

DESCRIPTION OF SERVICE/TREATMENT	SERVICES RENDERED AS PART OF HOSPITALISATION - SUBJECT TO PRE-AUTHORISATION	SERVICES RENDERED NOT AS PART OF HOSPITALISATION
HOSPITALISATION - ONLY PMB		
Accommodation, theatre, medicine and material use whilst hospitalised	100% of Negotiated Tariff at Scheme's DSP, limited to PMB	Not Applicable
Out-patient treatment at hospital facility	Not Applicable	Benefits as described in respect of Medical Practitioners, limited to three consultations, subject to R 1,050.00 limit. Account payable upfront by member and submitted to Network for refund in accordance with the Network protocol and benefit limit
Medicine received on discharge from hospital	🕒 (RP applies), if purchased on date of discharge, limited to a maximum of 7 days supply	
MAJOR MEDICAL BENEFITS - NON-PMB		
Adenoidectomy, Tonsillectomy and Grommets	🕒 Maximum benefit limit of R 12,000.00 per family per year, subject to pre-authorisation and procedure being performed in a day hospital	Not Applicable
MEDICAL PRACTITIONERS		
General Consultations/Visits	🕒 Unlimited - Subject to PMB protocol	🕒 Via the Network GP for all medically necessary consultations per beneficiary. Cover includes basic primary care services. Minor trauma treatment subject to the listed tariffs
Specialist Practitioners Consultations/Visits	🕒 Unlimited - Subject to PMB protocol	🕒 Via the Network provider, subject to a combined limit of R 1,185.00 per Beneficiary per year for cost of consultation, medication, procedures and radiology and pathology related to the authorised out of hospital specialised visit, limited to a maximum of R 2,370.00 per family per year
Basic Radiology	🕒 Unlimited - Subject to PMB protocol	🕒 Subject to the Network protocol, formulary and referral by a Network GP
MRI-, CT scans and Radio-Isotope studies (Benefits subject to separate pre-authorisation)	🕒 for MRI and CT scans, performed in or out of hospital, subject to PMB regulations, obtaining a PAR, motivation and approval. MRI and CT scans will be covered to a maximum of R 500.00, should scan confirm non-PMB condition, subject to the General Practitioner - Out of Network/ Emergency visits limit of R 1,050.00 per annum	
Basic Pathology	🕒 Unlimited - Subject to PMB protocol	🕒 Subject to the Network protocol, formulary and referral by a Network GP
Clinical Procedures	🕒 Unlimited but subject to PMB treatment and protocol	No benefits will be allowed for elective Clinical Procedures, unless treatment forms part of PMB
Material and injection material administered in doctor's rooms	Not Applicable	🕒 Subject to the Network protocol, formulary and referral by a Network GP
MATERNITY		
Foetal Scans	🕒 Unlimited - subject to PMB protocol	🕒 Subject to the Network protocol, formulary and referral by a Network GP
Ante-Natal Specialist Consultations	Not Applicable	Subject to combined Specialist Practitioners Consultations/ Visits benefit
Confinement	Subject to pre-authorisation and Network Provider referral process, limited to PMB	Not Applicable
AUXILIARY SERVICES		
Physiotherapy	🕒 Unlimited - Subject to PMB protocol	△
Medical Technology	🕒 Unlimited - Subject to PMB protocol	△
Clinical Technology	🕒 Unlimited - Subject to PMB protocol	△
Speech Therapy and Occupational Therapy	🕒 Unlimited - Subject to PMB protocol	△
Podiatry, Orthoptic treatment, Hearing Aid Acoustics, consultations with Dietitians, Chiropractors, Osteopaths, Homeopaths, Naturopaths, Herbalists and Biokinetics	△	△
Aromatherapy, Acupuncture and Reflexology	△	△
OPTICAL		
Consultation	Not Applicable	🕒 For one examination per beneficiary per 24 months at the Network Optometrist
Spectacles and Contact Lenses	Not Applicable	One pair of clear standard mono-focal, bi-focal or multi-focal lenses plus standard frame from a selection OR One set of approved contact lenses to the value of R 480.00 per Beneficiary per 24 months at the Network Optometrist. Frames other than the pre-selection of frames limited to R 185.00
Refractive Surgery	△	△
SECONDARY FACILITIES		
Treatment that forms part of a Case Management Programme	🕒 Subject to approval by Case Manager and PMB regulation	
REHABILITATION		
	△ To be self-funded, except for cases managed as part of a Case Management Programme, where a medical report was submitted by the attending Physician. PMB regulation will apply	

