



Description of Service / Treatment	Services rendered as part of hospitalisation – subject to pre-authorization	Services rendered NOT as part of hospitalisation
OVERALL MAXIMUM	None	To be self-funded
HOSPITALISATION		
Accommodation, theatre, medicine and material used whilst hospitalised	100% of Agreed Tariff	Not applicable
Outpatient treatment at hospital facility	Not applicable	To be self-funded
Medicine received on discharge from hospital	100% of Agreed Tariff (GRP applies), if purchased on date of discharge	
MEDICAL PRACTITIONERS		
Consultations	100% of Medical Scheme Rate – unlimited	To be self-funded
Radiology	100% of Medical Scheme Rate – unlimited	To be self-funded
ECHO-tests	100% of Medical Scheme Rate – unlimited	To be self-funded
MRI- and CT-scans and radio-isotope studies (<i>Benefits subject to separate pre-authorization</i>)	100% of Medical Scheme Rate – R1 500 co-payment applies	100% of Medical Scheme Rate – R1 500 co-payment applies
Pathology	100% of Medical Scheme Rate – unlimited	To be self-funded
Clinical Procedures	100% of Medical Scheme Rate – unlimited Co-payments applicable to certain elective procedures, unless funded as PMB treatment Please refer to Members' Guide for details No benefits for: – Joint Replacements – Spinal surgery – Diagnostic laparoscopy, hysteroscopy or endometrial ablation	100% of Medical Scheme Rate for the following, subject to pre-authorization: Upper and lower gastro-intestinal endoscopy (excl. sigmoidoscopy and anoscopy) Laser tonsillectomy 24-hour oesophageal pH studies Oesophageal motility Yag laser Photocoagulation therapy Photodynamic therapy All other clinical procedures = To be self-funded
Cochlear implants	100% of Medical Scheme Rate, limited to R20 000 per implant	Not applicable
Material and injection material administered in doctor's rooms	Not applicable	To be self-funded
MATERNITY		
Foetal scans	100% of Medical Scheme Rate – unlimited	To be self-funded
Ante-natal classes	Not applicable	100% of cost, limited to R1 000 per family per year
Confinement	Benefits as described in respect of Hospitalisation and Medical Practitioners	
AUXILIARY SERVICES		
Physiotherapy	100% of Medical Scheme Rate - unlimited	To be self-funded
Medical Technology	100% of Medical Scheme Rate - unlimited	To be self-funded
Clinical Technology	100% of Medical Scheme Rate - unlimited	To be self-funded
Speech Therapy and Occupational Therapy	100% of Medical Scheme Rate - unlimited	To be self-funded
Podiatry, orthoptic treatment, hearing aid acoustics, consultations with dietitians, chiropractors, osteopaths, homeopaths, naturopaths, herbalists and biokinetics	To be self-funded	To be self-funded
Aromatherapy, acupuncture and reflexology	To be self-funded	To be self-funded
OPTICAL		
Consultation	Not applicable	To be self-funded
Spectacles and Contact Lenses	Not applicable	To be self-funded
Refractive Surgery	To be self-funded	To be self-funded
SECONDARY FACILITIES		
Treatment that forms part of a Case Management Programme	100% of cost, subject to approval by case manager	100% of cost, subject to approval by case manager
REHABILITATION	To be self-funded, except for cases managed as part of a Case Management Programme, where a medical report was submitted by the attending physician	
AMBULANCE SERVICES		
Preferred Provider (ER24)	Not applicable	100% of Agreed Tariff for emergency transport to and from a hospital
Non-preferred Provider	Not applicable	100% of Medical Scheme Rate, limited to R1 600 per family per year

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BLOOD TRANSFUSIONS	100% of cost	100% of cost
MEDICAL AND SURGICAL PROSTHESIS / APPLIANCES		
Internal Prosthesis	Specific sub-categories with limits apply. Please refer to Members' Guide for detail.	
External Prosthesis	100% of cost, limited to R37 800 per family per year – subject to approval by case manager	
Orthopaedic Appliances	100% of cost limited to R5 400 per family per year, subject to case management	
Medical Appliances	Not applicable	To be self-funded
Hearing Aids	Not applicable	To be self-funded
DENTISTRY		
Basic	To be self-funded	To be self-funded
Specialised	To be self-funded	To be self-funded
MAXILLA-FACIAL AND ORAL SURGERY		
Elective	To be self-funded	To be self-funded
Non-elective (excluding extractions)	100% of Medical Scheme Rate - R1 000 co-payment applies	100% of Medical Scheme Rate - unlimited
Implantology	To be self-funded	To be self-funded
PRESCRIBED MEDICINE		
Chronic (member must apply for benefit)	Not applicable	To be self-funded except PMB
Acute	Not applicable	To be self-funded
Immunisations	Not applicable	To be self-funded
Oral contraceptives and IUD's	Not applicable	To be self-funded
NON-PRESCRIBED MEDICINE (PAT)	Not applicable	To be self-funded
CASE MANAGED / DISEASE MANAGED CONDITIONS / PROCEDURES		
Organ Transplants	The following benefit apply to organ donors in RSA: R30 000 for a live donor, R18 000 for a cadavre. Benefit in respect of donors only allowed if the recipient of the organ is a beneficiary of the Scheme. Specific radiology and pathology tests associated with transplant procedure also qualify for benefit.	
Chronic Renal Failure	100% of Medical Scheme Rate for kidney dialysis, incl. associated radiology and pathology tests - unlimited	
Oncology	Benefit managed as part of an Oncology Benefit Management Programme and subject to use of Preferred Provider network. Overall limit of R160 000 per family per year. No benefits for biological drugs. Please refer to Members' Guide for more detail.	
Asthma, Chronic Obstructive Airways Disease, Diabetes and Cardiacare	Benefit managed by Scheme and payable as per the applicable benefit described elsewhere in this summary.	
Oxygen therapy	100% of cost of oxygen therapy (cylinders included) subject to Case Management	
AIDS AND HIV	Benefits managed as part of a Disease Management programme	
FOREIGN CLAIMS	No benefits, except for Namibian claims	
MENTAL HEALTH		
Clinical Psychology	100% of Medical Scheme Rate – unlimited Treatment must form part of Case Management Programme	To be self-funded
Psychiatry	Benefit as described elsewhere in this summary for Medical Practitioners and Hospitalisation. Treatment to be obtained in a mental health institution, as approved by the Scheme.	
PRESCRIBED MINIMUM BENEFITS (PMB)	Benefits subject to application and provided that the treatment and/or chronic medicine is received from a public healthcare facility or Chronicare courier pharmacy. If voluntarily obtained from any other provider, a co-payment (determined by the Scheme) will apply. Scheme protocol apply.	

CONTRIBUTIONS – effective 1 January 2010

	MEDXXI – WITHOUT CHRONIC BENEFIT		
	Principal member	Additional Adult Dependant	Additional Minor Dependant
Contributions	R892	R823	R503

ABBREVIATION: GRP = Generic Reference Pricing
PMB: Prescribed Minimum Benefits

Medical Scheme Rate = National Health Reference Price or such other rate as agreed by the Scheme

This is only a summary of the Benefits and Contributions. In case of a dispute the Registered Scheme Rules will apply.