



NETWORK OPTION SUMMARY OF SERVICES 2026

Summary of services at Network healthcare providers

General practitioners' consultations	<ul style="list-style-type: none"> • Medically necessary consultations • Basic primary care • Pre- and postnatal care • Specified minor trauma treatment
Acute medication	Formulary medication as prescribed by a Network healthcare provider.
Chronic medication (PMB*)	Subject to registration and approval from the Chronic Medication Risk Management department and according to the Network Option chronic medication formulary.
Chronic medication (non-PMB) <i>Subject to certain conditions only</i>	No benefit.
Basic dentistry	Consultations, primary extractions, fillings, scaling and polishing at a Network healthcare provider.
Optical benefits	<ul style="list-style-type: none"> • Optical benefits are issued on a 24-month (two-year) cycle. • The 24-month cycle runs from the date of service e.g., should the beneficiary receive spectacles or contact lenses in June 2026, they will be eligible for spectacles or contact lenses in July 2028. • One eye test per beneficiary every 24 months. • One pair of clear, mono- or bifocal lenses in a standard frame. • A benefit of R260 towards a frame selected outside the standard range OR one set of contact lenses to the value of R675. <p>No benefit if a non-Network healthcare provider is used.</p>
Pathology	Basic blood tests if referred by a Network healthcare provider and subject to Network protocols.
Radiology	Basic X-rays if referred by a Network healthcare provider and subject to Network protocols.
Out-of-Network/Emergency visits	Limited to three visits per family per year to a maximum of R2 640 per family per year.
Over-the-counter (OTC) medication	No benefit.
Specialist benefit	Pre-authorization and general practitioner (GP) referral required for consultation, treatment in rooms, procedures, radiology, pathology and medication. Only at a Network specialist, limited to R3 220 per beneficiary per year.
Network hospitals	Subject to a Network list of hospitals. No benefit if a non-Network healthcare provider is used.

* Prescribed minimum benefit (PMB)

