

Cover for long-lasting (chronic) conditions

Your day-to-day benefits won't last long if you use them to treat lasting conditions like asthma, diabetes or high blood pressure. If you have a chronic condition, you need to take medicine and visit the doctor who treats your condition to make sure the treatment works. We want you to be as healthy as possible, so the Chronic Illness Benefit pays for specific medicine, tests and doctor's visits once you register.

The Chronic Illness Benefit only pays for chronic conditions on our lists

You have to have a long-lasting condition on our lists and meet the clinical entry criteria (that is, specific tests must show you have the condition) for us to register you on the Chronic Illness Benefit. We pay for approved chronic medicine for the 26 Prescribed Minimum Benefit (PMB) Chronic Disease List (CDL) as well as the conditions on the Additional Disease List.

We also pay for the ongoing treatment and care of non-PMB conditions, where you must use medicine on a continuous basis for more than 3 months.

You have to register to obtain these benefits.

Unfortunately, you cannot register any other condition on the Chronic Illness Benefit, even if you've had it for a while.

Registering your chronic condition saves you money

Once you are registered on the Chronic Illness Benefit, we don't use your available day-to-day benefits to pay for medicine you need to keep taking. Instead, you get to keep your day-to-day benefits for unexpected illness and still have cover for the care you need.

You can ask your doctor to do tests or write a report to show you meet the conditions to register on the Chronic Illness Benefit.

Once we approve your application to register on the Chronic Illness Benefit, we pay for:

- Medicine we approve
- Specific tests needed to diagnose your condition (only when you first register)
- A limited number of specific tests, procedures and specialist consultations
- Four GP consultations related to your registered conditions a year.

You can [download the list of conditions and see what we pay for](#).

How we pay for chronic medicine

We have a medicine list for the 26 long-lasting conditions that are Prescribed Minimum Benefits. If you are registered on the Chronic Illness Benefit, we pay for medicine on our list up to the Fund Rate. This means we pay the full cost of the medicine if you get it from a network pharmacy. If your medicine is not on our list, we pay up to the Maximum Medical Aid Price (MMAP).

We let you know how much we will pay for medicine if we approve your request to register on the Chronic Illness Benefit.

How to apply for cover

You must apply for cover from the Chronic Illness Benefit. If you don't register, we pay for your medicine and doctor's visits from your available day-to-day benefits.

If your treating doctor is part of our network, they can use HealthID (an app) to apply for the Chronic Illness Benefit, provided that you gave your consent.

Otherwise, you and your treating doctor can complete the *Chronic Illness Benefit application form* and send it to us. You can [download the form](#) from our website or call 0800 001 615 to request it.