



2018 BENEFIT COMPARISON



Consultant

Contact Number:

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BENEFITS	COMPREHENSIVE	EXECUTIVE	FAMILY	SAVINGS	ACTIVE SAVER	ESSENTIAL	NETWORK
Option notes	Members are allocated a Yearly Limit for day-to-day claims. Once the Yearly Limit has depleted and the annual Threshold reached, members will have access to the Extended Cover subject to Scheme approval. Claims accumulate to Threshold at 100% of TT. The Scheme charges for a maximum of 3 Children on this option	Members are allocated a Savings account where 25% of their contribution is allocated. Day-to-day claims have sub-limits which apply before and after Threshold has been reached. The Scheme charges for a maximum of 3 Children on this option	Members are allocated a Savings account where 20% of their contribution is allocated. Day-to-day claims have sub-limits which apply before and after Threshold has been reached. Claims accumulate to Threshold at 100% of TT. The Scheme charges for a maximum of 3 Children on this option	Members are allocated a Savings account where 16% of their contribution is allocated. The Scheme charges for a maximum of 3 Children on this option	Members are allocated a Savings account where 16% of their contribution is allocated	A Hospital Plan only where no day-to-day benefits are provided. The Scheme charges for a maximum of 3 Children on this option	A Primary Care option designed to provide basic primary care benefits utilising Network Providers. Hospitalisation is limited to PMB only
Day to Day Benefits	Member: R9 816 Adult: R8 316 Child: R2 172	Member: R14 676 Adult: R11 712 Child: R4 440	Member: R9 216 Adult: R7 356 Child: R2 508	Member: R4 848 Adult: R3 876 Child: R1 464	Member: R3 072 Adult: R3 072 Child: R1 020	N/A	N/A
Annual Threshold Limit	Member: R13 032 Adult: R10 728 Child: R2 976	Member: R17 628 Adult: R14 664 Child: R5 616	Member: R12 180 Adult: R10 322 Child: R4 092	N/A	N/A	N/A	N/A
Self-payment Gap	Member: R3 216 Adult: R2 412 Child: R804	Member: R2 952 Adult: R2 952 Child: R1 176	Member: R2 964 Adult: R2 964 Child: R1 584	N/A	N/A	N/A	N/A
Prescribed Minimum Benefits	Prescribed Minimum Benefits will be covered by Topmed both in the Public Healthcare System or Topmed's Designated Services 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 PMB's requires authorisation and is subject to clinical protocols and must be obtained from Topmed's DSP's for payment in full, failing which Topmed will only pay a 70% benefit for medication, 75% of TT for hospitalisation (Essential and Network Options Only) and 100% of TT for all other benefits						
Hospitalisation							
Hospital Cover	Unlimited Private Hospital Cover. 100% of AT	Unlimited Private Hospital Cover. 100% of AT	Unlimited Private Hospital Cover. 100% of AT	Unlimited Private Hospital Cover. 100% of AT	Unlimited Private Hospital Cover. 100% of AT	Unlimited Private Hospital Cover. DSP Hospital - 100% of AT. Non-DSP Hospital - 75% of AT	Limited to PMB only. DSP Network of Hospitals/Day Clinics - 100% of AT. Non-DSP - 75% of AT
Casualty Cover (Treatment delivered on day of injury - Trauma only)	300% of TT. 100% of AT for facility fee	200% of TT. 100% of AT for facility fee	150% of TT. 100% of AT for facility fee	100% of TT. 100% of AT for facility fee	100% of TT. 100% of AT for facility fee	100% of TT. 100% of AT for facility fee	Unlimited visits at a public hospital
Neo-natal confinement	Unlimited	Unlimited	100% of AT limited to R402 396 ppa	Unlimited	Limited to PMB - DSP applies	Unlimited	Limited to PMB - DSP applies
Elective Caesarean	300% of TT	200% of TT	150% of TT limited to R21 840 for all services	100% of TT	No benefit. Limited to the benefit of natural delivery	100% of TT	No benefit. Limited to the benefit of natural delivery
Home Birth / Water Birth	Subject to a registered service provider assisting with the birth	Subject to a registered service provider assisting with the birth	Subject to a registered service provider assisting with the birth	Subject to a registered service provider assisting with the birth	Subject to a registered service provider assisting with the birth	Subject to a registered service provider assisting with the birth	Subject to a registered service provider assisting with the birth
