



hosmed
medical scheme 
care for life

Established
IN 1988

MEMBER BENEFIT SUMMARY 2021

Subject to approval by the Council for Medical Schemes



For the life worth living

HOSMED, HERE FOR YOU...



Our Vision

Care for Life



Our Mission

To be the medical scheme of choice by offering affordable, innovative and quality healthcare benefits, tailored to optimise the wellbeing of our members



Our Values




- Compassion
- Accountability
- Excellence
- Integrity
- Innovation
- Transparency

Our Value Proposition

- Value for money benefits
- Unique options to cater for a variety of medical needs
- Providing sustained excellence and personalised services on a national basis to members
- A scheme that is accepted by all service providers
- A professional and pro-active management approach
- We always act in the best interest of our members








2021 CONTRIBUTIONS

		Plus Option	Value Option	Value Core Option	Access Option			Essential Option		
Monthly Income		R0+	R0+	R0+	R0+	R0+	R0+	R0-R8 500	R8 501-R13 000	R13 001+
					Risk	Savings	Total			
	Member	R5 642	R3 495	R3 215	R1 838	R612	R2 450	R1 480	R1 773	R2 131
	Adult	R4 693	R2 835	R2 610	R1 582	R528	R2 110	R1 421	R1 702	R2 027
	Child*	R1 052	R660	R610	R356	R120	R476	R508	R655	R825

* Member pays for the first three children only

HOSMED PRODUCT OFFERING FOR 2021

 Plus Option	 Value Option	 Value Core Option	 Access Option	 Essential Option
<p>Designed for families that want comprehensive healthcare cover that affords them total peace of mind</p> <p>In Hospital Benefit No Overall Annual Limit</p> <p>Out of Hospital Benefits Out of Hospital benefits other than GP & Specialists consultations, Pathology, Radiology and Chronic Medicine are collectively Limited to per Family per annum:</p> <p>M - R 12 772 M+1 - R 26 908 M+2 - R 29 366 M+3 - R 32 338</p> <p>Statutory Prescribed Minimum Benefits (PMBs) Unlimited</p> <p>Emergency medical cover whilst traveling outside of South Africa</p> <ul style="list-style-type: none"> ✓ 100% of Scheme rates payable in RSA currency. ✓ Subject to completion of documentation prior to leaving RSA. ✓ Subject to approval by Scheme. 	<p>Designed for families that want to be assured of substantial healthcare cover</p> <p>In Hospital Benefit No Overall Annual Limit</p> <p>Out of Hospital Benefits Out of Hospital benefits other than GP & Specialists consultations, Pathology, Radiology and Chronic Medicine are collectively Limited to per Family per annum:</p> <p>M - R 9 906 M+1 - R 20 918 M+2 - R 22 754 M+3 - R 25 200</p> <p>Statutory Prescribed Minimum Benefits (PMBs) Unlimited</p> <p>Emergency medical cover whilst traveling outside of South Africa</p> <ul style="list-style-type: none"> ✓ 100% of Scheme rates payable in RSA currency. ✓ Subject to completion of documentation prior to leaving RSA. ✓ Subject to approval by Scheme. 	<p>Contribution discounted option with substantial healthcare cover</p> <p>In Hospital Benefit No Overall Annual Limit</p> <p>Out of Hospital Benefits Out of Hospital benefits other than GP & Specialists consultations, Pathology, Radiology and Chronic Medicine are collectively Limited to per Family per annum:</p> <p>M - R 9 906 M+1 - R 20 918 M+2 - R 22 754 M+3 - R 25 200</p> <p>Statutory Prescribed Minimum Benefits (PMBs) Unlimited</p> <p>Emergency medical cover whilst traveling outside of South Africa</p> <ul style="list-style-type: none"> ✓ 100% of Scheme rates payable in RSA currency. ✓ Subject to completion of documentation prior to leaving RSA. ✓ Subject to approval by Scheme. 	<p>A new generation option for young families, assuring adequate healthcare cover</p> <p>In Hospital Benefit No Overall Annual Limit</p> <p>Out of Hospital Benefits Out of Hospital benefits including GP & Specialists consultations, Pathology, Radiology and Chronic Medicine are collectively paid from MSA. Annual Member Savings Account:</p> <p>Out of hospital subject to sub limits and MSA*</p> <p>No Overall Annual Limit</p> <p>Statutory Prescribed Minimum Benefits (PMBs) Unlimited</p> <p>Emergency medical cover whilst traveling outside of South Africa</p> <ul style="list-style-type: none"> ✓ 100% of Scheme rates payable in RSA currency. ✓ Subject to completion of documentation prior to leaving RSA. ✓ Subject to approval by Scheme. 	<p>Suitable for families looking for essential cover</p> <p>In Hospital Benefit Limited to PMB conditions</p> <p>Out of Hospital Benefits Out of Hospital benefits GP & Specialists consultations, Pathology, Radiology and Chronic Medicine are limited to PMBs</p> <p>Unlimited PMB benefits</p> <p>Subject to DSP</p> <p>Statutory Prescribed Minimum Benefits (PMBs) Unlimited</p> <p>Emergency medical cover whilst traveling outside of South Africa</p> <ul style="list-style-type: none"> ✓ No Benefit.

2021 BENEFIT HIGHLIGHTS



IN HOSPITAL BENEFITS



Accommodation in Intensive and High Care unit and General Ward, as well as Theatre and Recovery Room



Medicines and Consumables used in Theatre and Ward



Consultations and procedures



Radiology and Pathology



Organ Transplants



Oncology

	Accommodation in Intensive and High Care unit and General Ward, as well as Theatre and Recovery Room	Medicines and Consumables used in Theatre and Ward	Consultations and procedures	Radiology and Pathology	Organ Transplants	Oncology
Plus Option	<ul style="list-style-type: none"> 100% of Negotiated Tariff* 	<ul style="list-style-type: none"> 100% Negotiated Tariff * TTO limited to 7 days 	<ul style="list-style-type: none"> 200% of Negotiated Tariff* 	<p>Joint Pathology and Basic Radiology:</p> <ul style="list-style-type: none"> 100% Scheme tariff Joint in and out of hospital benefit limited to R5 425 per Beneficiary per annum <p>Advanced Radiology:</p> <ul style="list-style-type: none"> Limited to 2 scans 10% co-payment is applicable for non-PMBs MRI and CT scans 	<ul style="list-style-type: none"> 100% of Scheme Tariff* 	<ul style="list-style-type: none"> 100% of DSP Tariff* Enhanced oncology DSP* protocols apply Unlimited Oncology treatment Benefits in excess of R622 298 will be subject to 20% co-payment for non-PMBs
Value Option	<ul style="list-style-type: none"> 100% of Negotiated Tariff* 	<ul style="list-style-type: none"> 100% Negotiated Tariff * TTO limited to 7 days 	<ul style="list-style-type: none"> 100% of Negotiated Tariff* 	<p>Joint Pathology and Basic Radiology:</p> <ul style="list-style-type: none"> 100% Scheme tariff Joint in and out of hospital benefit limited to R3 580 per Beneficiary per annum <p>Advanced Radiology:</p> <ul style="list-style-type: none"> Limited to 2 scans 10% co-payment is applicable for non-PMBs MRI and CT scans 	<ul style="list-style-type: none"> 100% of Scheme Tariff* 	<ul style="list-style-type: none"> 100% of DSP Tariff* Enhanced oncology DSP* protocols apply Unlimited Oncology treatment Benefits in excess of R500 000 will be subject to 20% co-payment for non-PMBs
Value Core Option	<ul style="list-style-type: none"> 100% of DSP Tariff* 	<ul style="list-style-type: none"> 100% Negotiated Tariff * TTO limited to 7 days 	<ul style="list-style-type: none"> 100% of Negotiated Tariff* 	<p>Joint Pathology and Basic Radiology:</p> <ul style="list-style-type: none"> 100% Scheme tariff Joint in and out of hospital benefit limited to R3 580 per Beneficiary per annum <p>Advanced Radiology:</p> <ul style="list-style-type: none"> Limited to 2 scans 10% co-payment is applicable for non-PMBs MRI and CT scans 	<ul style="list-style-type: none"> 100% of Scheme Tariff* 	<ul style="list-style-type: none"> 100% of DSP Tariff* Enhanced oncology DSP* protocols apply Unlimited Oncology treatment Benefits in excess of R500 000 will be subject to 20% co-payment for non-PMBs
Access Option	<ul style="list-style-type: none"> 100% of DSP Tariff* Non-PMB benefits subject to availability of benefits 	<ul style="list-style-type: none"> 100% Negotiated Tariff * TTO limited to 7 days 	<ul style="list-style-type: none"> 100% of Negotiated Tariff* 	<p>Joint Pathology and Basic Radiology:</p> <ul style="list-style-type: none"> 100% Scheme tariff Joint in and out of hospital benefit limited to R3 580 per Beneficiary per annum <p>Advanced Radiology:</p> <ul style="list-style-type: none"> Limited to 2 scans 10% co-payment is applicable for non-PMBs MRI/CT scans; subject to availability of MSA. 	<ul style="list-style-type: none"> 100% Scheme Tariff* 	<ul style="list-style-type: none"> 100% of DSP Tariff* Standard oncology DSP* protocols apply Unlimited Oncology treatment Benefits in excess of R235 000 will be subject to 20% co-payment for non-PMBs
Essential Option	<ul style="list-style-type: none"> 100% of DSP Tariff* Limited to PMBs 	<ul style="list-style-type: none"> 100% Negotiated Tariff * TTO limited to 7 days 	<ul style="list-style-type: none"> 100% of Negotiated Tariff* 	<p>Joint Pathology and Basic Radiology:</p> <ul style="list-style-type: none"> 100% of Reference Price* 100% of Scheme Tariff Limited to PMBs <p>Advanced Radiology:</p> <ul style="list-style-type: none"> Limited to 2 scans Limited to PMBs 	<ul style="list-style-type: none"> 100% Scheme Tariff* Limited to PMBs 	<ul style="list-style-type: none"> 100% of DSP Tariff* Standard oncology DSP* Protocols apply Limited to PMBs



