



## GOLDEN ARROW EMPLOYEES' MEDICAL BENEFIT FUND

PLEASE NOTE that the Fund obtained exemption until 31 December 2020 from compliance with the prescribed minimum benefits requirements.

### GLOSSARY

|                    |  |
|--------------------|--|
| <b>GRP</b>         | The generic reference price – the Fund bases its medicine benefits on the cost of generic medicines instead of brand-name medicines.                         |
| <b>Scheme rate</b> | The Scheme rate is the tariff set by the Fund for reimbursement of claims in the absence of any other agreed or contracted tariff with any service provider. |
| <b>SEP</b>         | The single exit price is the legislated price of medicine.   |
| <b>SOF</b>         | The scale of fees is a negotiated tariff fee payable to various service providers, including those listed on the network.                                    |
| <b>UPFS</b>        | The uniform patient fee schedule is the fee schedule applied by the public sector.   |

## BENEFITS SUMMARY

EFFECTIVE 1 JANUARY 2020

### ANNUAL BENEFITS FOR DAY-TO-DAY MEDICAL SERVICES

#### OUT-OF-HOSPITAL BENEFITS

| BENEFIT CATEGORY   | NOTES   | PRIMARY OPTION  | STANDARD OPTION  | ADVANCED OPTION  |
|--|---|---|--|--|
| <b>Overall annual day-to-day limit:</b><br>Single member<br><br>Member + 1<br>Member + 2<br>Member + 3<br>Member + 4     |   | <b>R10 900 per single member</b><br><b>R16 800 per family</b><br><b>R21 800 per family</b><br><b>R22 500 per family</b><br><b>R22 900 per family</b>          | <b>R11 300 per single member</b><br><b>R17 200 per family</b><br><b>R22 500 per family</b><br><b>R23 300 per family</b><br><b>R23 700 per family</b> | <b>R12 300 per single member</b><br><b>R18 200 per family</b><br><b>R24 200 per family</b><br><b>R24 700 per family</b><br><b>R25 100 per family</b> |
| General practitioner<br><br>Limited to 7 visits per beneficiary per annum and subject to overall annual day-to-day limit | Network general practitioner  | Consultations and acute medication  | 100% of SOF  | 100% of SOF  |
|  |   | Emergency consultations   | 100% of SOF  | 100% of SOF  |
|  | Non-network general practitioner  | Consultations<br><br><b>Please note:</b><br>A co-payment equal to the difference between the network and non-network GP may apply if a non-network GP is used | 100% of Scheme rate  | 100% of Scheme rate  |
|  |   | Acute medication<br><br><b>Subject to R300 per beneficiary per day</b>  | 100% of SEP, formulary medication and GRP, subject to overall annual day-to-day limit  | 100% of SEP and GRP, subject to overall annual day-to-day limit  |
| Over-the-counter (OTC) medication  | OTC medication and influenza vaccines<br><br>Includes homeopathic, herbal and natural medication                                    | Subject to R300 per beneficiary per day, with a maximum of R1 300 per family per year<br><br>100% of SEP and GRP, subject to overall annual day-to-day limit  | 100% of SEP and GRP, subject to overall annual day-to-day limit  | 100% of SEP and GRP, subject to overall annual day-to-day limit  |
| Specialists  | Consultations<br><br><b>Please note:</b> A co-payment equal to the difference between the Scheme rate and specialist rate may apply | The member is responsible for ensuring that an authorisation number is obtained before consulting a specialist  | Up to 140% of Scheme rate, subject to overall annual day-to-day limit  | Up to 140% of Scheme rate, subject to overall annual day-to-day limit  |
|  | Acute medication<br><br>No repeat prescriptions allowed   | The medication may be obtained at any pharmacy  | 100% of SEP and GRP, subject to overall annual day-to-day limit  | 100% of SEP and GRP, subject to overall annual day-to-day limit  |