Ambulance Services	100% of AT at preferred provider. 100% of TT limited to R2 328 ppa for non-preferred provider	100% of AT at preferred provider. 100% of TT limited to R2 328 ppa for non-preferred provider	100% of AT at preferred provider. 100% of TT limited to R2 328 ppa for non-preferred provider	100% of AT at preferred provider. 100% of TT limited to R2 328 ppa for non-preferred provider	100% of AT at preferred provider. 100% of TT limited to R2 328 ppa for non-preferred provider	100% of AT at preferred provider. 100% of TT limited to R2 328 ppa for non-preferred provider	100% of AT at preferred provider. 100% of TT limited to R2 328 ppa for non-preferred provider
Specialised Surgery (New technology)	Limited to R317 100 ppa. Managed Care Protocols apply	No benefit	No benefit	No benefit	No benefit	No benefit	No benefit
Psychiatric admissions	Case Managed and limited to 21 days ppa	Case Managed and limited to 21 days ppa	Case Managed and limited to 21 days ppa	Case Managed and limited to 21 days ppa	Case Managed and limited to PMB	Case Managed and limited to 21 days ppa	Case Managed and limited to PMB
Immunocompromise and Opportunistic Infections	100% of TT. Limited to R46 872 ppa	100% of TT. Limited to R46 872 ppa	100% of TT. Limited to R46 872 ppa	100% of TT. Limited to R46 872 ppa	100% of TT. Limited to R46 872 ppa	100% of TT. Limited to R46 872 ppa	100% of TT. Limited to R46 872 ppa
TTO Medication (Received on discharge)	100% of AT. Max 7 days supply (TRP and formulary applies)	100% of AT. Max 7 days supply (TRP and formulary applies)	100% of AT. Max 7 days supply (TRP and formulary applies)	100% of AT. Max 7 days supply (TRP and formulary applies)	100% of AT. Max 7 days supply (TRP and formulary applies)	100% of AT. Max 7 days supply (TRP and formulary applies)	No benefit
Medical Practitioners and Specialists	300% of TT. PMB DSP applies	200% of TT. PMB DSP applies	150% of TT. PMB DSP applies	100% of TT. PMB DSP applies	100% of TT. PMB DSP applies	100% of TT. PMB DSP applies	DSP Network - 100% of TT. Non DSP Network - 70% of TT
Secondary Facilities (Step-down nursing, hospice and rehabilitation)	Case Managed and limited to R139 200 ppa	Case Managed and limited to R139 200 ppa	Case Managed and limited to R139 200 ppa	Case Managed and limited to R139 200 ppa	Case Managed and limited to PMB	Case Managed and limited to R139 200 ppa	Case Managed and limited to PMB
Dentistry	100% of AT from Yearly Limit thereafter Extended Cover at 80% of TT. A co-payment of R1 700 for extractions and fillings for children under 6 years including dental clearance. Dental clearance limited to R26 844 ppa	Subject to day to day benefits	Subject to day to day benefits	Subject to day to day benefits	No benefit	No benefit	No benefit
Maxillo-Facial	300% of TT subject to clinical criteria and limited to jaw fractures, congenital deformities and pathological conditions	200% of TT subject to clinical criteria and limited to jaw fractures, congenital deformities and pathological conditions	150% of TT subject to clinical criteria and limited to jaw fractures, congenital deformities and pathological conditions	100% of TT subject to clinical criteria and limited to jaw fractures, congenital deformities and pathological conditions	Limited to PMB	100% of TT subject to clinical criteria and limited to jaw fractures, congenital deformities and pathological conditions	Limited to PMB
Impacted Wisdom Teeth	100% of TT subject to a co-payment of R1 120	100% of TT limited to the Specialised Dentistry limit of R15 024 ppa. Subject to clinical criteria	100% of TT subject to a co-payment of R1 120	Subject to day to day benefits	100% of TT limited to R13 380 ppa inclusive of all Providers	No benefit	No benefit
Orthognathic Surgery	100% of TT subject to a 20% co-payment	No benefit	No benefit	No benefit	No benefit	No benefit	No benefit
