Pick n Pay

Medical scheme

plus option

benefits 2023

Effective 1 January 2023

CLIENT SERVICE TEAM:
0800 004 389 OR
021 480 4801

Members and their dependants are entitled to the following benefits, subject to the provisions of the rules of the Scheme, and in particular the provisions of the statutory Prescribed Minimum Benefits (PMBs).

Medical Spending Account

Members have a Medical Spending Account (MSA), which is used to pay for day-to-day benefits. The amount available in the MSA is in addition to the insured benefit.

This summary is for information purposes only and does not supersede the rules of the Scheme. In the event of any discrepancy, the rules will prevail.

NO	BENEFIT	REIMBURSEMENT RATE	ANNUAL LIMIT
	INSURED BENEFIT		Unlimited
1.	**Statutory Prescribed Minimum Benefits (PMBs)**	100% of cost	Services rendered by State hospital or DSP unlimited; subject to pre-authorisation and managed care protocols
2.	**Hospitalisation**		Unlimited Admissions are subject to pre-authorisation with the Scheme's provider 2 working days prior to admission and within 48 hours of the incident in the case of emergencies A penalty of R1 000 is payable by the member to the service provider if no pre-authorisation is obtained; for pre-authorisation dial 0860 767 633
	Private hospitals (excluding rehabilitation)	100% of agreed tariff	
	State hospitals	100% of UPFS or cost, whichever is the lowest	
	Medicines dispensed in hospital and upon discharge from hospital	100% of SEP plus agreed dispensing fee	To-take-out (TTO) medication limited to 7 days' supply; subject to medicine formulary
	Alternatives to hospitalisation (i) Step-down facilities (ii) Hospice (ward fees and disposables) (iii) Home nursing	100% of agreed tariff 100% of cost in the case of a PMB	Subject to pre-authorisation and managed care protocols
	In-patient psychiatric conditions/substance abuse	100% of agreed tariff	R74 400 per beneficiary PMB admissions will accrue to this limit, but are not subject to this limit
3.	**GPs and specialists: In-hospital services** Consultations, visits and procedures/operations	150% of Scheme rate	Unlimited
4.	**Psychiatric consultations (out of hospital)**	150% of Scheme rate	PMBs only Subject to registration on the Mental Wellness Programme, in which case an appropriate treatment plan based on clinical protocols may be issued; a co-payment will apply if not registered on the Mental Wellness Programme
5.	**Radiology** (i) In hospital	100% of Scheme rate or agreed tariff	Unlimited
	(ii) Specialised radiology (MRI and CT scans)	100% of Scheme rate	Subject to pre-authorisation Unlimited PMB scans per family per year Limited to 2 non-PMB scans per family per year; subject to R500 co-payment
6.	**Pathology** (i) In hospital	100% of Scheme rate or agreed tariff	Unlimited
7.	**Auxilliary services (in hospital)** Physiotherapy, audiology and occupational therapy	100% of Scheme rate	Subject to managed care protocols and only if part of a hospital event or following discharge for a period of six weeks

