

Scheme Policies and Protocols Apply Throughout

TopMed Rainbow Comprehensive	Part 1 : Major Medical Benefits
<p><b>HOSPITALISATION</b> 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</p> <p><b>Treatment of Immunocompromise and Opportunistic Infections</b> irrespective of cause</p> <p><b>Psychiatric Hospitalisation</b> (PAR required - benefits and treatment provided through Case Management Programme)</p> <p>Medicine received on discharge from hospital (T.T.O.)</p>	<p>Unlimited 100% of AT</p> <div style="border: 1px solid black; padding: 5px;"> <p><b>Extended Major Medical Benefit</b> Post-operative benefits available for the following:-</p> <ul style="list-style-type: none"> <li>• Hip replacement</li> <li>• Knee replacement</li> <li>• Post-crime Trauma</li> <li>• Heart attack</li> <li>• Stroke</li> </ul> </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><b>MEDICAL PRACTITIONERS</b> (in hospital)</p> <p>General Practitioners Specialists (PMB DSP applies) Associated clinical procedures (during authorised hospital treatment)</p>	<p>300% of TT 300% of TT 300% of TT</p>
<p><b>RADIOLOGY AND PATHOLOGY</b> 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><b>SECONDARY FACILITIES</b> (step-down nursing, hospice &amp; 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><b>MATERNITY PROGRAMME / CONFINEMENTS</b> Maternity Programme (Registration within 12-20 weeks of pregnancy)</p> <p>Confinement (PAR required prior to birth) Home births</p>	<p>300% 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) 300% of TT Benefits are allowed in respect of home births, if a registered service provider assists with the birth</p>
<p><b>AMBULANCE SERVICES</b> 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><b>DISEASE MANAGEMENT / CASE MANAGEMENT</b> AIDS and HIV Infections Organ transplants and kidney dialysis Oncology</p> <p>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. Benefits and treatment provided through Oncology Case Management Programme. R530 000 per beneficiary per 12 month cycle thereafter 20% co-payment. Speciality medicines and biologicals - sub-limit of R300 000 per family per year with 20% co-payment (accrues to overall oncology limit of R530 000). Herceptin for early stage Breast Cancer - no co-payment for 9 week course.</p>
<p><b>AUXILIARY SERVICES</b> (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 300% of TT</p> <div style="border: 1px solid black; padding: 2px;"> <p>Stomathery limited to R17 748 per family per year (PAR required if limit exceeded)</p> </div> <p>300% of TT 100% of AT subject to sub-limits as applied per clinical protocols.</p>
<p><b>CHRONIC MEDICINE</b> 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). Payable from Yearly Limit thereafter Chronic Benefit Unlimited - Non-PMB payable from Chronic Benefit at 80% once Yearly Limit is depleted.</p>
<p><b>DENTISTRY</b> Dentist and other providers accounts are paid from Yearly Limit at TT thereafter from Extended Cover. Hospitalisation (PAR required) Anaesthetic in hospital</p>	<p>100% of AT limited to hospital account 300% 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><b>IMPACTED WISDOM TEETH</b> (PAR required)</p>	<p>100% of TT - subject to R1 000 co-payment</p>
<p><b>ORTHOGNATHIC SURGERY</b> (PAR required)</p>	<p>100% of TT - subject to 20% co-payment</p>
<p><b>MAXILLO-FACIAL SURGERY</b></p>	<p>300% of TT. Subject to clinical criteria and limited to jaw fractures, congenital deformities and surgical treatment of pathological conditions.</p>
<p><b>SCOPES</b> (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><b>WELLNESS BENEFIT</b></p>	<p>Payable from Major Medical Benefit</p>
<p><b>INTERNATIONAL BUSINESS &amp; LEISURE TRAVEL INSURANCE</b></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 Rainbow Comprehensive	Part 2 : Day-to-day Benefits
<b>Yearly Limit</b>	Members will be allocated a Yearly Limit for day-to-day claims. Once the Yearly Limit has depleted and the annual threshold level is reached, members will have access to the Extended Cover subject to Scheme approval.
<b>ANNUAL DAY-TO-DAY ALLOWANCE</b>	100% of Cost Member R8 724 Adult R7 392 Child R1 932
<b>ANNUAL THRESHOLD</b> A Threshold is a set value to be reached before claims for day-to-day medical expenses are paid. 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 at 80% of TT subject to benefits stipulated in the benefit summary below.	Member R11 580 Adult R9 540 Child R2 652 <b>(Accumulation to Threshold at 100% TT)</b>
<b>OUT-PATIENT TREATMENT AT HOSPITAL FACILITIES</b> Trauma benefits only	100% of TT payable from Major Medical Benefit
<b>MEDICAL PRACTITIONERS</b> (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 from Yearly Limit thereafter 80% of TT from Extended Cover
<b>ACUTE MEDICATION</b> Prescribed Acute Medicine 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 Cost from Yearly Limit thereafter 80% of AT from Extended Cover (MRP and formulary applies) Member R2 316 Adult R1 908 Child R 540 100% of Cost from Yearly Limit thereafter 80% of AT from Extended Cover (MRP and formulary applies) Max of R150 per script
<b>AUXILIARY SERVICES</b> 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  Wheelchair and Hearing Aid (PAR required)  Clinical and Medical technologist	100% of Cost from Yearly Limit thereafter 80% of TT from Extended Cover  100% of Cost from Yearly Limit thereafter 80% of TT from Extended Cover  100% of Cost from Yearly Limit thereafter 80% of TT from Extended Cover  100% of Cost from Yearly Limit thereafter 80% of TT from Extended Cover
<b>RADIOLOGY / PATHOLOGY</b> Basic radiology and pathology  MRI scans, CT scans, radioisotope studies (PAR required)	100% of Cost from Yearly Limit thereafter 80% of TT from Extended Cover  100% of TT – subject to a R2 500 co-payment per scan
<b>CLINICAL PSYCHOLOGY AND PSYCHIATRIC TREATMENT</b>	100% of Cost from Yearly Limit thereafter 80% of TT from Extended Cover
<b>REPRODUCTIVE HEALTH</b> (Oral, injectable and IUD contraceptives)	100% of Cost from Yearly Limit thereafter 80% of TT from Extended Cover (MRP and formulary applies)
<b>OPTICAL BENEFITS</b> 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 R2 160 per beneficiary per annum No benefit for both spectacles and contact lenses in the same year
<b>DENTISTRY</b> General and Specialised (PAR required for Specialised Dentistry)	100% of TT from Yearly Limit thereafter 80% of TT from Extended Cover up to the annual limit of R21 396 per family per year . Orthodontics restricted to beneficiaries 18 years and younger and 1 family member at a time.
<b>PRESCRIBED MINIMUM BENEFITS (PMB)</b>	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 Rainbow Comprehensive			
	Member	Adult dependant	Student / Minor dependant
All incomes	R5 330	R4 400	R1 250

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

#### ABBREVIATIONS

<b>MRP</b> - Mediscor Reference Price (generic & therapeutic substitution)	<b>PAR</b> - Pre-authorisation reference number	<b>AT</b> - Agreed Tariff
<b>PMB's</b> - Prescribed Minimum Benefit	<b>TT</b> - 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	<b>TTO</b> - To Take Out
<b>DSP</b> - Designated Service Provider	<b>CDL's</b> - Chronic Disease List	<b>PAT</b> - 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.

