

HERITAGE HEALTH COMPREHENSIVE PLANS 2020 – (HOSPITAL)

	Camel Thorn Hospital	Maroela Hospital	Hoodia Hospital
Annual In-Hospital Benefits	Unlimited	1,500,000	320,000
Accommodation	Overall Limit	Overall Annual Limit	Overall Annual Limit
Accommodation Private Ward	Overall Limit	15,000	3,000
GP consultations - In-Hospital Per Beneficiary	Overall Limit	16,800	6,000
GP consultations - In-Hospital Per Family	Overall Limit	28,000	10,000
Specialist consultations - In-Hospital Per Beneficiary	Overall Limit	67,000	14,400
Specialist consultations - In-Hospital Per Family	Overall Limit	112,000	24,000
Confinement (maternity)	80,000	58,000	38,000
Neonatal Care (28 days)	150,000	60,000	No Benefit
Hospice/Frail Care Per Family	36,000	30,000	15,000
Psychiatric Care Per Family	18,000	14,000	6,000
Physiotherapy Per Family	12,000	6,000	4,800
Organ transplant Per Family	360,000	230,000	No Benefit
Internal Prosthesis Per Family	80,000	58,000	36,000
Radiology - General Per Beneficiary	30,000	19,000	9,300
Radiology - General Per Family	60,000	38,000	15,500
Radiology - Specialised Per Beneficiary	36,000	18,000	8,700
Radiology - Specialised Per Family	60,000	30,000	14,500
Pathology Per Beneficiary	Overall Limit	Overall Limit	12,000
Pathology Per Family	Overall Limit	Overall Limit	20,000
Hospital Casualty	8,000	3,200	2,500
Oncology in or out Hospital	360,000	240,000	130,000
Medicine while in Hospital Per Beneficiary	Overall Limit	39,000	13,000
Medicine while in Hospital Per Family	Overall Limit	65,000	24,000
Chronic medicine in or out of Hospital Per Beneficiary	36,000	21,600	12,600
Chronic medicine in or out of Hospital Per Family	60,000	36,000	21,000
Chronic medicine - Bi-annual GP & Specialist consultations	2 visits per beneficiary annually	2 visits per beneficiary annually	2 visits per beneficiary annually
Doctor's on Call (Call out fee & GP Costs)	6,000	3,800	1,500

HERITAGE HEALTH COMPREHENSIVE PLANS 2020 – (DAY TO DAY)

	Camel Thorn Day to Day	Maroela Day to Day	Hoodia Day to Day
Annual Day to Day Benefits	80,000	26,000	17,000
GP Consultations Per Beneficiary	9,000	3,300	1,800
GP Consultations Per Family	15,000	5,500	3,000
Specialists Consultations Per Beneficiary	18,000	6,600	3,600
Specialists Consultations Per Family	30,000	11,00	6,000
Acute Medication Per Beneficiary	16,800	7,800	5,760
Acute Medication Per Family	28,000	13,000	9,600
Self-Medication Per Beneficiary	3,600	1,380	1,260
Self-Medication Per Family	6,000	2,300	2,100
Optical - Lenses Per Beneficiary	4,800	2,700	2,220
Optical - Lenses Per Family	8,000	4,500	3,700
Optical - Frames Per Beneficiary	3,600	2,460	1,620
Optical - Frames Per Family	6,000	4,100	2,700
Optical - Test	2,500	1,000	500
Dentistry - Basic Per Beneficiary	14,400	7,200	4,200
Dentistry - Basic Per Family	24,000	12,000	7,000
Dentistry - Specialised Per Beneficiary	24,000	10,800	6,300
Dentistry - Specialised Per Family	40,000	18,000	10,500
Pathology - out-of-Hospital Per Beneficiary	10,800	6,000	3,960
Pathology - out-of-Hospital Per Family	18,000	10,000	6,600
Radiology - out-of-Hospital Per Beneficiary	9,600	4,800	3,480
Radiology - out-of-Hospital Per Family	16,000	8,000	5,800
External Prosthesis	16,000	10,000	8,300
Physiotherapy Per Beneficiary	4,800	2,160	2,220
Physiotherapy Per Family	8,000	3,600	3,700
Auxiliary services	10,000	5,000	5,000
Appliances - Hearing Aids	15,000	8,000	6,200
Appliances - Other	6,000	2,800	2,600
Supplementary Appliances	12,000	6,000	6,000