



2019 SelfNET



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?

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
- 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 - Prescribed Minimum Benefits in respect of SelfNET option
- Medicine on discharge payable from hospital benefit
- Unlimited emergency transport benefits where the services of ER24 is utilised in South Africa, Swaziland and Lesotho
- MRI, CT scans payable from major medical benefits, both in and out of hospital - Prescribed Minimum Benefits in respect of SelfNET option

SELFNET

Principal

R 1,371.00

Adult Dependant

R 1,371.00

Minor Dependant (Payable up to maximum 3)

R 484.00

- **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 1,185.00 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 2,370.00 per family per year. Subject to Pre-Authorisation.
- **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 480.00 per Beneficiary per 24 months at the Network Optometrist. Frames other than the pre-selection of frames limited to R 185.00.
- **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.
- **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. MRI and CT scans will be covered to a maximum of R 500.00, should scan confirm non-PMB condition, subject to the General Practitioner – Out of Network/ Emergency visits limit of R 1,050.00 per annum.
- **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 1,050.00 limit. Account payable upfront by member and submitted to Network for refund in accordance with the Network protocol and benefit limit.





SELFNET ESSENTIAL

Principal

R 984.00

Adult Dependant

R 984.00

Minor Dependant
(Payable up to maximum 3)

R 349.00

Specific cover to meet specific individual needs

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.

- **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.











SelfNET & SelfNET ESSENTIAL 2019 COMPARISON SCHEDULE

 Self Funded

 100% of Network Rate

 100% of Cost

	SelfNET	SelfNET Essential	
1	IN HOSPITAL TREATMENT - ONLY PMB		
1.0.1	Accommodation, theatre, medicine and material use whilst hospitalised	100% of Negotiated Tariff at Scheme's DSP, limited to PMB	
1.0.2	Medicine received on discharge from hospital	100% of Agreed Tariff (RP applies), If purchased on date of discharge, limited to a maximum of 7 days supply	
1.1	MAJOR MEDICAL BENEFITS - NON-PMB		
1.1.1	Adenoidectomy, Tonsillectomy and Grommets	Maximum benefit limit of R12, 000.00 per family per year, subject to pre-authorization and procedure being performed in a day hospital 	
1.2	MEDICAL PRACTITIONERS		
1.2.1	General Consultations/Visits	 Unlimited- Subject to PMB treatment and protocol	
1.2.2	Specialist Practitioners Consultations/Visits		
1.2.3	Basic Radiology		
1.2.4	Basic Pathology		
1.2.5	MRI-, CT scans and Radio-Isotope studies (Benefits subject to separate pre-authorization)	 For MRI and CT scans, performed in or out of hospital, subject to PMB regulations, obtaining a PAR, motivation and approval. MRI and CT scans will be covered to a maximum of R500, should scan confirm non-PMB condition, subject to the General Practitioner – Out of Network/ Emergency visits limit of R1 050 per annum.	 For MRI-, CT scans, performed in or out of hospital, subject to PMB regulation, obtaining PAR, motivation and approval
1.2.6	Clinical Procedures	 Unlimited- Subject to PMB treatment and protocol	
1.3	MATERNITY		
1.3.1	Foetal Scans	 Unlimited - Subject to PMB treatment and protocol	
1.3.3	Confinement	Subject to pre-authorization and network provider referral process - Limited to PMB	
1.4	AUXILIARY SERVICES		
1.4.1	Physiotherapy	 Unlimited- Subject to PMB treatment and protocol	
1.4.2	Medical Technology		
1.4.3	Clinical Technology		
1.4.4	Speech Therapy and Occupational Therapy		

SelfNET	SelfNET Essential
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1.5	SECONDARY FACILITIES	
1.5.1	Treatment that forms part of a Case Management Programme	🕒 Subject to approval by Case Manager and PMB regulation
1.6	REHABILITATION	Only for cases managed as part of a Case Management Programme, where a medical report was submitted by the attending Physician. PMB regulation will apply.
1.7	BLOOD TRANSFUSIONS	🕒 Subject to pre-authorisation - Limited to PMB
1.8	MEDICAL AND SURGICAL PROSTHESIS / APPLIANCES	
1.8.1	Internal Prosthesis	Funded as PMB treatment only
1.8.2	External Prosthesis	
1.8.3	Orthopaedic Appliances	
1.8.4	Medical Appliances	
1.9	MAXILLA-FACIAL AND ORAL SURGERY	
1.9.1	Elective	⚠️
1.9.2	Non-elective (excluding extractions)	🕒 Limited to PMB and subject to pre-authorisation and Network Clinical Protocol
1.10	CASE MANAGED / DISEASE MANAGED CONDITIONS / PROCEDURES	
1.10.1	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
1.10.2	Chronic Renal Failure	🕒 Unlimited - For Kidney Dialysis, incl. associated Radiology and Pathology tests
1.10.3	Oncology	🕒 For Kidney Dialysis, incl. associated Radiology and Pathology tests - Subject to PMB Protocol
1.10.4	Asthma, Chronic Obstructive Airways Disease, Diabetes and Cardiacare	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
1.10.5	Oxygen therapy	Benefit managed by the Scheme and payable as per the applicable benefit described elsewhere in this summary
1.11	AIDS AND HIV	🕒 For oxygen therapy (cylinders included) subject to Case Management
1.12	FOREIGN CLAIMS	Benefits managed as part of a Disease Management Programme
		Only Namibian claims

