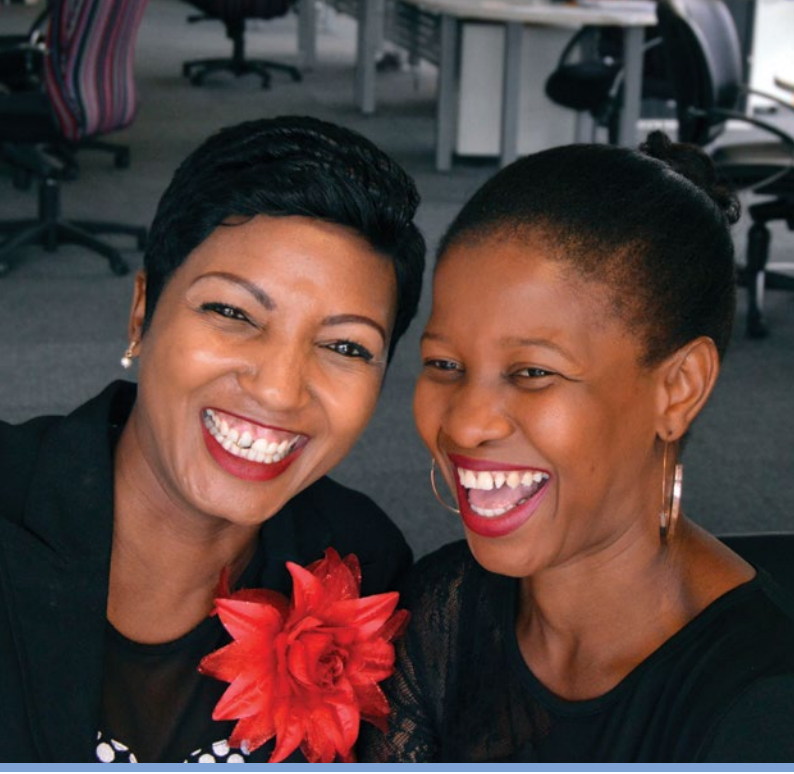

Post Office MEDIPOS Medical Scheme

Putting your wellbeing first

BENEFIT GUIDE **2020**

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Post Office MEDiPOS Medical Scheme
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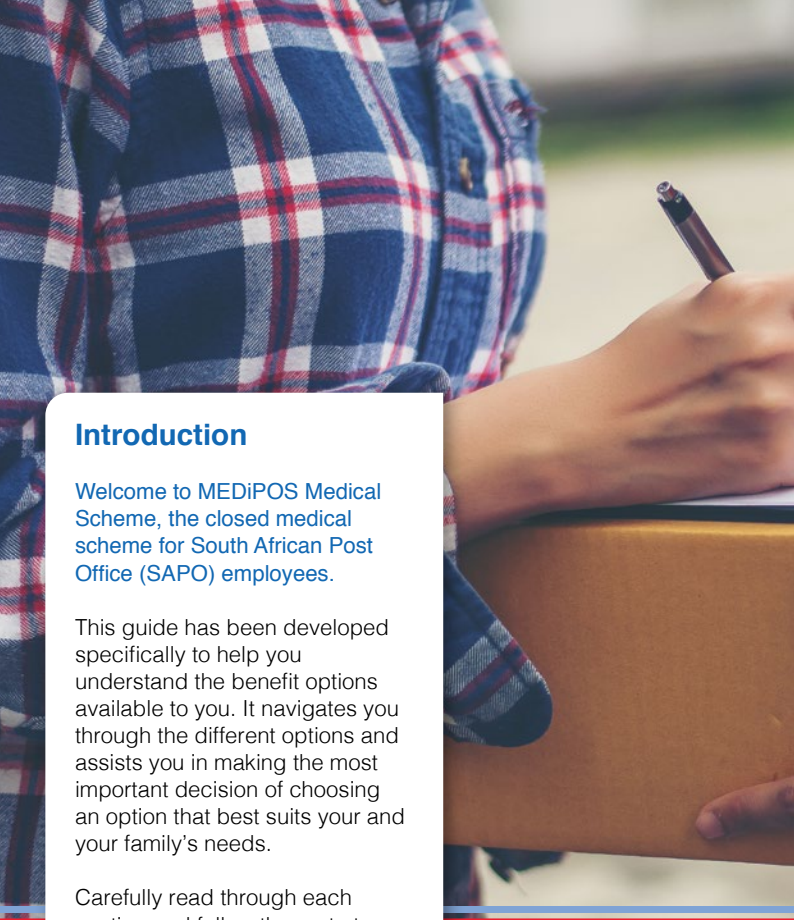


Introduction

Welcome to MEDiPOS Medical Scheme, the closed medical scheme for South African Post Office (SAPO) employees.

This guide has been developed specifically to help you understand the benefit options available to you. It navigates you through the different options and assists you in making the most important decision of choosing an option that best suits your and your family's needs.

Carefully read through each section and follow the route to your destination – 'Choosing your option'.

Post Office MEDiPOS Medical Scheme

Putting your wellbeing first

How to make use of this benefit guide

This guide is divided into four sections, as explained in the diagram below, to help you navigate your way through the information you need to have prior to making your choice of option. **Read through each section carefully.**

Section 1
- Match your profile.

For a closer look at what your medical needs are, ask what the key benefits are that you require and which option compliments your profile.

Section 2
- A quick comparison of the MEDiPOS benefits.

For a quick summary of benefits offered on each option. This section assists you in making a quick comparison of all three MEDiPOS options.

Section 3
- Day-to-day benefits and chronic medication benefits.
- MME benefits.

Now that you have an idea of the most suitable option for you and your family, this section provides a comprehensive list of benefits covered under MME, chronic medication and day-to-day benefits with sub-limits.

Section 4
- 2020 contributions.
- What to consider before making a choice.

You know exactly which option you want – now all you need to do is check the monthly contributions on your most suitable option. If you are happy with both the benefits and contributions, you are ready to make your option selection.

Match your profile

MEDiPOS Medical Scheme offers different options to cater for different healthcare needs. We all need medical cover for different reasons, with the same goal of improving our state of health. The diagram below highlights different scenarios and solutions.

I am young, healthy and single and want **affordable** basic healthcare cover. I hardly use my medical scheme. I just need it in case something happens to me.

I need comprehensive healthcare cover for myself and my family; some **peace of mind**.

My healthcare needs are **higher than average**. I need extensive chronic medication cover, comprehensive everyday benefits and hospital cover.

No matter how old, healthy or sick you may be, you need medical cover. You never know when you may need it the most. Fortunately, MEDiPOS benefits are designed to accommodate different needs. There is definitely an option for you. Now that we know what your needs are, here are some guidelines on what to consider when deciding on the best option.

For that odd doctor's visit and unforeseen needs, like being diagnosed with a chronic condition or being involved in a car accident.

Doctors' bills for the kids, specialist visits for you and your spouse and other unforeseen hospital incidents.

Substantial in- and out-of-hospital cover and chronic medication cover.

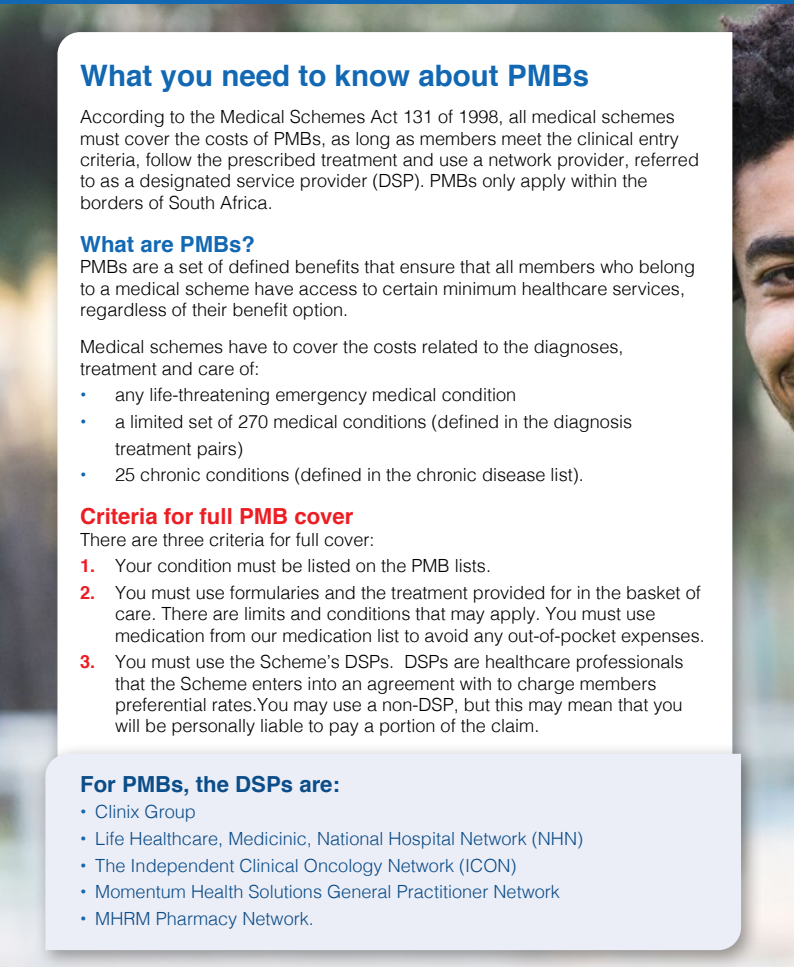
The following option best matches your medical profile. However, it is also important to carefully read through all of the options as there may be other things to consider.

