

Tiger Brands Medical Scheme 2020



TIGER BRANDS



Medical Scheme

Why choose Tiger Brands Medical Scheme

You can't put a foot wrong with Tiger Brands Medical Scheme (TBMS), the dedicated medical aid scheme for employees of the Tiger Brands Limited, Spar, Adcock Ingram and Sea Harvest. TBMS is committed to providing high-value quality healthcare cover and service to members and their families. The Scheme is administered by Universal Healthcare, which ensures that members benefit from care that is not only cost-effective but also appropriate, effective and highly compassionate.

- Affordable, quality healthcare for you and your family
- A range of options, traditional, income-based network options
- Separate benefits for chronic medication
- Complete care and support for families including a 24-hour "Ask the Nurse" Health Line
- Medical Information and Assistance Line
- Managed care programmes to help you manage your mental health and chronic conditions such as cancer, HIV/AIDS and diabetes
- Extensive GP network to give you more value for money
- Access to quality service providers and healthcare professionals so you get the best care
- Preventative care and wellness benefits paid from risk



LEVEL A

- Generous Annual Routine Care Benefit (ARCB) for day-to-day expenses.
- Separate Chronic Medicine Benefit.
- Access to any private hospital for all necessary medical procedures.
- In-hospital specialist consultations, visits and procedures paid at 150% of the Scheme rate.
- Freedom of choice in health service provider selection.
- Wellness Benefit paid from risk benefits, including flu vaccinations and mammograms.



PRIMARY PLUS

- Unlimited primary care benefits, including GP consultations, acute and chronic medication from our network of healthcare providers.
- The Universal Network provides members with a national network of private practitioners that provide quality healthcare.
- Access to any private hospital for all medically necessary medical procedures, paid at 100% of Scheme rate.
- Annual Flexi Benefit for day-to-day expenditure for dentistry, optometry and specialist consultations.





LEVEL B

- Rich Annual Routine Care Benefit (ARCB) for day-to-day expenses.
- Separate Chronic Medicine Benefit.
- Access to any private hospital for all necessary medical procedures.
- In-hospital specialist consultations, visits and procedures paid at 125% of Scheme rate.
- Freedom of choice in service provider selection.
- Wellness Benefit paid from risk benefits, including flu vaccinations and mammograms.



LEVEL C

- Annual Routine Care Benefit (ARCB) for day-to-day expenses.
- Separate Chronic Medicine Benefit
- Access to any private hospital for all necessary medical procedures.
- In-hospital specialist consultations, visits and procedures paid at 100% of Scheme rate.
- Freedom of choice in service provider selection.
- Wellness Benefit paid from risk benefits, including flu vaccinations and mammograms.



How to choose the right plan for you

We provide a list of the plans on offer through TBMS, as well as a brief description of the benefits on offer through each, below. So how do you know which benefit plan will be right for you?

+ 1. What are your healthcare needs?

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

To assist in determining your healthcare cover requirements you need to ask yourself:

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

+ 2. Check how much cover you need

If you find that you hardly ever claim or have very few medical expenses, then you may consider a plan that offers a lower level of cover.

If you have had a lot of medical expenses in the past, or foresee additional healthcare expenses into the near future, then you should consider a plan that offers higher level of cover.

+ 3. Decide if you are comfortable to use a network of healthcare providers

A plan such as Primary Plus requires that you use a specific GP and hospital network from a selection of preferred doctor and hospital service providers, with whom we have negotiated special rates and services. If you are happy to use these selected GPs and hospitals, you can minimise your healthcare costs and maximise the value of your hard earned rand, and Primary Plus may be for you. Should you wish to use your doctors and hospitals of your own choice, on the other hand, you may want to look at one of the higher level TBMS options.

+ 4. Get expert advice

If you are still unsure about what plan to choose, you can contact the TBMS call centre on **0800 002 636** for further information on the plans and assistance.



