

2019 BENEFIT SUMMARY

Scheme Policies and Protocols Apply Throughout

Disclaimer:

- This is only a summary of the benefits and contributions. In the case of an error or dispute, the registered Rules will prevail.
- Effective from 1/1/2019
- Benefits subject to Council for Medical Schemes approval



co-payments & deductibles

A **CO-PAYMENT** is a specific percentage, rand amount or the difference you would need to pay from your own pocket if your provider charges more than the Topmed Tariff for your option or the benefit specifies a co-payment as listed below.

A **DEDUCTIBLE** is a specific amount that is due for a specific procedure as per the Scheme Rules. The Deductible applies to the hospital account and needs to be paid by the member to the hospital. If the hospital bills the Scheme the full amount, the Scheme will pay the claim less the Deductible which will be recovered from the member by the hospital.

Co-Payments and Deductibles do not apply to confirmed Prescribed Minimum Benefits treated at a Designated Service Provider and as per the Scheme protocols. Medical reports may be required to confirm the diagnosis and protocol as being consistent with the Prescribed Minimum Benefit entitlement.

Option	Co-Payment & Deductible
Comprehensive	MRI/CT Scans (in and out of hospital): R2 750 Scopes (in hospital): R2 750 Dentistry (in hospital): R1 800 Impacted wisdom teeth: R1 200
Executive	Nissen (Hernia repair): R5 600 Hysterectomy: R2 850 MRI/CT Scans (in and out of hospital): R2 750 Scopes (in hospital): R2 750 Laparoscopic surgery: R2 200
Family	Joint replacement, Spinal surgery, Nissen (Hiatus Hernia repair): R8 300 Hysterectomy: R3 900 Laparoscopic surgery: R3 400 Cholecystectomy: R2 750 MRI/CT Scans (in and out of hospital): R2 750 Scopes (in hospital): R2 750 Sinus and nasal surgery: R2 200 Dentistry (in hospital): R1 800 Impacted wisdom teeth: R1 200 Tonsils, adenoids, grommets: R1 100
Savings	MRI/CT Scans (in and out of hospital): R2 750 Scopes (in hospital): R2 750
Essential	MRI/CT Scans (in hospital): R2 750 Scopes (in hospital): R2 750
Active Saver <i>(Refer to Listed and Specified Procedure Limitations in this guide for additional limitations)</i>	Hysterectomy: R3 900 Cholecystectomy: R2 750 MRI/CT Scans (in hospital): R2 750 Scopes (in hospital): R2 750 Tonsils, adenoids, grommets: R600 No benefits are provided for the following: Medical admissions for Musculoskeletal conditions Nissen (Hiatus Hernia repair) Functional reconstruction of nasal septum Endoscopic sinus surgery Reconstruction of palate and uvula (laser or otherwise) Gauchers

2019 premiums

	CONTRIBUTION			SAVINGS CONTRIBUTION			TOTAL CONTRIBUTION		
	Principal member	Adult dependant	Student/Minor dependant	Principal member	Adult dependant	Student/Minor dependant	Principal member	Adult dependant	Student/Minor dependant
COMPREHENSIVE	7 306	6 029	1 715	No medical savings account			7 306	6 029	1 715
EXECUTIVE	4 020	3 208	1 224	1 339	1 069	405	5 359	4 277	1 629
FAMILY	3 359	2 686	919	841	671	229	4 200	3 357	1 148
SAVINGS	2 320	1 853	699	443	353	133	2 763	2 206	832
ACTIVE SAVER	1 537	1 342	500	293	256	95	1 830	1 598	595
ESSENTIAL	1 739	1 399	706	No medical savings account			1 739	1 399	706

NETWORK OPTION

Income	CONTRIBUTION		
	Principal member	Adult dependant	Student/Minor dependant
< R1 000	381	381	381
R1 001 to R11 000	1 530	1 530	428
> R11 000	2 068	2 068	554

