

Overall Annual Limit	R500 000 overall annual limit per family	
CATEGORY	BENEFIT	LIMIT PER CATEGORY
IN HOSPITAL BENEFITS		
Prescribed Minimum Benefits	100% of Cost	Subject to contracted network facilities. Members may be transferred to a public facility when the annual hospital limit is reached at any private facility.
Hospitalisation	100% of Agreed tariff For endoscopic procedures that are normally performed in the specialist rooms, if performed in-hospital, a R500 co-payment will apply. An additional co-payment of R500 per hospital admission will be payable in the event of a hospital admission following an unauthorised specialist visit.	At contracted network private or state facilities subject to hospital limit. Subject to pre-authorization & case management. Overall limit of R500 000 per family per annum with a sub-limit of R100 000 per beneficiary per annum in private facilities, after which state-facility will apply. Subject to PMBs. Cover for non-emergency PMB's in contracted network facility. Subject to PMB rules. No cover for experimental procedures and clinical trials. All authorisations for non-emergency admissions require referrals from a primary designated service provider. Penalty of R1 000 will apply if non-emergencies are not pre-authorized.
General Ward Fees and Theatre Time	100% of Agreed Tariff	At contracted network private facilities subject to hospital limit. Subject to pre-authorization & case management.
ICU and High Care Ward Fees	100% of Agreed Tariff	At contracted network private facilities subject to hospital limit. Subject to pre-authorization & case management.
Diagnostic Procedures (Excluding Radiology & Pathology)	100% of Agreed Tariff	At contracted network private facilities subject to pre-authorization. Experimental diagnostic procedures excluded.
Prescribed Medication	100% of Agreed Tariff	Subject to hospital limit. In a contracted network facility, in accordance with pre-authorization per admission, including medication given in Theatre, ICU, High Care, General Wards, Day Theatre & Wards. To take out medicine for a maximum of 7 days.
Hospital Equipment and Consumables In-hospital	100% of Agreed Tariff	At contracted network facilities subject to hospital limit.
General Practitioner Consultations and Procedures In-hospital	100% of Agreed Tariff	At contracted network facilities subject to hospital limit. Subject to pre-authorization, protocols & case management.
Specialist Consultations and Procedures In-hospital	100% of Agreed Tariff	At contracted network facilities subject to hospital limit. Subject to pre-authorization per admission, protocols & case management. Referral from primary care designated service provider required.
Visits and Procedures Performed by Dental Practitioners In-hospital	100% of Agreed Tariff	Hospitalisation only for trauma, children under 7 years & impacted wisdom teeth. Subject to pre-authorization.
Oncology, Radiation and Chemotherapy	100% of Agreed Tariff	Subject to DSP and pre-authorization. PMB rules apply.
Dialysis (Acute & Chronic)	100% of Agreed Tariff	Subject to DSP and pre-authorization. PMB rules apply.
Organ Transplantation	100% of Agreed Tariff	Subject to DSP and pre-authorization. PMB rules apply.
Neonatal Care	100% of Agreed Tariff	Subject to DSP and pre-authorization. PMB rules apply.
Mental Health, Alcoholism and Drug dependency	100% of Agreed Tariff	At contracted network facilities, subject to hospital limit, PMB rules apply.

IN HOSPITAL BENEFITS (continued)		
Burns	100% of Agreed Tariff	At contracted network facilities subject to hospital limit. PMB rules apply.
Internal Prosthesis	100% of Agreed Tariff	Limited to R19 000 per family per annum.
Clinical Technologists	100% of Agreed Tariff	Limit of R10 500 per family per annum at contracted network facilities subject to hospital limit.
Radiology (Including Specialised Radiology, MRI and CT Scans)	100% of Agreed Tariff	At contracted network facilities subject to hospital limit. Case managed and subject to sub-limit of R10 000 per family per annum. Includes ultrasound scanning at an approved network provider medical centre. 2 Ultrasounds per pregnancy according to the network provider list of approved ultrasound codes.
Pathology	100% of Agreed Tariff	At contracted network private facilities subject to hospital limit. Limited to R3 000 per family per annum.
Physiotherapy	100% of Agreed Tariff	Subject to PMB only.
Blood Transfusions	100% of Agreed Tariff	Limited to R12 000 per family per annum. Subject to hospital limit.
Alternatives to Hospitalisation		Pre-authorization required. Limited to R5 000 per family per annum.
Emergency Ambulance Services		Subject to DSP, pre-authorization and protocols.