Scopes (Gastrosopies and Colonoscopies) (PAR required)	100% of TT subject to a R2 600 co-payment per scope. If performed in a day clinic/doctors rooms no co-payment applies	100% of TT subject to a R2 600 co-payment per scope. If performed in a day clinic/doctors rooms no co-payment applies	100% of TT subject to a R2 600 co-payment per scope. If performed in a day clinic/doctors rooms no co-payment applies	100% of TT subject to a R2 600 co-payment per scope. If performed in a day clinic/doctors rooms no co-payment applies	100% of TT subject to a R2 600 co-payment per scope. If performed in a day clinic/doctors rooms no co-payment applies	100% of TT subject to a R2 600 co-payment per scope. If performed in a day clinic/doctors rooms no co-payment applies	Limited to PMB
Radiology and Pathology during hospitalisation							
Radiology and Pathology	100% of TT	100% of TT	100% of TT	100% of TT	100% of TT	100% of TT	Limited to PMB
MRI scans, CT scans, radioisotope studies (PAR required)	100% of TT subject to a R2 600 co-payment per scan	100% of TT subject to a R2 600 co-payment per scan	100% of TT subject to a R2 600 co-payment per scan	100% of TT subject to a R2 600 co-payment per scan	100% of TT subject to a R2 600 co-payment per scan	100% of TT subject to a R2 600 co-payment per scan	Limited to PMB
Auxiliary Services during hospitalisation							
Blood transfusions	100% of Cost	100% of Cost	100% of Cost	100% of Cost	100% of Cost	100% of Cost	Limited to PMB
Physiotherapy speech therapy, occupational therapy, social workers and dieticians	100% of TT	100% of TT	100% of TT	100% of TT	100% of TT	100% of TT	Limited to PMB
Clinical and medical technologists	100% of TT	100% of TT	100% of TT	100% of TT	100% of TT	100% of TT	Limited to PMB
Internal medical and surgical accessories (additional PAR required)	100% of Cost subject to sub-limits as applied per clinical protocols	100% of Cost subject to sub-limits as applied per clinical protocols	100% of Cost subject to sub-limits as applied per clinical protocols	100% of Cost subject to sub-limits as applied per clinical protocols	100% of Cost subject to sub-limits as applied per clinical protocols	100% of Cost subject to sub-limits as applied per clinical protocols	Limited to PMB
Day to Day Benefits - Out of Hospital							
Casualty Cover (Non Trauma)	Subject to day to day benefits	Subject to day to day benefits	Subject to day to day benefits	100% of Cost from Savings	100% of Cost from Savings	No benefit	No benefit
Medical Practitioners and Specialists - Including clinical procedures, visits (PMB DSP applies), material and injection material (excluding medicine) administered in a Provider's consulting room	100% of Cost from Yearly Limit, SPG, thereafter Extended Cover at 80% of TT	100% of TT. A maximum of 2 visits may be utilised for out-patient consultations	100% of TT. A maximum of 2 visits may be utilised for out-patient consultations	100% of Cost from Savings	100% of Cost from Savings	No benefit	GP Network Provider: Basic primary care including specified minor trauma treatment. Limited to 2 GP consults ppa (excluding CDL treatment plan consults and emergency GP visits). Additional consultations subject to clinical protocols and pre-authorisation GP Non-Network Provider: Limited to 3 visits ppa to a maximum of R1 236. Emergencies and after hours services only. No benefit for facility fees Specialist Network Provider: 100% of AT limited to R1 500 ppa including radiology & pathology Specialist Non Network Provider: 70% of TT
Prescribed Acute Medication	100% of Cost from Yearly Limit, SPG, thereafter Extended Cover at 80% of AT (TRP and formulary applies)	100% of AT from Savings, SPG, thereafter Extended Cover limited to R11 256 per beneficiary / R22 284 ppa. (TRP and formulary applies)	100% of AT from Savings, SPG, thereafter Extended Cover subject to sub-limits. M: R4 860 M1:R6 084 M2: R7 296 M3: R9 684 M4: R13 032 (TRP and formulary applies)	100% of Cost from Savings	100% of Cost from Savings	No benefit	Subject to acute medication formulary. Scripting Providers to supply medication, non-scripting Providers to supply a script for dispensing from Network Pharmacy
