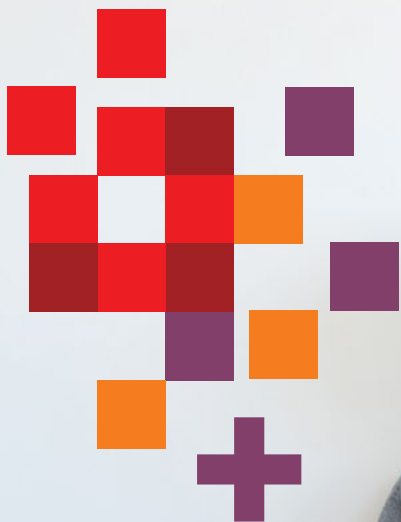


# Tiger Brands Medical Scheme 2021

TIGER BRANDS



Medical Scheme



# Why choose Tiger Brands Medical Scheme

You cannot 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.



## BASE

- 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 option such as Base requires that you use a specific GP from a selection of preferred doctors (Network Providers) with whom we have negotiated special rates and services. If you are happy to use these selected GPs, you can minimise your healthcare costs and maximise the value of your hard-earned rand, and Base may be for you. Should you wish to use your doctors of your own choice, on the other hand, you may want to look at one of the higher levels 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 448	R3 384	R1 470

## LEVEL B

Principal Member	Adult	Child
R4 536	R2 640	R1 146

## LEVEL C

Principal Member	Adult	Child
R3 726	R2 172	R1 086

## BASE

Income Bands / R	Principal Member	Adult	Child
0 - 4 600	708	708	294
4 601 - 6 000	810	810	378
6 001 - 8 000	1 008	1 008	420
8 001 - 9 400	1 152	1 152	468
9 401 - 10 900	1 350	1 350	474
10 901 -12 600	1 470	1 470	480
12 601 - 14 000	1 656	1 656	492
14 001 - 18 000	1 968	1 968	492
18 001 - 21 600	2 586	2 586	492
21 601 - 26 200	2 910	2 910	492
26 201 - 29 600	3 090	3 090	492
29 601+	3 252	3 252	492

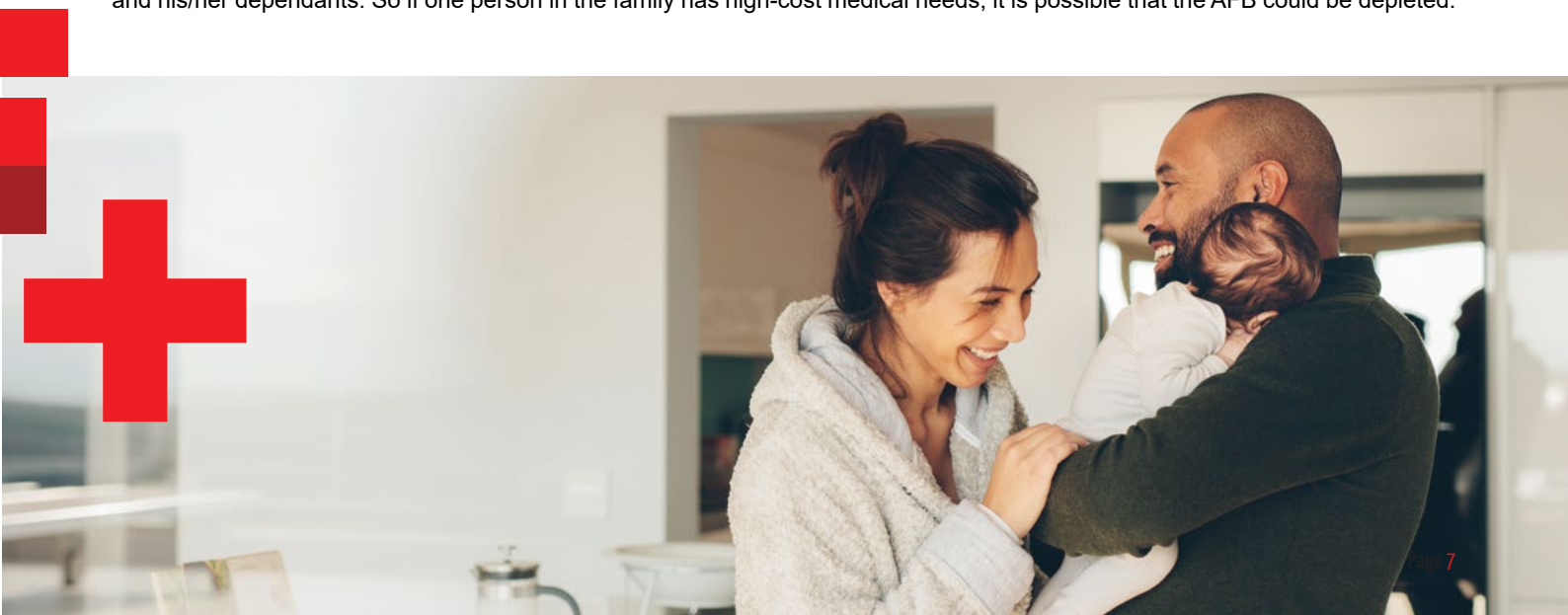
# Annual Routine Care Benefit (ARCB) Day-To-Day Out Of Hospital benefit limits

