Pick n Pay

Medical scheme

PLUS OPTION



Benefits

Effective 1 January 2027

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).

Medical Spending Account

Members have a Medical Spending Account (MSA), which is used to pay for day-to-day benefits. The amount available in the MSA is in addition to the insured benefit.

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 Department

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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 protocols
2.	**Hospitalisation**		Unlimited Admissions are subject to pre-authorisation with the Scheme's managed care provider 2 working days prior to admission and within 48 hours after the incident in the case of emergencies A penalty of **R1 000** is payable by the member to the service provider if no pre-authorisation is obtained; tel: 0860 767 633
	Private hospitals (excluding rehabilitation)	100% of agreed rate	
	State hospitals	100% of UPFS or cost, whichever is the lowest	
	Medication dispensed in hospital and upon discharge from hospital	100% of SEP plus agreed dispensing fee	To-take-out (TTO) medication limited to 7 days' supply
	Alternatives to hospitalisation (i) Step-down facilities (ii) Hospice (ward fees and disposables) (iii) Home nursing	100% of agreed rate 100% of cost in the case of a PMB	Subject to PMB regulations, pre-authorisation and managed care protocols
	In-patient psychiatric conditions/substance abuse	100% of agreed rate	**R89 600** per beneficiary PMB admissions will accrue to this limit, but are not subject to this limit
3.	**GP procedures and consultations**	140% of Scheme rate	Unlimited
4.	**Specialist procedures and consultations**	100% of agreed rate at preferred provider 140% at non-preferred provider; co-payment may apply at non-preferred provider	Unlimited
5.	**Psychiatric consultations (out of hospital)** PMB conditions only	100% of agreed rate at preferred provider 150% of Scheme rate at non-preferred provider; co-payment may apply at non-preferred provider	Subject to registration on the Mental Wellness Programme, in which case an appropriate treatment plan based on clinical protocols may be issued; benefit will be paid from the MSA if not registered on the Mental Wellness Programme
6.	**Radiology** (i) In hospital	100% of Scheme rate or agreed rate	Unlimited
	(ii) Specialised radiology (MRI and CT scans)	100% of agreed rate, unless a PMB, in which case 100% of cost	Subject to pre-authorisation Unlimited PMB scans **per family** per year Limited to 2 non-PMB scans **per family** per year; subject to **R500** co-payment
7.	**Pathology (in hospital)**	100% of Scheme rate or agreed rate	Unlimited
8.	**Auxiliary services (in hospital)** Physiotherapy, audiology and occupational therapy	100% of Scheme rate	Subject to pre-authorisation and managed care protocols and only if part of a hospital event or following discharge for a period of six weeks
9.	**Blood transfusions and technician services**	100% of Scheme rate or agreed rate	Unlimited
10.	**Oncology treatment (in and out of hospital)**	100% of agreed rate at preferred provider 140% of Scheme rate at non-preferred provider; co-payment may apply at non-preferred provider 100% of cost in the case of a PMB	**R810 000** per beneficiary Subject to pre-authorisation and registration on the Oncology Programme; tel: 0860 767 633 Subject to ICON protocols

