



PROFMED

SCHEDULE OF
BENEFITS
2022
VERSION 1

INTELLIGENT MEDICAL AID FOR PROFESSIONALS

Applicable 1 January 2022 to 31 December 2022.

Please read in conjunction with the Information Guide and Rules of the Scheme available at www.profmed.co.za or by calling 0860 679 200.



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WHY PROFMED

Profmed medical aid scheme offers ten excellent options. You can choose from one of our five Premium options (access to any hospital of your choice) or one of our five Savvy options (hospital network options). We provide affordable medical cover. Choose a benefit option that suites you or your family and that takes into consideration your personal needs and your financial position.



CONTRIBUTION TABLES

SAVVY

MONTHLY INCOME R0 - R7 000

	PROPINNACLE*	PROSECURE PLUS*	PROSECURE*	PROACTIVE PLUS	PROACTIVE
Principal member	R7 867	R4 481	R2 641	R2 055	R717
Adult dependant	R7 298	R4 147	R2 641	R1 910	R860
Child	R2 360	R1 747	R1 197	R802	R576

MONTHLY INCOME R7 001 - R11 000

	PROPINNACLE*	PROSECURE PLUS*	PROSECURE*	PROACTIVE PLUS	PROACTIVE
Principal member	R7 867	R4 481	R2 641	R2 055	R1 290
Adult dependant	R7 298	R4 147	R2 641	R1 910	R1 290
Child	R2 360	R1 747	R1 197	R802	R577

MONTHLY INCOME R11 001 +

	PROPINNACLE*	PROSECURE PLUS*	PROSECURE*	PROACTIVE PLUS	PROACTIVE
Principal member	R7 867	R4 481	R3 672	R2 055	R1 730
Adult dependant	R7 298	R4 147	R3 399	R1 910	R1 599
Child	R2 360	R1 747	R1 434	R802	R674

PREMIUM

	PROPINNACLE*	PROSECURE PLUS*	PROSECURE*	PROACTIVE PLUS	PROACTIVE
Principal member	R8 741	R4 980	R4 079	R2 283	R1 923
Adult dependant	R8 108	R4 607	R3 777	R2 123	R1 777
Child	R2 622	R1 940	R1 594	R890	R749

* ProSecure, ProSecure Plus and ProPinnacle (Premium and Savvy) options: Only pay for the first 3 child dependants. Additional child dependants will be covered for free.

NOTES:

- Members applying for the rates below R11 000 monthly income must submit proof of gross monthly income from all sources.
- If a member registers his spouse or partner as a dependant, proof of the higher of the member's or spouse's or partner's income from all sources must be provided, i.e. latest three months' bank statements of all bank accounts and a tax directive from SARS. Proof of income must be provided to the Scheme annually by end-February.
- Adult dependant rates apply from age 21. If the dependant is studying and is dependent on the principal member, child rates apply up to age 28. Thereafter, rates will default to adult dependant rates. Proof of dependence, i.e. latest three months' bank statements of all bank accounts, and annual proof of study, i.e. proof of registration from academic institution, must be provided to the Scheme in terms of the above. If proof is not received annually by the Scheme by end-February, rates will default to adult dependant rates. It is the responsibility of the member to submit proof of study and dependence annually by end February, failing which contributions will be amended accordingly, with effect from 1 March.
- Members on the ProSecure, ProSecure Plus and ProPinnacle (Premium and Savvy) options only pay contributions for up to 3 child dependants. Additional child dependants will be covered for free.

GET IN TOUCH

IMPORTANT TELEPHONE NUMBERS

CLIENT SERVICES & CLAIMS

 **WITHIN RSA:** 0860 679 200
OUTSIDE RSA: +27 12 679 4144


CHRONIC DISEASE & MEDICATION AUTHORISATIONS (TREATING DOCTOR AND PHARMACISTS ONLY)

 **WITHIN RSA:** 0800 132 345
OUTSIDE RSA: +27 11 770 6000

HOSPITAL & SPECIALISED RADIOLOGY AUTHORISATIONS

 **WITHIN RSA:** 0860 776 363
OUTSIDE RSA: +27 12 679 4145

DISEASE MANAGEMENT AUTHORISATIONS

 **WITHIN RSA:** 0860 776 363
OUTSIDE RSA: +27 12 679 4145

DENTAL AUTHORISATIONS

 **WITHIN RSA:** 0860 679 200
OUTSIDE RSA: +27 12 679 4144

TUMS2TOTS PROGRAMME

 **WITHIN RSA:** 0860 679 200

INTERNATIONAL TRAVEL EMERGENCY MEDICAL ASSISTANCE

 **OUTSIDE RSA:** +27 12 679 4145

INTERNATIONAL TRAVEL MEDICAL ASSISTANCE ENQUIRIES

 **WITHIN RSA:** 0860 679 200

WHISPA GBV SUPPORT PROGRAMME

 **WITHIN RSA:** 0860 944 772

EMERGENCY TELEPHONE NUMBERS

EMERGENCY MEDICAL ASSISTANCE

 **WITHIN RSA:** 082 911
OUTSIDE RSA: +27 11 541 1225

ASSISTANCE FOR TRAUMA, AND HIV EXPOSURE

 **WITHIN RSA:** 0861 776 363

GBV SUPPORT PROGRAMME

 **WITHIN RSA:** 0860 944 772

EMAIL US

CLIENT SERVICES & GENERAL

 info@profmed.co.za

CLAIMS

 claims@profmed.co.za

INTERNATIONAL TRAVEL CLAIMS

 internationalclaims@profmed.co.za

TUMS2TOTS ENQUIRIES

 info@profmed.co.za

DENTAL AUTHORISATIONS

 dental@profmed.co.za

INTERNATIONAL TRAVEL ENQUIRIES

 internationalinfo@profmed.co.za


WHISPA GBV SUPPORT ENQUIRIES


 info@whispa.co.za

CONNECT WITH US

 <http://www.facebook.com/Profmed>

 <http://www.linkedin.com/company/profmed>

 https://twitter.com/Profmed_SA

 Download the Profmed App from your
smartphone store

WHAT'S WHAT?

DEFINITIONS

MEMBER	The principal member of the Scheme in terms of the rules
BENEFICIARY	The member and any of his/her dependants registered on the Scheme entitled to receive benefits in terms of the rules
FAMILY	The total constitution of a member and his/her dependants registered on the Scheme in terms of the rules
M	Member
M+1	Member plus one dependant
M+2	Member plus two dependants
M+3	Member plus three dependants
MAXIMUM	Maximum benefit payable for a family larger than the family sizes indicated for a particular benefit
“OFF-LABEL”	Medication utilised for a condition for which it is not specifically registered
SINGLE EXIT PRICE	The retail price of medication as determined by legislation

DAY-TO-DAY LIMIT

Annual overall limit imposed on specific acute, out-of-hospital benefits. Sub-limits on these benefits are subject to availability of funds in the annual overall day-to-day limit. Funds in the annual overall limit can only be accessed through the relevant available sub-limits, where applicable.

PRESCRIBED MINIMUM BENEFITS (PMBs)

The minimum benefit a scheme is required to cover in respect of the diagnosis and treatment of the 271 conditions, as required by legislation. This Schedule of Benefits is subject to the provisions of the Medical Schemes Act No. 131 of 1998 and Regulations relating to the PMBs. Profmed provides cover for 271 conditions listed in the PMBs as well as the 26 chronic conditions listed in the Chronic Disease List (CDL) in accordance with the provisions of the Act and Regulations.

The 26 prescribed chronic conditions include the following: Addison's Disease, Asthma, Bipolar Mood Disorder, Bronchiectasis, Cardiac Failure, Cardiomyopathy Disease, Chronic Obstructive Pulmonary Disorder, Chronic Renal Disease, Coronary Artery Disease, Crohn's Disease, Diabetes Insipidus, Diabetes Mellitus Types 1 & 2, Dysrhythmias, Epilepsy, Glaucoma, Haemophilia, HIV/AIDS, Hyperlipidaemia, Hypertension, Hypothyroidism, Multiple Sclerosis, Parkinson's Disease, Rheumatoid Arthritis, Schizophrenia, Systemic Lupus Erythematosus and Ulcerative Colitis. The diagnosis, treatment and care costs of these conditions will be paid in full provided these services are obtained from Profmed's designated service provider networks, where applicable. However, if such services are obtained voluntarily from a provider other than a DSP, the member will be liable for the balance of the account or the balance will be deducted from the relevant day-to-day benefit, subject to availability of funds. If the service is involuntarily obtained from a provider other than a DSP, the service will be paid in terms of the PMB legislation.

All PMB treatment will be subject to the application of treatment protocols and formularies, which will be more or less restrictive depending on the option chosen by the member. Costs in respect of PMBs that exceed the formulary, reference pricing, rules and protocols will be the responsibility of the member.

DESIGNATED SERVICE PROVIDER (DSP) / DESIGNATED SERVICE PROVIDER NETWORK (DSPN)

A healthcare service provider (DSP) or network of healthcare service providers (DSPN) who are designated or contracted by the Scheme to provide diagnosis, services, treatment, medicine or facilities to members in terms of both PMBs and non-PMBs at a negotiated rate. Services obtained from a non-DSP will be reimbursed at the rate negotiated by Profmed with the DSPN.

PRE-AUTHORISATION

Pre-authorisation must be obtained for hospitalisation and certain major medical treatment and procedures. Pre-authorisation is not a guarantee of payment and benefits are paid in accordance with the relevant protocols and Scheme rules, subject to availability of funds. Authorised services or treatment must commence within three months of authorisation, after which the authorisation is no longer valid. Authorisation does not include the fees charged by the attending medical practitioners.

It is the member's responsibility to obtain pre-authorisation, which should be obtained at least seven days prior to the commencement of treatment or services. In case of emergencies that occur after hours or on weekends and public holidays, authorisation must be obtained the next working day.

Profmed does not prescribe the treatment members should undergo, but will only fund treatment in accordance with the Scheme rules and protocols and that is clinically appropriate and evidence based, subject to PMB legislation.

SADC REGION

The Region known as the Southern African Development Community, namely Angola, Botswana, Comoros, Democratic Republic of the Congo, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Seychelles, South Africa, Swaziland, Tanzania (including Zanzibar), Zambia and Zimbabwe.

TARIFF DESCRIPTIONS

Services obtained at a tariff higher than that provided on any given option will be paid at the tariff specific to each option, subject to PMB legislation.

Profmed Tariff	The Scheme's base tariff, calculated using the 2021 Profmed Tariff plus 3% increase
Negotiated Tariff	Determined by Profmed for particular providers and the various hospital groups and specific to each group
Savvy Tariff	Negotiated by Profmed with the hospital Designated Service Provider Network (DSPN)
Specific Tariff	Consultations and procedures paid at specific Rand values
Optical Tariff	DSPN tariff negotiated by Opticlear with registered optical service providers nationally

DESIGNATED SERVICE PROVIDERS

Members will be required to make use of designated service providers to avoid co-payments on services rendered for the relevant benefits, subject to PMB legislation.

COVID-19 SCREENING CONSULTATIONS	General Practitioners as designated by the Scheme from time-to-time
CATARACT SURGERY	Ophthalmic Risk Management (ORM)
CHRONIC DIALYSIS	National Renal Care, Life Healthcare
DAY-TO-DAY (PMBs AND NON-PMBs)	No DSPN, subject to rules and protocols
DOMICILIARY (HOME) OXYGEN	Ecomed Medical cc
EMERGENCY MEDICAL TRANSPORT (WITHIN RSA)	Netcare 911
ENDOSCOPIC EXAMINATIONS: PREMIUM OPTIONS	Netcare, Life Healthcare, Clinix, National Hospital Network (NHN), Mediclinic and Joint Medical Holdings (JMH) hospitals
ENDOSCOPIC EXAMINATIONS IN AN ACUTE HOSPITAL SETTING: SAVVY OPTIONS	Savvy network hospitals as listed on the website
HOSPITALISATION: PREMIUM OPTIONS (PMBs AND NON-PMBs)	No DSPN, with the exception of benefits for psychiatric hospitalisation, drug and alcohol rehabilitation, physical rehabilitation and endoscopic examinations, subject to pre-authorisation, rules and protocols
HOSPITALISATION: SAVVY OPTIONS (PMBs AND NON-PMBs)	Mediclinic, Life Healthcare and other specified hospitals, as listed on the website www.profmed.co.za , with exception of benefits for psychiatric hospitalisation, drug and alcohol rehabilitation, physical rehabilitation, subject to pre-authorisation, rules and protocols
INTERNATIONAL TRAVEL MEDICAL ASSISTANCE	International SOS
MEDICATION/PHARMACY	Profmed Pharmacy Network, subject to rules, formulary, reference pricing and protocols
ONCOLOGY	<ul style="list-style-type: none">• Chemotherapy and biologicals: Dis-Chem Pharmacy and Medipost• PET Scans: Bloch & Partners at Morningside Clinic (applies to greater Johannesburg region only)• Radiation: Participating Netcare facilities and Richards Bay Medical Institute (JMH)
POST-NATAL HOME-BASED CARE	BabyYumYum
OPTOMETRY	Opticlear
PREVENTATIVE CARE	Pathology: Ampath, Lancet Laboratories and Pathcare
PSYCHIATRIC HOSPITALISATION	Akeso (Netcare), Denmar (Mediclinic), participating Joint Medical Holdings (JMH) hospitals and National Hospital Network (NHN) facilities and Life Healthcare
REHABILITATION	<ul style="list-style-type: none">• Alcohol and Drugs: South African National Council on Alcoholism and Drug Dependence (SANCA)• Physical: Life Healthcare
TRAUMA, AND HIV ASSISTANCE PROGRAMME	Lifesense
WHISPA GBV SUPPORT PROGRAMME	Lifesense



THE EXCEPTIONS

SCHEME EXCLUSIONS

Please refer to Annexure C of the Scheme Rules and the Information Guide, which are available on the website, for expenses not covered by the Scheme.

BENEFIT LIMITATIONS

Benefit limits are applicable for a benefit year, unless stated otherwise. Claims must be submitted within four months from the date of service, after which they are considered as stale claims and will not be paid. Claims are funded subject to the availability of funds at the time the claim is processed by the Scheme and funds are not reserved for any specific claim.

A smiling man with short dark hair and a light beard, wearing a dark green button-down shirt, stands against a plain grey background. He is looking directly at the camera with a friendly expression.

WHY SAVVY?

By choosing a Savvy option, you can enjoy significant savings on your monthly contributions and still enjoy the same comprehensive benefits offered on the Premium options.

Choosing a Savvy option requires you to make use of a network hospital for hospitalisation. In the event that you are voluntarily admitted to a non-network hospital, you will be responsible for a co-payment.

