



QUANTUM MEDICAL AID SOCIETY



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Most important changes for 2019

- Contribution increases vary from 9.9% to 15% depending on your plan type, with a weighted average increase of 10.8%
- Medical Savings Accounts for the Essential Comprehensive and Essential Saver options have been increased in line with their contribution increases
- An inflationary increase of 5.4% has been applied to the benefit limits
- KeyCare income bands have increased by approximately 5.4%
- Funding for endoscopies will be limited to Prescribed Minimum Benefits in 2019 on KeyCare Plus
- Implementation of a Designated Service Provider (the Discovery Day Surgery Network) for clinically appropriate procedures on KeyCare Plus

CONTRIBUTION INCREASES

Weighted Average Increase

10.8%

The Society's overall weighted average increase for 2019 is **10.8%**. By comparison the average increases announced by the major open medical schemes to date have ranged from 6.1% to 14.3%. Discovery Health's average weighted increase was 9.2%.

Quantum's total average contribution for each option is listed in the table below:

Plan	%
Essential Comprehensive	15%
Essential Saver	9.9%
KeyCare Plus	15%

New for 2019

1. Introducing the Discovery Day Surgery network

The Discovery Day Surgery network will be the Designated Service Provider for a defined list of clinically appropriate procedures on KeyCare Plus. For the defined list of clinically appropriate procedures, members will be covered in full if the procedure is performed in the Discovery Day Surgery network. Members will have no cover if the procedure is performed outside the network. In the case of an emergency, the member will be covered in full for the procedure outside the network.

2. Changes to the 2019 chronic illness benefit

There will be formulary changes and Chronic Drug Amount updates applied from 1 January 2019. Discovery has communicated these changes with the impacted members since August 2018.

These members will have until the end of 2018 to make changes to their treatment to avoid or reduce co-payments.

2. Funding for endoscopies on KeyCare Plus

Funding for endoscopies on KeyCare Plus will be limited to Prescribed Minimum Benefits in 2019.

Medical Savings Account

Savings contributions as a percentage of total contributions have remained unchanged and are as follows:

Plan	MSA%
Essential Comprehensive	15%
Essential Saver	15%
KeyCare Plus	N/A

Medical Savings Account (MSA)

The MSA is an amount allocated to a member at the beginning of the year to pay for day-to-day medical expenses like GP visits, acute medication, optometry, radiology etc. The amount allocated is based on the size of a member's family. Any money remaining in the MSA at the end of the year will carry over to the next year. The MSA allocation for 2019 has increased in line with the average contribution increases on the Essential Comprehensive and Essential Saver options. For both of these plans the Medical Savings Account portion will constitute 15% of total contributions. The KeyCare Plus plan does not have a Medical Savings account.

Self-Payment Gap

On the Comprehensive plan, if a member runs out of money in the Medical Savings Account and before claims add up to the Annual Threshold level, the member will have to pay for day-to-day medical expenses himself. This is called the Self-payment Gap.



Annual Threshold

The Above Threshold Benefit is a 'safety net' included on the Essential Comprehensive option. Day-to-day claims submitted to the scheme are added up at the Scheme Rate. Once these claims add up to a certain amount, known as the Annual Threshold, the claims start paying from the Above Threshold Benefit. This benefit protects members against high cost day-to-day medical expenses.

Quantum Medical Aid Society Chronic Condition Benefits



Chronic Disease List (CDL) covered on Quantum Essential Comprehensive, Essential Saver plans and KeyCare Plus plans

- Addison's disease
- Epilepsy
- Asthma
- Bipolar mood disorder
- Bronchiectasis
- Cardiac failure
- Cardiomyopathy
- Chronic obstructive pulmonary disease
- Chronic renal disease
- Crohn's disease
- Diabetes insipidus
- Diabetes mellitus type 1
- Diabetes mellitus type 2
- Dysrhythmia
- Glaucoma
- Haemophilia
- Hyperlipidaemia
- Hypertension
- Hypothyroidism
- Ischaemic heart disease
- Multiple sclerosis (MS)
- Parkinson's disease
- Rheumatoid arthritis
- Schizophrenia
- Systemic lupus erythematosus
- Ulcerative colitis



Additional Disease List (ADL) covered on Quantum Essential Comprehensive and Essential Saver plans

- Ankylosing spondylitis
- Delusional disorder
- Generalised anxiety disorder
- Major depression
- Motor neurone disease
- Muscular dystrophy and other inherited myopathies
- Obsessive compulsive disorder
- Osteoporosis
- Panic disorder
- Post traumatic stress disorder
- Pulmonary interstitial fibrosis

