

Scheme Policies and Protocols Apply Throughout

TopMed Paladin Comprehensive	Part 1 : Major Medical Benefits	
<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</p> <p>Treatment of Immunocompromise and Opportunistic Infections irrespective of cause</p> <p>Psychiatric Hospitalisation (PAR required - benefits and treatment provided through Case Management Programme) Medicine received on discharge from hospital (T.T.O.)</p>	<p>Unlimited 100% of AT</p> <p>100% of TT Limited to R41 640 per family per year</p> <p>Limited to 21 days per beneficiary per year 100% of AT (MRP and formulary applies), maximum seven days supply</p>	<p>Extended Major Medical Benefit Post-operative benefits available for the following:-</p> <ul style="list-style-type: none"> • Hip Replacement • Knee Replacement • Post-Crime Trauma • Heart Attack • Stroke
<p>MEDICAL PRACTITIONERS (in hospital) General Practitioners Specialists (PMB DSP applies) Associated clinical procedures (during authorised hospital treatment)</p>	<p>150% of TT 150% of TT 150% of TT (Deductibles and specific limits apply to certain procedures.)</p>	
<p>RADIOLOGY AND PATHOLOGY (PAR required) Basic radiology and pathology (during authorised hospital treatment) MRI scans, CT scans, radioisotope studies (during authorised hospital treatment)</p>	<p>100% of TT 100% of TT – subject to a R2 500 co-payment per scan</p>	
<p>SECONDARY FACILITIES (step-down nursing, hospice & rehabilitation) Benefits and treatment provided through Case Management Programme</p>		<p>Benefits for clinical procedures and treatments during a stay in a secondary facility will be limited to R123 648 per beneficiary per year</p>
<p>MATERNITY PROGRAMME / CONFINEMENTS Maternity Programme (Registration within 12-20 weeks of pregnancy)</p> <p>Confinement (PAR required prior to birth) Elective Caesarean Sections Neo-natal hospitalisation Home births</p>	<p>150% of TT for consultations 12 ante-natal consultations, ante-natal classes and pre-natal vitamins 2 Scans per beneficiary per pregnancy (the costs of 3D-scans are limited to the cost of a 2D-scan) 2 Paediatrician visits (newborn) 150% of TT Limited to R19 392 for all services. 100% of AT limited to R357 492 per family per year</p>	<p>Benefits are allowed in respect of home births, if a registered service provider assists with the birth</p>
<p>AMBULANCE SERVICES Preferred Provider ER 24 (084 124) Non-preferred Provider</p>	<p>100% of AT 100% of TT, limited to R2 100 per family per year</p>	
<p>DISEASE MANAGEMENT / CASE MANAGEMENT (PAR required) AIDS and HIV infections Organ transplants Kidney dialysis</p> <p>Oncology</p>		<p>Benefits and treatment provided through Case Management Programme. Benefits and treatment provided through Case Management Programme. Limited to R216 000 per family per year. Benefits and treatment provided through Case Management Programme. Limited to R216 000 per family per year.</p> <p>Benefits and treatment provided through Oncology Case Management Programme. Limited to R320 000 per beneficiary per 12 month cycle.</p>
