

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>HOSPITALISATION (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>Treatment of Immunocompromise and Opportunistic Infections irrespective of cause</p> <p>Psychiatric Hospitalisation (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>MEDICAL PRACTITIONERS (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>RADIOLOGY AND PATHOLOGY 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>SECONDARY FACILITIES (step-down nursing, hospice & rehabilitation) Benefits and treatment provided through Case Management Programme</p>	<p>Limited to PMB treatment only</p>
<p>CONFINEMENTS 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>AMBULANCE SERVICES 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>DISEASE MANAGEMENT / CASE MANAGEMENT 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>AUXILIARY SERVICES (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>CHRONIC PMB MEDICINES</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>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>SPECIFIC OPTION EXCLUSIONS</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.

TopMed Network	Part 2 : Day-to-Day Benefits
MEDICAL PRACTITIONERS (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.
MEDICAL PRACTITIONERS (Out of Network) General Practitioners	<ul style="list-style-type: none"> - Limited to 3 visits per family per year to a maximum of R1 165 per family per year. - No benefit for facility fees. - Only emergencies and after hours services. - The member will be required to pay for the services and submit the claim for reimbursement.
EMERGENCY GP VISITS	Unlimited outpatient or emergency visits at a public hospital. Subject to criteria and definition of an emergency medical condition.
SPECIALIST (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.
ACUTE MEDICATION (Subject to the acute medicine formulary)	As dispensed by a Network General Practitioner or pharmacy according to the acute medicine formulary.
PAT MEDICATION (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.
AUXILIARY SERVICES (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
RADIOLOGY (must be referred by a Network GP)	Basic x-rays as requested by your Network General Practitioner and subject to protocols.
PATHOLOGY (must be referred by a Network GP)	Basic blood tests as requested by your Network General Practitioner and subject to protocols.
CLINICAL PSYCHOLOGY	No benefits
PSYCHIATRY	Limited to PMB treatment only
PREVENTATIVE CARE (BABY IMMUNISATIONS)	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.
REPRODUCTIVE HEALTH	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.
HIV/AIDS	Subject to authorisation from the Primary Healthcare Provider and clinical protocols.
DENTISTRY (Services rendered by a Network Provider) Basic Dental Specialised Dental	<ul style="list-style-type: none"> - Subject to protocols, consultations, primary extractions, fillings, scaling and polishing. - 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. - Root canal treatment, crowns and other advanced dentistry are not covered.
OPTICAL - Network Provider (benefit is available per beneficiary per 24 months, subject to protocols)	<ul style="list-style-type: none"> - One optical test per beneficiary - One pair of white standard monofocal or bifocal lenses or, multifocals to the limit of bifocal lenses in a standard frame from a selection. - Or contact lenses to the value of R420. - A benefit of R150 will be paid toward frames selected from outside of the Network provider range.
PRESCRIBED MINIMUM BENEFITS (PMB)	Prescribed Minimum Benefits (PMB's) will be covered in the Public Health care system where applicable. Should you obtain these services elsewhere, the scheme will only pay a 70% benefit 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.

CONTRIBUTIONS - TopMed Network			
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

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.