



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

GLOSSARY

Agreed rate	The agreed rate is the negotiated tariff payable to any designated service provider, including those listed on the designated service provider network.
GRP	The generic reference price – the Fund bases its medicine benefits on the cost of generic medicines instead of brand-name medicines.
Scheme rate	The Scheme rate is the tariff set by the Fund for reimbursement of claims in the absence of any other agreed or contracted tariff with any service provider.
SEP	The single exit price is the legislated price of medicine.
UPFS	The uniform patient fee schedule is the fee schedule applied by the public sector.

BENEFITS SUMMARY

EFFECTIVE 1 JANUARY 2023

ANNUAL BENEFITS FOR DAY-TO-DAY MEDICAL SERVICES

OUT-OF-HOSPITAL BENEFITS

BENEFIT CATEGORY	NOTES	PRIMARY OPTION	STANDARD OPTION	ADVANCED OPTION
Overall annual day-to-day limit: Single member Member + 1 Member + 2 Member + 3 Member + 4		R12 400 per single member R19 300 per family R25 000 per family R25 800 per family R26 200 per family	R12 900 per single member R19 700 per family R25 800 per family R26 600 per family R27 000 per family	R14 100 per single member R20 800 per family R27 700 per family R28 300 per family R28 700 per family
General practitioners Limited to 7 visits per beneficiary per year and subject to overall annual day-to-day limit	Consultations Please note that a co-payment equal to the difference between the Scheme rate and the general practitioner rate may apply	100% of Scheme rate	100% of Scheme rate	100% of Scheme rate
	Emergency consultations Please note that a co-payment equal to the difference between the Scheme rate and the general practitioner rate may apply	100% of Scheme rate	100% of Scheme rate	100% of Scheme rate
	Acute medication Subject to R340 per beneficiary per day	100% of SEP, formulary medication and GRP, subject to overall annual day-to-day limit	100% of SEP, formulary medication and GRP, subject to overall annual day-to-day limit	100% of SEP, formulary medication and GRP, subject to overall annual day-to-day limit
Over-the-counter (OTC) medication	OTC medication Subject to R340 per beneficiary per day, with a maximum of R1 480 per family per year Includes homeopathic, herbal and natural medication	100% of SEP and GRP, subject to overall annual day-to-day limit	100% of SEP and GRP, subject to overall annual day-to-day limit	100% of SEP and GRP, subject to overall annual day-to-day limit
Specialists Specialist visits are subject to referral by a general practitioner	Consultations Non-network provider Please note that a co-payment equal to the difference between the Scheme rate and specialist rate may apply Network provider	Up to 140% of Scheme rate, subject to overall annual day-to-day limit 100% of agreed rate, subject to overall annual day-to-day limit	Up to 140% of Scheme rate, subject to overall annual day-to-day limit 100% of agreed rate, subject to overall annual day-to-day limit	Up to 140% of Scheme rate, subject to overall annual day-to-day limit 100% of agreed rate, subject to overall annual day-to-day limit
	Acute medication The medication may be obtained at any pharmacy	100% of SEP and GRP, subject to overall annual day-to-day limit	100% of SEP and GRP, subject to overall annual day-to-day limit	100% of SEP and GRP, subject to overall annual day-to-day limit

