

TopMed Professional	Part 1 : Major Medical Benefits
<p>MEDICAL PRACTITIONERS (General Practitioners and Specialists) Associated clinical procedures (during authorised hospital treatment)</p> <p>Visits: (during authorised hospitalisation) Radiology and pathology (during authorised hospital treatment) MRI scans, CT scans, radio-isotope studies (during and/or not during authorised hospital treatment) MRI scans, CT scans, radio-isotope studies (not during authorised hospital treatment)</p>	<p>% BENEFIT PAYABLE GPs 100% of TT - Specialist 150% of TT – plus the following non-hospitalised procedures: • 24-hour oesophageal pH studies • Oesophageal motility GPs 100% of TT - Specialist 150% of TT 100% of TT 100% of TT – additional PAR required.</p> <p>100% of TT – additional PAR required. Subject to a co-payment of R1000 per MRI / CT Scan Please refer to the Members' Guide for detail of certain MRI / CT scans and radio-isotope studies which do not require a PAR and in respect of which benefits are payable as for radiology</p>
<p>HOSPITALISATION Pre-authorisation(PAR) is required in respect of hospitalisation and the associated clinical procedures before treatment starts. In the case of an emergency, within the next two business days, otherwise no benefits are allowed. Accommodation, theatre, medicine, material and hospital apparatus used during hospitalisation Medicine received on discharge from hospital (T.T.O.)</p>	<p>100% of AT</p> <div style="border: 1px solid green; padding: 5px;"> <p>Extended Major Medical Benefit Please refer to the Member Guide for a summary of the post-operative benefits available for the following:-</p> <ul style="list-style-type: none"> • Hip Replacement • Heart Attack • Knee Replacement • Stroke • Post-Crime Trauma </div> <p>100% of AT (MMAp applies), maximum of seven days' supply</p>
<p>SECONDARY FACILITIES (step-down nursing, hospice & rehabilitation) No benefits unless treatment forms part of a Case Management Programme</p>	<p>Benefits for clinical procedures and treatment during a stay in a secondary facility will be limited to R105 000 per beneficiary per year</p>
<p>CONFINEMENTS / MATERNITY PROGRAMME Pre-Authorisation (PAR) required within 12 to 20 weeks for the Maternity Programme Additional PAR required for the confinement prior to birth</p>	<p>Benefits as described in respect of medical practitioners and hospitalisation. Benefits are allowed in respect of home births if a registered service provider assists with the birth Benefits in respect of pregnancy scans are limited to 2 per beneficiary per year and the costs of 3D-foetal scans are limited to the cost of a 2D-scan Benefit includes 12 ante-natal consultations, classes and pre-natal vitamins</p>
<p>AMBULANCE SERVICES Preferred Provider ER 24 (084 124) Non-preferred Provider</p>	<p>100% of AT 100% of TT, limited to R1 700 per family per year</p>
<p>PRESCRIBED MEDICINE Chronic including PMB CDL's (member must apply for this benefit)</p>	<p>100% of AT for non PMB's and PMB* CDL's (MMAp applies), limited to R7 200 per beneficiary and R14 500 per family per year</p>
<p>AUXILIARY SERVICES (during authorised hospital treatment) Blood transfusions Internal medical and surgical accessories - Pre-Authorisation (PAR) required Physiotherapy, speech therapy, occupational therapy, social workers and dieticians Clinical technology Medical technology</p>	<p>100% of cost 100% of cost subject to sub-limits as applied per clinical protocols - refer Member Guide</p> <p>100% of TT 100% of TT 100% of TT</p> <div style="background-color: #f4a460; padding: 2px; border: 1px solid #ccc;"> <p>Stomatherapy limited to R13 900 per family per year (PAR required if limit exceeded)</p> </div>
<p>DISEASE MANAGEMENT / CASE MANAGEMENT Aids and HIV-infections Organ transplants and kidney dialysis Oncology</p>	<p>Benefits are only allowed if treatment forms part of a Case Management Programme Benefits are allowed only if treatment forms part of a Case Management Programme. No benefits payable for organ donors Benefits are subject to treatment forming part of a Disease Management Programme to the maximum of R399 000 p.b.p.a. For more detail about the payment of benefits please refer to the Member Guide</p>
<p>DENTISTRY (All dentistry, specialised dentistry and dental hospitalisation is subject to the dental benefits management programme and protocols) Specialised dentistry - subject to Pre-Authorisation Surgical / Hospitalisation - subject to Pre-Authorisation</p>	<p>Benefits limited to 75% of TT (25% co-payment applies to all benefits) Refer to Summary of Dental Benefits below</p>

