



Post Office 
MEDIPOS Medical Scheme
Putting your wellbeing first

SUMMARY OF BENEFITS

2023



Summary of Benefits: Benefit Year 2023

The following table reflects a summary of the Scheme's day-to-day and major medical and trauma benefits effective 1 January 2023. Please refer to the benefit guide for comprehensive details.

Day-to-Day benefits

Members and their dependants are entitled to the following benefits, subject to the prescribed minimum benefit (PMB) legislation

	OPTION C	OPTION B	OPTION A
1. Overall annual day-to-day limit			
All sub-limits (sub-limits 1.1 to 1.4) are subject to the overall annual day-to-day limit	R3 070 per member R3 070 per adult dependant R800 per child dependant	R5 290 per member R5 290 per adult dependant R1 020 per child dependant	R9 000 per member R9 000 per adult dependant R1 730 per child dependant
1.1 General practitioners (GPs) Visits, consultations and out-patient visits Preferred GPs Non-preferred GPs	Members are encouraged to make use of the GP network to minimise possible co-payments 100% of negotiated rate 80% of cost or MSR, whichever is less		
1.2 Specialists Visits, consultations and outpatient visits Network specialist Non-network specialist	Benefits are only covered if a member was referred by a GP Paid at 100% of cost or of the negotiated rate, whichever is less Paid at 100% of cost or MSR, whichever is less		
1.3 Acute medication Prescribed acute medication Pharmacist-advised therapy Members are encouraged to make use of the Scheme's pharmacy network to minimise possible co-payments	100% of medicine price and limited to: Member: R1 840 Adult dependant: R1 840 Child dependant: R490 100% of medicine price and limited to R940 per family	100% of medicine price and limited to: Member: R2 650 Adult dependant: R2 650 Child dependant: R520 100% of medicine price and limited to R1 210 per family	100% of medicine price and limited to: Member: R4 500 Adult dependant: R4 500 Child dependant: R870 100% of medicine price and limited to R1 820 per family
2 Optical benefits			
2.1 Overall optical benefits every two years Includes frames, all prescription lenses/add-ons and eye tests	Subject to R1 400 per beneficiary every two years, including a frame sub-limit of R690 per beneficiary	Subject to R3 560 per beneficiary every two years, including a frame sub-limit of R1 900 per beneficiary	Subject to R4 810 per beneficiary every two years, including a frame sub-limit of R2 670 per beneficiary
3. Dentistry benefits			
3.1 Basic dentistry	100% of cost or MSR, whichever is less, according to Scheme's managed care protocols and benefits; Subject to a maximum limit of R3 600 per family	100% of cost or MSR, whichever is less, according to Scheme's managed care protocols and benefits; Subject to a maximum limit of R8 520 per family	100% of cost or MSR, whichever is less, according to Scheme's managed care protocols and benefits; Subject to a maximum limit of R10 360 per family
3.2 Advanced dentistry and dental implants	Advanced dentistry subject to the overall annual day-to-day limit; No benefit for dental implants	Subject to the following limits: R12 790 per family	Subject to the following limits: R19 310 per family
4 Primary care benefits (PCB)			
4.1 Radiology (out of hospital)	R1 010 per family Subject to Major Medical Expense benefit.	R1 710 per family Subject to Major Medical Expense benefit.	R2 150 per family Subject to Major Medical Expense benefit.
4.2 Pathology (out of hospital)	R930 per beneficiary Subject to Major Medical Expense benefit.	Subject to the Overall Day to Day Limit	Subject to the Overall Day to Day Limit

Major medical expenses (MME) benefits

Members and their dependants are entitled to the following benefits, subject to prescribed minimum benefit (PMB) legislation.