IN HOSPITAL BENEFITS (CONTINUED)



Internal and External Prosthesis



Psychiatric Treatment including Clinical Psychology



Sterilisation/Vasectomy / Tubal Ligation



Renal Dialysis



Drug and Alcohol Rehabilitation

	Internal and External Prosthesis	Psychiatric Treatment including Clinical Psychology	Sterilisation/Vasectomy / Tubal Ligation	Renal Dialysis	Drug and Alcohol Rehabilitation
Plus Option	<ul style="list-style-type: none"> 100% of Negotiated Tariff* Overall prosthesis limit: R69 000 per family per annum 	<ul style="list-style-type: none"> 100% of Scheme Tariff* 21 in-patient days per beneficiary or up to 15 out-patient contacts per annum <p>Non-PMB psychiatric treatment:</p> <ul style="list-style-type: none"> 14 days per family subject to a limit of R23 074 Up to 3 days for psychologist for combined therapy sessions with Psychiatrist during the same admission; thereafter pre-authorisation required with treatment plan. 	<p>Male</p> <ul style="list-style-type: none"> 100% of Scheme Tariff* Limited to R16 000 per beneficiary per annum <p>Female</p> <ul style="list-style-type: none"> 100% of Scheme Tariff* Limited to R16 000 per beneficiary per annum 	<ul style="list-style-type: none"> 100% of Negotiated Tariff* 	<ul style="list-style-type: none"> 100% of Scheme Tariff* Limited to R19 650 per family per annum
Value Option	<ul style="list-style-type: none"> 100% of Negotiated Tariff* Overall prosthesis limit: R47 990 per family per annum 	<ul style="list-style-type: none"> 100% of Scheme Tariff* 21 in-patient days per beneficiary or up to 15 out-patient contacts per annum <p>Non-PMB psychiatric treatment:</p> <ul style="list-style-type: none"> 14 days per family subject to a limit of R20 511 Up to 3 days for Psychologist for combined therapy sessions with Psychiatrist during the same admission; thereafter pre-authorisation required with treatment plan. 	<p>Male</p> <ul style="list-style-type: none"> 100% of Scheme Tariff* Limited to R16 000 per beneficiary per annum <p>Female</p> <ul style="list-style-type: none"> 100% of Scheme Tariff* Limited to R16 000 per beneficiary per annum 	<ul style="list-style-type: none"> 100% of Negotiated Tariff* 	<ul style="list-style-type: none"> 100% of Scheme Tariff* Limited to R19 350 per family per annum
Value Core Option	<ul style="list-style-type: none"> 100% of Negotiated Tariff* Overall prosthesis limit: R47 990 per family per annum. 	<ul style="list-style-type: none"> 100% of Scheme Tariff* 21 in-patient days per beneficiary or up to 15 out-patient contacts per annum <p>Non-PMB psychiatric treatment:</p> <ul style="list-style-type: none"> 14 days per family subject to a limit of R20 511 Up to 3 days for Psychologist for combined therapy sessions with Psychiatrist during the same admission; thereafter pre-authorisation required with treatment plan. 	<p>Male</p> <ul style="list-style-type: none"> 100% of Scheme Tariff* Limited to R16 000 per beneficiary per annum <p>Female</p> <ul style="list-style-type: none"> 100% of Scheme Tariff* Limited to R16 000 per beneficiary per annum 	<ul style="list-style-type: none"> 100% of Negotiated Tariff* 	<ul style="list-style-type: none"> 100% of Scheme Tariff* Limited to R19 350 per family per annum
Access Option	<ul style="list-style-type: none"> 100% of Negotiated Tariff* Overall prosthesis limit: R30 890 per family per annum. Limited to PMBs 	<ul style="list-style-type: none"> 100% of Scheme Tariff* 21 in-patient days per beneficiary or up to 15 out-patient contacts per annum <p>Non-PMB psychiatric treatment:</p> <ul style="list-style-type: none"> No Benefit 	<p>Male</p> <ul style="list-style-type: none"> 100% of Scheme Tariff* Limited to PMBs <p>Female</p> <ul style="list-style-type: none"> 100% of Scheme Tariff* Limited to PMBs 	<ul style="list-style-type: none"> 100% of Negotiated Tariff* 	<ul style="list-style-type: none"> 100% of Scheme Tariff* Limited to R12 360 per family per annum
Essential Option	<ul style="list-style-type: none"> 100% of Negotiated Tariff* Overall prosthesis limit: R19 650 per family per annum Limited to PMBs 	<ul style="list-style-type: none"> 100% of Scheme Tariff* 21 in-patient days per beneficiary or up to 15 out-patient contacts per annum <p>Non-PMB psychiatric treatment:</p> <ul style="list-style-type: none"> No Benefit 	<p>Male</p> <ul style="list-style-type: none"> 100% of Scheme Tariff* Limited to PMBs <p>Female</p> <ul style="list-style-type: none"> 100% of Scheme Tariff* Limited to PMBs 	<ul style="list-style-type: none"> 100% of Negotiated Tariff* Limited to PMBs 	<ul style="list-style-type: none"> 100% of Scheme Tariff* Limited to PMBs Limited to R12 360 per family per annum