General practitioners' services

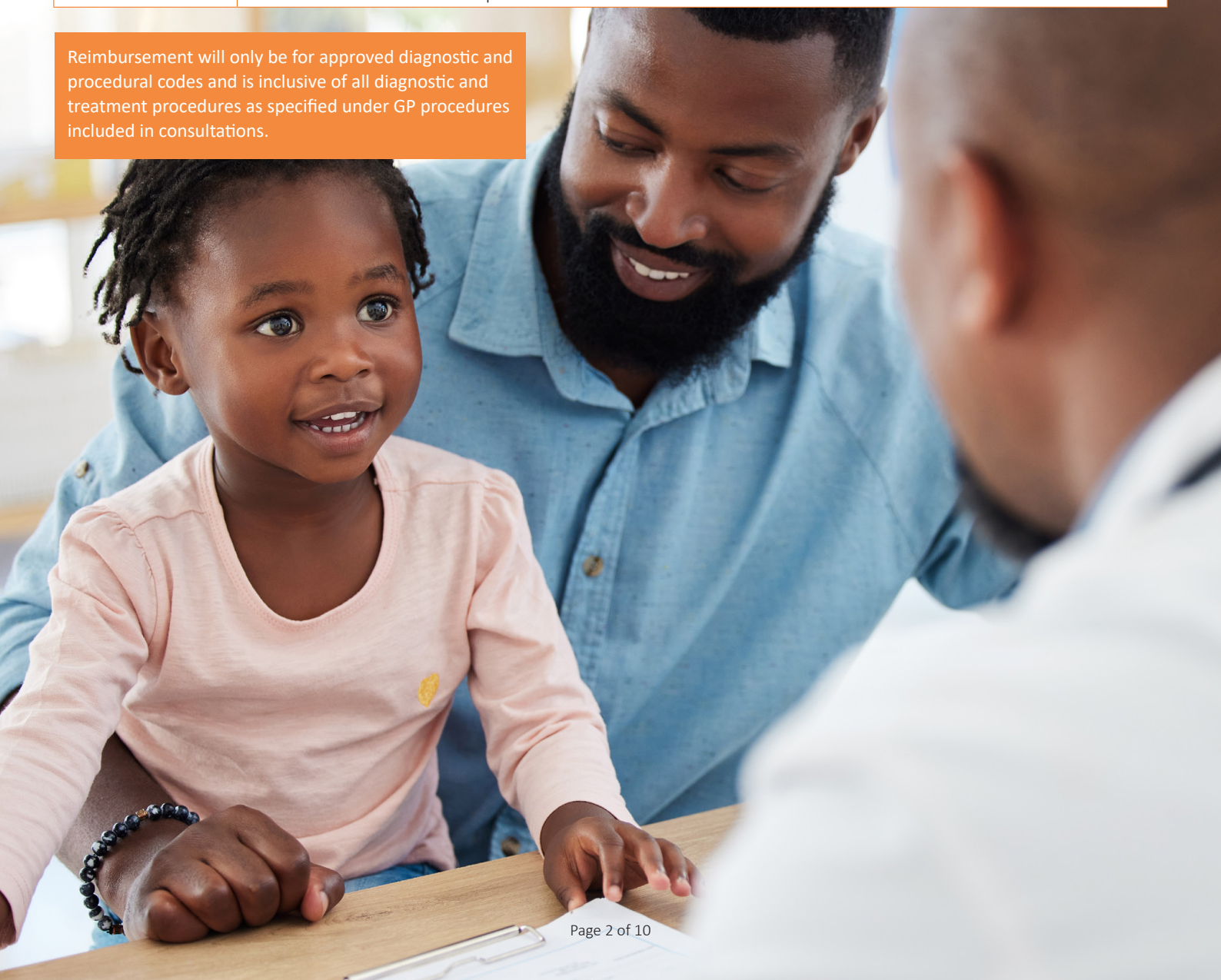
Consultations

Procedure code	Description
0190	New and established patient: Consultation/visit of new or established patient of an average duration and/or complexity
0191	New and established patient: Consultation/visit of new or established patient of a moderately above average duration and/or complexity
0192	New and established patient: Consultation/visit of new or established patient of long duration and/or high complexity
0199	Completion of chronic application form

Minor trauma procedures performed by general practitioners (GPs)

Procedure code	Description
0300	Stitching of wound
0301	Stitching of additional wound
0307	Excision and repair
0255	Drainage of subcutaneous abscess and avulsion of nail
0259	Removal of foreign body superficial to deep fascia
2133	Circumcision – clamp
1233 and 1232	Electrocardiogram (ECG) – limited to high-risk patients of five years and older Authorisation required for other cases
1136	Nebulisation (maximum of two per family per year)
0887	Limb cast – inclusive of cost of plaster of Paris and other material

Reimbursement will only be for approved diagnostic and procedural codes and is inclusive of all diagnostic and treatment procedures as specified under GP procedures included in consultations.





Dental services

Basic treatment for 54 practices:

Tariff code	Description	Limitations and rules
Consultations		
8101	Full mouth examination, charting and treatment planning	One per beneficiary per annum
8104	Examination or consultation for a specific problem, not requiring charting and treatment planning	Not within six weeks of 8101 and/or 8104
Diagnostic codes		
8107 8112	Intra-oral radiographs, per film	Maximum four per annum combined, unless otherwise authorised
8109	Infection control	Maximum of two per visit
8110	Sterilised instrumentations	Maximum of one per visit
8145	Local anaesthetic per visit	Maximum of one per visit
Preventative codes		
8155	Polish (all ages)	Once per annum per beneficiary
8159	Scale and polish (older than 12 years)	Once per annum per beneficiary (either/or 8155)
8161	Fluoride treatment (children)	Maximum of one per child dependant per year for patients younger than 12 years
8163	Fissure sealant (children)	Maximum of two per child dependant per year for patients younger than 12 years
8935	Septic socket treatment	Once per tooth number
Extraction codes – combined maximum of four per year with an additional four allowed upon pre-authorisation		
8201	Extraction – single tooth	One per quadrant per beneficiary per visit
8202	Extraction – each additional tooth in the same quadrant	Four and more require pre-authorisation
Emergency codes		
8131	Palliative dental pain treatment	Only with diagnostic codes on the same service date for the same tooth number
8132	Emergency root canal treatment	Not covered on primary teeth
8307	Pulp amputation (pulpotomy)	Only on primary teeth. Maximum 2 two per child dependant younger than 12 years per annum without pre-authorisation. Additional two per child dependant per annum with authorisation
Restoration codes – posterior amalgam and resin fillings are remunerated at the same tariff rate		
8341 8367	Amalgam or resin – one surface	Maximum four restorations per year with an additional four allowed only upon pre-authorisation
8342 8368	Amalgam or resin – two surfaces	
8343 8369	Amalgam or resin – three surfaces	
8344 8370	Amalgam or resin – four or more surfaces	
8351	Resin – one surface	
8352	Resin – two surfaces	
8353	Resin – three surfaces	
8354	Resin – four surfaces	

Dental services (continued)

Basic treatment for 95 practices:

