



2010

BENEFITS AND CONTRIBUTIONS

IMPORTANT MEMBER INFORMATION

It is important that the benefits are studied carefully to ensure that you choose the right Plan for 2010.

Please note that there are a lot of changes with special reference to the Lower Plan. The glossary insert is included to explain the terminology used in the 2010 Benefits and Contributions card.

COURIER PHARMACY

Medipost:

Tel: 012 426 4000 Fax: 0866 963 591

Pharmacy Direct:

Tel: 0860 027 800 Fax: 0866 114 000/1/2/3

RETAIL PHARMACY

Family Care Pharmacies

Clicks Pharmacies

Dis-Chem Pharmacies

CONTACT DETAILS

Client Service Centre:

Tel: 0860 765 633 or 0860 POLMED

Fax: 0860 104 114

Membership Department:

Fax: 012 304 2316

Confidential HIV/AIDS line:

Tel: 0860 104 112 Fax: 0861 113 136

Specialised dentistry pre-authorisation:

Tel: 0860 104 111 Fax: 0861 113 138

Chronic Medicine Management:

Tel: 0860 765 633 Fax: 0861 113 134

Hospital pre-authorisation:

Tel: 0860 104 111 Fax: 0861 113 133

Health Advice Line:

Tel: 0860 104 111

Fraud hotline:

Tel: 0800 200 564

Emergency Medical Assistance –

Netcare 911:

Tel: 082 911

E-mail address for submitting enquiries:

polmed@mhg.co.za

POLMED website:

www.polmed.co.za

NEW

POLMED mobile website:

<http://m.polmed.co.za>

(This service is available via your cell phone.)



		LOWER PLAN	HIGHER PLAN
GENERAL BENEFIT RULES	Benefit Design	<p>This option provides for benefits to be provided only in appointed Designated Service Provider (DSP) Hospitals. It also provides a reasonable level of day-to-day care.</p> <p>This option is intended to provide for the needs of families that have little healthcare needs or whose chronic conditions are under control.</p> <p>This option is not intended for members who require to seek medical assistance upon a regular basis, or who are concerned about having extensive access to health benefits.</p>	<p>This option provides for unlimited hospitalisation paid at the Polmed rate as well as for good day-to-day benefits. This option is intended to provide for the needs of families who have significant healthcare needs.</p>
	Pre-authorisation, Referrals, Protocols and Management by Programmes	<p>Where the benefit is subject to pre-authorisation, referral by a DSP or General Practitioner (GP), established protocols or enrolment upon a managed healthcare programme, members' attention is drawn to the fact that there may be no benefit at all or a much reduced benefit if the pre-authorisation, referral by a DSP or GP, established protocols or enrolment upon a managed healthcare programme is not complied with.</p> <p>The pre-authorisation, referral by a DSP or GP, established protocols or enrolment upon a managed healthcare programme is stipulated in order to best care for the member and his family and to protect the funds of the Scheme.</p>	
	Limits are per annum	Unless there is a specific indication to the contrary, all benefit amounts and limits are per annum.	

		LOWER PLAN	HIGHER PLAN
IN-HOSPITAL BENEFITS	Statutory Prescribed Minimum Benefits (PMBs)	100% of Polmed rate	100% of Polmed rate
	Hospital Co-payments As indicated in the Annexure referred to for both plans	Yes – see Annexure B2	Yes – see Annexure A2
	Annual Overall Hospital Limit Subject to pre-authorisation Non-PMB day admissions (excludes TTO medication) No limit for emergencies and PMB conditions	100% of Polmed rate at DSP hospitals Subject to PMB conditions only Unlimited in DSP hospitals R8 000 co-payment in non-DSP hospitals	100% of Polmed rate Unlimited in private hospitals R10 000 per beneficiary annual limit for non-PMB day cases
	Dentistry (Conservative, Restorative) Subject to dental protocols	Not allowed in hospital except for PMB.	100% of Polmed rate Subject to overall out-of-hospital annual limit
	Dentistry (Specialised) Subject to dental protocols	Not allowed in hospital except for PMB.	100% of Polmed rate (hospital and related accounts) Subject to an annual limit of R8 000 per family. Excludes osseo-integrated implants and related procedures