NO	BENEFIT	REIMBURSEMENT RATE	ANNUAL LIMIT
8.	**Blood transfusions and technician services**	100% of Scheme rate or agreed tariff	Unlimited
9.	**Oncology treatment (in and out of hospital)** Oncology post-active treatment and care	100% of agreed tariff 100% of cost in the case of a PMB	R670 000 per beneficiary Subject to pre-authorisation and registration on the Oncology Management Programme; tel: 0860 767 633 Subject to ICON protocols R19 300 per beneficiary per year Subject to pre-authorisation and managed care protocols
10.	**Surgical/Internal prostheses**	100% of agreed tariff per item as per Annexure B	Limited to amounts detailed in the surgical prostheses schedule (Annexure B) for specified items Non-specified items are limited to R62 600 per beneficiary Subject to pre-authorisation and managed care protocols
11.	**Maxillofacial surgery** (excluding special dentistry)	100% of Scheme rate	Subject to pre-authorisation and managed care protocols
12.	**Organ transplants** (hospitalisation and surgery)	100% of Scheme rate 100% of cost in the case of a PMB	Subject to pre-authorisation and managed care protocols
13.	**Emergency rescue services: ER24**	100% of agreed tariff 100% of cost in the case of a PMB	Subject to pre-authorisation and ER24 protocols; tel: 084 124
14.	**HIV/AIDS**	100% of cost	For access to the HIV/AIDS benefit, registration is required on the HIV Management Programme; tel: 0860 767 633 Treatment within PMB protocols at DSP is unlimited
15.	**Renal dialysis**	100% of Scheme rate or agreed tariff 100% of cost in the case of a PMB	Subject to pre-authorisation and managed care protocalls
16.	**Chronic conditions** Members' treating doctors or pharmacists must call Swift Online® on 0800 132 345 for approval of medicines and treatment plan services All chronic conditions covered, subject to registration on the Scheme's Chronic Medicine Programme and approval of treatment protocols, except in respect of diabetes types 1 and 2 **PMB conditions** The Scheme's PMB DTP & CDL Programme offers benefits in accordance with approved treatment plans in respect of the diagnosis, treatment and care for such conditions	 100% of SEP plus agreed dispensing fee 100% of SEP plus agreed dispensing fee, or Scheme rate in respect of treatment plan services	Subject to chronic condition limits of: R72 500 per beneficiary or R149 400 per family All medication will be subject to MMAP and use of Pick n Pay Medical Scheme Pharmacy Network Unlimited – subject to treatment plan protocols; if medicines are voluntarily obtained from a provider other than the Scheme's DSP, co-payments could be applied

NO	BENEFIT	REIMBURSEMENT RATE	ANNUAL LIMIT
17.	**Diabetes treatment** Diabetes cover will be subject to registration with, and the protocols of, the Centre for Diabetes and Endocrinology (CDE); tel: 011 712 6000	100% of cost if provided through CDE; 70% of SEP, plus agreed dispensing fee if not registered on CDE (subject to the MMAP)	
18.	**Preventative procedures (out of hospital)** Flu vaccine injection; body mass index, blood pressure, glucose and cholesterol testing; prostate-specific antigen (PSA) testing, pap smear and mammogram	100% of Scheme rate	Limited to amounts detailed in the preventative procedures schedule (Annexure C)
19.	**Confinements**	100% of agreed tariff	Unlimited Subject to pre-authorisation
20.	**Maternity benefits (out of hospital)**		Subject to registration on the Scheme's Maternity Management Programme; tel: 0860 767 633
	General practitioner consultations	1 antenatal consultation per pregnancy at 150% of Scheme rate	
	Obstetrician or gynaecologist consultations	4 antenatal consultations per pregnancy at 150% of Scheme rate	
	2-dimensional ultrasounds	2 scans per pregnancy at 100% of Scheme rate or agreed tariff	
	Routine blood tests for abnormalities	100% of Scheme rate or agreed tariff	1 of each of the following tariff codes will be allowed per pregnancy per beneficiary: 3755 and 3797; 3948 or 3949; 3764 and 3765; 3709; 3946; 3932; 4531
	Post-natal consultations	2 post-natal consultations at a GP or specialist for children younger than two at 150% of Scheme rate 1 post-natal consultation at a specialist within 12 months of delivery at 150% of Scheme rate	
21.	**Out-patient surgical procedures** (refer to Annexure A for the list of procedures covered)	150% of Scheme rate	Subject to pre-authorisation and managed care protocols

Benefits payable from members' Medical Spending Accounts (MSAs), except in respect of PMBs

NO	BENEFIT	REIMBURSEMENT RATE	ANNUAL LIMIT
1.	**GPs and specialists (out of hospital)** Consultations and visits, including clinical psychology and psychiatric consultations (excluding educational counselling)	150% of Scheme rate	Subject to MSA balance
2.	**Physiotherapy (out of hospital)**	100% of Scheme rate	Subject to MSA balance

