

**BENEFITS**  
**(Effective 1 January 2010)**

The Scheme Rate is defined as the lesser of the 2009 Reference Price List (RPL) as published by the Department of Health on 24 December 2008, increased by 8.5% or the published 2010 Reference Price List.

PART 1

CORE BENEFITS

The Core Benefits in terms of Rule 16 are as set out in Tables B.1 and B.2 below. Notwithstanding any other provisions in these Rules the Scheme will provide, in the state hospital facilities and at a designated service provider, all members and dependants with cover for the prescribed minimum benefits at 100% of the cost. The Scheme's designated service providers are the Preferred Provider Network Hospitals for all in-hospital procedures and the Centre for Diabetes and Endocrinology (CDE) for in and out-of-hospital treatment in respect of diabetes.

Voluntary treatment for all elective procedures other than diabetic related procedures rendered at an institution other than the Preferred Provider Network Hospitals appointed by the Scheme, shall be paid at the agreed tariff, subject to a co-payment of R1,000 payable by the member. In the event of emergencies, this ruling would not be applicable for the duration of stabilising the patient, thereafter the member must be transferred to a Preferred Provider Network Hospital. In respect of diabetes, voluntary treatment at a provider other than CDE will be covered at 70% of the Scheme Rate if a member is not registered on the CDE Managed Care program.

The benefits in Table B.1 are for hospitalisation, and are subject to an Overall Annual Limit of R1,200,000 for a Member Family and R600,000 for a beneficiary.

In the event of hospitalisation, the member is required to obtain compulsory pre-authorisation. Failure to obtain authorisation at least 48 hrs prior to being hospitalised, will result in an excess payable by the member of R1,000 per admission. A member is not required to obtain pre-authorisation for hospital admission in the case of an emergency. However, in such instance, a member must notify the Scheme's provider of the admission within 48 hours thereafter.

## 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 Prescribed Minimum Benefits (PMBs), which continue to be covered after the specified sub-limits and Overall Annual Limit are exhausted.

Table B.1 Hospitalisation Benefits

BENEFIT	BENEFIT AMOUNT	ANNUAL LIMIT
Statutory Prescribed Minimum Benefits (PMBs)	100% of cost	In & out of hospital procedures & treatment rendered by Public Hospital or Designated Service Provider unlimited as per Regulations, and subject to pre-authorisation and MSO protocols.
Private hospitals (excluding rehabilitation) Ward & Theatre Fees	100% of agreed tariff	<b>Included in overall annual limit</b>  Benefits for admission to private hospitals are subject to pre-authorisation, MSO protocols and utilisation of the Preferred Provider Network hospitals appointed by the Scheme.  In the event that non-Preferred Provider Network hospitals are voluntarily utilised, a co-payment of R1,000 will be payable by the member directly to the hospital.
Provincial hospitals	100% of UPFS or cost whichever is the lower	
Medicines dispensed in hospital and upon discharge from hospital	100% of SEP & agreed dispensing fee subject to Chronic Medication Reference Price List	To take out medication (TTOs) limited to 7 days supply
Alternatives to Hospitalisation (subject to pre-authorisation and MSO protocols) <ul style="list-style-type: none"> <li>· Step-down facilities</li> <li>· Hospice (ward fees and disposables)</li> <li>· Home Nursing</li> </ul>	100% of agreed tariff	
General Practitioner and Specialist Procedures and consultations, including confinements in hospitals  Confinements will be subject to pre-authorisation at 36 weeks of pregnancy	150% of Scheme rate	Included in overall annual limit
Blood transfusions and Technician services	100% of Scheme rate	Included in overall annual limit

Radiology and Pathology in & out of hospital	100% of Scheme rate or agreed tariff	Included in overall annual limit
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BENEFIT	BENEFIT AMOUNT	ANNUAL LIMIT
Renal dialysis	100% of Scheme rate	Subject to overall annual limit
ISOS Emergency Rescue Services Only	100% of cost	Subject to overall annual limit and ISOS protocols
Surgical/Internal prostheses Subject to pre-authorisation and MSO protocols	100% of cost per item as per surgical prosthesis schedule below*	<b>R30,000 per beneficiary</b> Both specified and non-specified items are limited to a total benefit of R30,000 per beneficiary per year, unless the individual limit detailed in the schedule below is higher than R30,000, after which the total benefit will have been exhausted.
Hospitalisation for psychiatric conditions/ substance abuse	100% of agreed tariff	<b>R38,000 per beneficiary</b> PMB admissions will be deducted from this benefit but are not subject to this limit
Psychiatric consultations out of hospital	100% of cost	Prescribed Minimum Benefits only
Maxillo - facial surgery (excluding special dentistry)	100% of Scheme rate	Included in overall annual limit
Organ transplants (hospitalisation and surgery)	100% of Scheme rate	Subject to overall annual limit
Oncology treatment (including all in & out of hospital treatment and medication & materials) Subject to pre-authorisation and registration on the Oncology Management Programme.	100% of Scheme rate	<b>R325,000 per beneficiary</b>
Specialised radiology (MRI and CT scans) Subject to pre-authorisation	100% of Scheme rate	Subject to overall annual limit
HIV/AIDS Subject to registration on the HIV/AIDS management programme	100% of cost	<b>R35,000 per beneficiary.</b> Thereafter subject to Prescribed Minimum Benefit protocols
Outpatient surgical procedures (List of procedures below**)	150% of Scheme rate	Subject to overall annual limit

