

Benefits Summary

Effective 1 January 2023



PLEASE NOTE that the Scheme obtained exemption until 31 December 2023 from compliance with the prescribed minimum benefits requirements.

ANNUAL BENEFITS FOR DAY-TO-DAY MEDICAL SERVICES

A OUT-OF-HOSPITAL BENEFITS

			PRIMARY OPTION	STANDARD OPTION
Overall annual limit Member Member + 1 Member + 2 Member + 3 Member + 4			R11 160 single member R12 090 per family R13 820 per family R15 500 per family R17 250 per family	R11 160 single member R12 090 per family R13 820 per family R15 500 per family R17 250 per family
General practitioner network	Consultations	Members using MHS general practitioner network	100% of agreed rate, limited to overall annual limit	100% of agreed rate, limited to overall annual limit



A OUT-OF-HOSPITAL BENEFITS (CONTINUED)

			PRIMARY OPTION	STANDARD OPTION
Non-network general practitioner and attendance at 24-hour emergency facility	Consultations Procedures resulting from an emergency consultation included in the emergency consultation fee	Only tariff codes applicable to MHS general practitioner network apply and members are responsible for paying any difference in cost directly to the non-network general practitioner	R1 590 per beneficiary per annum, limited to three (3) visits 100% of Scheme rate, limited to overall annual limit	R1 590 per beneficiary per annum, limited to three (3) visits 100% of Scheme rate, limited to overall annual limit
Specialist	Consultations The member is responsible for obtaining pre-authorization before consulting a specialist	Two (2) additional visits allowed for antenatal care as part of a maternity treatment plan	Limited to three (3) visits per beneficiary per annum 100% of the Scheme rate, limited to overall annual limit	Limited to three (3) visits per beneficiary per annum 100% of the Scheme rate, limited to overall annual limit
Acute medication (general practitioner and emergency)	Acute medication dispensed or prescribed by a general practitioner or service provider during an emergency consultation		R1 610 per family per annum, limited to R200 per prescription and subject to the acute medicine formulary, generic reference pricing and overall annual limit	R1 610 per family per annum, limited to R200 per prescription and subject to the acute medicine formulary, generic reference pricing and overall annual limit
Acute medication (specialist)	Acute medication prescribed by a specialist		Limited to R530 per prescription and subject to the acute medication formulary, generic reference pricing and overall annual limit	Limited to R530 per prescription and subject to the acute medication formulary, generic reference pricing and overall annual limit
Pharmacy-advised therapy (over-the-counter medicine benefit)	Medication obtained over the counter at the pharmacy		R490 per family per annum, limited to R100 per beneficiary per day and subject to medicine formulary, generic reference pricing and overall annual limit	R490 per family per annum, limited to R100 per beneficiary per day and subject to medicine formulary, generic reference pricing and overall annual limit



A OUT-OF-HOSPITAL BENEFITS (CONTINUED)

			PRIMARY OPTION	STANDARD OPTION
Network dentist	<p>Conservative dentistry</p> <p>Dentures limited to a maximum of R5 190 per family per annum (dental fee is inclusive of the laboratory fee)</p> <p>No benefit for advanced/specialised dentistry</p>	If a non-network dentist is used, only tariff codes applicable to MHS network apply – members are responsible for paying any difference in cost directly to the dentist	<p>100% of agreed rate, limited to overall annual limit</p> <p>100% of agreed rate; denture limit subject to overall annual limit</p>	<p>100% of agreed rate, limited to overall annual limit</p> <p>100% of agreed rate; denture limit subject to overall annual limit</p>
Optometrist	<p>Qualifying norms applicable</p> <p>Frames, lenses, tints (up to 35%) and eye tests</p> <p>OR</p> <p>Eye tests and contact lenses</p>	Optometrist must obtain authorisation for patient referral to a specialist	<p>100% of Scheme rate, limited to overall annual limit</p> <p>Limited to a maximum of R3 270 per family per annum</p> <p>Limited to a maximum of R2 400 per family per annum</p>	<p>100% of Scheme rate, limited to overall annual limit</p> <p>Limited to a maximum of R3 270 per family per annum</p> <p>Limited to a maximum of R2 400 per family per annum</p>
Radiology			100% of agreed rate, limited to overall annual limit	100% of agreed rate, limited to overall annual limit
Pathology			100% of agreed rate, limited to overall annual limit	100% of agreed rate, limited to overall annual limit
Auxiliary services	<ul style="list-style-type: none"> • Audiologist • Chiropractor • Clinical psychologist • Dietician • Nursing services • Occupational therapist • Social worker • Speech therapist • Physiotherapist • Podiatrist 		<p>Limited to a maximum of R4 800 per family per annum</p> <p>100% of Scheme rate, limited to overall annual limit</p>	<p>Limited to a maximum of R4 800 per family per annum</p> <p>100% of Scheme rate, limited to overall annual limit</p>
Surgical appliances	<ul style="list-style-type: none"> • Nebulisers • Crutches • Glucometers • Hearing aids 	Written motivation from a general practitioner is required; subject to approval from the medical advisor	100% of Scheme rate, limited to overall annual limit	100% of Scheme rate, limited to <i>overall annual in-hospital benefit</i>
Chronic medication	To obtain benefits for chronic medication, the patient must be registered with the Medicine Risk Management Programme	<p>The Scheme's approved chronic condition list is applicable</p> <p>Medication approved as per the Chronic Disease List medication formulary</p>	<p>R10 840 per beneficiary per annum</p> <p>Subject to generic reference pricing</p>	<p>R10 840 per beneficiary per annum</p> <p>Subject to generic reference pricing</p>
Ambulance services	<p>Provincial and private sector</p> <p>Limited to medical emergencies that require urgent medical attention</p>		<p>R1 290 per case</p> <p>100% of Scheme rate, limited to overall annual limit</p>	<p>R1 290 per case</p> <p>100% of Scheme rate, limited to overall annual limit</p>

