

HEALTH SQUARED

YOU'RE COVERED FROM EVERY ANGLE

2020 COMPARISON GUIDE












YOUR ROAD TO BEING COVERED
FROM EVERY ANGLE **STARTS HERE**






HOSPITALISATION	COBALT	ULTIMATE	MILLENNIUM	OPTIMUM	ADVANCE
PRIVATE HOSPITALS	Unlimited hospitalisation. Non-PMB: Any private hospital. Planned PMB: DSP only. Voluntary use of Non-DSP: Co-payment of 30% (minimum R7 000) applies. Procedural co-payments may also apply. Subject to Scheme Protocols and option-specific exclusion list.	Unlimited. Procedure co-payments may also be applicable. Subject to Scheme Protocols and option-specific exclusion list.	Unlimited. Procedure co-payments may also be applicable. Subject to Scheme Protocols and option-specific exclusion list.	Unlimited hospitalisation. Non-PMB: Any private hospital. Planned PMB: DSP only. Voluntary use of Non-DSP: Co-payment of 30% (minimum R7 000) applies. Procedural co-payments may also apply. Subject to Scheme Protocols and option-specific exclusion list.	Unlimited hospitalisation. Non-PMB: Any private hospital. Planned PMB: DSP only. Voluntary use of Non-DSP: Co-payment of 30% (minimum R7 000) applies. Procedural co-payments may also be applicable. Subject to Scheme Protocols and option-specific exclusion list.
Including: Surgical Operations & Procedures Theatre Fees Labour and Recovery Wards Ward Accommodation Intensive Care and High Care units X-rays and Pathology Ultrasound Scans (other than for pregnancy) Blood Transfusions	100% of Contracted Rate.	100% of Contracted Rate.	100% of Contracted Rate.	100% of Contracted Rate.	100% of Contracted Rate.
Physiotherapy	100% of Scheme Rate. Non-PMB Limit R12 728	100% of Scheme Rate.	100% of Scheme Rate.	100% of Scheme Rate. Non-PMB Limit R6 364	100% of Scheme Rate . Non-PMB Limit R3 182
Medicine dispensed and used in hospital	Subject to hospital formulary	Subject to hospital formulary	Subject to hospital formulary	Subject to hospital formulary	Subject to hospital formulary
Medicine received on discharge from hospital (TTO)	Maximum of 7 days' supply	Maximum of 7 days' supply	Maximum of 7 days' supply	Maximum of 7 days' supply	Maximum of 7 days' supply
General Practitioners, including consultations and procedures.	Non-contracted Providers at 100% of Scheme Rate. DSP Providers at 100% of Contracted Rate.	Non-contracted Providers at 100% of Scheme Rate. Contracted Providers at 100% of Contracted Rate	Non-contracted Providers at 100% of Scheme Rate. Contracted Providers at 100% of Contracted Rate.	Non-contracted Providers at 100% of Scheme Rate. Contracted Providers at 100% of Contracted Rate.	Non-contracted Providers at 100% of Scheme Rate. DSP Providers at 100% of Contracted Rate.
Clinical Medical Specialist Fees, including consultations and procedures.	Non-contracted Providers at 100% of Scheme Rate. Contracted Providers at 100% of Contracted Rate.	Non-contracted Providers at 100% of Scheme Rate. Contracted Providers at 100% of Contracted Rate (Up to 220% of Scheme Rate)	Non-contracted Providers at 100% of Scheme Rate. Contracted Providers at 100% of Contracted Rate.	Non-contracted Providers at 100% of Scheme Rate. Contracted Providers at 100% of Contracted Rate.	Non-contracted Providers at 100% of Scheme Rate. Contracted Providers at 100% of Contracted Rate.
PROVINCIAL HOSPITALS Diagnosis and treatment in respect of the Prescribed Minimum Benefits (PMB) package (as per Government Regulations)	Unlimited. Subject to Scheme Protocols.	Unlimited. Subject to Scheme Protocols.	Unlimited. Subject to Scheme Protocols.	Unlimited. Subject to Scheme Protocols.	Unlimited. Subject to Scheme Protocols.

FLEX PLUS 	FLEX 	ASPIRE 	RISE 	FOUNDATION 
Unlimited. Procedure co-payments may also be applicable. Subject to Scheme Protocols and option-specific exclusion list.	Unlimited, only at DSP network hospitals. Non-DSP co-payment 30 % (minimum R7 000) Procedure co-payments may also be applicable. Subject to Scheme Protocols and option-specific exclusion list.	Unlimited. Procedure co-payments may also be applicable. Subject to Scheme Protocols and option-specific exclusion list.	Unlimited, only at DSP network hospitals. Non-DSP co-payment 30 % (minimum R7 000) Procedure co-payments may also be applicable. Subject to Scheme Protocols and option-specific exclusion list.	Unlimited, subject to PMB's and only at DSP network hospitals. Non-DSP co-payment 30 % (minimum R 7 000) Procedure co-payments may also be applicable. Subject to Scheme Protocols and option-specific exclusion list.
100% of Contracted Rate.	100% of Contracted Rate.	100% of Contracted Rate.	100% of Contracted Rate.	100% of Contracted Rate.
100% of Scheme Rate	100% of Scheme Rate	100% of Scheme Rate	100% of Scheme Rate. Non-PMB Limit R2 592	100% of Scheme Rate
Subject to hospital formulary	Subject to hospital formulary	Subject to hospital formulary	Subject to hospital formulary	Subject to hospital formulary
Maximum of 7 days' supply	Maximum of 7 days' supply	Maximum of 7 days' supply	Maximum of 7 days' supply	Maximum of 7 days' supply
Non-contracted Providers at 100% of Scheme Rate. Contracted Providers at 100% of Contracted Rate.	Non-contracted Providers at 100% of Scheme Rate. Contracted Providers at 100% of Contracted Rate.	Non-contracted Providers at 100% of Scheme Rate. Contracted Providers at 100% of Contracted Rate.	Non-contracted Providers at 100% of Scheme Rate. DSP Providers at 100% of Contracted Rate.	Non-contracted Providers at 100% of Scheme Rate. DSP Providers at 100% of Contracted Rate.
Non-contracted Providers at 100% of Scheme Rate. Contracted Providers at 100% of Contracted Rate.	Non-contracted Providers at 100% of Scheme Rate. Contracted Providers at 100% of Contracted Rate.	Non-contracted Providers at 100% of Scheme Rate. Contracted Providers at 100% of Contracted Rate.	Non-contracted Providers at 100% of Scheme Rate. Contracted Providers at 100% of Contracted Rate.	Non-contracted Providers at 100% of Scheme Rate. DSP Providers at 100% of Contracted Rate.
Unlimited. Subject to Scheme Protocols.	Unlimited. Subject to Scheme Protocols.	Unlimited. Subject to Scheme Protocols.	Unlimited. Subject to Scheme Protocols	Unlimited. Subject to Scheme Protocols.






Note:






- Pre-authorisation must be obtained in advance for all non-emergency hospital admissions. In the case of true emergency (requiring immediate treatment) admissions and pre-authorisation must be obtained within 48 hours or on the first working day after admission.
- Pre-authorisation should ideally be obtained 14 days prior to an elective admission to allow time for any outstanding information to be submitted for review.
- All authorisations subject to Scheme Rules, Protocols and Policies.
- Laparoscopic and similar endoscopic procedures are excluded from benefits, unless pre-authorized under Scheme Protocols. Laparoscopic co-payment is applicable on admission to hospital.
- Late authorisations will attract a 20% co-payment.