Contributions



LEVEL A

Principal Member	Adult	Child
R5 184	R3 066	R1 350

LEVEL B

Principal Member	Adult	Child
R4 338	R2 382	R1 038

LEVEL C

Principal Member	Adult	Child
R3 546	R1 944	R1 002

PRIMARY PLUS

Income Bands / R	Principal Member	Adult	Child
0 - 4 600	714	714	222
4 601 - 6 000	822	822	246
6 001 - 8 000	1 038	1 038	312
8 001 - 9 400	1 128	1 128	336
9 401 - 10 900	1 266	1 266	384
10 901 -12 600	1 380	1 380	408
12 601 - 14 000	1 554	1 554	414
14 001 - 18 000	1 848	1 848	414
18 001 - 21 600	2 208	2 208	420
21 601 - 26 200	2 484	2 484	420
26 201 - 29 600	2 640	2 640	420
29 601+	2 778	2 778	420

Annual Routine Care Benefit (ARCB) Day-To-Day Out Of Hospital benefit limits

+	Level A	Level B	Level C
Principal Member	R15 800	R12 000	R 7 908
Adult	R9 400	R6 756	R 4 860
Child	R2 950	R2 004	R 1 152

Your medical scheme funds become available upfront at the beginning of each new calendar year and are then used throughout the year. The full Annual Routine Care Benefit (ARCB) is allocated to the whole family. The Scheme does not differentiate between a member and his/her dependants. So if one person in the family has high-cost medical needs, it is possible that the ARCB could be depleted.

	Primary Plus (Network Option)
Principal Member	R2 850
Adult	R4 220 per family
Child	N/A

Your medical scheme funds become available upfront at the beginning of each new calendar year and are then used throughout the year. The full Annual Flexi Benefit (AFB) is allocated to the whole family. The Scheme does not differentiate between a member and his/her dependants. So if one person in the family has high-cost medical needs, it is possible that the AFB could be depleted.



ARC Benefits : Day-to-day: Out of hospital



+	Level A	Level B	Level C
Consultations and Visits			
General Practitioners	Paid from ARCB, 100% of Scheme rate Scheme rate.	Paid from ARCB, 100% of Scheme rate.	Paid from ARCB, 100% of Scheme rate.
Specialists	Paid from ARCB 100% of Scheme rate. Subject to a General Practitioner referral and pre-authorisation.	Paid from ARCB 100% of Scheme rate. Subject to a General Practitioner referral and pre-authorisation.	Paid from ARCB 100% of Scheme rate. Subject to a General Practitioner referral and pre-authorisation.
	Includes Emergency room visits.		

Medicine			
Medicine	Paid from Sub-limit within ARCB, 20% Co-payment subject to MMAP.	Paid from Sub-limit within ARCB, 20% Co-payment subject to MMAP.	Paid from Sub-limit within ARCB, 20% Co-payment subject to MMAP.
Pharmacy advised therapy/ Over-the-counter medication	R200 per script, paid from acute medicine limit.	R190 per script, paid from acute medicine limit.	R180 per script, paid from acute medicine limit.

Acute Medication			
Principal Member	R4 290	R3 010	R1 860
Adult	R2 430	R1 860	R1 160
Child	R1 670	R980	R630
	The full acute medicine limit is allocated to the whole family. The Scheme does not differentiate between a member and his/her dependants.		
Oral contraceptives and devices - female	R1 580	R1 580	R1 580

ABBREVIATIONS ARCB Annual Routine Care Benefit Auxiliary services Associated medical services, e.g. speech therapy. CDL Chronic Disease List MMAP Maximum Medical Aid Price MRP Medicine Reference Price		PMB Prescribed Minimum Benefit TBMS Tiger Brands Medical Scheme	*Scheme Rate: The rules of the Scheme make provision for benefits to be paid at a specific tariff, or rate, known as 'the Scheme Rate'. This scheme rate is in line with the industry benchmark tariff. ** Agreed tariff: This is a rate negotiated between the Scheme and certain healthcare providers.
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AFB Benefits : Day-to-day: Out of hospital

Primary Plus (Network Option)	
Consultations and Visits	
General Practitioners	Unlimited, subject to clinical necessity. Each beneficiary must select a contracted Universal Network GP for day-to-day care, 100% of Agreed Tariff. Two out-of-area visits per beneficiary, per year. Member required to pay the out-of-area provider in cash and claim back. Limited to R1 055 per event including the GP consultation and all related costs.
Specialists	No cover in cases of voluntary use of a non-Universal Network Provider , or voluntary use of a specialist without referral by a Universal Network GP .
	Emergency room visits no benefit, unless for a bona-fide emergency that results in a hospital admission.

