

HEALTHCARE ELEMENTS	 OPTIMUM	 CLASSIC	 HOSPICARE	 CUSTOM	 ESSENTIAL
Hospitalisation	Subject to pre-authorisation	Subject to pre-authorisation	Subject to pre-authorisation	Subject to pre-authorisation	Subject to pre-authorisation
Hospital limit	Unlimited	Unlimited	Unlimited	R150 000 per family per annum	R50 000 per family p.a. for provincial facilities
Provincial Hospitals					
Ward Fees (general ward only)	100% of the prescribed tariff	100% of the prescribed tariff	100% of the prescribed tariff	100% of the prescribed tariff until hospital limit is reached	100% of UPFS rate until limit reached
Theatre fees & Care units	100% of prescribed tariff	100% of prescribed tariff	100% of prescribed tariff	100% of the prescribed tariff until hospital limit is reached	100% of UPFS rate until hospital limit reached
Unattached theatre units & day clinics	100% of prescribed tariff	100% of prescribed tariff	100% of prescribed tariff	100% of the prescribed tariff until hospital limit is reached	100% of UPFS rate until hospital limit reached
Outpatient treatment	Emergency only	100% of prescribed tariff, Subject to savings and emergency only	Emergency only	Emergency only. Subject to hospital limit	Emergency only. Subject to hospital limit
To Take Out (TTO) medicine	Limited to 7 days only	Limited to 7 days only	Limited to 7 days only	Limited to 7 days only	Limited to 7 days only
Psychiatric Treatment	100% of negotiated tariff. 21 days per beneficiary per fund year	100% of negotiated tariff. 21 days per beneficiary per fund year	100% of negotiated tariff. 21 days per beneficiary per fund year	100% of negotiated tariff. 21 days per beneficiary per fund year. Subject to hospital limit	100% of UPFS rate. 21 days per beneficiary per fund year subject to hospital limit
Transplants	100% of prescribed tariff	100% of prescribed tariff	100% of prescribed tariff PMB only	No Benefit	No Benefit
Outpatient treatment for cancer and kidney dialysis	100% of prescribed tariff	100% of prescribed tariff. R214 000 per family per annum	100% of prescribed tariff PMB only. R107 000 per family per annum	No Benefit	No Benefit
Private Hospitals					
Ward fees (general ward only)	100% of negotiated tariff	100% of negotiated tariff	100% of negotiated tariff	100% of negotiated tariff until hospital limit is reached	No Benefit
Theatre fees & Care unit	100% of negotiated tariff	100% of negotiated tariff	100% of negotiated tariff	100% of negotiated tariff until hospital limit is reached	No Benefit
Unattached theatre units & day clinics	100% of negotiated tariff	100% of negotiated tariff	100% of negotiated tariff	100% of negotiated tariff until hospital limit is reached	No Benefit
Transplants	100% of negotiated tariff	100% of negotiated tariff	No Benefit	No Benefit	No Benefit
Outpatient treatment for cancer and kidney dialysis	100% of negotiated tariff	100% of negotiated tariff. R214 000 per family per annum	No Benefit	No Benefit	No Benefit
Outpatient treatment	100% of negotiated tariff emergency only	100% of negotiated tariff payable from savings emergency only	Emergency only	Emergency only. Subject to hospital limit	Emergency only. Subject to hospital limit

To Take Out (TTO) medicine	Limited to 7 days only	Limited to 7 days only	Limited to 7 days only	Limited to 7 days only	No Benefit
Psychiatric Treatment	Up to 100% of prescribed tariff. 21 Days per beneficiary per fund year	Up to 100% of prescribed tariff. 21 Days per beneficiary per fund year	Up to 100% of prescribed tariff. 21 days per beneficiary per fund year	Up to 100% of prescribed tariff. 21 days per beneficiary per fund year. Subject to hospital limit	No Benefit
Operations and Procedures in Provincial and Private hospitals					
Payment rate	200%	150%	100%	100%	100%
Co-payments	none	none	850	none	none
Procedures subject to co-payments	N/A	N/A	levied if non-PMB condition	N/A	N/A
	Specialists, GPs, Anaesthetist, Assistant, etc. up to 200% of the prescribed tariff	Specialists, GPs, Anaesthetist, Assistant, etc. up to 150% of the prescribed tariff	Specialists, GPs, Anaesthetist, Assistant, etc. up to 100% of the prescribed tariff	Specialists, GPs, Anaesthetist, Assistant, etc. up to 100% of prescribed tariff. Subject to hospital limit	Specialists, GPs, Anaesthetist, Assistant, etc. 100% UPFS tariff. Subject to hospital limit
Maternity - subject to pre-authorisation and registration on the maternity programme					
Consultation	12 Ante-natal visits 2 Scans	12 Ante-natal visits 2 Scans	4 Ante-natal visits and 2 scans	Included in General Practitioner benefit	Included in GP benefit
Confinement	200% of prescribed tariff Unlimited	150% of prescribed tariff Unlimited	100% of prescribed tariff	100% of prescribed tariff subject to hospital limit	100% of prescribed tariff subject to hospital limit
Home births	200% of prescribed tariff	150% of prescribed tariff	100% of prescribed tariff	100% of prescribed tariff subject to hospital limit	100% of prescribed tariff subject to hospital limit
Plastic Surgery					
	100% of the prescribed tariff subject to exclusions. Management board may authorise reconstructive surgery and autoplasty as hospital annual sub-limit of R37 450	100% of the prescribed tariff subject to exclusions until annual savings limit. Management board may authorise reconstructive surgery and autoplasty as hospital annual sub-limit of R37 450	100% of the prescribed tariff subject to exclusions. Management board may authorise reconstructive surgery and autoplasty as hospitalisation annual sub-limit of R37 450	No Benefit	No Benefit
Out of hospital limits , savings and thresholds					
Savings or limits	none	22%	none	None	none
Member		4,404			
Adult		3,732			
Child		1,104			
Threshold/limits	none	no above threshold benefit	no above threshold benefit	no above threshold benefit	no above threshold benefit
General Practitioners					
	100% of prescribed tariff	100% of tariff subject to savings	No benefit out of hospital	Unlimited at selected network providers	Unlimited at selected network providers
Specialists					
Enhanced Specialist benefit	100% of prescribed tariff	100% of tariff subject to savings	No benefit out of hospital	Maximum per fund year: M: R2 500 M+: R5 000	No Benefit