	COMPREHENSIVE	EXECUTIVE	FAMILY
Annual Threshold Limit	Member: R13 032 Adult: R10 728 Child: R2 976	Member: R17 628 Adult: R14 664 Child: R5 616	Member: R12 180 Adult: R10 322 Child: R4 092
Above Threshold Benefits / Extended Cover	Specific sub-limits apply	Specific sub-limits apply	Member: R12 480 Adult: R9 000 Child: R2 640
Self-payment Gap	Member: R3 216 Adult: R2 412 Child: R804	Member: R2 952 Adult: R2 952 Child: R1 176	Member: R2 964 Adult: R2 964 Child: R1 584
Day-to-day Benefit	Member: R9 816 Adult: R8 316 Child: R2 172	Member: R14 676 Adult: R11 712 Child: R4 440	Member: R9 216 Adult: R7 356 Child: R2 508
IN HOSPITAL BENEFITS			
Pre-authorisation (PAR) is required in respect of hospitalisation and the associated clinical procedures before treatment starts. In case of an emergency, within the next two business days, otherwise no benefits are allowed.			
EXTENDED MAJOR MEDICAL BENEFIT			
Post-operative benefits available for the following: • Hip Replacement • Heart Attack • Stroke • Knee Replacement • Post-Crime Trauma	100% of TT (refer to page 9 for more details)		
HOSPITALISATION			
Accommodation, theatre, medicine, material and hospital apparatus used during hospitalisation	Unlimited 100% of AT		
Treatment of Immunocompromise and Opportunistic Infections irrespective of cause	100% of TT Limited to R49 404 per family per year		
Psychiatric Hospitalisation (PAR required)	Benefits and treatment provided through Case Management Programme limited to 21 days per beneficiary per year		
TTO (Medicine received on discharge from hospital)	100% of AT (TRP and formulary applies) maximum seven days supply		
Specialised Surgery (New Technology) (PAR Required)	Limited to R334 224 per family per year. Managed Care protocols applicable	No Benefit	
OUT-PATIENT TREATMENT AT HOSPITAL FACILITIES			
Trauma benefits only	100% of AT for facility fee 300% of TT for treatment delivered on the day of injury	100% of AT for facility fee 200% of TT for treatment delivered on the day of injury	100% of AT for facility fee 150% of TT for treatment delivered on the day of injury
MEDICAL PRACTITIONERS (in hospital)			
General Practitioners	300% of TT	200% of TT	150% of TT
Specialists (PMB DSP applies)	300% of TT	200% of TT	150% of TT
Associated clinical procedures (during authorised hospital treatment)	300% of TT	200% of TT	150% of TT
AUXILIARY SERVICES (during authorised hospital treatment)			
Blood transfusions	100% of Cost		
Physiotherapy, speech therapy, occupational therapy, social workers and dieticians	100% of TT		
Clinical technologists and medical technologists	100% of TT		
Internal medical and surgical accessories (PAR required)	100% of Cost subject to sub-limits as applied per clinical protocols		
Stomatherapy	Limited to R21 060 per family per year - PAR required if limit exceeded		
DENTISTRY			
	100% of AT from Yearly Limit thereafter Extended Cover at 80% of TT. A co-payment of R1 800 for extractions and fillings for children under 6 years including dental clearance. Dental clearance limited to R28 296 pbpa	Subject to day to day benefits	Subject to day to day benefits
IMPACTED WISDOM TEETH (PAR required)	100% of TT subject to R1 200 co-payment	100% of TT limited to the Specialised Dentistry limit of R15 840 ppa. Subject to clinical criteria	100% of TT subject to a co-payment of R1 200
MAXILLO-FACIAL - subject to clinical criteria and limited to jaw fractures, congenital deformities and surgical treatment of pathological conditions	300% of TT	200% of TT	150% of TT
ORTHOGNATHIC SURGERY (PAR required)	100% of TT subject to 20% co-payment	No benefit	No benefit
SCOPES (PAR required)			
Gastroscopies and Colonoscopies	100% of TT subject to a R2 750 co-payment per scope. If performed in a day clinic/doctors rooms no co-payment applies		

	COMPREHENSIVE	EXECUTIVE	FAMILY
RADIOLOGY AND PATHOLOGY (during authorised hospital treatment)			
Basic radiology and pathology	100% of TT		
MRI scans, CT scans, radioisotope studies (PAR required)	100% of TT subject to a R2 750 co-payment per scan		
MATERNITY			
Confinement and Elective Caesarean Section (PAR required prior to birth)	300% of TT	200% of TT	150% of TT Elective Caesarean Section limited to R23 016 for all services
Home Births	Benefits are allowed in respect of home births, if a registered service provider assists with the birth		
Neo-natal hospitalisation	Unlimited		Up to 150% of TT limited to R424 140
MATERNITY PROGRAMME BENEFITS			
To enjoy this benefit you are required to register on the programme when you are between 12 and 20 weeks into your pregnancy. To register call the Call Centre on 0860 00 21 58. Registration on the programme entitles you to:			
Antenatal Consultations	300% of TT limited to 12 consultations	200% of TT limited to 12 consultations	150% of TT limited to 12 consultations
Antenatal Classes	300% of TT limited to 12 classes	200% of TT limited to 12 classes	150% of TT limited to 12 classes
Antenatal Scans (3D and 4D scans paid at 2D rate)	Limited to 2 2D scans per beneficiary per pregnancy		
Paediatrician Consultations	Limited to 2 newborn visits		
Prenatal Vitamins	Formulary applies		
Baby Immunisations (Subject to Department of Health Protocols)	100% of TT		
OTHER BENEFITS			
DISEASE MANAGEMENT / CASE MANAGEMENT			
Disease Management is a holistic approach that focuses on the patient's disease or condition, using all the cost elements involved. The intervention takes place by means of patient counselling and education, behaviour modification, therapeutic guidelines, incentives and case management. PAR required for all of the below			
AIDS and HIV infections	Benefits and treatment provided through Case Management Programme		
Organ Transplants	Benefits and treatment provided through Case Management Programme		Benefits and treatment provided through Case Management Programme - Limited to R256 680 per family per annum
Kidney Dialysis	Benefits and treatment provided through Case Management Programme		Benefits and treatment provided through Case Management Programme Limited to R256 680 per family per annum
Oncology	Benefits and treatment provided through Oncology Case Management Programme. R628 848 per beneficiary per 12 month cycle thereafter 20% co-payment. Speciality medicines and biologicals sub-limit of R355 944 per family per year with 20% co-payment (accrues to overall oncology limit of R628 848) Herceptin for early stage Breast Cancer no co-payment for 9 week course	Benefits and treatment provided through Oncology Case Management Programme R510 180 per beneficiary per 12 month cycle. Speciality medicines and biologicals – sub-limit of R296 628 per family per year with 20% co-payment (accrues to overall oncology limit of R510 180)	Benefits and treatment provided through Case Management Programme limited to R379 008 per beneficiary per 12 month cycle
AMBULANCE SERVICES			
ER24 is Topmed's Preferred Provider for any ambulance services. If services are not rendered by (or through the intervention of) ER24, benefits will be limited to a specified maximum.			
Preferred Provider ER 24 (084 124)	100% of AT		
Non-preferred Provider	100% of TT limited to R2 460 per family per year.		
SECONDARY FACILITIES			
Step-down nursing, hospice & rehabilitation	Benefits and treatment provided through Case Management Programme. Benefits for clinical procedures and treatments during a stay in a secondary facility will be limited to R146 712 per beneficiary per year		
INTERNATIONAL BUSINESS & LEISURE TRAVEL INSURANCE			
Foreign claims are limited to medical expenses only as provided by the Scheme's policy, limited to R10 million per family per year, subject to authorisation and applicable conditions. Maximum of 90 days cover. Travel must be declared before departure			
CHRONIC MEDICATION			
26 Chronic Disease List - PMB (TRP and formulary applies)	100% of AT from Yearly Limit at a DSP, thereafter unlimited from Extended Cover at 100% of AT	100% of AT limited to R10 680 pbpa/ R21 732 ppa at a DSP. Thereafter unlimited	100% of AT limited to R11 976 ppa at a DSP. Thereafter unlimited
Non-PMB / Non-formulary / Non-DSP	70% of AT from Yearly Limit thereafter Extended Cover at 80% of TT	70% of AT subject to limit	
Extended Chronic Conditions (see page 13)	Unlimited	Additional 30 chronic conditions	Additional 8 chronic conditions

