

2014

PROFMED SCHEDULE OF BENEFITS

Applicable 1 January 2014 to 31 December 2014.
Please read in conjunction with the Information Guide and Rules of the
Scheme available at www.profmed.co.za or by calling 0860 679 200.



Healthcare for Professionals

PROFMED

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Contribution Table

Monthly Income R0 - R3 000					
	ProPinnacle	ProSecure Plus	ProSecure	ProActive Plus	ProActive
Adult	Not available	Not available	Not available	Not available	R488
Adult dependant	Not available	Not available	Not available	Not available	R488
Child	Not available	Not available	Not available	Not available	R313
Monthly Income R3 001 - R6 000					
	ProPinnacle	ProSecure Plus	ProSecure	ProActive Plus	ProActive
Adult	Not available	Not available	R1 539	Not available	R806
Adult dependant	Not available	Not available	R1 539	Not available	R806
Child	Not available	Not available	R698	Not available	R361
Monthly Income R6 000 +					
	ProPinnacle	ProSecure Plus	ProSecure	ProActive Plus	ProActive
Adult	R4 404	R2 629	R2 141	R1 218	R1 082
Adult dependant	R4 085	R2 433	R1 982	R1 132	R1 000
Child	R1 101	R1 025	R835	R475	R421

Notes:

- Members applying for the rates below R6 000 monthly income must submit proof of combined monthly income from all sources.
- Child rates apply up to age 21. Thereafter rates will default to adult dependant rates.
- Children older than 21 but younger than 26 who are studying full-time qualify for child rates, subject to annual proof of study being provided to the Scheme, i.e. proof of registration from academic institution. If proof of study is not received at the commencement of the academic year, rates will default to adult dependant rates.

Important Telephone Numbers

	Within RSA	Outside RSA	Fax
Client Services & Claims (no faxed claims)	0860 679 200	+27 12 679 4144	+27 12 679 4411
Chronic Disease & Medication Authorisations (treating doctor and pharmacists only)	0800 132 345	+27 11 770 6000	–
Hospital & Specialised Radiology Authorisations	0860 776 363	+27 12 679 4145	+27 12 679 4438
International Travel Medical Assistance (to activate cover)	0860 679 200	+27 11 541 1225	–
Disease Management Authorisations	0860 776 363	+27 12 679 4145	+27 12 679 4438
Dental Authorisations	0860 679 200	+27 12 679 4144	+27 12 679 4411
Multiply Wellness Programme & Momentous Baby	0861 886 600	–	–

E-mail Communication

	Within and Outside RSA
Client Services & General	info@profmed.co.za
Claims (no faxed claims)	claims@profmed.co.za

Emergency Telephone Number

	Within and Outside RSA
Emergency medical transport within RSA & SADC Region	+27 11 541 1225
Medical assistance while travelling internationally	
Assistance for trauma and HIV exposure	

Definitions

Day-to-day limit: Annual overall limit imposed on specific acute, out-of-hospital benefits. Sub-limits on these benefits are subject to availability of funds in the annual overall day-to-day limit. Funds in the annual overall limit can only be accessed through the relevant available sub-limits, where applicable.

Prescribed Minimum Benefit (PMB): The minimum benefit a scheme is required to cover in respect of the diagnosis and treatment of the 270 conditions, as required by legislation. This Schedule of Benefits is subject to the provisions of the Act and Regulations relating to the prescribed minimum benefits. Profmed provides cover for 270 conditions listed in the PMBs as well as the 26 chronic conditions listed in the Chronic Disease List (CDL) in accordance with the provisions of the Act and Regulations. The 26 prescribed chronic conditions include the following: Addison's Disease, Asthma, Bipolar Mood Disorder, Bronchiectasis, Cardiac Failure, Cardiomyopathy Disease, Chronic Obstructive Pulmonary Disorder, Chronic Renal Disease, Coronary Artery Disease, Crohn's Disease, Diabetes Insipidus, Diabetes Mellitus Types 1 & 2, Dysrhythmias, Epilepsy, Glaucoma, Haemophilia, HIV/AIDS, Hyperlipidaemia, Hypertension, Hypothyroidism, Multiple Sclerosis, Parkinson's Disease, Rheumatoid Arthritis, Schizophrenia, Systemic Lupus Erythematosus, Ulcerative Colitis. The diagnosis, treatment and care costs of these conditions will be paid in full provided these services are obtained from Profmed's designated service provider networks, where applicable. However, if such services are obtained **voluntarily** from a provider other than a DSP, the member will be liable for the balance of the account or the balance will be deducted from the relevant day-to-day benefit, subject to availability of funds. If the service was **involuntarily** obtained from a provider other than a DSP, the service will be paid in terms of the PMB legislation. All PMB treatment will be subject to the application of treatment protocols and formularies, which will be more or less restrictive depending on the option chosen by the member.

Designated Service Provider (DSP)/Designated Service Provider Network (DSPN): A provider (DSP) or network of providers (DSPN) who are contracted by the Scheme to provide services, treatment, medicine or facilities to members in terms of both PMBs and non-PMB illnesses. Services obtained from a non-DSP will be reimbursed at the rate negotiated by Profmed with the DSPN.

- **Day-to-day (PMBs and non-PMBs):**
 - No DSPN, subject to rules and protocols
- **Hospitalisation:**
 - **PMBs:** No DSPN, with the exception of benefits for psychiatric hospitalisation, drug and alcohol rehabilitation, physical rehabilitation and endoscopic examinations, subject to pre-authorisation, rules and protocols
 - **Non-PMBs:** No DSPN, with the exception of benefits for endoscopic examinations, subject to pre-authorisation, rules and protocols
- **Psychiatric Hospitalisation:**
 - Participating National Hospital Network (NHN) facilities and Life Healthcare
- **Medication:**
 - Profmed Pharmacy Network, subject to rules, formulary, reference pricing and protocols
- **Chronic Dialysis:**
 - National Renal Care
- **Oncology:**
 - **Radiotherapy:** Participating Netcare facilities
 - **PET Scans:** Bloch & Partners at Morningside Clinic (applies to greater Johannesburg region only)
- **Preventative Care:**
 - Ampath, Lancet Laboratories and Pathcare
- **Optical:**
 - Opticlear
- **Trauma and HIV Assistance Programme:**
 - Lifesense
- **Rehabilitation:**
 - **Alcohol and Drug:** South African National Council on Alcoholism and Drug Dependence (SANCA)
 - **Physical:** Life Healthcare
- **Endoscopic Examinations:**
 - Netcare, Life Healthcare, Clinix, National Hospital Network (NHN) and Mediclinic
- **Domiciliary (Home) Oxygen:**
 - Ecomed Medical cc.

