



Benefits summary

Effective 1 January 2026

PLEASE NOTE that the Fund obtained exemption until 31 December 2026 from compliance with the prescribed minimum benefits (PMBs) requirements.

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	Continued benefits for investigations to manage PMB CDL conditions after depletion of the overall annual day-to-day limit	Single member: R18 900 Member + 1: R29 500 Member + 2: R38 300 Member + 3: R39 500 Member + 4: R40 000	Single member: R16 600 Member + 1: R25 300 Member + 2: R33 100 Member + 3: R34 100 Member + 4: R34 800	Single member: R18 200 Member + 1: R26 700 Member + 2: R35 500 Member + 3: R36 400 Member + 4: R37 000
General practitioners Network and non-network general practitioner visits limited to 7 visits per beneficiary per year and subject to overall annual day-to-day limit	Consultations 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 R400 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 This includes homeopathic, herbal and natural medication	Subject to R450 per beneficiary per day, with a maximum of R1 970 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	100% of SEP and GRP, subject to overall annual day-to-day limit
Specialists Specialist visits are subject to referral by a general practitioner The member is responsible for ensuring that an authorisation number is obtained before consulting a specialist	Consultations	Up to 160% of Scheme rate, subject to overall annual day-to-day limit	Up to 160% of Scheme rate, subject to overall annual day-to-day limit	Up to 160% of Scheme rate, subject to overall annual day-to-day limit
	Non-network provider Please note that a co-payment equal to the difference between the Scheme rate and specialist rate may apply Network provider	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

Out-of-hospital benefits (continued)				
Benefit category	Notes	Primary Option	Standard Option	Advanced Option
Specialists (continued)	Acute medication The medication may be obtained from 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
Gynaecology		Limited to R2 000 per beneficiary per year, subject to overall annual day-to-day limit	Limited to R2 000 per beneficiary per year, subject to overall annual day-to-day limit	Limited to R2 000 per beneficiary per year, subject to overall annual day-to-day limit
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: R7 900 Member + 1: R9 500 Member + 2: R11 200 Member + 3: R11 400 Member + 4: R11 700	Includes the following: - Basic dentistry - Specialised dentistry - Dentures - Procedures under conscious sedation in a doctor's rooms Clinical guidelines apply	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
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	Dental therapist	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
Orthodontics	Beneficiaries 18 years of age and younger Standard and Advanced options only	No benefit	100% of Scheme rate, subject to overall annual day-to-day limit	100% of Scheme rate; subject to overall annual day-to-day limit
Optometrists Limit: R3 420 per beneficiary every two years; i.e. 2025 to 2026	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 Examples: Nebulisers, crutches, glucometers, hearing aids, hire of oxygen cylinders, etc.	Subject to registration on 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 on the Medicine Risk Management Programme The Fund's approved chronic condition list is applicable Medication approved as per the Chronic Disease Medication Formulary	PMB CDL conditions: Unlimited Non-CDL conditions: Limited to R3 310 per beneficiary per year 100% of SEP and GRP	PMB CDL conditions: Unlimited Non-CDL conditions: Limited to R3 310 per beneficiary per year 100% of SEP and GRP	PMB CDL conditions: Unlimited Non-CDL conditions: Limited to R3 310 per beneficiary per year 100% of SEP and GRP
Ambulance services	No separate benefit available Members must make use of Netcare 911 Please 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

Out-of-hospital benefits (continued)

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>Medicine and hospital pre-authorisation is required</p> <p>This benefit includes medication, doctor's consultations and blood tests at contracted service providers as required for the treatment of the condition, as well as the cost of prophylaxis for preventative treatment</p>	<p>Limited to R16 800 per beneficiary per year</p> <p>100% of Scheme rate</p> <p>Medicine: 100% of SEP and GRP</p>	<p>Limited to R16 800 per beneficiary per year</p> <p>100% of Scheme rate</p> <p>Medicine: 100% of SEP and GRP</p>	<p>Limited to R16 800 per beneficiary per year</p> <p>100% of Scheme rate</p> <p>Medicine: 100% of SEP and GRP</p>
Substance and alcohol abuse out of hospital	Out-of-hospital substance abuse benefit to cover PMB treatment, subject to managed healthcare protocols	No benefit	<p>The following should be funded as PMB level of care:</p> <ul style="list-style-type: none"> - All clinically appropriate diagnostic tests - Consultations with the family doctor, psychiatrist or mental health professional for diagnosis 	<p>The following should be funded as PMB level of care:</p> <ul style="list-style-type: none"> - All clinically appropriate diagnostic tests - Consultations with the family doctor, psychiatrist or mental health professional for diagnosis