**\*SURGICAL PROSTHESIS SCHEDULE**

<b>Prosthesis</b>	<b>Amount</b>	<b>Limitation</b>
Partial hip replacement	R16,500	Per beneficiary per year
Total hip replacement	R35,500	Per beneficiary per year
Spinal fusion	R38,000	Per beneficiary per year
Cardiac stents	R18,000	Per beneficiary (maximum 3 per year)
Cardiac pacemakers	R46,500	Per beneficiary per year
Grafts	R31,000	Per graft per beneficiary per year
Cardiac valves	R32,000	Per valve per beneficiary per year
Artificial limb	R26,000	Per family per year
Artificial eyes	R13,000	Per family per year
Knee replacement	R33,500	Per beneficiary per year
Shoulder replacement	R38,000	Per shoulder per family per year

**PART 1 (Continued)****CORE BENEFITS (Table B. 1 Continued)****\*\*OUTPATIENT SURGICAL PROCEDURES LIST**

The following procedures, if performed in a doctor's rooms, and subject to pre-authorisation and MSO protocols, are 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 PMBs.

**GASTRO-ENTEROLOGY**

Gastroscopy  
 Oesophagoscopy  
 Colonoscopy  
 Cystoscopy  
 Direct laryngoscopy  
 Bronchoscopy

**OPHTHALMOLOGY**

Treatment of retina and choroids by cryotherapy  
 Pan retinal photocoagulation in one sitting  
 Laser capsulotomy  
 Laser trabeculoplasty  
 Laser apparatus hire fee

**OTHER**

Circumcision

Table B.2 Out of hospital benefits

Out of hospital preventative procedures	Subject to overall annual limit 100% Scheme rate
Dental check up/oral hygienist	1 visit per beneficiary per year
Flu vaccine injection	1 per beneficiary per year
Eye testing	1 test per beneficiary per year
Cholesterol tests	No limit on number of tests
Pap Smears	No limit on number of procedures
Mammograms	No limit on number of procedures

Out of hospital maternity benefits	Subject to overall annual limit and registration on the Scheme's Maternity Programme
GP Consultations	1 ante-natal consultation per pregnancy at 150% of Scheme rate
Obstetrician / Gynaecologist Consultations	4 ante-natal consultations per pregnancy at 150% of Scheme rate
2D Ultrasounds	2 scans per pregnancy at 100% of Scheme rate or agreed tariff.

The benefits in Table B.3 are for treatment of chronic conditions, and are subject to an annual limit of R76,000 for a member family and R37,000 for a beneficiary unless in respect of Prescribed Minimum Benefits.

Table B.3 Chronic Condition Benefits including PMB Diagnosis and Treatment Pairs (DTPs) and Chronic Disease List (CDL) conditions