DAY TO DAY BENEFITS - OUT OF HOSPITAL

OUT-PATIENT TREATMENT AT HOSPITAL FACILITIES (Non Trauma)	Subject to day to day benefits		
MEDICAL PRACTITIONERS AND SPECIALISTS			
Clinical procedures, visits (PMB DSP applies), material and injection material (excluding medicine) administered in a Provider's consulting room	100% of Cost from Yearly Limit, Self Payment Gap and thereafter 80% of TT from Extended Cover	100% of TT. A maximum of 2 visits may be utilised for out-patient consultations	100% of TT. A maximum of 2 visits may be utilised for out-patient consultations
ACUTE MEDICATION Benefits payable from Yearly Limit, once Yearly Limit is depleted and the Annual Threshold level is reached benefits are payable from Extended Cover at 80% of TT, subject to scheme approval.			
Prescribed Acute Medicine	100% of Cost from Yearly Limit, Self Payment Gap and thereafter 80% of AT from Extended Cover (TRP and formulary applies)	100% of AT (TRP and formulary applies) limited to R11 868 per beneficiary and R23 484 per family per year*	100% of AT (TRP and formulary applies) Payable from Savings, Self Payment Gap and thereafter from Extended Cover subject to sub-limits of M: R5 124 M1: R6 408 M2: R7 692 M3: R10 212 Max: R13 740 *
Vitamins and Minerals (does not accrue to threshold)	Member R2 748 Adult R2 268 Child R636	No benefit	No benefit
Non-prescribed schedule 1 and 2 medicine (PAT) supplied by a pharmacy (PAT does not accrue to Threshold)	100% of Cost from Yearly Limit, Self Payment Gap and thereafter 80% of AT from Extended Cover (TRP and formulary applies) Max of R180 per script	100% of AT (TRP and formulary applies) payable from Savings and subject to combined Acute Medicine sub-limit above (not covered from Extended Cover)	100% of AT (TRP and formulary applies) payable from Savings and subject to combined Acute Medicine sub-limit above (not covered from Extended Cover)
OPTICAL BENEFITS			
Managed by PPN	100% of Cost from Yearly Limit, Self Payment Gap and thereafter PPN rates from Extended Cover (PPN rates accrue to Threshold) Contact lenses limited to R2 556 per beneficiary per annum No benefit for both spectacles and contact lenses in the same year	100% of PPN rates payable from Savings, Self Payment Gap and thereafter from Extended Cover limited to R2 628 per beneficiary, R7 692 per family per year *	100% of PPN rates payable from Savings, Self Payment Gap and thereafter from Extended Cover limited to R2 172 per beneficiary, R6 468 per family per year *
DENTISTRY			
General and Specialised (PAR required for Specialised Dentistry)	100% of TT from Yearly Limit, Self Payment Gap and thereafter 80% of TT from Extended Cover limited to R25 380 per family per year.	Benefits payable from your Savings, Self Payment Gap and thereafter from Extended Cover (see benefit table below)	100% of TT payable from Savings, Self Payment Gap and thereafter from Extended Cover subject to sub-limits of: M: R7 428 M1: R8 280 M2: R9 252 M3: R10 308 Max: R11 184* Plastic/acrylic dentures limited to 1 set every 4 years. R1 800 co-payment for Extractions and Fillings for children under 6 years Hospitalisation covered at 100% of AT Anaesthetic in hospital covered at 150% of TT
Orthodontics	Restricted to beneficiaries 18 years and younger and 1 family member at a time	Fixed braces for beneficiaries less than 18 years old, limited to once per lifetime, subject to clinical criteria subject to specialised dentistry limit	Restricted to beneficiaries 18 years and younger and 1 family member at a time subject to overall combined limit

