



Incentive Savings Option	Part A: Major Medical Benefits
<p>MEDICAL PRACTITIONERS Clinical procedures (during authorised hospital treatment)</p> <p>ECHO-Tests Visits (during authorised hospitalisation) Radiology and pathology (during authorised hospital treatment) MR-scans, CT-scans, radioisotope studies (during and/or not during authorised hospital treatment)</p>	<p>% BENEFIT PAYABLE 100% of NRP List – plus the following non-hospitalised procedures: – Upper or lower gastro-intestinal endoscopy (excl sigmoidoscopy and anoscopy); – Laser tonsillectomy; – 24-hour oesophageal pH studies; – Oesophageal motility. Benefits are limited to a maximum of 2 per beneficiary per year.</p> <p>100% of NRP List 100% of NRP List 100% of NRP List – additional PAR required. Please refer to the Members' Guide for detail of 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</p> <p>Medicine received on discharge from hospital</p>	<p>100% of AT (Preferred Provider); or 75% of NRP List (Non-preferred Provider) – levy does not apply in an emergency. No Benefit, but payable from Savings</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 allowed in respect of home births if a registered service provider assists with the birth.</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 NRP List</p>
<p>DENTISTRY Specialised dentistry</p>	<p>80% of NRP List – limited to R4 375 per beneficiary; R8 750 per family per year</p>
<p>AMBULANCE SERVICES Preferred Provider (Traumalink 911) Non-preferred Provider</p>	<p>100% of AT 100% of NRP List, limited to R1 060 per family</p>
<p>PRESCRIBED MEDICINE Chronic</p>	<p>No benefits</p>
<p>AUXILIARY SERVICES Blood transfusions Internal medical and surgical accessories Pre-Authorisation (PAR) required Physiotherapy (during authorised hospital treatment) Clinical technology (during authorised hospital treatment) Medical technology (during authorised hospital services)</p>	<p>No referral required from a medical practitioner, except in respect of external medical and surgical accessories. 100% of cost. Subject to sub-limits as applied per clinical protocols 100% of cost 100% of NRP List 100% of NRP List 100% of NRP List</p>
<p>DISEASE MANAGEMENT/CASE MANAGEMENT AIDS and HIV infections</p> <p>Organ transplants and kidney dialysis Oncology</p>	<p>If a beneficiary has successfully applied for the Scheme's Disease Management Programme, the following additional benefits apply: R1 333 per month for medicine; R3 500 per year for pathology, psychology, visits and clinical procedures. A beneficiary will forfeit these benefits if he/she does not co-operate with the 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. For more detail about the payment of benefits please refer to the Members' Guide.</p>

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Part B: 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 doctor's consulting rooms	% 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)
ORTHAGNATIC SURGERY	Payable from Savings (100% of cost)
DENTISTRY Basic dentistry	Payable from Savings (100% of cost)
OSSEOINTEGRATED IMPLANTS	Payable from Savings (100% of cost) limited to R2 650 per family per year
PRESCRIBED MEDICINE Acute Non-prescribed schedule 1 and 2 medicine (PAT) supplied by 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 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 (not during hospital services) Medical technology (not during hospital services)	Payable from Savings (100% of cost) 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	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	Please refer to the Members' Guide for further important information regarding the operation and utilisation of the Medical Savings Account.

CONTRIBUTIONS

	Member	Additional contribution for every adult dependant	Additional contribution for every minor dependant
All incomes	R 545	R 333	R 151

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

SAVINGS LEVELS

The member can choose one of the savings levels below. Changes to savings levels can be made once a year on 1 January.

Savings level	Member	Additional contribution for every adult dependant	Additional contribution for every minor dependant
1	R0	R0	R0
2	R70	R45	R20
3	R140	R80	R30
4	R180	R110	R50

Effective from 1/1/2004

ABBREVIATIONS

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