



Post Office 
MEDIPOS Medical Scheme
Putting your wellbeing first

SUMMARY OF BENEFITS **2021**

Summary of Benefits: Benefit Year 2021

The following table reflects a summary of the Scheme's day-to-day and major medical and trauma benefits effective 1 January 2021. Please refer to the [benefit guide](#) for comprehensive details.

Day-to-day benefits

Members and their dependants are entitled to the following benefits, subject to the prescribed minimum benefit (PMB) legislation

	Option C	Option B	Option A
1. Overall annual day-to-day limit			
All sub-limits (sub-limits 1.1 to 1.4) are subject to the overall annual day-to-day limit	R2 760 per member R2 760 per adult dependant R720 per child dependant	R4 760 per member R4 760 per adult dependant R920 per child dependant	R8 090 per member R8 090 per adult dependant R1 550 per child dependant
1.1 General practitioners (GPs) Visits, consultations and out-patient visits Network GP Non-network GP (non-DSP)	Members are encouraged to make use of the GP network to minimise possible co-payments 100% of agreed tariff 80% of cost or MSR, whichever is less		
1.2 Specialists Visits, consultations and outpatient visits	Paid at 100% of cost or MSR, whichever is less Benefits are only covered if a member was referred by a GP and pre-authorisation was obtained from the Scheme for the first consultation at a given specialist		
1.3 Acute medication Prescribed acute medication Pharmacist-advised therapy Members are encouraged to make use of the Scheme's pharmacy network to minimise possible co-payments	100% of medicine price and limited to: Member: R1 660 Adult dependant: R1 660 Child dependant: R440 100% of medicine price and limited to R840 per family	100% of medicine price and limited to: Member: R2 380 Adult dependant: R2 380 Child dependant: R470 100% of medicine price and limited to R1 090 per family	100% of medicine price and limited to: Member: R4 050 Adult dependant: R4 050 Child dependant: R780 100% of medicine price and limited to R1 640 per family
1.4 Auxiliary services	R770 per family	R1 310 per family	R2 230 per family
2 Optical benefits			
2.1 Overall optical benefits every two years Includes frames, all prescription lenses/add-ons and eye tests	Subject to R1 250 per beneficiary every two years, including a frame sub-limit of R620 per beneficiary	Subject to R3 200 per beneficiary every two years, including a frame sub-limit of R1 780 per beneficiary	Subject to R4 430 per beneficiary every two years, including a frame sub-limit of R2 400 per beneficiary
3. Dentistry benefits			
3.1 Basic dentistry	100% of cost or MSR, whichever is less, according to Scheme's managed care protocols and benefits; Subject to a maximum limit of R3 230 per family	100% of cost or MSR, whichever is less, according to Scheme's managed care protocols and benefits; Subject to a maximum limit of R7 660 per family	100% of cost or MSR, whichever is less, according to Scheme's managed care protocols and benefits; Subject to a maximum limit of R9 310 per family
3.2 Advanced dentistry and dental implants	Advanced dentistry subject to the overall annual day-to-day limit; No benefit for dental implants	Subject to the following limits: R11 490 per family	Subject to the following limits: R17 350 per family
4 Primary care benefits (PCB)			
Maximum annual limit	R1 660	R2 670	R3 030
4.1 Radiology (out of hospital)	R830 per family	R1 540 per family	R1 930 per family
4.2 Pathology (out of hospital)	R830 per family	R1 540 per family	R1 930 per family

Major medical expenses (MME) benefits

Members and their dependants are entitled to the following benefits, subject to prescribed minimum benefit (PMB) legislation.