EXECUTIVE DENTAL BENEFIT

Conservative Dentistry*	100% of TT
Consultations	2 per beneficiary per year
Scaling and polishing	1 per beneficiary per 6 months
Fissure Sealants	Limited to permanent molars for beneficiaries less than 21 years old
Extra Oral Radiography	1 per beneficiary every 2 years
Extractions	As required
Fillings	1 per tooth per year to a maximum of 4 per beneficiary per year
Root Canal	2 per beneficiary per year
Plastic Dentures	1 per beneficiary every 2 years
Specialised Dentistry*	100% of TT. Limited to R15 840 per family per year
Crowns & Bridges	1 crown per tooth per beneficiary every 3 years to a maximum of 2 crowns per beneficiary per year
Partial Metal Frames	1 frame per beneficiary every 2 years
Orthodontics	Fixed braces for beneficiaries less than 18 years old, limited to once per lifetime, subject to clinical criteria
Surgical Removal of Impacted Teeth	Subject to clinical criteria
Root Planing and Periodontal Surgery	Subject to clinical criteria for beneficiaries older than 12

AUXILIARY SERVICES

Benefits payable from Yearly Limit, once Yearly Limit is depleted and the Annual Threshold level is reached benefits are payable from Extended Cover at 80% of TT, subject to scheme approval.			
External medical and surgical appliances	100% of Cost from Yearly Limit, Self Payment Gap and thereafter 80% of TT from Extended Cover	100% of Cost - as list below*	100% of Cost payable from Savings, Self Payment Gap and thereafter 100% of TT from Extended Cover limited to R4 824 per family per year *
Physiotherapy, occupational therapy, speech therapy, social workers and dieticians, podiatry, orthoptic treatment, audiometry, hearing-aid acoustics, biokinetics and consultations with chiropractors, osteopaths, homeopaths, naturopaths and herbalists		100% of TT subject to a combined limit of R6 396 per beneficiary; R18 924 per family per year*	100% of TT payable from Savings, Self Payment Gap and thereafter from Extended Cover limited to R4 488 per family per year *
Wheelchairs, Hearing Aids and External Prostheses (PAR required)		General - R3 012 Oxygen - R25 332 Wheelchairs - R15 840 (1 in every 5 years) Hearing Aid - R15 840 (per family every 3 years)	100% of Cost payable from Savings, Self Payment Gap and thereafter 100% of TT from Extended Cover limited to R12 900 per family per year *
Clinical and Medical Technologist		100% of TT	100% of Cost payable from Savings, Self Payment Gap and thereafter 100% of TT from Extended Cover
RADIOLOGY			
Basic radiology	100% of Cost from Yearly Limit, Self Payment Gap and thereafter 80% of TT from Extended Cover	100% of TT	100% of TT payable from Savings, Self Payment Gap and thereafter from Extended Cover subject to sub-limit of R4 044 per family per year (excludes MRI & CT Scans) *
MRI scans, CT scans, radioisotope studies (PAR required)	100% of TT subject to a R2 750 co-payment per scan		
PATHOLOGY			
Pathology	100% of Cost from Yearly Limit, Self Payment Gap and thereafter 80% of TT from Extended Cover	100% of TT	100% of TT payable from Savings, Self Payment Gap and thereafter from Extended Cover subject to sub-limit of R4 512 per family per year*
CLINICAL PSYCHOLOGY & PSYCHIATRIC TREATMENT			
	100% of Cost from Yearly Limit, Self Payment Gap and thereafter 80% of TT from Extended Cover	100% of TT limited to R6 624 per family per year*	100% of TT payable from Savings, Self Payment Gap and thereafter from Extended Cover subject to sub-limit of R7 236 per family per year *
REPRODUCTIVE HEALTH			
Oral, injectable and IUD contraceptives	100% of Cost from Yearly Limit, Self Payment Gap and thereafter 80% of TT from Extended Cover (TRP and formulary applies)	100% of TT payable from Savings, Self Payment Gap and thereafter from Extended Cover (TRP and formulary applies) subject to Acute Medication sub-limit	100% of TT payable from Savings, Self Payment Gap and thereafter from Extended Cover (TRP and formulary applies) subject to Acute Medication sub-limit
PRESCRIBED MINIMUM BENEFITS (PMB's)			
Prescribed Minimum Benefits (PMB's) will be covered by Topmed both in the Public Healthcare System or Topmed's Designated Service Providers (DSP's). The treatment of PMB's includes chronic medication as well as the medical or surgical treatment of your PMB condition. The payment of all your PMB's requires authorisation and is subject to clinical protocols (inclusive of formularies for medicines) and must be obtained from Topmed's DSP's, failing which Topmed will only pay a 70% benefit for medicines and 100% of TT for all other benefits. Once any applicable limits are reached Topmed will continue to pay for your PMB's as per the above criteria			

* Note that all limits apply before and after the Threshold is reached. Benefits are payable from Savings, Self Payment Gap and thereafter from Extended Cover.

SAVINGS

ACTIVE SAVER

ESSENTIAL

IN HOSPITAL BENEFITS

Pre-authorisation (PAR) is required in respect of hospitalisation and the associated clinical procedures before treatment starts. In case of an emergency, within the next two business days, otherwise no benefits are allowed.

