

2023



## RAND WATER MEDICAL SCHEME BROCHURE

*LOOKING AFTER YOU AND YOUR FAMILY*

## POPI ACT – Protection of Personal Information Act

The Rand Water Medical Scheme (“the Scheme”) values your privacy and wants to be transparent on how Personal Information will be processed when interacting with you. With this Privacy Notice, the Scheme informs you and provides you with an overview of how it will process Personal Information and by doing so the Scheme is fulfilling its notification obligation in terms of the Protection of Personal Information Act 4 of 2013 (“POPI Act”)

The Scheme is committed to manage and process your Person Information in accordance with its Data Protection and Privacy Policy and he applicable privacy and information protection law provisions, which specifically provides for the lawful, fair and transparent processing of your Personal Information for specified, explicit and legitimate purposes in a reasonable manner that does not infringe on your right to privacy.

<b>GLOSSARY</b>	
CDL	Chronic Disease List
CMS	Council for Medical Schemes
DSP	Designated Service Provider
GP	General Practitioner
MMAP	Maximum Medical Aid Price
OAL	Overall Annual Limit
OTC	Over the Counter
PDF	Pharmacy Dispensing Fee
PMB	Prescribed Minimum Benefits
SAOA	South African Optometric Association
SEP	Single Exit Price
TTO	Treatment to Take Out

## SUMMARY OF CONTRIBUTION INCREASE FOR 2023

The Trustees have adopted a change to the pricing philosophy applied historically. The pricing philosophy adopted for the 2023 benefit year is to break-even before investment income. The following contribution increases effective 1 January 2023 and was approved as such by the Council for Medical Schemes:

Option A	4.0%
Option B Plus	0%

### IMPORTANT INFORMATION

- 1. The Scheme does not cover medical expenses incurred outside the borders of South Africa**
- 2. All hospital claims are paid subject to pre-authorisation and clinical protocols, out of hospital claims are paid subject to available benefits and confirmation.**
- 3. The Scheme Portal is available for your convenience to track claims, view payments, download remittance advices/statements, Membership confirmation and Tax Certificates etc. Kindly register by using the below web link.**

<https://hosting.cumulusis.com/Randwater/home/login.asp>

- 4. We encourage you to share the content of this brochure with your family members who are members of the Scheme. Scheme will cover two (2) Covid-19 tests. For 3 or more tests Medical Motivation will be required**

### COVID-19 PROCESS – TESTING Medication & Virtual Consultation

1. We encourage members to utilise any nearest Laboratory within SA. Should Drive Through services run by Pharmacies be used, the supporting information should be provided including but not limited to the following, all required information as per Legislated requirements to process the claim e.g., the correct tariff code/s for COVID-19 and Dr's practice number required.
2. Some Laboratories will request an Authorisation with before testing, while other Laboratories will not - the claim will be processed by the Scheme irrespective.
3. The prescription received from the Dr will be processed subject to available
4. benefits with an ICD10 Code on the script.
5. No Pre-Authorisation is required for the prescription to dispense the medication, the Pharmacist will process the medication respectively.
6. A Script for COVID-19 medication is valid for 21 days (i.e., claim within 21 days of receipt from the DR)
7. If medication is completed with no improvement, kindly visit the DR, or consult virtually, the Scheme will pay for the Virtual Consultation for GP'S Specialists and Psychologists.

## REGISTERED NURSES CLINIC ATTACHED TO PHARMACIES

We are excited to offer our members the option to receive adequate and appropriate treatment where it is most convenient

NO	MEDICAL SERVICE DESCRIPTION
1	Immunisation (15MIN)
2	Administration of Injection
3	Administration of Vaccine
4	Pap Smear Including Breast Exam 30MIN
05	Minor Ailment Consult (0-15MIN)
06	Minor Ailment Consult 16-30MIN
07	Minor Ailment Consult (30MIN)
08	Well Baby Immunisation W Consult (30MIN)
09	Blood Pressure Test
10	Glucose Test with Consult 15MIN
11	Cholesterol Test and Cons 15MIN
12	Family Plan Consult Return 10MIN
13	Pregnancy Urine Test + Consultation (Inc C/O Test)
14	Urine Test 15MIN
15	NEBULISATION 15MIN
16	HIV Screening (Pre/Post Test)
17	Wound Care Simple/Dressing Only
18	Wellness Screening (GLUC/BP/BMI/CHOL)
19	Observation: Temp, Pulse, Respiratory
20	Prostate Test and Discussion
21	PCDT Pharmacist Consultation
22	Fixed Fee Minor Ailment
23	Fixed Fee Visit Referral
24	Doctor fee component for video-medicine enabled multidisciplinary intervention
25	Nurse fee component for video-medicine enabled multidisciplinary intervention

### What are the Medical Benefits for Registered Nurses?

- Convenience for Members and their Beneficiaries:
  - Trading hours
  - Only 1 place for consultation and medicine
  - Shorter waiting period
  - Both Nurse and Doctor consultation cost less than 1 GP consultation

### Annual Medical Screening

- Full medical history; Clinical examination; Body mass index; Cholesterol (random); Glucose (random); Blood pressure; Temperature; Pulse; Oxygen saturation.

# 1. MEMEBERSHIP CONTRIBUTIONS

## Rand Water 2022 & 2023 Contributions Table Option A (Before Subsidy)

Option A	Below R 8,700		R 8,701 to R 14,500		R 14,501 to R 20,700		R 20,701 to R 26,500		Above R 26,501	
	2022	2023	2022	2023	2022	2023	2022	2023	2022	2023
Member	2,943	3,060	3,432	3,570	3,894	4,050	4,389	4,566	4,686	4,872
Per Adult Dependant	1,905	1,980	2,232	2,322	2,535	2,637	2,862	2,976	3,039	3,162
Per Child Dependant	501	522	579	603	660	687	741	771	798	831

Family Size	Below R 8,700		R 8,701 to R 14,500		R 14,501 to R 20,700		R 20,701 to R 26,500		Above R 26,501	
	2022	2023	2022	2023	2022	2023	2022	2023	2022	2023
Member	2,943	3,060	3,432	3,570	3,894	4,050	4,389	4,566	4,686	4,872
Member, Adult	4,848	5,040	5,664	5,892	6,429	6,687	7,251	7,542	7,725	8,034
Member, Adult, 1 Child	5,349	5,562	6,243	6,495	7,089	7,374	7,992	8,313	8,523	8,865
Member, Adult, 2 Children	5,850	6,084	6,822	7,098	7,749	8,061	8,733	9,084	9,321	9,696
Member, Adult, 3 Children	6,351	6,606	7,401	7,701	8,409	8,748	9,474	9,855	10,119	10,527
Member, Adult, 4 Children	6,852	7,128	7,980	8,304	9,069	9,435	10,215	10,626	10,917	11,358
Member, Adult, 5 Children	7,353	7,650	8,559	8,907	9,729	10,122	10,956	11,397	11,715	12,189
Member, 1 Child	3,444	3,582	4,011	4,173	4,554	4,737	5,130	5,337	5,484	5,703
Member, 2 Children	3,945	4,104	4,590	4,776	5,214	5,424	5,871	6,108	6,282	6,534
Member, 3 Children	4,446	4,626	5,169	5,379	5,874	6,111	6,612	6,879	7,080	7,365
Member, 4 Children	4,947	5,148	5,748	5,982	6,534	6,798	7,353	7,650	7,878	8,196
Member, 5 Children	5,448	5,670	6,327	6,585	7,194	7,485	8,094	8,421	8,676	9,027
Member, 2 Adults	6,753	7,020	7,896	8,214	8,964	9,324	10,113	10,518	10,764	11,196
Member, 3 Adults	8,658	9,000	10,128	10,536	11,499	11,961	12,975	13,494	13,803	14,358
Member, 2 Adults, 1 Child	7,254	7,542	8,475	8,817	9,624	10,011	10,854	11,289	11,562	12,027
Member, 2 Adults, 2 Children	7,755	8,064	9,054	9,420	10,284	10,698	11,595	12,060	12,360	12,858
Member, 2 Adults, 3 Children	8,256	8,586	9,633	10,023	10,944	11,385	12,336	12,831	13,158	13,689
Member, 2 Adults, 4 Children	8,757	9,108	10,212	10,626	11,604	12,072	13,077	13,602	13,956	14,520
Member, 2 Adults, 5 Children	9,258	9,630	10,791	11,229	12,264	12,759	13,818	14,373	14,754	15,351
Member, 3 Adults, 1 Child	9,159	9,522	10,707	11,139	12,159	12,648	13,716	14,265	14,601	15,189
Member, 3 Adults, 2 Children	9,660	10,044	11,286	11,742	12,819	13,335	14,457	15,036	15,399	16,020
Member, 3 Adults, 3 Children	10,161	10,566	11,865	12,345	13,479	14,022	15,198	15,807	16,197	16,851
Member, 3 Adults, 4 Children	10,662	11,088	12,444	12,948	14,139	14,709	15,939	16,578	16,995	17,682
Member, 3 Adults, 5 Children	11,163	11,610	13,023	13,551	14,799	15,396	16,680	17,349	17,793	18,513