ANNUAL LIMIT	Option C	Option B	Option A
	Unlimited		
1. Prescribed minimum benefits (PMBs)	Unlimited		
2. Preventative care benefits Out of hospital accessed through a pharmacy only; Members are encouraged to use pharmacies that are part of the Scheme's pharmacy network to minimise possible co-payments; If these services are accessed through any other provider than a pharmacy, benefits will be paid from the applicable benefit limit; Once the preventative limits have been reached, tests will be paid from the applicable benefit limit	100% of cost or MSR, whichever is less Subject to overall annual limit (risk benefit)		
<ul style="list-style-type: none"> Blood glucose screening Blood pressure Cholesterol screening Body mass index Flu vaccine HIV screening/counselling Oral contraceptives Prostate testing Mammograms Stool tests for cancer screening Bone density screening HPV vaccination Vasectomy 	One test per adult beneficiary per year One test per adult beneficiary per year One test per adult beneficiary per year One test per adult beneficiary per year One per beneficiary per year One session per beneficiary per year R150 per female beneficiary per month 1 test per male beneficiary per annum (over the age of 45) 1 test per beneficiary per annum (over the age of 40) 1 every 2 years (between the ages of 45 and 75) 1 per beneficiary per annum (over the age of 65) 1 course per female beneficiary per life (between the ages of 9 and 26) 1 per male beneficiary per life		
3. All hospital-related expenses (Subject to pre-authorisation and a R2 080 co-payment for failing to obtain pre-authorisation or late pre-authorisation)	PMBs and non-PMBs: <ul style="list-style-type: none"> 100% of cost at negotiated rate in a DSP network hospital; and R7 270 co-payment for voluntary use of a non-contracted, private hospital (non-DSP) DSP Hospital Network: <ul style="list-style-type: none"> Clinix Group Life Healthcare Mediclinic National Hospital Network (NHN) Medicines will be paid at 100% of medicine price		
4. Procedures in doctors' rooms (subject to the list of procedures and approval)	100% of cost or MSR, whichever is less		
5. Psychiatric institutions (subject to pre-authorisation and PMB legislation)	PMBs only	R18 550 per family	R40 370 per family
6. 6. Substance and alcohol abuse (subject to pre-authorisation and PMB legislation)	Unlimited		
7. Rehabilitation centres (subject to pre-authorisation and approval)	Subject to MME overall annual limit		
8. Radiology and pathology (in hospital)	Subject to MME overall annual limit		
9. Advanced radiology (in and out of hospital) MRI, CT, radioisotope and ultrasound scans	R11 540 per family	R23 090 per family	R32 800 per family
10. Circumcision (out of hospital)	Global fee of R1 770 per beneficiary		
11. Ultrasound scans (for pregnancy)	Benefits are subject to pre-authorisation and maternity treatment plan	Two 2D scans per pregnancy	Four 2D scans per pregnancy
12. Antenatal consultation		R2 710 per pregnancy	R3 630 per pregnancy

ANNUAL LIMIT	Option C	Option B	Option A
	Unlimited		
13. Antenatal classes	No benefits	R1 350 per pregnancy	R1 500 per pregnancy
14. Oncology (cancer treatment - subject to approval)	PMBs only	R255 240 per beneficiary; 100% of cost at designated service provider (DSP) or 75% at non-DSP	R425 400 per beneficiary; 100% of cost at designated service provider (DSP) or 75% at non-DSP
15. Maxillofacial and oral surgery (subject to pre- authorisation and approval by the Scheme)	Subject to maximum limit of R16 280 per family		
16. Internal prostheses/devices (subject to application and approval)	R25 890 per family	R61 750 per family	R75 470 per family
16.1 Cardiac stents (limited to three stents per beneficiary)		R24 680 per beneficiary with the following sub-limits:	R25 890 per beneficiary with the following sub-limits:
» Drug eluting		R15 080	R19 200
» Bare metal		R8 140	R10 830
16.2 Aorta stent grafts		R47 520	R56 030
16.3 Peripheral arterial stent grafts		R36 590	R42 660
16.4 Cardiac pacemakers		R61 750	R75 470
16.5 Cardiac valves (limited to two valves per beneficiary)		R34 990 per valve	R39 390 per valve
16.6 Total hip replacement		R46 190	R62 960
16.7 Total knee replacement		R46 550	R57 740
16.8 Total shoulder replacement		R44 590	R54 090
16.9 Elbow replacement		R38 300	R54 090
16.10 Temporomandibular joint (TMJ) replacement		R38 300	R54 090
16.11 Ankle replacement		R38 300	R54 090
16.12 Finger replacement		R24 550	R35 610
16.13 Toe (total or partial) replacement		R24 550	R35 610
16.14 Bryan's and other intervertebral disc prostheses		R30 140	R43 880
15.15 Mesh grafts		R5 480	R31 480
16.16 16.16 Intra-stromal corneal ring segments		R20 530	R31 410
16.17 Spinal instrumentation		R29 410	R54 090
16.18 Other approved implantable spinal and intervertebral discs		R43 880	R51 660
16.19 Bone lengthening devices	R39 490	R46 430	
16.20 Neuro-stimulation/ablation devices for Parkinson's	R42 410	R49 960	
16.21 Vagal stimulator for intractable epilepsy	R33 790	R39 740	
16.22 Detachable platinum coils	R44 000	R51 660	
16.23 Embolic protection devices	R43 880	R51 530	
16.24 Intraocular lens (per lens)	R3 770	R4 740	
16.25 Carotid stents	R17 630	R20 780	
16.26 Any other internal prostheses	R48 610	R54 450	

