

**TopMed Network is subject to an overall annual limit of R1 million per family.**

TopMed Network	Part 1 : Major Medical Benefits
<b>MEDICAL PRACTITIONERS</b> (General Practitioners and Specialists) Associated clinical procedures (during authorised hospital treatment) Visits (during authorised hospitalisation) Radiology and pathology (during authorised hospital treatment) MRI scans, CT scans, radio-isotope studies (during authorised hospital treatment)	<b>% BENEFIT PAYABLE</b> 100% of TT 100% of TT 100% of TT 100% of TT - additional PAR required 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
<b>HOSPITALISATION</b> Pre-authorisation (PAR) is required in respect of hospitalisation and the associated clinical procedures before treatment starts. In 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.)	100% of AT <div style="background-color: #f4a460; padding: 5px; text-align: center;">Benefits for hip and knee replacements for hospitalisation and associated Providers will only be covered in the event of trauma</div> No benefit
<b>SECONDARY FACILITIES</b> (step-down nursing, hospice & rehabilitation) No benefits unless forms part of a case management programme	Limited to PMB treatment only
<b>CONFINEMENTS</b> Pre-Authorisation (PAR) required	Benefits as described in respect of medical practitioners and hospitalisation. Benefits are limited to one confinement per family per year in a private hospital. Benefits are also allowed in respect of: – home births provided a registered service provider assists with the birth – pregnancy tests and family planning if provided by the Primary Healthcare Provider – pre and postnatal care, including sonar scanning if provided by the Primary Healthcare Provider, limited to 2 ultrasound scans per pregnancy
<b>OUT-PATIENT TREATMENT AT HOSPITAL FACILITY</b>	No benefit
<b>MAXILLO-FACIAL SURGERY</b>	100% of TT for maxillo-facial surgery if the surgery is the result of a recent traumatic accident
<b>AMBULANCE SERVICES</b> Preferred Provider ER 24 (084 124) Non-preferred Provider	100% of AT 100% of TT, limited to R1 700 per family per year subject to overall annual limit
<b>AUXILIARY SERVICES</b> (during authorised hospitalisation)  Blood transfusions Internal medical and surgical accessories Physiotherapy, speech therapy, occupational therapy, social workers and dieticians Clinical technologists Medical technologists	No referral required from a medical practitioner for auxiliary services, except in respect of external medical and surgical accessories. 100% of cost Limited to Prescribed Minimum Benefits 100% of TT  100% of TT 100% of TT
<b>DENTISTRY</b>	Limited to Prescribed Minimum Benefits
<b>SPECIALISTS</b> (out of hospital) Excluding radiology, pathology and all auxiliary services	100% of TT for specialists limited to R2 300 per family per year - subject to overall annual limit
<b>DISEASE MANAGEMENT / CASE MANAGEMENT</b> Organ transplants and kidney dialysis (subject to pre-authorisation)  Oncology	Limited to Prescribed Minimum Benefits  Limited to R210 000 p.b.p.a. Treatment limited to Tier 1 Protocols - subject to overall annual limit



