rockfin
Beyond Wealth Management

Medical Aid Quotation for Medical Aid Quote For Comprehensive Plans

Quote Date : 21/12/2021

Name of Medical Scheme			DISCOVERY		BONITAS		MEDIHELP		MOMENTUM HEALTH	
Name of Option			(2022) Essential Comprehensive		(2022) BonClassic		(2022) MedElite		(2022) Extender: Associated (Chronic: State)	
Description of Cover			Comprehensive (Savings & Threshold Benefits)		Hospital + Savings (Benefits included)		Comprehensive (Savings & Benefits Included)		Comprehensive (Savings & Threshold Benefits)	
Description	**Age**	**LJP**	**Risk**	**Savings (15%)**	**Risk**	**Savings (14%)**	**Risk**	**Savings (10%)**	**Risk**	**Savings (25%)**
Principal Member	0		R 4 506	R 795	R 4 875	R 802	R 5 250	R 582	R 3 923	R 1 308
Adult Dependent 1	0		R 4 259	R 751	R 4 185	R 689	R 4 908	R 546	R 2 975	R 992
Child 1	0		R 909	R 160	R 1 203	R 198	R 1 428	R 156	R 1 153	R 384
			R 9 674	**R 1 706**	**R 10 263**	**R 1 689**	**R 11 586**	**R 1 284**	**R 8 051**	**R 2 684**
Total Monthly Contribution			**R 11 380**		**R 11 952**		**R 12 870**		**R 10 735**	
Optional Loyalty Club			Vitality M R305 | M+1 R370 | M+2+ R430		NA		HealthPrint BASIC - Free		MULTIPLY Premier M=R278 | M+1=R352 | M+2=R386	

This summary is for information purposes only and does not supersede the Rules of a Scheme. In the event of any discrepancy between the summary and the Rules of a Scheme, the Rules will prevail

Advice Provided by:
Rockfin Wealth Management (Pty) Ltd - a licensed financial services provider| (FSP) 13370 | (Reg No.) 2016/042040/07 | (CMS No.)ORG2856
Intermediary Details:
Name : Karla van der Lingen
Tel: 021 741 1331
Email: quotes@rockfin.co.za

