



MEMBER INFORMATION			
Member Name & Surname			
Membership number		Member D.O.B.	
Telephone number		Cell number	
E-mail address:			

PLAN SELECTION FOR 2015		
Plan Type	Tick your choice	Summary only: please refer to full details available on http://hr.uct.ac.za/benefits/healthcare/discovery/
COMPREHENSIVE	Executive	Cover in-hospital at 300%. Private ward cover. Extensive chronic medication, no initial self payment gap. Specialists paid from MSA at 300%
	Classic Comprehensive	Cover in-hospital at 200%. Extensive chronic medication, smaller self payment gap due to 25% savings allocation
	Classic Comprehensive Zero MSA	Cover in-hospital at 200%. Extensive chronic medication, no MSA (Self funded to threshold level)
	Classic Delta Comprehensive	Same as Classic Comprehensive but with network of hospitals. Chronic medication obtained from MedXpress, or 20% co-payment will apply.
	Essential Comprehensive	Cover in-hospital at 100%. Extensive chronic medication, larger self payment gap due to 15% savings allocation
	Essential Delta Comprehensive	Same as Essential Comprehensive but with network of hospitals. Chronic medication obtained from MedXpress, or 20% co-payment will apply.

PRIORITY	Classic Priority	Cover in-hospital at 200%, all day to day paid from 25% savings allocation, then subject to an initial self payment gap followed by limited Threshold Benefits
	Essential Priority	Cover in-hospital at 100%, all day to day paid from 15% savings allocation, then subject to an initial self payment gap followed by limited Threshold Benefits

SAVER	Classic Saver	Cover in-hospital at 200%, chronic medication for 26 conditions, 25% savings allocation only
	Classic Delta Saver	Same as Classic Saver but with network of hospitals. Chronic medication obtained from MedXpress, or 20% co-payment will apply.
	Coastal Saver	Cover in-hospital at 100%, network of coastal hospitals. Chronic medication for 26 conditions, 25% savings allocation only
	Essential Saver	Cover in-hospital at 100%, chronic medication for 26 conditions, 15% savings allocation only
	Essential Delta Saver	Same as Essential Saver but with network of hospitals. Chronic medication obtained from MedXpress, or 20% co-payment will apply.

CORE	Classic Core	In-hospital cover at 200% of the scheme rate in any hospital in SA. 26 chronic conditions.	No day-to-day benefits. Chronic medication to be obtained from MedXpress, or a 20% co-payment will apply.
	Classic Delta Core	Same in-hospital cover as Classic Core, using the Delta hospital network.	
	Coastal Core	In-hospital cover at 100% of the scheme rate in any hospital in any of the four coastal provinces. Co-payments will apply if using an in-land province hospital. 26 chronic conditions.	
	Essential Core	In-hospital cover at 100% of the scheme rate in any hospital in SA. 26 chronic conditions.	
	Essential Delta Core	Same in-hospital cover as Essential Core, using the Delta hospital network.	

KEYCARE	NB: KeyCare plans are income banded. You are required to complete an additional form to confirm GP choice (KeyCare Plus) & to declare your Cost of Employment (COE) income.	
	Please contact Debra Meyer for this application form. (Debra.Meyer@uct.ac.za or 021 650-4001)	
	KeyCare Plus	Unlimited cover in network hospitals at 100%, chronic medication for 26 conditions via designated service provider, unlimited access for primary healthcare via designated service providers
KeyCare Core	Unlimited cover in network hospitals at 100%, chronic medication for 26 conditions, NO primary healthcare cover	

GENERAL NOTES
Any changes to your membership, e.g. adding or removing dependents, joining or cancelling Vitality, must be in writing and may require additional forms to be completed. Please contact Debra Meyer for assistance. (Debra.Meyer@uct.ac.za or 021 650-4001)

AMBLEDOWN COMPLIMED GAP COVER
Product information is available on www.hr.uct.ac.za > Remuneration & Benefits > Healthcare > Gap Cover

DATE		Member signature	
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By placing my signature to this document, I hereby acknowledge and confirm that the information herein contained is both true and correct and I hereby indemnify PSG Konsult Corporate and hold it harmless against any claim of whatever nature and for any amount by whoever, arising out of any such incorrect disclosure or non-disclosure and/or any act or omission incidental hereto.

For advice on plans and benefits contact Dianne Wilson on:
uct.diannewilson@psg.co.za or 072 384 1458



PLEASE RETURN THIS FORM TO DEBRA MEYER

Internal Mail:UCT HR Dept, Rm 113.1, Bremner Building
Email: debra.meyer@uct.ac.za
Fax: 021 650-2968

DEADLINE FOR RETURNS:

28 NOVEMBER 2014