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	Continued benefits for PMB treatment in a State facility, subject to pre-authorisation and managed healthcare protocols	Limited to overall annual day-to-day limit	Limited to R211 600 per beneficiary per year	Limited to R407 500 per beneficiary per year
Preventative care benefits out of hospital	Limited to detailed list in Table 1 on pages 7 and 8	100% of Scheme rate Subject to overall annual day-to-day limit	100% of Scheme rate Subject to overall annual in-hospital limit	100% of Scheme rate Subject to overall annual in-hospital limit
<p>Private hospital or State facility</p> <p>A co-payment of R375 will apply to all admissions (including emergencies) to private facilities, except in cases where a R500 co-payment is indicated for a specific procedure</p> <p>No co-payment will apply to an admission to, or procedure in, a State facility</p>	<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 apply 	<p>No separate private hospital cover</p> <p>Treatment at State facility only; UPFS rates applicable</p>	<p>100% of agreed rate</p> <p>Subject to annual in-hospital limit</p>	<p>100% of agreed rate</p> <p>Subject to annual in-hospital limit</p>
	<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 apply 	<p>No separate private hospital cover</p> <p>Treatment at State facility only; UPFS rates applicable</p>	<p>100% of Scheme rate</p> <p>Subject to annual in-hospital limit</p>	<p>100% of Scheme rate</p> <p>Subject to annual in-hospital limit</p>
	<p>General practitioner</p> <p>Please note that a co-payment equal to the difference between the Scheme rate and general practitioner rate may apply</p>	<p>Treatment at State facility only; UPFS rates applicable</p> <p>Subject to overall annual day-to-day limit</p>	<p>100% of Scheme rate</p> <p>Subject to annual in-hospital limit</p>	<p>100% of Scheme rate</p> <p>Subject to annual in-hospital limit</p>
	<p>Specialists</p> <p>Network provider</p>	<p>Treatment at State facility only; UPFS rates applicable</p> <p>Subject to overall annual day-to-day limit</p>	<p>100% of agreed rate</p> <p>Subject to annual in-hospital limit</p>	<p>100% of agreed rate</p> <p>Subject to annual in-hospital limit</p>
	<p>Specialists</p> <p>Non-network provider</p> <p>Please note that a co-payment equal to the difference between the Scheme rate and specialist rate may apply</p>	<p>Treatment at State facility only; UPFS rates applicable</p> <p>Subject to overall annual day-to-day limit</p>	<p>100% of Scheme rate</p> <p>Subject to annual in-hospital limit</p>	<p>100% of Scheme rate</p> <p>Subject to annual in-hospital limit</p>

In-hospital benefits (continued)

