rockfin
Beyond Wealth Management

Medical Aid Quotation for Medical Aid Quote For Hospital Savings Plan

Quote Date : 21/12/2021

Name of Medical Scheme			DISCOVERY		BONITAS		MEDIHELP		MOMENTUM HEALTH	
Name of Option			(2022) Essential Saver		(2022) BonSave		(2022) Medsaver		(2022) Incentive: Associated (Chronic: State)	
Description of Cover			Hospital + Savings		Hospital + Savings		Hospital + Savings		Hospital + Savings	
Description	**Age**	**LJP**	**Risk**	**Savings (15%)**	**Risk**	**Savings (19%)**	**Risk**	**Savings (25%)**	**Risk**	**Savings (10%)**
Principal Member	0		R 2 355	R 415	R 2 375	R 575	R 2 118	R 696	R 2 002	R 222
Adult Dependent 1	0		R 1 767	R 311	R 1 839	R 445	R 1 734	R 576	R 1 580	R 176
Child 1	0		R 944	R 166	R 711	R 172	R 642	R 204	R 768	R 85
			R 5 066	**R 892**	**R 4 925**	**R 1 192**	**R 4 494**	**R 1 476**	**R 4 350**	**R 483**
Total Monthly Contribution			**R 5 958**		**R 6 117**		**R 5 970**		**R 4 833**	
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:
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In hospital Benefits

Name of Medical Scheme	DISCOVERY	BONITAS	MEDIHELP	MOMENTUM HEALTH
Name of Option	(2022) Essential Saver	(2022) BonSave	(2022) Medsaver	(2022) Incentive: 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. **refer to last page for co-payments*	**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 **Out of Hospital:** 8 Antenatal visit (GP/Gynae/Midwife), 1 NIPT test, selected blood tests, 2 ultrasound scans, 5 pre- or postnatal classes *(refer to member guide for all listed benefits)*	**In Hospital:** Unlimited **Out of Hospital:** 6 Antenatal visits, 2 2D scans, 1 amniocentesis, 4 post natal visits with a midwife, R1,280 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:** R34,610 per family.	**In & Out of Hospital:** R26,300 per beneficiary to max of R36,200 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 MSA, balance paid from Risk **Out-of-Hospital:** R3,270 co-pay paid from MSA, balance paid from Risk (Conservative neck and back scans, specific rules and limits apply)	**In & Out of Hospital:** R25,570 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 R200,000 of approved cancer treatment over 12 month period. Unlimited thereafter, with a 20% co-payment	Limited to R344,500 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 R250,000 pfpa Protocols and DSP (ICON) apply. Co-payments apply to voluntary non-network services (10%) and/or deviating from protocol (20%)	R400,000 per beneficiary per year, thereafter a 20% co-payment applies. Treatment must be obtained from an oncologist authorised by the Scheme
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