Costs in respect of PMBs that exceed the formulary, reference pricing, rules and protocols will be the responsibility of the member.

Member:	The principal member of the Scheme in terms of the rules.
Beneficiary:	The member and any of his/her dependants registered on the Scheme entitled to receive benefits in terms of the rules.
Family:	The total constitution of a member and his/her dependants registered on the Scheme in terms of the rules.
M:	Member
M+1:	Member plus one dependant.
M+2:	Member plus two dependants.
M+3:	Member plus three dependants.
Maximum:	Maximum benefit payable for a family larger than the family sizes indicated for a particular benefit.
“Off-label”:	Medication utilised for a condition for which it is not specifically registered.
Single Exit Price:	The retail price of medication as determined by legislation.
SADC Region:	The region known as the Southern African Development Community, namely Angola, Botswana, Democratic Republic of the Congo, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Seychelles, South Africa, Swaziland, Tanzania, Zambia and Zimbabwe.

Pre-authorisation

Pre-authorisation is not a guarantee of payment and benefits are paid in accordance with the relevant protocols and Scheme rules, subject to availability of funds. Authorised services or treatment must commence within three months of authorisation. Authorisation does not include the fees charged by the attending medical practitioners. It is the member’s responsibility to obtain pre-authorisation, which should be obtained at least seven days prior to the commencement of treatment or services. In case of emergencies that occur after hours or on weekends and public holidays, authorisation must be obtained the next working day.

Tariff Descriptions

Profmed Tariff: The 2013 Profmed Tariff plus 6% increase.

Profmed Negotiated Tariff: Negotiated by Profmed with particular providers and the various hospital groups and specific to each group.

Profmed Specific Tariff:

Consultations: R350 for GPs and R500 for specialists;
 Procedures: Profmed Tariff plus 20% for GPs and specialists.

Profmed Plus Tariff: 200% of Profmed Tariff paid to GPs and specialists for consultations and procedures.

Profmed Premium Tariff: 300% of Profmed Tariff paid to GPs and specialists for consultations and procedures.

Profmed Optical Tariff: DSPN tariff negotiated by Opticlear with registered optical service providers nationally.

Services obtained at a tariff higher than that provided for on any given option will be paid at the tariff specific to each option, subject to PMB legislation.

Scheme Exclusions

Profmed will not pay for healthcare services related to the following (including direct and indirect expenses), except those stipulated in the prescribed minimum benefits:

1. APS therapy machines or similar equipment
2. Bedpans
3. Bio-stress assessments
4. Breast reduction and enlargement, and gynaecomastia surgery
5. Care for the frail, infirm or chronically ill
6. Colonic irrigations
7. Costs exceeding the maximum benefit to which a member is entitled in terms of the rules of the Scheme, subject to PMB legislation
8. Cushions, sheepskins and waterproof sheets
9. DNA testing
10. Educational therapy
11. Elective and anticipated medical treatment outside the SADC Region and while travelling internationally
12. Elective cosmetic surgery and surgery for "bat ears" (otoplasty)
13. Excessive use of drugs and alcohol, subject to PMB legislation
14. Expenses recoverable from a third party, subject to PMB legislation
15. Harvesting of donor organs where the recipient is not a beneficiary of Profmed
16. Health shoes, e.g. Green Cross
17. Healthcare services related to infertility in respect of ART, IVF, GIFT, ZIFT and ICSI, subject to PMB legislation
18. Holidays for recuperative purposes
19. Humidifiers
20. Injuries related to professional sport, and sporting appliances, subject to PMB legislation
21. Insurance examinations
22. IQ tests and learning problems
23. Kidney belts
24. Luxury drugs
25. Mattresses, waterbeds and special beds, and chairs
26. Medic Alert bands
27. Medical expenses incurred while travelling internationally after 90 days from date of departure
28. Motorised mobility devices
29. Nasal tip surgery
30. Nutritional supplements or food supplements
31. Organs or human tissue harvested outside South Africa
32. Psychometry and group therapy
33. Repairs of durable goods
34. Replacement batteries for medical appliances or devices, e.g. hearing aids
35. Scar revision
36. Solution kits for contact lenses.
37. Sunglasses and optical lens tinting
38. Travel expenses
39. Treatment of impotence
40. Treatment of obesity, e.g. gastroplasty
41. Treatment that is experimental, scientifically unproven, "off-label" or not registered by the Medicines Control Council (MCC)

The rules of the Scheme, Annexure C, as well as the Information Guide, provide further information on expenses not covered by the Scheme.