BENEFIT CATEGORY	NOTES	PRIMARY OPTION	STANDARD OPTION	ADVANCED OPTION	
Emergency room/ casualty department (hospital unit)	Primary care benefits for acute illnesses or injuries which may require immediate attention	Excludes facility fee, which is payable by the member	100% of agreed rate, subject to overall annual day-to-day limit	100% of agreed rate, subject to overall annual day-to-day limit	100% of agreed rate, subject to overall annual day-to-day limit
Dental Annual limit: Single member R6 400 Member + 1 R7 700 Member + 2 R9 100 Member + 3 R9 300 Member + 4 R9 500	Includes the following: - Basic dentistry - Advanced/ Specialised dentistry - Dentures - Procedures under conscious sedation in a doctor's rooms Clinical guidelines apply	Please note: Members are liable for all costs related to dental care by any general or specialist dentist where costs exceed the dental rate and/or dental limit	100% of Scheme rate; dental limit subject to overall annual day-to-day limit	100% of Scheme rate; dental limit subject to overall annual day-to-day limit	100% of Scheme rate; dental limit subject to overall annual day-to-day limit
	Dental therapist	Please note: Members are liable for all costs related to dental care by any general or specialist dentist where costs exceed the dental rate and/or dental limit	80% of Scheme rate; dental limit subject to overall annual day-to-day limit	80% of Scheme rate; dental limit subject to overall annual day-to-day limit	80% of Scheme rate; dental limit subject to overall annual day-to-day limit
Optometrists Optical limit: R2 900 per beneficiary every two years; i.e. 2023 to 2024	Frames, lenses, contact lenses, tints and eye tests	Optometrists must obtain authorisation for patient referral to a specialist	100% of Scheme rate; optical limit subject to overall annual day-to-day limit	100% of Scheme rate; optical limit subject to overall annual day-to-day limit	100% of Scheme rate; optical limit subject to overall annual day-to-day limit
Radiology			100% of Scheme rate, subject to overall annual day-to-day limit	100% of Scheme rate, subject to overall annual day-to-day limit	100% of Scheme rate, subject to overall annual day-to-day limit
Pathology			100% of Scheme rate, subject to overall annual day-to-day limit	100% of Scheme rate, subject to overall annual day-to-day limit	100% of Scheme rate, subject to overall annual day-to-day limit
Allied health services	Nursing services, speech therapist, dietician, occupational therapist, social worker, audiologist, chiropody, chiropractor, physiotherapy and antiretroviral therapy		100% of Scheme rate, subject to overall annual day-to-day limit	100% of Scheme rate, subject to overall annual day-to-day limit	100% of Scheme rate, subject to overall annual day-to-day limit
Appliances, e.g. nebulisers, crutches, glucometers, hearing aids, hire of oxygen cylinders, etc.	Subject to registration with the appropriate Disease Risk Management Programme	Written motivation from a general practitioner is required; subject to approval from medical advisor	100% of Scheme rate, subject to overall annual day-to-day limit	100% of Scheme rate, subject to overall annual day-to-day limit	100% of Scheme rate, subject to overall annual day-to-day limit
Clinical psychology		The member is responsible for ensuring that an authorisation number is obtained before consulting a specialist	100% of Scheme rate, subject to overall annual day-to-day limit	100% of Scheme rate, subject to overall annual day-to-day limit	100% of Scheme rate, subject to overall annual day-to-day limit
Chronic medication	To obtain benefits for chronic medication, the patient must be registered with the Medicine Risk Management Programme	The Fund's approved chronic condition list is applicable Medication approved as per the Chronic Disease Medication Formulary	R10 100 per beneficiary per year 100% of SEP and GRP	R10 100 per beneficiary per year 100% of SEP and GRP	R10 100 per beneficiary per year 100% of SEP and GRP
Ambulance services	No separate benefit available Members must call 082 911 for all ambulance services	Members must make use of Netcare 911 For voluntary use of any other emergency service provider, members will be liable for a 20% co-payment	Netcare 911 only	Netcare 911 only	Netcare 911 only

BENEFIT CATEGORY		NOTES	PRIMARY OPTION	STANDARD OPTION	ADVANCED OPTION
HIV/AIDS	<p>This benefit is subject to enrolment on the HIV/AIDS Programme</p> <p>The costs for general practitioners, medication and pathology will be covered at contracted service providers</p> <p>Medicine and hospital pre-authorisation is required</p>	<p>This benefit includes medication, doctor's consultations and blood tests required for the treatment of the condition, as well as the cost of prophylaxis for preventative treatment</p>	<p>R14 300 per beneficiary per year</p> <p>100% of Scheme rate</p> <p>Medicine: 100% of SEP and GRP</p>	<p>R14 300 per beneficiary per year</p> <p>100% of Scheme rate</p> <p>Medicine: 100% of SEP and GRP</p>	<p>R14 300 per beneficiary per year</p> <p>100% of Scheme rate</p> <p>Medicine: 100% of SEP and GRP</p>