## Rand Water 2022 & 2023 Contributions Table Option B+ (Before Subsidy)

	Below R 14,500		R 14,501 to R 20,700		Above R 20,701	
	<b>2022</b>	<b>2023</b>	<b>2022</b>	<b>2023</b>	<b>2022</b>	<b>2023</b>
<b>Member</b>	2,196	2,196	2,346	2,346	3,228	3,228
<b>Per Adult Dependant</b>	1,536	1,536	1,644	1,644	2,256	2,256
<b>Per Child Dependant</b>	348	348	369	369	507	507
<b>Family Size</b>						
	<b>Below R 14,500</b>		<b>R 14,501 to R 20,700</b>		<b>Above R 20,701</b>	
	<b>2022</b>	<b>2023</b>	<b>2022</b>	<b>2023</b>	<b>2022</b>	<b>2023</b>
<b>Member</b>	2,196	2,196	2,346	2,346	3,228	3,228
<b>Member, Adult</b>	3,732	3,732	3,990	3,990	5,484	5,484
<b>Member, Adult, 1 Child</b>	4,080	4,080	4,359	4,359	5,991	5,991
<b>Member, Adult, 2 Children</b>	4,428	4,428	4,728	4,728	6,498	6,498
<b>Member, Adult, 3 Children</b>	4,776	4,776	5,097	5,097	7,005	7,005
<b>Member, Adult, 4 Children</b>	5,124	5,124	5,466	5,466	7,512	7,512
<b>Member, Adult, 5 Children</b>	5,472	5,472	5,835	5,835	8,019	8,019
<b>Member, 1 Child</b>	2,544	2,544	2,715	2,715	3,735	3,735
<b>Member, 2 Children</b>	2,892	2,892	3,084	3,084	4,242	4,242
<b>Member, 3 Children</b>	3,240	3,240	3,453	3,453	4,749	4,749
<b>Member, 4 Children</b>	3,588	3,588	3,822	3,822	5,256	5,256
<b>Member, 5 Children</b>	3,936	3,936	4,191	4,191	5,763	5,763
<b>Member, 2 Adults</b>	5,268	5,268	5,634	5,634	7,740	7,740
<b>Member, 3 Adults</b>	6,804	6,804	7,278	7,278	9,996	9,996
<b>Member, 2 Adults, 1 Child</b>	5,616	5,616	6,003	6,003	8,247	8,247
<b>Member, 2 Adults, 2 Children</b>	5,964	5,964	6,372	6,372	8,754	8,754
<b>Member, 2 Adults, 3 Children</b>	6,312	6,312	6,741	6,741	9,261	9,261
<b>Member, 2 Adults, 4 Children</b>	6,660	6,660	7,110	7,110	9,768	9,768
<b>Member, 2 Adults, 5 Children</b>	7,008	7,008	7,479	7,479	10,275	10,275
<b>Member, 3 Adults, 1 Child</b>	7,152	7,152	7,647	7,647	10,503	10,503
<b>Member, 3 Adults, 2 Children</b>	7,500	7,500	8,016	8,016	11,010	11,010
<b>Member, 3 Adults, 3 Children</b>	7,848	7,848	8,385	8,385	11,517	11,517
<b>Member, 3 Adults, 4 Children</b>	8,196	8,196	8,754	8,754	12,024	12,024
<b>Member, 3 Adults, 5 Children</b>	8,544	8,544	9,123	9,123	12,531	12,531

## BENEFITS FOR PREVENTATIVE CARE (Option A and B Plus)

No.	Change	Description of Change	Option
1	Preventative Care	PSA Screening (Once a year for Men)	Option A Option B Plus
		COVID-19 – members have a preventative benefit for vitamins available to them from day to day	Option A Option B Plus
		Pap Smear (Once a year)	Option A Option B Plus
		HPV Vaccine (For young girls between the ages of 12-16 yrs.)	Option A Option B Plus
2	OH Auxiliary	Includes a Dieticians benefit for chronic conditions (Diabetes Mellitus both type 1&2, Hypertension and Hyperlipidaemia)	Option A Option B Plus
3	OH Contraceptives Access to Pharmacy Clinic	<b>Merina Device</b> will be covered subject to Clinical Protocol. <b>Oral Contraceptives &amp; Injectable may</b> be purchased over the Counter.	Option A Option B Plus
4	OH Maternity	<b>Offers 3 Scans</b> of which 1 is a 3D scan per pregnancy, should the pregnancy present with complications, Drs motivation letter is required. <b>6 Ante-natal Classes</b> per pregnancy per annum.	Option A Option B Plus
5	OH Auxiliary	<b>Sports Physiotherapy</b> (sublimit of Physiotherapy benefit limit) Physiotherapy	Option A Option B Plus
6	OH Auxiliary	<b>Educational Psychologist</b> (sublimit of Psychology benefit) Virtual Consults	Option A
7	OH Optometry	<b>Optical benefit for Albinism</b> (separate from benefit limit, <b>Frame 2-year cycle</b> , yearly eye test	Option A
8	Compulsory Health Care Screening- access to Clinics Pharmacies	A seasonal <b>Pneumococcal vaccine</b> and <b>one Health Screening</b> covering Blood Pressure, Blood Glucose, Cholesterol and HIV& Aids per beneficiary, Child Immunisations	Option A
			Option B Plus

**Note: OH (Out of Hospital)**

## **BENEFIT EXCLUSIONS FOR OPTION A AND OPTION B PLUS**

**With due regard to the prescribed minimum benefits the following treatments and services are excluded from the benefits provided in terms of this option.**

1. All slimming preparations and preparations used to treat obesity.
2. Contact lens solutions.
3. Food supplements including baby food and special milk preparations. (Except for HIV/AIDS up to six (6) months).
4. Homeopathic and herbal medicines and household remedies or other miscellaneous household products of a medical nature.
5. Medicines to specifically treat infertility. (Except for PMBs)
6. Medicines used to specifically treat alcoholism and habit-forming substances. (Except for PMBs)
7. Anabolic steroids.
8. Anti-Malaria used for prophylaxis against malaria.
9. Diabetes test strips. (Except for PMBs)
10. Non-Medical essential treatment.
11. Wilfully self-inflicted injuries, e.g.: attempted suicide. (Except for PMBs)
12. Ptosis.
13. Frail Care Facilities or Old Age Home
14. Syringes and Needles – only on prescription (Except on Prescriptions)
15. Aphrodisiacs
16. Cosmetic preparations medicated or otherwise
17. Immunosuppressive – (Pre-authorisation required)
18. Stimulant laxatives (Except for Paraplegics and Quadriplegics)
19. Anti-diarrheal micro-organisms – only on prescription
20. Immune sera and immunoglobulins – (Pre-authorisation required)
21. Haematinics – iron supplements – (Pre-authorisation required)
22. Vitamin products (Except for HIV, COVID-19+ve, Pregnancy and Menopause)
23. Essentially fatty acid preparations and combinations – only on prescription
24. Over the counter reading glasses
25. Stoma therapy products – (Pre-authorisation required)
26. Botox injections – (Pre-authorisation required based on Clinically appropriate for dropping eye/s)
27. Gold fillings and gold teeth
28. Jaw Reconstruction (Except for PMB's)
29. Facility Fee, except for PMB's and life threatening Medical/ surgical condition