<p>AUXILIARY SERVICES (during authorised hospital treatment) Blood transfusions Physiotherapy, speech therapy, occupational therapy, social workers and dieticians Clinical and Medical technologists Internal medical and surgical accessories - PAR required</p>	<p>100% of Cost 150% of TT 150% of TT 100% of AT. Subject to sub-limits as applied per clinical protocols.</p>	<p>Stomatherapy limited to R17 748 per family per year (PAR required if limit exceeded)</p>
<p>CHRONIC MEDICINE Chronic - including PMB (member must apply for this benefit)</p>	<p>100% of AT at a DSP (MRP and formulary applies). For PMB CDL's - 70% of AT for non-DSP or non-formulary (MRP and formulary applies). Benefits for PMB and non-PMB are payable from Yearly Limit - then from Chronic Benefit sub-limit of R10 104 per family per year, thereafter PMB's unlimited.</p>	
<p>DENTISTRY Dentist and other providers accounts are paid from Yearly Limit at TT thereafter from Extended Cover sub-limit Hospitalisation (PAR required) Anaesthetic in hospital</p>	<p>100% of AT limited to hospital account 150% of TT R1500 co-payment for: Extractions and Fillings for children under 6 years and Dental Clearance (standard extraction of 12 teeth or more). Dental clearance limited to R23 844 per beneficiary per year.</p>	
<p>MAXILLO-FACIAL SURGERY</p>	<p>150% of TT. Subject to clinical criteria and limited to jaw fractures, congenital deformities and surgical treatment of pathological conditions.</p>	
<p>IMPACTED WISDOM TEETH (PAR required)</p>	<p>100% of TT - subject to R1 000 co-payment</p>	
<p>SCOPES (PAR required) Gastroscopies and Colonoscopies</p>		<p>If performed in a hospital facility - R2 500 co-payment per scope If performed in a day clinic / doctor's room - no co-payment</p>
<p>WELLNESS BENEFIT</p>		<p>Payable from Major Medical Benefit</p>
<p>INTERNATIONAL BUSINESS & LEISURE TRAVEL INSURANCE</p>		<p>R10 million per family per year (Medical expenses only as provided by EuropAssist) Maximum of 90 days. Travel must be declared before leaving.</p>
<p>PRESCRIBED MINIMUM BENEFITS (PMB)</p>		<p>Prescribed Minimum Benefits (PMB's) will be covered by TopMed both in the Public Healthcare System or TopMed's Designated Service Providers (DSP's). The treatment of PMB's includes chronic medication as well as the medical or surgical treatment of your PMB condition. The payment of all your PMB's requires authorisation and is subject to clinical protocols (inclusive of formularies for medicines) and must be obtained from TopMed's DSP's, failing which TopMed will only pay a 70% benefit for medicines and 100% of TT for all other benefits. Once any applicable limits are reached TopMed will continue to pay for your PMB's as per the above criteria.</p>

