

COVERED FROM EVERY ANGLE

HEALTH
SQUARED

COMPARISON GUIDE

IT STARTS
HERE



OFFERING NINE EXCITING, COMPREHENSIVE HEALTHCARE OPTIONS

- » Providing some of the most benefit-rich and affordable options available
- » Delivering exceptional value-for-money
- » Featuring unique combination of new-generation (savings) and traditional cover
- » Boasting more than 80 years' healthcare experience - we have the expertise you can rely on
- » Robust, sustainable financial position

HOSPITALISATION

COBALT

ULTIMATE

MILLENNIUM

OPTIMUM

PROSPER

Private Hospitals	Unlimited, PMB only at DSP network hospitals. Non-DSP co-payment 30% (minimum R7 000). Procedure co-payments may also be applicable. Subject to Scheme Protocols and option-specific exclusion list.	Unlimited. Procedure co-payments may also be applicable. Subject to Scheme Protocols and option-specific exclusion list.	Unlimited. Procedure co-payments may also be applicable. Subject to Scheme Protocols and option-specific exclusion list.	Unlimited, PMB only at DSP network hospitals. Non-DSP co-payment 30% (minimum R7 000). Procedure co-payments may also be applicable. Subject to Scheme Protocols and option-specific exclusion list.	Unlimited, PMB only at DSP network -DSP co-payment 30% (minimum R7 000). Procedure co-payments may also be applicable. Subject to Scheme Protocols and option-specific exclusion list.
Including: Surgical Operations and Procedures Theatre Fees Labour and Recovery Wards Ward Accommodation Intensive Care and High Care Units X-rays and Pathology Ultrasound Scans (other than for pregnancy) Blood Transfusions	100% of Contracted Rate.	100% of Contracted Rate.	100% of Contracted Rate.	100% of Contracted Rate.	100% of Contracted Rate.
Physiotherapy	100% of Scheme Rate. Non-PMB Limit: R12 970	100% of Scheme Rate	100% of Scheme Rate	100% of Scheme Rate. Non-PMB Limit: R6 485	100% of Scheme Rate. Non-PMB Limit: R3 306
Medicine dispensed and used in hospital	Subject to hospital formulary	Subject to hospital formulary	Subject to hospital formulary	Subject to hospital formulary	Subject to hospital formulary
Medicine received on discharge from hospital (TTO)	Maximum of 7 days' supply	Maximum of 7 days' supply	Maximum of 7 days' supply	Maximum of 7 days' supply	Maximum of 7 days' supply
General Practitioners, including consultations and procedures.	Non-contracted Providers at 100% of Scheme Rate. DSP Providers at 100% of Contracted Rate.	Non-contracted Providers at 100% of Scheme Rate. Contracted Providers at 100% of Contracted Rate.	Non-contracted Providers at 100% of Scheme Rate. Contracted Providers at 100% of Contracted Rate.	Non-contracted Providers at 100% of Scheme Rate. Contracted Providers at 100% of Contracted Rate.	Non-contracted Providers at 100% of Scheme Rate. DSP Providers at 100% of Contracted Rate.
Clinical Medical Specialist Fees, including consultations and procedures.	Non-contracted Providers at 100% of Scheme Rate. Contracted Providers at 100% of Contracted Rate.	Non-contracted Providers at 100% of Scheme Rate. Contracted Providers at 100% of Contracted Rate (Up to 220% of Scheme Rate)	Non-contracted Providers at 100% of Scheme Rate. Contracted Providers at 100% of Contracted Rate.	Non-contracted Providers at 100% of Scheme Rate. Contracted Providers at 100% of Contracted Rate.	Non-contracted Providers at 100% of Scheme Rate. Contracted Providers at 100% of Contracted Rate.
Provincial Hospitals Diagnosis and treatment in respect of the Prescribed Minimum Benefits (PMB's) package (as per Government Regulations)	Unlimited. Subject to Scheme Protocols.	Unlimited. Subject to Scheme Protocols.	Unlimited. Subject to Scheme Protocols.	Unlimited. Subject to Scheme Protocols.	Unlimited. Subject to Scheme Protocols.

Notes:

- Pre-authorisation must be obtained in advance for all non-emergency hospital admissions. In the case of true emergency (requiring immediate treatment) admissions, pre-authorisation must be obtained within 48 hours or on the first working day after admission.
- Pre-authorisation should ideally be obtained 14 days prior to an elective admission to allow time for any outstanding information to be submitted for review.
- All authorisations subject to Scheme Rules, Protocols and Policies.
- Laparoscopic and similar endoscopic procedures are excluded from benefits, unless pre-authorised under Scheme Protocols. Laparoscopic co-payment is applicable on admission to hospital.
- Late authorisations will incur a 20% co-payment.

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<p>Unlimited, only at DSP network hospitals. Non-DSP co-payment 30% (minimum R7 000). Procedure co-payments may also be applicable. Subject to Scheme Protocols and option-specific exclusion list.</p>	<p>Unlimited. Procedure co-payments may also be applicable. Subject to Scheme Protocols, hospital procedure list and option-specific exclusion list.</p>	<p>Unlimited, only at DSP network hospitals. Non-DSP co-payment 30% (minimum R7 000). Procedure co-payments may also be applicable. Subject to Scheme Protocols, hospital procedure list and option-specific exclusion list.</p>	<p>Unlimited, only at DSP network hospitals. Non-DSP co-payment 30% (minimum R7 000). Procedure co-payments may also be applicable. Subject to Scheme Protocols, hospital procedure list and option-specific exclusion list.</p>
<p>100% of Contracted Rate.</p>	<p>100% of Contracted Rate.</p>	<p>100% of Contracted Rate.</p>	<p>100% of Contracted Rate.</p>
<p>100% of Scheme Rate</p>	<p>100% of Scheme Rate</p>	<p>100% of Scheme Rate. Non-PMB Limit: R2 641</p>	<p>100% of Scheme Rate</p>
<p>Subject to hospital formulary</p>	<p>Subject to hospital formulary</p>	<p>Subject to hospital formulary</p>	<p>Subject to hospital formulary</p>
<p>Maximum of 7 days' supply</p>	<p>Maximum of 7 days' supply</p>	<p>Maximum of 7 days' supply</p>	<p>Maximum of 7 days' supply</p>
<p>Non-contracted Providers at 100% of Scheme Rate. Contracted Providers at 100% of Contracted Rate.</p>	<p>Non-contracted Providers at 100% of Scheme Rate. Contracted Providers at 100% of Contracted Rate.</p>	<p>Non-contracted Providers at 100% of Scheme Rate. DSP Providers at 100% of Contracted Rate.</p>	<p>Non-contracted Providers at 100% of Scheme Rate. DSP Providers at 100% of Contracted Rate.</p>
<p>Non-contracted Providers at 100% of Scheme Rate. Contracted Providers at 100% of Contracted Rate.</p>	<p>Non-contracted Providers at 100% of Scheme Rate. Contracted Providers at 100% of Contracted Rate.</p>	<p>Non-contracted Providers at 100% of Scheme Rate. Contracted Providers at 100% of Contracted Rate.</p>	<p>Non-contracted Providers at 100% of Scheme Rate. DSP Providers at 100% of Contracted Rate.</p>
<p>Unlimited. Subject to Scheme Protocols.</p>	<p>Unlimited. Subject to Scheme Protocols.</p>	<p>Unlimited. Subject to Scheme Protocols.</p>	<p>Unlimited. Subject to Scheme Protocols.</p>

