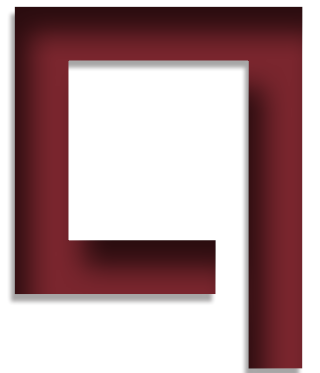


HEALTH SQUARED

COVERED FROM EVERY ANGLE

2022 COMPARISON GUIDE



OFFERING NINE EXCITING, COMPREHENSIVE HEALTHCARE OPTIONS



Providing some
of the most
benefit-rich
and affordable
options available



Delivering
exceptional
value-for-money



Featuring unique
combination of
new-generation
(savings) and
traditional cover



Boasting more than
80 years' healthcare
experience - we have
the expertise you
can rely on Robust,
sustainable financial
position

OUT-OF-HOSPITAL SERVICES

Day-to-Day Benefits Scheme Protocols apply	Day-to-day benefits are covered from stated benefit limits.	Day-to-day benefits are covered from stated benefit limits.	Day-to-day benefits are covered from available funds in the dedicated Medical Savings Account (MSA).
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GENERAL PRACTITIONERS (GP) BENEFIT

Non-contracted GP's Providers covered at 100% of Scheme Rate	PCN Network cover only (see below)	2x consultations are covered at non-contracted GP's per family, per annum, with a co-payment of R150 per consultation. OR:	Consultations are covered from the following stated benefits: M: 4 consultations M+1: 7 consultations M+2+: 9 consultations OR:
Primary Care Network (PCN) Consultation Benefit If the PCN benefit is selected, members can choose to use consultations for GP, physiotherapy or psychology visits.	If the PCN benefit is selected, the consultation benefit can be used for 3x GP, physiotherapy or psychology visits, with a co-payment of R75 per consultation.	If the PCN benefit is selected, the consultation benefit can be used for 3x GP, physiotherapy or psychology visits, with a co-payment of R75 per consultation.	If the PCN benefit is selected, the consultation benefit can be used for GP, physiotherapy or psychology visits: M: 6 consultations M+1: 10 consultations M+2+: 13 consultations
CDL PMB GP Consultations	Tailored condition-specific Disease Management Programmes can be registered for treatment of CDL PMB conditions. Registration for condition-specific programmes is required to activate additional consultations and benefits.		

SPECIALIST BENEFIT

Consultations Cover provided at 100% of Scheme Rate	Tailored condition-specific Disease Management Programmes can be registered for treatment of CDL PMB conditions. Registration for condition-specific programmes is required to activate Specialist consultations and benefits.	Tailored condition-specific Disease Management Programmes can be registered for treatment of CDL PMB conditions. Registration for condition-specific programmes is required to activate Specialist consultations and benefits.	Specialist consultations are covered from the MSA.
Room Procedures Pre-authorisation required Scheme protocols apply	Authorised in-room procedures are covered in full. Providers are reimbursed at 100% of Scheme Rate. Scheme protocols apply.	Authorised in-room procedures are covered in full. Providers are reimbursed at 100% of Scheme Rate. Scheme protocols apply.	Authorised in-room procedures are covered in full. Providers are reimbursed at 100% of Scheme Rate. Scheme protocols apply.
CDL PMB Specialist Consultations	Tailored condition-specific Disease Management Programmes can be registered for treatment of CDL PMB conditions. Registration for condition-specific programmes is required to activate additional consultations and benefits.		

* Foundation Specialist visits PMB only, Pre Authorisation required

PROSPER

Day-to-day benefits are covered from available funds in the dedicated Medical Savings Account (MSA).	Day-to-day benefits are covered from available funds in the dedicated Medical Savings Account (MSA).	Day-to-day benefits are covered from available funds in the dedicated Medical Savings Account (MSA) and Above Threshold Benefits (ATB).	Day-to-day benefits are covered to the value of: Member: R17 099 Adult Dependent: R12 823 Child Dependent: R1 788	Day-to-day benefits are covered from available funds in the dedicated Medical Savings Account (MSA).
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Consultations are covered from the following stated benefits: M: 4 consultations M+1: 7 consultations M+2+: 9 consultations	Consultations are covered from the MSA.	Consultations are covered from the MSA and ATB.	GP consultations are unlimited, subject to day-to-day benefit availability.	GP consultations are covered from the MSA.
If the PCN benefit is selected, the consultation benefit can be used for GP, physiotherapy or psychology visits: M: 6 consultations M+1: 10 consultations M+2+: 13 consultations	Consultations are covered from the MSA.	Consultations are covered from the MSA and ATB.	GP consultations are unlimited, subject to day-to-day benefit availability.	GP consultations are covered from the MSA.
Tailored condition-specific Disease Management Programmes can be registered for treatment of CDL PMB conditions. Registration for condition-specific programmes is required to activate additional consultations and benefits.				

Specialist consultations are covered from the MSA.	Specialist consultations are covered from the MSA. Contracted specialists are covered at Contracted Rates of Scheme Rate and non-contracted specialists at 100% of Scheme Rate.	Specialist consultations are covered from the MSA & ATB.	Specialist consultations are covered from the following stated benefits: M: 4 consultations M+1: 5 consultations M+2+: 6 consultations	Specialist consultations are covered from the MSA.
Authorised in-room procedures are covered in full. Providers are reimbursed at 100% of Scheme Rate. Scheme protocols apply.	Authorised in-room procedures are covered in full. Providers are reimbursed at 100% of Scheme Rate. Scheme protocols apply.	Authorised in-room procedures are covered in full. Contracted providers are reimbursed at Contracted Rates of Scheme Rate and non-contracted providers are reimbursed at 100% of Scheme Rate. Scheme protocols apply.	Authorised in-room procedures are covered in full. Contracted providers are reimbursed at Contracted Rates of Scheme Rate and non-contracted providers are reimbursed at 100% of Scheme Rate. Scheme protocols apply.	Authorised in-room procedures are covered in full. Providers are reimbursed at 100% of Scheme Rate. Scheme protocols apply.
Tailored condition-specific Disease Management Programmes can be registered for treatment of CDL PMB conditions. Registration for condition-specific programmes is required to activate additional consultations and benefits.				

OUT-OF-HOSPITAL SERVICES

DENTISTRY			
Conservative Dentistry Covered in line with Scheme Protocols	Cover is subject to PMB protocol.	Cover is subject to PMB protocol.	Conservative dentistry benefits are covered from the MSA.
Consultations Covered at 100% of Scheme Rate	Cover is subject to PMB protocol.	Cover is subject to PMB protocol.	2x Annual check-ups per beneficiary & 2x Emergency consultations are covered per beneficiary per annum.
X-Rays Covered at 100% of Scheme Rate	Cover is subject to PMB protocol.	Cover is subject to PMB protocol.	8x Intra-Oral & 1x Extra-Oral x-rays are covered per beneficiary per annum.
Fillings Covered at 100% of Scheme Rate Scheme protocols are applicable	Cover is subject to PMB protocol.	Cover is subject to PMB protocol.	Benefits are covered from the MSA.
Oral Hygiene Covered at 100% of Scheme Rate Scheme protocols are applicable	Cover is subject to PMB protocol.	Cover is subject to PMB protocol.	2x annual scale and polish treatments are covered per beneficiary.*
Preventative Care	Cover is subject to PMB protocol.	Cover is subject to PMB protocol.	Cover includes fissure sealants for members that are 16 years and younger. Benefits include 1x fissure sealant per molar tooth in a 3-year cycle.
Extractions	Cover is subject to PMB protocol.	Cover is subject to PMB protocol.	Benefits are covered from the MSA.
Root Canal therapy	Cover is subject to PMB protocol.	Cover is subject to PMB protocol.	Benefits are covered from the MSA.

*Benefit for fillings on Ultimate & Millennium: A treatment plan and x-rays will be requested for treatment plans of more than 5 fillings.
*There are no benefits for Amalgam (silver) fillings to be replaced with composite fillings (white filling material). Covered at 100% of Scheme Rate.
*Benefits for fillings are available where such fillings are clinically indicated and will be granted once per tooth in a 1 year benefit cycle.
*Oral hygiene instructions & adult fluoride not included.

Advanced Dentistry Pre-authorisation required Covered at 100% of Scheme Rate Scheme protocols are applicable	Cover is subject to PMB protocol.	Cover is subject to PMB protocol.	Advanced dentistry is covered from the MSA.
Plastic Dentures	Cover is subject to PMB protocol.	Cover is subject to PMB protocol.	Benefits are covered from the MSA.
Crowns	Cover is subject to PMB protocol.	Cover is subject to PMB protocol.	Benefits are covered from the MSA.
Bridges	Cover is subject to PMB protocol.	Cover is subject to PMB protocol.	Benefits are covered from the MSA.