Dental Hospitalisation



Maxillo-facial and Oral Surgery



Rehabilitation Facilities



Step-down Facilities



Private Nursing



Negative pressure wound therapy

	Dental Hospitalisation	Maxillo-facial and Oral Surgery	Rehabilitation Facilities	Step-down Facilities	Private Nursing	Negative pressure wound therapy
Plus Option	<ul style="list-style-type: none"> 100% of Scheme Tariff* Advanced Dentistry Benefit in hospital limited to extensive conservative treatment for children under 7 years of age involving more than 3 teeth Removal of symptomatic impacted wisdom covered only as Day Case 	<ul style="list-style-type: none"> 100% of Scheme Tariff* Limited to symptomatic wisdom teeth and surgical exposure. Removal of symptomatic impacted wisdom teeth only as a Day Case All other procedures subject to PMB only 	<ul style="list-style-type: none"> 100% of Negotiated Tariff* Limited to 14 days per beneficiary per annum 	<ul style="list-style-type: none"> 100% of Negotiated Tariff* Limited to 14 days per beneficiary per annum 	<ul style="list-style-type: none"> 100% of Negotiated Tariff* Limited to 14 days per beneficiary per annum 	<ul style="list-style-type: none"> 100% of Negotiated Tariff* Limited to R27 160 per family per annum
Value Option	<ul style="list-style-type: none"> 100% of Scheme Tariff* Advanced Dentistry Benefit in hospital limited to extensive conservative treatment for children under 7 years of age involving more than 3 teeth Removal of symptomatic impacted wisdom teeth covered only as Day Case 	<ul style="list-style-type: none"> 100% of Scheme Tariff* Limited to symptomatic wisdom teeth and surgical exposure Removal of symptomatic impacted wisdom teeth only as Day Case. All other procedures subject to PMB only 	<ul style="list-style-type: none"> 100% of Negotiated Tariff* Limited to 14 days per beneficiary per annum 	<ul style="list-style-type: none"> 100% of Negotiated Tariff* Limited to 14 days per beneficiary per annum 	<ul style="list-style-type: none"> 100% of Negotiated Tariff* Limited to 14 days per beneficiary per annum 	<ul style="list-style-type: none"> 100% of Negotiated Tariff* Limited to R26 810 per family per annum
Value Core Option	<ul style="list-style-type: none"> 100% of Scheme Tariff* Advanced Dentistry Benefit in hospital limited to extensive conservative treatment for children under 7 years of age involving more than 3 teeth Removal of symptomatic impacted wisdom teeth covered only as Day Case 	<ul style="list-style-type: none"> 100% of Scheme Tariff* Limited to symptomatic wisdom teeth and surgical exposure Removal of symptomatic impacted wisdom teeth only as Day Case. All other procedures subject to PMB only 	<ul style="list-style-type: none"> 100% of Negotiated Tariff* Limited to 14 days per beneficiary per annum 	<ul style="list-style-type: none"> 100% of Negotiated Tariff* Limited to 14 days per beneficiary per annum 	<ul style="list-style-type: none"> 100% of Negotiated Tariff* Limited to 14 days per beneficiary per annum 	<ul style="list-style-type: none"> 100% of Negotiated Tariff* Limited to R26 810 per family per annum
Access Option	<ul style="list-style-type: none"> 100% of Scheme Tariff* Limited to PMBs Advanced Dentistry Benefit in hospital limited to extensive conservative treatment for children under 7 years of age involving more than 3 teeth Removal of symptomatic impacted wisdom teeth covered only as Day Case 	<ul style="list-style-type: none"> No Benefit 	<ul style="list-style-type: none"> 100% of Negotiated Tariff* Limited to 14 days per beneficiary per annum 	<ul style="list-style-type: none"> 100% of Negotiated Tariff* Limited to 14 days per beneficiary per annum 	<ul style="list-style-type: none"> 100% of Negotiated Tariff* Limited to 14 days per annum. PMBs only 	<ul style="list-style-type: none"> 100% of Negotiated Tariff* Subject to PMB conditions only
Essential Option	<ul style="list-style-type: none"> 100% of Scheme Tariff* Limited to PMBs Advanced Dentistry Benefit in hospital limited to extensive conservative treatment for children under 7 years of age involving more than 3 teeth Removal of symptomatic impacted wisdom teeth covered only as Day Case 	<ul style="list-style-type: none"> No Benefit 	<ul style="list-style-type: none"> 100% of Negotiated Tariff* Limited to PMBs 	<ul style="list-style-type: none"> 100% of Negotiated Tariff* Limited to PMBs 	<ul style="list-style-type: none"> 100% of Negotiated Tariff* Limited to 14 days per annum PMBs only 	<ul style="list-style-type: none"> 100% of Negotiated Tariff* Limited to PMB conditions only



HOSPITAL

IN HOSPITAL BENEFITS (CONTINUED)



Hyperbaric Oxygen Therapy



Back and Neck Surgery



Stereotactic Radio-Surgery



Age Related Macular Degeneration Treatment



Laparoscopic Hospitalisation & Associated Costs



Blood Transfusions



Physiotherapy & Biokinetics



Dietician & Occupational Therapy

	Hyperbaric Oxygen Therapy	Back and Neck Surgery	Stereotactic Radio-Surgery	Age Related Macular Degeneration Treatment	Laparoscopic Hospitalisation & Associated Costs	Blood Transfusions	Physiotherapy & Biokinetics	Dietician & Occupational Therapy
Plus Option	<ul style="list-style-type: none"> 100% of Negotiated Tariff Limited to R49 420 per family per annum 	<ul style="list-style-type: none"> 100% of Scheme Tariff* R5 000 co-payment* applicable for all non-PMB spinal surgery irrespective of completion of conservative treatment 	<ul style="list-style-type: none"> 100% of Scheme Tariff* Primary Central Nervous System tumours only 	<ul style="list-style-type: none"> 100% of Negotiated Tariff 	<ul style="list-style-type: none"> 100% of Scheme Tariff* Laparoscopic procedures done in-hospital will attract a R7 500 co-payment* subject to PMBs 	<ul style="list-style-type: none"> 100% of Scheme Tariff* 	<ul style="list-style-type: none"> 100% of Scheme Tariff* 	<ul style="list-style-type: none"> 100% of Scheme Tariff*
Value Option	<ul style="list-style-type: none"> 100% of Negotiated Tariff Limited to R42 540 per family per annum 	<ul style="list-style-type: none"> 100% of Scheme Tariff* R5 000 co-payment* applicable for all non-PMB spinal surgery irrespective of completion of conservative treatment 	<ul style="list-style-type: none"> 100% of Scheme Tariff* Primary Central Nervous System tumours only 	<ul style="list-style-type: none"> 100% Negotiated Tariff 	<ul style="list-style-type: none"> 100% of Scheme Tariff* Laparoscopic procedure done in-hospital will attract a R7 500 co-payment* with exception of: diagnostic laparoscopy, Aspiration/excision ovarian cyst, Lap-appendectomy and repair of recurrent or bilateral inguinal hernias 	<ul style="list-style-type: none"> 100% of Scheme Tariff* 	<ul style="list-style-type: none"> 100% of Scheme Tariff* 	<ul style="list-style-type: none"> 100% of Scheme Tariff*
Value Core Option	<ul style="list-style-type: none"> 100% of Negotiated Tariff Limited to R49 420 per family per annum 	<ul style="list-style-type: none"> 100% of Scheme Tariff* R5 000 co-payment* applicable for all non-PMB spinal surgery irrespective of completion of conservative treatment 	<ul style="list-style-type: none"> 100% of Scheme Tariff* Primary Central Nervous System tumours only 	<ul style="list-style-type: none"> 100% Negotiated Tariff 	<ul style="list-style-type: none"> 100% of Scheme Tariff* Laparoscopic Hospitalisation & Associated costs will attract a R7 500 co-payment* with exception of: diagnostic laparoscopy, Aspiration/excision ovarian cyst, Lap-appendectomy and repair of recurrent or bilateral inguinal hernias 	<ul style="list-style-type: none"> 100% of Scheme Tariff* 	<ul style="list-style-type: none"> 100% of Scheme Tariff* 	<ul style="list-style-type: none"> 100% of Scheme Tariff*
Access Option	<ul style="list-style-type: none"> 100% of Negotiated Tariff Limited sector protocols apply 	<ul style="list-style-type: none"> 100% of Scheme Tariff* Limited to PMBs 	<ul style="list-style-type: none"> No Benefit 	<ul style="list-style-type: none"> 100% Negotiated Tariff 	<ul style="list-style-type: none"> 100% of Scheme Tariff* Laparoscopic Hospitalisation & Associated costs will attract a R7 500 co-payment* with exception of: diagnostic laparoscopy, Aspiration/excision ovarian cyst, Lap-appendectomy and repair of recurrent or bilateral inguinal hernias 	<ul style="list-style-type: none"> 100% of Scheme Tariff* Limited to PMBs 	<ul style="list-style-type: none"> 100% of Scheme Tariff* Limited to PMBs 	<ul style="list-style-type: none"> 100% of Scheme Tariff* Limited to PMBs
Essential Option	<ul style="list-style-type: none"> 100% of Negotiated Tariff Limited sector protocols apply 	<ul style="list-style-type: none"> 100% of Scheme Tariff* Limited to PMBs 	<ul style="list-style-type: none"> No Benefit 	<ul style="list-style-type: none"> 100% Negotiated Tariff Limited to PMBs 	<ul style="list-style-type: none"> No Benefit 	<ul style="list-style-type: none"> 100% of Scheme Tariff* Limited to PMBs 	<ul style="list-style-type: none"> 100% of Scheme Tariff* Limited to PMBs 	<ul style="list-style-type: none"> 100% of Scheme Tariff* Limited to PMBs