NO	BENEFIT	REIMBURSEMENT RATE	ANNUAL LIMIT
3.	**Dentistry** (i) Conservative dentistry – fillings, extractions, X-rays and prophylaxis	100% of Scheme rate	R2 600 per family per year, payable from the insured benefit, thereafter subject to MSA balance
	(ii) Specialised dentistry – orthodontic, periodontic, crowns, bridgework, dentures, dental implants and osseo-integration	150% of Scheme rate	Subject to MSA balance
4.	**Acute medication** Subject to MMAP	100% of SEP plus agreed dispensing fee; excludes administration fee	Subject to MSA balance
5.	**Pharmacy-advised therapy (PAT)** Including homeopathic and naturopathic medication	100% of agreed tariff or SEP plus agreed dispensing fee; excludes administration fee	Subject to MSA balance and a limit of R500 per beneficiary per day
6.	**Optical** (i) Optometric tests (including all visual tests)	100% of Scheme rate	1 consultation per beneficiary per year, payable from the insured benefit Please note that this does not include the lenses or the frames; these are paid from your MSA balance
	(ii) Spectacles, lenses (including contact lenses), frames and readers	100% of Scheme rate	Subject to MSA balance
7.	**External surgical appliances (out of hospital)** Hearing aids, orthopaedic boots, surgical collars, wheelchairs, nebulisers, oxygen equipment, etc.	100% of cost	Subject to MSA balance
	Stoma therapy products	100% of Scheme rate	Subject to pre-authorisation and managed care protocols
8.	**Alternative services** Homeopaths, naturopaths and chiropractors (excluding X-rays and appliances)	100% of Scheme rate	Subject to MSA balance
9.	**Auxiliary services (out of hospital)** Includes speech therapy, audiology, occupational therapy, podiatry and orthopty	100% of Scheme rate	Subject to MSA balance
10.	**Step-down facilities**	100% of Scheme rate	Subject to MSA balance
11.	**Radiology** (i) Out of hospital (excluding specialised radiology)	100% of agreed tariff	Subject to MSA balance
12.	**Pathology** (i) Out of hospital	100% of agreed tariff	Subject to MSA balance

KEY:

Agreed tariff	=	The fees for any healthcare services which are determined by the Board of Trustees in conjunction with a network of service providers
CDE	=	Centre for Diabetes and Endocrinology provides complete care to members with diabetes mellitus, types 1 and 2
DSP	=	Designated Service Provider is a network of service providers appointed by the Scheme as preferred providers to provide members with diagnosis, treatment and care in respect of one or more PMB conditions
ICON	=	The Independent Clinical Oncology Network (ICON) is a DSP for the provision of oncology benefits
MMAP	=	Maximum Medical Aid Price is the price the Scheme will pay for the generic equivalent of patented medication
MSA	=	Medical Spending Account is used to pay for day-to-day treatment
PMBs	=	Prescribed Minimum Benefits are the minimum benefits that the Scheme is legally obliged to provide to its members in terms of the Medical Schemes Act
Scheme rate	=	The rate at which claims are reimbursed, as approved by the Board of Trustees
SEP	=	Single Exit Price is a price set by the manufacturer or importer of a medicine or scheduled substance, combined with a logistics fee and VAT
UPFS	=	Uniform Patient Fee Schedule, the tariff structure used by provincial hospitals

Annexure A:

List of out-patient surgical procedures covered under insured benefit

Out-patient surgical procedures, if performed in a doctor's surgery, are subject to pre-authorisation and managed care protocols, and will be covered from the insured benefit. Anaesthetists' costs, if applicable, are covered for local/regional anaesthetic and conscious sedation.

Important!

Out-patient surgical procedures, if performed in a doctor's surgery, are subject to pre-authorisation and managed care protocols.

PROCEDURES	CODES
Gastroscopy and related procedures	1587/88/89/91; 1626; 1770/72/73/74/78/79/82
Colonoscopy and related procedures	1653/54/56

The following additional procedures, if performed by an ophthalmologist in his/her rooms, are subject to pre-authorisation and managed care protocols, and will be covered from the insured benefit.