Option C

Option B

Option A

Statutory prescribed minimum benefits (PMBs)



What you need to know about PMBs

According to the Medical Schemes Act 131 of 1998, all medical schemes must cover the costs of PMBs, as long as members meet the clinical entry criteria, follow the prescribed treatment and use a network provider, referred to as a designated service provider (DSP). PMBs only apply within the borders of South Africa.

What are PMBs?

PMBs are a set of defined benefits that ensure that all members who belong to a medical scheme have access to certain minimum healthcare services, regardless of their benefit option.

Medical schemes have to cover the costs related to the diagnoses, treatment and care of:

- any life-threatening emergency medical condition
- a limited set of 270 medical conditions (defined in the diagnosis treatment pairs)
- 25 chronic conditions (defined in the chronic disease list).

Criteria for full PMB cover

There are three criteria for full cover:

1. Your condition must be listed on the PMB lists.
2. You must use formularies and the treatment provided for in the basket of care. There are limits and conditions that may apply. You must use medication from our medication list to avoid any out-of-pocket expenses.
3. You must use the Scheme's DSPs. DSPs are healthcare professionals that the Scheme enters into an agreement with to charge members preferential rates.You may use a non-DSP, but this may mean that you will be personally liable to pay a portion of the claim.

For PMBs, the DSPs are:

- Clinix Group
- Life Healthcare, Medicinic, National Hospital Network (NHN)
- The Independent Clinical Oncology Network (ICON)
- Momentum Health Solutions General Practitioner Network
- MHRM Pharmacy Network.

A comparison of the MEDiPOS options

	Option C
Services paid at 100% of cost or medical scheme rate (MSR), whichever is less	Average hospital cover, reasonable chronic medication cover and sufficient day-to-day benefits
How much hospital cover do you need?	
Major medical expenses (MME) benefits All hospital admissions must be pre-authorised by the Scheme	R996 650 MME cover subject to certain sub-limits and using a DSP network hospital
Do you need cover for a chronic condition?	
Chronic medication benefits Benefits are subject to application and approval; Medication will be subject to generic and/or formulary reference pricing; If a member chooses to purchase a medication that is not in the Scheme's formulary, the member will be required to pay the difference between the cost of the medication as a co-payment at the point of service	100% of medicine price Members are encouraged to use pharmacies that are part of the Scheme's pharmacy network to minimise co-payments
Non-prescribed minimum benefit (PMB) chronic medication	Limited to PMBs
PMB chronic medication	Unlimited cover for PMB conditions
What kind of day-to-day cover do you need?	
Day-to-day benefits (Out-of-hospital services)	Overall annual limit R2 660 per member R2 660 per adult dependant R690 per child dependant (Subject to sub-limits on page 10)
	Optical benefits Subject to R1 200 per beneficiary every two years, including a frame sub-limit of R600
	Dentistry benefits *Basic dentistry* R2 390 per family per year *Advanced dentistry* Subject to the overall annual day-to-day limit; Dental implants: No benefit

For conditions covered under certain benefits, please refer to:

- Annexure A on page 34 for chronic disease lists
- Annexure B and C on page 36 and page 38 for benefits under primary care benefits

Option B	Option A
Comprehensive hospital cover, significant chronic medication cover and generous day-to-day cover	Unlimited hospital cover, extensive chronic medication cover and comprehensive day-to-day benefits
How much hospital cover do you need?	
R2 491 650 MME cover subject to certain sub-limits and using a DSP network hospital	Unlimited MME cover, subject to certain sub-limits and using a DSP network hospital
Do you need cover for a chronic condition?	
100% of medicine price Members are encouraged to use pharmacies that are part of the Scheme's pharmacy network to minimise co-payments	
Limited to R7 490 per family per year	Limited to R11 110 per family per year
Subject to the R7 490 non-PMB chronic medication limit; Once this limit is exceeded, you will continue to have unlimited cover for PMB conditions	Subject to the non-PMB chronic medication limit of R11 110; Once this limit is exceeded, you will continue to have unlimited cover for PMB conditions
What kind of day-to-day cover do you need?	
Overall annual limit	
R4 580 per member R4 580 per adult dependant R890 per child dependant (Subject to sub-limits on page 12)	R7 790 per member R7 790 per adult dependant R1 490 per child dependant (Subject to sub-limits on page 14)
Optical benefits	
Subject to R3 080 per beneficiary every two years, including a frame sub-limit of R1 710	Subject to R4 170 per beneficiary every two years, including a frame sub-limit of R2 310
Dentistry benefits	
Basic dentistry R7 370 per family per year *Advanced dentistry and dental implants* R11 060 per family per year	*Basic dentistry* R8 960 per family per year *Advanced dentistry and dental implants* R16 700 per family per year

What is covered under insured day-to-day benefits?
Option C: Day-to-day benefits

The following table reflects the overall annual day-to-day benefits with sub-limits on Option C.

Service	Benefit limit
OVERALL DAY-TO-DAY LIMITS	
This benefit limit depends on the family size; All sub-limits are subject to the overall annual day-to-day limit	Maximum annual limits: R2 660 per member R2 660 per adult dependant R690 per child dependant
Acute medication Prescribed (acute) medication	Subject to the overall day-to-day limit; 100% of medicine price and limited to: Member: R1 330 Adult dependant: R1 330 Child dependant: R350
Pharmacist-advised therapy (PAT)	100% of medicine price and limited to R840 per family per year
Medication will be subject to generic and/ or formulary reference pricing; If a member chooses to purchase a medication that is not on the Scheme`s formulary, the member will be required to pay the difference between the cost of the medication as a co-payment at the point of service	Members are encouraged to make use of the Scheme's pharmacy network to minimise possible co-payments
General practitioners (GPs) Visits, consultations and outpatient visits	Subject to the overall day-to-day limit
Network GP	100% of agreed tariff
Non-Network GP (non-DSP)	80% of cost or MSR, whichever is less
	Members are encouraged to make use of the GP network to minimise possible co-payments
Specialists Visits, consultations and outpatient visits	Paid at 100% of cost or MSR, whichever is less; Subject to the overall annual day-to-day limit Benefits are only covered if: • a member was referred by a GP; and • pre-authorisation was obtained from the Scheme for an initial consultation at a specialist; pre-authorisation is not required for any follow-up visits unless it is for the first visit in a new year
Auxiliary services Occupational therapy, speech therapy, physiotherapy, psychology and social workers **No benefit for:** Audiometry, biokinetics, chiropody, chiropractors, orthoptists, orthotic consultations, dieticians, remedial therapy, reflexology, homeopaths, naturopaths, acupuncturists, osteopaths, phytotherapists, ayuverdic practitioners, aromatherapists, therapeutic massage therapists and Chinese medicine	Paid at 100% of cost or MSR, whichever is less and limited to R740 per family per year; Subject to the overall day-to-day limit *(Service must be obtained by an approved and registered paramedical and auxiliary service provider)*

OPTICAL BENEFITS	
Overall optical benefits every two years Includes frames, all prescription lenses/add-ons, clear single vision, clear Aquity, flat-top bifocal, clear Aquity multifocal lenses, contact lenses and eye tests	Subject to R1 200 per beneficiary every two years, including a frame sub-limit of R600
DENTISTRY BENEFITS	
Basic dentistry Includes routine prophylaxis (prevention and treatment), scaling and polishing (cleaning), fluoride application, fillings, non-surgical tooth extraction and root canal treatment All dentistry benefits are subject to the Scheme`s managed care protocols and benefits; In-hospital dentistry is subject to prior approval and pre-authorisation; Refer to Annexure E for details of dentistry benefits and exclusions that are applicable	100% of cost or MSR, whichever is less; Subject to a maximum limit of R2 390 per family per year
Advanced dentistry	Paid at 100% of cost or MSR, whichever is less; Subject to the overall annual day-to-day limit All specialised/advanced dentistry procedures (including orthodontic services) are subject to prior approval No benefit for dental implants
PRIMARY CARE BENEFIT (PCB) (Out of hospital): Subject to MME annual limit	
Maximum annual limit	Limited to R1 600 per family per year; All benefits payable at 100% of cost or MSR, whichever is less
Radiology	Limited to R800 per family per year Subject to PCB
Pathology	Limited to R800 per family per year Subject to PCB

Option B: Day-to-day benefits

The following table reflects the overall annual day-to-day benefits with sub-limits on Option B.

