

OPTION A BENEFITS 2008

CATEGORY	SUB-CATEGORY	2008
Alternative Health Care Practitioners	Chiroprody, homeopaths, naturopaths, and chiropractors	Included with GP Consultations and Visits.
Ambulance Services	Road and Air	R800 per case.
Appliances (External)	Including calipers, surgical collars, orthopedic boots, nebulisers, glucometers, hearing aids, colostomy kits	M R1 370 M1 R1 930 M2+ R2 490
Dentistry	Basic and Advanced Combined	M R1 700 M1 R2 040 M2 R2 830 M3+ R3 400 Benefit is payable from hospitalisation in cases of children under 7 years and removal of wisdom teeth if pre-authorised.
GP's Consultations, Visits and Procedures	Rooms or Home	M 11 visits M1 19 visits M2 26 visits M3+ 30 visits
	Emergency treatment and Procedures	R570 per family per annum.
	In-hospital	Included with In Patient Benefit
HIV/Aids	Hospitals	Subject to Public Hospitals and In-patient Benefit. Register with HIV/AIDS Programme
	Medication	CDL only. Register with HIV/AIDS Programme.
Infertility	Only PMB conditions.	Subject to Public Hospitals.
Medicines and Injection Material	Prescribed or Dispensed Acute	M R860 M1 R1 720 M2 R2 570 M3+ R3 430 Includes Alternative Healthcare Medicines registered with the Medicines Control Council. Limited to R860 per beneficiary.
	Chronic	Only CDL Unlimited. Register with the Chronic Programme.
	PAT	R60 per script and limited to R340 per annum. Included in Acute Medicine Limit.
Mental Health and Substance Dependency	Hospitalisation, Consultations/Visits and Procedures.	R7 920 per family per annum. To be referred by a GP. PMB cases Unlimited at a Public Hospitals. Included with In-Patient Benefit.
Optical	Frames/Lenses/Contact Lenses	Family Limit of R2 680 per annum Spectacles and Contact Lenses cannot be obtained simultaneously
	Frames	Frames Limit: R430 per beneficiary.

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	Lenses	White lenses: 100% of the lower of cost or Optical Assistants Tariff . Photochromic lenses:100% of the lower of cost or Optical Assistants tariff up to a maximum of R210 per pair subject to a prescription of +0.50/-0.50 and above. Fixed or gradient tints up to 35%: 100% of the lower of cost or Optical Assistants tariff up to a maximum of R210 per pair subject to a prescription of +0.50/-0.50 and above. Subject to a two year cycle.
	Contact lenses	Contact lenses with a prescription of -0.75 or +1.00 and above: 100% of the lower of cost or Optical Assistants tariff up to a maximum of R1 400 per person over a two year cycle.
	Eye Tests	At Optical Assistants Tariff, limited to One Consultation per beneficiary per annum. Subject to family limit.
Out-patient Benefits	Consultations/Visits and procedures at State out-patient facilities.	M R740 M1 R970 M2+ R1 240
Pathology	Out of Hospital	Included with Specialist Benefit.
	In-Hospital	Limit of R1 700 per family per annum.
Physiotherapy	Out of Hospital	Included with Specialist Benefit.
	In-Hospital	Included with In-Patient Benefit. Sub-limit of R1 020 per family per annum.
Prosthesis	Internal Prosthesis	R13 220 per family. Included with In-Patient Benefit.
	External Prosthesis (including artificial eyes and limbs)	R6 780 per family. Included with In-Patient Benefit and subject to pre-authorisation. Excluding Dental Implants.
Radiology and Radiography	General (including Ultrasound) Out of hospital	R810 per family per annum
	In-Hospital	Included with In-Patient benefit.
	Specialised Radiology MRI CAT Angiography	MRI/CAT scans limit of R4 520 per family per annum and subject to pre-authorisation. Included with In-Patient Benefit if done in hospital. Limit of TWO scans per family per annum.
Remedial Therapy	Occupational, Speech Therapy, Audiology and Dieticians.	Included with Specialist Benefit.
Specialist Consultations, Visits and Procedures	Out of Hospital	M R1 650 M1 R2 470 M2 R4 010 M3+ R4 710
	In Hospital	Included with In Patient Benefit

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	Ante-Natal Consultations	Limited to 8 visits. Included in the Specialist Benefit.
Hospitalisation	In-patient Subject to pre-authorisation.	M R42 800 M1 R53 500 M2 R64 200 M3+ R74 900 Unlimited benefits for PMB conditions subject to pre-authorisation at a DSP "Take Home" medicines limited to a maximum of 7 days supply.
	Alternatives to Hospitalisation Private, Home-Nursing, Registered Frail Care, Convalescence and Hospice.	R5 680 per family per annum. Included with In-Patient Benefit
	Blood Transfusion Services In Hospital	Included with In Patient limits
	Renal Dialysis	Included with In-Patient Benefit, subject to Public Hospitals.
	Confinement Caesarian Section	R14 980 Included with In-Patient Benefit.
	Normal Delivery	R8 560 Included with In-Patient Benefit.
	Spontaneous Abortion <ul style="list-style-type: none"> • Threatened • Incomplete • Inevitable 	Included with In-Patient Benefit R3 640 R10 170 R10 170
	Voluntary Abortion	R2 840 Included with In-Patient Benefit.
	Organ Transplant	Included with In-Patient Benefit, subject to Public Hospitals.
	Oncology Out of Hospital In-hospital	Subject to Overall Annual Limit and Public Hospitals. Included with In-Patient Benefit and subject to Public Hospitals.
Overall Annual Limit		M R 55 640 M1 R 68 480 M2 R 90 950 M3+ R112 350