



University of KwaZulu-Natal Medical Scheme Member Schedule 2017

Your 2017 Benefits

Core benefits

- Benefits are subject to preauthorisation and the overall annual limit for all non-Prescribed Minimum Benefits (PMBs).
 - Prescribed Minimum Benefits will be paid according to the regulations.
 - Benefits are subject to the use of the services of the Scheme's designated service providers (DSPs). If you use the services of the Scheme's designated service providers, your claim will be covered in full. If you voluntarily use the services of a non-designated service provider, your claim will be paid at the Scheme Rate only. You may have to pay part of the cost yourself (co-payment) if the service provider charges more than what the Scheme will pay.
- Indicates the designated service provider.

Benefit		Standard Plan
Overall annual limit	For all in-hospital services, including actual hospital and hospital-related costs	R705 000 for a family each year.
Ambulance services	● ER24	Unlimited, subject to authorisation and the use of the Scheme's DSP emergency response services, ER24. If not authorised, member may be responsible for the cost of transport.
Alcohol and drug rehabilitation	PMBs only ● SANCA ● Ramot Treatment Centre for Addiction Nishtara	100% of the Scheme Rate, subject to the use of DSPs. 21 days in hospital for a person each year. Treatment for detoxification limited to three days for a person each year.
Allied healthcare services	In-hospital consultations, visits, procedures and treatment provided by for example, physiotherapists and biokineticists	150% of the Scheme Rate or cost, whichever is lower.
Alternatives to hospitalisation	Step-down nursing facilities and rehabilitation centres	100% of the Scheme Rate or cost, whichever is lower, limited to R22 150 for a person each year (this is a joint limit for alternatives to hospital and terminal care benefits).
Blood transfusions and blood products	-	100% of the Scheme Rate or cost, whichever is lower, limited to R51 900 for a person each year for any non-PMB treatment.
Diagnosis, consultations and care for conditions on the Chronic Disease List (CDL)	-	100% of the cost if rendered by a DSP. Voluntary use of non-DSP providers paid up to the Scheme Rate only. Subject to benefit entry criteria and protocols. Certain limits may apply. ● Premier A and B Specialist Network ● GP Network.

This brochure is a summary of the UKZN Medical Scheme 2017 benefits, pending approval from the Council for Medical Schemes. Full details can be found in the Scheme Rules.

Benefit		Standard Plan
Endoscopic procedures	In-hospital gastroscopy, colonoscopy, sigmoidoscopy and proctoscopy	100% of the Scheme Rate or cost, whichever is lower, to a maximum of R2 200 covered from General Benefit Pool (Out-of-Hospital Benefit). Remainder of the hospital account covered by the Scheme from the Risk Benefit, subject to DSP. ● University of KwaZulu-Natal Medical Scheme Hospital Network.
HIV or AIDS-related illnesses	Subject to PMBs	Unlimited from the Scheme's DSP, subject to PMBs.
HIV prophylaxis (occupational or traumatic exposure to HIV, sexual assault or mother-to-child transmission)	-	Paid from the Hospital Benefit with no overall limit.
HIV or AIDS-related medicine	● Optipharm	Unlimited from the Scheme's DSP, subject to PMBs.
Hospital	Accommodation, theatre fees, materials, and prescribed medicine for duration of hospitalisation	100% of Scheme Rate. Subject to the use of the UKZN Medical Scheme Hospital Network. If a DSP hospital is not used, a deductible of R4 000 applies per event, regardless of length of stay. If treatment is not preauthorised, a deductible of 30% of the cost of the hospitalisation is payable by the member. ● University of KwaZulu-Natal Medical Scheme Hospital Network.
Infertility treatment	-	Unlimited cover for PMBs only.
Influenza Immunisation Benefit	For high-risk members in the following categories: Members older than 65 years. Members who are registered for the following Chronic Illness Benefit conditions: 1 Chronic obstructive pulmonary disease (COPD) 2 Asthma 3 HIV or AIDS 4 Diabetes 5 Chronic renal failure	100% of the Scheme Rate. Paid once a year from core benefits.
Internal prostheses	-	100% of the Scheme Rate or cost, whichever is lower. Subject to authorisation and the use of the Scheme's DSP. Limited to R47 150 for a prosthesis for each admission if the prosthesis is not supplied by the Scheme's network of preferred providers. This benefit includes cover for prostheses for hips, knees, shoulder replacements and spinal devices. Unlimited if obtained from the Scheme's DSPs.
Cochlear implant	-	Limited to R201 400 per beneficiary per annum.
Major maxillo-facial procedures	Certain severe infections, jaw-joint replacements, cancer, certain trauma-related surgery, cleft lip and palate repairs	150% of the Scheme Rate or cost, whichever is lower. Unlimited, subject to PMBs and use of DSPs.

