Pick n Pay
Medical scheme

PRIMARY OPTION

Benefits

Effective 1 January 2025

Members and their dependants are entitled to the following benefits, subject to the provisions of the rules of the Scheme, and in particular the provisions of the statutory Prescribed Minimum Benefits (PMBs).

This summary is for information purposes only and does not supersede the rules of the Scheme. In the event of any discrepancy, the rules will prevail.

CLIENT SERVICE TEAM

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NO.	BENEFIT	REIMBURSEMENT RATE	ANNUAL LIMIT
	INSURED BENEFIT		**Unlimited**
1.	**Statutory Prescribed Minimum Benefits (PMBs)**	100% of cost	Services rendered by State hospital or DSP unlimited, subject to pre-authorisation and managed care and funding protocols
2.	**Hospitalisation**		Subject to overall annual limit of **R1 531 000** per family for non-PMB conditions Benefits for admission to a private hospital are subject to the utilisation of DSP hospitals appointed by the Scheme (refer to www.pnpms.co.za) In the event that a non-DSP hospital is voluntarily utilised, the member will be liable for 30% of the cost associated with the admission Admissions are subject to pre-authorisation with the Scheme's managed care provider 2 working days prior to admission and within 48 hours of the incident in the case of emergencies Failure to obtain authorisation within 48 hours could result in in a co-payment of **R1 000** per admission
	Private hospitals (excluding rehabilitation)	100% of agreed rate	
	State hospitals	100% of UPFS or cost, whichever is the lowest	
	Medicines dispensed in and upon discharge from hospital	100% of SEP and agreed dispensing fee	To-take-out (TTO) medication limited to 7 days' supply; subject to the medication reference price list and formulary
	Alternatives to hospitalisation (i) Step-down facilities (ii) Hospice (ward fees and disposables) (iii) Home nursing	100% of agreed rate or 100% of cost in the case of a PMB	Subject to pre-authorisation and managed care and funding protocols
3.	**GPs and specialists: In-hospital services** Consultations, visits and procedures/ operations	100% of agreed rate	Subject to overall annual limit
4.	**Psychiatric conditions/Substance abuse**		PMBs only, at DSPs; subject to pre-authorisation and managed care and funding protocols
	(i) In hospital	100% of cost	
	(ii) Out of hospital (consultations)	100% of agreed rate	
5.	**Radiology** (i) In-hospital basic radiology	100% of agreed rate	Subject to overall annual limit and clinical and funding protocols
	(ii) Out-of-hospital basic radiology	100% of agreed rate	Subject to network list of X-rays and protocols
	(iii) In- and out-of-hospital specialised radiology (MRI and CT scans)	100% of cost	PMBs only; subject to pre-authorisation
6.	**Pathology** (i) In hospital	100% of agreed rate	Subject to overall annual limit and clinical and funding protocols
	(ii) Out of hospital	100% of agreed rate	Subject to network list of pathology tests and protocols
7.	**Blood transfusions and technician services**	100% of agreed rate	Subject to overall annual limit
8.	**Oncology treatment (in and out of hospital)**	100% of cost	PMBs only, at DSPs Subject to pre-authorisation and managed care and funding protocols and registration on the Oncology Management Programme
9.	**Surgical/Internal prostheses**	100% of agreed rate	PMBs only; subject to pre-authorisation and managed care and funding protocols
10.	**Maxillofacial surgery** (excluding specialised dentistry)	100% of cost	PMBs only, at DSPs
11.	**Organ transplants** (hospitalisation and surgery)	100% of cost	PMBs only, at DSPs
12.	**Emergency rescue services: ER24**	100% of agreed rate	Subject to pre-authorisation and ER24 protocols; tel: 084 124