In hospital Benefits

Name of Medical Scheme	DISCOVERY	BONITAS	MEDIHELP	MOMENTUM HEALTH
Name of Option	(2022) Essential Comprehensive	(2022) BonClassic	(2022) MedElite	(2022) Extender: Associated (Chronic: State)
IN HOSPITAL BENEFITS: Rate of **Cover for Specialist** fees during hospitalisation **Hospitals** that may be utilized *(Pre-authorisation is required before treatment starts, or in case of an emergency within the next two business days)* **Overall limits & Deductibles**	100% of Scheme Rate Contracted Specialists covered in full	100% of Scheme Rate (Contracted Specialists paid in full) (R2,290 co-payment for use of non-network day hospitals)	100% of Scheme Rate	200% of Scheme Rate (Associated specialists covered in full)
	Any Hospital	Any Hospital	Any Hospital	Associated Hospitals
	Unlimited	Unlimited	Unlimited	Unlimited 30% co-payment for use of non-network hospital
Listed Procedures: *Procedures normally performed in hospital, performed in Doctor's room/Day Ward e.g.Gastroscopy, etc.*	**In Hospital:** Endoscopic Procedures **refer to last page for co-payments* **Out of Hospital:** Scopes covered up to 100% of Scheme Rate, subject to pre-auth	**In & Out of Hospital:**Unlimited, subject to pre-authorisation	**In the day surgery network:** All Scopes: Unlimited. Co-payments (use of day surgery or further 35% co-payment) apply. **refer to last page* **In th doctors room:** All scopes: Unlimited	Defined list of procedures covered, subject to pre-authorisation **refer to last page for co-payments* *(Refer to member guide for full list)*
Maternity Benefits *(In & Out of Hospital)*	**In Hospital:** 3 days & 2 nights for natural birth / 4 days & 3 nights for caesarean. Private ward up to R2,320 **Out of Hospital:** 12 Antenatal visit (GP/Gynae/Midwife), 1 NIPT test, selected blood tests, 2x 2D scans, R5,350 for essential registered devices (25% co-pay applies), 5 pre- or postnatal classes *(refer to member guide for all listed benefits)*	**In Hospital:** Unlimited **Out of Hospital:** 12 Antenatal visits, 2 2D scans, 1 amniocentesis, 4 post natal visits with a midwife, R1,330 antenatal classes	**In Hospital:** Unlimited. Home Delivery limit of R14,100 **Out of Hospital:** 10 pregnancy consultations (pro-rata) & 2 x 2D scans per family & 2 paediatrician visits in baby first year. *(refer to member guide for full benefits)*	**In Hospital:**Unlimited **Out of Hospital:** 12 antenatal visits, 2 scans, 2 paediatric visits in baby's first year, 1 nurse home visit 1st day after discharge, 2 weeks and 6 weeks after initial visit - subject to registration on maternity programme *(refer to member guide)*
Psychiatric & Psychological Treatment	**In Hospital:** 21 Days per beneficiary **OR** **Out of Hospital:** 15 consultations per beneficiary. Subject to PMB and DSP. Cover up to 80% if non-DSP is used	**In hospital:** R44,270 per family.	**In & Out of Hospital:** R38,200 per beneficiary to max of R53,100 per family *Out of hospital benefit applicable to psychiatric treament only*	**In Hospital:** R41,400 per beneficiary **OR** **Out of Hospital:** Sub-limit of 21 days for drug and alcohol rehab, subject to treatment at a preferred provider
MRI & CAT Scans *(In & Out of Hospital)*	**In-Hospital:** Related to approved admission (subject to pre-auth) up to 100% of Scheme Rate. If not related to admission or for conservative neck and back scans R3,270 co-pay paid from day-to-day benefits, balance paid from Risk **Out-of-Hospital:** R3,270 co-pay paid from day-to-day benefits, balance paid from Risk (Conservative neck and back scans, specific rules and limits apply)	**In & Out of Hospital:** R31,770 per family. Subject to pre-authorisation. Co-payment of R1,560 applies	**In & Out of Hospital:** Unlimited. *Co-payment applies. Subject to request of a specialist, clinical protocols and pre-auth	**In & Out of Hospital:** Unlimited. subject to pre-authorisation. R2,480 co-payment applies
Oncology/Cancer (In & Out of Hospital)	Oncology Programme covers first R400,000 of approved cancer treatment over 12 month period. Unlimited thereafter, with a 20% co-payment	Limited to R410,400 per family, subject to pre-authorisation and registration on the Oncology programme. Sublimit of R51,000 pb for Brachytherapy	PMB Unlimited Non-PMB limit of R433,000 pfpa Protocols and DSP (ICON) apply. Co-payments apply to voluntary non-network services (10%) and/or deviating from protocol (15%)	R500,000 per beneficiary per year, thereafter a 20% co-payment applies. Treatment must be obtained from an oncologist authorised by the Scheme