CHRONIC CONDITIONS	BENEFIT AMOUNT	ANNUAL LIMIT
<p>Drug treatment for any of the following:</p> <p>All chronic conditions covered subject to registration on the Scheme's Medicine Risk Management programme and approval of treatment protocols, except in respect of Diabetes types 1 &amp; 2.</p> <p>Diabetes cover will be subject to registration with and protocols of the Centre for Diabetes &amp; Endocrinology (CDE)</p> <p><b>25 PMB Conditions:</b></p> <p>Addison's disease, Asthma, Bipolar mood disorder, Bronchiectasis, Cardiac failure, Cardiomyopathy disease, Chronic renal failure, Coronary artery disease, Chronic obstructive pulmonary disorder, Crohn's disease, Dysrhythmias, Epilepsy, Glaucoma, Haemophilia, Hyperlipidaemia, Hypertension, Hypothyroidism, Multiple sclerosis, Parkinson's disease, Rheumatoid arthritis, Schizophrenia, Systemic lupus erythematosus, Ulcerative colitis, Antiretroviral therapy, *Diabetes Insipidus, *Diabetes Mellitus Type 1 &amp; 2</p> <p><b>Non-PMB conditions</b></p> <p>Allergic Rhinitis, Alzheimer's disease, Ancillary treatment, Auto-immune haemolytic anaemia, Cancer, Cerebral aneurysm, Conn's syndrome, Cushing's syndrome, Cystic fibrosis, Depression, Emphysema, Ischaemic heart disease, Macroglubolinaemia, Menopause, Myastenia gravis, Osteoarthritis, Osteoporosis, Paraplegia, Pemphigus, Peripheral arteriosclerotic disease, Psoriasis, Scleroderma, Waldenstrom's syndrome, Wilson's disease.</p>	<p>100% of SEP plus agreed dispensing fee. (Subject to Chronic Medication Reference Price List)</p> <p>100% of cost if provided through CDE. 70% of SEP plus agreed dispensing fee if not registered on CDE. (Subject to Chronic Medication Reference Price List)</p> <p>100% of SEP plus agreed dispensing fee (Subject to Chronic Medication Reference Price List)</p>	<p>Accrues to the chronic condition limit</p> <p>PMB conditions are covered at 100% of cost unlimited subject to the use of the Scheme's DSPs.</p> <p>The Scheme's PMB DTP &amp; CDL programme offers benefits in accordance with approved Care Plans in respect of the diagnosis, treatment and care for such conditions. If medicines are voluntarily obtained from a provider other than the Scheme's DSP, co-payments could be applied.</p>

The benefits described in Table B.4 below shall be paid by deduction from **members' Medical Spending Accounts**, as described in Rule 16.2, and are subject to the funds available in the **members' Medical Spending Account (MSA)**, except in respect of PMBs.

Table B.4 Benefits Payable from members' Medical Spending Accounts

<b>GENERAL PRACTITIONERS, SPECIALISTS AND PHYSIOTHERAPY OUT OF HOSPITAL</b>	<b>BENEFIT</b>	<b>ANNUAL LIMIT</b>
General practitioners, specialists - consultations and visits outside of the hospital	150% of Scheme rate	Subject to MSA Balance
Physiotherapy services	100% of Scheme rate	Subject to MSA Balance
<b>DENTISTRY</b>	<b>BENEFIT</b>	<b>ANNUAL LIMIT</b>
Conservative – fillings, extractions, X-rays and prophylaxis	100% of Scheme rate	1 visit per beneficiary per year from insured benefit. Balance then subject to MSA
Special – orthodontic, periodontic, crowns, bridgework, dentures, dental implants and osseo-integration	100% of Scheme rate	Subject to MSA Balance
<b>PRESCRIBED MEDICINES</b>	<b>BENEFIT</b>	<b>ANNUAL LIMIT</b>
Medicines prescribed by medical practitioners Subject to the Chronic Medication Reference Price List	100% of SEP & agreed dispensing fee. Excludes administration fee	Subject to MSA Balance
Pharmacy Advised Therapy Homeopathic and Naturopathic medicines	100% of agreed tariff or SEP & agreed dispensing fee. Excludes administration fee	Subject to MSA Balance
<b>OPTICAL</b>	<b>BENEFIT</b>	<b>ANNUAL LIMIT</b>
Optometric tests (including all visual tests)	100% of agreed tariff	1 visit per beneficiary per year from insured benefit. Balance then subject to MSA
Spectacles: lenses and frames including contact lenses and "readers"	100% of agreed tariff	Subject to MSA balance
<b>EXTERNAL SURGICAL APPLIANCES</b>	<b>BENEFIT</b>	<b>ANNUAL LIMIT</b>
Hearing aids, orthopaedic boots, surgical collars, wheelchairs, nebulisers and oxygen equipment, etc	100% of cost	Subject to MSA Balance

<b>ALTERNATIVE SERVICES</b>	<b>BENEFIT</b>	<b>ANNUAL LIMIT</b>
Homeopaths, naturopaths and chiropractors (excluding X-rays and appliances)	100% of Scheme rate	Subject to MSA balance
Clinical psychology and psychiatric consultations (excluding educational counselling)	100% of Scheme rate	Subject to MSA balance
Frail care	100% of Scheme rate	Subject to MSA balance
Speech therapy and audiology, occupational therapy, podiatry (excluding X-rays and appliances)	100% of Scheme rate	Subject to MSA balance