ASPIRE PRIME

ASPIRE

FLEX

PROSPER

OPTIMUM

MILLENNIUM

ULTIMATE

COBALT

Conservative dentistry is covered from the MSA based on annual benefits of: M: R3 517 M+: R5 653	Conservative dentistry benefits are covered from the MSA.	Conservative dentistry is covered from the MSA and ATB based on annual benefits of: M: R7 374 M+1: R10 174 M+2+: R12 093	Conservative dentistry is covered from stated benefits, as outlined below:	Conservative dentistry benefits are covered from the MSA.
2x Annual check-ups per beneficiary & 2x Emergency consultations are covered per beneficiary per annum.	Benefits are covered from the MSA.	2x Annual check-ups per beneficiary & 2x Emergency consultations are covered per beneficiary per annum.	2x Annual check-ups per beneficiary & 2x Emergency consultations are covered per beneficiary per annum.	Benefits are covered from the MSA
8x Intra-Oral & 1x Extra-Oral x-rays are covered per beneficiary per annum.	Benefits are covered from the MSA.	8x Intra-Oral & 1x Extra-Oral x-rays are covered per beneficiary per annum.	8x Intra-Oral & 1x Extra-Oral x-rays are covered per beneficiary per annum.	Benefits are covered from the MSA.
Benefits are covered from the MSA.	Benefits are covered from the MSA.	4x fillings are covered per beneficiary per annum, where clinically indicated.	4x fillings are covered per beneficiary per annum, where clinically indicated.	Benefits are covered from the MSA.
2x annual scale and polish treatments are covered per beneficiary.*	Benefits are covered from the MSA.	2x annual scale and polish treatments are covered per beneficiary.*	2x annual scale and polish treatments are covered per beneficiary.*	Benefits are covered from the MSA.
Cover includes fissure sealants for members that are 16 years and younger. Benefits include 1x fissure sealant per molar tooth in a 3-year cycle.	Fissure sealants covered from the MSA.	Cover includes fissure sealants for members that are 16 years and younger. Benefits include 1x fissure sealant per molar tooth in a 3-year cycle.	Cover includes fissure sealants for members that are 16 years and younger. Benefits include 1x fissure sealant per molar tooth in a 3-year cycle.	Benefits are covered from the MSA.
Benefits are covered from the MSA.	Benefits are covered from the MSA.	Covered at 100% of Scheme Rate.	Covered at 100% of Scheme Rate.	Benefits are covered from the MSA.
Benefits are covered from the MSA.	Benefits are covered from the MSA.	Covered at 100% of Scheme Rate.	Covered at 100% of Scheme Rate.	Benefits are covered from the MSA.

Advanced dentistry is covered from the MSA.	Advanced dentistry is covered from the BenefitBooster™, to the value of: M: R5 986 M+1: R7 528 M+2: R8 954 M+3: R10 550 M+4+: R12 089	Advanced dentistry is covered from the MSA & ATB to the value of: M: R6 958 M+1: R9 599 M+2+: R11 410	Advanced dentistry is covered to the annual value of R15 756 per family.	Advanced dentistry is covered from the BenefitBooster™, to the value of: M: R10 606 M+1: R12 888 M+2: R14 602 M+3: R17 792 M+4: R19 958
Benefits are covered from the MSA.	Benefit covered from BenefitBooster™.	1x set of partial or full plastic upper and lower dentures are covered per beneficiary, once in a 4 year cycle.	1x set of partial or full plastic upper and lower dentures are covered per beneficiary, once in a 4 year cycle.	Benefit covered from BenefitBooster™.
Benefits are covered from the MSA.	Benefit covered from BenefitBooster™.	Benefits are covered from the MSA & ATB	Benefit covered from Advanced Dentistry benefit	Benefit covered from BenefitBooster™.
Benefits are covered from the MSA.	Benefit covered from BenefitBooster™.	Benefits are covered from the MSA & ATB	Benefit covered from Advanced Dentistry benefit	Benefit covered from BenefitBooster™.

OUT-OF-HOSPITAL SERVICES

Implants	Cover is subject to PMB protocol.	Cover is subject to PMB protocol.	Benefits are covered from the MSA.
Partial Metal dentures	Cover is subject to PMB protocol.	Cover is subject to PMB protocol.	Benefits are covered from the MSA.
Periodontics	Cover is subject to PMB protocol.	Cover is subject to PMB protocol.	Benefits are covered from the MSA.
Orthodontics (fixed braces)	Cover is subject to PMB protocol.	Cover is subject to PMB protocol.	Benefits are covered from the MSA.
Dental Hospitalisation Scheme Protocols & procedural co-payments apply	Treatment to the value of R5 161 includes cover for hospitalisation & anaesthetist costs, not including dental surgeons.	Treatment to the value of R5 161 includes cover for hospitalisation & anaesthetist costs, not including dental surgeons.	Impacted wisdom teeth and extensive dental treatment through multiple procedures are covered for dependants under the age of 5 years.
Dental Anaesthetics in rooms Cover includes laughing gas and IV sedation Benefits covered at 100% of Scheme Rate Clinical protocols apply	Cover is subject to PMB protocol.	Cover is subject to PMB protocol.	Benefit covered from the MSA.

OPTOMETRY			
Consultations & Examinations Benefit cycle of 24 months applies	Cover is subject to PMB protocol.	Cover is subject to PMB protocol.	Optometry benefits are covered from the MSA to the value of R2 838 per beneficiary. Frames are covered to the value of R1 328 per event.
Spectacles: Single Vision Lenses			
Spectacles: Bifocal Lenses			
Spectacles: Multifocal Lenses			
Contact Lenses			

Additional Out-of-Hospital Benefits

- 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 and 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.

PROSPER

Benefits are covered from the MSA.	Benefit of R4 391 per Implant. Benefit covered from BenefitBooster™.	Benefits are covered from the MSA & ATB.	Benefit covered from Advanced Dentistry benefit	Benefit of R4 391 per Implant. Benefit covered from BenefitBooster™.
Benefits are covered from the MSA.	Benefit covered from BenefitBooster™	1x per jaw per beneficiary every 5 years. Benefits are covered from the MSA & ATB.	Benefit covered from Advanced Dentistry benefit.	Benefit covered from BenefitBooster™.
Benefits are covered from the MSA.	Benefit covered from BenefitBooster™	Benefits are covered from the MSA & ATB.	Benefit covered from Advanced Dentistry benefit.	Benefit covered from BenefitBooster™
Benefits are covered from the MSA.	Benefits are covered from the MSA. Cover is provided 1x 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. Orthognathic surgery is not covered.	Benefits are covered from the MSA. Cover is provided 1x 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. Orthognathic surgery is not covered.	Benefits on pre-authorisation will be applied to cases assessed as treatment mandatory, as per orthodontic indices. Cover available to individuals younger than 38 years of age. Orthognathic surgery is not covered.	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. Orthognathic surgery is not covered.
Impacted wisdom teeth and extensive dental treatment through multiple procedures are covered for dependants under the age of 5 years.	Impacted wisdom teeth and extensive dental treatment through multiple procedures are covered for dependants under the age of 5 years.	Impacted wisdom teeth and extensive dental treatment through multiple procedures are covered for dependants under the age of 5 years.	Impacted wisdom teeth and extensive dental treatment through multiple procedures are covered for dependants under the age of 5 years.	Impacted wisdom teeth and extensive dental treatment through multiple procedures are covered for dependants under the age of 5 years.
Benefit covered from the MSA.	Covered from Conservative Dentistry Benefits.	Benefit covered from the MSA.	Covered from Conservative Dentistry Benefits.	Benefit covered from the MSA.

An Optometry consultation & examination is covered once per beneficiary, per benefit cycle.	Optometry benefits are covered from the MSA to the value of R2 838 per beneficiary. Frames are covered to the value of R1 328 per event.	Optometry benefits are covered from the MSA, ATB and a sub-limit of R3 374 per beneficiary.	An Optometry consultation & examination is covered once per beneficiary, per benefit cycle.	Optometry consultations are covered from the MSA.
1 pair of single vision spectacles inclusive of a frame and consultation per beneficiary covered to the value of R1 437 Or			1 pair of single vision spectacles inclusive of a frame and consultation per beneficiary covered to the value of R2 830 Or	Single vision lenses are covered from the MSA.
1 pair of flat top bifocal spectacles inclusive of a frame and consultation per beneficiary covered to the value of R2 190 Or			1 pair of flat top bifocal spectacles inclusive of a frame and consultation per beneficiary covered to the value of R3 381 Or	Bifocal lenses are covered from the MSA.
1 pair of multifocal spectacles inclusive of a frame and consultation per beneficiary covered to the value of R2 664 Or			1 pair of multifocal spectacles inclusive of a frame and consultation per beneficiary covered to the value of R4 238 Or	Multifocal lenses are covered from the MSA.
Contact lenses are covered to the value of R1 437 per beneficiary.			Contact lenses are covered to the value of R3 440 per beneficiary.	Contact lenses are covered from the MSA.

OUT-OF-HOSPITAL BENEFITS

ADDITIONAL DAY-TO-DAY COVER

Annual Benefits Covered at 100% of Scheme Rate Scheme protocols and formularies apply	Where PMB-related treatment is required, additional benefits are covered on registration of a personalised treatment plan.	Where PMB-related treatment is required, additional benefits are covered on registration of a personalised treatment plan.	Additional Out of Hospital Benefits are covered from the MSA.
Alternative Healthcare Services <ul style="list-style-type: none">• Biokineticists• Chiropodists• Chiropractors• Dieticians• Homeopaths• Naturopaths• Occupational Therapists• Osteopaths• Podiatrists• Social Workers• Acupuncture	Where PMB-related treatment is required, additional benefits are covered on registration of a personalised treatment plan.	Where PMB-related treatment is required, additional benefits are covered on registration of a personalised treatment plan.	Alternative Healthcare Services are covered from the MSA.
Radiology and Pathology (excluding Specialised Radiology)	Where PMB-related treatment is required, additional benefits are covered on registration of a personalised treatment plan.	Where PMB-related treatment is required, additional benefits are covered on registration of a personalised treatment plan.	Radiology & Pathology services are covered from the MSA.
Physiotherapy	Where PMB-related treatment is required, additional benefits are covered on registration of a personalised treatment plan.	Where PMB-related treatment is required, additional benefits are covered on registration of a personalised treatment plan.	<p>If the PCN benefit is selected, the consultation benefit can be used for GP, physiotherapy or psychology visits: M: 6 consultations M+1: 10 consultations M+2+: 13 consultations</p> <p>If the PCN benefit has not been selected, physiotherapy is covered from the MSA.</p>
Psychology and Psychiatric Treatment	Where PMB-related treatment is required, additional benefits are covered on registration of a personalised treatment plan.	Where PMB-related treatment is required, additional benefits are covered on registration of a personalised treatment plan.	<p>If the PCN benefit is selected, the consultation benefit can be used for GP, physiotherapy or psychology visits: M: 6 consultations M+1: 10 consultations M+2+: 13 consultations</p> <p>If the PCN benefit has not been selected, physiotherapy is covered from the MSA.</p>
Speech Therapy and Audiology	Where PMB-related treatment is required, additional benefits are covered on registration of a personalised treatment plan.	Where PMB-related treatment is required, additional benefits are covered on registration of a personalised treatment plan.	Speech Therapy and Audiology are covered from the MSA.

