

A line of police officers in blue uniforms and hats, viewed from the side. A large, semi-transparent circular graphic is overlaid on the center of the image. The text 'OVERVIEW OF PLANS' is centered within this circle. In the bottom right of the large circle, there is a smaller circular inset showing two dolphins swimming underwater.

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 network on the Aquarium option • R15 000 co-payment for admission in a non-network hospital on the Aquarium option • Negotiated network tariff • Subject to pre-authorisation • Subject to R5 000 co-payment where pre-authorisation was not obtained • Subject to managed care protocols and guidelines |
| Non-PMB hospital cover | Unlimited | R205 100 | <ul style="list-style-type: none"> • An open network applies for Marine Plan • Scheme rates are applicable • Negotiated network tariff • Subject to pre-authorisation • Subject to R5 000 co-payment where pre-authorisation was not obtained • Subject to managed care protocols and guidelines |
| Allied health services and alternative healthcare providers: Biokineticists Chiropractors Chiropodists Dieticians Homeopaths Naturopaths Orthoptists Osteopaths Podiatrists Reflexologists Therapeutic massage therapists | Yes Yes | Yes Yes | <ul style="list-style-type: none"> • Referral required for services rendered by all allied and auxilliary service providers in-hospital • A referral by the treating healthcare professional is required for services rendered. Number of consultations limited to 4 sessions in a benefit cycle |
| Anaesthetist's rate | 150% | 150% | |
| 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 |
| Chronic renal dialysis | Yes | Yes | <ul style="list-style-type: none"> • 100% agreed tariff • Subject to pre-authorisation • Subject to network • Subject to 30% co-payment when using a non-network provider |



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|--|--------|----------|--|
| 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 Full Dental Benefit Guide can be downloaded at www.polmed.co.za |
| 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-network provider |
| General practitioners | Yes | Yes | <ul style="list-style-type: none"> 100% of agreed tariff at network provider 100% of POLMED rate at non-network provider |
| 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 in-hospital or 15 out-of-hospital sessions 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) | Yes | Yes | <ul style="list-style-type: none"> 100% if agreed tariff at network provider Subject to set limit and includes MRI/CT or PET scans Subject to oncology formulary Subject to medicines from the preferred provider network |
| Organ and tissue transplants | Yes | Yes | <ul style="list-style-type: none"> 100% of agreed tariff at network provider Subject to clinical guidelines |
| Pathology | Yes | Yes | <ul style="list-style-type: none"> 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 |
| Radiographers | Yes | Yes | <ul style="list-style-type: none"> Referral by the treating healthcare professional is required for services rendered |

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|--|--------|------------|--|
| 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 |
| Specialists | Yes | Yes | <ul style="list-style-type: none"> 100% agreed tariff at network provider 100% POLMED rate at non-network provider |
| OVERALL OUT-OF-HOSPITAL (OOH) BENEFITS | | | |
| Annual OOH benefits | Yes | Yes | <ul style="list-style-type: none"> Subject to OOH limit, protocols and guidelines |
| Audiology | Yes | Yes | <ul style="list-style-type: none"> Subject to OOH limit and referral Audiology network must be used |
| 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 Dental network applies to Aquarium option – 30% co-payment for use of a non-network provider |
| General practitioners | Yes | Yes | <ul style="list-style-type: none"> 100% agreed tariff at Network Subject to OOH limit Subject to listed number of consultations per family per annum Subject to network and/or nominated general practitioner (GP) |
| Medication (acute) | Yes | Yes | <ul style="list-style-type: none"> 100% POLMED rate at Network Subject to the OOH limit Subject to POLMED Formulary reference price Subject to 20% co-payment for non-network utilisation |
| Medication (over-the-counter (OTC)) | Yes | Yes | <ul style="list-style-type: none"> 100% of POLMED rate at Network Subject to annual sublimit Subject to OOH limit Subject to POLMED Formulary Subject to 20% co-payment for non-network 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 |



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| 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 network provider Subject to OOH limit Subject to maximum listed number of visits/consultations per beneficiary and per family per annum Subject to GP referral to network listed specialists Subject to R1 000 co-payment on Marine plan if no referral is obtained |
| STAND-ALONE BENEFITS | | | |
| Allied health services and alternative healthcare providers: Art therapy, biokinetics, chiropractors, chiropodists, dieticians, homeopaths, 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 network provider 20% co-payment at non-network provider 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) subject to listed chronic medications limit |
| Maternity benefits (including home birth) | Yes | Yes | <ul style="list-style-type: none"> Subject to pre-authorisation Subject to treatment, clinical protocols and guidelines |

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| Ultrasound scans | Yes | Yes | <ul style="list-style-type: none"> Subject to listed limit Pre-authorisation applies for extra ultrasound after 32 weeks of pregnancy |
| 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 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 Includes metal-based dentures subject to a 5-year cycle Aquarium plan only PMB benefits Full Dental Benefit Guide can be downloaded at www.polmed.co.za |
| Specialised radiology | Yes | Yes | <ul style="list-style-type: none"> 100% of agreed tariff Subject to pre-authorisation Includes specialised radiology in- and out-of-hospital Claims for PMB first accrue towards the limit PMB rules apply |