The Savvy options give you more control over your contributions, without compromising on benefits.

Members registered on the Savvy Options are required to make use of the Designated Service Provider Network (DSPN) for hospitalisation. When consulting a medical practitioner, please ensure your treating practitioner consults at, or hospitalises you at a network hospital in order to avoid a co-payment. **(Voluntary use of a non-DSPN hospital will result in a co-payment of R10 000 per admission).** Subject to PMB legislation.

BENEFIT

PROPINNACLE SAVVY

PROSECURE PLUS SAVVY

PROSECURE SAVVY

PROACTIVE PLUS SAVVY

PROACTIVE SAVVY

1. HOSPITAL AND HOSPITAL-RELATED BENEFITS AND MAJOR MEDICAL EXPENSES

1A HOSPITALISATION

Subject to use of the DSPN. Call 0860 776 363 for authorisation, information on clinical qualifying criteria, and benefits.

1A1	Hospital ward accommodation (Subject to pre-authorisation)	100% Savvy Tariff in private ward	100% Savvy Tariff in general ward	100% Savvy Tariff in general ward	
1A2	Theatre and recovery room	100% Savvy Tariff	100% Savvy Tariff	100% Savvy Tariff	
1A3	Intensive care and high care (Subject to confirmation every 72 hours)	100% Savvy Tariff	100% Savvy Tariff	100% Savvy Tariff	
1A4	Emergency room visits and facility fees at hospitals that result in hospitalisation	100% Negotiated Tariff	100% Negotiated Tariff	100% Negotiated Tariff	

1B MEDICINES IN HOSPITAL

1B1	Medicines and materials used in hospital and theatre	100% Savvy Tariff	100% Savvy Tariff	100% Savvy Tariff	
1B2	Medicines taken out of hospital on discharge (benefit limited to a 7-day supply) (See Section 5B1) (Subject to use of the pharmacy DSPN)	80% Negotiated Tariff Paid from acute medicine benefit, subject to the availability of funds	80% Negotiated Tariff Paid from acute medicine benefit, subject to the availability of funds	80% Negotiated Tariff Paid from acute medicine benefit, subject to the availability of funds	Subject to PMB legislation

1C GENERAL PRACTITIONERS (GPs) AND SPECIALISTS IN HOSPITAL

1C1	Surgery and in-hospital procedures	300% Profmed Tariff	200% Profmed Tariff	100% Specific Tariff	200% Profmed Tariff 100% Specific Tariff
1C2	Consultations by a GP or specialist while hospitalised	300% Profmed Tariff	200% Profmed Tariff	100% Specific Tariff	200% Profmed Tariff 100% Specific Tariff

1D RADIOLOGY AND PATHOLOGY IN HOSPITAL

Call 0860 776 363 for authorisation, information on clinical qualifying criteria, and benefits. Hospitalisation not covered if admission is for the sole purpose of radiology or pathology investigations.

1D1	Radiology and pathology while hospitalised				
a)	Radiology and pathology while hospitalised (Excluding MRI, radio-isotope, CT and PET scans and certain other investigative procedures)	100% Negotiated Tariff	100% Negotiated Tariff	100% Negotiated Tariff	
b)	COVID-19 pathology pre-admission (Tariff code 3979 – molecular (PCR) test) (Subject to qualifying criteria and best practise in terms of NDoH and NICD guidelines) (Refer to Section 5G2 for out-of-hospital testing)	1 pathology test per beneficiary R850 per beneficiary Subject to PMB legislation	1 pathology test per beneficiary R850 per beneficiary Subject to PMB legislation	1 pathology test per beneficiary R850 per beneficiary Subject to PMB legislation	

BENEFIT

	PROPINNACLE SAVVY	PROSECURE PLUS SAVVY	PROSECURE SAVVY	PROACTIVE PLUS SAVVY	PROACTIVE SAVVY
1D2 MRI, radio-isotope and CT scans and certain other investigative procedures while hospitalised Specialist referral required, except for CT scans (Subject to pre-authorisation)	100% Negotiated Tariff in-hospital (80% Negotiated Tariff out-of-hospital. See Section 5A6 for out-of-hospital benefit) 2 investigations per family in- or out-of-hospital	100% Negotiated Tariff in-hospital (80% Negotiated Tariff out-of-hospital. See Section 5A6 for out-of-hospital benefit) 2 investigations per family in- or out-of-hospital		100% Negotiated Tariff in-hospital 2 investigations per family in-hospital only	

1E OTHER MAJOR MEDICAL SERVICES

Call 0860 776 363 for authorisation and registration, information on clinical qualifying criteria, and benefits.

1E1 Transplants Subject to registration on the Disease Management Programme, and PMB legislation. Benefit 1E1(b) below is not available to members who elect to be a donor to a recipient who is not a Profmed member.				
a) Hospitalisation (Subject to pre-authorisation and protocols)	100% Savvy Tariff	100% Savvy Tariff		100% Savvy Tariff
b) Donor costs PMBs only (Subject to pre-authorisation and protocols)	100% Negotiated Tariff	100% Negotiated Tariff		100% Negotiated Tariff
1E2 Peritoneal dialysis and haemodialysis Chronic dialysis subject to the use of the DSPN. Co-payment applies for the use of a non-DSP. (Subject to pre-authorisation and registration on the Disease Management Programme and PMB legislation)	100% Negotiated Tariff	100% Negotiated Tariff		100% Negotiated Tariff
1E3 Oncology Subject to the use of the relevant DSPN, where applicable. Co-payment applies for voluntary use of a non-DSP. Benefit includes radiation therapy and/or chemotherapy, radiology, pathology and adjunct treatment, as well as oncology-related consultations, medicine, procedures and investigations for post-treatment monitoring, subject to Profmed protocols, costings and PMB legislation.				
Includes all costs related to treatment, consultations, investigations and drugs, excluding hospitalisation (Subject to pre-authorisation and registration on the Oncology Programme and PMB legislation)	R699 233 per beneficiary Thereafter, subject to PMB legislation	R466 155 per beneficiary Thereafter, subject to PMB legislation		R233 078 per beneficiary Thereafter, subject to PMB legislation
a) Chemotherapy (Subject to pre-authorisation and registration on the Oncology Programme and PMB legislation)				
i.a) Consultations	300% Profmed Tariff	GPs: R519 Specialists: R780		GPs: R519 Specialists: R780
i.b) Procedures	300% Profmed Tariff	100% Specific Tariff		100% Specific Tariff
ii. Chemotherapy drugs Excluding adjunctive treatment (Subject to protocols and use of Oncology pharmacy DSPN. 20% co-payment applies for voluntary use of non-DSPN)	100% Single Exit Price plus dispensing fee	100% Single Exit Price plus dispensing fee		100% Single Exit Price plus dispensing fee

BENEFIT

	PRO PINNACLE SAVVY	PRO SECURE PLUS SAVVY	PRO SECURE SAVVY	PRO ACTIVE PLUS SAVVY	PRO ACTIVE SAVVY
iii. Biologicals and other specified drugs (Subject to pre-authorisation, protocols and use of the Oncology pharmacy DSPN)	80% Single Exit Price plus dispensing fee Subject to benefit limit	Subject to PMB legislation		Subject to PMB legislation	
b) Radiation therapy (Subject to pre-authorisation and registration on the Oncology Programme and PMB legislation)					
i. Consultations	300% Profmed Tariff	Specialists: R780		Specialists: R780	
ii. Radiation therapy and facility fees (Subject to use of the DSPN)	100% Negotiated Tariff	100% Negotiated Tariff		100% Negotiated Tariff	
c) PET scans (Positron-Emission Tomography) (Subject to pre-authorisation and protocols, and use of the DSPN. DSPN applicable within the greater Johannesburg region only)	100% Negotiated Tariff	100% Negotiated Tariff		100% Negotiated Tariff	
1E4 Rehabilitation This benefit covers members who have become disabled as a result of acute injuries caused by trauma, infection, surgery, spinal cord injury, brain injury, bleeding or infarction resulting in a stroke. This benefit is only available as an in-patient in a registered rehabilitation facility. Rehabilitation must occur within the benefit year in which the specified injury takes place, or commence directly after discharge from an acute hospitalisation facility or not more than one calendar month after the specified injury is sustained. Benefits are limited to two months' rehabilitation and the availability of benefits, and are subject to case management and Profmed protocols. Admissions covered at authorised service providers only. Subject to use of the DSPN and PMB legislation. Co-payment applies for voluntary use of a non-DSP.					
(Subject to pre-authorisation and use of the DSPN)	100% Negotiated Tariff R82 395 per family	100% Negotiated Tariff R54 774 per family		100% Negotiated Tariff R27 387 per family	
1E5 Out-patient care in lieu of hospitalisation					
a) Treatment in a registered sub-acute facility or at home by an appropriately registered practitioner (Subject to pre-authorisation and protocols)	100% Negotiated Tariff R17 808 per beneficiary	100% Negotiated Tariff R15 032 per beneficiary		100% Negotiated Tariff R12 818 per beneficiary	
b) Wound care Treatment at home, including surgicals, by an appropriately registered practitioner (Subject to pre-authorisation and protocols)	100% Negotiated Tariff R6 875 per beneficiary	100% Negotiated Tariff R4 079 per beneficiary		100% Negotiated Tariff R3 378 per beneficiary	
1E6 Psychiatric treatment Includes all in- and out-of-hospital psychiatric and clinical psychology consultations, treatment and in-hospital medication, and alcohol and drug rehabilitation. Hospitalisation only available at DSPN. PMBs are deducted from this benefit, but are not subject to these limits. Co-payment applies for voluntary use of a non-DSP.					
a) In-hospital (Subject to pre-authorisation and use of the DSPN)	100% Negotiated Tariff in general ward R41 254 per family Subject to PMB legislation	100% Negotiated Tariff in general ward R27 503 per family Subject to PMB legislation		100% Negotiated Tariff in general ward R20 627 per family Subject to PMB legislation	
b) Out-of-hospital consultations (Subject to PMB legislation)	R6 992 per family Subject to 1E6(a) in-hospital limit	R6 992 per family Subject to 1E6(a) in-hospital limit		R6 992 per family Subject to 1E6(a) in-hospital limit PMBs only	

BENEFIT

PROPINNACLE SAVVY

PROSECURE PLUS SAVVY

PROSECURE SAVVY

PROACTIVE PLUS SAVVY

PROACTIVE SAVVY

1E7 Endoscopic examinations

In suitably equipped procedure room, subject to protocols and PMB legislation and use of the DSPN. Co-payment applies for voluntary use of a non-DSP.

a) Gastroscopy

(Subject to pre-authorisation and use of the DSPN)

100% Negotiated Tariff

100% Negotiated Tariff

100% Negotiated Tariff

b) Colonoscopy

Includes Sigmoidoscopy

(Subject to pre-authorisation and use of the DSPN)

100% Negotiated Tariff

100% Negotiated Tariff

100% Negotiated Tariff

c) Colonoscopy and gastroscopy

Combined procedure

(Subject to pre-authorisation and use of the DSPN)

100% Negotiated Tariff

100% Negotiated Tariff

100% Negotiated Tariff

1F OTHER MEDICAL SERVICES

Call 0860 776 363 for authorisation, information on clinical qualifying criteria, and benefits.

1F1 Physiotherapy

a) In-hospital

(Subject to pre-authorisation)

100% Profmed Tariff

100% Profmed Tariff

100% Profmed Tariff

b) Out-of-hospital

Post-operative, available up to 6 weeks after related hospital procedure

(Subject to pre-authorisation)

100% Profmed Tariff

M R3 148

Maximum R5 245 per family

100% Profmed Tariff

M R2 331

Maximum R3 729 per family

Subject to PMB legislation

1F2 Blood transfusions

(Subject to pre-authorisation)

100% Negotiated Tariff

100% Negotiated Tariff

100% Negotiated Tariff

1F3 Emergency medical transport

Emergencies within the borders of South Africa. Contact 082 911 within RSA. 20% co-payment for voluntary use of a non-DSP, subject to PMB legislation. Non-emergency calls will not be funded.

(Subject to Profmed protocols and use of the DSPN)

100% of cost

100% of cost

100% of cost

1F4 Internal surgical devices

A fabricated or artificial substitute that is surgically implanted permanently into the body and does not protrude from the body and replaces or assists a diseased or missing part of the body to restore functionality. Subject to PMB legislation.

a) Major

(Subject to pre-authorisation, protocols and management)

100% Negotiated Tariff

R53 608 per family

100% Negotiated Tariff

R53 608 per family

100% Negotiated Tariff

R53 608 per family

b) Intraocular lenses

Cataract surgery only

(Subject to pre-authorisation, protocols and management)

R5 070 per beneficiary per eye

R5 070 per beneficiary per eye

R5 070 per beneficiary per eye

BENEFIT

**PROPINNACLE
SAVVY**

**PROSECURE
PLUS SAVVY**

**PROSECURE
SAVVY**

**PROACTIVE
PLUS SAVVY**

**PROACTIVE
SAVVY**

1G DENTAL PROCEDURES IN HOSPITAL

Subject to pre-authorisation and protocols. Call 0860 776 363 for authorisation, information on clinical qualifying criteria, and benefits.
Please see Section 5E for out-of-hospital benefits.

1G1	Hospitalisation: - Permanent tooth impaction removals - Extensive conservative dental treatment only for children younger than 8 years (24-month benefit) (Subject to pre-authorisation, protocols, management and use of the DSPN)	100% Savvy Tariff	100% Savvy Tariff	100% Savvy Tariff
a)	Specialist and anaesthetist fees	300% Profmed Tariff	200% Profmed Tariff	100% Specific Tariff
b)	Dentist fees	135% Profmed Tariff	135% Profmed Tariff	135% Profmed Tariff
1G2	Hospitalisation: - Other (Subject to pre-authorisation, protocols, management and use of the DSPN)	100% Savvy Tariff	100% Savvy Tariff	Subject to PMB legislation
a)	Specialist and anaesthetist fees	300% Profmed Tariff	200% Profmed Tariff	100% Specific Tariff
b)	Dentist fees	135% Profmed Tariff Subject to Section 5E	135% Profmed Tariff Subject to Section 5E	135% Profmed Tariff Subject to PMB legislation
1G3	Functional orthognathic surgery Includes all costs related to the admission and procedure, e.g. all medical practitioner fees, hospitalisation, etc. (Subject to pre-authorisation)	R37 292 per family	No benefit	No benefit

2. PREVENTATIVE CARE

Benefits are subject to specific protocols and the use of the DSPN. Co-payment applies for voluntary use of a non-DSP. Please refer to Section 5G3 for benefits in respect of the COVID-19 vaccine.