Reproductive Health - Oral, injectable and IUD contraceptives	100% Cost from Yearly Limit, SPG, thereafter Extended Cover at 80% of TT (TRP and formulary applies)	100% of TT from Savings, SPG, thereafter Extended Cover subject to acute medication sub-limit. (TRP and formulary applies)	100% of TT from Savings, SPG, thereafter Extended Cover subject to acute medication sub-limit.(TRP and formulary applies)	100% of Cost from Savings	100% of AT from Major Medical Benefit. (TRP and formulary applies)	No benefit	No benefit for contraceptives. Pregnancy tests, family planning sessions and pre-natal care provided by Network Provider
Vitamins and Minerals	100% of AT from Yearly Limit, SPG, thereafter Extended Cover at 80% of TT. Subject to sub-limits. Member: R2 604 Adult: R2 148 Child: R600. (TRP and formulary applies)	No benefit	No benefit	100% of Cost from Savings	100% of Cost from Savings	No benefit	No benefit

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OTC Medication	100% Cost from Yearly Limit, SPG, thereafter Extended Cover at 80% of TT. Limited to R168 per script and does not accrue to Threshold. (TRP and formulary applies)	100% of AT from Savings subject to combined acute medication sub-limit. No benefit in Extended Cover. (TRP and formulary applies)	100% of AT from Savings and subject to acute medication sub-limit. No benefit in Extended Cover. (TRP and formulary applies)	100% of Cost from Savings	100% of Cost from Savings	No benefit	100% of TT limited to R216 p/pa and R72 per script. (TRP and formulary applies)
Optical	Managed by PPN. 100% of Cost from Yearly Limit, SPG, thereafter Extended Cover at PPN rates. Contact lenses limited to R2 424 p/pa. No benefit for spectacles and contact lenses in the same year. PPN rates accrue to Threshold	Managed by PPN. 100% of PPN rates from Savings, SPG, thereafter Extended Cover limited to R2 496 per beneficiary / R7 296 p/pa	Managed by PPN. 100% of PPN rates from Savings, SPG, thereafter Extended Cover limited to R2 064 p/pa / R6 132 p/pa	100% of Cost from Savings	100% of Cost from Savings	No benefit	100% of Cost limited to 1 eye test p/pa at a Network Provider including 1 pair of mono or bi-focal lenses with selected frames every 24 months or limited to R555 for contact lenses. A benefit of R150 will be paid towards frames selected outside of the Network
Dentistry (Conservative and Specialised)	100% of TT from Yearly Limit, SPG, thereafter Extended Cover at 80% of TT. Limited to R24 072 p/pa	Conservative Dentistry - 100% of TT from Savings, SPG, thereafter Extended Cover for a specified list of benefits Specialised Dentistry - Limited to R15 024 p/pa. Limits apply before and after Threshold	100% of TT from Savings, SPG, thereafter Extended Cover subject to sub-limits. M: R7 044 M1 R7 860 M2: R8 772 M3: R9 780 M4: R10 608. A co-payment of R1 700 for extractions and fillings for children under 6 years	100% of Cost from Savings	100% of Cost from Savings	No benefit	Basic Dentistry at a Network Dentist. 1 set of plastic dentures p/pa per 24 months
Clinical Psychology	100% of Cost from Yearly Limit, SPG, thereafter Extended Cover subject to 80% of TT	100% of TT from Savings, SPG, thereafter Extended Cover subject to sub-limit of R6 288 p/pa	100% of TT from Savings, SPG, thereafter Extended Cover subject to sub-limit of R6 864 p/pa	100% of Cost from Savings	100% of Cost from Savings	No benefit	No benefit
Radiology and Pathology out of hospitalisation							
Basic radiology	100% of Cost from Yearly Limit, SPG, thereafter Extended Cover at 80% of TT	100% of TT	100% of TT from Savings, SPG, thereafter Extended Cover subject to sub-limit of R3 828 p/pa (excludes MRI & CT scans)	100% of Cost from Savings	100% of Cost from Savings	100% of Cost from Savings	Basic x-rays as requested by a Network Provider and subject to protocols
MRI scans, CT scans, radioisotope studies (PAR required)	100% of TT subject to a R2 600 co-payment per scan	100% of TT subject to a R2 600 co-payment per scan	100% of TT subject to a R2 600 co-payment per scan	100% of TT subject to a R2 600 co-payment per scan	100% of Cost from Savings	Limited to PMB	No benefit
