

# Benefits Summary

Effective 1 January 2020

## ANNUAL BENEFITS FOR DAY-TO-DAY MEDICAL SERVICES

### A OUT-OF-HOSPITAL BENEFITS

			PRIMARY OPTION	STANDARD OPTION
<b>Overall annual limit</b> Member Member + 1 Member + 2 Member + 3 Member + 4			R9 750 single member R10 560 per family R12 080 per family R13 550 per family R15 080 per family	R9 750 single member R10 560 per family R12 080 per family R13 550 per family R15 080 per family
<b>General practitioner network</b>	<b>Consultations and acute medication</b>  All-inclusive fee applicable  <b>OR</b>  Consultation only with a prescription issued for acute medication – refer to acute medication benefits	Members may only use the Momentum Health Solutions (MHS) general practitioner network	100% of Scheme rate, limited to overall annual limit          100% of Scheme rate, limited to overall annual limit	100% of Scheme rate, limited to overall annual limit          100% of Scheme rate, limited to overall annual limit



## A OUT-OF-HOSPITAL BENEFITS (CONTINUED)

			PRIMARY OPTION	STANDARD OPTION
<b>Non-network general practitioners</b>	<b>Consultations</b>  Prescribed medication should be obtained from a pharmacy, subject to the acute medicine benefit	Only tariff codes applicable to the MHS network apply  Members are responsible for paying any difference in cost directly to the non-network general practitioner	100% of Scheme rate, limited to overall annual limit	100% of Scheme rate, limited to overall annual limit
<b>Acute medication (general practitioner)</b>	<b>Acute medication dispensed by a general practitioner</b>	Acute medication dispensed by a general practitioner  Medication prescribed but not dispensed by a general practitioner	R1 410 per family per annum, limited to R190 per prescription and subject to the MHS acute medicine formulary and generic reference pricing	R1 410 per family per annum, limited to R190 per prescription and subject to the MHS acute medicine formulary and generic reference pricing
<b>Acute medication (specialist)</b>	<b>Acute medication prescribed by a specialist</b>	The member must obtain authorisation from MHS before obtaining any medication from the pharmacy	Subject to the MHS acute medicine formulary and generic reference pricing and limited to overall annual limit	Subject to the MHS acute medicine formulary and generic reference pricing and limited to overall annual limit
<b>Acute medication (emergency)</b>	<b>Acute medication prescribed or dispensed by a service provider during an emergency consultation</b>	Acute medication dispensed by a general practitioner during an emergency; forms part of the all-inclusive after-hours/emergency fee  Medication prescribed but not dispensed by a general practitioner	R1 410 per family per annum, limited to R190 per prescription and subject to the MHS acute medicine formulary and generic reference pricing	R1 410 per family per annum, limited to R190 per prescription and subject to the MHS acute medicine formulary and generic reference pricing
<b>Pharmacy-advised therapy (over-the-counter medicine benefit)</b>	<b>Medication obtained over the counter at the pharmacy</b>	R260 per family per annum, limited to R50 per prescription per beneficiary per day	R260 per family per annum, limited to R50 per prescription per beneficiary per day	R260 per family per annum, limited to R50 per prescription per beneficiary per day
<b>Preventative care benefit</b>	<b>Flu vaccinations</b> Obtainable from pharmacies	100% of Scheme rate up to maximum benefit amount	R89 per beneficiary per annum	R89 per beneficiary per annum
<b>Specialists</b>	<b>Consultations</b>	The member is responsible for ensuring that the general practitioner obtains an authorisation number from MHS before he/she consults a specialist	100% of Scheme rate, limited to overall annual limit	100% of Scheme rate, limited to overall annual limit



