Quantum
Medical Aid Society
(QMAS)

QUANTUM
Medical Aid Society 2021

Administrated by:
Discovery Health

Contents

MOST IMPORTANT changes for 2021

- Contribution increases will be 6.5% across all Plans
- Medical Savings Accounts for the Essential Comprehensive and Essential Saver Plans have been increased in line with contribution increases
- An inflationary increase of 4.4% has been applied to benefit limits
- KeyCare income bands have increased by approximately 4.4%
- Introduction of an Assisted Reproduction Therapy benefit on the Essential Comprehensive Plan

CONTRIBUTION INCREASES 6.5%

CHRONIC ILLNESS BENEFIT (CIB)

- There will be formulary changes and Chronic Drug Amount updates applied from 1 January 2021. Discovery has communicated these changes with impacted members
- These members will have until the end of 2020 to make changes to their treatment to avoid or reduce co-payments

COVID-19

RISK ASSESSMENT

As a member you can understand your risk status at any point in time by completing the **COVID-19 risk assessment** available via the Discovery app or www.discovery.co.za.

The assessment is a set of questions which determines if you could be at risk and need a consultation with a doctor.

SCREENING

The **WHO Global Outbreak Benefit** covers COVID-19 screening consultations. Members can choose to either access a virtual or face-to-face consultation at a network provider.

Virtual consultations provide a safe alternative to face-to-face consultations for patients and doctors, and contribute to the important containment measures that will reduce the impact of the outbreak.

TESTING

Members have access to **COVID-19 PCR testing** funded in full from the WHO Global Outbreak Benefit, regardless of the outcome of the test when referred by the doctor or nurse that screened the patient. PCR testing is limited to two tests per beneficiary per annum. In addition, members that require a hospital admission have access to a COVID-19 PCR test funded in full.

PRESCRIBED MINIMUM BENEFITS

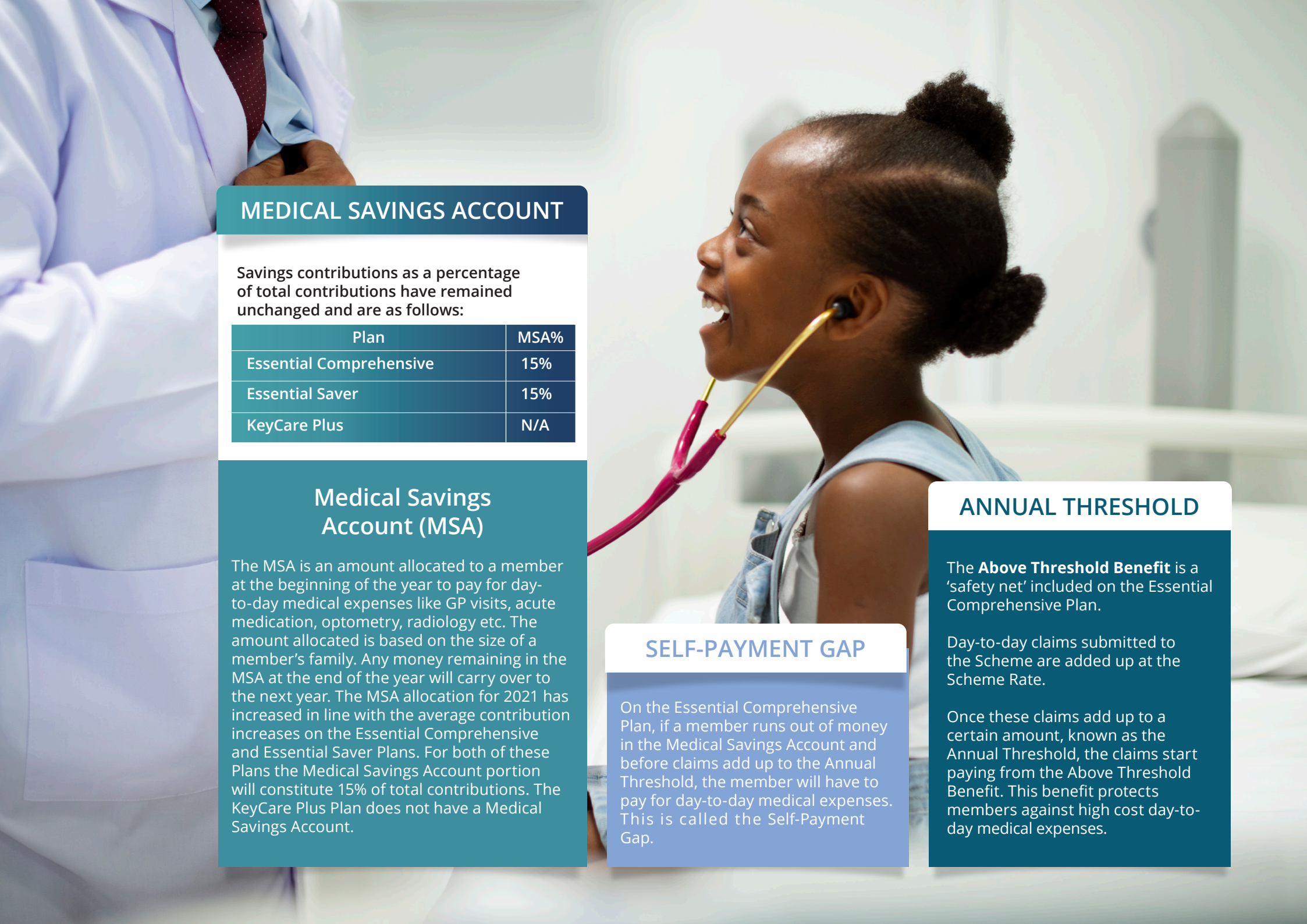
Prescribed Minimum Benefit (PMB) conditions, which are legislated in the Medical Schemes Act 131 of 1998 and its Regulations, oblige all medical schemes to cover the costs related to the diagnosis, treatment and care of:

- An emergency medical condition
- A defined list of 270 diagnoses
- A defined list of 27 chronic conditions

To access Prescribed Minimum Benefits, there are rules defined by the Council for Medical Schemes (CMS) that apply:

- Your medical condition must qualify for cover and be part of the defined list of Prescribed Minimum Benefit conditions
- The treatment needed must match the treatments in the defined benefits
- You must use Designated Service Providers (DSPs) in our network. This does not apply in emergencies. Where appropriate and according to the rules of the Scheme, you may be transferred to a hospital or other service providers in our network, once your condition has stabilised. If you do not use a DSP we will pay up to 80% of the Scheme Rate. You will be responsible for the difference between what we pay and the actual cost of your treatment. You can find a full list of DSPs on www.discovery.co.za

If your treatment doesn't meet the above criteria, we will pay according to your Plan benefits.



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 2021 has increased in line with the average contribution increases on the Essential Comprehensive and Essential Saver Plans. 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 Essential Comprehensive Plan, if a member runs out of money in the Medical Savings Account and before claims add up to the Annual Threshold, the member will have to pay for day-to-day medical expenses. This is called the Self-Payment Gap.

ANNUAL THRESHOLD

The **Above Threshold Benefit** is a 'safety net' included on the Essential Comprehensive Plan.

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 Illness Benefit

CHRONIC DISEASE LIST (CDL)

Chronic Disease List (CDL) covered on **Essential Comprehensive**, **Essential Saver** 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)

Additional Disease List (ADL) covered on **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)

Additional Disease List (ADL) covered on **Essential Comprehensive Plan**

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

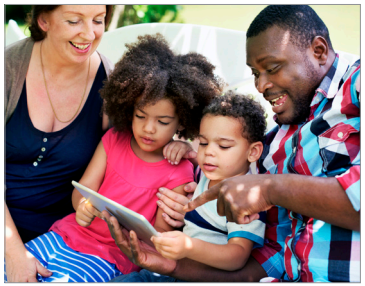
Contributions

Quantum Essential Comprehensive 2021

Category	Risk contribution	Medical Savings contribution	Total Monthly contribution	Annual MSA allocation	Threshold	Self-Payment Gap
Principal Member	4 994	881	5 875	10 572	17 740	7 168
Adult Dependant	4 722	833	5 555	9 996	17 740	7 744
Child	1 005	177	1 182	2 124	3 330	1 206

Family Composition	Risk contribution	Medical Savings contribution	Total Monthly contribution	Annual MSA allocation	Threshold	Self-Payment Gap
Principal	4 994	881	5 875	10 572	17 740	7 168
Principal + Adult	9 716	1 714	11 430	20 568	35 480	14 912
Principal + Adult + Child	10 721	1 891	12 612	22 692	38 810	16 118
Principal + Adult + 2 Children	11 726	2 068	13 794	24 816	42 140	17 324
Principal + Adult + 3 Children	12 731	2 245	14 976	26 940	45 470	18 530
Principal + Child	5 999	1 058	7 057	12 696	21 070	8 374
Principal + 2 Children	7 004	1 235	8 239	14 820	24 400	9 580
Principal + 3 Children	8 009	1 412	9 421	16 944	27 730	10 786
Principal + 2 Adult	14 438	2 547	16 985	30 564	53 220	22 656
Principal + 2 Adult + Child	15 443	2 724	18 167	32 688	56 550	23 862
Principal + 2 Adult + 2 Children	16 448	2 901	19 349	34 812	59 880	25 068

