



2019
Benefit
Options



2019

What determines
your decision to join
a medical aid?

Is it the add-on's, you know... the free gym membership and movie tickets or, is it the reliable and affordable medical cover without the unnecessary hidden costs that you know you'll receive when you need it most?

When you phone a call centre, do you want to deal with an administrator that divides attention between members of several medical aids - or do you want peace of mind knowing that your medical aid will be there for you - tomorrow, the next day and as long as you need it?

If it is:

- real, sincere and secure medical cover,
- dedicated and personalised service,
- the security of belonging to a well established medical aid,
- service that will exceed all your expectations,

then your choice is simple... Selfmed



**At Selfmed
we cut
straight
to the
core**



Our approach to healthcare makes us stand out from the rest.

Our Scheme values ensure you of:

- a simplistic, easy to understand product range
- sincere interest in your well-being promoted by an emphasis on personalised service
- the security that our solid financial position ensures; and
- unsurpassed service

What makes our scheme so unique?

In a traditional medical aid / administrator environment, all administrative functions rest with an administrator and not with the Scheme itself. As such, a medical aid would be fully dependent on its administrator to inform it of any problems or complaints received from members. Selfmed on the other hand controls its own administration. This allows our members to communicate directly with the Scheme in respect of hospital pre-authorisation, disease management, processing of claims and all other member enquiries via our Call Centre - better known as the "Excellence Centre". Our members speak directly to us! Through this model, Selfmed takes total ownership of all member interaction and can address any administrative problems or complaints from members immediately and provide total member satisfaction.

All of Selfmed's options offer:

- Unlimited hospitalisation at any of the Scheme's Designated Hospitals
- Medicine on discharge payable from hospital benefit
- Unlimited emergency transport benefits where the services of ER24 is utilised in South Africa, Swaziland and Lesotho
- Access to professional, specialised Disease Management Programmes when diagnosed with a life-threatening condition, e.g. cancer or HIV/AIDS
- MRI, CT scans payable from major medical benefits, both in and out of hospital
- Unlimited benefits for laser tonsillectomies, gastroscopies and colonoscopies when performed both during and/or not during hospitalisation (co-payments may apply)
- Generous benefits for pregnancy and birth, including home deliveries by a registered midwife and pre-birth education (ante-natal classes)
- Unlimited benefits for rehabilitation and home nursing, subject to Scheme approval

What are your options for 2019 ?



MEDXXI

- Unlimited hospital cover at any of the Scheme's Designated Hospitals, paid at 100% of Agreed Tariff
- 25 PMB Chronic Conditions
- Ante-natal Classes and Foetal Scans R 1,790.00
- Contraceptive benefit to a maximum of R 1,680.00
- Benefits for Mammogram and Pap Smear
- Certain clinical procedures (Gastroscopy and Colonoscopy) covered in Doctor's room
- MRI-, CT scans in and out of hospital
- Benefits for Non-Elective Maxilla-Facial and Oral Surgery
- Maternity visits (subject to limit)
- Out-Patient Treatment at Hospital Facility - Limited to R 1,050.00 per family per annum for treatment at a hospital out-patient facility or emergency rooms

Principal

R 2,051.00

Adult Dependant

R 2,040.00

Minor Dependant
(Payable up to maximum 3)