| BENEFIT CATEGORY   |  | NOTES  | PRIMARY OPTION  | STANDARD OPTION   | ADVANCED OPTION   |
|--|--|--|---|---|---|
| Emergency room/<br>casualty department<br>(hospital unit)  | Primary care benefits<br>for acute illnesses or<br>injuries which may<br>require immediate<br>attention  | Excluding facility fee   | 100% of SOF, subject<br>to overall annual day-<br>to-day limit                            | 100% of SOF, subject<br>to overall annual day-<br>to-day limit                            | 100% of SOF, subject<br>to overall annual day-<br>to-day limit                            |
| Dental<br><br><b>Annual limit:</b><br>Single member R5 600<br>Member + 1 R6 700<br>Member + 2 R8 000<br>Member + 3 R8 200<br>Member + 4 R8 400 | Includes the following:<br>- Basic dentistry<br>- Advanced/special-<br>ised dentistry<br>- Dentures<br>- Procedures under<br>conscious sedation<br>in a doctor's rooms                       | <b>Please note:</b> Members<br>are liable for all costs<br>related to dental<br>care by any general<br>or specialist dentist<br>where costs exceed<br>the dental rate and/or<br>dental limit | 100% of Scheme rate;<br>dental limit subject to<br>overall annual day-to-<br>day limit    | 100% of Scheme rate;<br>dental limit subject to<br>overall annual day-to-<br>day limit    | 100% of Scheme rate;<br>dental limit subject to<br>overall annual day-to-<br>day limit    |
|  | Dental therapist   | <b>Please note:</b> Members<br>are liable for all costs<br>related to dental<br>care by any general<br>or specialist dentist<br>where costs exceed<br>the dental rate and/or<br>dental limit | 80% of the Scheme<br>rate; dental limit subject<br>to overall annual day-<br>to-day limit | 80% of the Scheme<br>rate; dental limit subject<br>to overall annual day-<br>to-day limit | 80% of the Scheme<br>rate; dental limit subject<br>to overall annual day-<br>to-day limit |
| Optometrists<br><br>Optical limit:<br>R2 500 per beneficiary<br>every two years; i.e.<br>2019 to 2020  | Frames, lenses,<br>contact lenses, tints<br>and eye tests  | Optometrists must<br>obtain authorisation<br>for patient referral to a<br>specialist   | 100% of Scheme rate;<br>optical limit subject to<br>overall annual day-to-<br>day limit   | 100% of Scheme rate;<br>optical limit subject to<br>overall annual day-to-<br>day limit   | 100% of Scheme rate;<br>optical limit subject to<br>overall annual day-to-<br>day limit   |
| Radiology  |  |  | 100% of SOF, subject<br>to overall annual day-<br>to-day limit                            | 100% of SOF, subject<br>to overall annual day-<br>to-day limit                            | 100% of SOF, subject<br>to overall annual day-<br>to-day limit                            |
| Pathology  |  |  | 100% of SOF, subject<br>to overall annual day-<br>to-day limit                            | 100% of SOF, subject<br>to overall annual day-<br>to-day limit                            | 100% of SOF, subject<br>to overall annual day-<br>to-day limit                            |
| Allied health services   | Nursing services,<br>speech therapist,<br>dietician, occupational<br>therapist, social<br>worker, audiologist,<br>chiropractic, chiropractor,<br>physiotherapy and<br>antiretroviral therapy |  | 100% of Scheme<br>rate, subject to overall<br>annual day-to-day limit                     | 100% of Scheme<br>rate, subject to overall<br>annual day-to-day limit                     | 100% of Scheme<br>rate, subject to overall<br>annual day-to-day limit                     |
| Appliances, e.g.<br>nebulisers, crutches,<br>glucometers, hearing<br>aids, hire of oxygen<br>cylinders, etc.                                   | Subject to<br>registration with the<br>appropriate Disease<br>Risk Management<br>Programme   | Written motivation from<br>a general practitioner<br>is required; subject to<br>approval from medical<br>advisor   | 100% of Scheme<br>rate, subject to overall<br>annual day-to-day limit                     | 100% of Scheme<br>rate, subject to overall<br>annual day-to-day limit                     | 100% of Scheme<br>rate, subject to overall<br>annual day-to-day limit                     |
| Clinical psychology  |  | The member is<br>responsible for ensuring<br>that an authorisation<br>number is obtained<br>before consulting a<br>specialist  | 100% of Scheme<br>rate, subject to overall<br>annual day-to-day limit                     | 100% of Scheme<br>rate, subject to overall<br>annual day-to-day limit                     | 100% of Scheme<br>rate, subject to overall<br>annual day-to-day limit                     |
| Chronic medication   | To obtain benefits for<br>chronic medication,<br>the patient must<br>be registered<br>with the Medicine<br>Risk Management<br>Programme  | The Fund's approved<br>chronic condition list is<br>applicable   | R8 800 per beneficiary<br>per year  | R8 800 per beneficiary<br>per year  | R8 800 per beneficiary<br>per year  |
|  |  | Medication approved<br>as per the Chronic<br>Disease Medication<br>Formulary<br><br>All medication may<br>be obtained from<br>a pharmacy or a<br>dispensing network<br>general practitioner  | 100% of SEP and GRP   | 100% of SEP and GRP   | 100% of SEP and GRP   |

