**Compare our plans**

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<th>EXECUTIVE</th>
<th>COMPREHENSIVE</th>
<th>PRIORITY</th>
<th>SAVER</th>
<th>SMART</th>
<th>CORE</th>
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<th>Value-for-money hospital plan</th>
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<td><strong>Cost-effective in-hospital and day-to-day benefits</strong></td>
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**Hospital (general)**
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- Guaranteed full cover in hospital for specialists on a payment arrangement, and up to 100% of the DHR on all plans and 100% on essential and coastal plans for other healthcare professionals
- Full cover for chronic medicine for all CoD conditions plus some additional chronic conditions
- A chance of a high or no Medical Savings Account and an estimated waived Threshold Benefit for your day-to-day healthcare needs
- Additional cover for GP consultations fees, lab costs, medical treatments, out-patient consultations, and related accounts with paediatricians and some external medical items
- Cover for medical emergencies when travelling

**Pathology**
- Full cover

**Surgical procedures**
- Full cover

**Travel insurance**
- Full cover

**Accident insurance**
- Full cover

**Rehabilitation**
- Full cover

**Dental insurance**
- Full cover

**Emergency insurance**
- Full cover

**Medical savings account**
- Full cover

**Full cover for chronic medicine**
- Full cover

**Value-for-money hospital plan**
- Full cover in any private hospital
- Full cover in any private hospital
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**Affordable medical aid cover**
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**Day-to-day benefits**

**Medical Savings Account**

For day-to-day medical expenses like GP consultation fees, radiology and pathology as long as you have money available. Pay for day-to-day medical expenses like GP consultation fees, radiology and pathology as long as you have money available. Not applicable to Classic MSA.

**Self-payment Gap**

If you run out of money in your Medical Savings Account before your claims add up to the Annual Threshold, you will have to pay for your day-to-day medical expenses. Not applicable to Classic MSA.

**Day-to-Day Ceiling Benefit**

For day-to-day medical expenses after you have run out of money in your Medical Savings Account and before you reach the Annual Threshold.

**Abuse Threshold Benefit**

The Abuse Threshold Benefit is unlimited. Not applicable to these plans.

**Millennium CT scans**

Paid from your available Medical Savings Account or Abuse Threshold Benefit.

**Gromming and Weight Management (BMI)**

Covers certain tests at one of our wellness network providers. You must pay the first R2 900 of your MRI or CT scan from your available Medical Savings Account. We cover the balance of the scan once costs for cancer treatment go over R200 000.

**Kids’ screening**

Covers growth assessment and health and milestone tracking at any one of our wellness network providers.

**Trauma Recovery Benefit**

Out-of-hospital claims for recovery after certain traumatic events are covered on this benefit for the rest of the year in which the trauma took place, and a year after the trauma.

**Specialised Medicine and Technology benefit**

Cover up to R200 000 per person for a defined list of the most advanced medical treatments. A co-payment of up to 20% and specific rules apply to this benefit.

**Oversight Treatment Benefit**

Up to R50 000 for each person traveling for evidence-based healthcare treatment not available in South Africa. A co-payment of 24% and specific rules apply to this benefit.

**Additional benefits for specific diseases/medical condition**

Provides unlimited cover for a list of allied healthcare services like physiotherapy and occupational therapy. This unlimited cover is for a defined list of conditions, for example urological and cardiac care. Co-payment depends on your condition and meeting the criteria for it.

**Conditions**

You have cover for the 27 CDL conditions according to the Prescribed Minimum Benefits list as well as additional conditions on our Additional Disease List. Your condition needs to be approved for this benefit.

**Medicine cover**

Approved medicine on our medicine list is covered in full (not applicable to ADL conditions). Medicine not on our list is not paid for up to a maximum of the monthly Chronic Drug Amount.

**Benefits**

You will be required to pay 20% of the cost on all further treatment once costs for cancer treatment go over R200 000. Prescribed Minimum Benefits are covered in full.

**Coverage**

You will have to pay 20% of the cost on all further treatment once costs for cancer treatment go over R200 000. Prescribed Minimum Benefits are covered in full.