Schedule of Benefits

Benefit	ProPinnacle	ProSecure Plus	ProSecure	ProActive Plus	ProActive
1. Hospital and Hospital-related Benefits and Major Medical Expenses					
1A Hospitalisation – Call 0860 776 363 for authorisation, information on clinical qualifying criteria, and benefits.					
1A1 Private, government and provincial hospital ward accommodation (Subject to pre-authorisation)	100% Profmed Negotiated Tariff in private ward	100% Profmed Negotiated Tariff in general ward		100% Profmed Negotiated Tariff in general ward	
1A2 Theatre and recovery room	100% Profmed Negotiated Tariff	100% Profmed Negotiated Tariff		100% Profmed Negotiated Tariff	
1A3 Intensive care and high care (Subject to confirmation every 72 hours)	100% Profmed Negotiated Tariff	100% Profmed Negotiated Tariff		100% Profmed Negotiated Tariff	
1A4 Emergency room visits and facility fees for private hospitals that result in hospitalisation	100% Profmed Negotiated Tariff	100% Profmed Negotiated Tariff		100% Profmed Negotiated Tariff	
1B Medicines in Hospital					
1B1 Medicines and materials used in hospital and theatre	100% Profmed Negotiated Tariff	100% Profmed Negotiated Tariff		100% Profmed Negotiated Tariff	
1B2 Medicines taken out of hospital on discharge (Benefit limited to a 7-day supply) (See Section 5B1)	80% Profmed Negotiated Tariff Paid from acute medicine benefit, subject to the availability of funds	80% Profmed Negotiated Tariff Paid from acute medicine benefit, subject to the availability of funds		No benefit, subject to PMB legislation	
1C General Practitioners (GPs) and Specialists in Hospital					
1C1 Surgery and in-hospital procedures	100% Profmed Premium Tariff	100% Profmed Plus Tariff	100% Profmed Specific Tariff	100% Profmed Plus Tariff	100% Profmed Specific Tariff
1C2 Visits and consultations by a GP or specialist while hospitalised	100% Profmed Premium Tariff	100% Profmed Plus Tariff	100% Profmed Specific Tariff	100% Profmed Plus Tariff	100% Profmed Specific Tariff
1D Radiology and Pathology in Hospital – Call 0860 776 363 for authorisation, information on clinical qualifying criteria, and benefits. Hospitalisation not covered if admission is for the sole purpose of radiology or pathology investigations.					
1D1 Radiology and pathology while hospitalised (Excluding MRI, radio-isotope, CT and PET scans and certain other investigative procedures)	100% Profmed Tariff	100% Profmed Tariff		100% Profmed Tariff	
1D2 MRI, radio-isotope and CT scans and certain other investigative procedures in hospital <i>Specialist referral only</i> (See Section 5A6) (Subject to pre-authorisation)	100% Profmed Tariff 2 investigations per family in- or out-of-hospital	100% Profmed Tariff 2 investigations per family in- or out-of-hospital		100% Profmed Tariff 2 investigations per family in-hospital only	
1E Other Major Medical Services – Call 0860 776 363 for authorisation and registration, information on clinical qualifying criteria, and benefits.					
1E1 Transplants Subject to registration on the Disease Management Programme, and PMB legislation. Benefit 1E1(b) below is not available to members who elect to be a donor to a recipient who is not a Profmed member.					
a) Hospitalisation (Subject to pre-authorisation)	100% Profmed Negotiated Tariff	100% Profmed Negotiated Tariff		100% Profmed Negotiated Tariff	
b) Donor costs PMBs only (Subject to pre-authorisation and protocols)	100% Profmed Negotiated Tariff	100% Profmed Negotiated Tariff		100% Profmed Negotiated Tariff	
1E2 Peritoneal dialysis and haemodialysis Chronic dialysis subject to the use of the DSPN. Co-payment applies for the non-use of a DSP (Subject to pre-authorisation and registration on the Disease Management Programme and PMB legislation)	100% Profmed Negotiated Tariff	100% Profmed Negotiated Tariff		100% Profmed Negotiated Tariff	

Benefit	ProPinnacle	ProSecure Plus	ProSecure	ProActive Plus	ProActive
1E3 Oncology Subject to the use of the relevant DSPN, where applicable. Co-payment applies for voluntary use of a non-DSP. Active treatment includes radiotherapy and/or chemotherapy and is subject to Profmed protocols and costings. Benefits include approved medicines, related radiology and pathology.					
a) Active treatment: chemotherapy (Subject to pre-authorisation and registration on the Oncology Programme and PMB legislation)	100% Profmed Premium Tariff	100% Profmed Specific Tariff		100% Profmed Specific Tariff	
b) Active treatment: radiotherapy (Subject to pre-authorisation and registration on the Oncology Programme, PMB legislation and use of the DSPN)	100% Profmed Negotiated Tariff	100% Profmed Negotiated Tariff		100% Profmed Negotiated Tariff	
c) Non-active treatment: not receiving radiotherapy or chemotherapy	Benefits paid from relevant chronic or day-to-day limits and subject to the protocols, rules and limits applicable to those benefits, and PMB legislation	Benefits paid from relevant chronic or day-to-day limits and subject to the protocols, rules and limits applicable to those benefits, and PMB legislation		No benefit, subject to PMB legislation	
d) PET scans (Positron-Emission Tomography) (Subject to pre-authorisation and protocols, and use of the DSPN – applicable within the greater Johannesburg region only)	100% Profmed Negotiated Tariff	100% Profmed Negotiated Tariff		100% Profmed Negotiated Tariff	
1E4 Rehabilitation This benefit covers members who have become disabled as a result of acute injuries caused by trauma, infection, surgery, spinal cord injury, brain injury, bleeding or infarction resulting in a stroke. This benefit is only available as an in-patient in a registered rehabilitation facility. Rehabilitation must occur within the benefit year in which the specified injury takes place, or commence directly after discharge from an acute hospitalisation facility, or not more than one calendar month after the specified injury is sustained. Benefits are limited to two months' rehabilitation and the availability of benefits, and are subject to case management and Profmed protocols. Admissions covered at authorised service providers only. Subject to use of the DSPN and PMB legislation. Co-payment applies for voluntary use of a non-DSP. (Subject to pre-authorisation and use of the DSPN)					
	100% Profmed Negotiated Tariff R60 000 per family	100% Profmed Negotiated Tariff R40 000 per family		100% Profmed Negotiated Tariff R20 000 per family	
1E5 Out-patient care in lieu of hospitalisation					
a) Treatment in a registered sub-acute facility or at home by an appropriately registered practitioner (Subject to pre-authorisation and protocols)	100% Profmed Negotiated Tariff R13 000 per beneficiary	100% Profmed Negotiated Tariff R11 000 per beneficiary		100% Profmed Negotiated Tariff R9 500 per beneficiary	
b) Wound care Treatment at home, including surgicals, by an appropriately registered practitioner (Subject to pre-authorisation and protocols)	100% Profmed Negotiated Tariff R5 000 per beneficiary	100% Profmed Negotiated Tariff R3 000 per beneficiary		100% Profmed Negotiated Tariff R2 500 per beneficiary	
1E6 Psychiatric treatment Includes all in- and out-of-hospital psychiatric and clinical psychology consultations, treatment and medication, and alcohol and drug rehabilitation. Hospitalisation only available at DSPN. PMBs are deducted from this benefit but are not subject to these limits. Co-payment applies for voluntary use of a non-DSP.					
a) In-hospital (Subject to pre-authorisation and use of the DSPN)	100% Profmed Negotiated Tariff R30 000 per family	100% Profmed Negotiated Tariff R20 000 per family		100% Profmed Negotiated Tariff R15 000 per family	
b) Out-of-hospital consultations, subject to PMB legislation	R5 250 per family Subject to 1E6(a) in-hospital limit	R5 250 per family Subject to 1E6(a) in-hospital limit		R5 250 per family Subject to 1E6(a) in-hospital limit PMBs only	