Tariff code	Description	Limitations and rules
Consultations		
8101	Full mouth examination, charting and treatment planning	One per beneficiary per annum
8104	Examination or consultation for a specific problem, not requiring charting and treatment planning	Not within six weeks of 8101 and/or 8104
Diagnostic codes		
8107 8112	Intra-oral radiographs, per film	Maximum four per annum combined, unless otherwise authorised
8109	Infection control	Maximum of two per visit
8110	Sterilised instrumentations	Maximum of one per visit
8145	Local anaesthetic per visit	Maximum of one per visit
Preventative codes		
8155	Polish (all ages)	Once per annum per beneficiary
8159	Scale and polish (older than 12 years)	Once per annum per beneficiary (either/or 8155)
8161	Fluoride treatment (children)	Maximum of one per child dependant per year for patients younger than 12 years
8163	Fissure sealant (children)	Maximum of two per child dependant per year for patients younger than 12 years
Extraction codes – combined maximum of four per year with an additional four allowed upon pre-authorisation		
8201	Extraction – single tooth	One per quadrant per beneficiary per visit
8202	Extraction – each additional tooth in the same quadrant	Four and more require pre-authorisation
Emergency codes		
8131	Palliative dental pain treatment	Only with diagnostic codes on the same service date for the same tooth number
Restoration codes – posterior amalgam and resin fillings are remunerated at the same tariff rate		
8341 8367	Amalgam or resin – one surface	Maximum four restorations per year with an additional four allowed only upon pre-authorisation
8342 8368	Amalgam or resin – two surfaces	
8343 8369	Amalgam or resin – three surfaces	
8344 8370	Amalgam or resin – four or more surfaces	
8351	Resin – one surface	
8352	Resin – two surfaces	
8353	Resin – three surfaces	
8354	Resin – four surfaces	
Procedure codes		
8935	Septic socket treatment	Once per tooth number

Optical services

A beneficiary shall be entitled to one of the following optometry benefits during a 24-month period:

Inclusive optometry benefit 1

- One composite consultation per beneficiary (inclusive of refraction, tonometry and visual fields) per year
- One pair of single vision, clear standard or mono- lenses
- Standard frame or **R260** discount on a non-standard frame

Inclusive optometry benefit 2

- One composite consultation per beneficiary (inclusive of refraction, tonometry and visual fields) per year
- One pair of bifocal, clear standard or mono- lenses
- Standard frame or **R260** discount on a non-standard frame

Inclusive optometry benefit 3

- One composite consultation per beneficiary (inclusive of refraction, tonometry and visual fields)
- Contact lenses to the value of **R675**

Inclusive optometry benefit 4

- One composite consultation per beneficiary (inclusive of refraction, tonometry and visual fields) per year

The benefit is only available from contracted Network suppliers. Any benefit or service outside the benefit (e.g. tinting) will be for the beneficiaries' own account.



Specialist out-of-hospital benefits

Out-of-hospital consultations	<ol style="list-style-type: none"> 1. At a contracted Network specialist and subject to the Network referral process 2. Pre-authorization is required 3. Benefits payable at the Network agreed or negotiated rate and limited to the benefit limit of R3 220 per beneficiary per year
Acute medication as prescribed by the Network specialist	<ol style="list-style-type: none"> 1. Medication obtainable from a Mediscor-enabled pharmacy 2. Subject to the acute medication formulary
Radiology as requested by the Network specialist	Subject to the Network list of tests
Pathology as requested by the Network specialist	Subject to the Network list of tests
MRI and CT scans (out of hospital)	<ol style="list-style-type: none"> 1. 100% of the agreed tariff if requested by a Network specialist on referral from a Network GP 2. Benefit subject to clinical motivation and authorisation

Chronic conditions

Chronic disease list (CDL) conditions

CDL conditions
1. Addison's disease
2. Asthma
3. Bipolar mood disorder
4. Bronchiectasis
5. Cardiac (heart) failure
6. Cardiomyopathy (disease of the heart muscle)
7. Chronic obstructive pulmonary disease (COPD)
8. Chronic renal (kidney) disease
9. Coronary artery (heart) disease
10. Crohn's disease
11. Diabetes insipidus
12. Diabetes mellitus type 1 and 2
13. Dysrhythmia (irregular heartbeat)
14. Epilepsy
15. Glaucoma
16. Haemophilia
17. HIV
18. Hyperlipidaemia (hypercholesterolaemia/high cholesterol)
19. Hypertension (high blood pressure)
20. Hypothyroidism (underactive thyroid gland)
21. Multiple sclerosis
22. Parkinson's disease
23. Rheumatoid arthritis
24. Schizophrenia
25. Systemic lupus erythematosus
26. Ulcerative colitis



Pathology benefits

Haematology

Procedure code	Description
3806	Prothrombin index (PI)/international normalised ratio (INR) dosage information
3762	Haemoglobin (Hb) estimation
3783	Leucocyte differential count
3785	Leucocytes: total count
3739	Erythrocyte count
3755	Full blood count (FBC)
3797	Platelet count
3743	Erythrocyte sedimentation rate (ESR)
3805	PI/INR
4528	Ferritin
3792	Malaria antigen