ANNUAL SUB-LIMITS (PRIVATE HOSPITALS)	COBALT	ULTIMATE	MILLENNIUM	OPTIMUM	ADVANCE
CASUALTY / EMERGENCY VISITS Clinician and Facility Fees only. (Clinician paid at 100% Scheme Rate) Subject to PMB's	Unlimited Emergency Room visits (trauma & PMB). Verification of pre-authorisation within 72 hours of the event.	Unlimited Emergency Room visits (trauma & PMB). Verification of pre-authorisation within 72 hours of the event. R 1 844 benefit for non-PMB emergency visits (per family per annum).	Unlimited Emergency Room visits (trauma & PMB). Verification of pre-authorisation within 72 hours of the event. Non-PMB: Subject to Medical Savings Account & Above-Threshold Benefit	Unlimited Emergency Room visits (trauma & PMB). Verification of pre-authorisation within 72 hours of the event. Non-PMB: Subject to Medical Savings Account	Unlimited Emergency Room visits (trauma & PMB). Verification of pre-authorisation within 72 hours of the event. Non-PMB subject to medical savings account.
CIRCUMCISION IN HOSPITAL SUBJECT TO PMB'S Clinician and Facility Fees	Unlimited (in-room procedure). Co-payment applicable if done in-hospital	Unlimited (in-room procedure). Co-payment applicable if done in-hospital	Unlimited (in-room procedure). Co-payment applicable if done in-hospital	Unlimited (in-room procedure). Co-payment applicable if done in-hospital	Unlimited (in-room procedure). Co-payment applicable if done in-hospital
MATERNITY Confinements					
• Normal Delivery	Length of stay: 3 days & 2 nights.	Length of stay: 3 days & 2 nights.	Length of stay: 3 days & 2 nights	Length of stay: 3 days & 2 nights.	Length of stay: 3 days & 2 nights.
• Caesarean Section - clinically indicated only	Length of stay: 4 days & 3 nights.	Length of stay: 4 days & 3 nights	Length of stay: 4 days & 3 nights.	Length of stay: 4 days & 3 nights.	Length of stay: 4 days & 3 nights.
• Elective Caesarean Section	Limit of R11 521 if not authorised	Included.	Included.	Limit of R11 521 if not authorised	Limit of R11 521 if not authorised
• Neonatal Intensive Care	Subject to Scheme Protocols.	Subject to Scheme Protocols.	Subject to Scheme Protocols.	Subject to Scheme Protocols.	Subject to Scheme Protocols
• Home Births	R14 813 per Confinement (Must be with Midwife) - Include 10 pre-natal and 3 post-natal visits	Included.	Included.	R12 070 per Confinement (Must be with Midwife) - Include 10 pre-natal and 3 post-natal visits	R6 364 per Confinement (Must be with Midwife) - Include 10 pre-natal and 3 post-natal visits
Antenatal Care					
• Maternity Programme (Registration required)	Included.	Included	Included.	Included	Included.
• Maternity Over-the-counter Products	Subject to MSA	R1 062 as per Maternity Programme	R941 as per Maternity Programme	Subject to MSA	R350 as per Maternity Programme
• Consultations	Subject to MSA and PMB's.	Included – any Provider.	Subject to MSA and ATB - any Provider	Subject to MSA - any Provider	Subject to MSA and PMB's.
• Maternity Scans	3 scans included (2D)	2 scans included (2D)	2 scans included (2D)	4 scans included.	2 scans included (2D)
• Antenatal Classes	R549	No Benefit	Subject to MSA and ATB	Subject to MSA	Subject to MSA
OTHER					
• Psychiatric Disorders and Alcohol Rehabilitation	Limited to Network Providers and subject to PMB and Scheme Protocols. Non-PMB's limited to R33 336 per family per annum.	Limited to Network Providers and subject to PMB and Scheme Protocols. Non-PMB's limited to R33 686 per family per annum.	Limited to Network Providers and subject to PMB and Scheme Protocols. Non-PMB's limited to R21 711 per family per annum.	Limited to Network Providers and subject to PMB and Scheme Protocols. Non-PMB's limited to R20 299 per family per annum.	Limited to Network Providers and subject to PMB and Scheme Protocols.
• Cochlear implants and all related thereto (once per lifetime per beneficiary.)	No Benefit	R144 764 per family per annum.	R86 838 per family per annum.	No Benefit	No Benefit
• Organ Transplants	Unlimited, subject to PMB and Scheme Protocols.	Unlimited, subject to PMB and Scheme Protocols.	Unlimited, subject to PMB and Scheme Protocols.	Unlimited, subject to PMB and Scheme Protocols.	Limited to PMB 's Only
INTERNAL PROSTHESES					
	Unlimited per family per annum. Subject to prosthesis sub-limits, Scheme Protocols.	Unlimited per family per annum. Subject to prosthesis sub-limits and Scheme Protocols. R68 934 overall annual limit for non-PMB conditions (per family per annum).	Unlimited per family per annum. Subject to prosthesis sub-limits and Scheme Protocols. R68 934 overall annual limit for non-PMB conditions (per family per annum).	Unlimited per family per annum. Subject to prosthesis sub-limits and Scheme Protocols. R131 670 overall annual limit for non-PMB conditions (per family per annum).	Unlimited per family per annum. Subject to prosthesis sub-limits and Scheme Protocols. R25 000 overall annual limit for non-PMB conditions (per family per annum). 25% co-payment and sub-limit for non-PMB spinal surgery and joint replacements.
TRAUMA COUNSELLING (Assault, Rape, Hijacking and Armed Robbery)	Subject to PMB's only	3 Psychologist visits per beneficiary per annum. Subject to Scheme Protocol. R775 per visit.	Subject to PMB's only	Subject to PMB's only	Subject to PMB's

FLEX PLUS 	FLEX 	ASPIRE 	RISE 	FOUNDATION 
Unlimited Emergency Room visits (trauma & PMB). Verification of pre-authorisation within 72 hours of the event. R1 844 benefit for non-PMB visits (per family per annum).	Unlimited Emergency Room visits (trauma & PMB). Verification of pre-authorisation within 72 hours of the event. R1 844 benefit for non-PMB visits (per family per annum).	Unlimited Emergency Room visits (trauma & PMB). Verification of pre-authorisation within 72 hours of the event. Non-PMB: No benefit	Unlimited Emergency Room visits (trauma & PMB). Verification of pre-authorisation within 72 hours of the event. Non-PMB: No benefit	Unlimited Emergency Room visits (trauma & PMB). Verification of pre-authorisation within 72 hours of the event. Non-PMB: No benefit
Unlimited (in-room procedure). Co-payment applicable if done in-hospital	Unlimited (in-room procedure). Co-payment applicable if done in-hospital	Unlimited (in-room procedure). Co-payment applicable if done in-hospital	Unlimited (in-room procedure). Co-payment applicable if done in-hospital	Unlimited (in-room procedure). Co-payment applicable if done in-hospital
Length of stay: 3 days & 2 nights .	Length of stay: 3 days & 2 nights .	Length of stay: 3 days & 2 nights .	Length of stay: 3 days & 2 nights .	Length of stay: 3 days & 2 nights
Length of stay: 4 days & 3 nights .	Length of stay: 4 days & 3 nights .	Length of stay: 4 days & 3 nights .	Length of stay: 4 days & 3 nights .	Length of stay: 4 days & 3 nights .
Limit of R11 521 if not Authorised	Limit of R11 521 if not Authorised	Limit of R11 521 if not Authorised	Limit of R11 521 if not Authorised	Limit of R11 521 if not Authorised
Subject to Scheme Protocols.	Subject to Scheme Protocols.	Subject to Scheme Protocols.	Subject to Scheme Protocols	Subject to Scheme Protocols.
Included	Included	Included	R5 760 per Confinement (Must be with Midwife) - Include 10 pre-natal and 3 post-natal visits	Included
Included.	Included.	Included.	Subject to Scheme Protocols	Included.
R695 as per Maternity Programme	R695 as per Maternity Programme	No Benefit	No Benefit	No Benefit
Max 3 Specialist visits included.	Max 3 Specialist visits included.	Subject to Scheme Protocols and PMB's.	2 GP or Gynaecologist Visits	GP's or Midwives only. Specialists require authorisation.
3 scans included. (2x2D Scan +1 3D Scan)	3 scans included. (2x2D Scan +1 3D Scan)	2 scans included (2D)	2 scans included (2D)	2 scans included.
No Benefit	No Benefit	No Benefit	R549	No Benefit
Limited to Network Provider and subject to PMB and Scheme Protocols.	Limited to Network Provider and subject to PMB and Scheme Protocols.	Limited to Network Provider and subject to PMB and Scheme Protocols.	Limited to Network Provider and subject to PMB and Scheme Protocols	Limited to Network Provider and subject to PMB and Scheme Protocols.
No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
R130 258 per family per annum. Subject to PMB and Scheme Protocols.	R130 258 per family per annum. Subject to PMB and Scheme Protocols.	Limited to PMB 's Only	Limited to PMB 's Only	Limited to PMB 's Only
Unlimited per family per annum. Subject to prosthesis sub-limits and Scheme Protocols. R 62 035 overall annual limit for non-PMB conditions (per family per annum). 25% co payment and sub-limit for non-PMB Spinal Surgery and Joint Replacements.	Unlimited per family per annum. Subject to prosthesis sub-limits and Scheme Protocols. R62 035 overall annual limit for non-PMB conditions (per family per annum).	Unlimited per family per annum. Subject to prosthesis sub-limits and Scheme Protocols. R41 350 overall annual limit for non-PMB conditions (per family per annum).	Subject to prosthesis sub-limits and Scheme Protocols.PMB Only Unlimited per family per annum	Unlimited per family per annum. Subject to prosthesis sub-limits and Scheme Protocols. R 41 350 overall annual limit for non-PMB conditions (per family per annum).
Subject to PMB's only	Subject to PMB's only	Subject to PMB's only	Subject to PMB's only	Subject to PMB's only

OTHER INSURED BENEFITS	COBALT	ULTIMATE	MILLENNIUM	OPTIMUM	ADVANCE
<p>External Medical Appliances Includes the following if prescribed by a registered Healthcare practitioner and obtained from a supplier registered with the Board of Healthcare Funders (BHF):</p> <p>Artificial eyes</p> <p>Artificial larynx</p> <p>Artificial limbs</p> <p>Back supports</p> <p>CPAP Machine at DSP only</p> <p>Crutches</p> <p>Disposable bladder and intestinal excretion bags</p> <p>Elastic stockings for control of varicose veins</p> <p>External breast prosthesis after mastectomy</p> <p>Glucometers</p> <p>Hearing aids</p> <p>Home oxygen only at DSP</p> <p>Leg, arm and neck supports</p> <p>Nebulisers</p> <p>Orthopaedic footwear</p> <p>Sleep apnoea monitors (infants < 1 year and only at Pharmacy)</p> <p>Wheelchairs</p>	Subject to Benefit Booster	<p>R17 342 per family per annum . Scheme protocols and appliance sub-limits apply.</p> <p>R 17 342</p> <p>R 17 342</p> <p>R17 342</p> <p>R5 185</p> <p>R11 804</p> <p>R851</p> <p>R17 342</p> <p>R851</p> <p>R1 720</p> <p>R1 494</p> <p>R17 342</p> <p>R17 342</p> <p>R1 191</p> <p>R1 430</p> <p>R1 366</p> <p>R17 342</p> <p>R8 684</p>	<p>R13 026 per family per annum . Scheme protocols and appliance sub-limits apply.</p> <p>R13 026</p> <p>R13 026</p> <p>R13 026</p> <p>R4 916</p> <p>R9 985</p> <p>R851</p> <p>R13 026</p> <p>R851</p> <p>R1 720</p> <p>R1 160</p> <p>R13 026</p> <p>R13 026</p> <p>R1 089</p> <p>R1 089</p> <p>R1 110</p> <p>R13 026</p> <p>R7 235</p>	Subject to MSA	Subject to MSA and PMB's
<p>ONCOLOGY</p> <ul style="list-style-type: none"> • Oncologist • Chemotherapy • Radiotherapy • Oncology-related blood tests 	Unlimited. Subject to ICON Network and Enhanced protocols. Pre- authorisation required. 40% Non-DSP co-payment. Biologicals and Targeted Therapies Sub-limit R285 285	Unlimited. Subject to ICON Network and Enhanced protocols. Pre- authorisation required. 40% Non-DSP co-payment.	Unlimited. Subject to ICON Network and Core protocols. Pre- authorisation required. 40% Non-DSP co-payment.	Unlimited. Subject to ICON Network and Core protocols. Pre- authorisation required. 40% Non-DSP co-payment. Biologicals and Targeted Therapies Sub-limit R230 423	Unlimited. Non-PMB's limited to R 209 000 per family per annum. Subject to ICON Network and Essential protocols. Pre- authorisation required. 40% Non-DSP co-payment
<p>HIV / AIDS Primary Care including Voluntary Counselling and Testing and Treatment.</p>	HIV Management Programme.	HIV Management Programme	HIV Management Programme	HIV Management Programme	HIV Management Programme.
Hospitalisation if member is on the HIV Management Programme (registration required)	Hospitalisation at Network Provider hospitals. Subject to Scheme Protocols and PMB's.	Hospitalisation at Network Provider hospitals. Subject to Scheme Protocols and PMB's.	Hospitalisation at Network Provider hospitals. Subject to Scheme Protocols and PMB'a.	Hospitalisation at Network Provider hospitals. Subject to Scheme Protocols and PMB'a.	Hospitalisation at Network Provider hospitals. Subject to Scheme Protocols and PMB's.
Hospitalisation if member is not on the HIV Management Programme, subject to Reg 8 (3)	Limited to Provincial Facility.	Limited to Provincial facility	Limited to Provincial Facility.	Limited to Provincial Facility.	Limited to Provincial Facility.
VCT	Diagnostic Tests only. Adults ELISA children under 18 months HIV-DNA-PCR & p24 Antigen Authorisation required if more than 2 per annum	Diagnostic Tests only. Adults ELISA children under 18 months HIV-DNA-PCR & p24 Antigen Authorisation required if more than 2 per annum	Diagnostic Tests only. Adults ELISA children under 18 months HIV-DNA-PCR & p24 Antigen Authorisation required if more than 2 per annum	Diagnostic Tests only. Adults ELISA children under 18 months HIV-DNA-PCR & p24 Antigen Authorisation required if more than 2 per annum	Diagnostic Tests only. Adults ELISA children under 18 months HIV-DNA-PCR & p24 Antigen Authorisation required if more than 2 per annum