+	Level A	Level B	Level C
Principal Member	R16 500	R12 528	R 8 256
Adult	R9 816	R7 056	R 5 076
Child	R3 084	R2 100	R 1 200

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.

	Base (Network Option)
Principal Member	R2 350
Adult	R3 420 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
<b>Consultations and Visits</b>			
<b>General Practitioners</b>	Paid from ARCB, 100% of Scheme rate.	Paid from ARCB, 100% of Scheme rate.	Paid from ARCB, 100% of Scheme rate.
<b>Specialists</b>	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.		

<b>Medicine</b>			
<b>Medicine</b>	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.
<b>Pharmacy advised therapy/ Over-the-counter medication</b>	<b>R210</b> per script, paid from acute medicine limit.	<b>R200</b> per script, paid from acute medicine limit.	<b>R190</b> per script, paid from acute medicine limit.

<b>Acute Medication</b>			
<b>Principal Member</b>	R4 480	R3 140	R1 940
<b>Adult</b>	R2 540	R1 940	R1 210
<b>Child</b>	R1 740	R1 020	R660
	The full acute medicine limit is allocated to the whole family. The Scheme does not differentiate between a member and his/her dependants.		
<b>Oral contraceptives and devices - female</b>	R1 650	R1 650	R1 650

<p><b>ABBREVIATIONS</b></p> <p><b>ARCB</b> Annual Routine Care Benefit</p> <p><b>Auxiliary services</b> Associated medical services, e.g. speech therapy.</p> <p><b>CDL</b> Chronic Disease List</p> <p><b>MMAP</b> Maximum Medical Aid Price</p> <p><b>MRP</b> Medicine Reference Price</p>	<p><b>PMB</b> Prescribed Minimum Benefit</p> <p><b>TBMS</b> Tiger Brands Medical Scheme</p>	<p>*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'.</p> <p>This scheme rate is in line with the industry benchmark tariff.</p> <p>** Agreed tariff: This is a rate negotiated between the Scheme and certain healthcare providers.</p>
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# AFB Benefits : Day-to-day: Out of hospital

Primary Plus (Network Option)																		
Consultations and Visits																		
<b>General Practitioners</b>	Unlimited, subject to clinical necessity. Each beneficiary must select a contracted <b>Universal Network GP</b> 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 <b>R1 055</b> per event including the GP consultation and all related costs.																	
<b>Specialists</b>	No cover in cases of voluntary use of a <b>non-Universal Network Provider</b> , or voluntary use of a specialist without referral by a <b>Universal Network GP</b> .																	
	Emergency room visits no benefit, unless for a bona-fide emergency that results in a hospital admission.																	
Medicine																		
<b>Medicine</b>	Unlimited if prescribed by a <b>Universal Network GP</b> , or by a specialist provided the member is referred by a <b>Universal Network GP, 100% of Agreed Tariff</b> .																	
<b>Pharmacy advised therapy/ Over-the-counter medication</b>	No Benefit																	
Acute Medication																		
<b>Principal Member</b>	Subject to medicine formulary. No cover for non-formulary medicines, unless otherwise pre-authorized.																	
<b>Adult</b>	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.																	
<b>Oral contraceptives and devices - female</b>	No Benefit																	
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# ARC Benefits : Day-to-day: Out of hospital