OUT OF HOSPITAL BENEFITS



General Practitioner & Specialist Consultations



Acute Medicines

Plus Option	<ul style="list-style-type: none"> 100% of Scheme Tariff* General Practitioner Consultations: <ul style="list-style-type: none"> 16 GP Visits per Beneficiary Limited to 26 GP Visits per Family per Annum A 30% co-payment will apply after the 10th GP visit per Beneficiary Specialist Consultations: <ul style="list-style-type: none"> Member: 5 Visits • Member + 1 = 7 Visits • Member + 2 = 9 Visits 	<ul style="list-style-type: none"> 100% of Reference Price* Limited to R9 025 per beneficiary and R15 350 per family per annum. 30% co-pay will apply for benefit utilisation above R9 920 per family <p><i>Subject to Medicine formulary* and Protocols, Including Materials and Homeopathic Medicine.</i></p>
Value Option	<ul style="list-style-type: none"> 100% of Scheme Tariff* General Practitioner Consultations: <ul style="list-style-type: none"> 10 GP Visits per Beneficiary Limited to 20 GP Visits per Family per Annum A 30% co-payment will apply after the 7th GP visit per Beneficiary Specialist Consultations: <ul style="list-style-type: none"> Member: 3 Visits • Member + 1 = 5 Visits • Member + 2 = 7 Visits 	<ul style="list-style-type: none"> 100% of Reference Price* Limited to R5 442 per beneficiary and R9 550 per family annum. 30% co-pay will apply for benefit utilisation above R6 075 per family <p><i>Subject to Medicine formulary* and Protocols, Including Materials Homeopathic Medication excluded</i></p>
Value Core Option	<ul style="list-style-type: none"> 100% of Scheme Tariff* General Practitioner Consultations: <ul style="list-style-type: none"> Unlimited visits & acute medication from any GP within the DSP* Network at 100% of DSP* Tariff* A 30% co-payment will apply for GP consultations outside the DSP* Network Specialist Consultations: <ul style="list-style-type: none"> Member: 3 Visits • Member + 1 = 5 Visits • Member + 2 = 7 Visits Specialist consultations require GP referral or payment will made not be made, except for: <ul style="list-style-type: none"> Paediatricians • Gynaecologists <p><i>Only one additional specialist visit without a GP referral will be allowed per beneficiary per annum and shall be paid at GP rates</i></p> 	<ul style="list-style-type: none"> 100% of Reference Price* Limited to R5 442 per beneficiary and R9 550 per family annum. 30% co-pay will apply for benefit utilisation above R6 075 per family <p><i>Subject to Medicine formulary* and Protocols, Including Materials Homeopathic Medication excluded</i></p>
Access Option	<ul style="list-style-type: none"> 100% Scheme Tariff* General Practitioner Consultations: <ul style="list-style-type: none"> Paid from MSA* Consultations once MSA* depleted: 4 Additional GP Visits per Family Specialist Consultations: <ul style="list-style-type: none"> Paid from MSA* Consultations once MSA* depleted: 1 Additional specialist Visit per Family with any one of the following specialists: <ul style="list-style-type: none"> Paediatricians • Gynaecologists 	<ul style="list-style-type: none"> 100% of Reference Price* Paid from MSA* Acute Medication obtained from Pharmacy: Subject to funds available in MSA <p><i>Subject to Medicine formulary* and Protocols, Including Materials. Homeopathic Medication excluded</i></p>
Essential Option	<ul style="list-style-type: none"> 100% of DSP Tariff* General Practitioner Consultations: <ul style="list-style-type: none"> DSP* GP Unlimited visits & acute medication from any GP within the DSP* Network A 30% co-payment will apply for GP consultations outside the DSP* Network Specialist Consultations: <ul style="list-style-type: none"> 100% of Scheme Tariff* Limited to 3 Visits per family per annum only on referral from DSP* GP <ul style="list-style-type: none"> Subject to pre-authorisation • Limited to PMB conditions only 	<ul style="list-style-type: none"> 100% of Reference Price* DSP* GP Unlimited Acute medication dispensed by the DSP* GP Acute Medication obtained from DSP Pharmacy: R1 270 per beneficiary limited to R3 540 per family per annum <p><i>Subject to Medicine formulary* and Protocols, Including Materials. Homeopathic Medication excluded</i></p>



OUT OF HOSPITAL BENEFITS (CONTINUED)



Diagnostic Investigations



PMB Chronic Disease List Medicines



Other Chronic (Non CDL) Medicines



Pharmacy Advised Treatment (PAT)

	Diagnostic Investigations	PMB Chronic Disease List Medicines	Other Chronic (Non CDL) Medicines	Pharmacy Advised Treatment (PAT)
Plus Option	<ul style="list-style-type: none"> 100% of Scheme Tariff* Combined Pathology and Basic Radiology: <ul style="list-style-type: none"> Combined benefits limited to R5 425 per beneficiary per annum, subject to the below sub-limits for Pathology and Radiology. Only PMB benefits payable once combined limit exhausted. Pathology: <ul style="list-style-type: none"> Limited to R5 100 per beneficiary per annum Basic Radiology: <ul style="list-style-type: none"> Limited to R3 750 per beneficiary per annum 	<ul style="list-style-type: none"> 100% of Reference Price* Unlimited Subject to pre-authorization, treatment protocols and medicine formulary*. Non-formulary* products will incur a 30% co-payment* where these are obtained voluntarily by beneficiaries. 	<ul style="list-style-type: none"> 100% of Reference Price* R14 683 per beneficiary Limited to R28 083 per family per annum Subject to pre-authorization, treatment protocols and medicine formulary* Non-formulary* products will incur a 30% co-payment* where these are obtained voluntarily by beneficiaries. 	<ul style="list-style-type: none"> 100% of Reference Price* Limited to R3 210 per family per annum Maximum R230 per script
Value Option	<ul style="list-style-type: none"> 100% of Scheme Tariff* Combined Pathology and Basic Radiology: <ul style="list-style-type: none"> Combined benefits limited to R3 580 per beneficiary per annum, subject to the below sub-limits for Pathology and Radiology. Only PMB benefits payable once combined limit exhausted. Pathology: <ul style="list-style-type: none"> Limited to R2 780 per beneficiary per annum Basic Radiology: <ul style="list-style-type: none"> Limited to R2 780 per beneficiary per annum 	<ul style="list-style-type: none"> 100% of Reference Price* Unlimited Subject to pre-authorization, treatment protocols and medicine formulary*. Non-formulary* products will incur a 30% co-payment* where these are obtained voluntarily by beneficiaries. 	<ul style="list-style-type: none"> 100% of Reference Price* R6 917 per beneficiary Limited to R13 960 per family per annum Subject to pre-authorization, treatment protocols and medicine formulary* Non-formulary* products will incur a 30% co-payment* where these are obtained voluntarily by beneficiaries. 	<ul style="list-style-type: none"> 100% of Reference Price* Limited to R2 030 per family per annum Maximum R160 per script
Value Core Option	<ul style="list-style-type: none"> 100% of Negotiated Tariff* Combined Pathology and Basic Radiology: <ul style="list-style-type: none"> Combined benefits limited to R3 580 per beneficiary per annum, subject to the below sub-limits for Pathology and Radiology. Only PMB benefits payable once combined limit exhausted. Pathology: <ul style="list-style-type: none"> Limited to R2 780 per beneficiary per annum Basic Radiology: <ul style="list-style-type: none"> Limited to R2 780 per beneficiary per annum 	<ul style="list-style-type: none"> 100% of Reference Price* Unlimited Subject to pre-authorization, treatment protocols and medicine formulary*. Non-formulary products will incur a 30% co-payment* where these are obtained voluntarily* by beneficiaries. 	<ul style="list-style-type: none"> 100% of Reference Price* R6 917 per beneficiary Limited to R13 960 per family per annum Subject to pre-authorization, treatment protocols and medicine formulary* Non-formulary products will incur a 30% co-payment* where these are obtained voluntarily* by beneficiaries 	<ul style="list-style-type: none"> 100% of Reference Price* Limited to R2 030 per family per annum Maximum R160 per script Network Provider Only
Access Option	<ul style="list-style-type: none"> 100% of Scheme Tariff* Paid from MSA* Combined Pathology and Basic Radiology: <ul style="list-style-type: none"> Combined benefits limited to R3 580 per beneficiary per annum, subject to the below sub-limits for Pathology and Radiology. Only PMB benefits payable once combined limit exhausted. Pathology: <ul style="list-style-type: none"> Limited to R2 780 per beneficiary per annum Basic Radiology: <ul style="list-style-type: none"> Limited to R2 780 per beneficiary per annum 	<ul style="list-style-type: none"> 100% of Reference Price* Unlimited Paid from Risk Pool Subject to pre-authorization, treatment protocols, Medicine formulary* and Registration of the Chronic Medicine by GP. 	<ul style="list-style-type: none"> No Benefit 	<ul style="list-style-type: none"> 100% of Reference Price* Paid from MSA*
Essential Option	<ul style="list-style-type: none"> 100% of Negotiated Tariff* Limited to PMBs Pathology: <ul style="list-style-type: none"> Limited to R863 per beneficiary per annum Basic Radiology: <ul style="list-style-type: none"> Limited to R863 per beneficiary per annum 	<ul style="list-style-type: none"> 100% of Reference Price* Unlimited Subject to pre-authorization by Designated Service Provider, Treatment Protocols, Medicine formulary* and Registration of the Chronic Medicine by the DSP* GP. Provider Network Only 	<ul style="list-style-type: none"> No Benefit 	<ul style="list-style-type: none"> Network Provider Only