Scheme Policies and Protocols Apply Throughout

TopMed Professional	Part 1 : Major Medical Benefits
<p><b>HOSPITALISATION</b> 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. <b>Treatment of Immunocompromise and Opportunistic Infections</b> irrespective of cause <b>Psychiatric Hospitalisation</b> (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;"> <p><b>Extended Major Medical Benefit</b> Post-operative benefits available for the following:-</p> <ul style="list-style-type: none"> <li>• Hip replacement</li> <li>• Knee replacement</li> <li>• Post-crime trauma</li> <li>• Heart attack</li> <li>• Stroke</li> </ul> </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><b>MEDICAL PRACTITIONERS</b> (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><b>RADIOLOGY AND PATHOLOGY</b> 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><b>SECONDARY FACILITIES</b> (step-down nursing, hospice &amp; 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><b>MATERNITY PROGRAMME / CONFINEMENTS</b> 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><b>AMBULANCE SERVICES</b> 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><b>DISEASE MANAGEMENT / CASE MANAGEMENT</b> 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><b>AUXILIARY SERVICES</b> (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;"> <p>Stomatherapy limited to R17 748 per family per year (PAR required if limit exceeded)</p> </div>
<p><b>CHRONIC MEDICINE</b> 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><b>MAXILLOFACIAL SURGERY</b></p>	<p>75% of TT limited to severe facial deformity / trauma</p>
<p><b>SCOPES</b> (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><b>WELLNESS BENEFIT</b></p>	<p>Payable from Major Medical Benefit</p>
<p><b>INTERNATIONAL BUSINESS &amp; LEISURE TRAVEL INSURANCE</b></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
<b>MEDICAL SAVINGS ACCOUNT</b>	25% of your total contribution is allocated to your savings account. It is designed to cover day-to-day medical expenses.
<b>ANNUAL THRESHOLD</b> 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
<b>OUT-PATIENT TREATMENT AT HOSPITAL FACILITY</b> Trauma Benefits only	Subject to day-to-day benefits - payable from savings thereafter from above threshold. 100% of TT
<b>MEDICAL PRACTITIONERS</b> (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
<b>ACUTE MEDICINE</b> 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.
<b>AUXILIARY SERVICES</b> 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;"> <b>External Appliance Limit per Family (in or out of hospital)</b>  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
<b>RADIOLOGY / PATHOLOGY</b> (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.
<b>CLINICAL PSYCHOLOGY</b>	100% of TT, limited to R5 592 per family per year *
<b>PSYCHIATRY</b>	Benefits as described in respect of medical practitioners
<b>REPRODUCTIVE HEALTH</b> (Oral, injectable and IUD contraceptives)	100% of AT (MRP and formulary applies)
<b>OPTICAL BENEFITS</b> Managed by PPN	100% of PPN rates Limited to R2 220 per beneficiary, R6 480 per family.*
<b>DENTISTRY</b>  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
<b>PRESCRIBED MINIMUM BENEFITS (PMB's)</b>	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
<b>TOTAL</b>	<b>R3 910</b>	<b>R3 120</b>	<b>R1 190</b>

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

<b>MRP</b> - Mediscor Reference Price (generic & therapeutic substitution)	<b>PAR</b> - Pre-authorisation reference number	<b>AT</b> - Agreed Tariff
<b>PMB's</b> - Prescribed Minimum Benefit	<b>TT</b> - 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	<b>TTO</b> - To Take Out
<b>DSP</b> - Designated Service Provider	<b>CDL's</b> - Chronic Disease List	<b>PAT</b> - 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.

Scheme Policies and Protocols Apply Throughout

TopMed Paladin Comprehensive	Part 1 : Major Medical Benefits	
<p><b>HOSPITALISATION</b> 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><b>Treatment of Immunocompromise and Opportunistic Infections</b> irrespective of cause</p> <p><b>Psychiatric Hospitalisation</b> (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><b>Extended Major Medical Benefit</b> Post-operative benefits available for the following:-</p> <ul style="list-style-type: none"> <li>• Hip Replacement</li> <li>• Knee Replacement</li> <li>• Post-Crime Trauma</li> <li>• Heart Attack</li> <li>• Stroke</li> </ul>
<p><b>MEDICAL PRACTITIONERS</b> (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><b>RADIOLOGY AND PATHOLOGY</b> (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><b>SECONDARY FACILITIES</b> (step-down nursing, hospice &amp; 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><b>MATERNITY PROGRAMME / CONFINEMENTS</b> 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><b>AMBULANCE SERVICES</b> 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><b>DISEASE MANAGEMENT / CASE MANAGEMENT</b> (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><b>AUXILIARY SERVICES</b> (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><b>Stomatherapy limited to R17 748 per family per year (PAR required if limit exceeded)</b></p>
<p><b>CHRONIC MEDICINE</b> 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><b>DENTISTRY</b> 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><b>MAXILLO-FACIAL SURGERY</b></p>	<p>150% of TT. Subject to clinical criteria and limited to jaw fractures, congenital deformities and surgical treatment of pathological conditions.</p>	
<p><b>IMPACTED WISDOM TEETH</b> (PAR required)</p>	<p>100% of TT - subject to R1 000 co-payment</p>	
<p><b>SCOPES</b> (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><b>WELLNESS BENEFIT</b></p>	<p>Payable from Major Medical Benefit</p>	
<p><b>INTERNATIONAL BUSINESS &amp; LEISURE TRAVEL INSURANCE</b></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><b>PRESCRIBED MINIMUM BENEFITS (PMB)</b></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
<b>Yearly Limit</b>	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.
<b>ANNUAL DAY-TO-DAY ALLOWANCE</b>	100% of Cost Member R7 560 Adult R4 992 Child R2 148
<b>ANNUAL THRESHOLD</b> 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 <b>(Accumulation to Threshold at 100% TT)</b>
<b>LIMITED EXTENDED COVER</b> (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
<b>OUT-PATIENT TREATMENT AT HOSPITAL FACILITIES</b> Trauma benefits only	100% of TT payable from Major Medical Benefit
<b>MEDICAL PRACTITIONERS</b> (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
<b>ACUTE MEDICINE</b> 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
<b>AUXILIARY SERVICES</b> (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
<b>RADIOLOGY</b> 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
<b>PATHOLOGY</b>	100% of Cost from Yearly Limit thereafter 100% of TT from Extended Cover Subject to sub-limit of R3 800 per family per year
<b>CLINICAL PSYCHOLOGY &amp; PSYCHIATRIC TREATMENT (INCLUDING SUBSTANCE ABUSE)</b>	100% of Cost from Yearly Limit thereafter 100% of TT from Extended Cover Subject to sub-limit of R6 096 per family per year
<b>REPRODUCTIVE HEALTH</b> (Oral, injectable and IUD contraceptives)	100% of Cost from Yearly Limit thereafter 100% of TT from Extended Cover (MRP and formulary applies)
<b>OPTICAL</b> 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
<b>DENTISTRY</b> (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