Benefit	ProPinnacle	ProSecure Plus	ProSecure	ProActive Plus	ProActive
1E7 Endoscopic examinations In suitably equipped procedure room, subject to protocols and PMB legislation and use of the DSPN. Co-payment applies for voluntary use of a non-DSP.					
a) Gastroscopy (Subject to pre-authorisation and use of the DSPN)	100% Profmed Negotiated Tariff	100% Profmed Negotiated Tariff		100% Profmed Negotiated Tariff	
b) Colonoscopy Includes sigmoidoscopy (Subject to pre-authorisation and use of the DSPN)	100% Profmed Negotiated Tariff	100% Profmed Negotiated Tariff		100% Profmed Negotiated Tariff	
c) Colonoscopy and gastroscopy Combined procedure (Subject to pre-authorisation and use of the DSPN)	100% Profmed Negotiated Tariff	100% Profmed Negotiated Tariff		100% Profmed Negotiated Tariff	
1F Other Medical Services – Call 0860 776 363 for authorisation, information on clinical qualifying criteria, and benefits.					
1F1 Physiotherapy					
a) In-hospital (Subject to pre-authorisation)	100% Profmed Tariff	100% Profmed Tariff		100% Profmed Tariff	
b) Out-of-hospital Post-operative, available up to 6 weeks after related hospital procedure (Subject to pre-authorisation)	100% Profmed Tariff M R2 300 Maximum R3 865 per family	100% Profmed Tariff M R1 750 Maximum R2 755 per family		No benefit, subject to PMB legislation	
1F2 Blood transfusions (Subject to pre-authorisation)	100% Profmed Negotiated Tariff	100% Profmed Negotiated Tariff		100% Profmed Negotiated Tariff	
1F3 Emergency medical transport Emergencies within the borders of the country of residence. Contact International SOS within RSA on 0861 776 363; within SADC Region on +27 11 541 1225 (See Section 7 for International Travel Medical Assistance)	100% of cost Subject to Profmed protocols	100% of cost Subject to Profmed protocols		100% of cost Subject to Profmed protocols	
1F4 Internal surgical devices A fabricated or artificial substitute that is surgically implanted permanently into the body and does not protrude from the body and replaces or assists a diseased or missing part of the body to restore functionality. Subject to PMB legislation.					
a) Major (Subject to pre-authorisation, protocols and management)	100% Profmed Negotiated Tariff R39 000 per family	100% Profmed Negotiated Tariff R39 000 per family		100% Profmed Negotiated Tariff R39 000 per family	
b) Intraocular lenses Cataract surgery only (Subject to pre-authorisation, protocols and management)	R3 700 per beneficiary per event	R3 700 per beneficiary per event		R3 700 per beneficiary per event	
1F5 Cochlear implants Excluding upgrade/replacement of external appliance (Subject to pre-authorisation)	100% Profmed Negotiated Tariff R80 000 per family	100% Profmed Negotiated Tariff R75 000 per family		100% Profmed Negotiated Tariff R50 000 per family	

Benefit	ProPinnacle	ProSecure Plus	ProSecure	ProActive Plus	ProActive
1G Dental Procedures in Hospital – Call 0860 776 363 for authorisation, information on clinical qualifying criteria, and benefits. Dental hospitalisation is paid from risk, subject to pre-authorisation and protocols. Dentist and specialist fees in hospital are paid from the relevant available day-to-day dental benefit.					
*Specific cases covered subject to pre-authorisation: Extensive conservative dental treatment in children 8 years and younger – 24-month benefit; Permanent tooth impaction removal.					
1G1 In-hospital conservative dentistry (Subject to pre-authorisation, protocols and management)	100% Profmed Negotiated Tariff	100% Profmed Negotiated Tariff		100% Profmed Negotiated Tariff *Specific cases only	
1G2 In-hospital advanced dentistry (Subject to pre-authorisation, protocols and management)	100% Profmed Negotiated Tariff	100% Profmed Negotiated Tariff		100% Profmed Negotiated Tariff *Specific cases only	
1G3 Functional orthognathic surgery Includes all costs related to the admission and procedure, e.g. all medical practitioner fees, hospitalisation, etc. (Subject to pre-authorisation)	R28 000 per family	No benefit		No benefit	

2. Preventative Care Benefits are subject to specific protocols and the use of the DSPN. Co-payment applies for voluntary use of non-DSP.					
2.1 Prostate Specific Antigen (PSA) Males 40 years and older. Subject to PMB legislation.					
a) Consultation (ICD-10 codes: Z29.8 or Z13.9)	100% Profmed Premium Tariff for GPs and specialists 1 consultation per beneficiary	100% Profmed Specific Tariff for GPs (R350) and specialists (R500) 1 consultation per beneficiary		100% Profmed Specific Tariff at GP rate (R350) 1 consultation per beneficiary	
b) Pathology (Subject to use of the DSPN) (Tariff code 4519)	100% Profmed Negotiated Tariff 1 investigation per beneficiary	100% Profmed Negotiated Tariff 1 investigation per beneficiary		100% Profmed Negotiated Tariff 1 investigation per beneficiary	
2.2 Pap smear or liquid-based cytology Females 18 years and older. Subject to PMB legislation.					
a) Consultation (ICD-10 codes: Z12.4 or Z01.4)	100% Profmed Premium Tariff for GPs and specialists 1 consultation per beneficiary	100% Profmed Specific Tariff for GPs (R350) and specialists (R500) 1 consultation per beneficiary		100% Profmed Specific Tariff at GP rate (R350) 1 consultation per beneficiary	
b) Pathology (Subject to use of the DSPN) (Tariff code 4566 – Pap smear. Tariff codes 4559 and 4560 – liquid-based cytology reimbursed per tariff code 4566)	100% Profmed Negotiated Tariff 1 investigation per beneficiary	100% Profmed Negotiated Tariff 1 investigation per beneficiary		100% Profmed Negotiated Tariff 1 investigation per beneficiary	
2.3 Mammograms Females 40 years and older. Available to females younger than 40 years pre-disposed to breast cancer, subject to motivation. Subject to PMB legislation.					
a) Consultation	100% Profmed Premium Tariff for GPs and specialists 1 consultation per beneficiary Subject to relevant available day-to-day limits	100% Profmed Specific Tariff for GPs (R350) and specialists (R500) 1 consultation per beneficiary Subject to relevant available day-to-day limits		No benefit, subject to PMB legislation	
b) Radiology (Tariff code 34100)	100% Profmed Tariff 1 investigation per beneficiary	100% Profmed Tariff 1 investigation per beneficiary		100% Profmed Tariff 1 investigation per beneficiary	
2.4 Fasting lipogram blood test Males 40 years and older; females 50 years and older. Subject to PMB legislation.					
a) Consultation	100% Profmed Premium Tariff for GPs and specialists 1 consultation per beneficiary Subject to relevant available day-to-day limits	100% Profmed Specific Tariff for GPs (R350) and specialists (R500) 1 consultation per beneficiary Subject to relevant available day-to-day limits		No benefit, subject to PMB legislation	
b) Pathology (Subject to use of the DSPN) (Tariff code 4025)	100% Profmed Negotiated Tariff 1 investigation per beneficiary	100% Profmed Negotiated Tariff 1 investigation per beneficiary		100% Profmed Negotiated Tariff 1 investigation per beneficiary	

