



2017
Selfnet



Selfmed
MEDICAL SCHEME

2017

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

2017

Are you covered?



Selfnet

Principal

R 1,185.00

Adult Dependant

R 1,185.00

Minor Dependant (Payable up to maximum 3)

R 418.00

OFFERS

- **Hospital cover** - Subject to a DSP network, limited to PMB conditions.
- **25 PMB Chronic Conditions**
- **3 Non PMB Conditions**
 - Adenoidectomy
 - Tonsillectomy
 - Grommets
- **General Practitioners Consultations** - Unlimited, 100% of Network Rate via the Network GP for all medically necessary consultations per beneficiary. Cover includes basic primary care services. Minor trauma treatment subject to the listed tariffs.
- **Specialist Practitioners Consultations** - 100% of Network Rate via the Network Provider, subject to a combined limit of R 1,070.00 per Beneficiary per year for cost of consultation, medication, procedures and Radiology and Pathology related to the authorised out of hospital specialised visit, limited to a maximum of R 2,140.00 per family per year.
- **Spectacles and Contact Lenses** - One pair of clear standard mono-focal, bi-focal or multi-focal lenses plus standard frame from a selection OR one set of approved contact lenses to the value of R 460.00 per Beneficiary per 24 months at the Network Optometrist. Frames other than the pre-selection of frames limited to R 170.00.
- **Basic dentistry** - 100% of the Network Rate, subject to the Network protocol and the use of the Network Dentist.
- **Basic Radiology** - 100% of Network Rate, subject to the Network protocol, formulary and referral by a Network GP.
- **Basic Pathology** - 100% of Network Rate, subject to the Network protocol, formulary and referral by a Network GP.
- **Unlimited MRI-, CT scans in and out of hospital** - 100% of the Network Rate for MRI-, CT scans, performed in or out of hospital, subject to PMB regulation, obtaining a PAR, motivation and approval.
- **Maternity** - Subject to pre-authorisation and Network Provider referral process.
- **Outpatient treatment at hospital facility/Out of Network Consultations** - Benefits as described in respect of Medical Practitioners, limited to three consultations, subject to R 1,000.00 limit. Account payable upfront by member and submitted to Network for refund in accordance with the Network protocol and benefit limit.



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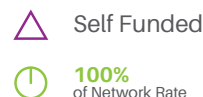