<b>MRP</b> - Mediscor Reference Price (generic & therapeutic substitution)	<b>PAR</b> - Pre-authorization reference number	<b>AT</b> - Agreed Tariff
<b>PMB's</b> - Prescribed Minimum Benefit	<b>TT</b> - 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	<b>TTO</b> - To Take Out
<b>DSP</b> - Designated Service Provider	<b>CDL's</b> - Chronic Disease List	<b>PAT</b> - 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.**

Scheme Policies and Protocols Apply Throughout

TopMed Savings	Part 1 : Major Medical Benefits
<p><b>HOSPITALISATION</b> 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><b>Treatment of Immunocompromise and Opportunistic Infections</b> irrespective of cause</p> <p><b>Psychiatric Hospitalisation</b> (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><b>Extended Major Medical Benefit</b> Post-operative benefits available for the following:-</p> <ul style="list-style-type: none"> <li>• Hip Replacement</li> <li>• Knee Replacement</li> <li>• Post-Crime Trauma</li> <li>• Heart Attack</li> <li>• Stroke</li> </ul> </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><b>MEDICAL PRACTITIONERS</b> (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><b>RADIOLOGY AND PATHOLOGY</b> 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><b>SECONDARY FACILITIES</b> (step-down nursing, hospice &amp; 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><b>MATERNITY PROGRAMME / CONFINEMENTS</b> 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><b>AMBULANCE SERVICES</b> 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><b>DISEASE MANAGEMENT / CASE MANAGEMENT</b> 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><b>AUXILIARY SERVICES</b> (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><b>CHRONIC MEDICINE</b></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><b>MAXILLOFACIAL SURGERY</b></p>	<p>75% of TT limited to severe facial deformity / trauma</p>
<p><b>SCOPES</b> (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><b>WELLNESS BENEFIT</b></p>	<p>Payable from Major Medical Benefit</p>
<p><b>INTERNATIONAL BUSINESS &amp; LEISURE TRAVEL INSURANCE</b></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
<b>MEDICAL SAVINGS ACCOUNT</b>	20% of your total contributions is allocated to your savings account. It is designed to cover day-to-day medical expenses.
<b>OUT-PATIENT TREATMENT AT HOSPITAL FACILITIES</b> Trauma Benefits only	100% of TT - Payable from Major Medical Benefit
<b>MEDICAL PRACTITIONERS</b> (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)
<b>ACUTE MEDICINE</b> 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)
<b>OPTICAL BENEFITS</b>	100% of Cost (Payable from Savings)
<b>AUXILIARY SERVICES</b> (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)
<b>RADIOLOGY AND PATHOLOGY</b> 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.
<b>DENTISTRY</b> (Conservative and Specialised) Surgical / Hospitalisation - PAR required	100% of Cost (Payable from Savings)
<b>CLINICAL PSYCHOLOGY</b>	100% of Cost (Payable from Savings)
<b>PSYCHIATRY</b>	Limited to PMB
<b>REPRODUCTIVE HEALTH</b> (Oral, injectable and IUD contraceptives)	100% of Cost (Payable from Savings)
<b>PRESCRIBED MINIMUM BENEFITS (PMB)</b>	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
<b>TOTAL</b>	<b>R1 990</b>	<b>R1 590</b>	<b>R600</b>

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

<b>MRP</b> - Mediscor Reference Price (generic & therapeutic substitution)	<b>PAR</b> - Pre-authorisation reference number	<b>AT</b> - Agreed Tariff
<b>PMB's</b> - Prescribed Minimum Benefit	<b>TT</b> - 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	<b>TTO</b> - To Take Out
<b>DSP</b> - Designated Service Provider	<b>CDL's</b> - Chronic Disease List	<b>PAT</b> - 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.



Scheme Policies and Protocols Apply Throughout

TopMed Active Saver	Part 1 : Major Medical Benefits	
<p><b>HOSPITALISATION</b> 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><b>Treatment of Immunocompromise and Opportunistic Infections</b> irrespective of cause <b>Psychiatric Hospitalisation</b> (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 at Preferred Provider Network Other Networks 25% co-payment</p> <p>100% of TT Limited to R41 640 per family per year</p> <p>Limited to PMB 100% of AT (MRP and formulary applies), maximum seven days supply</p>	<p><b>Extended Major Medical Benefit</b> Post-operative benefits available for the following:-</p> <ul style="list-style-type: none"> <li>• Hip Replacement (trauma only)</li> <li>• Knee Replacement (trauma only)</li> <li>• Post-Crime Trauma</li> <li>• Heart Attack</li> <li>• Stroke</li> </ul> <p>Benefits for hip and knee replacements for hospitalisation and associated Providers will only be covered in the event of trauma</p>
<p><b>MEDICAL PRACTITIONERS</b> (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 (Deductibles, specific limits and exclusions apply to certain procedures)</p>	
<p><b>RADIOLOGY AND PATHOLOGY</b> 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><b>SECONDARY FACILITIES</b> (step-down nursing, hospice &amp; rehabilitation) Benefits and treatment provided through Case Management Programme</p>	<p>Limited to PMB</p>	
<p><b>MATERNITY PROGRAMME / CONFINEMENTS</b> Maternity Programme (Registration within 12-20 weeks of pregnancy)</p> <p>Confinement (PAR required prior to birth) Elective Caesarean Section Home births</p>	<p>100% of TT for consultations 6 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 No benefit Benefits are allowed in respect of home births, if a registered service provider assists with the birth</p>	
<p><b>AMBULANCE SERVICES</b> 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><b>DISEASE MANAGEMENT / CASE MANAGEMENT</b> AIDS and HIV infections Organ transplants and kidney dialysis</p> <p>Oncology 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 PMB</p>	
<p><b>AUXILIARY SERVICES</b> (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> <p>100% of TT 100% of AT. Subject to sub-limits as applied per clinical protocols.</p>	<p>Stomatherapy limited to PMB (PAR required)</p>
<p><b>CHRONIC MEDICINE</b></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><b>DENTISTRY</b> (PAR required)</p>	<p>No benefit for in-hospital dentistry</p> <p>Impacted Wisdom Teeth - 100% of TT limited to R11892 per family per year (inclusive of all providers).</p>	
<p><b>SCOPES</b> (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><b>WELLNESS BENEFIT</b></p>	<p>Payable from Major Medical Benefit</p>	
<p><b>INTERNATIONAL BUSINESS &amp; LEISURE TRAVEL INSURANCE</b></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>	