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Name of Option	(2022) Essential Comprehensive	(2022) BonClassic	(2022) MedElite	(2022) Extender: Associated (Chronic: State)
HIV/Aids - Sub limits on Medicine might apply	Subject to registration on HIVCare Programme and use of Network Providers. 20% co-pay applies for use of non DSP	Unlimited, subject to registration on the HIV/AIDS programme (Aid for Aids). Chronic medication must be be obtained by a DSP	LifeSense Disease Management is the managed healthcare partner for HIV/Aids. DSP for HIV/Aids medicine: Dis-Chem Direct and Medipost	At chosen network provider: Unlimited Anti-retroviral treatment, R78,600 per family for HIV related admissions
Ambulances Services/Administrators used by the Scheme *(In case of an Emergency any service can be used)*	Discovery 911	ER24	Netcare 911	Netcare 911
Discharge Medicine (Take Home Medicine)	Subject to PMB OR available Savings and Threshold	7-day supply up to R510 per hospital stay	R530 per beneficiary per admission	7 days supply
Emergency Ward Treatment which does not result in Hospitalisation	Subject to available Savings and Threshold	Subject to Savings	Limited to M: R3,200 | M+1: R4,300 | M+2: R5,300 | M+3+: R6,300 . Subject to Day-to-Day Benefits after Savings is depleted	Subject to available Savings & Threshold (Unlimited once Threshold is reached)
International Medical Travel Assistance	Cover up to R5 million per beneficiary per journey for emergency hospitalisation, incl emergency evacuation & transportation. Max of 90 days from date of departure. Specific rules apply and pre-existing conditions are excluded	EuropAssist. Up to R10m per family for medical emergencies. Additional benefit for compulsory COVID-19 tests and medical quarantine up to R10,000 per person	Maximum of 90 days cover in emergencies only, from date of departure. Transport by Road: R2,210 per case, by Air: R14,700 per case	Emergency cover by ISOS: R8.22 million pb per 90 day journey (incl. R15,500 cover each for emergency Optometry and Dentistry and R765,000 terrorism cover). R1,630 co-pay per outpatient claim
Post Hospitalisation Benefit *(Treatment after discharge pertaining to hospitalisation paid from Risk benefits)*	Access to Connected Care. Includes cover and treatment for COVID-19 and/or follow-up care once discharged Trauma Recovery Benefits *(refer to brochure for details)*	R54,360 per family for physical rehabilitation. R18,130 per family for hospice/step-down facilities. Subject to pre-authorisation	Unlimited sub-acute care and private nursing services as an alternative to hospitalisation. Speech therapy, occupational therapy & physiotherapy covered up to 30 days after discharge, limited to R2,000 single member or R2,800 pfpa. Palliative Care R27,100 pfpa	R60,000 per family for medical rehabilitation, step-down facilities, Hospice and private nursing. Protocols apply
Internally Implanted Prostheses *(Limits apply only on Prostheses)*	Shoulder Joint Prostheses, Major Joints Surgery, Prosthetic devices used in Spinal Surgery: Unlimited at a Network Provider - otherwise limits apply *Refer to Member Guide for full list and limits*	R59,830 per family. Managed Care protocols apply. Sub-limits apply. Subject to pre-authorisation and use of a preferred provider	Prosthesis subject to pre-authorisation, protocols and case managment. Sub-limits apply *(Benefits for wear/tear)* *Refer to member guide for full list and limits*	Cochlear implants: R198,000 pb per event (max 1 event pa); Intraocular lenses: R7,750 pb per event (max 2 events pa); Other internal prostheses: R74,900 pb per event (max 2 events pa)
Dialysis	Unlimited. Subject to approval of treatment plan and use of network provider, otherwise co-payment will apply	Unlimited at a DSP or 20% co-payment applies at a non-DSP	Unlimited. Acute (subject to hospital authorisation) and Chronic (subject to pre-authorisation and clinical protocols)	Unlimited, subject to Management Programme. Treatment must be obtained from State facilities
Chronic Benefits: *All Schemes provide unlimited Prescribed Minimum Benefits (PMB) for the treatment of Conditions (Chronic Disease List) e.g. Diabetes, Asthma, Cholesterol, Hypertension, etc. Benefits are Subject to a Scheme treatment plan, formulary, registration, pre-authorisation and a Designated Service Provider (DSP) to avoid a co-payment.*	Cover for Prescribed Minimum Benefits plus22 additional conditions on Additional Disease List *Refer to Member Guide for full list* *DSP: Any pharmacy in the Discovery pharmacy network* *20% co-payment applies for use of non-DSP Pharmacy*	Cover for Prescribed Minimum Benefits *plus* 20 additional chronic conditions. Applicable formulary applies Limit: R12,420 pbpa and R25,680 pfpa DSP: Bonitas Pharmacy Network whilst in benefit limit 40% Co-pay for use of non-formulary or non-DSP	Cover for Prescribed Minimum Benefits (unlimited after depletion of limit) *plus additional chronic conditions* *plus additional chronic conditions plus* additional chronic conditions Limit: M-R4,900 | M+1-R7,400 | M+2-R9,900 | M+3-R10,600 DSP: Any Co-payments may apply	Cover for Prescribed Minimum Benefits plus 36 additional conditions. Limit of R11,100 pfpa for non-CDL DSP: State facilities Subject to registration on Chronic Managment Programme and approval by the Scheme