Additional Disease List (ADL) covered on Quantum Essential Comprehensive

- Attention deficit hyperactivity disorder
- Gastro-oesophageal reflux disease
- Osteopenia
- Psoriatic arthritis

Quantum Medical Aid Contributions

Quantum Essential Comprehensive 2019 Contributions

Category	Risk contribution	Medical Savings contribution	Total Monthly contribution	Annual MSA allocation	Threshold	Self-payment Gap
Principal Member	4 282	755	5 037	9 060	15 370	6 310
Adult Dependant	4 048	714	4 762	8 568	15 370	6 802
Child	863	152	1 015	1 824	2880	1 056

Family Composition	Risk contribution	Medical Savings contribution	Total Monthly contribution	Annual MSA allocation	Threshold	Self-payment Gap
Principal	4 282	755	5 037	9 060	15 370	6 310
Principal + Adult	8 330	1 469	9 799	17 628	30 740	13 112
Principal + Adult + Child	9 193	1 621	10 814	19 452	33 620	14 168
Principal + Adult + 2 Children	10 056	1 773	11 829	21 276	36 500	15 224
Principal + Adult + 3 Children	10 919	1 925	12 844	23 100	39 380	16 280
Principal + Child	5 145	907	6 052	10 884	18 250	7 366
Principal + 2 Children	6 008	1 059	7 067	12 708	21 130	8 422
Principal + 3 Children	6 871	1 211	8 082	14 532	24 010	9 478
Principal + 2 Adult	12 378	2 183	14 561	26 196	46 110	19 914
Principal + 2 Adult + Child	13 241	2 335	15 576	28 020	48 990	20 970
Principal + 2 Adult + 2 Children	14 104	2 487	16 591	29 844	51 870	22 026

* Contributions are charged up to maximum of 3 children



Quantum Medical Aid Contributions

Quantum Essential Saver Plan 2019 Contributions

Category	Risk contribution	Medical Savings contribution	Total Monthly contribution	Annual MSA allocation
Principal Member	1 809	319	2 128	3 828
Adult Dependant	1 357	239	1 596	2 868
Child	725	127	852	1 524

Family Composition	Risk contribution	Medical Savings contribution	Total Monthly contribution	Annual MSA allocation
Principal	1 809	319	2 128	3 828
Principal + Adult	3 166	558	3 724	6 696
Principal + Adult + Child	3 891	685	4 576	8 220
Principal + Adult + 2 Children	4 616	812	5 428	9 744
Principal + Adult + 3 Children	5 341	939	6 280	11 268
Principal + Child	2 534	446	2 980	5 352
Principal + 2 Children	3 259	573	3 832	6 876
Principal + 3 Children	3 984	700	4 684	8 400
Principal + 2 Adult	4 523	797	5 320	9 564
Principal + 2 Adult + Child	5 248	924	6 172	11 088
Principal + 2 Adult + 2 Children	5 973	1 051	7 024	12 612

* Contributions are charged up to a maximum of three children



Quantum Medical Aid Contributions

Quantum KeyCare Plus 2019 Contributions

	R0 – R7 850	R7 851 – R11 100	R11 101 +
Category	Total Monthly contribution	Total Monthly contribution	Total Monthly contribution
Principal Member	1 114	1 560	2 322
Adult Dependant	1 114	1 560	2 322
Child	403	437	624

Family Composition	R0 – R7 850	R7 851 – R11 100	R11 101 +
Principal	1 114	1 560	2 322
Principal + Adult	2 228	3 120	4 644
Principal + Adult + Child	2 631	3 557	5 268
Principal + Adult + 2 Children	3 034	3 994	5 892
Principal + Adult + 3 Children	3 437	4 431	6 516
Principal + Child	1 517	1 997	2 946
Principal + 2 Children	1 920	2 434	3 570
Principal + 3 Children	2 323	2 871	4 194
Principal + 2 Adult	3 342	4 680	6 966
Principal + 2 Adult + Child	3 745	5 117	7 590
Principal + 2 Adult + 2 Children	4 148	5 554	8 214

