CONTACT DETAILS

Client Services
Phone number: 0861 638 633
Fax: 011 539 7227
Email: member@netcaremedicalscheme.co.za

Netcare 911 – Ambulance and Emergency Services
Phone number: 082 911

Member Claim Submission
Postal Address
Netcare Medical Scheme
Claims Department
PO Box 652509, Benmore 2010
Email: claims@netcaremedicalscheme.co.za

Chronic Medication and Renal Dialysis Registration
Email: chronics@netcaremedicalscheme.co.za

Maternity Registration
maternity@netcaremedicalscheme.co.za

Appliance and Prostheses Authorisations
preauthorisations@netcaremedicalscheme.co.za

Oncology Registrations and Authorisation
Email: oncology@netcaremedicalscheme.co.za

Specialist Authorisation
Email: member@netcaremedicalscheme.co.za

Orthodontics Authorisation
Email: orthodontic@netcaremedicalscheme.co.za

HIV Registration and Authorisation
Email: hiv@netcaremedicalscheme.co.za

Hospital Authorisation
Email: preauthorisations@netcaremedicalscheme.co.za

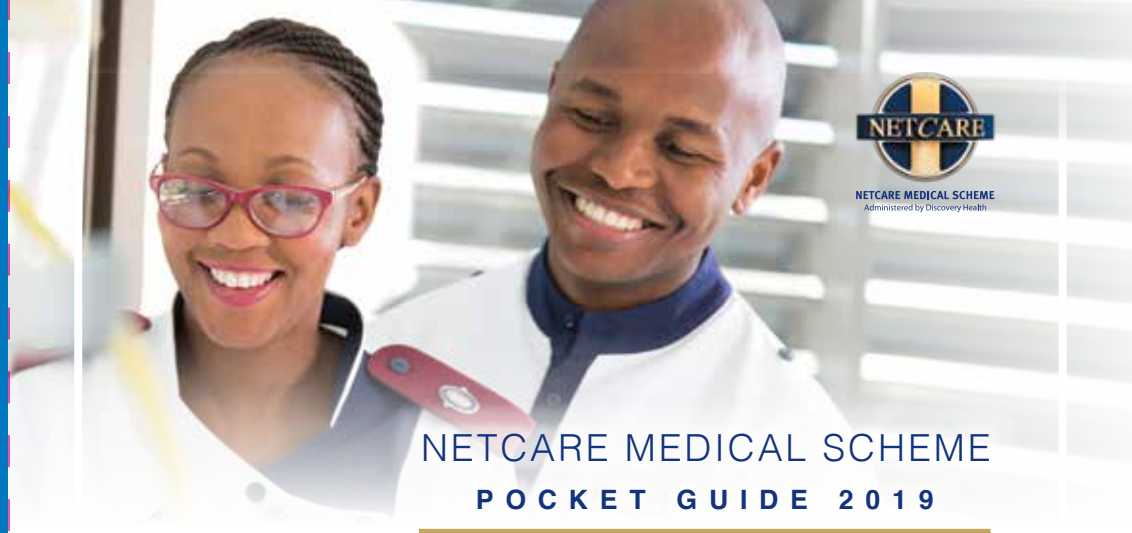
Escalated Complaints
Email: complaints@netcaremedicalscheme.co.za

Reporting Fraud
Phone number: 0800 004 500
Email: forensics@discovery.co.za

www.netcaremedicalscheme.co.za

Scan this QR Code with your smartphone for easy access to the Netcare Medical Scheme website.

Disclaimer
The registered Rules of the Scheme will apply in the event of any differences in this Pocket Guide when compared with the registered Rules of the Scheme.



NETCARE MEDICAL SCHEME
Administered by Discovery Health

NETCARE MEDICAL SCHEME
POCKET GUIDE 2019

CARE | DIGNITY | PARTICIPATION | TRUTH | PASSION

NETCARE MEDICAL SCHEME
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NETCARE MEDICAL SCHEME BENEFIT SUMMARY 2019

In-hospital cover

A list of the Designated Service Providers (DSPs) and Preferred Providers is available at www.netcaremedicalscheme.co.za or by calling the Client Contact Centre on 0861 638 633

