












# SELFNET 2016



Self Funded  
100%  
of Network Rate

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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 PMBs	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
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	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	100% of Network Rate via the Network provider, subject to a combined limit of R 1,000.00 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 2,000.00 per family per year.
Basic Radiology	🕒 Unlimited	100% of Network Rate, subject to the Network protocols, formulary and referral by a Network GP
MRI- and CT-scans and radio-isotope studies (Benefits subject to separate pre-authorisation)	🕒 R 1,100.00 co-payment applies if diagnosis is not found to be PMB	100% of Network Rate - R 1,100.00 co-payment applies if diagnosis is not found to be PMB
Basic Pathology	🕒 Unlimited	100% of Network Rate, subject to the Network protocols, 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 PMBs
Material and injection material administered in doctor's rooms	Not Applicable	100% of Network Rate, subject to the Network protocols, formulary and referral by a Network GP
MATERNITY		
Foetal Scans	🕒 Unlimited	100% of Network Rate, subject to the Network protocols, formulary and referral by a Network GP
Ante-Natal Specialist Consultations	Not Applicable	100% of Network Rate via the Network provider, subject to a combined limit of R 1,000.00 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 2,000.00 per family per year.
Confinement	Subject to pre-authorisation and network provider referral process.	Not Applicable
AUXILIARY SERVICES		
Physiotherapy	🕒 Unlimited	⚠️
Medical Technology	🕒 Unlimited	⚠️
Clinical Technology	🕒 Unlimited	⚠️
Speech Therapy and Occupational Therapy	🕒 Unlimited	⚠️
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 430.00 per Beneficiary per 24 months at the Network Optometrist. Frames other than the pre-selection of frames limited to R 160.00
Refractive Surgery	⚠️	⚠️
SECONDARY FACILITIES		
Treatment that forms part of a Case Management Programme	100% of cost, subject to approval by Case Manager and PMB regulations	
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 regulations 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 PMBs
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 protocols, list of codes and the use of a Network dentist
Specialised		
MAXILLA-FACIAL AND ORAL SURGERY		
Elective		
Non-elective	100% of cost, limited to PMBs and subject to pre-authorisation	and Network Clinical Protocols
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 PMBs 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 Cardiocare	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 more detail. If voluntarily obtained from any other provider, a co-payment of 40% will apply. Scheme protocol apply.	

**CONTRIBUTIONS - EFFECTIVE 1 JANUARY 2016**
**CONTRIBUTIONS:**

Principal member

**R1,097.00**

Additional Adult Dependant

**R 1,097.00**

Additional Minor Dependant  
(payable up to maximum 3)

**R 387.00**
**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