

TopMed Hospital	Part 1 : Major Medical Benefits
<p>MEDICAL PRACTITIONERS (General Practitioners and Specialists) Associated clinical procedures (during authorised hospital treatment) Visits (during authorised hospitalisation) Radiotherapy and radiology (during authorised hospital treatment) Pathology (during authorised hospitalisation) MRI scans, CT scans, radio-isotope studies (during authorised hospital treatment) MRI scans, CT scans, radio-isotope studies (out of hospital)</p>	<p>% BENEFIT PAYABLE 150% of TT 150% of TT 100% of TT 100% of AT 100% of TT - additional PAR required. 100% of TT - subject to a co-payment of R1000 per MRI / CT scan - PAR required</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> <p>Benefits for hip and knee replacements for hospitalisation and associated Providers will only be covered in the event of trauma</p> <p>100% of AT (MMAAP applies), maximum of seven days' supply</p> <p>Extended Major Medical Benefit Please refer to the Member Guide page for a summary of the post-operative benefits available for the following:-</p> <ul style="list-style-type: none"> • Hip Replacement • Knee Replacement • Heart Attack • Stroke • Post-Crime Trauma <p style="text-align: right;">} trauma only</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 annum</p>
<p>CONFINEMENTS / MATERNITY PROGRAMME Pre-Authourisation (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>OUT-PATIENT TREATMENT AT A HOSPITAL FACILITY</p>	<p>No Benefit</p>
<p>AUXILIARY SERVICES (during authorised hospital treatment) Blood transfusions Physiotherapy, speech therapy, occupational therapy, social workers and dieticians Clinical technologists Medical technologists Internal medical and surgical accessories</p>	<p>100% of cost 100% of TT 100% of TT 100% of TT 100% of cost subject to sub-limits as applied per clinical protocols - refer member Guide</p>
<p>AMBULANCE SERVICES Preferred Provider ER 24 (084 124) Non-preferred Provider</p>	<p>100% of AT 100% of TT - limited to R 1 700 per family per year</p>
<p>DISEASE MANAGEMENT / CASE MANAGEMENT Aids and HIV-infections Organ transplants and kidney dialysis Oncology</p>	<p>Benefits only allowed if treatment forms part of a Case Disease 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 R 210 000 p.b.p.a. For more detail about the payment of benefits please refer to the Member Guide</p>
<p>DENTISTRY</p>	<p>Limited to Prescribed Minimum Benefits (Excludes conservative and specialised dentistry)</p>
<p>MAXILLO FACIAL SURGERY</p>	<p>150% of TT limited to severe facial deformity / trauma</p>
<p>PRESCRIBED MEDICINE Chronic (member must apply for this benefit) Please note that this is a hospital plan only and no benefits are provided for day-to-day benefits</p>	<p>Limited to Prescribed Minimum Benefits* - Chronic Disease List (CDL) conditions only</p>
<p>* PRESCRIBED MINIMUM BENEFITS (PMB)</p>	<p>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.</p>

Please note that this is a hospital plan only and no benefits are provided for day-to-day benefits

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

TopMed Hospital	Part 2 : Day-to-Day Benefits
	No benefit

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.

CONTRIBUTIONS - TopMed Hospital			
	Member	Additional Contribution for every adult dependant	Additional Contribution for every minor dependant
All incomes	910	685	370

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-authorization 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

Disclaimer: Benefits subject to Council of Medical Schemes approval