## A OUT-OF-HOSPITAL BENEFITS (CONTINUED)

			PRIMARY OPTION	STANDARD OPTION
<b>Network dentists</b>	<b>Conservative dentistry</b>  Dentures limited to a maximum of R4 540 per family per annum (dental fee is inclusive of the laboratory fee)  No benefit for advanced/ specialised dentistry	Tariff code 8334 is only applicable to anterior teeth	100% of Scheme rate, limited to overall annual limit  100% of Scheme rate; denture limit subject to overall annual limit	100% of Scheme rate, limited to overall annual limit  100% of Scheme rate; denture limit subject to overall annual limit
<b>Non-network dentists</b>	<b>Conservative dentistry</b>  Limited to: <ul style="list-style-type: none"> <li>• out-of-area dentists; and</li> <li>• emergencies only</li> </ul> No benefit for advanced/ specialised dentistry	Only tariff codes applicable to the MHS network apply – members are responsible for paying any difference in cost directly to the dentist	100% of Scheme rate, limited to overall annual limit	100% of Scheme rate, limited to overall annual limit
<b>Optometrists</b>	Frames, lenses, tints (up to 35%) and eye tests <b>OR</b> Contact lenses and eye tests  Qualifying norms applicable	Optometrist must obtain authorisation from MHS for patient referral to a specialist	100% of Scheme rate; family optical limit subject to overall annual limit  Limited to a maximum of R2 860 per family per annum	100% of Scheme rate; family optical limit subject to overall annual limit  Limited to a maximum of R2 860 per family per annum
<b>Radiology</b>			100% of Scheme rate, limited to overall annual limit	100% of Scheme rate, limited to overall annual limit
<b>Pathology</b>			100% of negotiated preferred provider rates, limited to overall annual limit	100% of negotiated preferred provider rates, limited to overall annual limit
<b>Auxiliary services</b>	<ul style="list-style-type: none"> <li>• Audiologist</li> <li>• Chiropodist</li> <li>• Chiropractor</li> <li>• Dietician</li> <li>• Nursing services</li> <li>• Occupational therapist</li> <li>• Social worker</li> <li>• Speech therapist</li> <li>• Physiotherapist</li> </ul>		100% of Scheme rate, limited to overall annual limit	100% of Scheme rate, limited to overall annual limit
<b>Surgical appliances</b>	<ul style="list-style-type: none"> <li>• Nebulisers</li> <li>• Crutches</li> <li>• Glucometers</li> <li>• Hearing aids</li> </ul>	Written motivation from a general practitioner is required; subject to approval from the MHS medical advisor	100% of Scheme rate, limited to overall annual limit	100% of Scheme rate, limited to overall annual in-hospital benefit
<b>Clinical psychology</b>		The member is responsible for ensuring that the general practitioner obtains an authorisation number from MHS before he/she consults a clinical psychologist	100% of Scheme rate, limited to overall annual limit	100% of Scheme rate, limited to overall annual limit

## A OUT-OF-HOSPITAL BENEFITS (CONTINUED)

			PRIMARY OPTION	STANDARD OPTION
<b>Chronic medication</b>	To obtain benefits for chronic medication, the patient must be registered with the MHS Medicine Risk Management Programme	<p>The Scheme's approved chronic condition list is applicable</p> <p>Medication approved as per the MHS Chronic Disease List medication formulary</p> <p>Chronic medication can be obtained from any pharmacy or contracted dispensing network general practitioner</p>	<p>R9 470 per beneficiary per annum</p> <p>Subject to generic reference pricing</p>	<p>R9 470 per beneficiary per annum</p> <p>Subject to generic reference pricing</p>
<b>Attendance at 24-hour emergency facility</b>	<b>Emergency consultations</b>	<p>For <b>emergencies</b> only</p> <p>Only tariff codes applicable to the MHS network apply – members are responsible for paying any difference in cost directly to the general practitioner</p>	<p>100% of Scheme rate, limited to overall annual limit</p> <p>Procedures resulting from an emergency consultation included in the emergency consultation fee</p>	<p>100% of Scheme rate, limited to overall annual limit</p> <p>Procedures resulting from an emergency consultation subject to annual in-hospital benefit</p>
<b>Ambulance services</b>	<b>Provincial and private sector</b>		<p>R1 120 per case</p> <p>100% of Scheme rate, limited to overall annual limit</p>	<p>R1 120 per case</p> <p>100% of Scheme rate, limited to overall annual limit</p>
	Limited to medical emergencies that require urgent medical attention			