R 820.00



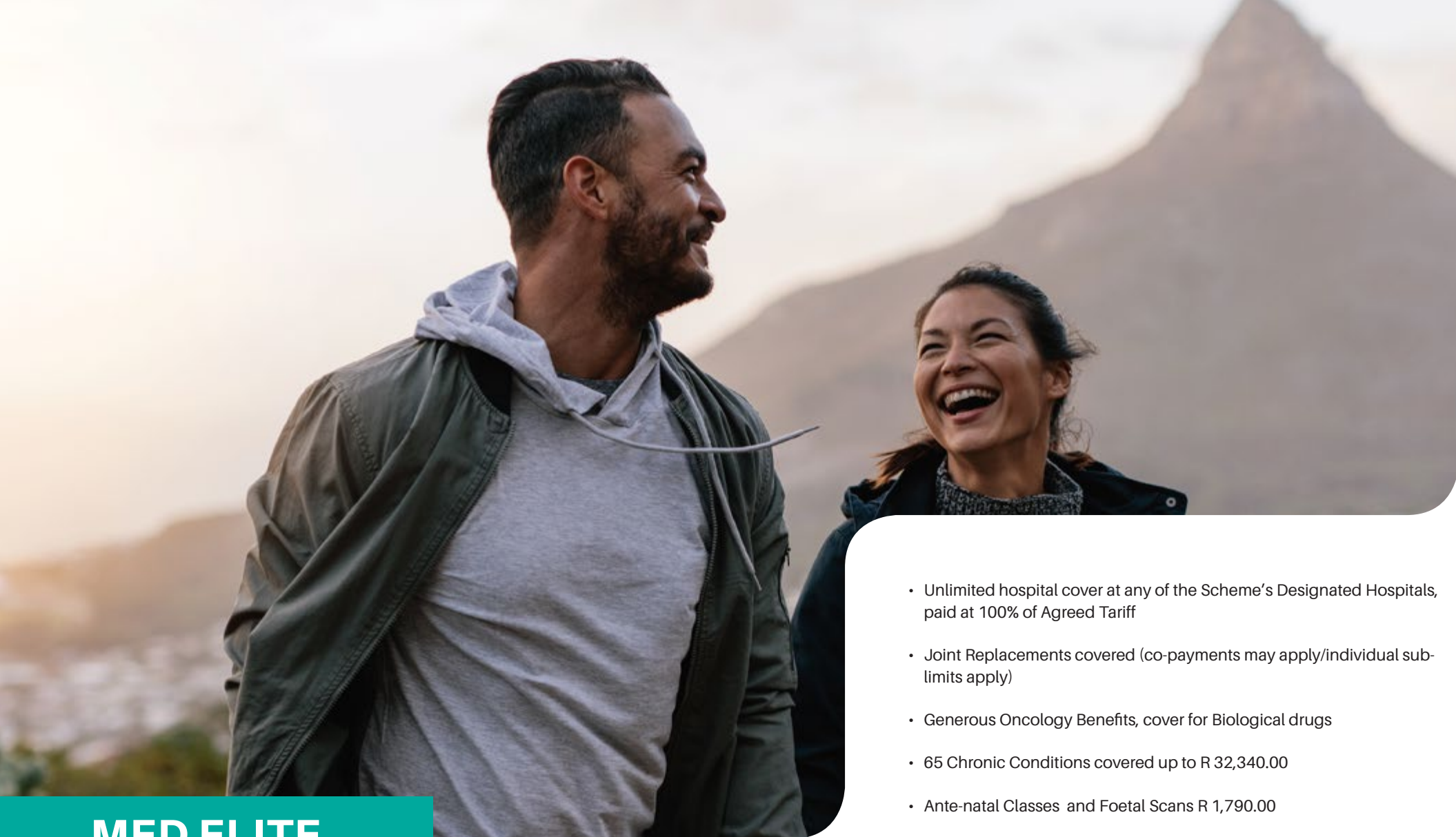
SELSURE

Principal
R3,175.00

Adult Dependant
R3,170.00

Minor Dependant <small>(Payable up to maximum 3)</small>
R794.00

- Unlimited hospital cover at any of the Scheme's Designated Hospitals, paid at 100% of Agreed Tariff
- GP visits, specialist visits, acute meds = R 5,350.00 (principal member); R 3,780.00 (adult dependant); R 1,890.00 (minor dependant)
- Basic Dentistry, Pathology, Radiology and Physiotherapy = R 5,450.00 or R 7,650.00 for family
- Optometry :
 - 100% of Scheme Tariff in respect of consultation and spectacles/contact lenses limited to R 5,100.00 per family per 24 month cycle
 - All Optical benefits are subject to the Opticlear Network protocol
- Medical Appliances = R 4,300.00
- 25 Chronic PMB Conditions
- Unlimited Maternity visits
- Ante-natal Classes and Foetal Scans R 1,790.00
- Contraceptive benefit to a maximum of R 1,680.00
- Certain clinical procedures (Gastroscopy and Colonoscopy) covered in Doctor's room
- MRI,CT scans in and out of hospital
- Benefits for Non-Elective Maxilla-Facial and Oral Surgery
- Student dependants qualify for minor contributions up to the age of 25



MED ELITE

Principal
R 5,768.00

Adult Dependant
R 5,191.00

Minor Dependant <small>(Payable up to maximum 3)</small>
R 1,154.00

- Unlimited hospital cover at any of the Scheme's Designated Hospitals, paid at 100% of Agreed Tariff
- Joint Replacements covered (co-payments may apply/individual sub-limits apply)
- Generous Oncology Benefits, cover for Biological drugs
- 65 Chronic Conditions covered up to R 32,340.00
- Ante-natal Classes and Foetal Scans R 1,790.00
- Benefits for Mammogram and Pap Smear
- Certain clinical procedures (Gastroscopy and Colonoscopy) covered in Doctor's room
- MRI-CT scans in and out of hospital
- Benefits for Non-Elective Maxilla-Facial and Oral Surgery



