

2021

Benefits and Contribution Guide



POLMED

OUR INVESTMENT OUR HEALTH OUR FUTURE



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The Principal Officer's Foreword

The year 2020 was a very challenging year for medical schemes in South Africa and all over the world, due to the COVID-19 pandemic which affected the lives of almost everyone in the country. Global COVID-19 statistics show that the pandemic wreaked havoc across the world and at the time of producing this guide, over one million people had died because of this virus worldwide.

Polmed believes that the lockdown and various restrictions that were put in place by government, inconvenient and disruptive as they were, were an absolute necessity to manage and prevent the uncontrollable transmission of the deadly virus in the country. The Scheme appreciates the bold decision that was taken by the government to save the lives of people, because the impact of non-intervention by the state would have been very disastrous.

Impact of COVID-19 on Polmed

While the majority of the population stayed at home during lockdown, our members were on the front-line of the battle against COVID-19, thereby increasing their risk of exposure to the virus. This unfortunately has had a huge impact on members and Polmed in general.

In order to reduce the severity and impact of COVID-19 on its members, Polmed has had to embark on a massive screening and testing exercise. Those who tested positive were provided with the necessary healthcare which was fully paid for by the Scheme, including GP consultations, prescribed medication and hospitalisation where required. The Scheme went further by providing isolation/quarantine facilities for Polmed members, in order to protect themselves and their loved ones against the virus.

As a member-centric scheme, Polmed provided the above services to save lives. Unfortunately, this came at a significant cost for the Scheme. At the time of producing this guide, Polmed had already spent more than R527 million on COVID-19 related expenditure, for both members and their dependants. However, overall expenditure was shielded from adverse effects as a result of elective procedures which were put on hold during lockdown.

The elective procedures and non-emergency healthcare service which were put on hold, are being scheduled and the COVID-19 shield has been taken away as evidenced by the claims volumes that are coming through our systems.

Rising medical inflation

The impact of rising medical inflation which is way above the Consumer Price Index (CPI), is a universal phenomenon which medical schemes have to contend with. Likewise, Polmed will continuously come up with innovative ways to ensure that healthcare inflation does not compromise the quality of healthcare services offered to its members. The rising



cost of new medicines, treatments and technology is unavoidable, and the Scheme has to take these changes into account to make sure that members can have easy access to the new drugs and quality treatment they expect.

Polmed is doing its bit to limit the impact of these increasing costs by having a network of healthcare providers, which enables the Scheme to monitor the cost of treatment. By entering into contracts with these providers, Polmed is able to negotiate favourable tariffs for members, which in turn reduces the financial burden on both members and the Scheme.

Ageing membership

Another challenge facing Polmed is its ageing membership. Older members cost the Scheme more money than the younger ones. They tend to present more chronic conditions which often require expensive treatment. Polmed is already feeling the impact of this as evidenced by the high claims ratio which has been consistent over the past few years. This, however, has not deterred the Scheme from providing its members with quality healthcare at affordable cost. Polmed is also committed to finding innovative solutions to ensure that this situation does not compromise the long-term sustainability of the Scheme.

Quadruple burden of diseases

South Africa is facing a quadruple burden of disease: the HIV/AIDS epidemic, along with a high burden of tuberculosis (TB); high maternal and child mortality; high levels of violence and injuries; and a growing burden of non-communicable diseases. This has had a major impact on the country's healthcare system, including medical schemes.

Polmed has developed and implemented preventative care and wellness strategies to deal with the above, to empower members to be in control of their health and wellbeing. Members are therefore encouraged to make use of the Scheme's preventative care benefits and to enrol on the various managed care programmes offered by the Scheme.

South Africa's weak economic growth

South Africa's weak economic growth means that the government has limited financial resources at its disposal. This will continue to shape how National Treasury allocates budgets to government departments and for key national services, as the tax revenue continues to shrink.

Polmed will inevitably be affected as the grant it receives will continue to decline in real terms, against the backdrop of rising healthcare costs and claims ratio.

The Scheme will continue to make optimal use of resources entrusted to it, to ensure that members receive the best healthcare services at affordable cost, whilst also balancing the need for the Scheme to remain financially sustainable.



It is against this backdrop that while balancing these competing variables, the Board developed 2021 benefits and contribution as outlined in this Guide, with marginal benefit and contribution increases.

Designated Service Providers (DSPs)

I am pleased to report that, in the interest of increasing access, Polmed has revised the Hospital Networks for the Marine option into an Open Hospital Network and preferential rates. Polmed members on the Marine option will be able to access hospital healthcare services at any hospital in South Africa without any penalty subject to pre-authorisation. However, the Hospital DSPs still apply for members on the Aquarium option and members are encouraged to use the Hospital DSP to avoid unnecessary penalties.

Ms Neo Khaueo
PRINCIPAL OFFICER

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: Login to the Member Zone via your computer and click on the Polmed Chat widget/icon



LEPHALALE
 Shop 6, Bosveld Boulevard Park,
 Cnr Joe Slovo and Chris Hani Streets,
 Onverwacht, Lephalale



ROODEPOORT
 Shop 21 and 22, Flora Centre (Entrance 2),
 Cnr Ontdekkers and Conrad Road,
 Florida North, Roodepoort



RUSTENBURG
 Shop 23, Lifestyle Square, Beyers Naude
 Drive, Rustenburg



KLERKSDORP
 Medicover Building, Shop 11, 22 Knowles
 Street, Witkoppies, Klerksdorp