+	Level A	Level B	Level C
<b>Optical</b>			
<b>Optical</b>	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.
<b>Frames</b>	R1 040	R960	R880
<b>Lens Enhancement</b>	<b>R1 760</b> one set of lenses per beneficiary in 24 months	<b>R1 470</b> one set of lenses per beneficiary in 24 months	<b>R1 210</b> one set of lenses per beneficiary in 24 months
<b>Contact Lenses</b>	<b>R3 740</b> annual benefit	<b>R3 460</b> annual benefit	<b>R3 190</b> annual benefit
	Beneficiary can either have glasses or contact lenses, but not both		
<b>Eye Test</b>	One per beneficiary per annum	One per beneficiary per annum	One per beneficiary per annum
<b>Radial Keratotomy</b>	<b>R6 930</b> combined family benefit for in and out of hospital, paid from ARCB 100% of Scheme rate.	<b>R6 930</b> combined family benefit for in and out of hospital, paid from ARCB 100% of Scheme rate.	<b>R6 930</b> combined family benefit for in and out of hospital, paid from ARCB 100% of Scheme rate.
<b>Dentistry</b>			
<b>Basic Dentistry</b>	Paid from ARCB limit 100% of Scheme rate.	Paid from ARCB limit 100% of Scheme rate.	Paid from ARCB limit 100% of Scheme rate.
<b>Specialised Dentistry</b>	<b>R11 000</b> per beneficiary and <b>R23 320</b> per family paid from ARCB limit, 100% of Scheme rate	<b>R11 000</b> per beneficiary and <b>R23 320</b> per family paid from ARCB limit, 100% of Scheme rate	<b>R11 000</b> per beneficiary and <b>R23 320</b> per family paid from ARCB limit, 100% of Scheme rate
<b>Mental Health</b>			
<b>Clinical Psychologist</b>	Paid from ARCB limit, 100% of Scheme rate.	Paid from ARCB limit, 100% of Scheme rate.	Paid from ARCB limit, 100% of Scheme rate.
<b>Psychiatry</b>	Paid from ARCB limit, 100% of Scheme rate.	Paid from ARCB limit, 100% of Scheme rate.	Paid from ARCB limit, 100% of Scheme rate.
<b>Radiology</b>			
<b>Basic Radiology</b>	<b>R3 850</b> per beneficiary, paid from ARCB limit 100% of Scheme rate.	<b>R2 860</b> per beneficiary, paid from ARCB limit 100% of Scheme rate.	<b>R2 060</b> 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 <b>Universal Network</b> and subject to referral by a <b>Universal Network GP</b> . Limited to list of codes. Subject to case management. No benefit if not referred by a <b>Universal Network Provider</b> , or by a specialist following referral by a <b>Universal Network GP</b> (except when involuntary). 100% of Agreed Tariff.

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



+	Level A	Level B	Level C
<b>Pathology</b>			
<b>Basic Pathology</b>	<b>R3 850</b> per beneficiary, paid from ARCB limit 100% of Scheme rate.	<b>R2 860</b> per beneficiary, paid from ARCB limit 100% of Scheme rate.	<b>R2 060</b> per beneficiary, paid from ARCB limit 100% of Scheme rate.

<b>Auxiliary Services</b>			
<b>Auxiliary services (i.e. physiotherapy, speech therapy, social workers, occupational therapy etc.)</b>	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.
<b>Principal Member</b>	R5 060	R3 850	R2 400
<b>Adult</b>	R2 200	R1 650	R1 310
<b>Child</b>	R1 760	R1 210	R660

<b>Appliances</b>			
<b>Appliances</b>	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
<b>External Fixator</b>	R20 940	R20 940	R20 940
<b>BP Monitor</b>	R900	R900	R860
<b>Glucometer</b>	R900	R900	R900
<b>Humidifier</b>	R400	R400	R400
<b>Nebulizer</b>	R1 440	R1 440	R1 440
<b>Elastic stocking</b>	R1 040	R1 040	R1 040
<b>Foot arch support</b>	R4 430	R4 430	R4 430
<b>Elbow crutch</b>	R500	R500	R500
<b>CPAP machine</b>	R13 920	R13 920	R13 920
<b>Foam walker</b>	R2 600	R2 600	R2 600

# 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.)

#### Principal Member

#### Adult

#### Child

PMB rules apply, subject to protocols.

