

# OVERVIEW OF PLANS



BENEFITS	MARINE	AQUARIUM	CO-PAYMENTS AND COMMENTS
<b>In-hospital benefits</b>			
<b>PMB hospital cover</b>	Unlimited	Unlimited	<ul style="list-style-type: none"> <li>Subject to Polmed network on the Aquarium option</li> <li><b>R15 000</b> co-payment for admission in a non-network hospital on the Aquarium option</li> <li>Negotiated network tariff</li> <li>Subject to pre-authorisation</li> <li>Subject to <b>R5 000</b> penalty where pre-authorisation was not obtained</li> <li>Subject to managed care protocols and guidelines</li> </ul>
<b>Non-PMB hospital cover</b>	Unlimited	R200 000	<ul style="list-style-type: none"> <li><b>R15 000</b> co-payment for admission in a non-network hospital on the Aquarium option</li> <li>Negotiated network tariff</li> <li>Subject to pre-authorisation</li> <li>Subject to <b>R5 000</b> penalty where pre-authorisation was not obtained</li> <li>Subject to managed care protocols and guidelines</li> </ul>
<b>Anaesthetist's Rate</b>	150%	150%	
<b>Chronic renal dialysis</b>	Yes	Yes	<ul style="list-style-type: none"> <li>100% agreed tariff</li> <li>Subject to pre-authorisation</li> <li>Subject to network</li> <li>Subject to 30% co-payment when using a non-network provider</li> </ul>
<b>Dentistry (conservative and restorative)</b>	Yes	Yes	<ul style="list-style-type: none"> <li>100% Polmed rate</li> <li>Subject to out-of-hospital (OOH)</li> <li>Subject to dentistry sublimit</li> <li>Hospital and anaesthetist costs will be reimbursed from in-hospital benefits</li> </ul>
<b>Emergency medical services</b>	Yes	Yes	<ul style="list-style-type: none"> <li>Subject to authorisation within 72 hours following the incident or next day post emergency</li> <li>Authorisation required for inter-hospital transfers before the event</li> <li>Subject to 40% co-payment when using a non-network provider</li> </ul>
<b>General practitioners</b>	Yes	Yes	<ul style="list-style-type: none"> <li>100% of agreed tariff at network provider</li> <li>100% of Polmed rate at non-network provider</li> </ul>
<b>Medication (specialised drug limit) e.g. biologicals</b>	Yes	Yes	<ul style="list-style-type: none"> <li>100% of Polmed rate</li> <li>Subject to pre-authorisation</li> <li>Subject to listed sublimit</li> </ul>
<b>Mental health</b>	Yes	Yes	<ul style="list-style-type: none"> <li>100% of Polmed rate</li> <li>Annual limit of 21 days in-hospital or 15 out-of-hospital sessions per beneficiary</li> <li>Limited to a maximum of three day's hospitalisation if admitted by a GP or a specialist physician</li> <li>Additional hospitalisation subject to motivation by the medical practitioner</li> </ul>