2.1	Prostate Specific Antigen (PSA) Males 40 years and older. Subject to PMB legislation.			
	Pathology (Subject to use of the DSPN) (Tariff code 4519)	100% Negotiated Tariff 1 investigation per beneficiary	100% Negotiated Tariff 1 investigation per beneficiary	100% Negotiated Tariff 1 investigation per beneficiary
2.2	Pap smear or liquid-based cytology Females 18 years and older. Subject to PMB legislation.			
	Pathology (Subject to use of the DSPN) (Tariff code 4566 – Pap smear. Tariff codes 4559 and 4560 – liquid-based cytology reimbursed per tariff code 4566 a co-payment could apply)	100% Negotiated Tariff 1 investigation per beneficiary	100% Negotiated Tariff 1 investigation per beneficiary	100% Negotiated Tariff 1 investigation per beneficiary

BENEFIT

PROPINNACLE SAVVY

PROSECURE PLUS SAVVY

PROSECURE SAVVY

PROACTIVE PLUS SAVVY

PROACTIVE SAVVY

2.3	Mammograms Females 40 years and older. Available to females younger than 40 years pre-disposed to breast cancer, subject to motivation. Available every two years. Subject to PMB legislation.				
	Radiology	100% Profmed Tariff 1 investigation per beneficiary	100% Profmed Tariff 1 investigation per beneficiary	100% Profmed Tariff 1 investigation per beneficiary	
2.4	Fasting lipogram blood test Males and females 40 years and older. Subject to PMB legislation.				
	Pathology (Subject to use of the DSPN) (Tariff code 4025)	100% Negotiated Tariff 1 investigation per beneficiary	100% Negotiated Tariff 1 investigation per beneficiary	100% Negotiated Tariff 1 investigation per beneficiary	
2.5	Fasting blood sugar test For late onset diabetes. Males and females 40 years and older. Subject to PMB legislation.				
	Pathology (Subject to use of the DSPN) (Tariff code 4057)	100% Negotiated Tariff 1 investigation per beneficiary	100% Negotiated Tariff 1 investigation per beneficiary	100% Negotiated Tariff 1 investigation per beneficiary	
2.6	Influenza vaccine				
	Vaccine only	100% Single Exit Price plus dispensing fee at DSPN rate 1 vaccination per beneficiary	100% Single Exit Price plus dispensing fee at DSPN rate 1 vaccination per beneficiary	100% Single Exit Price plus dispensing fee at DSPN rate 1 vaccination per beneficiary	
2.7	Human papilloma virus (HPV) vaccine Females 9 to 27 years of age. Includes initial vaccination and two follow-up booster vaccinations, where applicable. Subject to PMB legislation.				
	Vaccine only	100% Single Exit Price plus dispensing fee at DSPN rate	100% Single Exit Price plus dispensing fee at DSPN rate	100% Single Exit Price plus dispensing fee at DSPN rate	
2.8	Child immunisations Children 0 to 12 years, per the Department of Health's Childhood Immunisation Schedule. Subject to PMB legislation.				
	Vaccine only	100% Single Exit Price plus dispensing fee at DSPN rate	100% Single Exit Price plus dispensing fee at DSPN rate	100% Single Exit Price plus dispensing fee at DSPN rate	
2.9	Pneumococcal vaccine Adults 65 years and older, and individuals of all ages who are respiratory compromised or have related chronic diseases. Subject to PMB legislation.				
	Vaccine only	100% Single Exit Price plus dispensing fee at DSPN rate	100% Single Exit Price plus dispensing fee at DSPN rate	100% Single Exit Price plus dispensing fee at DSPN rate	
2.10	HIV testing Subject to PMB legislation.				
	Pathology (Subject to use of the DSPN) (Tariff codes 3932, 4614)	100% Negotiated Tariff 1 investigation per beneficiary	100% Negotiated Tariff 1 investigation per beneficiary	Subject to PMB legislation	
2.11	Newborn hearing screening Newborns up to 6 weeks old. Subject to PMB legislation.				
	Audiology screening By a registered speech therapist or audiologist (Tariff code 1580)	100% Profmed Tariff 1 investigation per beneficiary	100% Profmed Tariff 1 investigation per beneficiary	Subject to PMB legislation	

BENEFIT

PROPINNACLE SAVVY

PROSECURE PLUS SAVVY

PROSECURE SAVVY

PROACTIVE PLUS SAVVY

PROACTIVE SAVVY

2.12	Faecal occult blood test Males and females 50 years and older. Subject to PMB legislation.				
	Pathology (Subject to use of the DSPN) (Tariff codes 4351, 4352)	100% Negotiated Tariff 1 investigation per beneficiary	100% Negotiated Tariff 1 investigation per beneficiary		Subject to PMB legislation
2.13	Bone densitometry Males and females 65 years and older. Available every five years. Subject to PMB legislation.				
	Radiology (Tariff codes 50120, 64110, 74290, 39173, 3600, 3604, 3612)	100% Profmed Tariff 1 investigation per beneficiary	100% Profmed Tariff 1 investigation per beneficiary		Subject to PMB legislation
2.14	Human papilloma virus (HPV) screening Females 25 to 65 years. Available every 5 years. Subject to PMB legislation.				
	Pathology (mRNA test only)	100% Negotiated Tariff 1 investigation per beneficiary	100% Negotiated Tariff 1 investigation per beneficiary		Subject to PMB legislation
2.15	Consultation Includes a consultation for any one of the Preventative Care benefits (Tariff codes 0190, 0191, 0192; Audiology tariff codes 1010, 1011)	300% Profmed Tariff for GPs and specialists 100% Profmed Tariff for speech therapists and audiologists 1 consultation per beneficiary, thereafter subject to available day-to-day limit	GPs: R519 Specialists: R780 100% Profmed Tariff for speech therapists and audiologists 1 consultation per beneficiary, thereafter subject to available day-to-day limit		GPs and specialists at GP rate: R519 1 consultation per beneficiary

3. CONTRACEPTIVES

Funding only applies for contraceptive purposes. Protocols apply.

Contraceptives Including oral contraceptives, patches, injections, implants and intra-uterine devices. • Oral contraceptives and patches: every 20 days • Injections: 3 to 6-month cycle • Intra-uterine devices and implants: 3 to 5-year cycle	100% Single Exit Price plus dispensing fee at DSPN rate MMAP® applies Maximum R1 911 per beneficiary Not subject to day-to-day limit	100% Single Exit Price plus dispensing fee at DSPN rate MMAP® applies Maximum R1 911 per beneficiary Not subject to day-to-day limit	100% Single Exit Price plus dispensing fee at DSPN rate MMAP® applies Maximum R1 911 per beneficiary
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BENEFIT

**PROPINNACLE
SAVVY**

**PROSECURE
PLUS SAVVY**

**PROSECURE
SAVVY**

**PROACTIVE
PLUS SAVVY**

**PROACTIVE
SAVVY**

4. CHRONIC MEDICATION CONDITIONS

PROPINNACLE SAVVY

58 conditions plus relevant DTPs

CDLs: Addison's Disease, Asthma, Bipolar Mood Disorder, Bronchiectasis, Cardiac Failure, Cardiomyopathy Disease, Chronic Obstructive Pulmonary Disorder, Chronic Renal Disease, Coronary Artery Disease, Crohn's Disease, Diabetes Insipidus, Diabetes Mellitus Types 1 & 2, Dysrhythmias, Epilepsy, Glaucoma, Haemophilia, HIV/AIDS, Hyperlipidaemia, Hypertension, Hypothyroidism, Multiple Sclerosis, Parkinson's Disease, Rheumatoid Arthritis, Schizophrenia, Systemic Lupus Erythematosus, Ulcerative Colitis.

Other: Allergic Rhinitis (in patients with asthma), Alzheimer's Disease, Ankylosing Spondylitis, Benign Prostatic Hypertrophy, Cushing's Syndrome, Cystic Fibrosis, Deep Vein Thrombosis, Gastro-Oesophageal Reflux Disorder, Gout, Hypoparathyroidism, Hyperthyroidism, Major Depressive Disorder, Malabsorption Syndrome, Meniere's Disease, Motor Neuron Disease, Myasthenia Gravis, Obsessive Compulsive Disorder, Oncology Adjunctive Treatment, Osteoarthritis, Osteoporosis, Paget's Disease, Paraplegia & Quadriplegia, Peripheral Vascular Disease, Pituitary Adenomas/Hyperfunction of Pituitary Gland, Post-Organ Transplant (non-DTP), Psoriatic Arthritis, Pulmonary Interstitial Fibrosis, Stroke/Cerebrovascular Accident, Systemic Connective Tissue Disorders, Tuberculosis, Valvular Heart Disease.

Additional: Attention Deficit Hyperactivity Disorder (ADHD) (Children up to age 18).

DTPs: Relevant chronic conditions listed in the 271 PMBs, e.g. hormone replacement therapy (Menopause), immuno-suppressive therapy (Post-Organ Transplants).

PROSECURE PLUS SAVVY & PROSECURE SAVVY

40 conditions plus relevant DTPs

CDLs: Addison's Disease, Asthma, Bipolar Mood Disorder, Bronchiectasis, Cardiac Failure, Cardiomyopathy Disease, Chronic Obstructive Pulmonary Disorder, Chronic Renal Disease, Coronary Artery Disease, Crohn's Disease, Diabetes Insipidus, Diabetes Mellitus Types 1 & 2, Dysrhythmias, Epilepsy, Glaucoma, Haemophilia, HIV/AIDS, Hyperlipidaemia, Hypertension, Hypothyroidism, Multiple Sclerosis, Parkinson's Disease, Rheumatoid Arthritis, Schizophrenia, Systemic Lupus Erythematosus, Ulcerative Colitis.

Other: Allergic Rhinitis (in patients with asthma), Alzheimer's Disease, Ankylosing Spondylitis, Benign Prostatic Hypertrophy, Major Depressive Disorder, Obsessive Compulsive Disorder, Oncology Adjunctive Treatment, Osteoporosis, Paraplegia & Quadriplegia, Pituitary Adenomas/Hyperfunction of Pituitary Gland, Psoriatic Arthritis, Pulmonary Interstitial Fibrosis, Valvular Heart Disease.

Additional: Attention Deficit Hyperactivity Disorder (ADHD) (Children up to age 18).

DTPs: Relevant chronic conditions listed in the 271 PMBs, e.g. hormone replacement therapy (Menopause), immuno-suppressive therapy (Post-Organ Transplants).

PROACTIVE PLUS SAVVY & PROACTIVE SAVVY

26 conditions plus relevant DTPs

CDLs: Addison's Disease, Asthma, Bipolar Mood Disorder, Bronchiectasis, Cardiac Failure, Cardiomyopathy Disease, Chronic Obstructive Pulmonary Disorder, Chronic Renal Disease, Coronary Artery Disease, Crohn's Disease, Diabetes Insipidus, Diabetes Mellitus Types 1 & 2, Dysrhythmias, Epilepsy, Glaucoma, Haemophilia, HIV/AIDS, Hyperlipidaemia, Hypertension, Hypothyroidism, Multiple Sclerosis, Parkinson's Disease, Rheumatoid Arthritis, Schizophrenia, Systemic Lupus Erythematosus, Ulcerative Colitis.

DTPs: Relevant chronic conditions listed in the 271 PMBs, e.g. hormone replacement therapy (Menopause), immuno-suppressive therapy (Post-Organ Transplants).

The formulary and reference pricing will be most restrictive on the ProActive options and least restrictive on the ProPinnacle options. MMAP® applies. The conditions covered on each option are listed below. The Condition Medicine List (CML), including the list of chronic diseases (CDL), is available on the Profmed website at www.profmed.co.za. Subject to the use of the DSPN. Co-payment applies for voluntary use of a non-DSP. Claims from wholesale pharmacies will not be accepted. Call 0860 679 200 for information on clinical qualifying criteria and benefits. Furthermore, where a protocol or a formulary drug preferred by the Scheme has been ineffective or would cause harm to a beneficiary, the Scheme will fund the cost of the appropriate substitution treatment without a penalty to the beneficiary as required by Regulations 15H and 15I of the Act.

a) CDLs, other chronic conditions and relevant DTPs as listed above
24-day dispensing cycle applies
(Attending doctor or pharmacist to call 0800 132 345 to register condition and authorise medication)

100% Single Exit Price plus dispensing fee
58 conditions covered and relevant DTPs
Unlimited, subject to Profmed formulary and reference price

100% Single Exit Price plus dispensing fee
40 conditions covered and relevant DTPs
Subject to Profmed formulary and reference price
M R17 364
M+1 R28 434
Maximum R39 387 per family

100% Single Exit Price plus dispensing fee
Restricted to 26 CDL conditions and relevant DTPs, subject to PMB legislation
Subject to Profmed formulary and strict reference price

BENEFIT

PROPINNACLE SAVVY

PROSECURE PLUS SAVVY

PROSECURE SAVVY

PROACTIVE PLUS SAVVY

PROACTIVE SAVVY

b) Biologicals and other specified drugs
(Subject to pre-authorisation, protocols and use of the pharmacy DSPN)

80% Single Exit Price plus dispensing fee

Subject to PMB legislation

Subject to PMB legislation

5. DAY-TO-DAY COVER

All sub-limits for out-of-hospital benefits set out in this Section, and benefits subject to the day-to-day limit in other Sections of this Schedule, are subject to the availability of the annual overall day-to-day limit, subject to PMB legislation.