### **Exclusions from the Chronic Disease Benefit:**

1. Except for Vitamins and Mineral preparations (subject to approval for HIV/Aids; Oncology; Maternity i.e., during Pregnancy ONLY; COVID-19+ve Post Menopause; Hypoparathyroidism and Chronic Renal Disease)
2. Homeopathic Medication
3. Hypnotics and Anxiolytics
4. Mucolytic and Decongestants

**NB: Specialist and Anaesthesiologist bill Private Rates (i.e., above Scheme Rates, Members are advised to negotiate upfront for Scheme Rates.**



## 2. BENEFITS AND LIMITS:

### OPTION A

The Scheme Tariff (ST) refers to the fee or rate set by the Scheme or agreed between the Scheme and the relevant health care provider/s for the reimbursement of benefit claims. Subject to the limitations and exclusions of benefits as stipulated in Scheme Rules paragraph 16.7 to 16.10 and in Annexure C, a member who receives benefits under this section of the Scheme Rules his and or her dependents shall be entitled to the following benefits:

*Any stipulated benefit limits or sub-limits do not apply to Prescribed Minimum Benefits (PMB). These are covered at cost when treatment is provided through any Service Provider (Scheme has no Designated Service Provider's (DSP's).*

<p><b>GENERAL PRACTITIONER, HOMEOPATH AND SPECIALIST BENEFITS</b></p> <p>a) 100% (one hundred per cent) of the Scheme Tariff (ST) for general practitioner, homeopath, and specialist consultations.</p> <p>b) 100% (one hundred per cent) of the Scheme Tariff (ST) for all other services and procedures rendered by a general practitioner, homeopath, and specialist. The maximum benefit is subject to the overall General Practitioner, Homeopath and Specialist limit.</p> <p><b>NB: Consultations may be done through Telehealth/ Virtual Consultations (GP 's, Specialist Physicians and Psychologist Consultation).</b></p>	<p><b>OPTICAL BENEFITS</b></p> <p>a) 100% (one hundred per cent) of the negotiated SAOA tariff for Optical testing to the value R689.00 by a registered optometrist or an ophthalmologist, <b>not exceeding one (1) optical test per annum per beneficiary.</b></p> <p>b) 100% (one hundred per cent) of the negotiated SAOA tariff, on the production of a receipted account from a spectacle maker, of the benefit limit for frames, lenses and contact lenses as prescribed.</p> <p>c) No benefit for tinting of lenses.</p> <p>d) Albinism benefit - Optical testing to the value R689.00 and a maximum benefit limit of R10,060. for high power prescription lenses including tinting, <b>per beneficiary per annum subject to clinical protocols.</b></p> <p>e) One set of frames subject to available maximum benefit limit per beneficiary <b>every two (2) years cycle/anniversary.</b></p>
<p><b>HOSPITALISATION</b></p> <p>100% (one hundred per cent) of the negotiated Scheme Tariff (ST). Prescribed Minimum Benefits (PMB) are payable at cost subject to clinical protocols.</p>	<p><b>THEATRE FEES</b></p> <p>100% (one hundred per cent) of the negotiated Scheme Tariff (ST) for theatre fees. The maximum benefit limit for theatre fees is R362,270.00 included in the hospitalization benefit.</p>

**HOSPITALISATION... continued**

Hospitalisation for PMB is covered at cost. Pre-authorization must be obtained from the Scheme's Managed Healthcare Provider.

- **ONCOLOGY DISEASE MANAGEMENT PROGRAMME**

Oncology Benefit is limited to R435,950 per family per annum, except for PMB's payable at cost subject to clinical protocols.

Pre-authorization must be obtained from the Scheme's Managed Healthcare Provider for the above.

**INTERNAL PROSTHESIS**

100% (one hundred per cent) of the negotiated Scheme Tariff (ST) for internal prosthesis subject to R75,480 except for Prescribed Minimum Benefits (PMB) and Clinical Protocols per beneficiary per annum and Pre-authorization required.

The Prescribed Minimum Benefit (PMB) chronic conditions are detailed in TABLE 1 below and non-PMB chronic conditions in TABLE 2.

**TABLE 1: PRESCRIBED MINIMUM BENEFIT (PMB) CHRONIC DISEASE LIST (CDL)**

1. Addison's Disease	14. Epilepsy
2. Asthma	15. Glaucoma
3. Bronchiectasis	16. Haemophilia
4. Bipolar Mood Disorder	17. Hyperlipidaemia
5. Cardiomyopathy Disease	18. Hypertension
6. Chronic Renal Disease	19. Hypothyroidism
7. Cardiac Failure	20. Multiple Sclerosis
8. Coronary Artery Disease	21. Parkinson's Disease
9. Crohn's Disease	22. Rheumatoid Arthritis
10. Chronic Obstructive Pulmonary Disorder	23. Schizophrenia
11. Diabetes Insipidus	24. Systemic Lupus Erythematosus
12. Diabetes Mellitus Type 1 and 2	25. Ulcerative colitis
13. Dysrhythmias	26. HIV/Aids

**TABLE 2: NON-PRESCRIBED MINIMUM BENEFIT (PMB) CHRONIC DISEASE LIST (CDL) (↓)**

1. Acne*	14. Iron Deficiency Anaemia*
2. Allergic Rhinitis**	15. Major Depression*
3. Alzheimer's Disease*	16. Meniere's Disease*
4. Ankylosing Spondylitis	17. Menopausal Disorder*
5. Benign Prostatic Hypertrophy	18. Migraine
6. Cushing's Disease*	19. Myasthenia Gravis*
7. Cystic fibrosis	20. Osteoporosis #
8. Gastro-oesophageal Reflux Disorder ♦	21. Paraplegia, quadriplegia ###*
9. Gout***	22. Peripheral Vascular Disease*
10. Hyperkinesia (Attention Deficit Disorder) *	23. Osteoarthritis
11. Hyperparathyroidism	24. Urinary incontinence
12. Hyperthyroidism	25. Stroke/Cerebrovascular Accident
13. Interstitial Fibrosis	26. Deep Vein thrombosis

**Included in addition to the tables:**

- Cancer (**Stage 1 to stage 3 is a PMB**), **Stage 4 is Non PMB – Metastases** and is untreatable
- Organ Transplant including work up treatment, subject to overall annual limit per family per annum

**NB: For Non-PMB Chronic Medicine payment is subject to the available chronic benefit limit.**

**Chronic medication approval will be subject to clinical protocols**

Chronic medication requests for certain conditions (\*) will only be considered if prescribed and motivated by an appropriate specialist e.g.:

- A **Dermatologist** prescription and motivation is required for chronic medication for **Acne and Psoriasis**.
- An **ENT or Neurologist** prescription and motivation is required for chronic medication for Meniere’s Disease
- A **Neurologist** or **Psychiatrist** prescription and motivation is required for chronic medication for **Alzheimer’s disease**
- For **Attention Deficit Disorder (ADD)**, applications will only be considered if prescribed and motivated by a **Paediatrician, Neurologist or Psychiatrist**

Chronic medication for **Allergic Rhinitis (\*\*)** will only be considered if prescribed and motivated by a Specialist (ENT, Paediatrician or Physician).

**Medication for Gastro-Oesophageal Reflux Disease (GORD) (◆)** will only be considered if prescribed and motivated by a gastroenterologist, physician, or general surgeon.

For **Gout (\*\*\*)** only allopurinol and probenecid-containing products may be considered.

Chronic medication for **Osteoporosis (#)** may only be considered on submission of a Bone Mineral Density (BMD) scan report.

