



## NETCARE MEDICAL SCHEME (NMS)

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Friday, 27 January 2006

### NETCARE MEDICAL SCHEME 2006 ROLLOVER LETTER

Dear Member,

#### IMPORTANT NOTICE – 2006 BENEFIT DESIGN

We are very pleased to report that Netcare Medical Scheme will have an average 5% increase on the risk premium going into 2006 and a corresponding increase in limited benefits except the psychiatric benefit. We have also seen a slight growth in the reserves of the Scheme during 2005 suggesting that the Scheme is performing well and that both your benefits and premiums are being well managed by your Trustees.

During 2005 we saw the introduction of some important legislation including the limitation of Medical Savings Accounts to one level. This has meant that your trustees have had to take the decision to offer one level of Savings on the Savings Option for 2006.

After careful analysis and consideration of what level of Savings would best suit most members on the Scheme the decision was taken to peg this contribution at the Medium Savings level (15%) as this would ensure that members would still enjoy a fair amount of cover while at the same time not experiencing excessive overall contribution increases.

We have also had to remove the Medicross Option as this Option failed to realise the required number of members in order to remain viable and accordingly all members that are currently on this option will be moved onto the Savings Option effective 1 January 2006.

In light of the above members will enjoy the current Savings Option benefits with a single level of contribution pegged at the previously mentioned 15% level. Please note that this suggests that all members will be placed onto this option effective 1 January 2006 and as such we do not require you to complete an Option change form.

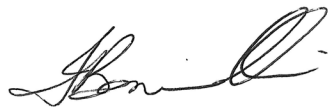
*Trustees: Italia Boninelli (Chairperson), Dr Tony Pope, Motlalentoa Motsoane, Eileen Brannigan, John von Klempener, Popsie Lotter, Adelle Smith, Chris Tilney, Heather Vieira, Dr Glenn Staples)*

Principall Officer : Daleen Nel  
Reg. No. 1548

Please find enclosed a benefit schedule for your information as well as the premiums for 2006 for your perusal and consideration.

Please feel free to contact Netcare Medical Scheme on 0860 103 406 should you have any questions or require further clarity around any of the offered benefits.