Summary of Dental Benefits

Conservative dentistry	<ul style="list-style-type: none"> Consultations Oral Hygiene Fissure Sealants Extra Oral Radiography Extractions Fillings Root Canal Plastic Dentures 	<ul style="list-style-type: none"> 2 check-ups per beneficiary per year* 1 oral instruction per beneficiary per year Limited to permanent molars for beneficiaries less than 21 years old Limited to every 2 years per beneficiary As required 1 per tooth per year to a maximum of 4 per beneficiary per year 2 per beneficiary per year 1 per beneficiary every 2 years 	
Specialised dentistry	<ul style="list-style-type: none"> Crowns & Bridges Partial Metal Frames Orthodontics Periodontal Surgery Surgical Removal of Impacted Teeth Root Planning 	<ul style="list-style-type: none"> 1 crown per tooth per beneficiary every 3 years to a maximum of 2 crowns per beneficiary per year 1 frame per beneficiary every 2 years Fixed braces for beneficiaries less than 21 years old, subject to clinical criteria Subject to clinical criteria for beneficiaries older than 12 Subject to clinical criteria Subject to clinical criteria 	<p>75% of TT Limited to R10 500 per family per year</p>
	<ul style="list-style-type: none"> Orthognatic Surgery Maxillo Facial Surgery Implants 	<ul style="list-style-type: none"> Only in the case of severe facial deformity, subject to clinical criteria (payable from savings) Limited to jaw fractures, congenital deformities and surgical removal of pathological conditions Payable from Savings to a maximum of R 3 300 per family per year (before and after threshold) 	
Hospital, sedation and anaesthetics		Subject to clinical criteria	

TopMed Professional	Part 2* : Threshold Cover
OUT-PATIENT TREATMENT AT HOSPITAL FACILITY	Benefits will be paid subject to the benefits described under part 2 for medical practitioners and acute medicine
MEDICAL PRACTITIONERS (General Practitioners and Specialists) Clinical procedures (not during hospital treatment) Visits (not during hospitalisation) Radiology and pathology (not during hospital treatment) Material and injection material (excluding medicine) administered in a doctor's consulting room	100% of TT * 100% of TT. A maximum of two visits may be utilised in respect of emergency consultations.* 100% of TT * 100% of TT *
ORTHOGNATHIC SURGERY (Jaw correction surgery)	100% of TT (covered in the case of severe facial deformities and subject to pre-authorisation through the dental programme)
OSSEOINTEGRATED IMPLANTS	100% of TT. The costs of the implants (prosthesis) are limited to R3 300 per beneficiary per year. *
PRESCRIBED MEDICINE Acute Non-prescribed schedule 1 and 2 medicine (PAT) supplied by a pharmacy	100% of AT (MMAP applies), limited to R7 900 per beneficiary and R15 700 per family per year. * No benefit, but payable from Savings
OPTICAL BENEFITS	100% of TT, limited to R360 per consultation Prescribed spectacles/contact lenses, including any repair costs, limited to R1 700 per beneficiary; R5 000 per family per year *
REFRACTIVE SURGERY	No benefits, but payable from Savings
AUXILIARY SERVICES (not during hospitalisation) External medical and surgical accessories Physiotherapy, podiatry, orthoptic treatment, speech therapy, occupational therapy, social workers, audiometry, hearing-aid acoustics, biokinetics, dieticians and consultations with chiropractors, osteopaths, homeopaths, naturopaths and herbalists Clinical technology Medical technology	100% of cost - see table * 100% of TT, subject to a combined limit of R4 200 per beneficiary and a maximum of R12 500 per family per year * 100% of TT * 100% of TT *
CLINICAL PSYCHOLOGY	100% of TT, limited to R4 400 per family per year *
PSYCHIATRY	Benefits as described in respect of medical practitioners and hospitalisation
PREVENTATIVE CARE (Immunisations)	100% of AT (MMAP applies), subject to acute medicine maximum
REPRODUCTIVE HEALTH (Oral, injectable and IUD contraceptives)	100% of AT (MMAP applies), subject to acute medicine maximum
OVERALL ANNUAL MAXIMUM IN RESPECT OF PART 1 AND PART 2	None
*PRESCRIBED MINIMUM BENEFITS (PMB)	Prescribed Minimum Benefits (PMBs) will be covered by TopMed both in the Public Healthcare system or TopMed's Designated Service Providers (DSPs). The treatment of PMBs includes chronic medication as well as the medical or surgical treatment of your PMB condition. The payment of all your PMBs requires authorisation and is subject to clinical protocols (inclusive of formularies for medicines), and must be obtained from TopMed's DSPs, failing which TopMed will only pay a 70% benefit. Once any applicable limits are reached TopMed will continue to pay for your PMBs as per the above criteria.
MEDICAL SAVINGS ACCOUNT	Please refer to the Members' Guide for further important information regarding the operation and utilisation of the Medical Savings Account