TopMed Paladin Comprehensive	Part 2 : Day-to-Day Benefits
Yearly Limit	Members will be allocated a Yearly Limit for day-to-day claims. Once the Yearly Limit is reached, members will have access to the Extended Cover subject to Scheme approval.
ANNUAL DAY-TO-DAY ALLOWANCE	100% of Cost Member R7 560 Adult R4 992 Child R2 148
ANNUAL THRESHOLD A threshold is a set value to be reached before claims for day-to-day medical expenses are covered from Major Medical. All day-to-day claims paid from the member's Yearly Limit or self-funded accumulate towards reaching this threshold. Once this threshold limit is reached, further day-to-day claims will be paid by TopMed subject to benefit limits as stipulated in the benefit summary below.	Member R10 428 Adult R7 140 Child R3 672 (Accumulation to Threshold at 100% TT)
LIMITED EXTENDED COVER (including annual day-to-day allowance from Yearly Limit)	Member R21 492 Adult R14 244 Child R3 600 To a maximum of R39 300 per family per year
OUT-PATIENT TREATMENT AT HOSPITAL FACILITIES Trauma benefits only	100% of TT payable from Major Medical Benefit
MEDICAL PRACTITIONERS (out of hospital) Clinical Procedures Visits (PMB DSP applies) Material and injection material (excluding medicine) administered in a doctor's consulting room	100% of Cost from Yearly Limit thereafter 100% of TT from Extended Cover subject to sub-limits of: General Practitioners: M - R1 260 M1 - R2 208 M2 - R2 844 M3 - R3 468 M4 - R4 092 Specialists : M - R1 260 M1 - R1 908 M2 - R2 520 M3 - R3 144 M4 - R3 480
ACUTE MEDICINE Prescribed Acute Medication Vitamins and Minerals (does not accrue to threshold) Non-prescribed schedule 1 and 2 medicine (PAT) supplied by a pharmacy (PAT does not accrue to Threshold)	100% of AT (MRP and formulary applies) 100% of Cost from Yearly Limit thereafter 100% of TT from Extended Cover subject to sub-limits of: M - R4 320 M1 - R5 400 M2 - R6 468 M3 - R8 604 M4 - R11 568 M - R2 076 M1 - R3 504 M2 - R4 248 M3 - R4 968 M4 - R5 700 100% of AT (MRP and formulary applies) from Yearly Limit thereafter 100% of TT from Extended Cover subject to combined Acute Medication sub-limit above. Max of R150 per script
AUXILIARY SERVICES (not during hospitalisation) External medical and surgical appliances Physiotherapy speech therapy, occupational therapy, podiatry, orthoptic treatment, audiometry, hearing-aid acoustics, biokinetics, dieticians and consultations with chiropractors, osteopaths, homeopaths, naturopaths, herbalists and social workers Wheelchairs, Hearing AIDS and External Prostheses (PAR required) Clinical and Medical technologist	100% of Cost from Yearly Limit thereafter 100% of TT from Extended Cover limited to R4 068 per family per year 100% of Cost from Yearly Limit thereafter 100% of TT from Extended Cover limited to R3 804 per family per year 100% of Cost from Yearly Limit thereafter 100% of TT from Extended Cover limited to R10 860 per family per year 100% of Cost from Yearly Limit thereafter 100% of TT from Extended Cover
RADIOLOGY Basic radiology MRI / CT Scans - PAR required	100% of Cost from Yearly Limit thereafter 100% of TT from Extended Cover Subject to sub-limit of R3 408 per family per year (excludes MRI & CT Scans) 100% of TT - subject to a R2 500 co-payment per scan
PATHOLOGY	100% of Cost from Yearly Limit thereafter 100% of TT from Extended Cover Subject to sub-limit of R3 800 per family per year
CLINICAL PSYCHOLOGY & PSYCHIATRIC TREATMENT (INCLUDING SUBSTANCE ABUSE)	100% of Cost from Yearly Limit thereafter 100% of TT from Extended Cover Subject to sub-limit of R6 096 per family per year
REPRODUCTIVE HEALTH (Oral, injectable and IUD contraceptives)	100% of Cost from Yearly Limit thereafter 100% of TT from Extended Cover (MRP and formulary applies)
OPTICAL Managed by PPN	100% of Cost from Yearly Limit thereafter PPN rates from Extended Cover (Claims accrue to Threshold at PPN rate) Contact Lenses limited to R1 836 per beneficiary per annum No benefit for both spectacles and contact lenses in the same year
DENTISTRY (All dentistry, specialised and conservative and dental hospitalisation is subject to the dental benefits)	100% of TT from Yearly Limit thereafter 100% of TT from Extended Cover. Subject to sub-limits of: M - R6 252 M1 - R6 996 M2 - R7 800 M3 - R8 688 M4 - R9 420 Orthodontics is restricted to beneficiaries 18 years and younger and 1 family member at a time. Plastic/acrylic dentures limited to 1 set every 4 years.

CONTRIBUTIONS - TopMed Paladin Comprehensive			
	Member	Adult dependant	Student / Minor dependant
All incomes	R3 240	R2 590	R790

The Scheme only charges for a maximum of 3 children on this option.

ABBREVIATIONS

MRP - Mediscor Reference Price (generic & therapeutic substitution)	PAR - Pre-authorization reference number	AT - Agreed Tariff
PMB's - Prescribed Minimum Benefit	TT - TopMed Tariff is the rate that is applicable for the payment of benefits, including the National Health Reference Price List Rate or amended rate as published by TopMed or its agent from time to time	TTO - To Take Out
DSP - Designated Service Provider	CDL's - Chronic Disease List	PAT - Pharmacy Advised Therapy

Disclaimer : This is only a summary of the benefits and contributions. In case of a dispute, the registered Rules will prevail. Effective from 1/1/2016.

: Benefits subject to Council for Medical Schemes approval.