Casualty / Emergency Visits					
Clinician and Facility Fees only. (Clinician paid at 100% Scheme Rate) Subject to PMB's	Emergency Room visit – Trauma & PMB: Unlimited– verification of pre-authorization within 72 hours of the event	Emergency Room visit – Trauma & PMB: Unlimited. Verification of pre-authorization within 72 hours of the event. Non-PMB's limited to R1 879 for emergency visits per family per annum.	Emergency Room visit – Trauma & PMB: Unlimited. Verification of pre-authorization within 72 hours of the event.	Emergency Room visit – Trauma & PMB: Unlimited. Verification of pre-authorization within 72 hours of the event.	Emergency Room visit – Trauma & PMB: Unlimited. Verification of pre-authorization within 72 hours of the event. Non-PMB Subject to MSA
Maternity					
Confinements					
• Normal Delivery (including home birth)	Length of stay: 3 days & 2 nights.	Length of stay: 3 days & 2 nights.	Length of stay: 3 days & 2 nights.	Length of stay: 3 days & 2 nights.	Length of stay: 3 days & 2 nights.
• Caesarean Section - clinically indicated only	Length of stay: 4 days & 3 nights.	Length of stay: 4 days & 3 nights.	Length of stay: 4 days & 3 nights.	Length of stay: 4 days & 3 nights.	Length of stay: 4 days & 3 nights.
• Elective Caesarean Section	Limit of R11 740 if not authorised	Included.	Included.	Limit of R11 740 if not authorised	Limit of R11 740 if not authorised
• Neonatal Intensive Care	Subject to Scheme Protocols.	Subject to Scheme Protocols.	Subject to Scheme Protocols.	Subject to Scheme Protocols.	Subject to Scheme Protocols.
Antenatal Care					
• Maternity Programme (Registration required)	Included.	Included.	Included.	Included.	Included.
• Maternity over-the-counter products at a Preferred Provider	Subject to MSA	R1 082 as per Maternity Programme	R959 as per Maternity Programme	Subject to MSA	R357 as per Maternity Programme
• Consultations (Midwife, GP, or Specialist)	Subject to MSA and PMB's.	Included – any Provider.	Subject to MSA and ATB - any Provider	Subject to MSA - any Provider	Subject to MSA and PMB's.
• Maternity Scans	3x 2D Scans.	2x 2D Scans.	2x 2D Scans.	4x 2D Scans.	2x 2D Scans.
• Antenatal Classes	R570	No Benefit	Subject to MSA and ATB	Subject to MSA	Subject to MSA
Other					
• Psychiatric Disorders	Limited to Network Providers and subject to PMB and Scheme Protocols. Non-PMB limited to R33 969 per family per annum	Limited to Network Providers and subject to PMB and Scheme Protocols. Non-PMB limited to R34 326 per family per annum	Limited to Network Providers and subject to PMB and Scheme Protocols. Non-PMB limited to R22 124 per family per annum	Limited to Network Providers and subject to PMB and Scheme Protocols. Non-PMB limited to R20 990 per family per annum	Limited to Network Providers and subject to PMB's and Scheme Protocols.
• Cochlear implants and all related thereto (once per lifetime per beneficiary.)	No Benefit	R147 515 per family per annum	R88 488 per family per annum	No Benefit	No Benefit
• Organ Transplants	Unlimited, subject to PMB's and Scheme Protocols.	Unlimited, subject to PMB's and Scheme Protocols.	Unlimited, subject to PMB's and Scheme Protocols.	Unlimited, subject to PMB's and Scheme Protocols.	Limited to PMB 's only
Internal Prostheses	Unlimited per family per annum. Subject to Prosthesis sub-Limits & Scheme Protocols. Non-PMB overall annual limit: R81 520 per family per annum	Unlimited per family per annum. Subject to Prosthesis sub-limits & Scheme Protocols. Non-PMB overall annual limit: R76 425 per family per annum	Unlimited per family per annum. Subject to Prosthesis sub-limits & Scheme Protocols. Non-PMB overall annual limit: R70 244 per family per annum	Unlimited per family per annum. Subject to Prosthesis sub-limits & Scheme Protocols. Non-PMB overall annual limit: R134 172 per family per annum	Unlimited per family per annum. Subject to Prosthesis sub-limits & Scheme Protocols. Non-PMB overall annual limit: R25 475 per family per annum. 25% Co-payment and sub-limit for non-PMB Spinal Surgery and Joint Replacements apply
Trauma Counselling (Assault, Rape, Hijacking and Armed Robbery)	Subject to PMB's	3 Psychologist visits per beneficiary per annum. Subject to Scheme Protocols & R790 per visit	Subject to PMB's	Subject to PMB's	Subject to PMB's

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Emergency Room visit – Trauma & PMB: Unlimited. Verification of pre-authorisation within 72 hours of the event. Non-PMB 's limited to R1 879 for emergency visits per family per annum.	Emergency Room visit – Trauma & PMB: Unlimited. Verification of pre-authorisation within 72 hours of the event.	Emergency Room visit – Trauma & PMB: Unlimited. Verification of pre-authorisation within 72 hours of the event.	Emergency Room visit – Trauma & PMB: Unlimited. Verification of pre-authorisation within 72 hours of the event.
Length of stay: 3 days & 2 nights.	Length of stay: 3 days & 2 nights.	Length of stay: 3 days & 2 nights.	Length of stay: 3 days & 2 nights.
Length of stay: 4 days & 3 nights.	Length of stay: 4 days & 3 nights.	Length of stay: 4 days & 3 nights.	Length of stay: 4 days & 3 nights.
Limit of R11 740 if not authorised	Limit of R11 740 if not authorised	Limit of R11 740 if not authorised	Limit of R11 740 if not authorised
Subject to Scheme Protocols.	Subject to Scheme Protocols.	Subject to Scheme Protocols.	Subject to Scheme Protocols.
Included.	Included.	Included.	Included.
R708 as per Maternity Programme	No Benefit	No Benefit	No Benefit
3x Specialist consultations included	Subject to Scheme Protocols and PMB's	2x GP or Gynaecologist consultations	GP's or Midwives only. Specialists require authorisation
2x 2D Scans & 1x 3D Scan	2x 2D Scans	2x 2D Scans	2x 2D Scans
No Benefit	No Benefit	R559	No Benefit
Limited to Network Providers and subject to PMB's and Scheme Protocols.	Limited to Network Providers and subject to PMB's and Scheme Protocols.	Limited to Network Providers and subject to PMB's and Scheme Protocols.	Limited to Network Providers and subject to PMB's and Scheme Protocols.
No Benefit	No Benefit	No Benefit	No Benefit
R132 733 per family per annum. Subject to PMB and Scheme Protocols	Limited to PMB's	Limited to PMB's	Limited to PMB's
Unlimited per family per annum. Subject to Prosthesis sub-limits & Scheme Protocols. Non-PMB overall annual limit: R63 214 per family per annum. 25% Co-payment and Sub-limit for Non-PMB Spinal Surgery and Joint Replacements will apply.	Unlimited per family per annum. Subject to Prosthesis sub-limits & Scheme Protocols. Non-PMB overall annual limit: R42 136 per family per annum.	Subject to Scheme Protocols and PMB's	Unlimited per family per annum. Subject to Prosthesis sub-limits & Scheme Protocols. Non-PMB overall annual limit: R42 136 per family per annum.
Subject to PMB's	Subject to PMB's	Subject to PMB's	Subject to PMB's

OTHER INSURED BENEFITS	COBALT	ULTIMATE	MILLENNIUM	OPTIMUM	PROSPER
External medical appliances. Includes the following if prescribed by a registered Healthcare practitioner and obtained from a supplier registered with the Board of Healthcare Funders (BHF):	Subject to BenefitBooster	R17 671 per family per annum. Scheme Protocols and appliance sub-limits apply.	R13 273 per family per annum. Scheme Protocols and appliance sub-limits apply.	Subject to MSA	R4 595 per family per annum. Scheme Protocols and appliance sub-limits apply.
Artificial Eyes		R17 671	R13 273	R4 595	
Artificial Larynx		R17 671	R13 273	R4 595	
Artificial Limbs		R17 671	R13 273	R4 595	
Back Supports		R5 284	R1 017	R4 595	
CPAP Machine at DSP only		R12 028	R10 175	R4 595	
Crutches		R867	R867	R867	
Disposable Bladder and Intestinal Excretion Bags		R17 671	R13 273	R4 595	
Elastic Stockings (for control of varicose veins)		R867	R867	R867	
External Breast Prosthesis after Mastectomy		R1 753	R1 753	R1 214	
Glucometers		R1 522	R1 182	R867	
Hearing Aids		R17 671	R13 273	R4 595	
Home Oxygen only at DSP		R17 671	R13 273	R4 595	
Leg, Arm and Neck Supports		R1 214	R1 110	R867	
Nebulisers		R1 457	R1 110	R867	
Orthopaedic Footwear		R1 392	R1 131	R867	
Sleep Apnoea Monitors (infants < 1 year and only at Pharmacy)	R17 671	R13 273	R4 595		
Wheelchairs	R8 849	R7 372	R4 595		
Oncology Oncologist Chemotherapy Radiotherapy Oncology – related blood tests	Unlimited. Subject to ICON Network and Enhanced protocols. Pre-authorisation required. 40% Non-DSP co-payment. Biological and Targeted Therapies Included in ICON Enhanced protocols.	Unlimited. Subject to ICON Network and Enhanced protocols. Pre-authorisation required. 40% Non-DSP co-payment.	Unlimited. Subject to ICON Network and Core protocols. Pre-authorisation required. 40% Non-DSP co-payment.	Unlimited. Subject to ICON Network and Core protocols. Pre-authorisation required. 40% Non-DSP co-payment. Biological and Targeted Therapies included in ICON Core protocols	Unlimited. Non-PMB limited to R308 529 per family per annum. Subject to ICON Network and Essential protocols. Pre-authorisation required. 40% Non-DSP co-payment
HIV / AIDS Primary Care including Voluntary Counselling, Testing and Treatment.	HIV Management Programme.	HIV Management Programme	HIV Management Programme	HIV Management Programme	HIV Management Programme.
Hospitalisation if member is on the HIV Management Programme (registration required)	Hospitalisation at Network Provider hospitals. Subject to Scheme Protocols and PMB's.	Hospitalisation at Network Provider hospitals. Subject to Scheme Protocols and PMB's.	Hospitalisation at Network Provider hospitals. Subject to Scheme Protocols and PMB's.	Hospitalisation at Network Provider hospitals. Subject to Scheme Protocols and PMB's.	Hospitalisation at Network Provider hospitals. Subject to Scheme Protocols and PMB's
Hospitalisation if member is not on the HIV Management Programme, subject to Reg 8 (3)	Limited to Provincial Facility.	Limited to Provincial Facility.	Limited to Provincial Facility.	Limited to Provincial Facility.	Limited to Provincial Facility.