ANNUAL LIMIT	OPTION C	OPTION B	OPTION A
	Unlimited		
1. Prescribed minimum benefits (PMBs)	Unlimited		
2. Preventative care benefits Out of hospital accessed through a pharmacy only; Members are encouraged to use pharmacies that are part of the Scheme's pharmacy network to minimise possible co-payments; If these services are accessed through any other provider than a pharmacy, benefits will be paid from the applicable benefit limit; Once the preventative limits have been reached, tests will be paid from the applicable benefit limit	100% of cost or MSR, whichever is less. Subject to unlimited benefit (risk benefit)		
<ul style="list-style-type: none"> • Blood glucose screening • Blood pressure • Cholesterol screening • Body mass index • Flu vaccine • Oral contraceptives • Prostate testing • Mammograms • Pap smear • Stool tests for cancer screening • Bone density screening • HPV vaccination • Vasectomy • Vitamins 	One test per adult beneficiary per year One test per adult beneficiary per year One test per adult beneficiary per year One test per adult beneficiary per year One per beneficiary per year R160 per female beneficiary per month 1 test per male beneficiary per annum (over the age of 45) 1 test per beneficiary per annum (over the age of 40) 1 test per beneficiary per annum (over the age of 15) 1 every 2 years (between the ages of 45 and 75) 1 per beneficiary per annum (over the age of 65) 1 course per female beneficiary per life (between the ages of 9 and 26) 1 per male beneficiary per life R320 per beneficiary per year		
3. All hospital-related expenses (Subject to pre-authorisation and a R2 500 co-payment for failing to obtain pre-authorisation or late pre-authorisation)	PMBs and non-PMBs: <ul style="list-style-type: none"> • 100% of cost at negotiated rate in hospital • Medicines will be paid at 100% of medicine price 		
4. Procedures in doctors' rooms (subject to the list of procedures and approval)	100% of cost or MSR, whichever is less		
5. Psychiatric institutions (subject to pre-authorisation and PMB legislation)	PMBs only	R20 640 per family	R44 940 per family
6. Substance and alcohol abuse (subject to pre-authorisation and PMB legislation)	Unlimited		
7. Rehabilitation centres (subject to pre-authorisation and approval)	Unlimited		
8. Radiology and pathology (in hospital)	Unlimited		
9. Advanced radiology (in and out of hospital) MRI, CT, radioisotope and ultrasound scans	R12 840 per family	R25 700 per family	R36 510 per family
10. Circumcision (out of hospital)	Global fee of R1 970 per beneficiary		

ANNUAL LIMIT	OPTION C	OPTION B	OPTION A
	Unlimited		
11. Oncology (cancer treatment - subject to approval)	PMBs only	R284 070 per beneficiary; 100% of cost at designated service provider (DSP) or 75% at non-DSP	R473 440 per beneficiary; 100% of cost at designated service provider (DSP) or 75% at non-DSP
12. Maxillofacial and oral surgery (subject to pre-authorisation and approval by the Scheme)	Subject to maximum limit of R18 120 per family		
13. Internal prostheses/devices (subject to application and approval)	R28 820 per family	R68 730 per family	R84 000 per family
13.1 Cardiac stents (limited to three stents per beneficiary)		R27 470 per beneficiary with the following sub-limits:	R28 820 per beneficiary with the following sub-limits:
» Drug eluting		R16 790	R21 370
» Bare metal		R9 060	R12 060
13.2 Aorta stent grafts		R52 890	R62 360
13.3 Peripheral arterial stent grafts		R40 730	R47 480
13.4 Cardiac pacemakers		R68 720	R83 990
13.5 Cardiac valves (limited to two valves per beneficiary)		R38 940 per valve	R43 840 per valve
13.6 Total hip replacement		R51 410	R70 070
13.7 Total knee replacement		R51 800	R64 270
13.8 Total shoulder replacement		R49 630	R60 200
13.9 Elbow replacement		R42 620	R60 200
13.10 Temporomandibular joint (TMJ) replacement		R42 620	R60 200
13.11 Ankle replacement		R42 620	R60 200
13.12 Finger replacement		R27 320	R39 630
13.13 Toe (total or partial) replacement		R27 320	R39 630
13.14 Bryan's and other intervertebral disc prostheses		R33 550	R48 830
13.15 Mesh grafts		R6 100	R35 040
13.16 Intra-stromal corneal ring segments		R22 840	R33 550
13.17 Spinal instrumentation		R32 730	R58 060
13.18 Other approved implantable spinal and intervertebral discs		R48 830	R57 490
13.19 Bone lengthening devices		R43 950	R51 670
13.20 Neuro-stimulation/ablation devices for Parkinson's		R47 200	R55 600
13.21 Vagal stimulator for intractable epilepsy		R37 610	R44 230
13.22 Detachable platinum coils		R45 980	R57 490
13.23 Embolic protection devices		R48 970	R57 350
13.24 Intraocular lens (per lens)		R4 200	R5 274
13.25 Carotid stents		R19 620	R23 130
13.26 Any other internal prostheses		R54 100	R60 600