Service	Benefit limit
OVERALL DAY-TO-DAY LIMITS	
This benefit limit depends on family size; All sub-limits are subject to the overall annual day-to-day limit	Maximum annual limits: R4 580 per member R4 580 per adult dependant R890 per child dependant
General Practitioners (GPs) Visits, consultations and outpatient visits	Subject to the overall day-to-day limit
Network GP	100% of agreed tariff
Non-network GP (non-DSP)	80% of cost or MSR, whichever is less
	Members are encouraged to make use of the GP network to minimise possible co-payments
Specialists Visits, consultations and outpatient visits	Paid at 100% of cost or MSR, whichever is less; Subject to the overall annual day-to-day limit Benefits are only covered if: • a member was referred by a GP; and • pre-authorisation was obtained from the Scheme for an initial consultation at a specialist; pre-authorisation is not required for any follow-up visits unless it is for the first visit in a new year
Acute medication Prescribed (acute) medication	Subject to the overall day-to-day limit; 100% of medicine price and limited to: Member: R2 290 Adult dependant: R2 290 Child dependant: R450
Pharmacist-advised therapy (PAT)	100% of medicine price and limited to R1 050 per family per year
Medication will be subject to generic and/or formulary reference pricing; If a member chooses to purchase a medication that is not on the Scheme`s formulary, the member will be required to pay the difference between the cost of the medication as a co-payment at the point of service	Members are encouraged to make use of the Scheme's pharmacy network to minimise possible co-payments
Auxiliary services Occupational therapy, speech therapy, physiotherapy, psychology and social workers **No benefit for:** Audiometry, biokinetics, chiropody, chiropractors, orthoptists, orthotic consultations, dieticians, remedial therapy, reflexology, homeopaths, naturopaths, acupuncturists, osteopaths, phytotherapists, ayuverdic practitioners, aromatherapists, therapeutic massage therapists and Chinese medicine	Paid at 100% of cost or MSR, whichever is less and limited to R1 260 per family per year Subject to the overall day-to-day limit *(Service must be obtained by an approved and registered paramedical and auxiliary healthcare provider)*

Service	Benefit limit
Overall optical benefits every two years Includes frames, all prescription lenses/ add-ons, clear single vision, clear Aquity, flat-top bifocal, clear Aquity multifocal lenses, contact lenses and eye tests	Subject to R3 080 per beneficiary every two years, including a frame sub-limit of R1 710
DENTISTRY BENEFITS	
Basic dentistry Includes routine prophylaxis (prevention and treatment), scaling and polishing (cleaning), fluoride application, fillings, non-surgical tooth extraction and root canal treatment	100% of cost or MSR, whichever is less; Subject to a maximum limit of R7 370 per family per year
Advanced dentistry and dental implants Includes dentures, inlays/onlays, periodontal surgery, crowns and bridges as well as orthodontic treatment and dental implants All dentistry benefits are subject to the Scheme`s managed care protocols and benefits; All specialised/ advanced dentistry procedures, including orthodontic services and dental implants, are subject to prior approval, except for plastic dentures. In-hospital dentistry is subject to prior approval and pre-authorisation; Refer to Annexure E for details of dental benefits and exclusions that are applicable	100% of cost or MSR, whichever is less; Subject to a maximum limit of R11 060 per family per year
PRIMARY CARE BENEFIT (PCB) **(Out of hospital): Subject to MME annual limit**	
Maximum annual limit	Limited to R2 570 per family per year; All benefits payable at 100% of cost or MSR, whichever is less
Radiology	Limited to R1 480 per family per year; Subject to PCB
Pathology	Limited to R1 480 per family per year; Subject to PCB

Option A: Day-to-day benefits

The following table reflects the overall annual day-to-day benefits with sub-limits on Option A.

Service	Benefit limit
OVERALL DAY-TO-DAY LIMITS	
This benefit limit depends on family size; All sub-limits are subject to the overall annual day-to-day limit	Maximum annual limits: R7 790 per member R7 790 per adult dependant R1 490 per child dependant
General practitioners (GPs) Visits, consultations and outpatient visits	Subject to the overall day-to-day limit
Network GP	100% of agreed tariff
Non-network GP (non-DSP)	80% of cost or MSR, whichever is less Members are encouraged to make use of the GP network to minimise possible co-payments
Specialists Visits, consultations and outpatient visits	Paid at 100% of cost or MSR, whichever is less; Subject to the overall annual day-to-day limit Benefits are only covered if: • a member was referred by a GP; and • pre-authorisation was obtained from the Scheme for an initial consultation at a specialist; pre-authorisation is not required for any follow-up visits unless it is for the first visit in a new year
Acute medication Prescribed (acute) medication	Subject to the overall day-to-day limit; 100% of medicine price and limited to: Member: R3 900 Adult dependant: R3 900 Child dependant: R750
Pharmacist-advised therapy (PAT)	100% of medicine price and limited to R1 580 per family per year
Medication will be subject to generic and/ or formulary reference pricing; If a member chooses to purchase a medication that is not on the Scheme`s formulary, the member will be required to pay the difference between the cost of the medication as a co-payment at the point of service	Members are encouraged to make use of the Scheme's pharmacy network to minimise possible co-payments
Auxiliary services Occupational therapy, speech therapy, physiotherapy, psychology and social workers **No benefit for:** Audiometry, biokinetics, chiropody, chiropractors, orthoptists, orthotic consultations, dieticians, remedial therapy,reflexology,homeopaths, naturopaths, acupuncturists, osteopaths, phytotherapists, ayuverdic practitioners, aromatherapists, therapeutic massage therapists and Chinese medicine	Paid at 100% of cost or MSR, whichever is less and limited to R2 150 per family per year; Subject to the overall day-to-day limit *(Service must be obtained by an approved and registered paramedical and auxiliary service provider)*

Service	Benefit limit
OVERALL OPTICAL BENEFITS	
Overall optical benefits every two years Includes frames, all prescription lenses/ add-ons, clear single vision, clear Aquity, flat-top bifocal, clear Aquity multifocal lenses, contact lenses and eye tests	Subject to R4 170 per beneficiary every two years, including a frame sub-limit of R2 310
DENTISTRY BENEFITS	
Basic dentistry Includes routine prophylaxis (prevention and treatment) scaling and polishing (cleaning), fluoride application, fillings, non-surgical tooth extraction and root canal treatment	100% of cost or MSR, whichever is less; Subject to a maximum limit of R8 960 per family per year
Advanced dentistry and dental implants Includes dentures, inlays/onlays, periodontal surgery, crowns and bridges as well as orthodontic treatment and dental implants All dentistry benefits are subject to the Scheme`s managed care protocols and benefits; All specialised/advanced dentistry procedures, including orthodontic services and dental implants, are subject to prior approval, except for plastic dentures; In-hospital dentistry is subject to prior approval and pre-authorisation; Refer to Annexure E for details of dental benefits and exclusions that are applicable	100% of cost or MSR, whichever is less; Subject to a maximum limit of R16 700 per family per year
PRIMARY CARE BENEFIT (PCB) (Out of hospital): Subject to MME annual limit	
Maximum annual limit	Limited to R2 920 per family per year. All benefits payable at 100% of cost or MSR, whichever is less
Radiology	Limited to R1 860 per family per year; Subject to PCB
Pathology	Limited to R1 860 per family per year; Subject to PCB

Services and procedures covered under the major medical expenses (MME) benefits

The following table is a summary of your MME benefits. These benefits are effective from 1 January 2020.

	Option C	Option B	Option A
Annual MME benefits limit	**R996 650**	**R2 491 650**	**Unlimited**
All sub-limits are subject to the annual MME benefits limit			
Preventative care benefits	100% of cost or MSR, whichever is less; Out of hospital accessed through a pharmacy only; Members are encouraged to use pharmacies that are part of the Scheme's pharmacy network to minimise possible co-payments; If these services are accessed through any other provider than a pharmacy, benefits will be paid from the applicable benefit limit; Once the preventative limits have been reached, tests will be paid from the applicable benefit limit		
Blood glucose screening	One test per adult beneficiary per year		
Blood pressure	One test per adult beneficiary per year		
Cholesterol screening	One test per adult beneficiary per year		
Body mass index	One test per adult beneficiary per year		
Flu vaccine	One per beneficiary per year		
HIV screening/ counselling	One session per beneficiary per year		
Hospitalisation (Subject to pre-authorisation) Failure to obtain pre-authorisation prior to admission to hospital will result in a co-payment of R2 000 Includes ward fees, theatre fees, recovery rooms, confinements, specialised intensive care, high care and materials used in hospital	Benefits for PMBs and non-PMBs: • 100% of cost at negotiated rate in a DSP network hospital • R7 000 co-payment for voluntary use of a non-contracted private hospital (non-DSP) DSP hospital network: • Clinix Group • Life Healthcare • Mediclinic • National Hospital Network (NHN)		