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R4 595 per family per annum. Scheme Protocols and appliance sub-limits apply.	R4 334 per family per annum. Scheme Protocols and appliance sub-limits apply.	PMB's only	R2 249 per family per annum. Scheme Protocols and appliance sub-limits apply.
R4 595	R4 334		R2 249
R4 595	R4 334		R2 249
R4 595	R4 334		R2 249
R4 595	R4 334		R2 249
R4 595	R4 334		R2 249
R867	R867		R867
R4 595	R4 334		R2 249
R867	R867		R867
R1 214	R1 214		R1 214
R867	R867		R867
R4 595	R4 334		R2 249
R4 595	R4 334		R2 249
R867	R867		R867
R867	R867		R867
R867	R867		R867
R4 595	R4 334		R2 249
R4 595	R4 334		R2 249
Unlimited. Non-PMB limited to R308 529 per family per annum. Subject to ICON Network and Essential protocols. Pre-authorization required. 40% Non-DSP co-payment	Unlimited. Non-PMB limited to R201 348 family per annum. Subject to ICON Network and Essential protocols. Pre-authorization required. 40% Non-DSP co-payment	Subject to ICON Network and Essential protocols. Pre-authorization required. 40% Non-DSP co-payment	Unlimited. Non-PMB limited to R90 459 per beneficiary per annum. Subject to ICON Network and Essential protocols. Pre-authorization required. 40% Non-DSP co-payment
HIV Management Programme	HIV Management Programme	HIV Management Programme.	HIV Management Programme.
Hospitalisation at Network Provider hospitals. Subject to Scheme Protocols and PMB's.	Hospitalisation at Network Provider hospitals. Subject to Scheme Protocols and PMB's.	Hospitalisation at Network Provider hospitals. Subject to Scheme Protocols and PMB's.	Hospitalisation at Network Provider hospitals. Subject to Scheme Protocols and PMB's.
Limited to Provincial Facility.	Limited to Provincial Facility.	Limited to Provincial Facility.	Limited to Provincial Facility.

OTHER INSURED BENEFITS	COBALT	ULTIMATE	MILLENNIUM	OPTIMUM	PROSPER
VCT	Diagnostic tests only. (Adults Elisa children under 18 months) HIV-DNA-PCR & p24 Antigen: Pre-authorisation required if more than 2 per annum	Diagnostic tests only. (Adults Elisa children under 18 months) HIV-DNA-PCR & p24 Antigen: Pre-authorisation required if more than 2 per annum	Diagnostic tests only. (Adults Elisa children under 18 months) HIV-DNA-PCR & p24 Antigen: Pre-authorisation required if more than 2 per annum	Diagnostic tests only. (Adults Elisa children under 18 months) HIV-DNA-PCR & p24 Antigen: Pre-authorisation required if more than 2 per annum	Diagnostic tests only. (Adults Elisa children under 18 months) HIV-DNA-PCR & p24 Antigen: Pre-authorisation required if more than 2 per annum
Hospice, Rehab and Step-down Facility (Subject to pre-authorisation)	Unlimited in lieu of hospitalisation. Subject to pre-authorisation. Non-PMB: R15 989 per family per annum	Unlimited in lieu of hospitalisation. Subject to pre-authorisation. Non-PMB: 21 days per family per annum.	Unlimited in lieu of hospitalisation. Subject to pre-authorisation. Non-PMB: 18 days per family per annum.	Unlimited in lieu of hospitalisation. Subject to pre-authorisation. Non-PMB: R9 615 per family per annum	Unlimited in lieu of hospitalisation. Subject to pre-authorisation.
Home Nursing: Subject to PMB's	Unlimited in lieu of hospitalisation. Subject to pre-authorisation.	Unlimited in lieu of hospitalisation. Subject to pre-authorisation. Non-PMB: 12 days per family per annum.	Unlimited in lieu of hospitalisation. Subject to pre-authorisation. Non-PMB: 10 days per family per annum.	Unlimited in lieu of hospitalisation. Subject to pre-authorisation.	Unlimited in lieu of hospitalisation. Subject to pre-authorisation.
Specialised Radiology: CT, MRI, PET and Nuclear Medicine Scans	MRI & CT Scans - Unlimited PMB & trauma cover. Non-PMB subject to limit of R24 934 and co-payment (see co-payment schedule). Scheme Rules & Protocols apply.	MRI & CT Scans - Unlimited PMB & trauma cover. Non-PMB subject to limit of R22 124 and co-payment (see co-payment schedule). Scheme Rules & Protocols apply.	MRI & CT Scans - Unlimited PMB & trauma cover. Non-PMB subject to limit of R17 697 and co-payment (see co-payment schedule). Scheme Rules & Protocols apply.	MRI & CT Scans - Unlimited PMB & trauma cover. Non-PMB subject to limit of R17 554 and co-payment (see co-payment schedule). Scheme Rules & Protocols apply.	MRI & CT Scans - Unlimited PMB & trauma cover. Non-PMB subject to limit of R21 297 and co-payment (see co-payment schedule). Scheme Rules & Protocols apply.
Video EEG for Epilepsy Surgery	No Benefit.	R17 644 per family per annum.	No Benefit.	No Benefit.	No Benefit.
Dialysis	Unlimited at Network Providers. Subject to Scheme Protocols. Pre-authorisation required.	Unlimited at Network Providers. Subject to Scheme Protocols. Pre-authorisation required.	Unlimited at Network Providers. Subject to Scheme Protocols. Pre-authorisation required.	Unlimited at Network Providers. Subject to Scheme Protocols. Pre-authorisation required.	Unlimited at Network Providers. Subject to Scheme Protocols. Pre-authorisation required.
Emergency Evacuation and Ambulance Services Limited to Netcare	100% of Scheme Rate.	100% of Scheme Rate.	100% of Scheme Rate.	100% of Scheme Rate.	100% of Scheme Rate.

Notes:

- Other Insured Benefits pro-rated for members who join or resign during the year.
- Authorisation must be obtained in advance from the Scheme for all hospitalisation and Other Insured Benefits.
- No benefits shall be granted for: (1) the replacement of existing External Medical Appliance items, without satisfactory proof that the existing item is obsolete, (2) costs of maintenance, spares or accessories.
- Hospice, Rehab and Step-down Facility benefit - includes accommodation and visits by a medical practitioner, except where inclusive global fees are applicable.

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Diagnostic tests only. (Adults Elisa children under 18 months) HIV-DNA-PCR & p24 Antigen: Pre-authorisation required if more than 2 per annum	Diagnostic tests only. (Adults Elisa children under 18 months) HIV-DNA-PCR & p24 Antigen: Pre-authorisation required if more than 2 per annum	Diagnostic tests only. (Adults Elisa children under 18 months) HIV-DNA-PCR & p24 Antigen: Pre-authorisation required if more than 2 per annum	Diagnostic tests only. (Adults Elisa children under 18 months) HIV-DNA-PCR & p24 Antigen: Pre-authorisation required if more than 2 per annum
Unlimited in lieu of hospitalisation. Subject to pre-authorisation. Non-PMB: 12 days per family per annum.	Unlimited in lieu of hospitalisation. Subject to pre-authorisation. Non-PMB: 10 days per family per annum.	Unlimited in lieu of hospitalisation. Subject to pre-authorisation.	Unlimited in lieu of hospitalisation. Subject to pre-authorisation.
Unlimited in lieu of hospitalisation. Subject to pre-authorisation. Non-PMB: 5 days per family per annum.	Unlimited in lieu of hospitalisation. Subject to pre-authorisation.	Unlimited in lieu of hospitalisation. Subject to pre-authorisation.	Unlimited in lieu of hospitalisation. Subject to pre-authorisation.
MRI & CT Scans - Unlimited PMB & trauma cover. Non-PMB subject to limit of R11 133 and co-payment (see co-payment schedule). Scheme Rules & Protocols apply.	MRI & CT Scans - Unlimited PMB & trauma cover. Non-PMB subject to limit of R8 850 and co-payment (see co-payment schedule). Scheme Rules & Protocols apply.	MRI & CT Scans - Unlimited PMB & trauma cover. Non-PMB's subject to co-payment (see co-payment schedule). Scheme Rules & Protocols apply.	MRI & CT Scans - Unlimited PMB & trauma cover. Non-PMB's subject to co-payment (see co-payment schedule). Scheme Rules & Protocols apply.
No Benefit.	No Benefit.	No Benefit.	No Benefit.
Unlimited at Network Providers. Subject to Scheme Protocols. Pre-authorisation required.	Unlimited at Network Providers. Subject to Scheme Protocols. Pre-authorisation required.	Unlimited at Network Providers. Subject to Scheme Protocols. Pre-authorisation required.	Unlimited at Network Providers. Subject to Scheme Protocols. Pre-authorisation required.
100% of Scheme Rate.	100% of Scheme Rate.	100% of Scheme Rate.	100% of Scheme Rate.

CHRONIC MEDICATION BENEFIT	COBALT	ULTIMATE	MILLENNIUM	OPTIMUM	PROSPER
Chronic Diseases: CDL conditions Subject to PMB's and DTP's	Subject to Scheme's Chronic Formulary. Reference and GRP pricing applies.	Subject to Scheme's Chronic Formulary. Reference and GRP pricing applies.	Subject to Scheme's Chronic Formulary. Reference and GRP pricing applies.	Subject to Scheme's Chronic Formulary. Reference and GRP pricing applies.	Subject to Scheme's Chronic Formulary. Reference and GRP pricing applies.
Additional Chronic Conditions - Conditions as per approved list NOTE: Pro-rated for members who join during the year.	Subject to MSA	M: R6 475 M+: R12 933	M: R3 125 M+: R6 387	Subject to MSA	No Benefit
		Benefits subject to stated sub-limits and thereafter to PMB CDL's.	Benefits subject to stated sub-limits and thereafter to PMB CDL's.		