Out of hospital Benefits

Name of Medical Scheme	DISCOVERY		BONITAS		MEDIHELP		MOMENTUM HEALTH	
Name of Option	(2022) Essential Comprehensive		(2022) BonClassic		(2022) MedElite		(2022) Extender: Associated (Chronic: State)	
OUT OF HOSPITAL BENEFITS: *Day-to-Day Benefits, or **Savings, which is included in the Total Monthly Premium to make provision for medical expenses that does not require hospitalisation e.g. GP visits & Dentistry is displayed on this page. Available Supplementary Benefits (if applicable) **TOTAL *In-Scheme Day-to-Day Benefits (if applicable) & or **Savings:**	***Supplementary Benefits covered from Risk*** ***(subject to pre-auth)*** Screening & Prevention Benefit: Blood Glucose, BP, Cholesterol, BMI, Mammogram (every 2 yrs), Pap smear (every 3 yrs), PCA (every yr), HIV, Flu vaccine (for pregnancy, over 65yrs or certain chronic), subject to clinical criteria Child Screening: Growth assessment, health and milestone tracking Maternity: (Cover for first 2 years after birth) 2 GP, paediatric or ENT visits, 1 Midwife, GP or Gynae consult (6 week) post birth, 1 Dietitian nutritional assessment, 2 Mental health consult with a counsellor or psychologist & 1 lactation consult with a registered nurse or specialist. Subject to Wellness Network Providers Trauma Recovery Extender Benefit Connected Care: Access to care from home *(refer to member guide for details*		Day-to-day Benefits paid from Savings Contraceptives: R1,720 per family Childcare: immunisations, hearing screening, congenital hypothyroidism (under 1 month old), babyline Preventative care: 1 HIV test, 1 flu vaccine, 1 pneumococcal vaccine (every 5 yrs), 1 stool test, 1 bone density screening (every 5 yrs), 1 pap smear (every 3 yrs), 1 mammogram (every 2 yrs), 1 prostate screening, Dental fissure sealants every 3 years for children under 16yrs, 1 lipogram (every 5 yrs) Wellness Benefit: Screening - 1 screening per beneficiary BENEFIT BOOSTER - R1,880 per family *(avail after completing wellness screening):* Covers GP and Specialist consults, Acute and OTC meds, Biokineticist and Physiotherapist consults and treatment, X-rays and Blood tests, etc. *(refer to member guide for details)*		Benefits covered by Insured Day-to-Day Benefits - see annual amounts below Screening Benefits: Glucose test, cholesterol test, BMI, BP, mammogram, pap smear, prostate, HIV, FOBT Immunisations: Flu vaccine, tetanus, HPV, Pneumovax, child immunisations Back treatment programme 1 Dietician visit (if BMI) Contraceptives, Heath Tests Care Extender Benefit *Refer to member guide for full benefits and limits*		Day-to-day Benefits paid from available Savings, then Threshold (limits apply) Early detection tests: Health Assessment, dental consult, pap smear & consult, mammogram (every 2 years), DEXA scan (every 3 years), physical & prostate exam (every 2,3 or 5 years - age specific), cholestrol, blood sugar, glucoma, HIV Preventative care: Baby immunisation (up to age 6), flu vaccine, tetanus injection (when needed), pneumococcal vaccine (over 60 years) *(Refer to member guide for full details)*	
	Annual Savings	R 20 472	**Annual Savings**	R 20 268	**Annual Savings**	R 15 408	**Annual Savings**	R 32 208
					Day-to-Day Benefit	R 16 700		
	Total	R 20 472	**Total**	R 20 268	**Total**	R 32 108	**Total**	R 32 208
ProRata disclosure (Inception Date :01/01/-2022)	**Pro Rated Benefits**	R 20 472	**Pro Rated Benefits**	R 20 268	**Pro Rated Benefits**	R 32 108	**Pro Rated Benefits**	R 32 208
Annual Threshold/Safety Net limit to be reached:	R 51 310		N/A		N/A		R 53 800	
Estimated Self Payment Gap:	R 30 838		N/A		N/A		R 21 592	
General Practitioner Visits	Subject to Savings. Extender Benefit (DEB): Covers unlimited pharmacy clinic consultations (DSP Dischem and MediCare) and pharmacy clinic referred GP consultations per year up to the DHR. Network GP needs to meet digital criteria (in Self Payment Gap). Unlimited after Threshold is reached		Subject to Savings		Limited to M: R3,200 | M+1: R4,300 | M+2: R5,300 | M+3+: R6,300 . Subject to Day-to-Day Benefits after Savings is depleted		Subject to Savings, if available. (Unlimited once Threshold is reached)	
Specialist Visits	Subject to available Savings. Unlimited after Threshold is reached (100% of Scheme Tariff for non-contracted specialists)		Subject to Savings		Limited to M: R3,200 | M+1: R4,300 | M+2: R5,300 | M+3+: R6,300 . Subject to Day-to-Day Benefits after Savings is depleted		Subject to Savings, if available. (Unlimited once Threshold is reached)	