Chronic medication for **Paraplegics and Quadriplegics (##)** may be considered for urinary and bowel complications.

<b>DENTAL SERVICES</b>	<b>PRESCRIBED MEDICATION NON PMB</b>
<p>100% (one hundred per cent) of the Scheme Tariff (ST) for dental services in respect of:</p> <ul style="list-style-type: none"><li>a) Ordinary fillings (such as cement, silicate, silver-alloy)</li><li>b) Examinations, scaling and polishing, extractions, root treatment and X-rays.</li><li>c) Dentures, repair of dentures, crowns, bridge work and dental implants.</li><li>d) Orthodontics and Maxillo-Facial and Oral surgery, unless for a PMB condition subject to pre-authorization.</li></ul> <p><b>NB: Pre-Authorization is required for Specialized Dentrify - Removal of Impacted Wisdom teeth and 3<sup>rd</sup> Molars as well as children under the age of 7.</b></p>	<p><b>1. Acute Medication</b> 100% (one hundred per cent) of the legislated Single Exit Price (SEP) subject to Maximum Medical Aid Price (MMAP) plus the relevant dispensing fee. To-Take-Out (TTO) medication prescribed on discharge from hospital will be limited to a seven (7) day supply only.</p> <p><b>2. Over the Counter (OTC) Medication (out of hospital)</b> <b>R250.00</b> per script within a seven (7) day period, subject to the Acute Medication benefit limits with sub-limits.</p>

<p style="text-align: center;"><b>Dental Services... Continued</b></p> <p><b>Consultations for dental visits relating to polishing and oral examinations are limited to one visit per beneficiary every 6 months.</b></p> <p><b>Dentures are limited to beneficiaries 16 years of age and above.</b></p> <p><b>*All Dental Treatment is subject to Dental Clinical Protocols cited on page 16 to 18.</b></p>	<p style="text-align: center;"><b>Prescribed Medication Non PMB... Continued</b></p> <p><b>3. Chronic Medicine Benefit Limit</b></p> <p>100% (one hundred per cent) of the legislated Single Exit Price (SEP) prescribed chronic medicine up to a maximum benefit of R 16,190 per annum per beneficiary, plus the relevant dispensing fee.</p> <p><b>NB: Prescribed Minimum Benefits are subject to available chronic benefit limit and Clinical Protocols once the chronic limit is reached, will pay from Risk.</b></p> <p><b>4. Biological Drugs (Scheme Exclusion)</b>  <b>The treatments are subject to clinical protocols, paid subject to available medicine benefit limit (i.e., Acute, and chronic Benefit allocated per family per annum, balance to be paid by Member)</b></p>
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<p style="text-align: center;"><b>DIABETES DISEASE MANAGEMENT PROGRAMMES (Both Type1 &amp; Type 2)</b></p> <p>100% (one hundred per cent) of the Scheme Tariffs (ST) subject to registration on the Scheme's diabetes disease management programme.</p>	<p style="text-align: center;"><b>DIAGNOSTIC BENEFITS</b></p> <p>100% (one hundred per cent) of the Scheme Tariff (ST) for basic Radiology, Pathology, Specialised Radiology i.e. (PET, MRI, and CT scans), and Clinical Technologist services.</p> <ol style="list-style-type: none"> <li>Out of Hospital Basic Radiology and Pathology are subject to the following benefit limits: <ul style="list-style-type: none"> <li>The maximum combined benefit is R51,990 per annum per family subject to PMB.</li> <li>A combined sub-limit of R13,010 per beneficiary per annum applies.</li> </ul> </li> <li>Specialised Radiology (<b>PET, MRI &amp; CT scans</b>) is subject to a limit of R19,080. per beneficiary per annum, which is for out -of-hospital benefits limit.</li> </ol> <p style="text-align: center;"><b>Benefits for Specialised Radiology including PET, MRI, and CT scans both in and out of hospital are made available</b></p>
<p style="text-align: center;"><b>MATERNITY SCANS</b></p> <p>100% (one hundred per cent) of the Scheme Tariff (ST) limited to a maximum of three (3) scans per pregnancy of which a maximum of one (1) scan can be a 3D scan. Motivation from the attending healthcare practitioner is required for additional scans subject to Clinical Protocols.</p> <p><b>1. ANTE-NATAL</b></p> <ul style="list-style-type: none"> <li>6 Ante-Natal classes to the maximum benefit limit of R5,455.00 per beneficiary per annum.</li> </ul>	

**BLOOD PRODUCTS**

100% (one hundred per cent) of the negotiated Scheme Tariff (ST) of blood transfusions (cost of material, apparatus, and operator's fees). The maximum benefit is subject to the overall hospital limit per annum.

**upon confirmation of pre-authorisation obtained from the Scheme's Preferred Managed Healthcare Provider.**

**3. Annual Preventative Wellness Benefits (from Scheme Risk Benefits)**

- See **Preventative Care Benefits** page 5.

**NURSING & STEP-DOWN FACILITIES IN LIEU OF HOSPITALISATION**

100% (one hundred per cent) of the negotiated Scheme Tariff (ST) for nursing in lieu of hospitalisation and step-down facilities prescribed by a medical practitioner, for a registered nurse or enrolled auxiliary nurse with a maximum collective benefit of R 56,060 per beneficiary per annum.

**\*Pre-authorisation must be obtained from the Scheme's Managed Healthcare Provider**

<p><b>AUXILIARY CONSULTATION AND PROCEDURES</b></p> <p>100% (one hundred per cent) of the Scheme Tariff (ST) limited to R12,540. per beneficiary per annum with a sub-limit of R8,400 per discipline for the following services:</p> <ul style="list-style-type: none"> <li>• Physiotherapy (including Sports Physiotherapy and Bio Kinetics)</li> <li>• Occupational Therapy.</li> <li>• Audiometry (Must be referred by ENT Specialist, for appliances 3 quotations from different suppliers)</li> <li>• Psychological treatment (includes Educational Psychologist for children)</li> <li><b>Virtual Consultation</b></li> <li>• Orthoptist (must be referred by a GP or a Specialist)</li> <li>• Chiropractic treatment by a chiropractor.</li> <li>• Podiatry.</li> <li>• Dietician (includes Diabetes Mellitus both type 1 and 2, Hypertension and Hyperlipidaemia)</li> <li>• Speech Therapy</li> </ul>	<p><b>EXTERNAL APPLIANCES</b></p> <p>a) 100% (one hundred per cent) of the Scheme Tariff (ST) for all Orthopaedic appliances prescribed by a medical practitioner subject to benefit available.</p> <p>b) 100% (one hundred per cent) of the Scheme Tariff (ST)) for hearing aids and artificial limb(s), Wheelchairs and other Large Orthopaedic Appliances prescribed by an appropriate medical practitioner, subject to authorization.</p> <p>a. Hearing Aids One (1) set <b>every two (2) years (ENT referral required and 3 quotations from different suppliers)</b></p> <p>b. Wheelchairs One (1) <b>every four (4) years ;3 quotations from different suppliers)</b></p> <p>c. Artificial Limbs One (1) <b>every five (5) years; 3 quotations from different suppliers)</b></p> <p>The maximum annual collective benefit per family per annum in respect of (a) and (b) is R51,040. The cost of repairs to appliances will be subject to the Warranty of the Device/ Appliance.</p>
<p><b>EMERGENCY TRANSPORT SERVICES</b></p> <p>100% (one hundred per cent) of the cost for ambulance services, fully capitated through the Designated Service Provider.</p>	<p><b>PRESCRIBED MINIMUM BENEFITS (PMB)</b></p> <p>Any stipulated benefit limits or sub-limits do not apply to Prescribed Minimum Benefits (PMB). These are covered at cost subject to clinical protocols, when treatment is provided by any service provider (i.e., the Scheme does not have a contracted/designated service provider for Prescribed Minimum Benefit)</p>