Annual overall day-to-day limit
Available only through relevant available day-to-day sub-limits, where applicable

M R18 647
M+1 R27 619
Maximum R35 894 per family

M R11 654
M+1 R17 714
Maximum R22 842 per family

M R4 081
M+1 R5 837
Maximum R 7 417 per family

See Section 5E.
Subject to PMB legislation

5A GENERAL PRACTITIONERS (GPs) AND SPECIALISTS

5A1 a) Face-to-face consultations

300% Profmed Tariff
Subject to day-to-day limit

GPs: R519
Specialists: R780
Specialist tariff amount may differ depending on the speciality
Subject to day-to-day limit

GPs and specialists at GP rate: R519
Subject to day-to-day limit, and PMB legislation

Subject to PMB legislation

b) Telemedicine consultations
(Tariff codes: virtual 99213; Telephonic: 0130)

3 consultations per beneficiary
Code 99213: R609
Code 0130: R336
Subject to day-to-day limit, and PMB legislation

3 consultations per beneficiary
Code 99213: R609
Code 0130: R336
Subject to day-to-day limit, and PMB legislation

3 consultations per beneficiary
Code 99213: R609
Code 0130: R336
Subject to day-to-day limit, and PMB legislation

Subject to PMB legislation

5A2 Non-hospital procedures in doctor's rooms

300% Profmed Tariff
Subject to day-to-day limit

100% Specific Tariff
Subject to day-to-day limit

100% Specific Tariff at GP rate
Subject to day-to-day limit, and PMB legislation

Subject to PMB legislation

5A3 Psychiatric consultations (out-of-hospital)
(See Section 1E6)

300% Profmed Tariff
Paid from Psychiatric benefit
Not subject to day-to-day limit

GPs: R519
Specialists: R780
Paid from Psychiatric benefit
Not subject to day-to-day limit

PMBs paid from Psychiatric 1E6 benefit, subject to PMB legislation

5A4 Clinical psychology (out-of-hospital)
(See Section 1E6)

100% Profmed Tariff
Paid from Psychiatric benefit
Not subject to day-to-day limit

100% Profmed Tariff
Paid from Psychiatric benefit
Not subject to day-to-day limit

PMBs paid from Psychiatric 1E6 benefit, subject to PMB legislation

5A5 Radiology and pathology (Excluding MRI and CT scans)

80% Negotiated Tariff
Subject to day-to-day limit

80% Negotiated Tariff
Subject to day-to-day limit

80% Negotiated Tariff
Subject to day-to-day limit, and PMB legislation

Subject to PMB legislation

5A6 MRI, radio-isotope and CT scans
Specialist referral required, except for CT scans
(Subject to pre-authorisation. Call 0860 776 363 for authorisation and protocols)

80% Negotiated Tariff out-of-hospital (100% Negotiated Tariff in-hospital. See Section 1D2 for in-hospital benefit)
2 investigations per family in-or-out-of-hospital
Not subject to day-to-day limit

80% Negotiated Tariff out-of-hospital (100% Negotiated Tariff in-hospital. See Section 1D2 for in-hospital benefit)
2 investigations per family in-or-out-of-hospital
Subject to day-to-day limit out-of-hospital

Subject to PMB legislation

BENEFIT

	PROPINNACLE SAVVY	PROSECURE PLUS SAVVY	PROSECURE SAVVY	PROACTIVE PLUS SAVVY	PROACTIVE SAVVY
5A7 Emergency room visits and facility fees at hospitals that do not result in hospitalisation (Subject to the use of the DSPN, subject to PMB legislation)	100% Savvy Tariff Subject to day-to-day limit	100% Savvy Tariff Subject to day-to-day limit		100% Savvy Tariff Subject to day-to-day limit, and PMB legislation	Subject to PMB legislation

5B ACUTE MEDICATION

5B1 Prescribed acute medication Subject to use of the pharmacy DSPN. Co-payment applies for voluntary use of a non-DSP. Wholesale pharmacy claims will not be accepted. (Certain medication on repeat script will be funded from this benefit. Call 0860 679 200 for more information)	80% Single Exit Price plus dispensing fee M R10 488 M+1 R13 984 M+2 R14 916 M+3 R16 548 Maximum R19 579 per family MMAP® applies Subject to day-to-day limit	80% Single Exit Price plus dispensing fee M R3 787 M+1 R5 669 M+2 R6 258 M+3 R6 490 Maximum R6 992 per family MMAP® applies Subject to day-to-day limit	80% Single Exit Price plus dispensing fee M R628 M+1 R942 Maximum R1 226 per family MMAP® applies Subject to day-to-day limit, and PMB legislation	Subject to PMB legislation
5B2 Over-the-counter medication (See Section 5B1)	80% of cost R1 981 per family Subject to acute medication and day-to-day limits	80% of cost R1 596 per family Subject to acute medication and day-to-day limits	80% of cost Subject to acute medication and day-to-day limits	No benefit

5C SUPPLEMENTARY BENEFITS

5C1 a) External prostheses and appliances • Includes insulin pumps, home oxygen therapy and stoma bags. • Insulin pumps: 1 every 48 months • Home oxygen: subject to use of the DSPN. Co-payment applies for voluntary use of a non-DSP • Hearing aids: 1 pair every 24 months (Subject to protocols and pre-authorisation. Call 0860 776 363 for authorisation and protocols)	100% Negotiated Tariff R21 910 per family Additional for Hearing aids only: R4 137 Not subject to day-to-day limit	100% Negotiated Tariff R14 567 per family Additional for Hearing aids only: R6 875 Not subject to day-to-day limit	Subject to PMB legislation
b) Other: Includes orthopaedic braces, wheel chairs, walking frames and crutches	100% Negotiated Tariff R5 360 per family Subject to day-to-day limit	100% Negotiated Tariff R3 845 per family Subject to day-to-day limit	Subject to PMB legislation
5C2 Supplementary services • Audiometrists • Biokineticists • Chiropractors • Dieticians • Occupational therapists • Speech therapists • Physiotherapists • Podiatrists	100% Profmed Tariff M R3 029 Maximum R5 244 per family Subject to day-to-day limit, and PMB legislation	100% Profmed Tariff M R2 797 Maximum R4 661 per family Subject to day-to-day limit, and PMB legislation	Subject to PMB legislation

BENEFIT

	PROPINNACLE SAVVY	PROSECURE PLUS SAVVY	PROSECURE SAVVY	PROACTIVE PLUS SAVVY	PROACTIVE SAVVY
5C3 Alternative health practitioners Including homeopaths and homeopathic medication. Practitioners must be registered with The Allied Health Professions Council	80% of cost R2 563 per family R780 per family sub-limit for homeopathic medication Subject to day-to-day limit	No benefit		No benefit	

5D OPTOMETRY SERVICES

Benefits are subject to protocols and are applied over a 24-month period. Lenses are limited to contact lenses OR Spectacle lenses. Please consult your service provider regarding the use of non-generic and specialist lenses and coatings to avoid incurring a co-payment. Visit the website for more information on how to make best use of your optometry benefits.

5D1 Eye examinations	100% Optical Tariff 24-month benefit Subject to day-to-day limit, and PMB legislation	100% Optical Tariff 24-month benefit Subject to day-to-day limit, and PMB legislation	100% Optical Tariff 24-month benefit Subject to day-to-day limit, and PMB legislation	Subject to PMB legislation
5D2 Spectacles a) Lenses (generic) Single vision, bi-focal and varifocal	100% Optical Tariff 24-month benefit Subject to day-to-day limit	100% Optical Tariff 24-month benefit Subject to day-to-day limit	No benefit	
b) Extras	100% Optical Tariff for generic hard-coating and generic plastic anti-reflex coating 24-month benefit Subject to day-to-day limit	100% Optical Tariff for generic hard-coating 24-month benefit Subject to day-to-day limit	No benefit	
c) Frames	R1 306 per beneficiary 24-month benefit Subject to day-to-day limit	R949 per beneficiary 24-month benefit Subject to day-to-day limit	No benefit	
5D3 Contact lenses (clear)	R3 205 per beneficiary 24-month benefit Subject to day-to-day limit	R1 878 per beneficiary 24-month benefit Subject to day-to-day limit	No benefit	
5D4 Refractive eye surgery Includes all costs related to the admission and procedure, all medical practitioner fees, hospitalisation, etc. (Subject to protocols and pre-authorisation. Call 0860 776 363 for authorisation and protocols)	R3 641 per beneficiary Not subject to day-to-day limit	No benefit	No benefit	

5E DENTISTRY

Benefits are subject to protocols and management. (See Section 1G for dentist and specialist fees in-hospital)

- Conservative dentistry (includes annual check-ups, restorations, extractions, root canal treatment, dentures) - Advanced dentistry (includes crowns, bridges, implants, orthodontics) Orthodontics available only up to age 18. (Orthodontics and implants subject to preauthorisation. Call 0860 679 200 for authorisation and protocols)	135% Profmed Tariff R7 132 per beneficiary Maximum R14 265 per family Not subject to day-to-day limit	135% Profmed Tariff R6 071 per beneficiary Maximum R12 237 per family Not subject to day-to-day limit	135% Profmed Tariff Subject to day-to-day limit	135% Profmed Tariff R612 per beneficiary Maximum R1 748 per family
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BENEFIT

**PROPINNACLE
SAVVY**

**PROSECURE
PLUS SAVVY**

**PROSECURE
SAVVY**

**PROACTIVE
PLUS SAVVY**

**PROACTIVE
SAVVY**

5F TRAUMA, AND HIV ASSISTANCE PROGRAMME

Benefit covers trauma and HIV exposure as a result of crime, e.g. assault or rape, and HIV exposure resulting from crime and occupational injuries, e.g. needle-stick injury. Where relevant, victims will be accompanied by an appropriate, qualified professional to identity parades and court appearances for emotional support. Call 0861 776 363 for 24-hour assistance. Benefits are subject the use of the DSP. Co-payment applies for voluntary use of a non-DSP. Subject to case management and protocols.

5F1	Counselling			
	a) Telephonic counselling	100% Negotiated Tariff Appropriate number of sessions as determined by the designated case manager Not subject to day-to-day limit	100% Negotiated Tariff Appropriate number of sessions as determined by the designated case manager Not subject to day-to-day limit	100% Negotiated Tariff Appropriate number of sessions as determined by the designated case manager
	b) Face-to-face counselling	100% Negotiated Tariff Up to 4 sessions per incident Thereafter, subject to PMB legislation Not subject to day-to-day limit	100% Negotiated Tariff Up to 4 sessions per incident Thereafter, subject to PMB legislation Not subject to day-to-day limit	100% Negotiated Tariff Up to 4 sessions per incident Thereafter, subject to PMB legislation
5F2	HIV post-exposure management 2 doctor's consultations, 30 days' PEP medication, pathology and 3 – 6 months' HIV exposure management	100% Negotiated Tariff 1 course of treatment per beneficiary per incident at DSP Subject to PMB legislation Not subject to day-to-day limit	100% Negotiated Tariff 1 course of treatment per beneficiary per incident at DSP Subject to PMB legislation Not subject to day-to-day limit	100% Negotiated Tariff 1 course of treatment per beneficiary per incident at DSP Subject to PMB legislation

5G COVID-19 SCREENING AND TESTING

To qualify for this benefit, members must have consulted a GP. Funding for consultations is for either one face-to-face or one telemedicine consultation with the DSPN. Pathology is covered if the necessary screening criteria are met and provided the testing is not considered routine. Refer to Section 1D1(b) for hospital pre-admission testing. All benefits are subject to PMB legislation.

5G1	a) Face-to-face consultations (Subject to the use of the DSPN, as designated by Profmed from time-to-time. Voluntary use of a non-DSP will result in a 25% co-payment)	1 Consultation per beneficiary Additional consultations subject to PMB legislation GPs only: R519 Subject to day-to-day limit, and PMB legislation	1 Consultation per beneficiary Additional consultations subject to PMB legislation GPs only: R519 Subject to day-to-day limit, and PMB legislation	1 Consultation per beneficiary Additional consultations subject to PMB legislation GPs only: R519 Subject to day-to-day limit, and PMB legislation	Subject to PMB legislation
	b) Telemedicine consultations (Voluntary use of a non-DSP will result in a 25% co-payment (Tariff codes: virtual 99213; Telephonic: 0130))	1 Consultation per beneficiary Additional consultations subject to PMB legislation GPs only: Code 99213: R609 Code 0130: R336 Subject to day-to-day limit, and PMB legislation	1 Consultation per beneficiary Additional consultations subject to PMB legislation GPs only: Code 99213: R609 Code 0130: R336 Subject to day-to-day limit, and PMB legislation	1 Consultation per beneficiary Additional consultations subject to PMB legislation GPs only: Code 99213: R609 Code 0130: R336 Subject to day-to-day limit, and PMB legislation	Subject to PMB legislation

BENEFIT

	PROPINNACLE SAVVY	PROSECURE PLUS SAVVY	PROSECURE SAVVY	PROACTIVE PLUS SAVVY	PROACTIVE SAVVY
5G2 Pathology Tariff code 3979 – molecular (PCR) test <i>(Subject to qualifying criteria and best practise in terms of NDoH and NICD guidelines. Refer to Section 1D1(b) for hospital pre-admission testing)</i>	1 pathology test per beneficiary Additional tests subject to PMB legislation R850 per beneficiary Subject to day-to-day limit, and PMB legislation	1 pathology test per beneficiary Additional tests subject to PMB legislation R850 per beneficiary Subject to day-to-day limit, and PMB legislation		1 pathology test per beneficiary Additional tests subject to PMB legislation R850 per beneficiary Subject to day-to-day limit, and PMB legislation	Subject to PMB legislation

5G3 COVID-19 vaccine Beneficiaries 18 years and older. Subject to use of vaccination site as accredited by the Department of Health (DoH). Subject to PMB legislation					
a) Vaccine only	100% of cost As determined by DoH/ Single Exit Price 1 vaccine per beneficiary	100% of cost As determined by DoH/ Single Exit Price 1 vaccine per beneficiary		100% of cost As determined by DoH/ Single Exit Price 1 vaccine per beneficiary	
b) Fee to administer vaccine	100% of cost As determined by DoH	100% of cost As determined by DoH		100% of cost As determined by DoH	

5H GENDER-BASED VIOLENCE SUPPORT PROGRAMME

Provides emotional and psychological support in the event of violence or abuse experienced by persons of any gender. Cover includes telephonic and face-to-face counselling. Legal counselling and assistance are provided but is at the cost of the beneficiary. Call 0860 944 772 for 24-hour assistance. Benefits are subject to the use of the DSP. Co-payment applies for voluntary use of a non-DSP. Subject to case management and protocols. Please visit the website for more information.

5H Counselling					
a) Telephonic counselling	100% Negotiated Tariff Appropriate number of sessions as determined by the designated case manager Not subject to day-to-day limit	100% Negotiated Tariff Appropriate number of sessions as determined by the designated case manager Not subject to day-to-day limit		100% Negotiated Tariff Appropriate number of sessions as determined by the designated case manager	
b) Face-to-face counselling	100% Negotiated Tariff Up to 4 sessions per incident Thereafter, subject to PMB legislation Not subject to day-to-day limit	100% Negotiated Tariff Up to 4 sessions per incident Thereafter, subject to PMB legislation Not subject to day-to-day limit		100% Negotiated Tariff Up to 4 sessions per incident Thereafter, subject to PMB legislation	

6 MATERNITY

Call 0860 776 363 where pre-authorisation is required and for more information on clinical qualifying criteria, and benefits. Subject to PMB legislation.

Tums2Tots: Expectant mothers can register on the programme by calling 0860 776 363.

Health-on-Line on 082 911: Telephone emergency and non-emergency medical advice, during pregnancy and once baby is born.