### Appliances

#### Appliances

#### External Fixator

#### BP Monitor

#### Glucometer

#### Humidifier

#### Nebulizer

#### Elastic stocking

#### Foot arch support

#### Elbow crutch


#### CPAP machine

#### Foam walker

PMB rules apply, subject to protocols.

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



 +	Level A	Level B	Level C
<b>Appliances (continues...)</b>			
<b>Walker</b>	R450	R450	R450
<b>Braces &amp; Calliper</b>	R900	R900	R900
<b>Commode</b>	R1 440	R1 440	R1 440
<b>Stocking (thigh)</b>	R1 040	R1 040	R1 040
<b>Anti Embolic Stocking</b>	R1 040	R1 040	R1 040
<b>Sling Clavic Brace</b>	R250	R250	R250
<b>Wig</b>	R2 740	R2 740	R2 740
<b>Bra</b>	R1 820	R1 820	R1 820



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

## Primary Plus (Network Option)

### Appliances (continues...)

Walker

Braces & Calliper

Commode

Stocking (thigh)

Anti embolic stocking

Sling clavic brace

Wig

Bra

PMB rules apply, subject to protocols.



# ARC Benefits : Hospital



+	Level A	Level B	Level C
<b>Hospital Benefits</b>	Unlimited, 100% of Scheme rate.	Unlimited, 100% of Scheme rate.	Unlimited, 100% of Scheme rate.
<b>Scopes</b>	No co-payment.	R1 765	R2 920
<b>Consultations: General Practitioners Specialists</b>	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.
<b>Pathology and radiology</b>	Unlimited, 100% of Scheme rate .	Unlimited, 100% of Scheme rate.	Unlimited, 100% of Scheme rate.
<b>Physiotherapy</b>	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.
<b>Principal Member</b>	R5 060	R3 850	R2 400
<b>Adult</b>	R2 200	R1 650	R1 310
<b>Child</b>	R1 760	R1 210	R660
<b>Blood Transfusions</b>	Unlimited, 100% of Scheme rate.	Unlimited, 100% of Scheme rate.	Unlimited, 100% of Scheme rate.
<b>Confinement</b>	Unlimited, pre-authorisation required, 100% of Scheme rate.	Unlimited, pre-authorisation required, 100% of Scheme rate.	Unlimited, pre-authorisation required, 100% of Scheme rate.
<b>Mental Health</b>	<b>R23 340</b> per family, pre-authorisation required, 100% of Scheme rate.	<b>R18 590</b> per family, pre-authorisation required, 100% of Scheme rate.	<b>R15 510</b> per family, pre-authorisation required, 100% of Scheme rate.
<b>Organ Transplants</b>	<b>R464 680</b> per family, pre-authorisation required, 100% of Scheme rate.	<b>R464 680</b> per family, pre-authorisation required, 100% of Scheme rate.	<b>R464 680</b> per family, pre-authorisation required, 100% of Scheme rate.
<b>Oncology</b>	<b>R656 810</b> per beneficiary, pre-authorisation required 100% of Scheme rate.	<b>R329 340</b> per beneficiary, pre-authorisation required 100% of Scheme rate.	<b>R164 720</b> per beneficiary, pre-authorisation required 100% of Scheme rate.
<b>Biological Medication</b>	<b>R185 850</b> per beneficiary included in limit above, pre-authorisation required 100% of Scheme rate	<b>R185 850</b> per beneficiary included in limit above, pre-authorisation required 100% of Scheme rate	<b>R185 850</b> per beneficiary included in limit above, pre-authorisation required 100% of Scheme rate
<b>Renal Dialysis</b>	<b>R366 970</b> per family, pre-authorisation required 100% of Scheme rate	<b>R366 970</b> per family, pre-authorisation required 100% of Scheme rate	<b>R366 970</b> per family, pre-authorisation required 100% of Scheme rate



