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Scan this QR Code with your smartphone for easy access to the Netcare Medical Scheme website.

### Disclaimer

The registered Rules of the Scheme will apply in the event of any differences in this Pocket Guide when compared with the registered Rules of the Scheme.



## NETCARE MEDICAL SCHEME POCKET GUIDE 2021

CARE | DIGNITY | PARTICIPATION | TRUTH | COMPASSION



# Netcare Medical Scheme Benefit Summary 2021

### In-hospital cover

Limits do not apply to Prescribed Minimum Benefits (PMBs). PMBs are paid in full when making use of a Designated Service Provider (DSP).

A list of the Designated Service Providers (DSPs) and Preferred Providers is available at [www.netcaremedicalscheme.co.za](http://www.netcaremedicalscheme.co.za) or by calling the Client Contact Centre on 0861 638 633

SERVICE	BENEFIT	LIMITS (SUBJECT TO MANAGED CARE RULES AND PROTOCOLS)	AUTHORISATION REQUIREMENTS	DESIGNATED SERVICE PROVIDER (DSP)/ PREFERRED PROVIDER
<b>ADMISSION</b>				
Hospital stay	100% of NMS tariff	Unlimited cover	Yes, at least 72 hours prior to admission or within 72 hours of an emergency admission	At DSP
Psychiatric hospitalisation	100% of NMS tariff	21 days per beneficiary per annum or 15 outpatient psychotherapy sessions		At DSP
Day clinic or day theatre admission	100% of NMS tariff	Unlimited cover		At DSP
To Take Out (TTO) drugs	100% of NMS tariff	Seven (7) day supply No levy applicable	Forms part of the related hospitalisation	At DSP
<b>TREATMENT</b>				
Consultations, surgical procedures, physiotherapy, medication and blood transfusions	100% of NMS tariff	Unlimited cover	Forms part of the related hospitalisation	At DSP
Anaesthetics	100% of NMS tariff	Unlimited cover		
Pathology	100% of NMS tariff	Unlimited cover		
Organ transplants (including donor cost and immunosuppressant medication)	100% of NMS tariff	Unlimited cover	Yes, at least 72 hours prior to admission or within 72 hours of an emergency admission	At DSP
Peritoneal dialysis and haemodialysis (kidney dialysis) including renal unit and technicians	100% of NMS tariff	Unlimited cover	Yes, registration on the renal management programme required	At DSP
Dentistry hospitalisation for children under the age of 8 years	100% of NMS tariff	Unlimited cover for theatre and anaesthetist Combined in- and out-of-hospital dentistry limit applies for dentist/dental surgeon M – R 5 125 M + 1 – R 7 975 M + 2 – R10 255 M + 3+ – R12 530	Yes, at least 72 hours prior to admission or within 72 hours of an emergency admission	Preferred Provider use recommended to minimise co-payments
Dentistry hospitalisation 8 years and older – hospitalisation and all related accounts for dental treatment including theatre and anaesthetics	100% of NMS tariff	Combined in- and out-of-hospital dentistry limit M – R 5 125 M + 1 – R 7 975 M + 2 – R10 255 M + 3+ – R12 530	Yes, at least 72 hours prior to admission or within 72 hours of an emergency admission	Preferred Provider use recommended to minimise co-payments
Dentistry: maxillo-facial surgery	100% of NMS tariff	Strictly related to certain treatments	Yes, at least 72 hours prior to admission or within 72 hours of an emergency admission	Preferred Provider use recommended to avoid co-payments

<b>ADMISSION</b>				
Hospital (voluntary admission) stay and all related services including consultations, surgical procedures, treatment, medication, physiotherapy, anaesthetics, etc.	75% of NMS tariff	25% co-payment will apply on the full admission	Yes, at least 72 hours prior to admission or within 72 hours of an emergency admission	–
Hospital (emergency/involuntary non-DSP admission) will qualify for the same benefits as for a DSP hospital admission	100% of NMS tariff	Unlimited cover	Yes, at least 72 hours prior to admission or within 72 hours of an emergency admission	–
<b>MOTOR VEHICLE ACCIDENTS AND THIRD PARTY CLAIMS</b>				
Payment is subject to an undertaking and completion of an accident injury form and report by the member	100% of NMS tariff	Unlimited cover	Yes, at least 72 hours prior to admission or within 72 hours of an emergency admission	At DSP