Contraceptive benefit



Optometry - Network Only



Conservative Dentistry

	Contraceptive benefit	Optometry - Network Only	Conservative Dentistry
Plus Option	<ul style="list-style-type: none"> 100% of Reference Price* Limited to R1 680 per family per annum. Subject to oral, injectable and patch contraceptives only Subject to the contraceptive formulary* 	<ul style="list-style-type: none"> 100% of DSP Tariff* R210 per lens – clear single vision or R445 per lens – clear bifocal or R770 per lens – base multifocal Fixed tints up to 35% <i>No benefit for contact lenses if spectacles purchased</i> Contact Lenses R2 915 per beneficiary Frames/Lens Enhancements R1 230 per beneficiary <i>Every 24 months</i> 	<ul style="list-style-type: none"> 100% of Scheme Tariff* Consultations, Fillings, Extractions Two (2) Root canal treatment RCT per family per annum Preventative scale and polish Fluoride treatment (limited to beneficiaries below the age of 12 years) Conscious sedation for children up to the age of 12 years
Value Option	<ul style="list-style-type: none"> 100% of Reference Price* Limited to R1 400 per family per annum. Subject to oral, injectable and patch contraceptives only Subject to the contraceptive formulary* 	<ul style="list-style-type: none"> 100% of DSP Tariff* R210 per lens – clear single vision or R445 per lens – clear bifocal or R445 per lens – base multifocal Fixed tints up to 35% <i>No benefit for contact lenses if spectacles purchased</i> Contact Lenses R1 810 per beneficiary Frames/Lens Enhancements R795 per beneficiary <i>Every 24 months</i> 	<ul style="list-style-type: none"> 100% of Scheme Tariff* Consultations, Fillings, Extractions Two (2) Root canal treatment RCT per family per annum Preventative scale and polish Fluoride treatment (limited to beneficiaries below the age of 12 years) Conscious sedation for children up to the age of 12 years
Value Core Option	<ul style="list-style-type: none"> 100% of Reference Price* Limited to R1 400 per family per annum. Subject to oral, injectable and patch contraceptives only Subject to the contraceptive formulary* Network Provider Only 	<ul style="list-style-type: none"> 100% of DSP Tariff * R210 per lens – clear single vision or R445 per lens – clear bifocal or R445 per lens – base multifocal Fixed tints up to 35% <i>No benefit for contact lenses if spectacles purchased</i> Contact Lenses R1 810 per beneficiary Frames/Lens Enhancements R795 per beneficiary <i>Every 24 months</i> 	<ul style="list-style-type: none"> 100% of Scheme Tariff* Consultations, Fillings, Extractions Two (2) Root canal treatment RCT per family per annum Preventative scale and polish Fluoride treatment (limited to beneficiaries below the age of 12 years) <i>Conscious sedation for children up to the age of 12 years</i>
Access Option	<ul style="list-style-type: none"> 100% of Reference Price* Paid from MSA* Subject to the contraceptive formulary* 	<ul style="list-style-type: none"> 100% of DSP Tariff* Paid from Risk Pool R210 per lens – clear single vision or R445 per lens – clear bifocal or R445 per lens –base multifocal No Benefit for Fixed Tints <i>No benefit for contact lenses if spectacles purchased</i> Contact Lenses R995 per beneficiary Frames/Lens Enhancements R548 per beneficiary <i>Every 24 months</i> 	<ul style="list-style-type: none"> 100% of Scheme Tariff* Consultations, Fillings, Extractions (Paid from Risk Pool) No benefit Preventative scale and polish Fluoride treatment (limited to beneficiaries below the age of 12 years) Conscious sedation for children up to the age of 12 years
Essential Option	<ul style="list-style-type: none"> 100% of Reference Price* Limited to R70 per beneficiary per month, subject to R770 per family per annum. Subject to oral and injectable contraceptives only Subject to the contraceptive formulary* 	<ul style="list-style-type: none"> 100% of DSP Tariff* R210 per lens – clear single vision or R445 per lens – clear bifocal or R445 per lens – base multifocal No Benefit for Fixed Tints <i>No benefit for contact lenses if spectacles purchased</i> Contact Lenses R645 per beneficiary Frames/Lens Enhancements R300 per beneficiary <i>Every 24 months</i> 	<ul style="list-style-type: none"> 100% of Scheme Tariff* Consultations, Fillings, Extractions No benefit Preventative scale and polish Fluoride treatment (limited to beneficiaries below the age of 12 years) Conscious sedation for children up to the age of 12 years



OUT OF HOSPITAL BENEFITS (CONTINUED)