ANNUAL BENEFITS FOR HOSPITALISATION AND OTHER MAJOR MEDICAL SERVICES

B IN-HOSPITAL BENEFITS

			PRIMARY OPTION	STANDARD OPTION
Annual in-hospital benefit			No private hospital cover	R207 100 per beneficiary per annum
Preventative care benefit (out-of-hospital procedures)	Limited to detailed list in Table 1	Once the preventative limits have been reached, tests will be paid from the applicable benefit limit	100% of Scheme rate	100% of Scheme rate Limited to annual in-hospital benefit
Private or State facility	Members must use contracted hospitals and State facilities (Provincial Government of the Western Cape)	All admissions and procedures in hospital are subject to: <ul style="list-style-type: none"> • authorisation 48 hours before admission or within 24 hours of admission in the event of an emergency or the next working day • clinical protocols <p>This applies to all beneficiaries registered on the Standard Option</p>	Treatment at State facility only; UPFS rates applicable Limited to overall annual limit No private hospital cover	100% of agreed rate Limited to annual in-hospital benefit
	Non-contracted hospitals and State facilities (outside the Western Cape)	All admissions and procedures in hospital are subject to: <ul style="list-style-type: none"> • authorisation 48 hours before admission or within 24 hours of admission in the event of an emergency or the next working day • clinical protocols <p>This applies to all beneficiaries registered on the Standard Option</p>	Treatment at State facility only; UPFS rates applicable Limited to overall annual limit No private hospital cover	100% of agreed rate Limited to annual in-hospital benefit
	Network general practitioner		Treatment at State facility only; UPFS rates applicable Limited to overall annual limit	100% of agreed rate Limited to annual in-hospital benefit
	Non-network general practitioner	Please note a co-payment equal to the difference between the network and non-network general practitioner may apply if a non-network general practitioner is used	Treatment at State facility only; UPFS rates applicable Limited to overall annual limit	100% of the Scheme rate Limited to annual in-hospital benefit
	Specialist	Please note a co-payment equal to the difference between the Scheme rate and specialist rate may apply if a non-network specialist is used	Treatment at State facility only; UPFS rates applicable Limited to overall annual limit	100% of Scheme rate Limited to annual in-hospital benefit
	Auxiliary service during hospital admission: i.e. physiotherapist, occupational therapist, dietician, speech therapist, social worker, etc. No benefit for a dietician or physiotherapist in the case of a confinement	In-hospital treatment Specialist motivation is required AND Authorisation must be obtained prior to treatment	Treatment at State facility only; UPFS rates applicable Limited to overall annual limit	100% of the Scheme rate Limited to annual in-hospital benefit

B IN-HOSPITAL BENEFITS (CONTINUED)