* Contributions are charged up to maximum of 3 children



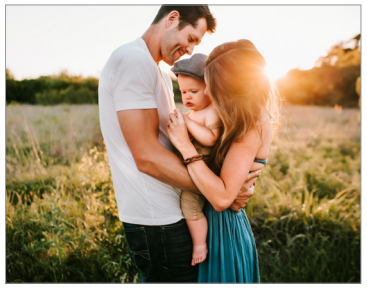
Contributions

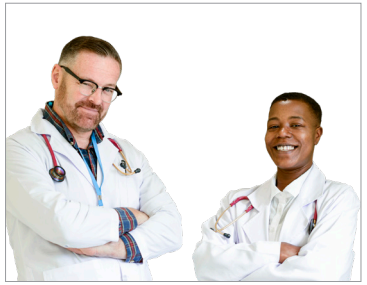
Quantum Essential Saver Plan 2021

Category	Risk contribution	Medical Savings contribution	Total Monthly contribution	Annual MSA allocation
Principal Member	2 110	372	2 482	4 464
Adult Dependant	1 583	279	1 862	3 348
Child	846	149	995	1 788

Family Composition	Risk contribution	Medical Savings contribution	Total Monthly contribution	Annual MSA allocation
Principal	2 110	372	2 482	4 464
Principal + Adult	3 693	651	4 344	7 812
Principal + Adult + Child	4 539	800	5 339	9 600
Principal + Adult + 2 Children	5 385	949	6 334	11 388
Principal + Adult + 3 Children	6 231	1 098	7 329	13 176
Principal + Child	2 956	521	3 477	6 252
Principal + 2 Children	3 802	670	4 472	8 040
Principal + 3 Children	4 648	819	5 467	9 828
Principal + 2 Adult	5 276	930	6 206	11 160
Principal + 2 Adult + Child	6 122	1 079	7 201	12 948
Principal + 2 Adult + 2 Children	6 968	1 228	8 196	14 736

* Contributions are charged up to a maximum of three children





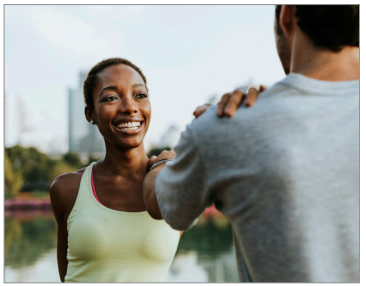
Contributions

Quantum KeyCare Plus 2021

Category	R0 - R8 600 Total Monthly contribution	R8 601 - R12 150 Total Monthly contribution	R12 151+ Total Monthly contribution
Principal Member	1 282	1 794	2 672
Adult Dependant	1 282	1 794	2 672
Child	465	503	718

Family Composition	R0 - R8 600	R8 601 - R12 150	R12 151+
Principal	1 282	1 794	2 672
Principal + Adult	2 564	3 588	5 344
Principal + Adult + Child	3 029	4 091	6 062
Principal + Adult + 2 Children	3 494	4 594	6 780
Principal + Adult + 3 Children	3 959	5 097	7 498
Principal + Child	1 747	2 297	3 390
Principal + 2 Children	2 212	2 800	4 108
Principal + 3 Children	2 677	3 303	4 826
Principal + 2 Adult	3 846	5 382	8 016
Principal + 2 Adult + Child	4 311	5 885	8 734
Principal + 2 Adult + 2 Children	4 776	6 388	9 452