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Name of Option	(2022) Essential Comprehensive	(2022) BonClassic	(2022) MedElite	(2022) Extender: Associated (Chronic: State)
Prescribed/ Acute Medicine	Subject to available Savings and Threshold. DEB limits (schedule 3 and above): M-R22,950 | M+1-R27,950 | M+2-R33,650 | M+3-R36,700 before and after threshold. OTC medication subject to available Savings only	Subject to Savings	Limited to M: R4,200 | M+1: R5,300 | M+2: R6,300 | M+3+: R7,300 . Subject to Day-to-Day Benefits after Savings is depleted	Subject to available Savings & Threshold (Extender Cover limit of R18,900 pb and R35,800 pf). OTC meds subject to available Savings (does not accumulate to Threshold)
Basic Dentistry (Consultations, Oral hygiene, Extractions & Fillings)	Subject to available Savings. Unlimited at Scheme Tariff after Threshold is reached	Limit of R5,138 pfpa. 2 visits, fillings, x-rays, extractions, 2 scale and polish etc. 1 set plastic dentures (every 4 yrs). Fissure sealants (under 16 yrs). Benefits per beneficiary. Subject to *DENIS protocols	Benefits per beneficiary: 2 visits, 2 scale and polishing, 1 filling per tooth etc. (see brochure for full benefits) - Protocols apply	Subject to Savings, if available. (Unlimited once Threshold is reached)
Specialised/Advanced Dentistry	Subject to available Savings and Threshold. DEB limit for Dental devices, appliances and orthodontic treatment of R30,750 per beneficiary before and after threshold	Limit of R6,186 pfpa. 1 partial frame (upper or lower) per beneficiary (every 5 yrs). 1 crown per family. Orthodonic treatment is granted once pbp lifetime (aged 9 to 18yrs). In-hospital dentistry and maxillo facial surgery in dental chair. R3,500 co-pay (children under 5yrs) and R5,000 co-pay all other admissions. Subject to *DENIS protocols	Plastic/Metal frame dentures, Crowns & Bridges: 2 pfpa, Orthodontic treatment: R12,750 pb per lifetime (Refer to member guide for full details)	Subject to available Savings & Threshold (Extender Cover limit of R14,600 pb and R38,100 pf. Both in & out of hospital dental specialist accounts accumulate to Threshold)
Auxiliary Services (Homeopaths, Dieticians, Clinical psychologists, Speech therapists, Physiotherapy, Chiropractors & Occupational therapists)	Subject to available Savings and Threshold. DEB limits: M-R12,600 | M+1-R17,850 | M+2-R23,150 | M+3-R27,350 before and after threshold	Subject to Savings	Limited to M: R3,200 | M+1: R4,300 | M+2: R5,300 | M+3+: R6,300 . Subject to Day-to-Day Benefits after Savings is depleted	Subject to Savings, if available. (Unlimited once Threshold is reached)
Mental Health	Subject to Auxillary Services	R17,070 per family for consultations, combined with In Hospital Benefit	Limited to M: R3,200 | M+1: R4,300 | M+2: R5,300 | M+3+: R6,300 . Subject to Day-to-Day Benefits after Savings is depleted	Subject to available Savings & Threshold (Extender Cover limit of R21,400)