		LOWER PLAN	HIGHER PLAN
IN-HOSPITAL BENEFITS	Emergency Medical Assistance (Netcare 911. Tel: 082 911)	100% of Polmed rate through DSP	100% of Polmed rate through DSP
	General Practitioners Consultations and visits Subject to pre-authorisation for admission	100% of Polmed rate PMBs only	100% of Polmed rate
	HIV/AIDS Subject to registration on the HIV Management Programme	100% of Polmed rate Case managed according to treatment protocols.	100% of Polmed rate. Case managed according to treatment protocols.
	Kidney Dialysis Subject to pre-authorisation and registration on Disease Risk Management Programme	100% of Polmed rate at DSP (National Renal Care) Limited to R150 000 for dialysis per beneficiary. Limit includes Radiology and Pathology for chronic renal dialysis and immunosuppressants. Co-payment if not registered on programme	100% of Polmed rate at DSP (National Renal Care) Limited to R200 000 for dialysis per beneficiary. Limit includes Radiology and Pathology for chronic renal dialysis and immunosuppressants. Co-payment if not registered on programme
	Maternity Benefits (also see Maternity: Home Birth) Subject to pre-authorisation and registration on the Maternity Management Programme	100% of Polmed rate Co-payment if not registered on programme	100% of Polmed rate Co-payment if not registered on programme
	Maxillo-Facial Subject to pre-authorisation Shared limits with specialised dentistry	Not allowed in hospital except for PMB.	100% of Polmed rate Subject to an annual limit of R8 000 per family. Excludes osseo-integrated implants and related procedures
	Mental Health Subject to PMBs, pre-authorisation and registration on relevant managed healthcare programme.	100% of Polmed rate PMBs and Post-traumatic stress disorder Co-payment if not registered on programme	100% of Polmed rate Annual limit of 21 days per beneficiary. Co-payment if not registered on programme
	Medication Non-PMB specialist drug limit (e.g. Biologics) Subject to pre-authorisation	Not allowed in hospital except for PMB.	100% of Polmed rate Specialised medicine sub-limit of R70 000 per family.
	Oncology (Chemotherapy and Radiotherapy) Subject to pre-authorisation and registration on the relevant managed healthcare programme.	100% of Polmed rate Limited to R150 000 per beneficiary MRI/CT scans will be funded from Oncology Benefit No benefit except for PMB	100% of Polmed rate Limited to R250 000 per beneficiary MRI/CT scans will be funded from the Oncology Benefit
	Organ and Tissue Transplants Subject to pre-authorisation and clinical guidelines used in State facilities.	100% of Polmed rate No benefit except for PMB Unlimited Radiology and Pathology for organ transplants and immunosuppressants.	100% of Polmed rate Unlimited Radiology and Pathology for organ transplants and immunosuppressants.
	Pathology Subject to protocols and clinical guidelines	100% of Polmed rate	100% of Polmed rate
	Physiotherapy Subject to pre-authorisation	100% of Polmed rate	100% of Polmed rate
	Prosthesis (Internal and External) Subject to pre-authorisation and approved product list	100% of Polmed rate Limited to R45 000 per beneficiary.	100% of Polmed rate Limited to R45 000 per beneficiary.
	Radiology (Specialised) Subject to pre-authorisation	100% of Polmed rate PMB only Subject to a limit of two scans per annum per beneficiary including scans out of hospital.	100% of Polmed rate Limited to R25 000 per family. Subject to a limit of two scans per annum per beneficiary including scans out of hospital.
	Radiology (Basic)	100% of Polmed rate PMB only	100% of Polmed rate
	Specialists	100% of Polmed rate 100% of Polmed rate for anaesthetists	100% of Polmed rate 150% of Polmed rate for anaesthetists

