



POLMED
OUR INVESTMENT OUR HEALTH OUR FUTURE

2020

Benefits and Contribution Guide





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CONTACT DETAILS AND REGIONAL OFFICES

TEL: 0860 765 633 or 0860 POLMED

FAX: 0860 104 114

FAX: 0861 888 110 (Membership-related correspondence)

FAX: 011 758 7660 (New claims)

ROODEPOORT WALK-IN BRANCH

Shop 21 and 22

Flora Centre (Entrance 2)

Cnr Ontdekkers and Conrad Roads

Florida North

Roodepoort

POSTAL ADDRESS FOR CLAIMS, MEMBERSHIP AND CONTRIBUTIONS

Polmed

Private Bag X16

Arcadia

0007

EMAIL ADDRESS FOR SUBMITTING ENQUIRIES

polmed@medscheme.co.za

REGIONAL WALK-IN BRANCHES

Refer to the map.

POLMED FRAUD HOTLINE

TEL: 0800 112 811

EMAIL: fraud@medscheme.co.za

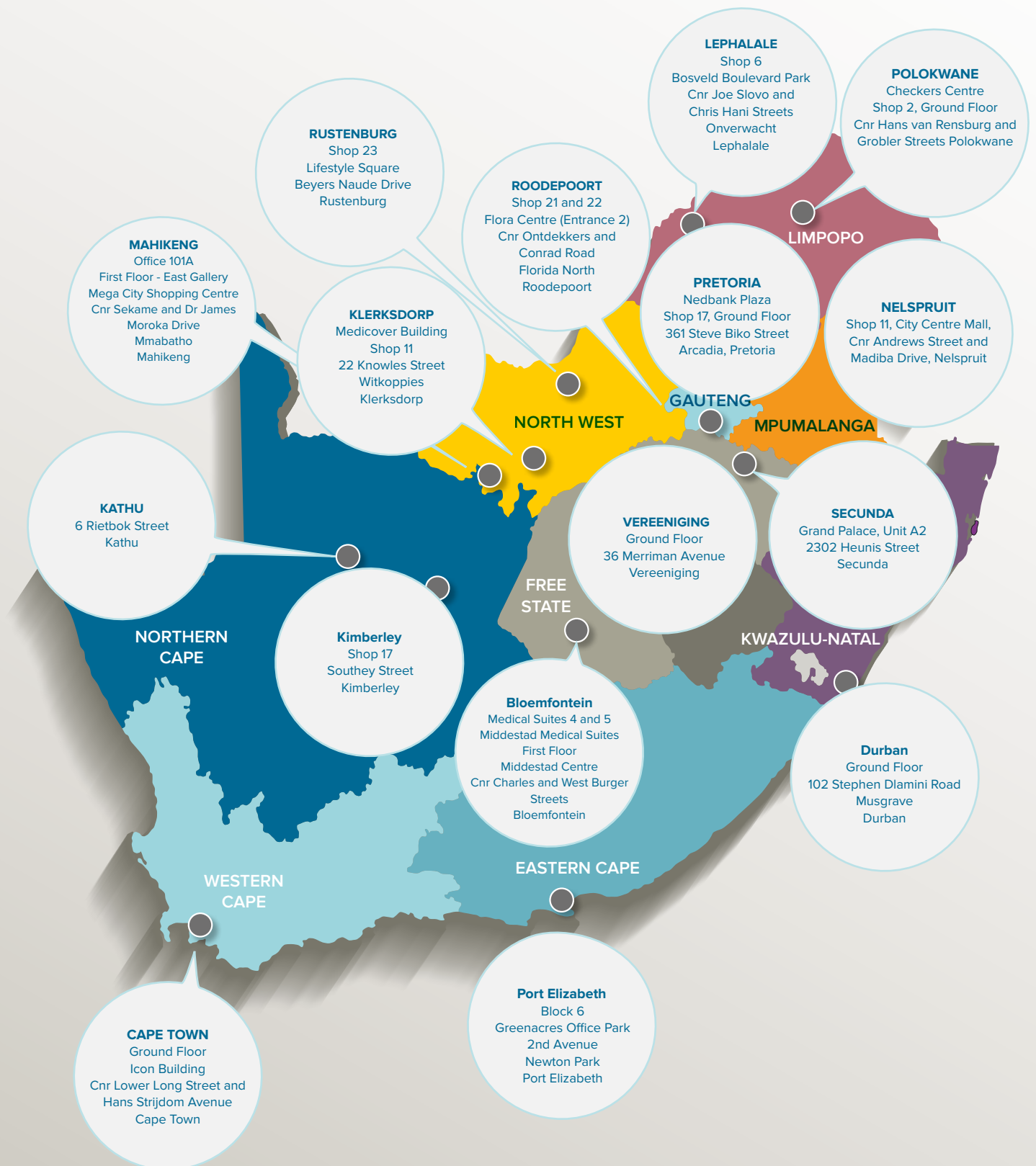
POLMED WEBSITE

www.polmed.co.za

POLMED CHAT

Via mobile device: Download the free app via <http://bit.ly/1YHAtwu> or from various app stores.

Via polmed website: Log in to the Member zone via your computer and click on the polmed Chat widget/icon.



ADDITIONAL SERVICE POINTS



NOTE: Please refer to the notices at police stations or South African Police Service (SAPS) buildings for details about dates and times that assistance is offered at these additional service points.
Any new offices/service points will be communicated.

AREA	ADDRESS
Durban Central	SAPS – Durban Central, 255 Stalwart Simelane Street, Marine Parade, Durban
King Williams Town	SAPS – King Williams Town, Buffalo Road, Zwelitsha
Mthatha	SAPS – Mthatha, R61 Sutherland Street, Mthatha
Pietermaritzburg	SAPS – Alexandra Road, 101 Alexandra Road, Scottsville, Pietermaritzburg
Potchefstroom	SAPS – Potchefstroom, 25 OR Tambo Street, Potchefstroom
Pretoria	Wachthuis, 231 Pretorius Street, Pretoria
Ulundi	SAPS – Ulundi, Unit A, Ingulube Street, Ulundi
Winelands (Paarl East)	SAPS – Paarl East, cnr Meacker and Van der Stel Street, Paarl East





MANAGED HEALTHCARE CONTACT DETAILS

POSTAL ADDRESS

Polmed
Private Bag X16
Arcadia
0007

CHRONIC MEDICINE MANAGEMENT PROGRAMME

TEL: 0860 765 633 (members) or
0860 104 111 (providers)
FAX: 0860 000 320
EMAIL: polmedcmm@medscheme.co.za

DISEASE RISK MANAGEMENT (DRM) PROGRAMME

TEL: 0860 765 633
EMAIL: polmeddiseaseman@medscheme.co.za
(DRM Programme)
EMAIL: polmedhbc@medscheme.co.za
(Prolonged Care Programme)

HOSPITAL/MRI AND CT SCAN PRE-AUTHORISATION

TEL: 0860 765 633 (members) or
0860 104 111 (providers)
FAX: 0860 104 114
EMAIL: polmedauths@medscheme.co.za

MATERNITY PROGRAMME

TEL: 0860 765 633
EMAIL: polmedmaternity@medscheme.co.za

MENTAL HEALTH PROGRAMME

TEL: 0860 765 633
EMAIL: polpsych@medscheme.co.za

ONCOLOGY MANAGEMENT PROGRAMME

TEL: 0860 765 633
FAX: 0860 000 340
EMAIL: polmedonco@medscheme.co.za

PRESCRIBED MINIMUM BENEFITS (PMBs)

TEL: 0860 765 633
EMAIL: polmedapmb@medscheme.co.za

SPECIALISED DENTISTRY

TEL: 0860 765 633
FAX: 0860 104 114

In-hospital dental procedures and sedation pre-authorisation:

EMAIL: polmedauths@medscheme.co.za

Out-of-hospital specialised dentistry:

EMAIL: dental.polmeddental@medscheme.co.za

HIV MANAGEMENT PROGRAMME

TEL: 0860 100 646
FAX: 0800 600 773
EMAIL: polmedhiv@medscheme.co.za
POSTAL ADDRESS: PO Box 38597
Pinelands
7430

DESIGNATED SERVICE PROVIDERS (DSPs)

EMERGENCY MEDICAL SERVICES



Netcare 911
Tel: 082 911

EYE CARE (OPTOMETRY)



Preferred Provider Negotiators
Tel: 0861 103 529

MOTOR VEHICLE ACCIDENT (MVA) CLAIMS



Tel: 012 431 9700/0861 303 303/0860 303 303

ONCOLOGY (CANCER)



Independent Clinical Oncology Network (ICON)
Tel: 021 944 3750

WHY POLMED

Polmed is a closed medical scheme that is tailored specifically for the South African Police Service (SAPS) and their dependants. This gives Polmed vital understanding and insights into your specific needs, and the ability to offer you a medical scheme that gives you what you need, when you need it.

SCHEME OVERVIEW

Polmed is registered in terms of the Medical Schemes Act 131 of 1998 and all rules and our benefits are approved by the Council for Medical Schemes. We don't pursue profits or try to accumulate reserves at the expense of our members. We are managed by a Board of Trustees, who prioritises the interests of our members and the Scheme's sustainability.

Half of the Trustees are elected by members, whilst half are designated by the National Commissioner. Our unique approach to healthcare is underpinned by the ability to support SAPS with health solutions that have a measurable impact on the health of members and, by extension, the health of the organisation.

OUR VISION AND MISSION

Vision:

"Healthy members for a safer South Africa."

Mission:

"To enable quality healthcare for SAPS members and their beneficiaries in a cost-effective manner".

YOUR GUARANTEE

As a member of Polmed, you have access to Prescribed Minimum Benefits (PMBs). PMBs are a set of defined benefits put in place to ensure all beneficiaries have access to certain minimum healthcare services, regardless of the benefit option they have selected.

These 270 PMBs cover the most common conditions, ranging from fractured bones to various cancers, menopause management, cardiac treatment and medical emergencies. Some of them are life threatening conditions for which cost-effective treatment would sustain and improve the member's quality of life.

PMB diagnosis, treatment and care is not limited to hospitals. Treatment can be received wherever it is most appropriate – in a clinic, an outpatient setting or even at home.

The access to diagnosis, medical or surgical management and treatment of these conditions is not limited and is paid according to specific protocols per condition.

If your doctor has diagnosed you with a chronic PMB condition, the doctor or the pharmacist needs to call us to verify if you meet the Scheme's clinical entry criteria. If you do, your chronic condition will be registered with the Scheme so that your medicine and disease management will be funded from the correct benefit category and not from your day-to-day benefits.

In addition to the 270 PMBs, you are also guaranteed treatment and medication for 26 chronic conditions. Members with these chronic conditions will need to visit their healthcare practitioner and may have to register the condition with a specialised chronic disease management programme. Some disease management programmes are obtained from a Designated Service Provider (DSP). Once registered, members will be entitled to treatment, including medication according to treatment protocols and reference pricing.

POLMED WEBSITE

As this Benefit Guide is a summary of the registered Scheme Rules only, in some instances, we will refer you to the Scheme website www.polmed.co.za for more information. The Scheme website offers you a public and a member only log-in area.

The public area contains:

- The full set of registered Scheme Rules.
- Information on how your Scheme works.
- Detailed information on our two plans.
- The Info Centre, containing an archive for newsletters, member communication, announcements, Polmed Rules etc.
- All contact details and more.