6A DAY-TO-DAY COVER

Members on the ProSecure Plus and ProSecure options are required to register on the Maternity programme to access the relevant benefits.

6A1 Ultra-sound scans (ante-natal)	100% Profmed Tariff 2 scans per pregnancy Subject to day-to-day limit	100% Profmed Tariff 2 scans per pregnancy Not subject to day-to-day limit (Subject to registration on the Maternity programme, pre-authorisation and protocols)		Subject to PMB legislation	
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BENEFIT

	PROPINNACLE SAVVY	PROSECURE PLUS SAVVY	PROSECURE SAVVY	PROACTIVE PLUS SAVVY	PROACTIVE SAVVY
6A2 Ante-/post-natal consultations by medical practitioner	300% Profmed Tariff 13 visits per pregnancy Subject to day-to-day limit	GPs: R519 Specialists: R780 13 visits per pregnancy Not subject to day-to-day limit (Subject to registration on the Maternity programme, pre-authorisation and protocols)		GPs and specialists at GP rate: R519 Subject to day-to-day limit and PMB legislation	Subject to PMB legislation
6A3 Ante-/post-natal consultations by registered midwife	300% Profmed Tariff 13 visits per pregnancy Subject to day-to-day limit	Consultations: R780 13 visits per pregnancy Not subject to day-to-day limit (Subject to registration on the Maternity programme, pre-authorisation and protocols)		Consultations: R519 Subject to day-to-day limit and PMB legislation	Subject to PMB legislation
6A4 Lactation consultation At a registered service provider Available up to 6 months post-delivery (Subject to registration on the Maternity programme, pre-authorisation and protocols)	100% Profmed Tariff 1 visit per pregnancy Subject to day-to-day limit	100% Profmed Tariff 1 visit per pregnancy Not subject to day-to-day limit		Subject to PMB legislation	
6A5 Nutrition consultation At a registered service provider Available up to 6 months post-delivery (Subject to registration on the Maternity programme, pre-authorisation and protocols)	100% Profmed Tariff 1 visit per pregnancy Subject to day-to-day limit	100% Profmed Tariff 1 visit per pregnancy Not subject to day-to-day limit		Subject to PMB legislation	
6A6 Nuchal Translucency Non-Invasive Pre-Natal Test (NIPT) (Subject to registration on the Maternity programme, pre-authorisation and protocols)	100% Profmed Tariff 1 investigation per pregnancy Subject to day-to-day limit and PMB legislation	100% Profmed Tariff 1 investigation per pregnancy Not subject to day-to-day limit Subject to PMB legislation		Subject to PMB legislation	
6A7 Out-patient visits to hospital/clinic for investigations, e.g. tococardiography	80% Profmed Tariff Subject to day-to-day limit	80% Profmed Tariff Subject to day-to-day limit		Subject to PMB legislation	
6A8 Ante-natal exercises by registered healthcare practitioner	80% Profmed Tariff R1 048 per family Subject to day-to-day limit	No benefit		No benefit	
6A9 Prescribed medication during pregnancy	80% Single Exit Price plus dispensing fee Subject to Section 5B1	80% Single Exit Price plus dispensing fee Subject to Section 5B1		80% Single Exit Price plus dispensing fee Subject to Section 5B1	Subject to PMB legislation
6A10 Post-natal home-based care A post-birth 6-week visit by a registered nurse to assess baby's progress, provide support to parents and administer the 6-week immunisation. Call 0860 679 200 to schedule an appointment. Subject to use of the DSPN and registration on the Tums2Tots programme.					
a) Visit	100% Negotiated Tariff Subject to day-to-day benefit	100% Negotiated Tariff Not subject to day-to-day benefit		No benefit	
b) Immunisations Immunisations done at 6 weeks, per the Department of Health's Childhood Immunisation Schedule	100% Single Exit Price plus dispensing fee at DSPN rate Subject to Section 2.8	100% Single Exit Price plus dispensing fee at DSPN rate Subject to Section 2.8		100% Single Exit Price plus dispensing fee at DSPN rate Subject to Section 2.8	

BENEFIT

**PROPINNACLE
SAVVY**

**PROSECURE
PLUS SAVVY**

**PROSECURE
SAVVY**

**PROACTIVE
PLUS SAVVY**

**PROACTIVE
SAVVY**

6B HOSPITALISATION

Subject to use of the DSPN. Call 0800 776 363 where pre-authorisation is required and for more information on clinical qualifying criteria, and benefits. Subject to PMB Legislation.

6B1 In-patient hospitalisation (ante-natal) (Subject to pre-authorisation)	100% Savvy Tariff in private ward	100% Savvy Tariff in general ward		100% Savvy Tariff in general ward	
6B2 Delivery fee by GP or specialist	300% Profmed Tariff	200% Profmed Tariff	100% Specific Tariff	200% Profmed Tariff	100% Specific Tariff
6B3 Delivery fee by registered midwife	300% Profmed Tariff	200% Profmed Tariff	100% Specific Tariff	200% Profmed Tariff	100% Specific Tariff
6B4 Labour ward	100% Savvy Tariff	100% Savvy Tariff		100% Savvy Tariff	
6B5 Ward accommodation (post-delivery): Normal delivery – 3 days Caesarean section – 4 days	100% Savvy Tariff in private ward	100% Savvy Tariff in private ward	100% Savvy Tariff in general ward	100% Savvy Tariff in general ward	
6B6 Theatre and recovery room	100% Savvy Tariff	100% Savvy Tariff		100% Savvy Tariff	
6B7 Other medical practitioner services, e.g. pathology and radiology while in hospital	100% Profmed Tariff	100% Profmed Tariff		100% Profmed Tariff	
6B8 Consultations while in hospital	300% Profmed Tariff	200% Profmed Tariff	100% Specific Tariff	200% Profmed Tariff	100% Specific Tariff
6B9 Home nursing (post-natal) 48-hour benefit in the event of a home delivery or if discharged from a birthing unit within 24 hours after delivery (Subject to pre-authorisation)	Subject to Section 1E5(a) of this Schedule	Subject to Section 1E5(a) of this Schedule		Subject to Section 1E5(a) of this Schedule	
6B10 Neonatal ICU Neonate must be registered as a dependant on Profmed (Subject to pre-authorisation)	100% Savvy Tariff	100% Savvy Tariff		100% Savvy Tariff	

7 INTERNATIONAL TRAVEL MEDICAL ASSISTANCE

This benefit covers members for medical emergencies while travelling internationally. This benefit is not available to members who reside in the SADC Region when travelling outside the borders of their country of residence, except to South Africa where option-specific benefits apply. Consult the International Travel Medical Assistance Benefit Document available on the website for the benefits, restrictions, exclusions and claims process. For medical assistance while travelling, it is necessary to call International SOS on +27 11 541 1225 prior to receiving treatment to avoid a co-payment. The Information Guide contains more information on the claims process and details of this benefit, or call 0860 679 200. Subject to case management and protocols.

a) In- and out-of-hospital emergency medical expenses (Benefits subject to protocols and pre-authorisation. Call +27 11 541 1225)	R8 million per beneficiary per journey	R5 million per beneficiary per journey		R2.5 million per beneficiary per journey	
b) Out-of-hospital Claims exceeding R2 000 must be pre-authorised Subject to Section 7a (Benefits subject to protocols and pre-authorisation. Call +27 11 541 1225)	R10 000 out-of-hospital limit, per beneficiary, per journey R2 000 excess per beneficiary per journey on out-of-hospital expenses. Out-of-hospital benefits only available if the claim relates to day-to-day benefits available on this option Spectacles or contact lenses limited to R3 300, subject to the R2 000 excess	R10 000 out-of-hospital limit, per beneficiary, per journey R2 000 excess per beneficiary per journey on out-of-hospital expenses. Out-of-hospital benefits only available if the claim relates to day-to-day benefits available on this option. Spectacles or contact lenses limited to R3 300, subject to the R2 000 excess		No benefit for out-of-hospital expenses	

These benefits are subject to ratification by the Council for Medical Schemes. This published Schedule is subject to the rules approved by the Board of Trustees and in the event of a dispute the approved rules of the Scheme will prevail. All benefits are subject to the PMB legislation. The rules contained in the Schedule of Benefits will prevail.



WHY PREMIUM?

By choosing a Premium option, you can enjoy comprehensive benefits with the flexibility of using any hospital of your choice for hospitalisation and treatment.

Members registered on the Premium Options may use any hospital of their choice, except where stipulated for specific services/treatment. Refer to the Designated Service Provider Networks (DSPN) on page 8.

BENEFIT

PRO PINNACLE

PRO SECURE PLUS

PRO SECURE

PRO ACTIVE PLUS

PRO ACTIVE

1. HOSPITAL AND HOSPITAL-RELATED BENEFITS AND MAJOR MEDICAL EXPENSES

1A HOSPITALISATION

Call 0860 776 363 for authorisation, information on clinical qualifying criteria, and benefits.

1A1	Hospital ward accommodation (Subject to pre-authorisation)	100% Negotiated Tariff in private ward	100% Negotiated Tariff in general ward	100% Negotiated Tariff in general ward
1A2	Theatre and recovery room	100% Negotiated Tariff	100% Negotiated Tariff	100% Negotiated Tariff
1A3	Intensive care and high care (Subject to confirmation every 72 hours)	100% Negotiated Tariff	100% Negotiated Tariff	100% Negotiated Tariff
1A4	Emergency room visits and facility fees at hospitals that result in hospitalisation	100% Negotiated Tariff	100% Negotiated Tariff	100% Negotiated Tariff

1B MEDICINES IN HOSPITAL

1B1	Medicines and materials used in hospital and theatre	100% Negotiated Tariff	100% Negotiated Tariff	100% Negotiated Tariff
1B2	Medicines taken out of hospital on discharge (Benefit limited to a 7-day supply) (See Section 5B1) (Subject to use of the Pharmacy DSPN)	80% Negotiated Tariff Paid from acute medicine benefit, subject to the availability of funds	80% Negotiated Tariff Paid from acute medicine benefit, subject to the availability of funds	80% Negotiated Tariff Paid from acute medicine benefit, subject to the availability of funds Subject to PMB legislation

1C GENERAL PRACTITIONERS (GPs) AND SPECIALISTS IN HOSPITAL

1C1	Surgery and in-hospital procedures	300% Profmed Tariff	200% Profmed Tariff	100% Specific Tariff	200% Profmed Tariff	100% Specific Tariff
1C2	Consultations by a GP or specialist while hospitalised	300% Profmed Tariff	200% Profmed Tariff	100% Specific Tariff	200% Profmed Tariff	100% Specific Tariff

1D RADIOLOGY AND PATHOLOGY IN HOSPITAL

Call 0860 776 363 for authorisation, information on clinical qualifying criteria, and benefits.

Hospitalisation not covered if admission is for the sole purpose of radiology or pathology investigations.

1D1	Radiology and pathology while hospitalised			
	a) Radiology and pathology while hospitalised (Excluding MRI, radio-isotope, CT and PET scans and certain other investigative procedures)	100% Negotiated Tariff	100% Negotiated Tariff	100% Negotiated Tariff
	b) COVID-19 pathology pre-admission (Tariff code 3979 – molecular (PCR) test) (Subject to qualifying criteria and best practise in terms of NDoH and NICD guidelines) (Refer to Section 5G2 for out-of-hospital testing)	1 pathology test per beneficiary R850 per beneficiary Subject to PMB legislation	1 pathology test per beneficiary R850 per beneficiary Subject to PMB legislation	1 pathology test per beneficiary legislation R850 per beneficiary Subject to PMB legislation

BENEFIT

	PROPINNACLE	PROSECURE PLUS	PROSECURE	PROACTIVE PLUS	PROACTIVE
1D2 MRI, radio-isotope and CT scans and certain other investigative procedures while hospitalised Specialist referral required except for CT scans (Subject to pre-authorisation)	100% Negotiated Tariff in-hospital 80% Negotiated Tariff out-of-hospital. See section 5A6 for out-of-hospital benefit) 2 investigations per family in- or out-of-hospital	100% Negotiated Tariff in-hospital (80% Negotiated Tariff out-of-hospital. See section 5A6 for out-of-hospital benefit) 2 investigations per family in- or out-of-hospital		100% Negotiated Tariff in-hospital 2 investigations per family in-hospital only	

1E OTHER MAJOR MEDICAL SERVICES

Call 0860 776 363 for authorisation and registration, information on clinical qualifying criteria and benefits.

1E1 Transplants Subject to registration on the Disease Management Programme, and PMB legislation. Benefit 1E1(b) below is not available to members who elect to be a donor to a recipient who is not a Profmed member.				
a) Hospitalisation (Subject to pre-authorisation)	100% Negotiated Tariff	100% Negotiated Tariff		100% Negotiated Tariff
b) Donor costs PMBs only (Subject to pre-authorisation and protocols)	100% Negotiated Tariff	100% Negotiated Tariff		100% Negotiated Tariff
1E2 Peritoneal dialysis and haemodialysis Chronic dialysis subject to the use of the DSPN Co-payment applies for the use of a non-DSP (Subject to pre-authorisation and registration on the Disease Management Programme and PMB legislation)	100% Negotiated Tariff	100% Negotiated Tariff		100% Negotiated Tariff
1E3 Oncology Subject to the use of the relevant DSPN, where applicable. Co-payment applies for voluntary use of a non-DSP. Benefit includes radiation therapy and/or chemotherapy, radiology, pathology and adjunct treatment, as well as oncology-related consultations, medicine, procedures and investigations for post-treatment monitoring, subject to Profmed protocols, costings and PMB legislation.				
Includes all costs related to treatment, consultations, investigations and drugs, excluding hospitalisation (Subject to pre-authorisation and registration on the Oncology Programme and PMB legislation)	R699 233 per beneficiary Thereafter, subject to PMB legislation	R466 155 per beneficiary Thereafter, subject to PMB legislation		R233 078 per beneficiary Thereafter, subject to PMB legislation
a) Chemotherapy (Subject to pre-authorisation and registration on the Oncology Programme and PMB legislation)				
i.a) Consultations	300% Profmed Tariff	GPs: R519 Specialists: R780		GPs: R519 Specialists: R780
i.b) Procedures	300% Profmed Tariff	100% Specific Tariff		100% Specific Tariff
ii) Chemotherapy drugs Excluding adjunctive treatment (Subject to protocols and use of Oncology pharmacy DSPN. 20% co-payment applies for voluntary use of non-DSPN)	100% Single Exit Price plus dispensing fee	100% Single Exit Price plus dispensing fee		100% Single Exit Price plus dispensing fee

