



Post Office 
MEDiPOS Medical Scheme
Putting your wellbeing first

SUMMARY OF BENEFITS 2019

Summary of benefits: Benefit year 2019

The following table reflects a summary of the Scheme's day-to-day and major medical and trauma benefits effective 1 January 2019. Please refer to the benefit guide for comprehensive details.

Day-to-day benefits

(Members and their dependants are entitled to the following benefits, subject to the prescribed minimum benefit [PMB] legislation.)

	Option A	Option B	Option C
1. Overall annual day-to-day limit			
All sub-limits (sub-limits 1.1 to 1.4) are subject to the overall annual day-to-day limit.	R7 420 per member. R7 420 per adult dependant. R1 420 per child dependant.	R4 360 per member. R4 360 per adult dependant. R850 per child dependant.	R2 530 per member. R2 530 per adult dependant. R660 per child dependant.
1.1 General practitioners (GPs) Visits, consultations and out-patient visits. Network GP Non-network GP (non-DSP)	Members are encouraged to make use of the GP network to minimise possible co-payments.		
	100% of agreed tariff.		
	80% of cost or MSR, whichever is less.		
1.2 Specialists Visits, consultations and outpatient visits.	Paid at 100% of cost or MSR, whichever is less.		
	Benefits are only covered if a member was referred by a GP and pre-authorisation was obtained from the Scheme.		
1.3 Acute medication Prescribed acute medication Pharmacist-advised therapy Members are encouraged to make use of the Scheme's pharmacy network to minimise possible co-payments.	100% of medicine price and limited to R2 800 per beneficiary. 100% of medicine price and limited to R1 500 per family and R220 per event.	100% of medicine price and limited to R1 650 per beneficiary. 100% of medicine price and limited to R1 000 per family and R200 per event.	100% of medicine price and limited to R950 per beneficiary. 100% of medicine price and limited to R800 per family and R180 per event.
1.4 Auxiliary services	R2 050 per family.	R1 200 per family.	R700 per family.
2. Optical benefits			
2.1 Overall optical benefits every two years from last date of treatment Includes frames, all prescription lenses/add-ons and eye tests.	Subject to R3 970 per beneficiary every two years, from last date of treatment, including a frame sub-limit of R2 200 per beneficiary.	Subject to R2 930 per beneficiary every two years, from last date of treatment, including a frame sub-limit of R1 630 per beneficiary.	Subject to R1 140 per beneficiary every two years, from last date of treatment, including a frame sub-limit of R570 per beneficiary.
3. Dentistry benefits			
3.1 Basic dentistry	100% of cost or MSR, whichever is less, according to Scheme's managed care protocols and benefits. Subject to a maximum limit of R8 530 per family.	100% of cost or MSR, whichever is less, according to Scheme's managed care protocols and benefits. Subject to a maximum limit of R7 020 per family.	Subject to a maximum limit of R2 280 per family.
3.2 Advanced dentistry and dental implants	Subject to the following limits: R15 900 per family.	Subject to the following limits: R10 530 per family.	Advanced dentistry subject to the overall annual day-to-day limit. No benefit for dental implants.

4. Primary care benefits (PCB): Subject to major medical expenses (MME) annual limit			
Maximum annual limit	R2 780	R2 450	R1 520
4.1 Radiology (out of hospital.)	R1 770 per family.	R1 410 per family.	R760 per family.
4.2 Pathology (out of hospital.)	R1 770 per family.	R1 410 per family.	R760 per family.

Major medical expenses (MME) benefits

(Members and their dependants are entitled to the following benefits, subject to prescribed minimum benefit [PMB] legislation.)