Benefit category	Notes	Primary Option	Standard Option	Advanced Option
Private hospital or State facility (continued)	<p>Maternity</p> <p>Patient must register within the first 16 weeks of the pregnancy</p> <p>Please note: Due to high annual indemnity insurance fees due by gynaecologists, co-payments may apply</p> <p>Delivery by midwife or specialist at designated service provider</p> <p>Gynaecologist: - vaginal delivery (tariff code 2614) - caesarean delivery (tariff code 2615)</p> <p>Maternity treatment plan for out-of-hospital services</p>	<p>Treatment at State facility only; UPFS rates applicable</p> <p>Treatment at State facility only; UPFS rates applicable</p> <p>Subject to overall annual day-to-day limit</p> <p>Subject to overall annual day-to-day limit</p>	<p>Case managed up to a maximum of three days for normal delivery and four days for caesarean</p> <p>Up to 200% of Scheme rate</p> <p>Subject to overall annual day-to-day limit</p> <p>Benefits as per the maternity treatment plan in Table 2 on page 8</p> <p>Subject to annual in-hospital limit</p>	<p>Case managed up to a maximum of three days for normal delivery and four days for caesarean</p> <p>Up to 200% of Scheme rate</p> <p>Subject to overall annual day-to-day limit</p> <p>Benefits as per the maternity treatment plan in Table 2 on page 8</p> <p>Subject to annual in-hospital limit</p>
	<p>Intensive care unit</p>	<p>Treatment at State facility only; UPFS rates applicable</p> <p>Subject to overall annual day-to-day limit</p>	<p>100% of agreed rate</p> <p>Subject to annual in-hospital limit</p>	<p>100% of agreed rate</p> <p>Subject to annual in-hospital limit</p>
	<p>Radiology</p>	<p>Treatment at State facility only; UPFS rates applicable</p> <p>Subject to overall annual day-to-day limit</p>	<p>100% of Scheme rate</p> <p>Subject to annual in-hospital limit</p>	<p>100% of Scheme rate</p> <p>Subject to annual in-hospital limit</p>
	<p>Pathology</p>	<p>Treatment at State facility only; UPFS rates applicable</p> <p>Subject to overall annual day-to-day limit</p>	<p>100% of Scheme rate</p> <p>Subject to annual in-hospital limit</p>	<p>100% of Scheme rate</p> <p>Subject to annual in-hospital limit</p>
	<p>Allied health services</p> <p>Examples: Physiotherapist, occupational therapist, dietician, social worker, clinical psychologist, speech therapist, etc.</p> <p>In-hospital treatment: Specialist motivation is required and authorisation must be obtained prior to treatment</p> <p>No benefit for a dietician or physiotherapy allowed in the case of a confinement</p>	<p>Treatment at State facility only; UPFS rates applicable</p> <p>Subject to overall annual day-to-day limit</p>	<p>Limited to R4 000 per admission for qualifying diagnoses</p> <p>100% of Scheme rate</p> <p>Subject to annual in-hospital limit</p>	<p>Limited to R4 000 per admission for qualifying diagnoses</p> <p>100% of Scheme rate</p> <p>Subject to annual in-hospital limit</p>
	<p>Substance and alcohol abuse</p> <p>Authorisation must be obtained prior to admission</p> <p>No co-payment per admission will apply in private and State facilities</p> <p>Designated service provider must be used</p>	<p>Treatment at State facility only; UPFS rates applicable</p> <p>Subject to overall annual day-to-day limit</p>	<p>Subject to one admission per beneficiary per year and limited to 21 days' hospital-based treatment and three days' detoxification</p> <p>Subsequent admissions to State facility only; UPFS rates applicable</p> <p>Subject to annual in-hospital limit</p>	<p>Subject to one admission per beneficiary per year and limited to 21 days' hospital-based treatment and three days' detoxification</p> <p>Subsequent admissions to State facility only; UPFS rates applicable</p> <p>Subject to annual in-hospital limit</p>
	<p>Psychiatric care</p> <p>Authorisation must be obtained prior to admission</p> <p>A co-payment of R375 per admission will apply in private facilities</p> <p>Designated service provider must be used</p>	<p>Treatment at State facility only; UPFS rates applicable</p> <p>Subject to overall annual day-to-day limit</p>	<p>Subject to one admission per beneficiary per year and limited to 21 days' hospital-based treatment or up to 15 outpatient consultations</p> <p>Subsequent admissions to State facility only; UPFS rates applicable</p> <p>Subject to annual in-hospital limit</p>	<p>Subject to one admission per beneficiary per year and limited to 21 days' hospital-based treatment or up to 15 outpatient consultations</p> <p>Subsequent admissions to State facility only; UPFS rates applicable</p> <p>Subject to annual in-hospital limit</p>
	<p>MRI and CT scans</p> <p>Authorisation must be obtained prior to treatment</p>	<p>Treatment at State facility only; UPFS rates applicable</p>	<p>Limited to R11 100 per family per year</p>	<p>Limited to R21 200 per family per year</p>

In-hospital benefits (continued)

Benefit category	Notes	Primary Option	Standard Option	Advanced Option
Private hospital or State facility (continued)	MRI and CT scans (continued) Out of hospital: A co-payment of R250 per admission will apply in private facilities In hospital: No co-payment will apply in private and State facilities	Subject to overall annual day-to-day limit	Subject to annual in-hospital limit	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 R66 600 per beneficiary per year Subject to annual in-hospital limit	Limited to R80 900 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 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 (TTO) medicine Medicine dispensed on discharge from hospital	Treatment at State facility only; UPFS rates applicable Subject to overall annual day-to-day limit	Maximum of five days' supply Subject to annual in-hospital limit	Maximum of five 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
	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)	No benefit	No benefit	No benefit
	Care in lieu of hospitalisation Authorisation must be obtained prior to treatment - Protocol-based initiatives to prevent avoidable hospitalisation - May include home nursing - May include rehabilitation or terminal care	No benefit No benefit 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	No benefit	No benefit	No benefit