* Contributions are charged for all children





Quantum Medical Aid Benefits for 2019

	Essential Comprehensive	Essential Saver	KeyCare Plus
SPECIAL FEATURES	All benefits paid at 100% of Quantum Scheme Rate unless otherwise stated		
Screening Benefit A:			
	Pays up to a maximum of 100% of the Scheme Rate for a group of tests performed at a Scheme Wellness Network Pharmacy	Pays up to a maximum of 100% of the Scheme Rate for a group of tests performed at a Scheme Wellness Network Pharmacy	Pays up to a maximum of 100% of the Scheme Rate for a group of tests performed at a Scheme Wellness Network Pharmacy
	Tests include: Blood glucose, Blood pressure, Cholesterol and Body Mass Index (BMI)	Tests include: Blood glucose, Blood pressure, Cholesterol and Body Mass Index (BMI)	Tests include: Blood glucose, Blood pressure, Cholesterol and Body Mass Index (BMI)
	Includes cover for HbA1c and Lipograms for members at risk	Includes cover for HbA1c and Lipograms for members at risk	Includes cover for HbA1c and Lipograms for members at risk
Screening Benefit B:			
	Body Mass Index (BMI) and counselling, hearing screening, dental screening, milestone tracking for children under age of 8	Body Mass Index (BMI) and counselling, hearing screening, dental screening, milestone tracking for children under age of 8	Body Mass Index (BMI) and counselling, hearing screening, dental screening, milestone tracking for children under age of 8
	Pays up to a maximum of 100% of the Scheme Rate	Pays up to a maximum of 100% of the Scheme Rate	Pays up to a maximum of 100% of the Scheme Rate
	Tests include: HIV Rapid and Elisa; Mammogram; Pap smear and Prostate-specific Antigen (PSA)	Tests include: HIV Rapid and Elisa; Mammogram; Pap smear and Prostate-specific Antigen (PSA)	Tests include: HIV Rapid and Elisa; Mammogram; Pap smear and Prostate-specific Antigen (PSA)
	Non-invasive prenatal screening and Exome sequencing	No Benefit	No Benefit
	Mammograms are covered once every 2 years and Pap Smears are covered once every 3 years per person	Mammograms are covered once every 2 years and Pap Smears are covered once every 3 years per person	Mammograms are covered once every 2 years and Pap Smears are covered once every 3 years per person
Preventative Benefit:			
	Seasonal flu vaccines for members over the age 65 and for the following registered chronic conditions:	Seasonal flu vaccines for members over the age 65 and for the following registered chronic conditions:	Seasonal flu vaccines for members over the age 65 and for the following registered chronic conditions:
	Asthma; Bronchiectasis; Cardiac Failure; Cardiomyopathy; Chronic Obstructive Pulmonary Disease (COPD); Chronic Renal Disease; Coronary Artery Disease; Diabetes Mellitus Types 1 and 2 and HIV	Asthma; Bronchiectasis; Cardiac Failure; Cardiomyopathy; Chronic Obstructive Pulmonary Disease (COPD); Chronic Renal Disease; Coronary Artery Disease; Diabetes Mellitus Types 1 and 2 and HIV	Asthma; Bronchiectasis; Cardiac Failure; Cardiomyopathy; Chronic Obstructive Pulmonary Disease (COPD); Chronic Renal Disease; Coronary Artery Disease; Diabetes Mellitus Types 1 and 2 and HIV

IN HOSPITAL BENEFIT

All In Hospital Benefits are subject to Pre-authorisation

Hospitalisation

Unlimited and paid at 100% of the Scheme Rate

Unlimited and paid at 100% of the Scheme Rate

Cover unlimited at 100% of the Scheme Rate at KeyCare Primary Network Hospitals only, cover limited to 70% of the Scheme Rate at KeyCare Secondary Network. A Designated Service Provider (DSP) network (Discovery Day Surgery Network) applies for clinically appropriate procedures

Professional healthcare providers

(including Anaesthetists, specialists)

Premier Rate Specialists: Unlimited and paid at the Premier Rate. No balance billing to the member
Other providers: Unlimited and paid at 100% of the Scheme Rate

Premier Rate Specialists: Unlimited and paid at the Premier Rate. No balance billing to the member

Other providers: Unlimited and paid at 100% of the Scheme Rate

Specialists: Unlimited for Specialists participating in the KeyCare payment arrangement

Other providers: Unlimited and paid at 100% of the Scheme Rate

General Practitioners and Allied Healthcare Providers

Unlimited and paid at 100% of the Scheme Rate

Unlimited and paid at 100% of the Scheme Rate

Unlimited and paid at 100% of the Scheme Rate

Dentistry

No overall limit for dentistry. Hospital account: Paid at 100% of the Scheme Rate with a deductible.

Deductible: Age up to 12 years - R1 000 (day case)

& R2 100 (in-hospital);

Age over 12 years - R3 600 (day case)

& R5 550 (in-hospital).

Deductible will be waived for severe in-hospital admissions. Related accounts (dentist, dental surgeon and anaesthetist): Paid from risk at 100% of the Scheme Rate

Dental devices, appliances, prosthesis & orthodontics: Paid at 100% of the Scheme Rate, subject to available funds in the MSA or ATB, limited to R28 800 per person per year

Implants as a result of oncology or specific trauma events: Unlimited and paid at 100% of Scheme Rate

No overall limit for dentistry. Hospital account: Paid at 100% of the Scheme Rate with a deductible.