ANNUAL LIMIT	Option A	Option B	Option C
	Unlimited	R2 373 000	R949 190
1. Prescribed minimum benefits (PMBs)	Unlimited		
2. Preventative care benefits Out of hospital accessed through a pharmacy only. Members are encouraged to use pharmacies that are part of the Scheme's pharmacy network to minimise possible co-payments. If these services are accessed through any other provider than a pharmacy, benefits will be paid from the applicable benefit limit. Once the preventative limits have been reached, tests will be paid from the applicable benefit limit.	100% of cost or MSR, whichever is less. Subject to overall annual limit (risk benefit).		
▶ Blood glucose screening	One test per adult beneficiary per year.		
▶ Blood pressure	One test per adult beneficiary per year.		
▶ Cholesterol screening	One test per adult beneficiary per year.		
▶ Body mass index	One test per adult beneficiary per year.		
▶ Flu vaccine	One per beneficiary per year.		
▶ HIV screening/counselling	One session per beneficiary aged 16 years and older per year.		
3. All hospital-related expenses (Subject to pre-authorisation and a R2 000 co-payment for failing to obtain/late pre-authorisation.)	PMBs and non-PMBs: <ul style="list-style-type: none"> ▶ 100% of cost at negotiated rate in a DSP network hospital; and ▶ R7 000 co-payment for voluntary use of a non-contracted, private hospital (non-DSP). DSP Hospital Network: <ul style="list-style-type: none"> ▶ Life Healthcare ▶ Mediclinic ▶ National Hospital Network (NHN). Medicines will be paid at 100% of medicine price.		
4. Procedures in doctors' rooms (subject to the list of procedures and approval.)	100% of cost or MSR, whichever is less.		
5. Psychiatric institutions Overall (subject to application and approval.)	R37 000 per family.	R17 000 per family.	PMBs only.
6. Substance and alcohol abuse Overall (subject to overall psychiatric limit and PMB legislation.)	R33 980 per family.		
7. Rehabilitation centres (subject to pre-authorisation and approval.)	Subject to MME overall annual limit.		
8. Radiology and pathology (in hospital.)	Subject to MME overall annual limit.		
9. Advanced radiology (in and out of hospital.) MRI, CT, radioisotope and ultrasound scans.	R25 060 per family.	R21 160 per family.	R10 580 per family.
10. Circumcision (out of hospital.)	Global fee of R1 620 per beneficiary.		
11. Ultrasound scans (for pregnancy.)	Four (2D) scans per pregnancy.	Two (2D) scans per pregnancy.	Benefits are subject to pre-authorisation and maternity care plan.
12. Antenatal consultation	R3 320 per pregnancy.	R2 490 per pregnancy.	

	Option A	Option B	Option C
ANNUAL LIMIT	Unlimited	R2 373 000	R949 190
13. Antenatal classes	R1 370 per pregnancy.	R1 240 per pregnancy.	No benefits.
14. Oncology (cancer treatment.) (subject to approval.)	R389 930 per beneficiary. 100% of cost at designated service provider (DSP) or 75% at non-DSP.	R233 960 per beneficiary. 100% of cost at designated service provider (DSP) or 75% at non-DSP.	PMBs only.
15. Maxillofacial and oral surgery (subject to pre-authorisation and approval by the Scheme.)	Subject to maximum limit of R14 920 per family.		
16. Internal prostheses/devices (subject to application and approval.)	R69 180 per family.	R56 600 per family.	R23 730 per family.
16.1 Cardiac stents (limited to three.)	R23 730 per family with the following sub-limits:	R22 620 per family with the following sub-limits:	
▶ Drug eluting	R17 600	R13 820	
▶ Bare metal	R9 920	R7 460	
16.2 Aorta stent grafts	R51 360	R43 560	
16.3 Peripheral arterial stent grafts	R39 100	R33 540	
16.4 Cardiac pacemakers	R69 180	R56 600	
16.5 Cardiac valves (limited to two.)	R36 100 per valve.	R32 080 per valve.	
16.6 Total hip replacement	R57 710	R42 340	
16.7 Total knee replacement	R52 920	R42 670	
16.8 Total shoulder replacement	R49 580	R40 880	
16.9 Elbow replacement	R49 580	R35 100	
16.10 Temporomandibular (TM) joint replacement	R49 580	R35 100	
16.11 Ankle replacement	R49 580	R35 100	
16.12 Finger replacement	R32 640	R22 500	
16.13 Toe (total or partial) replacement	R32 640	R22 500	
16.14 Bryan's and other intervertebral disc prostheses	R40 220	R27 630	
16.15 Mesh grafts	R28 860	R5 020	
16.16 Intra-stromal corneal ring segments	R27 630	R18 820	
16.17 Spinal instrumentation	R49 580	R26 960	
16.18 Other approved implantable spinal and intervertebral discs	R47 350	R40 220	
16.19 Bone lengthening devices	R42 560	R36 200	
16.20 Neuro-stimulation/ablation devices for Parkinson's	R45 790	R38 880	
16.21 Vagal stimulator for intractable epilepsy	R36 430	R30 970	
16.22 Detachable platinum coils	R47 350	R40 330	
16.23 Embolic protection devices	R47 240	R40 220	
16.24 Intraocular lens (per lens)	R4 340	R3 460	
16.25 Carotid stents	R19 050	R16 160	
16.26 Any other internal prostheses	R49 910	R44 560	
16.27 General prostheses/devices benefit	R18 820 per beneficiary.	R9 920 per beneficiary.	
▶ Middle ear bone implants	R18 820	R9 920	
▶ Vocal cord prostheses	R18 820	R9 920	
▶ Penile prostheses	R18 820	R9 920	

