

Scheme Policies and Protocols Apply Throughout

TopMed Rainbow Comprehensive	Part 1 : Major Medical Benefits	
<p>HOSPITALISATION Pre-authorisation (PAR) is required in respect of hospitalisation and the associated clinical procedures before treatment starts. In 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>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 (T.T.O.)</p>	<p>Unlimited 100% of AT</p> <p>100% of TT Limited to R41 640 per family per year</p> <p>Limited to 21 days per beneficiary per year 100% of AT (MRP and formulary applies), maximum seven days supply</p>	<p>Extended Major Medical Benefit Post-operative benefits available for the following:-</p> <ul style="list-style-type: none"> • Hip replacement • Knee replacement • Post-crime Trauma • Heart attack • Stroke
<p>MEDICAL PRACTITIONERS (in hospital)</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>RADIOLOGY AND PATHOLOGY Basic radiology and pathology (during authorised hospital treatment) MRI scans, CT scans, radioisotope studies (during authorised hospital treatment) PAR required</p>	<p>100% of TT 100% of TT – subject to a R2 500 co-payment per scan</p>	
<p>SECONDARY FACILITIES (step-down nursing, hospice & rehabilitation) Benefits and treatment provided through Case Management Programme</p>	<p>Benefits for clinical procedures and treatments during a stay in a secondary facility will be limited to R123 648 per beneficiary per year</p>	
<p>MATERNITY PROGRAMME / CONFINEMENTS Maternity Programme (Registration within 12-20 weeks of pregnancy)</p> <p>Confinement (PAR required prior to birth) Home births</p>	<p>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>AMBULANCE SERVICES Preferred Provider ER 24 (084 124) Non-preferred Provider</p>	<p>100% of AT 100% of TT, limited to R2 100 per family per year</p>	
<p>DISEASE MANAGEMENT / CASE MANAGEMENT AIDS and HIV Infections Organ transplants and kidney dialysis Oncology</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>AUXILIARY SERVICES (during authorised hospital treatment) Blood transfusions Physiotherapy, speech therapy, occupational therapy, social workers and dieticians Clinical technologists and medical technologists Internal medical and surgical accessories</p>	<p>100% of Cost 300% of TT</p> <p>300% of TT 100% of AT subject to sub-limits as applied per clinical protocols.</p>	<p>Stomathery limited to R17 748 per family per year (PAR required if limit exceeded)</p>
<p>CHRONIC MEDICINE Chronic - including PMB (member must apply for this benefit)</p>	<p>100% of AT at a DSP (MRP and formulary applies). For PMB CDL's - 70% of AT for non-DSP or non-formulary (MRP and formulary applies). Payable from Yearly Limit thereafter Chronic Benefit Unlimited - Non-PMB payable from Chronic Benefit at 80% once Yearly Limit is depleted.</p>	
<p>DENTISTRY 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>IMPACTED WISDOM TEETH (PAR required)</p>	<p>100% of TT - subject to R1 000 co-payment</p>	
<p>ORTHOGNATHIC SURGERY (PAR required)</p>	<p>100% of TT - subject to 20% co-payment</p>	
<p>MAXILLO-FACIAL SURGERY</p>	<p>300% of TT. Subject to clinical criteria and limited to jaw fractures, congenital deformities and surgical treatment of pathological conditions.</p>	
<p>SCOPES (PAR required) Gastrosopies and Colonoscopies</p>	<p>If performed in a hospital facility - R2 500 co-payment per scope If performed in a day clinic / doctor's room - no co-payment</p>	
<p>WELLNESS BENEFIT</p>	<p>Payable from Major Medical Benefit</p>	
<p>INTERNATIONAL BUSINESS & LEISURE TRAVEL INSURANCE</p>	<p>R10 million per family per year (Medical expenses only as provided by EuropAssist) Maximum of 90 days Travel must be declared before leaving</p>	

TopMed Rainbow Comprehensive	Part 2 : Day-to-day Benefits
Yearly Limit	Members will be allocated a Yearly Limit for day-to-day claims. Once the Yearly Limit has depleted and the annual threshold level is reached, members will have access to the Extended Cover subject to Scheme approval.
ANNUAL DAY-TO-DAY ALLOWANCE	100% of Cost Member R8 724 Adult R7 392 Child R1 932
ANNUAL THRESHOLD 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 (Accumulation to Threshold at 100% TT)
OUT-PATIENT TREATMENT AT HOSPITAL FACILITIES Trauma benefits only	100% of TT payable from Major Medical Benefit
MEDICAL PRACTITIONERS (out of hospital) Clinical procedures Visits (General Practitioners and Specialists) PMB DSP applies Material and injection material (excluding medicine) administered in a doctor's consulting room	100% of Cost from Yearly Limit thereafter 80% of TT from Extended Cover
ACUTE MEDICATION 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
AUXILIARY SERVICES External medical and surgical appliances Physiotherapy, occupational therapy, speech therapy, social workers and dieticians, podiatry, orthoptic treatment, audiometry, hearing-aid acoustics, biokinetics and consultations with chiropractors, osteopaths, homeopaths, naturopaths and herbalist 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
RADIOLOGY / PATHOLOGY 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
CLINICAL PSYCHOLOGY AND PSYCHIATRIC TREATMENT	100% of Cost from Yearly Limit thereafter 80% of TT from Extended Cover
REPRODUCTIVE HEALTH (Oral, injectable and IUD contraceptives)	100% of Cost from Yearly Limit thereafter 80% of TT from Extended Cover (MRP and formulary applies)
OPTICAL BENEFITS 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
DENTISTRY 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.
PRESCRIBED MINIMUM BENEFITS (PMB)	Prescribed Minimum Benefits (PMB's) will be covered by TopMed both in the Public Healthcare System or TopMed's Designated Service Providers (DSP's). The treatment of PMB's includes chronic medication as well as the medical or surgical treatment of your PMB condition. The payment of all your PMB's requires authorisation and is subject to clinical protocols (inclusive of formularies for medicines) and must be obtained from TopMed's DSP's, failing which TopMed will only pay a 70% benefit for medicines and 100% of TT for all other benefits. Once any applicable limits are reached TopMed will continue to pay for your PMB's as per the above criteria.

CONTRIBUTIONS - TopMed 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

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.