In the member log-in area you can, after registration:

View all past interactions with the Scheme

- Track your claims.
- Check your chronic benefits.
- See your hospital authorisations and events
- Update your personal details (including your banking details).
- Change your communication preferences.
- Check your available benefits.
- Search for healthcare providers and accredited network facilities.
- Access a library including all forms and information about procedures and medical scheme topics, and more.

We encourage you to register on the Scheme website and to make use of these administrative benefits.



CHOOSE THE RIGHT PLAN FOR YOUR FAMILY

Choosing the medical aid plan that fits your needs can be tricky. Make things simpler by following these steps.

Analyse your family health needs

Completing a quick personal healthcare needs analysis will help you determine what level of cover you need. If you're going to have dependants on your plan, you'll need to check that their needs are covered too. Consider how much you and your dependants have spent on medical expenses for the last year to help guide you.

Ask yourself:

- How often do you and your dependants visit the doctor?
- Do you and your dependants require medicine often?
- Do you or your dependants need to visit a specialist?
- Do you and your dependants need extra cover for cancer, renal dialysis, HIV or any other condition?

Establish how much cover you may require

If you find that you hardly claim or have had a few medical expenses, then you may need a lower level of cover. If, however, you have had a large number of medical expenses then you will require a higher level of cover.

Establish how much contributions you are able to pay

Affordability assessment is important to ensure that you are able to continue paying your contribution without stoppage.

OVERVIEW OF OUR PLANS

BENEFITS	MARINE	AQUARIUM	CO-PAYMENTS AND COMMENTS
In-Hospital Benefits			
PMB Hospital cover	Unlimited	Unlimited	<ul style="list-style-type: none"> • Subject to Polmed DSP • R15,000 co-payment for admission in a non-DSP hospital • Negotiated DSP tariff • Subject to pre-authorisation • Subject to R5,000 penalty where pre-authorisation was not obtained • Subject to managed care protocols and guidelines
Non-PMB Hospital cover	Unlimited	R200 000	<ul style="list-style-type: none"> • R15,000 co-payment for admission in a non-DSP hospital • Negotiated DSP tariff • Subject to pre-authorisation • Subject to R5,000 penalty where pre-authorisation was not obtained • Subject to managed care protocols and guidelines
Anaesthetists Rate	150%	150%	
Chronic Renal Dialysis	Yes	Yes	<ul style="list-style-type: none"> • 100% agreed tariff • Subject to pre-authorisation • Subject to DSP • Subject to 30% co-payment when using a non-DSP
Dentistry (Conservative and Restorative)	Yes	Yes	<ul style="list-style-type: none"> • 100% Polmed rate • Subject to OOH • Subject to dentistry sublimit • Hospital and anaesthetist costs will be reimbursed from in-hospital benefits
Emergency Medical Services	Yes	Yes	<ul style="list-style-type: none"> • Subject to authorisation within 72 hours following the incident or next day post emergency. • Authorisation required for inter-hospital transfers before the event.
General Practitioners	Yes	Yes	<ul style="list-style-type: none"> • 100% of agreed tariff at DSP • 100% of Polmed rate at non-DSP
Medication (Specialised drug limit) e.g. Biologicals	Yes	Yes	<ul style="list-style-type: none"> • 100% of Polmed rate • Subject to pre-authorisation • Subject to listed sublimit
Mental Health	Yes	Yes	<ul style="list-style-type: none"> • 100% of Polmed rate • Annual limit of 21 days per beneficiary • Limited to a maximum of three days hospitalisation if admitted by a GP or a Specialist Physician • Additional hospitalisation subject to motivation by the medical practitioner
Oncology (chemotherapy and radiotherapy)	Yes	Yes	<ul style="list-style-type: none"> • 100% of agreed tariff at DSP • Subject to set limit and includes MRI/CT or PET scans • Subject to oncology formulary
Organ and tissue transplants	Yes	Yes	<ul style="list-style-type: none"> • 100% of agreed tariff at DSP • Subject to clinical guidelines
Pathology	Yes	Yes	<ul style="list-style-type: none"> • Service linked to hospital pre-authorisation
Physiotherapy	Yes	Yes	<ul style="list-style-type: none"> • Service linked to hospital pre-authorisation
Prosthesis (internal and external)	Yes	Yes	<ul style="list-style-type: none"> • 100% Polmed rate • Subject to pre-authorisation • Subject to approved product list • Subject to overall prosthesis benefit limit • Subject to specific prosthesis sublimit

BENEFITS	MARINE	AQUARIUM	CO-PAYMENTS AND COMMENTS
Refractive surgery	Yes	No	<ul style="list-style-type: none"> 100% Polmed rate Subject to pre-authorisation Procedure performed out of hospital and in day clinics
Specialists	Yes	Yes	<ul style="list-style-type: none"> 100% agreed tariff at DSP 100% Polmed rate at non-DSP
Overall Hospital Benefits			
Annual out of hospital (OOH) benefits	Yes	Yes	<ul style="list-style-type: none"> Subject to OOH limit and protocols and guidelines
Audiology	Yes	Yes	<ul style="list-style-type: none"> Subject to OOH limit and referral
Conservative and restorative Dentistry	Yes	Yes	<ul style="list-style-type: none"> Subject to OOH limit and includes dentist costs for in-hospital, non-PMB procedures Routine consultation, scaling and polishing limited to two annual checks-ups per beneficiary Oral hygiene instructions are limited to once in 12 months per beneficiary
General Practitioners	Yes	Yes	<ul style="list-style-type: none"> 100% agreed tariff at DSP Subject to OOH limit Subject to listed number of consultations per family per annum
Medication (acute)	Yes	Yes	<ul style="list-style-type: none"> 100% Polmed rate at DSP Subject to the OOH limit Subject to Polmed formulary reference price Subject to 20% co-payment for non-DSP utilisation
Medication (over the counter – (OTC))	Yes	Yes	<ul style="list-style-type: none"> 100% of Polmed rate at DSP Subject to annual sublimit Subject to OOH limit Subject to Polmed formulary Subject to 20% co-payment for non-DSP utilisation
Occupational and Speech therapy	Yes	Yes	<ul style="list-style-type: none"> 100% Polmed rate Subject to OOH limit Subject to Annual sublimit
Pathology	Yes	Yes	<ul style="list-style-type: none"> Subject to OOH Subject to annual pathology sublimit
Physiotherapy	Yes	Yes	<ul style="list-style-type: none"> 100% of Polmed rate Subject to OOH limit Subject to annual physiotherapy sublimit
Psychology and Social Work	Yes	Yes	<ul style="list-style-type: none"> 100% of Polmed rate Subject to OOH limit Subject to Psychology and Social Work sublimit
Specialists	Yes	Yes	<ul style="list-style-type: none"> 100% of Polmed Rate at DSP Subject to OOH limit Subject to maximum listed number of visits/consultations per beneficiary and per family per annum Subject to GP referral to DSP listed Specialists Subject to R1,000 co-payment if no referral is obtained where applicable.

BENEFITS	MARINE	AQUARIUM	CO-PAYMENTS AND COMMENTS
Allied health services and alternative healthcare providers: Biokinetics, Chiropractors, Chiropodists, Dieticians, Homeopath, Naturopaths, Orthoptists, Osteopaths, Podiatrists, Reflexologists and Therapeutic massage therapists	Yes	No benefit	<ul style="list-style-type: none"> 100% Polmed rate Subject to annual limit Subject to clinical appropriateness
Appliances (Medical and Surgical)	Yes	Yes	<ul style="list-style-type: none"> 100% Polmed rate Subject to listed limit Subject to referral Subject to pre-authorisation Subject to applicable clinical protocols and guidelines Subject to Quotations
Chronic Medications	Yes	Yes	<ul style="list-style-type: none"> 100% of Polmed rate at DSP Subject to formulary reference price Subject to prior application and registration of chronic condition PMB-CDL Conditions are not subjected to limit Extended list of Chronic conditions (non-PMB) are subject to listed chronic medications limit
Specialised Dentistry	Yes	Yes	<ul style="list-style-type: none"> 100% Polmed rate Subject to pre-authorisation Subject to annual family limit Subject to dental protocols Subject to 5-year cycle for Crown and Bridges Includes specialised dental procedures done in and out of hospital Included metal-based dentures Aquarium plan only PMB benefits
Maternity Benefits (including home birth):	Yes	Yes	<ul style="list-style-type: none"> Subject to pre-authorisation Subject to treatment and clinical protocols and guidelines Subject to listed limit
Ultrasound Scans	Yes	Yes	<ul style="list-style-type: none"> Subject to listed limit Pre-authorisation applies for ultrasound after 32 weeks of pregnancy
Elective Caesarean Sections	Yes	Yes	<ul style="list-style-type: none"> Subject to PMB Subject to pre-authorisations Considered in line with managed care and funding protocols A co-payment of R10,000 will apply for voluntary Caesarean sections
Maxillofacial	Yes	No	<ul style="list-style-type: none"> Subject to pre-authorisations Shared limit with specialised dentistry
Optical	Yes	Yes	<ul style="list-style-type: none"> Subject to listed limit Each beneficiary is entitled to either spectacles or contact lenses Subject to 24 months benefit cycle No pro-rating, benefits will be calculated from benefit service date
Basic Radiology	Yes	Yes	<ul style="list-style-type: none"> 100% of agreed tariff Subject to basic radiology family limit Includes basic radiology in and out of hospital Claims for PMB first accrue towards the limit

BENEFITS	MARINE	AQUARIUM	CO-PAYMENTS AND COMMENTS
Specialised Radiology	Yes	Yes	<ul style="list-style-type: none"> • 100% of agreed tariff • Includes specialised radiology in and out of hospital • Claims for PMB first accrue towards the limit • PMB rule applies

GENERAL GUIDELINES

How to call an ambulance

Phone Netcare 911, on 082 911 and the emergency consultant will assist and arrange an ambulance for the patient and provide you with the authorisation.

Members are required to obtain pre-authorisation for emergency medical services from Netcare 911 within 72 hours of the incident.

A 40% co-payment shall apply where a member voluntarily uses an unauthorised service provider.

The Service Provider will be required to attach the hospital casualty and/or admission sticker together with the patient report when submitting an invoice to Polmed.

Hospital pre-authorisation

Authorisation is required for procedures, treatment and hospitalisation before the event, as indicated in the benefit table, to ensure that benefits are available and correctly paid. Authorisation to be obtained by the member or dependant by calling 0860 765 633 or by your admitting doctor by calling 0860 104 111.

In case of emergency, the member, dependant or hospital should contact Polmed within 48 hours of the event or on the next business day following the event.

If you do not obtain authorisation you will be liable for a co-payment of R5 000 as stated in the benefit table.

Information required when calling for authorisation:

- Membership number.
- Date of admission or procedure.
- Name of patient.
- Name and practice number of hospital.
- Type of procedure or operation, diagnosis with CPT/RPL code and the ICD-10 code (obtainable from the doctor).
- Name of the admitting doctor or service provider and the practice number.

Registration on Disease Management Programme

Polmed has the following disease management programmes for which members and/or dependants are required to register in order for them to receive enhanced benefits:

- Disease Risk Management Programmes for the following conditions:
 - Respiratory: Asthma and Chronic Obstructive Pulmonary Disease (COPD);

- Cardiac: Hyperlipidaemia, High Blood Pressure, Heart Failure, Coronary Artery Disease and Dysrhythmia.
- Metabolic: Diabetes.
- Spinal: Cervical and Lumbar conditions.
- Mental Health: Depression, Bipolar Mood Disorder, Post Traumatic Stress Disorder (PTSD) and Substance Abuse.
- Maternity Programme;
- Oncology Management Programme;
- HIV Management Programme; and
- Specialised Dentistry.