<b>TopMed Active Saver</b>	<b>Part 2 : Day-to-Day Benefits</b>
<b>MEDICAL SAVINGS ACCOUNT</b>	20% of your total contributions is allocated to your savings account. It is designed to cover day-to-day medical expenses.
<b>OUT-PATIENT TREATMENT AT HOSPITAL FACILITIES</b> Trauma benefits only	100% of TT - payable from Major Medical Benefit
<b>MEDICAL PRACTITIONERS</b> (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)
<b>ACUTE MEDICINE</b> Prescribed Acute Medicine Vitamins and minerals Non-prescribed schedule 1 and 2 medicine (PAT) supplied by a pharmacy	100% of Cost (Payable from Savings) 100% of Cost (Payable from Savings) 100% of Cost (Payable from Savings) Max of R150 per script
<b>OPTICAL BENEFITS</b>	100% of Cost (Payable from Savings)
<b>DENTISTRY</b> Conservative and Limited Specialised Dentistry	100% of Cost (Payable from Savings) No benefits for root canal, dental surgery, metal frame dentures, orthodontics, orthognathic surgery and implants.
<b>AUXILIARY SERVICES</b> (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 Clinical and Medical technologists	100% of Cost (Payable from Savings) 100% of Cost (Payable from Savings)  100% of Cost (Payable from Savings)
<b>RADIOLOGY AND PATHOLOGY</b> Basic radiology and pathology MRI scans, CT scans, radioisotope studies (PAR required)	100% of Cost (Payable from Savings) 100% of Cost (Payable from Savings)
<b>CLINICAL PSYCHOLOGY</b>	100% of Cost (Payable from Savings)
<b>PSYCHIATRY</b>	Limited to PMB
<b>REPRODUCTIVE HEALTH</b> (Oral, injectable and IUD contraceptives)	100% of AT (MRP and formulary applies) payable from Major Medical Benefit
<b>PRESCRIBED MINIMUM BENEFITS (PMB)</b>	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.

<b>CONTRIBUTIONS - TopMed Active Saver</b>			
All incomes	Member	Adult dependant	Student / Minor dependant
CONTRIBUTIONS	R1 080	R1 080	R357
SAVINGS LEVEL	R270	R270	R89
<b>TOTAL</b>	<b>R1 350</b>	<b>R1 350</b>	<b>R446</b>

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

#### ABBREVIATIONS

<b>MRP</b> - Mediscor Reference Price (generic & therapeutic substitution)	<b>PAR</b> - Pre-authorisation reference number	<b>AT</b> - Agreed Tariff
<b>PMB's</b> - Prescribed Minimum Benefit	<b>TT</b> - 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	<b>TTO</b> - To Take Out
<b>DSP</b> - Designated Service Provider	<b>CDL's</b> - Chronic Disease List	<b>PAT</b> - 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.

**Scheme Policies and Protocols Apply Throughout**

TopMed Hospital	Part 1 : Major Medical Benefits
<p><b>HOSPITALISATION</b> 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</p> <p><b>Treatment of Immunocompromise and Opportunistic Infections</b> irrespective of cause</p> <p><b>Psychiatric Hospitalisation</b> (PAR required - Benefits and treatment provided through Case Management Programme) Medicine received on discharge from hospital (T.T.O.) Dentistry</p>	<p>Unlimited 100% of AT</p> <div style="border: 1px solid green; padding: 5px;"> <p><b>Extended Major Medical Benefit</b> Post-operative benefits available for the following:-</p> <ul style="list-style-type: none"> <li>• Hip Replacement (trauma only)</li> <li>• Knee Replacement (trauma only)</li> <li>• Heart Attack</li> <li>• Stroke</li> <li>• Post-Crime Trauma</li> </ul> </div> <div style="background-color: #f4a460; padding: 5px; margin-top: 5px;"> <p>Benefits for hip and knee replacements for hospitalisation and associated Providers will only be covered in the event of trauma</p> </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 of seven days supply No benefit</p>
<p><b>MEDICAL PRACTITIONERS</b> (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</p>
<p><b>RADIOLOGY AND PATHOLOGY</b> Radiology and pathology (during authorised hospital treatment) MRI scans, CT scans, radioisotope studies (during authorised hospital treatment)</p> <p>PAR required</p>	<p>100% of TT 100% of TT - subject to a R2 500 co-payment per scan</p>
<p><b>SECONDARY FACILITIES</b> (step-down nursing, hospice &amp; rehabilitation) Benefits and treatment provided through Case Management Programme</p>	<p>Benefits for clinical procedures and treatment during a stay in a secondary facility will be limited to R123 648 per beneficiary per year</p>
<p><b>MATERNITY PROGRAMME / CONFINEMENTS</b> 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 6 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 Benefits are allowed in respect of home births, if a registered service provider assists with the birth</p>
<p><b>AMBULANCE SERVICES</b> 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><b>DISEASE MANAGEMENT / CASE MANAGEMENT</b> AIDS and HIV-infections Organ transplants and kidney dialysis</p> <p>Oncology</p> <p>PAR required for all 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><b>AUXILIARY SERVICES</b> (during authorised hospital treatment) Blood transfusions Physiotherapy, speech therapy, occupational therapy, social workers and dieticians Clinical and Medical technologists Internal medical and surgical accessories</p>	<p>100% of Cost 100% of TT</p> <p>100% of TT 100% of AT subject to sub-limits as applied per clinical protocols.</p>
<p><b>CHRONIC MEDICINE</b></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><b>MAXILLOFACIAL SURGERY</b></p>	<p>150% of TT limited to severe facial deformity / trauma</p>
<p><b>SCOPES</b> (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><b>WELLNESS BENEFIT</b></p>	<p>Payable from Major Medical Benefit</p>
<p><b>INTERNATIONAL BUSINESS &amp; LEISURE TRAVEL INSURANCE</b></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>

**Please note that this is a hospital plan only and no benefits are provided for day-to-day expenses.**

TopMed Hospital	Part 2 : Day-to-Day Benefits
<b>OUT-PATIENT TREATMENT AT HOSPITAL FACILITIES</b> Trauma benefits only	100% of TT - Payable from Major Medical
<b>RADIOLOGY / PATHOLOGY</b> MRI scans, CT scans, radioisotope studies  PAR required	100% of TT - subject to a R2 500 co-payment per scan
<b>PRESCRIBED MINIMUM BENEFITS (PMB)</b>	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 Hospital			
	Member	Adult dependant	Student / Minor dependant
All incomes	R1 280	R1 030	R520

