: Due to high annual indemnity insurance fees due by gynaecologists, co-payments may apply	Patient must register with MMI Health within the first 16 weeks of the pregnancy Delivery by midwife or specialist at MMI Health's designated service provider	Treatment at State facility only; UPFS rates applicable Subject to overall annual limit	Case managed up to a maximum of 3 days for normal delivery and 4 days for caesarean Subject to annual in-hospital limit	Case managed up to a maximum of 3 days for normal delivery and 4 days for caesarean Subject to annual in-hospital limit
		Gynaecologist: - vaginal delivery (tariff code 2614) - caesarean delivery (tariff code 2615)	Treatment at State facility only; UPFS rates applicable	Up to 200% of Scheme rate; subject to annual in-hospital limit	Up to 200% of Scheme rate; subject to annual in-hospital limit

BENEFIT CATEGORY	NOTES	PRIMARY OPTION	STANDARD OPTION	ADVANCED OPTION	
Private hospital or State facility Associated professional service, i.e. doctor, physiotherapist, occupational therapist, dietician, etc. (continued)	Intensive care unit	Treatment at State facility only; UPFS rates applicable Subject to overall annual limit	Case managed by MMI Health per admission Subject to annual in-hospital limit	Case managed by MMI Health per admission Subject to annual in-hospital limit	
	Radiology	Treatment at State facility only; UPFS rates applicable Subject to overall annual limit	Case managed by MMI Health 100% of SOF Subject to annual in-hospital limit	Case managed by MMI Health 100% of SOF Subject to annual in-hospital limit	
	Pathology	Treatment at State facility only; UPFS rates applicable Subject to overall annual limit	Case managed by MMI Health 100% of SOF Subject to annual in-hospital limit	Case managed by MMI Health 100% of SOF Subject to annual in-hospital limit	
	Physiotherapy	In-hospital treatment Specialist motivation is required and authorisation must be obtained prior to treatment	Treatment at State facility only; UPFS rates applicable Subject to overall annual limit	Case managed by MMI Health 100% of Scheme rate Subject to annual in-hospital limit	Case managed by MMI Health 100% of Scheme rate Subject to annual in-hospital limit
	Psychiatric care and substance abuse rehabilitation	Designated service provider must be used Authorisation must be obtained prior to treatment	Treatment at State facility only; UPFS rates applicable Subject to overall annual limit	Maximum of 21 days per beneficiary per year Subsequent admissions to State facility only; UPFS rates applicable Subject to annual in-hospital limit	Maximum of 21 days per beneficiary per year Subsequent admissions to State facility only; UPFS rates applicable Subject to annual in-hospital limit
	MRI, CT and PET scans	Authorisation must be obtained prior to treatment Designated service provider must be used	Treatment at State facility only; UPFS rates applicable PET scans: Only at State facility Subject to overall annual limit	Limited to R8 400 100% of SOF PET scans: Case managed by MMI Health and referral to a State facility may be required, subject to available benefits Subject to annual in-hospital limit	Limited to R15 900 100% of SOF PET scans: Case managed by MMI Health and referral to a State facility may be required, subject to available benefits Subject to annual in-hospital limit
	Internal prostheses and joint replacements - Defined as appliances placed internally in the body during an operation as well as the replacement of artificial eyes and limbs - Dental implants of any nature are not included in the definition of internal prostheses	Designated service provider must be used	Treatment at State facilities only; UPFS rates applicable Subject to overall annual limit	R49 800 per beneficiary per year Subject to annual in-hospital limit	R60 300 per beneficiary per year Subject to annual in-hospital limit
	Maxillofacial and oral surgery	Trauma cases only as a result of an emergency or accident No benefit for selective admission for specialised or advanced dentistry	Treatment at State facility only; UPFS rates applicable Subject to overall annual limit	100% of Scheme rate Subject to annual in-hospital limit	100% of Scheme rate Subject to annual in-hospital limit