			PRIMARY OPTION	STANDARD OPTION
Private or State facility (continued)	Maternity	Patient must enrol on the Maternity Programme within the first sixteen (16) weeks of pregnancy	Treatment at State facility only; UPFS rates applicable Limited to overall annual limit	Case managed up to a maximum of three (3) days for normal delivery Case managed up to a maximum of four (4) days for a caesarean section Limited to annual in-hospital benefit
		Maternity treatment plan: Pathology out of hospital	100% of the agreed rate Limited to overall annual limit	100% of the agreed rate, as per the maternity treatment plan in Table 2 Limited to annual in-hospital benefit
	Intensive care unit	Treatment at State facility only; UPFS rates applicable Limited to overall annual limit	Case managed Limited to annual in-hospital benefit	
	Radiology	Treatment at State facility only; UPFS rates applicable Limited to overall annual limit	100% of the agreed rate Limited to annual in-hospital benefit	
	Pathology	Treatment at State facility only; UPFS rates applicable Limited to overall annual limit	100% of the agreed rate Limited to annual in-hospital benefit	
	Physiotherapy	Treatment at State facility only; UPFS rates applicable Limited to overall annual limit	Case managed 100% of Scheme rate Limited to annual in-hospital benefit	
	Mental health	Authorisation must be obtained prior to admission Designated service provider must be used	Treatment at State facility only; UPFS rates applicable Limited to overall annual limit	Limited to one (1) admission per beneficiary per annum, 21 days' hospital-based treatment or up to 15 outpatient consultations Subsequent admissions to a State facility only; UPFS rates applicable Limited to annual in-hospital benefit
	Substance abuse rehabilitation	Authorisation must be obtained prior to admission Designated service provider must be used	Treatment at State facility only; UPFS rates applicable Limited to overall annual limit	Limited to one (1) admission per beneficiary per annum, 21 days' hospital-based treatment or three (3) days' detoxification Subsequent admissions to a State facility only; UPFS rates applicable Limited to annual in-hospital benefit

B IN-HOSPITAL BENEFITS (CONTINUED)

			PRIMARY OPTION	STANDARD OPTION
Private or State facility (continued)	MRI and CT scans (in and out of hospital)	Authorisation must be obtained prior to procedure	Treatment at State facility only; UPFS rates applicable Limited to overall annual limit	One (1) scan per family per annum 100% of the agreed rate Limited to annual in-hospital benefit
	Internal prostheses and joint replacements	Preferred provider only; designated service provider must be used	Treatment at State facility only; UPFS rates applicable Limited to overall annual limit	R58 800 per beneficiary per annum Limited to annual in-hospital benefit
	Maxillofacial and oral surgery	Trauma cases only	Treatment at State facility only; UPFS rates applicable Limited to overall annual limit	100% of Scheme rate Limited to annual in-hospital benefit
	To-take-out (TTO) medicine	Medicine dispensed on discharge from hospital	Treatment at State facility only; UPFS rates applicable Limited to overall annual limit	Maximum of five (5) days' supply Limited to annual in-hospital benefit
	Radiotherapy and chemotherapy	Authorisation must be obtained prior to treatment Benefit applicable at provincial hospital or State facility only	Treatment at State facility only; UPFS rates applicable Limited to overall annual limit	Treatment at State facility only; UPFS rates applicable Limited to annual in-hospital benefit
	Transplants	Authorisation must be obtained prior to admission Benefit applicable at State facility only	Treatment at State facility only; UPFS rates applicable Limited to overall annual limit	Treatment at State facility only; UPFS rates applicable Limited to annual in-hospital benefit
	Angiograms and cardio-thoracic surgery	Authorisation must be obtained prior to admission Benefit applicable at State facility only	Treatment at State facility only; UPFS rates applicable Limited to overall annual limit	Treatment at State facility only; UPFS rates applicable Limited to annual in-hospital benefit
	Neurosurgery	Authorisation must be obtained prior to admission Benefit applicable at State facility only	Treatment at State facility only; UPFS rates applicable Limited to overall annual limit	Treatment at State facility only; UPFS rates applicable Limited to annual in-hospital benefit
	Renal dialysis	Authorisation must be obtained prior to treatment Benefit applicable at State facility only	Treatment at State facility only; UPFS rates applicable Limited to overall annual limit	Treatment at State facility only; UPFS rates applicable Limited to annual in-hospital benefit
	Hospice/home nursing in lieu of hospitalisation	Medical motivation is required and subject to clinical protocols	Treatment at State facility only; UPFS rates applicable	Maximum of fourteen (14) days per family per annum 100% of Scheme rate
	No benefit for frail care nursing services	Subject to the approval of the medical advisor and authorisation	Limited to overall annual limit Limited to annual in-hospital benefit	

