



medical scheme

Simplicity • Sincerity • Security • Service



get to the
core

Benefit Options 2011

2011

Simplicity • Sincerity • Security • Service

WHAT DETERMINES YOUR DECISION TO JOIN A MEDICAL AID?

Is it the add-ons, e.g. free gym membership and movie tickets, or is it the actual medical cover that you'll receive when you need it most?

When you phone a call centre, do you want to deal with an administrator – that divides attention between members of several medical aids – or do you want peace of mind that your medical aid will be there for you – tomorrow, the next day and as long as you need it?

If it is:

- real, sincere and secure medical cover,
- dedicated, personalised help with your medical needs,
- the security of belonging to a well established medical aid (more than 40 years in the business of helping our members), and
- service that will exceed all your expectations,

then your choice is simple:

SELFMED – OUR APPROACH TO HEALTHCARE MAKES US STAND OUT FROM THE REST!

Our value statement ensures you of:

- a SIMPLISTIC product range that caters for your most basic healthcare needs
- a SINCERE interest in your well-being promoted through an emphasis on personalised service
- the SECURITY that our solid financial position ensures, and
- unsurpassed SERVICE

WHAT MAKES OUR ADMINISTRATION SO UNIQUE?

Selfmed controls its own administration and call centre (better known as the "Excellence Centre"). Through this model, Selfmed takes total ownership of all member interaction and can address any administrative problems or complaints from members immediately and satisfactorily. In a traditional medical aid / administrator environment, all administrative functions vest with an administrator. As such, a medical aid would be fully dependent on its administrator to inform it of any problems or complaints received from members.

ALL SELFMED'S OPTIONS OFFER:


- Unlimited hospitalisation at any private hospital in South Africa
- Medicine on discharge payable from hospital benefit
- Unlimited emergency transport benefits where the services of ER24 is utilised in South Africa, Swaziland and Lesotho
- Access to professional, specialised disease management programmes when diagnosed with a life-threatening condition, e.g. cancer or HIV/AIDS
- MRI- and CT-scans payable from major medical benefits, both during and/or not during hospitalisation
- Unlimited benefits for laser tonsillectomies, gastroscopies and colonoscopies when performed both during and/or not during hospitalisation (co-payments may apply)
- Generous benefits for pregnancy and birth, including home deliveries by a registered midwife and pre-birth education (ante-natal classes)
- Unlimited benefits for rehabilitation and home nursing, subject to scheme approval

WHAT ARE YOUR OPTIONS FOR 2011?

MEDXXI		
Principal	Adult Dependant	Minor Dependant (Payable up to maximum 3)
R970	R950	R454

OFFERS:

- Unlimited hospital cover payable at 100% of MSR
- Benefits for non-elective maxilla-, facial and oral surgery
- Freedom of choice to use any hospitals and practitioners
- Excellent hospital plan offering value for money
- Cover for ante-natal classes up to R1 100




■ Major Medical payable by Scheme
■ To be paid (day-to-day) from own pocket

SELFMED SELFSURE		
Principal	Adult Dependant	Minor Dependant (Payable up to maximum 3)
R1 494	R1 469	R505

ANNUAL DAY TO DAY LIMITS		
Principal	Adult Dependant	Minor Dependant
R3 300	R2 100	R1 100 (maximum R3 300)

OFFERS:

- Unlimited hospital cover payable at 100% of MSR
- Doctor visits, doctor rooms procedures and auxiliary services covered from an annual day-to-day benefit at 100% MSR
- Unlimited benefits for ante-natal consultations at 100% MSR
- Separate, combined limit for basic dentistry, radiology, pathology and physiotherapy
- Benefits for multi-vitamins and supplements bought from pharmacy
- Student dependants qualify for minor contributions up to age 25
- Freedom of choice to use any hospitals and practitioners
- Cover for ante-natal classes up to R1 100




■ Major Medical payable by Scheme
■ To be paid from own pocket
■ Day-to-day benefits payable by Scheme