ASPIRE PRIME

ASPIRE

FLEX

PROSPER

OPTIMUM

MILLENNIUM

ULTIMATE

COBALT

Additional Out of Hospital Benefits are covered from the MSA.	Additional Out of Hospital Benefits are covered from the MSA.	Additional Out of Hospital Benefits are covered from the MSA.	Additional Out of Hospital Benefits are covered to the value of: M: R8 932 M+1: R15 721 M+2+: R17 075	Additional Out of Hospital Benefits are covered from the MSA.
Alternative Healthcare Services are covered from the MSA.	Alternative Healthcare Services are covered from the MSA.	Alternative Healthcare Services are covered from the MSA & ATB.	Alternative Healthcare Services are covered to the value of: M: R3 906 M+1: R5 790 M+2+: R7 659	Alternative Healthcare Services are covered from the MSA.
Radiology & Pathology services are covered from the MSA.	Radiology & Pathology services are covered from the MSA.	Radiology & Pathology services are covered from the MSA & ATB.	Radiology & Pathology services are covered to the value of: M: R3 830 M+1: R4 700 M+2+: R5 678	Radiology & Pathology services are covered from the MSA.
<p>If the PCN benefit is selected, the consultation benefit can be used for GP, physiotherapy or psychology visits: M: 6 consultations M+1: 10 consultations M+2+: 13 consultations</p> <p>If the PCN benefit has not been selected, physiotherapy is covered from the MSA.</p>	Physiotherapy is covered from the MSA.	Physiotherapy is covered from the MSA & ATB.	Physiotherapy is covered to the value of R1 765 per family per annum.	Physiotherapy is covered from the MSA.
<p>If the PCN benefit is selected, the consultation benefit can be used for GP, physiotherapy or psychology visits: M: 6 consultations M+1: 10 consultations M+2+: 13 consultations</p> <p>If the PCN benefit has not been selected, physiotherapy is covered from the MSA.</p>	Psychology and Psychiatric Treatment is covered from the BenefitBooster™, to the value of R6 273 per annum.	Psychology and Psychiatric Treatment is covered from the MSA & ATB.	Psychology and Psychiatric Treatment is covered to the value of R1 916 per annum.	Psychology and Psychiatric Treatment is covered from the BenefitBooster™, to the value of R7 528 per annum.
Speech Therapy and Audiology are covered from the MSA.	Speech Therapy and Audiology are covered from the MSA.	Speech Therapy and Audiology are covered from the MSA & ATB.	Speech Therapy and Audiology are covered to the value of R1 916 per annum.	Speech Therapy and Audiology are covered from the MSA.

OUT-OF-HOSPITAL BENEFITS

Additional Medication Benefit <ul style="list-style-type: none">Acute medication is covered according plan formulariesReference, GRP pricing & Scheme Protocols may applyContracted Network Pharmacies are preferredWhere PMB-related treatment is required, additional benefits are covered on registration of a personalised treatment plan.
Over the Counter Medication <ul style="list-style-type: none">Schedule 0 - 2Subject to the annual Additional Medication Benefit

ASPIRE PRIME

Where PMB-related treatment is required, additional benefits are covered on registration of a personalised treatment plan.
Where PMB-related treatment is required, additional benefits are covered on registration of a personalised treatment plan.

ASPIRE

Where PMB-related treatment is required, additional benefits are covered on registration of a personalised treatment plan.
Where PMB-related treatment is required, additional benefits are covered on registration of a personalised treatment plan.

FLEX

Acute Medication is covered from the MSA.
Over the Counter medication (OTC Schedule 0-2) is covered to the sub-limits of: M: R678 M+1: R1 025

Additional Out-of-Hospital Benefits
Pro-rated for members who join during the year.

PREVENTATIVE CARE BENEFITS

Preventative Care Benefits <ul style="list-style-type: none">Scheme Rates apply	Preventative Care benefits are covered to the value of R2 999 per family, per annum.	Preventative Care benefits are covered to the value of R2 999 per family, per annum.	Preventative Care benefits are covered to the value of R3 125 per family, per annum.
Screening Benefit <ul style="list-style-type: none">Blood PressureBlood SugarCholesterolBody Mass Index	Where PMB-related treatment is required, additional benefits are covered on registration of a personalised treatment plan.	Where PMB-related treatment is required, additional benefits are covered on registration of a personalised treatment plan.	Benefits & services obtained from pharmacies are covered to the value of R145 per beneficiary over the age of 18 years.
Mammogram (screening)	An annual examination is covered for female beneficiaries over the age of 40 years.	An annual examination is covered for female beneficiaries over the age of 40 years.	An annual examination is covered for female beneficiaries over the age of 40 years.
Pap smears	An annual examination is covered for female beneficiaries.	An annual examination is covered for female beneficiaries.	An annual examination is covered for female beneficiaries.
PSA Testing	An annual test is covered for male beneficiaries over the age of 45 years.	An annual test is covered for male beneficiaries over the age of 45 years.	An annual test is covered for male beneficiaries over the age of 45 years.
HIV Test	An annual test is covered for all beneficiaries. Additional tests will require authorisation from Risk Benefits.		
Vaccinations: Flu	An annual flu vaccination dose is covered for all beneficiaries.	An annual flu vaccination dose is covered for all beneficiaries.	An annual flu vaccination dose is covered for all beneficiaries.
Childhood immunisations	Childhood immunisations (beneficiaries up to 18 months) are covered as recommended by the Department of Health, to the value of R2 211 .	Childhood immunisations (beneficiaries up to 18 months) are covered as recommended by the Department of Health, to the value of R2 211 .	Childhood immunisations (beneficiaries up to 18 months) are covered as recommended by the Department of Health, to the value of R2 304 .

PROSPER

Acute Medication is covered from the MSA.
Over the Counter medication (OTC Schedule 0-2) is covered from the MSA.

OPTIMUM

Acute Medication is covered from the MSA.
Over the Counter medication (OTC Schedule 0-2) is covered from the MSA.

MILLENNIUM

Acute Medication is covered from the MSA & ATB.
Over the Counter medication (OTC Schedule 0-2) is covered from the MSA & ATB.




ULTIMATE

Acute Medication is covered to the value of: M: R9 165 M+1: R16 122 M+2+: R18 385
Over the Counter medication (OTC Schedule 0-2) is covered to the sub-limits of: M: R2 652 M+1: R4 568 M+2+: R4 989

COBALT

Acute Medication is covered from the MSA.
Over the Counter medication (OTC Schedule 0-2) is covered from the MSA.

Preventative Care benefits are covered to the value of R3 125 per family, per annum.	Preventative Care benefits are covered to the value of R3 076 per family, per annum.	Preventative Care benefits are covered to the value of R3 065 per family, per annum.	Preventative Care benefits are covered to the value of R4 588 per family, per annum.	Preventative Care benefits are covered from the BenefitBooster™.
Benefits & services obtained from pharmacies are covered to the value of R145 per beneficiary over the age of 18 years.	Covered from the BenefitBooster™, to the value of R1 711 per family, per annum.	Benefits & services obtained from pharmacies are covered to the value of R145 per beneficiary over the age of 18 years.	Benefits & services obtained from pharmacies are covered to the value of R145 per beneficiary over the age of 18 years.	Covered from the BenefitBooster™, to the value of R2 851 per family, per annum.
An annual examination is covered for female beneficiaries over the age of 40 years.		An annual examination is covered for female beneficiaries over the age of 40 years.	An annual examination is covered for female beneficiaries over the age of 35 years.	
An annual examination is covered for female beneficiaries.		An annual examination is covered for female beneficiaries.	An annual examination is covered for female beneficiaries.	
An annual test is covered for male beneficiaries over the age of 45 years.	Benefits covered from the MSA.	An annual test is covered for male beneficiaries over the age of 45 years.	An annual test is covered for male beneficiaries over the age of 45 years.	Benefits covered from the MSA.
An annual test is covered for all beneficiaries. Additional tests will require authorisation from Risk Benefits.				
Benefits covered from the MSA.	Benefits covered from the MSA.	An annual flu vaccination dose is covered for all beneficiaries.	An annual flu vaccination dose is covered for all beneficiaries.	Benefits covered from the MSA.
		Childhood immunisations (beneficiaries up to 18 months) are covered as recommended by the Department of Health, to the value of R2 304 .	Childhood immunisations (beneficiaries up to 18 months) are covered as recommended by the Department of Health.	