Advanced Dentistry



Auxiliary Benefit

<p>Plus Option</p>	<ul style="list-style-type: none"> 100% of Scheme Tariff* R6 810 per beneficiary limited to R8 580 per family per annum. Dental Implants: R15 000 per family once every five years per beneficiary Partial Metal Frame Dentures: Limited to one (1) set per beneficiary every 5 years. Subject to advanced dentistry limit. Acrylic (Plastic) Dentures: Limited to 1 per beneficiary every 4 years. Subject to availability of benefits 	<p>100% of Scheme Tariff*</p> <p>Alternative Services: e.g Chiropractor, Podiatry, etc Collectively limited to R4 080 per family per annum</p> <p>Remedial and Other Therapies: e.g Audiology, Dieticians, etc Collectively limited to R5 170 per family per annum</p> <p>Physiotherapy Out of Hospital: eg. Biokinetics & Physiotherapy, etc R2 730 per beneficiary limited to R4 370 per family per annum</p>
<p>Value Option</p>	<ul style="list-style-type: none"> 100% of Scheme Tariff* R4 460 per beneficiary limited to R6 370 per family per annum. Dental Implants: R15 000 per family once every five years per beneficiary Partial Metal Frame Dentures: Limited to one (1) set per beneficiary every 5 years. Subject to advanced dentistry limit. Acrylic (Plastic) Dentures: Limited to 1 per beneficiary every 4 years. Subject to availability of benefits 	<p>100% of Scheme Tariff*</p> <p>Alternative Services: e.g Chiropractor, Podiatry, etc Collectively limited to R3 760 per family per annum</p> <p>Remedial and Other Therapies: e.g Audiology, Dieticians, etc Collectively limited to R3 625 per family per annum</p> <p>Physiotherapy Out of Hospital: eg. Biokinetics & Physiotherapy, etc R1 710 per beneficiary limited to R2 820 per family per annum</p>
<p>Value Core Option</p>	<ul style="list-style-type: none"> 100% of Scheme Tariff* R4 460 per beneficiary limited to R6 370 per family per annum. Dental Implants: R15 000 per family once every five years per beneficiary Partial Metal Frame Dentures: Limited to 1 set per beneficiary every 5 years Subject to advanced dentistry limit. Acrylic (Plastic) Dentures: Limited to 1 per beneficiary every 4 years. Subject to availability of benefits Contracted Network Provider Only 	<p>100% of Scheme Tariff*</p> <p>Alternative Services: e.g Chiropractor, Podiatry, etc Collectively limited to R3 760 per family per annum</p> <p>Remedial and Other Therapies: e.g Audiology, Dieticians, etc Collectively limited to R3 625 per family per annum</p> <p>Physiotherapy Out of Hospital: eg. Biokinetics & Physiotherapy, etc R1 710 per beneficiary limited to R2 820 per family per annum</p>
<p>Access Option</p>	<ul style="list-style-type: none"> Non-PMBs Paid from MSA* All clinically valid specialised dental treatment covered from MSA* 1 set of Acrylic (plastic) denture per beneficiary every 4 years. Repairs, realigning and repairing of dentures every 12 months. Limited to PMBs 	<p>100% of Scheme Tariff*</p> <p>Alternative Services: e.g Chiropractor, Podiatry, etc Non-PMBs paid from MSA*</p> <p>Remedial and Other Therapies: e.g Audiology, Dieticians, etc Collectively limited to R2 500 per family per annum</p> <p>Physiotherapy Out of Hospital: eg. Biokinetics & Physiotherapy, etc Subject to PMB conditions and clinical protocols</p>
<p>Essential Option</p>	<ul style="list-style-type: none"> 100% of Scheme Tariff* Limited to PMBs 1 set of Acrylic/plastic dentures per beneficiary every 4 years. Repairs and realigning every 12 months Limited to PMB. Contracted Network Provider Only 	<p>100% of Scheme Tariff*</p> <p>Remedial and Other Therapies: e.g Audiology, Dieticians, etc Limited to PMBs</p> <p>Physiotherapy Out of Hospital: eg. Biokinetics & Physiotherapy, etc Limited to PMB conditions only and clinical protocols</p>





Appliances



Air/Road Ambulance & Emergency Services



Psychology & Psychiatry Treatment



Infertility



Hospice and Private Nursing







	Appliances	Air/Road Ambulance & Emergency Services	Psychology & Psychiatry Treatment	Infertility	Hospice and Private Nursing
Plus Option	<ul style="list-style-type: none"> 100% of Negotiated Tariff* Limited to R14 740 per family per annum Stoma Care – Subject to a sub limit of R7 580 per family per annum Wheelchairs – one claim per Beneficiary every 36 months subject to pre-authorisation. Hearing aids – one claim per Beneficiary every 24 months subject to pre-authorisation Blood Pressure Monitors – Subject to a sub-limit of R550 for beneficiaries registered for Hypertension 	<ul style="list-style-type: none"> 100% of Scheme Tariff* 24-hour access to Call Centre including telephonic Nurse advise line 	<ul style="list-style-type: none"> 100% of Scheme Tariff* R4 780 per beneficiary, Limited to R9 560 per Family 	<ul style="list-style-type: none"> 100% of Scheme Tariff* 	<ul style="list-style-type: none"> 100% of Negotiated Tariff* Subject to combined limit of a maximum period of 14 days per annum-except for PMBs
Value Option	<ul style="list-style-type: none"> 100% of Negotiated Tariff* Limited to R14 010 per family per annum Stoma Care – Subject to a sub limit of R7 230 per family per annum Wheelchairs – one claim per Beneficiary every 36 months subject to pre-authorisation. Hearing aids – one claim per Beneficiary every 24 months subject to pre-authorisation. Blood Pressure Monitors – Subject to a sub-limit of R550 for beneficiaries registered for Hypertension 	<ul style="list-style-type: none"> 100% of Scheme Tariff* 24-hour access to Call Centre including telephonic Nurse advise line 	<ul style="list-style-type: none"> 100% of Scheme Tariff* R2 950 per beneficiary, Limited to R7 420 per Family. 	<ul style="list-style-type: none"> 100% of Scheme Tariff* 	<ul style="list-style-type: none"> 100% of Negotiated Tariff* Subject to combined limit of a maximum period of 14 days per annum-except for PMBs
Value Core Option	<ul style="list-style-type: none"> 100% of Negotiated Tariff* Limited to R14 010 per family per annum Stoma Care – Subject to a sub limit of R7 230 per family per annum Wheelchairs – one claim per Beneficiary every 36 months subject to pre-authorisation. Hearing aids – one claim per Beneficiary every 24 months subject to pre-authorisation. Blood pressure monitors – Subject to a sub limit of R550 for beneficiaries registered for Hypertension 	<ul style="list-style-type: none"> 100% of Scheme Tariff* 24-hour access to Call Centre including telephonic Nurse advise line. 	<ul style="list-style-type: none"> 100% of Scheme Tariff* R2 950 per beneficiary, Limited to R7 420 per Family. 	<ul style="list-style-type: none"> 100% of Scheme Tariff* 	<ul style="list-style-type: none"> 100% of Negotiated Tariff* Subject to combined limit of a maximum period of 14 days per annum-except for PMBs
Access Option	<ul style="list-style-type: none"> 100% of Negotiated Tariff* Limited to R6 530 per family per annum Paid from Risk Pool subject to sub limit Blood Pressure Monitors – Subject to a sub-limit of R550 for beneficiaries registered for Hypertension 	<ul style="list-style-type: none"> 100% of Scheme Tariff* 24-hour access to Call Centre including telephonic Nurse advise line 	<ul style="list-style-type: none"> 100% of Scheme Tariff* Subject to PMB conditions only Non-PMBs paid from MSA* 	<ul style="list-style-type: none"> 100% of Scheme Tariff* Non-PMBs paid from MSA* 	<ul style="list-style-type: none"> 100% of Negotiated Tariff* Limited to PMBs only Non-PMBs subject to MSA*
Essential Option	<ul style="list-style-type: none"> 100% of Negotiated Tariff* Limited to R2 920 per family per annum Blood Pressure Monitors – Subject to a sub-limit of R550 for beneficiaries registered for Hypertension 	<ul style="list-style-type: none"> 100% of Scheme Tariff* 24-hour access to Call Centre including telephonic Nurse advise line 	<ul style="list-style-type: none"> Limited to PMBs only 	<ul style="list-style-type: none"> Limited to PMB only 	<ul style="list-style-type: none"> 100% of Negotiated Tariff* Limited to PMBs only



HOSMED BAMBINO PROGRAMME

Hosmed cares about its pregnant mothers. At 24 weeks of maternity, the Scheme offers a free maternity bag. Call **0860 00 00 48** to register.