	Option C	Option B	Option A
Medication dispensed on discharge from hospital (To-take-out [TTO] medication limited to seven days' supply of medication)	100% of medicine price		
Materials used in hospital	100% of cost		
Procedures in doctors' rooms (Out of hospital) Refer to Annexure B on pages 36 and 37 for a list of procedures	100% of cost or MSR, whichever is less; Subject to the list of procedures and approval		
Chronic medication 26 Listed PMB chronic conditions and an extended non-PMB condition list	Limited to PMBs only	Limited to a chronic medication limit of R7 490 per family per year for PMB and specified non-PMB chronic conditions	Limited to a chronic medication limit of R11 110 per family per year for PMB and specified non-PMB chronic conditions
Benefits are subject to prior application and approval; Medication will be subject to generic and/or formulary reference pricing; If a member chooses to purchase a medication that is not in the Scheme's formulary, the member will be required to pay the difference between the cost of the medication as a co-payment at the point of service	Unlimited PMBs Members are encouraged to use pharmacies that are part of the Scheme's pharmacy network to minimise co-payments	Unlimited PMBs once chronic medication limit is exhausted Members are encouraged to use pharmacies that are part of the Scheme's pharmacy network to minimise co-payments	Unlimited PMBs once chronic medication limit is exhausted Members are encouraged to use pharmacies that are part of the Scheme's pharmacy network to minimise co-payments

Services and procedures covered under the major medical expenses (MME) benefits (continued)

	Option C	Option B	Option A
Psychiatric institutions Subject to pre-authorisation and approval by the Scheme	Limited to PMBs only	100% of cost limited to R17 850 and subject to PMB legislative requirements	100% of cost limited to R38 850 and subject to PMB legislative requirements
Substance and alcohol abuse Subject to pre-authorisation and approval by the Scheme	100% of cost, limited to R35 680 per family per year for all related costs and subject to PMB legislation		
Rehabilitation centres Subject to pre-authorisation and approval by the Scheme	100% of cost, limited to overall annual limit and in lieu of hospitalisation *NOTE: This benefit covers beneficiaries who had become temporarily disabled as a result of acute injuries caused by trauma, infection, spinal cord injury, brain injury or bleeding or infarction resulting in a stroke; Available only immediately following such an event; Progressive conditions, such as multiple sclerosis and Parkinson's disease, are not included; Pre-authorisation is required and a medical report must be submitted by the attending physician*		
Care in lieu of hospitalisation Subject to pre-authorisation and approval	100% of cost or MSR, whichever is less This benefit covers the phase after or instead of hospitalisation		
Medical specialists and GPs Surgery and in-hospital procedures, hospital visits, anaesthetics, perfusionist services and clinical technology	100% of cost or MSR, whichever is less		

Services and procedures covered under the major medical expenses (MME) benefits (continued)

	Option C	Option B	Option A
Radiology and pathology Radiology and pathology while hospitalised (excluding MRI, CT, radioisotope and ultrasound scans)	100% of cost or MSR, whichever is less; Subject to pre-authorisation and approval		
Advanced radiology (In and out of hospital) MRI, CT, radioisotope and ultrasound scans; Subject to pre-authorisation	Limited to R11 110 per family per year; Paid at 100% of cost or MSR, whichever is less	Limited to R22 220 per family per year; Paid at 100% of cost or MSR, whichever is less	Limited to R26 310 per family per year; Paid at 100% of cost or MSR, whichever is less
Circumcision (Out of hospital)	Limited to a global fee of R1 700 per beneficiary per year; Paid at 100% of cost or MSR, whichever is less		
Maternity	100% of cost or MSR, whichever is less		
Antenatal classes	No benefit	Limited to R1 300 per pregnancy	Limited to R1 440 per pregnancy
Antenatal consultations	Benefits are subject to pre-authorisation and maternity treatment plan	Limited to R2 610 per pregnancy	Limited to R3 490 per pregnancy
Ultrasound scans for pregnancy		Limited to two 2D scans per pregnancy	Limited to four 2D scans per pregnancy
Confinement in a registered birthing unit and confinement out of hospital	Paid at 100% of cost or MSR, whichever is less Limited to and included in maternity benefits; four post-natal midwife consultations per event Subject to pre-authorisation and approval		

	Option C	Option B	Option A
Oncology (Cancer) Patients are encouraged to enrol on the Oncology Benefit Management Programme Benefit is subject to the submission of a 12-month treatment plan by the treating oncologist and the approval of the treatment plan prior to the commencement of treatment Upon registration on the programme, benefits in respect of cancer-related medication, radiotherapy, chemotherapy, oncologists, pathology, mammograms and X-rays, MRI, CT and radioisotope scans will be paid from the oncology limit	100% of cost if service is obtained from a designated service provider (DSP); 75% of cost or MSR, whichever is less for a non-DSP; ICON - Independent Clinical Oncology Network is the DSP for all oncology services		
	Subject to PMBs only	Limited to R245 660 per beneficiary per year for PMBs and non-PMBs; Thereafter unlimited for PMBs	Limited to R409 430 per beneficiary per year for PMBs and non-PMBs; Thereafter unlimited for PMBs
	NOTE: Approved medication for the diagnosed condition must be registered with the Medicines Control Council; This will be paid at 100% of medicine price *Medication will be subject to generic and/or formulary reference pricing; If a member chooses to purchase a medication that is not in the Scheme's formulary, the member will be required to pay the difference between the cost of the medication as a co-payment at the point of service*		
Dental implants (Including surgeon`s fees) Subject to pre-authorisation and approval by the Scheme	No benefit	100% of cost or MSR, whichever is less, subject to the dentistry benefit	100% of cost or MSR, whichever is less, subject to the dentistry benefit

Services and procedures covered under the major medical expenses (MME) benefits (continued)

	Option C	Option B	Option A
Maxillofacial and oral surgery Subject to pre-authorisation and approval by the Scheme	100% of cost or MSR, whichever is less, subject to a maximum limit of R15 670 per family per year		
Internal prostheses/ devices Subject to application and approval (including all accompanying temporary or permanent devices)	100% of cost or MSR, whichever is less, subject to a maximum of R24 920 per family per year	100% of cost or MSR, whichever is less, subject to a maximum of R59 430 per family per year and the following sub-limits:	100% of cost or MSR, whichever is less, subject to a maximum of R72 640 per family per year and the following sub-limits:
Cardiac stents		Subject to a limit of R23 750 per beneficiary per year; Limited to three stents per beneficiary per year; The following limits are included in the above sub-limit: Drug eluting: R14 510 Bare metal: R7 830	Subject to a limit of R24 920 per beneficiary per year; Limited to three stents per beneficiary per year; The following limits are included in the above sub-limit: Drug eluting: R18 480 Bare metal: R10 420
Aorta stent graft		Subject to a limit of R45 740 per beneficiary per year	Subject to a limit of R53 930 per beneficiary per year

Services and procedures covered under the major medical expenses (MME) benefits (continued)

	Option C	Option B	Option A
Peripheral arterial stent graft	100% of cost or MSR, whichever is less, subject to a maximum of R24 920 per family per year	Subject to a limit of R35 220 per beneficiary per year	Subject to a limit of R41 060 per beneficiary per year
Cardiac pacemakers		Subject to a limit of R59 430 per beneficiary per year	Subject to a limit of R72 640 per beneficiary per year
Cardiac valves		Subject to a limit of R33 680 per valve per year; Limited to two valves per beneficiary per year	Subject to a limit of R37 910 per valve per year; Limited to two valves per beneficiary per year
Total hip replacement		Subject to a limit of R44 460 per hip per beneficiary per year, which includes the cost of cement and antibiotics	Subject to a limit of R60 600 per hip per beneficiary per year, which includes the cost of cement and antibiotics
Total knee replacement		Subject to a limit of R44 800 per knee per beneficiary per year, which includes the cost of cement and antibiotics	Subject to a limit of R55 570 per knee per beneficiary per year, which includes the cost of cement and antibiotics
Total shoulder replacement		Subject to a limit of R42 920 per shoulder per beneficiary per year, which includes the cost of cement and antibiotics	Subject to a limit of R52 060 per shoulder per beneficiary per year, which includes the cost of cement and antibiotics
Elbow replacement		Subject to a limit of R36 860 per beneficiary per year	Subject to a limit of R52 060 per beneficiary per year

	Option C	Option B	Option A
Temporoman-dibular joint (TMJ) replacement	100% of cost or MSR, whichever is less, subject to a maximum of R24 920 per family per year	Subject to a limit of R36 860 per beneficiary per year	Subject to a limit of R52 060 per beneficiary per year
Ankle replacement		Subject to a limit of R36 860 per beneficiary per year	Subject to a limit of R52 060 per beneficiary per year
Finger replacement		Subject to a limit of R23 630 per beneficiary per year	Subject to a limit of R34 270 per beneficiary per year
Toe (total or partial) replacement		Subject to a limit of R23 630 per beneficiary per year	Subject to a limit of R34 270 per beneficiary per year
Bryan`s and other intervertebral disc prostheses		Subject to limit of R29 010 per beneficiary per year	Subject to limit of R42 230 per beneficiary per year
Mesh grafts		Subject to a limit of R5 270 per beneficiary per year	Subject to a limit of R30 300 per beneficiary per year
Intra-stromal corneal ring segments		Subject to a limit of R19 760 per beneficiary per year	Subject to a limit of R29 010 per beneficiary per year
Spinal instrumentation		Subject to a limit of R28 310 per beneficiary per year	Subject to a limit of R52 060 per beneficiary per year
Other approved implantable spinal devices and intervertebral discs		Subject to a limit of R42 230 per beneficiary per year	Subject to a limit of R49 720 per beneficiary per year
Bone lengthening devices		Subject to a limit of R38 010 per beneficiary per year	Subject to a limit of R44 690 per beneficiary per year

