



benefits 09

Effective 1 January 2009

Members and their dependants are entitled to the following benefits, subject to the provisions of the rules of the Scheme, and in particular the provisions of the statutory Prescribed Minimum Benefits (PMBs).

**CLIENT SERVICE TEAM:
0800 004 389 OR
021 480 4801**

Overall Annual Limit

The Overall Annual Limit applies to all benefits paid from Scheme funds. No benefits are payable by the Scheme after depletion of the Overall Annual Limit, except for statutory PMBs, which are covered even after the specified sub-limits and Overall Annual Limit are exhausted, subject to certain criteria being met.

Members also have a Medical Spending Account (MSA), which is used to pay for day-to-day benefits. The amount available in the MSA is in addition to the overall annual limit.

NO	BENEFIT	BENEFIT AMOUNT	ANNUAL LIMIT
	OVERALL ANNUAL LIMIT		R550 000 per beneficiary or R1 100 000 per family
1.	Statutory Prescribed Minimum Benefits	100% of cost	Services rendered by public hospital or DSP unlimited and subject to pre-authorisation
2.	<p>Hospitalisation (excluding rehabilitation)</p> <p><i>Benefits for admission to a PPN hospital are subject to utilisation of the PPN hospitals appointed by the Scheme</i></p> <p><i>In the event that a non-PPN hospital is voluntarily utilised, a co-payment of R1 000 may be payable by the member directly to the hospital</i></p> <p>Admissions are subject to pre-authorisation with the Scheme's provider two working days prior to admission and within 48 hours in the case of emergencies</p> <p>A penalty of R1 000 is payable by the member to the service provider failing pre-authorisation For pre-authorisation dial 0800 118 884 (toll free)</p> <p>Private hospitals</p> <p>Provincial hospitals</p> <p>Medicines dispensed in hospital and upon discharge from hospital</p> <p>Approved secondary/step-down facilities</p> <p>In-patient psychiatric conditions/substance abuse</p>	<p>100% of agreed tariff</p> <p>100% of UPFS or cost</p> <p>100% of SEP and agreed dispensing fee</p> <p>100% of agreed tariff</p> <p>100% of agreed tariff</p>	<p>Subject to overall annual limit</p> <p>To-take-out (TTO) medication limited to 7 days' supply</p> <p>R36 000 per beneficiary</p>
3.	<p>Confinements</p> <p>Subject to pre-authorisation, at 36 weeks of pregnancy</p>	150% of Scheme rate	Subject to overall annual limit
4.	<p>GPs and specialists: In-hospital services</p> <p>Consultations, visits and procedures/operations</p>	150% of Scheme rate	Subject to overall annual limit
5.	<p>Radiology and pathology in and out of hospital</p>	100% of Scheme rate or agreed tariff, where applicable	Subject to overall annual limit
6.	Physiotherapy in hospital	100% of Scheme rate	Subject to overall annual limit
7.	Blood transfusion	100% of Scheme rate	Subject to overall annual limit
8.	<p>Oncology treatment (in and out-of-hospital treatment)</p> <p>Subject to pre-authorisation with Qualsa's Oncology Risk Management programme; tel: 0800 118 884 (toll free)</p>	100% of Scheme rate	R300 000 per beneficiary

