

Scheme Policies and Protocols Apply Throughout

TopMed Savings	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> <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>100% of TT 100% of TT 100% of TT</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)</p> <p>Confinement (PAR required prior to birth) Home births</p>	<p>100% 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) 100% 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</p> <p>Oncology</p> <p>PAR required for all of the above</p>	<p>Benefits and treatment provided through Case Management Programme - Limited to PMB Benefits and treatment provided through Case Management Programme - Limited to PMB</p> <p>Benefits and treatment provided through Oncology Case Management Programme. Limited to R265 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 100% of TT</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>100% of TT 100% of AT. Subject to sub-limits as applied per clinical protocols.</p>
<p>CHRONIC MEDICINE</p>	<p>Limited to PMB - 100% of AT (MRP and formulary applies) at a DSP and 70% of AT (MRP and formulary applies) for non-DSP or out of formulary</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 Savings	Part 2 : Day-to-Day Benefits
MEDICAL SAVINGS ACCOUNT	20% of your total contributions is allocated to your savings account. It is designed to cover day-to-day medical expenses.
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 (General Practitioners and Specialists) - PMB DSP applies Material and injection material (excluding medicine) administered in a doctor's consulting room	100% of Cost (Payable from Savings) 100% of Cost (Payable from Savings) 100% of Cost (Payable from Savings)
ACUTE MEDICINE Prescribed Acute Medicine Non-prescribed schedule 1 and 2 medicine (PAT) supplied by a pharmacy	100% of Cost (Payable from Savings) 100% of Cost (Payable from Savings)
OPTICAL BENEFITS	100% of Cost (Payable from Savings)
AUXILIARY SERVICES (not during hospitalisation) External medical and surgical appliances Physiotherapy speech therapy, occupational therapy, social workers, podiatry, orthoptic treatment, audiometry, hearing-aid acoustics, biokinetics, dieticians and consultations with chiropractors, osteopaths, homeopaths, naturopaths, herbalists and social workers Clinical and Medical technologists	100% of Cost (Payable from Savings) 100% of Cost (Payable from Savings) 100% of Cost (Payable from Savings)
RADIOLOGY AND PATHOLOGY Basic radiology and pathology MRI scans, CT scans, radioisotope studies PAR required	100% of Cost (Payable from Savings) 100% of TT - subject to a R2 500 co-payment per scan.
DENTISTRY (Conservative and Specialised) Surgical / Hospitalisation - PAR required	100% of Cost (Payable from Savings)
CLINICAL PSYCHOLOGY	100% of Cost (Payable from Savings)
PSYCHIATRY	Limited to PMB
REPRODUCTIVE HEALTH (Oral, injectable and IUD contraceptives)	100% of Cost (Payable from Savings)
PRESCRIBED MINIMUM BENEFITS (PMB)	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.

CONTRIBUTIONS - TopMed Savings			
All incomes	Member	Adult dependant	Student / Minor dependant
CONTRIBUTIONS	R1 592	R1 272	R480
SAVINGS LEVEL	R398	R318	R120
TOTAL	R1 990	R1 590	R600

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

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

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.