MED ELITE		
Principal	Adult Dependant	Minor Dependant (Payable up to maximum 3)
R2 174	R1 932	R658

OFFERS:

- Unlimited hospital cover payable at 150% of MSR
- Comprehensive benefits for chronic medicine in respect of over 60 conditions, to a maximum of R19 600 per family per year
- Unlimited, comprehensive benefits for all services/treatments in hospital (co-payments may apply)
- All services/treatments in hospital payable at 150% MSR
- Freedom of choice to use any hospitals and practitioners
- Cover for ante-natal classes up to R1 100




■ Major Medical payable by Scheme
■ To be paid (day-to-day) from own pocket

SELFMED 80%		
Principal	Adult Dependant	Minor Dependant (Payable up to maximum 3)
R3 941	R3 414	R680

OFFERS:

- Unlimited hospital cover payable at 100% of MSR
- Benefits for all medically indicated medical/surgical procedures in hospital, e.g. hip- and knee replacements (no co-payments)
- Comprehensive benefits for chronic medicine in respect of over 60 conditions, to a maximum of R31 000 per family per year
- Comprehensive all-round in- and out-of-hospital cover
- Student dependants qualify for minor contributions up to age 25
- Freedom of choice to use any hospitals and practitioners
- Cover for ante-natal classes up to R1 100



■ Major Medical payable by Scheme
■ Day-to-day benefits payable by Scheme
■ 20% co-payment payable by member

Please refer to each option's benefit summary for detailed information on the benefits offered.
 Abbreviations used: MSR = Medical Scheme Rate.

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

Selfsure 2011

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Description of Service/Treatment	Services rendered as part of hospitalisation – subject to pre-authorisation	Services rendered NOT as part of hospitalisation
OVERALL MAXIMUM	None	Annual Day-to-day Limit: Principal Member = R3 300 Additional per adult dependant = R2 100 Additional per minor dependant = R1 100 (to a maximum of R3 300)
HOSPITALISATION		
Accommodation, theatre, medicine and material used whilst hospitalised	100% of Agreed Tariff	Not applicable
Outpatient treatment at hospital facility	Not applicable	Benefit as described in respect of doctor visits and acute medicine
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	100% of Medical Scheme Rate –subject to Annual Day-to-day Limit
Radiology and Pathology	100% of Medical Scheme Rate – unlimited	100% of Medical Scheme Rate – jointly limited to R2 800 per family per year (basic dentistry, physiotherapy and biokinetics are part of this limit)
ECHO-tests	100% of Medical Scheme Rate – unlimited	100% of Medical Scheme Rate – limited to R2 000 per beneficiary per year
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
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 detail 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 = 100% Medical Scheme Rate subject to Annual Day-to-day Limit
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	100% of cost – subject to Annual Day-to-day Limit
MATERNITY		
Foetal scans	100% of Medical Scheme Rate – unlimited	100% of Medical Scheme Rate Benefits limited to 2 per beneficiary per year and the cost of a 3D-scan is limited to the cost of a 2D-scan
Ante-natal Consultations	100% of Medical Scheme Rate- unlimited	100% of Medical Scheme Rate - unlimited
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. Benefits in respect of babies weighing less than 1 kilogram at birth, are limited to the Prescribed Minimum Benefits	
AUXILIARY SERVICES		
Medical Technology	100% of Medical Scheme Rate – unlimited	100% of Medical Scheme Rate – subject to Annual Day-to-day Limit
Clinical Technology	100% of Medical Scheme Rate – unlimited	100% of Medical Scheme Rate – subject to Annual Day-to-day Limit
Physiotherapy and Biokinetics	100% of Medical Scheme Rate – unlimited	100% of Medical Scheme Rate – subject to joint limit for radiology, pathology and basic dentistry
Speech Therapy and Occupational Therapy	100% of Medical Scheme Rate – unlimited (treatment to form part of a Case Management Programme)	100% of Medical Scheme Rate – subject to Annual Day-to-day Limit
Podiatry, orthoptic treatment, hearing aid acoustics, consultations with dietitians, chiropractors, osteopaths, homeopaths, naturopaths and herbalists	Benefits as described in respect of services rendered not as part of hospitalisation	100% of Medical Scheme Rate – subject to Annual Day-to-day Limit
Aromatherapy, acupuncture and reflexology	To be self-funded	To be self-funded
OPTICAL		
Consultation	Not applicable	100% of cost - subject to Annual Day-to-day Limit
Spectacles and Contact Lenses	Not applicable	100% of cost - limited to R1 600 per beneficiary per year and subject to Annual Day-to-day Limit
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		
	Only benefits for cases managed as part of a Case Management Programme, where a medical report was submitted by the attending physician	