* Contributions are charged for all children



Benefits for 2021

	Essential Comprehensive	Essential Saver	KeyCare Plus
SPECIAL FEATURES			
	ALL BENEFITS PAID AT 100% OF 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)
Screening Benefit B			
	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, Pap Smears are covered once every 3 years and HPV covered once every 5 years	Mammograms are covered once every 2 years, Pap Smears are covered once every 3 years and HPV covered once every 5 years	Mammograms are covered once every 2 years, Pap Smears are covered once every 3 years and HPV covered once every 5 years
	Colorectal cancer screening. Pays up to a maximum of 100% of Scheme rate for test code. One fecal occult blood test or immunochemical test every 2 years per person for persons between the ages of 45 to 75 years	Colorectal cancer screening. Pays up to a maximum of 100% of Scheme rate for test code. One fecal occult blood test or immunochemical test every 2 years per person for persons between the ages of 45 to 75 years	Colorectal cancer screening. Pays up to a maximum of 100% of Scheme rate for test code. One fecal occult blood test or immunochemical test every 2 years per person for persons between the ages of 45 to 75 years
Screening Benefit C			
	Child screening including growth assessments, blood pressure and milestone tracking. Pays up to a maximum of 100% of the Scheme Rate at a network provider. For children between the ages of 2 and 18 years	Child screening including growth assessments, blood pressure and milestone tracking. Pays up to a maximum of 100% of the Scheme Rate at a network provider. For children between the ages of 2 and 18 years	Child screening including growth assessments, blood pressure and milestone tracking. Pays up to a maximum of 100% of the Scheme Rate at a network provider. For children between the ages of 2 and 18 years
Preventative Benefit			
	Seasonal flu vaccines for members over the age 65 and for the following registered chronic conditions, limited to one per person per year	Seasonal flu vaccines for members over the age 65 and for the following registered chronic conditions, limited to one per person per year	Seasonal flu vaccines for members over the age 65 and for the following registered chronic conditions, limited to one per person per year
	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
Screening for seniors – 65 years and older			
(Including hearing, visual screening and a falls risk assessment)	Pays up to 100% of Scheme Rate in a defined network of pharmacies	Pays up to 100% of Scheme Rate in a defined network of pharmacies	Pays up to 100% of Scheme Rate in a defined network of pharmacies
	One additional GP consultation at a Premier Plus GP, depending on your screening test results and if you meet the Scheme's clinical entry criteria	One additional GP consultation at a Premier Plus GP, depending on your screening test results and if you meet the Scheme's clinical entry criteria	One additional GP consultation at a Premier Plus GP, depending on your screening test results and if you meet the Scheme's clinical entry criteria

	Essential Comprehensive	Essential Saver	KeyCare Plus
IN HOSPITAL			
	ALL IN HOSPITAL BENEFITS ARE SUBJECT TO PRE-AUTHORISATION		
Hospitalisation			
	Unlimited and paid at 100% of the Scheme Rate A deductible of **R5 700** applies for elective use of non-network facility for a defined list of procedures	Unlimited and paid at 100% of the Scheme Rate A deductible of **R5 700** applies for elective use of non-network facility for a defined list of procedures	Cover unlimited at 100% of the Scheme Rate at KeyCare Full Cover Network Hospitals only. Cover limited to 70% of the Scheme Rate at KeyCare Partial Cover Network for non-PMB treatment. A Designated Service Provider (DSP) network (Day Surgery Network) applies for clinically appropriate procedures. Take home medication limited to **R180** per hospital admission
Specialists			
(Including anesthetists)	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. Member must be referred by their closest GP 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	No overall limit for dentistry. Hospital Account: Paid at 100% of the Scheme Rate with a deductible	Subject to PMBs
	Deductible: Age up to 12 years – **R1 100** (day case) and **R2 300** (in-hospital) Age over 12 years – **R3 950** (day case) and **R6 100** (in-hospital)	Deductible: Age up to 12 years – **R1 100** (day case) and **R2 300** (in-hospital) Age over 12 years – **R3 950** (day case) and **R6 100** (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	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 **R31 600 per person per year**	Dental devices, appliances, prosthesis & orthodontics: Paid at 100% of the Scheme Rate, subject to available funds in the MSA, limited to **R28 500 per person per year**	
	Implants as a result of oncology or specific trauma events: Unlimited and paid at 100% of Scheme Rate	Implants as a result of oncology or specific trauma events: Unlimited and paid at 100% of Scheme Rate	
Day surgery			
Procedure carried out in a hospital instead of day surgery facility	100% of the Scheme Rate at the Scheme's defined list of day-surgery providers A **R5 700** deductible is payable if you choose not to use a network facility	100% of the Scheme Rate at the Scheme's defined list of day-surgery providers A **R5 700** deductible is payable if you choose not to use a network facility	No cover if network facility is not used