Benefit	Standard Plan	
Medicine for the Chronic Disease List (CDL) and Designated Treatment Prescribed Minimum Benefits (DTPMB) conditions	Subject to PMBs ● The Scheme's Pharmacy Network	Unlimited according to the medicine list (formulary) and distributed by the Scheme's DSP. A Chronic Drug Amount (CDA) applies if you don't use medicine on the medicine list. Members who are registered for diabetes may access benefits for the management and care through the Centre for Diabetes and Endocrinology (CDE).
Medicine for additional chronic conditions listed by the Scheme	● The Scheme's Pharmacy Network	Paid up to 100% of the Scheme's Medicine Rate, subject to obtaining the medicine from the Scheme's DSP. Limited to R7 000 for a person per year.
Mental and emotional disorders	Subject to PMBs	Subject to the use of the Scheme's DSPs. 21 days for a person each year in hospital (15 days outpatient visits). Subject to benefit entry criteria and protocols ● University of KwaZulu-Natal Medical Scheme Hospital Network ● DPA Specialist Network.
Non-surgical procedures and tests	-	100% of the cost subject to DSP or up to 150% of the Scheme Rate. ● University of KwaZulu-Natal Medical Scheme Hospital Network.
Oncology	All relevant oncology treatment, including chemotherapy and radiotherapy	All oncology-related care is paid at the Scheme Rate to a limit of R265 000 for a condition in a 12-month cycle, subject to PMBs. Subject to authorisation, benefit entry criteria and protocols.
	Stem cell transplants	100% of the Scheme Rate, subject to preauthorisation, the oncology limit and PMBs.
Organ transplants	Harvesting and transplantation, post-operative anti-rejection treatment and medicine. Subject to PMBs	100% of the Scheme Rate or cost, whichever is lower. Limited to R220 000 for a person each year. Medicine for immunosuppressive therapy subject to authorisation and DSP.
Oxygen	● VitalAire	Covered in full at the Scheme's DSP. If the DSP is not used, then only paid up to the Scheme Rate.
Pathology	-	100% of the Scheme Rate or cost, whichever is lower.
PET scans	PET scans are only paid as part of oncology-related care	100% of the Scheme Rate, subject to PMBs, the use of the Scheme's DSP and subject to the oncology limit.
Radiology	-	100% of the Scheme Rate or cost, whichever is lower.
Renal dialysis	Dialysis and other care related to renal treatment and educational care includes authorised related medicine)	100% of cost if obtained from the Scheme's DSP. If services are not obtained from the DSP, the Scheme will pay claims up to the DSP rate only. ● National Renal Care.
Screening and Prevention Benefit	Screening benefit ● Pharmacy in the Wellness Network of Pharmacies <ul style="list-style-type: none"> ■ Blood sugar test ■ Blood pressure test ■ Cholesterol test ■ Body mass index (BMI) 	R180 for a person each year for one or all of the four listed screening tests, if performed at the same time. Payable from the Hospital Benefit only if one of the Scheme's DSPs is used.
	Prevention benefit <ul style="list-style-type: none"> ■ One mammogram ■ One Pap smear ■ One prostate-specific antigen (PSA) test ■ HIV blood tests (rapid, ELISA, and western blot) 	100% of the lower cost or the Scheme Rate.

