

Contact Details

- Client Services**
Phone number: 0861 638 633
Email: member@netcaremedicalscheme.co.za
- Netcare 911 – Ambulance and Emergency Services**
Phone number: 082 911
- Member Claim Submission**
Postal Address
Netcare Medical Scheme
Claims Department
PO Box 652509, Benmore 2010
Email: claims@netcaremedicalscheme.co.za
- Chronic Medication queries**
Renal Dialysis Registration
Email: chronics@netcaremedicalscheme.co.za
- Chronic Illness Benefit applications**
chronicapplications@netcaremedicalscheme.co.za
- Maternity Registration**
maternity@netcaremedicalscheme.co.za
- Appliance and Prostheses Authorisations**
preauthorisations@netcaremedicalscheme.co.za
- Oncology Registrations and Authorisation**
Email: oncology@netcaremedicalscheme.co.za

- Specialist Authorisation**
Email: member@netcaremedicalscheme.co.za
- HIV Registration and Authorisation**
Email: hiv@netcaremedicalscheme.co.za
- Hospital Authorisation**
Email: preauthorisations@netcaremedicalscheme.co.za
- Escalated Complaints**
Email: complaints@netcaremedicalscheme.co.za
- Reporting Fraud**
Phone number: 0800 004 500
Email: forensics@discovery.co.za
- Principal Officer**
Craig Taylor: craig.taylor@netcare.co.za



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

Disclaimer

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



NETCARE MEDICAL SCHEME Member Brochure 2022

CARE | DIGNITY | PARTICIPATION | TRUTH | COMPASSION



Medical Scheme
Administered by Discovery Health

Netcare Medical Scheme Benefit Summary 2022

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 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
ADMISSION				
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
TREATMENT				
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 5 350 M + 1 – R 8 335 M + 2 – R10 715 M + 3+ – R13 095	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 5 350 M + 1 – R 8 335 M + 2 – R10 715 M + 3+ – R13 095	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

ADMISSION				
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 entire 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	–

MOTOR VEHICLE ACCIDENTS AND THIRD PARTY CLAIMS				
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

WORLD HEALTH ORGANIZATION'S (WHO) GLOBAL OUTBREAK BENEFIT				
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

CHRONIC MEDICATION				
Chronic medication benefit is applicable to members and/or dependants registered on the Chronic Illness Benefit	100% of NMS tariff	Approved medicine on the medicine list (formulary) will be funded in full up to the Scheme Rate	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)
Medicine for the Chronic Disease List (CDL) conditions		Approved medicine not on the medicine list (formulary) will be funded up to the monthly Chronic Drug Amount (CDA)		
Medicine for the Additional Disease List (ADL) conditions listed by the Scheme				
Depression				
Attention Deficit Hyperactivity Disorder (ADHD)		20% co-payment will apply		

OUTPATIENT PROCEDURES AND EMERGENCY VISITS				
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 5 350 M + 1 – R 8 335 M + 2 – R10 715 M + 3+ – R13 095	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

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				
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	–

ONCOLOGY				
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

PATHOLOGY				
Pathology including consumables and materials. Point of care pathology testing is subject to meeting the Scheme's Treatment guidelines and Managed Health Care criteria	100% of NMS tariff	R3 750 per beneficiary per annum	None	Preferred Provider use recommended to avoid co-payments: Ampath, Lancet and Pathcare

SPECIALISED RADIOLOGY				
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	–

BASIC RADIOLOGY				
Black and white X-rays and ultrasonography	100% of NMS tariff	Combined in- and out-of-hospital limit applies for basic radiology M – R3 390 M + 1 – R5 070 M + 2 – R5 915 M + 3+ – R6 340	None (maternity ultrasounds require registration on the Maternity Care Programme)	–