No.	Benefit	Reimbursement rate	Annual limit
11.	**Surgical/Internal prostheses**	100% of agreed rate per item as per **Annexure B**	Limited to amounts detailed in the surgical prostheses schedule (**Annexure B**) for specified items Non-specified items are limited to **R75 400** per beneficiary Subject to pre-authorisation and managed care protocols
12.	**Maxillofacial surgery** **(excluding special dentistry and impacted wisdom teeth extractions)**	100% of Scheme rate	Subject to pre-authorisation and managed care protocols
13.	**Organ transplants** **(hospitalisation and surgery)**	100% of agreed rate at preferred provider 140% of Scheme rate at non-preferred provider; co-payment may apply at non-preferred provider	Subject to pre-authorisation and managed care protocols
14.	**Emergency rescue services: ER24**	100% of agreed rate 100% of cost in the case of a PMB	Subject to pre-authorisation and ER24 protocols; tel: 084 124
15.	**HIV/AIDS**	100% of cost	For access to the HIV/AIDS benefit, registration is required on the HIV YourLife Programme; tel: 0860 767 633 Treatment within PMB protocols at DSP is unlimited
16.	**Renal dialysis**	100% of Scheme rate or agreed rate 100% of cost in the case of a PMB	Subject to pre-authorisation and managed care protocols
17.	**Chronic conditions** Members' treating doctors or pharmacists must call 0860 767 633 for approval of medication and treatment plan services All chronic conditions covered, subject to registration on the Scheme's Medicine Risk Management (MRM) Programme and approval of treatment protocols **PMB conditions** The Scheme's Integrated Care Programme offers benefits in accordance with approved treatment plans in respect of the diagnosis, treatment and care for such conditions	 100% of SEP plus agreed dispensing fee 100% of SEP plus agreed dispensing fee, or Scheme rate in respect of treatment plan services	Subject to chronic condition limits of: **R87 300** per beneficiary or **R179 800** per family All medication will be subject to MRP and use of Momentum Pharmacy Network Unlimited; subject to treatment plan protocols; if medication is voluntarily obtained from a provider other than the Scheme's DSP, a co-payment may apply
18.	**Preventative procedures** **(out of hospital)** Flu vaccine injection; body mass index, blood pressure, glucose and cholesterol testing; prostate-specific antigen (PSA) testing, Pap smear and mammogram	100% of Scheme rate	Limited to amounts detailed in the preventative procedures schedule (**Annexure C**)
19.	**Confinements**	100% of agreed rate at a preferred provider 140% of Scheme rate at non-preferred provider; co-payment may apply at non-preferred provider	Unlimited Subject to pre-authorisation by week 36 of pregnancy
20.	**Maternity benefits** **(out of hospital)** General practitioner consultations Obstetrician or gynaecologist consultations 2-dimensional ultrasounds	 1 antenatal consultation per pregnancy at 150% of Scheme rate 7 antenatal consultations per pregnancy at 200% of Scheme rate at a preferred provider 155% of Scheme rate at non-preferred provider; co-payment may apply at non-preferred provider 2 scans per pregnancy at 100% of Scheme rate or agreed rate	Subject to registration on the Maternity Programme

No.	Benefit	Reimbursement rate	Annual limit
20.	**Maternity benefits (continued)** Routine blood tests for abnormalities Antenatal vitamins 2 lactation (breastfeeding) consultations	 100% of Scheme rate or agreed rate	 1 of each of the following tariff codes will be allowed per pregnancy per beneficiary: 4488; 3755; 3948 or 3949; 3764 and 3765; 3709; 3946; 3932 and 4614; 4531 and 3942; 4188 Limited to **R150** per month during pregnancy and 1 month after delivery Subject to MSA balance
21.	**Out-patient surgical procedures** (refer to **Annexure A** for the list of procedures covered)	100% of agreed rate at preferred provider specialist 140% at non-preferred provider; co-payment may apply at non-preferred provider	Subject to pre-authorisation and managed care protocols
22.	**Continuous positive airway pressure (CPAP) devices** (including repairs)	100% of cost	Limited to **R13 200** per beneficiary over a 3-year cycle Subject to pre-authorisation and managed care protocols
23.	**Hearing aids**	100% of cost	Single ear: Limited to **R16 450** per beneficiary over a 5-year cycle Both ears: Limited to **R32 840** per beneficiary over a 5-year cycle Subject to pre-authorisation and managed care protocols

Benefits payable from members' Medical Spending Accounts (MSAs), except in respect of PMBs