OUT OF HOSPITAL BENEFITS		
CATEGORY	BENEFIT	LIMIT PER CATEGORY
General Practitioner	100% of Agreed Tariff	Unlimited at network providers only. All visits after 8 th consultation per beneficiary per year must be pre-authorized by the member/provider.
General Practitioner Emergency Consultations outside Designated Services	100% of Agreed Tariff	Subject to a 20% co-payment and limited to a maximum of R700 per event (including all general practitioner consultations, procedures, medication, pathology). 1 visit per beneficiary or 2 per family per annum. No benefit for facility fees. Only emergencies and after hours services. Authorisation is required from Designated Service Provider call centre within 72 hours after the visit.
Specialists	100% of Agreed Tariff	5 Consultations per family or R2 800 to a maximum of 3 per beneficiary or R2 000 per annum for all out-of-hospital consultations and procedures in specialists' rooms. Authorisations only on referral from network General Practitioner. 2 Additional Gynaecologist consultations per pregnancy per family per annum.
Acute Medication	100% of Single Exit Price	According to a fixed network provider medicines formulary. Only medication prescribed by an approved network provider general practitioner or contracted service provider according to the network provider formulary.
Self Medication Benefit	100% of Agreed Tariff	Limited to R180 per year, maximum R60 per beneficiary per event. Subject to medication formulary at network provider only.
Chronic Medication	100% of Agreed Tariff	Subject to registration by a network provider. Approval as per medication formulary and subject to PMB.
Basic Dentistry	100% of Agreed Tariff	Consultation examination 1 per beneficiary per annum (code 8101). Preventative treatment 1 per beneficiary per year, includes Fluoride for children under 12 years. Treatment, cleaning, scaling and polishing. Subject to case management and pre-authorization. According to the network provider list of approved codes. Treatment follow up consultations (unlimited and managed). Fillings (white or amalgam). Pain and Sepsis. Infection Control. Oral Hygiene Instruction. Extractions. Local Anaesthetic. Intra Oral Radiograph (X-rays as per the network provider approved dental list of codes). Emergency Root Canal.
Dentures	100% of Agreed Tariff	Limited to 1 set of dentures per family per 24 months cycle. Only members over the age of 21 years. Co-payment 20% of total fee. At network provider dental contracted provider and accredited dental laboratories only.

OUT OF HOSPITAL BENEFITS <i>(continued)</i>		
Specialised Dentistry		No benefit.
Optical	100% of Agreed Tariff	Limited to one pair of spectacles per beneficiary per every 24 months. Includes frames, lenses and eye examination. Single vision or bi-focal spectacles only. Qualifying norms for near and distance vision. Network provider only.
HIV and AIDS	100% of Agreed Tariff	Unlimited. Contracted network provider only. No cover in respect of lost or destroyed medication. Treatment subject to registration on the HIV and AIDS Programme and treatment according to an evidence based treatment protocol and medicine formulary.
Physiotherapy	100% of Agreed Tariff	Pre-authorisation required. Limited to PMB's only.
Dieticians, Occupational Therapy, Speech Therapy, Social Workers and Allied Workers	100% of Agreed Tariff	At contracted network private facilities subject to overall limit. Pre-authorisation required. PMB's only.
Basic Radiology	100% of Agreed Tariff	According to the network provider list of codes listed in formulary. Black & white X-rays and soft tissue ultrasound only. Requested by a network provider general practitioner, or a specialist (subject to a prior referral by a DSPN general practitioner to the specialist only).
Pathology	100% of Agreed Tariff	According to the network provider list of codes listed in formulary. Requested by a network provider general practitioner, or a specialist (subject to a prior referral by a contracted network general practitioner to the specialist only).
Maternity	100% of Agreed Tariff	Ante-natal and follow up post-natal care at general practitioners. Referral to specialists subject to referral by contracted network provider and subject to pre-authorisation. 2 Specialist gynaecologists consultations per pregnancy. Referral to specialists subject to referral by contracted network provider and subject to pre-authorisation.

Please Note:

PMB = Prescribed Minimum Benefits

DSPB = Designated Service Provider Benefits

INCOME	MEMBER	ADULT	CHILD
R0 – R5 000	R570	R456	R255
R5 001 – R8 000	R642	R555	R309
R8 000 +	R903	R789	R396