Benefit		Standard Plan
Specialists and GPs	In-hospital consultations, visits, surgical and non-surgical procedures and treatment	150% of the Scheme Rate, subject to the use of DSPs. Voluntary use of non-DSP providers for PMBs and other services: paid up to the Scheme Rate only. ● DPA Specialist Network ● GP Network Subject to PMBs.
Specialised radiology	MRI and CT scans	First 30% of the scan up to a maximum of R2 450 paid from the General Benefit Pool (GBP). Remainder of account covered from the Hospital Benefit, limited to R24 400 for a person each year, subject to PMBs and the use of a DSP.
Statutory Prescribed Minimum Benefits	-	Unlimited and paid according to regulations, irrespective of any overall limits. DSP and co-payments apply, as indicated.
Take-home medicine	Medicine that you take home when discharged from hospital	Up to 100% of Scheme Rate for medicine when claimed under the hospital account.
Terminal care	Hospice and other approved facilities, excluding frail care	100% of the Scheme Rate or cost, whichever is lower.
Trauma Recovery Extender Benefit (TREB)	Benefits for specific day-to-day care after one of the following traumatic incidents: crime-related injuries, conditions resulting from a near-drowning, poisoning and severe anaphylactic (allergic) reaction, if the trauma results in one of the following conditions: <ul style="list-style-type: none"> ■ Paraplegia ■ Quadriplegia ■ Severe burns ■ External and internal head injuries 	100% of the Scheme Rate for all medical expenses normally paid for under the GBP or MSA, excluding cover for optometry, dentistry and over-the-counter medicine. Unlimited for benefits such as consultations with GPs and specialists, radiology and pathology, and other auxiliary treatment related to the event. The following limits apply for each beneficiary: Mental health – 21 days Prescribed medicine – each year: M = R12 250; M + 1 = R14 500; M + 2 = R17 150; M + 3 = R20 850 External medical appliances – R26 450 Hearing aids – R13 000 Prosthetic limbs – R75 600 (no further access to the External Items limit). Allied and therapeutic healthcare services including: acousticians, biokineticists, chiropractors, dieticians, homeopaths, nursing providers, occupational therapists, physiotherapists, podiatrists, psychologists, psychometrics, registered counsellors, social workers, speech and hearing therapists limited to: M = R6 250; M + 1 = R9 450; M + 2 = R11 750; M + 3 or more = R14 150
Vaccination benefit	Benefits for children up to the age of six. The following vaccines are covered: <ul style="list-style-type: none"> ■ Oral polio vaccine ■ Tuberculosis vaccine ■ Hepatitis B vaccine ■ Rotavirus vaccine ■ Diphtheria, tetanus, acellular pertussis/inactivated polio vaccine/haemophilus influenzae type b and hepatitis B vaccine ■ Pneumococcal conjugated vaccine ■ Measles ■ Pneumococcal conjugated vaccine ■ Chickenpox ■ Measles, mumps and rubella vaccine ■ Hepatitis A vaccine 	100% of the Scheme Rate.

Day-to-day benefits

- Day-to-day benefits on the Standard Plan are paid from the General Benefit Pool (GBP) or the member's Medical Savings Account (MSA) according to specific benefit descriptions in the tables below.
- Subject to the use of the services of the Scheme's designated service provider (DSP).
 - Indicates the designated service provider.

Benefit	Standard Plan	
	General Benefit Pool limits M = R6 540 M + 1 = R7 960 M + 2+ = R8 445	
Allied and alternative healthcare professionals	Includes treatment by biokineticists, home nursing, occupational, physio, speech and hearing therapists, acousticians, homeopaths, dietitians, psychometricians, social workers, podiatrists, chiropractors and psychologists	Subject to the applicable GBP limits, thereafter from available MSA. Up to 100% of the Scheme Rate.
Basic dentistry	–	Up to 100% of the Scheme Rate. Subject to the applicable GBP limits, thereafter from available MSA. Surgery subject to preauthorisation and using a DSP. Includes minor oral surgery and other oral procedures performed by dental practitioners, plastic dentures and the applicable dental technicians' and therapists' fees.
Orthodontics	–	100% of the Scheme Rate. Subject to applicable GBP limits, thereafter from available MSA. Treatment costs for orthodontic treatment for those over the age of 21, as well as lingual orthodontics and labial frenectomies are not covered by the Scheme.
GPs and specialists	Consultations, visits, surgical and non-surgical procedures and treatment	100% of the cost, subject to the use of DSPs. Subject to the applicable GBP limits, thereafter from available MSA. For the voluntary use of non-DSP providers for PMB and other services, paid up to the Scheme Rate only. ● Premier A and B Specialist Network ● GP Network.
Maternity benefit	Antenatal consultations and selected blood tests	100% of the Scheme Rate. Limited to treatment by DSP GPs and specialists and paid from GBP or MSA, subject to PMBs.