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SELFNET 2017



Description of Service/Treatment	Services rendered as part of hospitalisation - subject to pre-authorisation	Services rendered NOT as part of hospitalisation
HOSPITALISATION		
Accommodation, theatre, medicine and material use whilst hospitalised	100% of Negotiated Tariff at Scheme's DSP, limited to PMB	Not Applicable
Outpatient treatment at hospital facility	Not Applicable	Benefits as described in respect of Medical Practitioners, limited to three consultations, subject to R 1,000.00 limit. Account payable upfront by member and submitted to Network for refund in accordance with the Network protocol and benefit limit.
Medicine received on discharge from hospital	(RP applies), if purchased on date of discharge, limited to a maximum of 7 days supply	
MAJOR MEDICAL BENEFITS - NON-PMB		
Adenoidectomy, Tonsillectomy and Grommets	maximum benefit limit of R 12,000.00 per family per year, subject to pre-authorisation and procedure being performed in a day hospital	Not Applicable
MEDICAL PRACTITIONERS		
General Consultations/Visits	Unlimited - subject to PMB protocol	100% of Network Rate via the Network GP for all medically necessary consultations per beneficiary. Cover includes basic primary care services. Minor trauma treatment subject to the listed tariffs
Specialist Practitioners Consultations/Visits	Unlimited - subject to PMB protocol	100% of Network Rate via the Network provider, subject to a combined limit of R 1,070.00 per Beneficiary per year for cost of consultation, medication, procedures and radiology and pathology related to the authorised out of hospital specialised visit, limited to a maximum of R 2,140.00 per family per year
Basic Radiology	Unlimited - subject to PMB protocol	100% of Network Rate, subject to the Network protocol, formulary and referral by a Network GP
MRI-, CT scans and Radio-Isotope studies (Benefits subject to separate pre-authorisation)	100% of the Network Rate for MRI-, CT scans, performed in or out of hospital, subject to PMB regulation, obtaining a PAR, motivation and approval	
Basic Pathology	Unlimited - subject to PMB protocol	100% of Network Rate, subject to the Network protocol, formulary and referral by a Network GP
Clinical Procedures	Unlimited but subject to PMB treatment and protocol	No benefits will be allowed for elective Clinical Procedures, unless treatment forms part of PMB
Material and injection material administered in doctor's rooms	Not Applicable	100% of Network Rate, subject to the Network protocol, formulary and referral by a Network GP
MATERNITY		
Foetal Scans	Unlimited - subject to PMB protocol	100% of Network Rate, subject to the Network protocol, formulary and referral by a Network GP
Ante-Natal Specialist Consultations	Not Applicable	Subject to combined Specialist Practitioners Consultations/ Visits benefit
Confinement	Subject to pre-authorisation and network provider referral process, limited to PMB	Not Applicable
AUXILIARY SERVICES		
Physiotherapy	Unlimited - subject to PMB protocol	
Medical Technology	Unlimited - subject to PMB protocol	
Clinical Technology	Unlimited - subject to PMB protocol	
Speech Therapy and Occupational Therapy	Unlimited - subject to PMB protocol	
Podiatry, Orthoptic treatment, Hearing Aid Acoustics, consultations with Dietitians, Chiropractors, Osteopaths, Homeopaths, Naturopaths, Herbalists and Biokinetics		
Aromatherapy, Acupuncture and Reflexology		
OPTICAL		
Consultation	Not Applicable	100% of the Network Rate for one examination per beneficiary per 24 months at the Network Optometrist
Spectacles and Contact Lenses	Not Applicable	One pair of clear standard mono-focal, bi-focal or multi-focal lenses plus standard frame from a selection OR One set of approved contact lenses to the value of R 460.00 per Beneficiary per 24 months at the Network Optometrist. Frames other than the pre-selection of frames limited to R 170.00