Chronic Medicine

Chronic medicines are subject to Pharmacy DSP and a co-payment of 20% of costs applies for using non-DSP.

Chronic medication benefits is subject to registration on the Chronic Medicine Management Programme. If you are diagnosed with a chronic condition (PMB or non-PMB), ask your doctor or pharmacist to register the chronic condition by calling 0860 104 111.

Chronic medicines are subject to Polmed formulary and generic reference pricing. Products outside the formulary may attract a 20% co-payment.

Polmed will pay for your medicine from the relevant chronic medicine benefit and not from your acute benefits.

Payment will be restricted to one month's supply at a time.

Chronic Medicines Advanced Supply

For an advanced supply of chronic medicine, please submit:

- A copy of your travel ticket and/or itinerary.
- A prescription covering the period.

The Scheme will only approve advanced supplies within the current benefit year. Call 0860 104 111 for further assistance.

Acute Medicines

Acute medicines must be obtained from a Pharmacy DSP. A co-payment of 20% of costs applies for using, non-DSP.

Acute medicines must be obtained from a Polmed formulary and generic reference pricing and the products outside the formulary may attract a 20% co-payment.

Payment will be restricted to one month's supply.

POLMED DESIGNATED SERVICE PROVIDERS

CATEGORY	DESIGNATED SERVICE PROVIDER	REMARKS
General Practitioners GP	GP Network	<ul style="list-style-type: none"> Over 3,863 GPs are part of the GP Network
Hospital	<ul style="list-style-type: none"> Clinix Life Healthcare Intercare Mediclinic National Hospital Network (NHN) Limited Netcare Hospitals Joint Medical Holdings (JMH) 	<ul style="list-style-type: none"> All Clinix Hospitals All Life Healthcare Hospitals All Intercare Day Clinics All Mediclinic Hospitals All NHN Hospitals Additional Hospitals in areas where DSP Hospital Groups are not well distributed All JMH hospitals
Pharmacies	Pharmacy Network	<ul style="list-style-type: none"> Over 2 200 pharmacies on the network which is made up of Community Pharmacies, Retail Pharmacies and Courier Pharmacies
Renal Network	Renal dialysis network	<ul style="list-style-type: none"> Open network with a national footprint.
Oncology	ICON South Africa	<ul style="list-style-type: none"> All ICON accredited Oncology Centres
Specialist Network	All Speciality Disciplines	<ul style="list-style-type: none"> Over 2,440 Specialists are on our Specialists Network
Optical Network	Preferred Provider Negotiators (PPN)	<ul style="list-style-type: none"> All PPN accredited Optometrists
Emergency Medical Services	Netcare 911 call centre	<ul style="list-style-type: none"> An accredited emergency service provider will be sent to attend to your medical emergency.

PREVENTATIVE CARE BENEFITS

To support you in managing your health proactively, we encourage you to take preventative measures. Early detection of health risks or conditions could prevent a disease or improve the success rate of treatment.

The below preventative care benefits are paid from the Insured Benefit and not from your Overall Out of Hospital Benefit at Scheme rates. Refer to the benefit table for more detail

DESCRIPTION	GENDER	AGE	BENEFIT CATEGORY	PURPOSE
Child Immunisation As recommended by Department of Health (DoH)	F/M	As per schedule	Vaccines	<ul style="list-style-type: none"> Prevention and reduction of complications of childhood diseases
Human Papilloma Virus (HPV) Vaccination	F	10 – 17	Vaccines X 2 vaccinations per beneficiary	<ul style="list-style-type: none"> Prevention of cervical cancer caused by HPV
Flu Vaccine	F/M	All	Vaccines Annually	Flu prevention: Particularly important for people who are at risk of serious complications from flu; e.g. beneficiaries with chronic conditions, pregnancy, HIV patients and the elderly

DESCRIPTION	GENDER	AGE	BENEFIT CATEGORY	PURPOSE
Contraceptives	F	As recommended by DoH	Contraceptives	<ul style="list-style-type: none"> Prevention of pregnancy
HPV Screening	F	21+	Once every 5 years	<ul style="list-style-type: none"> Early detection and treatment of HPV
Pap Smear	F	21 – 64	Pathology: Pap smear Once every third year	<ul style="list-style-type: none"> Early detection for Cervical Cancer
Mammogram	F	40 – 69	Specialised Radiology Once every second year	<ul style="list-style-type: none"> Early detection of Breast Cancer
HIV Counselling and Testing (HCT)	F/M	All	Pathology Rapid test or ELISA test Annually	<ul style="list-style-type: none"> Early detection of HIV
HIV Confirmation Test	F/M	All	Western Blot (payable after HCT or Elisa tests) Annually	<ul style="list-style-type: none"> HIV confirmation test
Prostate Check	M	50 – 75	Pathology (Blood test) Annually	<ul style="list-style-type: none"> Early detection of Prostate Cancer
Hib titer test	F/M	60+	Pathology (Blood test)	<ul style="list-style-type: none"> Early detection of Haemophilus Influenza Type B immunodeficiency.
Glaucoma Screening	F/M	High risk individuals	Eye test Once every third year	<ul style="list-style-type: none"> Early detection and treatment of Glaucoma
Circumcision	M	All	Procedure (Surgical removal)	<ul style="list-style-type: none"> HIV Prevention
Post-Trauma debriefing sessions	F/M		Psycho Social benefits Four individual or group debriefing sessions per year For serving SAPS members only	<ul style="list-style-type: none"> Prevention of PTSD Only for serving SAPS members
Topical fluoride application	F/M	0 – 18	Dental Annually	<ul style="list-style-type: none"> Prevention of dental caries in children and adolescents
Caries assessment	F/M	0 – 14	Dental Once every second year	<ul style="list-style-type: none"> Prevention of dental caries
Periodontal disease and caries risk assessment	F/M	19+	Dental Once every second year	<ul style="list-style-type: none"> Prevention of dental caries
Full Medical Examination	F/M		<ul style="list-style-type: none"> Annual Medical Examination Consultation Blood pressure Body Mass Index test Cholesterol screening Glucose screening Healthy diet counselling Lipid disorder screening (40+ years) Occult blood test Bone densitometry scan Pneumococcal vaccine NB: Clinical information to be submitted to managed healthcare organisation. 	<ul style="list-style-type: none"> Early detection and treatment Bone densitometry scan is a once in a lifetime benefit.



POLMED PLAN
MARINE



THIS OPTION PROVIDES

MARINE BENEFIT SCHEDULE

Within a designated service provider hospital, as well as for out-of-hospital (day-to-day) benefits and it is intended to provide for needs of families who have significant healthcare needs and who require medical assistance on a regular basis, or who are concerned about having extensive access to health benefits. This option is intended to provide for families who have significant healthcare needs for out of hospital (day-to-day) and within a designated service provider hospital network.

BENEFITS	LIMIT	AUTH REQUIRED	REFERRAL REQUIRED	PROGRAMME REGISTRATION REQUIRED	IN HOSPITAL (IH). OUT OF HOSPITAL (OOH)	COMMENTS
PMB Hospital cover	Unlimited	Y	N/A	N	IH	<ul style="list-style-type: none"> Subject to Polmed DSP R15,000 co-payment for admission in a non-DSP hospital Negotiated DSP tariff Subject to pre-authorisation Subject to R5,000 penalty where pre authorisation was not obtained Subject to managed care protocols and guidelines
Non-PMB Hospital cover	Unlimited	Y	N/A	N	IH	<ul style="list-style-type: none"> R15,000 co-payment for admission in a non-DSP hospital Negotiated DSP tariff Subject to pre authorisation Subject to R5,000 penalty where pre authorisation was not obtained Subject to managed care protocols and guidelines
Anaesthetists Rate	Part of Hospital	N	Y	N	IH	<ul style="list-style-type: none"> 150% of Polmed rate
Chronic Renal Dialysis	Unlimited	Y	Y	N	IH	<ul style="list-style-type: none"> 100% agreed tariff Subject to Pre-authorisation Subject to DSP Subject to 30% co-payment when using a non-DSP

BENEFITS	LIMIT	AUTH REQUIRED	REFERRAL REQUIRED	PROGRAMME REGISTRATION REQUIRED	IN HOSPITAL (IH). OUT OF HOSPITAL (OOH)	COMMENTS
Dentistry (Conservative and Restorative) Pre-authorisation is required for hospital admissions for children under the age of 7 for the removal of impacted third molars and trauma (PMB)	Dentist's costs for basic dental procedures will be reimbursed from the out-of-hospital (OOH) benefit, subject to: <ul style="list-style-type: none"> • M0 – R5 000 • M1 – R5 750 • M2 – R6 500 • M3 – R7 250 • M4+ – R8 000 	N		N	IH and OOH	<ul style="list-style-type: none"> • 100% Polmed rate • Dentist's costs for basic dental procedures will be reimbursed from the out-of-hospital (OOH) benefit • The hospital and anaesthetist's costs will be reimbursed from the in-hospital benefit • Subject to OOH • Subject to dentistry sublimit
Emergency Medical Services	Unlimited	Y	N	N	IH and OOH	<ul style="list-style-type: none"> • Subject to authorisation within 72 hours following the incident or next day post emergency. • Authorisation required for inter-hospital transfers before the event.
General Practitioners		N	N	N	IH and OOH	<ul style="list-style-type: none"> • 100% of agreed tariff at DSP • 100% of Polmed rate at non-DSP
Medication (Specialised drug limit) e.g. Biologicals	R177 402	Y	N	N	IH and OOH	<ul style="list-style-type: none"> • 100% of Polmed rate • Subject to pre-authorisation • Subject to listed sublimit
Mental Health	21 days per beneficiary	Y	N	Y	IH	<ul style="list-style-type: none"> • 100% of Polmed rate • Annual limit of 21 days per beneficiary • Limited to a maximum of three days hospitalisation if admitted by a GP or a Specialist Physician • Additional hospitalisation subject to motivation by the medical practitioner

BENEFITS	LIMIT	AUTH REQUIRED	REFERRAL REQUIRED	PROGRAMME REGISTRATION REQUIRED	IN HOSPITAL (IH). OUT OF HOSPITAL (OOH)	COMMENTS
Oncology (chemotherapy and radiotherapy)	R464 834 per beneficiary per annum	Y	N	Y	IH and OOH	<ul style="list-style-type: none"> 100% if agreed tariff at Independent Clinical Oncology Network (ICON) DSP Subject to R464 834 limit and includes MRI/CT or PET scans Subject to oncology formulary and Preferred Provider Network
Organ and tissue transplants	Unlimited	Y	N	Y	IH and OOH	<ul style="list-style-type: none"> 100% of agreed tariff at DSP Subject to clinical guidelines Subject to clinical guidelines used in State Facilities
Pathology	Linked to Hospital benefits	Y	Y	N	IH	<ul style="list-style-type: none"> Service linked to hospital pre authorisation
Physiotherapy	Linked to Hospital benefits	Y	Y	N	IH	<ul style="list-style-type: none"> Service linked to hospital pre authorisation
Prosthesis (internal and external)	Limited to the overall prosthesis benefit of R65 320 per beneficiary Knee Prosthesis – R54 600 Hip Prosthesis – R54 600 Shoulder Prosthesis – R65 100 Intraocular Lens – R3 150 Aorta and Peripheral Arterial Stent Grafts – R47 250 Cardiac Stents – R26 775 Cardiac Pacemaker – R58 800 Spinal plates and screws – R65 320 Spinal Implantable Devices – R60 000 Unlisted items – R65 320	Y	N	N	IH and OOH	<ul style="list-style-type: none"> 100% Polmed rate Subject to preauthorisation Subject to approved product list Subject to overall prosthesis benefit limit Subject to specific prosthesis sublimit