Yours sincerely



**ITALIA BONINELLI**  
Chairperson  
Netcare Medical Scheme

## Benefits for 2006

<b>COVERED BY SCHEME INSURED BENEFITS</b> WITH DUE REGARD TO THE PRESCRIBED MINIMUM BENEFITS	NO OVERALL LIMIT	
	<i>PAYS</i>	<i>LIMITS</i>
<p style="text-align: center;"><b>HOSPITALISATION</b></p> <p>ALL HOSPITALISATION MUST BE PRE-AUTHORISED. AUTHORISATION IS REQUIRED 72 HOURS BEFORE ADMISSION. IN EMERGENCIES, WITHIN 72 HOURS FROM ADMISSION.</p> <p>ACCOMMODATION IN A PRIVATE WARD IS SUBJECT TO CERTIFICATION BY THE ATTENDING PRACTITIONER AS ESSENTIAL FOR THE RECOVERY OF THE PATIENT FOR WHICH AUTHORISATION IS REQUIRED.</p> <p>PROVINCIAL AND PRIVATE HOSPITALS AND DAY CLINIICS (EXCLUDING REHABILITATION TREATMENT)</p> <p>"TO TAKE OUT" DRUGS FORM PART OF THE HOSPITALISATION BENEFIT, LIMITED TO 7 DAYS SUPPLY.</p> <p>ICU AND HCW (72 HOURS RECONFIRMATION)</p> <p>PSYCHIATRIC HOSPITALISATION</p>	<p><i>FAILURE TO PRE-AUTHORISE WILL RESULT IN NON -PAYMENT OF BENEFIT EXCEPT FOR PMBS.</i></p> <p>100% OF NMS TARIFF AT PREFERRED PROVIDER</p> <p>100% OF NMS TARIFF AT PREFERRED PROVIDER</p> <p>100% OF NMS TARIFF AT PREFERRED PROVIDER</p> <p>100% OF NMS TARIFF AT PREFERRED PROVIDER</p>	<p>NONE</p> <p>NONE</p> <p>NONE</p> <p>NONE</p> <p style="text-align: right;">R10000 per beneficiary per annum</p>
<p style="text-align: center;"><b>OUT PATIENT PROCEDURES</b></p> <p>Gastroscopy, Sigmoidoscopy, Colonoscopy, Direct Laryngoscopy, Biopsy of Breast Lumps, Excision of Nail Bed, Surgical Removal of Plantar Warts, Non cosmetic Varicose Vein Injections or Drainage, Removal of Wisdom or Impacted Teeth, Removal of Retained Dental Roots and any out patient procedure or casualty procedure which results from a procedure previously requiring hospital admission.</p>	<p>100% NMS TARIFF AT PREFERRED PROVIDER</p>	<p>NONE</p>
<p style="text-align: center;"><b>TREATMENT WHEN IN HOSPITAL</b></p> <p>GP's, SPECIALISTS AND TECHNICIANS, PHYSIOTHERAPY AND PROCEDURES AND CONSULTATIONS WHEN IN HOSPITAL, INCLUDING DRUGS, BLOOD TRANSFUSIONS, MAXILLOFACIAL SURGERY AVAILABLE FOR CANCER AND AUTHORISED CASES ONLY.</p> <p>ORGAN TRANSPLANTS, INCLUDING HOSPITALISATION, SURGERY AND IMMUNOSUPPRESSANT DRUGS (NOMINATED ADMINISTRATOR APPROVAL REQUIRED).</p> <p>KIDNEY DIALYSIS (INCLUDING RENAL UNIT AND TECHNICIANS) (NOMINATED ADMINISTRATOR APPROVAL REQUIRED)</p>	<p>100% OF NMS TARIFF AT PREFERRED PROVIDER</p> <p>100% OF NMS TARIFF AT PREFERRED PROVIDER</p> <p>100% OF NMS TARIFF AT PREFERRED PROVIDER</p>	<p>NONE</p> <p>NONE</p> <p>NONE</p>
<p style="text-align: center;"><b>MOTOR VEHICLE ACCIDENTS AND THIRD PARTY CASES</b></p> <p>MOTOR VEHICLE ACCIDENTS AND INJURIES RELATING TO THIRD PARTY CASES (PAYMENT SUBJECT TO UNDERTAKING AND ACCIDENT INJURY REPORT)</p>	<p>100% OF NMS TARIFF AT PREFERRED PROVIDER</p>	<p>NONE</p>
<p style="text-align: center;"><b>SPECIALISTS – OUT OF HOSPITAL</b></p> <p>CONSULTATIONS, VISITS OUTSIDE OF HOSPITAL AND OUT PATIENT VISITS.</p> <p>SURGICAL SERVICES, INCLUDING ALL MATERIAL USED (E.G. STITCHES IN DOCTORS ROOMS).</p> <p>CHEMO, RADIATION AND DIALYSIS TREATMENT IN AND OUT OF HOSPITAL (PRE-AUTHORISATION REQUIRED).</p>	<p>100% OF NMS TARIFF AT PREFERRED PROVIDER</p> <p>100% OF NMS TARIFF AT PREFERRED PROVIDER</p> <p>100% OF NMS TARIFF AT PREFERRED PROVIDER</p>	<p>12 CONSULTATIONS PER BENEFICIARY PER ANNUM FOR ALL SPECIALISTS</p> <p>NONE</p> <p>NONE</p>