Refractive Surgery		
SECONDARY FACILITIES		
Treatment that forms part of a Case Management Programme	100% of Cost, subject to approval by Case Manager and PMB regulation	
REHABILITATION		
	To be self-funded, except for cases managed as part of a Case Management Programme, where a medical report was submitted by the attending Physician. PMB regulation will apply	

Description of Service/Treatment	Services rendered as part of hospitalisation – subject to pre-authorisation	Services rendered NOT as part of hospitalisation
AMBULANCE SERVICES		
Preferred Provider (ER24)	Not Applicable	 For emergency transport to and from a hospital
Non-preferred Provider	Not Applicable	
BLOOD TRANSFUSIONS		
	100% of Cost	100% of Cost, subject to pre-authorisation - limited to PMB
MEDICAL AND SURGICAL PROSTHESIS / APPLIANCES		
Internal Prosthesis	Funded as PMB treatment only	
External Prosthesis	Funded as PMB treatment only	
Orthopaedic Appliances	Funded as PMB treatment only	
Medical Appliances	Funded as PMB treatment only	
Hearing Aids	Not Applicable	
DENTISTRY		
Basic		100% of Network Rate, subject to the Network protocol, list of codes and the use of a Network dentist
Specialised		
MAXILLA-FACIAL AND ORAL SURGERY		
Elective		
Non-elective	100% of Cost, limited to PMB and subject to pre-authorisation and Network Clinical Protocol	
Implantology		
PRESCRIBED MEDICINE		
Chronic (Member must apply for benefit)	Not Applicable	Benefit is subject to approval and in accordance with the CDL Chronic Medicine Formulary. Medication to be supplied by Network Provider
Acute	Not Applicable	100% of the Network Rate (subject to Reference Pricing) for Medicine, provided that it is prescribed or supplied by a Network GP and is subject to Network formulary
Immunisations	Not Applicable	
NON-PRESCRIBED MEDICINE (PAT)		
	Not Applicable	
CASE MANAGED / DISEASE MANAGED CONDITIONS / PROCEDURES		
Organ Transplants	Benefits will only be allowed in respect of heart-, lung-, heart- and lung-, bone-marrow, kidney- and liver transplants. Benefits will apply in respect of a donor, provided that the donor is in RSA and further subject to the recipient being a beneficiary of the Scheme. Specific Radiology and Pathology tests associated with transplant procedure also qualify for benefit	
Chronic Renal Failure	100% of Network Rate for Kidney Dialysis, including associated Radiology and Pathology tests - Unlimited	
Oncology	Benefits are payable for PMB only. Benefit managed as part of a Disease Management Programme and use of the Scheme's DSP network. No benefit for Biological drugs	
Asthma, Chronic Obstructive Airways Disease, Diabetes and Cardiacare	Benefit managed by the Scheme and payable as per the applicable benefit described elsewhere in this summary	
Oxygen therapy	100% of Cost of oxygen therapy (cylinders included) subject to Case Management	
AIDS AND HIV		
	Benefits managed as part of a Disease Management Programme	
FOREIGN CLAIMS		
	No benefit, except for Namibian claims	
MENTAL HEALTH		
Clinical Psychology & Psychiatry	Benefits for treatment during hospitalisation are subject to pre-authorisation and referral by Network GP	Benefits for treatment out of hospital are subject to pre-authorisation and referral by network GP (DSP). 100% of Network Rate for consultations and treatment by a General Practitioner, Psychiatrist, Psychologist, Psychiatric Nurse Practitioner or Social Worker
PRESCRIBED MINIMUM BENEFITS (PMB)	Benefits subject to application and provided that the treatment and/or chronic medicine is received from a Designated Service Provider. Please refer to Member Guide for detail. If voluntarily obtained from any other provider, a co-payment of 40% will apply. Scheme protocol apply	

