

| Description of Service/Treatment | Services Rendered as part of hospitalisation - subject to pre-authorisation | Services not rendered 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/Visits | 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 (Benefits subject to separate pre-authorisation) | 100% of Medical Scheme Rate - R1 600 co-payment applies | 100% of Medical Scheme Rate - R1 600 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 elective procedures unless funded as PMB treatment: - Joint replacements - Spinal surgery - Diagnostic laparoscopy, hysteroscopy or endometrial ablation | 100% of Medical Scheme Rate for the following, subject to pre-authorisation: 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 R21 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 100 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 700 per family per year |

| Description of Service/Treatment | Services Rendered as part of hospitalisation - subject to pre-authorisation | Services not rendered as part of hospitalisation |
|--|---|--|
| 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 R39 700 per family per year - subject to approval by Case Manager | |
| Orthopaedic Appliances | 100% of cost limited to R5 700 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 100 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 | | |
| CASE MANAGED / DISEASE MANAGED CONDITIONS / PROCEDURES | | |
| Organ Transplants | The following benefit apply to organ donors in RSA: R31 500 for a live donor, R18 900 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, including 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 R171 200 per family per year. No benefit for biological drugs. Please refer to Members' Guide for more detail | |
| Asthma, Chronic Obstructive Airways Disease, Diabetes and Cardiacare | Benefit managed by the 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 – provided that 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 designated service provider . Please refer to Members' Guide for more detail. If voluntarily obtained from any other provider, a co-payment (determined by the Scheme) will apply. Scheme protocol apply | |

| Contributions - effective 1 January 2011 | | | |
|--|------------------|----------------------------|--|
| | Principal member | Additional Adult Dependant | Additional Minor Dependant (payable up to maximum 3) |
| Contributions | R 970 | R 950 | R 454 |

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

Medical Scheme Rate= 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. Reg. No: 1446 FSP No: 15494