MATERNITY BENEFIT				
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
IMMUNISATIONS				
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
DENTISTRY				
Basic dentistry (fillings, extractions, X-rays and prophylaxis) and specialised dentistry (periodontics, bridgework, crowns, dentures and dental implants)	100% of NMS tariff	Combined in- and out-of-hospital dentistry limit, subject to Dental Managed Care Protocols M – R 5 350 M + 1 – R 8 335 M + 2 – R10 715 M + 3+ – R13 095	None	Preferred Provider use recommended to minimise co-payments
Maxillo-facial and oral surgeons performing specialised dental procedures				
Orthodontic (under 21 years of age)				
In-hospital dentistry and maxillo-facial surgery: refer to in-hospital cover above				
PROSTHESES				
External and internal prostheses	100% of approved benefit	R91 310 per beneficiary per annum, and the following sub-limits: Hip & knee replacements – R32 290 Shoulder replacements – R44 880 Prosthetic devices used in spinal surgery – R27 430 for the first level and R54 860 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
APPLIANCES				
Hearing aids and hearing aid repairs	100% of approved benefit	R20 080 per beneficiary per ear every two (2) years	Yes	–
Other appliances		R4 440 per beneficiary per annum		–
AMBULANCE SERVICES				
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				
HOME NURSING, STEP DOWN / SUB-ACUTE, REHABILITATION				
Home nursing, step down, sub-acute (physical) rehabilitation	100% of NMS tariff	Subject to Managed Care Rules and Protocols	Yes	As authorised
HOME NURSING, HOSPICE, END OF LIFE CARE				
Advanced Illness Benefit for members with terminal illnesses	100% of NMS tariff at approved provider	Subject to Managed Care Rules and Protocols	Yes	As authorised
HOME-BASED ACUTE CARE				
<ul style="list-style-type: none"> ▪ in lieu of hospitalisation ▪ after early discharge, or ▪ as a continuation of care after discharge from hospital, or ▪ home-based readmission prevention 	Unlimited cover 100% of NMS tariff at approved provider	Subject to clinical criteria and the Scheme's Basket of Care (BOC) Includes devices for home-monitoring (based on clinical need) for qualifying members	Yes	As authorised
HIV MANAGEMENT				
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 Approved medicine list (formulary) will be funded in full up to the Scheme Rate Approved medicine not on the medicine list will be funded up to the monthly Chronic Drug Amount (CDA)	Yes	–
POST-EXPOSURE PROPHYLAXIS				
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)

GENERAL PRACTITIONERS				
Consultations and all visits and procedures performed out-of-hospital or in the emergency department	100% of NMS tariff	Subject to MSA balance	–	–
PRESCRIBED ACUTE MEDICATION				
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
OPTICAL				
First optometric consultation will automatically be paid from specialist benefit	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	–	
HOSPITAL OUT PATIENT VISITS				
Out patient visits to the emergency department with non-PMB and non-priority emergency diagnoses	100% of NMS tariff	Subject to MSA balance	–	–
AUXILIARY SERVICES				
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	CHRONIC DRUG AMOUNT (CDA)	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.	If you are registered for a CDL condition or the non CDL condition, Depression, on the Chronic Illness Benefit, NMS will fund your chronic medicine on the Scheme's medicine list (formulary) in full. If your approved chronic medicine is not on the medicine list, your chronic medicine will be funded up to a set monthly amount (Chronic Drug Amount).	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	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 2022											
	SALARY BANDS		TOTAL PREMIUM			RISK			SAVINGS		
	From	To	Principal	Adult	Child	Principal	Adult	Child	Principal	Adult	Child
A	–	2 428	2 673	1 209	520	2 270	1 028	443	403	181	77
B	2 429	3 238	2 742	1 246	527	2 329	1 060	450	413	186	77
C	3 239	4 045	2 814	1 285	550	2 393	1 092	472	421	193	78
D	4 046	4 856	2 934	1 376	584	2 498	1 169	498	436	207	86
E	4 857	6 475	3 129	1 474	630	2 661	1 256	537	468	218	93
F	6 476	8 096	3 407	1 684	694	2 896	1 435	588	511	249	106
G	8 097	9 712	3 632	1 921	797	3 089	1 631	678	543	290	119
H	9 713	11 330	3 745	2 097	867	3 184	1 783	738	561	314	129
I	11 331	12 949	3 827	2 182	919	3 252	1 857	781	575	325	138
J	12 950	14 568	3 932	2 352	950	3 341	2 002	811	591	350	139
K	14 569	16 187	4 018	2 498	1 036	3 420	2 126	884	598	372	152
L	16 188	17 805	4 048	2 524	1 043	3 442	2 143	888	606	381	155
M	17 806	19 426	4 069	2 541	1 052	3 461	2 157	896	608	384	156
N	19 427	21 044	4 105	2 593	1 065	3 490	2 207	906	615	386	159
O	21 045	22 662	4 151	2 683	1 079	3 526	2 281	917	625	402	162
P	22 663	24 281	4 266	2 754	1 103	3 626	2 341	938	640	413	165
Q	24 282	25 899	4 299	2 779	1 116	3 655	2 362	948	644	417	168
R	25 900	27 518	4 334	2 814	1 126	3 687	2 392	957	647	422	169
S	27 519	29 136	4 430	2 866	1 153	3 765	2 434	981	665	432	172
T	29 137	30 756	4 518	2 922	1 171	3 843	2 485	998	675	437	173
U	30 757	32 375	4 518	2 922	1 171	3 843	2 485	998	675	437	173
V	32 376	40 467	4 617	2 990	1 195	3 925	2 541	1 015	692	449	180
W	40 468	48 561	4 715	3 058	1 223	4 009	2 601	1 040	706	457	183
X	48 562	99 999	4 818	3 123	1 245	4 096	2 653	1 059	722	470	186

LATE JOINER PENALTIES
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.