SELFMED 80%

Principal
R 7,920.00

Adult Dependant
R 7,128.00

Minor Dependant (Payable up to maximum 3)
R 1,584.00

- Unlimited hospital cover at any of the Scheme's Designated Hospitals, paid at 100% of Agreed Tariff
- Specialist covered at 80% of Cost in- and out- of hospital
- Joint Replacements covered (co-payments may apply/individual sub-limits apply)
- Generous Oncology benefits, cover for Biological drugs
- 65 Chronic Conditions covered up to R 50,300.00
- Optometry:
 - 100% of Scheme Tariff in respect of consultation and spectacles/contact lenses limited to R10,900.00 per family per 24 month cycle
 - All Optical benefits are subject to the Opticlear Network protocol
- Ante-natal Classes paid at Cost R 1,790.00
- Student dependants qualify for minor contributions up to the age of 25

SELFMED 2019 OPTION COMPARISON SCHEDULE



Self Funded



80% of Medical Scheme Rate



80% of Cost



100% of Medical Scheme Rate



100% of Cost



200% of Medical Scheme Rate

	MEDXXI	Selfsure	MED ELITE	Selfmed 80%
1	IN HOSPITAL TREATMENT - Subject to pre-authorisation			
1.0.1	Accommodation, theatre, medicine and material use whilst hospitalised	100% of Agreed Tariff		
1.0.2	Medicine received on discharge from hospital	100% of Agreed Tariff (RP Applies), if purchased on date of discharge, subject to a maximum of 7 days supply		
1.1	MEDICAL PRACTITIONERS			
1.1.1	Consultations/Visits	Unlimited	Unlimited	80% of Cost or 100% MSR, whichever is the greater - Unlimited
1.1.2	Radiology	Unlimited	Unlimited	Unlimited
1.1.3	Pathology	Unlimited	Unlimited	Unlimited
1.1.4	ECHO-tests	Unlimited	Unlimited	Unlimited
1.1.5	MRI-, CT scans and Radio-Isotope studies (Benefits subject to separate pre-authorisation)	For MRI-scans, computed tomography and radio-isotope studies, subject to obtaining a PAR, additional to the PAR required for hospitalisation. Benefit is limited to 2 scans per beneficiary and an overall limit of R 15,000.00 per family. A co-payment of R 2,100.00 will apply	For MRI-scans, computed tomography and radio-isotope studies, subject to obtaining a PAR, additional to the PAR required for hospitalisation. Benefit is limited to 2 scans per beneficiary and an overall limit of R 15,000.00 per family. A co-payment of R 1,800.00 will apply	For MRI-scans, computed tomography and radio-isotope studies that form part of hospitalisation, subject to obtaining a PAR, additional to the PAR required for hospitalisation. Benefit is limited to 2 scans per beneficiary and an overall limit of R 18,000.00 per family. A co-payment of R 1,800.00 will apply
1.1.6	Clinical Procedures	Unlimited - Co-payments applicable to certain elective procedures, unless funded as PMB treatment. Please refer to Members' Guide for details. No benefits for elective procedures unless funded as PMB treatment: • Joint Replacements • Spinal Surgery	Unlimited - Co-payment applicable to certain elective procedures, unless funded as PMB treatment. Refer to Members' Guide for details	80% of Cost or 100% MSR, whichever is the greater - Unlimited
1.1.7	Cochlear Implants	Limited to R 30,200.00 per implant	Limited to R 74,500.00 per implant	Limited to R 74,500.00 per implant
1.2	MATERNITY			
1.2.1	Confinement	100% of Agreed Tariff in respect of hospitalisation and 100% Medical Scheme Rate in respect of Associated Provider Services - Unlimited		100% of Agreed Tariff in respect of hospitalisation and 80% of Cost or 100% Medical Scheme Rate in respect of Associated Provider Services - Unlimited
1.3	AUXILIARY SERVICES			
1.3.1	Physiotherapy and Biokinetics	Unlimited	Unlimited	Unlimited
1.3.2	Medical Technology	Unlimited	Unlimited	Unlimited
1.3.3	Clinical Technology	Unlimited	Unlimited	Unlimited
1.3.4	Speech Therapy and Occupational Therapy	Unlimited (treatment must form part of Case Management Program)	Unlimited (treatment must form part of a Case Management Program)	Unlimited (treatment to form part of a Case Management Programme)
1.4	SECONDARY FACILITIES			
1.4.1	Treatment that forms part of a Case Management Programme	Subject to approval by Case Manager		