## ANNUAL BENEFITS FOR HOSPITALISATION AND OTHER MAJOR MEDICAL SERVICES

### B IN-HOSPITAL BENEFITS

			PRIMARY OPTION	STANDARD OPTION
<b>Annual in-hospital benefit</b>		<p>All admissions and procedures in hospital must be authorised by MHS 48 hours before admission</p> <p>This applies to all beneficiaries registered on the <b>Standard Option</b></p> <p>Members must use contracted hospitals designated by MHS</p>	<p>Limited to overall annual limit</p> <p><b>No private hospital cover</b></p>	<b>R181 000 per beneficiary per annum</b>
<b>Private or State facility</b>	<b>In patient</b>	Preferred provider only; the MHS designated service provider must be used	<p>Treatment at State facility only; Uniform Patient Fee Schedule (UPFS) rates applicable</p> <p>Limited to overall annual limit</p>	<p>100% of the MHS negotiated rates</p> <p>Limited to annual in-hospital benefit</p>
	Includes associated professional services rendered during admission, i.e.: <ul style="list-style-type: none"> <li>• Doctor</li> <li>• Physiotherapist</li> <li>• Occupational therapist</li> <li>• Dietician</li> </ul>			



## B IN-HOSPITAL BENEFITS (CONTINUED)

			PRIMARY OPTION	STANDARD OPTION
Private or State facility	Maternity	<p>Patient must enrol on the MHS Maternity Programme within the first sixteen (16) weeks of pregnancy to qualify for maternity benefits</p> <p>Member must use <b>Mowbray Maternity</b> or <b>Melomed Private Hospitals</b>, or any other hospital designated by MHS</p>	<p>Treatment at State facility only; Uniform Patient Fee Schedule (UPFS) rates applicable</p> <p>Limited to overall annual limit</p>	<p>Case managed up to a maximum of three (3) days for normal delivery</p> <p>Case managed up to a maximum of four (4) days for a caesarean section</p> <p>Limited to annual in-hospital benefit</p>
	Intensive care unit		<p>Treatment at State facility only; Uniform Patient Fee Schedule (UPFS) rates applicable</p> <p>Limited to overall annual limit</p>	<p>Case managed by MHS</p> <p>Limited to annual in-hospital benefit</p>
	Radiology		<p>Treatment at State facility only; Uniform Patient Fee Schedule (UPFS) rates applicable</p> <p>Limited to overall annual limit</p>	<p>Case managed by MHS</p> <p>100% of the MHS negotiated rates</p> <p>Limited to annual in-hospital benefit</p>
	Pathology		<p>Treatment at State facility only; Uniform Patient Fee Schedule (UPFS) rates applicable</p> <p>Limited to overall annual limit</p>	<p>Case managed by MHS</p> <p>100% of the MHS negotiated rates</p> <p>Limited to annual in-hospital benefit</p>
	Physiotherapy	In-hospital treatment	<p>Treatment at State facility only; Uniform Patient Fee Schedule (UPFS) rates applicable</p> <p>Limited to overall annual limit</p>	<p>Case managed by MHS</p> <p>100% of Scheme rate</p> <p>Limited to annual in-hospital benefit</p>



## B IN-HOSPITAL BENEFITS (CONTINUED)

			PRIMARY OPTION	STANDARD OPTION
Private or State facility (continued)	Psychiatric care and substance abuse rehabilitation	Preferred provider only; the MHS designated service provider must be used	Treatment at State facility only; Uniform Patient Fee Schedule (UPFS) rates applicable  Limited to overall annual limit	Maximum of twenty-one (21) days per beneficiary per annum  Limited to annual in-hospital benefit
	MRI and CT scans	Authorisation must be obtained prior to procedure	Treatment at State facility only; Uniform Patient Fee Schedule (UPFS) rates applicable  Limited to overall annual limit	One (1) per family per annum  Only covered at the MHS designated service provider  100% of the MHS negotiated rates  Limited to annual in-hospital benefit
	Internal prostheses and joint replacements	Preferred provider only; the MHS designated service provider must be used	Treatment at State facility only; Uniform Patient Fee Schedule (UPFS) rates applicable  Limited to overall annual limit	R\$1 300 per beneficiary per annum  Limited to annual in-hospital benefit
	Maxillofacial and oral surgery	Trauma cases only	Treatment at State facility only; Uniform Patient Fee Schedule (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; Uniform Patient Fee Schedule (UPFS) rates applicable  Limited to overall annual limit	Maximum of five (5) days' supply  Limited to annual in-hospital benefit
	Radiotherapy and chemotherapy	MHS authorisation must be obtained prior to treatment  Benefit applicable at State facility only	Treatment at State facility only; Uniform Patient Fee Schedule (UPFS) rates applicable  Limited to overall annual limit	Case managed by MHS  100% of approved treatment plan; limited to Uniform Patient Fee Schedule (UPFS) rates  Limited to annual in-hospital benefit
	Transplants	MHS authorisation must be obtained prior to admission  Benefit applicable at State facility only	Treatment at State facility only; Uniform Patient Fee Schedule (UPFS) rates applicable  Limited to overall annual limit	Case managed by MHS  Treatment at State facility only; Uniform Patient Fee Schedule (UPFS) rates applicable  Limited to annual in-hospital benefit