EXTENDED MAJOR MEDICAL BENEFIT

Post-operative benefits available for the following: • Hip Replacement • Heart Attack • Stroke • Knee Replacement • Post-Crime Trauma	100% of TT	100% of TT Benefits for hip and knee replacements for hospitalisation and associated Providers will only be covered in the event of trauma
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HOSPITALISATION

Accommodation, theatre, medicine, material and hospital apparatus used during hospitalisation	Unlimited 100% of AT	Unlimited DSP Hospital - 100% AT Non DSP - 75% of AT (Involuntary use of Non DSP Hospital / Day Clinic for PMB's - 100% of AT)	
Treatment of Immunocompromise and Opportunistic Infections irrespective of cause	100% of TT Limited to R49 404 per family per year		
Psychiatric Hospitalisation (PAR required)	Benefits and treatment provided through Case Management Programme limited to 21 days per beneficiary per year	Benefits and treatment provided through Case Management Limited to PMB	Benefits and treatment provided through Case Management Programme limited to 21 days per beneficiary per year
TTO (Medicine received on discharge from hospital)	100% of AT (TRP and formulary applies) maximum seven days supply		

OUT-PATIENT TREATMENT AT HOSPITAL FACILITIES

Trauma benefits only	100% of AT for facility fee 100% of TT for treatment delivered on the day of injury
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MEDICAL PRACTITIONERS (in hospital)

General Practitioners (PMB DSP applies)	100% of TT		
Specialists (PMB DSP applies)	100% of TT		
Associated clinical procedures (during authorised hospital treatment)	100% of TT	100% of TT (Deductibles, specific limits and exclusions apply to certain procedures)	100% of TT

AUXILIARY SERVICES (during authorised hospital treatment)

Blood transfusions	100% of Cost		
Physiotherapy, speech therapy, occupational therapy, social workers and dieticians	100% of TT		
Clinical technologists and medical technologists	100% of TT		
Internal medical and surgical accessories (PAR required)	100% of Cost subject to sub-limits as applied per clinical protocols		
Stomatherapy	Limited to R21 060 per family per year	Limited to PMB	Limited to PMB

DENTISTRY

	Subject to day to day benefits	No Benefit	No Benefit
IMPACTED WISDOM TEETH (PAR required)	Subject to day to day benefits	100% of TT limited to R14 100 per family per year (inclusive of all providers)	No Benefit
MAXILLO-FACIAL - subject to clinical criteria and limited to jaw fractures, congenital deformities and surgical treatment of pathological conditions	100% of TT	Limited to PMB	100% of TT
ORTHOGNATHIC SURGERY (PAR required)	No benefit		

SCOPES (PAR required)

Gastroscopies and Colonoscopies	100% of TT subject to a R2 750 co-payment per scope. If performed in a day clinic/doctors rooms no co-payment applies
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SAVINGS

ACTIVE SAVER

ESSENTIAL

RADIOLOGY AND PATHOLOGY (during authorised hospital treatment)

Basic radiology and pathology	100% of TT		
MRI scans, CT scans, radioisotope studies (PAR required)	100% of TT subject to a R2 750 co-payment per scan		

MATERNITY

Confinement (PAR required prior to birth)	100% of TT		
Elective Caesarean Section	100% of TT	100% of TT subject to a co-payment of R11 000 per Caesarean section	100% of TT
Home births	Benefits are allowed in respect of home births, if a registered service provider assists with the birth		

MATERNITY PROGRAMME BENEFITS

To enjoy this benefit you are required to register on the programme when you are between 12 and 20 weeks into your pregnancy. To register call the Call Centre on 0860 00 21 58. Registration on the programme entitles you to:

Antenatal Consultations	100% of TT limited to 12 consultations	100% of TT limited to 6 consultations	100% of TT limited to 3 consultations
Antenatal Classes	100% of TT limited to 12 classes	100% of TT limited to 12 classes	100% of TT limited to 12 classes
Antenatal Scans (3D and 4D scans paid at 2D rate)	Limited to 2 2D scans per beneficiary per pregnancy		Limited to 1 2D scans per beneficiary per pregnancy
Paediatrician Consultations	Limited to 2 newborn visits		Limited to 1 newborn visits
Prenatal Vitamins	Formulary applies		
Baby Immunisations (Subject to Department of Health Protocols)	100% of TT		

OTHER BENEFITS

DISEASE MANAGEMENT / CASE MANAGEMENT

Disease Management is a holistic approach that focuses on the patient's disease or condition, using all the cost elements involved. The intervention takes place by means of patient counselling and education, behaviour modification, therapeutic guidelines, incentives and case management.

PAR required for all of the below

AIDS and HIV infections	Benefits and treatment provided through Case Management Programme limited to PMB		
Organ transplants and kidney dialysis	Benefits and treatment provided through Case Management Programme limited to PMB		
Oncology	Benefits and treatment provided through Oncology Case Management Programme. R314 436 per beneficiary per 12 month cycle .	Benefits and treatment provided through Oncology Case Management Programme limited to PMB	Benefits and treatment provided through Case Management Programme limited to R314 436 per beneficiary per 12 month cycle

AMBULANCE SERVICES

ER24 is Topmed's Preferred Provider for any ambulance services. If services are not rendered by (or through the intervention of) ER24, benefits will be limited to a specified maximum.

Preferred Provider ER 24 (084 124)	100% of AT
Non-preferred Provider	100% of TT limited to R2 460 per family per year.