ANNUAL BENEFITS FOR HOSPITALISATION AND OTHER MAJOR MEDICAL SERVICES

IN-HOSPITAL BENEFITS

BENEFIT CATEGORY		NOTES	PRIMARY OPTION	STANDARD OPTION	ADVANCED OPTION
Annual in-hospital limit			Limited to overall annual day-to-day limit	R180 700 per beneficiary per year	R348 000 per beneficiary per year
Preventative care benefits out of hospital	Limited to detailed list in Table 1		100% of Scheme rate Subject to overall annual day-to-day limit	100% of Scheme rate Subject to annual in-hospital limit	100% of Scheme rate Subject to annual in-hospital limit
Private hospital or State facility	<p>Members must use contracted and State hospitals (provincial Government of the Western Cape)</p> <p>Applicable to all beneficiaries registered on the Standard and Advanced Options</p>	<p>All admissions and procedures in hospital are subject to:</p> <ul style="list-style-type: none"> - authorisation 48 hours before the admission or in the event of an emergency within 24 hours of the admission or on the next working day - clinical protocols 	<p>No separate private hospital cover</p> <p>Treatment at State facility only; UPFS rates applicable</p> <p>Subject to overall annual day-to-day limit</p>	100% of agreed rate Subject to annual in-hospital limit	100% of agreed rate Subject to annual in-hospital limit
A co-payment of R500 will apply to all admissions to private facilities, except in cases where a R1 000 co-payment is indicated for a specific procedure	<p>Non-contracted private hospitals and State facilities outside the Western Cape</p> <p>Applicable to all beneficiaries registered on the Standard and Advanced Options</p>	<p>All admissions and procedures in hospital are subject to:</p> <ul style="list-style-type: none"> - authorisation 48 hours before the admission or in the event of an emergency within 24 hours of the admission or on the next working day - clinical protocols 	<p>No separate private hospital cover</p> <p>Treatment at State facility only; UPFS rates applicable</p>	100% of Scheme rate Subject to annual in-hospital limit	100% of Scheme rate Subject to annual in-hospital limit



BENEFIT CATEGORY		NOTES	PRIMARY OPTION	STANDARD OPTION	ADVANCED OPTION	
Private hospital or State facility	General practitioner	Please note that a co-payment equal to the difference between the Scheme rate and general practitioner rate may apply	Treatment at State facility only; UPFS rates applicable Subject to overall annual day-to-day limit	100% of Scheme rate Subject to annual in-hospital limit	100% of Scheme rate Subject to annual in-hospital limit	
	Specialists	Network provider	Treatment at State facility only; UPFS rates applicable Subject to overall annual day-to-day limit	100% of agreed rate Subject to annual in-hospital limit	100% of agreed rate Subject to annual in-hospital limit	
		Non-network provider	Please note that a co-payment equal to the difference between the Scheme rate and specialist rate may apply	Treatment at State facility only; UPFS rates applicable Subject to overall annual day-to-day limit	100% of Scheme rate Subject to annual in-hospital limit	100% of Scheme rate Subject to annual in-hospital limit
	Maternity	Patient must register within the first 16 weeks of the pregnancy	Delivery by midwife or specialist at designated service provider	Treatment at State facility only; UPFS rates applicable Subject to overall annual day-to-day limit	Case managed up to a maximum of 3 days for normal delivery and 4 days for caesarean Subject to annual in-hospital limit	Case managed up to a maximum of 3 days for normal delivery and 4 days for caesarean Subject to annual in-hospital limit
		Gynaecologist: - vaginal delivery (tariff code 2614) - caesarean delivery (tariff code 2615)		Treatment at State facility only; UPFS rates applicable Subject to overall annual day-to-day limit	Up to 200% of Scheme rate Subject to overall annual day-to-day limit	Up to 200% of Scheme rate Subject to overall annual day-to-day limit
		Maternity treatment plan for out-of-hospital services		Limited to overall annual day-to-day limit	Benefits as per the maternity treatment plan in Table 2 Subject to annual in-hospital limit	Benefits as per the maternity treatment plan in Table 2 Subject to annual in-hospital limit
	Intensive care unit		Treatment at State facility only; UPFS rates applicable Subject to overall annual day-to-day limit	100% of agreed rate Subject to annual in-hospital limit	100% of agreed rate Subject to annual in-hospital limit	
	Radiology		Treatment at State facility only; UPFS rates applicable Subject to overall annual day-to-day limit	100% of Scheme rate Subject to annual in-hospital limit	100% of Scheme rate Subject to annual in-hospital limit	
	Pathology		Treatment at State facility only; UPFS rates applicable Subject to overall annual day-to-day limit	100% of Scheme rate Subject to annual in-hospital limit	100% of Scheme rate Subject to annual in-hospital limit	
	Allied health services, i.e. physiotherapist, occupational therapist, dietician, social worker, clinical psychologist, speech therapist, etc.	In-hospital treatment Specialist motivation is required and authorisation must be obtained prior to treatment	Treatment at State facility only; UPFS rates applicable Subject to overall annual day-to-day limit	Limited to R3 400 per event for qualifying diagnoses 100% of Scheme rate Subject to annual in-hospital limit	Limited to R3 400 per event for qualifying diagnoses 100% of Scheme rate Subject to annual in-hospital limit	
No benefit for a dietician or physiotherapy allowed in the case of a confinement						