Basic pathology	100% of Cost from Yearly Limit, SPG, thereafter Extended Cover at 80% of TT	100% of TT	100% of TT from Savings, SPG, thereafter Extended Cover subject to sub-limit of R4 284 p/pa	100% of Cost from Savings	100% of Cost from Savings	No benefit	Basic blood tests as requested by a Network Provider and subject to protocols
Auxiliary Services out of hospitalisation							
Physiotherapy, speech therapy, occupational therapy, social workers, dieticians, podiatry, orthoptic treatment, audiology, hearing aid acoustics, biokinetics, chiropractors, osteopaths, homeopaths, naturopaths and herbalists	100% of Cost from Yearly Limit, SPG, thereafter Extended Cover at 80% of TT	100% of TT subject to a combined limit of R6 072 p/pa / R17 952 p/pa	100% of TT from Savings, SPG, thereafter Extended Cover limited to R4 260 p/pa	100% of Cost from Savings	100% of Cost from Savings	No benefit	No benefit
Clinical and Medical Technologists	100% of Cost from Yearly Limit, SPG, thereafter Extended Cover at 80% of TT	100% of TT	100% of Cost from Savings, SPG, thereafter Extended Cover at 100% of TT	100% of Cost from Savings	100% of Cost from Savings	No benefit	No benefit
External medical and surgical appliances (PAR required)	100% of Cost from Yearly Limit, SPG, thereafter Extended Cover at 80% of TT	100% of Cost from Yearly Limit, SPG, thereafter Extended Cover subject to sub-limits. Appliances: R2 856 Oxygen: R24 036 Wheelchairs: R15 024 (1 in 5 years) Hearing Aids: R15 024 (per family per 3 year cycle)	100% of Cost from Savings, SPG, thereafter Extended Cover at 100% of TT limited to R4 584 p/pa. Wheelchairs, hearing aids and external prostheses limited to R12 240 p/pa	100% of Cost from Savings	100% of Cost from Savings	No benefit	Limited to PMB
Chronic Medication (Registration required)							
26 Chronic Disease List - PMB (TRP and formulary applies)	100% of AT from Yearly Limit at a DSP, thereafter unlimited from Extended Cover at 100% of AT	100% of AT limited to R10 128 p/pa / R20 616 p/pa at a DSP. Thereafter unlimited	100% of AT limited to R11 364 p/pa at a DSP. Thereafter unlimited	100% of AT - DSP applies	100% of AT - DSP applies	100% of AT - DSP applies	100% of Cost prescribed and obtained from a Network Provider
Non-PMB / Non-formulary / Non-DSP	70% of AT from Yearly Limit thereafter Extended Cover at 80% of TT	70% of AT subject to limit	70% of AT subject to limit	70% of AT	70% of AT	70% of AT	No benefit
Extended Chronic Conditions	Unlimited	Additional 30 chronic conditions	Additional 8 chronic conditions	No benefit	No benefit	No benefit	No benefit
Disease Management (Registration required)							
HIV / AIDS	Case Managed	Case Managed	Case Managed	Case Managed and limited to PMB	Case Managed and limited to PMB	Case Managed and limited to PMB	Case Managed and limited to PMB
Organ Transplant	Case Managed	Case Managed	Case Managed and limited to R243 528 p/pa	Case Managed and limited to PMB	Case Managed and limited to PMB	Case Managed and limited to PMB	Case Managed and limited to PMB
Kidney Dialysis	Case Managed	Case Managed	Limited to R243 528 p/pa	Case Managed and limited to PMB	Case Managed and limited to PMB	Case Managed and limited to PMB	Case Managed and limited to PMB
Oncology	Case Managed and limited to R596 640 pb per 12 month cycle, thereafter 20% co-payment	Case Managed and limited to R484 044 pb per 12 month cycle	Case Managed and limited to R359 592 pb per 12 month cycle	Case Managed and limited to R298 320 pb per 12 month cycle	Case Managed and limited to PMB	Case Managed and limited to R298 320 pb per 12 month cycle	Case Managed and limited to PMB
Oncology Speciality Medicines and Biologicals	Sub-limit of R337 716 p/pa with a 20% co-payment. Accrues to overall oncology limit of R596 640	Sub-limit of R281 436 p/pa with a 20% co-payment. Accrues to overall oncology limit of R484 044	No benefit	No benefit	No benefit	No benefit	No benefit
Stomatology	Limited to R19 980 p/pa. Thereafter Case Managed	Limited to R19 980 p/pa. Thereafter Case Managed	Limited to R19 980 p/pa. Thereafter Case Managed	Limited to R19 980 p/pa. Thereafter Case Managed	Limited to PMB	Limited to PMB	Limited to PMB