**Option A**  
**2023 Benefit and Limit Summary**

	<b>In-Hospital Limit</b>
	<b>Private Hospital</b>
<b>General Ward</b>	100% of the Scheme Tariff in a General Ward
<b>* Subject to Pre-Authorisation</b>	Limited to R 2,362,270 Per Family per annum
	<b>Related Hospital</b>
<b>Medical Tests in hospital</b>	100% of the Scheme Tariff
<b>Includes Radiology and Pathology in hospital</b>	Subject to overall Hospital Limit
<b>Specialised Radiology (MRI and CT, PET Scans)</b>	Sub-limit of R 19,080 per beneficiary per annum, subject to pre-authorisation & overall annual limit.
<b>Blood Transfusions</b>	100% of cost
	Subject to overall Hospital Limit per family per annum.
<b>Internal Prosthesis</b>	100% of the Scheme tariff
	Subject to Pre-Authorisation
	Subject to limit of R 75,480 per beneficiary per annum.
<b>Oncology</b>	100% of the Scheme tariff
	Subject to Pre-Authorisation, included in the Overall Hospital Limit
<b>Renal Dialysis</b>	Limited to R 435,950 per family per annum per family per annum up to Stage 3. Stage 4 subject to clinical protocols
	Included in the overall annual limit
	Subject to pre-authorisation & state protocols
<b>Maternity</b>	100% of the Scheme tariff
<b>Includes Confinement, Foetal scans in hospital &amp; midwife confinements</b>	Subject to overall Hospital Limit
	*Pre-Authorisation required
	6 Ante-Natal classes per pregnancy. Benefit limited to R5,455.00 per pregnancy per beneficiary per annum.
<b>Step-down Facilities in Lieu of Hospitalisation</b>	100% of Scheme tariff
<b>* Subject to referral by a Medical Practitioner</b>	Limited to R 56,060 per beneficiary per annum
	Benefit usage in Lieu of Hospitalisation
	(Subject to Pre-Authorisation)
	<b>Disease Management Programmes</b>
<b>HIV/ AIDS</b>	100% of cost for PMB treatment in line with prescribed minimum benefit (PMB) clinical protocols.
<b>Subject to registration on the HIV/AIDS benefit programme</b>	
<b>Diabetes Mellitus, Oncology subject to registration on Schemes Managed Healthcare programme</b>	100% of the Scheme Tariff

## Day to Day Benefit and Limits Summary

Doctor Consultations		
<p><b>GP's, Homeopaths &amp; Specialist consultations</b></p>	100% of the Scheme tariff	
	Combined limit	
	Limited to:	
	M0 = R 11,000	
	M1 = R 14,820	
	M2 = R 18,850	
Medication		
<p><b>Acute medication</b></p> <p>Dispensing fees paid in line with the applicable legislation</p> <p>OTC Medication: R250 per script within a seven (7) day period *Subject to the Acute Medication benefit limits.</p> <p><b>Chronic Medication</b> Subject to registration &amp; approval for non PMB chronic conditions</p>	100% of SEP plus applicable Dispensing Fee Limited to:	
	Acute (Prescribed Medication)	OTC (Subject to Acute Medication)
	M0 = R 11,870	M0 = R 1,410
	M1 = R 17,210	M1 = R 2,050
	M2 = R 18,060	M2 = R 2,150
	M3 = R 19,370	M3 = R 2,300
	M4 = R 20,140	M4 = R 2,400
	Subject to 100% of MMAP tariffs	
	100% of the SEP	
	Limited to: R 16,190.00 per beneficiary for non-PMBs	
Unlimited for PMB Chronic Conditions (26 CDL'S)		
Medical Tests Out of Hospital		
<p><b>Radiology &amp; Pathological Services</b></p>	100% of the Scheme tariff	
	Sub-limit of R 13,010. per beneficiary per annum for Radiotherapy and Pathological services	
	Combined limit of R 51,990. per family per annum	
Dentistry		
<p><b>Basic Dentistry</b> (Examinations; X-rays; extractions; ordinary fillings; root treatment; prophylaxis)</p> <p><b>Specialised Dentistry</b> (Maxillo Facial; Oral Surgery; Orthodontics; Dentures; Crowns &amp; Bridge work; Repair of dentures) Implants are subject to PMB*</p>	100% of the Scheme tariff	
	Limited to:	
	M0 = R 5,490	
	M1 = R 7,060	
	M2 = R 8,640	
	M3 = R 9,940	
	M4 = R 11,350	
	Consultations for dental visits relating to scaling and polishing and oral examinations are limited to 1 visit per beneficiary every 6 months (anniversary of the previous consultation)	
	100% of the Scheme tariff, subject to pre-authorisation	
	Limited to:	
M0 = R 8,640		
M1 = R 10,910		
M2 = R 13,540		
M3 = R 16,240		
M4 = R 18,850		



## Day to Day Benefits and Limits Summary

Optical	
Optical Test YEARLY	100% of SAOA tariff to the value R689.
Lenses & Contact Lenses	Limited to one test per beneficiary per annum
Frames	100% of SAOA tariff
Albinism	Limited to: R 3,510 per beneficiary per annum
Refractive Surgery & Intraocular Lenses	100% of SAOA tariff Subject to R 1,950 per beneficiary every Two years (2) cycle/anniversary
Refractive Surgery & Intraocular Lenses	Optical testing to the value R689.00 and Maximum benefit limit of R10,060 for high power prescription lenses per beneficiary per annum. One set of frames subject to availability of benefits per beneficiary every two-year (2) cycle/anniversary
Refractive Surgery & Intraocular Lenses	100% of Scheme tariff subject to Pre-Authorisation and Clinical Protocols which is limited to R13,090 per beneficiary per annum.
Auxiliary Services	
Auxiliary Services	100% of Scheme tariff
Occupational Therapy	Limited to R 12,540 per beneficiary per annum
Physiotherapist	Subject to sub-limit of R 8,400 per discipline
Including Sports Physiotherapy	See combined Auxiliary Services
Chiropractor	See combined Auxiliary Services
Orthoptists	See combined Auxiliary Services
Psychologist	See combined Auxiliary Services
Including Educational psychologist (children with learning difficulties)	See combined Auxiliary Services
Speech Therapy & Audiometry	See combined Auxiliary Services
Dietician	See combined Auxiliary Services
Podiatry	See combined Auxiliary Services
Appliances	
External Appliances (Includes oxygen equipment; hearing aids; artificial limb; wheelchairs & other equipment)	100% of the Scheme tariff
External Appliances (Includes oxygen equipment; hearing aids; artificial limb; wheelchairs & other equipment)	Limited to R 51,040 per family
External Appliances (Includes oxygen equipment; hearing aids; artificial limb; wheelchairs & other equipment)	The cost of repairs to appliances will be subject to the Warranty of the Device/ Appliance.
Ambulances	
Ambulances	100% of cost.
Ambulances	Provided by Schemes Preferred Emergency Service Provider

## BENEFITS AND LIMITS:

### OPTION B Plus

The Scheme Tariff (ST) refers to the fee or rate set by the Scheme or agreed between the Scheme and the relevant health care provider/s for the reimbursement of benefit claims. Subject to the limitations and exclusions of benefits as stipulated in Rules 16.7 to 16.10 and in Annexure C, a member who receives benefits under this section of the Rules and his/her dependents shall be entitled to the following benefits.

*Any stipulated benefit limits or sub-limits do not apply to Prescribed Minimum Benefits (PMB). These are covered at cost when treatment is provided through any Service Provider (Scheme has no Designated Service Provider's (DSP's)).*

#### GENERAL PRACTITIONER BENEFITS

- a) 100% (100 hundred present) of the Scheme Tariff (ST) for general practitioner consultations.
- b) 100% (one hundred per cent) of the Scheme Tariff (ST) for other services and procedures rendered by a general practitioner.