		LOWER PLAN	HIGHER PLAN																															
OUT-OF-HOSPITAL BENEFITS	Overall Out-of-Hospital Annual Limit – benefits shall not exceed the amount set out in the table PMB benefits shall accrue towards the total benefit. PMB benefits are not subject to limit. In appropriate cases the limit for medical appliances shall not accrue towards this limit.	M0: R4 700 M1: R5 900 M2: R7 100 M3: R7 600 M4+: R8 700	M0: R11 000 M1: R14 000 M2: R17 000 M3: R19 000 M4+: R21 000																															
	Allied Health Services Includes Chiropractors, Dieticians, Homeopaths, Chiropody/Podiatrists, Phytotherapists, Reflexologists, Social Workers, Naturopaths, Orthopists, Osteopath and Therapeutic Massage Therapists. Subject to pre-authorisation based upon Evidence Based Medicine.	No benefit	100% of Polmed rate Annual limit of R1 500 per family. Subject to overall out-of-hospital annual limit																															
	Dentistry (Specialised)	Limited to PMBs	100% of Polmed rate Subject to an annual limit of R8 000 per family. Shared limit with in-hospital dental limits (doctor/specialist fee) Includes metal-based dentures Excludes osseo-integrated implants and related procedures																															
	Dentistry (Conservative and Restorative)	100% of Polmed rate Subject to overall out-of-hospital annual limit	100% of Polmed rate Subject to overall out-of-hospital annual limit																															
	General Practitioners	DSP (Polmed GP Network) only Subject to overall out-of-hospital annual limit Only two emergencies out of DSP visits per beneficiary per annum allowed. Subject to a maximum number of visits/ consultations per family per annum as follows: M0: 5 M1: 9 M2: 12 M3: 15 M4+: 18	DSP (Polmed GP Network) only Subject to overall out-of-hospital annual limit Only two emergencies out of DSP visits per beneficiary per annum allowed. Subject to a maximum number of visits/ consultations per family per annum as follows: M0: 8 M1: 12 M2: 16 M3: 20 M4+: 24																															
	Appliances (Medical and Surgical) Oxygen subject to pre-authorisation Cost for maintenance is a Scheme exclusion	100% of Polmed rate, limited to PMB only and subject to: <table border="1" data-bbox="571 1391 1011 2141"> <tr><td>Blood transfusion</td><td>No limit</td></tr> <tr><td>Hearing aids</td><td>R6 500 per hearing aid or R13 000 per set per three years per beneficiary.</td></tr> <tr><td>Nebuliser</td><td>R700 per family once every five years.</td></tr> <tr><td>Glucometer</td><td>R500 per family once every five years.</td></tr> <tr><td>CPAP machine</td><td>R5 200 per family once every five years.</td></tr> <tr><td>Wheelchair (not motorised)</td><td>R7 000 per beneficiary once every three years.</td></tr> <tr><td>Wheelchair (motorised)</td><td>R20 000 per beneficiary once every three years.</td></tr> <tr><td>Insulin delivery devices, urine catheters and accessories, and stoma bags and accessories</td><td>No limit – paid from hospital benefits.</td></tr> </table>	Blood transfusion	No limit	Hearing aids	R6 500 per hearing aid or R13 000 per set per three years per beneficiary.	Nebuliser	R700 per family once every five years.	Glucometer	R500 per family once every five years.	CPAP machine	R5 200 per family once every five years.	Wheelchair (not motorised)	R7 000 per beneficiary once every three years.	Wheelchair (motorised)	R20 000 per beneficiary once every three years.	Insulin delivery devices, urine catheters and accessories, and stoma bags and accessories	No limit – paid from hospital benefits.	100% of Polmed rate and subject to: <table border="1" data-bbox="1042 1391 1484 2141"> <tr><td>Blood transfusion</td><td>No limit</td></tr> <tr><td>Hearing aids</td><td>R8 000 per hearing aid or R16 000 per set per three years per beneficiary.</td></tr> <tr><td>Nebuliser</td><td>R700 per family once every four years.</td></tr> <tr><td>Glucometer</td><td>R500 per family once every four years.</td></tr> <tr><td>CPAP machine</td><td>R5 200 per family once every four years.</td></tr> <tr><td>Wheelchair (not motorised)</td><td>R9 000 per beneficiary once every three years.</td></tr> <tr><td>Wheelchair (motorised)</td><td>R30 000 per beneficiary once every three years.</td></tr> <tr><td>Insulin delivery devices, urine catheters and accessories, and stoma bags and accessories</td><td>No limit – paid from hospital benefits.</td></tr> </table>	Blood transfusion	No limit	Hearing aids	R8 000 per hearing aid or R16 000 per set per three years per beneficiary.	Nebuliser	R700 per family once every four years.	Glucometer	R500 per family once every four years.	CPAP machine	R5 200 per family once every four years.	Wheelchair (not motorised)	R9 000 per beneficiary once every three years.	Wheelchair (motorised)	R30 000 per beneficiary once every three years.	Insulin delivery devices, urine catheters and accessories, and stoma bags and accessories
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		LOWER PLAN	HIGHER PLAN												
OUT-OF-HOSPITAL BENEFITS	HIV/AIDS Subject to registration on the HIV Management Programme	100% of Polmed rate Case managed in accordance with treatment protocols.	100% of Polmed rate Case managed in accordance with treatment protocols.												
	Maternity: Home Birth	Pre-authorisation required Benefits relating to more than two ante-natal ultrasound scans and amniocenteses after 32 weeks of pregnancy are subject to pre-authorisation.	100% of Polmed rate Pre-authorisation required. Benefits relating to more than two ante-natal ultrasound scans and amniocenteses after 32 weeks of pregnancy are subject to pre-authorisation.												
	Medication (Acute)	100% of Polmed rate Subject to QMP formulary R2 200 per beneficiary limited to R5 000 per family. Subject to overall out-of-hospital annual limit	100% of Polmed rate Subject to QMP formulary R4 400 per beneficiary limited to R10 000 per family. Subject to overall out-of-hospital annual limit												
	Medication (Chronic) Subject to the completion of the chronic application and approval.	100% of Polmed rate at DSP Subject to the QMP formulary for approved PMB-CDL conditions.	100% of Polmed rate at DSP Subject to the QMP formulary for approved PMB-CDL conditions plus extended list of 45 conditions.												
	Medication Over-the-Counter (OTC)	100% of Polmed rate Subject to restricted formulary Maximum of R350 per family per annum Shared limit with acute medication	100% of Polmed rate Subject to restricted formulary Maximum of R500 per family per annum Shared limit with acute medication												
	Optical Includes frames, lenses, contact lenses, eye examinations. One eye test per beneficiary, per two years. Benefits are not subjected to pro-ratio.	100% of Polmed rate at DSP (PPN Network)* <table border="1" data-bbox="571 974 1013 1512"> <tr> <td>Frames</td> <td>One frame per beneficiary, per two years</td> </tr> <tr> <td>A composite consultation Limited to one test per beneficiary, per two years</td> <td>A composite consultation AND either a PPN Network Frame of R150 or R150 off any other frame.</td> </tr> <tr> <td>Lenses • Single Vision • Bi-focal • Multi-focal Contact lenses</td> <td>One pair of Clear Aquity single vision lenses or One pair of Clear Aquity bi-focal lenses or Contact lenses of R370</td> </tr> </table> Consultation fee outside PPN Network = R220	Frames	One frame per beneficiary, per two years	A composite consultation Limited to one test per beneficiary, per two years	A composite consultation AND either a PPN Network Frame of R150 or R150 off any other frame.	Lenses • Single Vision • Bi-focal • Multi-focal Contact lenses	One pair of Clear Aquity single vision lenses or One pair of Clear Aquity bi-focal lenses or Contact lenses of R370	100% of Polmed rate at DSP (PPN Network)* <table border="1" data-bbox="1040 974 1484 1590"> <tr> <td>Frames</td> <td>One frame per beneficiary, per two years</td> </tr> <tr> <td>A composite consultation Limited to one test per beneficiary, per two years</td> <td>A composite consultation AND either Frames (inclusive of rimless frames)/Lens enhancements to the value of R800.</td> </tr> <tr> <td>Lenses • Single Vision • Bi-focal • Multi-focal Contact lenses</td> <td>One pair of Clear Aquity single vision lenses or One pair of Clear Aquity bi-focal lenses or One pair of Aquity multi-focal lenses or Contact lenses of R1 270</td> </tr> </table> Consultation fee outside PPN Network = R220	Frames	One frame per beneficiary, per two years	A composite consultation Limited to one test per beneficiary, per two years	A composite consultation AND either Frames (inclusive of rimless frames)/Lens enhancements to the value of R800.	Lenses • Single Vision • Bi-focal • Multi-focal Contact lenses	One pair of Clear Aquity single vision lenses or One pair of Clear Aquity bi-focal lenses or One pair of Aquity multi-focal lenses or Contact lenses of R1 270
	Frames	One frame per beneficiary, per two years													
	A composite consultation Limited to one test per beneficiary, per two years	A composite consultation AND either a PPN Network Frame of R150 or R150 off any other frame.													
Lenses • Single Vision • Bi-focal • Multi-focal Contact lenses	One pair of Clear Aquity single vision lenses or One pair of Clear Aquity bi-focal lenses or Contact lenses of R370														
Frames	One frame per beneficiary, per two years														
A composite consultation Limited to one test per beneficiary, per two years	A composite consultation AND either Frames (inclusive of rimless frames)/Lens enhancements to the value of R800.														
Lenses • Single Vision • Bi-focal • Multi-focal Contact lenses	One pair of Clear Aquity single vision lenses or One pair of Clear Aquity bi-focal lenses or One pair of Aquity multi-focal lenses or Contact lenses of R1 270														
Refractive Surgery Subject to clinical protocols	No benefit	Covered if referral is by a GP or Optometrist designated by the Scheme.													
Pathology	100% of Polmed rate Subject to referral by Network GP or specialist. Maximum of R2 000 per beneficiary and R6 000 per family per annum. Subject to overall out-of-hospital annual limit	100% of Polmed rate Subject to referral by Network GP or specialist. Maximum of R5 000 per beneficiary and R10 000 per family per annum. Subject to overall out-of-hospital annual limit													