FLEX PLUS 	FLEX 	ASPIRE 	RISE 	FOUNDATION 
R4 509 per family per annum . Scheme protocols and appliance sub-limits apply.	R4 509 per family per annum . Scheme protocols and appliance sub-limits apply.	R 4 523 per family per annum. Scheme protocols and appliance sub-limits apply.		R 2 165 per family per annum. Scheme protocols and appliance sub-limits apply.
R4 509	R4 509	R4 523	PMB's Only	R2 165
R4 509	R4 509	R4 523		R2 165
R4 509	R4 509	R4 523		R2 165
R4 509	R4509	R4 523		R2 165
R4 509	R4 509	R4 523		R2 165
R851	R851	R851		R851
R4 509	R4 509	R4 523		R2 165
R851	R851	R851		R851
R1 191	R1 191	R1 191		R1 191
R851	R851	R851		R851
R4 509	R4 509	R4 523		R2 165
R4 509	R4 509	R4 523		R2 165
R851	R851	R851		R851
R851	R851	R851		R851
R851	R851	R851		R851
R4 509	R4 509	R45 23		R2 165
R4 509	R4 509	R 4 523		R2 165
Unlimited. Non-PMB limited to R302 776 per family per annum. Subject to ICON Network and Essential protocols. Pre-authorisation required. 40% Non-DSP co-payment	Unlimited. Non-PMB limited to R302 776 per family per annum. Subject to ICON Network and Essential protocols. Pre-authorisation required. 40% Non-DSP co-payment	Unlimited. Non-PMB limited to R197 594 per family per annum. Subject to ICON Network and Essential protocols. Pre-authorisations required. 40% Non-DSP co-payment		Subject to ICON Network and Essential protocols. Pre-authorisation required. 40% Non-DSP co-payment
HIV Management Programme	HIV Management Programme	HIV Management Programme	HIV Management Programme	HIV Management Programme.
Hospitalisation at Network Provider hospitals. Subject to Scheme Protocols and PMB's.	Hospitalisation at Network Provider hospitals. Subject to Scheme Protocols and PMB's.	Hospitalisation at Network Provider hospitals. Subject to Scheme Protocols and PMB's.	Hospitalisation at Network Provider hospitals. Subject to Scheme Protocols and PMB's.	Hospitalisation at Network Provider hospitals. Subject to Scheme Protocols and PMB's.
Limited to Provincial Facility.	Limited to Provincial Facility.	Limited to Provincial Facility.	Limited to Provincial Facility.	Limited to Provincial Facility.
Diagnostic Tests only. Adults ELISA children under 18 months HIV-DNA- PCR & p24 Antigen Authorisation required if more than 2 per annum	Diagnostic Tests only. Adults Elisa children under 18 months HIV-DNA-PCR & p24 Antigen Authorisation required if more than 2 per annum	Diagnostic Tests only. Adults ELISA children under 18 months HIV-DNA-PCR & p24 Antigen Authorisation required if more than 2 per annum	Diagnostic Tests only. Adults ELISA children under 18 months HIV-DNA-PCR & p24 Antigen Authorisation required if more than 2 per annum	Diagnostic Tests only. Adults ELISA children under 18 months HIV-DNA-PCR & p24 Antigen Authorisation required if more than 2 per annum






OTHER INSURED BENEFITS	COBALT 	ULTIMATE 	MILLENNIUM 	OPTIMUM 	ADVANCE 
HOSPICE, REHAB AND STEP-DOWN FACILITY SUBJECT TO PMB'S	Unlimited in lieu of hospitalisation. Subject to pre-authorisation. Non-PMB - R15 691 per family per annum	Unlimited in lieu of hospitalisation. Subject to pre-authorisation. Non-PMB - 21 days per family per annum.	Unlimited in lieu of hospitalisation. Subject to pre-authorisation. Non-PMB - 18 days per family per annum.	Unlimited in lieu of hospitalisation. Subject to pre-authorisation. Non PMB - R9 436 per family per annum	Unlimited in lieu of hospitalisation. Subject to pre-authorisation.
HOME NURSING SUBJECT TO PMB'S	Unlimited in lieu of hospitalisation. Subject to pre-authorisation.	Unlimited in lieu of hospitalisation. Subject to pre-authorisation. Non-PMB - 12 days per family per annum.	Unlimited in lieu of hospitalisation. Subject to pre-authorisation. Non-PMB - 10 days per family per annum.	Unlimited in lieu of hospitalisation. Subject to pre-authorisation.	Unlimited in lieu of hospitalisation. Subject to pre-authorisation.
SPECIALISED RADIOLOGY: CT, MRI, PET and Nuclear Medicine scans	MRI & CT Scans: Unlimited benefit for emergency, injury-related & trauma events. Non-PMB subject to limit of R24 469 and co-payment (see co-payment schedule). Scheme Rules & Protocols apply.	MRI & CT Scans: Unlimited benefit for emergency, injury-related & trauma events. Non-PMB subject to limit of R21 711 and co-payment (see co-payment schedule). Scheme Rules & Protocols apply.	MRI & CT Scans: Unlimited benefit for emergency, injury-related & trauma events. Non-PMB subject to limit of R17 367 and co-payment (see co-payment schedule). Scheme Rules & Protocols apply.	MRI & CT Scans: Unlimited benefit for emergency, injury-related & trauma events. Non-PMB subject to limit of R17 227 and co-payment (see co-payment schedule). Scheme Rules & Protocols apply.	MRI & CT Scans: Unlimited benefit for emergency, injury-related & trauma events. Non-PMB subject to limit of R20 900 and co-payment (see co-payment schedule). Scheme Rules & Protocols apply.
VIDEO EEG FOR EPILEPSY SURGERY	No Benefit.	R17 644 per family per annum.	No Benefit.	No Benefit.	No Benefit.
DIALYSIS	Unlimited at Network Provider. Subject to Scheme Protocols. Pre-authorisation required	Unlimited at Network Provider. Subject to Scheme Protocols. Pre-authorisation required	Unlimited at Network Provider. Subject to Scheme Protocols. Pre-authorisation required	Unlimited at Network Provider. Subject to Scheme Protocols. Pre-authorisation required	Unlimited at Network Provider. Subject to Scheme Protocols. Pre-authorisation required
EMERGENCY EVACUATION AND AMBULANCE SERVICES Limited to Netcare	100% of Scheme Rate.	100% of Scheme Rate.	100% of Scheme Rate.	100% of Scheme Rate.	100% of Scheme Rate.

FLEX PLUS	FLEX	ASPIRE	RISE	FOUNDATION
Unlimited in lieu of hospitalisation. Subject to pre-authorisation.	Unlimited in lieu of hospitalisation. Subject to pre-authorisation.	Unlimited in lieu of hospitalisation. Subject to pre-authorisation.	Unlimited in lieu of hospitalisation. Subject to pre-authorisation, PMB's & DSP's	Unlimited in lieu of hospitalisation. Subject to pre-authorisation, PMB's & DSP's
Non-PMB - 12 days per family per annum.	Non PMB - 12 days per family per annum.	Non PMB - 10 days per family per annum.		
Unlimited in lieu of hospitalisation. Subject to pre-authorisation.	Unlimited in lieu of hospitalisation. Subject to pre-authorisation.	Unlimited in lieu of hospitalisation. Subject to pre-authorisation.	Unlimited in lieu of hospitalisation. Subject to pre-authorisation.	Unlimited in lieu of hospitalisation. Subject to pre-authorisation.
Non-PMB - 5 days per family per annum.	Non PMB - 5 days per family per annum			
MRI & CT Scans: Unlimited benefit for emergency, injury-related & trauma events. Non-PMB subject to limit of R10 925 and co-payment (see co-payment schedule). Scheme Rules & Protocols apply.	MRI & CT Scans: Unlimited benefit for emergency, injury-related & trauma events. Non-PMB subject to limit of R10 925 and co-payment (see co-payment schedule). Scheme Rules & Protocols apply.	MRI & CT Scans: Unlimited benefit for emergency, injury-related & trauma events. Non-PMB subject to limit of R8 685 and co-payment (see co-payment schedule). Scheme Rules & Protocols apply.	MRI & CT Scans: Unlimited benefit for emergency, injury-related & trauma events. Non-PMB subject to co-payment (see co-payment schedule). Scheme Rules & Protocols apply.	MRI & CT Scans: Unlimited benefit for emergency, injury-related & trauma events. Non-PMB subject to co-payment (see co-payment schedule). Scheme Rules & Protocols apply.
No Benefit.	No Benefit.	No Benefit.	No Benefit.	No Benefit.
Unlimited at Network Provider. Subject to Scheme Protocols. Pre-authorisation required	Unlimited at Network Provider. Subject to Scheme Protocols. Pre-authorisation required	Unlimited at Network Provider. Subject to Scheme Protocols. Pre-auth required	Unlimited at Network Provider. Subject to Scheme Protocols. Pre-authorisation required	Unlimited at Network Provider. Subject to Scheme Protocols. Pre-authorisation required
100% of Scheme Rate.	100% of Scheme Rate.	100% of Scheme Rate.	100% of Scheme Rate.	100% of Scheme Rate.