Medicines					
Acute/Prescribed Medication	100% of MHR & dispensing fee until annual limit Maximum per fund year: M: R6 630 M+1: R7 920 M+2: R9 200 M+3: R10 060 M+4+: R10 800	100% of MHR & dispensing fee subject to savings	No benefit	Unlimited as dispensed by selected network provider according to formulary	Unlimited as dispensed by selected network provider according to formulary
Pharmacist Advised Therapy (OTC)	R120 per event deducted from Acute medicine benefit	R120 per event. Subject to savings	No benefit	No benefit	No benefit
Chronic/Life Sustaining Medication	100% of MHR and disp.fee.st approval by Fund and evidence-based medicine principles	100% of MHR & disp.fee 26 CDL conditions plus 8 non CDL conditions. Maximum per fund year (for non-CDL conditions): M: R2 675 M+: R5 350	100% of MHR & disp.fee 26 CDL conditions only from DSP	100% of MHR & disp.fee 26 CDL conditions only from DSP	No benefit
X-Rays, Pathology & Radiotherapy					
In Hospital	Up to 100% of prescribed tariff	Up to 100% of prescribed tariff	Up to 100% of prescribed tariff	Up to 100% of prescribed tariff. Subject to hospital limit	Up to 100% of prescribed tariff. Subject to hospital limit
Out of Hospital	Up to 100% of prescribed tariff	Up to 100% prescribed tariff subject to savings	No benefit out of hospital	Basic services at network providers on referral from selected network provider	Basic services at network providers on referral from selected network provider
Out of Hospital Scans	Pre-auth required for MRI Scans, CAT scans & angiographies (max 2 scans per beneficiary per annum)	Pre-auth required for MRI Scans, CAT scans & angiographies (max 2 scans per beneficiary per annum). Subject to savings	No benefit out of hospital	No benefit	No benefit
Dentistry					
Basic Dentistry	100% of prescribed tariff	100% of the prescribed tariff subject to savings	No benefit	2 examinations per beneficiary per annum at network provider	2 examinations per beneficiary per annum at network provider
Specialised Dentistry	100% of prescribed tariff Max per fund year: M:R7 930 M+:R11 790	100% of the prescribed tariff subject to savings	No benefit	Denture benefit per adult beneficiary per 2 year cycle	Denture benefit excluded
Maxillo-Facial & Oral Surgery Consultation	Pre-auth. 100% of prescribed tariff. May be paid as hospital benefit	Pre-auth. 100% of prescribed tariff. Subject to savings May be paid as hospital benefit	No benefit	No benefit	No benefit
Paediatric dentistry					
	Pre-auth(children under the age of 7 years).May be paid as hospitalisation	Pre-auth (children under the age of 7 years).May be paid as hospitalisation	No benefit	Basic dentistry benefit at a network provider	Basic dentistry benefit at a network provider