MAHIKENG
 Mega City, Shop 118, Ground Floor,
 East Gallery, Mahikeng



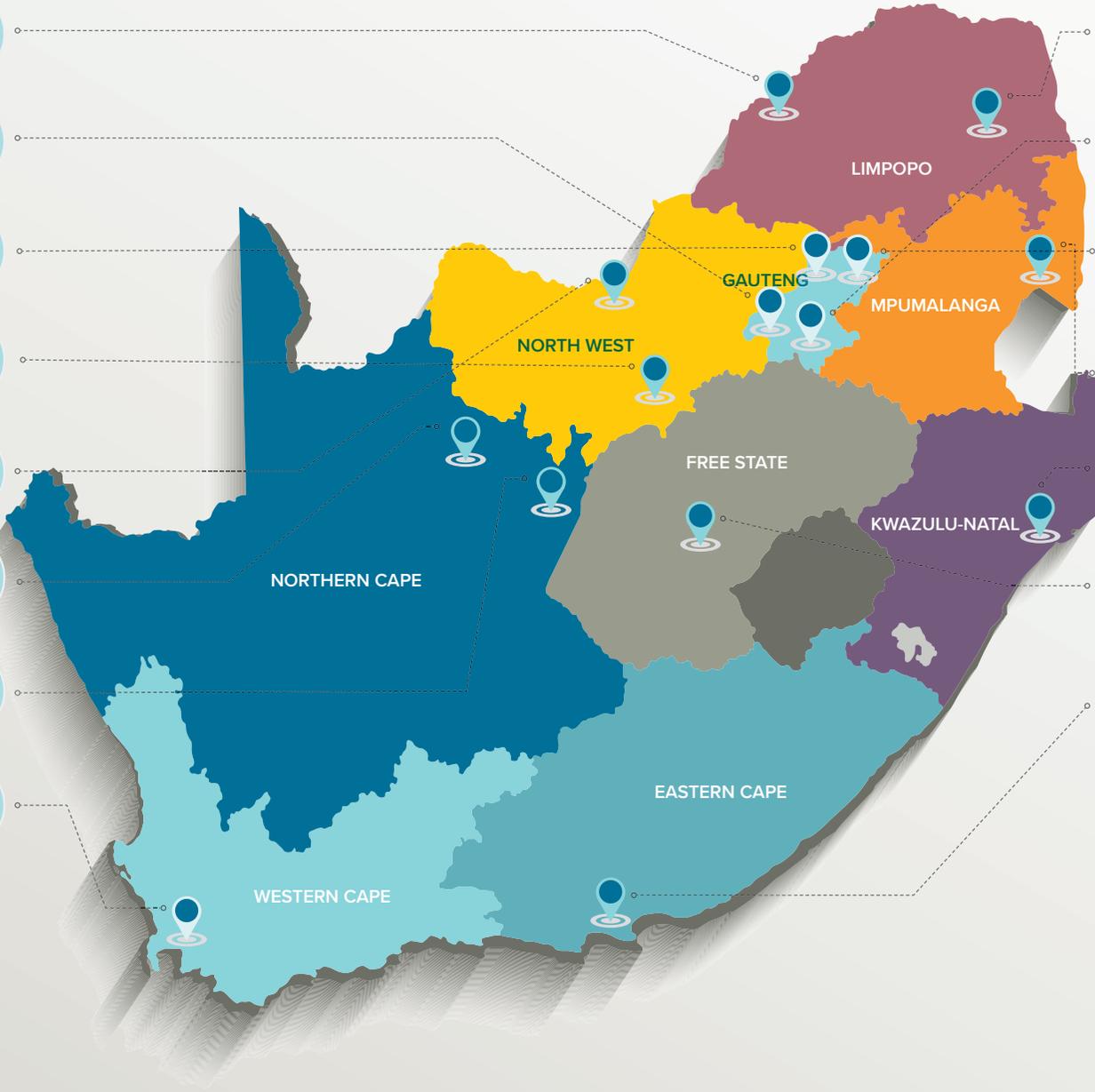
KATHU
 Shop 18D Kameeldoring Plein Building,
 Cnr Frikkie Meyer and Rooisand Road



KIMBERLEY
 Shop 76, North Cape Mall, Roysdene,
 Kimberley



CAPE TOWN
 Shop 6, 9 Longstreet, Cnr Long and
 Waterkant Street, Cape Town



POLOKWANE
 Checkers Centre, Shop 2, Ground Floor, Cnr
 Hans van Rensburg and Grobler Streets,
 Polokwane



VEREENIGING
 Ground Floor, 36 Merriman Avenue,
 Vereeniging



PRETORIA
 Nedbank Plaza, Shop 17, Ground Floor, 361
 Steve Biko Street, Arcadia, Pretoria



NELSPRUIT
 Shop 11, City Centre Mall, Cnr Andrews Street
 and Madiba Drive, Nelspruit



DURBAN
 Ground Floor, 102 Stephen Dlamini Road,
 Musgrave, Durban



BLOEMFONTEIN
 Medical Suites 4 and 5, Middestad Medical
 Suites, First Floor, Middestad Centre, Cnr Charles
 and West Burger Streets, Bloemfontein



PORT ELIZABETH
 Block 6, Greenacres Office Park, 2nd Avenue,
 Newton Park, Port Elizabeth



ADDITIONAL SERVICE POINTS



NOTE: Please refer to the notices at police stations or South African Police Service (SAPS) buildings for 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
EMAIL: dental.polmeddental@medscheme.co.za

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 (EMS)**



084 124

**MOTOR VEHICLE
ACCIDENT (MVA) CLAIMS**



KNK HEALTHCARE SOLUTIONS
Putting new standards to accountability and transparency

Tel: 010 599 2294
E-mail: claims@knkhealthcare.co.za

**EYE CARE
(OPTOMETRY)**



PPN
The Optical Network Of Choice

Tel: 041 065 0650

ONCOLOGY (CANCER)



ICON | INDEPENDENT CLINICAL
ONCOLOGY NETWORK

**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 Polmed rules and 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, which 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 Police 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 that 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 on 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's website www.polmed.co.za for more information. The Scheme's website offers you a public and a member-only login 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.; and
- All contact details and more.

Depending on your plan, you can do the following in the member login area once registered:

- View all past interactions with the Scheme;
- Upload and 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 network providers and accredited network facilities; and
- Access the library including all forms and information about procedures and medical scheme topics, and more.

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

CHOOSE THE RIGHT PLAN FOR YOU AND YOUR FAMILY

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

1. Analyse your family's 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/or your dependants require medicine often?
- Do you and/or your dependants need to visit a specialist?
- Do you and/or your dependants need extra cover for cancer, renal dialysis, HIV, or any other condition?

2. 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.