Notes: Chronic Medication

- Should be obtained from a Preferred Provider.
- Is restricted to formularies, clinical entry criteria and disease management protocols where applicable.
- Requires a script from a person legally entitled to prescribe and the relevant ICD-10 diagnosis code.
- Must be registered by the Doctor or Pharmacy on 0861 111 778
- Reference pricing and GRP may apply.

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Subject to Scheme's Chronic Formulary. Reference and GRP pricing applies.	Available from DSP 40% Non-DSP Co-payment. Subject to Scheme's Chronic Formulary. Reference and GRP pricing applies.	Available from DSP 40% Non-DSP co-payment. Subject to Scheme's Chronic Formulary. Reference and GRP pricing applies.	Available from DSP 40% Non-DSP co-payment. Subject to registration by a Network Provider. Subject to Foundation Chronic Formulary. Reference and GRP pricing applies.
Subject to Additional Medicine Benefit & sub-limit for ADHD	No Benefit	No Benefit	No Benefit

OUT-OF-HOSPITAL SERVICES	COBALT	ULTIMATE	MILLENNIUM	OPTIMUM	PROSPER	
Day-to-Day Limits	Subject to MSA	Member: R16 764 Adult Dependent: R12 572 Child Dependent: R1 753	Subject to MSA and ATB	Subject to MSA	Subject to MSA	
General Practitioners Providers covered at 100% of Scheme Rate.	Subject to MSA	Unlimited.	Subject to MSA and ATB	Subject to MSA	Subject to MSA	
If Primary Care Network (PCN) Providers are used, the following benefits will apply: Primary Care Network (PCN) consists of General Practitioner, Psychologist and Physiotherapist. DSP Network is option-specific as indicated. OR						M: 6 visits per annum. M+1: 10 visits per annum M+2+: 13 visits per annum
If Primary Care Network (PCN) Providers are not used, the following benefits will apply:						OR
Non - Primary Care Network Benefit						M: 4 visits per annum. M+1: 7 visits per annum M+2+: 9 visits per annum
CDL PMB Consultations	CDL PMB consultations covered separately. Subject to Disease Management Protocols and pre-authorisation.	CDL PMB consultations covered separately. Subject to Disease Management Protocols and pre-authorisation.	CDL PMB consultations covered separately. Subject to Disease Management Protocols and pre-authorisation.	CDL PMB consultations covered separately. Subject to Disease Management Protocols and pre-authorisation.	CDL PMB consultations covered separately. Subject to Disease Management Protocols and pre-authorisation.	
Specialists <ul style="list-style-type: none"> • Consultations (Out-of-network consultations may incur a co-payment) • Room Procedures (requires pre-authorisation, limited to Scheme Protocols) 	Subject to MSA	M: 4 visits per annum. M+1: 5 visits per annum. M+2+: 6 visits per annum.	Subject to MSA and ATB	Non-contracted Providers at 100% of Scheme Rate. Contracted Providers at 100% of Contracted Rate (Up to 150% of Scheme Rate)	Subject to MSA	
	Non-contracted Providers at 100% of Scheme Rate. Contracted Providers at 100% of Contracted Rate.	Non-contracted Providers at 100% of Scheme Rate. Contracted Providers at 100% of Contracted Rate (Up to 220% of Scheme Rate)	Non-contracted Providers at 100% of Scheme Rate. Contracted Providers at 100% of Contracted Rate (Up to 220% of Scheme Rate)	Non-contracted Providers at 100% of Scheme Rate. Contracted Providers at 100% of Contracted Rate.	Non-contracted Providers at 100% of Scheme Rate. Contracted Providers at 100% of Contracted Rate.	
Dentistry						
Conservative Dentistry Limits	Subject to Scheme Protocols and MSA	Covered as stated below. Subject to Scheme Protocols.	Subject to Scheme Protocols, MSA, ATB and sub-limits of: M: R7 374 M+1: R10 174 M+2+: R12 093	Subject to Scheme Protocols and MSA	Subject to Scheme Protocols and annual limits of: M: R3 517 M+: R5 653	

FLEX



ASPIRE



RISE



FOUNDATION



As specified.	As specified.	No Benefits. Subject to PMB's	As specified.
M: 6 visits per annum. M+1: 10 visits per annum M+2+: 13 visits per annum	Limited to 3 visits per family per annum. Subject to co-payment of R75 per visit.	No Benefits. Subject to PMB's.	Unlimited. Pre-authorisation required after 5th visit.
OR	OR		
M: 4 visits per annum. M+1: 7 visits per annum M+2+: 9 visits per annum	Limited to 2 visits per family per annum. Subject to co-payment of R150 per visit.	No Benefits. Subject to PMB's.	Benefits only at DSP Network Providers (General Practitioner and Clinic)
CDL PMB consultations covered separately. Subject to Disease Management Protocols and pre-authorisation.	CDL PMB consultations only at DSP Providers covered separately. Subject to Disease Management Protocols and pre-authorisation.	CDL PMB consultations only at DSP Providers covered separately. Subject to Disease Management Protocols and pre-authorisation.	CDL PMB consultations only at DSP Providers covered separately. Subject to Disease Management Protocols and pre-authorisation.
M: 2 visits per annum. M+1: 3 visits per annum. M+2+: 3 visits per annum.	Limited to PMB at Network Providers. Subject to pre-authorisation.	Limited to PMB at Network Providers. Subject to pre-authorisation.	Subject to PMB and referral by GP Provider. Subject to pre-authorisation and limited to Specialist Network Providers
Non-contracted Providers at 100% of Scheme Rate. Contracted Providers at 100% of Contracted Rate.	No Benefits. Subject to PMB's.	No Benefits. Subject to PMB's.	No Benefits. Subject to PMB's.
Subject to Scheme Protocols and annual limits of: M: R3 894 M+: R6 262	No Benefit.	No Benefit.	Subject to Scheme Protocols, Network Providers and annual limits of: M: R2 249 M+ R3 747

OUT-OF-HOSPITAL SERVICES

COBALT



ULTIMATE



MILLENNIUM



OPTIMUM



PROSPER



Consultations	Subject to Scheme Protocols and MSA	2 Annual check-ups per beneficiary per annum. 2 Emergency consultations per beneficiary per annum. Covered at 100% Scheme Rate.	2 Annual check-ups per beneficiary per annum. 2 Emergency consultations per beneficiary per annum. Covered at 100% Scheme Rate.	Subject to Scheme Protocols and MSA.	2 Annual check-ups per beneficiary per annum 2 Emergency consultations per beneficiary per annum Covered at 100% Scheme Rate
X-Rays Intra-Oral Extra-Oral	Subject to Scheme Protocols and MSA	Intra-Oral: 8 per beneficiary per annum. Extra-Oral: 1 per beneficiary per annum.	Intra-Oral: 8 per beneficiary per annum. Extra-Oral: 1 per beneficiary per annum.	Subject to Scheme Protocols and MSA.	Intra-Oral: 8 per beneficiary per annum. Extra-Oral: 1 per beneficiary per annum.
Fillings	Subject to Scheme Protocols and MSA	A treatment plan and x-rays will be requested for treatment plans of more than 5 fillings. Benefits for fillings are available where such fillings are clinically indicated and will be granted once per tooth in a 1 year benefit cycle. There are no benefits for Amalgam (silver) fillings to be replaced with composite fillings (white filling material).Covered at 100% of Scheme Rate.	A treatment plan and x-rays will be requested for treatment plans of more than 5 fillings. Benefits for fillings are available where such fillings are clinically indicated and will be granted once per tooth in a 1 year benefit cycle. There are no benefits for Amalgam (silver) fillings to be replaced with composite fillings (white filling material).Covered at 100% of Scheme Rate.	Subject to Scheme Protocols and MSA.	A treatment plan and x-rays will be requested for treatment plans of more than 5 fillings. Benefits for fillings are available where such fillings are clinically indicated and will be granted once per tooth in a 1 year benefit cycle. There are no benefits for Amalgam (silver) fillings to be replaced with composite fillings (white filling material).Covered at 100% of Scheme Rate.
Oral Hygiene	Subject to Scheme Protocols and MSA	2 Annual scale and polish treatments per beneficiary. No benefits for oral hygiene instructions. No benefit for adult fluoride	2 Annual scale and polish treatments per beneficiary. No benefits for oral hygiene instructions. No benefit for adult fluoride	Subject to Scheme protocols and MSA	2 Annual scale and polish treatments per beneficiary. No benefits for oral hygiene instructions. No benefit for adult fluoride
Preventative	Subject to Scheme Protocols and MSA	Fissure sealants programme. Benefit for 1 fissure sealant per molar tooth in a 3 year cycle. Limited to individuals younger than 16 years of age.	Fissure sealants programme. Benefit for 1 fissure sealant per molar tooth in a 3 year cycle. Limited to individuals younger than 16 years of age.	Subject to Scheme protocols and MSA	Fissure sealants programme. Benefit for 1 fissure sealant per molar tooth in a 3 year cycle. Limited to individuals younger than 16 years of age.
Extractions	Subject to Scheme Protocols and MSA	Covered at 100% of Scheme Rate.	Covered at 100% of Scheme Rate.	Subject to Scheme protocols and MSA	Covered at 100% of Scheme Rate.
Root Canal Therapy	Subject to Scheme Protocols and MSA	Covered at 100% of Scheme Rate.	Covered at 100% of Scheme Rate.	Subject to Scheme protocols and MSA	Covered at 100% of Scheme Rate.