Note:

- Other Insured Benefits pro-rated for members who join or resign during the year.
- Authorisation must be obtained in advance from the Scheme for all hospitalisation and Other Insured Benefits.
- No benefits shall be granted for (1) the replacement of existing External Medical Appliance items, without satisfactory proof that the existing item is obsolete, (2) costs of maintenance, spares or accessories.
- Hospice, rehab and step-down facility benefit - includes accommodation and visits by a medical practitioner, except where inclusive global fees are applicable.

CHRONIC MEDICATION BENEFIT	COBALT 	ULTIMATE 	MILLENNIUM 	OPTIMUM 	ADVANCE 
CHRONIC DISEASES CDL conditions Subject to PMB's and DTP's	Subject to Scheme's Chronic Formulary. Reference and GRP pricing applies.	Subject to Scheme's Chronic Formulary. Reference and GRP pricing applies.	Subject to Scheme's Chronic Formulary. Reference and GRP pricing applies.	Subject to Scheme's Chronic Formulary. Reference and GRP pricing applies.	Subject to Scheme's Chronic Formulary. Reference and GRP pricing applies.
ADDITIONAL CHRONIC CONDITIONS - Conditions as per approved list NOTE: Pro-rated for members who join during the year.	Subject to MSA	M R6 354 M+ R12 692 Benefits subject to stated sub-limits and thereafter to PMB CDLs.	M R3 067 M+ R6 147 Benefits subject to stated sub-limits and thereafter to PMB CDLs.	Subject to MSA	No Benefit
BIOLOGICAL OR TARGETED THERAPIES	R63 835 per family 25% Levy applicable	No Benefit	No Benefit	R43 890 per family 30% Levy applicable	No Benefit

FLEX PLUS 	FLEX 	ASPIRE 	RISE 	FOUNDATION 
Subject to Scheme's Chronic Formulary. Reference and GRP pricing applies.	Subject to Scheme's Chronic Formulary. Reference and GRP pricing applies.	Available from DSP. 40% Non-DSP co-payment. Subject to Schemes Chronic Formulary. Reference and GRP pricing applies.	Available from DSP. 40% Non-DSP co-payment. Subject to Schemes Chronic Formulary. Reference and GRP pricing applies.	Available from DSP. 40% Non-DSP co-payment. Subject to registration by a Network Provider. Subject to Foundation Chronic Formulary. Reference and GRP pricing applies.
Subject to Additional Medicine Limit with Rand value sub-limit for ADHD	Subject to Additional Medicine Limit with Rand values sub-limit for ADHD	No Benefit	No Benefit	No Benefit
No Benefit	No Benefit	No Benefit	No Benefit	No Benefit

Note: Chronic medication

- Should be obtained from Preferred Provider.
- Is restricted to formularies, clinical entry criteria and disease management protocols where applicable.
- Requires a script from a person legally entitled to prescribe and the relevant ICD 10 diagnosis code.
- Must be registered by the Doctor or Pharmacy on 0861 111 778
- Reference pricing and GRP may apply.

OUT-OF-HOSPITAL SERVICES	COBALT	ULTIMATE	MILLENNIUM	OPTIMUM	ADVANCE
DAY-TO-DAY LIMITS	Subject to MSA	Principal Member: R16 451 Adult Dependent: R12 338 Child Dependent: R1 720	Subject to MSA and ATB	Subject to MSA	Subject to MSA
GENERAL PRACTITIONERS Consultations outside Provider Networks may incur a co-payment.	Subject to MSA Non-contracted Providers at 100% of Scheme Rate. Contracted Providers at 100% of Contracted Rate. CDL PMB consultations covered separately. Subject to Disease Management Protocols and pre-authorisation.	Unlimited. Non-contracted Providers at 100% of Scheme Rate. Contracted Providers at 100% of Contracted Rate. CDL PMB consultations covered separately. Subject to Disease Management Protocols and pre-authorisation.	Subject to MSA and ATB Non-contracted Providers at 100% of Scheme Rate. Contracted Providers at 100% of Contracted Rate. CDL PMB consultations covered separately. Subject to Disease Management Protocols and pre-authorisation.	Subject to MSA Non-contracted Providers at 100% of Scheme Rate. Contracted Providers at 100% of Contracted Rate. CDL PMB consultations covered separately. Subject to Disease Management Protocols and pre-authorisation.	Subject to MSA Non-contracted Providers at 100% of Scheme Rate. Contracted Providers at 100% of Contracted Rate. CDL PMB consultations covered separately. Subject to Disease Management Protocols and pre-authorisation.
SPECIALISTS • Consultations. (Consultations outside Networks may incur a co-payment) • Room Procedures. (requires pre-authorization, limited to Scheme Protocols)	Subject to MSA Non-contracted Providers at 100% of Scheme Rate. Contracted Providers at 100% of Contracted Rate. CDL PMB consultations covered separately. Subject to Disease Management Protocols and pre-authorisation.	M 4 visits per annum. M+1 5 visits per annum. M+2+ 6 visits per annum. Non-contracted Providers at 100% of Scheme Rate. Contracted Providers at 100% of Contracted Rate (Up to 220% of Scheme Rate) CDL PMB consultations covered separately. Subject to Disease Management Protocols and pre-authorisation.	Subject to MSA and ATB Non-contracted Providers at 100% of Scheme Rate. Contracted Providers at 100% of Contracted Rate (Up to 220% of Scheme Rate) CDL PMB consultations covered separately. Subject to Disease Management Protocols and pre-authorisation	Non-contracted Providers at 100% of Scheme Rate. Contracted Providers at 100% of Contracted Rate (Up to 150% of Scheme Rate) CDL PMB consultations covered separately. Subject to Disease Management Protocols and pre-authorisation.	Subject to MSA Non-contracted Providers at 100% of Scheme Rate. Contracted Providers at 100% of Contracted Rate. CDL PMB consultations covered separately. Subject to Disease Management Protocols and pre-authorisation.
DENTISTRY Conservative dentistry limits	Subject to Scheme Protocols and MSA	Covered as stated below. Subject to Scheme Protocols	Subject to Scheme Protocols, MSA, ATB and sub-limits of: M R6 828 M+1 R9 420 M+2+ R11 197	Subject to Scheme Protocols and MSA	Subject to Scheme Protocols and MSA
Consultations	Subject to MSA	2 Annual check-ups per beneficiary per annum. 2 Emergency consultations per beneficiary per annum. Covered at 100% Scheme Rate.	2 Annual check-ups per beneficiary per annum. 2 Emergency consultations per beneficiary per annum. Covered at 100% Scheme Rate.	Subject to Scheme protocols and MSA	Subject to MSA
X-rays		Intra-Oral: 8 per beneficiary per annum. Extra-Oral: 1 per beneficiary per annum.	Intra-Oral: 8 per beneficiary per annum. Extra-Oral: 1 per beneficiary per annum.	Subject to Scheme protocols and MSA	Subject to MSA

FLEX PLUS



FLEX



ASPIRE








RISE








FOUNDATION



As specified.	As specified.	As specified.	No Benefits Subject to PMB's	As specified.
<p>M 4 visits per annum. M+1 7 visits per annum. M+2+ 9 visits per annum.</p> <p>Non-contracted Providers at 100% of Scheme Rate. Contracted Providers at 100% of Contracted Rate.</p> <p>CDL PMB consultations covered separately. Subject to Disease Management Protocols and pre-authorisation.</p>	<p>M 4 visits per annum. M+1 7 visits per annum. M+2+ 9 visits per annum.</p> <p>Non-contracted Providers at 100% of Scheme Rate. Contracted Providers at 100% of Contracted Rate.</p> <p>CDL PMB consultations covered separately. Subject to Disease Management Protocols and pre-authorisation.</p>	<p>Limited to 2 visits per family per annum, with a R150 co-payment on each.</p> <p>Non-contracted Providers at 100% of Scheme Rate. Contracted Providers at 100% of Contracted Rate.</p> <p>CDL PMB consultations covered separately. Subject to Disease Management Protocols and pre-authorisation.</p>	<p>No Benefits Subject to PMB's</p> <p>No Benefits Subject to PMB's</p> <p>CDL PMB consultations covered separately. Subject to Disease Management Protocols and pre-auth.</p>	<p>Limited to a Foundation Network Provider. Unlimited, however, authorisation required after 4th visit per beneficiary.</p> <p>Non-contracted Providers at 100% of Scheme Rate (Limited to 2 out-of-network visits per family). Contracted Providers at 100% of Contracted Rate.</p> <p>CDL PMB consultations covered separately. Subject to Disease Management Protocols and pre-auth.</p>
<p>M 2 visits per annum. M+1 4 visits per annum. M+2+ 4 visits per annum.</p> <p>Non-contracted Providers at 100% of Scheme Rate. Contracted Providers at 100% of Contracted Rate.</p> <p>CDL PMB consultations covered separately. Subject to Disease Management Protocols and pre- authorisation.</p>	<p>M 2 visits per annum. M+1 3 visits per annum. M+2+ 3 visits per annum.</p> <p>Non-contracted Providers at 100% of Scheme Rate. Contracted Providers at 100% of Contracted Rate.</p> <p>CDL PMB consultations covered separately. Subject to Disease Management Protocols and pre- authorisation</p>	<p>Limited to PMB's at Network Providers. Subject to pre- authorisation.</p> <p>CDL PMB consultations covered separately. Subject to Disease Management Protocols and pre- authorisation.</p>	<p>Limited to PMB's at Network Providers. Subject to pre- authorisation</p> <p>CDL PMB consultations covered separately. Subject to Disease Management Protocols and pre- authorisation.</p>	<p>Subject to PMB's and referral by GP Provider. Subject to pre-authorisation, and limited to Specialist Network Providers</p>
<p>Subject to Scheme Protocols, MSA and annual limits of: M R3 606 M+ R5 798</p>	<p>Subject to Scheme Protocols, MSA and annual limits of: M R3 606 M+ R5 798</p>	<p>Subject to MSA</p>	<p>Subject to MSA</p>	<p>Subject to Scheme Protocols, Network Providers, MSA and annual limits of: M R2 165 M+ R3 606</p>
<p>2 Annual check-ups per beneficiary per annum</p> <p>2 Emergency consultations per beneficiary per annum</p> <p>Covered at 100% Scheme Rate</p>	<p>2 Annual check-ups per beneficiary per annum</p> <p>2 Emergency consultations per beneficiary per annum</p> <p>Covered at 100% Scheme Rate</p>	<p>No Benefit.</p>	<p>No Benefit.</p>	<p>2 Annual check-ups per beneficiary per annum.</p> <p>2 Emergency consultations per beneficiary per annum.</p> <p>Covered at 100% Scheme Rate.</p>
<p>Intra-Oral: 8 per beneficiary per annum. Extra-Oral:1 per beneficiary per annum.</p>	<p>Intra-Oral: 8 per beneficiary per annum. Extra-Oral:1 per beneficiary per annum.</p>	<p>No Benefit.</p>	<p>No Benefit.</p>	<p>Intra-Oral: 8 per beneficiary per annum. Extra-Oral:1 per beneficiary per annum.</p>