		SelfNET	SelfNET Essential
1.13	MENTAL HEALTH		
1.13.1	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, Case management through treatment plan and subject to PMB regulation
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	
2	CONSULTATIONS AND OUT-OF-HOSPITAL PROCEDURES		
2.0.1	Outpatient treatment at hospital facility	Benefits as described in respect of Medical Practitioners, limited to three consultations, subject to R1,050 limit. Account payable upfront by member and submitted to Network for refund in accordance with the Network protocol and benefit limit	△
2.1	MEDICAL PRACTITIONERS		
2.1.1	General Practitioner Consultations/Visits	⌚ 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	△
2.1.2	Specialist Practitioner Consultations/Visits	⌚ Via the Network Provider, subject to a combined limit of R 1,185.00 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 2,370.00 per family per year	△
2.1.3	Basic Radiology	⌚ Subject to the Network protocol, formulary and referral by a Network GP	△
2.1.4	Basic Pathology	⌚ Subject to the Network protocol, formulary and referral by a Network GP	△
2.1.5	MRI-, CT scans and Radio-Isotope studies (Benefits subject to separate pre-authorisation)	⌚ For MRI and CT scans, performed in or out of hospital, subject to PMB regulations, obtaining a PAR, motivation and approval. MRI and CT scans will be covered to a maximum of R500, should scan confirm non-PMB condition, subject to the General Practitioner – Out of Network/ Emergency visits limit of R1 050 per annum.	⌚ For MRI-, CT scans, performed in or out of hospital, subject to PMB regulation, obtaining a PAR, motivation and approval
2.1.6	Clinical Procedures	No benefits will be allowed for elective Clinical Procedures, unless treatment forms part of PMB	
2.1.7	Material and injection material administered in doctor's rooms	⌚ Subject to the Network protocol, formulary and referral by a Network GP	△
2.2	MATERNITY		
2.2.1	Ante-natal Classes and Foetal Scans	⌚ Subject to the Network protocol, formulary and referral by a Network GP	△
2.2.2	Ante-natal Consultations	Subject to combined Specialist Practitioners Consultations/Visit benefit	△
2.3	AUXILIARY SERVICES		
2.3.1	Medical Technology		△
2.3.2	Clinical Technology		
2.3.4	Speech Therapy and Occupational Therapy		
2.3.5	Podiatry, Orthoptic treatment, Hearing Aid Acoustics, consultations with Dietitians, Chiropractors, Osteopaths, Homeopaths, Naturopaths, Herbalists and Biokinetics		

		SelfNET	SelfNET Essential
2.4	OPTICAL		
2.4.1	Consultation	🕒 For one examination per beneficiary per 24 months at the Network Optometrist	△
2.4.2	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 480.00 per beneficiary per 24 months at the Network Optometrist. Frames other than the pre-selection of frames limited to R 185.00	△
2.4.3	Refractive Surgery		△
2.5	SECONDARY FACILITIES		
2.5.1	Treatment that forms part of a Case Management Programme	🕒 Subject to approval by Case Manager and PMB regulation	
2.6	REHABILITATION	Only cases managed as part of a Case Management Programme, where a medical report was submitted by the attending Physician. PMB regulation will apply	
2.7	AMBULANCE SERVICES		
2.7.1	Preferred Provider (ER24)	🕒 For emergency transport to and from a hospital	
2.7.2	Non-preferred Provider		△
2.8	BLOOD TRANSFUSIONS	🕒 Subject to pre-authorisation - Limited to PMB	△
2.9	MEDICAL AND SURGICAL PROSTHESIS / APPLIANCES		
2.9.1	Internal Prosthesis		
2.9.2	External Prosthesis		
2.9.3	Orthopaedic Appliances		
2.9.4	Medical Appliances		
2.9.5	Hearing Aids		△
2.10	DENTISTRY		
2.10.1	Basic	🕒 Subject to the Network protocol, list of codes and the use of a Network dentist	△
2.10.2	Specialised		△
2.11	MAXILLA-FACIAL AND ORAL SURGERY		
2.11.1	Elective		△
2.11.2	Non-elective (excluding extractions)	🕒 Limited to PMB and subject to pre-authorisation and Network Clinical Protocol	△
2.11.3	Implantology		△

		SelfNET	SelfNET Essential
2.12	PRESCRIBED MEDICINE		
2.12.1	Chronic (Member must apply for benefit)	Benefit is subject to approval and in accordance with the CDL Chronic Medicine Formulary. Medication to be supplied by Network Provider	
2.12.2	Acute	⌚ Subject to Reference Pricing for Medicine, provided that it is prescribed or supplied by a Network GP and is subject to Network formulary.	△
2.12.3	Immunisations		△
2.12.4	Oral & Injectable Contraceptives		△
2.13	NON-PRESCRIBED MEDICINE (PAT)		△
2.14	CASE MANAGED / DISEASE MANAGED CONDITIONS / PROCEDURES		
2.14.1	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	
2.14.2	Chronic Renal Failure	⌚ Unlimited - For Kidney Dialysis, incl. associated Radiology and Pathology tests	⌚ For Kidney Dialysis, incl. associated Radiology and Pathology tests - subject to PMB Protocol
2.14.3	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	
2.14.4	Asthma, Chronic Obstructive Airways Disease, Diabetes and Cardiocare	Benefit managed by the Scheme and payable as per the applicable benefit described elsewhere in this summary	
2.14.5	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 Namibian claims	
2.17	MENTAL HEALTH		
2.17.1	Clinical Psychology & Psychiatry	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	Benefits for treatment in hospital are subject to pre-authorisation, Case Management through treatment plan and subject to PMB regulation
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 1,371.00	R 984.00
Additional Adult Dependant	R 1,371.00	R 984.00
Additional Minor Dependant (payable up to maximum 3)	R 484.00	R 349.00

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