**NB: Consultations may be done through Telehealth/ Virtual Consultations (GP 'S, Specialist TO BE referred by GP, Physicians and Psychologist Consultation)**

#### SPECIALISTS BENEFITS (INCLUDING PHYSIOTHERAPISTS AND OCCUPATIONAL THERAPISTS).

100% (one hundred per cent) of the Scheme Tariff (ST) for Specialist, Physiotherapist and Occupational Therapist consultations limited to three (3) visits or R 3,750 per beneficiary per annum and five (5) visits or R 5,240 per family per annum.

- a) **No benefit is payable where the member self-refers to a specialist, without consulting a general practitioner first.**
- b) Pre-authorisation from the Scheme's Managed Healthcare Provider is required for each visit and for any other referrals or procedures.
- c) Subject to pre-authorisation the Scheme's Managed Healthcare Provider, 2 additional Gynaecologist visits are provided per beneficiary per pregnancy per annum.
- d) In-hospital physiotherapy is limited to R 11,270 per family per annum.

**NB: Specialist and Anaesthesiologist bill Private Rates (i.e., above Scheme Rates, Members are advised to negotiate upfront for Scheme Rates)**

<p><b>OPTICAL BENEFITS</b></p> <p>a) 100% (one hundred per cent) of the negotiated Scheme Tariff (ST), for Optical Testing by a registered Ophthalmologist or, in the case of eye testing by an optometrist, 100% (one hundred per cent) of the guide to fees of the Optometric Association of South Africa, not exceeding one Optical test per financial year per beneficiary</p> <p>b) 100% (one hundred per cent) of the SAOA tariff, on production of a receipted account from a spectacle maker, of the cost of frames, lenses and contact lenses prescribed at a test paid for in terms of (a) above. <b>Tinting not covered by the Scheme.</b></p> <p>c) The maximum collective benefit for frames, lenses and contact lenses is R 1,720 per beneficiary per annum.</p> <ul style="list-style-type: none"> <li>• <b>Albinism benefit</b> - Optical testing to the value R 689.00 and a maximum benefit limit of R 10,060. for high power prescription lenses including tinting, <b>per beneficiary per annum subject to clinical protocols.</b></li> <li>• One set of frames subject to available maximum benefit per beneficiary per annum as per point above. (Albinism Benefit)</li> </ul>	<p><b>HOSPITALISATION</b></p> <p>100% (one hundred per cent) of the Scheme Tariff (ST) for hospital and nursing home fees at a general ward high care and ICU rate as appropriate. The maximum benefit limit for hospitalisation is R 1,156,060 per annum per family. Hospitalisation for PMB including Oncology and Renal Dialysis is covered at 100% of cost all public hospitals and private hospitals.</p> <p>Pre-authorisation must be obtained from the Schemes Managed Health Care Provider</p>
<p><b>INTERNAL PROSTHESIS</b></p> <p>100% (one hundred per cent) of the Scheme Tariff (ST) for internal prosthesis, subject to a maximum annual benefit limit of R 34,720 per family per annum except for PMBs.</p>	<p><b>THEATRE FEES</b></p> <p>100% (one hundred per cent) of the Scheme Tariff (ST) for theatre fees including anaesthetics, disinfectants, bandages, and materials applied in the theatre. The maximum benefits for Theatre fees are included in the hospitalisation benefit of R 1,156,060 per annum per family</p> <p><b>NB: Specialist and Anaesthesiologist bill Private Rates (i.e., above Scheme Rates, Members are advised to negotiate upfront for Scheme Rates.</b></p> <p><b>DENTAL SERVICES</b></p> <p>100% (one hundred per cent) of the Scheme Tariff (ST) for Dental Services in respect of:</p> <ol style="list-style-type: none"> <li>a. Ordinary fillings (such as cement, silicate, silver-alloy) and root canal treatment.</li> <li>b. Examinations, prophylaxis, restorations, extractions, X-rays.</li> <li>c. Dentures (<b>16 years and above</b>), repair of dentures, crown, bridge work</li> <li>d. Dental Implants, subject to PMB only and Pre-Authorisation.</li> </ol>

#### PRESCRIBED MEDICATION NON-PMB

- a) 100% (one hundred percent) of the Single Exit Price (SEP) subject to MMAP (Maximum Medical Scheme Price) for non-PMB medicines, Pharmacy supplies and materials for injections in a hospital or nursing home.

100% (one hundred percent) of the Single Exit Price (SEP) subject to MMAP (Maximum Medical Aid Price) for non PMB prescribed **acute medicine** plus the relevant dispensing fee.

b) **Over the Counter (OTC) Medication:**

**R 240** per script within a seven (7) day period subject to the Acute Medication benefit limits and sub-limits.

- c) 100% (one hundred per cent) of the Single Exit Price (SEP) for PMB prescribed **chronic medicine** plus the relevant dispensing fee, subject to MMAP tariffs.

#### PRESCRIBED MINIMUM BENEFITS

The diagnosis, treatment, and care cost of the Prescribed Minimum Benefits (PMB's) rendered by a Public Hospital, Private Hospital, or any Service Provider, shall be covered as the Scheme does not have a Designated Service Provider.

#### Dental Services... Continued

- e. Orthodontics, Maxillo-Facial and Oral Surgery, unless for a PMB condition and subject to Pre- authorisation.  
f. Dental X-rays.

**NB: The benefit for (b) does not have an amount limit subject to Overall Annual Limit once in six months (anniversary of the first claim or benefit for basic dentistry).**

- **Consultations for dental visits relating to scaling and polishing and oral examinations are limited to one visit per beneficiary every 6-month cycle/anniversary.**
- Maxillo-Facial Surgery is limited to R 18,720 per family, per annum subject to the Overall Hospital limit.
- Hospitalisation for dental services is limited to only trauma cases, treatment of impacted 3<sup>rd</sup> molars for children under 7 (seven) years of age at day theatres and all public and private hospitals.

**NB: Pre-Authorisation is required from the Schemes Managed Healthcare Provider.**

<p style="text-align: center;"><b>HIV/AIDS DISEASE MANAGEMENT PROGRAMME.</b></p> <p>HIV/AIDS costs relating to an HIV/AIDS programme, will be covered, at 100% of cost for PMB related service according to a formulary and clinical protocols. Subject to registration.</p>	<p style="text-align: center;"><b>DIAGNOSTIC BENEFITS</b></p> <p>100% (One Hundred per Cent) of the Scheme Tariff (ST) for Basic Radiology, Pathology, Specialised Radiology (including PET, MRI and CT scans) and Medical Technology services. This benefit is subject to a combined limit of R41,120 per family per annum (subject to PMB's and clinical protocols) which is shared for in-hospital and out-of-hospital benefits. The following sub-limits also apply:</p> <ul style="list-style-type: none"> <li>• Basic Radiology and Pathology Services (in-hospital and out-of-hospital) are subject to a combined sub-limit of R 11,320 per beneficiary per annum.</li> <li>• Specialised Radiology (in-hospital and out-of-hospital) is limited to R 13,900 per family per annum, subject to Pre-Authorisation (PET, MRI, CT, and Radio Isotope scans).</li> </ul> <p>Once these sub-limits are reached, benefits are limited to Medical Technology services up to the combined limit of R 41,120 per family per annum. Except for PMB's subject to Clinical Protocols.</p> <ul style="list-style-type: none"> <li>• <b>Annual Preventative Wellness Benefits (from Scheme Risk Benefits ONE Consultation Per Annum) See Preventative Care Benefits page 5</b></li> </ul>
<p style="text-align: center;"><b>MATERNITY SCANS</b></p> <p>100% (one hundred per cent) of the Scheme Tariff (ST) limited to a maximum of three (3) scans per pregnancy per annum, of which a maximum of one (1) scan can be a 3D scan. Motivation from the attending healthcare practitioner is required for additional scans subject to Clinical Protocols.</p>	
<p style="text-align: center;"><b>BLOOD PRODUCTS</b></p> <p>100% of the negotiated (ST) for blood transfusions limited to R 25,320 per family per annum, except for PMB's and clinical Protocols. Transportation costs are included in the limit.</p>	<p style="text-align: center;"><b>ANTE-NATAL</b></p> <p>6 Ante-Natal classes to the maximum benefit limit of R 5455.00 per beneficiary per annum.</p> <hr/> <p style="text-align: center;"><b>CLINICAL TECHNOLOGISTS</b></p> <p>100% of the negotiated (ST) limited to R 25,320 per family per annum.</p>

**NURSING AND STEP-DOWN FACILITIES IN LIEU OF HOSPITALISATION**

100% of the (ST) Step-Down Facilities & Nursing in Lieu of hospitalisation prescribed by a Medical Practitioner, for a Registered Nurse or Enrolled Auxiliary nurse with a maximum collective benefit Limited to R 25,670 per family per annum. Pre-authorisation must be obtained from the Scheme's Managed Healthcare Provider.