Services and procedures covered under the major medical expenses (MME) benefits (continued)

	Option C	Option B	Option A
Neurostimulation (ablation devices for Parkinson's)	100% of cost or MSR, whichever is less, subject to a maximum of R24 920 per family per year	Subject to a limit of R40 820 per beneficiary per year	Subject to a limit of R48 080 per beneficiary per year
Vagal stimulator for intractable epilepsy		Subject to a limit of R32 520 per beneficiary per year	Subject to a limit of R38 250 per beneficiary per year
Detachable platinum coils		Subject to a limit of R42 350 per beneficiary per year	Subject to a limit of R49 720 per beneficiary per year
Embolic protection devices		Subject to a limit of R42 230 per beneficiary per year	Subject to a limit of R49 600 per beneficiary per year
Intraocular lens		Subject to a limit of R3 630 per lens per beneficiary per year	Subject to a limit of R4 560 per lens per beneficiary per year
Carotid stent		Subject to a limit of R16 970 per beneficiary per year	Subject to a limit of R20 000 per beneficiary per year
Any other internal prostheses		Subject to a limit of R46 790 per beneficiary per year	Subject to a limit of R52 410 per beneficiary per year
General prostheses/ devices benefit		100% of cost or MSR, whichever is less; Limited to the internal prostheses/ devices benefit and a sub-limit of R10 420 per beneficiary per year, subject to the following sub-limits:	100% of cost or MSR, whichever is less; Limited to the internal prostheses/ devices benefit and a sub-limit of R19 760 per beneficiary per year, subject to the following sub-limits:

	Option C	Option B	Option A
General prostheses/ devices benefit	100% of cost or MSR, whichever is less, subject to a maximum of R24 920 per family per year	Middle ear bone implants:	
		R10 420	R19 760
		Vocal cord prostheses:	
		R10 420	R19 760
		Macroplasty injection – urethra:	
		R10 420	R19 760
		Penile prostheses:	
		R10 420	R19 760
		Vascular/arterial grafts and patches:	
		R10 420	R19 760
		Atrium- and ventricular septum patches:	
		R10 420	R19 760
		Mammary/breast implants:	
		R3 740	R7 490
		TVT sling device:	
		R1 760	R3 630
		Procter-Livingstone and Celestin tubes:	
		R3 860	R7 370
		Renal artery stent:	
		R5 270	R13 210
		Oesophageal stent:	
		R6 550	R13 210
		Ureteric stent:	
		R6 550	R13 210
		Urethral stent:	
		R6 550	R13 210
		Ductus choledochus stent:	
		R6 550	R13 210
		Other blood vessels stent:	
		R6 550	R13 210
		Permanent supra-pubic catheters:	
		R2 580	R5 270
		Testis prostheses	
		R6 550	R13 210
		Gold weight implants upper eyelid:	
		R7 830	R13 210
		Anal and other sphincter stimulating device:	
		R6 550	R13 210

Services and procedures covered under the major medical expenses (MME) benefits (continued)

	Option C	Option B	Option A
External medical appliances, aids and supporting devices Subject to approval	Paid at 100% of cost or MSR, whichever is less and limited to R6 550 per family per year, including the following sub-limit: Orthotic shoe/inner sole: Limited to R2 100 per family per year and limited to PMBs only	Paid at 100% of cost or MSR, whichever is less and limited to R6 910 per family per year, including the following sub-limit: Orthotic shoe/inner sole: Limited to R2 100 per family per year and limited to PMBs only	Paid at 100% of cost or MSR, whichever is less and limited to R8 420 per family per year, including the following sub-limit: Orthotic shoe/inner sole: Limited to R2 100 per family per year and limited to PMBs only
Cochlear implants Subject to pre-authorisation and approval by the Scheme	Limited to PMBs only	Limited to R210 000 per family per year with the following sub-limits: Preoperative evaluation and associated costs: R13 100 Intraoperative audiology testing: R790 Postoperative rehabilitation: R29 010 Upgrade of sound processor: (80% of cost): R59 430 Repairs outside warranty: Subject to cochlear implant benefit Batteries and spares: Subject to external medical appliances benefit	Limited to R262 500 per family per year with the following sub-limits: Preoperative evaluation and associated costs: R13 100 Intraoperative audiology testing: R790 Postoperative rehabilitation: R29 010 Upgrade of sound processor: (80% of cost): R59 430 Repairs outside warranty: Subject to cochlear implant benefit Batteries and spares: Subject to external medical appliances benefit

Services and procedures covered under the major medical expenses (MME) benefits (continued)

	Option C	Option B	Option A
Hearing aids (Per two-year cycle) Excludes repairs and batteries	Limited to R12 390 per beneficiary per cycle; Paid at 100% of cost or MSR, whichever is less, as approved by the Scheme	Limited to R16 740 per beneficiary per cycle; Paid at 100% of cost or MSR, whichever is less, as approved by the Scheme	Limited to R19 890 per beneficiary per cycle; Paid at 100% of cost or MSR, whichever is less, as approved by the Scheme
Artificial limbs and eyes (Subject to pre-authorisation and approval)	100% of cost or MSR, whichever is less, subject to a maximum of R26 900 per family per year and the following sub-limits:	100% of cost or MSR, whichever is less, subject to a maximum of R52 060 per family per year and the following sub-limits:	100% of cost or MSR, whichever is less, subject to a maximum of R66 910 per family per year and the following sub-limits:
Artificial limbs	R26 900 per artificial leg or arm per family per year	R52 060 per artificial leg or arm per family per year	R66 910 per artificial leg or arm per family per year
Artificial eyes	R18 610 per artificial eye per family per year	R22 220 per artificial eye per family per year	R22 220 per artificial eye per family per year
Radial keratotomy/ excimer laser (Including Holmium procedures, LASIK, Phakic lenses and intrastromal rings) Subject to approval by the Scheme	No benefit	Limited to R6 320 per family per year; Paid at 100% of cost or MSR, whichever is less	Limited to R10 290 per family per year; Paid at 100% of cost or MSR, whichever is less
Home oxygen Subject to pre-authorisation and approval by the Scheme and use of preferred provider	Limited to R14 740 per beneficiary per year; Paid at 100% of cost or MSR, whichever is less		Limited to R16 020 per beneficiary per year; Paid at 100% of cost or MSR, whichever is less
Hyperbaric oxygen Subject to pre-authorisation and approval by the Scheme	Limited to R49 250 per registered patient per year; Paid at 100% of cost or MSR, whichever is less		

<table>
<tr><th></th><th>Option C</th><th>Option B</th><th>Option A</th></tr>
<tr><td rowspan="2">Kidney dialysis
(Includes the cost of all related, approved medication, provided that authorisation has been obtained via the Medicine Risk Management Programme);
Subject to pre-authorisation</td><td rowspan="2">Limited to PMBs only; Medication paid at 100% of medicine price</td><td>100% of cost or MSR, whichever is less, limited to R327 770 per family per year</td><td>100% of cost or MSR, whichever is less, limited to R409 770 per family per year</td></tr>
<tr><td colspan="2">Medication is subject to kidney dialysis limit and paid at 100% of medicine price

Medication will be subject to generic and/or formulary reference pricing; If a member chooses to purchase a medication that is not in the Scheme's formulary, the member will be required to pay the difference between the cost of the medication as a co-payment at the point of service</td></tr>
<tr><td rowspan="3">Organ transplants
Subject to pre-authorisation and approval by the Scheme

Hospital accommodation, surgical-related services and procedures

Includes the cost of all related, approved anti-rejection medication, provided authorisation has been obtained via the Medicine Risk Management Programme</td><td rowspan="3">Limited to PMBs only</td><td></td><td></td></tr>
<tr><td>100% of cost or MSR, whichever is less and subject to overall annual limit</td><td>100% of cost or MSR, whichever is less and subject to overall annual limit</td></tr>
<tr><td>Limited to R313 030 per family per year; Paid at 100% of medicine price</td><td>Limited to R372 570 per family per year; Paid at 100% of medicine price</td></tr>
<tr><td colspan="3">NOTE: Services rendered to donor, costs related to searching for a donor and transportation of organ are included in this benefit, provided the recipient is a beneficiary of the Scheme

Medication will be subject to generic and/or formulary reference pricing; If a member chooses to purchase a medication that is not in the Scheme's formulary, the member will be required to pay the difference between the cost of the medication as a co-payment at the point of service</td></tr>
</table>