# AFB Benefits : Hospital

Base (Network Option)	
<b>Hospital Benefits</b>	Subject to Overall Annual limit of R350 000 per beneficiary and R500 000 per family, 100% of Scheme rate.
<b>Scopes</b>	PMB rules apply, subject to protocols
<b>Consultations: General Practitioners and Specialists</b>	Subject to Overall Annual limit, 100% of Scheme rate.
<b>Pathology and radiology</b>	Subject to Overall Annual limit, 100% of Scheme rate, subject to protocols.
<b>Physiotherapy</b>	
<b>Principal Member</b>	PMB rules apply, subject to protocols.
<b>Adult</b>	
<b>Child</b>	
<b>Blood Transfusions</b>	Subject to Overall Annual limit, 100% of Scheme rate.
<b>Confinement</b>	Subject to Overall Annual limit, pre-authorisation required, 100% of Scheme rate.
<b>Mental Health</b>	PMB rules apply, subject to protocols.
<b>Organ Transplants</b>	PMB rules apply, subject to protocols.
<b>Oncology</b>	PMB rules apply, subject to protocols.
<b>Biological Medication</b>	PMB rules apply, subject to protocols.
<b>Renal Dialysis</b>	PMB rules apply, subject to protocols.

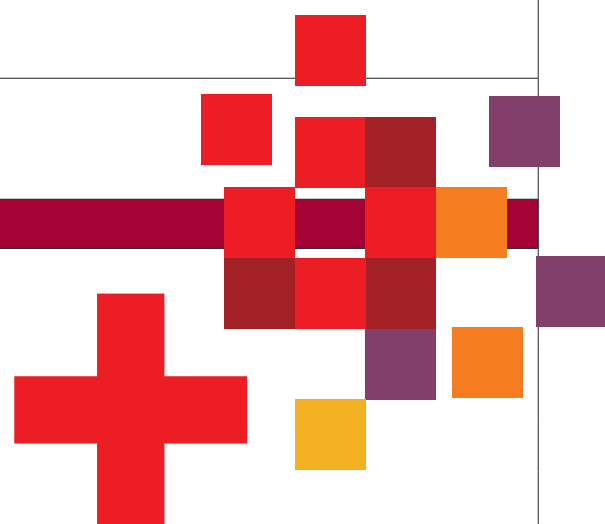
# Additional Risk Benefits



+	Level A	Level B	Level C
<b>High Cost Appliances</b>			
<b>Wheelchairs</b>	<b>R20 580</b> every 5 years.	<b>R20 580</b> every 5 years.	<b>R20 580</b> every 5 years.
<b>Hearing Aids</b>	<b>R19 030</b> every 5 years.	<b>R19 030</b> every 5 years.	<b>R19 030</b> every 5 years.
<b>Stoma Bags and other high cost appliances</b>	<b>R20 580</b> every 5 years.	<b>R20 580</b> every 5 years.	<b>R20 580</b> every 5 years.
<b>Intra-ocular Lenses</b>	<b>R9 140</b> per eye, pre-authorisation required 100% of Scheme rate.	<b>R9 140</b> per eye, pre-authorisation required 100% of Scheme rate.	<b>R9 140</b> per eye, pre-authorisation required 100% of Scheme rate.
<b>Ambulance</b>	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.
<b>Convalescent Homes</b>	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
<b>Private Nursing</b>	<b>R27 730</b> per family, pre-authorisation required 100% of Scheme rate.	<b>R27 730</b> per family, pre-authorisation required 100% of Scheme rate.	<b>R27 730</b> per family, pre-authorisation required 100% of Scheme rate.
<b>Frail Care</b>	<b>R260</b> per day maximum of 45 days 100% of Scheme rate, pre-authorisation required and managed care protocols apply.	<b>R260</b> per day maximum of 45 days 100% of Scheme rate, pre-authorisation required and managed care protocols apply.	<b>R260</b> per day maximum of 45 days 100% of Scheme rate, pre-authorisation required and managed care protocols apply.
<b>Surgical Prosthesis</b>			
<b>Stent</b>	R19 260	R19 260	R19 260
<b>Medical Stent</b>	R29 820	R29 820	R29 820
<b>Abdominal Aortic Aneurysm Stent</b>	R87 480	R87 480	R87 480
<b>Hip Prosthesis</b>	R68 110	R68 110	R68 110
<b>Knee Prosthesis</b>	R57 770	R57 770	R57 770
<b>Shoulder Prosthesis</b>	R57 770	R57 770	R57 770
<b>Spinal Instrumentation</b>	R38 510	R38 510	R38 510
<b>Spinal Cage</b>	R19 260	R19 260	R19 260
<b>Heart Valve</b>	R38 510	R38 510	R38 510
<b>Normal Bladder Sling</b>	R13 860	R13 860	R13 860