NO.	BENEFIT	REIMBURSEMENT RATE	ANNUAL LIMIT
13.	**HIV/AIDS**	100% of cost	Subject to registration on the HIV/AIDS management programme and managed care protocols Treatment within PMB protocols at DSP is unlimited
14.	**Renal dialysis**	100% of cost	PMBs only
15.	**Chronic conditions** Registration on the network chronic medicine management programme applies	100% of SEP plus agreed dispensing fee	Approval is subject to the network chronic conditions and medicine formulary lists Approved chronic medicines are obtainable at a network pharmacy; the member's preferred point of collection will be confirmed on approval A 30% co-payment may apply if a non-network pharmacy is used All medication will be subject to the chronic medicine reference price list at DSPs only
16.	**Maternity benefits** (i) **In hospital** Natural birth Caesarean (excludes elective caesareans) Neonatal intensive care (ii) **Out of hospital** General practitioner consultations 2-dimensional ultrasounds Routine blood tests for abnormalities	100% of agreed rate, unless a PMB, in which case 100% of cost	Subject to registration on the Scheme's Maternity Programme Uncomplicated natural birth is subject to a limit of **R36 700** per confinement; complicated natural birth is subject to a limit of **R53 600** per confinement Emergency caesareans only; subject to a limit of **R53 600** per confinement Subject to a limit of **R77 100** per year PMB admissions are paid at 100% of cost and will accrue to this limit, but are not subject to this limit Supervision of uncomplicated pregnancies at network GP up to week 12 Antenatal visits at gynaecologists after week 12 Gynaecologist visits are limited to 2 from insured benefits; thereafter subject to the out-of-hospital specialist limit; pre-authorisation required 1 scan during 1st trimester As requested by the network GP and subject to the network formulary The following tariff codes will be allowed: 4450; 3765; 3709; 3764; 3948; 3949 and 3951
17.	**Speech therapy, physiotherapy, audiology and occupational therapy (in hospital)** As part of a hospital event or resulting from a hospital event for a period of 6 weeks after discharge	100% of agreed rate	Subject to pre-authorisation and clinical and funding protocols
18.	**Out-patient surgical procedures** (refer to **Annexure A** for the list of procedures covered)	100% of agreed rate	Subject to overall annual limit

Benefits obtainable from networks

NO.	BENEFIT	REIMBURSEMENT RATE	ANNUAL LIMIT
1.	**GPs (out of hospital)** Network GP consultations and visits (nebulisation, circumcisions, removal of foreign bodies, stitching of wounds, electrocardiograms, drainage of abscesses, infusions, limb casts, excisions and repairs and integumentory system procedures) Emergencies and out-of-network consultations and visits	100% of agreed rate	Visits are unlimited; includes defined list of minor trauma procedures subject to network protocols 3 visits limited to **R1 200** per family per year at any GP or casualty room; no benefit for out-patient facility fees, unless as specified in Annexure A: Emergency room treatment Member to pay upfront and claim from Scheme

NO.	BENEFIT	REIMBURSEMENT RATE	ANNUAL LIMIT
2.	**Specialists (out of hospital)** Consultations, acute medicines, radiology and pathology as requested by network specialist	100% of agreed rate	2 visits limited to **R2 210** per family per year at a network specialist; subject to referral by a network GP and pre-authorisation
3.	**Physiotherapy**	100% of agreed rate	Combined limit with out-of-hospital specialist benefit; subject to pre-authorisation and managed care protocols
4.	**Dentistry** (i) Basic/Conservative dentistry – fillings, extractions, X-rays, prophylaxis and pain relief (excludes root canal treatment)	100% of agreed rate	Subject to network dental protocols
	(ii) Dentures	100% of agreed rate	Subject to network dental protocols and specified benefits; only available to beneficiaries older than 21; a 24-month benefit cycle applies
	(iii) Specialised dentistry – orthodontics, periodontics, crowns, bridgework, dental implants and osseo-integration	No benefit	No benefit
5.	**Acute medication** Medicines prescribed by medical practitioners, subject to the acute medication reference price list	100% of SEP plus agreed dispensing fee; excludes administration fee	Subject to network formulary Medicines are obtainable at point of service from a dispensing network GP or via a prescription from a scripting GP at a Mediscor-enabled pharmacy Network acute medicine formulary applies
6.	**Pharmacy-advised therapy (PAT)** Excluding contraceptives, homeopathic and naturopathic medicines, nutritional supplements and vitamins	100% of agreed rate or SEP plus agreed dispensing fee; excludes administration fee	**R120** per prescription, limited to **R365** per family per year
7.	**Optical** (excludes tinting, coating, etc.)		
	(i) Optometric tests	100% of agreed rate	1 eye test per beneficiary every 24 months
	(ii) Spectacles: lenses and frames	100% of agreed rate	1 pair of white, standard monofocal or bifocal lenses in a standard frame up to the value of **R244** every 24 months
	OR		OR
	Contact lenses		Contact lenses in lieu of spectacles limited to **R635** every 24 months Subject to network protocols and qualifying norms
8.	**External surgical appliances (out of hospital)** Hearing aids, orthopaedic boots, surgical collars, wheelchairs, nebulisers, oxygen equipment, etc.	100% of cost	PMBs only; limited to **R6 660** per family; subject to pre-authorisation and clinical and funding protocols
9.	**Alternative services** Homeopaths, naturopaths, chiropractors, speech therapy, audiology, occupational therapy, podiatry, etc.	No benefit	No benefit