Benefit	ProPinnacle	ProSecure Plus	ProSecure	ProActive Plus	ProActive
2.5 Fasting blood sugar test For late onset diabetes. Males and females 40 years and older. Subject to PMB legislation.					
a) Consultation	100% Profmed Premium Tariff for GPs and specialists 1 consultation per beneficiary Subject to relevant available day-to-day limits	100% Profmed Specific Tariff for GPs (R350) and specialists (R500) 1 consultation per beneficiary Subject to relevant available day-to-day limits		No benefit, subject to PMB legislation	
b) Pathology (Subject to use of the DSPN) (Tariff code 4057)	100% Profmed Negotiated Tariff 1 investigation per beneficiary	100% Profmed Negotiated Tariff 1 investigation per beneficiary		100% Profmed Negotiated Tariff 1 investigation per beneficiary	
2.6 Influenza vaccine					
a) Consultation	100% Profmed Premium Tariff for GPs and specialists 1 consultation per beneficiary Subject to relevant available day-to-day limits	100% Profmed Specific Tariff for GPs (R350) and specialists (R500) 1 consultation per beneficiary Subject to relevant available day-to-day limits		No benefit	
b) Vaccine only	R60 per beneficiary 1 vaccination per beneficiary	R60 per beneficiary 1 vaccination per beneficiary		R60 per beneficiary 1 vaccination per beneficiary	
2.7 Human papilloma virus (HPV) vaccine Females 9 to 27 years of age. Includes initial vaccination and two follow up booster vaccinations where applicable. Subject to PMB legislation.					
a) Consultation	100% Profmed Premium Tariff for GPs and specialists Subject to relevant available day-to-day limits	100% Profmed Specific Tariff for GPs (R350) and specialists (R500) Subject to relevant available day-to-day limits		No benefit, subject to PMB legislation	
b) Vaccine only	100% SEP and dispensing fee at DSPN rate	100% SEP and dispensing fee at DSPN rate		100% SEP and dispensing fee at DSPN rate	
2.8 Child immunisations Children 0 to 6 years, per the Department of Health's Childhood Immunisation Schedule. Subject to PMB legislation.					
a) Consultation	100% Profmed Premium Tariff for GPs and specialists Subject to relevant available day-to-day limits	100% Profmed Specific Tariff for GPs (R350) and specialists (R500) Subject to relevant available day-to-day limits		No benefit, subject to PMB legislation	
b) Vaccine only	100% SEP and dispensing fee at DSPN rate	100% SEP and dispensing fee at DSPN rate		100% SEP and dispensing fee at DSPN rate	
2.9 Pneumococcal vaccine Adults 65 years and older and individuals of all ages who are respiratory or immuno-compromised. Subject to PMB legislation.					
a) Consultation	100% Profmed Premium Tariff for GPs and specialists 1 consultation per beneficiary Subject to relevant available day-to-day limits	100% Profmed Specific Tariff for GPs (R350) and specialists (R500) 1 consultation per beneficiary Subject to relevant available day-to-day limits		No benefit	
b) Vaccine only	100% SEP and dispensing fee at DSPN rate	100% SEP and dispensing fee at DSPN rate		100% SEP and dispensing fee at DSPN rate	

3. Oral Contraceptives					
Contraceptive purposes only	R106 per beneficiary per month	R106 per beneficiary per month		R106 per beneficiary per month	

