



**Topmed Incentive Savings Option**

**Part 1 : Major Medical Benefits**

**MEDICAL PRACTITIONERS**

Associated clinical procedures (during authorised hospital treatment)

Visits (during authorised hospitalisation)

Radiology and pathology (during authorised hospital treatment)

MRI -scans, CT-scans, radioisotope studies (during authorised hospital treatment)

MRI -scans, CT-scans, radioisotope studies ( not during authorised hospital treatment)

**% BENEFIT PAYABLE**

100% of TT – plus the following non-hospitalised procedures:

- 24-hour oesophageal pH studies ● Oesophageal motility

100% of TT

100% of TT

100% of TT – additional PAR required

100% of TT – additional PAR required. Subject to a co-payment of R1000 per MRI - CT Scan

Please refer to the Members' Guide for detail of certain MRI-CT-scans and radio-isotope studies which do not require a PAR and in respect of which benefits are payable as for radiology.

**HOSPITALISATION**

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.

Accommodation, theatre, medicine, material and hospital apparatus used during hospitalisation

Medicine received on discharge from hospital (T.T.O)

100% of AT

No Benefit, but payable from Savings

**Extended Major Medical Benefit**  
Please refer to the Member Guide for a summary of the post-operative benefits available for the following:-

- Hip Replacement
- Post-Crime Trauma
- Stroke
- Knee Replacement
- Heart Attack

**SECONDARY FACILITIES**

No benefits unless treatment forms part of a Case Management Programme

Benefits for clinical procedures and treatments during a stay in a secondary facility will be subject to the same benefits that apply to hospitalisation

**CONFINEMENTS / MATERNITY PROGRAMME**

Pre-Authorisation (PAR) required within 12 to 20 weeks

Benefits as described in respect of medical practitioners and hospitalisation

Benefits are allowed in respect of home births if a registered service provider assists with the birth.

Benefits in respect of pregnancy scans are limited to 2 per beneficiary per year and the costs of 3D-foetal scans are limited to the cost of a 2D-scan

Benefit includes 12 ante-natal consultations / classes and pre-natal vitamins

**OUT-PATIENT TREATMENT AT HOSPITAL FACILITY**

No benefit, but payable from Savings

**AMBULANCE SERVICES**

Preferred Provider ER 24 (084 124)

Non-preferred Provider

100% of AT

100% of TT, limited to R1 450 per family per year

**PRESCRIBED MEDICINE**

Chronic (member must apply for this benefit)

Limited to Prescribed Minimum Benefit

**AUXILIARY SERVICES (during authorised hospital treatment)**

Blood transfusions

Internal medical and surgical accessories - Pre-Authorisation (PAR) required

Physiotherapy, speech therapy, occupational therapy, social worker and dietician

Clinical technology

Medical technology

No referral required from a medical practitioner, except in respect of external medical and surgical accessories

100% of cost

100% of cost. Subject to sub-limits as applied per clinical protocols

100% of TT

100% of TT

100% of TT

**DISEASE MANAGEMENT/CASE MANAGEMENT**

AIDS and HIV infections

Organ transplants and kidney dialysis

Oncology

Benefits are only allowed if a beneficiary has successfully applied for the Scheme's Disease Management Programme

Benefits are allowed only if treatment forms part of a Case Management Programme. No benefits are payable in respect of organ donors

Benefits are subject to treatment forming part of a Disease Management Programme to the maximum of R175 000 p.b.p.a. For more detail about the payment of benefits please refer to the Members' Guide

**DENTISTRY (All dentistry, specialised dentistry and dental hospitalisation is subject to the dental benefits management program and protocols - Denis)**

Conservative dentistry

Specialised dentistry

Surgical

**Benefit limited to 75% of TT**

SUMMARY OF DENTAL BENEFITS		
Conservative dentistry	Consultations	A 25% co-payment of the TT applies.
	Fillings	2 annual check-ups per beneficiary. A 25% co-payment of the TT applies. Benefit for fillings is available where such fillings are clinically indicated and will be granted once per tooth in a 3 year period A treatment plan and x-rays will be requested for treatment plans of more than 5 fillings. There is no benefit for Amalgam (silver) fillings to be replaced with Composite (white filling material).
	Oral Hygiene	A 25% co-payment of the TT applies. There is no insured benefit for oral hygiene instructions: scaling and polishing, and fluoride treatment.
	Extractions - Root Canal Therapy	A 25% co-payment of the TT applies.
	Plastic Dentures	A 25% co-payment of the TT applies - One set of plastic dentures (an upper and a lower) per beneficiary in a 4 year period.
Specialised dentistry	Crowns, Partial Metal Frame Dentures	No benefit.
	Orthodontics, Orthognathic Surgery	No benefit.
	Implants, Periodontics	No benefit.
	Surgery	Surgery in the dental chair: A 25% co-payment of the TT applies. Surgery in hospital: See Hospitalisation.
Hospital, sedation and anaesthetics	Hospitalisation (general anaesthetic)	A 25% co-payment of the TT applies. Pre-authorisation is required. Admission protocols apply. Impacted teeth removals only. Multiple hospital admissions are not covered.
	Laughing gas in the dental rooms	A 25% co-payment of the TT applies.
	IV Conscious Sedation in rooms	Pre-authorisation is required - A 25% co-payment of the TT applies - Clinical protocols apply.