BENEFITS	LIMIT	AUTH REQUIRED	REFERRAL REQUIRED	PROGRAMME REGISTRATION REQUIRED	IN HOSPITAL (IH). OUT OF HOSPITAL (OOH)	COMMENTS
Refractive surgery	Linked to Hospital benefits	Y	N	N	IH and OOH	<ul style="list-style-type: none"> 100% Polmed rate Subject to pre-authorisation Procedure performed out of hospital and in day clinics
Specialists	Linked to Hospital Benefits	Y	Y	N	IH	<ul style="list-style-type: none"> 100% agreed tariff at DSP 100% Polmed rate at non-DSP
Annual out-of-hospital benefits (OOH)	<ul style="list-style-type: none"> M0 – R20 143 M1 – R24 513 M2 – R29 537 M3 – R33 872 M4+ – R36 757 	N	N	Y and N	OOH	<ul style="list-style-type: none"> 100% agreed tariff or Polmed rate Subject to protocols and guidelines PMB Rule applies for Involuntary access to PMBs PMB's shall first accrue towards the total benefit, but are not subject to a limit In appropriate cases the limit for medical appliances shall not accrue towards this limit
Audiology	Subject to OOH	Y	Y	N	OOH	<ul style="list-style-type: none"> 100% Polmed rate <p>Subject to referral by the following doctors/ specialists:</p> <ul style="list-style-type: none"> General Practitioner (GP) Ear, nose and throat (ENT) specialist Paediatrician Physician Neurologist
Conservative and restorative Dentistry	<ul style="list-style-type: none"> M0 – R5 000 M1 – R5 750 M2 – R6 500 M3 – R7 250 M4+ – R8 000 	N	N	N	OOH	<ul style="list-style-type: none"> Subject to OOH limit and includes dentist costs for in-hospital non-PMB procedures Routine consultation, scale and polish are limited to two annual check-ups per beneficiary Oral hygiene instructions are limited to once in 12 months per beneficiary

BENEFITS	LIMIT	AUTH REQUIRED	REFERRAL REQUIRED	PROGRAMME REGISTRATION REQUIRED	IN HOSPITAL (IH). OUT OF HOSPITAL (OOH)	COMMENTS
General Practitioners	Number of Consultations: <ul style="list-style-type: none"> • M0 – 11 • M1 – 16 • M2 – 20 • M3 – 24 • M4+ – 29 	N	N	N	OOH	<ul style="list-style-type: none"> • 100% agreed tariff at DSP • Subject to Polmed GP Network • Subject to OOH limit • Subject to listed number of consultations per family per annum
Medication (acute)	<ul style="list-style-type: none"> • M0 – R4 598 • M1 – R7 816 • M2 – R11 035 • M3 – R14 253 • M4+ – R17 494 	N	N	N	OOH	<ul style="list-style-type: none"> • 100% Polmed rate at DSP • Subject to the OOH limit • Subject to Polmed Pharmacy Network • Subject to 20% co-payment for non-DSP
Medication (over-the-counter – (OTC))	R1 210 per family per annum	N	N	N	OOH	<ul style="list-style-type: none"> • 100% of Polmed rate at DSP • Subject to annual sublimit • Subject to OOH limit • Subject to 20% co-payment for non-DSP
Occupational and Speech therapy	R2 795 per family per annum	N	N	N	OOH	<ul style="list-style-type: none"> • 100% Polmed rate • Subject to OOH limit • Subject to annual sublimit
Pathology	<ul style="list-style-type: none"> • M0 – R3 361 • M1 – R4 846 • M2 – R5 796 • M3 – R7 138 • M4+ – R8 753 	N	Y	N	OOH	<ul style="list-style-type: none"> • Subject to OOH • Subject to annual pathology sublimit
Physiotherapy	R4 846 per family per annum	N	N	N	OOH	<ul style="list-style-type: none"> • 100% of Polmed rate • Subject to OOH limit • Subject to annual physiotherapy sublimit
Psychology and Social Work	R6 500 per family per annum	N	N	N	OOH	<ul style="list-style-type: none"> • 100% of Polmed rate • Subject to OOH limit • Subject to Psychology and Social Work sublimit

BENEFITS	LIMIT	AUTH REQUIRED	REFERRAL REQUIRED	PROGRAMME REGISTRATION REQUIRED	IN HOSPITAL (IH). OUT OF HOSPITAL (OOH)	COMMENTS
Specialists	5 visits per beneficiary OR 11 visits per family per annum	N	Y	N	OOH	<ul style="list-style-type: none"> • 100% of Polmed Rate at DSP • Subject to OOH limit • Subject to maximum listed number of visits/ consultations per beneficiary and per family per annum • Subject to GP referral (2 specialist visits per beneficiary without GP referral allowed) • Referral not necessary for the following Specialists; <ul style="list-style-type: none"> - Gynaecologists - Psychiatrists - Oncologists - Ophthalmologists - Nephrologists (dialysis) - Dental specialists - Supplementary or allied health services - Subject to R1,000 co-payment if no referral is obtained where applicable.
Allied health services and alternative healthcare providers Biokinetics, Chiropractors, Chiropodists, Dieticians, Homoeopath, Naturopaths, Orthoptists, Osteopaths, Podiatrists, Reflexologists and Therapeutic massage therapists	R2 733 per family per annum	N	N	N	OOH	<ul style="list-style-type: none"> • 100% Polmed rate • Subject to annual limit • Subject to clinical appropriateness

BENEFITS	LIMIT	OOH /IH	COMMENTS
Appliances (Medical and Surgical)		OOH and IH	<ul style="list-style-type: none">Members must be referred for audiology servicesPre-authorisation required for medical appliancesCosts for maintenance not covered (Scheme exclusion)Funding is subject to applicable clinical and funding protocolsQuotations will be required.
Hearing aids	R14 144 per hearing aid OR R28 111 per beneficiary per set Once every 3 years		
Nebuliser	R1 342 per family once every 4 years		
Glucometer	R1 342 per family once every 4 years		
CPAP machine	R9 442 per family once every 4 years		
Wheelchair (non-motorised)	R15 712 per beneficiary once every 3 years		
OR			
Wheelchair (motorised)	R52 814 per beneficiary every 3 years		
Medical assistive devices	Annual limit of R3 361 per family Includes medical devices in/out of hospital		
Consumables associated implanted devices:			
Cardiac Resynchronization Therapy Pacemaker battery replacement	Every 5 years		
Implantable Cardiac Defibrillator battery replacement	Every 5 years		
Cochlear Implant	R135 000 per family per year		
Trans Aorta Valve Insertion	R265 000 per family per year		
Implantable Cardiac Defibrillators	R190 000 per family per year		
Insulin delivery devices	R50 000 per family per year		
Urine Catheters and consumables	Subject to three quotations and clinical protocols		
Blood transfusion	Unlimited		
Adult nappies	<ul style="list-style-type: none">R993/month (2 nappies per day)R1 490/month (3 nappies per day)		

BENEFITS	LIMIT	AUTH REQUIRED	REFERRAL REQUIRED	PROGRAMME REGISTRATION REQUIRED	IN HOSPITAL (IH). OUT OF HOSPITAL (OOH)	COMMENTS
Chronic Medications	<ul style="list-style-type: none"> • M0 – R9 756 • M1 – R11 695 • M2 – R13 634 • M3 – R15 573 • M4+ - R17 512 	Y	Y	Y	OOH	<ul style="list-style-type: none"> • 100% of Polmed rate at DSP • Subject to formulary reference price • Subject to prior application and registration of chronic condition • PMB -CDL Conditions are not subjected to limit • Extended list of Chronic conditions (Non-PMB) are subject to listed chronic medications limit
Specialised Dentistry	R14 205 per family per annum	Y	Y	N	OOH and IH	<ul style="list-style-type: none"> • 100% Polmed rate • Subject to pre-authorisation • Subject to annual family limit • Subject to dental protocols • Subject to 5-year cycle for Crown and Bridges • Includes specialised dental procedures done in and out of hospital • Included metal-based dentures
Maternity Benefits (including home birth):	3 Specialist Consultations per beneficiary per pregnancy	Y	N	Y	IH	<ul style="list-style-type: none"> • Subject to pre-authorisation • A co-payment of R10,000 will apply for voluntary Caesarean sections
Home Birth	Home birth limited to R17 669	Y	N	Y	IH	<ul style="list-style-type: none"> • Subject to treatment and clinical protocols and guidelines
Ultrasound Scans	Annual limit of R4 727 for ultrasound scans per beneficiary; limited to 2 2D scans per pregnancy	N	Y	Y	IH	<ul style="list-style-type: none"> • Pre-authorisation applies for extra ultrasound after 32 weeks of pregnancy • Subject to PMB • Subject to pre-authorisations • Considered in line with managed care and funding protocols

BENEFITS	LIMIT	AUTH REQUIRED	REFERRAL REQUIRED	PROGRAMME REGISTRATION REQUIRED	IN HOSPITAL (IH). OUT OF HOSPITAL (OOH)	COMMENTS
Maxillofacial	Shared limit with Specialised Dentistry	Y	Y	N	OOH and IH	<ul style="list-style-type: none"> Subject to listed limit Shared limit with specialised dentistry
Optical						
Network	Non-Network					
SPECTACLES: R1 300 towards a frame and/or lense enhancement	SPECTACLES: R949 towards a frame and/or lense enhancement	N	N	N	OOH	<ul style="list-style-type: none"> Subject to 24 months benefit cycle No prorating, benefits will be calculated from benefit service date 100% of agreed tariff Benefits shall not be granted for contact lenses if the beneficiary has already received a pair of spectacles in a two-year benefit cycle Contact lens re-examination can be claimed for in six-monthly intervals Each beneficiary is entitled to either spectacles or contact lenses
LENSES: Either one pair of Clear single vision lenses limited to R185 per lenses OR	LENSES: Either one pair of Clear single vision lenses limited to R185 per lenses OR	N	N	N	OOH	
One pair of clear flat top bifocal lenses limited to R420 per lens OR	One pair of clear flat top bifocal lenses limited to R420 per lens OR	N	N	N	OOH	
One pair of Clear Base multifocal lenses limited to R745	One pair of Clear Base multifocal lenses limited to R745	N	N	N	OOH	
OR CONTACT LENSES:	OR CONTACT LENSES:					
Contact lenses to the value of R1 596 per beneficiary per annum	Contact lenses to the value of R1 100 per beneficiary per annum	N	N	N	OOH	
Contact lens re-examination to a maximum cost of R245 per consultation	Contact lens re-examination to a maximum cost of R245 per consultation	N	N	N	OOH	
CONSULTATION: 100% cost of composite consultation.	CONSULTATION: One consultation limited to a maximum cost of R330	N	N	N	OOH	

BENEFITS	LIMIT	AUTH REQUIRED	REFERRAL REQUIRED	PROGRAMME REGISTRATION REQUIRED	IN HOSPITAL (IH). OUT OF HOSPITAL (OOH)	COMMENTS
Basic Radiology	R6 532 per family per annum	N	Y	N	IH and OOH	<ul style="list-style-type: none"> Subject to basic radiology family limit Includes basic radiology in and out of hospital Claims for PMB first accrue towards the limit 100% of agreed tariff
Specialised Radiology	1 MRI Scan 2 CT Scans	Y	Y	N	IH and OOH	<ul style="list-style-type: none"> 100% Agreed tariff PMB rule applies Includes specialised radiology in and out of hospital Claims for PMB first accrue towards the limit Subject to a limit of 1 MRI scan per family per annum, except for PMBs Subject to a limit of 2 CT scans per family per annum, except for PMBs