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AMBULANCE SERVICES		
Preferred Provider (ER24)	Not Applicable	🕒 For emergency transport to and from a hospital
Non-preferred Provider	Not Applicable	△
BLOOD TRANSFUSIONS		🕒 Subject to pre-authorisation - Limited to PMB
MEDICAL AND SURGICAL PROSTHESIS / APPLIANCES		
Internal Prosthesis		Funded as PMB treatment only
External Prosthesis		Funded as PMB treatment only
Orthopaedic Appliances		Funded as PMB treatment only
Medical Appliances		Funded as PMB treatment only
Hearing Aids	Not Applicable	△
DENTISTRY		
Basic	△	🕒 Subject to the Network protocol, list of codes and the use of a Network dentist
Specialised	△	△
MAXILLA-FACIAL AND ORAL SURGERY		
Elective	△	△
Non-elective		🕒 Limited to PMB and subject to pre-authorisation and Network Clinical Protocol
Implantology	△	△
PRESCRIBED MEDICINE		
Chronic (Member must apply for benefit)	Not Applicable	Benefit is subject to approval and in accordance with the CDL Chronic Medicine Formulary. Medication to be supplied by Network Provider
Acute	Not Applicable	🕒 (Subject to Reference Pricing) for Medicine, provided that it is prescribed or supplied by a Network GP and is subject to Network formulary
Immunisations	Not Applicable	△
NON-PRESCRIBED MEDICINE (PAT)		△
CASE MANAGED / DISEASE MANAGED CONDITIONS / PROCEDURES		
Organ Transplants	Benefits will only be allowed in respect of heart-, lung-, heart- and lung-, bone-marrow, kidney- and liver transplants. Benefits will apply in respect of a donor, provided that the donor is in RSA and further subject to the recipient being a beneficiary of the Scheme. Specific Radiology and Pathology tests associated with transplant procedure also qualify for benefit	
Chronic Renal Failure	🕒 For Kidney Dialysis, including associated Radiology and Pathology tests - Unlimited	
Oncology	Benefits are payable for PMB only. Benefit managed as part of a Disease Management Programme and use of the Scheme's DSP network. No benefit for Biological drugs	
Asthma, Chronic Obstructive Airways Disease, Diabetes and Cardiacare	Benefit managed by the Scheme and payable as per the applicable benefit described elsewhere in this summary	
Oxygen therapy	🕒 For Oxygen therapy (cylinders included) subject to Case Management	
AIDS AND HIV	Benefits managed as part of a Disease Management Programme	
FOREIGN CLAIMS	Namibian claims only	
MENTAL HEALTH		
Clinical Psychology & Psychiatry	Benefits for treatment during hospitalisation are subject to pre-authorisation and referral by Network GP	Benefits for treatment out of hospital are subject to pre-authorisation and referral by network GP (DSP). 100% of Network Rate for consultations and treatment by a General Practitioner, Psychiatrist, Psychologist, Psychiatric Nurse Practitioner or Social Worker
PRESCRIBED MINIMUM BENEFITS (PMB)	Benefits subject to application and provided that the treatment and/or chronic medicine is received from a Designated Service Provider. Please refer to Member Guide for detail. If voluntarily obtained from any other provider, a co-payment of 40% will apply. Scheme protocol apply	

CONTRIBUTIONS - EFFECTIVE 1 JANUARY 2019
CONTRIBUTIONS:

Principal member

R1,371.00

Additional Adult Dependant

R1,371.00

 Additional Minor Dependant
(payable up to maximum 3)

R 484.00
Abbreviations RP = Reference Pricing **PMB** = Prescribed Minimum Benefits

This is only a summary of the Benefits and Contributions. In case of a dispute the Registered Scheme Rules apply. Reg. No: 1446