External Appliance Limit Per Family (in or out of hospital)
Appliances R2 000
Oxygen R16 700
Wheelchairs R10 500 (max 1 in 5 years)
Hearing Aid R10 500 (per family per 3 year cycle)

* Note that all limits apply before and after the threshold is reached

This is only a summary of the benefits and contributions. In case of a dispute, the registered rules will prevail. Effective from 1/1/2012

CONTRIBUTIONS - TopMed Professional			
All incomes	Member	Additional Contribution for every adult dependant	Additional Contribution for every minor dependant
CONTRIBUTIONS	1982	1510	606
SAVINGS LEVEL	661	503	202
TOTAL	2643	2013	808

The savings levels listed above is compulsory and will be added to the contributions listed in the contributions table.

The Scheme only charges for a maximum of 3 children on this option.

ABBREVIATIONS

NHRPL = National Health Reference Price (Subject to NHRPL guidelines)
 PAR = Pre-authorisation reference number
 AT = Agreed Tariff
 MMAP = Maximum Medical Aid Price (for generic medicine)
 TT = TopMed Tariff is the rate that is applicable for the payment of benefits, including the NHRPL Rate or amended rate as published by TopMed or its agent from time to time
 PMB's - Prescribed Minimum Benefit
 CDL's - Chronic Disease List
 TTO - To Take Out
 PAT - Pharmacy Advised Therapy

*IMPORTANT TO KNOW ABOUT THRESHOLD COVER:

Prior to reaching the threshold, the member's savings (if any) are utilised. 100% of the TT is accumulated towards threshold cover. A further portion will, however, have to be funded from the member's own pocket before the threshold is reached.

The following threshold must be reached before the member qualifies for the specified benefits, which are indicated as payable under part B:

Single member = R7 932,
 plus additional per adult dependant = R6 036,
 plus additional per minor dependant = R2 424.

TopMed Wellness Benefits

100% of the lower of cost or TopMed tariff limited per beneficiary per annum as outline below: Subject to obtaining a PAR

Immunisation programmes

- Baby immunisation programme - as per the Department of Health's recommended immunisation programme.
- Tetanus diphtheria booster - as required
- Influenza vaccination: all beneficiaries
- Pneumococcal vaccination: beneficiaries > 60 and high risk

Early detection programmes

- Full general physical examination according to the following age bands: (Adults 30-59: 1 every 3 years) (Adults 60-69: 1 every 2 years) (Adults >70: 1 every year)
- Mammogram: women aged 40 years and older: every two years.
- Prostate specific antigen test: Men according to the following age bands (40-49: 1 every 5 year) (50-59: 1 every 3 year) (60-69: 1 every 2 year) (over 70:1 every year)
- Dexa scan men and women older than 50 years: one every three years.
- Health assessment tests: (all adult beneficiaries) (BMI (Body Mass Index), Blood sugar test (finger prick), Blood pressure test, Cholesterol test (finger prick)
- Cholesterol blood test (if an adult beneficiary, only covered if the finger prick screening test results indicate a total cholesterol above 6mmol/L)
- Blood sugar test (if an adult beneficiary, only covered if the finger prick screening test results indicate sugar levels above 11mmol/L).
- HIV test: male and female: 15 years and older.
- Pap smear: female aged 15 years and older: one every year (including consultation).
- Glaucoma test: (Beneficiaries aged 40-49 years: once every two years) (Beneficiaries aged over 50 years: once a year.)

Note: Except in the case of PMBs, any consultations and costs not specifically stated above but related to the above tests will be paid from day-to-day benefits.