MARINE: APPLICABLE CO-PAYMENTS AND/OR PENALTIES

BENEFIT CATEGORY	APPLICABLE NETWORK AND/OR REQUIREMENT	APPLICABLE CO-PAYMENT AND/OR PENALTIES	REMARKS
General Practitioners (GP)	GP Network	Funded at Non-Network tariff rate	<ul style="list-style-type: none"> Allows 2 out of network consultations per beneficiary per annum
Specialists	Specialist Network	Polmed rate applies, any shortfall will be for the account of the member.	<ul style="list-style-type: none"> PMB Rate applies
Hospital	Hospital DSP	<ul style="list-style-type: none"> R15 000 co-payment for admission in a non-DSP Hospital R5 000 penalty for unauthorised admissions 	<ul style="list-style-type: none"> Polmed Hospital DSPs: <ul style="list-style-type: none"> - Mediclinic - Life Health - NHN - Clinix - JMH - Limited Netcare
Pharmacy	Pharmacy Network	<ul style="list-style-type: none"> 20% of costs for using a non-Network Pharmacy 20% co-payment for voluntarily using a non-formulary product 	<ul style="list-style-type: none"> Open Pharmacy Network with 90% of Pharmacies

BENEFIT CATEGORY	APPLICABLE NETWORK AND/OR REQUIREMENT	APPLICABLE CO-PAYMENT AND/OR PENALTIES	REMARKS
Renal Dialysis	Renal Dialysis Network	30% of cost when using a non-DSP	<ul style="list-style-type: none"> Renal Dialysis Network Refer to the website for more details
Oncology (Cancer)	Oncology Network	Funded at Network tariff rate	Preferred Providers: <ul style="list-style-type: none"> Independent Clinical Oncology Network (ICON)
Emergency Medical Services	Netcare 911	40% of cost for using unauthorised service provider	

MARINE: ANNUAL MEMBER CONTRIBUTION INCREASES ARE EFFECTIVE 1 APRIL 2020

Contributions from 1 April 2019 until 31 March 2020

1 April 2019- 31 March 2020 (subsidised contribution)

MARINE	MEMBER	ADULT	CHILD
R 0 - R 6 618	R 319	R 319	R 80
R 6 619 - R 9 091	R 442	R 442	R 148
R 9 092 - R 11 107	R 488	R 488	R 183
R 11 108 - R 12 991	R 575	R 575	R 230
R 12 992 - R 15 118	R 671	R 671	R 266
R 15 119 - R 18 182	R 768	R 768	R 314
R 18 183 - R 22 315	R 846	R 846	R 366
R 22 316 +	R 919	R 919	R 403

1 April 2019- 31 March 2020 (excluding employer subsidy)

MARINE	MEMBER	ADULT	CHILD
R 0 - R 6 618	R 2 204	R 2 204	R 1 023
R 6 619 - R 9 091	R 2 327	R 2 327	R 1 090
R 9 092 - R 11 107	R 2 373	R 2 373	R 1 125
R 11 108 - R 12 991	R 2 461	R 2 461	R 1 172
R 12 992 - R 15 118	R 2 557	R 2 557	R 1 209
R 15 119 - R 18 182	R 2 653	R 2 653	R 1 257
R 18 183 - R 22 315	R 2 731	R 2 731	R 1 308
R 22 316 +	R 2 805	R 2 805	R 1 346

Contributions from 1 April 2020 until 31 March 2021

1 April 2020- 31 March 2021 (subsidised contribution)

MARINE	MEMBER	ADULT	CHILD
R 0 - R 6 618	R 351	R 351	R 88
R 6 619 - R 9 091	R 486	R 486	R 163
R 9 092 - R 11 107	R 537	R 537	R 201
R 11 108 - R 12 991	R 633	R 633	R 253
R 12 992 - R 15 118	R 738	R 738	R 293
R 15 119 - R 18 182	R 845	R 845	R 345
R 18 183 - R 22 315	R 931	R 931	R 403
R 22 316 - R 25 672	R 1 011	R 1 011	R 443
R 25 673 - R 29 672	R 1 029	R 1 029	R 451
R 29 672+	R 1 048	R 1 048	R 459

1 April 2020- 31 March 2021 (excluding employer subsidy)

MARINE	MEMBER	ADULT	CHILD
R 0 - R 6 618	R 2 366	R 2 366	R 1 096
R 6 619 - R 9 091	R 2 501	R 2 501	R 1 170
R 9 092 - R 11 107	R 2 552	R 2 552	R 1 208
R 11 108 - R 12 991	R 2 649	R 2 649	R 1 260
R 12 992 - R 15 118	R 2 754	R 2 754	R 1 301
R 15 119 - R 18 182	R 2 860	R 2 860	R 1 353
R 18 183 - R 22 315	R 2 946	R 2 946	R 1 410
R 22 316 - R 25 672	R 3 027	R 3 027	R 1 451
R 25 673 - R 29 672	R 3 045	R 3 045	R 1 459
R 29 672+	R 3 064	R 3 064	R 1 467

MARINE: CHRONIC DISEASE LIST**PRESCRIBED MINIMUM BENEFITS (PMBs), INCLUDING CHRONIC DIAGNOSIS AND TREATMENT PAIRS (DTPs)**

Chronic medication is payable from chronic medication benefits and once the benefit limit has been reached, it will be funded from the unlimited PMB pool.

Autoimmune disorder

- Systemic lupus erythematosus (SLE)

Cardiovascular conditions

- Cardiac dysrhythmias
- Coronary artery disease
- Cardiomyopathy
- Heart failure
- Hypertension
- Peripheral arterial disease
- Thrombo embolic disease
- Valvular disease

Endocrine conditions

- Addison's disease
- Diabetes mellitus type I
- Diabetes mellitus type II
- Diabetes insipidus
- Hypo- and hyper-thyroidism
- Cushing's disease
- Hyperprolactinaemia
- Polycystic ovaries
- Primary hypogonadism

Gastrointestinal conditions

- Crohn's disease
- Ulcerative colitis
- Peptic ulcer disease*

Gynaecological conditions

- Endometriosis
- Menopausal treatment

Haematological conditions

- Haemophilia
- Anaemia
- Idiopathic thrombocytopenic purpura
- Megaloblastic anaemia

Metabolic condition

- Hyperlipidaemia

Musculoskeletal condition

- Rheumatic arthritis

Neurological conditions

- Epilepsy
- Multiple sclerosis
- Parkinson's disease
- Cerebrovascular incident
- Permanent spinal cord injuries

Ophthalmic condition

- Glaucoma

Pulmonary diseases

- Asthma
- Chronic obstructive pulmonary disease (COPD)
- Bronchiectasis
- Cystic Fibrosis

Psychiatric conditions

- Depression and Bipolar mood disorder
- Post-traumatic stress disorder (PTSD)
- Schizophrenic disorders

Special category conditions

- HIV/AIDS
- Tuberculosis
- Organ transplantation

Treatable cancers

- As per PMB guidelines

Urological conditions

- Chronic renal failure
- Benign prostatic hypertrophy
- Nephrotic syndrome and glomerulonephritis
- Renal calculi

* requires special motivation

MARINE: EXTENDED CHRONIC DISEASE LIST

Chronic medication for the conditions listed below is payable from the chronic medication benefits subject to the availability of funds

Dermatological conditions

- Acne (clinical photos required)
- Psoriasis
- Eczema
- Onychomycosis (mycology report required)

Ear, nose and throat condition

- Allergic rhinitis

Gastrointestinal condition

- Gastro-oesophageal reflux disease (GORD) (special motivation required)

Metabolic condition

- Gout prophylaxis

Musculoskeletal conditions

- Ankylosing spondylitis
- Osteoarthritis
- Osteoporosis
- Paget's disease
- Psoriatic arthritis

Neurological conditions

- Alzheimer's disease
- Trigeminal neuralgia
- Meniere's disease
- Migraine prophylaxis
- Narcolepsy
- Tourette's syndrome

Ophthalmic condition

- Dry eye or keratoconjunctivitis sicca

Psychiatric conditions

- Attention deficit hyperactivity disorder (ADHD)
- Post-traumatic stress disorder (PTSD)

Urological condition

- Overactive bladder syndrome



POLMED PLAN
AQUARIUM

AQUARIUM BENEFIT SCHEDULE

This option provides for unlimited hospitalisation paid at prescribed tariff within designated service provider hospitals, as well as a level of out-of-hospital (day-to-day) benefits and it is intended to provide for needs of families who have little healthcare needs or whose chronic conditions are under control.

BENEFITS	LIMIT	AUTH REQUIRED	REFERRAL REQUIRED	PROGRAMME REGISTRATION REQUIRED	IN HOSPITAL (IH). OUT OF HOSPITAL (OOH)	COMMENTS
PMB Hospital cover	Unlimited	Y	N/A	N	IH	<ul style="list-style-type: none"> Subject to Polmed DSP R15 000 co-payment for admission in a non-DSP hospital Negotiated DSP tariff Subject to pre-authorisation Subject to R5 000 penalty where pre-authorisation was not obtained Subject to managed care protocols and guidelines
Non-PMB Hospital cover	R200 000 per family	Y	N/A	N	IH	<ul style="list-style-type: none"> R15 000 co-payment for admission in a non-DSP hospital Negotiated DSP tariff Subject to pre-authorisation Subject to R5 000 penalty where pre authorisation was not obtained Subject to managed care protocols and guidelines
Anaesthetists Rate		N	Y	N	IH	<ul style="list-style-type: none"> 150% of Polmed rate
Chronic Renal Dialysis	Unlimited	Y	Y	N	IH and OOH	<ul style="list-style-type: none"> 100% agreed tariff Subject to Pre-authorisation Subject to DSP Subject to 30% co-payment when using a non-DSP

BENEFITS	LIMIT	AUTH REQUIRED	REFERRAL REQUIRED	PROGRAMME REGISTRATION REQUIRED	IN HOSPITAL (IH). OUT OF HOSPITAL (OOH)	COMMENTS
Dentistry (Conservative and Restorative) Pre-authorisation is required for hospital admissions for children under the age of 7 for the removal of impacted third molars and trauma (PMB)	Dentist costs for basic dental procedures will be reimbursed from the out-of-hospital (OOH) benefit, subject to: <ul style="list-style-type: none"> • M0 – R4 000 • M1 – R4 500 • M2 – R5 000 • M3 – R5 500 • M4+ – R6 000 	N		N	IH and OOH	<ul style="list-style-type: none"> • 100% Polmed rate • Dentist costs for basic dental procedures will be reimbursed from the out-of-hospital (OOH) benefit • The hospital and anaesthetist's costs will be reimbursed from the in-hospital benefit • Subject to OOH • Subject to dentistry sublimit
Emergency Medical Services	Unlimited	Y	N	N	IH and OOH	<ul style="list-style-type: none"> • Subject to authorisation within 72 hours following the incident or next day post emergency. • Authorisation required for inter-hospital transfers before the event.
General Practitioners		N	N	N	IH and OOH	<ul style="list-style-type: none"> • 100% of agreed tariff at DSP • 100% of Polmed rate at non-DSP
Medication (Specialised drug limit) e.g. Biologicals	R144 139	Y	N	N	IH and OOH	<ul style="list-style-type: none"> • 100% of Polmed rate • Subject to pre authorisation • Subject to listed sublimit
Mental Health	21 days per beneficiary	Y	N	Y	IH	<ul style="list-style-type: none"> • 100% of Polmed rate • Annual limit of 21 days per beneficiary • Limited to a maximum of three days hospitalisation if admitted by a GP or a Specialist Physician

