

# 2018 benefits



OVERALL ANNUAL LIMIT (OAL): R400 000 per beneficiary

IN-HOSPITAL TREATMENT	LIMITS	PAID FROM	PRE-AUTH
<b>PRE-AUTHORISATION REQUIRED FOR ALL IN-HOSPITAL TREATMENT</b>			
Emergencies must be authorised within 48 hours following admission to hospital. Failure to obtain pre-authorisation will result in you being liable for the full cost of hospitalisation and related expenses. Benefits will be provided in accordance with the Scheme rules, benefits, clinical protocols and limits.			
<b>HOSPITALISATION</b> Including ward and theatre fees, ICU and high care wards, medication, material, equipment, blood transfusions and transfer of blood. <b>Excluding:</b> Cost of dental implants, accommodation in a private ward, refractive surgery, psychiatric treatment, organ transplants (see organ transplant benefit) and to-take-out (TTO) medication (see acute medication benefit).	100% of Scheme rate	Common benefits Subject to OAL	Yes
<b>ACCIDENTS AND INJURIES, INCLUDING MOTOR VEHICLE ACCIDENTS (MVAs)</b> Including injuries relating to third-party cases. <b>Subject to accident/injury report and legal undertaking – to be completed and submitted by you.</b>	100% of Scheme rate	Common benefits Subject to OAL	Yes
<b>MATERNITY BENEFITS (CONFINEMENTS IN HOSPITAL)</b> Normal deliveries and caesarean sections in private and State hospitals (includes complications for mother and child).	100% of Scheme rate	Common benefits Subject to OAL	Yes
<b>MATERNITY BENEFITS – HOME DELIVERIES BY A REGISTERED NURSE/MIDWIFE AND ANTENATAL VISITS</b> Benefit includes all costs relating to hospitalisation.	100% of cost	Common benefits Subject to OAL	Yes
<b>MEDICAL PRACTITIONERS – IN-HOSPITAL TREATMENT (CONSULTATIONS AND SERVICES IN HOSPITAL)</b> Treatment and consultations in hospital by specialist and general practitioners (GPs), technicians and physiotherapy. Excluding costs for maxillofacial and oral surgery, except for oncology cases.	100% of Scheme rate	Common benefits Subject to OAL	Yes
<b>AMBULANCE SERVICES (EMERGENCY SERVICES)</b> Road ambulances, emergency services, general advice line, air evacuation and transportation. <b>(Pre-authorisation required – contact Netcare 911 on 082 911.)</b>	100% of Scheme rate	R2 770 per family if Netcare 911 is not used	Yes
<b>INTERNAL PROSTHESES AND APPLIANCES</b> Including pacemakers, electronic devices, coronary stents and joint replacements.	100% of agreed cost	R44 810 per family per year Subject to OAL	Yes
<b>RENAL DISORDERS (KIDNEY AND HOME DIALYSIS)</b> Including related medication therapy (through approved healthcare providers only). <b>All cases subject to full investigation, registration on the renal programme and pre-authorisation.</b>	100% of cost	R197 630 per family Subject to OAL	Yes
<b>ORGAN TRANSPLANTS (SUBJECT TO PRESCRIBED MINIMUM BENEFITS [PMBs])</b> Including organ harvesting and immunosuppressive medication therapy. Subject to transplant motivation, PMBs and pre-authorisation.	100% of cost	Subject to pre-authorisation	Yes
<b>PSYCHIATRY IN AND OUT OF HOSPITAL INCLUDING PSYCHOLOGICAL CONDITIONS</b> Hospitalisation conditions include anorexia nervosa, bulimia, alcoholism, treatment for alcohol and chemical substance abuse, and all related accounts at approved facilities.	100% of cost	21 days per beneficiary per family Subject to pre-authorisation	Yes