BENEFIT CATEGORY		NOTES	PRIMARY OPTION	STANDARD OPTION	ADVANCED OPTION
Private hospital or State facility (continued)	Substance and alcohol abuse	Authorisation must be obtained prior to admission Designated service provider must be used	Treatment at State facility only; UPFS rates applicable Subject to overall annual day-to-day limit	Subject to 1 admission per beneficiary per year and limited to 21 days' hospital-based treatment and 3 days' detoxification Subsequent admissions to State facility only; UPFS rates applicable Subject to annual in-hospital limit	Subject to 1 admission per beneficiary per year and limited to 21 days' hospital-based treatment and 3 days' detoxification Subsequent admissions to State facility only; UPFS rates applicable Subject to annual in-hospital limit
	Psychiatric care	Authorisation must be obtained prior to admission Designated service provider must be used	Treatment at State facility only; UPFS rates applicable Subject to overall annual day-to-day limit	Subject to 1 admission per beneficiary per year and limited to 21 days' hospital-based treatment or up to 15 outpatient consultations Subsequent admissions to State facility only; UPFS rates applicable Subject to annual in-hospital limit	Subject to 1 admission per beneficiary per year and limited to 21 days' hospital-based treatment or up to 15 outpatient consultations Subsequent admissions to State facility only; UPFS rates applicable Subject to annual in-hospital limit
	MRI and CT scans	Authorisation must be obtained prior to treatment	Treatment at State facility only; UPFS rates applicable Subject to overall annual day-to-day limit	Limited to R9 500 per family per year 100% of Scheme rate Subject to annual in-hospital limit	Limited to R18 100 per family per year 100% of Scheme rate Subject to annual in-hospital limit
	Internal prostheses and joint replacements - Defined as appliances placed internally in the body during an operation as well as the replacement of artificial eyes and limbs - Dental implants of any nature are not included in the definition of internal prostheses	Designated service provider must be used	Treatment at State facility only; UPFS rates applicable Subject to overall annual day-to-day limit	Limited to R56 900 per beneficiary per year Subject to annual in-hospital limit	Limited to R69 000 per beneficiary per year Subject to annual in-hospital limit
	Maxillofacial and oral surgery	Trauma cases only as a result of an emergency or accident No benefit for selective admission for specialised or advanced dentistry	Treatment at State facility only; UPFS rates applicable Subject to overall annual day-to-day limit	Subject to annual in-hospital limit	Subject to annual in-hospital limit
	To-take-out medicine	Upon discharge from hospital	Treatment at State facility only; UPFS rates applicable Subject to overall annual day-to-day limit	Maximum of 5 days' supply Subject to annual in-hospital limit	Maximum of 5 days' supply Subject to annual in-hospital limit
	Radiotherapy and chemotherapy (for instance cancer treatment)	Authorisation must be obtained prior to treatment	Treatment at State facility only; UPFS rates applicable Subject to overall annual day-to-day limit	Treatment at State facility only; UPFS rates applicable Subject to annual in-hospital limit	Preferred provider only, but referral to State facility may be required, subject to available benefits Subject to annual in-hospital limit
	Transplants	Authorisation must be obtained prior to treatment Benefit at provincial or State facility only	Treatment at State facility only; UPFS rates applicable Subject to overall annual day-to-day limit	Treatment at State facility only; UPFS rates applicable Subject to annual in-hospital limit	Treatment at State facility only; UPFS rates applicable Subject to annual in-hospital limit