SECONDARY FACILITIES

Step-down nursing, hospice & rehabilitation - Benefits and treatment provided through Case Management Programme.	Benefits for clinical procedures and treatments during a stay in a secondary facility will be limited to R146 712 per beneficiary per year	Limited to PMB	Benefits for clinical procedures and treatments during a stay in a secondary facility will be limited to R146 712 per beneficiary per year
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CHRONIC MEDICATION

26 Chronic Disease List - PMB (TRP and formulary applies)	Limited to PMB - 100% of AT at a DSP
Non-PMB / Non-formulary / Non-DSP	70% of AT

INTERNATIONAL BUSINESS & LEISURE TRAVEL INSURANCE

Foreign claims are limited to medical expenses only as provided by the Scheme's policy, limited to R10 million per family per year, subject to authorisation and applicable conditions. Maximum of 90 days cover. Travel must be declared before departure



DAY TO DAY BENEFITS - OUT OF HOSPITAL			
MEDICAL SAVINGS ACCOUNT	16% of your total contribution is allocated to your savings account. It is designed to cover day-to-day medical expenses		No benefit
OUT-PATIENT TREATMENT AT HOSPITAL FACILITIES (Non Trauma)	100% of Cost payable from Savings		
MEDICAL PRACTITIONERS AND SPECIALISTS			
Clinical procedures, visits (PMB DSP applies), material and injection material (excluding medicine) administered in a Provider's consulting room	100% of Cost payable from Savings	100% of Cost payable from Savings Additional General Practitioner Benefits available once the Medical Savings Account is depleted - unlimited GP consultations at a Preferred Provider payable at 100% of TT from Major Medical Benefits. No benefit is payable at a non-Preferred Provider	No benefit
ACUTE MEDICATION			
Prescribed Acute Medicine	100% of AT payable from Savings	100% of Cost payable from Savings	No benefit
Vitamins and Minerals	100% of Cost payable from Savings	100% of Cost payable from Savings	No benefit
Non-prescribed schedule 1 and 2 medicine (PAT) supplied by a pharmacy	100% of Cost payable from Savings	100% of Cost payable from Savings	No benefit
OPTICAL BENEFITS			
	100% of Cost payable from Savings		No benefit
DENTISTRY			
Conservative and Specialised Surgical/Hospitalisation (PAR required)	100% of Cost payable from Savings	100% of Cost payable from Savings No benefits for root canal, dental surgery, metal frame dentures, orthodontics, orthognathic surgery and implants Preventative Dentistry - see table below	No benefit
AUXILIARY SERVICES (not during hospitalisation)			
External medical and surgical appliances	100% of Cost payable from Savings		No benefit
Physiotherapy speech therapy, occupational therapy, social workers, podiatry, orthoptic treatment, audiometry, hearing-aid acoustics, biokinetics, dieticians and consultations with chiropractors, osteopaths, homeopaths, naturopaths and herbalists	100% of Cost payable from Savings		No benefit
Clinical and Medical Technologists	100% of Cost payable from Savings		No benefit
RADIOLOGY AND PATHOLOGY			
Basic radiology	100% of Cost payable from Savings		No Benefit
Basic pathology	100% of Cost payable from Savings		No Benefit
MRI scans, CT scans, radioisotope studies (PAR required)	100% of TT subject to a R2 750 co-payment per scan		Limited to PMB
CLINICAL PSYCHOLOGY			
	100% of Cost payable from Savings		No benefit
PSYCHIATRY			
	Benefits and treatment provided through Case Management Programme limited to PMB		No benefit
REPRODUCTIVE HEALTH			
Oral, injectable and IUD contraceptives	100% of Cost payable from Savings	100% of AT (TRP and formulary applies) payable from Major Medical Benefit	No benefit
PRESCRIBED MINIMUM BENEFITS (PMB's)			
Prescribed Minimum Benefits (PMB's) will be covered by Topmed both in the Public Healthcare System or Topmed's Designated Service Providers (DSP's). The treatment of PMB's includes chronic medication as well as the medical or surgical treatment of your PMB condition. The payment of all your PMB's requires authorisation and is subject to clinical protocols (inclusive of formularies for medicines) and must be obtained from Topmed's DSP's, failing which Topmed will only pay a 70% benefit for medicines, 75% of TT for hospitalisation and 100% of TT for all other benefits. Once any applicable limits are reached Topmed will continue to pay for your PMB's as per the above criteria			

Active Saver Preventative Dentistry	Tariff Code	Description
Once the Medical Savings Account is depleted members have access to the following benefits payable at 100% of TT from Major Medical Benefits	8101	Consultation (Max 2 per beneficiary per year)
	8159	Scaling and polishing (Max 2 per beneficiary per year)
	8107/8112	Intra oral radiograph (Max 2 per beneficiary per year)
	8161	Fluoride (Children under 12, Max 2 per beneficiary per year)
	8163	Fissure sealant (Children under 12, Max 8 per year)
	8109	Infection control (Max 2 per visit)
	8110	Sterilized instrumentation (Max 1 per visit)

Active Saver - Listed and Specified Procedure Limitations

With due regard to PMB's Scheme protocols and policies apply throughout.