<b>WORLD HEALTH ORGANIZATION'S (WHO) GLOBAL OUTBREAK BENEFIT</b>				
Benefits will be subject to PMBs. Includes a basket of care to manage the disease and provide supportive treatment of Global WHO recognised disease outbreaks				At DSP

### Out-of-hospital cover

<b>CHRONIC MEDICATION</b>				
Chronic medication benefit is applicable to members and/or dependants registered on the Chronic Illness Benefit Medicine for the Chronic Disease List (CDL) conditions Medicine for additional chronic conditions listed by the Scheme (ADLs): Depression Attention Deficit Hyperactivity Disorder (ADHD)	100% of NMS tariff	Unlimited cover (subject to MMAP, chronic medicine list (formulary) and PMBs)	Yes, once diagnosed	At DSP (failure to utilise the services of a DSP will require upfront payment by the member and the submission of a claim to the Scheme for reimbursement)
		20% co-payment will apply		
<b>OUTPATIENT PROCEDURES AND EMERGENCY VISITS</b>				
Gastroscopies and colonoscopies	100% of NMS tariff	Unlimited cover At DSP R500 co-payment at non-DSP	Yes, at least 72 hours prior to procedure	At DSP
Sigmoidoscopy, direct laryngoscopy, biopsy of breast lumps, excision of nail bed, surgical removal of plantar warts, non-cosmetic varicose vein injections or drainage and wound care	100% of NMS tariff	Unlimited cover	Yes, at least 72 hours prior to procedure	At DSP
Removal of wisdom or impacted teeth, removal of retained dental roots in lieu of hospitalisation	100% of NMS tariff	Combined in- and out-of-hospital dentistry limit M – R 5 125 M + 1 – R 7 975 M + 2 – R10 255 M + 3+ – R12 530	Yes, at least 72 hours prior to procedure	At DSP
Outpatient or casualty procedure that results from a procedure previously requiring hospital admission (within 72 hours post-event)	100% of NMS tariff	Unlimited cover	Yes, at least 72 hours prior to procedure or within 72 hours of an emergency admission	At DSP
Outpatient or casualty consultations, procedures, medication and treatment defined as an emergency or a priority emergency	100% of NMS tariff	Unlimited cover	None	At DSP
<b>SPECIALIST CONSULTATIONS AND TREATMENT OUT-OF-HOSPITAL – FAILURE TO PRE-AUTHORISE WILL RESULT IN PAYMENT BEING MADE FROM SAVINGS FOR NON-PMB CONDITIONS OR A CO-PAYMENT ON PMB CONDITIONS</b>				
Consultations, procedures in room, material and visits (including outpatient visits)	NMS negotiated tariff at contracted Preferred Provider	Nine (9) consultations per beneficiary per annum	Yes, at least 72 hours prior to consultation or procedure or within 72 hours of an emergency	Preferred Provider use recommended to avoid co-payments
	100% of NMS tariff at non-contracted provider			Use of a non-Preferred Provider may lead to co-payments
One specialist consultation per beneficiary per annum may be utilised for an optometric consultation			None	–
<b>ONCOLOGY</b>				
Any oncology treatment including chemotherapy and radiation in- and out-of-hospital	100% of NMS tariff	Unlimited cover	Yes, registration on oncology programme required and submission of a treatment plan	At DSP
<b>PATHOLOGY</b>				
Pathology including consumables and materials	100% of NMS tariff	R3 590 per beneficiary per annum	None	Preferred Provider use recommended to avoid co-payments: Ampath, Lancet and Pathcare
<b>SPECIALISED RADIOLOGY</b>				
IVP tomography, contrast studies, MRI, bone densitometry for males and females younger than 50, CT scans, PET scans and related consumables	100% of NMS tariff	Unlimited cover R500 co-payment applicable to out-of-hospital non-PMB conditions and not applicable to PET scans	Yes, at least 72 hours prior to procedure	–
Bone densitometry for males and females older than 50	100% of NMS tariff	One per beneficiary per annum No co-payment for out-of-hospital non-PMB conditions		
Mammogram	100% of NMS tariff	One per beneficiary per annum		
Any other specialised radiology	100% of NMS tariff	Unlimited cover	None	–
<b>BASIC RADIOLOGY</b>				
Black and white X-rays and ultrasonography	100% of NMS tariff	Combined in- and out-of-hospital limit applies for basic radiology M – R3 245 M + 1 – R4 850 M + 2 – R5 660 M + 3+ – R6 065	None (maternity ultrasounds require registration on the Maternity Care Programme)	–
<b>MATERNITY BENEFIT</b>				
Hospital and home confinements	100% of NMS tariff	Unlimited cover	Yes, registration on Maternity Care Programme	At DSP
Ultrasound scans	100% of NMS tariff	Two (2) ultrasounds		–
Antenatal consultations at a Gynaecologist or General Practitioner	100% of NMS tariff	13 consultations		Preferred Provider use recommended to avoid co-payments
Antenatal classes	R1 000 per pregnancy at any baby clinic located within a Netcare Hospital facility			At baby clinics located within Netcare Hospitals