Deductible: Age up to 12 years - R1 000 (day case)

& R2100 (in-hospital);

Age over 12 years - R3 600 (day case)

& R5 550 (in-hospital).

Deductible will be waived for severe in-hospital admissions. Related accounts (dentist, dental surgeon and anaesthetist): Paid from risk at 100% of the Scheme Rate

Dental devices, appliances, prosthesis & orthodontics: Paid at 100% of the Scheme Rate, subject to available funds in the MSA, limited to R26 000 per person per year

Implants as a result of oncology or specific trauma events: Unlimited and paid at 100% of Scheme Rate

Subject to PMBs

Maternity Benefits			
	Paid at 100% of the Scheme Rate, limited to 3 days for normal delivery and 4 days for Caesarean Section. Private ward for 2 nights for normal delivery and 3 nights for Caesarean Section	Paid at 100% of the Scheme Rate, limited to 3 days for normal delivery and 4 days for Caesarean Section	Paid at 100% of the Scheme Rate, limited to 3 days for normal delivery and 4 days for Caesarean Section
Radiology			
	Unlimited and paid at 100% of the Scheme Rate	Unlimited and paid at 100% of the Scheme Rate	Paid at 100% of the Scheme Rate or agreed network rate, unlimited at KeyCare Network Hospitals
MRI & CT Scans			
(Subject to Specialist Referral)	Unlimited as part of an approved hospital event. Paid from the Hospital Benefit up to 100% of the Scheme Rate, if related to an approved hospital admission	Unlimited as part of an approved hospital event. Paid from the Hospital Benefit up to 100% of the Scheme Rate, if related to an approved hospital admission	Unlimited and paid at 100% of the Scheme Rate if related to an approved hospital admission.
	If unrelated, a co-payment of R1 750 will apply per admission	If unrelated, a co-payment of R1 750 will apply per admission	If unrelated to an approved hospital admission then covered from the R4 050 per person Specialist Benefit. Must be performed by a Specialist in a network hospital
Pathology			
	Unlimited and paid at 100% of the Scheme Rate. Subject to a Preferred Provider for basic in-hospital pathology	Unlimited and paid at 100% of the Scheme Rate. Subject to a Preferred Provider for in-hospital basic pathology	Paid at 100% of the Scheme Rate or agreed rate, unlimited at KeyCare Network Pathologists.
Compassionate Care			
(Hospice accommodation, hospice home care visits & hospice doctor visits)	Paid at 100% of the cost. Includes prescribed drugs and materials. Includes Advanced Illness Benefit for approved oncology patients within a network	Paid at 100% of the cost. Includes prescribed drugs and materials. Includes Advanced Illness Benefit for approved oncology patients within a network.	Paid at 100% of the cost, limited to R44 050 per person per lifetime, within KeyCare Network. Includes hospice accommodation. Includes Advanced Illness Benefit within the network for approved oncology patients. Unlimited PMB
Cochlear Implants, auditory brain implants, implantable defibrillators			
	Paid at 100% of the Scheme Rate with a limit of R216 500 per person per benefit	Paid at 100% of the Scheme Rate with a limit of R216 500 per person per benefit	No Benefit
Internal nerve stimulators			
	Paid at 100% of the Scheme Rate with a limit of R164 500 per person per benefit	Paid at 100% of the Scheme Rate with a limit of R164 500 per person per benefit	No Benefit
Internal Prosthesis			
(Hip, knee, shoulder joint replacements and spinal prosthetic devices)	Unlimited and paid at 100% of the Scheme Rate at the ProviderNetwork	Unlimited and paid at 100% of the Scheme Rate at the Provider Network	No Benefit
	Limited to R54 500 per person (per prosthesis per event) outside of the Provider Network	Limited to R54 500 per person (per prosthesis per event) outside of the Provider Network	
	Spinal prosthetic devices: Limited to R32 000 per level	Spinal prosthetic devices: Limited to R32 000 per level	
	and R64 000 for 2 or more levels and limited to one procedure per person per year	and R64 000 for 2 or more levels and limited to one procedure per person per year	