Service	Benefit	Limits (Subject to managed care rules and protocols)	Authorisation Requirements	Designated service provider (DSP)/ Preferred provider
Admission to a Netcare hospital (dsp) – failure to make use of a dsp or failure to pre-authorise any hospital admission will result in a 25% co-payment (including pmbs)				
Hospital stay	100% of NMS tariff	Unlimited cover	Yes, at least 72 hours prior to admission or within 72 hours of an emergency admission	At DSP
Psychiatric hospitalisation	100% of NMS tariff	21 days per beneficiary per annum or 15 outpatient psychotherapy sessions		At DSP
Day clinic or day theatre admission	100% of NMS tariff	Unlimited cover		At DSP
To Take Out (TTO) drugs	100% of NMS tariff	Seven (7) day supply No levy applicable	Forms part of the related hospitalisation	At DSP
Treatment whilst in hospital				
Consultations, surgical procedures, physiotherapy, medication and blood transfusions	100% of NMS tariff	Unlimited cover	Forms part of the related hospitalisation	At DSP
Anaesthetics	100% of NMS tariff	Unlimited cover		
Pathology	100% of NMS tariff	Unlimited cover		
Organ transplants (including donor cost and immunosuppressant medication)	100% of NMS tariff	Unlimited cover	Yes, at least 72 hours prior to admission or within 72 hours of an emergency admission	At DSP
Peritoneal dialysis and haemodialysis (kidney dialysis) including renal unit and technicians	100% of NMS tariff	Unlimited cover	Yes, registration on the renal management programme required	At DSP
Dentistry hospitalisation	100% of NMS tariff	Unlimited cover for theatre and anesthetist (R500 co-payment will apply) Combined in- and out-of-hospital dentistry limit applies for dentist/dental surgeon M – R 4 725 M+1 – R 7 350 M+2 – R 9 450 M+3+ – R11 550	Yes, at least 72 hours prior to admission or within 72 hours of an emergency admission	Preferred Provider use recommended to minimize co-payments
Dentistry: maxillo-facial surgery	100% of NMS tariff	Strictly related to certain treatments	Yes, at least 72 hours prior to admission or within 72 hours of an emergency admission	Preferred Provider use recommended to avoid co-payments
Admission to a non-DSP hospital (a non-DSP is defined as a provincial or private hospital other than a netcare hospital)				
Hospital (voluntary admission) stay and all related services including consultations, surgical procedures, treatment, medication, physiotherapy, anaesthetics, etc.	75% of NMS tariff	25% co-payment will apply on full admission	Yes, at least 72 hours prior to admission or within 72 hours of an emergency admission	–
Hospital (emergency/involuntary non-DSP admission) will qualify for the same benefits as for a DSP hospital admission	100% of NMS tariff	Unlimited cover	Yes, at least 72 hours prior to admission or within 72 hours of an emergency admission	–
Motor vehicle accidents and third party claims				
Payment is subject to an undertaking and completion of an accident injury form and report by the member	100% of NMS tariff	Unlimited cover	Yes, at least 72 hours prior to admission or within 72 hours of an emergency admission	At DSP