OUT-OF-HOSPITAL TREATMENT RECEIVED IN ROOMS	LIMITS	PAID FROM	PRE-AUTH
<b>CONSULTATIVE SERVICES (SPECIALIST TREATMENT)</b> Specialist conditions and treatment out of hospital by anaesthetists, physicians, neurosurgeons, surgeons, orthopaedic specialists, otorhinolaryngologists (ENT), radiotherapists, thoracic surgeons, urologists and cardiologists and nursing practitioners.	100% of Scheme rate	M: R3 540 M+1: R5 790 M+2: R7 090 M+3: R7 620 Subject to OAL	–
<b>GENERAL PRACTITIONERS AND CERTAIN SPECIALISTS</b> Outpatients, out-of-hospital consultations, treatment in rooms and procedures in doctors' rooms. Includes dermatologists, gynaecologists, ophthalmologists, paediatricians, neurologists, plastic surgeons and physical medication (including needles, syringes and sterile trays).	100% of Scheme rate	Subject to available MSA	–
<b>DIAGNOSTIC RADIOLOGY AND PATHOLOGY</b> Including materials. <b>Referring healthcare provider's practice number must appear on all claims. (Pre-authorization required for MRI, bone densitometry, mammograms and CT scans.) Out-of-hospital radiology and pathology benefits are covered at 80% of the Scheme tariff, with 20% from MSA subject to PMB requirements.</b>	100% of Scheme rate	M: R13 820 M+1: R22 930 M+2: R25 880 M+3: R32 380 Subject to OAL	Yes
<b>ONCOLOGY</b> Chemotherapy, radiotherapy, intravenous medication and materials. <b>This benefit is subject to the approval of a comprehensive treatment plan that must be submitted to the pre-authorization department via info@pggmeds.co.za or via post to PO Box 2070, Bellville 7535</b>	100% of cost	Subject to pre-authorization	Yes
<b>PRESCRIBED CHRONIC MEDICATION</b> Medication prescribed or dispensed to patients registered on the Scheme's chronic medication programme. Limits applicable to non-PMB chronic medication. Unlimited cover for CDL/PMB chronic medication.	100% of SEP and dispensing fee	M: R20 680 M+1: R34 390 M+2: R41 250 M+3: R48 290 per family per year	Yes
<b>HIV/AIDS</b> Antiretroviral treatment (ART).	100% of cost	Unlimited Subject to pre-authorization	Yes
<b>ACUTE MEDICATION</b> All medication including TTO's (maximum seven days' supply) other than those obtained by members through medicine risk management. Pharmacy-advised therapy medication prescribed and dispensed by pharmacists limited to R160 per prescription. Clinically and pharmacy-dispensed vaccinations.	100% of SEP and dispensing fee	Subject to available MSA	–
<b>PHYSIOTHERAPY/BIOKINETICS</b>	100% of Scheme rate	Subject to available MSA	Yes
<b>EXTERNAL APPLIANCES</b> Includes nebulisers, wheelchairs, stoma products, hearing protectors and home oxygen. <b>(Pre-authorization required.)</b>	100% of cost	R5 900 per family per year	Yes
<b>HEARING AIDS</b> <b>(Pre-authorization required.)</b>	100% of cost	R13 440 per ear per beneficiary every three years	Yes

COMMUNITY CARE	PAID FROM	LIMITS	PRE-AUTH
<b>PRIVATE NURSING AND HOSPICES – IN-PATIENT SERVICES AT AN APPROVED FACILITY</b> In lieu of hospitalisation only. Nursing services and sub-acute facilities. <b>Subject to submission of healthcare provider’s comprehensive treatment plan and Scheme approval. Frail care services are not included.</b>	100% of cost	Subject to OAL	Yes
<b>REHABILITATION (PHYSICAL REHABILITATION)</b> <b>Subject to submission and approval of a treatment plan.</b>	100% of Scheme rate	27 days per family per year (except for PMBs) Subject to OAL	Yes
<b>REHABILITATION (PSYCHIATRIC/SUBSTANCE ABUSE)</b> For the abuse or dependence on psychoactive substances including alcohol.	100% of Scheme rate	Benefit of 21 days per beneficiary per year in a SANCA-approved facility Subject to OAL	
<b>BLOOD TRANSFUSION AND TECHNOLOGISTS</b> Bags, pouches and flanges.	100% of Scheme rate	Common benefits Subject to OAL	Yes
<b>ALTERNATIVE MEDICAL SERVICES</b> Homeopaths and chiropractors, chiropodists, naturopaths and osteopaths. Including all services.	100% of Scheme rate	Subject to available MSA	–
<b>OTHER MEDICAL SERVICES</b> Speech therapy, audiology, occupational therapy, podiatry, dieticians, social workers, educational and remedial counselling, marriage counselling and orthoptists.	100% of Scheme rate	Subject to available MSA	–

All individual benefit limits are subject to and fall within the OAL.

**ABBREVIATIONS:**

**CDL** = Chronic disease list

**MSA** = Medical savings account

**MMAP** = Maximum medical aid price

**OAL** = Overall annual limit

**PMBs** = Prescribed minimum benefits

**SEP** = Single exit price