	Option A	Option B	Option C
ANNUAL LIMIT	Unlimited	R2 373 000	R949 190
▶ Vascular/arterial grafts and patches	R18 820	R9 920	
▶ Atrium- and ventricular septum patches	R18 820	R9 920	
▶ Mammary/breast implants	R7 130	R3 560	
▶ TVT sling device	R3 460	R1 680	
▶ Procter-Livingstone and Celestin tubes	R7 020	R3 680	
▶ Renal artery stent	R12 580	R5 020	
▶ Oesophageal stent	R12 580	R6 240	
▶ Ureteric stent	R12 580	R6 240	
▶ Urethral stent	R12 580	R6 240	
▶ Ductus choledochus stent	R12 580	R6 240	
▶ Other blood vessels stent	R12 580	R6 240	
▶ Permanent supra-pubic catheters	R5 020	R2 460	
▶ Testis prostheses	R12 580	R6 240	
▶ Gold weight implants upper eyelid	R12 580	R7 460	
▶ Anal and other sphincter stimulation devices	R12 580	R6 240	
17. External medical appliances (subject to approval.)	R8 020 per family with a sub-limit of R2 000 per family, limited to PMBs for orthotic shoes/ innersoles.	R6 580 per family with a sub-limit of R2 000 per family, limited to PMBs for orthotic shoes/ innersoles.	R6 240 per family with a sub-limit of R2 000 per family, limited to PMBs for orthotic shoes/ innersoles.
18. Hearing aids (per two-year cycle, i.e. 2018/2019 and subject to approval.) Excludes repairs and batteries.	Limited to R18 940 per beneficiary per cycle.	Limited to R15 940 per beneficiary per cycle.	Limited to R11 800 per beneficiary per cycle.
19. Cochlear implants (subject to approval.)	R250 000 per family with the following sub-limits:	R200 000 per family with the following sub-limits:	PMBs only.
▶ Preoperative evaluation and associated costs	R12 480		PMBs only.
▶ Intra-operative audiology testing	R750		PMBs only.
▶ Post-operative rehabilitation	R27 630		PMBs only.
▶ Upgrade of sound processor	(80% of cost) R56 500		PMBs only.
▶ Repair outside of warranty	Subject to cochlear implant benefit.		PMBs only.
▶ Batteries and spares	Subject to external medical appliances benefit.		PMBs only.
20. Artificial limbs and artificial eyes (subject to pre-authorisation and approval.)	R63 720 per family with the following sub-limits:	R49 580 per family with the following sub-limits:	R25 620 per family with the following sub-limits:
▶ Artificial limbs	R63 720 per artificial leg or arm per family.	R49 580 per artificial leg or arm per family.	R25 620 per artificial leg or arm per family.
▶ Artificial eyes	R21 160 per artificial eye per family.	R21 160 per artificial eye per family.	R17 720 per artificial eye per family.
21. Radial keratotomy and excimer laser (subject to pre-authorisation.)	R9 800 per family.	R6 020 per family.	No benefits.
22. Home oxygen (subject to pre-authorisation.)	R15 260 per beneficiary.	R14 040 per beneficiary.	R14 040 per beneficiary.
23. Hyperbaric oxygen (subject to pre-authorisation.)	R46 900 per beneficiary.	R46 900 per beneficiary.	R46 900 per beneficiary.
24. Kidney dialysis (subject to pre-authorisation.)	R390 260 per family.	R312 160 per family.	PMBs only.
25. Organ transplant medication (subject to pre-authorisation.)	R354 830 per family.	R298 120 per family.	PMBs only.