Selfsure 2011

Description of Service/Treatment	Services rendered as part of hospitalisation – subject to pre-authorisation	Services rendered NOT as part of hospitalisation
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
BLOOD TRANSFUSIONS	100% of cost	100% of cost
MEDICAL AND SURGICAL PROSTHESIS / APPLIANCES (CASE MANAGED)		
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	100% of cost, limited to R3 100 per family per year
Hearing Aids	Not applicable	To be self-funded
DENTISTRY		
Basic	100% of Medical Scheme Rate – R1 100 co-payment applies and subject to joint limit for radiology, pathology, physiotherapy and biokinetics	100% of Medical Scheme Rate – subject to joint limit for radiology, pathology, physiotherapy and biokinetics
Specialised	100% of Medical Scheme Rate – R1 100 co-payment applies and subject to Annual Day-to-day Limit	100% of Medical Scheme Rate – subject to Annual Day-to-day Limit
MAXILLA-FACIAL AND ORAL SURGERY		
Elective	100% of Medical Scheme Rate – R1 100 co-payment applies and subject to Annual Day-to-day Limit	100% of Medical Scheme Rate – subject to Annual Day-to-day Limit
Non-elective	100% of Medical Scheme Rate - R1 100 co-payment applies	100% of Medical Scheme Rate - unlimited
Implantology	100% of Medical Scheme Rate – R1 100 co-payment applies and subject to Annual Day-to-day Limit	100% of Medical Scheme Rate – subject to Annual Day-to-day Limit
PRESCRIBED MEDICINE		
Chronic (member must apply for benefit)	Not applicable	No benefit, except PMB's
Acute	Not applicable	100% of Agreed Tariff (GRP applies) – subject to Annual Day-to-day Limit
Immunisations	Not applicable	
Oral contraceptives and IUD's	Not applicable	
NON-PRESCRIBED MEDICINE (PAT)	Not applicable	100% of Agreed Tariff (GRP applies) - limited to R180 per day and subject to Annual Day-to-day Limit
CASE MANAGED / DISEASE MANAGED CONDITIONS / PROCEDURES		
Organ Transplants	The following benefits apply to organ donors in RSA: R31 500 for a live donor, R18 900 for a cadavre. Benefits 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 the transplant procedure will also qualify for benefits	
Chronic Renal Failure	100% of Medical Scheme Rate for kidney dialysis, including associated radiology and pathology services - unlimited	
Oncology	Benefit managed as part of an Oncology Management Programme and subject to use of Preferred Provider. Overall limit of R115 600 per family per year applies. No benefit for biological drugs. Please refer to Members' Guide for more detail	
Asthma, Chronic Obstructive Airways Disease, Diabetes and Cardiocare	Benefits managed by Scheme and payable as per the applicable benefits 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 benefit, except for Namibian claims	
MENTAL HEALTH		
Clinical Psychology	100% of Medical Scheme Rate – unlimited – provided that treatment must form part of Case Management Programme	100% of Medical Scheme Rate – subject to Annual Day-to-day Limit
Psychiatry	Benefits 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	R1 494	R1 469	R 505

