

Scheme Policies and Protocols Apply Throughout

TopMed Professional	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 the 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. Treatment of Immunocompromise and Opportunistic Infections irrespective of cause 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> <div style="border: 1px solid green; padding: 5px; margin: 5px 0;"> <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 </div> <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>MEDICAL PRACTITIONERS (in hospital) General Practitioners Specialists (PMB DSP applies) Associated clinical procedures (during authorised hospital treatment)</p>	<p>200% of TT 200% of TT 200% of TT (Deductibles and specific limits apply to certain procedures.)</p>
<p>RADIOLOGY AND PATHOLOGY Basic radiology and pathology (during authorised hospital treatment) MRI scans, CT scans, radioisotope studies (during authorised hospital treatment) PAR required</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) Confinement (PAR required prior to birth) Home births</p>	<p>200% 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) 200% of TT 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 AIDS and HIV Infections Organ transplants and kidney dialysis Oncology PAR required for all of the above</p>	<p>Benefits and treatment provided through Case Management Programme. Benefits and treatment provided through Case Management Programme.</p> <p>Benefits and treatment provided through Oncology Case Management Programme. R430 000 per beneficiary per 12 month cycle. Speciality medicines and biologicals – sub-limit of R250 000 per family per year with 20% co-payment (accrues to overall oncology limit of R430 000)</p>
<p>AUXILIARY SERVICES (during authorised hospital treatment) Blood transfusions Physiotherapy, speech therapy, occupational therapy, social workers and dieticians Clinical technologists and Medical technologists Internal medical and surgical accessories</p>	<p>100% of Cost 100% of TT 100% of TT 100% of AT subject to sub-limits as applied per clinical protocols.</p> <div style="border: 1px solid green; padding: 2px; margin: 5px 0;"> <p>Stomatherapy limited to R17 748 per family per year (PAR required if limit exceeded)</p> </div>
<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). Limited to R9 000 per beneficiary; R18 312 per family per year, thereafter PMB's unlimited.</p>
<p>MAXILLOFACIAL SURGERY</p>	<p>75% of TT limited to severe facial deformity / trauma</p>
<p>SCOPES (PAR required) Gastrosopies 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>

TopMed Professional	Part 2: Day-to-Day Benefits
MEDICAL SAVINGS ACCOUNT	25% of your total contribution is allocated to your savings account. It is designed to cover day-to-day medical expenses.
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 savings 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.	100% of TT Member R14 520 Adult R12 156 Child R 4 680
OUT-PATIENT TREATMENT AT HOSPITAL FACILITY Trauma Benefits only	Subject to day-to-day benefits - payable from savings thereafter from above threshold. 100% of TT
MEDICAL PRACTITIONERS (out of hospital) Clinical procedures Visits (General Practitioners and Specialists) - PMB DSP applies Material and injection material (excluding medicine) administered in a doctor's consulting room	100% of TT 100% of TT (A maximum of two visits may be utilised in respect of out-patient consultations) 100% of TT
ACUTE MEDICINE Prescribed Acute Medicine Non-prescribed schedule 1 and 2 medicine (PAT) supplied by a pharmacy	100% of AT (MRP and formulary applies), limited to R9 996 per beneficiary and R19 800 per family per year.* No benefit, but payable from savings.
AUXILIARY SERVICES External medical and surgical appliances Physiotherapy, occupational therapy, speech therapy, social workers and dieticians, podiatry, orthoptic treatment, audiometry, hearing-aid acoustics, biokinetics and consultations with chiropractors, osteopaths, homeopaths, naturopaths and herbalist Clinical and Medical Technologist	100% of Cost - refer to table below* 100% of TT - subject to a combined limit of R5 400 per beneficiary; R15 948 per family per year* <div style="border: 1px solid green; padding: 5px; width: fit-content;"> External Appliance Limit per Family (in or out of hospital) Appliances R 2 544 Oxygen R21 360 Wheelchairs R13 344 (max 1 in 5 years) Hearing Aid R13 344 (per family per 3 year cycle) </div> 100% of TT
RADIOLOGY / PATHOLOGY (PAR required) Basic radiology and pathology MRI scans, CT scans, radioisotope studies	100% of TT 100% of TT - subject to a R2 500 co-payment per scan.
CLINICAL PSYCHOLOGY	100% of TT, limited to R5 592 per family per year *
PSYCHIATRY	Benefits as described in respect of medical practitioners
REPRODUCTIVE HEALTH (Oral, injectable and IUD contraceptives)	100% of AT (MRP and formulary applies)
OPTICAL BENEFITS Managed by PPN	100% of PPN rates Limited to R2 220 per beneficiary, R6 480 per family.*
DENTISTRY Conservative dentistry* Specialised dentistry*	100% of TT 2 per beneficiary per year 1 per beneficiary per 6 months Limited to permanent molars for beneficiaries less than 21 years old 1 per beneficiary every 2 years Extractions As required 1 per tooth per year to a maximum of 4 per beneficiary per year 2 per beneficiary per year 1 per beneficiary every 2 years 1 crown per tooth per beneficiary every 3 years to a maximum of 2 crowns per beneficiary per year 1 frame per beneficiary every 2 years Fixed braces for beneficiaries less than 18 years old, limited to once per lifetime, subject to clinical criteria Subject to clinical criteria Subject to clinical criteria for beneficiaries older than 12
PRESCRIBED MINIMUM BENEFITS (PMB's)	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.

* Note that all limits apply before and after the threshold is reached. Benefits are payable from Savings, then Threshold.

CONTRIBUTIONS - TopMed Professional			
All incomes	Member	Adult dependant	Student / Minor dependant
CONTRIBUTIONS	R2 933	R2 340	R893
SAVINGS LEVEL	R977	R780	R297
TOTAL	R3 910	R3 120	R1 190

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

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

ABBREVIATIONS

MRP - Mediscor Reference Price (generic & therapeutic substitution)	PAR - Pre-authorisation 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.