## Out-of-hospital cover (cont.)

SERVICE	Benefit	Limits (subject to managed care rules and protocols)	Authorisation requirements	Designated service provider (DSP)/Preferred provider
<b>IMMUNISATIONS</b>				
Baby and child immunisations (up to 12 years)	100% of NMS tariff	According to Department of Health protocol including MMR vaccine but excluding HPV vaccine	None	Vaccine – At DSP Administration of vaccine – At baby clinic located within a Netcare Hospital
<b>DENTISTRY</b>				
Basic dentistry (fillings, extractions, X-rays and prophylaxis) and specialised dentistry (periodontics, bridgework, crowns, dentures and dental implants) Maxillo-facial and oral surgeons performing specialised dental procedures	100% of NMS tariff	Combined in- and out-of-hospital dentistry limit, subject to Dental Managed Care Protocols M – R 5 125 M + 1 – R 7 975 M + 2 – R10 255 M + 3+ – R12 530	None	Preferred Provider use recommended to minimise co-payments
Orthodontic (under 21 years of age) In-hospital dentistry and maxillo-facial surgery: refer to in-hospital cover above				
<b>PROSTHESES</b>				
External and internal prostheses	100% of approved benefit	R83 220 per beneficiary per annum, and the following sub-limits: Hip & knee replacements – R30 900 Shoulder replacements – R42 950 Prosthetic devices used in spinal surgery – R26 250 for the first level and R52 500 for two or more levels Sub-limits will not apply if a preferred provider is used	Yes	Preferred Provider use recommended to minimise co-payments
<b>APPLIANCES</b>				
Hearing aids and hearing aid repairs	100% of approved benefit	R19 215 per beneficiary per ear every two (2) years	Yes	–
Other appliances		R4 040 per beneficiary per annum		–
<b>AMBULANCE SERVICES</b>				
Air and road emergency services	100% of cost At DSP	None	No authorisation required if DSP is utilised	Through DSP, Netcare 911
A 25% co-payment will apply for voluntary, non-emergency use of any other service provider				
<b>HOME NURSING, STEP DOWN / SUB-ACUTE, REHABILITATION</b>				
Home nursing, step down, sub-acute (physical) rehabilitation	100% of NMS tariff	Subject to Managed Care Rules and Protocols	Yes	As authorised
<b>HOME NURSING, HOSPICE, END OF LIFE CARE</b>				
Advanced Illness Benefit for oncology patients	100% of NMS tariff at approved provider	Subject to Managed Care Rules and Protocols	Yes	As authorised
Compassionate Care Benefit for other terminal illnesses	100% of NMS tariff at approved provider	Subject to Managed Care Rules and Protocols	Yes	As authorised
<b>HIV MANAGEMENT</b>				
HIV treatment – Prescribed antiretroviral medication for HIV/AIDS and medication to treat opportunistic infections such as tuberculosis and pneumonia	100% of NMS tariff	Unlimited cover. Medicine on formulary will be covered at 100% NMS tariff. Medication not on the formulary will be covered at 100% of MMAP, where MMAP is not available covered at 100% NMS tariff.	Yes	–
<b>POST-EXPOSURE PROPHYLAXIS</b>				
Post-exposure HIV prophylaxis following occupational exposure, traumatic exposure or sexual assault	100% of NMS tariff	1 claim within 182 days. Should additional medication be needed this is to be authorised	2 request within 182 days	–
HIV prophylaxis to prevent mother-to-child transmission	100% of NMS tariff	Maximum of R315 per month and a maximum of R1 900 per 6 month subject to formulary. Maximum quantity of 1.8kg of infant formula per infant, per month for a maximum duration of 6 months is allowed. We approve the first month upfront however the infant needs to be registered on your health plan in order to qualify for the remaining five months.	Yes	–