CONTRIBUTIONS - EFFECTIVE 1 JANUARY 2017

CONTRIBUTIONS:

Principal member

R1,185.00

Additional Adult Dependant

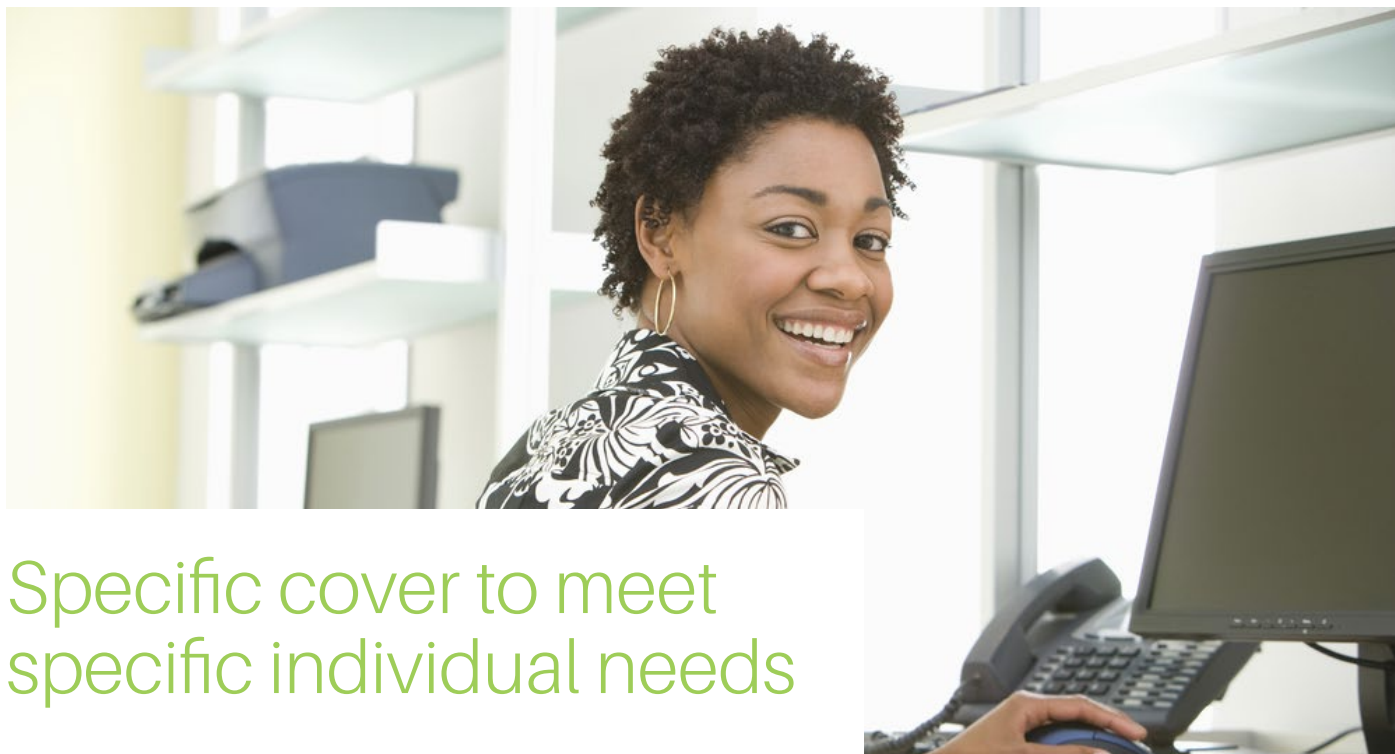
R 1,185.00

Additional Minor Dependant
(payable up to maximum 3)

R 418.00

Abbreviations **RP** = Reference Pricing **PMB** = Prescribed Minimum Benefits

This is only a summary of the Benefits and Contributions. In case of a dispute the Registered Scheme Rules apply. Reg. No: 1446



Specific cover to meet
specific individual needs

2017



This option is ideally suited to the healthy individual, who, in the case of a life-threatening in-hospital medical emergency, can enjoy total peace of mind, knowing that they will be well taken care of, in a Network private facility.

Selfnet
ESSENTIAL

Principal

R 850.00

Adult Dependant

R 850.00

Minor Dependant
(Payable up to
maximum 3)

R 300.00

OFFER

- **Hospital cover** - Subject to a DSP network, limited to PMB conditions.
- **25 PMB Chronic Conditions**
- **Unlimited MRI and CT scans in and out of hospital** - 100% of the Network Rate for MRI and CT scans, performed in or out of hospital, subject to PMB regulation, obtaining a PAR, motivation and approval.
- **Confinement** - Subject to pre-authorisation and Network Provider referral process.
- **Ambulance Services** - 100% of Network Rate for emergency transport to and from hospital.



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SELFNET 2017

ESSENTIAL



△ Self Funded
⌚ 100% of Network Rate

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HOSPITALISATION		
Accommodation, theatre, medicine and material use whilst hospitalised	100% of Negotiated Tariff at Scheme's DSP, limited to PMB	Not Applicable
Outpatient treatment at hospital facility	Not Applicable	△
Medicine received on discharge from hospital	🕒 (RP applies), if purchased on date of discharge, limited to a maximum of 7 days supply	
MEDICAL PRACTITIONERS		
General Consultations/Visits	🕒 Unlimited - subject to PMB treatment and protocol	△
Specialist Practitioners Consultations/Visits	🕒 Unlimited - subject to PMB treatment and protocol	△
Basic Radiology	🕒 Unlimited - subject to PMB treatment and protocol	△
MRI-, CT scans and Radio-Isotope studies (Benefits subject to separate pre-authorisation)	100% of the Network Rate for MRI-, CT scans, performed in or out of hospital, subject to PMB regulation, obtaining a PAR, motivation and approval	
Basic Pathology	🕒 Unlimited - subject to PMB treatment and protocol	No benefit unless treatment forms part of PMB treatment and protocol
Clinical Procedures	🕒 Unlimited - subject to PMB treatment and protocol	No benefits will be allowed for elective Clinical Procedures, unless treatment forms part of PMB protocol
Material and injection material administered in doctor's rooms	Not Applicable	△
MATERNITY		
Confinement	Subject to pre-authorisation and network provider referral process	Not Applicable
AUXILIARY SERVICES		
Physiotherapy	🕒 Unlimited - subject to PMB treatment and protocol	△
Medical Technology	🕒 Unlimited - subject to PMB treatment and protocol	△
Clinical Technology	🕒 Unlimited - subject to PMB treatment and protocol	△
Speech Therapy and Occupational Therapy	🕒 Unlimited - subject to PMB treatment and protocol	△
Podiatry, Orthoptic treatment, Hearing Aid Acoustics, consultations with Dietitians, Chiropractors, Osteopaths, Homeopaths, Naturopaths, Herbalists and Biokinetics	△	△
Aromatherapy, Acupuncture and Reflexology	△	△
OPTICAL		
Consultation	Not Applicable	△
Spectacles and Contact Lenses	Not Applicable	△
Refractive Surgery	△	△
SECONDARY FACILITIES		
Treatment that forms part of a Case Management Programme	100% of Cost, subject to approval by Case Manager and PMB regulation	
REHABILITATION		
	△ To be self-funded, except for cases managed as part of a Case Management Programme, where a medical report was submitted by the attending Physician. PMB regulation will apply	