Medicine	
Medicine	Unlimited if prescribed by a Universal Network GP , or by a specialist provided the member is referred by a Universal Network GP, 100% of Agreed Tariff .
Pharmacy advised therapy/ Over-the-counter medication	No Benefit

Acute Medication	
Principal Member	Subject to medicine formulary. No cover for non-formulary medicines, unless otherwise pre-authorised.
Adult	No cover in cases of voluntary use of a non-Universal Network Provider, or voluntary use of a specialist without referral by a Universal Network GP.
Oral contraceptives and devices - female	No Benefit

ABBREVIATIONS ARCB Annual Routine Care Benefit Auxiliary services Associated medical services, e.g. speech therapy. CDL Chronic Disease List MMAP Maximum Medical Aid Price MRP Medicine Reference Price		PMB Prescribed Minimum Benefit TBMS Tiger Brands Medical Scheme	*Scheme Rate: The rules of the Scheme make provision for benefits to be paid at a specific tariff, or rate, known as 'the Scheme Rate'. This scheme rate is in line with the industry benchmark tariff. ** Agreed tariff: This is a rate negotiated between the Scheme and certain healthcare providers.
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ARC Benefits : Day-to-day: Out of hospital



+	Level A	Level B	Level C
Optical			
Optical	Paid from ARCB 100% of Iso Leso provider network agreed tariffs.	Paid from ARCB 100% of Iso Leso provider network agreed tariffs.	Paid from ARCB 100% of Iso Leso provider network agreed tariffs.
Frames	R1 000	R920	R840
Lens Enhancement	R1 690 one set of lenses per beneficiary in 24 months	R1 410 one set of lenses per beneficiary in 24 months	R1 160 one set of lenses per beneficiary in 24 months
Contact Lenses	R3 580 annual benefit	R3 310 annual benefit	R3 060 annual benefit
	Beneficiary can either have glasses or contact lenses, but not both		
Eye Test	One per beneficiary per annum	One per beneficiary per annum	One per beneficiary per annum
Radial Keratotomy	R6 640 combined family benefit for in and out of hospital, paid from ARCB 100% of Scheme rate.	R6 640 combined family benefit for in and out of hospital, paid from ARCB 100% of Scheme rate.	R6 640 combined family benefit for in and out of hospital, paid from ARCB 100% of Scheme rate.
Dentistry			
Basic Dentistry	Paid from ARCB limit 100% of Scheme rate.	Paid from ARCB limit 100% of Scheme rate.	Paid from ARCB limit 100% of Scheme rate.
Specialised Dentistry	R10 540 per beneficiary and R22 340 per family paid from ARCB limit, 100% of Scheme rate	R10 540 per beneficiary and R22 340 per family paid from ARCB limit, 100% of Scheme rate	R10 540 per beneficiary and R22 340 per family paid from ARCB limit, 100% of Scheme rate
Mental Health			
Clinical Psychologist	Paid from ARCB limit, 100% of Scheme rate.	Paid from ARCB limit, 100% of Scheme rate.	Paid from ARCB limit, 100% of Scheme rate.
Psychiatry	Paid from ARCB limit, 100% of Scheme rate.	Paid from ARCB limit, 100% of Scheme rate.	Paid from ARCB limit, 100% of Scheme rate.
Radiology			
Basic Radiology	R3 690 per beneficiary, paid from ARCB limit 100% of Scheme rate.	R2 740 per beneficiary, paid from ARCB limit 100% of Scheme rate.	R1 890 per beneficiary, paid from ARCB limit 100% of Scheme rate.

AFB Benefits : Day-to-day: Out of hospital

Primary Plus (Network Option)	
Optical	
Optical	Paid from the AFB, 100% of Agreed Tariff.
Frames	Combined benefit for lenses, frames - clear plastic single vision OR bifocal lenses every second year. Basic range of frames.
Lens Enhancement	No Benefit
Contact Lenses	No benefit for contact lenses.
	Subject to use of a Universal Network Optometrist.
Eye Test	One per beneficiary, every second year.
Radial Keratotomy	No Benefit
Dentistry	
Basic Dentistry	Paid from AFB limit, subject to use of a Universal Network Dentist, 100% of the negotiated tariff.
Specialised Dentistry	PMB rules apply, subject to protocols.
Mental Health	
Clinical Psychologist	PMB rules apply, subject to protocols.
Psychiatry	PMB rules apply, subject to protocols.
Radiology	
Basic Radiology	Unlimited when clinically appropriate within the Universal Network and subject to referral by a Universal Network GP . Limited to list of codes. Subject to case management. No benefit if not referred by a Universal Network Provider , or by a specialist following referral by a Universal Network GP (except when involuntary). 100% of Agreed Tariff.