3. Establish what you are able to pay towards contributions

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





OVERVIEW OF 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 on the Aquarium option R15 000 co-payment for admission in a non-DSP hospital on the Aquarium option 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 on the Aquarium option 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 Out-of-Hospital (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 Subject to 40% co-payment when using a non-DSP
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 day's hospitalisation if admitted by a GP or a Specialist Physician Additional hospitalisation subject to motivation by the medical practitioner

BENEFITS	MARINE	AQUARIUM	CO-PAYMENTS AND COMMENTS
Oncology (Chemotherapy and Radiotherapy)	Yes	Yes	<ul style="list-style-type: none"> • 100% if 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	Service linked to hospital pre-authorisation
Physiotherapy	Yes	Yes	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
Refractive Surgery	Yes	No-Benefit	<ul style="list-style-type: none"> • 100% Polmed rate • Subject to pre-authorisation • Procedure performed out-of-hospital and in day clinics

BENEFITS	MARINE	AQUARIUM	CO-PAYMENTS AND COMMENTS
Specialists	Yes	Yes	<ul style="list-style-type: none"> • 100% agreed tariff at DSP • 100% Polmed rate at non-DSP
Overall Out-of-Hospital (OOH) Benefits			
Annual OOH benefits	Yes	Yes	Subject to OOH limit and protocols and guidelines
Audiology	Yes	Yes	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 check-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 • Subject to DSP and/or nominated General Practitioner (GP)
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	PMB only	<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 plus Social Worker	Yes	Yes	<ul style="list-style-type: none"> • 100% of Polmed rate • Subject to OOH limit • Subject to psychology plus social worker 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 30% 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	PMB only	<ul style="list-style-type: none"> • 100% of Polmed rate at DSP • 20% co-payment at non-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	PMB only	<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

BENEFITS	MARINE	AQUARIUM	CO-PAYMENTS AND COMMENTS
Ultrasound Scans	Yes	Yes	Subject to listed limit Pre-authorisation applies for extra ultrasound after 32 weeks of pregnancy
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 benefit	<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-month benefit cycle • No prorating, 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
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 rules apply

GENERAL GUIDELINES

How to call an ambulance

Phone ER24 on 084 124 and the emergency consultant will assist and arrange an ambulance for the patient and provide you with the authorisation.

For all accredited emergency service providers; members are required to obtain pre-authorisation for emergency medical services from the appointed service provider within 72 hours of the incident.

A 40% co-payment shall apply for unauthorised EMS services.

The Service Provider will be required to provide 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 must 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 24 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 of hospital
- Type of procedure or operation, diagnosis with CPT 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 Programmes

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 Programme 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 spinal conditions
- Mental Health: Depression, Bipolar Mood Disorder, Post Traumatic Stress Disorder (PTSD) and Substance Abuse
- Maternity Programme
- Oncology Management Programme
- HIV Management Programme
- Specialised Dentistry

Chronic Medicine

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

Chronic medication benefits are 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 and the products outside the formulary may attract a 20% co-payment. Polmed will then 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.

Chronic Medicines Advanced Supply

For an advanced supply of chronic medicine, please submit:

- A copy of your 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 are subject to a Pharmacy DSP and a co-payment of 20% of costs applies for using a non-DSP.

Acute medicines are subject to 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	Over 3 691 GPs are on GP Network
Hospital	<ul style="list-style-type: none"> • Hospital DSP only applies for Aquarium Option • Clinix • Life Healthcare • Intercare • Mediclinic • National Hospital Network (NHN) • Netcare Hospitals • Joint Medical Holdings (JMH) 	<ul style="list-style-type: none"> • All Clinix Hospitals • All Life Healthcare Hospitals • All Intercare Day Clinics and Sub-acute facilities • All Mediclinic Hospitals • All NHN Hospitals • Used as additional Hospitals in areas where other Hospital Groups are not well distributed • All JMH hospitals
Pharmacies	Pharmacy Network	Over 2 443 pharmacies on the network, which is made up of Community Pharmacies, Retail Pharmacies and Courier Pharmacies
Renal Network	Renal Dialysis Network	Open network with a national footprint
Oncology	ICON South Africa	All ICON accredited Oncology Centres
Specialist Network	All Speciality Disciplines	Over 2 300 Specialists are on our Specialist Network
Optical Network	Preferred Provider Negotiators (PPN)	All PPN accredited Optometrists
Emergency Medical Services	ER24 Call Centre	An accredited emergency service provider will be sent to attend to your medical emergency
Midwife-led Care Network (Midwife Network)	Midwife-led Care Network	<ul style="list-style-type: none"> • 30% Co-payment for using a Non-Network Provider • Exception rules will apply

“HEALTHY MEMBERS FOR A SAFER SOUTH AFRICA”



PREVENTATIVE CARE BENEFITS

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

The below preventative care benefits are paid by the Scheme (not from your normal benefits) at the Scheme Reimbursement Rate. 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	Prevention and reduction of complications of childhood diseases
Human Papilloma Virus (HPV) Vaccination	F	10 – 17	Vaccines X 2 vaccinations per beneficiary	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, pregnant, HIV patients and the elderly
Contraceptives	F	As recommended by DoH	Contraceptives	Prevention of pregnancy
HPV Screening	F	21+	Once every 5 years	Early detection and treatment of HPV
Pap Smear	F	21 – 64	Pathology: Pap smear Once every third year	Early detection for cervical cancer
Mammogram	F	40 – 69	Specialised Radiology Once every second year	Early detection of breast cancer
HIV Counselling and Testing (HCT)	F/M	All	Pathology Rapid test or ELISA test Annually	Early detection of HIV
HIV Confirmation Test	F/M	All	Western Blot (payable after HCT or Elisa tests) Annually	HIV confirmation test
Prostate Check	M	50 – 75	Pathology (blood test) Annually	Early detection of prostate cancer
HIB Titer Test	F/M	60+	Pathology (blood test)	Early detection of Haemophilus Influenza Type B immunodeficiency
Glaucoma Screening	F/M	High Risk	Eye test Once every third year	Early detection and treatment of Glaucoma

DESCRIPTION	GENDER	AGE	BENEFIT CATEGORY	PURPOSE
Circumcision	M	All	Procedure (Surgical removal)	Reduces the risk of HIV infection
Post-Trauma Debriefing Session	F/M	All active serving members	Psycho-Social benefits Four individual sessions or four group debriefing per year	Prevention of PTSD
Topical Fluoride Application	F/M	0 – 18	Dental Annually	Prevention of dental caries in children and adolescents
Caries Assessment	F/M	0 – 14	Dental Once every second year	Prevention of dental caries
Periodontal Disease and Caries Risk Assessment	F/M	19+	Dental Once every second year	Prevention of dental caries
Full Medical Examination	F/M	All	<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 <p>NB: Clinical information to be submitted to managed healthcare organisation</p>	Early detection and treatment

POLMED PLAN:
MARINE

THIS OPTION PROVIDES

MARINE BENEFIT SCHEDULE

This option provides for unlimited hospitalisation paid at a prescribed tariff within designated service provider hospitals, as well as for out-of-hospital (day-to-day) benefits. It is intended to provide for 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.