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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	7-day supply up to R420 per hospital stay	R370 per beneficiary per admission	7 days supply
Emergency Ward Treatment which does not result in Hospitalisation	Subject to available Savings	Subject to Savings	Subject to Savings	Subject to Savings, if available
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 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 R22,900 pfpa	R57,500 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*	R34,520 per family. Managed Care protocols apply. Subject to pre-authorisation and use of a preferred provider Joint replacement subject to PMB	Prosthesis subject to pre-authorisation, protocols and case managment. Sub-limits apply *(Benefits not applicable to wear/tear)* *Refer to member guide for full list and limits*	Cochlear implants: R181,700 pb per event (max 1 event pa); Intraocular lenses: R7,250 pb per event (max 2 events pa); Other internal prostheses: R55,000 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, subject to approval DSP: MedXpress or MedXpress Network Pharmacy 20% co-payment applies for use of non-DSP Pharmacy	Cover for Prescribed Minimum Benefits. Applicable formulary applies DSP: Pharmacy Direct 40% Co-pay for use of non-formulary or non-DSP	Cover for Prescribed Minimum Benefits DSP: Any Co-payments may apply	Cover for Prescribed Minimum Benefits plus 6 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 Saver		(2022) BonSave		(2022) Medsaver		(2022) Incentive: 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. Once savings is depleted, additional GP consultations, 1 visit pb or 2 visits pf Contraceptives: R1,660 per family Childcare: 1 GP visit, 3 paediatric visits, immunisations, hearing screening, congenital hypothyroidism (under 1 month old), immunisations, babyline Preventative care: 1 HIV test, 1 flu vaccine, 1 pneumococcal vaccine (every 5 yrs), 1 stool test, 1 pap smear (every 3 yrs), 1 mammogram (every 2 yrs), 1 prostate screening, Dental fissure sealants every 3 years for children under 16yrs Wellness Benefit: Screening - 1 screening per beneficiary BENEFIT BOOSTER - R1,330 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 Savings - 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 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 10 704	**Annual Savings**	R 14 304	**Annual Savings**	R 17 712	**Annual Savings**	R 5 796
	Total	R 10 704	**Total**	R 14 304	**Total**	R 17 712	**Total**	R 5 796
ProRata disclosure (Inception Date :01/01/-2022)	**Pro Rated Benefits**	R 10 704	**Pro Rated Benefits**	R 14 304	**Pro Rated Benefits**	R 17 712	**Pro Rated Benefits**	R 5 796
Annual Threshold/Safety Net limit to be reached:	N/A		N/A		N/A		N/A	
Estimated Self Payment Gap:	N/A		N/A		N/A		N/A	
General Practitioner Visits	Subject to Savings. Extender Benefit (DEB): Covers up to 4 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		Subject to Savings		Subject to Savings CHILD CARE BENEFITS: Limited to R1,140 for GP consults for children 2 to 12yrs, once savings is depleted		Subject to Savings, if available	
Specialist Visits	Subject to available Savings		Subject to Savings		Subject to Savings		Subject to Savings, if available	
Prescribed/ Acute Medicine	Subject to available Savings		Subject to Savings		Subject to Savings		Subject to Savings, if available	
Basic Dentistry (Consultations, Oral hygiene, Extractions & Fillings)	Subject to available Savings		2 visits, fillings, x-rays, extractions, 2 scale and polish etc. Fissure sealants (under 16 yrs). Benefits per beneficiary. Subject to *DENIS protocols		Subject to Savings		Subject to Savings, if available	

Name of Medical Scheme	DISCOVERY	BONITAS	MEDIHELP	MOMENTUM HEALTH
Name of Option	(2022) Essential Saver	(2022) BonSave	(2022) Medsaver	(2022) Incentive: Associated (Chronic: State)
Specialised/Advanced Dentistry	Subject to available Savings	In-hospital subject to PMB and *DENIS protocols Removal of impacted teeth only, with R5,000 co-payment	Subject to Savings	Subject to Savings, if available
Auxiliary Services (Homeopaths, Dieticians, Clinical psychologists, Speech therapists, Physiotherapy, Chiropractors & Occupational therapists)	Subject to available Savings	Subject to Savings	Subject to Savings	Subject to Savings, if available
Mental Health	Subject to available Savings	R17,070 per family for consultations, combined with In Hospital Benefit	Subject to Savings	Subject to Savings, if available
Optical	Subject to available Savings	Subject to Savings. PPN	Subject to Savings	Subject to Savings, if available
Radiology & Pathology	Subject to available Savings	Subject to Savings	Subject to Savings	Subject to Savings, if available
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: R6,550 - R8,150 in-hospital | R3,800 - R4,650 day-clinc 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:** R1,630 Endoscopic Procedures, Conservative Back Treatment, Tonsillectomy etc. R4,140 Laparoscopic Procedures, Hysterectomy, Arthroscopy R8,150 Refux Surgery, Laparoscopic Pyloplasty etc. *Refer to member guide for full details*	Pay child rate for all child dependants until they turn 26yrs ***CO-PAYMENTS:** Endoscopic Procedures (In Hospital/Day Clinic): R4,300; (In Doctors Rooms): No co-payment Spinal Column Surgery: R11,400 Prostatctomy, Hysterectormy and endometrial ablation: R6,300 MRI/CT Scans: R2,610 Dental Procedures: R3,560 *Refer to member guide for full list* 20% co-payment applies per admission if not pre-authorised 35% co-payment applies for use of out-of-network hospitals by choice *Refer to member guide for full details* 35% co-payment applies for use of out-of-network hospitals by choice *Refer to member guide for full details*	***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