# Additional Risk Benefits

Primary Plus (Network Option)	
<b>High Cost Appliances</b>	
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.
<b>Surgical Prosthesis</b>	
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
<b>Electronic and Nuclear Devices</b>			
Defibrillator	R209 730	R209 730	R209 730
Single pace maker	R78 680	R78 680	R78 680
Dual pace maker	R96 170	R96 170	R96 170
Internal nerve stimulator	R175 070	R175 070	R175 070
Cochlear implant	R221 510	R221 510	R221 510
Insulin pump	R38 510	R38 510	R38 510
<b>Artificial Limbs</b>			
Through knee prosthesis	R87 480	R87 480	R87 480
Below knee prosthesis	R66 580	R66 580	R66 580
Above knee prosthesis	R76 590	R76 590	R76 590
Partial foot prosthesis	R33 450	R33 450	R33 450
<b>Wellness Benefit</b>			
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
<b>Wellness Benefit (continues...)</b>			
<b>Fitness Assessment and Exercise Prescription</b>	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
<b>Nutritional Assessment and Healthy Eating Plan</b>	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
<b>Chronic Medication</b>			
<b>Chronic Medicine</b>	<b>R9 490</b> Subject to approval on the Chronic Medicine Programme 27 listed PMB Chronic Disease List (CDL) including additional conditions listed below	<b>R8 010</b> Subject to approval on the Chronic Medicine Programme 27 listed PMB Chronic Disease List (CDL) including additional conditions listed below	<b>R6 530</b> Subject to approval on the Chronic Medicine Programme 27 listed PMB Chronic Disease List (CDL)
<b>HIV/Aids</b>	Unlimited, subject to registration on the Universal HIV/Aids programme		
<p>Chronic medication covers the 27 listed <b>PMB Chronic Disease List (CDL)</b> 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.</p> <p>Non-PMB Chronic medication is subject to the basic formulary, reference pricing and a 20% co-payment.</p>			

## PMB Chronic Disease List Level A,B And C

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

## Additional Risk Benefits

Primary Plus (Network Option)	
Wellness Benefit (continues...)	
<b>Fitness Assessment and Exercise Prescription</b>	No benefit
<b>Nutritional Assessment and Healthy Eating Plan</b>	No benefit
Chronic Medication	
<b>Chronic Medicine</b>	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)
<b>HIV/Aids</b>	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"> <li>• Ankylosing spondylitis</li> <li>• Attention deficit hyperactivity disorder</li> <li>• Allergic rhinitis</li> <li>• Depression</li> <li>• Gout</li> <li>• Incontinence</li> </ul>	<ul style="list-style-type: none"> <li>• Osteoarthritis</li> <li>• Myasthenia gravis</li> <li>• Vertigo</li> <li>• Gastro-oesophageal reflux disease</li> <li>• Osteoporosis</li> <li>• Psoriasis</li> </ul>	<ul style="list-style-type: none"> <li>• Attention deficit hyperactivity disorder</li> <li>• Allergic rhinitis</li> <li>• Depression</li> <li>• Gastro-oesophageal reflux disease</li> <li>• Osteoarthritis</li> <li>• Osteoporosis</li> </ul>



### 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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Administered by Universal Healthcare Administrators (Pty) Ltd



**Universal**<sup>TM</sup>