Description of Service/Treatment	Services rendered as part of hospitalisation - subject to pre-authorisation	Services rendered NOT as part of hospitalisation
AMBULANCE SERVICES		
Preferred Provider (ER24)	Not Applicable	 For emergency transport to and from a hospital
Non-preferred Provider	Not Applicable	
BLOOD TRANSFUSIONS		
	100% of Cost,subject to pre-authorisation - limited to PMB	
MEDICAL AND SURGICAL PROSTHESIS / APPLIANCES		
Internal Prosthesis	Funded as PMB treatment only	
External Prosthesis	Funded as PMB treatment only	
Orthopaedic Appliances	Funded as PMB treatment only	
Medical Appliances	Funded as PMB treatment only	
Hearing Aids	Not Applicable	
DENTISTRY		
Basic		
Specialised		
MAXILLA-FACIAL AND ORAL SURGERY		
Elective		
Non-elective	100% of Cost, limited to PMB and subject to pre-authorisation and Network Clinical Protocol	
Implantology		
PRESCRIBED MEDICINE		
Chronic (Member must apply for benefit)	Not Applicable	Benefit is subject to approval and in accordance with the CDL Chronic Medicine Formulary. Medication to be supplied by Network Provider
Acute	Not Applicable	
Immunisations	Not Applicable	
NON-PRESCRIBED MEDICINE (PAT)		
	Not Applicable	
CASE MANAGED / DISEASE MANAGED CONDITIONS / PROCEDURES		
Organ Transplants	Benefits will only be allowed in respect of heart-, lung-, heart- and lung-, bone-marrow, kidney- and liver transplants. Benefits will apply in respect of a donor, provided that the donor is in RSA and further subject to the recipient being a beneficiary of the Scheme. Specific Radiology and Pathology tests associated with transplant procedure also qualify for benefit	
Chronic Renal Failure	100% of Network Rate for Kidney Dialysis, including associated Radiology and Pathology tests - subject to PMB protocol	
Oncology	Benefits are payable for PMB only. Benefit managed as part of a Disease Management Programme and use of the Scheme's DSP network. No benefit for Biological drugs	
Asthma, Chronic Obstructive Airways Disease, Diabetes and Cardiacare	Benefit managed by the Scheme and payable as per the applicable benefit described elsewhere in this summary	
Oxygen therapy	100% of Cost of oxygen therapy (cylinders included) subject to Case Management	
AIDS AND HIV		
	Benefits managed as part of a Disease Management Programme	
FOREIGN CLAIMS		
	No benefit, except for Namibian claims	
MENTAL HEALTH		
	Out of PMB	In PMB
Clinical Psychology & Psychiatry	Benefits for treatment out of hospital are subject to pre-authorisation, Case management through treatment plan and subject to PMB regulation	Benefits for treatment in hospital are subject to pre-authorisation, Case management through treatment plan and subject to PMB regulation
PRESCRIBED MINIMUM BENEFITS (PMB)	Benefits subject to application and provided that the treatment and/or chronic medicine is received from a Designated Service Provider. Please refer to Member Guide for more detail. If voluntarily obtained from any other provider, a co-payment of 40% will apply. Scheme protocol apply	

CONTRIBUTIONS - EFFECTIVE 1 JANUARY 2017
CONTRIBUTIONS:

Principal member

R 850.00

Additional Adult Dependant

R 850.00

Additional Minor Dependant
(payable up to maximum 3)

R 300.00
Abbreviations RP = Reference Pricing PMB = Prescribed Minimum Benefits

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At Selfmed we cut straight to the core