**SURGICAL APPLIANCES AND EXTERNAL PROSTHESIS.**

100% of the Scheme Tariff (ST) for surgical, orthopaedic appliances and external prosthesis.

100% of the (ST) for hearing aids and artificial limb(s), wheelchairs and other large orthopaedic appliances prescribed by an appropriate medical practitioner, subject to authorization.

The number of applications per beneficiary is limited in terms of cycles:

- |                  |   |
|------------------|---|
| Hearing aids     | One (1) set   |
|                  | <b>every two (2) years</b> (ENT referral required for all new requests) |
| Wheelchairs      | One (1) <b>every four (4) years</b>                                     |
| Artificial limbs | One (1) <b>every five (5) years</b>                                     |

**The cost of repairs to appliances is subject to the Warranty of the Device/ Appliance.**

**NB: Three (3) Different Quotations required with Motivation**

## Option B Plus 2023 Benefit and Limit Summary

### In-Hospital Benefits

Hospitalisation	Overall limit R 1,156,060 per family.
Surgical and non-Surgical procedures	Subject to Overall Hospital limit.
Materials and medicine	Subject to overall Annual Hospital limit.
Physiotherapy	Limited to R 11,270 Per Family per annum.
Basic Radiology, Basic Pathology and medical technology	Limited to R 34,720 Per Family per annum.
Maxillofacial Surgery	Sub-limit of R 10,290 per beneficiary per annum for Basic Radiology and Pathology claims.
Specialised Radiology (PET, MRI & CT scan)	Limited to R 18,720 Per Family per annum, subject to pre- authorisation
Surgical and Orthopaedic appliances	PET, MRI and CT scans combined limit for in and out of Hospital.
Oxygen	Sub-limit of R 13,900 Per Family per annum, subject to pre- authorisation.
Maternity	Limited to R 11,270 Per Family per annum.
Treatment of Mental Health	Subject to Overall Hospital limit and Pre- authorisation/ Rental
Renal Dialysis (acute and chronic)	Subject to Overall Hospital limit per beneficiary per annum
Internal Prosthesis	All Public Hospitals and Private Hospitals.
Organ Transplants	Limited to PMB only (26CDLs and 270 DTPs)
Neonates	All Public Hospitals and Private Hospitals.
External Prosthesis	Limited to PMB's only.
Emergency Transport	Limited to R 34,720 Per Family per annum.
Blood Transfusion	Limited to PMB's only.
Dental Services	Limited to PMB's only.
Clinical Technologists	Subject to Surgical and External Appliances.
Alternatives to Hospitalisation (Step Down and Home Nursing)	100% of cost Provided by Scheme Designated Service Provider.
HIV/AIDS	Limited to R 25,320 per family per annum.
Subject to registration on the HIV/AIDS benefit programme	Includes transport costs.
Diabetes	Hospitalisation only for trauma and impacted/wisdom teeth only and children aged under 7 years. Subject to pre- authorisation
Subject to registration on disease management programme	Day Theatres Public and Private hospitals only.
	Limited to R 25,320 Per Family per annum.
	Limited to R 25,670 Per Family per annum.
	<b>Disease Management Programmes</b>
	100% of cost for PMB treatment in line with prescribed minimum benefit (PMB) protocols subjected to pre- authorisation and registration.
	100% of the Scheme tariff
	All Public Hospitals and Private Hospitals.

## Out of Hospital Benefits

Out of Hospital Benefits		
<b>GP Consultations</b>          <b>Emergency Visits</b>    <b>Specialist Consultations (including Physiotherapists and Occupational Therapists)</b>	<b>Consultations</b>	
	100% of the Scheme tariff.	
	Combined limit	
	Limited to:	
	M0 = R 3,310	
	M1 = R 5,070	
	M2 = R 6,710	
	Unlimited without co-payment provided the episode meets the requirements of the definition on an emergency medical condition.	
	Any registered emergency medical facility. Excluding facility fees (Triage).	
	Limited to 3 visits or R 3,750 per beneficiary and 5 visits or R5,240 per family. No benefit where member self-refers to a specialist without consulting a general practitioner first.	
<b>Acute Medication</b>          <b>Chronic Medication</b>	Unlimited consultations for PMB conditions.	
	Pre-Authorisation required for each visit and any other referrals or procedures.	
	2 additional Gynaecology visits per beneficiary per pregnancy per annum. With the benefit of 6 Ante-Natal Classes per pregnancy per annum.	
	<b>Medication</b>	
	100% of SEP plus PDF Limited to:	
	Acute (Prescribed Medication)	OTC (Subject to Acute)
	M0 = R 2,660	M0 = R 1,260
	M1 = R 4,550	M1 = R 2,150
	M2 = R 6,370	M2 = R 2,490
	Subject to MMAP tariffs	
<b>Basic Radiology, Specialised Radiology(MRI and CT Scan) and Pathology.</b>          <b>Dental Services (Basic and Specialised) Specialised Dentistry subject to Pre- Authorisation</b>	Chronic Medication for the treatment of 26 PMB CDL conditions and 270 DTPs only.	
	<b>Medical Tests</b>	
	Combined limit for in and out-of-hospital limited to R 41,120 per family per annum.	
	Sub-limit of R 11,320 per beneficiary per annum for Basic Radiology and Pathology.	
	<b>Dental Services</b>	
	100% of the Scheme tariff, Limited to:	
	M0 = R 1,820	
	M1 = R 2,790	
	M2 = R 3,220	
	M3 = R 3,760	
M4 = R 4,190		
<b>Oncology Treatment</b>	Limited to PMB's only. Stage1 to 3 is PMB and Stage 4 is Non – PMB payable subject to available	



## Out of Hospital Benefits

Out of Hospital Benefits	
<b>Optical Services</b>	<b>Optical Services</b> Limited to R 1,720 per beneficiary per annum i.e., <ul style="list-style-type: none"><li>• Optical Test</li><li>• Lenses and contact lenses</li><li>• Frame Tint not covered</li></ul>
<b>Albinism</b>	Optical testing to the value R689.00 and Maximum benefit limit of R10,060 for high power prescription lenses per beneficiary per annum. One set of frames subject to availability of benefits per beneficiary every two-year (2) cycle/anniversary
<b>Surgical appliances and External Prosthesis</b>	<b>Appliance</b> 100% of the Scheme tariff Subject to limit of R 11,990 per family per annum, except for PMB's and 270 DTPs
<b>Other Auxiliary Services</b>	<b>Auxiliary Services</b> All other auxiliary services only covered on pre-authorisation and if a PMB and 270 DTPs.

## ANNEXURE C

### PRESCRIBED MINIMUM BENEFITS

#### 1. Designation of service providers

The medical scheme contracts with service provider(s) for the delivery of Prescribed Minimum Benefits in the following categories for both Option A and Option B Plus:

- (a) Hospitalization: Schemes Managed Health Provider.
- (b) Out of hospital services: No DSP
- (c) Medicine benefit management (both chronic and acute): Medikredit
- (d) Medical Advisory Services Management: Schemes Managed Health Provider.
- (e) Diabetes Mellitus (Type 1 and Type 2): Schemes Managed Health Provider - chronic disease management programme.
- (f) HIV/AIDS: Schemes Managed Health Provider - chronic disease management programme.
- (g) Oncology: Schemes Managed Health Provider - Chronic disease management programme
- (h) Dental Risk Company (DRC) - dental health management both in and out of hospital.
- (i) Net Care 911 (24 Hour Emergency Health Care Services).