ARC Benefits : Day-to-day: Out of hospital



+	Level A	Level B	Level C
Pathology			
Basic Pathology	R3 690 per beneficiary, paid from ARCB limit 100% of Scheme rate.	R2 740 per beneficiary, paid from ARCB limit 100% of Scheme rate.	R1 970 per beneficiary, paid from ARCB limit 100% of Scheme rate.

Auxiliary Services			
Auxiliary services (i.e. physiotherapy, speech therapy, social workers, occupational therapy etc.)	Combined per beneficiary benefit for in and out of hospital, paid from ARCB limit, 100% of Scheme rate.	Combined per beneficiary benefit for in and out of hospital, paid from ARCB limit, 100% of Scheme rate.	Combined per beneficiary benefit for in and out of hospital, paid from ARCB limit, 100% of Scheme rate.
Principal Member	R4 850	R3 690	R2 320
Adult	R2 110	R1 580	R1 260
Child	R1 690	R1 160	R630


Appliances			
Appliances	Paid from ARCB limit, limited to sub-limits detailed below, 100% of Scheme rate	Paid from ARCB limit, limited to sub-limits detailed below, 100% of Scheme rate	Paid from ARCB limit, limited to sub-limits detailed below, 100% of Scheme rate
External Fixator	R20 030	R20 060	R20 060
BP Monitor	R860	R860	R860
Glucometer	R860	R860	R860
Humidifier	R380	R380	R380
Nebulizer	R1 380	R1 380	R1 380
Elastic stocking	R1 000	R1 000	R1 000
Foot arch support	R4 240	R4 240	R4 240
Elbow crutch	R480	R480	R480
CPAP machine	R13 330	R13 330	R13 330
Foam walker	R2 490	R2 490	R2 490

AFB Benefits : Day-to-day: Out of hospital

Primary Plus (Network Option)	
Pathology	
Basic Pathology	Unlimited when clinically appropriate within the Universal Network and subject to referral by a Universal Network GP . Limited to list of codes. Subject to case management. No benefit if not referred by a Universal Network Provider , or by a specialist following referral by a Universal Network GP (except when involuntary). 100% of Agreed Tariff.
Auxiliary Services	
Auxiliary services (i.e. physiotherapy, speech therapy, social workers, occupational therapy etc.)	PMB rules apply, subject to protocols.
Principal Member	
Adult	
Child	
Appliances	
Appliances	PMB rules apply, subject to protocols.
External Fixator	
BP Monitor	
Glucometer	
Humidifier	
Nebulizer	
Elastic stocking	
Foot arch support	
Elbow crutch	
CPAP machine	
Foam walker	

ARC Benefits : Day-to-day: Out of hospital



	Level A	Level B	Level C
Appliances (continues...)			
Walker	R430	R430	R430
Braces & Calliper	R860	R860	R860
Commode	R1 380	R1 380	R1 380
Stocking (thigh)	R1 000	R1 000	R1 000
Anti Embolic Stocking	R1 000	R1 000	R1 000
Sling Clavic Brace	R240	R240	R240
Wig	R2 620	R2 620	R2 620
Bra	R1 740	R1 740	R1 740



AFB Benefits : Day-to-day: Out of hospital

Primary Plus (Network Option)	
Appliances (continues...)	
Walker	PMB rules apply, subject to protocols.
Braces & Calliper	
Commode	
Stocking (thigh)	
Anti embolic stocking	
Sling clavic brace	
Wig	
Bra	