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<b>TopMed Network</b>	<b>Part 2 : Day-to-Day Benefits MANAGED BY CARECROSS</b>
<b>MEDICAL PRACTITIONERS</b> (Services obtained from Primary Healthcare Provider)	Visits to a general practitioner and nursing sister at a Primary Healthcare Provider Procedures performed at a Primary Healthcare Provider, including lacerations, treatment of minor burns, bites, stings, cuts, bruises, fractures and wounds Basic radiology and pathology, subject to treatment being requested by the Primary Healthcare Provider, according to clinical protocols Material and injection material administered at the Primary Healthcare Provider
<b>MEDICAL PRACTITIONERS</b> (Services rendered by a non-Primary Healthcare Provider)	100% of TT limited to 3 per family per annum to a maximum of R1100 per family per annum
<b>CONSERVATIVE DENTISTRY</b> (Services rendered by a Primary Healthcare Provider)	Benefits are allowed in respect of the following services rendered by a dental therapist and/or dentist subject to the Primary Healthcare Provider's approved codes: – Primary extractions – Fillings – Examination and treatment of sepsis and extraction of teeth, if necessary – Preventative treatment limited to one treatment per beneficiary per year – Consultations and general examinations limited to 1 per beneficiary per year – Dentures limited to 1 set per 24 month cycle per family subject to a 20% co payment (for beneficiaries 21 and older)
<b>PRESCRIBED MEDICINE</b> (Acute and Chronic PMB Conditions)	100% of the cost according to a fixed formulary of a Primary Healthcare Provider. Medicine must be prescribed by a Primary Healthcare Provider (GP, nursing sister) or contracted network provider.
<b>PAT BENEFIT</b>	R 195 per year, maximum of R65 per event ( 3 events per family per year)
<b>AUXILIARY SERVICES</b> (not during hospitalisation) External medical and surgical accessories Physiotherapy, speech therapy, occupational therapy (not during hospitalisation), podiatry, orthoptic treatment, audiometry, hearing-aid acoustics, biokinetics, dieticians and consultations with chiropractors, osteopaths, homeopaths, naturopaths and herbalists Clinical technology and medical technology	Limited to Prescribed Minimum Benefits No benefits  No benefits
<b>OPTICAL SERVICES</b> The following conservative or basic optometry services qualify for benefits, if rendered by an optometrist or optometric technician at a Primary Healthcare Provider, or contracted network service provider: – Eye consultation – A pair of spectacles  – Contact lenses	Limited to one consultation per beneficiary every 24 months Benefits only allowed in respect of white, single and/or bifocal lenses (subject to clinical guidelines) and a choice of selected frames from the Primary Healthcare Provider. Benefits are limited to one pair of spectacles per beneficiary every 24 months 100% of TT to a maximum of R370 per beneficiary per 24 months
<b>CLINICAL PSYCHOLOGY</b>	No benefits
<b>PSYCHIATRY</b>	Limited to PMB
<b>PREVENTATIVE CARE (Immunisations)</b>	Immunisations are paid for according to the standard practices of the Department of Health, when and where available. Benefits include education, information and guidance received from the Primary Healthcare Provider.
<b>REPRODUCTIVE HEALTH</b>	Pregnancy tests and family planning sessions and pre-natal care and sonars are covered if provided by Primary Healthcare Provider
<b>HIV/AIDS</b>	Subject to the authorisations from the Primary Healthcare Provider and clinical protocols
<b>OVERALL ANNUAL MAXIMUM IN RESPECT OF BENEFITS</b> Part 1 (Major Medical Benefits) Part 2 (Day-to-day Benefits)	Subject to overall annual limit Unlimited for services provided by Primary Health Care Network
<b>SPECIFIC OPTION EXCLUSIONS</b>	Injuries sustained during participation in a strike, picketing or riot, or during a physical struggle
<b>PRESCRIBED MINIMUM BENEFITS (PMB)</b>	Prescribed Minimum Benefits (PMB's) will be covered in the Public Health care system where applicable. Should you obtain these services elsewhere, the scheme will only pay a 70% benefit. Please note that only your Primary Healthcare Provider will authorise and provide for your chronic medication and the medical treatment in respect of your PMB Chronic Conditions, and HIV and AIDS treatment.

**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**

<b>CONTRIBUTIONS - TopMed Network</b>			
Incomes	Member	Additional Contribution for every adult dependant	Additional Contribution for every minor dependant
< R4000	558	558	233
R4001 - R7000	779	779	363
R7001 - R13000	967	967	447
> R13000	1253	1253	574

<b>ABBREVIATIONS</b>
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
PAT - Pharmacy Advised Therapy

*Disclaimer: Benefits subject to Council of Medical Schemes approval*