		LOWER PLAN	HIGHER PLAN
OUT-OF-HOSPITAL BENEFITS	Preventative Care Risk assessment tests: <ul style="list-style-type: none"> • Annual medical examination (code 0190-0192) • Immunisation schedule to children under the age of five <ul style="list-style-type: none"> • Cholesterol test • Bone densitometry scan • Pap smear <ul style="list-style-type: none"> • Mammogram <ul style="list-style-type: none"> • Prostate specific antigen (PSA) test (blood tests) • Glaucoma screening • Glucose screening • Flu vaccine, Hib teter <ul style="list-style-type: none"> • Pneumococcal vaccine <ul style="list-style-type: none"> • HIV tests (ELISA or Western Blot) Western Blot will only be paid following ELISA test 	Early detection screening limited to once per year <ul style="list-style-type: none"> • BCG and oral polio vaccine (OPV) at birth • three months DPT and OPV • four and a half months DPT and OPV • six months DPT, OPV and measles • nine months measles • 18 months DPT, OPV and measles • five years DT and BCG Female over the age of 21 (liquid-based cytology accepted) (every third year) Female over the age of 50 (annually) Male over 50 to 75 years (annually) All children under the age of five and adults over 60 years (annually) High risk cases such as: HIV infected, sickle cell disease, splenectomy (annually) All age groups (annually)	Early detection screening limited to once per year <ul style="list-style-type: none"> • BCG and oral polio vaccine (OPV) at birth • three months DPT and OPV • four and a half months DPT and OPV • six months DPT, OPV and measles • nine months measles • 18 months DPT, OPV and measles • five years DT and BCG Female over the age of 21 (liquid-based cytology accepted) (every third year) Female over the age of 50 (annually) Male over 50 to 75 years (annually) All children under the age of five and adults over 60 years (annually) High risk cases such as: HIV infected, sickle cell disease, splenectomy (annually) All age groups (annually)
	Occupational and Speech Therapy/Audiology	PMB benefits only	100% of Polmed rate Subject to referral by Network GP or specialist. Annual limit of R1 500 per family. Subject to overall out-of-hospital annual limit
	Physiotherapy	100% of Polmed rate Subject to referral by Network GP or specialist. Annual limit of R1 200 per family. Subject to overall out-of-hospital annual limit	100% of Polmed rate Subject to referral by Network GP or specialist. Annual limit of R2 700 per family. Subject to overall out-of-hospital annual limit
	Radiology (Specialised) Subject to pre-authorisation	100% of Polmed rate Two scans per beneficiary per year combined with in-hospital limit.	100% of Polmed rate Two scans per beneficiary per year combined with in-hospital limit.
	Radiology (Basic) Ultrasound scans per pregnancy	100% of Polmed rate Subject to referral by Network GP or specialist. Annual limit of R2 400 per family. Limited to three 2D scans per pregnancy. Subject to overall out-of-hospital annual limit	100% of Polmed rate Subject to referral by Network GP or specialist. Annual limit of R2 700 per family. Limited to three 2D scans per pregnancy. Subject to overall out-of-hospital annual limit
	Specialists	100% of Polmed rate Referral by Network GP required Limited to three visits per beneficiary and seven visits per family per annum. R500 co-payment if not referred by Network GP Subject to overall out-of-hospital annual limit	100% of Polmed rate Referral by Network GP required Limited to four visits per beneficiary and 10 visits per family per annum. R500 co-payment if not referred by Network GP Subject to overall out-of-hospital annual limit
	Mental Health	100% of Polmed rate Subject to overall out-of-hospital annual limit	100% of Polmed rate Subject to overall out-of-hospital annual limit

NOTE: Members on the Polmed Psychiatry Programme will receive a Care Plan for the management of their condition

ANNEXURE B2

CO-PAYMENTS

The following **co-payments** will be applicable for the **Lower Plan** and **in addition** the indicated **procedure limits** will apply:

PROCEDURE	CO-PAYMENT	PROCEDURE LIMIT
Shoulder surgery	R5 000	-
Joint replacement	R5 000	R70 000
Laposcopic nissen	R2 500	R30 000
Spinal surgery	R5 000	R80 000
Hysterectomy	R2 000	R15 000
Arthroscopy	R800	R5 000
Endoscopy	R1 000	R5 000
Bunions	R800	R5 000
Varicose veins	R800	R5 000

OUT-OF-NETWORK	CO-PAYMENT
GP	Allows for two out-of-network visits
Pharmacy	20% of cost
Hospital DSP (where applicable)	R8 000

PLEASE NOTE:

- **Co-payment for non pre-authorisation/not being registered on the Disease Risk Management (DRM) Programme = R1 000**
- The R1 000 will be imposed where a member is admitted to hospital, (where a DRM programme is in place to manage the condition and the member is not registered on the programme). The R1 000 will be added to the hospital costs, which will be the member's responsibility to pay directly to the hospital.

ANNEXURE A2

CO-PAYMENTS

The following **co-payments** will be applicable for the **Higher Plan**:

PROCEDURE	CO-PAYMENT
Shoulder surgery	R3 000
Joint replacement	R3 000
Laposcopic nissen	R1 500
Spinal Surgery	R3 000
Hysterectomy	R1 000
Arthroscopy	R800
Endoscopy	R800
Bunions	R800
Varicose veins	R800

OUT-OF-NETWORK	CO-PAYMENT
GP	Allows for two out-of-network visits
Pharmacy	20% of cost

PLEASE NOTE:

- **Co-payment for non pre-authorisation/not being registered on the Disease Risk Management (DRM) Programme = R1 000**
- The R1 000 will be imposed where a member is admitted to hospital, (where a DRM programme is in place to manage the condition and the member is not registered on the programme). The R1 000 will be added to the hospital costs, which will be the member's responsibility to pay directly to the hospital.