CONDITION/ PROCEDURE	BENEFIT
CARDIOVASCULAR	
Cardiac percutaneous procedures and diagnostic procedures- including stents	Limited to the legislated PMBs and CDL through Preferred Provider Network or DSP only
Coronary artery bypass graft and similar procedures	Limited to the legislated PMBs and CDL through DSPs at UPFS or TT whichever is applicable
Vascular surgery e.g. aorta-femoral bypass and similar procedures- including stenting	
Arrhythmia	Limited to the legislated PMBs and CDL through Preferred Provider Network or DSP only
Valve replacements	
Congenital cardiac /vascular defects	Bypass limited to the legislated PMBs and CDL through DSPs at UPFS or TT whichever is applicable.
Aneurysm of major artery e.g. aortic	
ORTHOPAEDIC & SPINAL SURGERY	
Internal fixation devices - relating to spinal surgery only	
Spinal fusion one and or multiple levels	Limited to the legislated PMBs and CDL through DSPs at UPFS or TT whichever is applicable
Laminectomy one and or multiple levels	
Intraspinal and intracranial abscess	
Spina bifida	
Musculoskeletal conditions with no surgical treatment indicated or intended, such as Lumbago, Myalgia, backache, arthritis, sciatica	No Benefit
BRAIN AND NERVOUS SYSTEM	
Encephalocele, congenital hydrocephalus	Limited to the legislated PMBs and CDL through DSPs at UPFS or TT whichever is applicable
Myaesthesia gravis	
Muscular dystrophy	
Tetanus	
Neuro-myopathies	
Other neurosurgery excluding trauma	Limited to the legislated PMBs and CDL through Preferred Provider Network or DSP only
GASTROINTESTINAL SYSTEM	
Hiatus hernia repair with anti-reflux procedure (nissen)	No Benefit
Cholecystectomy and related procedures including ercp and exploration of bile ducts	Subject to Deductible of R2 750
Oesophagealvarices	Limited to the legislated PMBs and CDL through DSPs at UPFS or TT whichever is applicable
LAPAROSCOPIC SURGERY	
Limited to the following procedures only: Lap cholecystectomy Lap inguinal hernia Tubal ligation Diagnostic laparoscopy	
GYNAECOLOGICAL	
Hysterectomy- vaginal or abdominal with or without repair and removal of ovaries	Subject to a Deductible of R3 900
Treatment of endometriosis	
EAR NOSE AND THROAT	
Functional reconstruction of nasal septum	No Benefit
Functional endoscopic sinus surgery	
Laser assisted functional reconstruction of palate uvula: in the rooms (+ item 5930 for hire of laser)	No Benefit
Functional reconstruction of palate and uvula	
Tonsillectomy (dissection of the tonsils)	Subject to a Deductible of R600
Removal of adenoids	
Myringotomy	
Grommets	
OTHER	
Gauchers	No Benefit
Guillanbarre, polio, rabies	Limited to the legislated PMBs and CDL through
Liver failure, biliary atresia, inborn errors of metabolism, hepatic vascular obstruction	Limited to the legislated PMBs and CDL through DSPs at UPFS or TT, whichever is applicable
Portal vein thrombosis	
End stage renal disease and renal dialysis	

IN HOSPITAL BENEFITS

Note: Hospitalisation is limited to PMB only. Subject to referral from a Network GP and/or Specialist

Pre-authorisation (PAR) is required in respect of hospitalisation and the associated clinical procedures before treatment starts. In case of an emergency, within the next two business days, otherwise no benefits are allowed.

HOSPITALISATION	
Accommodation, theatre, medicine, material and hospital apparatus used during hospitalisation.	Limited to PMB only DSP Hospital - 100% of AT Non DSP Hospital - 75% of AT (Involuntary use of Non DSP Hospital / Day Clinic for PMB's - 100% of AT)
Treatment of Immunocompromise and Opportunistic Infections irrespective of cause	100% of TT Limited to R49 404 per family per year
Psychiatric Hospitalisation (PAR required)	Benefits and treatment provided through Case Management Programme limited to PMB
TTO (Medicine received on discharge from hospital)	No benefit

MEDICAL PRACTITIONERS (during authorised hospital treatment)	
Admission via Network GP or Specialist	100% of TT
Admission via a non-network GP or Specialist	70% of TT
Associated clinical procedures	100% of TT (70% of TT for non-network GP or Specialist) (Deductibles, specific limits and exclusions apply to certain procedures)

RADIOLOGY AND PATHOLOGY (during authorised hospital treatment) Radiology and pathology)	
MRI scans, CT scans, radioisotope studies (PAR required)	Limited to PMB only

AUXILIARY SERVICES (during authorised hospital treatment) No referral required from a medical practitioner for auxiliary services, except in respect of external medical and surgical accessories.	
Blood transfusions	100% of Cost
Internal medical and surgical accessories	Limited to PMB only
Physiotherapy, speech therapy, occupational therapy, social workers and dieticians	Limited to PMB only
Clinical and Medical Technologists	Limited to PMB only

DENTISTRY	
No Benefit	
SCOPES (PAR required)	
Gastrosopies and Colonoscopies	Limited to PMB only

OTHER BENEFITS

CONFINEMENTS	
Benefits as described in respect of medical practitioners and hospitalisation. Benefits are limited to 1 confinement per family per year in a DSP Network Hospital	
Benefits are also allowed in respect of:	
<ul style="list-style-type: none"> • Home births provided a registered service provider assists with the birth • Pregnancy tests and family planning (excluding contraceptives) if provided by the Primary Healthcare Provider • Pre and postnatal care, including 1 first trimester sonar scan if provided by the Primary Healthcare Provider. 	