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1.5	REHABILITATION	Only for cases managed as part of a Case Management Programme, where a medical report was submitted by the attending Physician			
1.6	BLOOD TRANSFUSIONS	🕒 Subject to pre-authorisation			
1.7	MEDICAL AND SURGICAL PROSTHESIS / APPLIANCES - Subject to Case Management				
1.7.1	Internal Prosthesis	🕒 Specific sub-categories with limits apply. Please refer to Member Guide for details			
1.7.2	External Prosthesis	🕒 Limited to R 56,300.00 per family per year (Annual Limit is applicable to in and out of hospital services) - Subject to approval by Case Manager		🕒 Limited to R 58,400.00 per family per year (Annual Limit is applicable to in and out of hospital services) - Subject to approval by Case Manager	🕒 Limited to R 63,700.00 per family per year (Annual Limit is applicable to in and out of hospital services) - Subject to approval by Case Manager
1.7.3	Orthopaedic Appliances	🕒 Limited to R 8,000.00 per family per year (Annual Limit is applicable to in and out of hospital services) - Subject to Case Management		🕒 Limited to R 8,800.00 per family per year (Annual Limit is applicable to in and out of hospital services) - subject to Case Management	🕒 Limited to R 9,400.00 per family per year (Annual Limit is applicable to in and out of hospital services) - Subject to Case Management
1.8	DENTISTRY				
1.8.1	Basic	△	🕒 R 1,800.00 co-payment applies and subject to joint limit for Radiology, Pathology, Physiotherapy and Biokinetics	△	🕒 Unlimited
1.8.2	Specialised	△	🕒 R1,800.00 co-payment applies and subject to Annual Day-to-day Limit	△	🕒 limited to R 8,500.00 per beneficiary to a maximum of R 26,140.00 per family per year
1.9	MAXILLA-FACIAL AND ORAL SURGERY				
1.9.1	Elective	△	🕒 R 1,800.00 co-payment applies and subject to Annual Day-to-day Limit	△	🕒 Unlimited
1.9.2	Non-elective (excluding extractions)	🕒 R 1,800.00 co-payment applies. In the event of PMB, 100% of Cost - Subject to PMB protocol		🕒 R 1,800.00 co-payment applies. In the event of PMB, 100% of Cost - Subject to PMB protocol	🕒 Unlimited - In the event of PMB, 100% of Cost - Subject to PMB protocol
1.10	CASE MANAGED / DISEASE MANAGED CONDITIONS / PROCEDURES				
1.10.1	Organ Transplants	The following benefits apply to organ donors in RSA, subject to R 44,800.00 for a live donor, and R 26,800.00 for a cadaver (Annual Limit is applicable to in and out of hospital services). Benefit in respect of donors only allowed if the recipient of the organ is a beneficiary of the Scheme. Specific Radiology and Pathology tests associated with transplant procedure also qualify for benefit. Limit will not apply to PMB	The following benefits apply to organ donors in RSA, subject to R 44,900.00 for a live donor, and R 26,800.00 for a cadaver (Annual Limit is applicable to in and out of hospital services). Benefit in respect of donors only allowed if the recipient of the organ is a beneficiary of the Scheme. Specific Radiology and Pathology tests associated with transplant procedure also qualify for benefit. Limit will not apply to PMB	The following benefits apply to organ donors in RSA, limited to R 46,200.00 for a live donor, and R 27,500.00 for a cadaver (Annual Limit is applicable to in and out of hospital services). Benefit in respect of donors only allowed if the recipient of the organ is a beneficiary of the Scheme. Specific Radiology and Pathology tests associated with transplant procedure also qualify for benefit. Limit will not apply to PMB	The following benefits apply to organ donors in RSA, limited to R 51,000.00 for a live donor, and R 30,200.00 for a cadaver (Annual Limit is applicable to in and out of hospital services). Benefit in respect of donors only allowed if the recipient of the organ is a beneficiary of the Scheme. Specific Radiology and Pathology tests associated with transplant procedure also qualify for benefit. Limit will not apply to PMB
1.10.2	Chronic Renal Failure	🕒 Unlimited - For Kidney Dialysis, incl. associated Radiology and Pathology tests			
1.10.3	Oncology	100% of Agreed Tariff - Benefit managed as part of an Oncology Benefit Management Programme and subject to use of Preferred Provider Network. Subject to annual treatment limit of R 177,000.00 per family per year. No benefit for Biological drugs. Limit will not apply to PMB	100% of Agreed Tariff - Benefit managed as part of an Oncology Benefit Management Programme and subject to use of Preferred provider. Subject to annual treatment limit R 242,400.00 per family per year. No benefit for Biological drugs. Limit will not apply to PMB	100% of Agreed Tariff - Benefit managed as part of an Oncology Benefit Management Programme. Subject to annual treatment limit R 327,100.00 per family per year with a sub-limit of R 157,600.00 for Biological drugs, if approved by Scheme. Limit will not apply to PMB	100% of Agreed Tariff - Benefit managed as part of an Oncology Management Programme. Subject to annual treatment limit of R 408,500.00 per family per year applies with a sub-limit of R 158,000.00 for Biological Drugs, if approved by the Scheme. Limit will not apply to PMB
1.10.4	Oxygen Therapy	🕒 For Oxygen Therapy (cylinders included) - Subject to Case Management			
1.11	AIDS AND HIV	Benefits managed as part of a Disease Management Programme			