COVERED BY SCHEME INSURED BENEFITS	NO OVERALL LIMIT									
	<i>PAYS</i>	<i>LIMITS</i>								
<p align="center"><b>RADIOLOGY AND PATHOLOGY</b></p> <p>RADIOLOGY AND PATHOLOGY AND RELATED MATERIALS FOR IVP, TOMOGRAPHY, CONTRAST STUDIES, ULTRASONOGRAPHY, MRI, BONE DENSITOMETRY AND CT SCANS UNLESS IN THE CASE OF AN EMERGENCY (PRE-AUTHORISATION REQUIRED) WITHIN 72 HOURS OF SCAN.</p>	100% OF RECOMMENDED TARIFF	NONE								
<p align="center"><b>MATERNITY BENEFITS</b></p> <p>ANTE-NATAL CONSULTATIONS. REGISTRATION ON MATERNITY PROGRAMME REQUIRED.</p> <p>HOSPITAL AND HOME CONFINEMENTS, SCANS (PRE-AUTHORISATION REQUIRED FOR MORE THAN TWO SCANS.)</p>	<p>100% OF NMS TARIFF AT PREFERRED PROVIDER</p> <p>100% OF NMS TARIFF AT PREFERRED PROVIDER</p> <p>FAILURE TO REGISTER ON THE MATERNITY PROGRAMME WILL RESULT IN GYNAE ANTE-NATAL VISITS BEING LIMITED TO THE 12 SPECIALIST CONSULTATIONS AND G.P. ANTE-NATAL VISITS TO BE PAID FROM SAVINGS.</p>	<p>NONE</p> <p>NONE</p>								
<p align="center"><b>PRESCRIBED MEDICINES</b></p> <p>CHRONIC MEDICATION BENEFIT: ONLY APPLICABLE FOR MEMBERS WHO HAVE REGISTERED AND BEEN ACCEPTED ONTO THE CHRONIC MEDICATION PLAN PROGRAMME WITH CCN. BENEFITS ARE ONLY APPLICABLE FROM DATE OF ACCEPTANCE BY CCN.</p>	100% NMS TARIFF AT PREFERRED PROVIDER	NO LIMIT SUBJECT TO MMAP								
<p align="center"><b>DENTISTRY</b></p> <p>THE COST OF HOSPITALISATION AND ALL RELATED ACCOUNTS FOR DENTAL TREATMENT WILL BE DEDUCTED FROM MSA LIMITS WHERE PRE-AUTHORISATION IS NOT OBTAINED, IF APPROVED LIMIT WILL APPLY TO ALL COSTS INCLUDING HOSPITALISATION, ANAESTHETISTS ETC.</p> <p>CONSERVATIVE DENTISTRY: FILLINGS, EXTRACTIONS X-RAYS &amp; PROPHYLAXIS</p> <p>SPECIAL DENTISTRY: ORTHODONTICS, PERIODONTICS, CROWNS, BRIDGEWORK, DENTURES, TREATMENT OSSEO-INTEGRATION, DENTAL IMPLANTS AND RELATED ACCOUNTS.</p> <p>MAXILLO FACIAL SURGERY – PRIOR APPROVAL REQUIRED</p>	<p>100% OF NMS TARIFF AT PREFERRED PROVIDER</p> <p>100% OF RECOMMENDED TARIFF</p> <p>100% OF RECOMMENDED TARIFF</p> <p>100% OF NMS TARIFF AT PREFERRED PROVIDER</p>	<p>OVERALL LIMIT (PRO RATED)</p> <table border="0"> <tr><td>M</td><td>R2205</td></tr> <tr><td>M + 1</td><td>R4400</td></tr> <tr><td>M + 2</td><td>R4960</td></tr> <tr><td>M + 3</td><td>R5515</td></tr> </table> <p>SUBJECT TO OVERALL LIMIT</p> <p>SUBJECT TO OVERALL LIMIT</p> <p>NONE</p>	M	R2205	M + 1	R4400	M + 2	R4960	M + 3	R5515
M	R2205									
M + 1	R4400									
M + 2	R4960									
M + 3	R5515									
<p align="center"><b>PROSTHESIS</b></p>	100% OF APPROVED BENEFIT	R25 000 PER BENEFICIARY PER ANNUM								
<p align="center"><b>APPLIANCES</b></p> <p>HEARING AIDS</p> <p>OTHER APPLIANCES</p>	<p>100% OF APPROVED BENEFIT</p> <p>100% OF APPROVED BENEFIT</p>	<p>R3150 PER EAR EVERY TWO YEARS</p> <p>R1655 PER BENEFICIARY PER ANNUM</p>								
<p align="center"><b>AMBULANCE SERVICES</b></p> <p>AIR AND ROAD EMERGENCY SERVICES.</p>	100% OF COST AT NETCARE 911	NO LIMIT IF APPROVED PROVIDER UTILISED. ANY OTHER PROVIDER, NO PAYMENT EXCEPT IN EMERGENCIES								
<p align="center"><b>HOME NURSING, STEP DOWN / SUB-ACUTE, REHABILITATION AND HOSPICE</b></p>	100% OF RECOMMENDED TARIFF AT APPROVED PROVIDER (PRE AUTHORIZATION REQUIRED)									