| BENEFIT CATEGORY   |  | NOTES   | PRIMARY OPTION   | STANDARD OPTION  | ADVANCED OPTION  |
|--------------------|--|---|--|--|--|
| Ambulance services | Members must make use of Netcare 911<br><br>Members must call 082 911 for all ambulance services   | For voluntary use of any other emergency service provider, members will be liable for a 20% co-payment  | Netcare 911 only   | Netcare 911 only   | Netcare 911 only   |
| HIV/AIDS           | This benefit is subject to enrolment on the HIV/AIDS Programme<br><br>The costs for GPs, medicine and pathology will be covered at contracted service providers<br><br>Medicine and hospital pre-authorisation is required | This benefit includes medication, doctor's consultations and blood tests required for the treatment of the condition, as well as the cost of prophylaxis for preventative treatment | R12 500 per beneficiary per year<br><br>100% of Scheme rate<br><br>Medicine: 100% of SEP and GRP | R12 500 per beneficiary per year<br><br>100% of Scheme rate<br><br>Medicine: 100% of SEP and GRP | R12 500 per beneficiary per year<br><br>100% of Scheme rate<br><br>Medicine: 100% of SEP and GRP |

## ANNUAL BENEFITS FOR HOSPITALISATION AND OTHER MAJOR MEDICAL SERVICES

### IN-HOSPITAL BENEFITS

| BENEFIT CATEGORY  |   | NOTES  | PRIMARY OPTION  | STANDARD OPTION  | ADVANCED OPTION  |
|---|---|--|---|--|--|
| <b>Annual in-hospital limit</b>   |   |  | Limited to overall annual day-to-day limit  | <b>R158 000 per beneficiary per year</b>   | <b>R300 000 per beneficiary per year</b>   |
| Private hospital or state facility<br>A co-payment of R500 will apply to all admissions to private facilities, except in cases where R1 000 co-payment is indicated for specific procedures | <b>Members must use contracted hospitals</b>  | All admissions and procedures in hospital must be authorised 48 hours before admission<br><br>This applies to all beneficiaries registered on the <b>Standard and Advanced Options</b> | No separate private hospital cover<br><br>Treatment at state facility only; UPFS rates applicable<br><br>Subject to overall annual day-to-day limit | 100% of SOF<br><br>Subject to annual in-hospital limit   | 100% of SOF<br><br>Subject to annual in-hospital limit   |
| <b>Private hospital or State facility</b>   | Network general practitioner  | Please note that a co-payment equal to the difference between the network and non-network general practitioner may apply if a non-network general practitioner is used                 | Treatment at State facility only  | 100% of SOF  | 100% of SOF  |
|   | Non-network general practitioner  |  | UPFS rates applicable<br><br>Subject to overall annual day-to-day limit   | 100% of the Scheme rate<br><br>Subject to annual in-hospital limit   | 100% of the Scheme rate<br><br>Subject to annual in-hospital limit   |
|   | Specialists   |  | Treatment at State facility only; UPFS rates applicable<br><br>Subject to overall annual day-to-day limit   | 100% of Scheme rate<br><br>Subject to annual in-hospital limit   | 100% of Scheme rate<br><br>Subject to annual in-hospital limit   |
|   | Maternity<br><br><b>Please note:</b> Due to high annual indemnity insurance fees due by gynaecologists, co-payments may apply | Patient must register within the first 16 weeks of the pregnancy<br><br>Delivery by midwife or specialist at designated service provider   | Treatment at State facility only; UPFS rates applicable<br><br>Subject to overall annual day-to-day limit   | Case managed up to a maximum of 3 days for normal delivery and 4 days for caesarean<br><br>Subject to annual in-hospital limit | Case managed up to a maximum of 3 days for normal delivery and 4 days for caesarean<br><br>Subject to annual in-hospital limit |
|   |   | Gynaecologist:<br>- vaginal delivery (tariff code 2614)<br>- caesarean delivery (tariff code 2615)   | Treatment at State facility only; UPFS rates applicable   | Up to 200% of Scheme rate; subject to annual in-hospital limit   | Up to 200% of Scheme rate; subject to annual in-hospital limit   |