BENEFIT

BENEFIT		PROPINNACLE	PROSECURE PLUS	PROSECURE	PROACTIVE PLUS	PROACTIVE
iii) Biologicals and other specified drugs <i>(Subject to pre-authorisation, protocols and use of the Oncology pharmacy DSPN)</i>		80% Single Exit Price plus dispensing fee Subject to benefit limit	Subject to PMB legislation		Subject to PMB legislation	
b) Radiation therapy <i>(Subject to pre-authorisation and registration on the Oncology Programme and PMB legislation)</i>						
i) Consultations		300% Profmed Tariff	Specialists: R780		Specialists: R780	
ii) Radiation therapy and facility fees <i>(Subject to use of the DSPN)</i>		100% Negotiated Tariff	100% Negotiated Tariff		100% Negotiated Tariff	
c) PET scans (Positron-Emission Tomography) <i>(Subject to pre-authorisation and protocols, and use of the DSPN. DSPN applicable within the greater Johannesburg region only)</i>		100% Negotiated Tariff	100% Negotiated Tariff		100% Negotiated Tariff	
1E4 Rehabilitation This benefit covers members who have become disabled as a result of acute injuries caused by trauma, infection, surgery, spinal cord injury, brain injury, bleeding or infarction resulting in a stroke. This benefit is only available as an in-patient in a registered rehabilitation facility. Rehabilitation must occur within the benefit year in which the specified injury takes place, or commence directly after discharge from an acute hospitalisation facility or not more than one calendar month after the specified injury is sustained. Benefits are limited to two months' rehabilitation and the availability of benefits, and are subject to case management and Profmed protocols. Admissions covered at authorised service providers only. Subject to use of the DSPN and PMB legislation. Co-payment applies for voluntary use of a non-DSP. <i>(Subject to pre-authorisation and use of the DSPN)</i>						
		100% Negotiated Tariff R82 395 per family	100% Negotiated Tariff R54 774 per family		100% Negotiated Tariff R27 387 per family	
1E5 Out-patient care in lieu of hospitalisation		100% Negotiated Tariff R17 808 per beneficiary	100% Negotiated Tariff R15 032 per beneficiary		100% Negotiated Tariff R12 818 per beneficiary	
a) Treatment in a registered sub-acute facility or at home by an appropriately registered practitioner <i>(Subject to pre-authorisation and protocols)</i>						
b) Wound care Treatment at home, including surgicals, by an appropriately registered practitioner <i>(Subject to pre-authorisation and protocols)</i>		100% Negotiated Tariff R6 875 per beneficiary	100% Negotiated Tariff R4 079 per beneficiary		100% Negotiated Tariff R3 378 per beneficiary	
1E6 Psychiatric treatment Includes all in- and out-of-hospital psychiatric and clinical psychology consultations, treatment and in-hospital medication, and alcohol and drug rehabilitation. Hospitalisation only available at DSPN. PMBs are deducted from this benefit, but are not subject to these limits. Co-payment applies for voluntary use of a non-DSP.						
a) In-hospital <i>(Subject to pre-authorisation and use of the DSPN)</i>		100% Negotiated Tariff in general ward R41 254 per family, subject to PMB legislation	100% Negotiated Tariff in general ward R27 503 per family, subject to PMB legislation		100% Negotiated Tariff in general ward R20 627 per family, subject to PMB legislation	
b) Out-of-hospital consultations, subject to PMB legislation		R6 992 per family Subject to 1E6(a) in-hospital limit	R6 992 per family Subject to 1E6(a) in-hospital limit		R6 992 per family Subject to 1E6(a) in-hospital limit PMBs only	

BENEFIT

	PRO PINNACLE	PRO SECURE PLUS	PRO SECURE	PRO ACTIVE PLUS	PRO ACTIVE
1E7 Endoscopic examinations In suitably equipped procedure room, subject to protocols and PMB legislation and use of the DSPN. Co-payment applies for voluntary use of a non-DSP.					
a) Gastroscopy <i>(Subject to pre-authorisation and use of the DSPN)</i>	100% Negotiated Tariff	100% Negotiated Tariff		100% Negotiated Tariff	
b) Colonoscopy Includes Sigmoidoscopy <i>(Subject to pre-authorisation and use of the DSPN)</i>	100% Negotiated Tariff	100% Negotiated Tariff		100% Negotiated Tariff	
c) Colonoscopy and Gastroscopy Combined procedure <i>(Subject to pre-authorisation and use of the DSPN)</i>	100% Negotiated Tariff	100% Negotiated Tariff		100% Negotiated Tariff	
1F OTHER MEDICAL SERVICES Call 0860 776 363 for authorisation, information on clinical qualifying criteria and benefits.					
1F1 Physiotherapy a) In-hospital <i>(Subject to pre-authorisation)</i>	100% Profmed Tariff	100% Profmed Tariff		100% Profmed Tariff	
b) Out-of-hospital Post-operative, available up to 6 weeks after related hospital procedure <i>(Subject to pre-authorisation)</i>	100% Profmed Tariff M R3 148 Maximum R5 245 per family	100% Profmed Tariff M R2 331 Maximum R3 729 per family		Subject to PMB legislation	
1F2 Blood transfusions <i>(Subject to pre-authorisation)</i>	100% Negotiated Tariff	100% Negotiated Tariff		100% Negotiated Tariff	
1F3 Emergency medical transport Emergencies within the borders of South Africa. Contact 082 911 within RSA. 20% co-payment for voluntary use of a non-DSP. Non-emergency calls will not be funded. <i>(Subject to Profmed protocols and use of DSPN)</i>	100% of cost	100% of cost		100% of cost	
1F4 Internal surgical devices A fabricated or artificial substitute that is surgically implanted permanently into the body and does not protrude from the body and replaces or assists a diseased or missing part of the body to restore functionality. Subject to PMB legislation.					
a) Major <i>(Subject to pre-authorisation, protocols and management)</i>	100% Negotiated Tariff R53 608 per family	100% Negotiated Tariff R53 608 per family		100% Negotiated Tariff R53 608 per family	
b) Intraocular lenses Cataract surgery only <i>(Subject to pre-authorisation, protocols and management)</i>	R5 070 per beneficiary per eye	R5 070 per beneficiary per eye		R5 070 per beneficiary per eye	
1G DENTAL PROCEDURES IN HOSPITAL Subject to pre-authorisation and protocols. Call 0860 776 363 for authorisation, information on clinical qualifying criteria and benefits. Please see Section 5E for out-of-hospital benefits.					
1G1 Hospitalisation: - Permanent tooth impaction removals - Extensive conservative dental treatment only for children younger than 8 years (24-month benefit) <i>(Subject to pre-authorisation, protocols and management)</i>	100% Negotiated Tariff	100% Negotiated Tariff		100% Negotiated Tariff	

BENEFIT

	PROPINNACLE	PROSECURE PLUS	PROSECURE	PROACTIVE PLUS	PROACTIVE
a) Specialist and anaesthetist fees	300% Profmed Tariff	200% Profmed Tariff	100% Specific Tariff	200% Profmed Tariff	100% Specific Tariff
b) Dentist fees	135% Profmed Tariff	135% Profmed Tariff		135% Profmed Tariff	
1G2 Hospitalisation: - Other (Subject to pre-authorisation, protocols and management)	100% Negotiated Tariff	100% Negotiated Tariff		Subject to PMB legislation	
a) Specialist and anaesthetist fees	300% Negotiated Tariff	200% Profmed Tariff	100% Specific Tariff	Subject to PMB legislation	
b) Dentist fees	135% Profmed Tariff Subject to Section 5E	135% Profmed Tariff Subject to Section 5E		135% Profmed Tariff	Subject to PMB legislation
1G3 Functional orthognathic surgery Includes all costs related to the admission and procedure, e.g. all medical practitioner fees, hospitalisation, etc. (Subject to pre-authorisation)	R37 292 per family	No benefit		No benefit	

2. PREVENTATIVE CARE

Benefits are subject to specific protocols and the use of the DSPN. Co-payment applies for voluntary use of non-DSP. Please refer to Section 5G3 for benefits in respect of the COVID-19 vaccine.

2.1 Prostate Specific Antigen (PSA) Males 40 years and older. Subject to PMB legislation.					
Pathology (Subject to use of the DSPN) (Tariff code 4519)	100% Negotiated Tariff 1 investigation per beneficiary	100% Negotiated Tariff 1 investigation per beneficiary		100% Negotiated Tariff 1 investigation per beneficiary	
2.2 Pap smear or liquid-based cytology Females 18 years and older. Subject to PMB legislation.					
Pathology (Subject to use of the DSPN) (Tariff code 4566 – Pap smear. Tariff codes 4559 and 4560 – liquid-based cytology reimbursed per tariff code 4566. A co-payment could apply)	100% Negotiated Tariff 1 investigation per beneficiary	100% Negotiated Tariff 1 investigation per beneficiary		100% Negotiated Tariff 1 investigation per beneficiary	
2.3 Mammograms Females 40 years and older. Available to females younger than 40 years pre-disposed to breast cancer, subject to motivation. Available every two years. Subject to PMB legislation.					
Radiology	100% Profmed Tariff 1 investigation per beneficiary	100% Profmed Tariff 1 investigation per beneficiary		100% Profmed Tariff 1 investigation per beneficiary	
2.4 Fasting lipogram blood test Males and females 40 years and older. Subject to PMB legislation.					
Pathology (Subject to use of the DSPN) (Tariff code 4025)	100% Negotiated Tariff 1 investigation per beneficiary	100% Negotiated Tariff 1 investigation per beneficiary		100% Negotiated Tariff 1 investigation per beneficiary	
2.5 Fasting blood sugar test For late onset diabetes. Males and females 40 years and older. Subject to PMB legislation.					
Pathology (Subject to use of the DSPN) (Tariff code 4057)	100% Negotiated Tariff 1 investigation per beneficiary	100% Negotiated Tariff 1 investigation per beneficiary		100% Negotiated Tariff 1 investigation per beneficiary	

BENEFIT

	PROPINNACLE	PROSECURE PLUS	PROSECURE	PROACTIVE PLUS	PROACTIVE
2.6 Influenza vaccine Vaccine only	100% Single Exit Price plus dispensing fee at DSPN rate 1 vaccination per beneficiary	100% Single Exit Price plus dispensing fee at DSPN rate 1 vaccination per beneficiary		100% Single Exit Price plus dispensing fee at DSPN rate 1 vaccination per beneficiary	
2.7 Human papilloma virus (HPV) vaccine Females 9 to 27 years of age. Includes initial vaccination and two follow-up booster vaccinations, where applicable. Subject to PMB legislation. Vaccine only	100% Single Exit Price plus dispensing fee at DSPN rate	100% Single Exit Price plus dispensing fee at DSPN rate		100% Single Exit Price plus dispensing fee at DSPN rate	
2.8 Child immunisations Children 0 to 12 years, per the Department of Health's Childhood Immunisation Schedule. Subject to PMB legislation. Vaccine only	100% Single Exit Price plus dispensing fee at DSPN rate	100% Single Exit Price plus dispensing fee at DSPN rate		100% Single Exit Price plus dispensing fee at DSPN rate	
2.9 Pneumococcal vaccine Adults 65 years and older, and individuals of all ages who are respiratory compromised or have related chronic diseases. Subject to PMB legislation. Vaccine only	100% Single Exit Price plus dispensing fee at DSPN rate	100% Single Exit Price plus dispensing fee at DSPN rate		100% Single Exit Price plus dispensing fee at DSPN rate	
2.10 HIV testing Subject to PMB legislation. Pathology (Subject to use of the DSPN) (Tariff codes 3932, 4614)	100% Negotiated Tariff 1 investigation per beneficiary	100% Negotiated Tariff 1 investigation per beneficiary		Subject to PMB legislation	
2.11 Newborn hearing screening Newborns up to 6 weeks old. Subject to PMB legislation. Audiology screening By a registered speech therapist or audiologist (Tariff code 1580)	100% Profmed Tariff 1 investigation per beneficiary	100% Profmed Tariff 1 investigation per beneficiary		Subject to PMB legislation	
2.12 Faecal occult blood test Males and females 50 years and older. Subject to PMB legislation. Pathology (Subject to use of the DSPN) (Tariff codes 4351, 4352)	100% Negotiated Tariff 1 investigation per beneficiary	100% Negotiated Tariff 1 investigation per beneficiary		Subject to PMB legislation	
2.13 Bone densitometry Males and females 65 years and older. Available every five years. Subject to PMB legislation. Radiology (Tariff codes 50120, 64110, 74290, 39173, 3600, 3604, 3612)	100% Profmed Tariff 1 investigation per beneficiary	100% Profmed Tariff 1 investigation per beneficiary		Subject to PMB legislation	
2.14 Human papilloma virus (HPV) screening Females 25 to 65 years. Available every 5 years. Subject to PMB legislation. Pathology (mRNA test only)	100% Negotiated Tariff 1 investigation per beneficiary	100% Negotiated Tariff 1 investigation per beneficiary		Subject to PMB legislation	
2.15 Consultation Includes a consultation for any one of the Preventative Care benefits (Tariff codes 0190, 0191, 0192; Audiology tariff codes 1010, 1011)	300% Profmed Tariff for GPs and specialists 100% Profmed Tariff for speech therapists and audiologists 1 consultation per beneficiary, thereafter subject to available day-to-day limit	GPs: R519 Specialists: R780 100% Profmed Tariff for speech therapists and audiologists 1 consultation per beneficiary, thereafter subject to available day-to-day limit		GPs and specialists at GP rate: R519 1 consultation per beneficiary	

BENEFIT

PROPINNACLE

PROSECURE PLUS

PROSECURE

PROACTIVE PLUS

PROACTIVE

3. CONTRACEPTIVES

Funding only applies for contraceptive purposes. Protocols apply.

Including oral contraceptives, patches, injections, implants and intra-uterine devices.

- Oral contraceptives and patches: every 20 days
- Injections: 3 to 6-month cycle
- Intra-uterine devices and implants: 3 to 5-year cycle

100% Single Exit Price plus dispensing fee at DSPN rate
MMAP® applies
Maximum R1 911 per beneficiary
Not subject to day-to-day limit

100% Single Exit Price plus dispensing fee at DSPN rate
MMAP® applies
Maximum R1 911 per beneficiary
Not subject to day-to-day limit

100% Single Exit Price plus dispensing fee at DSPN rate
MMAP® applies
Maximum R1 911 per beneficiary

4. CHRONIC MEDICATION CONDITIONS

PROPINNACLE

58 conditions plus relevant DTPs

CDLs: Addison's Disease, Asthma, Bipolar Mood Disorder, Bronchiectasis, Cardiac Failure, Cardiomyopathy Disease, Chronic Obstructive Pulmonary Disorder, Chronic Renal Disease, Coronary Artery Disease, Crohn's Disease, Diabetes Insipidus, Diabetes Mellitus Types 1 & 2, Dysrhythmias, Epilepsy, Glaucoma, Haemophilia, HIV/AIDS, Hyperlipidaemia, Hypertension, Hypothyroidism, Multiple Sclerosis, Parkinson's Disease, Rheumatoid Arthritis, Schizophrenia, Systemic Lupus Erythematosus, Ulcerative Colitis.