OUT-OF-HOSPITAL SERVICES	COBALT 	ULTIMATE 	MILLENNIUM 	OPTIMUM 	ADVANCE 
Fillings	Subject to MSA	A treatment plan and x-rays will be requested for treatment plans of more than 5 fillings. Benefits for fillings are available where such fillings are clinically indicated and will be granted once per tooth in a 1 year benefit cycle. There are no benefits for Amalgam (silver) fillings to be replaced with composite fillings (white filling material). Covered at 100% of Scheme Rate.	A treatment plan and x-rays will be requested for treatment plans of more than 5 fillings. Benefits for fillings are available where such fillings are clinically indicated and will be granted once per tooth in a 1 year benefit cycle. There are no benefits for Amalgam (silver) fillings to be replaced with composite fillings (white filling material). Covered at 100% of Scheme Rate.	Subject to Scheme protocols and MSA	Subject to MSA
Oral Hygiene		<p>2 Annual scale and polish treatments per beneficiary.</p> <p>No benefits for oral hygiene instructions.</p> <p>No benefit for adult fluoride</p>	<p>2 Annual scale and polish treatments per beneficiary.</p> <p>No benefits for oral hygiene instructions.</p> <p>No benefit for adult fluoride</p>		
Preventative		<p>Fissure sealants programme.</p> <p>Benefit for 1 fissure sealant per molar tooth in a 3 year cycle.</p> <p>Limited to individuals younger than 16 years of age.</p>	<p>Fissure sealants programme.</p> <p>Benefit for 1 fissure sealant per molar tooth in a 3 year cycle.</p> <p>Limited to individuals younger than 16 years of age.</p>		
Extractions		Covered at 100% of Scheme Rate.	Covered at 100% of Scheme Rate.		
Root Canal Therapy		Covered at 100% of Scheme Rate.	Covered at 100% of Scheme Rate.		

FLEX PLUS 	FLEX 	ASPIRE 	RISE 	FOUNDATION 
<p>A treatment plan and x-rays will be requested for treatment plans of more than 5 fillings. Benefits for fillings are available where such fillings are clinically indicated and will be granted once per tooth in a 1 year benefit cycle. There are no benefits for Amalgam (silver) fillings to be replaced with composite fillings (white filling material). Covered at 100% of Scheme Rate.</p>	<p>A treatment plan and x-rays will be requested for treatment plans of more than 5 fillings. Benefits for fillings are available where such fillings are clinically indicated and will be granted once per tooth in a 1 year benefit cycle. There are no benefits for Amalgam (silver) fillings to be replaced with composite fillings (white filling material). Covered at 100% of Scheme Rate.</p>	<p>Subject to PMB's</p>	<p>Subject to PMB's</p>	<p>Subject to Scheme Providers. A treatment plan and x-rays will be requested for treatment plans of more than 5 fillings. Benefits for fillings are available where such fillings are clinically indicated and will be granted once per tooth in a 1 year benefit cycle. There are no benefits for Amalgam (silver) fillings to be replaced with composite fillings (white filling material). Covered at 100% of Scheme Rate</p>
<p>2 Annual scale and polish treatments per beneficiary.</p> <p>No benefits for oral hygiene instructions.</p> <p>No benefit for adult fluoride</p>	<p>2 Annual scale and polish treatments per beneficiary.</p> <p>No benefits for oral hygiene instructions.</p> <p>No benefit for adult fluoride</p>			<p>1 Annual scale and polish treatment per beneficiary.</p> <p>No benefit for oral hygiene instructions.</p> <p>No benefit for adult fluoride</p>
<p>Fissure sealants programme.</p> <p>Benefit for 1 fissure sealant per molar tooth in a 3 year cycle.</p> <p>Limited to individuals younger than 16 years of age.</p>	<p>Fissure sealants programme.</p> <p>Benefit for 1 fissure sealant per molar tooth in a 3 year cycle.</p> <p>Limited to individuals younger than 16 years of age.</p>			<p>Subject to Scheme Protocols and Network Providers.</p> <p>1 Fluoride treatments per beneficiary younger than 12 years of age.</p>
<p>Covered at 100% of Scheme Rate.</p>	<p>Covered at 100% of Scheme Rate.</p>			<p>More than 4 requires pre-authorisation. Covered at 100% of Scheme Rate.</p>
<p>Covered at 100% of Scheme Rate.</p>	<p>Covered at 100% of Scheme Rate.</p>			<p>Emergency root canal only. Covered at 100% of Scheme Rate</p>

OUT-OF-HOSPITAL SERVICES	COBALT	ULTIMATE	MILLENNIUM	OPTIMUM	ADVANCE
ADVANCED DENTISTRY SUB-LIMITS: NOTE: Pre-authorisation required		R15 462 per family per annum.	Subject to Scheme Protocols, MSA, ATB and sub-limits of: M R6 828 M+1 R9 420 M+2+ R11 197		
Plastic Dentures	Subject to Benefit Booster Rand sub-limits of: M R10 204 M+1 R12 399 M+2 R14 045 M+3 R1 717 M+4+ R19 202 Implants R4 225 per Implant	1 set of (Partial or Full) plastic dentures (Upper and Lower) per beneficiary. Benefit for plastic dentures granted only once in a 4 year cycle.	1 set of (Partial or Full) plastic dentures (Upper and Lower) per beneficiary. Benefit for plastic dentures granted only once in a 4 year cycle.	Subject to Benefit Booster and sub-limits of: M R5 760 M+1 R7 242 M+2 R8 614 M+3 R10 150 M+4+ R11 631 Implants R4 225 per Implant	Subject to MSA
<ul style="list-style-type: none"> • Crowns 		Included.	Included.		
<ul style="list-style-type: none"> • Bridges 		Included.	Included.		
<ul style="list-style-type: none"> • Implants 		Included.	No Benefit.		
<ul style="list-style-type: none"> • Partial Metal dentures 		Included.	1 per jaw per beneficiary every 5 years		
<ul style="list-style-type: none"> • Periodontics 		Included.	No Benefit.		
Orthodontics	1 per lifetime, for beneficiaries under the age of 18 years. Benefits on pre-authorisation will be applied to cases assessed as treatment mandatory, as per orthodontic indices. Limited to individuals younger than 18 years of age. Orthognathic (Jaw corrective) surgery is not covered.	Benefits on pre-authorisation will be applied to cases assessed as treatment mandatory, as per orthodontic indices. Limited to individuals younger than 38 years of age. Orthognathic (Jaw Corrective) surgery is not covered.	Subject to MSA 1 per lifetime, for beneficiaries under the age of 18 years. Benefits on pre-authorisation will be applied to cases assessed as treatment mandatory, as per orthodontic indices. Limited to individuals younger than 18 years of age. Orthognathic (Jaw Corrective) surgery is not covered.		
Surgery, Dental Hospitalisation and Associated Costs	Only for impacted wisdom teeth and extensive dental / multiple procedures in children under 5 years of age. Multiple hospital admissions are not covered. Co-payment of R3 135 will apply to all in-hospital dental admissions. Scheme Protocols apply.	Only for impacted wisdom teeth and extensive dental / multiple procedures in children under 5 year of age. Multiple hospital admissions are not covered. Co-payment of R3 135 will apply to all in-hospital dental admissions per protocol. Pre-authorisation is required for certain Maxillo - Facial procedure that are covered in hospital, subject to Scheme Protocols.	Only for impacted wisdom teeth and extensive dental / multiple procedures in children under 5 year of age. Multiple hospital admissions are not covered. Co-payment of R3 135 will apply to all in-hospital dental admissions per protocol.	Only for impacted wisdom teeth and extensive dental / multiple procedures in children under 5 years of age. Multiple hospital admissions are not covered. Co-payment of R3 135 will apply to all in-hospital dental admissions. Scheme Protocols apply.	Only for impacted wisdom teeth and extensive dental / multiple procedures in children under 5 years of age. Multiple hospital admissions are not covered. Co-payment of R3 135 will apply to all in-hospital dental admissions. Scheme Protocols apply.
Dental Anaesthetics in rooms (Laughing gas and IV sedation)	Subject to MSA Covered at 100% of Scheme Rate. Clinical protocols apply	Subject to Conservative Dentistry Benefits. Covered at 100% of Scheme Rate. Clinical protocols apply	Subject to MSA. Covered at 100% of Scheme Rate. Clinical protocols apply	Subject to Conservative Dentistry Benefits. Covered at 100% of Scheme Rate. Clinical protocols apply	Subject to MSA. Covered at 100% of Scheme Rate. Clinical protocols apply

