



| Bophelo Network Option | Part 1 : Major Medical Benefits |
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| <p>MEDICAL PRACTITIONERS Clinical procedures (during authorised hospital treatment) ECHO-Tests Visits (during authorised hospitalisation) Radiology and pathology (during authorised hospital treatment) MR-scans, CT-scans, radio-isotope studies (during authorised hospital treatment)</p> | <p>% BENEFIT PAYABLE 100% of NRP List Benefits are limited to a maximum of 2 per beneficiary per year. 100% of NRP List 100% of NRP List 100% of NRP List; additional PAR required. Please refer to Members' Guide for information on certain MR-/CT-scans and radio-isotope studies which do not require a PAR and in respect of which benefits are payable as for radiology.</p> |
| <p>HOSPITALISATION Pre-authorisation (PAR) required in respect of hospitalisation and the associated clinical procedures before treatment starts, or in case of emergency, within next two business days, otherwise no benefits allowed. Accommodation, theatre, medicine, material and hospital apparatus used during hospitalisation Medicine received on discharge from hospital</p> | <p>100% of AT (Preferred Provider); or 75% of BHF (Non-preferred Provider) – co-payment does not apply in an emergency 100% of AT (MMAP applies), limited to seven days' supply</p> |
| <p>SECONDARY FACILITIES No benefits unless treatment forms part of a Case Management Programme</p> | <p>Benefits for clinical procedures and treatments during stay in a secondary facility will be subject to the same benefits that apply to hospitalisation.</p> |
| <p>CONFINEMENTS Pre-Authorisation (PAR) required</p> | <p>Benefits as described in respect of medical practitioners and hospitalisation. Benefits are limited to one confinement per family per year in a private hospital. Benefits in respect of pregnancy scans are limited to 2 per beneficiary per year. The costs of 3D-foetal scans are limited to the cost of a 2D-scan. Benefits are also allowed in respect of: – home births, provided a registered service provider assists with the birth – pregnancy tests and family planning, if provided by the Primary Healthcare Provider – postnatal care, including sonar scanning, if provided by the Primary Healthcare Provider.</p> |
| <p>OUT-PATIENT TREATMENT AT HOSPITAL FACILITY</p> | <p>No benefit, but payable from savings</p> |
| <p>MAXILLO-FACIAL SURGERY</p> | <p>100% of the NRP List for maxillo-facial surgery, if the surgery is the result of a recent traumatic accident.</p> |
| <p>DENTISTRY Specialised dentistry</p> | <p>No benefit; payable from Savings (100% of cost)</p> |
| <p>AMBULANCE SERVICES Preferred Provider (Traumalink 911) Non-preferred Provider</p> | <p>100% of AT No benefit</p> |
| <p>AUXILIARY SERVICES Blood transfusions Internal medical and surgical accessories Physiotherapy (during authorised hospitalisation) Clinical technologists (during authorised hospitalisation) Medical technologists (during authorised hospitalisation)</p> | <p>No referral required from a medical practitioner for auxiliary services, except in respect of external medical and surgical accessories. 100% of cost Limited to Prescribed Minimum Benefits 100% of NRP List 100% of NRP List 100% of NRP List</p> |

Bophelo Network Option

Part 2 : Day-to-Day Benefits

All the services listed as Primary Healthcare Benefits are payable at 100% of cost and are unlimited, unless indicated otherwise.