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

MED Elite 2011

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Description of Service/Treatment	Services rendered as part of hospitalisation – subject to pre-authorisation	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/ Visits	150% of Medical Scheme Rate – unlimited	To be self-funded
Radiology	150% of Medical Scheme Rate – unlimited	To be self-funded
ECHO-tests	150% of Medical Scheme Rate – unlimited	To be self-funded
MRI-, CT-scans and radio-isotope studies (Benefits subject to separate pre-authorisation)	150% of Medical Scheme Rate – R1 100 co-payment applies	150% of Medical Scheme Rate – R1 100 co-payment applies
Pathology	150% of Medical Scheme Rate – unlimited	To be self-funded
Clinical Procedures	150% of Medical Scheme Rate – unlimited Co-payments applicable to certain elective procedures, unless funded as PMB treatment Refer to Members' Guide for details	150% 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	150% of Medical Scheme Rate, limited to R52 500 per implant	Not applicable
Material and injection material administered in doctor's rooms	Not applicable	To be self-funded
MATERNITY		
Foetal Scans	150% 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	150% of Medical Scheme Rate - unlimited	To be self-funded
Medical Technology	150% of Medical Scheme Rate - unlimited	To be self-funded
Clinical Technology	150% of Medical Scheme Rate - unlimited	To be self-funded
Speech Therapy and Occupational Therapy	150% 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

MED Elite 2011

Description of Service/Treatment	Services rendered as part of hospitalisation – subject to pre-authorisation	Services rendered NOT 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)	150% of Medical Scheme Rate - R1 100 co-payment applies	150% of Medical Scheme Rate - unlimited
Implantology	To be self-funded	To be self-funded
PRESCRIBED MEDICINE		
Chronic (member must apply for benefit)	Not applicable	100% of Agreed Tariff (GRP), limited to R19 600 per family per year
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 benefits 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	150% 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. Overall limit R231 100 per family per year with a sub-limit of R115 600 for biological drugs, if approved by Scheme. Please refer to Members' Guide for more detail	
Asthma, Chronic Obstructive Airways Disease, Diabetes and Cardiacare	Benefits managed by the Scheme and payable as per the applicable benefits 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 benefit, except for Namibian claims	
MENTAL HEALTH		
Clinical Psychology	150% 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. 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	R2 174	R1 932	R 658

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

Selfmed 80% 2011

Simplicity • Sincerity • Security • Service

Description of Service/Treatment	Services rendered as part of hospitalisation – subject to pre-authorisation	Services rendered NOT as part of hospitalisation
OVERALL MAXIMUM	None	None
HOSPITALISATION		
Accommodation, theatre, medicine and material used whilst hospitalised	100% of Agreed Tariff	Not applicable
Outpatient treatment at hospital facility	Not applicable	Benefits as described in respect of doctor visits and acute medicine
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	80% of Medical Scheme Rate – subject to following limits: Single member = max 15 visits Member + 1 dependant = max 30 visits Member + 2 or more dependants = max 45 visits
Radiology	100% of Medical Scheme Rate – unlimited	80% of Medical Scheme Rate - unlimited
ECHO-tests	100% of Medical Scheme Rate – unlimited	80% of Medical Scheme Rate - limited to R2 000 per beneficiary per year
MRI-, CT-scans and radio-isotope studies (Benefits subject to separate pre-authorisation)	100% of Medical Scheme Rate – R1 100 co-payment applies	80% of Medical Scheme Rate - R1 100 co-payment applies
Pathology	100% of Medical Scheme Rate – unlimited	80% of Medical Scheme Rate - unlimited
Clinical Procedures	100% of Medical Scheme Rate – unlimited	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 are payable at 80% of Medical Scheme Rate - unlimited
Cochlear Implants	100% of Medical Scheme Rate, limited to R52 500 per implant	Not applicable
Material and injection material administered in doctor's rooms	Not applicable	80% of Medical Scheme Rate – unlimited
MATERNITY		
Foetal Scans	100% of Medical Scheme Rate – unlimited	80% of Medical Scheme Rate - unlimited Benefits limited to 2 per beneficiary per year and the cost of a 3D-scan is limited to the cost of a 2D-scan
Ante-natal Classes	To be self-funded	100% of cost, limited to R1 100 per family per year
Confinement	Benefits as described in respect of Medical Practitioners and Hospitalisation	
AUXILIARY SERVICES		
Medical Technology	100% of Medical Scheme Rate – unlimited	80% of Medical Scheme Rate - unlimited
Clinical Technology	100% of Medical Scheme Rate – unlimited	80% of Medical Scheme Rate - unlimited
Physiotherapy	100% of Medical Scheme Rate – unlimited	80% of Medical Scheme Rate – limited to R3 200 per beneficiary to a maximum of R9 600 per family per year
Speech Therapy and Occupational Therapy	100% of Medical Scheme Rate – unlimited Treatment to form part of a Case Management Programme	
Podiatry, orthoptic treatment, hearing aid acoustics, consultations with dietitians, chiropractors, osteopaths, homeopaths, naturopaths, herbalists and biokinetics	Benefits as described in respect of services rendered not as part of hospitalisation	
Aromatherapy, acupuncture and reflexology	To be self-funded	To be self-funded
OPTICAL		
Consultation	Not applicable	80% of Medical Scheme Rate
Spectacles and Contact Lenses	Not applicable	80% of Medical Scheme Rate, limited to R1 400 per beneficiary to a maximum of R4 000 per family per year
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		
	Only benefits for cases managed as part of a Case Management Programme, where a medical report was submitted by the attending physician	