BENEFITS	LIMIT	AUTH REQUIRED	REFERRAL REQUIRED	PROGRAM REGISTRATION REQUIRED	IN-HOSPITAL (IH) / OUT-OF-HOSPITAL (OH)	COMMENTS
PMB Hospital cover	Unlimited	Y	N/A	N	IH	<ul style="list-style-type: none"> 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"> 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
Anaesthetist's Rate	Part of Hospital	N	Y	N	IH	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
Dentistry (Conservative and Restorative) Pre-authorisation is required for hospital admissions	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 113 M1 – R5 879 M2 – R6 646 M3 – R7 413 M4+ – R8 180 	N		N	IH & OH	<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

BENEFITS	LIMIT	AUTH REQUIRED	REFERRAL REQUIRED	PROGRAM REGISTRATION REQUIRED	IN-HOSPITAL (IH) / OUT-OF-HOSPITAL (OH)	COMMENTS
Emergency Medical Services	Unlimited	Y	N	N	IH & OH	<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 • 40% co-payment shall apply where authorisation was not obtained
General Practitioners	Part of Hospital	N	N	N	IH & OH	<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	R181 394	Y	N	N	IH	<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
Oncology (Chemotherapy and Radiotherapy)	R475 293 per beneficiary per annum	Y	N	Y	IH and OH	<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 • 30% co-payment shall apply at non-DSP
Organ and Tissue Transplants	Unlimited	Y	N	Y	IN & OH	<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	IN	Service linked to hospital pre-authorisation
Physiotherapy	Linked to Hospital benefits	Y	Y	N	IN	Service linked to hospital pre-authorisation

BENEFITS	LIMIT	AUTH REQUIRED	REFERRAL REQUIRED	PROGRAM REGISTRATION REQUIRED	IN-HOSPITAL (IH) / OUT-OF-HOSPITAL (OH)	COMMENTS
Prosthesis (internal and external)	Limited to the overall prosthesis benefit of R66 790 per beneficiary Knee Prosthesis – R55 829 Hip Prosthesis – R55 829 Shoulder Prosthesis – R66 565 Intraocular Lens – R3 221 Aorta & Peripheral Arterial Stent Grafts – R48 313 Cardiac Stents – R27 377 Cardiac Pacemaker – R60 123 Spinal Plates and Screws – R66 790 Spinal Implantable Devices – R61 350 Unlisted items – R66 790	Y	N	N	IH & OH	<ul style="list-style-type: none"> • 100% Polmed rate • Subject to pre-authorisation • Subject to clinical protocols • Subject to approved product list • Subject to overall prosthesis benefit limit • Subject to specific prosthesis sublimit
Refractive surgery	Linked to Hospital benefits	Y	N	N	IH & OH	<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)	M0 – R20 143 M1 – R24 513 M2 – R29 537 M3 – R33 872 M4+ – R36 757	N	N	Y & N	OH	<ul style="list-style-type: none"> • 100% agreed tariff or Polmed rate • Subject to protocols and guidelines • PMB Rules apply for involuntary access to PMBs • PMBs 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

BENEFITS	LIMIT	AUTH REQUIRED	REFERRAL REQUIRED	PROGRAM REGISTRATION REQUIRED	IN-HOSPITAL (IH) / OUT-OF-HOSPITAL (OH)	COMMENTS
Audiology	Subject to OOH	Y	Y	N	OH	100% Polmed rate Subject to referral by the following doctors/specialists: <ul style="list-style-type: none"> • General Practitioner (GP) • Ear, Nose, and Throat (ENT) Specialist • Paediatrician • Physician • Neurologist
Conservative and restorative dentistry	M0 – R5 113 M1 – R5 879 M2 – R6 646 M3 – R7 413 M4+ – R8 180	N	N	N	OH	<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
General Practitioners	Number of Consultations: <ul style="list-style-type: none"> • M0 – 11 • M1 – 16 • M2 – 20 • M3 – 24 • M4+ – 29 	N	N	N	OH	<ul style="list-style-type: none"> • 100% agreed tariff at DSP • 100% Polmed rate at non-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 – R 4 701 • M1 – R 7 992 • M2 – R11 283 • M3 – R14 574 • M4+ – R17 888 	N	N	N	OH	<ul style="list-style-type: none"> • 100% Polmed rate at DSP • Subject to the OOH limit • Subject to Polmed Pharmacy Network • Subject to Polmed formulary reference price • Subject to 20% co-payment for non-DSP
Medication (Over-The-Counter – (OTC))	R1 237 per family per annum	N	N	N	OH	<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

BENEFITS	LIMIT	AUTH REQUIRED	REFERRAL REQUIRED	PROGRAM REGISTRATION REQUIRED	IN-HOSPITAL (IH) / OUT-OF-HOSPITAL (OH)	COMMENTS
Occupational and Speech Therapy	R2 858 per family per annum	N	N	N	OH	<ul style="list-style-type: none"> • 100% Polmed rate • Subject to OOH limit • Subject to annual sublimit
Pathology	M0 – R3 437 M1 – R4 955 M2 – R5 926 M3 – R7 299 M4+ – R8 950	N	Y	N	OH	<ul style="list-style-type: none"> • Subject to OOH • Subject to annual pathology sublimit
Physiotherapy	R4 955 per family per annum	N	N	N	OH	<ul style="list-style-type: none"> • 100% of Polmed rate • Subject to OOH limit • Subject to annual physiotherapy sublimit
Psychology plus Social Worker	R6 646 per family per annum	N	N	N	OH	<ul style="list-style-type: none"> • 100% of Polmed rate • Subject to OOH limit • Subject to Psychology plus Social Worker sublimit
Specialists	5 visits per beneficiary OR 11 visits per family per annum	N	Y	N	OH	<ul style="list-style-type: none"> • 100% agreed tariff at DSP • 100% Polmed rate at non-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/two 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