	 Maternity Visit(s)	 Maternity Ultrasound(s)	 Home Delivery	 Hospital Confinement	 Immunisation benefit	 Antenatal Classes
Plus Option	<ul style="list-style-type: none"> Additional 6 GP consultations and 3 specialist consultations per pregnancy (Once these limits have been reached further ante-natal consultations will be paid from the day-to-day benefit) 	<ul style="list-style-type: none"> Limited to three (3) 2D ultrasounds per pregnancy for In and Out of Hospital 	<ul style="list-style-type: none"> 100% of Negotiated Tariff* 	<ul style="list-style-type: none"> 100% Scheme Tariff NVD – Limited to 3 days Caesarean – Limited to 4 days 	<ul style="list-style-type: none"> Immunisation as per the Immunisation schedule by the Department of Health up to 12 months of age 	<ul style="list-style-type: none"> Limited to R555 per Beneficiary per annum
Value Option	<ul style="list-style-type: none"> Additional 6 GP consultations and 3 specialist consultations per Pregnancy at GP or Specialist (Once these limits have been reached further ante-natal consultations will be paid from the day-to-day benefit) 	<ul style="list-style-type: none"> Limited to two (2) 2D ultrasounds per pregnancy for In and Out of Hospital 	<ul style="list-style-type: none"> 100% of Negotiated Tariff* 	<ul style="list-style-type: none"> 100% Scheme Tariff NVD – Limited to 2 days Caesarean – Limited to 3 days 	<ul style="list-style-type: none"> Immunisation as per the Immunisation schedule by the Department of Health up to 12 months of age 	<ul style="list-style-type: none"> No benefit
Value Core Option	<ul style="list-style-type: none"> Additional 6 GP consultations and 3 specialist consultations per Pregnancy (Once these limits have been reached further ante-natal consultations will be paid from the day-to-day benefit) 	<ul style="list-style-type: none"> Limited to two (2) 2D ultrasounds per pregnancy for In and Out of Hospital 	<ul style="list-style-type: none"> 100% of Negotiated Tariff* 	<ul style="list-style-type: none"> 100% Scheme Tariff NVD – Limited to 2 days Caesarean – Limited to 3 days 	<ul style="list-style-type: none"> Immunisation as per the Immunisation schedule by the Department of Health up to 12 months of age 	<ul style="list-style-type: none"> No benefit
Access Option	<ul style="list-style-type: none"> 7 GP consultations and 2 specialist consultations per Pregnancy at GP or Specialist (Once these limits have been reached further ante-natal consultations will be paid from the day-to-day benefit) 	<ul style="list-style-type: none"> Limited to two (2) 2D ultrasounds per pregnancy for In and Out of Hospital 	<ul style="list-style-type: none"> 100% of Negotiated Tariff* 	<ul style="list-style-type: none"> 100% Scheme Tariff NVD – Limited to 2 days Caesarean – Limited to 3 days 	<ul style="list-style-type: none"> Immunisation as per the Immunisation schedule by the Department of Health up to 12 months of age 	<ul style="list-style-type: none"> No benefit
Essential Option	<ul style="list-style-type: none"> 100% of Scheme Tariff* Subject to DSP* GP and Specialist consultation limit as per General Practitioner Consultations 	<ul style="list-style-type: none"> Limited to two (2) 2D ultrasounds per pregnancy for In and Out of Hospital 	<ul style="list-style-type: none"> 100% of Negotiated Tariff* 	<ul style="list-style-type: none"> 100% Scheme Tariff NVD – Limited to 2 days Caesarean – Limited to 3 days 	<ul style="list-style-type: none"> Immunisation as per the Immunisation schedule by the Department of Health up to 12 months of age 	<ul style="list-style-type: none"> No benefit

WELLNESS PROGRAMME



Plus Option

100% of Scheme Tariff*

- 1 Free Pap Smear for Females over 18 Years per beneficiary per Annum
- 1 Free Mammogram for Females over 40 Years per beneficiary per Annum
- 1 Free PSA for Males over 40 Years per beneficiary per Annum
- 1 Free Cholesterol Test over 20 Years per beneficiary per Annum
- 1 Free Flu Vaccine per beneficiary per Annum
- 1 Free Blood Sugar Test over 15 Years per beneficiary per Annum
- 1 Free Colon Cancer Blood Test over 50 years per beneficiary per Annum
- 1 Free Blood Pressure test per beneficiary per Annum
- 1 Free HIV Test per beneficiary per Annum
- 1 Free HPV vaccination per beneficiary between 9 and 12 years of age
- 1 Free Pneumococcal Vaccine per beneficiary above 65 Years of age per Annum

Value Option

100% of Scheme Tariff*

- 1 Free Pap Smear for Females over 18 Years per beneficiary per Annum
- 1 Free Mammogram for Females over 40 Years per beneficiary per Annum
- 1 Free PSA for Males over 40 Years per beneficiary per Annum
- 1 Free Cholesterol Test over 20 Years per beneficiary per Annum
- 1 Free Flu Vaccine per beneficiary per Annum
- 1 Free Blood Sugar Test over 15 Years per beneficiary per Annum
- 1 Free Colon Cancer Blood Test over 50 years per beneficiary per Annum
- 1 Free Blood Pressure test per beneficiary per Annum
- 1 Free HIV Test per beneficiary per Annum
- 1 Free HPV vaccination per beneficiary between 9 and 12 years of age
- 1 Free Pneumococcal Vaccine per beneficiary above 65 Years of age per Annum

Value Core Option

100% of Scheme Tariff*

- 1 Free Pap Smear for Females over 18 Years per beneficiary per Annum
- 1 Free Mammogram for Females over 40 Years per beneficiary per Annum
- 1 Free PSA for Males over 40 Years per beneficiary per Annum
- 1 Free Cholesterol Test over 20 Years per beneficiary per Annum
- 1 Free Flu Vaccine per beneficiary per Annum
- 1 Free Blood Sugar Test over 15 Years per beneficiary per Annum
- 1 Free Colon Cancer Blood Test over 50 years per beneficiary per Annum
- 1 Free Blood Pressure test per beneficiary per Annum
- 1 Free HIV Test per beneficiary per Annum
- 1 Free HPV vaccination per beneficiary between 9 and 12 years of age
- 1 Free Pneumococcal vaccination per beneficiary over the age of 65 years of age per Annum

Access Option

100% of Scheme Tariff*

- 1 Free Pap Smear for Females over 18 Years per beneficiary per Annum
- 1 Free Mammogram for Females over 40 Years per beneficiary per Annum
- 1 Free PSA for Males over 40 Years per beneficiary per Annum
- 1 Free Cholesterol Test over 20 Years per beneficiary per Annum
- 1 Free Flu Vaccine per beneficiary per Annum
- 1 Free Blood Sugar Test over 15 Years per beneficiary per Annum
- 1 Free Blood Pressure check per beneficiary per Annum
- 1 Free HIV Test per beneficiary per Annum
- 1 Free HPV vaccination per beneficiary between 9 and 12 years of age
- 1 Free Pneumococcal Vaccine per beneficiary above 65 Years of age per Annum

Essential Option






100% of Scheme Tariff*

- 1 Free Pap Smear for Females over 18 Years per beneficiary per Annum
- 1 Free Mammogram for Females over 40 Years per beneficiary per Annum
- 1 Free PSA for Males over 40 Years per beneficiary per Annum
- 1 Free Cholesterol Test over 20 Years per beneficiary per Annum
- 1 Free Flu Vaccine per beneficiary per Annum
- 1 Free Blood Sugar Test over 15 Years per beneficiary per Annum
- 1 Free Blood Pressure check per beneficiary per Annum
- 1 Free HIV Test per beneficiary per Annum
- 1 Free HPV vaccination per beneficiary between 9 and 12 years of age
- 1 Free Pneumococcal Vaccine per beneficiary above 65 Years of age per Annum



CHRONIC DISEASE MANAGEMENT PROGRAMME (CDL)



 Plus Option	 Value Option	 Value Core Option	 Access Option	 Essential Option
<ul style="list-style-type: none"> • 100% of Scheme Tariff* • Treatment is subject to the treatment Care plan and clinical protocols per CDL 	<ul style="list-style-type: none"> • 100% of Scheme Tariff* • Treatment is subject to the treatment Care plan and clinical protocols per CDL 	<ul style="list-style-type: none"> • 100% of Scheme Tariff* • Treatment is subject to the treatment Care plan and clinical protocols per CDL 	<ul style="list-style-type: none"> • 100% of Scheme Tariff* • Treatment is subject to the treatment Care plan and clinical protocols per CDL 	<ul style="list-style-type: none"> • 100% of Scheme Tariff* • Treatment is subject to the treatment Care plan and clinical protocols per CDL

HIV/AIDS MANAGEMENT PROGRAMME

<ul style="list-style-type: none"> • 100% of Scheme Tariff* • Treatment is subject to the treatment Care plan and clinical protocols per CDL 	<ul style="list-style-type: none"> • 100% of Scheme Tariff* • Treatment is subject to the treatment Care plan and clinical protocols per CDL 	<ul style="list-style-type: none"> • 100% of Scheme Tariff* • Treatment is subject to the treatment Care plan and clinical protocols per CDL 	<ul style="list-style-type: none"> • 100% of Scheme Tariff* • Treatment is subject to the treatment care plan and clinical protocols 	<ul style="list-style-type: none"> • 100% of Scheme Tariff* • Treatment is subject to the treatment care plan and clinical protocols
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COVID-19