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1.12	FOREIGN CLAIMS	Namibian claims only			
1.13	MENTAL HEALTH				
1.13.1	Clinical Psychology	⌚ Unlimited - Provided that treatment forms part of Case Management Programme	⌚ Provided that treatment forms part of Case Management Programme	⌚ Provided that treatment forms part of Case Management Programme	⌚ Unlimited - Provided that treatment forms part of Case Management Programme
1.13.2	Psychiatry	⌚ Provided that treatment forms part of Case Management Programme. Treatment to be obtained in a mental health institution, as approved by the Scheme			
1.14	PRESCRIBED MINIMUM BENEFITS (PMB)	Benefits subject to application and provided that the treatment and/or chronic medicine is received from a Designated Service Provider. If voluntarily obtained from any other provider, a 40% co-payment will apply. Scheme protocol apply			
			Annual Day-to Day limit: Principal Member • R 5,350.00; Additional adult dependant • R 3,780.00; Additional minor dependant, • R 1,890.00 Radiology, Pathology, Basic Dentistry, Physiotherapy and Biokinetics = R 5,450.00 or R 7,650 for family per year Optometry : • 100% of Scheme Tariff in respect of consultation and spectacles/contact lenses limited to R5100 per family per 24 month cycle All Optical benefits are subject to the Opticlear Network protocol Medical Appliances = R 4,300.00 per family per year		Accute Medication = limited to R 6,400 per beneficiary to a maximum of R 19,000.00 per family per year Consultation/Visits = subject to the following limits: • Single member = max 15 visits • Member + 1 dependant = max 30 visits • Member + 2 or more dependants = max 45 visits Optometry : • 100% of Scheme Tariff in respect of consultation and spectacles/contact lenses limited to R10 900 per family per 24 month cycle • All Optical benefits are subject to Opticlear Network protocol
2	CONSULTATIONS AND OUT-OF-HOSPITAL PROCEDURES				
2.01	Outpatient treatment at hospital facility	⌚ Limited to R 1,050.00 per family, per annum for treatment at a hospital's out-patient facility or emergency rooms	⌚ Subject to Annual Day-to-Day Limit	⚠	⌚ Subject to the Consultation/Visits limit as noted above
2.1	MEDICAL PRACTITIONERS				
2.1.1	Consultations/Visits	⚠	⌚ Subject to Annual Day-to-Day Limit	⚠	⌚ Subject to the Consultation/Visits limit
2.1.2	Clinical Procedures	⌚ Subject to pre-authorisation: <ul style="list-style-type: none"> Upper and lower gastro-intestinal endoscopy (excl. sigmoidoscopy and anoscopy) Laser tonsillectomy 24-hour oesophageal pH studies Oesophageal motility Yag laser Photocoagulation therapy Photodynamic therapy All other clinical procedures - To be Funded by Member	⌚ Subject to pre-authorisation: <ul style="list-style-type: none"> Upper and lower gastro-intestinal endoscopy (excl. sigmoidoscopy and anoscopy) Laser tonsillectomy 24-hour oesophageal pH studies Oesophageal motility Yag laser Photocoagulation therapy Photodynamic therapy All other clinical procedures limited to Annual Day-to-day Limit	⚠ Subject to pre-authorisation: <ul style="list-style-type: none"> Upper and lower gastro-intestinal endoscopy (excl. sigmoidoscopy and anoscopy) Laser tonsillectomy 24-hour oesophageal pH studies Oesophageal motility Yag laser Photocoagulation therapy Photodynamic therapy All other clinical procedures - To be Funded by Member	⌚ For the following, subject to pre-authorisation: <ul style="list-style-type: none"> Upper and lower gastro-intestinal endoscopy (excl. sigmoidoscopy and anoscopy) Laser tonsillectomy 24-hour oesophageal pH studies Oesophageal motility Yag laser Photocoagulation therapy Photodynamic therapy - Unlimited All other clinical procedures are payable at 80% of Cost
2.1.3	Radiology	⚠ Except for 1 Mammogram per year, except for PMB	⌚ Subject to joint limit for Basic Dentistry, Physiotherapy and Biokinetics	⚠ Except for 1 Mammogram per year Limit will not apply to PMB	⌚ Unlimited
2.1.4	Pathology	⚠ Except if treatment forms part of Disease Management Programme and 1 Pap Smear per year by General Practitioner, except for PMB	⌚ Subject to joint limit for Basic Dentistry, Physiotherapy and Biokinetics	⚠ Except for cases managed as part of a Case Management Program and 1 Pap Smear per year by General Practitioner, except for PMB	⌚ Unlimited
2.1.5	ECHO-tests	⚠	⌚ Limited to R 3,150.00 per beneficiary per year	⚠	⌚ Limited to R 3,150.00 per beneficiary per year