ANNEXURE B3

SCHEDULE OF CONTRIBUTIONS

The following monthly contributions are payable by or on behalf of the member per registered beneficiary:

LOWER PLAN TOTAL CONTRIBUTION

	INCOME CATEGORY	MEMBER	ADULT	CHILD
A	R0 – R3 800	R664	R664	R329
B	R3 801 – R5 300	R670	R670	R329
C	R5 301 – R6 360	R686	R686	R335
D	R6 361 – R7 700	R703	R703	R340
E	R7 701 – R9 050	R720	R720	R346
F	R9 051 – R11 000	R736	R736	R351
G	R11 001 – R13 600	R764	R764	R357
H	R13 601 – R17 400	R792	R792	R374
I	R17 401 – R19 500	R818	R818	R397
J	R19 501+	R1 064	R1 064	R505

LOWER PLAN MEMBER CONTRIBUTION

	INCOME CATEGORY	MEMBER	ADULT	CHILD
A	R0 – R3 800	R50	R50	R22
B	R3 801 – R5 300	R56	R56	R22
C	R5 301 – R6 360	R72	R72	R28
D	R6 361 – R7 700	R89	R89	R33
E	R7 701 – R9 050	R106	R106	R39
F	R9 051 – R11 000	R122	R122	R44
G	R11 001 – R13 600	R150	R150	R50
H	R13 601 – R17 400	R178	R178	R67
I	R17 401 – R19 500	R204	R204	R90
J	R19 501+	R450	R450	R198

*Total Contribution includes the subsidy from the employer

ANNEXURE A3

SCHEDULE OF CONTRIBUTIONS

The following monthly contributions are payable by or on behalf of the member per registered beneficiary:

HIGHER PLAN TOTAL CONTRIBUTION

	INCOME CATEGORY	MEMBER	ADULT	CHILD
A	R0 – R3 800	R1 213	R1 213	R563
B	R3 801 – R5 300	R1 281	R1 281	R600
C	R5 301 – R6 360	R1 306	R1 306	R619
D	R6 361 – R7 700	R1 337	R1 337	R638
E	R7 701 – R9 050	R1 386	R1 386	R656
F	R9 051 – R11 000	R1 436	R1 436	R681
G	R11 001 – R13 600	R1 455	R1 455	R700
H	R13 601+	R1 492	R1 492	R718

HIGHER PLAN MEMBER CONTRIBUTIONS

	INCOME CATEGORY	MEMBER	ADULT	CHILD
A	R0 – R3 800	R173	R173	R43
B	R3 801 – R5 300	R241	R241	R80
C	R5 301 – R6 360	R266	R266	R99
D	R6 361 – R7 700	R297	R297	R118
E	R7 701 – R9 050	R346	R346	R136
F	R9 051 – R11 000	R396	R396	R161
G	R11 001 – R13 600	R415	R415	R179
H	R13 601+	R452	R452	R198

*Total Contribution includes the subsidy from the employer

LOWER PLAN CHRONIC LIST

LIST OF CHRONIC CONDITIONS: SUBJECT TO PMBs

(SUBJECT TO THE PROVISIONS IN THE ACT AND REGULATIONS IN RESPECT OF PRESCRIBED MINIMUM BENEFITS)

CARDIOVASCULAR CONDITIONS

Coronary artery disease
Hypertension
Cardiomyopathy
Heart failure
Cardiac dysrhythmias

PULMONARY DISEASES

Asthma
Chronic obstructive pulmonary disorder (COPD)
Bronchiectasis

GASTRO-INTESTINAL CONDITIONS

Ulcerative colitis
Crohn's disease

ENDOCRINE CONDITIONS

Diabetes mellitus Type I
Diabetes mellitus Type II
Diabetes insipidus
Hypothyroidism
Addison's disease

METABOLIC CONDITIONS

Hyperlipidaemia

MUSCULOSKELETAL CONDITIONS

Rheumatoid arthritis

NEUROLOGICAL CONDITIONS

Epilepsy
Parkinson's disease
Multiple sclerosis

PSYCHIATRIC CONDITIONS

Affective disorders (depression and bipolar mood disorders)
Schizophrenic disorders

UROLOGICAL CONDITIONS

Chronic renal failure

OPHTHALMIC CONDITIONS

Glaucoma

SPECIAL CATEGORY CONDITIONS

HIV/AIDS

AUTO-IMMUNE DISORDERS

Systemic lupus erythematosus (SLE)

HAEMATOLOGICAL CONDITIONS

Haemophilia

HIGHER PLAN CHRONIC LIST

LIST OF CHRONIC CONDITIONS: SUBJECT TO PMBs

(SUBJECT TO THE PROVISIONS IN THE ACT AND REGULATIONS IN RESPECT OF PRESCRIBED MINIMUM BENEFITS)

CARDIOVASCULAR CONDITIONS

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

PULMONARY DISEASES

Asthma
Chronic obstructive pulmonary disorder (COPD)
Bronchiectasis
Cystic fibrosis

EAR, NOSE AND THROAT CONDITIONS

Allergic rhinitis

GASTRO-INTESTINAL CONDITIONS

Ulcerative colitis
Crohn's disease
Peptic ulcer disease (requires special motivation)
Gastro-oesophageal reflux disease (GORD) (requires special motivation)

ENDOCRINE CONDITIONS

Addison's disease
Cushing's disease
Diabetes mellitus Type I
Diabetes mellitus Type II
Diabetes insipidus
Diabetes with neurological complications
Hypo- and hyperthyroidism
Polycystic ovaries