ARC Benefits : Hospital



+	Level A	Level B	Level C
Hospital Benefits	Unlimited, 100% of Scheme rate.	Unlimited, 100% of Scheme rate.	Unlimited, 100% of Scheme rate.
Scopes	No co-payment.	R1 690	R2 795
Consultations: General Practitioners Specialists	Unlimited 100% of Scheme rate. Unlimited 150% of Scheme rate.	Unlimited 100% of Scheme rate. Unlimited 125% of Scheme rate.	Unlimited 100% of Scheme rate. Unlimited 100% of Scheme rate.
Pathology and radiology	Unlimited, 100% of Scheme rate .	Unlimited, 100% of Scheme rate.	Unlimited, 100% of Scheme rate.
Physiotherapy	Paid from ARCB limit, combined in and out of hospital limit, 100% of scheme rate.	Paid from ARCB limit, combined in and out of hospital limit, 100% of scheme rate.	Paid from ARCB limit, combined in and out of hospital limit, 100% of scheme rate.
Principal Member	R4 850	R3 690	R2 320
Adult	R2 110	R1 580	R1 260
Child	R1 690	R1 160	R630
Blood Transfusions	Unlimited, 100% of Scheme rate.	Unlimited, 100% of Scheme rate.	Unlimited, 100% of Scheme rate.
Confinement	Unlimited, pre-authorisation required, 100% of Scheme rate.	Unlimited, pre-authorisation required, 100% of Scheme rate.	Unlimited, pre-authorisation required, 100% of Scheme rate.
Mental Health	R22 360 per family, pre-authorisation required, 100% of Scheme rate.	R17 810 per family, pre-authorisation required, 100% of Scheme rate.	R14 860 per family, pre-authorisation required, 100% of Scheme rate.
Organ Transplants	R445 100 per family, pre-authorisation required, 100% of Scheme rate.	R445 100 per family, pre-authorisation required, 100% of Scheme rate.	R445 100 per family, pre-authorisation required, 100% of Scheme rate.
Oncology	R629 130 per beneficiary, pre-authorisation required 100% of Scheme rate.	R315 460 per beneficiary, pre-authorisation required 100% of Scheme rate.	R157 780 per beneficiary, pre-authorisation required 100% of Scheme rate.
Biological Medication	R178 020 per beneficiary included in limit above, pre-authorisation required 100% of Scheme rate	R178 020 per beneficiary included in limit above, pre-authorisation required 100% of Scheme rate	R178 020 per beneficiary included in limit above, pre-authorisation required 100% of Scheme rate
Renal Dialysis	R351 500 per family, pre-authorisation required 100% of Scheme rate	R351 500 per family, pre-authorisation required 100% of Scheme rate	R351 500 per family, pre-authorisation required 100% of Scheme rate

AFB Benefits : Hospital

Primary Plus (Network Option)	
Hospital Benefits	Unlimited, 100% of Scheme rate.
Scopes	No co-payment.
Consultations: General Practitioners and Specialists	Unlimited, 100% of Scheme rate.
Pathology and radiology	Unlimited 100% of Scheme rate, subject to protocols.
Physiotherapy	PMB rules apply, subject to protocols.
Principal Member	
Adult	
Child	
Blood Transfusions	Unlimited, 100% of Scheme rate.
Confinement	Unlimited, pre-authorisation required, 100% of Scheme rate.
Mental Health	PMB rules apply, subject to protocols.
Organ Transplants	PMB rules apply, subject to protocols.
Oncology	PMB rules apply, subject to protocols.
Biological Medication	PMB rules apply, subject to protocols.
Renal Dialysis	PMB rules apply, subject to protocols.

Additional Risk Benefits



+	Level A	Level B	Level C
High Cost Appliances			
Wheelchairs	R19 710 every 5 years.	R19 710 every 5 years.	R19 710 every 5 years.
Hearing Aids	R18 230 every 5 years.	R18 230 every 5 years.	R18 230 every 5 years.
Stoma Bags and other high cost appliances	R19 710 every 5 years.	R19 710 every 5 years.	R19 710 every 5 years.
Intra-ocular Lenses	R8 750 per eye, pre-authorisation required 100% of Scheme rate.	R8 750 per eye, pre-authorisation required 100% of Scheme rate.	R8 750 per eye, pre-authorisation required 100% of Scheme rate.
Ambulance	Unlimited emergency transport at ER24, 100% of Scheme rate.	Unlimited emergency transport at ER24, 100% of Scheme rate.	Unlimited emergency transport at ER24, 100% of Scheme rate.
Convalescent Homes	10 days per event, pre-authorisation required, 100% of Scheme rate	10 days per event, pre-authorisation required, 100% of Scheme rate	10 days per event, pre-authorisation required, 100% of Scheme rate
Private Nursing	R26 560 per family, pre-authorisation required 100% of Scheme rate.	R26 560 per family, pre-authorisation required 100% of Scheme rate.	R26 560 per family, pre-authorisation required 100% of Scheme rate.
Frail Care	R250 per day maximum of 45 days 100% of Scheme rate, pre-authorisation required and managed care protocols apply.	R250 per day maximum of 45 days 100% of Scheme rate, pre-authorisation required and managed care protocols apply.	R250 per day maximum of 45 days 100% of Scheme rate, pre-authorisation required and managed care protocols apply.
Surgical Prosthesis			
Stent	R18 450	R18 450	R18 450
Medical Stent	R28 560	R28 560	R28 560
Abdominal Aortic Aneurysm Stent	R83 790	R83 790	R83 790
Hip Prosthesis	R65 240	R65 240	R65 240
Knee Prosthesis	R55 340	R55 340	R55 340
Shoulder Prosthesis	R55 340	R55 340	R55 340
Spinal Instrumentation	R36 890	R36 890	R36 890
Spinal Cage	R18 450	R18 450	R18 450
Heart Valve	R36 890	R36 890	R36 890
Normal Bladder Sling	R13 280	R13 180	R13 280