<p align="center"><b>HIV MANAGEMENT</b></p> <p><b>REGISTRATION ON HIV MANAGEMENT PROGRAMME REQUIRED :</b> 0860 100 646 NO BENEFIT FOR UNREGISTERED MEMBERS. SUBJECT TO PMBS.</p>	<p align="center"><b>FOR MEMBERS REGISTERED ON THE HIV PROGRAMME ONLY</b></p> <p><b>100% OF RECOMMENDED TARIFF AT APPROVED PROVIDER</b>                      <b>NO LIMIT</b></p>
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<b>MEMBER'S SAVINGS ACCOUNT</b>		
<b>CONTRIBUTION TO MSA AS PER NEXT PAGE</b>	<i>PAYS</i>	<i>LIMITS</i>
<b>GENERAL PRACTITIONERS</b>		
CONSULTATIONS, VISITS OUTSIDE OF HOSPITAL AND OUT PATIENTS VISITS (IF REGISTERED ON MATERNITY MANAGEMENT PROGRAMME ANTE-NATAL VISITS WILL NOT BE SUBJECT TO THE SAVINGS BALANCE).	<i>100% OF RECOMMENDED TARIFF</i>	<i>SUBJECT TO MSA BALANCE</i>
SURGICAL SERVICES INCLUDING ALL MATERIAL USED (E.G. STITCHES IN DOCTOR'S ROOMS).	<i>100% OF RECOMMENDED TARIFF</i>	<i>SUBJECT TO MSA BALANCE</i>
<b>PSYCHOLOGY AND SOCIAL SERVICES</b>		
CONSULTATIONS AND THERAPY: INCLUSIVE OF TREATMENT BY PSYCHOLOGISTS AND OR SOCIAL WORKERS (EXCLUDING EDUCATIONAL, REMEDIAL AND MARRIAGE COUNSELLING)	<i>100% OF RECOMMENDED TARIFF</i>	<i>SUBJECT TO MSA BALANCE</i>
<b>PRESCRIBED MEDICINE: ACUTE</b>		
ACUTE MEDICINE BENEFIT : MEDICINE PRESCRIBED AND / OR DISPENSED BY MEDICAL PRACTITIONERS OR SPECIALISTS.	<i>100% OF THE NMS TARIFF AT PREFERRED PROVIDER</i>	<i>SUBJECT TO MSA BALANCE</i>
OVER-THE-COUNTER MEDICINES:	<i>100% OF THE NMS TARIFF AT PREFERRED PROVIDER</i>	<i>SUBJECT TO MSA BALANCE</i>
HOMEOPATHIC MEDICINES	<i>100% OF THE NMS TARIFF AT PREFERRED PROVIDER</i>	<i>SUBJECT TO MSA BALANCE</i>
<b>PHYSIOTHERAPY AND BIOKINETICS</b>	<i>100% OF RECOMMENDED TARIFF</i>	<i>SUBJECT TO MSA BALANCE</i>
<b>OPTICAL</b>		
OPTOMETRIC TESTS	<i>100% OF NMS TARIFF</i>	<i>SUBJECT TO MSA BALANCE</i>
SPECTACLE LENSES AND FRAMES, READERS AND CONTACT LENSES	<i>100% OF NMS TARIFF</i>	<i>SUBJECT TO MSA BALANCE</i>
<b>ALTERNATIVE SERVICES</b>		
HOMEOPATHS, NATUROPATHS, CHIROPRACTORS, EXCLUDING X-RAYS AND APPLIANCES	<i>100% OF RECOMMENDED TARIFF</i>	<i>SUBJECT TO MSA BALANCE</i>
SPEECH THERAPY AND AUDIOLOGY, OCCUPATIONAL THERAPY, ACUPUNCTURE, PODIATRY (EXCLUDING X-RAYS AND APPLIANCES) DIETICIANS (POST OPERATIVE AND CHRONIC ILLNESS. DOCTOR'S LETTER REQUIRED)	<i>100% OF RECOMMENDED TARIFF</i>	<i>SUBJECT TO MSA BALANCE</i>
<b>HOSPITAL OUT PATIENTS VISITS.</b>	<i>100% OF RECOMMENDED TARIFF</i>	<i>SUBJECT TO MSA BALANCE</i>



Monthly Member Contributions - 2006						
Salary Level	Monthly Contribution - excluding Savings			Savings Contribution		
	Principal	Adult	Child	Principal	Adult	Child
0 - 1500	28.00	129.00	51.00	172.00	23.00	9.00
1501 - 2000	28.00	129.00	51.00	172.00	23.00	9.00
2001 - 2500	71.00	129.00	51.00	180.00	23.00	9.00
2501 - 3000	113.00	129.00	51.00	187.00	23.00	9.00
3001 - 4000	296.00	167.00	69.00	218.00	29.00	12.00
4001 - 5000	343.00	193.00	80.00	226.00	34.00	14.00
5001 - 6000	426.00	222.00	91.00	241.00	39.00	16.00
6001 - 7000	469.00	239.00	96.00	248.00	42.00	17.00
7001 - 8000	500.00	256.00	107.00	254.00	45.00	19.00
8001 - 9000	527.00	271.00	111.00	258.00	47.00	20.00
9001 - 10000	558.00	287.00	118.00	264.00	50.00	21.00
10001 - 11000	568.00	290.00	120.00	265.00	51.00	21.00
11001 - 12000	575.00	296.00	123.00	266.00	52.00	22.00
12001 - 13000	586.00	302.00	125.00	268.00	53.00	22.00
13001 - 14000	599.00	307.00	129.00	271.00	53.00	23.00
14001 - 15000	610.00	309.00	130.00	273.00	54.00	23.00
15001 - 16000	621.00	311.00	131.00	274.00	54.00	23.00
16001 - 17000	634.00	314.00	132.00	277.00	55.00	23.00
17001 - 99999	667.00	321.00	134.00	282.00	56.00	24.00

**Please note that the above includes an employer contribution on R967**

Example of how to work out your contribution for a family of 4 and on a salary level of R4001 - R5000.

Employee: R343 + 226 = R569

Partner/Spouse: R193 + R34 = R227

Child 1: R80 + R14 = R94

Child 2: R80 + R14 = R94

Total Monthly Contribution: R569 + R227 + R94 + R94 = **R984**

Total Savings Contribution: R226 + R34 + R14 + R14 = R288

Total Savings Benefit for the year: R288 x 12 = R3456