	Essential Comprehensive	Essential Saver	KeyCare Plus
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 No benefit for elective 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, unlimited at KeyCare Network Hospitals subject to overall Specialist limit
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 950** will apply per admission	If unrelated, a co-payment of **R1 950** will apply per admission	If unrelated to an approved hospital admission then covered from the **R4 600** per person Specialist limit. 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			
(Including hospice accommodation, hospice home care visits & hospice doctor visits and Advanced Illness Benefit)	Paid at 100% of the cost. Includes prescribed drugs and materials	Paid at 100% of the cost. Includes prescribed drugs and materials	Paid at 100% of the Scheme rate, limited to **R50 300** per person per lifetime, within KeyCare Network. Unlimited PMB
Cochlear Implants, auditory brain implants, implantable defibrillators			
	Paid at 100% of the Scheme Rate with a limit of **R237 500** per person per benefit	Paid at 100% of the Scheme Rate with a limit of **R237 500** per person per benefit	No Benefit
Internal nerve stimulators			
	Paid at 100% of the Scheme Rate with a limit of **R180 500** per person per benefit	Paid at 100% of the Scheme Rate with a limit of **R180 500** per person per benefit	No Benefit
Internal Prosthesis			
(Including hip, knee, shoulder joint replacements and spinal prosthetic devices)	Unlimited and paid at 100% of the Scheme Rate at the Provider Network	Unlimited and paid at 100% of the Scheme Rate at the Provider Network	No Benefit
	Limited to **R57 000** per person (per prosthesis per event) outside of the Provider Network	Limited to **R57 000** per person (per prosthesis per event) outside of the Provider Network	
	Spinal prosthetic devices: Limited to **R33 500** per level and **R67 000** for 2 or more levels and limited to one procedure per person per year	Spinal prosthetic devices: Limited to **R33 500** per level and **R67 000** for 2 or more levels and limited to one procedure per person per year	

	Essential Comprehensive	Essential Saver	KeyCare Plus
Endoscopic Procedures			
(Including gastroscopes, colonoscopy, proctoscopy, sigmoidoscopy)	Paid at 100% of the Scheme Rate. Apart from PMBs and children aged 12 and under, the first **R3 650** of the Hospital Account when performed in a day clinic, or **R5 300** of the Hospital Account when performed in acute facilities, will be paid from the member's MSA\ ATB. Where both gastroscopy and colonoscopy are performed the first **R4 450** of the Hospital Account when performed in a day clinic, or **R6 600** in respect of the Hospital Account when performed in an acute facility, per admission is paid from MSA/ATB. The balance of the account is paid at 100% of Scheme Rate. If a procedure is on the defined list and is also subject to the day surgery network, the higher amount of the above or **R5 700** deductible amount shall be payable if you choose to use a non-network facility.	Paid at 100% of the Scheme Rate. Apart from PMBs and children aged 12 and under, the first **R3 650** of the Hospital Account when performed in a day clinic, or **R6 250 o**f the Hospital Account when performed in acute facilities, will be paid from the member's MSA. Where both gastroscopy and colonoscopy are performed the first **R4 450** of the Hospital Account when performed in a day clinic, or **R7 800** in respect of the Hospital Account when performed in an acute facility, per admission is paid from MSA. The balance of the account is paid at 100% of Scheme Rate. If a procedure is on the defined list and is also subject to the day surgery network, the higher amount of the above or **R5 700** deductible amount shall be payable if you choose to use a non-network facility.	Limited to PMB 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	Limited to PMB only. Paid at 100% of the Scheme Rate; Treatment only covered at 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			
	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
	21 days for admissions or up to 15 out-of-hospital consultations per person for major affective disorders, anorexia and bulimia, and up to 12 out-of-hospital consultations for acute stress disorder accompanied by recent significant trauma	21 days for admissions or up to 15 out-of-hospital consultations per person for major affective disorders, anorexia and bulimia, and up to 12 out-of-hospital consultations for acute stress disorder accompanied by recent significant trauma	
	Three days per approved admission for attempted suicide	Three days per approved admission for attempted suicide	
	21 days for other mental health admissions. All mental health admissions are covered in full at a network facility.	21 days for other mental health admissions. All mental health admissions are covered in full at a network facility.	
	If you go elsewhere, we will pay up to 80% of the Scheme Rate for the hospital account	If you go elsewhere, we will pay up to 80% of the Scheme Rate for the hospital account	

	Essential Comprehensive	Essential Saver	KeyCare Plus
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 in-hospital treatment
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	Unlimited and paid at 100% of the Scheme Rate	Unlimited and paid at 100% of the Scheme Rate
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	1 per person per year for non-emergency visits and only at KeyCare network hospital The first **R395** of the account is paid by the member. The balance of the account is paid by the Scheme at the Scheme rate, if you have pre-authorised. No cover outside of the KeyCare Network
Assisted Reproduction Therapy Benefit			
(Including consultations, radiology, oocyte retrieval, embryo transfer, laboratory fees, supportive medication and storage)	Up to a maximum of 75% of the Scheme Rate to a limit of **R110 000** per year and subject to the Scheme's basket of care for members aged between 25 and 42 years	No Benefit	No Benefit

