



Topmed Network Option

Part 1 : Major Medical Benefits

<p>MEDICAL PRACTITIONERS Associated clinical procedures (during authorised hospital treatment) Visits (during authorised hospitalisation) Radiology and pathology (during authorised hospital treatment) MRI-scans, CT-scans, radio-isotope studies (during authorised hospital treatment)</p>	<p>% BENEFIT PAYABLE 100% of TT 100% of TT 100% of TT 100% of TT; additional PAR required Please refer to Members' Guide for information on 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.</p>
<p>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)</p>	<p>100% of AT No benefit</p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin-left: auto; margin-right: auto;">Benefits for hip and knee replacement for hospitalisation and associated Providers will only be covered in the event of trauma</div>
<p>SECONDARY FACILITIES No benefits unless treatment forms part of a Case Management Programme</p>	<p>Benefits for clinical procedures and treatment during a 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 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, limited to 2(two)per pregnancy and 3D-foetal scans are limited to the cost of a 2D-scan</p>
<p>OUT-PATIENT TREATMENT AT HOSPITAL FACILITY</p>	<p>No benefit</p>
<p>MAXILLO-FACIAL SURGERY</p>	<p>100% of TT for maxillo-facial surgery if the surgery is the result of a recent traumatic accident</p>
<p>AMBULANCE SERVICES Preferred Provider ER 24 (084 124) Non-preferred Provider</p>	<p>100% of AT 100% of TT, limited to R1 450 per family per year</p>
<p>AUXILIARY SERVICES (during authorised hospitalisation) Blood transfusions Internal medical and surgical accessories Physiotherapy, speech therapy, occupational therapy, social worker and dietician Clinical technologists Medical technologists</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 TT 100% of TT 100% of TT</p>
<p>DENTISTRY</p>	<p>Limited to Prescribed Minimum Benefits</p>

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, according to clinical protocols Material and injection material administered at the Primary Healthcare Provider
MEDICAL PRACTITIONERS (Services rendered by a non-Primary Healthcare Provider)	80% of TT for general practitioners limited to R650 100% of TT for specialists limited to R1 650
Emergency Visits	Subject to the Primary Healthcare Provider's clinical protocols (excluding facility fee)
CONSERVATIVE DENTISTRY (Services rendered by a Primary Healthcare Provider)	Benefits are allowed in respect of the following services rendered by a dental therapist and/or dentist subject to the Primary Healthcare Provider's approved codes: – Primary extractions – Fillings – Examination and treatment of sepsis and extraction of teeth, if necessary – Preventative treatment limited to one treatment per beneficiary per year – Consultations and general examinations limited to 1 per beneficiary per year – Dentures limited to 1 set per 24 month cycle per family subject to a 20% co payment
PRESCRIBED MEDICINE (Acute and Chronic PMB Conditions)	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.
PAT BENEFIT	R 165 per year, maximum of R55 per event (3 events per beneficiary per year)
AUXILIARY SERVICES (not during hospitalisation)	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, speech therapy, occupational therapy (not during hospitalisation), podiatry, orthoptic treatment, audiometry, hearing-aid acoustics, biokinetics, dietitians and consultations with chiropractors, osteopaths, homeopaths, naturopaths and herbalists Clinical technology and medical technology	No benefits No benefits
OPTICAL SERVICES 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	Limited to one consultation per beneficiary per year Benefits only allowed in respect of white, single and/or bifocal lenses (subject to clinical guidelines) and a choice of selected frames from the Primary Healthcare Provider. Benefits are limited to one pair of spectacles per beneficiary every 24 months.
CLINICAL PSYCHOLOGY	No benefits
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 (subject to pre-authorization)	Limited to Prescribed Minimum Benefits
ONCOLOGY (subject to pre-authorization)	Limited to R175 000 p.b.p.a. Treatment limited to State Protocols.
HIV/AIDS	Subject to the authorisations from the Primary Healthcare Provider and clinical protocols
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
SPECIFIC OPTION EXCLUSIONS	Injuries sustained during participation in a strike, picketing or riot, or during a physical struggle
PRESCRIBED MINIMUM BENEFITS (PMB)	Prescribed Minimum Benefits (PMB's) will be covered in the Public Health care system where applicable. Should you obtain these services elsewhere, the scheme will only pay a 70% benefit. Please note that only your Primary Healthcare Provider will authorise and provide for your chronic medication and the medical treatment in respect of your PMB Chronic Conditions, and HIV and AIDS treatment.

CONTRIBUTIONS - TOPMED NETWORK OPTION

	Member	Additional contribution for every adult dependant	Additional contribution for every minor dependant
All incomes	R 701	R 523	R 292

*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*

ABBREVIATIONS

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

PAR = Pre-authorization reference number

AT = Agreed Tariff

MMAP = 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