NO	BENEFIT	BENEFIT AMOUNT	ANNUAL LIMIT
9.	Surgical/internal prostheses Subject to pre-authorisation and the Hospital Risk Management programme	100% of cost	Limited to amounts detailed in the Surgical Prostheses Schedule (Annexure B) for specified items; non-specified items limited to R27 500 per beneficiary Both specified and non-specified items are limited to a total benefit of R27 500 per beneficiary per year, unless the individual limit detailed in the schedule below is higher than R27 500, after which the total benefit will have been exhausted
10.	Maxillo-facial surgery (excluding special dentistry)	100% of Scheme rate	Subject to overall annual limit
11.	Organ transplants (hospitalisation and surgery)	100% of Scheme rate	Subject to overall annual limit
12.	Emergency transportation Subject to authorisation with the Scheme's preferred provider, International SOS; tel: 0800 127 620 (toll free)	100% of cost	Subject to overall annual limit and International SOS protocols
13.	MRI and CT scans (in and out of hospital) Subject to pre-authorisation; tel: 0800 118 884 (toll free)	100% of Scheme rate	Subject to overall annual limit
14.	HIV/AIDS For access to the HIV/AIDS benefit, registration is required with the Scheme's provider; tel: 0861 888 300	100% of Scheme rate	Subject to Prescribed Minimum Benefit protocols
15.	Renal dialysis	100% of Scheme rate	Subject to overall annual limit
16.	Chronic conditions Members must contact the Pick n Pay Client Service Team to obtain the relevant application forms to register on the Scheme's chronic medication programme or the Prescribed Minimum Benefit Chronic Disease List programme (care plan services) Chronic medication All medication will be subject to the MMAP Prescribed Minimum Benefit conditions	100% of SEP plus agreed dispensing fee 100% of SEP plus agreed dispensing fee, or Scheme rate in respect of care plan services	Subject to chronic condition limits of: R37 000 per beneficiary or R76 000 per family Subject to chronic conditions limit Unlimited – subject to care plan protocols
17.	Diabetes treatment All diabetes treatment, including consultations, in-hospital treatment and medication will be subject to registration with the Scheme's appointed provider: Centre for Diabetes and Endocrinology (CDE) A 30% co-payment will apply where members are not registered with CDE	100% of cost at CDE Centres 70% of SEP, plus agreed dispensing fee if not registered on CDE	Unlimited insured benefits subject to CDE protocols

NO	BENEFIT	BENEFIT AMOUNT	ANNUAL LIMIT
17.	<p>Diabetes treatment - continued</p> <p>Members may make use of a non-CDE provider in emergency situations; the emergency hotline number will be provided to members upon registration with CDE</p> <p>For information regarding CDE or to obtain an application form, please contact (011) 712 6000</p>		
18.	<p>Preventative out-of-hospital procedures</p> <p>Dental check-up/oral hygienist</p> <p>Flu vaccine injection</p> <p>Eye testing</p> <p>Cholesterol</p> <p>Pap smear</p> <p>Mammogram</p>	<p>100% of Scheme rate</p> <p>1 visit per beneficiary per year</p> <p>1 per beneficiary per year</p> <p>1 test per beneficiary per year</p> <p>Number of procedures unlimited</p> <p>Number of procedures unlimited</p> <p>Number of procedures unlimited</p>	<p>Subject to overall annual limit</p> <p>Please be advised that these preventative procedures do not include all the costs incurred at the time of the procedure, but only to those specified, i.e.:</p> <ul style="list-style-type: none"> only the consultation fee for the dental check-up/oral hygienist and eye tests only the actual injection for the flu vaccines only the actual testing of cholesterol and pap smears only the mammogram itself <p>Any other costs incurred at the time of the visit will be paid from your MSA or as otherwise specified in the rules</p>
19.	<p>Out-patient surgical procedures (refer to Annexure A of benefit schedule for the list of procedures covered)</p>	150% of Scheme rate	Subject to overall annual limit

Benefits payable from members' Medical Spending Accounts (MSAs), except in respect of PMBs

NO	BENEFIT	BENEFIT AMOUNT	ANNUAL LIMIT
1.	<p>General practitioners and specialists (out of hospital)</p> <p>Consultations and visits</p>	150% of Scheme rate	Subject to MSA balance
2.	Circumcision procedures	150% of Scheme rate	Subject to MSA balance
3.	Physiotherapy (out of hospital)	100% of Scheme rate	Subject to MSA balance
4.	<p>Dentistry</p> <p>i) Conservative dentistry – fillings, extractions, x-rays and prophylaxis</p> <p>ii) Special – orthodontic, periodontic, crowns, bridgework, dentures, dental implants and osseointegration</p>	100% of Scheme rate	<p>1 conservative dentistry consultation per beneficiary per year, payable from insured benefits</p> <p>Please note that this does not include the actual fillings; these are paid from your MSA</p> <p>Subject to MSA balance</p>