Hypo- and Hyperparathyroidism
Hyperprolactinaemia
Primary hypogonadism

METABOLIC CONDITIONS

Hyperlipidaemia
Gout prophylaxis

MUSCULOSKELETAL CONDITIONS

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

NEUROLOGICAL CONDITIONS

Epilepsy
Parkinson's disease
Multiple sclerosis
Cerebrovascular incident
Permanent spinal cord injuries
Alzheimer's disease
Trigeminal neuralgia
Meniere's disease
Migraine prophylaxis
Myastinia gravis
Motor neuron disease
Narcolepsy
Tourette syndrome

PSYCHIATRIC CONDITIONS

Affective disorders
Schizophrenic disorders
Attention deficit hyperactivity disorder (ADHD)

DERMATOLOGICAL CONDITIONS

Eczema
Psoriasis
Onychomycosis (mycology report required)
Acne (photographs required)

UROLOGICAL CONDITIONS

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

GYNAECOLOGICAL CONDITIONS

Menopausal treatment
Endometriosis

OPHTHALMIC CONDITIONS

Glaucoma
Dry eye/Keratoconjunctivitis sicca

SPECIAL CATEGORY CONDITIONS

HIV/AIDS
Tuberculosis
Organ transplantation
Cancer treatment

AUTO-IMMUNE DISORDERS

Systemic lupus erythematosus (SLE)

HAEMATOLOGICAL CONDITIONS

Haemophilia
Idiopathic thrombocytopenic purpura
Megaloblastic anaemia
Anaemia

ANNEXURE C

GENERAL EXCLUSIONS

The following services/items are excluded from benefits with due regard to Prescribed Minimum Benefits (PMBs) and will not be paid by the Scheme:

- 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 impair or threaten essential body functions (the process of ageing will not be regarded as an illness or a disablement);
- Sleep therapy;
- Reversal of sterilisation procedures, provided that the Board may decide to grant benefits in exceptional circumstances;
- 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:
 - limited to the hospital based (medical and surgical) diagnostic and treatment practice
 - as it is prescribed in the public hospital
 - as defined in the PMBs
 - subject to pre-authorisations and prior approval by the Scheme.
- Charges for appointments that a member or dependant failed to keep with service providers;
- Pre-natal and/or post-natal exercises;
- 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; for example, breast reduction, breast augmentation, otoplasty, total nose reconstruction, lipectomy, subcutaneous mastectomy, minor superficial varicose veins treatment with sclerotherapy, abdominal bowel bypass surgery, etc.;
- Plastic and reconstructive surgery is excluded from benefits, unless prior approved by the Scheme as clinically essential and not cosmetic;
- Accommodation in an old-age home or other institution that provides general care for the aged and/or chronically ill patients, unless approved by the Scheme;
- Aids for participation in sport, e.g. mouthguards;
- Gold inlays in dentures, crown work and bleaching of vital (living) teeth;
- Any orthopaedic and medical aids not mentioned in Annexure A;
- Reports, investigations or tests for insurance purposes, admission to universities or schools, fitness tests and examinations, medical court reports, employment, emigration or immigration, etc.
- Sex change operations;
- Bandages and plasters, unless prescribed after an operation or injury;
- Travelling costs except services according to the benefits in Annexure A;
- Accounts of persons not registered with a recognised professional body constituted in terms of an Act of Parliament;
- Accommodation in spas, health or rest resorts;
- Holidays for recuperative purposes;
- The treatment of obesity, provided that with prior motivation the Scheme may approve benefits for the treatment of morbid obesity;
- Muscular fatigue tests, except if requested by a specialist and a doctor's motivation is enclosed;
- Subject to the benefits in Annexure A, the treatment of alcoholism and drug abuse;
- Any treatment as a result of surrogate pregnancy;
- Circumcision, unless prior authorised as being clinically essential;
- Blood pressure appliances: provided that the Board may decide to grant benefits in exceptional circumstances;
- Non-functional prosthesis used for reconstructive/restorative surgery, provided that the Board may decide to grant the benefits in exceptional circumstances;
- Benefits for costs of repair, maintenance, parts or accessories for the appliances or prosthesis;
- Unless otherwise indicated by the Board, costs for services rendered by any institution, not registered in terms of any law;
- All costs in respect of sickness conditions that were specifically excluded from benefits when the member was admitted to the Scheme for twelve months from the date of coverage;
- Unless otherwise decided by the Board, benefits in respect of medicines obtained on a prescription are limited to one month's supply for every such prescription or repeat thereof;
- Any health benefit not included in the list of prescribed benefits (including newly developed interventions or technologies) shall be deemed to be excluded from the benefits until and unless the benefits are revised to include it;
- Compensation for pain and suffering, loss of income, funeral expenses or claims for damages;
- Nappies excluded and benefits for adult use will only be granted if prior authorised with motivation;
- Benefits for organ transplant donors to recipients who are not members of the Scheme;
- Benefits for medical expenses sustained as a result of injuries on duty;
- Claims relating to the following:
 - Aptitude tests
 - IQ tests
 - School readiness
 - Questionnaires
 - Marriage counselling
 - Learning problems
 - Behavioural problems.
- Benefits for tints and photo chromic lenses;
- Gender or sex-related injectables (e.g. Depo Provera, etc.);
- Cosmetics and sun blocks;
- Appliances and devices e.g. non diabetic syringes.

