

Benefits	Cover	Limit / Conditions
CORE HOSPITAL BENEFITS -		
Statutory Prescribed Minimum Benefits	100% of Cost	For services rendered by Public Hospitals unless involuntarily obtained elsewhere, paid in terms of PMB criteria.
Hospital & Day Clinic Admissions - includes all costs	R75,000 total cost per event at 100% of Scheme Tariff	Pre-Authorisation Required - phone 0860 776 832
Medical Practitioners, Radiology, Pathology	100% of Scheme Tariff	Subject to limit of R75,000 per Hospital event
PET, MRI & CT Scans	100% of Scheme Tariff	Co-Payment of 50% of cost, subject to limit of R75,000 per Hospital event and/or PMBs
Oncology Treatment	100% of Scheme Tariff	R100,000 per beneficiary per annum, subject to SAOC level 1 protocols and PMBs
Renal Failure & Kidney Dialysis	100% of Scheme Tariff	R100,000 per family per annum, subject to PMBs & State Criteria
Prostheses, Medical & Surgical Appliances	100% of Cost	R20,000 per family per annum, subject to PMBs
Dental Surgery	100% of Scheme Tariff	R2,500 per beneficiary per annum
Private Nursing, including Step-down & Rehabilitation Facilities	100% of Scheme Tariff	R8,500 per family per annum, in lieu of hospitalisation. No Frail Care.
Confinement	100% of Scheme Tariff	2 days per confinement, 3days for Caesarian delivery, subject to limit of R75,000per Hospital event
Psychiatric Hospitalisation, including Practitioners	100% of Scheme Tariff	Maximum of 14 days, subject to limit of R75,000 per Hospital event and/or PMBs
Alcoholism & Drug Dependence	100% of Cost	PMBs only
Ambulance Services	100% of Scheme Tariff	Emergency transportation only with pre-authorisation obtained from 011-5411118
CHRONIC CONDITIONS -		
Chronic Conditions in terms of the Regulations of the Medical Schemes Act, 131 of 1998, being - Addison's Disease Asthma Bipolar Mood Disorder Bronchiectasis Cardiac Failure Cardiomyopathy Chronic Renal Disease Chronic Obstructive Pulmonary Disease Coronary Artery Disease Crohns Disease Diabetes Insipidus Diabetes Mellitus Type 1 & 2 Dysrhythmias Epilepsy Glaucoma Haemophilia Hyperlipidaemia Hypertension Multiple Sclerosis Parkinsons Disease Rheumatoid Arthritis Schizophrenia Systemic Lupus Erythematosus Ulcerative Colitis	100% of Cost	Limited to the prescribed Therapeutic Algorithms for the conditions and protocols in terms of best practice adopted by the Scheme. Registration with the Scheme is compulsory prior to receiving benefits.

MONTHLY CONTRIBUTIONS WITH EFFECT FROM 1 JANUARY 2010 -	
Principal Member	R1,656.00
Adult Dependant	R1,327.00
Child Dependant	R 534.00

1 SPECIAL LIMITATIONS

- 1.1 All benefits are pro-rated during the first year of membership,
- 1.2 Where a benefit is part of the Statutory Prescribed Minimum Benefits, treatment will be paid for in terms of legislation in the public Hospital system and subject to state criteria for such treatment, unless the admission is involuntarily obtained elsewhere,
- 1.3 In order to claim benefits, claims must be received at the Scheme's offices within four (4) months of treatment.

2 EXCLUSIONS:

With due regard to legislated Prescribed Minimum Benefits, expenses incurred by members or their registered dependents will not be paid by the scheme, in connection with the following:

- 2.1 Operations, treatments and examinations for cosmetic purposes or of the member's own choosing where this has no connection with any illness, presumed illness, accident or other medical disability: specifically in this regard (but without derogation of the generality of the foregoing) in respect of any examinations, operations or surgical procedures relating to jaw, ear, nose, eye (including refractive), eye-lids, breast or abdominal reconstruction's without the prior written approval of the Board, which shall be entitled to call for such further information as it deems necessary,
- 2.2 Expenses incurred by a member or dependants of a member in the case of or arising out of any investigation, operation or treatment that is not medically necessary, in the opinion of the Board in consultation with the Scheme's Medical Advisor,
- 2.3 Medical treatment for erectile dysfunction, snoring, rhinoplasty, mammoplasty or uvulopalatopharyngioplasty,
- 2.4 Artificial insemination of a person as defined in the Human Tissue Act, 1993 (Act 65 of 1993),
- 2.5 Operations, treatments and examinations in respect of obesity.
- 2.6 Costs in respect of injuries arising from professional sport, speed contests, trials, parachuting, hang-gliding, bungy jumping, para-gliding and micro lights,
- 2.7 Injury arising out of an accident whilst travelling in an aircraft other than on a scheduled flight,
- 2.8 Treatment of Osteoporosis by means of Aredia Infusion without the prior written approval of the Scheme's Medical Advisor,
- 2.9 All treatments and procedures by Laparoscopic Surgery without the prior written approval, based on evidence based medical protocols, of the Scheme's Medical Advisor,
- 2.10 Treatment of an illness or injury sustained by a member or a dependant of a member, where in the opinion of the Committee such illness or injury is directly attributable to failure to carry out the instructions of a Medical Practitioner.
- 2.11 Appointments cancelled and not kept by members,
- 2.12 Services rendered by any person not registered in terms of any law,
- 2.13 The purchase of bandages and aids; patent foods, including baby foods; contraceptives and slimming preparations; tonics as advertised to the public; household remedies.
- 2.14 Costs incurred for treatment required because of an injury sustained by a member or a registered dependant of a member and for which a third party may be liable, unless the Board is satisfied that there is no reasonable prospect of the member or dependant recovering medical costs from the third party. The decision of the Board whether to meet any claim or not shall be final. In cases where a claim, after deliberation, is repudiated by the third party, the member shall be entitled to benefits as would have applied under normal conditions, irrespective of the lapse of time.
- 2.15 Travelling Expenses.
- 2.16 Injuries arising from unrest situations, while actively participating, subject to Prescribed Minimum Benefits.
- 2.17 Expenses incurred by a member or dependants of a member as a consequence of any subsequent operation, treatment or examination arising from an exempt condition, treatment or operation referred to above.

3 LIMITATION OF BENEFITS

- 3.1 The maximum amount payable in any one membership year, ie. the period 1 January to 31 December, inclusive, shall not exceed the amounts in respect of all benefits specified in the relevant benefit schedule.
- 3.2 For the purpose of these Rules, a claim shall be considered as falling within the membership year if the member or dependants of a member incurred the liability within such year.
- 3.3 Costs in respect of hospitalisation for organ transplants of any nature will be limited to the amount charged in a Provincial Hospital, except for Prescribed Minimum Benefits. Benefits will be assessed according to the maximum amount as detailed in the relevant tariff schedule and Annexure "D".
- 3.4 All Chronic Medication shall be approved by the Scheme or its agent and shall be in accordance with the Scheme's Chronic Medication Guidelines.
- 3.5 Treatment related to diabetes is limited to benefits detailed in the relevant benefit schedule unless use is made of a preferred provider out-let, subject to Annexure "D".
- 3.6 The treatment of Neovascularization in Macular Degeneration by means of Photodynamic Therapy shall be limited to one treatment of one eye. The treatment shall be subject to obtaining authorisation from the Scheme or its designated agent prior to the treatment, failing which the claim shall be repudiated.
- 3.7 Maxillo-Facial Surgery shall be limited to injury cases only and subject to Prescribed Minimum Benefits.

4 WAITING PERIODS AND SPECIAL EXCLUSIONS

- 4.1 If a member does not have interchangeability membership, the Scheme may impose:
 - 4.1.1 A general waiting period of three (3) months; and/or
 - 4.1.2 A twelve (12) month exclusion on a pre-existing medical condition/s, for that specific condition/s.
 - 4.1.3 A loading will be imposed upon a member according to the late joiner penalties as prescribed in the Medical Schemes Act.

5 Contributions are payable monthly in arrears.

6 Guide to abbreviation used

- 6.1 Scheme Tariff - Lower of cost or National Health Reference Price list (NHRPL depends on legislation to determine which version)
- 6.2 Agreed Tariffs - as negotiated with hospital groups.

7 **IT IS IMPORTANT TO NOTE THAT THE FOREGOING IS A SUMMARY OF THE BENEFITS, EXCLUSIONS AND LIMITATIONS OF THIS PLAN OPTION. A COPY OF THE RULES MAY BE OBTAINED FROM THE ADMINISTRATOR ON REQUEST. THE RULES WILL TAKE PRECEDENCE OVER THIS SUMMARY.**