ANNUAL LIMIT	Option C	Option B	Option A
	Unlimited		
16.27 General prostheses/devices benefit		R10 830 per beneficiary	R20 530 per beneficiary
» Middle ear bone implants		R10 830	R20 530
» Vocal cord prostheses		R10 830	R20 530
» Penile prostheses		R10 830	R20 530
» Vascular/arterial grafts and patches		R10 830	R20 530
» Atrium- and ventricular septum patches		R10 830	R20 530
» Mammary/breast implants		R3 890	R7 780
» TVT sling device		R1 830	R3 770
» Procter-Livingstone and Celestin tubes		R4 010	R7 660
» Renal artery stent		R5 480	R13 730
» Oesophageal stent		R6 810	R13 780
» Ureteric stent		R6 810	R13 780
» Urethral stent		R6 810	R13 780
» Ductus choledochus stent		R6 810	R13 780
» Other blood vessels stent		R6 810	R13 780
» Permanent supra-pubic catheters		R2 680	R5 480
» Testis prostheses		R6 810	R13 730
» Gold weight implants upper eyelid		R8 140	R13 730
» Anal and other sphincter stimulation devices		R6 810	R13 730
17. External medical appliances (subject to approval)	R6 810 per family with a sub-limit of R2 180 per family, limited to PMBs for orthotic shoes/ innersoles	R7 180 per family with a sub-limit of R2 180 per family, limited to PMBs for orthotic shoes/ innersoles	R8 750 per family with a sub-limit of R2 180 per family, limited to PMBs for orthotic shoes/ innersoles
18. Hearing aids (per two-year cycle and subject to approval) Excludes repairs and batteries	Limited to R12 870 per beneficiary per cycle	Limited to R17 390 per beneficiary per cycle	Limited to R20 670 per beneficiary per cycle
19. Cochlear implants (subject to approval)	PMBs only	R218 090 per family with the following sub-limits:	R272 740 per family with the following sub-limits:
» Preoperative evaluation and associated costs	PMBs only	R13 610	
» Intra-operative audiology testing	PMBs only	R820	
» Post-operative rehabilitation	PMBs only	R30 140	
» Upgrade of sound processor	PMBs only	(80% of cost) R61 750	
» Repair outside of warranty	PMBs only	Subject to cochlear implant benefit	
» Batteries and spares	PMBs only	Subject to external medical appliances benefit	
20. Artificial limbs and eyes (subject to pre-authorisation and approval)	R27 950 per family with the following sub-limits:	R54 090 per family with the following sub-limits:	R69 520 per family with the following sub-limits:
» Artificial limbs	R27 950 per artificial leg or arm per family	R54 090 per artificial leg or arm per family	R69 520 per artificial leg or arm per family
» Artificial eyes	R19 340 per artificial eye per family	R23 090 per artificial eye per family	R23 090 per artificial eye per family