Endoscopic Procedures			
(Gastrosopes, colonoscopy, proctoscopy, sigmoidoscopy)	Paid at 100% of the Scheme Rate. The first R1 850 paid from available MSA and the balance of the hospital account will be paid from the Hospitalisation Benefit	Paid at 100% of the Scheme Rate. The first R1 850 paid from available MSA and the balance of the hospital account will be paid from the Hospitalisation Benefit	Limited to PMB's only
Oncology			
(Subject to Pre-authorisation and an approved treatment plan)	DiscoveryCare's Oncology Programme covers the first R604 500 of the approved cancer treatment over a 12 month cycle, in full, after which a 20% co-payment will apply. Oncology treatment that falls within the Prescribed Minimum Benefits is always covered in full, with no-co-payment	DiscoveryCare's Oncology Programme covers the first R302 000 of the approved cancer treatment over a 12 month cycle, in full, after which a 20% co-payment will apply. Oncology treatment that falls within the Prescribed Minimum Benefits is always covered in full, with no-co-payment	Paid at 100% of the Scheme Rate; Treatment only covered at an Oncology network provider, subject to protocols
Organ Transplants			
	Unlimited and paid at 100% of cost if a PMB	Unlimited and paid at 100% of cost if a PMB	Paid at 100% of the cost at a public facility only. Subject to PMB guidelines
Mental Health Disorders			
	Paid at 100% of the Scheme Rate, limited to 21 days per person for in-hospital treatment	Paid at 100% of the Scheme Rate, limited to 21 days per person for in-hospital treatment	Paid at 100% of the Scheme Rate, limited to 21 days per person per annum, within KeyCare Network
Alcohol and Drug Rehabilitation			
	Paid at 100% of the cost at the DSP limited to 21 days per person for in-hospital treatment	Paid at 100% of the cost at the DSP limited to 21 days per person for in-hospital treatment	Paid at 100% of the Scheme Rate, limited to 21 days for each person
HIV/ Aids Related Treatment			
	100% of cost subject to clinical entry criteria and PMBs	100% of cost subject to clinical entry criteria and PMBs	Paid up to a maximum of 100% of the cost at the DSP for ARV's. If a non-DSP is used a 20% member co-payment applies. DSP: Premier Plus GP network. 20% co-payment if DSP not used. Cover for 1 social worker visit per annum
	Includes post-exposure prophylaxis and prophylaxis for mother-to-child transmission	Includes post-exposure prophylaxis and prophylaxis for mother-to-child transmission	Includes post-exposure prophylaxis and prophylaxis for mother-to-child transmission
Local Emergency			
	Unlimited and paid at 100% of the Scheme Rate - Netcare 911	Unlimited and paid at 100% of the Scheme Rate - Netcare 911	Unlimited and paid at 100% of the Scheme Rate - Netcare 911
Casualty visits			
	2 trauma-related casualty visits from risk for children 10 and under covered from risk once the MSA has been depleted	2 trauma-related casualty visits from risk for children 10 and under covered from risk once the MSA has been depleted	Only at KeyCare network hospitals. The first R355 of the account is paid by the member. The balance of the account is paid by the Scheme at the Scheme Rate

DAY-TO-DAY BENEFITS

Special Features

Out-of-hospital claims accumulate at 100% of the Scheme Rate to the Annual Threshold. Once the Annual Threshold is reached claims are paid at 100% of the Scheme Rate from the ATB subject to benefit specific limits	Out-of-hospital claims paid at 100% of the Scheme Rate or at 100% of Cost (depending on the reimbursement rate selected by the member), subject to available funds in MSA	Out-of-hospital claims paid subject to the use of network providers and applicable benefit limits
		Trauma Recovery Benefit: covers out-of-hospital claims related to a specified list of trauma events for a 12 month period following the event, subject to pre-authorisation

Medical Savings Account (MSA)

All day to day benefits are first payable from the MSA and thereafter from the overall Above Threshold limit (ATB)		
Annual savings limit: P: R9 060 A: R8 568 C: R1 824 (Max of 3 children)	Annual savings limit: P: R3 828 A: R2 868 C: R1 524 (Max of 3 children)	Not Applicable

Self Payment Gap

P: R6 310 A: R6 802 C: R1 056 (Max of 3 children)	Not Applicable	Not Applicable
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Annual Threshold

P: R15 370 A: R15370 C: R2 880 (Max of 3 children)	Not Applicable	Not Applicable
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General Practitioners