FLEX



ASPIRE



RISE



FOUNDATION



<p>2 Annual check-ups per beneficiary per annum</p> <p>2 Emergency consultations per beneficiary per annum</p> <p>Covered at 100% Scheme Rate</p>	No Benefit.	No Benefit.	<p>2 Annual check-ups per beneficiary per annum.</p> <p>2 Emergency consultations per beneficiary per annum.</p> <p>Covered at 100% Scheme Rate.</p>
<p>Intra-Oral: 8 per beneficiary per annum.</p> <p>Extra-Oral: 1 per beneficiary per annum.</p>	No Benefit.	No Benefit.	<p>Intra-Oral: 8 per beneficiary per annum.</p> <p>Extra-Oral: 1 per beneficiary per annum.</p>
<p>A treatment plan and x-rays will be requested for treatment plans of more than 5 fillings. Benefits for fillings are available where such fillings are clinically indicated and will be granted once per tooth in a 1 year benefit cycle. There are no benefits for Amalgam (silver) fillings to be replaced with composite fillings (white filling material).Covered at 100% of Scheme Rate.</p>	No Benefit.	No Benefit.	<p>Subject to Scheme Protocols. A treatment plan and x-rays will be requested for treatment plans of more than 5 fillings. Benefits for fillings are available where such fillings are clinically indicated and will be granted once per tooth in a 1 year benefit cycle. There are no benefits for Amalgam (silver) fillings to be replaced with composite fillings (white filling material).Covered at 100% of Scheme Rate</p>
<p>2 Annual scale and polish treatments per beneficiary.</p> <p>No benefits for oral hygiene instructions.</p> <p>No benefit for adult fluoride</p>	No Benefit.	No Benefit.	<p>1 Annual scale and polish treatment per beneficiary.</p> <p>No benefit for oral hygiene instructions.</p> <p>No benefit for adult fluoride</p>
<p>Fissure sealants programme.</p> <p>Benefit for 1 fissure sealant per molar tooth in a 3 year cycle. Limited to individuals younger than 16 years of age.</p>	No Benefit.	No Benefit.	<p>Subject to Scheme Protocols and Network Providers.</p> <p>1 Fluoride treatment per beneficiary younger than 12 years of age.</p>
<p>Covered at 100% of Scheme Rate.</p>	No Benefit.	No Benefit.	<p>More than 4 requires pre-authorisation.</p> <p>Covered at 100% of Scheme Rate.</p>
<p>Covered at 100% of Scheme Rate.</p>	No Benefit.	No Benefit.	<p>Emergency root canal only. Covered at 100% of Scheme Rate</p>

<p>Advanced Dentistry</p> <p>Sub-limits: NOTE: Pre-authorisation required</p>	<p>Subject to BenefitBooster & sub-limits of: Subject to Benefit Booster and sub-limits of: M: R10 398 M+1: R12 635 M+2: R14 312 M+3: R17 442 M+4+: R19 567 Limit of R4 305 per Implant applies</p>	<p>R15 756 per family per annum</p>	<p>Subject to Scheme Protocols, MSA, ATB and sub-limits of: M: R6 958 M+1: R9 599 M+2+: R11 410</p>	<p>Subject to BenefitBooster and sub-limits of: M: R5 869 M+1: R7 380 M+2: R8 778 M+3: R10 343 M+4+: R11 852 Limit of R4 305 per Implant</p>	<p>Subject to MSA</p>
<p>Plastic Dentures</p>		<p>1 set of (Partial or Full) plastic dentures (Upper and Lower) per beneficiary. Benefit for plastic dentures granted only once in a 4 year cycle.</p>	<p>1 set of (Partial or Full) plastic dentures (Upper and Lower) per beneficiary. Benefit for plastic dentures granted only once in a 4 year cycle.</p>		
<ul style="list-style-type: none"> • Crowns 		<p>Included.</p>	<p>Included.</p>		
<ul style="list-style-type: none"> • Bridges 		<p>Included.</p>	<p>Included.</p>		
<ul style="list-style-type: none"> • Implants 		<p>Included.</p>	<p>No Benefit.</p>		
<ul style="list-style-type: none"> • Partial Metal dentures 		<p>Included.</p>	<p>1 per jaw per beneficiary every 5 years</p>		
<p>Orthodontics (fixed braces)</p>	<p>1 per lifetime, for beneficiaries under the age of 18 years. Benefits on pre-authorisation will be applied to cases assessed as treatment mandatory, as per orthodontic indices. Limited to individuals younger than 18 years of age. Orthognathic surgery is not covered.</p>	<p>Benefits on pre-authorisation will be applied to cases assessed as treatment mandatory, as per orthodontic indices. Limited to individuals younger than 38 years of age. Orthognathic surgery is not covered.</p>	<p>Subject to MSA 1 per lifetime, for beneficiaries under the age of 18 years. Benefits on pre-authorisation will be applied to cases assessed as treatment mandatory, as per orthodontic indices. Limited to individuals younger than 18 years of age. Orthognathic surgery is not covered.</p>	<p>1 per lifetime, for beneficiaries under the age of 18 years. Benefits on pre-authorisation will be applied to cases assessed as treatment mandatory, as per orthodontic indices. Limited to individuals younger than 18 years of age. Orthognathic surgery is not covered.</p>	<p>1 per lifetime, for beneficiaries under the age of 18 years. Benefits on pre-authorisation will be applied to cases assessed as treatment mandatory, as per orthodontic indices. Limited to individuals younger than 18 years of age. Orthognathic surgery is not covered.</p>
<p>Dental Surgery, Hospitalisation and Associated Costs</p>	<p>Only for impacted wisdom teeth and extensive dental / multiple procedures in children under 5 years of age. Multiple hospital admissions are not covered. Co-payment of R3 762 will apply to all in-hospital dental admissions. Scheme Protocols apply.</p>	<p>Only for impacted wisdom teeth and extensive dental / multiple procedures in children under 5 years of age. Multiple hospital admissions are not covered. Co-payment of R3 762 will apply to all in-hospital dental admissions. Scheme Protocols apply.</p>	<p>Only for impacted wisdom teeth and extensive dental / multiple procedures in children under 5 years of age. Multiple hospital admissions are not covered. Co-payment of R3 762 will apply to all in-hospital dental admissions. Scheme Protocols apply.</p>	<p>Only for impacted wisdom teeth and extensive dental / multiple procedures in children under 5 years of age. Multiple hospital admissions are not covered. Co-payment of R3 762 will apply to all in-hospital dental admissions. Scheme Protocols apply.</p>	<p>Only for impacted wisdom teeth and extensive dental / multiple procedures in children under 5 years of age. Multiple hospital admissions are not covered. Co-payment of R3 762 will apply to all in-hospital dental admissions. Scheme Protocols apply.</p>

FLEX



ASPIRE








RISE



FOUNDATION



R6 264 per family per annum	No benefit	No benefit	As stated below.
1 set of (Partial or Full) plastic dentures (Upper and Lower) per beneficiary. Benefit for plastic dentures granted only once in a 4 year cycle.	No benefit	No benefit	Subject to Scheme Protocols and Network Providers.1 Full set of plastic dentures (Upper and Lower) per beneficiary. Benefit for plastic dentures granted only once in a 4 year cycle.
Included	No Benefit	No Benefit	No Benefit
Included	No benefit	No benefit	No benefit
No Benefit	No benefit	No benefit	No benefit
No Benefit	No benefit	No benefit	No benefit
No Benefit	No benefit	No benefit	No benefit
No Benefit	No Benefit	No Benefit	No Benefit
Only for impacted wisdom teeth and extensive dental / multiple procedures in children under 5 years of age. Multiple hospital admissions are not covered. Co-payment of R3 762 will apply to all in-hospital dental admissions. Scheme Protocols apply.	Limited to R5 161 for impacted wisdom teeth includes Hospital and Anaesthetist. Dental surgeon not covered. Multiple hospital admissions are not covered. Co-payment of R3 762 will apply to all in-hospital dental admissions. Scheme Protocols apply.	Limited to R3 500 for impacted wisdom teeth includes Hospital and Anaesthetist. Dental surgeon not covered. Multiple hospital admissions are not covered. Co-payment of R3 762 will apply to all in-hospital dental admissions. Scheme Protocols apply.	Subject to PMB's only. Pre-authorisation is required and Scheme Protocols apply. Multiple hospital admissions are not covered.

OUT-OF-HOSPITAL SERVICES	COBALT 	ULTIMATE 	MILLENNIUM 	OPTIMUM 	PROSPER 
Dental Anaesthetics in Rooms (Laughing Gas and IV sedation)	Subject to MSA. Covered at 100% of Scheme Rate. Clinical Protocols apply	Subject to Conservative Dentistry Benefits. Covered at 100% of Scheme Rate. Clinical Protocols apply	Subject to MSA. Covered at 100% of Scheme Rate. Clinical Protocols apply	Subject to Conservative Dentistry Benefits. Covered at 100% of Scheme Rate. Clinical Protocols apply	Subject to MSA. Covered at 100% of Scheme Rate. Clinical Protocols apply
Optometry Limited to Network Provider and 24-month benefit cycle. Consultations / Examinations	Subject to BenefitBooster	1 consultation per beneficiary.	Subject to MSA, ATB and sub-limit of R3 374 per beneficiary.	Subject to MSA per beneficiary.	1 consultation per beneficiary.
Spectacles		1 pair of single vision spectacles inclusive of a frame and consultation per beneficiary limited to R2 690 Or 1 pair of flat top bifocal spectacles inclusive of a frame and consultation per beneficiary, limited to R3 245 Or 1 pair of multifocal spectacles inclusive of a frame and consultation per beneficiary limited to R4 068		Sub-limit R2 838 Frame sub-limit R1 328	1 pair of single vision spectacles inclusive of a frame and consultation per beneficiary limited to R1 379 Or 1 pair of flat top bifocal spectacles inclusive of a frame and consultation per beneficiary, limited to R2 102 Or 1 pair of multifocal spectacles inclusive of a frame and consultation per beneficiary limited to R2 557
Contact Lenses		Or Limited to R3 031 per beneficiary.		Or Limited to R1 379 per beneficiary.	