BENEFITS	LIMIT	AUTH REQUIRED	REFERRAL REQUIRED	PROGRAM REGISTRATION REQUIRED	IN-HOSPITAL (IH) / OUT-OF-HOSPITAL (OH)	COMMENTS
Allied health services and alternative healthcare providers: Biokinetics, Chiropractors, Chiropodists, Dieticians, Homeopaths, Naturopaths, Orthoptists, Osteopaths, Podiatrists, Reflexologists and Therapeutic Massage Therapists	R2 795 per family per annum	N	N	N	IH & OH	<ul style="list-style-type: none"> • 100% Polmed rate • Subject to annual limit • Subject to clinical appropriateness

**OUR INVESTMENT
OUR HEALTH
OUR FUTURE**



BENEFITS	LIMIT	OH /IH	COMMENTS
Appliances (Medical and Surgical)		OH & 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
Hearing Aids	R14 642 per hearing aid OR R28 745 per beneficiary per set Once every 3/three years		
Nebuliser	R1 372 per family Once every 4/four years		
Glucometer	R1 372 per family Once every 4/four years		
CPAP Machine	R9 655 per family Once every 4/four years		
Wheelchair (non-motorised)	R16 066 per beneficiary Once every 3/three years		
OR			
Wheelchair (motorised)	R54 002 per beneficiary Every 3/three years		
Medical Assistive Devices	Annual limit of R3 437 per family Includes medical devices in-/out-of-hospital		
Consumables Associated Implanted Devices:			
Cardiac Resynchronisation Therapy Pacemaker Battery Replacement	Every 5/five years		
Implantable Cardiac Defibrillator Battery Replacement	Every 5/five years		
Cochlear Implant	R138 038 per family per year		
Trans Aorta Valve Insertion	R270 963 per family per year		
Implantable Cardiac Defibrillators	R194 275 per family per year		
Insulin Delivery Devices	R51 125 per family per year		
Urine Catheters and Consumables	Subject to three quotations and clinical protocols		
Blood Transfusion	Unlimited		
Adult Nappies	R1 015/month (2/two nappies per day) R1 524/month (3/three nappies per day)		

BENEFITS	LIMIT	AUTH REQUIRED	REFERRAL REQUIRED	PROGRAM REGISTRATION REQUIRED	IN-HOSPITAL (IH) / OUT-OF- HOSPITAL (OH)	COMMENTS
Chronic Medication	M0 – R9 976 M1 – R11 958 M2 – R13 941 M3 – R15 923 M4+ – R17 906	Y	Y	Y	OH	<ul style="list-style-type: none"> • 100% of Polmed rate at DSP • 20% co-payment at non-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 medication limit
Specialised Dentistry	R14 525 per family per annum	Y	Y	N	OH & 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 limited to R18 067	Y	N	Y	IH	Subject to treatment and clinical protocols and guidelines
	Annual limit of R4 883 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
Maxillofacial	Shared limit with Specialised Dentistry	Y	Y	N	OH & IH	<ul style="list-style-type: none"> • Subject to listed limit • Shared limit with Specialised Dentistry

BENEFITS/LIMIT		AUTH REQUIRED	REFERRAL REQUIRED	PROGRAM REGISTRATION REQUIRED	IN-HOSPITAL (IH) / OUT-OF-HOSPITAL (OH)	COMMENTS
Optical						
Network	Non-Network					
SPECTACLES: R1 300 towards a frame and/or lens enhancement	SPECTACLES: R975 towards a frame and/or lens enhancement	N	N	N	OH	<ul style="list-style-type: none"> • Subject to 24-months benefit cycle from date of claiming • No prorating, benefits will be calculated from date of claiming • 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 R210 per lens OR	LENSES: Either one pair of Clear single vision lenses limited to R210 per lens OR	N	N	N	OH	
one pair of Clear flat top bifocal lenses limited to R445 per lens OR	one pair of Clear flat top bifocal lenses limited to R445 per lens OR	N	N	N	OH	
one pair of Clear Base multifocal lenses limited to R770 OR CONTACT LENSES:	one pair of Clear Base multifocal lenses limited to R770 OR CONTACT LENSES:	N	N	N	OH	
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	OH	
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	OH	
CONSULTATION: 100% cost of composite consultation.	CONSULTATION: One consultation limited to a maximum cost of R350					

BENEFITS	LIMIT	AUTH REQUIRED	REFERRAL REQUIRED	PROGRAM REGISTRATION REQUIRED	IN-HOSPITAL (IH) / OUT-OF-HOSPITAL (OH)	COMMENTS
Basic Radiology	R6 532 per family per annum	N	As prescribed by GP or Specialist	N	IH & OH	<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	One (1) MRI Scan Two (2) CT Scans	Y	Y	N	IH & OH	<ul style="list-style-type: none"> 100% Agreed tariff PMB rule apply Includes specialised radiology in- and out-of-hospital Claims for PMB first accrue towards the limit Subject to a limit of 1/one MRI scan per family per annum, except for PMBs Subject to a limit of 2/two 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	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. R1 000 co-payment for non-referral.	PMB Rate applies
Hospital	Hospital DSP	R15 000 co-payment for admission in a Non-DSP Hospital R5 000 penalty for unauthorised admissions	Polmed Open Hospital DSP: <ul style="list-style-type: none"> Mediclinic Life Health NHN Clinix JMH Netcare
Pharmacy	Pharmacy Network	20% of costs for using a Non-Network Pharmacy 20% co-payment for voluntarily using a non-formulary product	Open Pharmacy Network with over 2 443 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 30% co-payment at non-DSP	Preferred Providers: <ul style="list-style-type: none"> Independent Clinical Oncology Network (ICON)
Emergency Medical Services	EMS Network	100% Polmed rate Subject to pre-authorisation 40% Co-payment will apply for unauthorised services	