BENEFITS	LIMIT	AUTH REQUIRED	REFERRAL REQUIRED	PROGRAMME REGISTRATION REQUIRED	IN HOSPITAL (IH). OUT OF HOSPITAL (OOH)	COMMENTS
Oncology (chemotherapy and radiotherapy)	R271 400 per beneficiary per annum	Y	N	Y	IH and OOH	<ul style="list-style-type: none"> 100% if agreed tariff at Independent Clinical Oncology Network (ICON) DSP Subject to R271 400 limit and includes MRI/CT or PET scans Subject to oncology formulary and Preferred Provider Network
Organ and tissue transplants	Unlimited	Y	N	Y	IH and OOH	<ul style="list-style-type: none"> 100% of agreed tariff at DSP Subject to clinical guidelines Subject to clinical guidelines used in State Facilities
Pathology	Linked to Hospital benefits	Y	Y	N	IH	<ul style="list-style-type: none"> Service linked to hospital pre-authorisation
Physiotherapy	Linked to Hospital benefits	Y	Y	N	IH	<ul style="list-style-type: none"> Service linked to hospital pre-authorisation
Prosthesis (internal and external)	Limited to the overall prosthesis benefit of R64 132 per beneficiary Knee Prosthesis – R54 600 Hip Prosthesis – R54 600 Shoulder Prosthesis – R64 132 Intraocular Lens – R3 150 Aorta and Peripheral Arterial Stent Grafts – R47 250 Cardiac Stents – R26 775 Cardiac Pacemaker – R58 800 Spinal plates and screws – R64 132 Spinal Implantable Devices – R60 000 Unlisted items – R64 132	Y	N	N	IH and OOH	<ul style="list-style-type: none"> 100% Polmed rate Subject to pre-authorisation Subject to approved product list Subject to overall prosthesis benefit limit Subject to specific prosthesis sublimit

BENEFITS	LIMIT	AUTH REQUIRED	REFERRAL REQUIRED	PROGRAMME REGISTRATION REQUIRED	IN HOSPITAL (IH). OUT OF HOSPITAL (OOH)	COMMENTS
Refractive surgery	No benefits					
Specialists	Linked to Hospital Benefits	Y	Y	N	IH	<ul style="list-style-type: none"> 100% agreed tariff at DSP 100% Polmed rate at non-DSP
Annual out of hospital benefits (OOH)	<ul style="list-style-type: none"> M0 – R 8 812 M1 – R10 677 M2 – R12 969 M3 – R13 836 M4+ – R15 855 	N	Y and N	N	OOH	<ul style="list-style-type: none"> 100% agreed tariff or Polmed rate Subject to clinical and billing protocols and guidelines PMB Rule applies for Involuntary access to PMBs PMB's shall first accrue towards the total benefit, but are not subject to a limit
Audiology	Subject to OOH	Y	Y	N	OOH	<ul style="list-style-type: none"> 100% Polmed rate, subject to referral by the following doctors/ specialists: General Practitioner (GP) Ear, Nose and Throat (ENT) Specialist Paediatrician Physician Neurologist
Conservative and restorative Dentistry	<ul style="list-style-type: none"> M0 – R4 000 M1 – R4 500 M2 – R5 000 M3 – R5 500 M4+ – R6 000 	N	N	N	OOH	<ul style="list-style-type: none"> Subject to OOH limit and includes dentist costs for in-hospital non-PMB procedures Routine consultation, scale and polish are limited to two annual check-ups per beneficiary Oral hygiene instructions are limited to once in 12 months per beneficiary

BENEFITS	LIMIT	AUTH REQUIRED	REFERRAL REQUIRED	PROGRAMME REGISTRATION REQUIRED	IN HOSPITAL (IH). OUT OF HOSPITAL (OOH)	COMMENTS
General practitioners (GPs) POLMED has a GP Network	100% of agreed tariff at DSP Or At cost for involuntary PMB access The limit for consultations shall accrue towards the OOH limit Subject to maximum number of visits or consultations per family: <ul style="list-style-type: none"> • MO – 8 • M1 – 12 • M2 – 15 • M3 – 18 • M4+ – 22 	N	N	N	OOH	<ul style="list-style-type: none"> • 100% agreed tariff at DSP • Subject to Polmed GP Network • Subject to OOH limit • Subject to listed number of consultations per family per annum
Medication (acute)	<ul style="list-style-type: none"> • M0 – R2 325 • M1 – R3 953 • M2 – R5 581 • M3 – R7 209 • M4 – R8 836 	N	N	N	OOH	<ul style="list-style-type: none"> • 100% Polmed rate at DSP • Subject to the OOH limit • Subject to Polmed Pharmacy Network • Subject to 20% co-payment for non-DSP
Medication (over the counter – (OTC))	R1 000 per family per annum	N	N	N	OOH	<ul style="list-style-type: none"> • 100% OF Polmed rate at DSP • Subject to annual sublimit • Subject to OOH limit • Subject to Polmed formulary
Occupational and Speech therapy	Limited to PMB only	N	N	N	OOH	<ul style="list-style-type: none"> • 100% Polmed rate • Subject to OOH limit • Benefits first accrue to OOH limit
Pathology	<ul style="list-style-type: none"> • M0 – R3 100 • M1 – R4 585 • M2 – R5 546 • M3 – R6 865 • M4+ – R8 504 	N	Y	N	OOH	<ul style="list-style-type: none"> • Subject to OOH • Subject to annual pathology sublimit
Physiotherapy	R2 398 per family per annum	N	N	N	OOH	<ul style="list-style-type: none"> • 100% of Polmed rate • Subject to OOH limit • Subject to annual physiotherapy sublimit

BENEFITS	LIMIT	AUTH REQUIRED	REFERRAL REQUIRED	PROGRAMME REGISTRATION REQUIRED	IN HOSPITAL (IH). OUT OF HOSPITAL (OOH)	COMMENTS
Psychology and Social Work	R5 000 per family per annum	N	N	N	OOH	<ul style="list-style-type: none"> • 100% of Polmed rate • Subject to OOH limit • Subject to Psychology and Social Work sublimit
Specialists	4 visits per beneficiary OR 8 visits per family per annum	N	Y	N	OOH	<ul style="list-style-type: none"> • 100% of Polmed Rate at DSP • Subject to OOH limit • Subject to maximum listed number of visits/ consultations per beneficiary and per family per annum • Subject to GP referral (2 specialist visits per beneficiary without GP referral allowed) <p>Referral not necessary for the following Specialists;</p> <ul style="list-style-type: none"> • Gynaecologists • Psychiatrists • Oncologists • Ophthalmologists • Nephrologists (dialysis) • Dental specialists • Supplementary or allied health services • Subject to R1,000 co-payment if no referral is obtained where applicable.

BENEFITS	LIMIT	AUTH REQUIRED	REFERRAL REQUIRED	PROGRAMME REGISTRATION REQUIRED	IN HOSPITAL (IH). OUT OF HOSPITAL (OOH)	COMMENTS
Allied health services and alternative healthcare providers Biokinetics, Chiropractors, Chiropodists, Dieticians, Homeopath, Naturopaths, Orthoptists, Osteopaths, Podiatrists, Reflexologists and Therapeutic massage therapists	No Benefit					

APPLIANCES (MEDICAL AND SURGICAL)	LIMIT	OOH /IH	COMMENTS
Hearing aids	R11 318 per hearing aid OR R22 494 per beneficiary per set Once every 3 years	OOH and IH	<ul style="list-style-type: none"> Members must be referred for audiology services Pre-authorisation required for medical appliances Costs for maintenance not covered (Scheme exclusion) Funding is subject to applicable clinical and funding protocols Quotations will be required.
Nebuliser	R1 283 per family Once every 4 years		
Glucometer	R1 283 per family Once every 4 years		
CPAP machine	R9 168 per family Once every 4 years		
Wheelchair (non-motorised)	R11 983 per beneficiary Once every 3 years		
OR			
Wheelchair (motorised)	R34 370 per beneficiary (Every 3 years)		
Blood Transfusion	Unlimited		
Urine Catheters and consumables	Subject to three quotations and clinical protocols		
Medical assistive devices	Annual limit of R2 695 per family Includes medical devices in/out of hospital		
Adult Nappies	R946/months (2 nappies per day) R1 419/months (3 nappies per day)		

BENEFITS	LIMIT	AUTH REQUIRED	REFERRAL REQUIRED	PROGRAMME REGISTRATION REQUIRED	IN HOSPITAL (IH). OUT OF HOSPITAL (OOH)	COMMENTS
Chronic Medications (Non-PMBs)	No benefit except for PMBs conditions	Y	Y	Y	OOH	<ul style="list-style-type: none"> No benefit except for PMBs
Specialised Dentistry: Surgical extractions of teeth requiring removal of bone or incision to reduce fracture Surgical removal of impacted teeth including removal of inflammatory tissues surrounding partially erupted teeth Root planning treatment for periodontal disease Drainage of abscess and clearing infection caused by tooth decay Apicetomy – removal of dead tissue caused by infection Children under the age of 7 years, physically or mentally disabled patients who require general anaesthesia for dental work to be conducted Cyst removal of non-vital pulp Dentectomy Under sedation with removal of all teeth in the mouth	No benefit except for PMB conditions	Y	Y	N	OOH and IH	<ul style="list-style-type: none"> Subject to prior application and/or registration of the condition Unlimited for approved PMB-CDL conditions 100% Polmed rate Subject to pre-authorisation R500 co-payment applies if no pre-authorisation is obtained Subject to annual Dentistry family limit
Maternity Benefits (including home birth):	3 Specialist Consultations per beneficiary per pregnancy	Y	N	Y	IH	<ul style="list-style-type: none"> Subject to pre-authorisation A co-payment of R10,000 will apply for voluntary Caesarean sections

BENEFITS	LIMIT	AUTH REQUIRED	REFERRAL REQUIRED	PROGRAMME REGISTRATION REQUIRED	IN HOSPITAL (IH). OUT OF HOSPITAL (OOH)	COMMENTS
Home Birth	Home birth limited to R15 138	Y	N	Y	IH and OOH	<ul style="list-style-type: none"> Subject to treatment and clinical protocols and guidelines
Ultrasound Scans	Annual limit of R4 038 for ultrasound scans per beneficiary; limited to 2 (two) 2D scans per pregnancy	N	Y	Y	IH	<ul style="list-style-type: none"> Pre-authorisation applies for extra ultrasound after 32 weeks of pregnancy Subject to PMB Subject to pre-authorisations Considered in line with managed care and funding protocols