	Option A	Option B	Option C
ANNUAL LIMIT	Unlimited	R2 373 000	R949 190
26. Hospice and private nursing (subject to pre-authorisation.)	R31 420 per family.	R21 940 per family.	R8 020 per family.
27. Care in lieu of hospitalisation (subject to pre-authorisation and approval.)	Subject to MME overall annual limit.		
28. HIV/AIDS (registration and enrolment on LifeSense Disease Management is encouraged.)	R28 860 per beneficiary.	R28 860 per beneficiary.	R28 860 per beneficiary.
29. Ambulance services	R7 020 per family.	R6 580 per family.	R5 580 per family.

Chronic medication benefits subject to major medical expenses (MME)

(Members and their dependants are entitled to the following benefits, subject to prescribed minimum benefit [PMB] legislation.)
(Members are encouraged to use the pharmacies that are part of the Scheme's pharmacy network to minimise co-payments.)

	Option A	Option B	Option C
1. Non-PMB chronic medication (subject to approval.)	R10 580	R7 130	PMBs only.
2. PMB chronic medication (subject to approval.)	Initially subject to R10 580 non-PMB chronic medication limit, thereafter unlimited.	Initially subject to R7 130 non-PMB chronic medication limit, thereafter unlimited.	PMBs only.

2019 contribution tables

The tables below reflect contributions for each option. Your total monthly contribution to the Scheme is based on the option you have chosen, the number and type of dependants registered on your membership, as well as your income.

Option A

Monthly income	Principal member	Adult dependant	Child dependant
All income levels	R6 252	R6 126	R1 491

Option B

Monthly income	Principal member	Adult dependant	Child dependant
R0 – R7 200	R2 493	R2 424	R741
R7 201 – R9 800	R2 586	R2 529	R768
R9 801 – R12 100	R2 676	R2 634	R807
R12 101+	R2 745	R2 703	R831

Option C

Monthly income	Principal member	Adult dependant	Child dependant
R0 – R7 200	R1 308	R1 131	R351
R7 201 – R9 800	R1 440	R1 269	R429
R9 801 – R12 100	R1 530	R1 350	R456
R12 101+	R1 578	R1 377	R468

Please note

- Adult dependants include spouses/partners, registered children over the age of 21 (except children who are younger than 25 years of age and who are full-time students registered at a recognised tertiary institution), parents and siblings.
- Your portion of the contribution will depend on your subsidy.
- If you are unsure of your subsidy, please check with your Human Resources Department.

How to calculate your contribution

Calculate the total monthly amount you will contribute when you choose an option:

Compulsory monthly contributions

Principal member:	R
Adult dependants: (R.....x number of adult dependants)	R
Child dependants: (R.....x number of child dependants)	R
Total:	R
Less employer subsidy:	R
Due by member:	R