Maternity Programme (Registration between 12 - 20 weeks)							
Antenatal Consultations (Tariff code 0190 / 0192)	300% of TT limited to 12 consultations	200% of TT limited to 12 consultations	150% of TT limited to 12 consultations	100% of TT limited to 12 consultations	100% of TT limited to 6 consultations	100% of TT limited to 3 consultations	No Maternity Programme applicable. All pre-natal benefits obtained through Network Provider. Limited to 1 confinement p/pa. Benefits include 1 first trimester scan with a Network Provider
Antenatal Classes (Tariff code 88407)	300% of TT limited to 12 classes	200% of TT limited to 12 classes	150% of TT limited to 12 classes	100% of TT limited to 12 classes	100% of TT limited to 6 classes	100% of TT limited to 3 classes	
Antenatal Scans (3D and 4D scans paid at 2D rate)	Limited to 2 2D scans per beneficiary per pregnancy	Limited to 2 2D scans per beneficiary per pregnancy	Limited to 2 2D scans per beneficiary per pregnancy	Limited to 2 2D scans per beneficiary per pregnancy	Limited to 2 2D scans per beneficiary per pregnancy	Limited to 1 2D scan per beneficiary per pregnancy	
Paediatrician Consultations	Limited to 2 newborn visits	Limited to 2 newborn visits	Limited to 2 newborn visits	Limited to 2 newborn visits	Limited to 2 newborn visits	Limited to 1 newborn visit	
Prenatal Vitamins	Formulary applies	Formulary applies	Formulary applies	Formulary applies	Formulary applies	Formulary applies	
Baby Bag	Yes	Yes	Yes	Yes	Yes	Yes	
Baby Immunisations (Subject to Department of Health Protocols)	100% of TT	100% of TT	100% of TT	100% of TT	100% of TT	100% of TT	
Wellness Programme							
A defined list of preventative screening tests which include immunisations, health assessments and early detection tests	100% of TT from Major Medical Benefit	100% of TT from Major Medical Benefit	100% of TT from Major Medical Benefit	100% of TT from Major Medical Benefit	100% of TT from Major Medical Benefit	100% of TT from Major Medical Benefit. Limited to a Health Assessment only	No benefit
Unique Benefits (PAR required)							
Post total hip replacement	8 Physiotherapy sessions within 3 months post-op				Trauma only	Trauma only	No benefit
Post total knee replacement	8 Physiotherapy sessions within 3 months post-op				Trauma only	Trauma only	No benefit
Post crime trauma	Combined total of 12 consultations within 6 months post-event with a Psychologist, Psychiatrist or Social Worker						No benefit
Heart Attack	Case Managed. Treatment must be prescribed by the treating Cardiologist/Physician						No benefit
Stroke	Case Managed. Comprehensive rehabilitation programme including therapy from a multi-disciplinary team 3 months post-event (acute) with a Physiotherapist, Occupational Therapist and Speech Therapist						No benefit
Deductibles and Co-Payments							
Kindly refer to Benefit Guide for specific deductibles and co-payments. Scheme policies and protocols apply							
Prosthesis Benefits							
Kindly refer to Benefit Guide for specific internal medical/surgical prostheses and appliance limits. Scheme policies and protocols apply							
International Business and Leisure Travel Insurance							
Foreign claims are limited to medical expenses only as provided by the Schemes's policy, limited to R10 million per family per year, subject to authorisation and applicable conditions. Maximum of 90 days cover, travel must be declared before departure							No benefit.
Contributions							
Principal Member	R6 672	R4 894	R3 836	R2 523	R1 598	R1 588	See table below
Adult Dependant	R5 506	R3 906	R3 066	R2 015	R1 598	R1 278	
Child Dependant	R1 566	R1 488	R1 048	R760	R529	R645	

Disclaimer: This is only a summary of the benefits and contributions. In the case of an error or dispute, the registered Rules will prevail. Effective from 01/01/2018. Benefit subject to Council of Medical Schemes approval

Notes	

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Network Contributions	INCOME	< R1 000	R1 001 – R8 000	R8 001 – R11 000	R11 000 +
	Principal Member	R348	R1 050	R1 397	R1 889
	Adult Dependant	R348	R1 050	R1 397	R1 889
	Child Dependant	R348	R380	R391	R506