| BENEFIT CATEGORY                                  |  | NOTES   | PRIMARY OPTION  | STANDARD OPTION  | ADVANCED OPTION  |
|---|--|---|---|--|--|
| Private hospital or State facility<br>(continued) | Intensive care unit  |   | Treatment at State facility only; UPFS rates applicable<br><br>Subject to overall annual day-to-day limit         | 100% of SOF<br><br>Subject to annual in-hospital limit   | 100% of SOF<br><br>Subject to annual in-hospital limit   |
|   | Radiology  |   | Treatment at State facility only; UPFS rates applicable<br><br>Subject to overall annual day-to-day limit         | 100% of SOF<br><br>Subject to annual in-hospital limit   | 100% of SOF<br><br>Subject to annual in-hospital limit   |
|   | Pathology  |   | Treatment at State facility only; UPFS rates applicable<br><br>Subject to overall annual day-to-day limit         | 100% of SOF<br><br>Subject to annual in-hospital limit   | 100% of SOF<br><br>Subject to annual in-hospital limit   |
|   | Allied health services, i.e. physiotherapist, occupational therapist, dietician, social worker, clinical psychologist, speech therapist, etc.<br><br>No benefit for a dietician or physiotherapy allowed in the case of a confinement  | In-hospital treatment<br><br>Specialist motivation is required<br><br><b>and</b><br><br>authorisation must be obtained prior to treatment | Treatment at State facility only; UPFS rates applicable<br><br>Subject to overall annual day-to-day limit         | Limited to R3 000 per event for qualifying diagnoses<br><br>100% of Scheme rate<br><br>Subject to annual in-hospital limit   | Limited to R3 000 per event for qualifying diagnoses<br><br>100% of Scheme rate<br><br>Subject to annual in-hospital limit   |
|   | Psychiatric care and substance abuse rehabilitation  | Designated service provider must be used<br><br><br><br>Authorisation must be obtained prior to treatment                                 | Treatment at State facility only; UPFS rates applicable<br><br><br><br>Subject to overall annual day-to-day limit | Subject to 1 admission and limited to R20 000 per beneficiary per year<br><br>Subsequent admissions to State facility only; UPFS rates applicable<br><br>Subject to annual in-hospital limit | Subject to 1 admission and limited to R20 000 per beneficiary per year<br><br>Subsequent admissions to State facility only; UPFS rates applicable<br><br>Subject to annual in-hospital limit |
|   | MRI and CT scans<br><br>A co-payment of R500 per event will apply in a private facility  | Authorisation must be obtained prior to treatment   | Treatment at State facility only; UPFS rates applicable<br><br>Subject to overall annual day-to-day limit         | Limited to R8 400 per family per year<br><br>100% of SOF<br><br>Subject to annual in-hospital limit  | Limited to R15 900 per family per year<br><br>100% of SOF<br><br>Subject to annual in-hospital limit   |
|   | Internal prostheses and joint replacements<br>- Defined as appliances placed internally in the body during an operation as well as the replacement of artificial eyes and limbs<br>- Dental implants of any nature are not included in the definition of internal prostheses | Designated service provider must be used  | Treatment at State facilities only; UPFS rates applicable<br><br>Subject to overall annual day-to-day limit       | Limited to R49 800 per beneficiary per year<br><br>Subject to annual in-hospital limit   | Limited to R60 300 per beneficiary per year<br><br>Subject to annual in-hospital limit   |
|   | Maxillofacial and oral surgery   | Trauma cases only as a result of an emergency or accident<br><br>No benefit for selective admission for specialised or advanced dentistry | Treatment at State facility only; UPFS rates applicable<br><br>Subject to overall annual day-to-day limit         | 100% of Scheme rate<br><br>Subject to annual in-hospital limit   | 100% of Scheme rate<br><br>Subject to annual in-hospital limit   |
|   | To-take-out medicine   | Upon discharge from hospital  | Treatment at State facility only; UPFS rates applicable<br><br>Subject to overall annual day-to-day limit         | Maximum of 5 days' supply<br><br>Subject to annual in-hospital limit   | Maximum of 5 days' supply<br><br>Subject to annual in-hospital limit   |