ANNUAL LIMIT	OPTION C	OPTION B	OPTION A
	Unlimited		
13.27 General prostheses/devices benefit		R12 060 per beneficiary	R 22 840 per beneficiary
» Middle ear bone implants		R12 060	R22 840
» Vocal cord prostheses		R12 060	R22 840
» Macroplasty Injection - Urethra		R12 060	R22 840
» Penile prostheses		R12 060	R22 840
» Vascular/arterial grafts and patches		R12 060	R22 840
» Atrium- and ventricular septum patches		R12 060	R22 840
» Mammary/breast implants		R4 330	R8 660
» TVT sling device		R2 030	R4 200
» Procter-Livingstone and Celestin tubes		R4 460	R8 520
» Renal artery stent		R6 100	R15 280
Oesophageal stent		R7 580	R15 280
» Ureteric stent		R7 580	R15 280
Urethral stent		R7 580	R15 280
» Ductus choledochus stent		R7 580	R15 280
Other blood vessels stent		R7 580	R15 280
» Permanent supra-pubic catheters		R2 900	R6 100
Testis prostheses		R7 580	R15 280
» Gold weight implants upper eyelid		R9 060	R15 280
Anal and other sphincter stimulation devices		R7 580	R15 280
14. External medical appliances (subject to approval)	R7 580 per family with a sub-limit of R2 430 per family, limited to PMBs for orthotic shoes/ innersoles	R7 990 per family with a sub-limit of R2 430 per family, limited to PMBs for orthotic shoes/ innersoles	R9 740 per family with a sub-limit of R2 430 per family, limited to PMBs for orthotic shoes/ innersoles
15. Hearing aids (per two-year cycle and subject to approval) Excludes repairs and batteries	Limited to R14 320 per beneficiary per cycle	Limited to R19 350 per beneficiary per cycle	Limited to R23 100 per beneficiary per cycle
16. Cochlear implants (subject to approval)	PMBs only	R242 710 per family with the following sub-limits:	R303 540 per family with the following sub-limits:
» Preoperative evaluation and associated costs	PMBs only	R15 140	
» Intra-operative audiology testing	PMBs only	R920	
» Post-operative rehabilitation	PMBs only	R33 550	
» Upgrade of sound processor	PMBs only	(80% of cost) R68 720	
» Repair outside of warranty	PMBs only	Subject to cochlear implant benefit	
» Batteries and spares	PMBs only	Subject to external medical appliances benefit	
17. Artificial limbs and eyes (subject to pre-authorisation and approval)	R31 110 per family with the following sub-limits:	R60 190 per family with the following sub-limits:	R77 370 per family with the following sub-limits:
» Artificial limbs	R31 110 per artificial leg or arm per family	R60 190 per artificial leg or arm per family	R77 370 per artificial leg or arm per family
» Artificial eyes	R21 520 per artificial eye per family	R25 700 per artificial eye per family	R25 700 per artificial eye per family

ANNUAL LIMIT	OPTION C	OPTION B	OPTION A
	Unlimited		
18. Radial keratotomy and excimer laser (subject to pre-authorisation)	No benefits	R7 320 per family	R11 900 per family
19. Home oxygen (subject to pre-authorisation)	R17 040 per beneficiary	R17 040 per beneficiary	R18 520 per beneficiary
20. Hyperbaric oxygen (subject to pre-authorisation)	R56 950 per beneficiary		
21. Kidney dialysis (subject to pre-authorisation)	PMBs only	Unlimited	Unlimited
22. Organ transplant medication (subject to pre-authorisation)	PMBs only	R361 970 per family	R430 810 per family
23. Hospice and private nursing (subject to pre-authorisation)	R9 730 per family	R26 650 per family	R38 150 per family
24. Care in lieu of hospitalisation (subject to pre-authorisation and approval)	Unlimited		
25. HIV/AIDS (registration and enrolment on Aid for AIDS Disease Management is encouraged)	Unlimited		
26. Ambulance services	Unlimited		

Palliative Care Programme

	OPTION C	OPTION B	OPTION A
Alignd Palliative care	No Benefit	Paid at 100% of cost or MSR, whichever is less. Payable from major medical expense benefit subject to the Overall Annual Limit	

Chronic medication benefits subject to MME benefits

Members and their dependants are entitled to the following benefits, subject to prescribed minimum benefit (PMB) legislation; Members are encouraged to use the pharmacies that are part of the Scheme's pharmacy network to minimise co-payments.

	OPTION C	OPTION B	OPTION A
1. Chronic medication (subject to approval)	PMBs only	Limited to R8 660 per family per annum for PMB and specified non-PMB chronic conditions, thereafter unlimited benefit for PMB Chronic conditions only.	Limited to Limited to R12 840 per family per annum for PMB and specified non-PMB chronic conditions, thereafter unlimited benefit for PMB Chronic conditions only.
2. PMB chronic medication (subject to approval)			

COVID-19 Benefit

Members and their dependants are entitled to the following benefits for COVID-19. Refer to your Benefit Guide for more information.