#### 2. Prescribed minimum benefits obtained from designated service providers

The scheme covers for diagnosis, treatment and care costs of Prescribed Minimum Benefit conditions, subject to clinical protocols and medical appropriateness, if those services are obtained from any service provider, i.e. there is no designated service provider for Prescribed Minimum Benefits.

#### 3. Prescribed minimum benefits voluntarily obtained from other providers

If a beneficiary voluntarily obtains diagnosis, treatment, and care in respect of a Prescribed Minimum Benefit condition subject to clinical protocols and medical appropriateness, from any service provider the benefit payable in respect of such service is subject to:

No co-payment: benefits are payable subject to clinical protocols.

#### 4. Prescribed minimum benefits involuntarily obtained from other providers

(a) If a beneficiary involuntarily obtains diagnosis, treatment, and care in respect of a Prescribed Minimum Benefit condition from any service provider, the medical scheme will cover the cost subject to clinical protocols and medically appropriate.

(b) For the purposes of paragraph (a,) a beneficiary will not be deemed to have involuntarily obtained a service from any service provider, no co-payment applies (i.e. Scheme do not have a designated service provider for Prescribed Minimum Benefits (PMBs).

(c) Except in the case of an Emergency Medical/Surgical condition, preauthorization shall be obtained by a member prior to voluntarily and or involuntarily obtaining a service from a provider to enable the Scheme to confirm that the circumstances contemplated in paragraph 2 and 3 are applicable

## **5. Medication**

(a) Where a Prescribed Minimum Benefit includes medication, the Scheme will pay 100% of the Single Exit Price (SEP) of that medication plus relevant dispensing fee if that medication is obtained from a service provider voluntarily or involuntarily.

(b) Where a Prescribed Minimum Benefit includes medication, and that medication is voluntarily obtained from a provider. A Single Exit Price plus relevant dispensing fee will apply.

## **EXCLUSIONS AND LIMITATIONS OF BENEFITS**

### **1. EXCLUSIONS**

Unless otherwise decided by the Board, expenses incurred by a member or dependent in terms of Rule 16.8 as well as in connection with any of the following, but excluding any prescribed minimum benefits, or preferred provider benefits which are described in Annexure B of the Rules, shall not be paid by the Scheme:

1.1 All costs of whatsoever nature incurred for treatment of sickness conditions or injuries sustained by a member or a dependent and for which any other party is liable. The member is however entitled to such benefits as would have applied under normal conditions, provided that on receipt of payment, in respect of medical expenses, the member will reimburse the Scheme any money paid by the Scheme in respect of this benefit.

1.2 The testing of eyes except when undertaken by a medical practitioner or registered ophthalmologist or optometrist.

1.3 Treatment for willful self-injury, illness or injury resulting from attempted suicide, or injury sustained during participation in a strike, during illegal picketing or riot except for PMB.

1.4 Treatment for illness or injury resulting from participation in sport for monetary reward or prize money except for PMB.

1.5 Treatment for illness or injury resulting from participation in any contest of speed, excluding amateur athletics except for PMB.

1.6 Purchase or hire of medical, surgical or other appliance except as provided for in Annexure B.

1.7 Purchase of medicine, bandages, dressings, and other similar aids not included in a prescription from a medical practitioner or a dentist.

1.8 Operations, procedures and treatment performed upon and at the desire of the member or dependent in respect of whom the claim is made but which are not essential, in the opinion of the medical practitioner nominated by the Scheme and such member's or dependent's medical practitioner in consultation, for the treatment of the illness in respect of which the claim is made.

1.9 Prescription sunglasses.

## **2. LIMITATION OF BENEFITS**

The limitations below apply to members to whom Option A and Option B Plus benefits apply, but do not apply to the prescribed minimum benefits in respect of services provided at any public hospital or designated service provider.

2.1 In a case of illness of a protracted nature, the Board shall have the right to insist upon a member or dependent consulting a specialist whom the Board may nominate in consultation with the attending medical practitioner. If such a specialist's advice is not acted upon, no further benefits shall be granted in respect of such illness.

2.2 In a case where a specialist is consulted without the recommendation of a general practitioner, the benefit may be limited to the amount that would have been paid to a general practitioner for the same service: provided that an Ophthalmologist, Optometrist all Specialist may be consulted without the recommendation of a general practitioner except for Option B Plus.

2.3 In a case where major Osteo-surgery is required i e Joint Replacements or Spinal Fusions, the Board shall have the right to insist upon a member or dependent having to obtain a second medical opinion.

2.4 Participation in the Diabetic, Oncology programme is subject to pre-registration.

2.5 Should a beneficiary suffer from any of the chronic conditions listed under Paragraph 8 of Annexure B and wishes to obtain the relevant benefits, he/she will be obliged to participate in the Chronic Disease Management Programme provided by the Scheme.

## Scheme Contact Details

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Fax Number	011 682 0671
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Queries	<a href="mailto:Claimqueries@randwater.co.za">Claimqueries@randwater.co.za</a>
Membership	<a href="mailto:Membership@randwater.co.za">Membership@randwater.co.za</a>
Contributions	<a href="mailto:Contributions@randwater.co.za">Contributions@randwater.co.za</a>
Benefits for Appliance	<a href="mailto:Benefitappliance@randwater.co.za">Benefitappliance@randwater.co.za</a>
Provider's Banking Details Update	<a href="mailto:providers@afrocentric-ics.com">providers@afrocentric-ics.com</a>
Web Site	<a href="https://hosting.cumulusis.com/Randwater/home/login.asp">https://hosting.cumulusis.com/Randwater/home/login.asp</a>
Postal Address	P O Box 1127 Johannesburg 2000

## Dental Risk Company

Dental Department	E-mail Address	Fax Number	Telephone Number
Pre-authorisation	<a href="mailto:auth@dentalrisk.com">auth@dentalrisk.com</a>	086 687 1285	087 943 9611
Dental Enquiries	<a href="mailto:enquiries@dentalrisk.com">enquiries@dentalrisk.com</a>	086 687 1285	087 943 9611
Dental Claims	<a href="mailto:claims@dentalrisk.com">claims@dentalrisk.com</a>	086 687 1285	087 943 9611
Dental Provider Queries	<a href="mailto:network@dentalrisk.com">network@dentalrisk.com</a>	086 687 1285	087 943 9611

## Afrocentric Integrated Solutions

Department	E-Mail Address	Fax Number	Telephone Number
Hospital pre-authorisation	<a href="mailto:rdw.preauth@afrocentric-ics.com">rdw.preauth@afrocentric-ics.com</a>	011 707 8473	086 111 4476 Option 1
Chronic Disease Management Programmes	<a href="mailto:rdw.oncology@afrocentric-ics.com">rdw.oncology@afrocentric-ics.com</a>	011 707 8472	086 111 4475 Option 3
	<a href="mailto:rdw.hiv@afrocentric-ics.com">rdw.hiv@afrocentric-ics.com</a>	011 707 8469	
	<a href="mailto:rdw.diabetes@afrocentric-ics.com">rdw.diabetes@afrocentric-ics.com</a>	011 707 8467	

## Medikredit

Department	E-Mail Address	Number for Members	Number for Providers
Chronic Medicine Authorization	<a href="mailto:chronic@medikredit.co.za">chronic@medikredit.co.za</a>	0800 132 345	086 093 2273

## Council for Medical Schemes Contact Details

<b>Postal Address</b>	<b>Private Bag X34, Hatfield, 0028</b>
<b>Telephone Number</b>	<b>0861 123 267</b>
<b>Fax Number</b>	<b>012 431 0608</b>
<b>Email Address</b>	<a href="mailto:complaints@medicalschemes.com">complaints@medicalschemes.com</a>
<b>Web Site</b>	<a href="http://www.medicalschemes.com">www.medicalschemes.com</a>

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