

CUSTOM OPTION

MONTHLY CONTRIBUTION				
SALARY BAND	MEMBER	ADULT	CHILD	
R0 – R3 200	R938	R753	R235	
R3 201 -R5 800	R985	R787	R246	
R5 801 – R8 500	R1 078	R865	R271	
R8 501 – R10 500	R1 237	R990	R310	
R10 501 +	R1 717	R1 375	R429	

OUT-OF-HOSPITAL BENEFITS

Not sure what we mean? Refer to glossary on page 50..

PRIMARY CARE NETWORK ONLY		
General practitioners (GPs)	Unlimited at the primary care network service provider	
Specialists	M = R3 570 M+ = R7 150 Subject to network GP referral, pre-authorisation and managed care/Scheme protocols	
Medicines Acute Over the counter (OTC)	Unlimited at the primary care network service provider – subject to network formulary Single member = 5 prescriptions Family = 7 prescriptions	
Chronic	25 conditions (see page 12) Subject to primary network service provider protocols No benefit if a non-network provider is used	
Optometry Optical benefit available per beneficiary every 24 months	1 optical test per beneficiary per year 1 pair of clear, standard mono- or bifocal lenses in a standard frame OR Contact lenses to the value of R480 R185 towards a frame outside the standard range	
Dentistry Basic - per beneficiary per annum	Per beneficiary per annum:	
Specialised	Per adult beneficiary – 1 set of acrylic dentures every 24 months	



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MRI, CT, PET and radio isotope scans	Sub-limit per beneficiary = R2 530, subject to specialist limit
External prosthesis	R9 540 per family per annum. Subject to clinical protocols
Medical and surgical appliances (in and out of hospital)	The following appliances are subject to the annual limit of R6 610 per family
Glucometers Nebulisers	R750 per beneficiary every 2 years R750 per family every 3 years
Other appliances – once every 4 years	Subject to clinical protocols

ADDITIONAL BENEFITS	
Maternity	Antenatal care from the primary care provider
	2x 2D Scans per pregnancy. 3D and 4D scans are paid up to the rate of 2D scans
Out-of-area or emergency visits	Per family = 3 visits to a maximum of R1 000
Patient care programmes (Diabetes, HIV, oncology)	Subject to registration and managed care protocols

This option is exempt from PMBs. Terms and conditions apply including specific exclusions.



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IN-HOSPITAL BENEFITS

Overall Annual Limit (OAL)	Single member = R295 380	
	Family = R519 100	
	All services are subject to pre-authorisation and managed care protocols	
Public hospital	Unlimited treatment in accordance with Scheme and state protocols	
Private hospital	Subject to the overall annual limit and use of the Scheme network hospitals	
Network hospital: Life Healthcare	A 30% co-payment will be applied for voluntary use of a non-network provider	
GPs and specialists	Unlimited treatment in accordance with Scheme protocols and use of Network Providers	
	Admission to private hospital subject to overall annual limit Claims paid up to the agreed rate with the provider	
To-take-out medicine	Up to 7 days	
Internal prostheses	Per family per annum = R14 310 where approved during hospital admission	
Alternate care instead of hospitalisation	Per family = 30 days to a maximum of R19 920	
Mental health (in and out of	Subject to the overall annual limit and up to a sub-limit of R21 090	
hospital)	Subject to clinical protocols	
Alcohol and drug rehabilitation	100% of the negotiated rate, at a South African National Council on Alcoholism and Drug Dependence (SANCA)-approved facility, subject to the mental health sub-limit	
Oncology	Per family = R66 240, subject to overall annual limit	
Pathology	Per beneficiary = R6 950, subject to overall annual limit	
Radiology	Per beneficiary = R6 950, subject to overall annual limit	
Medical and surgical appliances (in and out of hospital)	Per family = R6 610, subject to overall annual limit	
Maternity	Confinement: Public hospital – Treatment in accordance with Scheme protocols Private hospital – Subject to private overall annual limit and use of the hospital network providers	
Ambulance	Emergency road transport only	