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| MEDICAL PRACTITIONERS (Services obtained from Primary Healthcare Provider) | Visits to a general practitioner and nursing sister at a Primary Healthcare Provider. Procedures performed at a Primary Healthcare Provider, including lacerations, treatment of minor burns, bites, stings, cuts, bruises, fractures and wounds. Basic radiology and pathology, subject to treatment being requested by the Primary Healthcare Provider. Material and injection material administered at the Primary Healthcare Provider. |
| MEDICAL PRACTITIONERS (Services rendered by a non-Primary Healthcare Provider) | 100% of the NRP List for visits which do not occur during hospitalisation, limited to: - Two visits (consultations) to a GP per family per year. - Two visits (consultations) to a specialist per family per year, if the beneficiary was referred by the Primary Healthcare Provider. |
| CONSERVATIVE DENTISTRY | Benefits are allowed in respect of the following services rendered by a dental therapist and/or dentist: - Primary extractions - Fillings (level 1 - 3) - Examination and treatment of sepsis and extraction of teeth, if necessary - Fluoride treatment - Cleanings and instructions on oral hygiene, limited to one session per year for each beneficiary per year - Preventative treatment, limited to one treatment per beneficiary per year. |
| PRESCRIBED MEDICINE | 100% of the cost, according to a fixed formulary of a Primary Healthcare Provider. Medicine must be prescribed by a Primary Healthcare Provider (GP, nursing sister) or contracted network provider. |
| AUXILIARY SERVICES | No referral required from a medical practitioner for auxiliary services. Benefits in respect of external medical and surgical accessories must, however, be prescribed by a medical practitioner. Limited to Prescribed Minimum Benefits |
| External medical and surgical accessories Physiotherapy (not during hospitalisation), podiatry, orthoptic treatment, speech therapy, occupational therapy, audiometry, hearing-aid acoustics, biokinetics, dietitians and consultations with chiropractors, osteopaths, homeopaths, naturopaths and herbalists Clinical technology and medical technology (not during hospital services) | No benefits, but payable from Savings No benefits, but payable from Savings |
| OPTICAL SERVICES | Limited to one consultation per beneficiary every 24 months Benefits only allowed in respect of white, single and/or bifocal lenses and a choice of selected frames from the Primary Healthcare Provider. Benefits are limited to one pair of spectacles per beneficiary every 24 months. |
| The following conservative or basic optometry services qualify for benefits, if rendered by an optometrist or optometric technician at a Primary Healthcare Provider, or contracted network service provider: - Eye consultation - A pair of spectacles | |
| CLINICAL PSYCHOLOGY | No benefits, but payable from Savings. |
| PSYCHIATRY | Benefits as described in respect of medical practitioners and hospitalisation |
| PREVENTATIVE CARE (Immunisations) | Immunisations are paid for 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 and pre-natal care and sonars are covered if provided by Primary Healthcare Provider. |
| ORGAN TRANSPLANTS AND KIDNEY DIALYSIS | No additional benefits other than what is described under the Prescribed Minimum Benefits. |
| HIV/AIDS | Limited to Prescribed Minimum Benefits |
| OVERALL ANNUAL MAXIMUM IN RESPECT OF BENEFITS | |
| Part 1 (Major Medical Benefits) | Unlimited |
| Part 2 (Day-to-day Benefits) | Unlimited for services provided by Primary Health Care Network, unless indicated otherwise. |
| SPECIFIC OPTION EXCLUSIONS | Tuberculosis, phthisis, injuries sustained during participation in a strike, picketing or riot, or during a physical struggle. |
| PRESCRIBED MINIMUM BENEFITS | Prescribed Minimum Benefits will be covered in the public healthcare system. To obtain the additional PMB benefits for chronic conditions, members will be required to register through the Scheme's Chronic Medicine Department. Should you register for these benefits and not obtain them from the public healthcare system a 80% co-payment will apply (i.e. the Scheme will only pay a 20% benefit for these conditions). Please note that this is only applicable over and above the existing benefits provided. |
| MEDICAL SAVINGS ACCOUNT (Part 3) | Please refer to the Members' Guide for further important information regarding the operation and utilisation of the Medical Savings Account. |

CONTRIBUTIONS

BOPHELO NETWORK OPTION (Prime Cure Network)

| Income | Principal Member | Additional amount payable for every adult dependant | Additional amount payable for every minor dependant |
|-------------|------------------|---|---|
| All incomes | R 395 | R 295 | R 164 |

This is only a summary of the benefits and contributions. In case of a dispute, the registered rules will prevail.

ABBREVIATIONS

NRP = National Health Reference Price
 PAR = Pre-authorisation reference number
 AT = Agreed Tariff
 MMAP = Maximum Medical Aid Price (for generic medicine)

NETWORK SAVINGS LEVELS

Members can select any one of the following savings levels:

| or Savings level | Principal Member | Additional amount payable for every adult dependant | Additional amount payable for every minor dependant |
|------------------|--------------------|---|---|
| | Prime Cure Network | Prime Cure Network | Prime Cure Network |
| 1 | R 0 | R 0 | R 0 |
| 2 | R45 | R25 | R15 |
| 3 | R75 | R50 | R35 |
| 4 | R130 | R90 | R 50 |

Effective from 1/1/2004

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