ANNEXURE C

ACUTE MEDICINE EXCLUSIONS

The following exclusion categories of medicines to be excluded from acute benefits:

CATEGORY	DESCRIPTION	EXAMPLE
1.01	Gender/sex related: Oral and injectable contraception	Biphasil®, Logynon ED® Nur-esterate®
1.02	Gender/sex related: IUD's and others	Nova-T®, Multiload®, etc.
1.03	Gender/sex related: Treatment of female infertility	Clomid®, Profasi®, Cyclogest®, etc.
1.05	Gender/sex related: Androgens and anabolic steroids	Sustanon®
2.00	Slimming Preparations	Thinz®, Obex LA®
4.01	Patent Medicines: Household remedies	Lenons
4.02	Patent Medicines: Patent and over-the-counter drugs	Choats
4.03	Patent Medicines: Emollients	Aqueous Cream
4.04	Patent Medicines: Food/Nutrition	Infasoy, Ensure
4.05	Patent Medicines: Soaps and cleansers	Brasivol®, Phisoac®
4.06	Patent Medicines: Cosmetics	Classique
4.07	Patent Medicines: Contact lense preparations	Bausch and Laumb®
4.08	Patent Medicines: Patent sunscreens	Piz Buin
4.10	Patent Medicines: Medicated shampoo	Denorex® Nizshampoo
4.11	Patent Medicines: Veterinary products	
5.04	Appliances, Supplies and Devices: Medical appliances/devices	Thermometers, hearing aid batteries
5.06	Appliances, Supplies and Devices: Bandages and dressings	cotton wool, gause
5.07	Appliances, Supplies and Devices: Disposable cholesterol supplies	
5.11	Appliances, Supplies and Devices: Incontinence products	Nappi's molipants, linen savers except Stoma related supplies
6.00	Diagnostic Agents	Clear View Pregnancy Tests
8.05	Vaccines/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®
9.06	Vitamin and/or mineral supplements: Calcium diet supplementation	Calsuba®
9.08	Vitamin and/or mineral supplements: Magnesium diet supplementation	Magnesit®
9.09	Vitamin and/or mineral supplements: Single vitamins	Vitamin B, vitamin C
9.10	Vitamin and/or mineral supplements: Unregistered vitamins, mineral or food supplements	Sportron
10.01	Naturo- and homeopathic remedies/supplements: Homeopathic remedies	Welleda Natura
10.02	Naturo- and homeopathic remedies/supplements: Natural oils	Primrose oils, fish liver oil
11.02	Topical Preparations: Topical anti-inflammatories	Voltaren Gel®
12.00	Veterinary Products	
13.00	Growth hormones	Genotropin®
14.00	Medicines where cost/benefit ratio cannot be justified	Xigris®, Zyvoxid® Herceptin, Gleevac®
18.00	Intestinal flora	Inteflora®, etc.
20.00	All newly registered medicines	



ANNEXURE C

ACUTE MEDICINE EXCLUSIONS – CONTINUED

Other items and categories that can be excluded according to Evidence Based Medicine principles as approved by the Scheme from time to time.

The following categories are not available on acute benefits:

CATEGORY	DESCRIPTION	EXAMPLE
1.06	Gender/sex related: Treatment of impotence/sexual dysfunction	Viagra [®] , Cialis [®] , Caverject [®]
5.01	Appliances, Supplies and Devices: Appliances, Supplies and Devices	Glucometers, nebulisers
5.02	Appliances, Supplies and Devices: Orthopaedic device	Special braces, guards, etc.
5.03	Appliances, Supplies and Devices: Stoma products and accessories, except where it forms part of PMB-related services	Stomabags adhesive paste, pouches and accessories
5.08	Appliances, Supplies and Devices: Medicated dressings, except where these forms part of PMB-related services	Opsite [®] , Intrasite [®] , Tielle [®] , Granugel [®]
5.10	Appliances, Supplies and Devices: Surgical appliances/products for home nursing	Catheters, urine bags, butterflies, dripsets, alcohol swabs
7.01	Treatment/prevention of substance abuse: Opoied	Revia [®]
7.03	Treatment/prevention of substance abuse: Alcohol, except PMBs	Antabuse [®] , Sobrial [®] Esperal implants
22.00	Immunosuppressives: except PMBs	Azapress [®] , Sandimmun [®] , etc
23.01	Blood products: Erythropoietin, except PMBs	Eprex [®] *, Repotin [®] , etc.
23.02	Blood products: Haemostatics, except PMBs	Konakion [®] , Factor VIII
24.01	Anti-Retroviral agents* (PEP 3 day Starter pack available on prescription)	Zerit [®] , Videx [®] , 3TC [®]
25.01	Oxygen: Masks regulators and oxygen, except PMBs	Oxygen, masks

ANNEXURE D

PROCEDURES PRE-AUTHORISED UNDER AUSPICES OF MANAGED HEALTHCARE.

(PROOF OF IDENTITY IS REQUIRED FOR ALL CONSULTATIONS AND ADMISSIONS.)

IF THESE PROCEDURES ARE DONE IN THE DOCTORS' ROOMS THERE IS NO NEED FOR PRE-AUTHORISATION.

Any minor surgical procedure
Breast biopsy
Cauterisation of warts
Circumcision
Cone biopsy
Drainage of small abscesses
Endoscopy of the nose
Excision of superficial benign tumours
Fine needle biopsy
Ganglion excision
Gastroscopy
Hysteroscopy
Intra-articular hydrocortisone injection
Laser procedures
Nerve blocks
Nasal plugging for epistaxis
Nasal cautery
Proctoscopy
Removal of small hardware
Superficial foreign body removal

THE FOLLOWING ELECTIVE PROCEDURES WILL BE FUNDED FROM MAJOR RISK IF DONE IN DOCTORS' ROOMS OR DAY CLINICS. IF THESE ARE DONE IN-HOSPITAL, THE MEMBER WILL BE LIABLE FOR CO-PAYMENT UNLESS IN A CASE OF EMERGENCY. IF THESE PROCEDURES ARE DONE IN THE DOCTORS' ROOMS, THERE IS NO NEED FOR PRE-AUTHORISATION.