PROCEDURES	CODES
Treatment of retina and choroids by cryotherapy	3039
Pan-retinal photocoagulation in one sitting	3041
Laser capsulotomy	3052
Laser trabeculoplasty	3064
Laser apparatus hire fee	3201

Please note that costs related to Lasik eye surgery are excluded from the benefit.

The following procedure, if performed in a doctor's surgery, is subject to pre-authorisation and managed care protocols, and will be covered from the insured benefit.

PROCEDURE
Circumcision

EMERGENCY ROOM TREATMENT

Emergency treatment in a trauma or casualty facility of a hospital, and all associated costs, where the treatment resulted in an admission to hospital, or was an emergency, or prevented a hospital admission, or where treatment could not be rendered in a doctor's rooms, will be paid from the in-hospital benefit at 100% of the agreed rate and/or 150% of the Scheme rate, or at cost for PMBs.

Annexure B:

Surgical prostheses schedule

This schedule lists surgical prostheses and appliances (excluding dental implants) placed in the body as internal fixtures during an operation.

The items below are subject to the limits indicated. Benefits for non-specified surgical prosthetic items will be subject to the maximum annual benefits for non-specified items, as indicated elsewhere in this benefit schedule and subject to the requirements for PMBs.

PROSTHESES	AMOUNT	LIMIT
Partial hip replacement	R32 400	Only 1 joint per beneficiary per year
Total hip replacement	R69 700	Only 1 joint per beneficiary per year
Spinal fusion	R74 800	Per beneficiary per year
Cardiac stents	R35 600	Per beneficiary (maximum of 3 per year)
Cardiac pacemakers	R91 400	Per beneficiary per year
Grafts	R60 900	Per graft per beneficiary per year
Cardiac valves	R62 900	Per valve per beneficiary per year
Artificial limb	R51 100	Per family per year
Artificial eyes	R25 600	Per family per year
Knee replacement	R65 900	Only 1 joint per beneficiary per year
Shoulder replacement	R74 800	Per shoulder per beneficiary per year
All other claims for surgical prostheses	R62 600	Per beneficiary per year

Contact details

Client Services:
021 480 4801 or toll free on 0800 004 389

Managed Care Programmes:
0860 767 633

ER24: 084 124

CDE Diabetes Management Programme:
011 712 6000

Postal: PO Box 15774
Vlaeberg 8018

Website: www.pnpms.co.za

Annexure C:

List of preventative procedures covered from insured benefit

Please be advised that these preventative procedures do not include all the costs incurred at the time of the procedure, but only to those specified, i.e.:

- the consultation fee for a dental check-up/oral hygienist
- the actual injection for the flu vaccine
- the actual testing of cholesterol and pap smears
- the mammogram itself.

Any other costs incurred at the time of the visit will be paid from your MSA balance or as otherwise specified in the rules.

PROCEDURE	BENEFIT	CONDITIONS/REMARKS
Flu vaccine injection	1 per beneficiary per year	
Cholesterol testing	1 per beneficiary per year	1 of the following tariff codes will be allowed: 4025/6/7/8; 4170
Pap smear	1 per beneficiary per year	The following tariff codes will be allowed: 4566 and 4599
Mammogram	1 per beneficiary per year	1 of the following tariff codes will be allowed: 3605; 34100/01/10/20/30/50; 34300
Preventative health screenings, limited to: (i) Blood pressure measurements (ii) Blood glucose screening (iii) Cholesterol screening (iv) Body mass index	Limited to R343 per beneficiary per year	These screening tests are to be undertaken at clinics affiliated with Pick n Pay Medical Scheme Pharmacy Network providers, subject to Scheme protocols The following tariff codes will be allowed: 4025, 4026, 4027, 4028 and 4170
Prostate-specific antigen (PSA) testing	1 per beneficiary per year	The following tariff code will be allowed: 4519
Pneumococcal vaccine (Pneumovax only)	1 per beneficiary per year	Subject to the following criteria: (i) over 65 years (ii) patients diagnosed with: - cancer - asthma - chronic obstructive pulmonary disease (COPD) - cardiac failure - HIV