



PLEASE NOTE that the Fund obtained exemption until 31 December 2021 from compliance with the prescribed minimum benefits requirements.

GLOSSARY

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.
SOF	The scale of fees is a negotiated tariff fee payable to various service providers, including those listed on the network.
UPFS	The uniform patient fee schedule is the fee schedule applied by the public sector.

BENEFITS SUMMARY

EFFECTIVE 1 JANUARY 2021

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		R11 300 per single member R17 500 per family R22 700 per family R23 400 per family R23 800 per family	R11 800 per single member R17 900 per family R23 400 per family R24 200 per family R24 600 per family	R12 800 per single member R18 900 per family R25 200 per family R25 700 per family R26 100 per family	
General practitioner Limited to 7 visits per beneficiary per annum and subject to overall annual day-to-day limit	Network general practitioner Consultations and acute medication	100% of SOF	100% of SOF	100% of SOF	
	Emergency consultations	100% of SOF	100% of SOF	100% of SOF	
	Non-network general practitioner Please note: A co-payment equal to the difference between the network and non-network GP may apply if a non-network GP is used	100% of Scheme rate	100% of Scheme rate	100% of Scheme rate	
	Acute medication	100% of SEP, formulary medication 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	
Over-the-counter (OTC) medication	OTC medication and influenza vaccines Includes homeopathic, herbal and natural medication	Subject to R310 per beneficiary per day, with a maximum of R1 350 per family per year	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	
	Pharmacy (Clinic)	Pap smear at Clicks or Dis-Chem Clinic Includes consultation and pathology fee	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
Specialists	Consultations Please note: A co-payment equal to the difference between the Scheme rate and specialist rate may apply	The member is responsible for ensuring that an authorisation number is obtained before consulting a specialist	Up to 140% of Scheme rate, subject to overall annual day-to-day limit	Up to 140% of Scheme rate, subject to overall annual day-to-day limit	Up to 140% of Scheme rate, subject to overall annual day-to-day limit
	Acute medication No repeat prescriptions allowed	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	Excluding facility fee	100% of SOF, subject to overall annual day- to-day limit	100% of SOF, subject to overall annual day- to-day limit	100% of SOF, subject to overall annual day- to-day limit
Dental Annual limit: Single member R5 800 Member + 1 R7 000 Member + 2 R8 300 Member + 3 R8 500 Member + 4 R8 700	Includes the following: - Basic dentistry - Advanced/special- ised dentistry - Dentures - Procedures under conscious sedation in a doctor's rooms	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 the Scheme rate; dental limit subject to overall annual day- to-day limit	80% of the Scheme rate; dental limit subject to overall annual day- to-day limit	80% of the Scheme rate; dental limit subject to overall annual day- to-day limit
Optometrists Optical limit: R2 600 per beneficiary every two years; i.e. 2021 to 2022	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 SOF, subject to overall annual day- to-day limit	100% of SOF, subject to overall annual day- to-day limit	100% of SOF, subject to overall annual day- to-day limit
Pathology			100% of SOF, subject to overall annual day- to-day limit	100% of SOF, subject to overall annual day- to-day limit	100% of SOF, subject to overall annual day- to-day limit
Allied health services	Nursing services, speech therapist, dietician, occupational therapist, social worker, audiologist, chiropractic, 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	R9 200 per beneficiary per year	R9 200 per beneficiary per year	R9 200 per beneficiary per year
		Medication approved as per the Chronic Disease Medication Formulary	100% of SEP and GRP	100% of SEP and GRP	100% of SEP and GRP
Ambulance services	Members must make use of Netcare 911 Members must call 082 911 for all ambulance services	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 GPs, medicine 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>R13 000 per beneficiary per year</p> <p>100% of Scheme rate</p> <p>Medicine: 100% of SEP and GRP</p>	<p>R13 000 per beneficiary per year</p> <p>100% of Scheme rate</p> <p>Medicine: 100% of SEP and GRP</p>	<p>R13 000 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	R164 300 per beneficiary per year	R315 000 per beneficiary per year
Private hospital or State facility	<p>Members must use contracted and State hospitals (Provincial Government of the Western Cape)</p> <p>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>	<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>This applies to all beneficiaries registered on the Standard and Advanced Options</p>	<p>No separate private hospital cover</p> <p>Treatment at State facilities only; UPFS rates applicable</p> <p>Subject to overall annual day-to-day limit</p>	<p>100% of SOF</p> <p>Subject to annual in-hospital limit</p>	<p>100% of SOF</p> <p>Subject to annual in-hospital limit</p>
Private hospital or State facility	<p>Network general practitioner</p> <p>Non-network general practitioner</p>	<p>Please note that 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</p>	<p>Treatment at State facility only</p> <p>UPFS rates applicable</p> <p>Subject to overall annual day-to-day limit</p>	<p>100% of SOF</p> <p>100% of the Scheme rate</p> <p>Subject to annual in-hospital limit</p>	<p>100% of SOF</p> <p>100% of the Scheme rate</p> <p>Subject to annual in-hospital limit</p>