No.	Benefit	Reimbursement rate	Annual limit
1.	**GP consultations and visits (out of hospital)**	150% of Scheme rate	Subject to MSA balance
2.	**Hello Doctor GP telehealth consultations**	100% of agreed rate	Subject to MSA balance Once MSA is depleted, 2 Hello Doctor consultations per family will be paid from insured benefits; excludes associated claims
3.	**Specialists**	100% of agreed rate at preferred provider specialist 150% of Scheme rate at non-preferred provider specialist; co-payment may apply at non-preferred provider	Subject to MSA balance
4.	**Physiotherapy (out of hospital)**	100% of Scheme rate	Subject to MSA balance
5.	**Clinical psychology (excluding educational counselling)**	Non-PMB services 150% of Scheme rate	Subject to MSA balance
6.	**Psychiatric consultations**	Non-PMB conditions 100% of agreed rate at preferred provider 150% at non-preferred provider; co-payment may apply at non-preferred provider	Subject to MSA balance
7.	**Dentistry** (i) Conservative dentistry – fillings, extractions, X-rays and prophylaxis (ii) Specialised dentistry – orthodontics, periodontics, crowns, bridgework, dentures, dental implants and osseo-integration	 100% of Scheme rate 150% of Scheme rate	 Limited to **R3 040** per family per year; thereafter subject to MSA balance Subject to MSA balance

No.	Benefit	Reimbursement rate	Annual limit
7.	**Dentistry (continued)** (iii) Impacted wisdom teeth extraction – tariff codes: 8941, 8943, 8945 x 2; tooth numbers: 18, 28, 38 and 48	In hospital: 100% of Scheme rate Out of hospital: 150% of Scheme rate	No limit Subject to pre-authorisation and clinical protocols
	(iv) Conscious sedation administered by an anaesthetist	100% of Scheme rate	Subject to pre-authorisation; clinical motivation and quotation required; to be paid from insured benefit if approved
8.	**Acute medication**	100% of SEP plus agreed dispensing fee; excludes administration fee	Subject to MSA balance; MRP applies in the case of a PMB
9.	**Pharmacy-advised therapy (PAT)** Including homeopathic and naturopathic medication	100% of agreed rate or SEP plus agreed dispensing fee; excludes administration fee	Subject to MSA balance and limited to **R580** per day
10.	**Optical** (i) Optometric tests (including all visual tests)	100% of agreed rate at preferred provider optometrist Co-payment may apply at non-preferred provider	1 consultation per beneficiary every second year at an Opticlear optometrist paid from the insured benefit; additional consultations paid from MSA; co-payment may apply at non-preferred provider optometrist Please note that this does not include the lenses or the frames; these are paid from your MSA balance
	(ii) Spectacles, additional eye tests, lenses (including contact lenses), frames and readers	100% of agreed rate at preferred provider optometrist Co-payment may apply at non-preferred provider	Subject to MSA balance
11.	**External surgical appliances (out of hospital)** Orthopaedic boots, surgical collars, wheelchairs, nebulisers, oxygen equipment for short-term therapeutic use, etc.	100% of cost	Subject to MSA balance
	Stoma therapy products	100% of Scheme rate	Subject to pre-authorisation and managed care protocols
12.	**Diabetic appliances** Insulin pump, continuous glucose monitoring devices and related diabetic consumables	100% of the lower of cost or Scheme rate, subject to MRP	Subject to pre-authorisation and managed care protocols
13.	**Alternative services** Homeopaths, naturopaths and chiropractors (excluding X-rays and appliances)	100% of Scheme rate	Subject to MSA balance
14.	**Auxiliary services (out of hospital)** Includes speech therapy, audiology, occupational therapy, podiatry, homeopathy, naturopathy, chiropractors, etc. (excluding X-rays and appliances)	100% of Scheme rate	Subject to MSA balance
15.	**Step-down facilities**	100% of Scheme rate	Subject to MSA balance
16.	**Radiology (out of hospital)** Excluding specialised radiology	100% of agreed rate	Subject to MSA balance
17.	**Pathology (out of hospital)**	100% of agreed rate	Subject to MSA balance

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
MRP	The Medicine Reference Price (MRP) is the price the Scheme will pay for the generic equivalent of patented medication
MSA	Medical Spending Account used to pay for day-to-day treatment
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
Preferred provider	A network of healthcare providers contracted by the Scheme's Administrator to provide members with healthcare services; the Scheme's preferred providers are the Momentum Pharmacy Network, the Momentum Specialist Network and the Opticlear Network of Optometrists
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 medication or scheduled substance, combined with a logistics fee and VAT
UPFS	Uniform Patient Fee Schedule, which is the tariff structure used by provincial hospitals

Annexure A:

List of out-patient surgical procedures covered under insured benefit

Out-patient surgical procedures 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 performed in hospital are subject to clinical protocols and approval.