Benefit	ProPinnacle	ProSecure Plus	ProSecure	ProActive Plus	ProActive
<p>4. Chronic Medication</p> <p>The formulary and reference pricing will be most restrictive on the ProActive options and least restrictive on the ProPinnacle option. MMAP® applies. The conditions covered on each option are listed below. The Condition Medicine List (CML), including the list of chronic diseases (CDL), is available on the Profmed website at www.profmed.co.za. Subject to the use of the DSPN. Co-payment applies for voluntary use of a non-DSP. Claims from wholesale pharmacies will not be accepted. Call 0860 679 200 for information on clinical qualifying criteria and benefits.</p>					
<p><i>ProPinnacle (57 conditions plus relevant DTPs)</i></p> <p>CDLs: Addison's Disease, Asthma, Bipolar Mood Disorder, Bronchiectasis, Cardiac Failure, Cardiomyopathy Disease, Chronic Obstructive Pulmonary Disorder, Chronic Renal Disease, Coronary Artery Disease, Crohn's Disease, Diabetes Insipidus, Diabetes Mellitus Types 1 & 2, Dysrhythmias, Epilepsy, Glaucoma, Haemophilia, HIV/AIDS, Hyperlipidaemia, Hypertension, Hypothyroidism, Multiple Sclerosis, Parkinson's Disease, Rheumatoid Arthritis, Schizophrenia, Systemic Lupus Erythematosus, Ulcerative Colitis.</p> <p>Other: Allergic Rhinitis (in patients with asthma), Alzheimer's Disease, Ankylosing Spondylitis, Benign Prostatic Hypertrophy, Cushing's Disease, Cystic Fibrosis, Deep Vein Thrombosis, Gastro-Oesophageal Reflux Disorder, Gout, Hypoparathyroidism, Hyperthyroidism, Major Depressive Disorder, Malabsorption Syndrome, Meniere's Disease, Motor Neuron Disease, Myasthenia Gravis, Obsessive Compulsive Disorder, Oncology Adjunctive Treatment, Osteoarthritis, Osteoporosis, Paget's Disease, Paraplegia & Quadriplegia, Peripheral Vascular Disease, Pituitary Adenomas/ Hyperfunction of Pituitary Gland, Part-Organ Transplant (non-DTP), Psoriatic Arthritis, Pulmonary Interstitial Fibrosis, Stroke/Cerebrovascular Accident, Systemic Connective Tissue Disorders, Tuberculosis, Valvular Heart Disease.</p> <p>DTPs: Relevant chronic conditions listed in the 270 PMBs, e.g. hormone replacement therapy (Menopause), immuno-suppressive therapy (Post-Organ Transplants).</p>					
<p><i>ProSecure Plus and ProSecure (39 conditions plus relevant DTPs)</i></p> <p>CDLs: Addison's Disease, Asthma, Bipolar Mood Disorder, Bronchiectasis, Cardiac Failure, Cardiomyopathy Disease, Chronic Obstructive Pulmonary Disorder, Chronic Renal Disease, Coronary Artery Disease, Crohn's Disease, Diabetes Insipidus, Diabetes Mellitus Types 1 & 2, Dysrhythmias, Epilepsy, Glaucoma, Haemophilia, HIV/AIDS, Hyperlipidaemia, Hypertension, Hypothyroidism, Multiple Sclerosis, Parkinson's Disease, Rheumatoid Arthritis, Schizophrenia, Systemic Lupus Erythematosus, Ulcerative Colitis.</p> <p>Other: Allergic Rhinitis (in patients with asthma), Alzheimer's Disease, Ankylosing Spondylitis, Benign Prostatic Hypertrophy, Major Depressive Disorder, Obsessive Compulsive Disorder, Oncology Adjunctive Treatment, Osteoporosis, Paraplegia & Quadriplegia, Pituitary Adenomas/ Hyperfunction of Pituitary Gland, Psoriatic Arthritis, Pulmonary Interstitial Fibrosis, Valvular Heart Disease.</p> <p>DTPs: Relevant chronic conditions listed in the 270 PMBs, e.g. hormone replacement therapy (Menopause), immuno-suppressive therapy (Post-Organ Transplants).</p>					
<p><i>ProActive Plus and ProActive (26 conditions plus relevant DTPs)</i></p> <p>CDLs: Addison's Disease, Asthma, Bipolar Mood Disorder, Bronchiectasis, Cardiac Failure, Cardiomyopathy Disease, Chronic Obstructive Pulmonary Disorder, Chronic Renal Disease, Coronary Artery Disease, Crohn's Disease, Diabetes Insipidus, Diabetes Mellitus Types 1 & 2, Dysrhythmias, Epilepsy, Glaucoma, Haemophilia, HIV/AIDS, Hyperlipidaemia, Hypertension, Hypothyroidism, Multiple Sclerosis, Parkinson's Disease, Rheumatoid Arthritis, Schizophrenia, Systemic Lupus Erythematosus, Ulcerative Colitis.</p> <p>DTPs: Relevant chronic conditions listed in the 270 PMBs, e.g. hormone replacement therapy (Menopause), immuno-suppressive therapy (Post-Organ Transplants).</p>					
<p>CDLs, other chronic conditions and relevant DTPs as listed above 24-day dispensing cycle applies (Attending doctor or pharmacist to call 0800 132 345 to register condition and authorise medication)</p>	<p>100% Single Exit Price and dispensing fee 57 conditions covered and relevant DTPs Subject to Profmed formulary and reference price</p>	<p>100% Single Exit Price and dispensing fee 39 conditions covered and relevant DTPs Subject to Profmed formulary and reference price</p> <p>M R12 700 M+1 R20 625 Maximum R28 620 per family</p>	<p>100% Single Exit Price and dispensing fee Restricted to 26 CDL conditions and relevant DTPs, subject to PMB legislation Subject to Profmed formulary and strict reference price</p>		

Benefit	ProPinnacle	ProSecure Plus	ProSecure	ProActive Plus	ProActive
5. Day-to-day Cover					
All sub-limits for out-of-hospital benefits set out in this section, and benefits subject to the day-to-day limit in other sections of this Schedule, are subject to the availability of the annual overall day-to-day limit, subject to PMB legislation.					
Annual overall day-to-day limit Available only through relevant available day-to-day sub-limits, where applicable	M R14 310 M+1 R21 200 Maximum R27 560 per family	M R9 115 M+1 R13 570 Maximum R17 490 per family			No benefit, subject to PMB legislation
5A General Practitioners (GPs) and Specialists					
5A1 Visits and consultations	100% Profmed Premium Tariff Subject to day-to-day limit	100% Profmed Specific Tariff Subject to day-to-day limit			No benefit, subject to PMB legislation
5A2 Non-hospital procedures in doctor's rooms	100% Profmed Premium Tariff Subject to day-to-day limit	100% Profmed Specific Tariff Subject to day-to-day limit			No benefit, subject to PMB legislation
5A3 Psychiatric consultations (out-of-hospital) (See Section 1E6)	100% Profmed Premium Tariff Paid from Psychiatric benefit Not subject to day-to-day limit	100% Profmed Specific Tariff Paid from Psychiatric benefit Not subject to day-to-day limit			No benefit. PMBs paid from Psychiatric IE6 benefit, subject to PMB legislation
5A4 Clinical psychology (out-of-hospital) (See Section 1E6)	100% Profmed Tariff Paid from Psychiatric benefit Not subject to day-to-day limit	100% Profmed Tariff Paid from Psychiatric benefit Not subject to day-to-day limit			No benefit. PMBs paid from Psychiatric IE6 benefit, subject to PMB legislation
5A5 Radiology and pathology (Excluding MRI and CT scans)	80% Profmed Tariff Subject to day-to-day limit	80% Profmed Tariff Subject to day-to-day limit			No benefit, subject to PMB legislation
5A6 MRI and CT scans <i>Specialist referral only</i> (See Section 1D2) (Subject to pre-authorisation. Call 0860 776 363 for authorisation and protocols)	80% Profmed Tariff 2 investigations per family in- or out-of-hospital Not subject to day-to-day limit	80% Profmed Tariff 2 investigations per family in- or out-of-hospital Subject to day-to-day limit out-of-hospital			No benefit, subject to PMB legislation
5A7 Out-patient visits and facility fees for private hospitals and emergency rooms without subsequent hospitalisation	100% Profmed Negotiated Tariff Subject to day-to-day limit	100% Profmed Negotiated Tariff Subject to day-to-day limit			No benefit, subject to PMB legislation
5B Acute Medication					
5B1 Prescribed acute medication Subject to use of DSPN. Co-payment applies for voluntary use of a non-DSP. Wholesale pharmacy claims will not be accepted. (Certain medication on repeat script will be funded from this benefit. Call 0860 679 200 for more information)	80% Single Exit Price and dispensing fee M R7 670 M+1 R10 305 M+2 R10 875 M+3 R12 020 Maximum R14 310 per family MMAP® applies Subject to day-to-day limit	80% Single Exit Price and dispensing fee M R2 755 M+1 R4 125 M+2 R4 550 M+3 R4 720 Maximum R5 100 per family MMAP® applies Subject to day-to-day limit			No benefit, subject to PMB legislation
5B2 Over-the-counter medication (See Section 5B1)	80% of cost R1 445 per family Subject to acute medication and day-to-day limits	80% of cost R1 165 per family Subject to acute medication and day-to-day limits			No benefit