BENEFIT CATEGORY	NOTES	PRIMARY OPTION	STANDARD OPTION	ADVANCED OPTION	
Private hospital or State facility (continued)	Cardiothoracic interventions and surgeries (including angiograms)	Authorisation must be obtained prior to treatment Benefit at provincial or State facility only	Treatment at State facility only; UPFS rates applicable Subject to overall annual day-to-day limit	Treatment at State facility only; UPFS rates applicable Subject to annual in-hospital limit	Treatment at State facility only; UPFS rates applicable Subject to annual in-hospital limit
	Neurosurgery	Authorisation must be obtained prior to treatment Benefit at provincial or State facility only	Treatment at State facility only; UPFS rates applicable Subject to overall annual day-to-day limit	Treatment at State facility only; UPFS rates applicable Subject to annual in-hospital limit	Treatment at State facility only; UPFS rates applicable Subject to annual in-hospital limit
	Renal dialysis	Authorisation must be obtained prior to treatment Benefit at provincial or State facility only	Treatment at State facility only; UPFS rates applicable Subject to overall annual day-to-day limit	Treatment at State facility only; UPFS rates applicable Subject to annual in-hospital limit	Treatment at State facility only; UPFS rates applicable Subject to annual in-hospital limit
	Refractive surgery (Lasik)		Not a benefit of the Fund	Not a benefit of the Fund	Not a benefit of the Fund
	Care in lieu of hospitalisation - Protocol-based initiatives to prevent avoidable hospitalisation - May include home nursing - May include rehabilitation or terminal care	Authorisation must be obtained prior to treatment	Not a benefit of the Fund Not a benefit of the Fund Treatment at State facility only; UPFS rates applicable and subject to overall day-to-day limit	Subject to managed care protocols and annual in-hospital limit	Subject to managed care protocols and annual in-hospital limit
	Frail care nursing services		Not a benefit of the Fund	Not a benefit of the Fund	Not a benefit of the Fund
	Specialised procedures	Authorisation must be obtained prior to treatment Members will be liable for any costs in excess of the specified benefits	Treatment at State facility only; UPFS rates applicable Subject to overall annual day-to-day limit	Benefits for diagnostic, laparoscopic and endoscopic-assisted surgery limited to R33 900 per family per year Subject to the annual in-hospital limit Includes disposable costs A co-payment of R1 000 will apply for the following procedures in a private facility: <ul style="list-style-type: none"> • Gastroscopy • Colonoscopy • Laparoscopy • Sigmoidoscopy • Cystoscopy • Cataract surgery No co-payment will apply if performed in doctors' rooms, provincial or State facilities	Benefits for diagnostic, laparoscopic and endoscopic-assisted surgery limited to R46 000 per family per year Subject to the annual in-hospital limit Includes disposable costs A co-payment of R1 000 will apply for the following procedures in a private facility: <ul style="list-style-type: none"> • Gastroscopy • Colonoscopy • Laparoscopy • Sigmoidoscopy • Cystoscopy • Cataract surgery No co-payment will apply if performed in doctors' rooms, provincial or State facilities



BENEFIT CATEGORY		NOTES	PRIMARY OPTION	STANDARD OPTION	ADVANCED OPTION
Private hospital or State facility (continued)	Circumcisions	Performed out of hospital	Treatment at State facility only; UPFS rates applicable		
		Authorisation must be obtained prior to treatment	Subject to overall annual day-to-day limit	Subject to annual in-hospital limit	Subject to annual in-hospital limit
	Performed in hospital	Treatment at State facility only; UPFS rates applicable	A co-payment of R1 000 will apply in a private facility	A co-payment of R1 000 will apply in a private facility	
		Authorisation must be obtained prior to treatment	Subject to overall annual day-to-day limit	Subject to annual in-hospital limit	Subject to annual in-hospital limit
	Trauma units	Benefit limited to stabilisation of patient only and thereafter transferral to designated service provider	Treatment at State facility only; UPFS rates applicable		
		Subject to authorisation and case management	Subject to overall annual day-to-day limit	Subject to annual in-hospital limit	Subject to annual in-hospital limit
HIV/AIDS	This benefit is subject to enrolment on the HIV/AIDS Programme	Hospital pre-authorisation is required	Treatment at State facility only; UPFS rates applicable	100% of agreed rate	100% of agreed rate
		Designated service provider must be used	Subject to overall annual day-to-day limit	Subject to annual in-hospital limit	Subject to annual in-hospital limit