MARINE: ANNUAL MEMBER CONTRIBUTION INCREASES ARE EFFECTIVE 1 APRIL 2020**Contributions from 1 April 2020 until 31 March 2021****1 April 2020 - 31 March 2021 (subsidised contribution)**

MARINE	MEMBER	ADULT	CHILD
R0 - R6 618	R351	R351	R88
R6 619 - R9 091	R486	R486	R163
R9 092 - R11 107	R537	R537	R201
R11 108 - R12 991	R633	R633	R253
R12 992 - R15 118	R738	R738	R293
R15 119 - R18 182	R845	R845	R345
R18 183 - R22 315	R931	R931	R403
R22 316 - R25 672	R1 011	R1 011	R443
R25 673 - R29 672	R1 029	R1 029	R451
R29 673+	R1 048	R1 048	R459

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

MARINE	MEMBER	ADULT	CHILD
R0 - R6 618	R2 366	R2 366	R1 096
R6 619 - R9 091	R2 501	R2 501	R1 170
R9 092 - R11 107	R2 552	R2 552	R1 208
R11 108 - R12 991	R2 649	R2 649	R1 260
R12 992 - R15 118	R2 754	R2 754	R1 301
R15 119 - R18 182	R2 860	R2 860	R1 353
R18 183 - R22 315	R2 946	R2 946	R1 410
R22 316 - R25 672	R3 027	R3 027	R1 451
R25 673 - R29 672	R3 045	R3 045	R1 459
R29 672+	R3 064	R3 064	R1 467

01 April 2021 - 31 March 2022 (subsidised contribution)

MARINE	MEMBER	ADULT	CHILD
R0 - R6 916	R396	R396	R99
R6 917 - R9 500	R548	R548	R184
R9 501 - R11 607	R605	R605	R227
R11 608 - R13 576	R714	R714	R285
R13 577 - R15 798	R832	R832	R330
R15 799 - R19 000	R953	R953	R389
R19 001 - R23 319	R1 050	R1 050	R454
R23 320 - R26 827	R1 140	R1 140	R499
R26 828 - R31 006	R1 160	R1 160	R509
R31 007+	R1 182	R1 182	R518

01 April 2021 - 31 March 2022 (excluding employer subsidy)

MARINE	MEMBER	ADULT	CHILD
R0 - R6 916	R2 540	R2 540	R1 172
R6 917 - R9 500	R2 692	R2 692	R1 255
R9 501 - R11 607	R2 749	R2 749	R1 298
R11 608 - R13 576	R2 859	R2 859	R1 357
R13 577 - R15 798	R2 977	R2 977	R1 403
R15 799 - R19 000	R3 097	R3 097	R1 461
R19 001 - R23 319	R3 194	R3 194	R1 526
R23 320 - R26 827	R3 285	R3 285	R1 572
R26 828 - R31 006	R3 305	R3 305	R1 581
R31 007 +	R3 327	R3 327	R1 590

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 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

** requires special motivation*

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 condition

- 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

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 condition

- 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. It is intended to provide for families who have little healthcare needs or whose chronic conditions are under control.

BENEFITS	LIMIT	AUTH REQUIRED	REFERRAL REQUIRED	PROGRAM REGISTRATION REQUIRED	IN-HOSPITAL (IH) / OUT-OF-HOSPITAL (OH)	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

BENEFITS	LIMIT	AUTH REQUIRED	REFERRAL REQUIRED	PROGRAM REGISTRATION REQUIRED	IN-HOSPITAL (IH) / OUT-OF-HOSPITAL (OH)	COMMENTS
Anaesthetists Rate	Part of Hospital	N	Y	N	IH	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
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: M0 – R4 000 M1 – R4 500 M2 – R5 000 M3 – R5 500 M4+ – R6 000	N		N	IH & OH	<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 Hospital and anaesthetist costs will be reimbursed from in-hospital benefits
Emergency Medical Services	Unlimited	Y	N	N	IH & OH	<ul style="list-style-type: none"> Subject to authorisation within 72 hours following the incident or next day post emergency. 40% Co-payment will apply for unauthorised services Authorisation required for inter-hospital transfers before the event.
General Practitioners	Part of Hospital	N	N	N	IH & OH	<ul style="list-style-type: none"> 100% of agreed tariff at your nominated GP 100% of Polmed rate at non-nominated GP 30% Co-payment will apply at non-nominated GP
Medication (Specialised Drug Limit) e.g. Biologicals	R144 139	Y	N	N	IH	<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	PROGRAM REGISTRATION REQUIRED	IN-HOSPITAL (IH) / OUT-OF-HOSPITAL (OH)	COMMENTS
Oncology (Chemotherapy and Radiotherapy)	R271 400 per beneficiary per annum	Y	N	Y	IH and OH	<ul style="list-style-type: none"> • 100% of agreed tariff at Independent Clinical Oncology Network (ICON) DSP • 30% Co-payment for use of non-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 & OH	<ul style="list-style-type: none"> • 100% of agreed tariff at DSP • Subject to clinical guidelines • Subject to clinical guidelines used in State Facilities • Radiology and pathology for organ transplants and immunosuppressant's subject to clinical protocols and guidelines
Pathology	Linked to Hospital benefits	Y	Y	N	IH	Service linked to hospital pre-authorisation
Physiotherapy	Linked to Hospital benefits	Y	Y	N	IH	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 & 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 & OH	<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
Refractive surgery	No benefit					
Specialists	Linked to Hospital Benefits	Y	Y	N	IN	<ul style="list-style-type: none"> • 100% agreed tariff at DSP • 100% Polmed rate at non-DSP