Pathology benefits (continued)

Immunology

Procedure code	Description
4450	Beta human chorionic gonadotropin (hCG) qualitative
4482	Free thyroxin (FT4) – pre-authorisation required
4507	Thyrotropin/thyroid-stimulating hormone (TSH)
4519 or 4524	Prostate-specific antigen (PSA) testing
4531	Hepatitis A immunoglobulin M (HAV IgM) antibody
4531	Hepatitis B surface antigen

Bacteriology

Procedure code	Description
3893	Bacteriological culture (sensitivity)

Biochemical tests

Procedure code	Description
3999	Albumin
4006	Amylase
4001	Alkaline phosphatase
4009	Bilirubin: total
4010	Bilirubin: conjugated
4017	Calcium spectrophotometric
4023	Chloride
4025	Full lipogram – fasting (for chronic registration only; preceded by 4027; pre-authorisation required based on result of 4027)
4026	LDL cholesterol (chemical determination)
4027	Cholesterol total only (fasting)
4028	HDL cholesterol (fasting)
4032	Creatinine
4057	Glucose – random/fasting
4049	Glucose tolerance test
4113	Potassium
4114	Sodium
4117	Protein (total)
4130	Aspartate aminotransferase (AST)/serum glutamic-oxaloacetic transaminase (SGOT)
4131	Alanine aminotransferase (ALT)/serum glutamic-pyruvic transaminase (SGPT)/liver
4134	Gamma-glutamyl transferase (GGT)
4147	Triglyceride
4151	Urea
4155	Uric acid
4161	Troponin isoforms
4171	Urea and electrolytes only
4188	Urine dipstick – per stick
4351 or 4352	Faecal occult blood test or Occult blood (monoclonal antibodies)





Pathology benefits (continued)

Serology

Procedure code	Description
3980	Bilharzia Ag serum/urine
3932	HIV: enzyme-linked immunosorbent assay (ELISA) test
3947	C-reactive proteins
3948	Immunoglobulin G (IgG): varicella, herpes, rubella, etc.
3949	Syphilis serology
3951	Quantitative Khan, Venereal Disease Research Laboratory (VDRL) or other flocculation

Pregnancy

Procedure code	Description
3764	Blood group (A, B, O) – pregnancy only
3765	Grouping: Rhesus antigen (antenatal only)
3948	Rubella IgG – pre-authorisation required

Histology and cytology

Procedure code	Description
4559	Liquid Pap smear
4567	Histology per sample
4571	Histology (more than two units) per additional block (maximum one)
4566	Pap smear

Microscopy

Procedure code	Description
3869	Faeces microscopy (including parasites)
3865	Parasites in blood smear
3867	Microscopy (including gram stain)
3881	Ziehl-Neelsen (ZN) stain (mycobacterium) tuberculosis (TB)
3883	Urine parasites
3885	Cytochemical stain TB

Radiology benefits

Chest

Procedure code	Description
30100	Chest, single view
30110	Chest posteroanterior (PA) and lateral – two views
30150	Ribs
30155	Ribs and chest

Abdomen

Procedure code	Description
40100	Abdomen
40105	Abdomen supine, erect or decubitus

Ultrasound (only in pregnancy)

Procedure code	Description
43250	Study of pregnant uterus – first trimester

Spinal column

Procedure code	Description
51110	Cervical spine – 1 (one) or 2 (two) views
52100	Thoracic spine – 1 (one) or 2 (two) views
53110	Lumbar spine – 1 (one) or 2 (two) views

Limbs

Procedure code	Description
55100	Pelvis
56100	Hip – left
56110	Hip – right
56120	Pelvis and hips
61100	Clavicle – left
61105	Clavicle – right
61110	Scapula – left
61115	Scapula – right
61120	Acromioclavicular Joint – left
61125	Acromioclavicular Joint – right
61130	Shoulder – left
61135	Shoulder – right
62100	Humerus – left
62105	Humerus – right
63100	Elbow – left
63105	Elbow – right
64100	Forearm (radius and ulna) – left
64105	Forearm (radius and ulna) – right
65100	Hand – left
65105	Hand – right
65120	Finger
65130	Wrist – left
65135	Wrist – right
65140	Scaphoid – left
65145	Scaphoid – right

Radiology benefits (continued)

Limbs (continued)

Procedure code	Description
71100	Femur – left
71105	Femur – right
72100	Knee – left
72105	Knee – right
72150	Both knees standing – single view
73100	Lower leg – left
73105	Lower leg – right
74100	Ankle – left
74105	Ankle – right
74120	Foot – left
74125	Foot – right
74130	Calcaneus – left
74135	Calcaneus – right
74145	Toe