PREVENTATIVE CARE BENEFITS	ASPIRE PRIME 	ASPIRE 	FLEX 
HPV Vaccine (Cervical cancer prevention)	HPV vaccines are not covered.	HPV vaccines are not covered.	HPV vaccines are not covered.
Oral Contraception	Oral contraception for female beneficiaries is covered to the value of R148 per month & R1 776 per annum.	Oral contraception for female beneficiaries is covered to the value of R148 per month & R1 776 per annum.	Oral contraception for female beneficiaries is covered to the value of R154 per month & R1 848 per annum.
Clinic Nurse Consultations Benefit available from contracted providers	Where specific treatment is required, authorisation by referral as part of members' Patient Driven Care (PDC) personalised treatment plan.	Where specific treatment is required, authorisation by referral as part of members' Patient Driven Care (PDC) personalised treatment plan.	Where specific treatment is required, authorisation by referral as part of members' Patient Driven Care (PDC) personalised treatment plan.
• Additional 15 min Consult + Flu vaccine			
• Mother Ante-Natal visit			
• Mother and Well Baby Consult (incl. admin of Immunisation)			
Medi Booster- Subject to Registration and Self Health Assessment at Preferred Provider only	No Benefit	No Benefit	No Benefit






Preventative Care Benefits
Pro-rated for members who join during the year & consultations are not included on this benefit.

RISK BENEFIT

CHRONIC MEDICATION

Chronic Diseases CDL PMB chronic conditions Subject to DTP's Reference & GRP pricing apply	29 PMB CDL chronic conditions are covered. Medication approved on the Scheme's formulary at DSP pharmacies are covered in full. Medicine not obtained from DSP pharmacies may attract co-payments due to Higher than agreed dispensing fees	29 PMB CDL chronic conditions are covered. Medication approved on the Scheme's formulary at DSP pharmacies are covered in full. Medicine not obtained from DSP pharmacies may attract co-payments due to Higher than agreed dispensing fees	29 PMB CDL chronic conditions are covered. Medication approved on the Scheme's formulary are covered in full.
Additional Chronic Conditions Approved Conditions' covered per Formulary	No Benefit.	No Benefit.	Specified additional chronic conditions are covered in full from the Medical Savings Account (MSA).

- Chronic Medication
 - Medication is required to be obtained from Preferred Providers.
 - Medication cover 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.
- Chronic conditions & medication required to be registered by the doctor or pharmacy on 0861 111 778.
 - Reference pricing and GRP may apply.
 - Additional chronic medicine benefits are subject to stated sub-limits and thereafter to PMB CDLs.
 - Benefits are pro-rated for members who join during the year.

PROSPER 	OPTIMUM 	MILLENNIUM 	ULTIMATE 	COBALT 
Benefits covered from the MSA.	Benefits covered from the MSA	1 course (3 doses per registered schedule) per female beneficiary per life between 9 and 25 years of age. Oral contraception for female beneficiaries is covered to the value of R154 per month & R1 848 per annum.	1 course (3 doses per registered schedule) per female beneficiary per life between 9 and 46 years of age. Oral contraception for female beneficiaries is covered to the value of R154 per month & R1 848 per annum.	Benefits covered from the MSA
Where specific treatment is required, authorisation by referral as part of members' Patient Driven Care (PDC) personalised treatment plan.	Covered from the BenefitBooster™: 1x 30-minute consultation is covered per beneficiary, per annum. 2x 15-minute consultations are covered per beneficiary, per annum.	Where specific treatment is required, authorisation by referral as part of members' Patient Driven Care (PDC) personalised treatment plan.	Where specific treatment is required, authorisation by referral as part of members' Patient Driven Care (PDC) personalised treatment plan.	Covered from the BenefitBooster™: 1x 30-minute consultation is covered per beneficiary, per annum. 2x 15-minute consultations are covered per beneficiary, per annum.
	1x 15 minute consultation is covered per beneficiary, per annum.			2x 15 minute consultations are covered per beneficiary, per annum.
	1x consultations is covered per beneficiary, per annum.			2x consultations are covered per beneficiary, per annum.
	1x consultation is covered per beneficiary, per annum.			1x consultation is covered per beneficiary, per annum.
No Benefit	Covered from the BenefitBooster™, to the value of R1 738 per family.	No Benefit	No Benefit	Covered from the BenefitBooster™, to the value of R1 955 per family.

29 PMB CDL chronic conditions are covered. Medication approved on the Scheme's formulary are covered in full.	29 PMB CDL chronic conditions are covered. Medication approved on the Scheme's formulary are covered in full.	29 PMB CDL chronic conditions are covered. Medication approved on the Scheme's formulary are covered in full.	29 PMB CDL chronic conditions are covered. Medication approved on the Scheme's formulary are covered in full.	29 PMB CDL chronic conditions are covered. Medication approved on the Scheme's formulary are covered in full.
Specified additional chronic conditions are covered in full from the Medical Savings Account (MSA).	Specified additional chronic conditions are covered in full from the Medical Savings Account (MSA).	Specified additional chronic conditions are covered to the value of: M: R3 125 M+: R6 387	Specified additional chronic conditions are covered to the value of: M: R6 475 M+: R12 933	Specified additional chronic conditions are covered in full from the Medical Savings Account (MSA).

RISK BENEFIT			
HOSPITALISATION			
Private Hospitals	Unlimited cover in the Foundation Hospital Network. For planned procedures at hospitals not part of the Foundation Hospital Network, a co-payment of minimum R7 000 (up to 30%) will be applicable. Benefits are subject to Scheme Protocols.	Unlimited cover in any private hospital. Benefits are subject to Scheme Protocols.	Unlimited cover in the Flex Hospital Network. For planned procedures at hospitals not part of the Flex Hospital Network, a co-payment of minimum R7 000 (up to 30%) will be applicable. Benefits are subject to Scheme Protocols.
Including: <ul style="list-style-type: none"> Surgical operations and 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 	All services during admission are covered at 100% of the Scheme Contracted Rate.	All services during admission are covered at 100% of the Scheme Contracted Rate.	All services during admission are covered at 100% of the Scheme Contracted Rate.
Physiotherapy	Cover is provided at 100% of Scheme Rate.	Cover is provided at 100% of Scheme Rate.	Cover is provided at 100% of Scheme Rate.
Medicine dispensed and used in hospital	Medicine used & dispensed during hospitalisation is covered in full, according to the Scheme's medication formulary.		
Medicine received on discharge from hospital (TTO)	Total Take Out Medication (TTO) received upon being discharged from the hospital is covered up to 7 days' supply.		
General Practitioners, including consultations and procedures.	All providers' professional fees are reimbursed at 100% of Scheme Rate.		
Clinical Medical Specialist Fees, including consultations and procedures.	Medical Specialists are reimbursed at 100% of Scheme Rate.	Medical Specialists are reimbursed at 100% of Scheme Rate.	Medical Specialists are reimbursed at 100% of Scheme Rate.
Provincial Hospitals	Unlimited cover in all state facilities. Benefits are subject to Scheme Protocols.	Unlimited cover in all state facilities. Benefits are subject to Scheme Protocols.	Unlimited cover in all state facilities. Benefits are subject to Scheme Protocols.
Diagnosis and treatment in respect of the Prescribed Minimum Benefits (PMB) package (as per Government Regulations)	Unlimited cover in all state facilities. Benefits are subject to Scheme Protocols.	Unlimited cover in all state facilities. Benefits are subject to Scheme Protocols.	Unlimited cover in all state facilities. Benefits are subject to Scheme Protocols.

- Risk Benefits**
- Pre-authorisation must be obtained in advance for all non-emergency hospital admissions. In the case of true emergency (requiring immediate treatment) admissions, 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 are subject to Scheme Rules, Protocols and policies.
 - Laparoscopic and similar endoscopic procedures are excluded from benefits, unless pre-authorised under Scheme protocols. Laparoscopic procedures may attract co-payments, due on admission to hospital.
 - Late authorisations will attract a 20% co-payment.

RISK BENEFIT				
HOSPITALISATION				
Unlimited cover at any private facility for elective procedures. Planned PMB procedures are covered in full at contracted hospitals in the Prosper Hospital Network. A co-payment of minimum R7 000 (up to 30%) will be applicable at a facility not part of the contracted network. Benefits are subject to Scheme Protocols.	Unlimited cover at any private facility for elective procedures. Planned PMB procedures are covered in full at contracted hospitals in the Optimum Hospital Network. A co-payment of minimum R7 000 (up to 30%) will be applicable at a facility not part of the contracted network. Benefits are subject to Scheme Protocols.	Unlimited cover in any private hospital. Benefits are subject to Scheme Protocols.	Unlimited cover in any private hospital. Benefits are subject to Scheme Protocols.	Unlimited cover at any private facility for elective procedures. Planned PMB procedures are covered in full at contracted hospitals in the Cobalt Hospital Network. A co-payment of minimum R7 000 (up to 30%) will be applicable at a facility not part of the contracted network. Benefits are subject to Scheme Protocols.
All services during admission are covered at 100% of the Scheme Contracted Rate.	All services during admission are covered at 100% of the Scheme Contracted Rate.	All services during admission are covered at 100% of the Scheme Contracted Rate.	All services during admission are covered at 100% of the Scheme Contracted Rate.	All services during admission are covered at 100% of the Scheme Contracted Rate.
Cover is provided at 100% of Scheme Rate. Non-PMB treatment is covered up to R3 372 per annum.	Cover is provided at 100% of Scheme Rate. Non-PMB treatment is covered up to R6 615 per annum.	Cover is provided at 100% of Scheme Rate.	Cover is provided at 100% of Scheme Rate.	Cover is provided at 100% of Scheme Rate. Non-PMB treatment is covered up to R13 229 per annum.
Medicine used & dispensed during hospitalisation is covered in full, according to the Scheme's medication formulary.				
Total Take Out Medication (TTO) received upon being discharged from the hospital is covered up to 7 days' supply.				
All providers' professional fees are reimbursed at 100% of Scheme Rate.				General Practitioners are reimbursed at 100% of Scheme Rate.
Medical Specialists are reimbursed at 100% of Scheme Rate.	Medical Specialists are reimbursed at 100% of Scheme Rate.	Medical Specialists are reimbursed at 100% of Scheme Rate.	Contracted Medical Specialists are reimbursed at up to 220% of Scheme Rate. Non-contracted Medical Specialists are reimbursed at 100% of Scheme Rate.	Medical Specialists are reimbursed at 100% of Scheme Rate.
Unlimited cover in all state facilities. Benefits are subject to Scheme Protocols.	Unlimited cover in all state facilities. Benefits are subject to Scheme Protocols.	Unlimited cover in all state facilities. Benefits are subject to Scheme Protocols.	Unlimited cover in all state facilities. Benefits are subject to Scheme Protocols.	Unlimited cover in all state facilities. Benefits are subject to Scheme Protocols.