BENEFITS	LIMIT	AUTH REQUIRED	REFERRAL REQUIRED	PROGRAM REGISTRATION REQUIRED	IN-HOSPITAL (IH) / OUT-OF-HOSPITAL (OH)	COMMENTS
Annual Out-Of-Hospital Benefits (OOH)	M0 – R 8 812 M1 – R10 677 M2 – R12 969 M3 – R13 836 M4+ – R15 855	N	Y & N	N	OH	<ul style="list-style-type: none"> • 100% agreed tariff or Polmed rate • Subject to clinical and billing protocols and guidelines • PMB Rules apply for Involuntary access to PMBs • PMBs 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	OH	<ul style="list-style-type: none"> • 100% Polmed rate • Subject to referral by the following doctors/specialists: <ul style="list-style-type: none"> - Nominated General Practitioner (GP), Ear, Nose & Throat (ENT) specialist, Paediatrician, Physician and Neurologist
Conservative and Restorative Dentistry	M0 – R4 000 M1 – R4 500 M2 – R5 000 M3 – R5 500 M4+ – R6 000	N	N	N	OH	<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	PROGRAM REGISTRATION REQUIRED	IN-HOSPITAL (IH) / OUT-OF-HOSPITAL (OH)	COMMENTS
Nominated Network General Practitioners (GPs)	M0 – 8 M1 – 12 M2 – 15 M3 – 18 M4+ – 22	N	N	N	OH	<ul style="list-style-type: none"> • 100% of agreed tariff at DSP or at cost for involuntary PMB access • The limit for consultations shall accrue towards the OOH limit • Three (3) non-nominated network GP consultations per beneficiary allowed. Additional non-nominated GP consultations will be funded at non-network rate and 30% co-payment will apply • Subject to the use of a nominated network GP otherwise a 30% co-payment will apply to all non-nominated GP visits • Subject to maximum numbers of visits or consultations per family
Medication (Acute)	M0 – R2 325 M1 – R3 953 M2 – R5 581 M3 – R7 209 M4 – R8 836	N	N	N	OH	<ul style="list-style-type: none"> • 100% Polmed rate at DSP • Subject to the OOH limit • Subject to Polmed Pharmacy Network • Subject to Polmed formulary reference price • Subject to 20% co-payment for non-DSP
Medication (Over-The-Counter – OTC)	R1 000 per family per annum	N	N	N	OH	<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
Occupational and Speech Therapy	Limited to PMB only	N	N	N	OH	<ul style="list-style-type: none"> • 100% Polmed rate • Subject to OOH limit • Benefits first accrue to OOH limit



BENEFITS	LIMIT	AUTH REQUIRED	REFERRAL REQUIRED	PROGRAM REGISTRATION REQUIRED	IN-HOSPITAL (IH) / OUT-OF-HOSPITAL (OH)	COMMENTS
Pathology	M0 – R3 100 M1 – R4 585 M2 – R5 546 M3 – R6 865 M4+ – R8 504	N	Y	N	OH	<ul style="list-style-type: none"> • Subject to OOH • Subject to annual pathology sublimit
Physiotherapy	R2 398 per family per annum	N	N	N	OH	<ul style="list-style-type: none"> • 100% of Polmed rate • Subject to OOH limit • Subject to annual physiotherapy sublimit
Psychology plus Social Worker	R5 000 per family per annum	N	N	N	OH	<ul style="list-style-type: none"> • 100% of Polmed rate • Subject to OOH limit • Subject to Psychology plus Social Worker sublimit
Specialists	4 visits per beneficiary OR 8 visits per family per annum	N	Y	N	OH	<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 by a nominated Network GP (two(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 a 30% co-payment if no referral is obtained where applicable - A 30% co-payment is applicable for all non referrals to a specialist.

BENEFITS	LIMIT	AUTH REQUIRED	REFERRAL REQUIRED	PROGRAM REGISTRATION REQUIRED	IN-HOSPITAL (IH) / OUT-OF-HOSPITAL (OH)	COMMENTS
Allied health services and alternative healthcare providers: Biokinetics, Chiropractors, Chiropodists, Dieticians, Homeopaths, Naturopaths, Orthoptists, Osteopaths, Podiatrists, Reflexologists and Therapeutic Massage Therapists	No benefit					

APPLIANCES (MEDICAL AND SURGICAL)	LIMIT	OH /IH	COMMENTS
Hearing aids	R11 318 per hearing aid OR R22 494 per beneficiary per set Once every 3/three years	OH & 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/four years		
Glucometer	R1 283 per family Once every 4/four years		
CPAP machine	R9 168 per family Once every 4/four years		
Wheelchair (non-motorised)	R11 983 per beneficiary Once every 3/three years		
OR			
Wheelchair (motorised)	R34 370 per beneficiary (every 3/three 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/two nappies per day) R1 419/months (3/three nappies per day)		

BENEFITS	LIMIT	AUTH REQUIRED	REFERRAL REQUIRED	PROGRAM REGISTRATION REQUIRED	IN-HOSPITAL (IH) / OUT-OF-HOSPITAL (OH)	COMMENTS
Chronic Medications (Non-PMBs)	No benefit except for PMB conditions	Y	Y	Y	OH	<ul style="list-style-type: none"> No benefit except for PMB Subject to prior application and/or registration of the condition Unlimited for approved PMB-CDL conditions
Specialised Dentistry <ul style="list-style-type: none"> 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 planing 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					<ul style="list-style-type: none"> 100% Polmed rate Subject to pre-authorisation R500 co-payment applies if pre-authorisation is not obtained Subject to annual dentistry family limit
Maternity Benefits (including home birth):	3 Specialist consultations per beneficiary per pregnancy	Y	N	Y	IH	Subject to pre-authorisation
	Home birth limited to R15 138	Y	N	Y	OH	Subject to treatment and clinical protocols and guidelines
	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 PMBs 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