Key:

Agreed rate	The fees for any healthcare services which are determined by the Board of Trustees in conjunction with a network of service providers
DSP	Designated Service Provider is a network of service providers appointed by the Scheme as preferred providers to provide members with diagnosis, treatment and care in respect of one or more PMB conditions
ICON	The Independent Clinical Oncology Network (ICON) is a DSP for the provision of oncology benefits
PMBs	Prescribed Minimum Benefits are the minimum benefits that the Scheme is legally obliged to provide to its members in terms of the Medical Schemes Act
Scheme rate	The rate at which claims are reimbursed, as approved by the Board of Trustees
SEP	Single Exit Price is a price set by the manufacturer or importer of a medicine or scheduled substance, combined with a logistics fee and VAT
UPFS	Uniform Patient Fee Schedule, is the tariff structure used by provincial hospitals

Annexure A:

List of out-patient surgical procedures covered under insured benefit

R2 500 co-payment if these are performed in hospital without an approved clinical indication and Scheme approval. Anaesthetic costs related to these scopes are limited to local or regional anaesthetic. General anaesthetic costs are not covered.

Out-patient surgical procedures, if performed in a doctor's surgery, are subject to pre-authorisation and managed care protocols, and will be covered from the insured benefit. Anaesthetists' costs, if applicable, are covered for local/regional anaesthetic and conscious sedation.

PROCEDURES	CODES
Gastroscopy and related procedures	1587; 1588; 1589; 1591; 1626; 1770; 1772; 1773; 1774; 1778; 1779; 1782
Colonoscopy, oesophagoscopy, sigmoidoscopy and related procedures	1653; 1654; 1656

The following additional procedures, if performed by an ophthalmologist in his/her rooms, are subject to pre-authorisation and managed care protocols, and will be covered from the insured benefit.

PROCEDURES	CODES
Treatment of retina and choroids by cryotherapy	3039
Pan-retinal photocoagulation in one sitting	3041
Laser capsulotomy	3052
Laser trabeculoplasty	3064
Laser apparatus hire fee	3201

Please note that costs related to Lasik eye surgery are excluded from the benefit.

The following procedure, if performed in a doctor's surgery, is subject to pre-authorisation and managed care protocols, and will be covered from the insured benefit.

PROCEDURE
Circumcision

Emergency room treatment

Emergency treatment in a trauma or casualty facility of a hospital, and all associated costs, where the treatment resulted in an admission to hospital, or was an emergency, or prevented a hospital admission, or where treatment could not be rendered in a doctor's rooms, will be paid from the in-hospital benefit at 100% of the agreed rate and/or 140% of the Scheme rate, or at cost for PMBs.

Health risk assessment

One health risk assessment per beneficiary older than 21 at a network pharmacy or a digital health risk assessment via the Multiply mobile app.

Important!

Out-patient surgical procedures, if performed in a doctor's surgery, are subject to pre-authorisation and managed care protocols.

Annexure B:

List of preventative procedures covered from the day-to-day benefit, subject to the network and protocols

Please be advised that these preventative procedures do not include all the costs incurred at the time of the procedure, but only to those specified, i.e.:

- the actual injection for the flu vaccine
- the actual testing of cholesterol and Pap smears at a network GP
- the mammogram itself.

Any other costs incurred at the time of the visit will be for the member's account.

PROCEDURE	BENEFIT	CONDITIONS/REMARKS
Flu vaccine	1 per beneficiary per year	
Cholesterol testing	1 per beneficiary per year	1 of the following tariff codes will be allowed: 4025; 4026; 4027; 4028 or 4170
Pap smear	1 per beneficiary per year	The following tariff codes will be allowed: 4566 and 4599
Mammogram	1 per beneficiary every 2 years	1 of the following tariff codes will be allowed: 3605; 34100 or 34101 Subject to the following criteria: • over 40 years; or • clinically indicated beneficiaries (high-risk members)
Preventative health screenings: • Blood pressure screening • Blood glucose finger-prick test • Cholesterol finger-prick test • Body mass index (BMI)	1 per beneficiary per year	These screening tests may be done at any pharmacy on the Scheme's pharmacy network, subject to Scheme protocols and limited to **R362** per beneficiary per year
Prostate-specific antigen (PSA) testing	1 per beneficiary per year	Tariff code 4519 only
Colorectal cancer screening: Faecal occult blood test/Faecal immuno-chemical test	1 per beneficiary every 2 years	1 of the following tariff codes will be allowed: 4351 or 4352 Faecal occult blood annually Subject to the following criteria: • over 50 years; or • family history

Contact details

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