Network GP: Paid at 100% of Agreed Rate subject to available funds in the MSA or in ATB. Paid at 100% of the Agreed Rate from Insured Benefits in SPG. Benefit does not accumulate to Annual Threshold in SPG	Network GP: Paid at 100% of Agreed Rate subject to available funds in the MSA. Paid at 100% of the Agreed Rate from Insured Network Benefits once MSA has been depleted up to a limit: three visits per single member and six visits per family within GP Network	Unlimited and paid at 100% of the Scheme Rate at a chosen GP within the KeyCare Network; members can elect to change their GP three times per person per year. Pre-authorisation required from 15th visit onwards
Non-Network GP: Paid out of available funds in MSA, and thereafter from ATB at 100% of the Scheme Rate	Non-Network GP: Paid out of available funds in MSA, at 100% of the Scheme Rate	Covered for four out-of-network GP visit per person including selected blood tests, x-rays and acute medication out of the medicine list. Covered for maximum of three unscheduled emergency visits per person per year at chosen GP
Diabetes Care, Cardiac Care, HIV: Subject to DSP of Premier Plus GP network	Diabetes Care, Cardiac Care, HIV: Subject to DSP of Premier Plus GP network. A 20% co-payment applies if a non-DSP GP is used	Diabetes Care, Cardiac Care, HIV: Subject to DSP of Premier Plus GP network. A 20% co-payment applies if a non-DSP GP is used

Specialists			
	Premier Rate Specialists: Paid at 100% of Premier Rate subject to available funds in the MSA, and thereafter from ATB at 100% of Premier Rate. Benefit accumulates to Annual Threshold	Premier Rate Specialists: Paid at 100% of Premier Rate subject to available funds in the MSA	Consultations at 100% of the Scheme Rate for specialists participating in the KeyCare payment arrangement. Limited to R4 050 per person per year;
	Non-Premier Rate Specialists: Paid out of available funds in MSA, and thereafter from ATB at 100% of the Scheme Rate.	Non-Premier Rate Specialists: Paid out of available funds in MSA.	Subject to obtaining a referral number for each specialist consultation and must be referred by member's chosen KeyCare Network GP
	Virtual consultations with a paediatrician for children aged 10 and under covered from risk once the MSA has been depleted	Virtual consultations with a paediatrician for children aged 10 and under covered from risk once the MSA has been depleted	No Benefit
Basic and Specialised Dentistry			
	Paid at 100% of the Scheme rate from available funds in the MSA, and thereafter from the ATB	Paid out of available funds in the MSA, at 100% of the Scheme Rate.	Basic dentistry: Unlimited subject to a list of procedures and only at a dentist within the network. In hospital dentistry and specialised dentistry excluded
	Dental devices, appliances, prosthesis & orthodontics limited to R28 800 per person per year regardless of place of service (in or out-of hospital)	Dental devices, appliances, prosthesis & orthodontics limited to R26 000 per person per year regardless of place of service (in or out-of-hospital)	No Benefit
Maternity Benefits			
	Paid at 100% of the Scheme Rate from risk	Paid at 100% of the Scheme Rate from risk	Paid at 100% of the Scheme Rate. Only on referral from chosen Network GP and at a specialists within the KeyCare Network
	5 Ante-natal classes or pre-and-post natal consultations with a registered nurse	5 Ante-natal classes or pre-and-post natal consultations with a registered nurse	Specialist referral number must still be obtained prior to visit
	12 midwife/ gynaecologist / GP visits	8 midwife/ gynaecologist / GP visits	5 Ante-natal classes or pre-and-post natal consultations with a registered nurse
	2 2D ultrasound scans	2 2D ultrasound scans	8 midwife/ gynaecologist / GP visits
	Simple basket of pregnancy blood tests	Simple basket of pregnancy blood tests	2 2D ultrasound scans
	1 Nuchal Translucency/ Non-invasive Prenatal Test (NIPT)	1 Nuchal Translucency/ Non-invasive Prenatal Test (NIPT)	Simple basket of pregnancy blood tests
	1 post-partum midwife/ gynaecologist / GP visit	1 post-partum midwife/ gynaecologist / GP visit	1 Nuchal Translucency/ Non-invasive Prenatal Test (NIPT)
	2 ENT/ paediatrician visits for children under age of 2 years	2 ENT/ paediatrician visits for children under age of 2 years	1 post-partum midwife/ gynaecologist / GP visit
	1 post-partum lactation consultation	1 post-partum lactation consultation	2 ENT/ paediatrician visits for children under age of 2 years
	1 post-partum dietician consultation	1 post-partum dietician consultation	1 post-partum lactation consultation
	2 post-partum psychologist / counsellor visits	2 post-partum psychologist / counsellor visits	1 post-partum dietician consultation
	Essential devices (breast pump, Nebuliser, thermometer): R 5 300 with a 25% co-payment		2 post-partum psychologist / counsellor visits