BENEFITS/LIMIT		AUTH REQUIRED	REFERRAL REQUIRED	PROGRAM REGISTRATION REQUIRED	N-HOSPITAL (IH) / OUT-OF-HOSPITAL (OH)	COMMENTS
Optical						
Network	Non-Network					
SPECTACLES: R795 towards a frame and/or lens enhancement	SPECTACLES: R596 towards a frame and/or lens enhancement	N	N	N	OH	<ul style="list-style-type: none"> Subject to 24-months benefit cycle from date of claiming No prorating, benefits will be calculated from date of claiming 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
LENSES: Either one pair of Clear single vision lenses limited to R210 per lens OR	LENSES: Either one pair of Clear single vision lenses limited to R210 per lens OR	N	N	N	OH	
one pair of Clear flat top bifocal lenses limited to R445 per lens OR	one pair of Clear flat top bifocal lenses limited to R445 per lens OR	N	N	N	OH	
one pair of Clear Base multifocal lenses limited to R445 OR	one pair of Clear Base multifocal lenses limited to R445 OR	N	N	N	OH	
OR CONTACT LENSES Contact lenses to the value of R613 per beneficiary per annum	OR CONTACT LENSES Contact lenses to the value of R400 per beneficiary per annum	N	N	N	OH	
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	OH	
CONSULTATION: 100% cost of composite consultation	CONSULTATION: one consultation limited to a maximum cost of R350					
Basic Radiology	R5 232 per family per annum					<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



BENEFITS/LIMIT		AUTH REQUIRED	REFERRAL REQUIRED	PROGRAM REGISTRATION REQUIRED	N-HOSPITAL (IH) / OUT-OF-HOSPITAL (OH)	COMMENTS
Specialised Radiology	One (1) MRI Scan Two (2) CT Scans	Y	Y	N	IH & OH	<ul style="list-style-type: none"> • 100% Agreed tariff • PMB rules apply • Includes specialised radiology in- and out-of-hospital • Claims for PMB first accrue towards the limit • Subject to a limit of 1/one MRI scan per family per annum, except for PMBs • Subject to a limit of 2/two 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-PAYMENTS AND/OR PENALTIES	REMARKS
General Practitioners (GP)	GP Network	Funded at Network tariff rate 30% co-payment for use of non-nominated GP	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. 30% co-payment for use of non-network Specialists	PMB Rate applies
Hospital	Hospital DSP	R15 000 co-payment for admission in a Non-DSP Hospital R5 000 penalty for unauthorised admissions	Polmed Hospital DSP: Mediclinic, Life Health, NHN, Clinix, JMH and Limited Netcare
Pharmacy	Pharmacy Network	20% of costs for using a Non-Network Pharmacy 20% co-payment for voluntarily using a non-formulary product	Open Pharmacy Network with over 2 200 Pharmacies
Renal Dialysis	Renal Dialysis Network	30% of price for using non-DSP	Renal Dialysis Network Refer to the website for more details
Oncology (Cancer)	Oncology Network	Funded at Network tariff rate 30% co-payment for use of non-DSP	Preferred Providers: Independent Clinical Oncology Network (ICON)
Emergency Medical Services	ER24	40% of cost for using unauthorised service provider	

AQUARIUM ANNUAL MEMBER CONTRIBUTION INCREASES ARE EFFECTIVE 1 APRIL 2020

1 April 2020 - 31 March 2021 (subsidised contribution)

AQUARIUM	MEMBER	ADULT	CHILD
R0 - R6 618	R84	R84	R36
R6 619 - R9 091	R91	R91	R36
R9 092 - R11 107	R121	R121	R47
R11 108 - R12 991	R150	R150	R55
R12 992 - R15 118	R177	R177	R64
R15 119 - R18 182	R204	R204	R73
R18 183 - R22 315	R253	R253	R84
R22 316 - R26 172	R296	R296	R112
R26 173+	R301	R301	R114

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

AQUARIUM	MEMBER	ADULT	CHILD
R0 - R6 618	R1 105	R1 105	R547
R6 619 - R9 091	R1 113	R1 113	R547
R9 092 - R11 107	R1 142	R1 142	R557
R11 108 - R12 991	R1 171	R1 171	R566
R12 992 - R15 118	R1 199	R1 199	R574
R15 119 - R18 182	R1 225	R1 225	R584
R18 183 - R22 315	R1 274	R1 274	R594
R22 316 - R26 172	R1 318	R1 318	R622
R26 173+	R1 323	R1 323	R624

01 April 2021 - 31 March 2022 (subsidised contribution)

AQUARIUM	MEMBER	ADULT	CHILD
R0 - R6 916	R95	R95	R41
R6 917 - R9 500	R103	R103	R41
R9 501 - R11 607	R136	R136	R53
R11 608 - R13 576	R169	R169	R62
R13 577 - R15 798	R200	R200	R72
R15 799 - R19 000	R230	R230	R82
R19 001 - R23 319	R285	R285	R95
R23 320 - R26 827	R334	R334	R126
R26 828 - R31 006	R354	R354	R134
R31 007+	R369	R369	R140

01 April 2021 - 31 March 2022 (excluding employer subsidy)

AQUARIUM	MEMBER	ADULT	CHILD
R0 - R6 916	R1 181	R1 181	R584
R6 917 - R9 500	R1 190	R1 190	R584
R9 501 - R11 607	R1 223	R1 223	R596
R11 608 - R13 576	R1 255	R1 255	R606
R13 577 - R15 798	R1 287	R1 287	R615
R15 799 - R19 000	R1 316	R1 316	R626
R19 001 - R23 319	R1 372	R1 372	R637
R23 320 - R26 827	R1 421	R1 421	R669
R26 828 - R31 006	R1 442	R1 442	R677
R31 007+	R1 457	R1 457	R683

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

** requires special motivation*

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 condition

- 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



EXCLUSIONS



GENERAL EXCLUSIONS

The following services/items are excluded from benefits with due regard to 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 to be 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	Lenons
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

CATEGORY	DESCRIPTION	EXAMPLE
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 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 form 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: Opoied	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	Eprex®, Repotin®
23.02	Blood products: Haemostatics, except PMBs	Konakion®, Factor VIII
25.01	Oxygen: Masks, regulators, and oxygen	Oxygen, masks

DAY PROCEDURES (ANNEXURE D)

The following procedures will be funded from the hospital benefit if done in 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:

- a) Medical emergency
- b) Doctor does not have the necessary equipment to perform the procedure
- c) No day clinics nearby
- d) Case is clinically complex as per Polmed protocols

PROCEDURE DESCRIPTION

- 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/marsupulisation
- 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 sub mucous 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
- Inject therapeutic carpal tunnel e.g. local corticosteroids
- Intrapleural block
- Laparoscopy diagnostic abdomen/peritoneum/omentum
- Ludwig's 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/axillae/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 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 have 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.



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