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

#### ABBREVIATIONS

<b>MRP</b> - Mediscor Reference Price (generic & therapeutic substitution)	<b>PAR</b> - Pre-authorisation reference number	<b>AT</b> - Agreed Tariff
<b>PMB's</b> - Prescribed Minimum Benefit	<b>TT</b> - 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	<b>TTO</b> - To Take Out
<b>DSP</b> - Designated Service Provider	<b>CDL's</b> - Chronic Disease List	<b>PAT</b> - 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.**

Scheme Policies and Protocols Apply Throughout

**TopMed Network is subject to an overall annual limit of R1 million per family per year.**

TopMed Network	Part 1 : Major Medical Benefits
<p><b>HOSPITALISATION</b> (Subject to referral from a Network GP and/or Specialist) Pre-authorisation (PAR) is required in respect of hospitalisation and the associated clinical procedures before treatment starts. In case of emergency, within the next two business days, otherwise no benefit is allowed. Accommodation, theatre, medicine, material and hospital apparatus used during hospitalisation.</p> <p><b>Treatment of Immunocompromise and Opportunistic Infections</b> irrespective of cause</p> <p><b>Psychiatric Hospitalisation</b> (PAR required - Benefits and treatment provided through Case Management Programme)</p> <p>Medicine received on discharge from hospital (TTO)</p> <p>Dentistry</p>	<p>100% of AT - Subject to overall annual limit</p> <p style="background-color: #f4a460; padding: 2px;">Benefits for hip and knee replacements for hospitalisation and associated providers will only be covered in the event of trauma.</p> <p>100% of AT - Subject to overall annual limit</p> <p>100% of TT Limited to R41 640 per family per year</p> <p>Limited to PMB</p> <p>No benefit</p> <p>No benefit</p>
<p><b>MEDICAL PRACTITIONERS</b> (in hospital) Admission via Network GP or Specialist Admission via a non-network GP or Specialist Associated clinical procedures (during authorised hospital treatment) Visits (during authorised hospitalisation)</p>	<p>100% of TT - Subject to overall annual limit 70% of TT - Subject to overall annual limit 100% of TT - Subject to overall annual limit 100% of TT - Subject to overall annual limit (Deductibles, specific limits and exclusions apply to certain procedures)</p>
<p><b>RADIOLOGY AND PATHOLOGY</b> Radiology and pathology (during authorised hospital treatment) MRI scans, CT scans, radioisotope studies (during authorised hospital treatment) PAR required</p>	<p>100% of TT – Subject to overall annual limit 100% of TT – Subject to a R2 500 co-payment per scan. Subject to overall annual limit</p>
<p><b>SECONDARY FACILITIES</b> (step-down nursing, hospice &amp; rehabilitation) Benefits and treatment provided through Case Management Programme</p>	<p>Limited to PMB treatment only</p>
<p><b>CONFINEMENTS</b> 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 - Subject to overall annual limit. Benefits are also allowed in respect of: – home births provided a registered service provider assists with the birth – pregnancy tests and family planning (excluding contraceptives) if provided by the Primary Healthcare Provider – pre and postnatal care, including one first trimester sonar scan if provided by the Primary Healthcare Provider.</p>
<p><b>AMBULANCE SERVICES</b> Preferred Provider ER 24 (084 124) Non-preferred Provider</p>	<p>100% of AT - Subject to overall annual limit 100% of TT, limited to R2 100 per family per year subject to overall annual limit</p>
<p><b>DISEASE MANAGEMENT / CASE MANAGEMENT</b> Organ transplants and kidney dialysis (PAR required)</p> <p>Oncology</p>	<p>Limited to PMB treatment only</p> <p>Benefits and treatment through Oncology Case Management Programme - Limited to PMB treatment only.</p>
<p><b>AUXILIARY SERVICES</b> (during authorised hospitalisation)</p> <p>Blood transfusions Internal medical and surgical accessories Physiotherapy, speech therapy, occupational therapy, social workers and dieticians Clinical and 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 - Subject to overall annual limit Limited to PMB 100% of TT - Subject to overall annual limit  100% of TT - Subject to overall annual limit</p>
<p><b>CHRONIC PMB MEDICINES</b></p>	<p>– Subject to registration and approval according to the Chronic Medicine Formulary. – Medication to be supplied by Network Provider as arranged with the beneficiary or supplier.</p>
<p><b>SCOPES</b> (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><b>SPECIFIC OPTION EXCLUSIONS</b></p>	<p>Injuries sustained during participation in a strike, picketing or riot, or during a physical struggle.</p>

**TopMed Network is subject to an overall annual limit of R1 million per family per year.**

<b>TopMed Network</b>	<b>Part 2 : Day-to-Day Benefits</b>
<b>MEDICAL PRACTITIONERS</b> (Network Provider) Maternity (GP)	Basic primary care Pre and Postnatal Care limited to the supervision of uncomplicated pregnancy up to Week 20 including one 1st trimester scan. Specified minor trauma treatment.
<b>MEDICAL PRACTITIONERS</b> (Out of Network) General Practitioners	<ul style="list-style-type: none"> <li>- Limited to 3 visits per family per year to a maximum of R1 165 per family per year.</li> <li>- No benefit for facility fees.</li> <li>- Only emergencies and after hours services.</li> <li>- The member will be required to pay for the services and submit the claim for reimbursement.</li> </ul>
<b>EMERGENCY GP VISITS</b>	Unlimited outpatient or emergency visits at a public hospital. Subject to criteria and definition of an emergency medical condition.
<b>SPECIALIST</b> (out of hospital – subject to pre-authorisation and referral from a Network GP to a Network specialist.	100% of AT Limited to R852 per family. Any radiology or pathology called for by the Network Specialist will also be paid from this benefit.
<b>ACUTE MEDICATION</b> (Subject to the acute medicine formulary)	As dispensed by a Network General Practitioner or pharmacy according to the acute medicine formulary.
<b>PAT MEDICATION</b> (Over the counter medicine)	R204 per family per year, subject to a maximum of R68 per prescription. Payment is at 100% of the Maximum Medicine Reference Price (MMRP) for schedule 1 and 2 over the counter medicines.
<b>AUXILIARY SERVICES</b> (not during hospitalisation) External medical and surgical appliances Physiotherapy, speech therapy, occupational therapy (not during hospitalisation), podiatry, orthoptic treatment, audiometry, hearing-aid acoustics, biokinetics, dieticians and consultations with chiropractors, osteopaths, homeopaths, naturopaths, herbalists and social workers Clinical and Medical technologist	Limited to PMB treatment only No benefits  No benefits
<b>RADIOLOGY</b> (must be referred by a Network GP)	Basic x-rays as requested by your Network General Practitioner and subject to protocols.
<b>PATHOLOGY</b> (must be referred by a Network GP)	Basic blood tests as requested by your Network General Practitioner and subject to protocols.
<b>CLINICAL PSYCHOLOGY</b>	No benefits
<b>PSYCHIATRY</b>	Limited to PMB treatment only
<b>PREVENTATIVE CARE (BABY IMMUNISATIONS)</b>	Immunisations are paid 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.
<b>REPRODUCTIVE HEALTH</b>	Pregnancy tests and family planning sessions (excluding contraceptives) and pre-natal care and 1 sonar per pregnancy during the first trimester are covered if provided by Primary Healthcare Provider.
<b>HIV/AIDS</b>	Subject to authorisation from the Primary Healthcare Provider and clinical protocols.
<b>DENTISTRY</b> (Services rendered by a Network Provider) Basic Dental  Specialised Dental	<ul style="list-style-type: none"> <li>- Subject to protocols, consultations, primary extractions, fillings, scaling and polishing.</li> <li>- 1 set of plastic dentures per family per 24 months cycle subject to a 20% co-payment and limited to beneficiaries over the age of 21.</li> <li>- Root canal treatment, crowns and other advanced dentistry are not covered.</li> </ul>
<b>OPTICAL - Network Provider</b> (benefit is available per beneficiary per 24 months, subject to protocols)	<ul style="list-style-type: none"> <li>- One optical test per beneficiary</li> <li>- One pair of white standard monofocal or bifocal lenses or, multifocals to the limit of bifocal lenses in a standard frame from a selection.</li> <li>- <b>Or</b> contact lenses to the value of R420.</li> <li>- A benefit of R150 will be paid toward frames selected from outside of the Network provider range.</li> </ul>
<b>PRESCRIBED MINIMUM BENEFITS (PMB)</b>	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 for medicines and 100% of TT for all other benefits. 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.