A R2 500 co-payment applies for procedures performed in hospital for cases that do not meet the clinical criteria. Anaesthetic costs related to these scopes are limited to local or regional anaesthetic. General anaesthetic costs are not covered.

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 choroid 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.

NOTE:
Circumcisions performed in a doctor's surgery are subject to pre-authorisation and managed care protocols, and will be covered from the insured benefit.

Emergency room treatment

Emergency treatment in a trauma or casualty facility of a hospital, and all associated costs, where such treatment was due to an emergency, will be paid at 100% of the agreed rate or 100% of cost, as indicated.

Health risk assessment

Beneficiaries over the age of 21 qualify for one health risk assessment 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:

Surgical prostheses schedule

This schedule lists surgical prostheses and appliances (excluding dental implants) placed in the body as internal fixtures during an operation.

The items below are subject to the limits indicated. Benefits for non-specified surgical prosthetic items will be subject to the maximum annual benefits for non-specified items, as indicated elsewhere in this benefit schedule and subject to the requirements for PMBs.

Prostheses	Amount	Limit
Partial hip replacement	**R39 000**	Per beneficiary per year (1 joint only)
Total hip replacement	**R49 000**	Per beneficiary per year (1 joint only)
Spinal fusion	**R50 100**	Per beneficiary per year
Cardiac stents	**R49 000**	Per beneficiary (maximum of 3 per year)
Cardiac pacemakers	**R109 900**	Per beneficiary per year
Grafts	**R31 000**	Per graft per beneficiary per year
Cardiac valves	**R75 700**	Per valve per beneficiary per year
Artificial limb	**R163 400**	Per family per year
Artificial eyes	**R30 800**	Per family per year
Knee replacement	**R38 100**	Per beneficiary per year (1 joint only)
Shoulder replacement	**R38 100**	Per shoulder per beneficiary per year
All other claims for surgical prostheses	**R75 400**	Per beneficiary per year

Annexure C:

List of preventative procedures covered from insured benefit

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.:

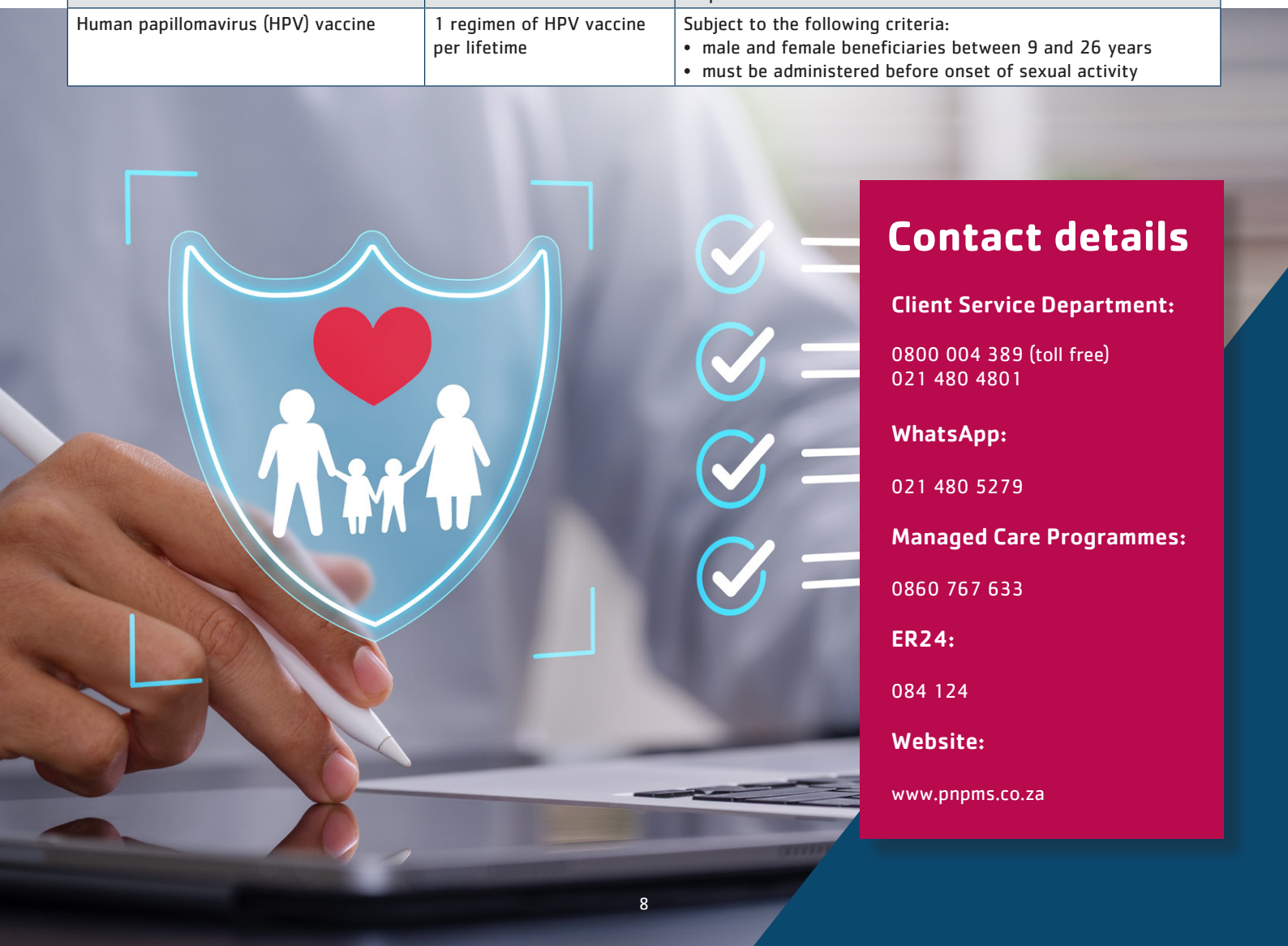
- the consultation fee for a dental check-up
- the actual injection for the flu vaccine
- the actual testing of cholesterol and Pap smears
- the mammogram itself.



Any other costs incurred at the time of the visit will be paid from your MSA balance or as otherwise specified in the rules.

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)

Procedure	Benefit	Conditions/Remarks
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 **R400** per beneficiary per year
Prostate-specific antigen (PSA) testing	1 per beneficiary per year	Tariff code 4519 only
Pneumococcal vaccine	1 per beneficiary per year	Subject to the following criteria: • over 65 years • patients diagnosed with: – cancer – asthma – chronic obstructive pulmonary disease (COPD) – cardiac failure – HIV
Bone density scan (DEXA)	1 per beneficiary every 2 years	1 of the following tariff codes will be allowed: 3604; 39173 or 50120 Subject to the following criteria: • female beneficiaries over 65 years • male beneficiaries over 70 years
Colorectal cancer screening: Faecal occult blood test/Faecal immunochemical 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
HIV test Pathologist and/or finger prick	Each test limited to 1 per beneficiary per year	Tariff code 3932 and/or 4614 If this test shows a positive reading, subsequent tests will be paid from the HIV benefit as a PMB
Human papillomavirus (HPV) vaccine	1 regimen of HPV vaccine per lifetime	Subject to the following criteria: • male and female beneficiaries between 9 and 26 years • must be administered before onset of sexual activity



Contact details

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