Additional Risk Benefits

Primary Plus (Network Option)	
High Cost Appliances	
Wheelchairs	No Benefit.
Hearing Aids	No Benefit.
Stoma Bags	No Benefit.
Intra-ocular Lenses	No Benefit.
Ambulance	PMB rules apply, subject to protocols.
Convalescent Homes	PMB rules apply, subject to protocols.
Private Nursing	PMB rules apply, subject to protocols.
Frail Care	PMB rules apply, subject to protocols.
Surgical Prosthesis	
Stent	PMB rules apply, subject to protocols.
Medical Stent	
Abdominal Aortic aneurysm Stent	
Hip Prosthesis	
Knee Prosthesis	
Shoulder Prosthesis	
Spinal Instrumentation	
Spinal Cage	
Heart Valve	
Normal Bladder Sling	

Additional Risk Benefits



+	Level A	Level B	Level C
Electronic and Nuclear Devices			
Defibrillator	R200 890	R200 790	R200 890
Single pace maker	R75 360	R75 360	R75 360
Dual pace maker	R92 120	R92 010	R92 120
Internal nerve stimulator	R167 690	R167 480	R167 690
Cochlear implant	R212 170	R211 960	R212 170
Insulin pump	R36 890	R36 890	R36 890
Artificial Limbs			
Through knee prosthesis	R83 790	R83 790	R83 790
Below knee prosthesis	R63 770	R63 660	R63 770
Above knee prosthesis	R73 360	R73 360	R73 360
Partial foot prosthesis	R32 040	R32 040	R32 040
Wellness Benefit			
Flu Vaccine	One per beneficiary per year	One per beneficiary per year	One per beneficiary per year
Pneumococcal vaccine	One per beneficiary per year older than 65	One per beneficiary per year older than 65	One per beneficiary per year older than 65
Mammogram	One per annum per female beneficiary over the age of 40	One per annum per female beneficiary over the age of 40	One per annum per female beneficiary over the age of 40
Pap smear	One per annum per female beneficiary over the age of 18	One per annum per female beneficiary over the age of 18	One per annum per female beneficiary over the age of 18
HPV (cervical cancer) vaccine	One course (3 doses) per female beneficiary between the ages 12 and 18	One course (3 doses) per female beneficiary between the ages 12 and 18	One course (3 doses) per female beneficiary between the ages 12 and 18
PSA (Prostate Specific Antigen)	One per annum per male beneficiary over the age of 40	One per annum per male beneficiary over the age of 40	One per annum per male beneficiary over the age of 40

Additional Risk Benefits

Primary Plus (Network Option)	
Electronic and Nuclear Devices	
Defibrillator	PMB rules apply, subject to protocols.
Single pace maker	
Dual pace maker	
Internal nerve stimulator	
Cochlear implant	
Insulin pump	
Artificial Limbs	
Through knee prosthesis	PMB rules apply, subject to protocols.
Below knee prosthesis	
Above knee prosthesis	
Partial foot prosthesis	
Wellness Benefit	
Flu Vaccine	One per beneficiary per year.
Pneumococcal vaccine	No benefit.
Mammogram	One per annum per female beneficiary over the age of 40.
Pap smear	One per annum per female beneficiary over the age of 18.
HPV (cervical cancer) vaccine	No benefit
PSA (Prostate Specific Antigen)	One per annum per male beneficiary over the age of 40.