<b>CONTRIBUTIONS - TopMed Network</b>			
Incomes	Member	Adult dependant	Student / Minor dependant
< R1000	R790	R790	R330
R1001 - R4000	R860	R860	R360
R4001 - R7000	R1 110	R1 110	R510
R7001 - R13000	R1 450	R1 450	R670
> R13000	R1 850	R1 850	R840

**ABBREVIATIONS**

<b>MRP</b> - Mediscor Reference Price (generic & therapeutic substitution)	<b>PAR</b> - Pre-authorisation reference number	<b>AT</b> - Agreed Tariff
<b>PMB's</b> - Prescribed Minimum Benefit	<b>TT</b> - 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	<b>TTO</b> - To Take Out
<b>DSP</b> - Designated Service Provider	<b>CDL's</b> - Chronic Disease List	<b>PAT</b> - 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.**

**Scheme Policies and Protocols Apply Throughout**

TopMed Limited is a traditional design option with specific benefit limits reimbursed on an 80% basis for doctors and health care providers and a sliding scale co-payment for hospital accounts.

Other than the hospital account, members must first pay and then submit claims on a claim form.

In-Hospital Major medical	
<b>Overall Annual Limit (OAL) R1 million per beneficiary per year</b>	
All benefits are subject to Scheme Rules and Managed Care Protocols Sub-limits and co-payments apply as per Scheme rules	
<b>Admission to Public Hospital Facility</b>	Up to Overall Annual Limit at 100% of Cost and thereafter unlimited
<b>Admission to Private Hospital Facility</b>	Up to the Overall Annual Limit at 100% of Cost and thereafter unlimited through Public Hospital facilities. Individual Benefit limits apply.
<b>Co-payment applies to the Hospital Account at Private Hospital Facilities</b>	50% of the first R4 650 per incident for the members account thereafter 10% of the remainder, up to a maximum co-payment of R10 000
<b>All accounts other than a Hospital Account</b>	20% co-payment and Individual Benefits apply

In Hospital – Pre-Authorisation Required	
<b>Admission to General Ward</b>	Subject to OAL
<b>Intensive Care</b>	Subject to OAL
<b>Procedures, doctors and specialist in hospital</b>	Subject to OAL (PMB DSP applies)
<b>Psychiatric Admission</b>	Maximum 21 days per family per year
<b>Prostheses</b>	Maximum R29 760 per family per year
<b>Surgical, electronic and nuclear appliances</b>	R4 944 per beneficiary per year
<b>Treatment of immunocompromise and opportunistic infections</b>	R41 640 per family per annum
<b>Cancer treatment</b>	Subject to OAL
<b>Dialysis including hospital fee</b>	Subject to OAL
<b>Pathology whilst admitted</b>	Subject to OAL
<b>Radiology whilst admitted</b>	Subject to OAL
<b>Blood transfusion</b>	Subject to OAL
<b>TTO medication</b>	Maximum of 7 days supply
<b>Casualty and Day case procedures</b>	Subject to OAL
<b>Investigations e.g. gastroscopy</b>	Subject to OAL

## Emergency Transportation

Unlimited subject to using ER24. Other providers limited to R2 100 per family per year subject to overall annual limit.

**24 HOUR EMERGENCY LINE:**

**084 124 / 0861 101 569**

Day to Day Cover	
Radiology, Pathology and Histology	Maximum of R4 536 per family per year
CT and MRI scans	1 incident per family per year
Nursing Services and Hospice	21 days per beneficiary per year
Medical Appliances	Max R4 776 per beneficiary per year
Optical Benefit - Subject to IsoLeso Network only – per beneficiary per year.	Test alone – R420 Single vision (incl. test) – R828 Bifocal (incl. test) – R1 236 Multifocal (incl. test) – R1 644
Multifocals need clinical motivation	
General Dentistry	Max R4 476 per family per year
Specialised Dentistry	Max R7 140 per family per year
Hearing AIDS	Max R11 400 per beneficiary in a 24 month period
Acute Medicines	Max R6 996 per family per year (MRP and formulary applies)
Chronic Medicines	Max R10 224 per family per year - thereafter PMB's unlimited (DSP, MRP and formulary applies)
Physiotherapy, Chiropractor and Biokineticist	Max R2 688 per family per year for all services
Audiologist, Dietician, Occupational Therapist, Speech Therapist, Social Worker	Max R2 136 per family per year for all services
General Practitioners and Specialists (Out Patient) - PMB DSP applies	Max R6 300 per family per year for all services
General Practitioners and Specialists (Out Patient) for CDL - PMB DSP applies	Subject to Scheme protocol and DSP
Chiroprapist, Homeopath, Naturopath, Osteopath, Podiatrist, and Orthoptist	Max R2 136 per family per year for all services
Clinical Psychologist and Psychiatrist	Max R3 996 per family per year for all services

**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.

INTERNATIONAL BUSINESS & LEISURE TRAVEL INSURANCE	R10 million per family per year (Medical expenses only as provided by Europ Assist) Maximum of 90 days. Travel must be declared before leaving.
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## CONTRIBUTIONS - TopMed Limited

	Member	Adult dependant	Student / Minor dependant
All incomes	R2 200	R310	R130

## ABBREVIATIONS

<b>CDL</b> = Chronic Disease List	<b>OAL</b> = Overall Annual Limit	<b>DSP</b> - Designated Service Provider
<b>PMB's</b> - Prescribed Minimum Benefit	<b>TTO</b> - To Take Out	<b>MRP</b> - Mediscor Reference Price

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: Benefits subject to Council for Medical Schemes approval.