## Topmed Incentive Savings Option

## Part 2 : Day-to-Day Benefits

MEDICAL PRACTITIONERS Clinical procedures (not during hospital treatment) Visits (not during hospitalisation) Radiology and pathology (not during hospital treatment) Material and injection material (excluding medicine) administered in a doctor's consulting room	% BENEFIT PAYABLE Payable from Savings (100% of cost) Payable from Savings (100% of cost) Payable from Savings (100% of cost) Payable from Savings (100% of cost)
ORTHOGNATHIC SURGERY	Payable from Savings (100% of cost)
OSSEONTEGRAED IMPLANTS	Payable from Savings (100% of cost) limited to R3 100 per family per year
PRESCRIBED MEDICINE Acute Non-prescribed schedule 1 and 2 medicine (PAT) supplied by a pharmacy	Payable from Savings (100% of cost) Payable from Savings (100% of cost)
OPTICAL BENEFITS	Payable from Savings (100% of cost)
REFRACTIVE SURGERY	Payable from Savings (100% of cost)
AUXILIARY SERVICES (not during hospitalisation) External medical and surgical accessories Physiotherapy speech therapy, occupational therapy , podiatry, orthoptic treatment, audiometry, hearing-aid acoustics, biokinetics, dietitians and consultations with chiropractors, osteopaths, homeopaths, naturopaths and herbalists Clinical technology Medical technology	Payable from Savings (100% of cost) (Stomatherapy subject to a PAR limited to R12 200 per family per year payable from Major Medical)  Payable from Savings (100% of cost) Payable from Savings (100% of cost) Payable from Savings (100% of cost)
CLINICAL PSYCHOLOGY	Payable from Savings (100% of cost)
PSYCHIATRY	Benefits as described in respect of medical practitioners and hospitalisation
PREVENTATIVE CARE (Immunisations)	Payable from Savings (100% of cost)
REPRODUCTIVE HEALTH (Oral, injectable and IUD contraceptives)	Payable from Savings (100% of cost)
OVERALL ANNUAL MAXIMUM IN RESPECT OF MAJOR MEDICAL BENEFITS	None
PRESCRIBED MINIMUM BENEFITS (PMB)	Prescribed Minimum Benefits (PMB's) will be covered by Topmed both in the Public Healthcare system or Pharmacy Direct (the Scheme's Designated Service Provider – DSP). The treatment of PMB's includes the chronic medication, as well as the medical treatment of your condition. Whilst the Public Healthcare System provides for both the medicines and treatment, Pharmacy Direct will only provide medication. To obtain the additional PMB treatment for chronic conditions, registration is required through the Scheme's Chronic Medicine Department. Should you register for these benefits and not obtain either the Chronic Medication or Medical Treatment from the Public Health care system or the DSP, Topmed will only pay a 70% benefit for these conditions. (See Member Guide for the Registration Process)  Please note that this is applicable over and above existing benefit limits, or where the benefit is limited to the Prescribed Minimum Benefits only
MEDICAL SAVINGS ACCOUNT	Please refer to the Members' Guide for further important information regarding the operation and utilisation of the Medical Savings Account

### CONTRIBUTIONS - TOPMED INCENTIVE SAVINGS OPTION

All incomes	Member	Additional contribution for every adult dependant	Additional contribution for every minor dependant
CONTRIBUTIONS	R 893	R 548	R 250
SAVINGS LEVEL	R 157	R 96	R 44
TOTAL	R 1050	R 644	R 294

### ABBREVIATIONS

NHRPL = National Health Reference Price (Subject to NHRPL guidelines)

PAR = Pre-authorisation reference number

AT = Agreed Tariff

MMAAP = Maximum Medical Aid Price (for generic medicine)

TT = Topmed Tariff is the rate that is applicable for the payment of benefits, including the NHRPL Rate or amended rate as published by Topmed or its agent from time to time

*This is only a summary of the benefits and contributions. In case of a dispute, the registered rules will prevail.  
Effective from 1/1/2009*

The savings levels listed above is compulsory and will be added to the contributions listed in the contributions table.