

Description of Service/Treatment	Services rendered as part of hospitalisation – subject to pre-authorization	Services rendered NOT as part of hospitalisation
OVERALL MAXIMUM	None	<ul style="list-style-type: none"> Annual Day-to-day Limit: Principal Member = R3 500; Additional per adult dependant = R2 500; Additional per minor dependant = R1 200 (to a maximum of R3 600) Radiology, pathology, basic dentistry, physiotherapy and biokinetics = R3 600 or R5 000 for family Optometry = 100% of cost limited to R1 900 per beneficiary or R3 800 per family over two years Medical appliances = R3 200 per family
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 (RP 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 –subject to joint limit for basic dentistry, physiotherapy and biokinetics
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-authorization)	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-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 = 100% Medical Scheme Rate subject to Annual Day-to-day Limit
Cochlear Implants	100% of Medical Scheme Rate, limited to R22 500 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 limited to R1 900 per beneficiary or R3 800 per family over two years
Spectacles and Contact Lenses	Not applicable	100% of cost
Refractive Surgery	To be self-funded	To be self-funded

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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		
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 R2 000 per family per year
BLOOD TRANSFUSIONS		
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 R42 000 per family per year – subject to approval by Case Manager	
Orthopaedic Appliances	100% of cost limited to R6 000 per family per year – subject to case management	
Medical Appliances	Not applicable	100% of cost, limited to R3 200 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 (RP applies) – subject to Annual Day-to-day Limit
Immunisations	Not applicable	
Oral contraceptives and IUD's	Not applicable	
NON-PRESCRIBED MEDICINE (PAT)		
Not applicable		
CASE MANAGED / DISEASE MANAGED CONDITIONS / PROCEDURES		
Organ Transplants	The following benefits apply to organ donors in RSA: R33 500 for a live donor, R20 000 for a cadaver. 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 R181 500 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 Cardiacare	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 2012

	Principal member	Additional Adult Dependand	Additional Minor Dependand (payable up to maximum 3)
Contributions	R1 588	R1 562	R 537

ABBREVIATION: RP = 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