FLEX PLUS



FLEX



ASPIRE



RISE








FOUNDATION



R6 147 per family per annum.	R6 147 per family per annum.			As stated below.
1 set of (Partial or Full) plastic dentures (Upper and Lower) per beneficiary. Benefit for plastic dentures granted only once in a 4 year cycle.	1 set of (Partial or Full) plastic dentures (Upper and Lower) per beneficiary. Benefit for plastic dentures granted only once in a 4 year cycle.			Subject to Scheme protocols and Network Providers. 1 Full set of plastic dentures (Upper and Lower) per beneficiary. Benefit for plastic dentures granted only once in a 4 year cycle.
<ul style="list-style-type: none"> Included. 	<ul style="list-style-type: none"> Included. 	No Benefit.	No Benefit.	No Benefit.
<ul style="list-style-type: none"> Included. 	<ul style="list-style-type: none"> Included. 			
<ul style="list-style-type: none"> No Benefit. 	<ul style="list-style-type: none"> No Benefit. 			
<ul style="list-style-type: none"> No Benefit. 	<ul style="list-style-type: none"> No Benefit. 			
<ul style="list-style-type: none"> No Benefit. 	<ul style="list-style-type: none"> No Benefit. 			
No Benefit.	No Benefit.			No Benefit.
Only for impacted wisdom teeth and extensive dental / multiple procedures in children under 5 years of age. Multiple hospital admissions are not covered. Co-payment of R3 135 will apply to all in-hospital dental admissions. Scheme Protocols apply.	Only for impacted wisdom teeth and extensive dental / multiple procedures in children under 5 years of age. Multiple hospital admissions are not covered. Co-payment of R3 135 will apply to all in-hospital dental admissions. Scheme Protocols apply.	Limited to R5 065 for impacted wisdom teeth includes Hospital and Anaethetist. Dental surgeon not covered. Multiple hospital admissions are not covered. Co-payment of R3 135 will apply to all in-hospital dental admissions. Scheme Protocols apply.		Subject to PMB's only. Pre-authorization is required and Scheme Protocols apply. Multiple hospital admissions are not covered.
Subject to Conservative Dentistry Benefits. Covered at 100% of Scheme Rate. Clinical protocols apply	Subject to Conservative Dentistry Benefits. Covered at 100% of Scheme Rate. Clinical protocols apply	No benefit.		Covered at 100% of Scheme Rate. Clinical protocols apply.

OUT-OF-HOSPITAL SERVICES	COBALT	ULTIMATE	MILLENNIUM	OPTIMUM	ADVANCE
OPTOMETRY Limited to Network Provider and 24 month benefit cycle.					
Consultations / Examination		1 consultation per beneficiary.			
Spectacles	Subject to Benefit Booster	1 pair of single vision spectacles inclusive of a frame and consultation per beneficiary limited to R2 445	Subject to MSA, ATB and sub-limit of R3 067 per beneficiary.	Subject to MSA per beneficiary Sub-limit R2 633 Frame Sub-limit R1 207	Subject to Benefit Booster sub-limit of R2 000
		Or 1 pair of flat top bifocal spectacles inclusive of a frame and consultation per beneficiary, limited to R2 950			
		Or 1 pair of multifocal spectacles inclusive of a frame and consultation per beneficiary limited to R3 698			
Or Contact Lenses		Or Limited to R2 755 per beneficiary.			

FLEX PLUS 	FLEX 	ASPIRE 	RISE 	FOUNDATION 
1 consultation per beneficiary.	1 consultation per beneficiary.			1 consultation per beneficiary
<p>1 pair of single vision spectacles inclusive of a frame and consultation per beneficiary limited to R1 327</p> <p>Or</p> <p>1 pair of flat top bifocal spectacles inclusive of a frame and consultation per beneficiary, limited to R2 023</p> <p>Or</p> <p>1 pair of multifocal spectacles inclusive of a frame and consultation per beneficiary limited to R2 343</p>	<p>1 pair of single vision spectacles inclusive of a frame and consultation per beneficiary limited to R1 327</p> <p>Or</p> <p>1 pair of flat top bifocal spectacles inclusive of a frame and consultation per beneficiary, limited to R2 023</p> <p>Or</p> <p>1 pair of multifocal spectacles inclusive of a frame and consultation per beneficiary limited to R2 343</p>	No Benefit	No Benefit	<p>1 pair of single vision spectacles inclusive of a frame and consultation per beneficiary limited to R1 211</p> <p>Or</p> <p>1 pair of flat top bifocal spectacles inclusive of a frame and consultation per beneficiary, limited to R1 843</p>
Or Limited to R1 327 per beneficiary.	Or Limited to R1 327 per beneficiary.			No Benefit.

Note:

- Non-emergency dental treatment performed in a hospital operating theatre or day clinic under general anaesthetic shall be subject to prior pre-authorisation by the Scheme in order to qualify for benefits including theatre fees, anaesthetist fees, ward fees and associated costs, but excluding the dental practitioner and procedure costs that shall be subject to the Conservative or Advanced Dentistry limits
- Out of Hospital Benefits are subject to the Formularies and Case / Disease Management Protocols. PMB management also included in overall benefit.
- All specialised dentistry must be pre-authorised at 0861 796 6400. For more details on your dental, optical benefits, and exclusions please visit www.healthsquared.co.za.

PREVENTATIVE CARE	COBALT	ULTIMATE	MILLENNIUM	OPTIMUM	ADVANCE
PREVENTATIVE CARE NOTE: Pro-rated for members who join during the year. (Excludes consultation)	Subject to Benefit Booster	R4 342 per family per annum, Scheme Rate applies.	R2 886 per family per annum, Scheme Rate applies.	R2 897 per family per annum, Scheme Rate applies.	Subject to Benefit Booster Sub-limit R3 000 per family per annum, Scheme Rate applies.
Screening Benefit:					
Blood Pressure	Subject to Benefit Booster Sub-limit R2 743 per family at Preferred provider	R136 per beneficiary over the age of 18 years. Only at pharmacy.	R136 per beneficiary over the age of 18 years. Only at pharmacy.	Subject to Benefit Booster Sub-limit R1 646 per family at Preferred provider	Subject to MSA Sub-limit R1 097 per family at Preferred provider
Blood Sugar					
Cholesterol					
Body Mass Index					
Mammogram (screening)					
Pap smears	1 Examination per female beneficiary per annum over the age of 35 years.	1 Examination per female beneficiary per annum over the age of 40 years.	1 Test per beneficiary per annum.	1 Test per beneficiary per annum.	
PSA Testing	Subject to MSA	1 Test per beneficiary per annum over the age of 45 years.	1 Test per beneficiary per annum over the age of 45 years.	Subject to MSA	Subject to MSA
HIV Test	1 Test per beneficiary per annum. More than 1 test will require authorisation form Risk benefit	1 Test per beneficiary per annum. More than 1 test will require authorisation form Risk benefit	1 Test per beneficiary per annum. More than 1 test will require authorisation form Risk benefit	1 Test per beneficiary per annum. More than 1 test will require authorisation form Risk benefit	1 Test per beneficiary per annum. More than 1 test will require authorisation form Risk benefit
Vaccinations: Flu	Subject to MSA	1 dose Flu vaccination per beneficiary per annum.	1 dose Flu vaccination per beneficiary per annum.	Subject to MSA	Subject to MSA
Childhood Immunisations		Childhood immunisations as recommended by the Department of Health up to 18 months.	Childhood immunisations as recommended by the Department of Health up to 18 months. Subject to limit of R2 170		
HPV Vaccine (Cervical cancer prevention)		1 course (3 doses per registered schedule) per female beneficiary per life between 9 and 46 years of age.	1 course (3 doses per registered schedule) per female beneficiary per life between 9 and 25 years of age.		
Oral Contraception		R1 740 per female beneficiary per annum - R145 per month.	R1 740 per female beneficiary per annum - R145 per month.		
Clinic Nurse Consultation: Subject to Preferred Provider Only	Subject to Benefit Booster 1 - 30 min consult per beneficiary 2 - 15 min consults per beneficiary	Subject to PDC™ referral	Subject to PDC™ referral	Subject to Benefit Booster 1 - 30 min consult per beneficiary 2 - 15 min consults per beneficiary	Subject to PDC™ referral
Additional 15 min Consult + Flu vaccine	2 - 15 min per beneficiary			1 - 15 min per beneficiary	
Mother Ante-Natal visit	2 per beneficiary			1 per beneficiary	
Mother and Well Baby Consult (incl admin of Immunisation)	1 per beneficiary			1 per beneficiary	
MediBooster- Subject to Registration and Self Health Assessment at Preferred Provider only	Subject to Benefit Booster Sub-limit R1 881	No Benefit	No Benefit	Subject to Benefit Booster Sub-limit R1 672	No Benefit

FLEX PLUS



FLEX



ASPIRE



RISE








FOUNDATION



R2 886 per family per annum, Scheme Rate applies.	R2 886 per family per annum, Scheme Rate applies.	R2 736 per family per annum, Scheme Rate applies.		As specified.
R136 per beneficiary over the age of 18 years. Only at pharmacy.	R136 per beneficiary over the age of 18 years. Only at pharmacy.	No Benefit.	No Benefit.	Included in the Foundation Network Provider consultation.
1 Examination per female beneficiary per annum over the age of 40 years.	1 Examination per female beneficiary per annum over the age of 40 years.	No Benefit.		No Benefit.
1 Test per beneficiary per annum.	1 Test per beneficiary per annum.	1 Test per beneficiary per annum over the age of 45 years.		1 Test per beneficiary per annum.
1 Test per beneficiary per annum over the age of 45 years.	1 Test per beneficiary per annum over the age of 45 years.	1 Test per beneficiary per annum over the age of 45 years.		1 Test per beneficiary per annum over the age of 45 years.
1 test per beneficiary per annum. More than 1 test will require authorisation form Risk benefit	1 Test per beneficiary per annum. More than 1 test will require authorisation form Risk benefit	1 Test per beneficiary per annum. More than 1 test will require authorisation form Risk benefit	1 Test per beneficiary per annum. More than 1 test will require authorisation form Risk benefit	1 Test per beneficiary per annum. More than 1 test will require authorisation form Risk benefit
1 dose Flu vaccination per beneficiary per annum.	1 dose Flu vaccination per beneficiary per annum.	1 dose Flu vaccination per beneficiary per annum.		At discretion of Foundation Network Provider.
Childhood immunisations as recommended by the Department of Health up to 18 months. Subject to limit of R2 170	Childhood immunisations as recommended by the Department of Health up to 18 months. Subject to limit of R2 170	Childhood immunisations as recommended by the Department of Health up to 18 months. Subject to limit of R2 058	No Benefit.	At discretion of Foundation Network Provider.
No Benefit.	No Benefit.	No Benefit.		No Benefit.
R1 740 per female beneficiary per annum - R145 per month.	R1 740 per female beneficiary per annum - R145 per month.	R 1 092 per female beneficiary per annum - R 91 per month.		No Benefit
Subject to PDC™ referral	Subject to PDC™ referral	Subject to PDC™ referral	No Benefit	No Benefit
No Benefit	No Benefit	No Benefit	No Benefit	No Benefit