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Description of Service/Treatment	Services rendered as part of hospitalisation – subject to pre-authorisation	Services rendered NOT as part of hospitalisation
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
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	80% of cost, limited to R2 500 per family per year
Hearing Aids	Not applicable	80% of cost, limited to R9 900 per family per year
DENTISTRY		
Basic	80% of Medical Scheme Rate	80% of Medical Scheme Rate
Specialised	80% of Medical Scheme Rate – limited to R5 300 per beneficiary to a maximum of R16 000 per family per year	
MAXILLA-FACIAL AND ORAL SURGERY		
Elective	80% of Medical Scheme Rate - unlimited	80% of Medical Scheme Rate - unlimited
Non-elective	100% of Medical Scheme Rate - unlimited	100% of Medical Scheme Rate - unlimited
Implantology	80% of Medical Scheme Rate – implants (prosthesis) limited to R4 000 per beneficiary per year	
PRESCRIBED MEDICINE		
Chronic (member must apply for benefit)	Not applicable	80% of Agreed Tariff (GRP applies), limited to R16 000 per beneficiary per year with a maximum of R31 000 per family per year
Acute	Not applicable	80% of Agreed Tariff (GRP applies) limited to R4 000 per beneficiary to a maximum of R11 900 per family per year
Immunisations	Not applicable	
Oral contraceptives and IUD's	Not applicable	
NON-PRESCRIBED MEDICINE (PAT)	Not applicable	80% of Agreed Tariff (GRP applies) - limited to R930 per family per year and subject to the acute medicine maximum
CASE MANAGED / DISEASE MANAGED CONDITIONS / PROCEDURES		
Organ Transplants	The following benefits apply to organ donors in RSA: R31 500 for a live donor, R18 900 for a cadavre. Benefits 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 the transplant procedure will also qualify for benefits	
Chronic Renal Failure	100% of Medical Scheme Rate for kidney dialysis, including associated radiology and pathology services - unlimited	
Oncology	Benefit managed as part of an Oncology Management Programme. Overall limit of R288 900 per family per year applies with a sub-limit of R115 600 for biological drugs, if approved by the Scheme. Please refer to Members' Guide for more detail	
Asthma, Chronic Obstructive Airways Disease, Diabetes and Cardiacare	Benefits managed by the Scheme and payable as per the applicable benefits 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	80% of Medical Scheme Rate – limited to R6 000 per family per year
Psychiatry	Benefits 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. 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	R3 941	R3 414	R 680

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



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