Arthroscopy - knee, shoulder
Bronchoscopy
Circumcision (children who are younger than 10 years)
Cystoscopy
Colposcopy
D&C/Evacuation (Curation; cleaning of the womb)
Endoscopy of the nose
Functional endoscopic sinus surgery
Gastroscopy
Hysteroscopy
Laparoscopy – diagnostic, sterilisation
Lithotripsy
Local excision of lump in breast (lumpectomy)
Meibomian cysts excision
Minor perianal surgery
Nasal cautery
Nasal polypectomy
Proctoscopy
Pterygium/keratectomy
Removal of wisdom teeth
Sigmoidoscopy
Squint repair/strabismus
Tonsillectomy/adenoidectomy
Thyroid cyst/nodule biopsy
Vasectomy

PRE-AUTHORISATION POLICIES AND PROCEDURES

Where applicable, pre-authorisation must be obtained for clinical services and will be subject to benefit limits. Within the auspices of managed healthcare a clinical motivation might be required.

PRE-AUTHORISATION FOR HOSPITALISATION

All hospital admissions must be pre-authorised (where indicated a hospital network will apply) .

- You may obtain a hospital pre-authorisation number by phoning the Hospital Risk Management Programme on 0860 104 111.
- Payment to a hospital is subject to pre-authorisation, clinical necessity, appropriate treatment, benefit limits and PMBs.
- If you are admitted to an intensive care unit (ICU) or high care ward (HC), the hospital is required to motivate your continued accommodation in either of these facilities every 72 hours.
- You may be liable for a co-payment if your option stipulates that you use a hospital network (except in emergency), have not been referred by the Scheme's selected network provider and obtained pre-authorisation.
- In case of emergency the Scheme must be notified within 48 hours or the first working day after treatment/admission.

An authorisation does not guarantee payment.

PRE-AUTHORISATION FOR DENTISTRY

It is not necessary to obtain authorisation for routine procedures, e.g. fillings, and extractions.

Basic dentistry

- The Scheme must authorise dental procedures that require general anaesthesia.
- Procedures done under general anaesthesia are only permitted for children under the age of seven years or in case of the surgical removal of impacted wisdom teeth.

Specialised dentistry

- All specialised dentistry services and procedures must be pre-authorised.
- If any of the procedures involve hospitalisation, the member must obtain a pre-authorisation number via the Hospital Risk Management Programme.

PRE-AUTHORISATION FOR PMB CHRONIC DISEASE LIST (CDL) CONDITIONS

- The Disease Risk Management Programme's Care Plan will allow each registered beneficiary a certain number of consultations and investigations annually according to protocols.
- The beneficiary is notified about these benefits at the beginning of each calendar year or shortly after being diagnosed with the condition.
- No co-payment applies for the treatment of a PMB CDL condition if you use the medicines within the QMP formulary.

ANNEXURE E

POLMED DENTAL BENEFIT TABLE 2010

Dental benefits are paid at 100% of prescribed tariff. The dental protocols and benefit rules apply to all options. All specialised dentistry and hospitalisation must be authorised.

		LOWER PLAN	HIGHER PLAN
BASIC DENTISTRY	Routine consultation, cleaning of teeth, fluoride application	Twice annually per beneficiary	Twice annually per beneficiary
	Oral hygiene Instructions	Once in 12 months per beneficiary	Once in 12 months per beneficiary
	Fissure sealants, X-Rays (radiographs)	Permanent molars up to 21 years Extra oral radiography limited to a two-year period	Permanent molars up to 21 years Extra oral radiography limited to a two-year period
	Fillings	Once per tooth within 12 months, max of four fillings per beneficiary per annum. If more than four fillings are required, your dentist should submit a Dental Plan for the beneficiary to Polmed.	Once per tooth within 12 months, max of four fillings per beneficiary per annum. If more than four fillings are required, your dentist should submit a Dental Plan for the beneficiary to Polmed.
	Root canal treatment	Max of two per beneficiary per annum. If more than two required, your dentist should submit a Dental Plan for the beneficiary to Polmed.	Max of two per beneficiary per annum. If more than two required, your dentist should submit a Dental Plan for the beneficiary to Polmed.
	Plastic dentures	Once every 24 months	Once every 24 months
		All the above are subject to overall out-of-hospital limit.	All the above are subject to overall out-of-hospital limit.
SPECIALISED DENTISTRY	Root planning (Periodontal surgery)	No specialised dentistry other than PMBs	As per clinical protocols Over the age of 12 years
	Metal base to partial denture	No specialised dentistry other than PMBs	Once every two years
	Crown and bridge work	No specialised dentistry other than PMBs	Once per tooth within three years and a maximum of four in any year per beneficiary.
	Orthodontic treatment	No specialised dentistry other than PMBs	Once in a lifetime under the age of 21 years
	Periodontal surgery	No specialised dentistry other than PMBs	Pre-requisite treatment
	Surgical removal of impacted	No specialised dentistry other than PMBs	No pre-authorisation is required when done out of hospital Pre-authorisation (required for hospitalisation)
	Maxillo-facial surgery These procedures are paid from Major Risk Benefit. They are subject to pre-authorisation, unless if it is an emergency.	No specialised dentistry other than PMBs	Jaw fractures Congenital deformities Surgical treatment of pathological conditions
	In all cases pre-authorisation is required, failing which the Scheme will impose a co-payment of R500.	In all cases pre-authorisation is required, failing which the Scheme will impose a co-payment of R500.	
IN-HOSPITAL TREATMENT	Children under the age of seven years	No specialised dentistry other than PMBs	Written motivation, radiographs
	Surgical removal of teeth	No specialised dentistry other than PMBs	Written motivation, radiographs
	Dentectomy	No specialised dentistry other than PMBs	Written motivation, radiographs
	Periodontal surgery	No specialised dentistry other than PMBs	Written motivation, radiographs
	Surgical exposures of unerupted canines	No specialised dentistry other than PMBs	Written motivation, radiographs
	Allergic to local anesthetic	No specialised dentistry other than PMBs	Written motivation, radiographs
	Oro-facial and dental trauma	No specialised dentistry other than PMBs	Written motivation, radiographs
	Patients with either physical, mental, medically compromising conditions	No specialised dentistry other than PMBs	Written motivation, radiographs
	Orthognathic surgery	No specialised dentistry other than PMBs	Written motivation, radiographs