	OPTION C	OPTION B	OPTION A
1. Positive and Negative COVID-19 tests	Subject to 4 tests per beneficiary per annum		
2. Further tests required	Subject to clinical criteria		

OPTION B

Personal Medical Savings Account (PMSA)

Your PMSA benefit is available upfront and to be utilised in respect of the following medical services and supplies

Co-payments	Non-network GP, non-DSP hospital, late authorisation copayments and medication reference price	Advanced Savings
Benefit exceeded	Any benefits were your limits have been exceeded	
Shortfalls	Tariffs above the MEDiPOS Scheme rate	
Rejections	Specialist consultation not referred by a GP Benefits and authorisation that have been declined Non-oral contraceptives (patches, injectables, devices)	Positive Savings Balance
	Waiting periods and certain exclusions including optical tints and hardening	

Maternity Benefits

ANNUAL LIMIT	OPTION C	OPTION B	OPTION A
	Unlimited		
1. Ultrasound scans (for pregnancy)	Two 2D scans per pregnancy	Two 2D scans per pregnancy	Two 2D scans per pregnancy
2. Antenatal consultation	Limited to 8 per pregnancy	Limited to 9 per pregnancy	Limited to 9 per pregnancy
3. Antenatal classes	Limited to 5 classes per pregnancy	Limited to 5 classes per pregnancy	Limited to 5 classes per pregnancy
4. ADDITIONAL MATERNITY BENEFITS	Benefits are limited per pregnancy per beneficiary		
• Blood grouping test	1 test	1 test	1 test
• Flu vaccination	1 vaccine	1 vaccine	1 vaccine
• Haemoglobin measurement test	2 tests	2 tests	2 tests
• Hearing screening for new-born	1 test	1 test	1 test
• Mental health visit with psychologist	2 visits	2 visits	2 visits
• Nutritional assessment with dietician	1 test	1 test	1 test
• Postnatal mid-wife visits	6 visits	6 visits	6 visits
• VDRL test	1 test	1 test	1 test
• Breastfeeding visit with nurse or specialist	1 test	1 test	1 test
• Congenital hypothyroidism screening	1 test	1 test	1 test
• Full blood count	1 test	1 test	1 test
• Urine analysis test	No benefit	12 tests	12 tests
• Vitamins	No benefit	Limited to R120 per an event	Limited to R120 per an event

Your total monthly contribution to the Scheme is based on the option you have chosen, the number and type of dependants registered on your membership and your income.

CONTRIBUTIONS FROM 1 JANUARY 2023 TO 31 MARCH 2023

OPTION C	CONTRIBUTIONS FROM 1 JANUARY 2023 TO 31 MARCH 2023		
Monthly income	Principal member	Adult dependant	Child dependant
R0 – R8 185	R1 410	R1 215	R375
R8 186 – R11 140	R1 551	R1 365	R462
R11 141 – R14 985	R1 698	R1 497	R507
R14 986 +	R1 752	R1 530	R519

OPTION B	CONTRIBUTIONS FROM 1 JANUARY 2023 TO 31 MARCH 2023			PMSA (included in contribution)		
Monthly income	Principal member	Adult dependant	Child dependant	Principal member	Adult dependant	Child dependant
R0 – R8 185	R2 769	R2 601	R819	R125	R117	R37
R8 186 – R11 140	R2 889	R2 727	R858	R130	R123	R39
R11 141 – R14 985	R3 024	R2 871	R906	R136	R129	R41
R14 986 +	R3 102	R2 946	R933	R140	R133	R42

OPTION A	CONTRIBUTIONS FROM 1 JANUARY 2023 TO 31 MARCH 2023		
Monthly income	Principal member	Adult dependant	Child dependant
All income levels	R7 233	R6 942	R1 689

Contributions from 1 April 2023

OPTION C	Contribution		
Monthly income	Principal member	Adult dependant	Child dependant
R0 – R8 185	R1 497	R1 290	R399
R8 186 – R11 140	R1 647	R1 449	R492
R11 141 – R14 985	R1 803	R1 590	R537
R14 986 +	R1 860	R1 626	R552

OPTION B	Contribution			PMSA (included in contribution)		
Monthly income	Principal member	Adult dependant	Child dependant	Principal member	Adult dependant	Child dependant
R0 – R8 185	R2 949	R2 769	R873	R133	R125	R39
R8 186 – R11 140	R3 078	R2 904	R915	R139	R131	R41
R11 141 – R14 985	R3 222	R3 057	R966	R145	R138	R43
R14 986 +	R3 303	R3 138	R993	R149	R141	R45

OPTION A	Contribution		
Monthly income	Principal member	Adult dependant	Child dependant
All income levels	R7 704	R7 392	R1 800

Please note

- Adult dependants include spouses/partners, registered children age 21 and older (except children who are younger than 25 years of age and who are full-time students registered at a recognised tertiary institution), parents and siblings dependant on the member;
- Your portion of the contribution will depend on your subsidy;
- If you are unsure of your subsidy, please check with your Human Resources Department.

MEDIPOS CONTACT DETAILS

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