Other: Allergic Rhinitis (in patients with asthma), Alzheimer's Disease, Ankylosing Spondylitis, Benign Prostatic Hypertrophy, Cushing's Syndrome, Cystic Fibrosis, Deep Vein Thrombosis, Gastro-Oesophageal Reflux Disorder, Gout, Hypoparathyroidism, Hyperthyroidism, Major Depressive Disorder, Malabsorption Syndrome, Meniere's Disease, Motor Neuron Disease, Myasthenia Gravis, Obsessive Compulsive Disorder, Oncology Adjunctive Treatment, Osteoarthritis, Osteoporosis, Paget's Disease, Paraplegia & Quadriplegia, Peripheral Vascular Disease, Pituitary Adenomas/Hyperfunction of Pituitary Gland, Post-Organ Transplant (non-DTP), Psoriatic Arthritis, Pulmonary Interstitial Fibrosis, Stroke/Cerebrovascular Accident, Systemic Connective Tissue Disorders, Tuberculosis, Valvular Heart Disease.

Additional: Attention Deficit Hyperactivity Disorder (ADHD) (Children up to the age of 18).

DTPs: Relevant chronic conditions listed in the 271 PMBs, e.g. hormone replacement therapy (Menopause), immuno-suppressive therapy (Post-Organ Transplants).

PROSECURE PLUS
&
PROSECURE

40 conditions plus relevant DTPs

CDLs: Addison's Disease, Asthma, Bipolar Mood Disorder, Bronchiectasis, Cardiac Failure, Cardiomyopathy Disease, Chronic Obstructive Pulmonary Disorder, Chronic Renal Disease, Coronary Artery Disease, Crohn's Disease, Diabetes Insipidus, Diabetes Mellitus Types 1 & 2, Dysrhythmias, Epilepsy, Glaucoma, Haemophilia, HIV/AIDS, Hyperlipidaemia, Hypertension, Hypothyroidism, Multiple Sclerosis, Parkinson's Disease, Rheumatoid Arthritis, Schizophrenia, Systemic Lupus Erythematosus, Ulcerative Colitis.

Other: Allergic Rhinitis (in patients with asthma), Alzheimer's Disease, Ankylosing Spondylitis, Benign Prostatic Hypertrophy, Major Depressive Disorder, Obsessive Compulsive Disorder, Oncology Adjunctive Treatment, Osteoporosis, Paraplegia & Quadriplegia, Pituitary Adenomas/Hyperfunction of Pituitary Gland, Psoriatic Arthritis, Pulmonary Interstitial Fibrosis, Valvular Heart Disease.

Additional: Attention Deficit Hyperactivity Disorder (ADHD) (Children up to the age of 18).

DTPs: Relevant chronic conditions listed in the 271 PMBs, e.g. hormone replacement therapy (Menopause), immuno-suppressive therapy (Post-Organ Transplants).

PROACTIVE PLUS
&
PROACTIVE

26 conditions plus relevant DTPs

CDLs: Addison's Disease, Asthma, Bipolar Mood Disorder, Bronchiectasis, Cardiac Failure, Cardiomyopathy Disease, Chronic Obstructive Pulmonary Disorder, Chronic Renal Disease, Coronary Artery Disease, Crohn's Disease, Diabetes Insipidus, Diabetes Mellitus Types 1 & 2, Dysrhythmias, Epilepsy, Glaucoma, Haemophilia, HIV/AIDS, Hyperlipidaemia, Hypertension, Hypothyroidism, Multiple Sclerosis, Parkinson's Disease, Rheumatoid Arthritis, Schizophrenia, Systemic Lupus Erythematosus, Ulcerative Colitis.

DTPs: Relevant chronic conditions listed in the 271 PMBs, e.g. hormone replacement therapy (Menopause), immuno-suppressive therapy (Post-Organ Transplants).

The formulary and reference pricing will be most restrictive on the ProActive options and least restrictive on the ProPinnacle options. MMAP® applies. The conditions covered on each option are listed below. The Condition Medicine List (CML), including the list of chronic diseases (CDL), is available on the Profmed website at www.profmed.co.za. Subject to the use of the DSPN. Co-payment applies for voluntary use of a non-DSP. Claims from wholesale pharmacies will not be accepted. Call 0860 679 200 for information on clinical qualifying criteria and benefits. Furthermore, where a protocol or a formulary drug preferred by the Scheme has been ineffective or would cause harm to a beneficiary, the Scheme will fund the cost of the appropriate substitution treatment without a penalty to the beneficiary as required by Regulations 15H and 15I of the Act.

BENEFIT

	PROPINNACLE	PROSECURE PLUS	PROSECURE	PROACTIVE PLUS	PROACTIVE
a) CDLs, other chronic conditions and relevant DTPs as listed above. 24-day dispensing cycle applies (Attending doctor or pharmacist to call 0800 132 345 to register condition and authorise medication)	100% Single Exit Price plus dispensing fee 58 conditions covered and relevant DTPs Unlimited, subject to Profmed formulary and reference price	100% Single Exit Price plus dispensing fee 40 conditions covered and relevant DTPs Subject to Profmed formulary and reference price M R17 364 M+1 R28 434 Maximum R39 387 per family		100% Single Exit Price plus dispensing fee Restricted to 26 CDL conditions and relevant DTPs, subject to PMB legislation Subject to Profmed formulary and strict reference price	
b) Biologicals and other specified drugs (Subject to pre-authorisation, protocols and use of the pharmacy DSPN)	80% Single Exit Price plus dispensing fee	Subject to PMB legislation		Subject to PMB legislation	

5. DAY-TO-DAY COVER

All sub-limits for out-of-hospital benefits set out in this Section, and benefits subject to the day-to-day limit in other Sections of this Schedule, are subject to the availability of the annual overall day-to-day limit, subject to PMB legislation.

Annual overall day-to-day limit Available only through relevant available day-to-day sub-limits, where applicable	M R18 647 M+1 R27 619 Maximum R35 894 per family	M R11 654 M+1 R17 714 Maximum R22 842 per family	M R4 081 M+1 R5 837 Maximum R7 417 per family	See Section 5E Subject to PMB legislation
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5A GENERAL PRACTITIONERS (GPS) AND SPECIALISTS

5A1 a) Face-to-face consultations	300% Profmed Tariff Subject to day-to-day limit	GPs: R519 Specialists: R780 Specialist Tariff amount may differ depending on the speciality Subject to day-to-day limit	GPs and specialists at GP rate: R519 Subject to day-to-day limit, and PMB legislation	Subject to PMB legislation
b) Telemedicine consultations (Tariff codes: virtual 99213; Telephonic: 0130)	3 consultations per beneficiary Code 99213: R609 Code 0130: R336 Subject to day-to-day limit, and PMB legislation	3 consultations per beneficiary Code 99213: R609 Code 0130: R336 Subject to day-to-day limit, and PMB legislation	3 consultations per beneficiary Code 99213: R609 Code 0130: R336 Subject to day-to-day limit, and PMB legislation	Subject to PMB legislation
5A2 Non-hospital procedures in doctor's rooms	300% Profmed Tariff Subject to day-to-day limit	100% Specific Tariff Subject to day-to-day limit	100% Specific Tariff at GP rate Subject to day-to-day limit, and PMB legislation	Subject to PMB legislation
5A3 Psychiatric consultations (out-of-hospital) (See Section 1E6)	300% Profmed Tariff Paid from Psychiatric benefit Not subject to day-to-day limit	GPs: R519 Specialists: R780 Paid from Psychiatric benefit Not subject to day-to-day limit	PMBs paid from Psychiatric 1E6 benefit Subject to PMB legislation	
5A4 Clinical psychology (out-of-hospital) (See Section 1E6)	100% Profmed Tariff Paid from Psychiatric benefit Not subject to day-to-day limit	100% Profmed Tariff Paid from Psychiatric benefit Not subject to day-to-day limit	PMBs paid from Psychiatric 1E6 benefit Subject to PMB legislation	
5A5 Radiology and pathology (Excluding MRI and CT scans)	80% Negotiated Tariff Subject to day-to-day limit	80% Negotiated Tariff Subject to day-to-day limit	80% Negotiated Tariff Subject to day-to-day limit, and PMB legislation	Subject to PMB legislation

BENEFIT

	PRO PINNACLE	PRO SECURE PLUS	PRO SECURE	PRO ACTIVE PLUS	PRO ACTIVE
5A6 MRI, radio-isotope and CT scans Specialist referral required, except for CT scans (Subject to pre-authorisation. Call 0860 776 363 for authorisation and protocols)	80% Negotiated Tariff out-of-hospital (100% Negotiated Tariff in-hospital. See Section 1D2 for in-hospital benefit) 2 investigations per family in- or out-of-hospital Not subject to day-to-day limit	80% Negotiated Tariff out-of-hospital (100% Negotiated Tariff in-hospital. See Section 1D2 for in-hospital benefit) 2 investigations per family in- or out-of-hospital Subject to day-to-day limit out-of-hospital		Subject to PMB legislation	
5A7 Emergency room visits and facility fees at hospitals that do not result in hospitalisation	100% Negotiated Tariff Subject to day-to-day limit	100% Negotiated Tariff Subject to day-to-day limit		100% Negotiated Tariff Subject to day-to-day limit, and PMB legislation	Subject to PMB legislation

5B ACUTE MEDICATION

5B1 Prescribed acute medication Subject to use of the pharmacy DSPN. Co-payment applies for voluntary use of a non-DSP. Wholesale pharmacy claims will not be accepted. (Certain medication on repeat script will be funded from this benefit. Call 0860 679 200 for more information)	80% Single Exit Price plus dispensing fee M R10 448 M+1 R13 984 M+2 R14 916 M+3 R16 548 Maximum R19 579 per family MMAP® applies Subject to day-to-day limit	80% Single Exit Price plus dispensing fee M R3 787 M+1 R5 669 M+2 R6 258 M+3 R6 490 Maximum R6 992 per family MMAP® applies Subject to day-to-day limit	80% Single Exit Price plus dispensing fee M R628 M+1 R942 Maximum R1 226 per family MMAP® applies Subject to day-to-day limit, and PMB legislation	Subject to PMB legislation	
5B2 Over-the-counter medication (See Section 5B1)	80% of cost R1 981 per family Subject to acute medication and day-to-day limits	80% of cost R1 596 per family Subject to acute medication and day-to-day limits	80% of cost Subject to acute medication and day-to-day limits	No benefit	

5C SUPPLEMENTARY BENEFITS

5C1 a) External prostheses and appliances Includes insulin pumps, home oxygen therapy and stoma bags. • Insulin pumps: 1 every 48 months • Home oxygen: subject to use of the DSPN. Co-payment applies for voluntary use of a non-DSP • Hearing aids: 1 pair every 24 months (Subject to protocols and pre-authorisation. Call 0860 776 363 for authorisation and protocols)	100% Negotiated Tariff R21 910 per family Additional for Hearing aids only: R4 137 Not subject to day-to-day limit	100% Negotiated Tariff R14 567 per family Additional for Hearing aids only: R6 875 Not subject to day-to-day limit	Subject to PMB legislation		
b) Other: Includes orthopaedic braces wheel chairs, walking frames and crutches	100% Negotiated Tariff R5 360 per family Subject to day-to-day limit	100% Negotiated Tariff R3 845 per family Subject to day-to-day limit	Subject to PMB legislation		
5C2 Supplementary services • Audiometrists • Biokineticists • Chiropractors • Dieticians • Occupational therapists • Speech therapists • Physiotherapists • Podiatrists	100% Profmed Tariff M R3 029 Maximum R5 244 per family Subject to day-to-day limit, and PMB legislation	100% Profmed Tariff M R2 797 Maximum R4 661 per family Subject to day-to-day limit, and PMB legislation	Subject to PMB legislation		

BENEFIT

	PROPINNACLE	PROSECURE PLUS	PROSECURE	PROACTIVE PLUS	PROACTIVE
5C3 Alternative health practitioners Including homeopaths and homeopathic medication. Practitioners must be registered with The Allied Health Professions Council	80% of cost R2 563 per family R780 per family sub-limit for homeopathic medication Subject to day-to-day limit	No benefit		No benefit	

5D OPTOMETRY SERVICES

Benefits are subject to protocols and are applied over a 24-month period. Lenses are limited to contact lenses OR spectacle lenses. Please consult your service provider regarding the use of non-generic and specialised lenses and coatings to avoid incurring a co-payment. Visit the website for more information on how to make best use of your optometry benefits.

5D1 Eye examinations	100% Optical Tariff 24-month benefit Subject to day-to-day limit, and PMB legislation	100% Optical Tariff 24-month benefit Subject to day-to-day limit, and PMB legislation	100% Optical Tariff 24-month benefit Subject to day-to-day limit, and PMB legislation	Subject to PMB legislation
5D2 Spectacles a) Lenses (generic) Single vision, bi-focal and varifocal	100% Optical Tariff 24-month benefit Subject to day-to-day limit	100% Optical Tariff 24-month benefit Subject to day-to-day limit	No benefit	
b) Extras	100% Optical Tariff for generic hard-coating and generic plastic anti-reflex coating 24-month benefit Subject to day-to-day limit	100% Optical Tariff for generic hard-coating 24-month benefit Subject to day-to-day limit	No benefit	
c) Frames	R1 306 per beneficiary 24-month benefit Subject to day-to-day limit	R949 per beneficiary 24-month benefit Subject to day-to-day limit	No benefit	
5D3 Contact lenses (clear)	R3 205 per beneficiary 24-month benefit Subject to day-to-day limit	R1 878 per beneficiary 24-month benefit Subject to day-to-day limit	No benefit	
5D4 Refractive eye surgery Includes all costs related to the admission and procedure, all medical practitioner fees, hospitalisation, etc. (Subject to protocols and pre-authorisation. Call 0860 776 363 for authorisation and protocols)	R3 641 per beneficiary Not subject to day-to-day limit	No benefit	No benefit	

5E DENTISTRY

Benefits are subject to protocols and management. (See Section 1G for dentist and specialist fees in-hospital)

- Conservative dentistry (includes extractions, root canal treatment, dentures) - Advanced dentistry (includes crowns, bridges, implants, orthodontics) Orthodontics available only up to age 18. (Orthodontics and implants subject to pre-authorisation. Call 0860 679 200 for authorisation and protocols)	135% Profmed Tariff R7 132 per beneficiary Maximum R14 265 per family Not subject to day-to-day limit	135% Profmed Tariff R6 071 per beneficiary Maximum R12 237 per family Not subject to day-to-day limit	135% Profmed Tariff Subject to day-to-day limit	135% Profmed Tariff R612 per beneficiary Maximum R1 748 per family
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BENEFIT

PROPINNACLE

PROSECURE
PLUS

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PROACTIVE
PLUS

PROACTIVE

5F TRAUMA, AND HIV ASSISTANCE PROGRAMME

Benefit covers trauma and HIV exposure as a result of crime, e.g. assault or rape, and HIV exposure resulting from crime and occupational injuries, e.g. needle-stick injury. Where relevant, victims will be accompanied by an appropriate, qualified professional to identity parades and court appearances for emotional support. Call 0861 776 363 for 24-hour assistance. Benefits are subject to the use of the DSP. Co-payment applies for voluntary use of a non-DSP. Subject to case management and protocols.