## Member Savings Account (MSA)

<b>GENERAL PRACTITIONERS</b>				
Consultations and all visits and procedures performed out-of-hospital or in the emergency department	100% of NMS tariff	Subject to MSA balance	–	–
<b>PRESCRIBED ACUTE MEDICATION</b>				
Acute medicine prescribed and or dispensed by medical practitioners or specialists	100% of NMS tariff	Subject to MSA balance	–	–
Self-medication or over-the-counter (OTC) medication				
Homeopathic medicines, multi-vitamins, calcium, magnesium, tonics, stimulant laxatives, contact lens preparations				
Health Risk Assessment screening: Body Mass Index (BMI) Blood Pressure screening Cholesterol screening Glucose screening	100% of NMS tariff	Subject to MSA balance (beneficiaries 18 years and older)		At selected Clicks Health Clinics
<b>OPTICAL</b>				
First optometric consultation will automatically be paid from specialist visits	100% of NMS tariff	One consultation per beneficiary per annum	None	Preferred Provider use recommended to minimise co-payments
Subsequent optometric consultations	100% of NMS tariff	Subject to MSA balance	–	
Spectacle lenses and frames, readers and contact lenses	100% of NMS tariff	Subject to MSA balance	–	
<b>HOSPITAL OUT PATIENT VISITS</b>				
Out patient visits to the emergency department with non-PMB and non-priority emergency diagnoses	100% of NMS tariff	Subject to MSA balance	–	–
<b>AUXILIARY SERVICES</b>				
Psychology and social services: consultations, therapy, treatment and social workers	100% of NMS tariff	Subject to MSA balance	–	–
Physiotherapy out-of-hospital and biokinetics				
Homeopathy, naturopathy, chiropractic, speech therapy, audiology, occupational therapy, acupuncture, podiatry and dietetics (excluding X-rays and appliances)				

## Important terminology

DESIGNATED SERVICE PROVIDER (DSP)	PRIORITY EMERGENCIES	EMERGENCY (DEFINITION AS PER MEDICAL SCHEMES ACT, NO. 131 OF 1998)
A Designated Service Provider (DSP) is a healthcare provider selected by the Scheme as its preferred service provider to provide relevant healthcare services to its members. Failing to use the appointed Scheme DSP, except in case of an emergency, may lead to co-payments as the scheme has specifically contracted with these providers for your benefit.	There are instances where treatment at an out-patient or emergency department is classified as an emergency although it may not be a PMB. The Scheme will pay for such emergencies from the insured (risk) benefit and not from the MSA. Not all emergencies are consider a PMB, if you are unsure please contact the Scheme.	An emergency is deemed to be the sudden and, at the time, unexpected onset of a health condition that requires immediate medical or surgical treatment, where failure to provide medical or surgical treatment would result in serious impairment to bodily functions or serious dysfunction of a bodily organ or part, or would place the person's life at serious risk.
PREFERRED PROVIDER	MAXIMUM MEDICAL AID PRICE (MMAP)	CHRONIC ILLNESS BENEFIT (CIB)
Preferred Providers are those healthcare providers where members and dependants should not encounter obstacles in accessing services and who will not request upfront payment. Unlike in a case of DSP arrangement, the Scheme does not restrict members to utilise the services of Preferred Providers but rather recommends the use of these providers, where available, to optimise benefits and minimise co-payments.	MMAP is a reference price model which serves as a guide to determine the maximum medical Scheme price that the Scheme will reimburse for an interchangeable multi-source pharmaceutical product. Co-payments that may result from MMAP pricing can be avoided by using alternative products that are less expensive. The use of the most appropriate alternative should always be discussed with your treating Practitioner or Pharmacist.	The Chronic Illness Benefit (CIB) provides cover for the 26 Prescribed Minimum Benefit (PMB) Chronic Disease List (CDL) conditions as well as two non-CDL conditions namely Depression and Attention Deficit Hyperactivity Disorder (ADHD), subject to application and benefit entry criteria in line with PMBs. DSP applies.