BENEFIT CATEGORY		NOTES	PRIMARY OPTION	STANDARD OPTION	ADVANCED OPTION
Private hospital or State facility (continued)	To-take-out medicine	Upon discharge from hospital	Treatment at State facility only; UPFS rates applicable Subject to overall annual limit	Maximum of 5 days' supply Subject to annual in-hospital limit	Maximum of 5 days' supply Subject to annual in-hospital limit
	Radiotherapy and chemotherapy (for instance cancer treatment)	Authorisation must be obtained prior to treatment	Treatment at State facility only; UPFS rates applicable Subject to overall annual limit	Case managed by MMI Health Treatment at State facility only; UPFS rates applicable Management of exceptions may be considered; medical motivation is required Subject to annual in-hospital limit	Case managed by MMI Health Referral to State facility may be required, subject to available benefits Preferred provider only 100% of Scheme rate Subject to annual in-hospital limit
	Transplants	Authorisation must be obtained prior to treatment Benefit at provincial or State facility only	Treatment at State facility only; UPFS rates applicable Subject to overall annual limit	Case managed by MMI Health Treatment at State facility only; UPFS rates applicable Subject to annual in-hospital limit	Case managed by MMI Health Treatment at State facility only; UPFS rates applicable Subject to annual in-hospital limit
	Angiograms and cardiovascular surgery	Authorisation must be obtained prior to treatment	Treatment at State facility only; UPFS rates applicable Subject to overall annual limit	Case managed by MMI Health Treatment at State facility only; UPFS rates applicable Management of exceptions may be considered; medical motivation is required Subject to annual in-hospital limit	Case managed by MMI Health Referral to State facility may be required, subject to available benefits Preferred provider only 100% of Scheme rate Subject to annual in-hospital limit
	Neurosurgery	Authorisation must be obtained prior to treatment	Treatment at State facility only; UPFS rates applicable Subject to overall annual limit	Case managed by MMI Health Treatment at State facility only; UPFS rates applicable Management of exceptions may be considered; medical motivation is required Subject to annual in-hospital limit	Case managed by MMI Health Referral to State facility may be required, subject to available benefits Preferred provider only 100% of Scheme rate Subject to annual in-hospital limit
	Renal dialysis	Authorisation must be obtained prior to treatment Benefit at provincial or State facility only	Treatment at State facility only; UPFS rates applicable Subject to overall annual limit	Case managed by MMI Health Treatment at State facility only; UPFS rates applicable Subject to annual in-hospital limit	Case managed by MMI Health Treatment at State facility only; UPFS rates applicable Subject to annual in-hospital limit
	Refractive surgery (Lasik)		Not a benefit of the Fund	Not a benefit of the Fund	Not a benefit of the Fund

BENEFIT CATEGORY		NOTES	PRIMARY OPTION	STANDARD OPTION	ADVANCED OPTION
Private hospital or State facility (continued)	Care in lieu of hospitalisation - Protocol-based initiatives to prevent avoidable hospitalisation - May include home nursing - May include rehabilitation or terminal care	Authorisation must be obtained prior to treatment	Not a benefit of the Fund Not a benefit of the Fund Treatment at State facility only; UPFS rates applicable and subject to overall annual limit	Case managed by MMI Health; subject to managed care protocols and annual in-hospital limit	Case managed by MMI Health; subject to managed care protocols and annual in-hospital limit
	Frail care nursing services		Not a benefit of the Fund	Not a benefit of the Fund	Not a benefit of the Fund
	Scopes Includes disposable costs	No benefit for endoscopic, inguinal hernia or incisional hernia repair or laparoscopic-assisted vaginal hysterectomy Members will be liable for any costs in excess of the specified benefits	Treatment at State facility only; UPFS rates applicable Subject to overall annual limit	Benefits for diagnostic and endoscopically assisted surgery at designated facility are limited to R29 600 per family per year Subject to annual in-hospital limit	Benefits for diagnostic and endoscopically assisted surgery at designated facility are limited to R40 200 per family per year Subject to annual in-hospital limit
	Trauma units	Benefit limited to stabilisation of patient only and thereafter transferral to designated service provider Subject to authorisation and case management	Treatment at State facility only; UPFS rates applicable Subject to overall annual limit	100% of SOF Subject to annual in-hospital limit	100% of SOF Subject to annual in-hospital limit
HIV/AIDS	This benefit is subject to enrolment on the HIV/AIDS Programme	Hospital pre-authorisation is required Designated service provider must be used	Treatment at State facilities only; UPFS rates applicable Subject to annual in-hospital limit	100% of SOF Subject to annual in-hospital limit	100% of SOF Subject to annual in-hospital limit



CONTRIBUTION RATES EFFECTIVE 1 JANUARY 2019

CATEGORY		MEMBER	ADULT/SPOUSE	CHILD
PRIMARY	Up to R2 800	R356	R325	R139
	Above R2 800	R806	R609	R250
STANDARD		R806	R609	R250
ADVANCED		R1 162	R969	R336