| BENEFIT CATEGORY   |   | NOTES   | PRIMARY OPTION  | STANDARD OPTION  | ADVANCED OPTION  |
|--|---|---|---|--|--|
| <b>Private hospital or State facility</b><br>(continued) | Radiotherapy and chemotherapy (for instance cancer treatment)   | Authorisation must be obtained prior to treatment   | Treatment at State facility only; UPFS rates applicable   | Treatment at State facility only; UPFS rates applicable  | Preferred provider only, but referral to State facility may be required, subject to available benefits<br><br>100% of Scheme rate<br><br>Subject to annual in-hospital limit |
|  | Transplants   | Authorisation must be obtained prior to treatment<br><br>Benefit at provincial or State facility only | Treatment at State facility only; UPFS rates applicable<br><br>Subject to overall annual day-to-day limit   | Treatment at State facility only; UPFS rates applicable<br><br>Subject to annual in-hospital limit | Treatment at State facility only; UPFS rates applicable<br><br>Subject to annual in-hospital limit   |
|  | Cardiothoracic interventions and surgeries (including angiograms)   | Authorisation must be obtained prior to treatment<br><br>Benefit at provincial or State facility only | Treatment at State facility only; UPFS rates applicable<br><br>Subject to overall annual day-to-day limit   | Treatment at State facility only; UPFS rates applicable<br><br>Subject to annual in-hospital limit | Treatment at State facility only; UPFS rates applicable<br><br>Subject to annual in-hospital limit   |
|  | Neurosurgery  | Authorisation must be obtained prior to treatment<br><br>Benefit at provincial or State facility only | Treatment at State facility only; UPFS rates applicable<br><br>Subject to overall annual day-to-day limit   | Treatment at State facility only; UPFS rates applicable<br><br>Subject to annual in-hospital limit | Treatment at State facility only; UPFS rates applicable<br><br>Subject to annual in-hospital limit   |
|  | Renal dialysis  | Authorisation must be obtained prior to treatment<br><br>Benefit at provincial or State facility only | Treatment at State facility only; UPFS rates applicable<br><br>Subject to overall annual day-to-day limit   | Treatment at State facility only; UPFS rates applicable<br><br>Subject to annual in-hospital limit | Treatment at State facility only; UPFS rates applicable<br><br>Subject to annual in-hospital limit   |
|  | Refractive surgery (Lasik)  |   | Not a benefit of the Fund   | Not a benefit of the Fund  | Not a benefit of the Fund  |
|  | Care in lieu of hospitalisation<br><br>- Protocol-based initiatives to prevent avoidable hospitalisation<br>- May include home nursing<br>- May include rehabilitation or terminal care | Authorisation must be obtained prior to treatment   | Not a benefit of the Fund<br><br>Not a benefit of the Fund<br>Treatment at State facility only; UPFS rates applicable and subject to overall annual limit | Subject to managed care protocols and annual in-hospital limit                                     | Subject to managed care protocols and annual in-hospital limit   |
|  | Frail care nursing services   |   | Not a benefit of the Fund   | Not a benefit of the Fund  | Not a benefit of the Fund  |



