

Co-payments

What are co-payments and when are members of a medical scheme required to make them?

Co-payments are amounts that your medical scheme requires you to pay from your own pocket for a specific procedure or treatment.

Medical scheme members may incur co-payments for medications, specialists, hospitalisation and a few other medical expenses and these can sometimes be funded from your savings by your medical scheme.

Co-payments are also often applied for procedures or in instances such as:

- MRI / CT scans
- Scopes
- Dentistry in hospital
- Certain spinal related admissions
- Specialised procedures
- Voluntary use of a non-network service provider
- Having a day procedure done in a hospital instead of a day clinic



Three reasons why medical schemes ask for a co-payment

1.

Co-payments can help to control healthcare costs for the medical scheme by reducing unnecessary utilisation of services.

Members may be more selective in their choice of treatments and services if they have to pay a portion of the cost themselves.

2.

Medical schemes aim to discourage unnecessary or excessive use of healthcare services.

Members are more likely to consider the necessity of a treatment or service if they have to contribute financially towards it.

3.

Medical schemes often have preferred provider networks that offer services at lower costs.

By requiring co-payments for services received outside of the network, schemes encourage members to use in-network providers, which can help reduce overall costs.

How can you avoid co-payments?



Use network providers where applicable.



Gap cover assists with the payment of shortfalls e.g. oncology threshold reached and other sub-limits.



Selecting the correct medical scheme plan and familiarising yourself with your benefits.



Pre-authorising required treatments.