## PROSTHESIS BENEFITS 2016

Internal Medical/Surgical Prostheses and Appliances								
Internal Medical and Surgical Accessories - (including all components such as pins, rods, screws, plates, nails, fixation material or similar items forming an integral and necessary part of the device so implanted and shall be charged, where applicable, as a single unit) which are implanted during an operation into the body as an internal supporting mechanism and/or which for functional medical reasons are implanted as a prosthesis to replace parts of the body - Subject to pre-authorization and Scheme negotiated price (Paid from Major Medical Benefits).								
	TopMed Rainbow Comprehensive	TopMed Professional	TopMed Paladin Comprehensive	TopMed Savings	TopMed Active Saver	TopMed Hospital	TopMed Network	TopMed Limited
Cardiac/Vascular Prostheses and Appliances								
Stents (Cardiac Peripheral and Aortic)	100% of Scheme	100% of Scheme	100% of Scheme	100% of Scheme	100% of Scheme	100% of Scheme	PMB Only	Refer to Benefit Summary
Valves	Negotiated price up to R56 100 per beneficiary per year unless obtained at a Scheme DSP or in accordance with PMB Protocol	Negotiated price up to R56 100 per beneficiary per year unless obtained at a Scheme DSP or in accordance with PMB Protocol	Negotiated price up to R56 100 per beneficiary per year unless obtained at a Scheme DSP or in accordance with PMB Protocol	Negotiated price up to R50 592 per beneficiary per year unless obtained at a Scheme DSP or in accordance with PMB Protocol	Negotiated price up to R50 592 per beneficiary per year unless obtained at a Scheme DSP or in accordance with PMB Protocol	Negotiated price up to R50 592 per beneficiary per year unless obtained at a Scheme DSP or in accordance with PMB Protocol		
Pace Makers								
Implantable Defibrillators								
Joint Prostheses (maximum of one per beneficiary per year) Subject to failed conservative treatment and Risk Management								
Hip, Knee, Shoulder or Elbow only	Up to R47 700 per beneficiary per year	Up to R47 700 per beneficiary per year	Up to R47 700 per beneficiary per year	Up to R44 508 per beneficiary per year	PMB Only	Up to R44 508 per beneficiary per year. Trauma only	PMB Only	Refer to Benefit Summary
Orthopaedic Prostheses and Appliances (Subject to failed conservative treatment & Risk Management)								
Spinal fixation devices (max 2 levels unless motivated)	100% of Scheme	100% of Scheme	100% of Scheme	100% of Scheme	100% of Scheme	100% of Scheme	PMB Only	Refer to Benefit Summary
Fixation devices – non spinal	Negotiated price up to R56 100 per beneficiary per year unless obtained at a Scheme DSP or in accordance with PMB Protocol	Negotiated price up to R56 100 per beneficiary per year unless obtained at a Scheme DSP or in accordance with PMB Protocol	Negotiated price up to R56 100 per beneficiary per year unless obtained at a Scheme DSP or in accordance with PMB Protocol	Negotiated price up to R50 592 per beneficiary per year unless obtained at a Scheme DSP or in accordance with PMB Protocol	Negotiated price up to R50 592 per beneficiary per year unless obtained at a Scheme DSP or in accordance with PMB Protocol	Negotiated price up to R50 592 per beneficiary per year unless obtained at a Scheme DSP or in accordance with PMB Protocol		
Bone Lengthening devices								
Implantable devices, disc prosthesis, Kyphoplasty	Combined with above limit	Combined with above limit	Combined with above limit	Combined with above limit	PMB Only	Combined with above limit		
Neuro Stimulators and Deep Brain Stimulators	Up to R33 696 per beneficiary per year	Up to R33 696 per beneficiary per year	Up to R33 696 per beneficiary per year	Up to R31 500 per beneficiary per year	PMB Only	Up to R31 500 per beneficiary per year	PMB Only	Refer to Benefit Summary
Internal Sphincters and stimulators	Up to R53 928 per beneficiary per year	Up to R53 928 per beneficiary per year	Up to R53 928 per beneficiary per year	Up to R50 556 per beneficiary per year	PMB Only	Up to R50 556 per beneficiary per year	PMB Only	Refer to Benefit Summary
Unspecified/Unlisted above	Up to R14 376 per procedure per year	Up to R14 376 per procedure per year	Up to R14 376 per procedure per year	Up to R14 376 per beneficiary per year	Up to R14 376 per beneficiary per year	Up to R14 376 per beneficiary per year	PMB Only	Refer to Benefit Summary

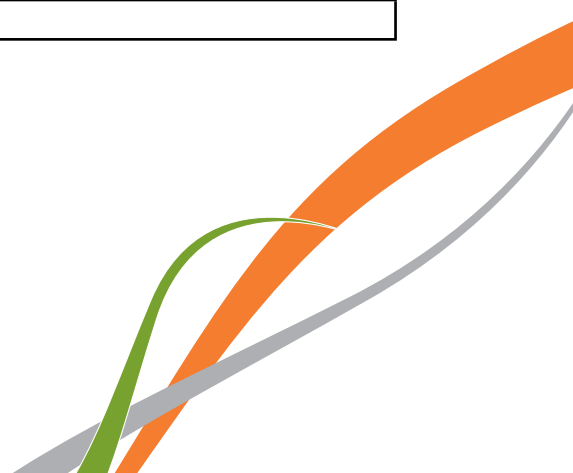




Your Plan For A Healthier Life

## DEDUCTIBLES 2016

Option	Deductible in 2016
Rainbow Comprehensive	None
Professional	Nissen (Hernia repair): R5 000 Hysterectomy: R2 500 Laparoscopic surgery: R2 000
Paladin Comprehensive	Joint replacement, Spinal surgery, Nissen (Hernia repair): R7 500 Hysterectomy: R3 500 Laparoscopic surgery: R3 000 Cholecystectomy: R2 500 Sinus and nasal surgery: R2 000 Tonsils, adenoids, grommets: R1 000
Savings	None
Hospital	None
Active Saver	Hysterectomy: R3 500 Cholecystectomy: R2 500 Tonsils, adenoids, grommets: R500  No benefits are provided for the following: Medical admissions for Musculoskeletal conditions Nissen (Hernia repair) Functional reconstruction of nasal septum Endoscopic sinus surgery Reconstruction of palate and uvula (laser or otherwise) Gauchers
Network	Hysterectomy: R3 500 Cholecystectomy: R2 500 Tonsils, adenoids, grommets: R500  No benefits are provided for the following: Medical admissions for Musculoskeletal conditions Nissen (Hernia repair) Functional reconstruction of nasal septum Endoscopic sinus surgery Reconstruction of palate and uvula (laser or otherwise) Gauchers
Limited	None



# TopMed Wellness Benefit

TopMed offers a Wellness Benefit on all options except TopMed Network, allowing you access to certain preventative screening tests which are payable from TopMed's Major Medical Benefit, thus extending Member's day-to-day benefits.