## Preventative healthcare

THE FOLLOWING CODES WILL BE FUNDED FROM RISK AT 100% OF NMS TARIFF. ONE (1) PER BENEFICIARY PER ANNUM	
Flu vaccination At DSP pharmacies	Scheme selected vaccine
Pap smear (pathology)	Female beneficiaries 13 years and older. Codes 4566 / 4559
Blood sugar test (pathology)	All beneficiaries. Codes 4050 / 4057
Cholesterol test (pathology)	All beneficiaries. Code 4027
Prostate test (pathology)	Male beneficiaries. Code 4519
HIV test	All beneficiaries
Bone density scan (for osteoporosis and bone fragmentation)	All beneficiaries 50 years and older. Codes 3604 / 50120
Mammogram (radiology image)	All beneficiaries. Codes 3605 / 39175 / 34100 / 34101 / 34200
Child immunisations at baby clinics located within Netcare Hospitals	As per the Department of Health protocol for children up to the age of 12 years including MMR but excluding HPV vaccinations

## Contribution table

EFFECTIVE 01 MARCH 2021											
	Salary bands		Total premium			Risk			Savings		
	From	To	Principal	Adult	Child	Principal	Adult	Child	Principal	Adult	Child
A	–	2 323	2 540	1 149	494	2 157	977	421	383	172	73
B	2 324	3 099	2 605	1 184	501	2 213	1 007	428	392	177	73
C	3 100	3 871	2 674	1 221	523	2 274	1 038	448	400	183	75
D	3 872	4 647	2 788	1 307	555	2 373	1 111	473	415	196	82
E	4 648	6 196	2 973	1 400	599	2 528	1 193	510	445	207	89
F	6 197	7 747	3 237	1 600	659	2 752	1 363	559	485	237	100
G	7 748	9 294	3 451	1 825	757	2 935	1 550	644	516	275	113
H	9 295	10 842	3 558	1 992	824	3 025	1 694	701	533	298	123
I	10 843	12 391	3 636	2 073	873	3 090	1 764	742	546	309	131
J	12 392	13 941	3 736	2 235	903	3 174	1 902	771	562	333	132
K	13 942	15 490	3 818	2 373	986	3 249	2 020	840	569	353	146
L	15 491	17 038	3 846	2 398	992	3 270	2 036	844	576	362	148
M	17 039	18 589	3 866	2 414	999	3 288	2 049	851	578	365	148
N	18 590	20 138	3 900	2 464	1 012	3 316	2 097	861	584	367	151
O	20 139	21 686	3 944	2 549	1 025	3 350	2 167	871	584	382	154
P	21 687	23 235	4 053	2 617	1 048	3 445	2 224	891	608	393	157
Q	23 236	24 784	4 085	2 640	1 062	3 473	2 244	902	612	396	160
R	24 785	26 333	4 118	2 674	1 068	3 503	2 273	908	615	401	160
S	26 334	27 881	4 209	2 723	1 093	3 577	2 313	931	632	410	162
T	27 882	29 432	4 293	2 776	1 113	3 651	2 361	948	642	415	165
U	29 433	30 981	4 293	2 776	1 113	3 651	2 361	948	642	415	165
V	30 982	38 724	4 387	2 841	1 135	3 729	24 14	964	658	427	171
W	38 725	46 470	4 480	2 905	1 162	3 809	2 471	988	671	434	174
X	46 471	99 999	4 578	2 967	1 183	3 892	2 521	1 006	686	446	177

<b>LATE JOINER PENALTIES</b>	
Late joiner contribution penalties in respect of persons over the age of 35 years will be imposed on members and their dependents with no previous or insufficient previous medical scheme coverage as per the Medical Schemes Act.	