Out-of-hospital cover

Chronic medication				
Chronic medication benefit is only applicable to members and/or dependants registered on the Chronic Management Programme	100% of NMS tariff	Unlimited cover (subject to MMAP, chronic condition list (formulary) and PMBs).	Yes, once diagnosed	At DSP (failure to utilise the services of a DSP will require upfront payment by the member and the submission of a claim to the Scheme for reimbursement)
Outpatient procedures and emergency visits				
Gastroscopies and colonoscopies	100% of NMS tariff	Unlimited cover at DSP R500 co-payment at non-DSP	Yes, at least 72 hours prior to procedure	At DSP
Sigmoidoscopy, direct laryngoscopy, biopsy of breast lumps, excision of nail bed, surgical removal of plantar warts, non-cosmetic varicose vein injections or drainage and wound care	100% of NMS tariff	Unlimited cover	Yes, at least 72 hours prior to procedure	At DSP
Removal of wisdom or impacted teeth, removal of retained dental roots in lieu of hospitalisation	100% of NMS tariff	Combined in- and out-of-hospital dentistry limit M – R 4 725 M + 1 – R 7 350 M + 2 – R 9 450 M + 3+ – R11 550	Yes, at least 72 hours prior to procedure	At DSP
Outpatient or casualty procedure that results from a procedure previously requiring hospital admission (within 72 hours post-event)	100% of NMS tariff	Unlimited cover	Yes, at least 72 hours prior to procedure or within 72 hours of an emergency admission	At DSP
Outpatient or casualty consultations, procedures, medication and treatment defined as an emergency or a priority emergency	100% of NMS tariff	Unlimited cover	None	At DSP
Specialist consultations and treatment out-of-hospital – failure to pre-authorise will result in payment being made from savings for non-pmb conditions or a co-payment on pmb conditions				
Consultations, procedures in room, material and visits (including outpatient visits)	NMS negotiated tariff at **contracted** Preferred Provider	Nine (9) consultations per beneficiary per annum	Yes, at least 72 hours prior to consultation or procedure or within 72 hours of an emergency	Preferred Provider use recommended to avoid co-payments
	100% of NMS tariff at **non-contracted** provider			Use of a non-Preferred Provider may lead to co-payments
One specialist consultation per beneficiary per annum may be utilised for an optometric consultation			None	–
Oncology				
Any oncology treatment including chemotherapy and radiation in- and out-of-hospital	100% of NMS tariff at DSP	Unlimited cover	Yes, registration on oncology programme required and submission of a treatment plan	At DSP
Pathology				
Pathology including consumables and materials	100% of NMS tariff	R3 310 per beneficiary per annum	None	Preferred Provider use recommended to avoid co-payments i.e. Ampath, Lancet and Pathcare
Specialised radiology				
IVP tomography, contrast studies, MRI, bone densitometry for males and females younger than 50, CT scans, PET scans and related consumables	100% of NMS tariff	Unlimited cover R500 co-payment applicable to out- of-hospital non-PMB conditions and not applicable to PET scans	Yes, at least 72 hours prior to procedure	–
Bone densitometry for males and females older than 50	100% of NMS tariff	One per beneficiary per annum No co-payment for out- of-hospital non-PMB conditions		
Mammogram	100% of NMS tariff	One per beneficiary per annum		
Any other specialised radiology	100% of NMS tariff	Unlimited cover	None	–
Basic radiology				
Black and white X-rays and ultrasonography	100% of NMS tariff	Combined in- and out-of-hospital limit applies for basic radiology M – R2 990 M + 1 – R4 470 M + 2 – R5 220 M + 3+ – R5 590	None (maternity ultrasounds require registration on the Maternity Care Programme)	–

Out-of-hospital cover (cont.)

Service	Benefit	Limits (subject to managed care rules and protocols)	Authorisation requirements	Designated service provider (dsp)/ Preferred provider
Maternity benefit				
Hospital and home confinements	100% of NMS tariff	Unlimited cover	Yes, registration on Maternity Care Programme	At DSP
Ultrasound scans	100% of NMS tariff	Two (2) ultrasounds		–
Antenatal consultations at a Gynaecologist or General Practitioner	100% of NMS tariff	13 consultations		Preferred Provider use recommended to avoid co-payments
Antenatal classes	R1 000 per pregnancy at any Storks Nest facility			At Storks Nest
Immunisations – Failure to make use of a DSP will result in payment from MSA				
Baby and child immunisations (up to 12 years)	100% of NMS tariff	Unlimited cover. According to Department of Health protocol including MMR vaccine but excluding HPV vaccine	None	Vaccine – At DSP Administration of vaccine – At Storks Nest
Dentistry				
Basic dentistry (fillings, extractions, X-rays and prophylaxis) and specialised dentistry (periodontics, bridgework, crowns, dentures and dental implants)	100% of NMS tariff	Combined in- and out-of-hospital dentistry limit, subject to Dental Managed Care Protocols M – R 5 780 M + 1 – R10 840 M + 2 – R14 460 M + 3+ – R16 620	None	Preferred Provider use recommended to minimise co-payments
Maxillo-facial and oral surgeons performing specialised dental procedures				
Orthodontic (under 21 years of age)			Yes, treatment plan required	
In-hospital dentistry and maxillo-facial surgery: refer to in-hospital cover above				
Prostheses				
External and internal prostheses	100% of approved benefit	R76 720 per beneficiary per annum, and the following sub-limits: Hip & knee replacements – R30 000 Shoulder replacements – R41 700 Prosthetic devices used in spinal surgery – R25 500 for the first level and R51 000 for two or more levels Sub-limits will not apply if a preferred provider is used	Yes	Preferred Provider use recommended to minimise co-payments
Appliances				
Hearing aids and hearing aid repairs	100% of approved benefit	R17 710 per beneficiary per ear every two (2) years	Yes	–
Other appliances		R3 720 per beneficiary per annum		–
Ambulance services				
Air and road emergency services	100% of cost at DSP	None	No authorisation required if DSP is utilised	Through DSP Netcare 911
A 25% co-payment will apply for voluntary, non-emergency use of any other service provider				
Home nursing, step down / sub-acute, rehabilitation				
Home nursing, step down, sub-acute (physical) rehabilitation	100% of NMS tariff	Subject to Managed Care Rules and Protocols	Yes	As authorised
Home nursing, hospice, end of life care				
Advanced Illness Benefit for oncology patients	100% of NMS tariff at approved provider	Subject to Managed Care Rules and Protocols	Yes	As authorised
Compassionate Care Benefit for other terminal illnesses	100% of NMS tariff at approved provider	Subject to Managed Care Rules and Protocols	Yes	As authorised
HIV managementw				
HIV treatment	100% of NMS tariff	Unlimited cover, subject to formularies	Yes	–