Benefit	ProPinnacle	ProSecure Plus	ProSecure	ProActive Plus	ProActive
5C Supplementary Benefits					
5C1 a) External prostheses and appliances Includes insulin pumps, hearing aids, home oxygen therapy and stoma bags. » Hearing aids: 1 pair every 24 months » Insulin pumps: 1 every 48 months » Home oxygen: subject to use of the DSPN. Co-payment applies for voluntary use of a non-DSP. (Subject to protocols and pre-authorisation. Call 0860 776 363 for authorisation and protocols)	100% Profmed Negotiated Tariff R16 000 per family Hearing aids only: Additional R3 000 per family Not subject to day-to-day limit	100% Profmed Negotiated Tariff R10 600 per family Hearing aids only: Additional R5 000 per family Not subject to day-to-day limit		No benefit, subject to PMB legislation	
b) Other Includes neck braces fitted in theatre, wheel chairs, walking frames and crutches	100% Profmed Negotiated Tariff R3 920 per family Subject to day-to-day limit	100% Profmed Negotiated Tariff R2 830 per family Subject to day-to-day limit		No benefit, subject to PMB legislation	
5C2 Supplementary services • Audiometrists • Biokineticists • Chiropractors • Dieticians • Occupational therapists • Speech therapists • Physiotherapists • Podiatrists	100% Profmed Tariff M R2 225 Maximum R3 835 per family Subject to day-to-day limit, and PMB legislation	100% Profmed Tariff M R2 035 Maximum R3 400 per family Subject to day-to-day limit, and PMB legislation		No benefit, subject to PMB legislation	
5C3 Alternative health practitioners Including homeopaths and homeopathic medication. Practitioners must be registered with the Association of Alternative Health Care Providers	80% of cost R1 800 per family R570 sub-limit for homeopathic medication per family Subject to day-to-day limit	No benefit		No benefit	
5D Optical Services Benefits are subject to protocols and are applied over a 24-month period. Lenses are limited to contact lenses OR spectacle lenses.					
5D1 Eye examinations	100% Profmed Optical Tariff 24-month benefit Subject to day-to-day limit, and PMB legislation	100% Profmed Optical Tariff 24-month benefit Subject to day-to-day limit, and PMB legislation		No benefit, subject to PMB legislation	
5D2 Spectacles					
a) Lenses (generic) Single vision, bi-focal and varifocal	100% Profmed Optical Tariff 24-month benefit Subject to day-to-day limit	100% Profmed Optical Tariff 24-month benefit Subject to day-to-day limit		No benefit	
b) Extras	100% Profmed Optical Tariff for generic hard-coating and generic plastic anti-reflex coating 24-month benefit Subject to day-to-day limit	100% Profmed Optical Tariff for generic hard-coating 24-month benefit Subject to day-to-day limit		No benefit	
c) Frames	R955 per beneficiary 24-month benefit Subject to day-to-day limit	R690 per beneficiary 24-month benefit Subject to day-to-day limit		No benefit	
5D3 Contact lenses (clear)	R2 330 per beneficiary 24-month benefit Subject to day-to-day limit	R1 370 per beneficiary 24-month benefit Subject to day-to-day limit		No benefit	
5D4 Refractive eye surgery Includes all costs related to the admission and procedure, all medical practitioner fees, hospitalisation, etc. (Subject to protocols and pre-authorisation. Call 0860 776 363 for authorisation and protocols)	R2 650 per beneficiary Not subject to day-to-day limit	No benefit		No benefit	

Benefit	ProPinnacle	ProSecure Plus	ProSecure	ProActive Plus	ProActive
5E Dentistry Benefits are subject to protocols and management. Dentist and specialist fees in-hospital are paid from the relevant available day-to-day dental benefit.					
5E1 Conservative dentistry	100% Profmed Tariff Subject to day-to-day limit	100% Profmed Tariff Subject to day-to-day limit		No benefit	
5E2 Advanced dentistry Orthodontics available only up to age 18. (Orthodontics and implants subject to pre-authorisation. Call 0860 679 200 for authorisation and protocols)	100% Profmed Tariff R5 000 per beneficiary Maximum R10 000 per family Not subject to day-to-day limit	100% Profmed Tariff R4 250 per beneficiary Maximum R8 500 per family Not subject to day-to-day limit		No benefit	
5F Trauma and HIV Assistance Programme Benefit covers trauma and HIV exposure as a result of crime, e.g. assault or rape, and HIV exposure resulting from crime and occupational injuries, e.g. needle-stick injury. Where relevant, victims will be accompanied by an appropriate, qualified professional to identity parades and court appearances for emotional support. Call 011 541 1225 for 24-hour assistance. Benefits are subject to the use of the DSP. Co-payment applies for voluntary use of a non-DSP. Subject to case management and protocols.					
5F1 Counselling					
a) Telephonic counselling	100% Profmed Negotiated Tariff Appropriate number of sessions as determined by the designated case manager	100% Profmed Negotiated Tariff Appropriate number of sessions as determined by the designated case manager		100% Profmed Negotiated Tariff Appropriate number of sessions as determined by the designated case manager	
b) Face-to-face counselling	100% Profmed Negotiated Tariff Appropriate number of sessions as determined by the designated case manager Thereafter, paid from Psychiatric (1E6) benefit and subject to PMB legislation Not subject to day-to-day limit	100% Profmed Negotiated Tariff Appropriate number of sessions as determined by the designated case manager Thereafter, paid from Psychiatric (1E6) benefit and subject to PMB legislation Not subject to day-to-day limit		100% Profmed Negotiated Tariff Appropriate number of sessions as determined by the designated case manager Thereafter, paid from Psychiatric (1E6) benefit and subject to PMB legislation	
5F2 HIV exposure management 2 doctor's consultations, 30 days' PEP medication, pathology and 3 - 6 months HIV exposure management	100% Profmed Negotiated Tariff 1 course of treatment per beneficiary per incident at DSP, subject to PMB legislation Not subject to day-to-day limit	100% Profmed Negotiated Tariff 1 course of treatment per beneficiary per incident at DSP, subject to PMB legislation Not subject to day-to-day limit		100% Profmed Negotiated Tariff 1 course of treatment per beneficiary per incident at DSP, subject to PMB legislation	