Notes:

- Non-emergency dental treatment performed in a hospital operating theatre or day clinic under general anaesthetic shall be subject to prior pre-authorisation by the Scheme in order to qualify for benefits including theatre fees, anaesthetist fees, ward fees and associated costs, but excluding the Dental Practitioner and procedure costs that shall be subject to the Conservative or Advanced Dentistry limits.
- Out of Hospital Benefits are subject to the Formularies and Case / Disease Management Protocols. PMB management also included in overall benefit.
- All specialised dentistry must be pre-authorised on 0861 796 6400. For more details on your dental, optical benefits, and exclusions please visit www.healthsquared.co.za.

FLEX



ASPIRE



RISE



FOUNDATION



<p>Subject to Conservative Dentistry Benefits. Covered at 100% of Scheme Rate. Clinical Protocols apply</p>	<p>No benefit.</p>	<p>No benefit.</p>	<p>Covered at 100% of Scheme Rate. Clinical Protocols apply.</p>
<p>1 consultation per beneficiary.</p>	<p>No Benefit.</p>	<p>No Benefit.</p>	<p>1 consultation per beneficiary</p>
<p>1 pair of single vision spectacles inclusive of a frame and consultation per beneficiary limited to R1 460</p> <p>Or</p> <p>1 pair of flat top bifocal spectacles inclusive of a frame and consultation per beneficiary, limited to R2 225</p> <p>Or</p> <p>1 pair of multifocal spectacles inclusive of a frame and consultation per beneficiary limited to R2 557</p>			<p>1 pair of single vision spectacles inclusive of a frame and consultation per beneficiary limited to R1 258</p> <p>Or</p> <p>1 pair of flat top bifocal spectacles inclusive of a frame and consultation per beneficiary, limited to R1 915</p>
<p>Or</p> <p>Limited to R1 460 per beneficiary.</p>			<p>No Benefit.</p>

PREVENTATIVE CARE

COBALT

ULTIMATE

MILLENNIUM

OPTIMUM

PROSPER

Preventative Care limit: NOTE: Pro-rated for members who join during the year. (Excludes consultation)	Subject to BenefitBooster	R4 403 per family per annum, Scheme Rate applies.	R2 941 per family per annum, Scheme Rate applies.	R2 825 per family per annum, Scheme Rate applies.	R2 999 per family per annum, Scheme Rate applies.
Screening Benefit:	Subject to BenefitBooster sub-limit R2 795 per family at Preferred provider				
Blood Pressure		R139 per beneficiary over the age of 18 years. Only at a pharmacy.	R139 per beneficiary over the age of 18 years. Only at a pharmacy.	Subject to BenefitBooster sub-limit of R1 677 per family at Preferred provider	R139 per beneficiary over the age of 18 years. Only at a pharmacy.
Blood Sugar					
Cholesterol					
Body Mass Index					
Mammogram (Screening)		1 Examination per female beneficiary per annum over the age of 35 years.	1 Examination per female beneficiary per annum over the age of 40 years.		1 Examination per female beneficiary per annum over the age of 40 years.
Pap Smears	1 Test per beneficiary per annum.	1 Test per beneficiary per annum.		1 Test per beneficiary per annum.	
PSA Testing	Subject to MSA	1 Test per beneficiary per annum over the age of 45 years.	1 Test per beneficiary per annum over the age of 45 years.	Subject to MSA	1 Test per beneficiary per annum over the age of 45 years.
HIV Test	1 Test per beneficiary per annum. More than 1 test will require authorisation from Risk benefit	1 Test per beneficiary per annum. More than 1 test will require authorisation from Risk benefit	1 Test per beneficiary per annum. More than 1 test will require authorisation from Risk benefit	1 Test per beneficiary per annum. More than 1 test will require authorisation from Risk benefit	1 Test per beneficiary per annum. More than 1 test will require authorisation from Risk benefit
Vaccinations: Flu	Subject to MSA	1 dose Flu vaccination per beneficiary per annum.	1 dose Flu vaccination per beneficiary per annum.	Subject to MSA	Subject to MSA
Childhood Immunisations		Childhood immunisations as recommended by the Department of Health up to 18 months.	Childhood immunisations as recommended by the Department of Health up to 18 months. Subject to limit of R2 211.		
HPV Vaccine (Cervical Cancer Prevention)		1 course (3 doses per registered schedule) per female beneficiary per life between 9 and 46 years of age.	1 course (3 doses per registered schedule) per female beneficiary per life between 9 and 25 years of age.		
Oral Contraception		R1 776 per female beneficiary per annum - R148 per month.	R1 776 per female beneficiary per annum - R148 per month.		
Clinic Nurse Consultation. Subject to Preferred Provider only	Subject to BenefitBooster: 1 x 30- minute consultation per beneficiary. 2 x 15-minute consultations per beneficiary per annum. 2 x 15-minute consultations per beneficiary per annum 2 consultations per beneficiary per annum 1 consultation per beneficiary per annum	Subject to PDC referral	Subject to PDC referral	Subject to BenefitBooster: 1 x 30-minute consultation per beneficiary. 2x 15-minute consultations per beneficiary per annum. 1 x 15-minute consultation per beneficiary per annum 1 consultation per beneficiary per annum 1 consultation per beneficiary per annum	Subject to PDC referral
Additional 15-min Consult + Flu vaccine					
Mother Antenatal visit					
Mother and Well Baby Consult (incl. admin of Immunisation)					
MediBooster - Subject to Registration and Self Health Assessment at Preferred Provider only	Subject to BenefitBooster sub-limit of R1 917	No Benefit	No Benefit	Subject to BenefitBooster sub-limit of R1 704	No Benefit

FLEX



ASPIRE



RISE



FOUNDATION



R2 999 per family per annum, Scheme Rate applies.	R2 788 per family per annum, Scheme Rate applies.	As specified	As specified
R139 per beneficiary over the age of 18 years. Only at Pharmacy.	No Benefit	No Benefit	Included in the Foundation Network Provider consultation.
1 Examination per female beneficiary per annum over the age of 40 years.	No Benefit	No Benefit	No Benefit
1 Test per beneficiary per annum.	1 Test per beneficiary per annum over the age of 45 years.	1 Test per beneficiary per annum over the age of 45 years.	Test per beneficiary per annum over the age of 45 years.
1 Test per beneficiary per annum over the age of 45 years.	1 Test per beneficiary per annum over the age of 45 years.	1 Test per beneficiary per annum over the age of 45 years.	1 Test per beneficiary per annum over the age of 45 years.
1 Test per beneficiary per annum. More than 1 test will require authorisation from Risk benefit	1 Test per beneficiary per annum. More than 1 test will require authorisation from Risk benefit	1 Test per beneficiary per annum over the age of 45 years.	1 Test per beneficiary per annum. More than 1 test will require authorisation from Risk benefit
1 dose Flu vaccination per beneficiary per annum.	1 dose Flu vaccination per beneficiary per annum.	1 dose Flu vaccination per beneficiary per annum.	At discretion of Foundation Network Provider.
Childhood immunisations as recommended by the Department of Health up to 18 months. Subject to limit of R2 211	Childhood immunisations as recommended by the Department of Health up to 18 months. Subject to limit of R2 097	Childhood immunisations as recommended by the Department of Health up to 18 months. Subject to limit of R2 097	At discretion of Foundation Network Provider.
No Benefit.	No Benefit.	No Benefit.	No Benefit.
R1 776 per female beneficiary per annum - R148 per month.	R1 116 per female beneficiary per annum - R93 per month.	R1 116 per female beneficiary per annum - R93 per month.	Subject to PMB's
Subject to PDC referral	Subject to PDC referral	Subject to PMB's	Subject to PMB's
No Benefit	No Benefit	No Benefit	No Benefit

ADDITIONAL OUT-OF-HOSPITAL
BENEFITS

COBALT

ULTIMATE

MILLENNIUM

OPTIMUM

PROSPER

<p>Annual limits</p> <p>NOTE: Pro-rated for proportional annual membership.</p>	Subject to MSA	<p>M: R8 757 M+1: R15 413 M+2+: R16 740</p>	Subject to MSA	Subject to MSA	Subject to MSA
<p>Alternative Healthcare Services</p> <ul style="list-style-type: none"> • Biokineticists • Chiropodists • Chiropractors • Dieticians • Homeopaths • Naturopaths • Occupational Therapists • Osteopaths • Podiatrists • Social Workers • Acupuncture 	Subject to MSA	<p>Subject to sub-limits: M: R3 829 M+1: R5 676 M+2+: R7 509</p>	Subject to MSA and ATB	Subject to MSA	Subject to MSA
<p>Radiology and Pathology (excluding Specialised Radiology)</p>	Subject to MSA	<p>Subject to sub-limits: M: R3 755 M+1: R4 608 M+2+: R5 567</p>	Subject to MSA and ATB	Subject to MSA	Subject to MSA
<p>Physiotherapy</p>	Subject to MSA	<p>R1 730 per family. 100% of Scheme Rate Subject to annual limit.</p>	Subject to MSA and ATB	Subject to MSA	<p>Included in Primary Care Network (PCN). Outside of Primary Care Network (PCN) subject to MSA</p>
<p>Psychology and Psychiatric Treatment</p>	Subject to BenefitBooster sub-limit of R7 380	<p>R1 878 per family. 100% of Scheme Rate Subject to annual limit.</p>	Subject to MSA and ATB	Subject to BenefitBooster sub-limit of: R6 150	
<p>Speech Therapy and Audiology</p>	Subject to MSA	<p>R1 878 per family. 100% of Scheme Rate Subject to annual limit.</p>	Subject to MSA and ATB	Subject to MSA	Subject to MSA and PMB's