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<b>Oncology (chemotherapy and radiotherapy)</b>	Yes	Yes	<ul style="list-style-type: none"> <li>• 100% if agreed tariff at network provider</li> <li>• Subject to set limit and includes MRI/CT or PET scans</li> <li>• Subject to oncology formulary</li> </ul>
<b>Organ and tissue transplants</b>	Yes	Yes	<ul style="list-style-type: none"> <li>• 100% of agreed tariff at network provider</li> <li>• Subject to clinical guidelines</li> </ul>
<b>Pathology</b>	Yes	Yes	Service linked to hospital pre-authorisation
<b>Physiotherapy and dieticians</b>	Yes	Yes	Service linked to hospital pre-authorisation. Referral required for in-hospital physiotherapy sessions
<b>Prosthesis (internal and external)</b>	Yes	Yes	<ul style="list-style-type: none"> <li>• 100% Polmed rate</li> <li>• Subject to pre-authorisation</li> <li>• Subject to approved product list</li> <li>• Subject to overall prosthesis benefit limit</li> <li>• Subject to specific prosthesis sublimit</li> </ul>
<b>Radiographers</b>	Yes	Yes	<ul style="list-style-type: none"> <li>• Referral by the treating healthcare professional is required for services rendered</li> </ul>
<b>Refractive surgery</b>	Yes	No benefit	<ul style="list-style-type: none"> <li>• 100% Polmed rate</li> <li>• Subject to pre-authorisation</li> <li>• Procedure performed out-of-hospital and in day clinics</li> </ul>
<b>Social workers and registered counsellors</b>	Yes	Yes	<ul style="list-style-type: none"> <li>• A referral by the treating healthcare professional is required for services rendered. Number of consultations limited to 4 sessions in a benefit cycle</li> </ul>
<b>Specialists</b>	Yes	Yes	<ul style="list-style-type: none"> <li>• 100% agreed tariff at network provider</li> <li>• 100% Polmed rate at non-network provider</li> </ul>

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<b>Overall out-of-hospital (OOH) benefits</b>			
<b>Annual OOH benefits</b>	Yes	Yes	<ul style="list-style-type: none"> <li>Subject to OOH limit, protocols and guidelines</li> </ul>
<b>Audiology</b>	Yes	Yes	<ul style="list-style-type: none"> <li>Subject to OOH limit and referral</li> </ul>
<b>Conservative and restorative dentistry</b>	Yes	Yes	<ul style="list-style-type: none"> <li>Subject to OOH limit and includes dentist costs for in-hospital, non-PMB procedures</li> <li>Routine consultation, scaling and polishing limited to two annual check-ups per beneficiary</li> <li>Oral hygiene instructions are limited to once in 12 months per beneficiary</li> </ul>
<b>General practitioners</b>	Yes	Yes	<ul style="list-style-type: none"> <li>100% agreed tariff at Network</li> <li>Subject to OOH limit</li> <li>Subject to listed number of consultations per family per annum</li> <li>Subject to network and/or nominated general practitioner (GP)</li> </ul>
<b>Medication (acute)</b>	Yes	Yes	<ul style="list-style-type: none"> <li>100% Polmed rate at Network</li> <li>Subject to the OOH limit</li> <li>Subject to Polmed Formulary reference price</li> <li>Subject to 20% co-payment for non-network utilisation</li> </ul>
<b>Medication (over-the-counter (OTC))</b>	Yes	Yes	<ul style="list-style-type: none"> <li>100% of Polmed rate at Network</li> <li>Subject to annual sublimit</li> <li>Subject to OOH limit</li> <li>Subject to Polmed Formulary</li> <li>Subject to 20% co-payment for non-network utilisation</li> </ul>
<b>Occupational and speech therapy</b>	Yes	PMB only	<ul style="list-style-type: none"> <li>100% Polmed rate</li> <li>Subject to OOH limit</li> <li>Subject to annual sublimit</li> </ul>
<b>Pathology</b>	Yes	Yes	<ul style="list-style-type: none"> <li>Subject to OOH</li> <li>Subject to annual pathology sublimit</li> </ul>
<b>Physiotherapy</b>	Yes	Yes	<ul style="list-style-type: none"> <li>100% of Polmed rate</li> <li>Subject to OOH limit</li> <li>Subject to annual physiotherapy sublimit</li> </ul>
<b>Psychology plus social worker</b>	Yes	Yes	<ul style="list-style-type: none"> <li>100% of Polmed rate</li> <li>Subject to OOH limit</li> <li>Subject to psychology plus social worker sublimit</li> </ul>
<b>Specialists</b>	Yes	Yes	<ul style="list-style-type: none"> <li>100% of Polmed rate at network provider</li> <li>Subject to OOH limit</li> <li>Subject to maximum listed number of visits/consultations per beneficiary and per family per annum</li> <li>Subject to GP referral to network listed specialists</li> <li>Subject to 30% co-payment if no referral is obtained where applicable</li> </ul>