ANNUAL LIMIT	Option C	Option B	Option A
	Unlimited		
21. Radial keratotomy and excimer laser (subject to pre-authorisation)	No benefits	R6 570 per family	R10 690 per family
22. Home oxygen (subject to pre-authorisation)	R15 310 per beneficiary	R15 310 per beneficiary	R16 640 per beneficiary
23. Hyperbaric oxygen (subject to pre-authorisation)	R51 170 per beneficiary		
24. Kidney dialysis (subject to pre-authorisation)	PMBs only	Unlimited	Unlimited
25. Organ transplant medication (subject to pre-authorisation)	PMBs only	R325 240 per family	R387 100 per family
26. Hospice and private nursing (subject to pre-authorisation)	R8 750 per family	R23 940 per family	R34 280 per family
27. Care in lieu of hospitalisation (subject to pre-authorisation and approval)	Subject to MME overall annual limit		
28. HIV/AIDS (registration and enrolment on Aid for AIDS Disease Management is encouraged)	Unlimited		
29. Ambulance services	Unlimited		

Chronic medication benefits subject to MME benefits

Members and their dependants are entitled to the following benefits, subject to prescribed minimum benefit (PMB) legislation; Members are encouraged to use the pharmacies that are part of the Scheme's pharmacy network to minimise co-payments.

	Option C	Option B	Option A
1. Chronic medication (subject to approval)	PMBs only	R7 780 per family	R11 540 per family
2. PMB chronic medication (subject to approval)	PMBs only	Initially subject to R7 780 non-PMB chronic medication limit, thereafter unlimited	Initially subject to R11 540 non-PMB chronic medication limit, thereafter unlimited

OPTION B

Personal Medical Savings Account (PMSA)

Your PMSA benefit is available upfront and to be utilised in respect of the following medical services and supplies

Co-payments	Non-network GP, non-DSP hospital, late authorisation copayments and medication reference price	Advanced Savings
Benefit exceeded	Any benefits where your limits have been exceeded	
Shortfalls	Tariffs above the MEDiPOS Scheme rate	
Rejections	Specialist consultation not referred by a GP Benefits and authorisation that have been declined Non-oral contraceptives (patches, injectables, devices)	Positive Savings Balance
	Waiting periods and certain exclusions including optical tints and hardening	

2021 Contribution Tables

The tables below reflect contributions for each option. Your total monthly contribution to the Scheme is based on the option you have chosen, the number and type of dependants registered on your membership, as well as your income.

Option C	Contribution		
Monthly income	Principal member	Adult dependant	Child dependant
R0 – R7 855	R1 395	R1 203	R372
R7 856 – R10 690	R1 536	R1 350	R456
R10 691 – R14 380	R1 629	R1 437	R486
R14 380 +	R1 680	R1 467	R498

Option B	Contribution			PMSA (included in contribution)		
Monthly income	Principal member	Adult dependant	Child dependant	Principal member	Adult dependant	Child dependant
R0 – R7 855	R2 658	R2 574	R786	R120	R116	R35
R7 856 – R10 690	R2 772	R2 700	R822	R125	R122	R37
R10 691 – R14 380	R2 901	R2 844	R870	R131	R128	R39
R14 380 +	R2 976	R2 916	R894	R134	R131	R40

Option A	Contribution		
Monthly income	Principal member	Adult dependant	Child dependant
All income levels	R6 942	R6 663	R1 620

Please note

- Adult dependants include spouses/partners, registered children over the age of 21 (except children who are younger than 25 years of age and who are full-time students registered at a recognised tertiary institution), parents and siblings;
- Your portion of the contribution will depend on your subsidy;
- If you are unsure of your subsidy, please check with your Human Resources Department.

How to calculate your contribution

Calculate the total monthly amount you will contribute when you choose an option:

Compulsory monthly contributions	
Principal member:	R
Adult dependants: (R.....x number of adult dependants)	R
Child dependants: (R.....x number of child dependants)	R
Total:	R
Less employer subsidy:	R
Due by member	R

Important contact details

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Hospital Risk Management Programme (for hospital pre- authorisation)

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Medicine Risk Management (MRM) Programme (for chronic medication)

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Oncology Risk Management Programme (for cancer patients)

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