| BENEFIT CATEGORY                                  |   | NOTES  | PRIMARY OPTION  | STANDARD OPTION  | ADVANCED OPTION  |
|---|---|--|---|--|--|
| Private hospital or State facility<br>(continued) | Specialised procedures  | Authorisation must be obtained prior to treatment  | Treatment at State facility only; UPFS rates applicable   | Benefits for diagnostic, laparoscopic and endoscopic-assisted surgery limited to R29 600 per family per year   | Benefits for diagnostic, laparoscopic and endoscopic-assisted surgery limited to R40 200 per family per year   |
|   | No benefit for endoscopic inguinal or incisional hernia repairs or laparoscopic-assisted vaginal hysterectomies | Members will be liable for any costs in excess of the specified benefits                                   | Subject to overall annual day-to-day limit                | Subject to the annual in-hospital limit  | Subject to the annual in-hospital limit  |
|   |   |  |   | Includes disposable costs  | Includes disposable costs  |
|   |   |  |   | A co-payment of R1 000 will apply for the following procedures in a private facility: <ul style="list-style-type: none"> <li>Gastroscopy</li> <li>Colonoscopy</li> <li>Laparoscopy</li> <li>Sigmoidoscopy</li> <li>Cystoscopy</li> <li>Cataract surgery</li> </ul> | A co-payment of R1 000 will apply for the following procedures in a private facility: <ul style="list-style-type: none"> <li>Gastroscopy</li> <li>Colonoscopy</li> <li>Laparoscopy</li> <li>Sigmoidoscopy</li> <li>Cystoscopy</li> <li>Cataract surgery</li> </ul> |
|   |   |  |   | No co-payment will apply if performed in doctors' rooms, provincial or State facilities  | No co-payment will apply if performed in doctors' rooms, provincial or State facilities  |
|   | Circumcisions   | Performed out of hospital  | Treatment at State facility only; UPFS rates applicable   | 100% of Scheme rate  | 100% of Scheme rate  |
|   |   | Authorisation must be obtained prior to treatment  | Subject to annual in-hospital limit                       | Subject to annual in-hospital limit  | Subject to annual in-hospital limit  |
|   |   | Performed in hospital  | Treatment at State facility only; UPFS rates applicable   | 100% of Scheme rate  | 100% of Scheme rate  |
|   |   | Authorisation must be obtained prior to treatment  | Subject to annual in-hospital limit                       | A co-payment of R1 000 will apply in a private facility  | A co-payment of R1 000 will apply in a private facility  |
|   | Trauma units  | Benefit limited to stabilisation of patient only and thereafter transferral to designated service provider | Treatment at State facility only; UPFS rates applicable   | 100% of SOF  | 100% of SOF  |
|   |   | Subject to authorisation and case management   | Subject to overall annual day-to-day limit                | Subject to annual in-hospital limit  | Subject to annual in-hospital limit  |
| HIV/AIDS  | This benefit is subject to enrolment on the HIV/AIDS Programme  | Hospital pre-authorisation is required   | Treatment at State facilities only; UPFS rates applicable | 100% of SOF  | 100% of SOF  |
|   |   | Designated service provider must be used   | Subject to annual in-hospital limit                       | Subject to annual in-hospital limit  | Subject to annual in-hospital limit  |

## CONTRIBUTION RATES

### EFFECTIVE 1 JANUARY 2020

| CATEGORY        |              | MEMBER | ADULT/SPOUSE | CHILD |
|-----------------|--------------|--------|--------------|-------|
| PRIMARY OPTION  | Up to R2 800 | R388   | R354         | R152  |
|                 | Above R2 800 | R879   | R664         | R273  |
| STANDARD OPTION |              | R879   | R664         | R273  |
| ADVANCED OPTION |              | R1 267 | R1 056       | R366  |