Pick n Pay

Medical scheme

PRIMARY 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).

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

Telephone 0800 004 389 or 021 480 4801

WhatsApp 021 480 5279

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 667 000** 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 used, the member will be liable for 30% of the cost of 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 after the incident in the case of emergencies Failure to obtain authorisation within 48 hours could result 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	
	Medication 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 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** (i) In hospital	100% of cost	PMBs only, at DSPs; subject to pre-authorisation and managed care and funding protocols
	(ii) Out of hospital (consultations)	100% of agreed rate	
5.	**Radiology** (i) In-hospital basic radiology, as requested by your network provider	100% of Scheme rate	Subject to network list of X-rays and protocols
	(ii) Out-of-hospital basic radiology, as requested by your network provider	100% of Scheme 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 managed care protocols and pre-authorisation
6.	**Pathology** (i) In hospital pathology, as requested by your network provider	100% of agreed rate	Subject to overall annual limit and clinical and funding protocols
	(ii) Out of hospital pathology, as requested by your network provider	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 Subject to ICON protocols
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

No.	Benefit	Reimbursement rate	Annual limit
12.	**Emergency rescue services: ER24**	100% of agreed rate	Subject to pre-authorisation and ER24 protocols; tel: 084 124
13.	**HIV/AIDS**	100% of cost	Subject to registration on the HIV YourLife 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 medication management programme applies	100% of SEP plus agreed dispensing fee	Approval is subject to the network chronic conditions and medication formulary lists Approved chronic medication is obtainable at a network pharmacy; the member's preferred point of collection will be confirmed on approval All medication will be subject to the chronic medication reference price list at DSPs only
16.	**Maternity benefits (out of hospital)** (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 Maternity Programme Uncomplicated natural birth is subject to a limit of **R39 900** per confinement; complicated natural birth is subject to a limit of **R58 400** per confinement Emergency caesareans only; subject to a limit of **R58 400** per confinement Subject to a limit of **R83 900** 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, paid from insured benefits; thereafter subject to the out-of-hospital specialist limit; pre-authorisation required 1 scan during first 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.	**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
19.	**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)	100% of agreed rate	Visits are unlimited; includes defined list of minor trauma procedures, subject to network protocols

No.	Benefit	Reimbursement rate	Annual limit
1.	**GPs (continued)** Emergencies and out-of-network consultations and visits		3 visits limited to **R1 300** 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
2.	**Specialists (out of hospital)** Consultations, acute medication, radiology and pathology, as requested by network specialist	100% of agreed rate	Limited to **R2 600** 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** Medication prescribed by network GP, subject to the acute medication reference price list	100% of SEP plus agreed dispensing fee; excludes administration fee	Subject to network formulary Medication is 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 medication formulary applies
6.	**Pharmacy-advised therapy (PAT)** Excluding contraceptives, homeopathic and naturopathic medication, nutritional supplements and vitamins	100% of agreed rate or SEP plus agreed dispensing fee; excludes administration fee	**R130** per prescription, limited to **R400** 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 **R270** every 24 months
	OR		OR
	Contact lenses		Contact lenses in lieu of spectacles limited to **R700** 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 **R7 250** 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
Preferred provider	A network of healthcare providers contracted by the Scheme's Administrator to provide members with healthcare services; the Scheme's preferred provider is the Momentum Pharmacy Network
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:

List of preventative procedures covered from the insured 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 below, 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 **R400** 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 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

Client Service Department: 0800 004 389 (toll free)
021 480 4801

WhatsApp: 021 480 5279

Managed Care Programmes: 0860 767 633

ER24: 084 124

Website: www.pnpms.co.za