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2.1.6	MRI-, CT scans and Radio-Isotope studies (Benefits subject to separate pre-authorisation)	🕒 For MRI-scans, computed tomography and radio-isotope studies, subject to obtaining a PAR, additional to the PAR required for hospitalisation. Benefit is limited to 2 scans per beneficiary and an overall limit of R 15,000.00 per family. A co-payment of R 2,100.00 will apply	🕒 For MRI-scans, computed tomography and radio-isotope studies, subject to obtaining a PAR, additional to the PAR required for hospitalisation. Benefit is limited to 2 scans per beneficiary and an overall limit of R 15,000.00 per family. A co-payment of R 1,800.00 will apply	🕒 For MRI-scans, computed tomography and radio-isotope studies, subject to obtaining a PAR, additional to the PAR required for hospitalisation. Benefit is limited to 2 scans per beneficiary and an overall limit of R 15,000.00 per family. A co-payment of R 1,800.00 will apply	🕒 For MRI-scans, computed tomography and radio-isotope studies that form part of hospitalisation, subject to obtaining a PAR, additional to the PAR required for hospitalisation. Benefit is limited to 2 scans per beneficiary and an overall limit of R 18,000.00 per family. A co-payment of R 1,800.00 will apply
2.1.7	Material and injection material administered in doctor's rooms	△	🕒 Subject to Annual Day-to-day Limit	△	80% of Agreed Tariff (RP applies) - Subject to Acute Medicine Limit
2.2	MATERNITY				
2.2.1	Ante-natal Classes and Foetal Scans	Pre-childbirth Education paid at 100% of Cost and/or Ultrasound Scans paid at 100% of Medical Scheme Rate per Year, subject to a combined limit of R 1,790.00 per Family per Year	🕒 Foetal Scans limited to 2 per beneficiary per year and the cost of a 3D scan is limited to the cost of a 2D scan. Benefits allowed for additional pregnancy scans and/or pre-childbirth education at 100% of Cost to a maximum of R1,790.00 per Family per Year	Pre-childbirth Education paid at 100% of Cost and/or Ultrasound Scans paid at 100% of Medical Scheme Rate per Year, subject to a combined limit of R 1,790.00 per Family per Year	🕒 Benefits limited to 2 per beneficiary per year and the cost of a 3D-scan is limited to the cost of a 2D-scan, payable at 80% of Cost. Benefits allowed for additional pregnancy scans and/or prechildbirth education at 100% of Cost to a maximum of R 1,790.00 per Family per Year
2.2.2	Ante-natal Consultations	🕒 Limited to 2 per year	🕒 Unlimited	△	Subject to Annual Consultation Benefit as indicated under Medical Practitioners
2.3	AUXILIARY SERVICES				
2.3.1	Medical Technology	△	🕒 Subject to Annual Day-to-day Limit	△	🕒 Unlimited
2.3.2	Clinical Technology	△	🕒 Subject to Annual Day-to-day Limit	△	🕒 Unlimited
2.3.3	Physiotherapy and Biokinetics	△	🕒 Subject to joint limit for Radiology, Pathology and Basic Dentistry	△	🕒 Limited to R 5,350.00 per beneficiary to a maximum of R 15,000.00 per family per year
2.3.4	Speech Therapy and Occupational Therapy	△	🕒 Subject to Annual Day-to-day Limit	△	
2.3.5	Podiatry, Orthoptic treatment, Hearing Aid Acoustics, consultations with Dietitians, Chiropractors, Osteopaths, Homeopaths, Naturopaths and Herbalist	△	🕒 Subject to Annual Day-to-day Limit	△	
2.4	OPTICAL				
2.4.1	Consultation	△	100% of Scheme Tariff for a standard eye examination per beneficiary per 24 month period - Subject to combined family limit per 24 month cycle	△	100% of Scheme Tariff for a standard eye examination per beneficiary per 24 month period - Subject to combined family limit per 24 month cycle
2.4.2	Spectacles and Contact Lenses	△	<ul style="list-style-type: none"> 100% of Scheme Tariff for a pair of generic standard lenses per 24 month cycle 100% of Scheme Tariff for a frame limited to R 500.00 per beneficiary per 24 month period - OR 100% of Scheme Tariff for clear contact lenses limited to R 1,800.00 per beneficiary per 24 month period - Subject to combined family limit per 24 month cycle 	△	<ul style="list-style-type: none"> 100% of Scheme Tariff for a pair of generic standard lenses per 24 month cycle 100% of Scheme Tariff for a frame limited to R1,400.00 per beneficiary per 24 month period - OR 100% of Scheme Tariff for clear contact lenses limited to R 1,800.00 per beneficiary per 24 month period - Subject to combined family limit per 24 month cycle
2.5	SECONDARY FACILITIES				
2.5.1	Treatment that forms part of a Case Management Programme	🕒 Subject to approval by Case Manager			
2.6	REHABILITATION				
Only for cases managed as part of a Case Management Programme, where a medical report was submitted by the attending Physician					