RISK BENEFITS
ANNUAL SUB-LIMITS

CASUALTY & EMERGENCY ROOM COVER

Verification of pre-authorisation is required within 72 hours of the event.

ASPIRE PRIME



Unlimited cover at Casualty & Emergency facilities if treatment is required as a result of unplanned trauma & PMB events. Clinician & facility fees are reimbursed at **100%** of Scheme Rate.

ASPIRE



Unlimited cover at Casualty & Emergency facilities if treatment is required as a result of unplanned trauma & PMB events. Clinician & facility fees are reimbursed at **100%** of Scheme Rate.

FLEX



Unlimited cover at Casualty & Emergency facilities if treatment is required as a result of unplanned trauma & PMB events. Should the event not be PMB related, benefits are covered from the Medical Savings Account (MSA). Clinician & facility fees are reimbursed at **100%** of Scheme Rate.

PROSPER



Unlimited cover at Casualty & Emergency facilities if treatment is required as a result of unplanned trauma & PMB events. Should the event not be PMB related, benefits are covered from the Medical Savings Account (MSA). Clinician & facility fees are reimbursed at **100%** of Scheme Rate.

OPTIMUM



Unlimited cover at Casualty & Emergency facilities if treatment is required as a result of unplanned trauma & PMB events. Should the event not be PMB related, benefits are covered from the Medical Savings Account (MSA). Clinician & facility fees are reimbursed at **100%** of Scheme Rate.

MILLENNIUM



Unlimited cover at Casualty & Emergency facilities if treatment is required as a result of unplanned trauma & PMB events. Should the event not be PMB related, benefits are covered from the Medical Savings Account (MSA). Clinician & facility fees are reimbursed at **100%** of Scheme Rate.

ULTIMATE



Unlimited cover at Casualty & Emergency facilities if treatment is required as a result of unplanned trauma & PMB events. Should the event not be PMB related, a limit of **R1 958** applies per family. Clinician & facility fees are reimbursed at **100%** of Scheme Rate.

COBALT



Unlimited cover at Casualty & Emergency facilities if treatment is required as a result of unplanned trauma & PMB events. Should the event not be PMB related, benefits are covered from the Medical Savings Account (MSA). Clinician & facility fees are reimbursed at **100%** of Scheme Rate.

MATERNITY & CONFINEMENT COVER

• Normal Deliveries & Home Births	For normal deliveries & home births, full cover is provided for a duration of 3 days & 2 nights in hospital.	For normal deliveries & home births, full cover is provided for a duration of 3 days & 2 nights in hospital.	For normal deliveries & home births, full cover is provided for a duration of 3 days & 2 nights in hospital.
• Caesarean Sections (Clinically indicated)	For clinically indicated Caesarean Sections, full cover is provided for a duration of 4 days & 3 nights in hospital.	For clinically indicated Caesarean Sections, full cover is provided for a duration of 4 days & 3 nights in hospital.	For clinically indicated Caesarean Sections, full cover is provided for a duration of 4 days & 3 nights in hospital.
• Caesarean Sections (Elective)	Elective Caesarean Sections are covered up to R11 740 .	Elective Caesarean Sections are covered up to R11 740 .	Elective Caesarean Sections are covered up to R11 740 .
• Neonatal Intensive Care	Neonatal Intensive Care treatment is covered in full, in line with Scheme Protocols.		

ANTENATAL CARE

• Maternity Programme	Registration on the dedicated Maternity Programme can be done after the 1 st trimester.		
• Basket of maternity-related over the counter products obtained from a Network Pharmacy	-	-	Basket of maternity-related over the counter products to the value of R722 is covered, as part of the dedicated Maternity Programme.
• Consultations	-	-	3x specialist, GP & midwife consultations during pregnancy are covered from Risk benefits. If PMB-related treatment is required, additional benefits are covered on registration of a personalised treatment plan.
• Antenatal Scans	As part of the Maternity Programme, 2x 2D scans are covered during pregnancy.	As part of the Maternity Programme, 2x 2D scans are covered during pregnancy.	As part of the Maternity Programme, 2x 2D scans & 1x 3D scan are covered during pregnancy.
• Antenatal Classes	Antenatal Classes are not included on the Maternity Programme.	Antenatal Classes are not included on the Maternity Programme.	Antenatal Classes are not included on the Maternity Programme.

For normal deliveries & home births, full cover is provided for a duration of 3 days & 2 nights in hospital.	For normal deliveries & home births, full cover is provided for a duration of 3 days & 2 nights in hospital.	For normal deliveries & home births, full cover is provided for a duration of 3 days & 2 nights in hospital.	For normal deliveries & home births, full cover is provided for a duration of 3 days & 2 nights in hospital.	For normal deliveries & home births, full cover is provided for a duration of 3 days & 2 nights in hospital.
For clinically indicated Caesarean Sections, full cover is provided for a duration of 4 days & 3 nights in hospital.	For clinically indicated Caesarean Sections, full cover is provided for a duration of 4 days & 3 nights in hospital.	For clinically indicated Caesarean Sections, full cover is provided for a duration of 4 days & 3 nights in hospital.	For clinically indicated Caesarean Sections, full cover is provided for a duration of 4 days & 3 nights in hospital.	For clinically indicated Caesarean Sections, full cover is provided for a duration of 4 days & 3 nights in hospital.
Elective Caesarean Sections are covered up to R11 740 .	Elective Caesarean Sections are covered up to R11 740 .	Elective Caesarean Sections are covered in full.	Elective Caesarean Sections are covered in full.	Elective Caesarean Sections are covered up to R11 740 .
Neonatal Intensive Care treatment is covered in full, in line with Scheme Protocols.				

Registration on the dedicated Maternity Programme can be done after the 1 st trimester.				
Basket of maternity-related over the counter products to the value of R364 is covered, as part of the dedicated Maternity Programme.	Basket of maternity-related over the counter products as part of the dedicated Maternity Programme, is covered from the Medical Savings Account (MSA).	Basket of maternity-related over the counter products to the value of R978 is covered, as part of the dedicated Maternity Programme.	Basket of maternity-related over the counter products to the value of R1 104 is covered, as part of the dedicated Maternity Programme.	Basket of maternity-related over the counter products are covered from the Medical Savings Account (MSA).
Specialist, GP & midwife consultations during pregnancy are covered from the Medical Savings Account (MSA). If PMB-related treatment is required, additional benefits are covered on registration of a personalised treatment plan.	Specialist, GP & midwife consultations during pregnancy are covered from the Medical Savings Account (MSA). If PMB-related treatment is required, additional benefits are covered on registration of a personalised treatment plan.	Specialist, GP & midwife consultations during pregnancy are covered from the Medical Savings Account (MSA). If PMB-related treatment is required, additional benefits are covered on registration of a personalised treatment plan.	Specialist, GP & midwife consultations during pregnancy are covered from Risk benefits. If PMB-related treatment is required, additional benefits are covered on registration of a personalised treatment plan.	Specialist, GP & midwife consultations during pregnancy are covered from the Medical Savings Account (MSA). If PMB-related treatment is required, additional benefits are covered on registration of a personalised treatment plan.
As part of the Maternity Programme, 2x 2D scans are covered during pregnancy.	As part of the Maternity Programme, 4x 2D scans are covered during pregnancy.	As part of the Maternity Programme, 2x 2D scans are covered during pregnancy.	As part of the Maternity Programme, 2x 2D scans are covered during pregnancy.	As part of the Maternity Programme, 3x 2D scans are covered during pregnancy.
As part of the Maternity Programme, Antenatal Classes are covered from the MSA.	As part of the Maternity Programme, Antenatal Classes are covered from the MSA.	As part of the Maternity Programme, Antenatal Classes are covered from the MSA & ATB.	Antenatal Classes are not included on the Maternity Programme.	As part of the Maternity Programme, Antenatal Classes are covered to the value of R570 .

ADDITIONAL RISK BENEFITS

ASPIRE PRIME

ASPIRE

FLEX

Psychiatric Disorders	Unlimited treatment for PMB conditions at providers contracted on the Aspire Prime Network.	Unlimited treatment for PMB conditions at providers contracted on the Aspire Network.	Unlimited treatment for PMB conditions at providers contracted on the Flex Network.
Organ Transplants	Unlimited cover for organ transplants. Benefits are subject to PMB diagnosis and Scheme Protocols.	Unlimited cover for organ transplants. Benefits are subject to PMB diagnosis and Scheme Protocols.	Cover for organ transplants to the value of R132 733 per annum. Benefits are subject to PMB diagnosis and Scheme Protocols.
Internal Prostheses	Comprehensive cover for internal prosthesis, subject to sub-limits & Scheme Protocols. Treatment that is not PMB related, is covered up to an annual benefit of R42 136 per family and procedural co-payments are applicable.	Comprehensive cover for internal prosthesis, subject to sub-limits & Scheme Protocols. Treatment that is not PMB related, is covered up to an annual benefit of R42 136 per family and procedural co-payments are applicable.	Comprehensive cover for internal prosthesis, subject to sub-limits & Scheme Protocols. Treatment that is not PMB related, is covered up to an annual benefit of R50 000 per family and procedural co-payments are applicable.
Trauma Counselling (Assault, Rape, Hijacking and Armed Robbery)	Cover for dedicated benefits after a traumatic incident that is PMB related. Access to benefits can be obtained by registration of a personalised PMB treatment plan.	Cover for dedicated benefits after a traumatic incident that is PMB related. Access to benefits can be obtained by registration of a personalised PMB treatment plan.	Cover for dedicated benefits after a traumatic incident that is PMB related. Access to benefits can be obtained by registration of a personalised PMB treatment plan.