5F1	Counselling			
	a) Telephonic counselling	100% Negotiated Tariff Appropriate number of sessions as determined by the designated case manager Not subject to day-to-day limit	100% Negotiated Tariff Appropriate number of sessions as determined by the designated case manager Not subject to day-to-day limit	100% Negotiated Tariff Appropriate number of sessions as determined by the designated case manager Not subject to day-to-day limit
	b) Face-to-face counselling	100% Negotiated Tariff Up to 4 sessions per incident Thereafter, subject to PMB legislation Not subject to day-to-day limit	100% Negotiated Tariff Up to 4 sessions per incident Thereafter, subject to PMB legislation Not subject to day-to-day limit	100% Negotiated Tariff Up to 4 sessions per incident Thereafter, subject to PMB legislation
5F2	HIV post-exposure management 2 doctor's consultations, 30 days' PEP medication, pathology and 3 - 6 months' HIV exposure management	100% Negotiated Tariff 1 course of treatment per beneficiary per incident at DSP Subject to PMB legislation Not subject to day-to-day limit	100% Negotiated Tariff 1 course of treatment per beneficiary per incident at DSP Subject to PMB legislation Not subject to day-to-day limit	100% Negotiated Tariff 1 course of treatment per beneficiary per incident at DSP Subject to PMB legislation

5G COVID-19 SCREENING AND TESTING

To qualify for this benefit, members must have consulted a GP. Funding for consultations is for either one face-to-face or one telemedicine consultation with the DSPN. Pathology is covered if the necessary screening criteria are met and provided the testing is not considered routine. Refer to Section 1D1(b) for hospital pre-admission testing. All benefits are subject to PMB legislation.

5G1	a) Face-to-face consultations (Voluntary use of a non-DSP will result in a 25% co-payment.)	1 Consultation per beneficiary Additional consultations subject to PMB legislation GPs only: R519 Subject to day-to-day limit, and PMB legislation	1 Consultation per beneficiary Additional consultations subject to PMB legislation GPs only: R519 Subject to day-to-day limit, and PMB legislation	1 Consultation per beneficiary Additional consultations subject to PMB legislation GPs only: R519 Subject to day-to-day limit, and PMB legislation	Subject to PMB legislation
	b) Telemedicine consultations (Voluntary use of a non-DSP will result in a 25% co-payment (Tariff codes: Virtual 99213; Telephonic: 0130)	1 Consultation per beneficiary Additional consultations subject to PMB legislation GPs only: Code 99213: R609 Code 0130: R336 Subject to day-to-day limit, and PMB legislation	1 Consultation per beneficiary Additional consultations subject to PMB legislation GPs only: Code 99213: R609 Code 0130: R336 Subject to day-to-day limit, and PMB legislation	1 Consultation per beneficiary Additional consultations subject to PMB legislation GPs only: Code 99213: R609 Code 0130: R336 Subject to day-to-day limit, and PMB legislation	Subject to PMB legislation

BENEFIT

	PROPINNACLE	PROSECURE PLUS	PROSECURE	PROACTIVE PLUS	PROACTIVE
5G2 Pathology Tariff code 3979 – molecular (PCR) test <i>(Subject to qualifying criteria and best practise in terms of NDoH and NICD guidelines. Refer to Section 1D1(b) for hospital pre-admission testing.)</i>	1 pathology test per beneficiary R850 per beneficiary Additional tests subject to PMB legislation Subject to day-to-day limit, and PMB legislation	1 pathology test per beneficiary R850 per beneficiary Additional tests subject to PMB legislation Subject to day-to-day limit, and PMB legislation		1 pathology test per beneficiary Additional tests subject to PMB legislation R850 per beneficiary Subject to day-to-day limit, and PMB legislation	Subject to PMB legislation
5G3 COVID-19 vaccine Beneficiaries 18 years and older. Subject to use of vaccination site as accredited by the Department of Health (DoH). Subject to PMB legislation					
a) Vaccine only	100% of cost As determined by DoH/ Single Exit Price 1 vaccine per beneficiary	100% of cost As determined by DoH/ Single Exit Price 1 vaccine per beneficiary		100% of cost As determined by DoH/ Single Exit Price 1 vaccine per beneficiary	
b) Fee to administer vaccine	100% of cost As determined by DoH	100% of cost As determined by DoH		100% of cost As determined by DoH	

5H GENDER-BASED VIOLENCE SUPPORT PROGRAMME

Provides emotional and psychological support in the event of violence or abuse experienced by persons of any gender. Cover includes telephonic and face-to-face counselling. Legal counselling and assistance are provided but is at the cost of the beneficiary. Call 0860 944 772 for 24-hour assistance. Benefits are subject to the use of the DSP. Co-payment applies for voluntary use of a non-DSP. Subject to case management and protocols. Please visit the website for more information.

5H Counselling					
a) Telephonic counselling	100% Negotiated Tariff Appropriate number of sessions as determined by the designated case manager Not subject to day-to-day limit	100% Negotiated Tariff Appropriate number of sessions as determined by the designated case manager Not subject to day-to-day limit		100% Negotiated Tariff Appropriate number of sessions as determined by the designated case manager	
b) Face-to-face counselling	100% Negotiated Tariff Up to 4 sessions per incident Thereafter, subject to PMB legislation Not subject to day-to-day limit	100% Negotiated Tariff Up to 4 sessions per incident Thereafter, subject to PMB legislation Not subject to day-to-day limit		100% Negotiated Tariff Up to 4 sessions per incident Thereafter, subject to PMB legislation	

6. MATERNITY

Call 0860 776 363 where pre-authorisation is required and for more information on clinical qualifying criteria and benefits. Subject to PMB legislation.

Tums2Tots: Expectant mothers can register on the programme by calling 0860 776 363.

Health-on-Line on 082 911: Telephone emergency and non-emergency medical advice, during pregnancy and once baby is born.

6A DAY-TO-DAY COVER

Members on the ProSecure Plus and ProSecure options are required to register on the Maternity programme to access the relevant benefits.

6A1 Ultra-sound scans (ante-natal)	100% Profmed Tariff 2 scans per pregnancy Subject to day-to-day limit	100% Profmed Tariff 2 scans per pregnancy Not subject to day-to-day limit <i>(Subject to registration on the Maternity programme, pre-authorisation and protocols)</i>		Subject to PMB legislation	
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BENEFIT

	PROPINNACLE	PROSECURE PLUS	PROSECURE	PROACTIVE PLUS	PROACTIVE
6A2 Consultations Ante-/post-natal consultations by a medical practitioner	300% Profmed Tariff 13 visits per pregnancy Subject to day-to-day limit	GPs: R519 Specialists: R780 13 visits per pregnancy Not subject to day-to-day limit (Subject to registration on the Maternity programme, pre-authorisation and protocols)		GPs and Specialists at GP rate: R519 Subject to day-to-day benefit and PMB legislation	Subject to PMB legislation
6A3 Consultations Ante-/post-natal consultations by a registered midwife	300% Profmed Tariff 13 visits per pregnancy Subject to day-to-day limit	Consultations: R780 13 visits per pregnancy Not subject to day-to-day limit (Subject to registration on the Maternity programme, pre-authorisation and protocols)		Consultations: R519 Subject to day-to-day benefit and PMB legislation	Subject to PMB legislation
6A4 Lactation consultation At a registered service provider Available up to 6 months post-delivery (Subject to registration on the Maternity programme, pre-authorisation and protocols)	100% Profmed Tariff 1 visit per pregnancy Subject to day-to-day limit	100% Profmed Tariff 1 visit per pregnancy Not subject to day-to-day limit		Subject to PMB legislation	
6A5 Nutrition consultation At a registered service provider Available up to 6 months post-delivery (Subject to registration on the Maternity programme, pre-authorisation and protocols)	100% Profmed Tariff 1 visit per pregnancy Subject to day-to-day limit	100% Profmed Tariff 1 visit per pregnancy Not subject to day-to-day limit		Subject to PMB legislation	
6A6 Nuchal Translucency Non-Invasive Pre-Natal Test (NIPT) (Subject to registration on the Maternity programme, pre-authorisation and protocols)	100% Profmed Tariff 1 investigation per pregnancy Subject to day-to-day limit, and PMB legislation	100% Profmed Tariff 1 visit per pregnancy Not subject to day-to-day limit Subject to PMB legislation		Subject to PMB legislation	
6A7 Out-patient visits to hospital/clinic for investigations, e.g. tococardiography	80% Profmed Tariff Subject to day-to-day limit	80% Profmed Tariff Subject to day-to-day limit		Subject to PMB legislation	
6A8 Ante-natal exercises by registered healthcare practitioner	80% Profmed Tariff R1 048 per family Subject to day-to-day limit	No benefit		No benefit	
6A9 Prescribed medication during pregnancy	80% Single Exit Price plus dispensing fee Subject to 5B1	80% Single Exit Price plus dispensing fee Subject to 5B1		80% Single Exit Price plus dispensing fee Subject to 5B1	Subject to PMB legislation
6A10 Post-natal home-based care A post-birth 6-week visit by a registered nurse to assess baby's progress, provide support to parents and administer the 6-week immunisation. Call 0860 679 200 to schedule an appointment. Subject to use of the DSPN and registration on the Tums2Tots programme.					
a) Visit	100% Negotiated Tariff Subject to day-to-day benefit	100% Negotiated Tariff Not subject to day-to-day benefit		No benefit	
b) Immunisations Immunisations done at 6 weeks, per the Department of Health's Childhood Immunisation Schedule	100% Single Exit Price plus dispensing fee at DSPN rate Subject to Section 2.8	100% Single Exit Price plus dispensing fee at DSPN rate Subject to Section 2.8		100% Single Exit Price plus dispensing fee at DSPN rate Subject to Section 2.8	

BENEFIT

PRO PINNACLE

PRO SECURE PLUS

PRO SECURE

PRO ACTIVE PLUS

PRO ACTIVE

6B HOSPITALISATION

Call 0800 776 363 where pre-authorisation is required and for more information on clinical qualifying criteria, and benefits.
Subject to PMB legislation.

6B1	In-patient hospitalisation (ante-natal) (Subject to pre-authorisation)	100% Negotiated Tariff in private ward	100% Negotiated Tariff in general ward		100% Negotiated Tariff in general ward	
6B2	Delivery fee by GP or specialist	300% Profmed Tariff	200% Profmed Tariff	100% Specific Tariff	200% Profmed Tariff	100% Specific Tariff
6B3	Delivery fee by registered midwife	300% Profmed Tariff	200% Profmed Tariff	100% Specific Tariff	200% Profmed Tariff	100% Specific Tariff
6B4	Labour ward	100% Negotiated Tariff	100% Negotiated Tariff		100% Negotiated Tariff	
6B5	Ward accommodation (post-delivery): Normal delivery – 3 days Caesarean section – 4 days	100% Negotiated Tariff in private ward	100% Negotiated Tariff in private ward	100% Negotiated Tariff in general ward	100% Negotiated Tariff in general ward	
6B6	Theatre and recovery room	100% Negotiated Tariff	100% Negotiated Tariff		100% Negotiated Tariff	
6B7	Other medical practitioner services, e.g. pathology and radiology while in hospital	100% Profmed Tariff	100% Profmed Tariff		100% Profmed Tariff	
6B8	Consultations while in hospital	300% Profmed Tariff	200% Profmed Tariff	100% Specific Tariff	200% Profmed Tariff	100% Specific Tariff
6B9	Home nursing (post-natal) 48-hour benefit in the event of a home delivery or if discharged from a birthing unit within 24 hours after delivery (Subject to pre-authorisation)	Subject to Section 1E5(a) of this Schedule	Subject to Section 1E5(a) of this Schedule		Subject to Section 1E5(a) of this Schedule	
6B10	Neonatal ICU Neonate must be registered as a dependant on Profmed (Subject to pre-authorisation)	100% Negotiated Tariff	100% Negotiated Tariff		100% Negotiated Tariff	

7. INTERNATIONAL TRAVEL MEDICAL ASSISTANCE

This benefit covers members for medical emergencies while travelling internationally. This benefit is not available to members who reside in the SADC Region when travelling outside the borders of their country of residence, except to South Africa where option specific benefits apply. Consult the International Travel Medical Assistance Benefit Document available on the website for the benefits, restrictions, exclusions and claims process. For medical assistance while travelling, it is necessary to call International SOS on +27 11 541 1225 prior to receiving treatment to avoid a co-payment. The Information Guide contains more information on the claims process and details of this benefit, or call 0860 679 200. Subject to case management and protocols.

a) In- and out-of-hospital emergency medical expenses (Benefits subject to protocols and pre-authorisation. Call +27 11 541 1225)	R8 million per beneficiary per journey	R5 million per beneficiary per journey	R2.5 million per beneficiary per journey
b) Out-of-hospital Claims exceeding R2 000 must be pre-authorised Subject to Section 7a (Benefits subject to protocols and pre-authorisation. Call +27 11 541 1225)	R10 000 out-of-hospital limit, per beneficiary, per journey R2 000 excess per beneficiary per journey on out-of-hospital expenses. Out-of-hospital benefits only available if the claim relates to day-to-day benefits available on this option Spectacles or contact lenses limited to R3 300, subject to the R2 000 excess	R10 000 out-of-hospital limit, per beneficiary, per journey R2 000 excess per beneficiary per journey on out-of-hospital expenses. Out-of-hospital benefits only available if the claim relates to day-to-day benefits available on this option. Spectacles or contact lenses limited to R3 300, subject to the R2 000 excess	No benefit for out-of-hospital expenses

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