	Option C	Option B	Option A
Hospice and private nursing At accredited facilities only, subject to treatment offered by a registered nurse	Limited to R8 420 per family per year; Paid at 100% of cost or MSR, whichever is less	Limited to R23 040 per family per year; Paid at 100% of cost or MSR, whichever is less	Limited to R32 990 per family per year; Paid at 100% of cost or MSR, whichever is less
	NOTE: This benefit covers the acute phase after or instead of hospitalisation; Not for long term or chronic care; Subject to pre-authorisation and approval by the Scheme		
HIV/AIDS Patient enrolment on the HIV/AIDS management programme is encouraged HIV resistance testing is subject to pre-authorisation and approval	R30 300 per registered beneficiary per year; Paid at 100% of cost or MSR, whichever is less; Medication paid at 100% of medicine price *NOTE: This includes medication, doctors' consultations and the blood tests required for the treatment of the condition, as well as the cost of prophylaxis (action taken) for preventative treatment* *Medication will be subject to generic and/or formulary reference pricing; If a member chooses to purchase a medication that is not in the Scheme's formulary, the member will be required to pay the difference between the cost of the medication as a co-payment at the point of service*		
Ambulance services	Limited to R5 860 per family per year	Limited to R6 910 per family per year	Limited to R7 370 per family per year
Other services *Blood transfusions* *Medical auxiliaries* (In-hospital psychology, orthotic consultations, occupational therapy, dieticians, physiotherapy, social workers and speech therapy)	100% of cost or MSR, whichever is less 100% of cost or MSR, whichever is less		

Please note

- All services are paid at 100% of cost or MSR, whichever is less, unless indicated otherwise.
- PMB services are subject to the use of a DSP and protocols.
- The HIV/AIDS management programme is managed by LifeSense Disease Management.

What else do I need to know about my cover?

In addition to the services and procedures covered by MME and day-to-day benefits, you will also receive assistance, support and education on the following programmes:

- prescribed minimum benefits (PMBs)
- oncology
- chronic medication benefits
- HIV/AIDS.

Please refer to your member guide for more details on these programmes.

Post Office MEDiPOS Medical Scheme

Putting your wellbeing first

Contribution tables: How much will it cost?

You have carefully read through the benefits offered on each option and you have already identified an option that matches your needs.The tables below indicate the monthly contributions on each option.

2020 Contribution tables			
Your total monthly contribution to the Scheme is based on the option you have chosen, the number and type of dependants registered on your membership and your income.			
Option C			
Monthly income	**Principal member**	**Adult dependant**	**Child dependant**
R0 – R7 560	R1 368	R1 182	R366
R7 561 – R10 290	R1 506	R1 326	R447
R10 291 – R12 705	R1 599	R1 410	R477
R12 706+	R1 650	R1 440	R489
Option B			
Monthly income	**Principal member**	**Adult dependant**	**Child dependant**
R0 – R7 560	R2 604	R2 532	R774
R7 561 – R10 290	R2 703	R2 643	R804
R10 291 – R12 705	R2 796	R2 754	R843
R12 706+	R2 868	R2 826	R867
Option A			
Monthly income	**Principal member**	**Adult dependant**	**Child dependant**
All income levels	R6 720	R6 585	R1 602

Please note

- Adult dependants include spouses/partners, registered children over the age of 21 (except children who are younger than 25 years of age and who are full-time students at a recognised tertiary institution), parents and siblings.
- Your portion of the contribution will depend on your subsidy.
- If you are unsure of your subsidy, please check with your Human Resources Department.

Option selection process

Before you make your choice, please answer the following questions:

Did you carefully read through the benefits offered on each option?	
Are you comfortable that the option you are about to choose is the most suitable for your medical needs?	
Are you comfortable with the monthly contributions you will be required to pay for this option?	
Are you expecting an additional dependant during the course of the benefit year?	
If you are using chronic medication, is the benefit amount adequate for your needs?	

Help is at hand

When you have carefully read through the guide and you still need clarity on some of the benefits, please contact the Scheme on **0860 100 078** for queries relating to the benefits and contributions.

Are you ready to make your choice?

Please follow the option selection process below:

New member	Existing member
If you are a new member, you will need to indicate your option choice on the application form for membership	Existing members are given the opportunity to change their option annually. A benefit option selection form will be provided, which members will need to complete and return before the deadline

Annexure A

Prescribed minimum benefit (PMB) chronic disease list and extended chronic disease list

PMB chronic disease list	Extended chronic disease list	
This is a list of the PMB conditions covered by the Scheme in terms of legislation governing all medical schemes	In addition to the diseases on the PMB list, members will also be covered for the following conditions	
	OPTION C	OPTION B
• Addison's disease • Asthma • Bipolar mood disorder • Bronchiectasis • Cardiac failure • Cardiomyopathy disease • Chronic renal disease • Chronic obstructive pulmonary disease (emphysema) • Coronary artery disease (angina pectoris and ischaemic heart disease) • Crohn's disease • Diabetes insipidus • Diabetes mellitus type I and II • Dysrythmias • Epilepsy • Glaucoma • Haemophilia • HIV/AIDS • Hyperlipidaemia • Hypertension (high blood pressure) • Hypothyroidism • Multiple sclerosis • Parkinson's disease • Rheumatoid arthritis • Schizophrenia • Systemic lupus erythematosus • Ulcerative colitis	Limited to PMBs only	• Acne • Allergic rhinitis • Atopic dermatitis • Attention deficit syndrome • Depression/mood disorder • Eczema • Gastro-oesophageal reflux disorder (GORD) • Gout/hyperuricaemia • Menopause (hormone replacement therapy) • Osteoarthritis • Osteoporosis • Psoriasis

Annexure A

PMB chronic disease list and extended chronic disease list (continued)

PMB chronic disease list	Extended chronic disease list	
This is a list of the PMB conditions covered by the Scheme in terms of legislation governing all medical schemes	In addition to the diseases on the PMB list, members will also be covered for the following conditions	
	OPTION A	
• Addison's disease • Asthma • Bipolar mood disorder • Bronchiectasis • Cardiac failure • Cardiomyopathy disease • Chronic renal disease • Chronic obstructive pulmonary disease (emphysema) • Coronary artery disease (angina pectoris and ischaemic heart disease) • Crohn's disease • Diabetes insipidus • Diabetes mellitus type I and II • Dysrythmias • Epilepsy • Glaucoma • Haemophilia • HIV/AIDS • Hyperlipidaemia • Hypertension (high blood pressure) • Hypothyroidism • Multiple sclerosis • Parkinson's disease • Rheumatoid arthritis • Schizophrenia • Systemic lupus erythematosus • Ulcerative colitis	• Acne • Allergic rhinitis • Alzheimer's disease • Ankylosing spondylitis • Anti-migraine • Atopic dermatitis • Attention deficit syndrome • Benign prostatic hypertrophy (BPH) • Chronic anaemia • Chronic urinary tract infection • Cystic fibrosis • Deep vein thrombosis • Depression/mood disorder • Dry eye syndrome • Eczema • Enuresis/incontinence • Erythematosus • Gastro-oesophageal reflux disorder • (GORD) • Gout/hyperuricaemia • Hypoparathyroidism	• Meniere's disease (anti-vertigo) • Menopause (hormone replacement therapy) • Motor neuron disease • Myasthenia gravis • Osteoarthritis • Osteoporosis • Paget's disease • Pancarditis • Para/quadriplegia • Pemphigus • Peptic ulcer • Peripheral vascular disease • Pituitary adenomas • Post-bowel surgery • Post-stroke treatment • Psoriasis • Scleroderma • Sjogren's syndrome • Thrombocytopaenia • Tourette's syndrome • Zollinger-Ellison syndrome

Annexure B

Procedures performed in doctors' rooms

Tariff code	Description	Further description
0201*	Cost of material	
0202*	Setting of sterile tray	
0300	Suture of laceration	Stitching of an open wound
0301	Suture add laceration	Further stitches to above
0307	Excision and repair	Removal of a foreign object from the body (e.g. a piece of glass)
1192	Peak expiritory flow (PEF)	
1232	ECG without effort normal conditions	Measurement of heart rate under normal conditions
1233	ECG with effort exercising	Measurement of heart rate when exercising
1234	ECG with bike ergometer	Measurement of heart rate while cycling
0311	Excision of large benign tumour	Removal of tumour from the body
0314	Repair by large skin graft	Usually for burn victims
0315	Repair by small skin graft	Usually for burn victims
1545	Oesophagoscopy with rigid instrument	Examination of oesophagus (gullet) using a scope
1547	Oesophageal acid perfusion test	Measurement of the level of acidity within the oesophagus
1549	Oesophagoscopy and dilation of stricture	As per tariff 1545, but with dilation of stricture for further analysis
1550	Oesophagoscopy and removal of foreign body	As per tariff 1545, but includes removal of foreign body
1557	Oesophageal dilation	Dilation of oesophagus
1587	Upper gastrointestinal fibreoptic endoscopy	Examination of the stomach using a fibreoptic device
1588	Endoscopy plus polypectomy	As per tariff 1587, with removal of bodies (polyps) from the stomach
1591	Upper gastrointestinal endoscopy and removal of foreign body	As per tariff 1587, but only examination of the upper stomach and oesophageal area
1642	Gastrointestinal tract imaging, intraluminal: Hire fee	Imaging of the intestines and other gastric areas

*Where the cost of material (0201) and the setting of a sterile tray (0202) relate to the procedures listed here under Annexure B, the costs will be covered subject to the MME benefits.