BENEFITS	LIMIT	AUTH REQUIRED	REFERRAL REQUIRED	PROGRAMME REGISTRATION REQUIRED	IN HOSPITAL (IH). OUT OF HOSPITAL (OOH)	COMMENTS
Optical						
Network	Non-Network					
SPECTACLES: R795 towards a frame and/or lens enhancement	SPECTACLES: R580 towards a frame and/or lens enhancement	N	N	N	OOH	<ul style="list-style-type: none"> • Subject to 24 months benefit cycle • No pro-rating, benefits will be calculated from benefit service date • 100% of agreed tariff • Benefits shall not be granted for contact lenses if the beneficiary has already received a pair of spectacles in a two-year benefit cycle • Contact lenses re-examination can be claimed for in six-monthly intervals
LENSES: Either one pair of clear single vision lenses limited to R185 per lens OR	LENSES: Either one pair of clear single vision lenses limited to R185 per lens OR	N	N	N	OOH	
One pair of clear flat top bifocal lenses limited to R420 per lens OR	One pair of clear flat top bifocal lenses limited to R420 per lens OR	N	N	N	OOH	
One pair of clear base multifocal lenses limited to R420	One pair of clear base multifocal lenses limited to R420	N	N	N	OOH	
OR CONTACT LENSES	OR CONTACT LENSES					
Contact lenses to the value of R613 per beneficiary per annum	Contact lenses to the value of R400 per beneficiary per annum	N	N	N	OOH	
Contact lenses re-examination to a maximum cost of R245 per consultation	Contact lenses re-examination to a maximum cost of R245 per consultation	N	N	N	OOH	
CONSULTATION: 100% cost of composite consultation.	CONSULTATION: one consultation limited to a maximum cost of R330	N	N	N	OOH	

BENEFITS	LIMIT	AUTH REQUIRED	REFERRAL REQUIRED	PROGRAMME REGISTRATION REQUIRED	IN HOSPITAL (IH). OUT OF HOSPITAL (OOH)	COMMENTS
Basic Radiology	R5 232 per family per annum	N	Y	N	IH and OOH	<ul style="list-style-type: none"> Subject to basic radiology family limit Includes basic radiology in and out of hospital Claims for PMB first accrue towards the limit 100% of agreed tariff
Specialised Radiology	1 MRI Scan 2 CT Scans	Y	Y	N	IH and OOH	<ul style="list-style-type: none"> 100% Agreed tariff PMB rule applies Includes specialised radiology in and out of hospital Claims for PMB first accrue towards the limit Subject to a limit of 1 MRI scan per family per annum, except for PMBs Subject to a limit of 2 CT scans per family per annum, except for PMBs

AQUARIUM: APPLICABLE CO-PAYMENTS AND/OR PENALTIES

BENEFIT CATEGORY	APPLICABLE NETWORK AND/OR REQUIREMENT	APPLICABLE CO-PAYMENT AND/OR PENALTIES	REMARKS
General Practitioners (GP)	GP Network	Funded at Non-Network tariff rate	<ul style="list-style-type: none"> Allows 2 out of network consultations per beneficiary per annum
Specialists	Specialist Network / DSP	Polmed rate applies, any shortfall will be for the account of the member.	PMB Rate applies
Hospital	Hospital DSP	<ul style="list-style-type: none"> R15 000 co-payment for admission in a Non-DSP Hospital R5 000 penalty for unauthorised admissions 	<ul style="list-style-type: none"> Polmed Hospital DSP: <ul style="list-style-type: none"> Mediclinic Life Health NHN Clinix Limited Netcare

BENEFIT CATEGORY	APPLICABLE NETWORK AND/OR REQUIREMENT	APPLICABLE CO-PAYMENT AND/OR PENALTIES	REMARKS
Pharmacy	Pharmacy Network	<ul style="list-style-type: none"> 20% of costs for using a non-Network Pharmacy 20% co-payment for voluntarily using a non-formulary product 	<ul style="list-style-type: none"> Open Pharmacy Network with over 2 200 Pharmacies
Renal Dialysis	Renal Dialysis Network	30% of price for using non DSP	<ul style="list-style-type: none"> Renal Dialysis Network Refer to the website for more details
Oncology (Cancer)	Oncology Network	Funded at Network tariff rate	<ul style="list-style-type: none"> Preferred Providers: <ul style="list-style-type: none"> Independent Clinical Oncology Network (ICON)
Emergency Medical Services	Netcare 911	40% of cost for using unauthorised service provider	

AQUARIUM ANNUAL MEMBER CONTRIBUTION INCREASES ARE EFFECTIVE 1 APRIL 2020

Contributions from 1 April 2019 until 31 March 2020

1 April 2019- 31 March 2020 (subsidised contribution)

AQUARIUM	MEMBER	ADULT	CHILD
R 0 - R 6 618	R 76	R 76	R 33
R 6 619 - R 9 091	R 83	R 83	R 33
R 9 092 - R 11 107	R 110	R 110	R 43
R 11 108 - R 12 991	R 136	R 136	R 50
R 12 992 - R 15 118	R 161	R 161	R 58
R 15 119 - R 18 182	R 185	R 185	R 66
R 18 183 - R 22 315	R 230	R 230	R 76
R 22 316 +	R 269	R 269	R 102

1 April 2019- 31 March 2020 (excluding employer subsidy)

AQUARIUM	MEMBER	ADULT	CHILD
R 0 - R 6 618	R 1 031	R 1 031	R 511
R 6 619 - R 9 091	R 1 039	R 1 039	R 511
R 9 092 - R 11 107	R 1 065	R 1 065	R 520
R 11 108 - R 12 991	R 1 091	R 1 091	R 528
R 12 992 - R 15 118	R 1 117	R 1 117	R 535
R 15 119 - R 18 182	R 1 140	R 1 140	R 544
R 18 183 - R 22 315	R 1 185	R 1 185	R 553
R 22 316 +	R 1 225	R 1 225	R 579

Contributions from 1 April 2020 until 31 March 2021

1 April 2020- 31 March 2021 (subsidised contribution)

AQUARIUM	MEMBER	ADULT	CHILD
R 0 - R 6 618	R 84	R 84	R 36
R 6 619 - R 9 091	R 91	R 91	R 36
R 9 092 - R 11 107	R 121	R 121	R 47
R 11 108 - R 12 991	R 150	R 150	R 55
R 12 992 - R 15 118	R 177	R 177	R 64
R 15 119 - R 18 182	R 204	R 204	R 73
R 18 183 - R 22 315	R 253	R 253	R 84
R 22 316 - R 26 172	R 296	R 296	R 112
R 26173+	R 301	R 301	R 114

1 April 2020- 31 March 2021 (excluding employer subsidy)

AQUARIUM	MEMBER	ADULT	CHILD
R 0 - R 6 618	R 1 105	R 1 105	R 547
R 6 619 - R 9 091	R 1 113	R 1 113	R 547
R 9 092 - R 11 107	R 1 142	R 1 142	R 557
R 11 108 - R 12 991	R 1 171	R 1 171	R 566
R 12 992 - R 15 118	R 1 199	R 1 199	R 574
R 15 119 - R 18 182	R 1 225	R 1 225	R 584
R 18 183 - R 22 315	R 1 274	R 1 274	R 594
R 22 316 - R 26 172	R 1 318	R 1 318	R 622
R 26173+	R 1 323	R 1 323	R 624

AQUARIUM: CHRONIC DISEASE LIST**PRESCRIBED MINIMUM BENEFITS (PMBs); INCLUDING CHRONIC DIAGNOSIS AND TREATMENT PAIRS (DTPs)**

Chronic medication is payable from chronic medication benefits and once the benefit limit has been reached, it will be funded from the unlimited PMB pool.

Autoimmune disorder

- Systemic lupus erythematosus (SLE)

Cardiovascular conditions

- Cardiac dysrhythmias
- Coronary artery disease

Cardiomyopathy

- Heart failure
- Hypertension
- Peripheral arterial disease
- Thrombo embolic disease
- Valvular disease

Endocrine conditions

- Addison's disease
- Diabetes mellitus type I
- Diabetes mellitus type II
- Diabetes insipidus
- Hypo- and hyper-thyroidism
- Cushing's disease
- Hyperprolactinaemia
- Polycystic ovaries
- Primary hypogonadism

Gastrointestinal conditions

- Crohn's disease
- Ulcerative colitis
- Peptic ulcer disease*

Gynaecological conditions

- Endometriosis
- Menopausal treatment

Haematological conditions

- Haemophilia
- Anaemia
- Idiopathic thrombocytopenic purpura
- Megaloblastic anaemia

Metabolic condition

- Hyperlipidaemia

Musculoskeletal condition

- Rheumatic arthritis

Neurological conditions

- Epilepsy
- Multiple sclerosis
- Parkinson's disease
- Cerebrovascular incident
- Permanent spinal cord injuries

Ophthalmic condition

- Glaucoma

Pulmonary diseases

- Asthma
- Chronic obstructive pulmonary disease (COPD)
- Bronchiectasis
- Cystic Fibrosis

Psychiatric conditions

- Depression and Bipolar mood disorder
- Post-traumatic stress disorder (PTSD)
- Schizophrenic disorders

Special category conditions

- HIV/AIDS
- Tuberculosis
- Organ transplantation

Treatable cancers

- As per PMB guidelines

Urological conditions

- Chronic renal failure
- Benign prostatic hypertrophy
- Nephrotic syndrome and glomerulonephritis
- Renal calculi

* requires special motivation



EXCLUSIONS

GENERAL EXCLUSIONS

The following services/items are excluded from benefits, (with exception of PMBs) and will not be paid by the Scheme:

- 1) Services not mentioned in the benefits as well as services which, in the opinion of the Scheme, are not aimed at the treatment of an actual or supposed illness or disablement which impairs or threatens essential body functions (the process of aging will not be regarded as an illness or a disablement);
- 2) Sleep therapy;
- 3) Reversal of sterilisation procedures, provided that the Board may decide to grant benefits in exceptional circumstances;
- 4) The artificial insemination of a person in or outside the human body as defined in the Human Tissue Act, 1983 (Act 65 of 1983) provided that, in the case of artificial insemination, the Scheme's responsibility on the treatment will be:
 - as it is prescribed in the public hospital;
 - as defined in the Prescribed Minimum Benefits (PMBs); and
 - subject to pre-authorisation and prior approval by the Scheme.
- 5) Charges for appointments that a member or dependant fails to keep with service providers;
- 6) Prenatal and/or postnatal exercises;
- 7) Operations, treatments and procedures, by choice, for cosmetic purposes where no pathological substance exists which proves the necessity of the procedure, and/or which is not life-saving, life-sustaining or life-supporting;
- 8) Accommodation in an old-age home or other institution that provides general care for the aged and/or chronically ill patients;
- 9) Aids for participation in sport, e.g. mouthguards;
- 10) Gold inlays in dentures, soft and metal base to new dentures, invisible retainers, Osseo Integrated implants and bleaching of vital (living) teeth;
- 11) Fixed orthodontics for beneficiaries above the age of 21 years;
- 12) Any orthopaedic and medical aids that are not clinically essential, subject to PMBs;
- 13) Reports, investigations or tests for insurance purposes, admission to universities or schools, fitness tests and examinations, medical court reports, employment, emigration or immigration, etc.;
- 14) Sex change operations;
- 15) Beneficiaries' travelling costs, except services according to the benefits in Annexure A and B;
- 16) Accounts of providers not registered with a recognised professional body constituted in terms of an Act of Parliament;
- 17) Accommodation in spas, health or rest resorts;
- 18) Holidays for recuperative purposes;
- 19) The treatment of obesity, provided that with prior motivation the Scheme may approve benefits for the treatment of morbid obesity;
- 20) Muscular fatigue tests, except if requested by a specialist and a doctor's motivation is enclosed;
- 21) Any treatment as a result of surrogate pregnancy;
- 22) Blood pressure appliances;
- 23) Non-functional prostheses used for reconstructive or restorative surgery, excluding PMB diagnoses, provided that the Board may decide to grant the benefit in exceptional circumstances;
- 24) Benefits for costs of repair, maintenance, parts or accessories for the appliances or prostheses;
- 25) Unless otherwise indicated by the Board, costs for services rendered by any institution, not registered in terms of any law;
- 26) Unless otherwise decided by the Board, benefits in respect of medication obtained on a prescription is limited to one month's supply for every such prescription or repeat thereof;
- 27) Any health benefit not included in the list of prescribed benefits (including newly-developed interventions or technologies where the long-term safety and cost to benefit cannot be supported) shall be deemed to be excluded from the benefits;
- 28) Compensation for pain and suffering, loss of income, funeral expenses or claims for damages;
- 29) Benefits for organ transplant donors to recipients who are not members of the Scheme;
- 30) Claims relating to the following:
 - aptitude tests
 - IQ tests
 - school readiness
 - questionnaires
 - marriage counselling
 - learning problems
 - behavioural problems;
- 31) Cosmetics and sunblock; sunblock may be considered for clinical reasons in albinism;
- 32) Non-clinically essential or non-emergency transport via ambulance.
- 33) All benefits for clinical trials.