FLEX



ASPIRE



RISE



FOUNDATION



Subject to Annual Flexi Benefit limits. M: R2 675 M+1: R3 394	Subject to PMB's	Subject to PMB's	Subject to PMB's
Limited to Flexi-Benefit.	Subject to PMB's	Subject to PMB's	Subject to PMB's
Limited to Flexi-Benefit.	Subject to PMB's	Subject to PMB's	Subject to PMB's
Included in Primary Care Network (PCN). Outside of Primary Care Network (PCN) subject to Flexi - Benefit	Subject to PMB's	Subject to PMB's	Subject to PMB's
Included in Primary Care Network (PCN). Out of Primary Care Network (PCN): Subject to Flexi Benefit	Subject to PMB's	Subject to PMB's	Subject to PMB's
Limited to Flexi-Benefit.	Subject to PMB's	Subject to PMB's	Subject to PMB's

**ADDITIONAL OUT-OF-HOSPITAL
BENEFITS**

COBALT



ULTIMATE



MILLENNIUM



OPTIMUM



PROSPER



Additional Medication

Subject to relevant plan formulary
Reference and GRP pricing may apply
Benefit protocols apply
Use Preferred Provider Pharmacies.

Subject to MSA and PMB's

M: R8 796
M+1: R15 472
M+2+: R17 644

With a sub-limit on Schedule 0-2
drugs of:

M: R2 652
M+1: R4 568
M+2+: R4 989

Subject to annual limit.

Subject to MSA, ATB and PMB's

Subject to MSA and PMB's

Subject to MSA and PMB's

FLEX



ASPIRE



RISE



FOUNDATION



<p>Limited to:</p> <p>M: R2 652 M+: R3 427</p> <p>With a sub-limit on Schedule 0-2 drugs of:</p> <p>M: R678 M+: R1 025</p>	<p>Subject to PMB's</p>	<p>Subject to PMB's</p>	<p>Limited to Network Providers. Scheme protocols and formularies apply.</p> <p>For Non-Dispensing Providers, script limit of R111 per event applies.</p> <p>Limited to Schedule 0-2 drugs and subject to R50 limit per event.</p>
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Option	CONTRIBUTIONS			ANNUAL SAVINGS		
	Principal Member	Adult Dependent	Child Dependent	Principal Member	Adult Dependent	Child Dependent (per child)
Cobalt	R9 025	R8 738	R3 218	R18 408	R17 820	R6 564
Ultimate	R7 570	R6 898	R1 876	-	-	-
Millennium	R6 535	R5 595	R1 522	R10 968	R9 396	R2 556
Optimum	R5 500	R4 586	R1 522	R9 240	R7 704	R3 156
Prosper	R3 828	R3 563	R1 339	R4 128	R3 840	R1 440
Flex	R3 106	R2 790	R966	-	-	-
Aspire	R2 178	R1 761	R777	-	-	-
Rise	R1 668	R1 509	R570	-	-	-

Option	CONTRIBUTIONS			ANNUAL SAVINGS			THRESHOLD LIMIT			ABOVE THRESHOLD BENEFIT		
	Principal Member	Adult Dependent	Child Dependent	Principal Member	Adult Dependent	Child Dependent (per child max 2)	Principal Member	Adult Dependent	Child Dependent	Principal Member	Adult Dependent	Child Dependent
Millennium*	R6 535	R5 595	R1 522	R10 968	R9 396	R2 556	R17 491	R14 557	R3 849	R6 539	R5 577	R914

FOUNDATION	CONTRIBUTIONS		
Income Category	Principal Member	Adult Dependent	Child Dependent
Foundation (R0 - R2 730)	R1 124	R1 124	R487
Foundation (R2 731 - R8 880)	R1 669	R1 669	R575
Foundation (R8 881 - R15 580)	R2 307	R2 307	R885
Foundation (R15 581 - R18 700)	R2 721	R2 721	R938
Foundation (R18 701+)	R3 473	R3 473	R1 191

BENEFIT BOOSTER LIMITS	COBALT	OPTIMUM
M	R10 398	R7 938
M+1	R12 635	R9 615
M+2	R14 316	R11 069
M+3	R17 442	R12 573
M+4+	R19 567	R14 200



INTERNAL PROSTHESIS LIMITS									
Prosthesis	Foundation PMB Only	Rise PMB Only	Aspire	Flex	Prosper 25 % Co -payment NON PMB	Optimum	Millennium	Ultimate	Cobalt
Overall Option Limit	R 42 136		R 42 136	R 63 214	R 25 475	R 134 172	R 70 244	R 76 425	R 81 520
Knee	<i>R 333 223</i>	<i>R 333 223</i>	<i>R 333 223</i>	R 15 000	Overall Option Limit	R 44 724	R 53 330	R 52 336	R 53 243
Hip	<i>R 333 223</i>	<i>R 333 223</i>	<i>R 333 223</i>				R 46 303	R 46 303	
Shoulder	<i>R 41 350</i>	<i>R 41 350</i>	<i>R 41 350</i>				R 59 171	R 59 171	
Elbow									
Ankle									
External Fixator	R 42 136	R 42 136	R 42 136				R 63 214	R 25 475	
Spinal Fusion									
Cervical 1 level	<i>R 27 684</i>	<i>R 27 684</i>	<i>R 27 684</i>	R 15 285	Overall Option Limit	R 44 724	R 24 413	R 24 413	R 53 243
Cervical 2 levels	<i>R 36 131</i>	<i>R 36 131</i>	<i>R 36 131</i>				R 38 298	R 38 298	
Cervical 3 levels	R 42 136	R 42 136	R 42 136				R 53 317	R 53 317	
Cervical 4 + Levels	R 42 136	R 42 136	R 42 136				R 70 244	R 70 244	
Lumbar/ Dorsal 1 level	<i>R 26 505</i>	<i>R 26 505</i>	<i>R 26 505</i>				R 31 037	R 31 037	
Lumbar/ Dorsal 2 levels	R 42 136	R 42 136	R 42 136				R 47 702	R 47 702	
Lumbar/ Dorsal 3 levels	R 42 136	R 42 136	R 42 136				R 56 325	R 56 325	
Lumbar/ Dorsal 4 + Levels	<i>R 39 012</i>	<i>R 39 012</i>	<i>R 41 350</i>				R 70 244	R 76 425	
Coronary stents									
1 stent	<i>R 26 505</i>	<i>R 26 505</i>	<i>R 26 505</i>	<i>R 26 505</i>	Overall Option Limit	Overall Option Limit	R 26 011	R 26 011	Overall Option Limit
2 stents	R 42 136	R 42 136	R 42 136	R 42 788			R 42 797	R 42 797	
Total	R 42 136	R 42 136	R 42 136	R 62 035			R 68 934	R 68 934	
Hernia Mesh	<i>R 8 752</i>	<i>R 8 752</i>	<i>R 8 752</i>	<i>R 8 752</i>	<i>R 8 752</i>	<i>R 8 752</i>	<i>R 8 752</i>	<i>R 8 752</i>	<i>R 8 752</i>
Intraocular lens (Left)	<i>R 2 630</i>	<i>R 2 630</i>	<i>R 2 630</i>	R 3 517	R 3 517	R 4 073	R 4 073	R 4 073	R 4 073
Intraocular lens (Right)	<i>R 2 630</i>	<i>R 2 630</i>	<i>R 2 630</i>	R 3 517	R 3 517	R 4 073	R 4 073	R 4 073	R 4 073

