



ESSENTIAL OPTION

MONTHLY CONTRIBUTION			
SALARY BAND	MEMBER	ADULT	CHILD
R0 – R3 000	R345	R207	R139
R3 001 – R6 500	R362	R217	R143
R6 501 – R9 500	R525	R315	R211
R9 501 +	R603	R362	R242

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
Prescribed medicines	Unlimited at the primary care network service provider – subject to network formulary
Acute	
Over the counter (OTC)	Single member = 3 prescriptions Family = 5 prescriptions
Chronic	Five conditions covered (see page 12) Subject to primary care network service provider protocols No benefit if a non-network service provider is used
Optometry	1 optical test per beneficiary per year 1 pair of clear, standard mono- or bifocal lenses in a standard frame
Optical benefit available per beneficiary every 24 months	OR Contact lenses to the value of R480 R185 towards a frame outside the standard range
	Subject to primary care network service provider protocols No benefit if a non-network provider is used
Basic dentistry	Per beneficiary per annum: <ul style="list-style-type: none"> • one dental examination • scaling • eight primary extractions • eight fillings • polishing
External prostheses	Per family = R5 720



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<p>Medical and surgical appliances (in- and out-of-hospital)</p> <p>Glucometers</p> <p>Nebulisers</p> <p>Other Appliances – once every 4 years</p>	<p>The following appliances are subject to the annual limit of R2 480 per family</p> <p>R750 per beneficiary every 2 years</p> <p>R750 per family every 3 years</p> <p>Subject to clinical protocols</p>
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ADDITIONAL BENEFITS	
<p>Maternity</p>	<p>Antenatal care from the primary care network service provider</p> <p>x2 2D scans per pregnancy. 3D and 4D scans are paid up to the rate of 2D scans</p>
<p>Out-of-area or emergency visits</p>	<p>Per family = three visits to a maximum of R1 000</p>
<p>Preventative care High Risk members as identified by GP Subject to GP referral and case management</p>	<p>Cholesterol Blood glucose Blood pressure Tuberculosis screening Clinical breast examination (ultrasound) Prostate-specific antigen Pneumococcal and influenza vaccines</p>
<p>Patient care programmes (Diabetes, HIV, oncology)</p>	<p>Subject to registration and clinical protocols</p>



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IN-HOSPITAL BENEFITS

Public hospital	Unlimited treatment in accordance with Scheme protocols
Private hospital	Resuscitation and stabilisation only Subject to pre-authorisation within 48 hours of admission and managed care protocols
GPs and specialists	Unlimited treatment in a state facility in accordance with Scheme protocols
To-take-out medicine	Up to 7 days
Internal Prostheses	Per family = R8 590 where approved during hospital admission
Oncology	Where approved during hospital admission Subject to state and managed care protocols
Pathology	Where approved during hospital admission Subject to state and managed care protocols
Radiology	Where approved during hospital admission Subject to state and managed care protocols
Maternity	Treatment in accordance with Scheme and state protocols Antenatal care available from a primary care network provider for the first 20 weeks. Patient will be referred to a State Facility for Specialist care and the confinement.
Ambulance	Emergency road transport only

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