PROSPER

OPTIMUM

MILLENNIUM

ULTIMATE

COBALT

Unlimited treatment for PMB conditions at providers contracted on the Prosper Network.	Unlimited treatment for PMB conditions at contracted providers in the Optimum Network. Treatment that is not PMB related, is covered up to R21 872 per family, per annum.	Unlimited treatment for PMB conditions at contracted providers in the Millennium Network. Treatment that is not PMB related, is covered up to R23 053 per family, per annum.	Unlimited treatment for PMB conditions at contracted providers in the Ultimate Network. Treatment that is not PMB related, is covered up to R35 748 per family, per annum.	Unlimited treatment for PMB conditions at contracted providers in the Cobalt Network. Treatment that is not PMB related, is covered up to R35 396 per family, per annum.
Unlimited cover for organ transplants. Benefits are subject to PMB diagnosis and Scheme Protocols.	Unlimited cover for organ transplants. Benefits are subject to PMB diagnosis and Scheme Protocols.	Unlimited cover for organ transplants. Benefits are subject to PMB diagnosis and Scheme Protocols.	Unlimited cover for organ transplants. Benefits are subject to PMB diagnosis and Scheme Protocols.	Unlimited cover for organ transplants. Benefits are subject to PMB diagnosis and Scheme Protocols.
Comprehensive cover for internal prosthesis, subject to sub-limits & Scheme Protocols. Treatment that is not PMB related, is covered up to an annual benefit of R60 000 per family and procedural co-payments are applicable.	Comprehensive cover for internal prosthesis, subject to sub-limits & Scheme Protocols. Treatment that is not PMB related, is covered up to an annual benefit of R65 000 per family.	Comprehensive cover for internal prosthesis, subject to sub-limits & Scheme Protocols. Treatment that is not PMB related, is covered up to an annual benefit of R68 934 per family.	Comprehensive cover for internal prosthesis, subject to sub-limits & Scheme Protocols. Treatment that is not PMB related, is covered up to an annual benefit of R75 000 per family.	Comprehensive cover for internal prosthesis, subject to sub-limits & Scheme Protocols. Treatment that is not PMB related, is covered up to an annual benefit of R80 000 per family.
Cover for dedicated benefits after a traumatic incident that is PMB related. Access to benefits can be obtained by registration of a personalised PMB treatment plan.	Cover for dedicated benefits after a traumatic incident that is PMB related. Access to benefits can be obtained by registration of a personalised PMB treatment plan.	. Cover for dedicated benefits after a traumatic incident that is PMB related. Access to benefits can be obtained by registration of a personalised PMB treatment plan.	3x psychologist consultations are covered after a traumatic incident, to the value of R790 per consultation. Access to additional PMB benefits can be obtained by registration of a personalised PMB treatment plan	Cover for dedicated benefits after a traumatic incident that is PMB related. Access to benefits can be obtained by registration of a personalised PMB treatment plan.

RISK BENEFITS

OTHER INSURED BENEFITS

External Medical Appliances
External Medical Appliances are covered in line with Scheme Protocols. The following appliances are covered, if prescribed by a registered Healthcare practitioner and obtained from a supplier registered with the Board of Healthcare Funders (BHF):

- Artificial eyes
- Artificial larynx
- Artificial limbs
- Back supports
- CPAP Machine at DSP only
- Crutches
- Disposable bladder and intestinal excretion bags
- Elastic stockings for control of varicose veins
- External breast prosthesis after mastectomy

- Glucometers
- Hearing aids
- Home oxygen only at DSP
- Leg, arm and neck supports
- Nebulisers
- Orthopaedic footwear
- Sleep apnoea monitors (Infants < 1 year: Obtained from network pharmacies)
- Wheelchairs

CANCER COVER

Oncology Treatment
Approved cancer treatment includes cover for the Oncologist, Chemotherapy, Radiotherapy and oncology – related blood tests over a 12-month cycle. Treatment is covered in full if authorisation is obtained, in line with ICON network & Scheme protocols. If treatment is not pre-authorised or obtained from ICON providers, co-payments on non-medicine claims will be applicable.

Specialised Medicine
Specialised medicine is covered in line with approved protocols and formularies. Non-PMB treatment is subject to Scheme formularies.

ASPIRE PRIME

External medical appliances are covered from Risk benefits, to the value of **R4 421** per family, and the following sub-limits:

- R4 421
- R4 421
- R4 421
- R4 421
- R4 421
- R884
- R4 421
- R884
- R1 238
- R884
- R4 421
- R4 421
- R884
- R884
- R884
- R4 421
- R4 421

Full cover for oncology treatment, in line with ICON Essential networks & protocols and Scheme Specific Protocols to supplement ICON protocols for Haematological cancers.

Specialised medicine is covered in line with Scheme protocols.

ASPIRE

External medical appliances are covered from Risk benefits, to the value of **R4 421** per family, and the following sub-limits:

- R4 421
- R4 421
- R4 421
- R4 421
- R4 421
- R884
- R4 421
- R884
- R1 238
- R884
- R4 421
- R4 421
- R884
- R884
- R884
- R4 421
- R4 421

Full cover for oncology treatment, in line with ICON Essential networks & protocols and Scheme Specific Protocols to supplement ICON protocols for Haematological cancers.

Specialised medicine is covered in line with Scheme protocols.

FLEX

External medical appliances are covered from Risk benefits, to the value of **R4 687** per family, and the following sub-limits:

- R4 687
- R4 687
- R4 687
- R4 687
- R4 687
- R884
- R4 687
- R884
- R1 238
- R884
- R4 687
- R4 687
- R884
- R884
- R884
- R4 687
- R4 687

Unlimited cover for oncology treatment, in line with ICON Essential networks & protocols, Scheme Protocols to supplement ICON protocols where diseases such as Haematological cancers. Pre-authorisation required. Non-PMB cancer treatment is covered up to **R250 000** per family.

Specialised medicine is covered in line with Scheme protocols.

PROSPER

External medical appliances are covered from Risk benefits, to the value of **R4 687** per family, and the following sub-limits:

- R4 687
- R4 687
- R4 687
- R4 687
- R4 687
- R884
- R4 687
- R884
- R1 238
- R884
- R4 687
- R4 687
- R884
- R884
- R884
- R4 687
- R4 687

Unlimited cover for oncology treatment, in line with ICON Essential networks & protocols Scheme Protocols to supplement ICON protocols where diseases such as Haematological cancers. Non-PMB cancer treatment is covered up to **R350 000** per family.

Specialised medicine is covered up to **R62 500** per beneficiary & **R125 000** per family.

OPTIMUM

External medical appliances are covered from the Medical Savings Account (MSA).

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Unlimited cover for oncology treatment, in line with ICON Core networks & protocols. Scheme Protocols to supplement ICON protocols where diseases such as Haematological cancers.

Specialised medicine is covered up to **R100 000** per beneficiary & **R200 000** per family.

MILLENNIUM

External medical appliances are covered from Risk benefits, to the value of **R13 538** per family, and the following sub-limits:

- R13 538
- R13 538
- R13 538
- R1 037
- R10 379
- R884
- R13 538
- R884
- R1 788
- R1 206
- R13 538
- R13 538
- R1 132
- R1 132
- R1 154
- R13 538
- R7 519

Unlimited cover for oncology treatment, in line with ICON Core networks & protocols. Scheme Protocols to supplement ICON protocols where diseases such as Haematological cancers.

Specialised medicine is covered up to **R100 000** per beneficiary & **R200 000** per family.

ULTIMATE

External medical appliances are covered from Risk benefits, to the value of **R18 024** per family, and the following sub-limits:

- R18 024
- R18 024
- R18 024
- R5 390
- R12 269
- R884
- R18 024
- R884
- R1 788
- R1 583
- R18 024
- R18 024
- R1 238
- R1 486
- R1 420
- R18 024
- R9 026

Unlimited cover for oncology treatment, in line with ICON Core networks & protocols. Scheme Protocols to supplement ICON protocols where diseases such as Haematological cancers.

Specialised medicine is covered up to **R150 000** per beneficiary & **R300 000** per family.

COBALT

External medical appliances are covered from annual BenefitBooster™ limits.

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Unlimited cover for oncology treatment, in line with ICON Core networks & protocols. Scheme Protocols to supplement ICON protocols where diseases such as Haematological cancers.

Specialised medicine is covered up to **R150 000** per beneficiary & **R300 000** per family.