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

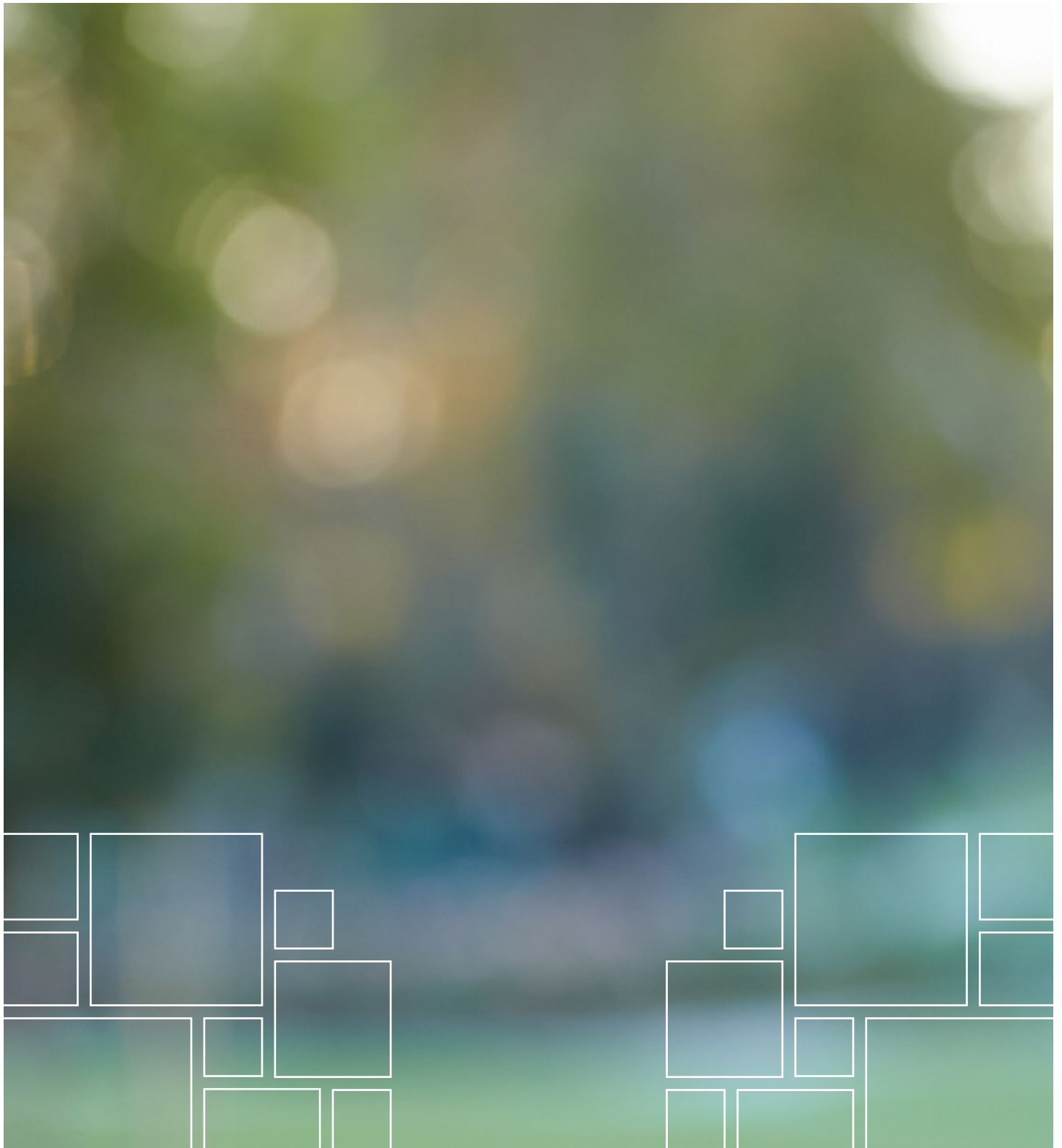
Our Scheme values ensure you of :

- a simplistic product range that caters for your most basic healthcare needs
- a sincere interest in your well-being promoted by an emphasis on personalised service
- the security that our solid financial position ensures; and
- unsurpassed service

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

Notes



Cape Town 021 943 2300	Durban 031 576 0366	Free State 011 466 6068	Johannesburg 011 466 6068	Mpumalanga 013 741 4588	Port Elizabeth 021 943 2300
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REG.NO: 1446