ADDITIONAL OUT-OF-HOSPITAL BENEFITS	COBALT	ULTIMATE	MILLENNIUM	OPTIMUM	ADVANCE
ADDITIONAL ANNUAL BENEFITS NOTE: Pro-rated for proportional annual membership.	Subject to MSA	M R8 594 M+1 R15 126 M+2+ R16 428	Subject to MSA and ATB	Subject to MSA.	
Alternative Healthcare Services <ul style="list-style-type: none"> • Biokineticists • Chiropodists • Chiropractors • Dieticians • Homeopaths • Naturopaths • Occupational Therapists • Osteopaths • Podiatrists • Social workers • Acupuncture 	Subject to MSA	Subject to Sub-limit: M R3 685 M+1 R5 463 M +2+ R7 227	Subject to MSA and ATB	Subject to MSA.	Subject to MSA.
Radiology and Pathology (excluding Specialised Radiology)	Subject to MSA and PMB's	Subject to Sub-limit: M R3 685 M+1 R4 523 M +2+ R5 463	Subject to MSA and ATB	Subject to MSA.	
Physiotherapy	Subject to MSA	R1 698 per family. 100% of Scheme Rate Subject to annual limit.	Subject to MSA and ATB	Subject to MSA.	
Psychology and Psychiatric Treatment	Subject to Benefit Booster Sub limit of R7 242	R1 843 per family. 100% of Scheme Rate Subject to annual limit.	Subject to MSA and ATB	Subject to Benefit Booster Sub-limit of R6 035	Subject to Benefit Booster Sub-limit R3 000 per family per annum, Scheme Rate applies.
Speech Therapy and Audiology (BOLD)	Subject to MSA.	R1 843 per family. 100% of Scheme Rate Subject to annual limit.	Subject to MSA and ATB	Subject to MSA.	
Additional Medication Benefit Subject to relevant plan formulary Reference and GRP pricing may apply Benefit protocols apply Use preferred provider pharmacies.	Subject to MSA and PMB's	M R8 632 M+1 R15 184 M+2+ R17 315 With a sub-limit on Schedule 0-2 drugs of: M R 2 603 M+1 R 4 483 M+2+ R 4 896 Subject to annual limit.	Subject to MSA , ATB and PMB's	Subject to MSA and PMB's	Subject to MSA and PMB's

FLEX PLUS 	FLEX 	ASPIRE 	RISE 	FOUNDATION 
Subject to Annual Flexi Benefit limits: M R 2 626 M+ R 3 331	Subject to Annual Flexi Benefit limits: M R2 626 M+ R3 331	No Benefit.	No Benefit.	Limited to Network Provider Benefits.
Limited to Flexi-Benefit.	Limited to Flexi-Benefit.	No Benefit.	No Benefit.	No Benefit.
		Limited to PMB's.	No Benefit. Subject to PMB's	Limited to PMB's and subject to Network Provider Formulary list.
		No Benefit. Subject to PMB's	No Benefit. Subject to PMB's	No Benefit. Subject to PMB's
		No Benefit. Subject to PMB's	No Benefit. Subject to PMB's	No Benefit. Subject to PMB's
		No Benefit. Subject to PMB's	No Benefit. Subject to PMB's	No Benefit. Subject to PMB's
Limited to: M R2 603 M+ R3 363	Limited to: M R2 603 M+ R3 363	No Benefit. Subject to PMB's	No Benefit. Subject to PMB's	Limited to Network Providers. Scheme Protocols and formularies apply. For non-dispensing Providers, script limit of R109 per event per beneficiary.
With a sub-limit on Schedule 0-2 drugs of: M R655 M+ R1 006	With a sub-limit on Schedule 0-2 drugs of: M R655 M+ R1 006			

Option	CONTRIBUTIONS			ANNUAL SAVINGS		
	Principal Member	Adult Dependent	Child Dependent	Principal Member	Adult Dependent	Child Dependent
Cobalt	R8 058	R7 802	R2 873	R17 400	R16 848	R6 204
Ultimate	R6 945	R6 328	R1 721	-	-	-
Optimum	R5 046	R4 207	R1 727	R9 072	R7 572	R3 108
Advance	R3 496	R3 254	R1 223	R3 348	R3 120	R1 164
Flex Plus	R3 367	R2 975	R1 034	-	-	-
Flex	R2 958	R2 657	R920	-	-	-
Aspire	R2 055	R1 693	R747	-	-	-
Rise	R1 589	R1509	R548	-	-	-

Option	CONTRIBUTIONS			ANNUAL SAVINGS			SELF-PAYMENT GAP			ABOVE THRESHOLD BENEFIT		
	Principal Member	Adult Dependent	Child Dependent	Principal Member	Adult Dependent	Child Dependent	Principal Member	Adult Dependent	Child Dependent	Principal Member	Adult Dependent	Child Dependent
Millennium*	R5 941	R5 086	R1 384	R10 692	R9 144	R2 484	R6 142	R4 867	R1 221	R6 417	R5 473	R897

Income Category	CONTRIBUTIONS		
	Principal Member	Adult Dependent	Child Dependent
Foundation R0 – R2 630	R1 081	R1 081	R468
Foundation R2 631 – R8 550	R1 553	R1 553	R535
Foundation R8 551 – R15 000	R2 146	R2 146	R823
Foundation R15 001 – R18 000	R2 474	R2 474	R853
Foundation R18 001+	R3 157	R3 157	R1083






BENEFIT BOOSTER LIMITS	COBALT	OPTIMUM	ADVANCE
M	R9 765	R9 765	Member: R 5 220
M+1	R11 865	R11 865	Adult: R 3 654
M+2	R13 440	R13 440	Child: R 1 044
M+3	R16 380	R16 380	
M+4+	R18 375	R18 375	

INTERNAL PROSTHESIS LIMITS

Prosthesis	Cobalt	Ultimate	Millennium	Optimum	Advance PMB ONLY for Joint and Spinal 25 % Co-payment Non PMB	Flex Plus	Flex	Aspire PMB ONLY for Joint and Spinal	Rise PMB Only	Foundation PMB Only
Overall Option Limit	R100 000 per Event	R65 966	R65 966	R126 000	R25 000	R59 364	R59 364	R39 569 *	R39 569 *	R39 569 *
Knee	R50 000	R50 082	R50 082	R42 000	Overall Option Limit	R20 000	R15 000	R31 294 *	R31 294 *	R31 294 *
Hip		R45 440	R45 440					R31 294 *	R31 294 *	R31 294 *
Shoulder		R58 068	R58 068					R39 569 *	R39 569 *	R39 569 *
Elbow								R39 569 *	R39 569 *	R39 569 *
Ankle								R39 569 *	R39 569 *	R39 569 *
External Fixator	Overall Option Limit	R65 966	R65 966	Overall Option Limit	Overall Option Limit	R59 364	R59 364	R39 569 *	R39 569 *	R39 569 *
Spinal Fusion										
Cervical 1 level	R50 000	R23 362	R23 362	R42 000	Overall Option Limit	R20 000	R15 000	R22 077 *	R22 077 *	R22 077 *
Cervical 2 levels		R36 224	R36 224					R33 930 *	R33 930 *	R33 930 *
Cervical 3 levels		R50 070	R50 070					R39 569 *	R39 569 *	R39 569 *
Cervical 4 + Levels		R65 966	R65 966					R39 569 *	R39 569 *	R39 569 *
Lumbar/ Dorsal 1 level		R29 233	R29 233					R24 891 *	R24 891 *	R24 891 *
Lumbar/ Dorsal 2 levels		R44 797	R44 797					R39 569 *	R39 569 *	R39 569 *
Lumbar/ Dorsal 3 levels		R52 895	R52 895					R39 569 *	R39 569 *	R39 569 *
Lumbar/ Dorsal 4 + Levels		R65 966	R65 966					R37 332 *	R37 332 *	R37 332 *
Coronary stents										
1 stent	Overall Option Limit	R24 891	R24 891	Overall Option Limit	Overall Option Limit	R24 891	R24 891	R24 891	R24 891 *	R24 891 *
2 stents		R40 954	R40 954			R40 954	R40 954	R39 569	R39 569 *	R39 569 *
Total		R65 966	R65 966			R59 364	R59 364	R39 569	R39 569 *	R39 569 *
Hernia Mesh	R8 219	R8 219	R8 219	R8 589	R8 589	R8 219	R8 219	R8 219	R8 219 *	R8 219 *
Intraocular lens (Left)	R3 825	R3 825	R3 825	R3 997	R3 451	R3 302	R3 302	R2 470	R2 470 *	R2 470 *
Intraocular lens (Right)	R3 825	R3 825	R3 825	R3 997	R3 451	R3 302	R3 302	R2 470	R2 470 *	R2 470 *