Prescribed Medication

<p>Preferentially priced generic and brand medicine: Up to a maximum of 100% of the Scheme Medication Rate, with accumulation to Threshold at up to 100% of the Scheme Medication Rate</p>	<p>Preferentially priced generic and brand medicine: Up to a maximum of 100% of the Scheme Medication Rate, subject to available funds in MSA</p>	<p>Paid at 100% of the Scheme Rate, unlimited at chosen network provider or prescribed by chosen Network GP. Subject to a medication formulary list of defined medicines</p>
<p>Once the MSA has been depleted and before the Threshold is reached, this category of medication at a network pharmacy shall be paid from the Insured Network Benefit, up to 100% of the Scheme Medication rate and does not accumulate to Threshold</p>	<p>Non- Preferentially priced generic and brand medication: Up to a maximum of 100% of the Scheme Medication Rate, subject to available funds in MSA</p>	
<p>Non- Preferentially priced generic and brand medication: Up to a maximum of 100% of the Scheme Medication Rate, subject to available funds in MSA. However, accumulation to and payment from Threshold is up to 75% of the Scheme Medication Rate</p>		
<p>M – R18 100 M + 1 – R21 900 M + 2 – R26 500 M +3+ – R28 800</p>		

Over the Counter Medication

<p>Schedule 0, 1 & 2 medicine limited to funds in MSA only. No accumulation to the Annual Threshold</p>	<p>Schedule 0, 1 & 2 medicine limited to funds in MSA only</p>	<p>No Benefit</p>
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Chronic Medication

<p>26 Chronic conditions and 15 additional chronic conditions</p>	<p>26 Chronic conditions and 11 additional chronic conditions</p>	<p>Paid at 100% of the Scheme Rate, subject to approval of condition and a medicine formulary. Must be dispensed by a network pharmacy or members chosen dispensing GP. If member uses any other retail pharmacy or GP it is subject to a 20% co-payment</p>
<p>Each approved non-formulary medicine is subject to a CDA.</p>	<p>Each approved non-formulary medicine is subject to a CDA.</p>	<p>Cover for the fee charged by GP or Specialist for completing a chronic illness application form for approved CDL conditions</p>
<p>Each approved formulary medicine is paid at the Scheme Medication Rate</p>	<p>Each approved formulary medicine is paid at the Scheme Medication Rate.</p>	
<p>An overall limit of R32 300 applies to medicine for non-PMB chronic conditions per person per year</p>	<p>An overall limit of R16 100 applies to medicine for non-PMB chronic conditions per person per year.</p>	
<p>Cover for the fee charged by GP or Specialist for completing a chronic illness application form for approved CDL conditions</p>	<p>Cover for the fee charged by GP or Specialist for completing a chronic illness application form for approved CDL conditions</p>	

Optical			
	Consultations: Unlimited and paid at 100% of the Scheme Rate	Paid at 100% of the Scheme Rate, subject to available funds in MSA.	One eye test, one pair of single, bifocal or multi-focal lenses and a basic frame, or a set of basic contact lenses, per person every 24 months. Only at an Optometrist in the KeyCare Optometrist Network
	Spectacles, frames, contact lenses and refractive surgery: 100% of the Scheme Rate, limited to R4 850 per person		
	Overall benefit subject to available funds in MSA/ATB and the overall Optical Limit		
Radiology			
	Paid at 100% of the Scheme Rate, subject to available funds in MSA/ATB	Paid at 100% of the Scheme Rate, subject to available funds in MSA.	Unlimited at 100% of the Scheme Rate or agreed rate at a network radiology facility only if requested by member's chosen network GP, subject to a list of approved procedure codes
MRI & CT Scans (Subject to Pre-authorization)			
	Paid at 100% of the Scheme Rate paid from the Hospitalisation Benefit subject to a member co-payment of R1 750 paid from MSA/ATB	Paid at 100% of the Scheme Rate paid from the Hospitalisation Benefit subject to a member co-payment of R1 750 paid from MSA	Paid at 100% of the Scheme Rate, subject to the Specialist limit of R4 050 per person per year
	Must be referred by a Specialist	Must be referred by a Specialist	
Pathology			
	Paid at 100% of the Scheme Rate subject to available funds in MSA/ATB.	Paid at 100% of the Scheme Rate, subject to available funds in MSA.	Unlimited at 100% of the Scheme Rate or agreed rate only if requested by member's chosen network GP, subject to a list of approved procedure codes
	Once MSA depleted and while in the SPG before the Threshold is reached, out of hospital pathology codes at a network provider requested using the Scheme Pathology Form will be paid from Insured Network Benefits. This benefit does not accumulate to Annual Threshold.		
Private Nursing			
	Paid at 100% of the Scheme Rate limited to R10 750 per family, subject to available funds in MSA/ATB	Paid at 100% of the Scheme Rate, subject to available funds in MSA.	No Benefit
	Subject to the overall ATB limit		