CONTRIBUTION RATES EFFECTIVE 1 JANUARY 2023

CATEGORY		MEMBER	ADULT/SPOUSE	CHILD
PRIMARY OPTION	Up to R4 500	R445	R407	R175
	Above R4 501	R1 010	R763	R314
STANDARD OPTION		R1 010	R763	R314
ADVANCED OPTION		R1 456	R1 214	R420

TABLE 1: PREVENTATIVE CARE BENEFITS

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

OUT-OF-HOSPITAL PREVENTATIVE CARE PROCEDURES/SERVICES	Paid at 100% of Scheme rate:	
	<ul style="list-style-type: none"> Primary Option paid from overall annual day-to-day limit Standard and Advanced Options paid from overall annual in-hospital benefit 	
General health		
Flu vaccine	Limited to 1 per beneficiary per year	
Pneumococcal vaccine (Pneumovax only)	Limited to 1 per beneficiary per year	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
Health risk assessment (HRA): Body mass index, blood pressure measurement, cholesterol screening (finger-prick test) and blood sugar screening (finger-prick test)	Limited to 1 screening per adult beneficiary per year	At Dis-Chem or Clicks pharmacies Should your HRA be performed in the doctor's rooms, the consultation fee will be paid from your available general practitioner visits benefit
Cholesterol test	Limited to 1 per beneficiary per year	Only 1 of the following tariff codes will be allowed: 4025/26/27/28 or 4170
HIV test	Limited to 1 per beneficiary per year	Tariff code 3932
Colorectal screening	Limited to 1 per beneficiary per year	Subject to the following criteria: <ul style="list-style-type: none"> beneficiaries 50 years and older tariff code 4351 or 4352

TABLE 1: PREVENTATIVE CARE BENEFITS (continued)

OUT-OF-HOSPITAL PREVENTATIVE CARE PROCEDURES/SERVICES		Paid at 100% of Scheme rate: <ul style="list-style-type: none"> • Primary Option paid from overall annual day-to-day limit • Standard and Advanced Options paid from overall annual in-hospital benefit
Women's health		
Pap smear	Limited to 1 per female beneficiary per year	At Dis-Chem or Clicks pharmacies or tariff codes 4566/4599
Mammogram	Limited to 1 per female beneficiary every 2 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
Men's health		
Male circumcision (in general practitioner's rooms)	Limited to 1 per male beneficiary per year	Tariff code 2133, 2137 or 2139
Prostate-specific antigen (PSA) test	Limited to 1 per male beneficiary per year	Tariff code 4519 or 4524
Children		
Human papillomavirus (HPV) vaccination	Maximum of 3 per beneficiary, depending on vaccination manufacturer	Male and female beneficiaries between the ages of 9 and 18
Child and infant vaccinations		State protocols apply

TABLE 2:**MATERNITY TREATMENT PLAN ON STANDARD AND ADVANCED OPTIONS**

You must register your pregnancy by calling the pre-authorisation department. This will ensure that your maternity claims are paid correctly. Any other costs incurred at the time will be paid from your benefits, as specified in the rules of the Fund. Once the maternity treatment plan benefit limits have been reached, tests will be paid from the applicable benefit limit.

THE FOLLOWING BENEFITS WILL BE PAID FROM THE OVERALL ANNUAL IN-HOSPITAL BENEFIT AS PART OF THE MATERNITY TREATMENT PLAN**PATHOLOGY OUT OF HOSPITAL**

Test	Per year	Tariff code
Full blood count	1	3755
Blood test: Blood group	1	3764
Blood test: Rhesus antigen	1	3765
Urine culture	1	3893
HIV Elisa or other screening test	1	3932
Rubella antibody	1	3948
Venereal Disease Research Laboratory (VDRL) test	1	3949
Glucose strip test	1	4050
Urine analysis dipstick	13	4188
HIV antibody rapid test	1	4614
Hepatitis B screening	1	3942

ANTENATAL VISITS

Maximum per pregnancy	3	
Ultrasound scans - at 12 and 24 weeks	2	3615/17 or 43250