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2.7	AMBULANCE SERVICES				
2.7.1	Preferred Provider	100% of Agreed Tariff - For emergency transport to and from a hospital			
2.7.2	Non-preferred Provider	🕒 Limited to R 2,950.00 per family per year, limit will not apply to PMB			
2.8	BLOOD TRANSFUSIONS	🕒 Subject to pre-authorisation			
2.9	MEDICAL AND SURGICAL PROSTHESIS / APPLIANCES				
2.9.1	External Prosthesis	🕒 Subject to R 56,300.00 per family per year (Annual Limit applicable to in and out of hospital services) - Subject to approval by Case Manager	🕒 Subject to R 58,400.00 per family per year (Annual Limit applicable to in and out of hospital services) - Subject to approval by Case Manager	🕒 Subject to R 63,700.00 per family per year (Annual Limit applicable to in and out of hospital services)- subject to approval by Case Manager	
2.9.2	Orthopaedic Appliances	🕒 Subject to R 8,000.00 per family per year (Annual Limit applicable to in and out of hospital services) per family per year - Subject to Case Management	🕒 Subject to R 8,800.00 per family per year (Annual Limit applicable to in and out of hospital services) per family per year - Subject to Case Management	🕒 Subject to R 9,400.00 per family per year (Annual Limit applicable to in and out of hospital services) per family per year - subject to Case Management	
2.9.3	Medical Appliances	△	🕒 Limited to R 4,300.00 per family per year. This maximum may be exceeded, subject to a maximum of R 12,900.00, in respect of certain appliances, provided that the treatment forms part of a Case Management Programme (Annual Limit applicable to in and out of hospital services)	△	🕒 Limited to R 5,300.00 per family per year. This maximum may be exceeded, subject to a maximum limit of R 15,900.00, in respect of certain appliances, provided that the treatment forms part of a Case Management Programme (Annual Limit applicable to in and out of hospital services)
2.9.4	Hearing Aids	△			🕒 Limited to R 16,200.00 per family per year
2.10	DENTISTRY				
2.10.1	Basic	△	🕒 Subject to joint limit for Radiology, Pathology, Physiotherapy and Biokinetics	△	🕒 Unlimited
2.10.2	Specialised	△	🕒 Subject to Annual Day-to-day Limit	△	🕒 Limited to R 8,500.00 per beneficiary to a maximum of R 26,140.00 per family per year
2.11	MAXILLA-FACIAL AND ORAL SURGERY				
2.11.1	Elective	△	🕒 Subject to Annual Day-to-day Limit	△	🕒 Unlimited
2.11.2	Non-elective (excluding extractions)	🕒 Unlimited - In the event of PMB, 100% of Cost Subject to PMB protocol	🕒 Unlimited - In the event of PMB, 100% of Cost Subject to PMB protocol	🕒 Unlimited - In the event of PMB, 100% of Cost Subject to PMB protocol	🕒 Unlimited - In the event of PMB, 100% of Cost Subject to PMB protocol
2.12	PRESCRIBED MEDICINE				
2.12.1	Chronic (Member must apply for benefit)	△ Except PMB		100% of Agreed Tariff (RP) - Limited to R 32,340.00 per family per year	80% of Agreed Tariff (RP applies) - Limited to R 25,800.00 per beneficiary per year with a maximum of R 50,300.00 per family per year
2.12.2	Acute	△	100% of Agreed Tariff (RP applies) - subject to Annual Day-to-day Limit	△	80% of Agreed Tariff (RP applies) - Limited to R 6,400.00 per beneficiary to a maximum of R 19,000.00 per family per year
2.12.3	Immunisations	△	100% of Agreed Tariff (RP applies) - subject to Annual Day-to-day Limit	△	
2.12.4	Oral & Injectable Contraceptives	🕒 Limited to R 1,680.00 per family per year			