BOLD /Italic =PMB Only

CO-PAYMENTS ON PROCEDURES	COBALT	ULTIMATE	MILLENNIUM	OPTIMUM	PROSPER
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Arthroscopy	R 4 800	R 4 800	R 4 800	R 4 800	R 4 800
Circumcision, Vasectomy	R 3 762	R 3 762	R 3 762	R 3 762	R 3 762
Colonoscopy in Hospital	R 3 762	R 3 762	R 3 762	R 3 762	R 3 762
Conservative back / spine treatment	R 7 524	R 7 524	R 7 524	R 7 524	R 7 524
Cystoscopy	R 3 612	R 3 612	R 3 612	R 3 612	R 3 612
Dental Admissions	R 3 762	R 3 762	R 3 762	R 3 762	R 3 762
Excision Nail Bed	R 3 612	R 3 612	R 3 612	R 3 612	R 3 612
Endometrial Ablation	R 8 660	R 8 660	R 8 660	R 8 660	R 8 660
Gastroscopy	R 7 524	R 7 524	R 7 524	R 7 524	R 7 524
Hernia Repair	R 7 524	R 7 524	R 7 524	R 7 524	R 7 524
Hysterectomy	R 7 524	R 7 524	R 7 524	R 7 524	R 10 032
Hysteroscopy	R 7 524	R 7 524	R 7 524	R 7 524	R 10 032
Joint Replacements	R 15 048	R 15 048	R 15 048	R 15 048	25%
Laparoscopic Procedures	R 8 660	R 8 660	R 8 660	R 8 660	R 8 660
Myringotomy	R 0	R 0	R 3 134	R 3 134	R 3 134
Nasal Surgery (including Endoscopy)	R 0	R 0	R 7 524	R 7 524	R 7 524
Reflux Surgery	R 0	R 0	R 15 048	R 15 048	R 15 048
Rotator Cuff Surgery	R 6 000	R 6 000	R 6 000	R 15 048	R 15 048
Skin Lesions	R 3 612	R 3 612	R 3 612	R 3 612	R 3 612
Specialised Radiology (MRI, CT,PET Scan) per scan	R 3 612	R 3 612	R 3 612	R 3 612	R 3 612
Spinal Surgery	R 15 048	R 15 048	R 15 048	R 15 048	25%
Tonsillectomy and Adenoidectomy	R 0	R 0	R 0	R 0	R 0
Tympanoplasty	R 0	R 0	R 0	R 0	R 3 612
Urinary Incontinence Repair	R 8 660	R 8 660	R 8 660	R 8 660	R 8 660
Varicose Veins	R 8 660	R 8 660	R 8 660	R 8 660	R 7 524

Subject to Scheme Rules, Policies, and Protocols.

These co-payments are per incident or event.

Please note that the highlighted procedures are subject to PMB only.

Procedure specific co-payments still apply even for PMB's if alternative to endoscopic or laparoscopic surgery is available.

If 2 related co-payments , only the highest rand value will apply

Unrelated procedures both co-payments will apply

FLEX



ASPIRE



RISE



FOUNDATION



R 4 800	R 4 800	R 4 800	R 4 800
R 3 762	R 3 762	R 3 762	R 3 762
R 3 762	R 3 762	R 3 762	R 3 762
R 7 524	No Benefit for NON PMB	No Benefit for NON PMB	No Benefit for NON PMB for NON PMB
R 3 612	R 3 612	R 3 612	R 3 612
R 3 762	R 3 762	R 3 762	R 3 762
R 3 612	R 3 612	R 3 612	R 3 612
R 8 660	R 8 660	R 8 660	R 8 660
R 7 524	R 7 524	R 7 524	R 7 524
R 7 524	R 7 524	R 7 524	R 7 524
R 10 032	R 10 032	R 10 032	R 10 032
R 10 032	R 10 032	R 10 032	R 10 032
25%	No Benefit for NON PMB	No Benefit for NON PMB	No Benefit for NON PMB
R 8 660	R 8 660	R 8 660	R 8 660
R 3 134	R 3 134	R 3 134	R 3 134
R 7 524	R 7 524	R 7 524	R 7 524
R 15 048	R 15 048	R 15 048	R 15 048
R 15 048	R 15 048	R 15 048	R 15 048
R 3 612	R 3 612	R 3 612	R 3 612
R 3 612	R 3 612	R 3 612	R 3 612
25%	No Benefit for NON PMB	No Benefit for NON PMB	No Benefit for NON PMB
R 3 000	R 3 000	R 3 000	R 3 000
R 3 612	R 3 612	R 3 612	R 3 612
R 8 660	R 8 660	R 8 660	R 8 660
R 7 524	R 7 524	R 7 524	R 7 524

CDL LIST AVAILABLE ON ALL HEALTH SQUARED OPTIONS 2021	AVAILABLE ON MILLENIUM AND ULTIMATE OPTIONS	AVAILABLE ON COBALT OPTIONS (SUBJECT TO MSA)	AVAILABLE ON OPTIMUM OPTIONS (SUBJECT TO MSA)
CDL CONDITIONS	Additional Chronic Conditions	Additional Chronic Conditions	Additional Chronic Conditions
<ul style="list-style-type: none"> • ADDISON'S DISEASE • ASTHMA • BIPOLAR MOOD DISORDER • BRONCHIECTASIS • CARDIAC DYSRHYTHMIAS • CARDIAC FAILURE • CARDIOMYOPATHY • COPD • CROHN'S DISEASE • CHRONIC RENAL FAILURE • CORONARY ARTERY DISEASE • DIABETES INSIPIDUS • DIABETES MELLITUS TYPE 1 • DIABETES MELLITUS TYPE 2 • EPILEPSY • GLAUCOMA • HAEMOPHILIA • HIV • HYPERLIPIDAEMIA • HYPERTENSION • HYPOTHYROIDISM • MULTIPLE SCLEROSIS • PARKINSON'S DISEASE • RHEUMATOID ARTHRITIS • SCHIZOPHRENIA • SLE • ULCERATIVE COLITIS 	<ul style="list-style-type: none"> • ADHD • ALZHEIMER'S DISEASE • ANKYLOSING SPONDYLITIS • CYSTIC FIBROSIS • ENDOMETRIOSIS • GORD/GERD • GOUT • OBSESSIVE COMPULSIVE DISORDER • OSTEOPOROSIS • OSTEOARTHRTIS • PAGET'S DISEASE • PSORIASIS • WILSON'S DISEASE • ALLERGIC RHINITIS • ANGINA PECTORIS • CEREBROVASCULAR ACCIDENT (STROKE) • CUSHING'S SYNDROME • DELUSIONAL DISORDER • ECZEMA • HYPERTHYROIDISM • IDIOPATHIC THROMBOCYTOPENIC PURPURA • INTERSTITIAL FIBROSIS OF THE LUNG • MAJOR DEPRESSION • MENIERE'S SYNDROME • MOTOR NEURON DISEASE • MYASTENIA GRAVIS • PERIPHERAL VASCULAR DISEASE • PITUITARY ADENOMA • SCLERODERMA • URINARY INCONTINENCE 	<ul style="list-style-type: none"> • ADHD • ALZHEIMER'S DISEASE • ANKYLOSING SPONDYLITIS • CYSTIC FIBROSIS • ENDOMETRIOSIS • GORD/GERD • GOUT • OBSESSIVE COMPULSIVE DISORDER • OSTEOPOROSIS • OSTEOARTHRTIS • PAGET'S DISEASE • PSORIASIS • WILSON'S DISEASE 	<ul style="list-style-type: none"> • CYSTIC FIBROSIS • ENDOMETRIOSIS • GORD/GERD • OSTEOPOROSIS • OSTEOARTHRTIS • PSORIASIS
DTP PMB Chronic Conditions			
<ul style="list-style-type: none"> • BENIGN PROSTATIC HYPERTROPHY • HORMONE REPLACEMENT THERAPY 			

DEFINITIONS



AIDS - Acquired Immune Deficiency Syndrome or acquired immunodeficiency syndrome

ATB - Above Threshold Benefit

BHF - Board of Healthcare Funders

BPH - Benign Prostatic Hypertrophy

CAT / CT - Computerised Axial Tomography

CDL (Chronic Diseases List) - Diagnoses, medical management and medication, to the extent that this is provided for by way of a therapeutic algorithm for specified conditions, published by the Minister by notice in the Gazette.

Contracted Rate - the fee or rate at which Providers contracted to the Scheme are funded.

DSP - Designated Service Provider

Exclusions - The Scheme's general and option-specific list of condition and procedure exclusions.

GP - General Practitioner

GRP - Generic Reference Pricing - The price contained on the list for equivalent or generic medicines where an equivalent or generic medicine for the prescribed medicine exists.

HIV - Human Immunodeficiency Virus

HRT - Hormone Replacement Therapy - for female menopause

ICON - Independent Clinical Oncology Network

MRI - Magnetic Resonance Imaging

MSA – Medical Savings Account

Network Provider - a healthcare Provider or group of Providers selected by the Scheme as preferred Provider/s to provide to the members diagnoses, treatment and care in respect of one or more Prescribed Minimum Benefit conditions.

PMB - Prescribed Minimum Benefit. A list of 271 conditions that all Medical Schemes have to cover in terms of Medical Schemes Act. To view this list, visit the CMS website at www.medicalschemes.com

Pro-rated Benefits - Benefit entitlement calculated according to the duration of membership during a benefit year..

PSA - Prostate Specific Antigen

Regulation 8(3) - Regulation 8(3) in terms of the Medical Schemes Act, No. 131 of 1998

Scheme Protocols - documentation that determines the Scheme's funding

Scheme Rate - the reference base rate the Scheme allocates for a specific tariff or relevant health service. This amount is calculated based on historic fee structures in the Scheme and is adjusted annually, bound by CPI.

SEP - Single Exit Price

SPG - Self Payment Gap

TTO - To Take Out - medicine received on discharge from hospital

Note:

- Non-emergency dental treatment performed in a hospital operating theatre or day clinic under general anaesthetic shall be subject to prior pre-authorisation by the Scheme in order to qualify for benefits including theatre fees, anaesthetist fees and ward fees and associated costs, but excluding the dental practitioner and procedure costs that shall be subject to the Conservative or Advanced Dentistry limits
- Out of Hospital Benefits are subject to the Formularies and Case / Disease Management Protocols. PMB management also included in overall benefit.
- All specialised dentistry must be pre-authorised at 0861 796 6400. For more details on your dental, optical benefits, and exclusions please visit www.healthsquared.co.za.



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