## B IN-HOSPITAL BENEFITS (CONTINUED)

			PRIMARY OPTION	STANDARD OPTION
Private or State facility (continued)	<b>Angiograms and cardio-thoracic surgery</b>	MHS authorisation must be obtained prior to admission  Benefit applicable at State facility only	Treatment at State facility only; Uniform Patient Fee Schedule (UPFS) rates applicable  Limited to overall annual limit	Case managed by MHS  Only covered at the MHS designated service provider  100% of the MHS negotiated rates  Limited to annual in-hospital benefit
	<b>Neurosurgery</b>	MHS authorisation must be obtained prior to admission  Benefit applicable at State facility only	Treatment at State facility only; Uniform Patient Fee Schedule (UPFS) rates applicable  Limited to overall annual limit	Case managed by MHS  Only covered at the MHS designated service provider  Limited to annual in-hospital benefit
	<b>Renal dialysis</b>	MHS authorisation must be obtained prior to treatment  Benefit applicable at State facility only	Treatment at State facility only; Uniform Patient Fee Schedule (UPFS) rates applicable  Limited to overall annual limit	Case managed by MHS  Only covered at the MHS designated service provider  Limited to annual in-hospital benefit
	<b>Hospice/home nursing in lieu of hospitalisation</b>	Medical motivation is required and subject to the MHS protocols	Treatment at State facility only; Uniform Patient Fee Schedule (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 MHS medical advisor	Limited to overall annual limit	Limited to annual in-hospital benefit
	<b>Scopes</b>	<b>No benefit</b> for endoscopic appendisectomy, inguinal or incisional hernia repair or laparoscopically-assisted vaginal hysterectomy  <b>No benefit</b> for disposable instruments  Members will be liable for any costs in excess of the specified limits	Treatment at State facility only; Uniform Patient Fee Schedule (UPFS) rates applicable  Limited to overall annual limit	Diagnostic endoscopic procedures at the MHS designated facilities only  Limited to <b>R8 400</b> per family per annum for upper or lower gastrointestinal endoscopy  Conscious sedation only covered at the MHS designated service providers





## B IN-HOSPITAL BENEFITS (CONTINUED)

			PRIMARY OPTION	STANDARD OPTION
Private or State facility (continued)	Scopes (continued)			Endoscopically-assisted surgery limited to <b>R16 900</b> per family per annum; only covered at the MHS designated service provider and at the MHS negotiated rates  Limited to annual in-hospital benefit
	Trauma unit	Benefit limited to stabilisation of patient only and thereafter transferred to the MHS designated service provider  Subject to authorisation and case management	Treatment at State facility only; Uniform Patient Fee Schedule (UPFS) rates applicable  Limited to overall annual limit	100% of the MHS negotiated rates  Limited to annual in-hospital benefit

## GLOSSARY

<b>Momentum Health Solutions</b>	Contracted to the Scheme for administration, managed healthcare services and the management of the Scheme's provider network
<b>Scheme rate</b>	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
<b>UPFS</b>	Uniform Patient Fee Schedule – the fee schedule applied by the public sector
<b>Generic reference pricing</b>	The maximum price that the Scheme pays for medication, based on the cost of any original product

# Contribution rates

Effective 1 January 2020

## Primary Option

PRINCIPAL MEMBER	ADULT DEPENDANT	CHILD DEPENDANT
R376	R376	R149

## Standard Option

PRINCIPAL MEMBER	ADULT DEPENDANT	CHILD DEPENDANT
R835	R835	R338