	Essential Comprehensive	Essential Saver	KeyCare Plus
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 Above Threshold Benefit (ATB)		Not Applicable
	Annual savings limit: **P: 10 572** **A: 9 996** **C: 2 124** (Max of 3 children)	Annual savings limit: **P: 4 464** **A: 3 348** **C: 1 788** (Max of 3 children)	
Self Payment Gap			
	P: 7 168 **A: 7 744** **C: 1 206** (Max of 3 children)	Not Applicable	Not Applicable
Annual Threshold			
	P: R17 740 **A: R17 740** **C: R3 330** (Max of 3 children)	Not Applicable	Not Applicable
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 including selected blood tests, x-rays and acute medication on the medicine list. Covered for maximum of three unscheduled emergency visits per person per year at chosen GP
	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	
	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

	Essential Comprehensive	Essential Saver	KeyCare Plus
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 600** 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			
Basic	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:100% of the Scheme Rate. Unlimited subject to a list of procedures and only at a dentist within the network. In hospital dentistry and specialised dentistry excluded
Specialised	Dental devices, appliances, prosthesis & orthodontics **limited to R31 600 per person per year** regardless of place of service (in or out-of-hospital)	Dental devices, appliances, prosthesis & orthodontics **limited to R28 500 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) or chromosome screening test	1 Nuchal Translucency/ Non-invasive Prenatal Test (NIPT) or chromosome screening test	1 Nuchal Translucency/ Non-invasive Prenatal Test (NIPT) or chromosome screening test
	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): **R5 800** with a 25% co-payment		2 post-partum psychologist / counsellor visits

	Essential Comprehensive	Essential Saver	KeyCare Plus
Prescribed Medication			
	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	Preferentially priced generic and brand medicine: Up to a maximum of 100% of the Scheme Medication Rate, subject to available funds in MSA	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
	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		
	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	Non- Preferentially priced generic and brand medication: Up to a maximum of 100% of the Scheme Medication Rate, subject to available funds in MSA	
	Member: **R19 800** M + 1 dependant: **R24 000** M + 2 dependant: **R29 100** M + 3 dependants or more: **R31 600**		
Over the Counter Medication			
	Schedule 0, 1 & 2 medicine limited to funds in MSA only. No accumulation to the Annual Threshold	Schedule 0, 1 & 2 medicine limited to funds in MSA only	No Benefit
Chronic Illness Benefit			
	Access to 26 Prescribed Minimum Benefit (PMB) Chronic Disease List (CDL) conditions and 15 Additional Disease List (ADL) conditions. Subject to application and benefit entry criteria. If your Chronic Disease List (CDL) condition is approved, the Chronic Illness Benefit will cover certain procedures, tests and consultations for the diagnosis and ongoing management of the condition in line with Prescribed Minimum Benefits (PMB). For more information on the Chronic Illness Benefit, please refer to the website at www.discovery.co.za	Access to 26 Prescribed Minimum Benefit (PMB) Chronic Disease List (CDL) conditions and 15 Additional Disease List (ADL) conditions. Subject to application and benefit entry criteria. If your Chronic Disease List (CDL) condition is approved, the Chronic Illness Benefit will cover certain procedures, tests and consultations for the diagnosis and ongoing management of the condition in line with Prescribed Minimum Benefits (PMB). For more information on the Chronic Illness Benefit, please refer to the website at www.discovery.co.za	Access to 26 Prescribed Minimum Benefit (PMB) Chronic Disease List (CDL) conditions and 15 Additional Disease List (ADL) conditions. Subject to application and benefit entry criteria. If your Chronic Disease List (CDL) condition is approved, the Chronic Illness Benefit will cover certain procedures, tests and consultations for the diagnosis and ongoing management of the condition in line with Prescribed Minimum Benefits (PMB). For more information on the Chronic Illness Benefit, please refer to the website at www.discovery.co.za
	Approved non-formulary medicine is covered up to monthly Chronic Drug Amount	Approved non-formulary medicine is covered up to monthly Chronic Drug Amount	Non-formulary medicine is covered up to the Generic Reference Price, which is up to the lowest cost medicine of the same kind on the formulary for the condition
	Approved formulary medicine is covered up to the Scheme Medicine Rate	Approved formulary medicine is covered up to the Scheme Medicine Rate	Approved formulary medicine is covered up to the Scheme Medicine Rate
	An overall limit of **R35 400** applies to medicine for non-PMB chronic conditions per person per year	An overall limit of **R17 600** applies to medicine for non-PMB chronic conditions per person per year	A 20% co-payment applies to approved chronic medicine for the use of a non-DSP pharmacy or dispensing GP who is not your chosen GP
	A 20% co-payment applies to approved chronic medicine for the use of a non-DSP Pharmacy	A 20% co-payment applies to approved chronic medicine for the use of a non-DSP Pharmacy	