ACUTE MEDICINE EXCLUSIONS

The following categories of medication are excluded from acute benefits:

CATEGORY	DESCRIPTION	EXAMPLE
1.03	Gender/sex related: Treatment of female infertility	Clomid®, Profasi®, Cyclogest®
1.05	Gender/sex related: Androgens and anabolic steroids	Sustanon®
2.00	Slimming preparations:	ThinZ®, Obex LA®
4.01	Patent medication: Household remedies	Lenbons
4.02	Patent medication: Patent and products with no robust scientific evidence to support cost-effectiveness	Choats
4.03	Patent medication: Emollients	Aqueous cream
4.04	Patent medication: Food/nutrition	Infasoy, Ensure
4.05	Patent medication: Soaps and cleansers	Brasivol®, Phisoac®
4.06	Patent medication: Cosmetics	Classique
4.07	Patent medication: Contact lens preparations	Bausch + Lomb®
4.08	Patent medication: Patent sunscreens	Piz Buin
4.10	Patent medication: Medicated shampoo	Denorex®, Niz shampoo
4.11	Patent medication: Veterinary products	
5.04	Appliances, supplies and devices: Medical appliances or devices	Thermometers, hearing aid batteries
5.06	Appliances, supplies and devices: Bandages and dressings	Cotton wool, gauze
5.07	Appliances, supplies and devices: Disposable cholesterol supplies	
5.11	Appliances, supplies and devices: Incontinence products	Nappies, molipants, linen savers except Stoma-related supplies
6.00	Diagnostic agents	Clear View pregnancy tests
8.05	Vaccines or immunoglobulins: Other immunoglobulins	Beriglobin®
9.02	Vitamin and/or mineral supplements: Multivitamins or minerals	Pharmaton SA®
9.03	Vitamin and/or mineral supplements: Geriatric vitamins and/or minerals	Gericomplex®
9.05	Vitamin and/or mineral supplements: Tonics and stimulants	Bioplus®
9.08	Vitamin and/or mineral supplements: Magnesium diet supplementation	Magnesit®
9.10	Vitamin and/or mineral supplements: Unregistered vitamins, mineral or food supplements	Sportron
10.01	Naturo- and homeopathic remedies/supplements: Homeopathic remedies	Weleda Natura
10.02	Naturo- and homeopathic remedies/supplements: Natural oils	Primrose oils, fish liver oil
12.00	Veterinary products	
13.00	Growth hormones	Genotropin®
14.00	Medicines where cost/benefit ratio cannot be justified	Xigris®, Zyvoxid®, Herceptin, Gleevac®,
20.00	All newly registered medication	

Other items and categories that can be excluded according to evidence-based medicine principles as approved by the Scheme from time to time.

THE FOLLOWING CATEGORIES ARE NOT AVAILABLE ON ACUTE BENEFITS:

CATEGORY	DESCRIPTION	EXAMPLE
1.06	Gender or sex related: Treatment of impotence or sexual dysfunction	Viagra®, Cialis®, Caverject®
5.03	Appliances, supplies and devices: Stoma products and accessories, except where it forms part of PMB-related services	Stoma bags, adhesive paste, pouches and accessories
5.08	Appliances, supplies and devices: Medicated dressings, except where these forms part of PMB-related services	Opsite®, Intrasite®, Tielle®, Granugel®
5.10	Appliances, supplies and devices: Surgical appliances/products for home nursing	Catheters, urine bags, butterflies, dripsets, alcohol swabs
7.01	Treatment/prevention of substance abuse: Opioid	Revia®
7.03	Treatment/prevention of substance abuse: Alcohol, except PMBs	Antabuse®, Sobrial®, Esperal implants
22.00	Immunosuppressives: Except PMBs	Azapress®, Sandimmun
23.01	Blood products: Erythropoietin, except PMBs	Eporex®, Repotin®
23.02	Blood products: Haemostatics, except PMBs	Konakion®, Factor VIII
25.01	Oxygen: Masks, regulators and oxygen	Oxygen, masks



DAY PROCEDURES

The following procedures will be funded from the hospital benefit if done in a doctor's rooms or day clinics. Pre-authorisation is required. If these are done in facilities other than specified above the member may be liable for a R2 000 co-payment, except in the following cases:

- Medical emergency.
- Doctor does not have the necessary equipment to perform the procedure.
- No Day Clinics nearby.
- Case is clinically complex as per Polmed protocols.

DAY PROCEDURES LIST

- Addenoidectomy
- Ascitis or pleural tapping
- Athrocentesis
- Arthroscopy
- Arthrotomy finger/hand/elbow/knee/toe/hip
- Aspiration/intra-articular injection of joints
- Anoscopies
- Arthrodesis of hand/elbow/foot
- Aspiration/Injection
- Bartholin's gland drainage/excision/marsupialisation
- Biopsy of lymph node, muscle, skin, bone, breast, cervix
- Bleeding control (Nasal)
- Bronchial Lavage
- Cast application/removal
- Cataract surgery
- Cauterisation cervix/Laser ablation
- Circumcision
- Colonoscopy
- Continuous nerve block infusion - sciatic nerve/femoral nerve/lumbar plexus
- Cystoscopy for diagnosis/ dilatation/stent/stone removal
- Debride nails 6 or more any method
- Debride skin/subcutaneous tissue
- Dilatation and curettage (excluding aftercare)
- Diathermy to nose and pharynx under local anaesthesia
- Drainage abscess skin/carbuncle/whitlow/cyst/hematoma/gland
- Drainage subcutaneous abscess
- Drainage of submucous abscess
- Endoscopy
- Excision benign lesion scalp/neck/hand/feet
- Excision benign lesion trunk/limbs
- Excision ganglion/cyst/tumour
- Excision of meibomian cyst
- Excision sweat gland axilla/inguinal simple repair
- Fine needle aspiration cytology
- Fine needle aspiration for soft tissue- all areas including breast
- Flexible nasopharyngeal-laryngoscope examination
- Gastroscopy/esophagogastroduodenoscopy
- Incision and drainage abscess/hematoma(anal/vaginal)
- Inject nerve block
- Inject tendon/ligament/trigger points/ganglion cyst
- Laparoscopy diagnostic abdomen/peritoneum/omentum
- Inject therapeutic carpal tunnel e.g. local corticosteroids
- Intrapleural block
- Ludwigs angina-drainage
- Myringotomy aspiration incision
- Opening of quinsy at rooms
- Proctoscopy with removal of polyps
- Proof puncture at rooms unilateral/bilateral
- Radical nail bed removal
- Removal of foreign body
- Repair layer wound scalp/axilla/trunk/limbs
- Repair wound lesion scalp/hands/neck/feet
- Tonsillectomy - Adenoidectomy <12 years
- Treatment by chemo- cryotherapy additional lesions
- Vasectomy uni/bilateral



GLOSSARY



Authorisation (Pre-authorisation)

Members of medical schemes are required to notify and obtain authorisation from their medical schemes before going into hospital if they are to receive non-life-threatening or hospital treatment. This is known as authorisation. Your medical scheme will supply you with prior approval in the form of an authorisation number.

Basic Dentistry

Basic dentistry refers to procedures that are used mainly for the detection, prevention and treatment of oral diseases of the teeth and gums. These include the alleviation of pain and sepsis, the repair of tooth structures by direct restorations or fillings and the replacement of missing teeth by plastic dentures.

Other procedures that fall under this category are:

- Consultations.
- Fluoride treatment and fissure sealants.
- Non-surgical removal of teeth.
- Cleaning of teeth, including non-surgical management of gum disease.
- Root canal treatment.

Co-payment

A co-payment is an amount payable by the member to the service provider at the point of service. This includes all the costs more than those agreed upon with the service provider or more than what would be paid according to approved treatments. A co-payment would not be applicable in the event of a life-threatening injury or an emergency.

Day Clinics

A day clinic offers outpatient or same day procedures, usually less complicated than those requiring hospitalisation. It is a facility which allows for a patient to be discharged on the very same day as the procedure is done.

Designated Service Provider (DSP)

Designated Service Provider (DSP) is a healthcare provider (doctor, pharmacist, hospital, etc) that is a medical scheme's first choice when its members need diagnosis, treatment or care for a PMB condition. Polmed has contracted or selected preferred providers (doctors, hospitals, health facilities, pharmacies etc.), to provide diagnosis, treatment and care of one or more PMB conditions. This relationship often brings the benefit of negotiated, preferential rates for the members.

Emergency

An emergency medical condition means the sudden and, at the time, unexpected onset of a health condition that requires immediate medical treatment or intervention. If the treatment or intervention is not available, the emergency could result in weakened bodily functions, serious and lasting damage to organs, limbs or other body parts, or would place the person's life in jeopardy.

Formulary

A formulary is a list of cost-effective, evidence-based medication for the treatment of acute and chronic conditions.

Generic Medicine

A medicine with the same active ingredient as the original brand name medicine, usually at a lower cost.

ICD-10, NAPPI and Tariff codes

ICD stands for International Classification of Diseases and related problems. By law, every claim that is submitted to a medical scheme, must include an ICD-10 code. Every medical condition and diagnosis has a specific code. These codes are used primarily to enable medical schemes to accurately identify the conditions for which you sought healthcare services. This coding system then ensures that your claims for specific illnesses are paid out of the correct benefit and that healthcare providers are appropriately reimbursed for the services they rendered.

NAPPI codes are unique identifiers for a given ethical, surgical or consumable product which enables electronic transfer of information through the healthcare delivery chain.

Tariff codes are used as a standard for electronic information exchange for procedure and consultation claims.

Medicine Generic Reference Price

This is the reference pricing system applied by the Scheme based on generic reference pricing or the inclusion of a product in the medication 'formulary'. This pricing system refers to the maximum price that Polmed will pay for a generic medication. Should a reference price be set for a generic medication, patients are entitled to make use of any generically equivalent medication within this pricing limit but will be required to make a co-payment on medication priced above the generic reference pricing limit. The fundamental principle of any reference pricing system is that it does not restrict a member's choice of medication, but instead limits the amount that will be paid for it.

Pharmacist Advised Therapy (PAT)

Most common ailments can be treated effectively by medicine available from your pharmacy without a doctor's prescription. If your medical scheme option offers a PAT benefit, it means that some of these costs will be paid from the relevant benefit.

Protocols

Guidelines set for the procedures in which certain health conditions are to be diagnosed and treated.

Service Date

This can be the date on which you received a medical service or medical supplies.

Specialised Dentistry

Specialised dentistry refers to services that are not defined as basic dentistry. These include periodontal surgery, crowns and bridges, inlays, indirect veneers, orthodontic treatment and maxillofacial surgery. All specialised dentistry services and procedures must be pre-authorised, failing which the Scheme will impose a co-payment of R500.



NOTES



NOTES: _____

[illegible]



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CONTACT DETAILS

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