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2.13	NON-PRESCRIBED MEDICINE (PAT)	△	100% of Agreed Tariff (RP applies) - limited to R 280.00 per day and subject to Annual Day-to-day Limit	△	80% of Agreed Tariff (RP applies) - limited to R 1,680.00 per family per year and subject to the Acute Medicine maximum
2.14	CASE MANAGED / DISEASE MANAGED CONDITIONS / PROCEDURES				
2.14.1	Organ Transplants	The following benefits apply to organ donors in RSA. R 44,800.00 for a live donor, R 26,800.00 for a cadaver (Annual Limit applicable to in and out of hospital services). Benefit in respect of donors only allowed if the recipient of the organ is a beneficiary of the Scheme. Specific Radiology and Pathology tests associated with transplant procedure also qualify for benefit - Subject to Case Management Programme. Limit will not apply to PMB	The following benefits apply to organ donors in RSA. R 44,900.00 for a live donor, R 26,800.00 for a cadaver (Annual Limit applicable to in and out of hospital services). Benefit in respect of donors only allowed if the recipient of the organ is a beneficiary of the Scheme. Specific Radiology and Pathology tests associated with transplant procedure also qualify for benefit - Subject to Case Management Programme. Limit will not apply to PMB	The following benefits apply to organ donors in RSA. R 46,200.00 for a live donor, R 27,500.00 for a cadaver (Annual Limit applicable to in and out of hospital services). Benefit in respect of donors only allowed if the recipient of the organ is a beneficiary of the Scheme. Specific Radiology and Pathology tests associated with transplant procedure also qualify for benefit - Subject to Case Management Programme. Limit will not apply to PMB	The following benefits apply to organ donors in RSA. R 51,000.00 for a live donor, R 30,200.00 for a cadaver (Annual Limit applicable to in and out of hospital services). Benefit in respect of donors only allowed if the recipient of the organ is a beneficiary of the Scheme. Specific Radiology and Pathology tests associated with transplant procedure also qualify for benefit - Subject to Case Management Programme. Limit will not apply to PMB
2.14.2	Chronic Renal Failure	⌚ Unlimited - For Kidney Dialysis, incl. associated Radiology and Pathology tests			
2.14.3	Oncology	100% of Agreed Tariff - Benefit managed as part of an Oncology Benefit Management Programme and subject to use of Preferred Provider Network. Subject to Annual Treatment Limit of R 177,000.00 per family per year. No benefit for Biological drugs	100% of Agreed Tariff - Benefit managed as part of an Oncology Benefit Management Programme and subject to use of Preferred provider. Subject to Annual Treatment Limit R 242,400.00 per family per year. No benefit for Biological drugs	100% of Agreed Tariff - Benefit managed as part of an Oncology Benefit Management Programme. Subject to Annual Treatment Limit R 327,100.00 per family per year with a sub-limit of R 157,600.00 for Biological drugs, if approved by Scheme	100% of Agreed Tariff - Benefit managed as part of an Oncology Management Programme. Subject to Annual Treatment Limit of R 408,500.00 per family per year applies with a sub-limit of R 158,000.00 for Biological Drugs, if approved by the Scheme
2.14.4	Oxygen Therapy	⌚ For Oxygen Therapy (cylinders included) subject to Case Management			
2.15	AIDS AND HIV	Benefits managed as part of a Disease Management Programme			
2.16	FOREIGN CLAIMS	Only for Namibian claims			
2.17	MENTAL HEALTH				
2.17.1	Clinical Psychology	△	⌚ Subject to Annual Day-to-day Limit	△	⌚ Subject to R 8,800.00 Clinical Psychology limit
2.17.2	Psychiatry	⌚ Subject to Case Management and Disease Management programme. Treatment to be obtained in a mental health institution, as approved by the Scheme	⌚ Subject to Annual day-to-day Limit	Benefit payable only, when treatment is subject to forming part of Case Management Programme	⌚ Subject to R 8,800.00 Clinical Psychology limit
2.18	PRESCRIBED MINIMUM BENEFITS (PMB)	Benefits subject to application and provided that the treatment and/or chronic medicine is received from a Designated Service Provider. If voluntarily obtained from any other provider, a 40% co-payment will apply. Scheme protocol apply			

CONTRIBUTIONS - EFFECTIVE 1 JANUARY 2019

Principal Member	R 2,051.00	R 3,175.00	R 5,768.00	R 7,920.00
Additional Adult Dependant	R2,040.00	R 3,170.00	R 5,191.00	R 7,128.00
Additional Minor Dependant (payable up to maximum 3)	R 820.00	R 794.00	R 1,154.00	R 1,584.00

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