	Essential Comprehensive	Essential Saver	KeyCare Plus
Disease Management programmes			
	We cover condition-specific care programmes that help you to manage your diabetes or heart-related medical conditions. You have to be registered on these condition-specific care programmes to unlock additional benefits and services. For more information about these programmes, please refer to the website at www.discovery.co.za	We cover condition-specific care programmes that help you to manage your diabetes or heart-related medical conditions. You have to be registered on these condition-specific care programmes to unlock additional benefits and services. For more information about these programmes, please refer to the website at www.discovery.co.za	We cover condition-specific care programmes that help you to manage your diabetes or heart-related medical conditions. You have to be registered on these condition-specific care programmes to unlock additional benefits and services. For more information about these programmes, please refer to the website at www.discovery.co.za
Optical			
	Consultations: Unlimited and paid at 100% of the Scheme Rate	Paid at 100% of the Scheme Rate, subject to available funds in MSA	100% of the Scheme Rate, 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 **R5 300** 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-authorisation)	Paid at 100% of the Scheme Rate from the Hospitalisation Benefit subject to a member co-payment of **R1 950** paid from MSA/ATB	Paid at 100% of the Scheme Rate from the Hospitalisation Benefit subject to a member co-payment of **R1 950** paid from MSA	Paid at 100% of the Scheme Rate, subject to the Specialist limit of **R4 600** 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 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 **R11 800** 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		

	Essential Comprehensive	Essential Saver	KeyCare Plus
Home based healthcare			
	Subject to Plan benefits. Paid at 100% of the Scheme Rate, subject to available funds in MSA/ATB	Subject to Plan benefits. Paid at 100% of the Scheme Rate, subject to available funds in MSA/ATB.	100% of the Scheme Rate for home-monitoring devices (including those for glucose monitoring) for clinically appropriate chronic and acute conditions subject to a limit of **R 4000** per person per year, to be obtained from a preferred provider
Allied Health Services			
(Including homeopaths, chiropractors, occupational therapy, speech therapy, audiology, podiatrists, physiotherapists, biokinetics, orthotists, prosthetists, dieticians, nursing providers and psychometrics)	Paid at 100% of the Scheme Rate, subject to available funds in MSA/ATB. Member: **R10 850** M + 1 dependant: **R15 400** M + 2 dependants: **R20 000** M + 3 dependants or more: **R23 650**	Paid at 100% of the Scheme Rate, subject to available funds in MSA.	No Benefit. If related to specified PMB conditions arising from an emergency trauma-related event: 100% of Scheme Rate limited to: Member: **R8 300** M + 1 dependant:**R12 500** M + 2 dependants: **R15 550** M + 3 dependants or more: **R18 750**
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 21 days for admissions or up to 15 out-of-hospital consultations per person for major affective disorders, anorexia and bulimia, and up to 12 out-of-hospital consultations for acute stress disorder accompanied by recent significant trauma. Three days per approved admission for attempted suicide. 21 days for other mental health admissions. All mental health admissions are covered in full at a network facility. If you go elsewhere, we will pay up to 80% of the Scheme Rate for the Hospital Account	Paid at 100% of the Scheme Rate, subject to available funds in MSA 21 days for admissions or up to 15 out-of-hospital consultations per person for major affective disorders, anorexia and bulimia, and up to 12 out-of-hospital consultations for acute stress disorder accompanied by recent significant trauma. Three days per approved admission for attempted suicide. 21 days for other mental health admissions. All mental health admissions are covered in full at a network facility. If you go elsewhere, we will pay up to 80% of the Scheme Rate for the Hospital Account	No Benefit unless related to specified PMB conditions
External Medical Items			
	Paid at 100% of the Scheme Rate, limited to **R52 000** 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 apart from 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
Hearing Aids			
(sub-limit of External Medical Items)	Paid at 100% of the Scheme Rate, limited to **R23 000** per family, subject to available funds in MSA/ATB	Paid at 100% of the Scheme Rate, subject to available funds in MSA	No Benefit
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
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