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NO	BENEFIT	BENEFIT AMOUNT	ANNUAL LIMIT
5.	Acute medication Subject to MMAP	100% of SEP and agreed dispensing fee	Subject to MSA balance
6.	Pharmacy Advised Therapy (PAT) Homeopathic and naturopathic medication	100% of agreed tariff or SEP and agreed dispensing fee	Subject to MSA balance
7.	Optical i) Optometric tests (including all visual tests) ii) Spectacles, lenses (including contact lenses), frames and "readers"	100% of agreed tariff	1 consultation per beneficiary per year, payable from insured benefits Please note that this does not include the lenses or the frames; these are paid from your MSA Subject to MSA balance
8.	External surgical appliances	100% of cost	Subject to MSA balance
9.	Homeopaths, naturopaths and chiropractors (excluding x-rays and appliances)	100% of Scheme rate	Subject to MSA balance
10.	Nursing (subject to Scheme authorisation) i) Private or home nursing ii) Hospice services (accommodation, home care visits, visits by medical officer)	100% of Scheme rate	Subject to MSA balance
11.	Auxiliary services Includes clinical psychology, psychiatric consultations (excluding educational counselling), speech therapy, audiology, occupational therapy, podiatry and orthoptics	100% of Scheme rate	Subject to MSA balance
12.	Hospice services Includes accommodation, home care visits and home visits by a medical officer	100% of cost	Subject to MSA balance

KEY:

- Agreed tariff** = The fees for any healthcare services which are determined by the Board of Trustees in conjunction with a network of service providers
- CDE** = Centre for Diabetes and Endocrinology provides complete care to members with diabetes mellitus, types 1 and 2
- DSP** = Designated Service Provider, a network of service providers appointed by the Scheme as preferred providers to provide members with diagnosis, treatment and care in respect of one or more Prescribed Minimum Benefit conditions
- MMAP** = Maximum Medical Aid Price is the price the Scheme will pay for the generic equivalent of patented medication
- PPN** = Preferred Provider Network of hospitals appointed by the Scheme for the provision of private hospitalisation to members
- Scheme rate** = The reimbursement rate determined annually by the Board of Trustees by using the National Health Reference Price List (NHRPL) as a basis; the 2009 reimbursement rate is the NHRPL rate for 2009
- SEP** = Single Exit Price, a price set by the manufacturer or importer of the medicine or scheduled substance, combined with the logistics fee and VAT
- UPFS** = Uniform Patient Fee Schedule, the tariff structure used by provincial hospitals

Annexure A:

List of out-patient surgical procedures covered under overall annual limit

Out-patient surgical procedures, if performed in a doctor's surgery, do not require pre-authorization, and will be covered from the overall annual limit. Anaesthetic costs, if applicable, are only covered for local/regional anaesthetic or, at most, conscious sedation. General anaesthetic costs are not covered for procedures performed in a doctor's rooms except in respect of Prescribed Minimum Benefits.

PROCEDURE	CODES
Gastroscopy and related procedures	1587/88/89/91; 1626; 1770/72/73/74/78/79/82
Oesophagoscopy and related procedures	1545/49/50/51/52/53/57/78/80/84/85
Colonoscopy and related procedures	1653/54/56
Cystoscopy and related procedures	1949/51 to 73; 2088
Direct laryngoscopy	1018; 1019
Bronchoscopy and related procedures	1132/33/34

The following additional procedures, if performed by an ophthalmologist in his/her rooms, will also not require pre-authorization and will be covered from the overall annual limit.

PROCEDURE	CODES
Treatment of retina and choroids by cryotherapy	3039
Pan retinal photocoagulation in one sitting	3041
Laser capsulotomy	3052
Laser trabeculoplasty	3064
Laser apparatus hire fee	3201

Annexure B:

Surgical prostheses schedule

This schedule lists surgical prostheses and appliances (excluding dental implants) placed in the body as internal fixtures during an operation.

The items below are subject to the limits indicated. Benefits for non-specified surgical prosthetic items will be subject to the maximum annual benefits for non-specified items, as indicated elsewhere in this benefit schedule and subject to the requirements for Prescribed Minimum Benefits.

PROSTHESIS	AMOUNT	LIMIT
Partial hip replacement	R15 500	Per beneficiary per year
Total hip replacement	R33 000	Per beneficiary per year
Spinal fusion	R35 000	Per beneficiary per year
Cardiac stents	R16 500	Per beneficiary (maximum of 3 per year)
Cardiac pacemakers	R43 000	Per beneficiary per year
Grafts	R28 500	Per graft per beneficiary per year
Cardiac valves	R29 500	Per valve per beneficiary per year
Artificial limb	R24 000	Per family per year
Artificial eyes	R12 000	Per family per year
Knee replacement	R31 000	Per beneficiary per year
Shoulder replacement	R35 000	Per shoulder per family per year
All other claims for surgical prosthesis	R27 500	Per beneficiary per year