Optical	Subject to available Savings and Threshold. DEB limit of R6,180 per beneficiary before and after threshold	R5,845 per family (every 2 years). Subject to the use of a PPN. Sub-limit per beneficiary: 1 eye test or R350 at a non-DSP. Lenses covered 100% at network rates or R210 (single vision), R445 (bifocal), R770 (multifocal) per lens at non-DSP. Frames R1,110 at DSP, R833 at non-DSP. Contact lenses R1,880	Benefits pb per 24 months and subject to PPN Network. 1 consultation, single vision/bi-focal/multi-focal lenses, limit of R1,000 (PPN frames) and/or lens enhancements OR R1,680 contact lenses	Subject to available Savings & Threshold (Extender Cover limit of R4,500 pb, sub-limit of R2,450 for frames)
Radiology & Pathology	Subject to available Savings and Threshold	Combined limit of M=R3,410 | M+=R7,550	Radiology R3,030 | Pathology R3,030 per family per year (after Savings is depleted and overall annual day-to-day limit apllies)	Subject to Savings, if available. (Unlimited once Threshold is reached)
In Scheme Day-to-Day Benefits:**Benefits that are part of Risk Cover, unused benefits will not carry over to next year. ****Savings:**Fixed Rand Amount for Day-to-Day Benefits upfronted annually. Savings that are not used for be carried over to next year. All Day-to-Day Benefits and Savings is calculated ***pro-rata per annum.	***CO-PAYMENTS:** DEFINED LIST OF PROCEDURES: R5,950 admission to facility outside of day surgery network ENDOSCOPIC PROCEDURES: R5,550 - R6,900 in-hospital | R3,800 - R4,650 day-clinic DENTAL: >13 yrs: R7,350 in-hospital | R4,700 day-clinic. <13 yrs: R2,850 in-hospital | R1,300 day-clinic. All costs related to dental appliances and orthodontic treatment is members liablility. Severe dental surgery benefit covers a defined list of procedures with no deductibles or limits	Children remain child dependants up to age 24 *CO-PAYMENTS: R15,590 Spinal Surgery if no assessment done through back and neck programme R31,170 Hip and Knee Replacement use of non-DSP	Pay child rate for all child dependants until they turn 26yrs ***CO-PAYMENTS:** Endoscopic Procedures (In Hospital/Day Clinic): R2,300; (In Doctors Rooms): No co-payment Spinal Column Surgery: R8,500 MRI/CT Scans: (In-hospital): R1,600; (Out-of-hospital): R1,300 Dental Procedures: R970 *Refer to member guide for full list* 20% co-payment applies per admission if not pre-authorised	***CO-PAYMENTS:** R3,280 for In Hospital procedures, R1,640 for Day Hospital procedures (Joint replacements, Laparoscopies etc.) *(Refer to member guide for full details) - certain procedures may only be done in hospital* Optional **HEALTH SAVER** available to fund additional day-to-day expenses not covered by the option