2017 Contributions

Benefit		Standard Plan
Medicine	Prescribed and acute medicine ● Scheme's Pharmacy Network	Subject to available funds in the MSA. 100% of the cost at DSPs, or up to 100% of the Scheme Rate for medicine. A benefit limit of R1 807 for each beneficiary with a limit for a family of R3 615 will apply once the GBP has been reached.
Mental health	Includes psychiatry, psychology and social work except for PMBs	Up to 100% of the Scheme Rate. Subject the use of a DSP specialist for psychiatry. Subject to a limit of R2 800 for a member, thereafter payable from GBP and MSA.
Optical (basic)	-	Up to 100% of the Scheme Rate subject to a sub-limit of R1 100 for each beneficiary a year. This benefit pays for basic optics such as eye tests, contact lenses and frames. Once this limit is depleted, claims such as spectacles, frames and refractive eye surgery will be funded from the available funds in the GBP and/or the MSA. Please contact our call centre on 0860 11 33 22 for enquiries about how your optical treatment will be paid.
Casualty outpatient benefit	-	Up to 100% of the Scheme Rate. Limited to available funds in the GBP and thereafter from available MSA and available benefits.
Endoscopic procedures (out-of-hospital)	-	100% of the Scheme Rate. First R2 200 of the account covered from GBP. Remainder of account covered from the Hospital Benefit, subject to applicable limits and PMBs.
External medical items	-	Limited to MSA and subject to PMBs and GBP.
Specialised radiology	MRI or CT scans	100% of the Scheme Rate. First 30% up to a maximum of R2 450 covered from the GBP. Remainder paid from the Hospital Benefit, subject to the joint in- and out-of-hospital limit of R24 400 for specialised radiology for a person each year. Subject to PMBs.
X-rays, radiology and pathology	-	Subject to the applicable GBP limits, thereafter from available MSA. Up to 100% of the Scheme Rate.

Medical Savings Account

Benefit		Limitations
Certain day-to-day benefits are only paid from the Medical Savings Account (MSA). Limits stated for a person each year.		M =R6 516 A =R4 884 C =R1 740
Acute medicine GPs and specialists	-	Subject to the applicable MSA limits. Paid up to 100% of the Scheme Rate for medicine.
Advanced dentistry	Advanced dentistry, osseo-integrated implants and orthognatic surgery, including the cost of hospitalisation. This benefit also includes benefits for inlays, crowns, bridges, mounted study models, metal-based partial dentures, treatment by a periodontist or prosthodontist, and the cost of any related dental technician fees	Subject to the applicable MSA limits. Paid up to 100% of Scheme Rate.
Alternative healthcare services	Including acupuncture, aromatherapy, ayurvedics, homeopathy, iridology, naturopathy, osteopathy and reflexology	Subject to the applicable MSA limits. Paid up to 100% of Scheme Rate.
Casualty outpatient benefit	For medicine prescribed during a visit	Covered from available funds in your MSA. Facility fees not covered. ● University of KwaZulu-Natal Medical Scheme Hospital Network.
External medical items	-	Subject to the applicable MSA and GBP limits. Paid up to 100% of Scheme Rate.
Optical	Multi-focal, hardened or darkened lenses, frames, readers, refractive eye surgery (excluding hospital costs where applicable)	Subject to the applicable MSA and GBP limits. Paid up to 100% of Scheme Rate.
Prescribed medicine	Pharmacy Advised Therapy (PAT), including Schedule 0, 1 and 2 medicine even if prescribed	Limited to R253 for a script, and further subject to applicable MSA limit. Up to 100% of the Scheme Rate for medicine.

Contributions

	Member	Adult dependant	Child dependant
Scheme contribution	R2 170	R1 625	R580
Medical savings contribution	R543	R407	R145
Total monthly contribution	R2 713	R2 032	R725

Note: Contributions are stated for a month

This brochure is a summary of the benefits and features of UKZN Medical Scheme, pending formal approval from the Council for Medical Schemes.

Please note that this brochure does not replace the Scheme Rules. The registered Scheme Rules are legally binding and always take precedence.