<ul style="list-style-type: none"> • 100% of Scheme Tariff* • Subject to PMBs 	<ul style="list-style-type: none"> • 100% of Scheme Tariff* • Subject to PMBs 	<ul style="list-style-type: none"> • 100% of Scheme Tariff* • Subject to PMBs 	<ul style="list-style-type: none"> • 100% of Scheme Tariff* • Subject to PMBs 	<ul style="list-style-type: none"> • 100% of Scheme Tariff* • Subject to PMBs
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DAY HOSPITAL PROCEDURES

Plus Option

Subject to Scheme Tariff*

1. Umbilical and Inguinal hernia repair
2. Colonoscopy
3. Cystoscopy
4. Gastroscopy and Oesophagoscopy
5. Hysteroscopy
6. Grommets
7. Termination of pregnancy
8. Breast biopsy
9. Cataracts
10. Circumcision
11. ERCP
12. Haemorrhoidectomy
13. Vasectomy
14. Tubal Ligation
15. Excision of extensive skin lesions or repair of wounds and skin grafts
16. Dental procedures
17. Repair nail bed & Removal of toenails
18. Minor orthopaedic procedures such as tennis elbow, dupuytren's contracture, trigger finger, ganglion, carpal tunnel syndrome
19. Minor Gynaecological procedures – cone biopsy, colposcopy, Dilation & Curette

Value Option

Subject to Scheme Tariff*

1. Umbilical and Inguinal hernia repair
2. Colonoscopy
3. Cystoscopy
4. Gastroscopy and Oesophagoscopy
5. Hysteroscopy
6. Grommets
7. Termination of pregnancy
8. Breast biopsy
9. Cataracts
10. Circumcision
11. ERCP
12. Haemorrhoidectomy
13. Vasectomy
14. Tubal Ligation
15. Excision of extensive skin lesions or repair of wounds and skin grafts
16. Dental procedures
17. Repair nail bed & Removal of toenails
18. Minor orthopaedic procedures such as tennis elbow, dupuytren's contracture, trigger finger, ganglion, carpal tunnel syndrome
19. Minor Gynaecological procedures – cone biopsy, colposcopy, D&C

Value Core Option

Subject to Scheme Tariff*

1. Umbilical and Inguinal hernia repair
2. Colonoscopy
3. Cystoscopy
4. Gastroscopy and Oesophagoscopy
5. Hysteroscopy
6. Grommets
7. Termination of pregnancy
8. Breast biopsy
9. Cataracts
10. Circumcision
11. ERCP
12. Haemorrhoidectomy
13. Vasectomy
14. Tubal Ligation
15. Excision of extensive skin lesions or repair of wounds and skin grafts
16. Dental procedures
17. Repair nail bed & Removal of toenails
18. Minor orthopaedic procedures such as tennis elbow, dupuytren's contracture, trigger finger, ganglion, carpal tunnel syndrome
19. Minor Gynaecological procedures – cone biopsy, colposcopy, D&C

Access Option

Subject to Scheme Tariff*

- Co-Payment applicable to defined conditions above
- Subject to PMB conditions only:
1. Umbilical and Inguinal hernia repair
 2. Colonoscopy
 3. Cystoscopy
 4. Gastroscopy and Oesophagoscopy
 5. Hysteroscopy
 6. Grommets
 7. Termination of pregnancy
 8. Breast biopsy
 9. Cataracts
 10. Circumcision
 11. ERCP
 12. Haemorrhoidectomy
 13. Vasectomy
 14. Tubal Ligation
 15. Excision of extensive skin lesions or repair of wounds and skin grafts
 16. Dental procedures
 17. Repair nail bed & Removal of toenails
 18. Minor orthopaedic procedures such as tennis elbow, dupuytren's contracture, trigger finger, ganglion, carpal tunnel syndrome
 19. Minor Gynaecological procedures – cone biopsy, colposcopy, D&C

Essential Option

Subject to Scheme Tariff*

- Subject to PMB conditions only:
1. Biopsy
 2. Breast Biopsy
 3. Cataract
 4. Colonoscopy
 5. Cone Biopsy/ Colposcopy
 6. Cystoscopy
 7. ERCP
 8. Excision of Extensive Skin lesions / Repair/Skin Graft
 9. Gastroscopy or Colonoscopy or Oesophagoscopy
 10. Haemorrhoidectomy
 11. Hysteroscopy, D&C, Minor Gynaecological Procedures
 12. Grommets
 13. Repair of Wounds
 14. Termination of Pregnancy
 15. Umbilical and Inguinal Hernia

DEFINITIONS

- **Scheme Tariff*:** As defined in Rule 4.9.68
"the tariff determined or adopted by the Board in respect of the payment for healthcare services rendered to Beneficiaries by service providers who are not subject to a DSP Tariff or a Negotiated Tariff, determined using the 2006 National Health Reference Price List (NHRPL) with the application of a year on year inflationary increase, as contemplated in Rule 15.11"

- **DSP*:** As defined in Rule 4.9.28
"Designated Service Provider"

- **DSP Tariff*:** As defined in Rule 4.9.29
"The fee determined in terms of an agreement between the Scheme and a service provider or a group of service providers in respect of the payment for the relevant health services"

- **Negotiated Tariff*:** As defined in Rule 4.9.54
"a tariff negotiated and agreed ad hoc for services rendered between the Scheme and a healthcare service provider for services rendered by the relevant service provider to the Scheme or to Beneficiaries and which is different from the Scheme Tariff;"

- **Reference Price*:** As defined in Rule 4.9.66
"The maximum reimbursable price for a list of generically similar or therapeutically equivalent products with a cost lower than that of the original medicine."

- **Formulary*:** As defined in Rule 4.9.38
"A list of medicines that the Scheme will pay for the treatment of acute and chronic conditions as per the benefit option the member has selected"

- **Co-payment*:** As defined in Rule 4.9.21
"a specified rand amount a beneficiary will be liable to self-fund for the cost of a specified medical treatment as stipulated in the benefits per option"

- **Deductible*:** As defined in Rule 4.9.26
"A specific percentage or rand amount of the total hospital account related to a specific procedure as stipulated in the benefits per option that the beneficiary is liable for"

- **MSA*:** As defined in Rule 4.9.51
"Medical Savings Account - that part of a Member's Contribution which remains an asset, where applicable, of the Member, but is held by the Scheme for his/her and his/her Dependents' exclusive benefit and use in accordance with the relevant Benefit Option and which funds are administered and regulated in terms of the Act and the Rules";

- **ICON*:** Independent Clinical Oncology Network

- **Voluntarily*:** Of one's own free will.



PREMIUM PENALTIES FOR PERSONS JOINING LATE IN LIFE

Premium penalties will be applied in respect of persons over the age of 35 years, who were without medical scheme cover (creditable coverage) for the period indicated hereunder after the age of 35 years as follows:

- 1–4 years @ 0.05 multiplied by the relevant contribution
- 5–14 years @ 0.25 multiplied by the relevant contribution
- 15–24 years @ 0.50 multiplied by the relevant contribution
- 25+ years @ 0.75 multiplied by the relevant contribution

“creditable coverage” means any period of verifiable medical scheme membership of the applicant or his or her dependant, but excluding membership as a child dependant, terminating two years or more before the date of the latest application for membership. Any years of creditable coverage which can be demonstrated by the applicant or his or her dependant shall be subtracted from his or her current age in determining the applicable penalty.

TERMS AND CONDITIONS OF MEMBERSHIP

- 3-month general waiting period (subject to the rights of interchangeability)
- 12-month condition-specific waiting period for pre-existing conditions (subject to the rights of interchangeability)

PRIVACY POLICY

Hosmed takes any concerns that you may have about Hosmed processing your personal information very seriously. We encourage you to bring any concern you may have to Hosmed so that Hosmed may provide you with further clarity or information regarding the processing and protection of your personal information. The POPI Policy link is: <http://www.hosmed.co.za/privacy-policy>

DISCLAIMER

Every effort has been made to ensure that this leaflet is an accurate explanation of the benefits offered by Hosmed Medical Scheme. Please note that this document does not replace the Rules of the Scheme, which take precedence over any wording in this guide.





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