Glossary of the terms and Abbreviations

Below is an explanation of some of the terms and abbreviations you may encounter in the accompanying benefit comparisons or Scheme documentation.

MSA or Savings	**MSA or Savings Medical Savings Account**			
	A savings facility attached to certain Scheme Options to which members contribute monthly, which is limited to a maximum of 25% of total monthly contributions. Normally a credit equal to 12x the monthly savings contribution is available upfront. This amount is pro-rated for members joining during the year, depending on the months left to the end of the year.			
PP/DSP	**Preferred Provider/Designated Service Provider**			
	A service provider with whom the Scheme has negotiated preferential rates, or who is part of a preferred provider network.			
PMB	**Prescribed Minimum Benefits**			
	A list of 270 conditions or group conditions and 26 chronic illness conditions as listed in Annexure A of the Medical Schemes Act for which any Scheme is obliged members certain minimum benefits in the form of diagnosis, treatments and services.			
CDL	**Chronic Disease List**			
	A specified list of 26 chronic conditions forming part of the Prescribed Minimum Benefits in respect of which all schemes are obliged to cover in full according to the specific Scheme or Option treatment plans and protocols.			
LJP	**Late Joiner Penalty**			
	A contribution loading imposed on persons older than 35 who were not members or dependants of a medical scheme from a date before 1 April 2001. The loading is based on the Risk portion of the contribution and is calculated according to the years without cover after the age of 35, with credit given for years of cover after the age of 21, according to the following scales:			
	1-4 years - 5%	5-14 years - 25%	15-24 years - 50%	25+ years - 75%
OAL	**Overall Annual Limit**			
	An upper limit, normally expressed as a Rand amount, to which claims are restricted during a benefit year for Hospital claims only or all claims incurred by the member and paid by die Scheme.			
ATB	**Above Threshold Benefit**			
	A benefit forming part of certain Scheme Options that provides continued cover for day-to-day claims and accessed after depletion of a member's MSA, together with reaching a specified Threshold in accumulated legitimate claims, expressed as a Rand amount.			
Formulary	A defined list of medicine used in the treatment of various diseases.			
General Waiting Period	A period in which a Beneficiary is not entitled to claim any benefits. A general waiting period of 3 months will usually be applicable if a member was not previously a member of registered medical scheme, or was a member of a medical scheme for more than two years and the change of medical scheme was not as a result of a change of employment, or if the period between the termination of membership of a previous scheme and joining a new scheme is more than ninety days.			
Condition-specific Waiting Period	A period during which a beneficiary is not entitled to claim benefits in respect of a condition for which medical advice, diagnosis, care or treatment was recommended or received within the twelve (12) month period ending on the date on which an application for members was made. A 12 month condition-specific waiting period will usually be applicable if a member was not previously a member of a registered medical scheme, or was a member of a medical scheme for less than two years and the change of medical scheme was not as a result of a change of employment, or if the period between the termination of membership of a previous scheme and joining a new scheme was more than ninety days.			
BP	Blood Pressure			
p/b	per beneficiary			
p/f	per family			
p/a	per annum			

***The following waiting periods may apply**	**3-month general waiting period**	**12-month conditional waiting period**	**Applicable to PMBs**
New applicants, or persons not members for preceding 90 days	Yes	Yes	Yes
Applicants who were members for less than 2 years without a break for longer than 90 days	No	Yes	No
Applicants who were members for more than 2 years without a break for longer than 90 days	Yes	No	No
Change of benefits	No	No	N/A
Child-dependants born during period of membership and where the scheme has been notified	No	No	N/A
Involuntary transfer due to a change of employment or employer changing scheme	No	No	N/A