Member Savings Account (MSA)

General practitioners				
Consultations and all visits and procedures performed out-of-hospital or in the emergency department	100% of NMS tariff	Subject to MSA balance	–	–
Prescribed acute medication				
Acute medicine prescribed and or dispensed by medical practitioners or specialists	100% of NMS tariff	Subject to MSA balance	–	–
Self-medication or over-the-counter (OTC) medication				
Homeopathic medicines, multi-vitamins, calcium, magnesium, tonics, stimulant laxatives, contact lens preparations				
Health Risk Assessement screening: Body Mass Index (BMI) Blood Pressure screening Cholesterol screening Glucose screening	100% of NMS tarriff	Subject o MSA balance (beneficiaries 18 years and older)		At selected Clicks Health Clinics
Optical				
First optometric consultation will automatically be paid from specialist visits	100% of NMS tariff	One consultation per beneficiary per annum	None	Preferred Provider use recommended to minimise co-payments
Subsequent optometric consultations	100% of NMS tariff	Subject to MSA balance	–	
Spectacle lenses and frames, readers and contact lenses	100% of NMS tariff	Subject to MSA balance	–	
Hospital out patient visits				
Out patient visits to the emergency department with non-PMB and non-priority emergency diagnoses	100% of NMS tariff	Subject to MSA balance	–	–
Auxiliary services				
Psychology and social services: consultations, therapy, treatment and social workers	100% of NMS tariff	Subject to MSA balance	–	–
Physiotherapy out-of-hospital and biokinetics				
Homeopathy, naturopathy, chiropractic, speech therapy, audiology, occupational therapy, acupuncture, podiatry and dietetics (excluding X-rays and appliances)				

✚ Important terminology ✚

Designated service provider (DSP)

A Designated Service Provider (DSP) is a healthcare provider selected by the Scheme as its preferred service provider to provide relevant healthcare services to its members. Failing to use the appointed Scheme DSP, except in case of an emergency, may lead to co-payments as the scheme has specifically contracted with these providers for your benefit.

Priority emergencies

There are instances where treatment at an out-patient or emergency department is classified as an emergency although it may not be a PMB. The Scheme will pay for such emergencies from the insured (risk) benefit and not from the MSA. Not all emergencies are consider a PMB, if you are unsure please contact the Scheme.

Emergency (definition as per medical schemes act, no. 131 Of 1998)

An emergency is deemed to be the sudden and, at the time, unexpected onset of a health condition that requires immediate medical or surgical treatment, where failure to provide medical or surgical treatment would result in serious impairment to bodily functions or serious dysfunction of a bodily organ or part, or would place the person's life at serious risk.

Preferred provider

Preferred Providers are those healthcare providers where members and dependants should not encounter obstacles in accessing services and who will not request upfront payment. Unlike in a case of DSP arrangement, the Scheme does not restrict members to utilise the services of Preferred Providers but rather recommends the use of these providers, where available, to optimise benefits and minimise co-payments.