6. Maternity Call 0860 776 363 where pre-authorisation is required and for more information on clinical qualifying criteria and benefits. Subject to PMB legislation. Expectant mothers can contact Multiply on 0861 886 600 to access the <i>Momentous Baby</i> programme on full Multiply.					
6A Day-to-day Cover					
6A1 Ultra-sound scans (ante-natal)	100% Profmed Tariff 2 scans per pregnancy Subject to day-to-day limit	100% Profmed Tariff 2 scans per pregnancy Subject to day-to-day limit		No benefit, subject to PMB legislation	
6A2 Consultations Ante-/post-natal consultations by a medical practitioner	100% Profmed Premium Tariff 13 visits per pregnancy Subject to day-to-day limit	100% Profmed Specific Tariff 13 visits per pregnancy Subject to day-to-day limit		No benefit, subject to PMB legislation	
6A3 Consultations Ante-/post-natal consultations by a registered midwife	100% Profmed Tariff 13 visits per pregnancy Subject to day-to-day limit	100% Profmed Tariff 13 visits per pregnancy Subject to day-to-day limit		No benefit, subject to PMB legislation	
6A4 Out-patient visits to hospital/ clinic for investigations, e.g. tococardiography	80% Profmed Tariff Subject to day-to-day limit	80% Profmed Tariff Subject to day-to-day limit		No benefit, subject to PMB legislation	
6A5 Ante-natal exercises by registered healthcare practitioner	80% Profmed Tariff R800 per family Subject to day-to-day limit	No benefit		No benefit	
6A6 Prescribed medication during pregnancy (See Section 5B1)	80% Single Exit Price and dispensing fee Paid from acute medication limit, subject to the availability of funds Subject to day-to-day limit	80% Single Exit Price and dispensing fee Paid from acute medication limit, subject to the availability of funds Subject to day-to-day limit		No benefit, subject to PMB legislation	

Benefit	ProPinnacle	ProSecure Plus	ProSecure	ProActive Plus	ProActive
6B Hospitalisation					
6B1 In-patient hospitalisation (ante-natal) (Subject to pre-authorisation)	100% Profmed Negotiated Tariff in private ward	100% Profmed Negotiated Tariff in general ward		100% Profmed Negotiated Tariff in general ward	
6B2 Delivery fee by GP or specialist	100% Profmed Premium Tariff	100% Profmed Plus Tariff	100% Profmed Specific Tariff	100% Profmed Plus Tariff	100% Profmed Specific Tariff
6B3 Delivery fee by registered midwife	100% Profmed Tariff	100% Profmed Tariff		100% Profmed Tariff	
6B4 Labour ward	100% Profmed Negotiated Tariff	100% Profmed Negotiated Tariff		100% Profmed Negotiated Tariff	
6B5 Ward accommodation (post-delivery): Normal delivery – 3 days Caesarean section – 4 days	100% Profmed Negotiated Tariff in private ward	100% Profmed Negotiated Tariff in private ward	100% Profmed Negotiated Tariff in general ward	100% Profmed Negotiated Tariff in general ward	
6B6 Theatre and recovery room	100% Profmed Negotiated Tariff	100% Profmed Negotiated Tariff		100% Profmed Negotiated Tariff	
6B7 Other medical practitioner services, e.g. pathology and radiology while in hospital	100% Profmed Tariff	100% Profmed Tariff		100% Profmed Tariff	
6B8 Consultations while in hospital	100% Profmed Premium Tariff	100% Profmed Plus Tariff	100% Profmed Specific Tariff	100% Profmed Plus Tariff	100% Profmed Specific Tariff
6B9 Home nursing (post-natal) 48-hour benefit in the event of a home delivery or if discharged from a birthing unit within 24 hours after delivery (Subject to pre-authorisation)	Subject to Section 1E5(a) of this Schedule	Subject to Section 1E5(a) of this Schedule		Subject to Section 1E5(a) of this Schedule	
6B10 Neonatal care Neonate must be registered as a dependant on Profmed (Subject to pre-authorisation)	100% Profmed Negotiated Tariff	100% Profmed Negotiated Tariff		100% Profmed Negotiated Tariff	

7. International Travel Medical Assistance

This benefit covers members for medical emergencies while travelling internationally. Members who live outside South Africa in the SADC Region are covered under this benefit when travelling outside the borders of their country of residence, except in South Africa, where option-specific benefits apply. Cover is available for a maximum travel period of 90 days per journey but is not available during a general waiting period. Conditions that are excluded in terms of a condition-specific waiting period and elective treatment are not covered. RSA and SADC Region residents must call 011 541 1225 prior to departure to authorise travel cover. For assistance while travelling, it is necessary to call International SOS on +27 11 541 1225 prior to receiving treatment. In the event of an emergency, please contact International SOS as soon as possible after the emergency has occurred. The Information Guide contains more information on the claims process and details of this benefit, or call +27 11 541 1225. Subject to case management and protocols.

In- and out-of-hospital medical expenses Out-of-hospital expenses exceeding R1 000 and hospitalisation must be pre-authorised. (Treatment subject to protocols and pre-authorisation. Cover must be activated prior to departure. Call 011 541 1225 for authorisation and protocols)	R3 million per beneficiary per journey R1 000 excess per beneficiary per journey on out-of-hospital expenses. Out-of-hospital benefits only available if the claim relates to day-to-day benefits available on this option Spectacles or contact lenses limited to R3 000, subject to the R1 000 excess	R3 million per beneficiary per journey R1 000 excess per beneficiary per journey on out-of-hospital expenses. Out-of-hospital benefits only available if the claim relates to day-to-day benefits available on this option Spectacles or contact lenses limited to R3 000, subject to the R1 000 excess	R3 million per beneficiary per journey No benefit for out-of-hospital expenses
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Contributions and benefits are subject to ratification by the Council for Medical Schemes.

This published Schedule is subject to the rules approved by the Board of Trustees and in the event of a dispute the approved rules will prevail.

All benefits are subject to the PMB legislation.

FSP No. 43918. E&OE.