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<b>Allied health services and alternative healthcare providers: biokinetics, chiropractors, chiropodists, dieticians, homeopath, naturopaths, orthoptists, osteopaths, podiatrists, reflexologists and therapeutic massage therapists</b>	Yes	No benefit	<ul style="list-style-type: none"> <li>• 100% Polmed rate</li> <li>• Subject to annual limit</li> <li>• Subject to clinical appropriateness</li> </ul>
<b>Appliances (medical and surgical)</b>	Yes	Yes	<ul style="list-style-type: none"> <li>• 100% Polmed rate</li> <li>• Subject to listed limit</li> <li>• Subject to referral</li> <li>• Subject to pre-authorisation</li> <li>• Subject to applicable clinical protocols and guidelines</li> <li>• Subject to quotations</li> </ul>
<b>Chronic medications</b>	Yes	PMB only	<ul style="list-style-type: none"> <li>• 100% of Polmed rate at network provider</li> <li>• 20% co-payment at non-network provider</li> <li>• Subject to formulary reference price</li> <li>• Subject to prior application and registration of chronic condition</li> <li>• PMB-CDL conditions are not subjected to limit</li> <li>• Extended list of chronic conditions (non-PMB) subject to listed chronic medications limit</li> </ul>
<b>Specialised dentistry</b>	Yes	PMB only	<ul style="list-style-type: none"> <li>• 100% Polmed rate</li> <li>• Subject to pre-authorisation</li> <li>• Subject to annual family limit</li> <li>• Subject to dental protocols</li> <li>• Subject to 5-year cycle for crown and bridges</li> <li>• Includes specialised dental procedures done in- and out-of-hospital</li> <li>• Includes metal-based dentures</li> <li>• Aquarium plan only PMB benefits</li> </ul>
<b>Maternity benefits (including home birth):</b>	Yes	Yes	<ul style="list-style-type: none"> <li>• Subject to pre-authorisation</li> <li>• Subject to treatment and clinical protocols and guidelines</li> </ul>
<b>Ultrasound scans</b>	Yes	Yes	<ul style="list-style-type: none"> <li>• Subject to listed limit</li> <li>• Pre-authorisation applies for extra ultrasound after 32 weeks of pregnancy</li> </ul>

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<b>Caesarean sections</b>	Yes	Yes	<ul style="list-style-type: none"> <li>• Subject to PMB</li> <li>• Subject to pre-authorisations</li> <li>• Considered in line with managed care and funding protocols</li> <li>• A co-payment of <b>R10 000</b> will apply for voluntary Caesarean sections</li> </ul>
<b>Maxillofacial</b>	Yes	No benefit	<ul style="list-style-type: none"> <li>• Subject to pre-authorisations</li> <li>• Shared limit with specialised dentistry</li> </ul>
<b>Optical</b>	Yes	Yes	<ul style="list-style-type: none"> <li>• Subject to listed limit</li> <li>• Each beneficiary is entitled to either spectacles or contact lenses</li> <li>• Subject to 24-month benefit cycle</li> <li>• No prorating, benefits will be calculated from benefit service date</li> </ul>
<b>Basic radiology</b>	Yes	Yes	<ul style="list-style-type: none"> <li>• 100% of agreed tariff</li> <li>• Subject to basic radiology family limit</li> <li>• Includes basic radiology in- and out-of-hospital</li> <li>• Claims for PMB first accrue towards the limit</li> </ul>
<b>Specialised radiology</b>	Yes	Yes	<ul style="list-style-type: none"> <li>• 100% of agreed tariff</li> <li>• Subject to pre-authorisation</li> <li>• Includes specialised radiology in- and out-of-hospital</li> <li>• Claims for PMB first accrue towards the limit</li> <li>• PMB rules apply</li> </ul>