Maximum medical aid price (MMAP)

MMAP is a reference price model which serves as a guide to determine the maximum medical Scheme price that the Scheme will reimburse for an interchangeable multi-source pharmaceutical product. Co-payments that may result from MMAP pricing can be avoided by using alternative products that are less expensive. The use of the most appropriate alternative should always be discussed with your treating Practitioner or Pharmacist.

Chronic disease treatment plans

The Chronic Disease List (CDLs) provides for 27 chronic conditions for which medical schemes are obliged to cover the diagnosis and ongoing management. In order to access these benefits, members are required to register on the Chronic Management Programme. Once you have registered your chronic condition, you gain access to a treatment plan, which will assist you in the management of your chronic condition. Medicinal treatment required is covered subject to authorisation, use of a DSP and generic substitution where appropriate.

✚ Preventative healthcare ✚

The following codes will be funded from risk at 100% of NMS tariff. One (1) per beneficiary per annum	
Flu vaccination at DSP pharmacies	Scheme selected vaccine
Pap smear (pathology)	Female beneficiaries 13 years and older. Codes 4566 / 4559
Blood sugar test (pathology)	All beneficiaries. Codes 4050 / 4057
Cholesterol test (pathology)	All beneficiaries. Code 4027
Prostate test (pathology)	Male beneficiaries. Code 4519
HIV test	All beneficiaries
Bone density scan (for osteoporosis and bone fragmentation)	All beneficiaries 50 years and older. Codes 3604 / 50120
Mammogram (radiology image)	All beneficiaries. Codes 3605 / 39175 / 34100 / 34101 / 34200
Child immunisations at Storks Nest	As per the Department of Health protocol for children up to the age of 12 years including MMR but excluding HPV vaccinations

✚ Contribution table ✚

Effective 01 March 2019

	Salary bands		Total premium			Risk			Savings		
	From	To	Principal	Adult	Child	Principal	Adult	Child	Principal	Adult	Child
A	–	2 128	2 317	959	429	1 968	815	365	349	144	64
B	2 129	2 838	2 377	988	435	2 020	840	371	357	148	64
C	2 839	3 545	2 440	1 019	454	2 075	866	388	365	153	66
D	3 546	4 255	2 544	1 090	481	2 165	927	411	379	163	70
E	4 256	5 674	2 713	1 168	520	2 307	995	443	406	173	77
F	5 675	7 094	2 954	1 335	571	2 511	1 137	485	443	198	86
G	7 095	8 511	3 149	1 523	657	2 678	1 293	559	471	230	98
H	8 512	9 929	3 247	1 662	715	2 761	1 413	608	486	249	107
I	9 930	11 347	3 318	1 730	757	2 820	1 471	644	498	259	113
J	11 348	12 767	3 409	1 864	784	2 897	1 586	669	512	278	115
K	12 768	14 185	3 484	1 979	855	2 964	1 685	729	520	294	126
L	14 186	15 603	3 510	2 000	861	2 984	1 699	732	526	301	129
M	15 604	17 023	3 528	2 014	867	3 000	1 709	738	528	305	129
N	17 024	18 441	3 559	2 056	878	3 026	1 749	747	533	307	131
O	18 442	19 859	3 599	2 126	889	3 057	1 808	755	542	318	134
P	19 860	21 277	3 699	2 183	909	3 144	1 855	773	555	328	136
Q	21 278	22 696	3 728	2 203	921	3 169	1 872	782	559	331	139
R	22 697	24 114	3 758	2 231	927	3 196	1 896	788	562	335	139
S	24 115	25 532	3 840	2 271	948	3 264	1 930	806	576	341	142
T	25 533	26 952	3 917	2 316	966	3 331	1 969	822	586	347	144
U	26 953	28 370	3 917	2 316	966	3 331	1 969	822	586	347	144
V	28 371	35 462	4 003	2 370	985	3 403	2 014	837	600	356	148
W	35 463	42 555	4 088	2 423	1 008	3 476	2 061	857	612	362	151
X	42 556	+	4 177	2 475	1 027	3 551	2 103	873	626	372	154

Late joiner penalties

Late joiner contribution penalties in respect of persons over the age of 35 years will be imposed on members and their dependents with no previous or insufficient previous medical scheme coverage as per the Medical Schemes Act.

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