Optometry					
Consultation	100% of prescribed tariff	100% of prescribed tariff subject to savings	No benefit	1 x optometric examination per beneficiary every two years at a network provider	1 x optometric examination per beneficiary every two years at a network provider
Spectacles	R900 per frame. 1 frame per beneficiary per 2-year cycle. Lenses at approved tariff	Payable from savings	No benefit	One pair of frames and two lenses per beneficiary on a 2 year cycle at network provider	One pair of frames and two lenses per beneficiary on a 2 year cycle at network provider
Contact Lenses	100% of prescribed tariff R1 930 per beneficiary per year	Payable from savings	No benefit	No benefit	No benefit
Refractive surgery (Keratotomy or Lasik procedure)	100% of prescribed tariff subject to pre- authorisation and R3 210 per eye per beneficiary. R6 420 per family per annum	100% of prescribed tariff subject to pre- authorisation and R3 210 per eye per beneficiary. R6 420 per family per annum	No benefit	No benefit	No benefit
Supplementary services					
Supplementary service limits	Max per fund year M:R2 975 M+:R8 920	Payable from savings.	No benefit	No benefit	No benefit
Speech Therapy & Occupational Therapy	In hospital up to 100% of prescribed tariff. Out of hospital 100% of prescribed tariff. Subject to supplementary limit	In hospital up to 100% of prescribed tariff. Out of hospital payable from savings	No benefit	No benefit	No benefit
Physiotherapist and biokineticist	In hospital 100% of prescribed tariff. Out of hospital subject to supplementary limit	In hospital 100% of prescribed tariff. Out of hospital subject to savings	No benefit	No benefit	No benefit
Home nursing, rehabilitation, step-down and hospice service	100% negotiated or prescribed tariff in lieu of hospitalisation. 30 days per family per fund year. May be extended to 60 days subject to fund approval	100% negotiated or prescribed tariff in lieu of hospitalisation. 30 days per family per fund year. May be extended to 60 days subject to fund approval	No benefit	No benefit	No benefit
Psychologist, Psychiatrist and Psychiatric treatment and all other services related thereto	100% of prescribed tariff subject to supplementary services limit	Payable from savings	No benefit	No benefit	No benefit
Chiropractors and Homeopaths	100% of prescribed tariff subject to supplementary services limit	Payable from savings	No benefit	No benefit	No benefit
Dieticians	100% of prescribed tariff subject to supplementary services limit	Payable from savings	No benefit	No benefit	No benefit
Blood transfusion	In hospital 100% of prescribed tariff.	In hospital 100% of prescribed	No benefit	No benefit	No benefit

	Out of hospital subject to supplementary services limit	tariff. Out of hospital payable from savings			
Ambulance Services					
Not between hospitals	100% of negotiated tariff. Emergency only	Payable from savings Emergency only	Emergency only	IF PATIENT ADMITTED 100% of negotiated tariff subject to hospital limit and emergency only	Emergency only. Subject to hospital limit
Between hospitals	100% of negotiated tariff	100% of negotiated tariff	100% of negotiated tariff	100% of negotiated tariff subject to hospital limits and pre-authorization	100% UPFS tariff. Subject to state hospital limit
Air ambulance	100% of negotiated tariff	100% of negotiated tariff	100% of negotiated tariff	100% of negotiated tariff Subject to hospital limits and pre-authorization	100% UPFS tariff. Subject to state hospital limit
Appliances					
Implanted prosthesis and artificial limbs	100% of approved cost of prosthesis. Annual limit R46 900 per family subject to pre-authorization and protocols	100% of approved cost of prosthesis. Annual limit R39 700 per family subject to pre-authorization and protocols	100% of approved cost of prosthesis. Annual limit R32 100 per family subject to pre-authorization and protocols	No benefit	No benefit
External appliances	100% of approved cost Annual limit R9 630 subject to pre-authorization and protocols. Wheelchairs and hearing aids per 3-year cycle	100% of approved cost Annual limit R8 560 subject to pre-authorization and protocols. Wheelchairs and hearing aids per 3year cycle. Payable from savings after limits exhausted	No benefit	No benefit	No benefit
HIV Benefit					
	Subject to registration on program	Subject to registration on program	Subject to registration on program	Subject to registration on program	No benefit

DISCLAIMER:

This summary does not supersede the Rules of the Fund. In the event of a discrepancy between the summary and the Rules, the Rules shall prevail. Non PMB claims will be paid from the relevant benefits on your option. PMB claims will be paid in accordance with the Medical Schemes Act.

Contribution Table 2010 ●●●●

	OPTIMUM	CLASSIC	HOSPICARE	CUSTOM	ESSENTIAL
Contributions					
Principal member	R 2797	R 1667	R 889	R 630	R 213
Adult dependant	R 2382	R 1415	R 756	R 454	R 109
Child dependant (under 21 years)	R 699	R 418	R 223	R 140	R 98

EXPLANATORY NOTES

Hospital limit	Services received while in hospital.
Day to Day limits	Services related to day-to-day expenses. i.e. GPs, specialists, dentistry, optometry, medicine, etc. The amount you have for a specific benefit for the fund year.
Annual limits	Certain options have limits to hospital, day-to-day benefits and medication. Use your benefits wisely.
Fund year	From January to December of any year. Funds not used in a specific year cannot be transferred to the next fund year, except for the savings left on Classic.
Pre-authorisation	Approval required from the Fund before certain (planned) procedures can be performed. If pre-authorisation has not been obtained for such procedures, a penalty will apply. Pre-authorisation is not required for emergency procedures.
Planned procedures	An operation or other procedure, that the member and provider know about at least 24 hours before it is going to be performed. These are the procedures that need to be pre-authorised.
MHR	Moto Health Care reference price list and formulary for medication.
CDL	Chronic Disease List.
PMB	Prescribed Minimum Benefits.
DSP	Designated Service Provider.
UPFS	Uniform Public Fee Schedule.