Category	Sub Category	Age Band	Tariff Code	Frequency	Max rate payable at TopMed Tariff
Immunisation program	Influenza Vaccination	All		1 every year	100%
	Baby Immunisation	Covered for the first 6 years of life		According to the Dept of Health protocols	100%
	Tetanus	All		1 every year	100%
	Pneumococcal	Beneficiaries aged 60 years and older, high risk individuals		1 every year	100%
Screening benefit (Health Assessment)	- BMI	All adult beneficiaries		1 every year	100%
	- Blood sugar test (finger prick)	All adult beneficiaries		1 every year	100%
	- Blood pressure test	All adult beneficiaries		1 every year	100%
	- Cholesterol test (finger prick)	All adult beneficiaries		1 every year	100%
Early detection tests	General physical examination (at a GP)	Adults 30-59 years	0190/0191/0192	1 medical examination every 3 years	100%
		Adults 60-69 years	0190/0191/0192	1 medical examination every 2 years	100%
		Adults 70 years & older	0190/0191/0192	1 medical examination every year	100%
	Pap smear				
	- Consultation	Females 15 years & older	0190/0191/0192	1 every year	100%
	- Pathology Test	Females 15 years & older	4566/4559	1 every year	100%
	Prostate Specific Antigen (PSA) Test (Pathologist)	Males 40-49 years	4519	1 every 5 years	100%
		Males 50-59 years	4519	1 every 3 years	100%
		Males 60-69 years	4519	1 every 2 years	100%
		Males 70 years & older	4519	1 every year	100%
	Free Prostate Specific Antigen (Free PSA) Only if PSA is raised (Pathologist)	Males 40-49 years	4524	1 every 5 years	100%
		Males 50-59 years	4524	1 every 3 years	100%
		Males 60-69 years	4524	1 every 2 years	100%
		Males 70 years & older	4524	1 every year	100%
	Only if finger prick is raised above 6mmol/L				
	- LDL	All adult beneficiaries	4026	1 every year	100%
	- Basic total	All adult beneficiaries	4027	1 every year	100%
	- HDL	All adult beneficiaries	4028	1 every year	100%
	- Triglyceride	All adult beneficiaries	4147	1 every year	100%
	- Lipogram	All adult beneficiaries	4025	1 every year	100%
	Only if finger prick is raised above 11mmol/L				100%
	- Blood sugar - Quantitative	All adult beneficiaries	4057	1 every year	100%
	HIV Elisa Test	Beneficiaries 15 years and older	3932	1 every year	100%
	Mammogram (Includes Sonar)	Females 40 years and older	34100/34101	1 every 2 years	100%
	Bone Densitometry	Beneficiaries 50 years and older	3604/50120/58531	1 every 3 years	100%
	Glaucoma test	Beneficiaries 40-49 years	3002 /11202/ 11212 /3014	1 every 2 years	100%
		Beneficiaries 50+ years		1 every year	

## Please note:

- Pre-authorization is required prior to using the above benefits. Please call the TopMed Contact Centre on 0860 00 21 58.
- Except in the case of PMBs, any consultations and costs not specifically stated above but related to the above tests will be paid from day-to-day benefits.

# Unique Benefits

## Extended Major Medical Benefit

To ensure that members receive adequate care when recovering from a major hospital procedure without being restricted by the availability of day-to-day benefits TopMed provides an Extended Major Medical Benefit.

This unique benefit allows members access to extended rehabilitation benefits for 5 major events, as outlined below, which are funded from the Major Medical Benefits portion and not from day-to-day benefits.

Options	Post Total Hip Replacement	Post Total Knee Replacement	Post Crime Trauma	Heart Attack	Stroke
Rainbow Comprehensive	√	√	√	√	√
Professional	√	√	√	√	√
Paladin Comprehensive	√	√	√	√	√
Savings	√	√	√	√	√
Active Saver	Trauma only	Trauma only	√	√	√
Hospital	Trauma only	Trauma only	√	√	√
Network	No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
Limited	No Benefit	No Benefit	No Benefit	No Benefit	No Benefit

Description & Definition	Benefits	Events
<b>Post Total Hip Replacement</b> Effective mobilisation after a hip replacement is always difficult yet critical to the success of this expensive operation.	8 physiotherapy sessions within 3 months after being discharged from the hospital Once per annum (per hip) <b>Authorisation required</b>	N/A
<b>Post Total Knee Replacement</b> As with a hip replacement effective mobilisation after a knee replacement is always difficult and at times painful, yet critical to the success of this expensive operation.	8 physiotherapy sessions within 3 months after being discharged from the hospital Once per annum (per knee) <b>Authorisation required</b>	N/A
<b>Post Crime Trauma</b> This benefit is aimed at supporting you when you have been exposed to a traumatic crime-related incident.  To access this benefit, you need to report the event at your nearest Police Station and obtain a Police Reference Number (MR Number).	Combined total of 12 consultations for 6 months from the date of the event per dependant with any of the following specialists: - psychologist - psychiatrist - social worker <b>Authorisation required</b>	<ul style="list-style-type: none"> <li>• a hijacking or attempted hijacking</li> <li>• attempted murder</li> <li>• assault or attempted assault, including sexual assault</li> <li>• robbery (including armed robbery) or attempted robbery</li> </ul>
<b>Heart Attack (Myocardial Infarction)</b> A heart attack is caused by a blockage in the arteries supplying your heart muscle.	Subject to Case Management and must be prescribed by the treating cardiologist/physician. <b>Authorisation required</b>	N/A
<b>Stroke (Cerebro-vascular accident)</b> A stroke occurs when the blood supply to the brain tissue is compromised - either by a blockage of a blood vessel or a brain haemorrhage.	Comprehensive rehabilitation programme including therapy from a multi-disciplinary team for a period of 3 months after the ACUTE event. - physiotherapist - occupational therapist - speech therapist  This benefit is subject to Case Management. <b>Authorisation required</b>	N/A

## International Business & Leisure Travel Insurance

Medical expenses are covered subject to the terms and conditions of the TIC (EuropAssistance) policy schedule and completion of a DECLARATION OF TRAVEL DAYS document which can be obtained from TopMed on **0860 002158**. Maximum of 90 days cover. Applicable on all options except TopMed Network.