OTHER INSURED BENEFITS

HIV / AIDS				
HIV Management Programme	Once registered on the HIV programme, comprehensive benefits are covered, which includes hospitalisation at contracted network facilities. The dedicated programme also includes primary care, voluntary counselling, testing and treatment. Diagnostic tests are covered for adults & children <18 months, including DNA-PCR & Antigen tests. More than 2 tests per annum require pre-authorisation. All treatment is provided according to PMB treatment guidelines & Scheme protocols.	Once registered on the HIV programme, comprehensive benefits are covered, which includes hospitalisation at contracted network facilities. The dedicated programme also includes primary care, voluntary counselling, testing and treatment. Diagnostic tests are covered for adults & children <18 months, including DNA-PCR & Antigen tests. More than 2 tests per annum require pre-authorisation. All treatment is provided according to PMB treatment guidelines & Scheme protocols.	Once registered on the HIV programme, comprehensive benefits are covered, which includes hospitalisation at contracted network facilities. The dedicated programme also includes primary care, voluntary counselling, testing and treatment. Diagnostic tests are covered for adults & children <18 months, including DNA-PCR & Antigen tests. More than 2 tests per annum require pre-authorisation. All treatment is provided according to PMB treatment guidelines & Scheme protocols.	
Hospitalisation if member is not on the HIV Management Programme, subject to Reg 8(3)	If not registered on the dedicated HIV Management Programme, hospitalisation cover is limited to Provincial facilities.	If not registered on the dedicated HIV Management Programme, hospitalisation cover is limited to Provincial facilities.	If not registered on the dedicated HIV Management Programme, hospitalisation cover is limited to Provincial facilities.	
Hospice, rehab and step down facility Treatment requires pre-authorisation subject to Scheme Protocol	Authorised treatment is covered in full, in lieu of hospitalisation. Non-PMB treatment is funded to 10 days per family per annum.	Authorised treatment is covered in full, in lieu of hospitalisation. Non-PMB treatment is funded to 10 days per family per annum.	Authorised treatment is covered in full, in lieu of hospitalisation. Non-PMB treatment is funded to 12 days per family per annum.	
Home nursing Treatment requires pre-authorisation Subject to Scheme Protocols	Authorised treatment is covered in full, in lieu of hospitalisation.	Authorised treatment is covered in full, in lieu of hospitalisation.	Authorised treatment is covered in full, in lieu of hospitalisation. Non-PMB treatment is funded to 5 days per family per annum, in line with Scheme protocols.	
Specialised Radiology: CT, MRI, PET and Nuclear Medicine Scans Scheme Rules and co-payments apply	Unlimited cover for trauma & PMB-related MRI & CT scans. All other scans are covered to the value of R9 027 per annum.	Unlimited cover for trauma & PMB-related MRI & CT scans. All other scans are covered to the value of R9 027 per annum.	Unlimited cover for trauma & PMB-related MRI & CT scans. All other scans are covered to the value of R11 356 per annum.	
Video EEG for Epilepsy Surgery	No Benefit	No Benefit	No Benefit	
Dialysis	Pre-authorised dialysis treatment is covered in full (unlimited) at providers contracted on the Foundation network. Treatment is covered in line with Scheme protocols.	Pre-authorised dialysis treatment is covered in full (unlimited) at providers contracted on the Foundation network. Treatment is covered in line with Scheme protocols.	Pre-authorised dialysis treatment is covered in full (unlimited) at providers contracted on the Foundation network. Treatment is covered in line with Scheme protocols.	
Emergency evacuation and Ambulance services Designated Service Provider: Netcare 911	Unlimited road & air transport covered at 100% of Scheme rate.	Unlimited road & air transport covered at 100% of Scheme rate.	Unlimited road & air transport covered at 100% of Scheme rate.	

Other Insured Benefits

- Other Insured Benefits are 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.

ASPIRE PRIME

ASPIRE

FLEX

PROSPER

OPTIMUM

MILLENNIUM

ULTIMATE

COBALT

Once registered on the HIV programme, comprehensive benefits are covered, which includes hospitalisation at contracted network facilities. The dedicated programme also includes primary care, voluntary counselling, testing and treatment. Diagnostic tests are covered for adults & children <18 months, including DNA-PCR & Antigen tests. More than 2 tests per annum require pre-authorisation. All treatment is provided according to PMB treatment guidelines & Scheme protocols.	Once registered on the HIV programme, comprehensive benefits are covered, which includes hospitalisation at contracted network facilities. The dedicated programme also includes primary care, voluntary counselling, testing and treatment. Diagnostic tests are covered for adults & children <18 months, including DNA-PCR & Antigen tests. More than 2 tests per annum require pre-authorisation. All treatment is provided according to PMB treatment guidelines & Scheme protocols.	Once registered on the HIV programme, comprehensive benefits are covered, which includes hospitalisation at contracted network facilities. The dedicated programme also includes primary care, voluntary counselling, testing and treatment. Diagnostic tests are covered for adults & children <18 months, including DNA-PCR & Antigen tests. More than 2 tests per annum require pre-authorisation. All treatment is provided according to PMB treatment guidelines & Scheme protocols.	Once registered on the HIV programme, comprehensive benefits are covered, which includes hospitalisation at contracted network facilities. The dedicated programme also includes primary care, voluntary counselling, testing and treatment. Diagnostic tests are covered for adults & children <18 months, including DNA-PCR & Antigen tests. More than 2 tests per annum require pre-authorisation. All treatment is provided according to PMB treatment guidelines & Scheme protocols.	Once registered on the HIV programme, comprehensive benefits are covered, which includes hospitalisation at contracted network facilities. The dedicated programme also includes primary care, voluntary counselling, testing and treatment. Diagnostic tests are covered for adults & children <18 months, including DNA-PCR & Antigen tests. More than 2 tests per annum require pre-authorisation. All treatment is provided according to PMB treatment guidelines & Scheme protocols.
If not registered on the dedicated HIV Management Programme, hospitalisation cover is limited to Provincial facilities.	If not registered on the dedicated HIV Management Programme, hospitalisation cover is limited to Provincial facilities.	If not registered on the dedicated HIV Management Programme, hospitalisation cover is limited to Provincial facilities.	If not registered on the dedicated HIV Management Programme, hospitalisation cover is limited to Provincial facilities.	If not registered on the dedicated HIV Management Programme, hospitalisation cover is limited to Provincial facilities.
Authorised treatment is covered in full, in lieu of hospitalisation.	Authorised treatment is covered in full, in lieu of hospitalisation. Non-PMB treatment is funded to the value of R9 615 per family per annum.	Authorised treatment is covered in full, in lieu of hospitalisation. Non-PMB treatment is funded to 18 days per family per annum.	Authorised treatment is covered in full, in lieu of hospitalisation. Non-PMB treatment is funded to 21 days per family per annum.	Authorised treatment is covered in full, in lieu of hospitalisation. Non-PMB treatment is funded to the value of R15 989 per family per annum.
Authorised treatment is covered in full, in lieu of hospitalisation.	Authorised treatment is covered in full, in lieu of hospitalisation.	Authorised treatment is covered in full, in lieu of hospitalisation. Non-PMB treatment is funded to 10 days per family per annum, in line with Scheme protocols.	Authorised treatment is covered in full, in lieu of hospitalisation. Non-PMB treatment is funded to 12 days per family per annum, in line with Scheme protocols.	Authorised treatment is covered in full, in lieu of hospitalisation.
Unlimited cover for trauma & PMB-related MRI & CT scans. All other scans are covered to the value of R21 723 per annum.	Unlimited cover for trauma & PMB-related MRI & CT scans. All other scans are covered to the value of R17 905 per annum.	Unlimited cover for trauma & PMB-related MRI & CT scans. All other scans are covered to the value of R18 051 per annum.	Unlimited cover for trauma & PMB-related MRI & CT scans. All other scans are covered to the value of R22 566 per annum.	Unlimited cover for trauma & PMB-related MRI & CT scans. All other scans are covered to the value of R25 433 per annum.
No Benefit	No Benefit	No Benefit	R17 644 per family per annum.	No Benefit
Pre-authorised dialysis treatment is covered in full (unlimited) at providers contracted on the Foundation network. Treatment is covered in line with Scheme protocols.	Pre-authorised dialysis treatment is covered in full (unlimited) at providers contracted on the Foundation network. Treatment is covered in line with Scheme protocols.	Pre-authorised dialysis treatment is covered in full (unlimited) at providers contracted on the Foundation network. Treatment is covered in line with Scheme protocols.	Pre-authorised dialysis treatment is covered in full (unlimited) at providers contracted on the Foundation network. Treatment is covered in line with Scheme protocols.	Pre-authorised dialysis treatment is covered in full (unlimited) at providers contracted on the Foundation network. Treatment is covered in line with Scheme protocols.
Unlimited road & air transport covered at 100% of Scheme rate.	Unlimited road & air transport covered at 100% of Scheme rate.	Unlimited road & air transport covered at 100% of Scheme rate.	Unlimited road & air transport covered at 100% of Scheme rate.	Unlimited road & air transport covered at 100% of Scheme rate.