BENEFIT CATEGORY	NOTES	PRIMARY OPTION	STANDARD OPTION	ADVANCED OPTION	
Private hospital or State facility (continued)	Specialists	Please note that 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 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 Please note: Due to high annual indemnity insurance fees due by gynaecologists, co-payments may apply	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	Up to 200% of Scheme rate; subject to annual in-hospital limit	Up to 200% of Scheme rate; 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 SOF Subject to annual in-hospital limit	100% of SOF 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 SOF 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 SOF Subject to annual in-hospital limit	100% of SOF Subject to annual in-hospital limit
			Allied health services, i.e. physiotherapist, occupational therapist, dietician, social worker, clinical psychologist, speech therapist, etc. No benefit for a dietician or physiotherapy allowed 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 Subject to overall annual day-to-day limit
	Psychiatric care and substance abuse rehabilitation	Designated service provider must be used Authorisation must be obtained prior to treatment	Treatment at State facility only; UPFS rates applicable Subject to overall annual day-to-day limit	Subject to 1 admission and limited to R20 800 per beneficiary per year Subsequent admissions to State facility only; UPFS rates applicable Subject to annual in-hospital limit	Subject to 1 admission and limited to R20 800 per beneficiary per year Subsequent admissions to State facility only; UPFS rates applicable Subject to annual in-hospital limit
	MRI and CT scans A co-payment of R500 per event will apply in a private facility	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 R8 700 per family per year 100% of SOF Subject to annual in-hospital limit	Limited to R16 500 per family per year 100% of SOF Subject to annual in-hospital limit

BENEFIT CATEGORY		NOTES	PRIMARY OPTION	STANDARD OPTION	ADVANCED OPTION
Private hospital or State facility (continued)	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 facilities only; UPFS rates applicable Subject to overall annual day-to-day limit	Limited to R51 800 per beneficiary per year Subject to annual in-hospital limit	Limited to R62 700 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	100% of Scheme rate Subject to annual in-hospital limit	100% of Scheme rate 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 100% of Scheme rate 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
	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

BENEFIT CATEGORY		NOTES	PRIMARY OPTION	STANDARD OPTION	ADVANCED OPTION	
Private hospital or State facility (continued)	Frail care nursing services		Not a benefit of the Fund	Not a benefit of the Fund	Not a benefit of the Fund	
	Specialised procedures No benefit for endoscopic inguinal or incisional hernia repairs or laparoscopic-assisted vaginal hysterectomies	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 R30 800 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"> Gastrosocopy 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 R41 800 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"> Gastrosocopy Colonoscopy Laparoscopy Sigmoidoscopy Cystoscopy Cataract surgery No co-payment will apply if performed in doctors' rooms, provincial or State facilities	
	Circumcisions	Performed out of hospital	Authorisation must be obtained prior to treatment	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
		Performed in hospital	Authorisation must be obtained prior to treatment	Treatment at State facility only; UPFS rates applicable Subject to overall annual day-to-day limit	100% of Scheme rate A co-payment of R1 000 will apply in a private facility Subject to annual in-hospital limit	100% of Scheme rate A co-payment of R1 000 will apply in a private facility Subject to annual in-hospital limit
Trauma units	Benefit limited to stabilisation of patient only and thereafter transferral to designated service provider Subject to authorisation and case management	Treatment at State facility only; UPFS rates applicable Subject to overall annual day-to-day limit	100% of SOF Subject to annual in-hospital limit	100% of SOF Subject to annual in-hospital limit		
HIV/AIDS	This benefit is subject to enrolment on the HIV/AIDS Programme	Hospital pre-authorisation is required Designated service provider must be used	Treatment at State facilities only; UPFS rates applicable Subject to overall annual day-to-day limit	100% of SOF Subject to annual in-hospital limit	100% of SOF Subject to annual in-hospital limit	

CONTRIBUTION RATES EFFECTIVE 1 JANUARY 2021

CATEGORY		MEMBER	ADULT/SPOUSE	CHILD
PRIMARY OPTION	Up to R2 800	R405	R370	R159
	Above R2 800	R919	R694	R285
STANDARD OPTION		R919	R694	R285
ADVANCED OPTION		R1 324	R1 104	R382