In-hospital benefits (continued)				
Benefit category	Notes	Primary Option	Standard Option	Advanced Option
Private hospital or State facility (continued)	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 surgery limited to R39 700 per family per year Subject to annual in-hospital limit Includes disposable costs A co-payment of R500 will apply for the following procedures in a private facility : - Gastrosocopy - Colonoscopy - Oesophagoscopy - Sigmoidoscopy - Cataract surgery No co-payment will apply if any of the above-mentioned procedures are performed in a doctor's rooms or State facility	Benefits for diagnostic, laparoscopic and endoscopic surgery limited to R53 900 per family per year Subject to annual in-hospital limit Includes disposable costs A co-payment of R500 will apply for the following procedures in a private facility : - Gastrosocopy - Colonoscopy - Oesophagoscopy - Sigmoidoscopy - Cataract surgery No co-payment will apply if any of the above-mentioned procedures are performed in a doctor's rooms or State facility
	Circumcisions Performed out of hospital Authorisation must be obtained prior to treatment 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 Treatment at State facility only; UPFS rates applicable Subject to overall annual day-to-day limit	No co-payment will apply if the procedure is performed in a doctor's rooms or State facility Subject to annual in-hospital limit A co-payment of R500 will apply in a private facility Subject to annual in-hospital limit	No co-payment will apply if the procedure is performed in a doctor's rooms or State facility Subject to annual in-hospital limit A co-payment of R500 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	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 Designated service provider must be used	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

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.

PMB CDL

Prescribed minimum benefits (PMB) chronic disease list (CDL) – PMBs are benefits that medical funds must offer in terms of the Medical Schemes Act 131 of 1998.

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.

UFPS

The uniform patient fee schedule is the fee schedule applied by the public sector.

Contribution rates effective from 1 January 2026

Primary Option

	Member	Adult/Spouse	Child
Up to R4 500	R520	R475	R204
Above R4 501	R1 181	R892	R367

Standard Option

Member	Adult/Spouse	Child
R1 181	R892	R367

Advanced Option

Member	Adult/Spouse	Child
R1 702	R1 419	R490

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	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 one per beneficiary per year	
Pneumococcal vaccine (Pneumovax only)	Limited to one 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 two screenings 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 one per beneficiary per year	Only one of the following tariff codes will be allowed: 4025, 4026, 4027, 4028 or 4170
HIV test	Limited to one per beneficiary per year	Tariff code 3932
Colorectal screening	Limited to one per beneficiary per year	Subject to the following criteria: <ul style="list-style-type: none"> Beneficiaries over 50 years Tariff code 4351 or 4352
Bone density scan Dual-energy X-ray absorptiometry (DEXA scan)	Limited to one per adult beneficiary over 50 years every three years	Subject to the following criteria: <ul style="list-style-type: none"> Beneficiaries over 50 years All adults (18 and above) with: <ul style="list-style-type: none"> diseases associated with low bone mass or bone loss fragility fractures and little or no trauma Motivation and pre-authorisation required One of the following tariff codes will be allowed: 3604, 39173 or 150120
Women's health		
Pap smear	Limited to one per female beneficiary per year	At Dis-Chem or Clicks pharmacies or tariff codes 4566/4599
Mammogram	Limited to one per female beneficiary every two years or as clinically indicated	Subject to the following criteria: <ul style="list-style-type: none"> Female beneficiaries over 40 years Motivation and pre-authorisation required One of the following tariff codes will be allowed: 34100, 34101, 34110, 34120, 34130, 34150 or 3605

Table 1: Preventative care benefits (continued)

Out-of-hospital preventative care procedures	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 	
Men's health		
Male circumcision (in general practitioner's rooms)	Limited to one per male beneficiary per year	Tariff code 2133, 2137 or 2139
Prostate-specific antigen (PSA) test	Limited to one per male beneficiary per year	Tariff code 4519 or 4524
Children		
Human papillomavirus (HPV) vaccination	Maximum of three per beneficiary, depending on vaccination manufacturer	Male and female beneficiaries between the ages of nine 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
Blood test: Blood group	1	3764
Blood test: Rhesus antigen	1	3765
Full blood count	1	3755
Glucose strip test	1	4050
Haemoglobin estimation	1	3762
Hepatitis B screening	1	3942
HIV antibody rapid test	1	4614
HIV Elisa or other screening test	1	3932
Rubella antibody	1	3948
Urine analysis dipstick	13	4188
Urine culture	1	3893
Venereal Disease Research Laboratory (VDRL) test	1	3949
Antenatal visits	Per year	Tariff code
Maximum visits per pregnancy (For high-risk patients an additional four visits will be allowed, subject to approval and clinical motivation)	5	-
Ultrasound scans – at 12 and 24 weeks	2	3615, 3617 or 43250
Antenatal vitamins during pregnancy and up to 1 month after delivery Limited to R160 per month, including VAT and dispensing fee	-	-

Contact details

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