* Subject to PMB

CO-PAYMENTS ON PROCEDURES	COBALT	ULTIMATE	MILLENNIUM	OPTIMUM	ADVANCE
Arthroscopy	R4 000	R4 000	R4 000	R4 000	R4 000
Circumcision, Vasectomy	R3 135	R3 135	R3 135	R3 135	R3 135
Colonoscopy	R3 135	R3 135	R3 135	R3135	R3 135
Conservative Back / Spine Treatment	R6 270	R6 270	R6 270	R6 270	R6 270
Cystoscopy	R2 090	R2 090	R2 090	R2 090	R2 090
Dental Admissions	R3 135	R3 135	R3 135	R3 135	R3 135
Excision nail bed	R2 090	R2 090	R2 090	R2 090	R2 090
Endometrial ablation	R4 180	R4 180	R4 180	R4 180	R4 180
Gastroscopy	R5 225	R5 225	R5 225	R5 225	R5 225
Hernia Repair	R5 225	R5 225	R5 225	R5 225	R5 225
Hysterectomy	R6 270	R6 270	R6 270	R6 270	R8 360
Hysteroscopy	R6 270	R6 270	R6 270	R6 270	R8 360
Joint Replacements	R12 450	R12 450	R12 450	R12 450	25%
Laparoscopic Procedures	R4 180	R4 180	R4 180	R4 180	R4 180
Myringotomy	R0	R0	R2 612	R2 612	R2 612
Nasal Surgery (including endoscopy)	R0	R0	R6 270	R6 270	R6 270
Reflux Surgery	R0	R0	R12 450	R12 450	R12 450
Rotator Cuff Surgery	R5 000	R5 000	R5 000	R10 450	R10 450
Skin Lesions	R2 090	R2 090	R2 090	R2 090	R2 090
Specialised Radiology (MRI, CT,PET Scan) per scan	R2 090	R2 090	R2 090	R2 090	R2 090
Spinal Surgery	R10 000	R10 000	R12 000	R12 000	25%
Tonsillectomy and Adenoidectomy	R0	R0	R0	R0	R0
Tympanoplasty	R0	R0	R0	R0	R2 090
Urinary Incontinence Repair	R4 180	R4 180	R4 180	R4 180	R4 180
Varicose Veins	R4 180	R4 180	R4 180	R4 180	R6 270

FLEX PLUS 		FLEX 		ASPIRE 		RISE 		FOUNDATION 	
R4 000	R4 000	R4 000	R4 000	R4 000	R4 000	R4 000	R4 000	R4 000	R4 000
R3 135	R3 135	R3 135	R3 135	R3 135	R3 135	R3 135	R3 135	R3 135	R3 135
R3 135	R3 135	R3 135	R3 135	R3 135	R3 135	R3 135	R3 135	R3 135	R3 135
R6 270	R6 270	R6 270	No Benefit	No Benefit	No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
R2 090	R2 090	R2 090	R2 090	R2 090	R2 090	R2 090	R2 090	R2 090	R2 090
R3 135	R3 135	R3 135	R3 135	R3 135	R3 135	R3 135	R3 135	R3 135	R3 135
R2 090	R2 090	R2 090	R2 090	R2 090	R2 090	R2 090	R2 090	R2 090	R2 090
R4 180	R4 180	R4 180	R4 180	R4 180	R4 180	R4 180	R4 180	R4 180	R4 180
R5 225	R5 225	R5 225	R5 225	R5 225	R5 225	R5 225	R5 225	R5 225	R5 225
R5 225	R5 225	R5 225	R5 225	R5 225	R5 225	R5 225	R5 225	R5 225	R5 225
R8 360	R8 360	R8 360	R8 360	R8 360	R8 360	R8 360	R8 360	R8 360	R8 360
R8 360	R8 360	R8 360	R8 360	R8 360	R8 360	R8 360	R8 360	R8 360	R8 360
25%	25%	25%	No Benefit	No Benefit	No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
R4 180	R4 180	R4 180	R4 180	R4 180	R4 180	R4 180	R4 180	R4 180	R4 180
R2 612	R2 612	R2 612	R2 612	R2 612	R2 612	R2 612	R2 612	R2 612	R2 612
R6 270	R6 270	R6 270	R6 270	R6 270	R6 270	R6 270	R6 270	R6 270	R6 270
R12 450	R12 450	R12 450	R12 450	R12 450	R12 450	R12 450	R12 450	R12 450	R12 450
R10 450	R10 450	R10 450	R10 450	R10 450	R10 450	R10 450	R10 450	R10 450	R10 450
R2 090	R2 090	R2 090	R2 090	R2 090	R2 090	R2 090	R2 090	R2 090	R2 090
R2 090	R2 090	R2 090	R2 090	R2 090	R2 090	R2 090	R2 090	R2 090	R2 090
25%	25%	25%	No Benefit	No Benefit	No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
R2 500	R2 500	R2 500	R2 500	R2 500	R2 500	R2 500	R2 500	R2 500	R2 500
R2 090	R2 090	R2 090	R2 090	R2 090	R2 090	R2 090	R2 090	R2 090	R2 090
R4 180	R4 180	R4 180	R4 180	R4 180	R4 180	R4 180	R4 180	R4 180	R4 180
R6 270	R6 270	R6 270	R6 270	R6 270	R6 270	R6 270	R6 270	R6 270	R6 270

Note:

- Subject to Scheme Rules, Policies, and Protocols.
- These co-payments are per incident or event.
- Please note that the highlighted procedures are subject to PMB only.
- Procedure specific co-payments still apply even for PMB's if alternative to endoscopic or laparoscopic surgery is available.

CDL LIST AVAILABLE ON ALL HEALTH SQUARED OPTIONS 2020	AVAILABLE ON MILLENNIUM AND ULTIMATE OPTIONS	AVAILABLE ON COBALT OPTIONS (SUBJECT TO MSA)	AVAILABLE ON OPTIMUM OPTIONS (SUBJECT TO MSA)	AVAILABLE ON FLEX AND FLEX PLUS OPTIONS
CDL CONDITIONS	Additional Chronic Conditions	Additional Chronic Conditions	Additional Chronic Conditions	Additional Chronic Conditions
• ADDISON'S DISEASE	• ADHD	• ADHD	• CYSTIC FIBROSIS	• ALLERGIC RHINITIS
• ASTHMA	• ALZHEIMER'S DISEASE	• ALZHEIMER'S DISEASE	• ENDOMETRIOSIS	• ADHD WITH R100 LIMIT
• BIPOLAR MOOD DISORDER	• ANKYLOSING SPONDYLITIS	• ANKYLOSING SPONDYLITIS	• GORD/GERD	• GORD
• BRONCHIECTASIS	• CYSTIC FIBROSIS	• CYSTIC FIBROSIS	• OSTEOPOROSIS	• ECZEMA
• CARDIAC DYSRHYTHMIAS	• ENDOMETRIOSIS	• ENDOMETRIOSIS	• OSTEOARTHRITIS	• DEPRESSION
• CARDIAC FAILURE	• GORD/GERD	• GORD/GERD	• PSORIASIS	
• CARDIOMYOPATHY	• GOUT	• GOUT		
• COPD	• OBSESSIVE COMPULSIVE DISORDER	• OBSESSIVE COMPULSIVE DISORDER		
• CROHN'S DISEASE	• OSTEOPOROSIS	• OSTEOPOROSIS		
• CHRONIC RENAL FAILURE	• OSTEOARTHRITIS	• OSTEOARTHRITIS		
• CORONARY ARTERY DISEASE	• PAGET'S DISEASE	• PAGET'S DISEASE		
• DIABETES INSIPIDUS	• PSORIASIS	• PSORIASIS		
• DIABETES MELLITUS TYPE 1	• WILSON'S DISEASE	• WILSON'S DISEASE		
• DIABETES MELLITUS TYPE 2	• ALLERGIC RHINITIS			
• EPILEPSY	• ANGINA PECTORIS			
• GLAUCOMA	• CEREBROVASCULAR ACCIDENT (STROKE)			
• HAEMOPHILIA	• CUSHING'S SYNDROME			
• HIV	• DELUSIONAL DISORDER			
• HYPERLIPIDAEMIA	• ECZEMA			
• HYPERTENSION	• HYPERTHYROIDISM			
• HYPOTHYROIDISM	• IDIOPATHIC THROMBOCYTOPENIC PURPURA			
• MULTIPLE SCLEROSIS	• INTERSTITIAL FIBROSIS OF THE LUNG			
• PARKINSON'S DISEASE	• MAJOR DEPRESSION			
• RHEUMATOID ARTHRITIS	• MENIERE'S SYNDROME			
• SCHIZOPHRENIA	• MOTOR NEURON DISEASE			
• SLE	• MYASTENIA GRAVIS			
• ULCERATIVE COLITIS	• PERIPHERAL VASCULAR DISEASE			
	• PITUITARY ADENOMA			
DTP PMB Chronic Conditions	• SCLERODERMA			
• BENIGN PROSTATIC HYPERTROPHY	• URINARY INCONTINENCE			
• HORMONE REPLACEMENT THERAPY				

DEFINITIONS

AIDS - Acquired Immune Deficiency Syndrome or acquired immunodeficiency syndrome

ATB - Above Threshold Benefit

BHF - Board of Healthcare Funders

BPH - Benign Prostatic Hypertrophy

CAT / CT - Computerised Axial Tomography

CDL (Chronic Diseases List) - Diagnoses, medical management and medication, to the extent that this is provided for by way of a therapeutic algorithm for specified conditions, published by the Minister by notice in the Gazette.

Contracted Rate - the fee or rate at which providers contracted to the Scheme are funded.

DSP - Designated Service Provider

Exclusions - The Scheme's general and option-specific list of condition and procedure exclusions.

GP - General Practitioner

GRP - Generic Reference Pricing - The price contained on the list for equivalent or generic medicines where an equivalent or generic medicine for the prescribed medicine exists.

HIV - Human Immunodeficiency Virus

HRT - Hormone Replacement Therapy - for female menopause

ICON - Independent Clinical Oncology Network

MRI - Magnetic Resonance Imaging

MSA - Medical Savings Account

Network Provider - a healthcare provider or group of providers selected by the Scheme as preferred provider/s to provide to the members diagnoses, treatment and care in respect of one or more Prescribed Minimum Benefit conditions.

PMB - Prescribed Minimum Benefit. A list of 271 conditions that all medical schemes have to cover in terms of Medical Schemes Act. To view this list, visit the CMS website at www.medicalschemes.com

Pro-rated Benefits - Benefit entitlement calculated according to the duration of membership during a benefit year.

PSA - Prostate Specific Antigen

Regulation 8(3) - Regulation 8(3) in terms of the Medical Schemes Act, No. 131 of 1998

Scheme Protocols - documentation that determines the Scheme's funding

Scheme Rate - the reference base rate the Scheme allocates for a specific tariff or relevant health service. This amount is calculated based on historic fee structures in the Scheme and is adjusted annually, bound by CPI.

SEP - Single Exit Price

SPG - Self Payment Gap

TTO - To Take Out - medicine received on discharge from hospital

CONTACT DETAILS

HEAD OFFICE

Boskruin Office Park
President Fouche Ave
Boskruin

P O Box 1075
Fontainbleau
2032

Client Services

0861 796 6400
info@healthquared.co.za