Annexure B

Procedures performed in doctors' rooms (continued)

Tariff code	Description	Further description
1643	Gastrointestinal tract imaging, intraluminal: Doctors' report	As per tariff 1642, with doctor's report on any abnormalities
1653	Colonoscopy with own equipment	Imaging of the colon to check for abnormalities
1654	Colonoscopy and removal of polyps	As per tariff 1653, with removal of bodies (polyps) from the stomach
1656	Left-sided fibreoptic colonoscopy	Colonoscopy of the left part of the colon
1676	Fibreoptic sigmoidoscopy	Examination of the lower large bowel
1677	Sigmoidoscopy: First and subsequent	As per tariff 1676, but limited to a certain part of the bowel
1678	Plus polypectomy, add to 1676	As per tariff 1676, with removal of any foreign bodies (e.g. polyps from the bowel)
1678	Fibreoptic sigmoidoscopy and polypectomy	As per tariff 1676, but not with use of fibreoptic equipment
1679	Sigmoidoscopy and removal of polyps	As per tariff 1676
1681	Protoscopy: First time	Examination of the colon with rigid instrument; sigmoid is not examined
1683	Protoscopy: Subsequent times	As per tariff 1681, performed more than once
1949	Cystoscopy	Examination of the bladder with a scope
1961	Removal of foreign body from urethra	
2137	Circumcision: Surgical excision	
2207	Vasectomy	
2435	Hysterosalpingogram	Test for infertility in women by X-ray of the uterus and fallopian tube
2436	Hysteroscopy	Examination of the uterus
2437	Hysteroscopy and dilation and curettage	Examination and cleaning of the uterus (e.g. after an abortion)
2438	Hysteroscopy and removal of septum	As per tariff 2436, with removal of any infection
2440	Hysteroscopy and Divis-Endomet Bands	Gynaecological procedure
2441	Hysteroscopy and myomectomy	Surgical removal of abnormal growths in the uterus
3039	Prophylaxis and treatment	Prevention and treatment

Annexure C

Essential radiology

Service	Treatment tariff code	Description
Skull		
X-ray of skull	10100	
X-ray of facial bones	11100	
X-ray of nasal bones	11120	
X-ray of mandible	14100	
Skeleton (limbs)		
Hand left	65100	
Hand right	65105	
Finger	65120	
Wrist left	65130	
Wrist right	65135	
Scaphoid left	65140	X-ray of the small bones in the wrist
Scaphoid right	65145	
Forearm (radius and ulna) left	64100	
Forearm (radius and ulna) right	64105	
Elbow left	63100	
Elbow right	63105	
Humerus left	62100	X-ray of the upper arm
Humerus right	62105	
Shoulder left	61130	
Shoulder right	61135	
Acromioclavicular joint left	61120	X-ray of the joint that joins the collar bone and the bone at the root of the shoulder
Acromioclavicular joint right	61125	
Clavicle left	61100	X-ray of the collar bone
Clavicle right	61105	
Scapula left	61110	X-ray of the shoulder blade
Scapula right	61115	
Foot left	74120	
Foot right	74125	

Annexure C

Essential radiology (continued)

Service	Treatment tariff code	Description
Ankle left	74100	
Ankle right	74105	
Calcaneus left	74130	X-ray of the heel bone
Calcaneus right	74135	
Lower leg left	73100	
Lower leg right	73105	
Knee left	72100	
Knee right	72105	
Patella left	72140	X-ray of the kneecap
Patella right	72145	
Femur left	71100	X-ray of the thigh bone
Femur right	71105	
Toe	74145	
Hip left	56100	
Hip right	56110	
Spinal column		
Lumbar spine - one or two views	53110	
Thoracic spine - one or two views	52100	
Cervical spine - one or two views	51110	
Chest		
Chest - single view	30100	
Chest posteroanterior and lateral - two views	30110	
X-ray of ribs	30150	
Abdomen		
X-ray of abdomen	40100	Describing the position of the patient during the X-ray: Supine - patient lying flat Erect - patient in an upright position Decubitus - patient lying on his/her side
Abdomen supine, erect or decubitus	40105	
General	**13300**	
A CT scan of paranasal sinuses - limited study contrast material	00390	

Annexure D

Essential pathology

Service	Treatment tariff code	Description
Chemistry (blood)		
Amylase	4006	
ALT (SGPT) (liver)	4131	
AST (SGOT)	4130	
Bilirubin (total and neonatal)	4009	It is used to diagnose or monitor liver diseases (e.g. cirrhosis, hepatitis, jaundice)
Bilirubin (total and conjugated)	4010	
Creatinine	4032	It is used to evaluate kidney functioning and evaluate treatment effectiveness
Lipogram	4025	
Cholesterol (total only)	4027	
Creatine kinase	4132	Used to test for heart attack, severe muscle breakdown and kidney failure
Creatine kinase - MB (CK-MB)	4138	CK-MB: CK presents creatine kinase while MB represents cardiac muscle
Lactate dehydrogenise (LD [LDH])	4133	Used to determine the disease or condition causing cellular damage and to identify organs and tissues involved
Potassium	4113	
Sodium	4114	
Gamma-glutamyl transferase (GGT)	4134	Used to identify abnormality in the liver
Urate (uric acid)	4155	
Urea	4151	
Calcium	4016	
Glucose fasting quantitive	4057	
Glucose tolerance test	4053	
Glycated haemoglobin (HbA1c)	4064	Used to measure how well diabetes is controlled

Annexure D

Essential pathology (continued)

Service	Treatment tariff code	Description
Phosphate	4109	
Endocrinology		Endocrinology is the study of the body's hormone-secreting glands
Thyroid-stimulating hormone (TSH)	4507	Used to evaluate the function of the thyroid gland
Free thyroxine (FT4)	4482	Free thyroxine (FT4) is a hormone that regulates the metabolism
Blood pregnancy (BHCG)	4450	
Cytology		The study of cells
Pap smear	4566	
Haematology		The study of blood
Erythrocyte sedimentation rate (ESR)	3743	Measure of the amount of inflammation in the body; Also used for infection and cancer
Haemoglobin (Hb)	3762	Used to measure the severity of anaemia and polycythemia (too many red blood cells)
Platelets	3797	A platelet count is done to determine any abnormalities with a patient's blood
White blood cell count (WBC)	3783	
Differential blood count	3785	Used to diagnose any immune system abnormalities
International normalised ratio (INR)	3805	Used to evaluate the ability of blood to clot properly; they can be used to assess both bleeding and clotting tendencies
Blood group (antenatal only)	3764	Rh (antenatal): This test identifies whether your red blood cells have rhesus (Rh) factor
Rh (antenatal only)	3765	

Annexure D

Essential pathology (continued)

Service	Treatment tariff code	Description
Malaria concentration and staining	3786	
Microscopic		
Blood smear – malaria	3865	
Concentration malaria	3883	
Ziehl-Neelsen (ZN) stain (microbiology)	3881	The ZN stain is used to test if a patient has TB
HIV		
HIV (ELISA)	3932	
CD4	3816	
Viral load (quantitive PCR)	4429	
Microbiology		
Sputum/urine M, C and S	3867/3893/ 4650/3887	
Immunology		The study of all aspects of the immune system; The ferritin test is ordered to see how much iron your body has stored for future use
Ferritin	4528	
Serology		Serology is a blood test to detect the presence of antibodies against a microorganism
C-reactive protein test	3947	A C-reactive protein test identifies levels of C-reactive protein in the blood; C-reactive protein is an indicator of inflammation
Rapid plasma reagin test	3951	To screen for syphilis infection
Paul Bunnell	3956	Test for a particular herpes virus

Annexure E

Dental benefit table

Dental benefits are paid at the MEDiPOS Dental Tariff (MDT). Hospitalisation and all specialised dentistry procedures must be pre-authorised. Dental benefits are subject to clinical protocols and managed care interventions that may require treatment plans and/or radiographs prior to application for benefit. Scheme exclusions apply to dental benefits.

In terms of the funding of dental benefits, these will be covered at the MDT, which is equal to the medical scheme rate (MSR) as defined in terms of the Scheme rules.