	CONTRIBUTIONS			ANNUAL SAVINGS			BENEFIT BOOSTER ABOVE THRESHOLD VALUE				
Option	Principal Member	Adult Dependent	Child Dependent	Principal Member	Adult Dependent	Child Dependent (per child)	Principal Member	Adult Dependant Member+1	Child Dependant Member+2	Member+3	Member+4+
Aspire Prime	R2 207	R1 784	R788	-	-	-	-	-	-	-	-
Aspire	R2 494	R2 016	R890	-	-	-	-	-	-	-	-
Flex	R3 556	R3 195	R1 106	R3 408	R3 060	R1 056	-	-	-	-	-
Prosper	R4 383	R4 080	R1 533	R4 728	R4 404	R1 644	-	-	-	-	-
Optimum	R6 100	R5 086	R2 087	R10 248	R8 544	R3 504	R8 097	R9 807	R11 290	R12 824	R14 484
Millennium	R7 247	R6 205	R1 688	R12 168	R10 416	R2 832	R6 670	R5 689	R932	-	-
Ultimate	R8 395	R7 650	R2 080	-	-	-	-	-	-	-	-
Cobalt	R10 009	R9 690	R3 569	R20 412	R19 764	R7 272	R10 606	R12 888	R14 602	R17 791	R19 958

2022 HEALTH SQUARED: INTERNAL PROSTHESIS LIMITS								
Prosthesis	ASPIRE PRIME	ASPIRE	FLEX	PROSPER 25% co-payment applies to non-PMB procedures	OPTIMUM	MILLENNIUM	ULTIMATE	COBALT
Overall Option Limit	R42 136	R42 136	R50 000	R60 000	R65 000	R68 934	R75 000	R80 000
Joints	R33 337	R33 337	R15 000	R30 000	R44 724	R53 243	R53 243	R53 243
External Fixator	R42 136	R42 136	R50 000	R60 000	R65 000	R68 934	R75 000	R80 000
Spinal Procedures	R33 337	R33 337	R15 000	R30 000	R44 724	R56 325	R56 325	R53 243
Coronary stents (x1)	R26 505	R26 505	R26 505	R60 000	R65 000	R26 011	R26 011	R80 000
Coronary stents (x2)	R42 136	R42 136	R42 788			R42 797	R42 797	
Coronary stents (Total)	R42 136	R42 136	R62 035			R68 934	R75 000	
Hernia Mesh	R8 752	R8 752	R8 752	R8 752	R8 752	R8 752	R8 752	R8 752
Intraocular lens (Left)	R2 630	R2 630	R3 517	R3 517	R4 073	R4 073	R4 073	R4 073
Intraocular lens (Right)	R2 630	R2 630	R3 517	R3 517	R4 073	R4 073	R4 073	R4 073

BOLD / Italic = PMB Only

CO-PAYMENTS ON PROCEDURES

ASPIRE PRIME



ASPIRE



FLEX



Arthroscopy	R5 002	R5 002	R5 002
Circumcision, Vasectomy	R3 920	R3 920	R3 920
Colonoscopy in Hospital	R3 920	R3 920	R3 920
Conservative back / spine treatment	Subject to PMB	Subject to PMB	R7 840
Cystoscopy	R3 764	R3 764	R3 764
Dental Admissions	R3 920	R3 920	R3 920
Excision nail bed	R3 764	R3 764	R3 764
Endometrial ablation	R9 024	R9 024	R9 024
Gastroscopy	R7 840	R7 840	R7 840
Hernia Repair	R7 840	R7 840	R7 840
Hysterectomy	R10 453	R10 453	R10 453
Hysteroscopy	R10 453	R10 453	R10 453
Joint replacements	Subject to PMB	Subject to PMB	25%
Laparoscopic procedures	R9 024	R9 024	R9 024
Myringotomy	R3 266	R3 266	R3 266
Nasal surgery (including endoscopy)	R7 840	R7 840	R7 840
Reflux surgery	R15 680	R15 680	R15 680
Rotator Cuff Surgery	R15 680	R15 680	R15 680
Skin lesions	R3 764	R3 764	R3 764
Specialised radiology: MRI, CT, PET Scans	R3 764	R3 764	R3 764
Spinal surgery	Subject to PMB	Subject to PMB	25%
Tonsillectomy and Adenoidectomy	R3 000	R3 000	R3 000
Tympanoplasty	R3 764	R3 764	R3 764
Urinary Incontinence Repair	R9 024	R9 024	R9 024
Varicose veins	R9 024	R9 024	R9 024

- Note:**
- Subject to Scheme rules, policies, and protocol
 - These co-payments are per incident or admission
 - Procedure-specific co-payments still apply even for PMB's, if an alternative to endoscopic or laparoscopic surgery is available
 - Should 2 co-payments be applicable to a single event, only one co-payment (with the highest value) will apply
 - During unrelated procedures, both co-payments will be applicable

PROSPER



OPTIMUM



MILLENNIUM



ULTIMATE



COBALT



R5 002	R5 002	R5 002	R5 002	R5 002
R3 920	R3 920	R3 920	R3 920	R3 920
R3 920	R3 920	R3 920	R3 920	R3 920
R7 840	R7 840	R7 840	R7 840	R7 840
R3 764	R3 764	R3 764	R3 764	R3 764
R3 920	R3 920	R3 920	R3 920	R3 920
R3 764	R3 764	R3 764	R3 764	R3 764
R9 024	R9 024	R9 024	R9 024	R9 024
R7 840	R7 840	R7 840	R7 840	R7 840
R7 840	R7 840	R7 840	R7 840	R7 840
R10 453	R7 840	R7 840	R7 840	R7 840
R10 453	R7 840	R7 840	R7 840	R7 840
25%	R15 680	R15 680	R15 680	R15 680
R9 024	R9 024	R9 024	R9 024	R9 024
R3 266	R3 266	R3 266	R0	R0
R7 840	R7 840	R7 840	R0	R0
R15 680	R15 680	R15 680	R0	R0
R15 680	R15 680	R6 000	R6 000	R6 000
R3 764	R3 764	R3 764	R3 764	R3 764
R3 764	R3 764	R3 764	R3 764	R3 764
25%	R15 680	R15 680	R15 680	R15 680
R0	R0	R0	R0	R0
R3 764	R0	R0	R0	R0
R9 024	R9 024	R9 024	R9 024	R9 024
R9 024	R9 024	R9 024	R9 024	R9 024

CDL LIST AVAILABLE ON ALL HEALTH SQUARED OPTIONS 2022	AVAILABLE ON MILLENIUM AND ULTIMATE OPTIONS	AVAILABLE ON COBALT OPTIONS (SUBJECT TO MSA)	AVAILABLE ON OPTIMUM OPTIONS (SUBJECT TO MSA)	AVAILABLE ON FLEX
CDL CONDITIONS	Additional Chronic Conditions	Additional Chronic Conditions	Additional Chronic Conditions	Additional Chronic Conditions
<ul style="list-style-type: none">ADDISON'S DISEASEASTHMABIPOLAR MOOD DISORDERBRONCHIECTASISCARDIAC DYSRHYTHMIASCARDIAC FAILURECARDIOMYOPATHYCOPDCROHN'S DISEASECHRONIC RENAL FAILURECORONARY ARTERY DISEASEDIABETES INSIPIDUSDIABETES MELLITUS TYPE 1DIABETES MELLITUS TYPE 2EPILEPSYGLAUCOMAHAEMOPHILIAHIVHYPERLIPIDAEMIAHYPERTENSIONHYPOTHYROIDISMMULTIPLE SCLEROSISPARKINSON'S DISEASERHEUMATOID ARTHRITISSCHIZOPHRENIASLEULCERATIVE COLITIS	<ul style="list-style-type: none">ADHDALZHEIMER'S DISEASEANKYLOSING SPONDYLITISCYSTIC FIBROSISENDOMETRIOSISGORD/GERDGOUTOBSESSIVE COMPULSIVE DISORDEROSTEOPOROSISOSTEOARTHRITISPAGET'S DISEASEPSORIASISWILSON'S DISEASEALLERGIC RHINITISANGINA PECTORISCEREBROVASCULAR ACCIDENT (STROKE)CUSHING'S SYNDROMEDELUSIONAL DISORDERECZEMAHYPERTHYROIDISMIDIOPATHIC THROMBOCYTOPENIC PURPURAINTERSTITIAL FIBROSIS OF THE LUNGMAJOR DEPRESSIONMENIERE'S SYNDROMEMOTOR NEURON DISEASEMYASTENIA GRAVISPERIPHERAL VASCULAR DISEASEPITUITARY ADENOMASCLERODERMAURINARY INCONTINENCE	<ul style="list-style-type: none">ADHDALZHEIMER'S DISEASEANKYLOSING SPONDYLITISCYSTIC FIBROSISENDOMETRIOSISGORD/GERDGOUTOBSESSIVE COMPULSIVE DISORDEROSTEOPOROSISOSTEOARTHRITISPAGET'S DISEASEPSORIASISWILSON'S DISEASE	<ul style="list-style-type: none">CYSTIC FIBROSISENDOMETRIOSISGORD/GERDOSTEOPOROSISOSTEOARTHRITISPSORIASIS	<ul style="list-style-type: none">Allergic RhinitisADHD with R100 limitGORDEczemaDepression
DTP PMB Chronic Conditions				
<ul style="list-style-type: none">BENIGN PROSTATIC HYPERTROPHYHORMONE REPLACEMENT THERAPY				

DEFINITIONS

AIDS - Acquired Immune Deficiency Syndrome or acquired immunodeficiency syndrome	MSA – Medical Savings Account
ATB - Above Threshold Benefit	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.
BHF - Board of Healthcare Funders	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
BPH - Benign Prostatic Hypertrophy	Pro-rated Benefits - Benefit entitlement calculated according to the duration of membership during a benefit year..
CAT / CT - Computerised Axial Tomography	PSA - Prostate Specific Antigen
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.	Regulation 8(3) - Regulation 8(3) in terms of the Medical Schemes Act, No. 131 of 1998
Contracted Rate - the fee or rate at which Providers contracted to the Scheme are funded.	Scheme Protocols - documentation that determines the Scheme's funding
DSP - Designated Service Provider	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.
Exclusions - The Scheme's general and option-specific list of condition and procedure exclusions.	SEP - Single Exit Price
GP - General Practitioner	SPG - Self Payment Gap
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.	TTO - To Take Out - medicine received on discharge from hospital
HIV - Human Immunodeficiency Virus	
HRT - Hormone Replacement Therapy - for female menopause	
ICON - Independent Clinical Oncology Network	
MRI - Magnetic Resonance Imaging	

- 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 and 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.



Johannesburg

Switchboard: +27 11 796 6400
54 Maxwell Drive, Woodmead

Cape Town

Switchboard: +27 21 918 6210
Block D, Belvedere Office Park, 1 Bella Rosa St, Tyger Valley, Bellville

Durban

Switchboard: +27 31 566 4121
49 Richefond Circle , 1st Floor, Ridgeside Office Park (North Gate),
Umhlanga