Additional Risk Benefits



+	Level A	Level B	Level C
Wellness Benefit (continues...)			
Fitness Assessment and Exercise Prescription	Access to Universal Network Biokineticists for an annual assessment, exercise programme prescription and monthly monitoring	Access to Universal Network Biokineticists for an annual assessment, exercise programme prescription and monthly monitoring	Access to Universal Network Biokineticists for an annual assessment, exercise programme prescription and monthly monitoring
Nutritional Assessment and Healthy Eating Plan	Access to Universal Network Dieticians for an annual assessment, healthy eating plan and monthly monitoring	Access to Universal Network Dieticians for an annual assessment, healthy eating plan and monthly monitoring	Access to Universal Network Dieticians for an annual assessment, healthy eating plan and monthly monitoring
Chronic Medication			
Chronic Medicine	R9 490 Subject to approval on the Chronic Medicine Programme 27 listed PMB Chronic Disease List (CDL) including additional conditions listed below	R8 010 Subject to approval on the Chronic Medicine Programme 27 listed PMB Chronic Disease List (CDL) including additional conditions listed below	R6 530 Subject to approval on the Chronic Medicine Programme 27 listed PMB Chronic Disease List (CDL)
HIV/Aids	Unlimited, subject to registration on the Universal HIV/Aids programme		
Chronic medication covers the 27 listed PMB Chronic Disease List (CDL) conditions below, subject to authorisation. These conditions are legislated. Chronic medication is subject to the basic formulary and reference pricing. A 20% co-payment is payable on formulary medicines. Non-PMB Chronic medication is subject to the basic formulary, reference pricing and a 20% co-payment.			

PMB Chronic Disease List Level A,B And C

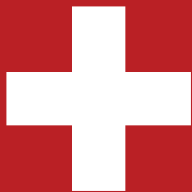
Addison's disease	Crohn's disease	Hyperlipidaemia
Asthma	Diabetes mellitus type 1 & 2	Hypothyroidism
Bipolar mood disorder	Diabetes insipidus	Multiple sclerosis
Bronchiectasis	Dysrhythmias	Parkinson's disease
Cardiac failure	Epilepsy	Rheumatoid arthritis
Chronic renal disease	Glaucoma	Schizophrenia
Chronic obstructive pulmonary disorder	Haemophilia	Systemic lupus erythematosus
Cardiomyopathy disease	HIV	Ulcerative colitis
Coronary artery disease	Hypertension	

Additional Risk Benefits

Primary Plus (Network Option)	
Wellness Benefit (continues...)	
Fitness Assessment and Exercise Prescription	No benefit
Nutritional Assessment and Healthy Eating Plan	No benefit
Chronic Medication	
Chronic Medicine	Only medication prescribed by a Universal Network General Practitioner or accredited designated service provider/pharmacy will be covered. Subject to approval on the Chronic Medicine Programme 27 listed PMB Chronic Disease List (CDL)
HIV/Aids	PMB rules apply, subject to protocols.
Chronic medication is subject to the basic formulary and reference pricing. No co-payment is payable.	

Additional Chronic Conditions

Tiger Brands Medical Scheme also offers cover for additional non-PMB chronic conditions on Level A and B respectively, subject to available limit.		
Level A		Level B
<ul style="list-style-type: none"> Ankylosing spondylitis Attention deficit hyperactivity disorder Allergic rhinitis Depression Gout Incontinence Myasthenia gravis 	<ul style="list-style-type: none"> Osteoarthritis Vertigo Gastro-oesophageal reflux disease Osteoarthritis Osteoporosis Psoriasis 	<ul style="list-style-type: none"> Attention deficit hyperactivity disorder Allergic rhinitis Depression Gastro-oesophageal reflux disease Osteoarthritis Osteoporosis



Universal Healthcare Administrators

Client Services Call Centre	0800 002 636 011 208 1010
Fax number	(011) 208 1028
E-mail	tiger@universal.co.za
Website	www.universal.co.za www.tbms.co.za

Universal Care

Hospital pre-authorisation	0860 102 312
Prescribed minimum benefit (PMB) management	0860 111 900
HIV/AIDS Disease Management Programme	0860 111 900
Chronic medicine	0860 111 900
Specialist referral authorisation	0800 002 636

Emergency Services

ER 24	084 124
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This brochure is a summary of the benefits of TBMS. A copy of the current Rules of the Scheme may be obtained from the Administrator, Universal Healthcare, if required. Please note that the Rules of the Scheme will always take precedence over this summary.

Tiger Brands Medical Scheme

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Universal
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