	Option C	Option B	Option A
Basic dentistry			
Consultations	Two annual consultations per beneficiary Benefit is subject to clinical protocols Covered at the MDT and paid from basic dentistry benefit		
X-rays: Intraoral	Benefit is subject to clinical protocols Covered at the MDT and paid from basic dentistry benefit One per beneficiary in a two-year period		
X-rays: Extraoral	One per beneficiary in a two-year period Benefit is subject to clinical protocols Covered at the MDT and paid from basic dentistry benefit Additional benefits may be granted where specialised dental treatment planning/follow-up is required		

Annexure E

Dental benefit table (continued)

	Option C	Option B	Option A
Oral hygiene	Two annual scale and polish treatments per beneficiary; Benefit is subject to clinical protocols Benefit for fissure sealants is limited to individuals younger than 16 years of age Oral hygiene instruction will be covered once annually per beneficiary Professionally applied fluoride will be covered for a maximum of two per year **Scheme exclusions:** • Oral hygiene evaluation • Dental bleaching Covered at the MDT and paid from basic dentistry benefit		
Fillings	Once per tooth within 12 months; Benefit for retreatment of a tooth is subject to clinical protocols Covered at the MDT and paid from basic dentistry benefit **Scheme exclusions:** • Resin bonding for restorations that are charged as a separate procedure to the restoration • The polishing of restorations • Gold foil restorations • Ozone therapy		

Annexure E

Dental benefit table (continued)

<table>
<tr><th></th><th>Option C</th><th>Option B</th><th>Option A</th></tr>
<tr><td>Root canal therapy and extractions</td><td colspan="3">Benefit is subject to clinical protocols

Covered at the MDT and paid from basic dentistry benefit

Scheme exclusion:
• Direct pulp capping procedures</td></tr>
<tr><td rowspan="3">Plastic dentures and associated laboratory costs</td><td colspan="3">Benefit limited to once per beneficiary per jaw (frame) every 24 months; Benefit is subject to clinical protocols.

Benefit is available for denture repairs and denture tooth replacements</td></tr>
<tr><td>Covered at the MDT and paid from day-to-day benefit</td><td colspan="2">Covered at the MDT and paid from advanced dentistry benefit</td></tr>
<tr><td colspan="3">Scheme exclusions:
• Diagnostic dentures and associated laboratory costs
• Snoring appliances and associated laboratory costs
• The cost of gold, precious metal, semi-precious metal and platinum foil
• Provisional dentures and associated laboratory costs
• Mouthguards
• Metal inlays in artificial teeth or attached to metal denture frames and plates</td></tr>
</table>

Annexure E

Dental benefit table (continued)

<table>
<tr><th></th><th>Option C</th><th>Option B</th><th>Option A</th></tr>
<tr><td rowspan="4">Partial metal frame dentures and associated laboratory costs</td><td colspan="3">Benefit limited to once per beneficiary per jaw (frame) every 24 months; Benefit is subject to clinical protocols

Pre-authorisation required</td></tr>
<tr><td>Covered at the MDT and paid from day-to-day benefit</td><td colspan="2">Covered at the MDT and paid from advanced dentistry benefit</td></tr>
<tr><td colspan="3">Scheme exclusions:
• The metal base to full dentures and associated laboratory costs
• High-impact acrylic
• The cost of gold, precious metal, semi-precious metal and platinum foil
• Gold plating of metal denture plates and frames
• Metal inlays in artificial teeth or attached to metal denture frames and plates</td></tr>
<tr><td colspan="3"></td></tr>
<tr><td rowspan="4">Crowns and bridges and associated laboratory costs, including porcelain/ ceramic inlays/ onlays</td><td colspan="3">Pre-authorisation is required;
Limited to once per tooth every 36 months

Benefit is subject to clinical protocols</td></tr>
<tr><td>Covered at the MDT and paid from day-to-day benefit</td><td colspan="2">Covered at the MDT and paid from advanced dentistry benefit</td></tr>
<tr><td colspan="3">Scheme exclusions:
• Provisional crowns and associated laboratory costs, as per guidelines
• Emergency crowns that are not placed as temporary crowns during crown preparation and associated laboratory costs</td></tr>
<tr><td colspan="3"></td></tr>
</table>

Annexure E

Dental benefit table (continued)

<table>
<tr><th></th><th>Option C</th><th>Option B</th><th>Option A</th></tr>
<tr><td>Implants and associated laboratory costs</td><td>No benefit</td><td colspan="2">Pre-authorisation is required. Limited to one implant per tooth site per lifetime; Benefit is subject to clinical protocols

Covered at the MDT and paid from advanced dentistry and dental implant benefit

Cost of implant components is limited to R3 500 per implant per five-year period per implant site, inclusive of all components related to the implant and superstructure</td></tr>
<tr><td rowspan="5">Orthodontics and associated laboratory costs</td><td colspan="3">Pre-authorisation is required for removable appliance therapy, functional appliance therapy, partial fixed appliance therapy (preliminary treatment) and comprehensive fixed appliance therapy</td></tr>
<tr><td colspan="3">Benefit is subject to clinical protocols</td></tr>
<tr><td>Covered at the MDT and paid from day-to-day benefit</td><td colspan="2">Covered at the MDT and paid from advanced dentistry benefit</td></tr>
<tr><td colspan="3">Applications for pre-authorisation will be clinically assessed using orthodontic indices

Previous orthodontic treatment phases carried out by the same provider are to be deducted from the current intended phase (excluding the preceding space maintainers or subsequent retention phase), except where the case involves history of a cleft palate

Initial fee of active, fixed or partially fixed orthodontics is limited to approximately 20% of the total cost (excluding the diagnostic and retainer procedures)</td></tr>
<tr><td colspan="3">Benefit is limited to individuals younger than 21 years of age

Scheme exclusions:
• Orthodontic retreatment and any related laboratory costs
• Orthognathic (jaw correction) surgery and any related hospital and laboratory costs, except where related to PMBs
• Invisible retainer material
• Lingual orthodontics</td></tr>
</table>

Annexure E

Dental benefit table (continued)

<table>
<tr><th></th><th>Option C</th><th>Option B</th><th>Option A</th></tr>
<tr><td rowspan="4">Periodontics</td><td colspan="3">Pre-authorisation is required; Benefit is subject to clinical protocols</td></tr>
<tr><td colspan="3">Benefit is limited to conservative, non-surgical therapy only (root planning) and limited to once per site per two-year period</td></tr>
<tr><td>Covered at the MDT and paid from day-to-day benefit</td><td colspan="2">Covered at the MDT and paid from advanced dentistry benefit</td></tr>
<tr><td colspan="3">Scheme exclusions:
• Surgical periodontics that includes periodontal flap surgery, tissue grafting and the hemisection of a tooth
• Periochip placement</td></tr>
<tr><td>Maxillofacial surgery and oral pathology (removal of wisdom teeth</td><td colspan="3">Benefit is subject to clinical protocols

Claims for oral pathology procedures (cysts and biopsies, the surgical treatment of tumours of the jaw and soft tissue tumours) will only be covered if supported by a laboratory report that confirms the diagnosis

Covered at the MDT and paid from maxillofacial and oral surgery benefit

Scheme exclusions:
• Orthognathic (jaw correction) surgery
• The closure of an oroanthral opening (currently code 8909), when claimed with impacted teeth during the same visit (currently codes 8941, 8943 and 8945), is a Scheme exclusion
• The auto-implantation of teeth</td></tr>
</table>

Annexure E

Dental benefit table (continued)

	Option C	Option B	Option A
Hospitalisation (general anaesthesia)	Pre-authorisation is required Admission protocols apply In-hospital dental admissions will only be considered for the following procedures: • Dependants under the age of eight years for multiple procedures • Excision of lesions greater than 1.25 cm in size • Patients with either physical, mental or medically compromising conditions that inhibit dental treatment under local anaesthesia • Patients with learning difficulties or physically impaired patients • Patients with orofacial or dental trauma, including fractures • Management of acute infection • Patients who have a proven allergy to local anaesthesia • Removal or extraction of two or more impacted teeth • Surgical extraction of teeth in more than one quadrant • Full dental clearance/extractions in both jaws • More than one quadrant of periodontal surgery on the same day • Root removal in the maxillary sinus • Surgical exposures of unerupted canines • Stomatoplasty or vestibuloplasty • Removal of exostosis • Placement of more than one endosteal implant • Posterior apicectomies		

Annexure E

Dental benefit table (continued)

	Option C	Option B	Option A
Hospitalisation (general anaesthesia) continued	**Scheme exclusions:** • Where the only reason for admission to hospital is dental fear and anxiety • Where the only reason for the admission request is to access a sterile facility • The cost of dental materials to access procedures performed under general anaesthesia		
Nitrous oxide (laughing gas) in dental rooms	Pre-authorisation required, subject to clinical protocols		
Iv/conscious sedation in rooms	Pre-authorisation required, subject to clinical protocols; All costs for anaesthesia will be paid from the day-to-day benefit for dental procedures performed under conscious sedation		

Annexure E

Additional Scheme exclusions:

- Any dental procedure deemed to be cosmetic
- Electrognathographic recordings, pantographic recordings and other such electronic analyses
- Nutritional and tobacco counselling
- Caries susceptibility and microbiological tests
- Fissure sealants on patients who are 16 years old and older
- Pulp tests
- Cost of mineral trioxide
- Cost of prescribed toothpastes, mouthwashes (e.g. Corsodyl) and ointments
- Appointments not kept
- Special reports
- Dental testimony, including dento-legal fees
- Treatment plan completed (currently code 8120)
- Enamel microabrasion
- Behaviour management
- Intramuscular or subcutaneous injections
- Procedures that are defined as unusual circumstances and procedures that are defined as unlisted procedures
- Metal or gold restorations on anterior teeth
- Orthodontic treatment for beneficiaries older than 21 years of age
- Contraceptives

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