B IN-HOSPITAL BENEFITS (CONTINUED)

			PRIMARY OPTION	STANDARD OPTION
Private or State facility (continued)	Scopes	<p>Diagnostic endoscopic procedures and conscious sedation at designated service providers only</p> <p>No benefit for:</p> <ul style="list-style-type: none"> • endoscopic appendisectomy • inguinal or incisional hernia repair • laparoscopically-assisted vaginal hysterectomy • disposable instruments <p>Members will be liable for any costs in excess of the specified limits</p>	<p>Treatment at State facility only; UPFS rates applicable</p> <p>Limited to overall annual limit</p>	<p>100% of Scheme rate</p> <p>Limited to R9 600 per family per annum for upper or lower gastrointestinal endoscopy</p> <p>Endoscopically-assisted surgery limited to R19 300 per family per annum</p> <p>Limited to annual in-hospital benefit</p>
	Trauma unit	<p>Benefit limited to stabilisation of patient only and thereafter transfer to the designated service provider</p> <p>Subject to authorisation and case management</p>	<p>Treatment at State facility only; UPFS rates applicable</p> <p>Limited to overall annual limit</p>	<p>100% of the agreed rate</p> <p>Limited to annual in-hospital benefit</p>

TABLE 1: PREVENTATIVE CARE BENEFIT

Consultations and/or any other costs incurred at the time of the visit will be paid from your benefits, as specified in the rules. Once the preventative benefit limits have been reached, tests will be paid from the applicable benefit limit.

OUT-OF-HOSPITAL PREVENTATIVE CARE PROCEDURES

Flu vaccine	Limited to one per beneficiary per annum	Subject to acute medication formulary
Pap smear	Limited to one per female beneficiary per annum	At Dis-Chem or Clicks pharmacies Tariff codes 4566 or 4559
Cholesterol test	Limited to one per beneficiary per annum	Only one of the following tariff codes will be allowed: 4025/26/27/28 or 4170
Mammogram	Limited to one per female beneficiary every two years or as clinically indicated	Subject to the following criteria: <ul style="list-style-type: none"> • Females over 40 years • Motivation and pre-authorisation required One of the following tariff codes will be allowed: 3605 or 34100/01/10/20/30/50
HIV test	Limited to one per beneficiary per annum	Tariff code 3932
Prostate-specific antigen (PSA) test	Limited to one per male beneficiary every two years or as clinically indicated	Tariff codes 4519 or 4524
Pneumococcal vaccine (Pneumovax only)	Limited to one per beneficiary per annum	Subject to the following criteria: <ul style="list-style-type: none"> • Beneficiaries over 65 years • High-risk patients only: Patients diagnosed with cancer, asthma, chronic obstructive pulmonary disease, cardiac failure or HIV

TABLE 2: MATERNITY TREATMENT PLAN FOR STANDARD OPTION

Any other costs incurred at the time of the visit will be paid from your benefits, as specified in the rules of the Scheme.

Pathology out of hospital: Paid from overall annual in-hospital benefit limit

TEST	PER ANNUM	TARIFF CODE
Full blood count	1	3755
Haemoglobin estimation	2	3762
Blood test: Blood group	1	3764
Blood test: Rhesus antigen	1	3765
Platelet count	1	3797
Rubella antibody	1	3948
Blood test: Creatine	1	4032
Glucose strip	1	4050
Urine analysis dipstick	13	4188
Antiglobulin	1	3709

ADDITIONAL TESTS ONLY WHEN CLINICALLY INDICATED

Urine: Antibiotic susceptibility	3887
Urine: Culture	3893
Microscopic exams (urine, etc.)	3867



GLOSSARY

Agreed rate	The agreed or contracted rate payable to various service providers, including those listed on the Network
Generic reference pricing	The maximum price that the Scheme pays for medication, based on the cost of any original product
MHS	Momentum Health Solutions is contracted to the Scheme for administration, managed healthcare services and the management of the Scheme's provider network
Scheme rate	The rate set by the Scheme for the reimbursement of claims in the absence of any other agreed or contracted tariff with any service provider
UPFS	Uniform Patient Fee Schedule – the fee schedule applied by the public sector

Contribution rates

Effective 1 January 2023

PRIMARY OPTION

PRINCIPAL MEMBER	ADULT DEPENDANT	CHILD DEPENDANT
R428	R428	R169

STANDARD OPTION

PRINCIPAL MEMBER	ADULT DEPENDANT	CHILD DEPENDANT
R950	R950	R385