DISEASE MANAGEMENT / CASE MANAGEMENT	
Disease Management is a holistic approach that focuses on the patient's disease or condition, using all the cost elements involved. The intervention takes place by means of patient counselling and education, behaviour modification, therapeutic guidelines, incentives and case management.	
Organ transplants and kidney dialysis (PAR required)	Benefits and treatment through Case Management Programme limited to PMB
Oncology	Benefits and treatment through Oncology Case Management Programme limited to PMB

AMBULANCE SERVICES	
ER24 is Topmed's Preferred Provider for any ambulance services. If services are not rendered by (or through the intervention of) ER24, benefits will be limited to a specified maximum.	
Preferred Provider ER 24 (084 124)	100% of AT
Non-preferred Provider	100% of TT limited to R2 460 per family per year subject to overall annual limit

SECONDARY FACILITIES	
Step-down nursing, hospice & rehabilitation	Benefits and treatment provided through Case Management Programme. Limited to PMB only

CHRONIC PMB MEDICATION	
Subject to registration and approval according to the Chronic Medicine Formulary Medication to be supplied by Network Provider as arranged with the beneficiary or supplier	

OPTION SPECIFIC EXCLUSIONS	
Injuries sustained during participation in a strike, picketing or riot, or during a physical struggle	

DAY-TO-DAY BENEFIT

MEDICAL PRACTITIONERS	
Network GP	Basic primary care including specified minor trauma treatment. Limited to 2 GP consultations pbpa (excluding CDL treatment plan consultations and emergency GP visits). Additional consultations subject to clinical protocols and PAR.
Maternity (GP)	Pre and Postnatal Care limited to the supervision of uncomplicated pregnancy up to Week 20 including 1 first trimester scan
General Practitioners (Out of Network) - Emergencies Only	Limited to 3 visits per family per year to a maximum of R1 308 per family per year No benefit for facility fees Only emergencies and after hours services The member will be required to pay for the services and submit the claim for reimbursement
Emergency GP Visits	Unlimited outpatient or emergency visits at a public hospital subject to criteria and definition of an emergency medical condition
Specialist (out of hospital) Subject to pre-authorisation and referral from a Network GP to a Network specialist.	100% of AT Limited to R1 584 per family Any radiology or pathology called for by the Network Specialist will also be paid from this benefit

MEDICATION	
Acute Medication (Subject to the acute medicine formulary)	As dispensed by a Network General Practitioner or pharmacy according to the acute medicine formulary
PAT Medication (Over the counter medicine)	R228 per family per year subject to a maximum of R76 per script 100% of TT (TRP and formulary applies)

DENTISTRY (services rendered by a Network Provider)	
Basic Dentistry	Subject to protocols, consultations, primary extractions, fillings, scaling and polishing 1 set of plastic dentures per family per 24 month cycle limited to beneficiaries over the age of 21
Specialised Dentistry	Root canal treatment, crowns and other advanced dentistry are not covered

OPTICAL	
Services rendered by a Network Provider Benefit is available per beneficiary per 24 months subject to protocols	1 optical test per beneficiary 1 pair of white standard monofocal, bifocal lenses or multifocal lenses to the limit of bifocal lenses in a standard frame from a selection OR contact lenses to the value of R588 A benefit of R150 will be paid toward frames selected from outside of the Network provider range

AUXILIARY SERVICES (not during hospitalisation)	
External medical and surgical appliances	Limited to PMB only
Physiotherapy, speech therapy, occupational therapy (not during hospitalisation), podiatry, orthoptic treatment, audiometry, hearing-aid acoustics, biokinetics, dieticians and consultations with chiropractors, osteopaths, homeopaths, naturopaths, herbalists and social workers	No Benefit
Clinical and Medical technologist	No Benefit

RADIOLOGY AND PATHOLOGY	
Radiology (must be referred by a Network GP)	Basic x-rays as requested by your Network General Practitioner and subject to protocols
Pathology (must be referred by a Network GP)	Basic blood tests as requested by your Network General Practitioner and subject to protocols

CLINICAL PSYCHOLOGY	
No benefit	
PSYCHIATRY	
Limited to PMB only	

PREVENTATIVE CARE (BABY IMMUNISATIONS)	
Immunisations are paid according to the standard practices of the Department of Health when and where available. Benefits include education, information and guidance received from the Primary Healthcare Provider	

REPRODUCTIVE HEALTH	
Pregnancy tests and family planning sessions (excluding contraceptives) and pre-natal care and 1 sonar per pregnancy during the first trimester are covered if provided by Primary Healthcare Provider	

HIV/AIDS	
Subject to authorisation from the Primary Healthcare Provider and clinical protocols. Benefits and treatment provided through Case Management Programme. Limited to PMB.	

PRESCRIBED MINIMUM BENEFITS (PMB's)	
Prescribed Minimum Benefits (PMB's) will be covered by Topmed both in the Public Healthcare System or through Topmed's Designated Service Providers (DSP's). The treatment of PMB's includes chronic medication as well as the medical or surgical treatment of your PMB condition. Please note that only your Primary Healthcare Provider may authorise and provide for your chronic medication and the medical treatment in respect of your PMB Chronic Conditions and HIV/AIDS treatment. The payment of all your PMB's requires authorisation and is subject to clinical protocols (inclusive of formularies for medicines) and must be obtained from Topmed's DSP's, failing which Topmed will only pay a 70% benefit for medicines and 75% of TT for hospitalisation. Once any applicable limits are reached Topmed will continue to pay for your PMB's as per the above criteria.	