Allied Health Services

(Homeopaths, chiropractors, occupational therapy, speech therapy, audiology, podiatrists, physiotherapists, biokinetics, orthotists, prosthetists, dieticians)	Paid at 100% of the Scheme Rate, subject to available funds in MSA/ATB.	Paid at 100% of the Scheme Rate, subject to available funds in MSA.	No Benefit, unless related to specified PMB conditions arising from an emergency trauma-related event If related to specified PMB conditions arising from an emergency trauma-related event: 100% of Scheme Rate for Allied and therapeutic healthcare services including acousticians, biokineticists, chiropractors, dieticians, homeopaths, nursing providers, occupational therapists, physiotherapists, podiatrists, psychologists, psychometrics, registered counsellors, social workers, speech and hearing therapists limited to:
	M – R9 900		M – R7 350
	M + 1 – R14 050		M + 1 – R11 100
	M + 2 – R18 200		M + 2 – R13 800
	M +3+ – R21 550		M +3+ – R16 650

Mental Health Disorders

(Including psychologists, art therapy and social workers and drug and alcohol rehabilitation)	Paid at 100% of the Scheme Rate, subject to available funds in MSA/ATB. Combined limit with Allied Health Services	Paid at 100% of the Scheme Rate, subject to available funds in MSA.	No Benefit unless related to specified PMB conditions.
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Endoscopic Procedures

(Gastroscopy, colonoscopy, proctoscopy, sigmoidoscopy)	Unlimited - related accounts are paid from the Hospitalisation Benefit	Unlimited - related accounts are paid from the Hospitalisation Benefit	Paid at 100% of the Scheme Rate in a network day-case facility
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External Medical Items

	Paid at 100% of the Scheme Rate, limited to R47 500 per family, subject to available funds in the MSA/ATB	Paid at 100% of the Scheme Rate, subject to available funds in MSA	No Benefit, unless related to specified PMB conditions arising from an emergency trauma-related event 100% of Scheme Rate Limited to R26 450 per family per year. Prosthetic Limbs: Limited to R82 000 per person per year. Mobility Devices: Limited to R5 400 per family per year for wheelchairs, long leg callipers, crutches & walkers. Subject to pre-authorisation and that the device is obtained from a network provider
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Hearing Aids

(sub-limit of External Medical Items)	Paid at 100% of the Scheme Rate, limited to R20 900 per family, subject to available funds in MSA/ATB.	Paid at 100% of the Scheme Rate, subject to available funds in MSA	No Benefit unless related to specified PMB conditions arising from an emergency trauma -related event. 100% of Scheme Rate. Limited to R14 100 per family per year
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Doulas

	Paid at 100% of the Scheme Rate from MSA. No accumulation to the Annual Threshold	Paid at 100% of the Scheme Rate, subject to available funds in MSA	No benefit
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Unani Tibb

	Paid at 100% of the Scheme Rate from MSA. No accumulation to the Annual Threshold	Paid at 100% of the Scheme Rate, subject to available funds in MSA	No benefit
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Council for Medical Schemes ('CMS')



What?

The Council for Medical Schemes (CMS) is a statutory body established in terms of the Medical Schemes Act 131 of 1998 to provide regulatory oversight to the medical scheme industry. The CMS' vision is to promote vibrant and affordable healthcare cover for all.



When?

The CMS protects and informs the public about their medical scheme rights and obligations, ensuring that complaints raised are handled appropriately and speedily.



Who?

The CMS governs the medical schemes industry and therefore your complaint should be related to your medical scheme. Any beneficiary or any person who is aggrieved with the conduct of a medical scheme can submit a complaint.



How?

Complaints against your medical scheme can be submitted by letter, fax, e-mail or in person at our Offices from Mondays to Fridays (08:00-17:00).

The complaint form is available from www.medicalschemes.com. The CMS also provides telephonic advice and personal consultations, when necessary.



Where?

At our Customer Care Centre: 0861 123 267
On our Website: www.medicalschemes.com
At our Address: Block A, Eco Glades
2 Office Park 420 Witch-Hazel Avenue Eco Park, Centurion.



Why?

To regulate the medical schemes industry in a fair and transparent manner.



Important Information and contact details

This booklet sets out the 2019 contributions according to family size and outlines in detail the benefits offered by Quantum's three options.

The trustees urge you to review the booklet carefully and to keep it handy for future reference. For more information on the Quantum 2019 benefits and contributions you can contact the Quantum call centre on 0860 102 958 or email service@discovery.co.za

You can also contact the QMAS consultants, NMG Consultants and Actuaries on QMAS@nmg.co.za or by calling 0860 666 668.





This communication provides a summary of the most important changes to the Quantum Medical Aid Society, effective **1 January 2019**.