	Essential Comprehensive	Essential Saver	KeyCare Plus
Trauma Recovery Extender Benefit		**Trauma Recovery Extender Benefit**	
Over and above the DTPMB entitlement, this benefit also covers out-of-hospital healthcare services arising from emergency, trauma-related events relating to the following PMB conditions: • Paraplegia • Quadriplegic • Near-drowning related injury • Severe anaphylactic reaction • Poisoning • Crime-related injury • Severe burns • External and internal head injuries • Loss of limb Trauma benefit services cover under this benefit include: • Allied healthcare services • External medical appliances • Hearing aids • Prescribed medication	Up to a maximum of 100% of the Scheme Rate. Paid from Health Care Cover and is subject to applicable limits. Excludes OTC medicines (inclusive of schedule 0, 1 and 2 drugs whether prescribed or not), optometry, antenatal classes and dentistry (other than severe dental and oral procedures). Cover applies to 31 December of the following year after the trauma occurred. Subject to authorisation and/or approval and treatment meeting the Scheme's treatment guidelines and entry criteria. External Medical Items limited to: **R27 250** per family per year Except for prosthetic limbs which are limited to **R88 250** per person per year Hearing aids limited to **R15 200** per family per year • Allied and therapeutic healthcare services limited to: Member: **R8 300** M + 1 dependant: **R12 500** M + 2 dependants: **R15 550** M + 3 dependants or more: **R18 750** • Prescribed Medicine limited to: Member: **R16 200** M + 1 dependant: **R19 150** Member + 2 dependants: **R22 750** Member + 3 dependants or more: **R27 650**	Up to a maximum of 100% of the Scheme Rate. Paid from Health Care Cover and is subject to applicable limits. Excludes OTC medicines (inclusive of schedule 0, 1 and 2 drugs whether prescribed or not), optometry, antenatal classes and dentistry (other than severe dental and oral procedures). Cover applies to 31 December of the following year after the trauma occurred. Subject to authorisation and/or approval and treatment meeting the Scheme's treatment guidelines and entry criteria. External Medical Items limited to: **R27 250** per family per year Except for prosthetic limbs which are limited to **R88 250** per person per year Hearing aids limited to **R15 200** per family per year • Allied and therapeutic healthcare services limited to: Member**: R8 300** M + 1 dependant: **R12 500** M + 2 dependants: **R15 550** M + 3 dependants or more: **R18 750** • Prescribed Medicine limited to: Member**: R16 200** M + 1 dependant: **R19 150** Member + 2 dependants: **R22 750** Member + 3 dependants or more: **R27 650**	Up to a maximum of 100% of the Scheme Rate. Paid from Health Care Cover and is subject to applicable limits. Excludes OTC medicines (inclusive of schedule 0, 1 and 2 drugs whether prescribed or not), optometry, antenatal classes and dentistry (other than severe dental and oral procedures). Cover applies to 31 December of the following year after the trauma occurred. Subject to authorisation and/or approval and treatment meeting the Scheme's treatment guidelines and entry criteria. Subject to Plan benefits except for prosthetic limbs which are subject to a limit of **R88 250**
WHO Disease Outbreak Benefit			
Out-of-hospital services related to COVID-19 • Screening consultation with a nurse of GP • Defined basket for pathology • Defined basket for x-rays and scans • Supportive treatment	Apart from PMB cover, up to a maximum of 100% of the Scheme rate for the Schemes defined basket of care. Cover for testing subject to referral. Subject to the Scheme's preferred provider (where applicable), protocols and the condition and treatment meeting the Scheme's clinical entry criteria and guidelines	Apart from PMB cover, up to a maximum of 100% of the Scheme rate for the Schemes defined basket of care. Cover for testing subject to referral. Subject to the Scheme's preferred provider (where applicable), protocols and the condition and treatment meeting the Scheme's clinical entry criteria and guidelines	Apart from PMB cover, up to a maximum of 100% of the Scheme rate for the Schemes defined basket of care. Cover for testing subject to referral. Subject to the Scheme's preferred provider (where applicable), protocols and the condition and treatment meeting the Scheme's clinical entry criteria and guidelines

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.co.za. 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.co.za
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 2021 contributions according to family size and outlines in detail the benefits offered by Quantum's Plans.

The trustees urge you to review the booklet carefully and to keep it handy for future reference. For more information on the Quantum 2021 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 brochure is merely a summary of the Society's key benefits and features for 2021, pending approval from the Council for Medical Schemes. Full details will be found in the Scheme Rules.

This brochure gives you a brief outline of the benefits that QMAS offers. This does not replace the Scheme rules. The registered Scheme rules are legally binding and always take precedence.

nmg BENEFITS
OUR PEOPLE • YOUR ASSET