

| TopMed Savings | Part 1 : Major Medical Benefits |
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| <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 authorised hospital treatment) MRI scans, CT scans, radio-isotope studies (not during authorised hospital treatment)</p> | <p>% BENEFIT PAYABLE</p> <p>100% of TT – plus the following non-hospitalised procedures: • 24-hour oesophageal pH studies • Oesophageal motility</p> <p>100% of TT 100% of TT 100% of TT – additional PAR required</p> <p>100% of TT – 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 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 • Knee Replacement • Post-Crime Trauma • Heart Attack • Stroke </div> <p>100% of AT (MMAAP applies), maximum 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 treatments 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 (member must apply for this benefit)</p> | <p>100% of AT Limited to Prescribed Minimum Benefit* - Chronic Disease List (CDL) conditions only</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 to the Member Guide 100% of TT</p> <p>100% of TT 100% of TT</p> <div style="border: 1px solid orange; padding: 2px; width: fit-content;"> <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 Disease Management Programme Benefits are allowed only if treatment forms part of a Case Management Programme. No benefits are payable in respect of organ donors Benefits are subject to treatment forming part of a Disease Management Programme to the maximum of R210 000 p.b.p.a. For more detail about the payment of benefits please refer to the Members' Guide</p> |
| <p>DENTISTRY (All dentistry, specialised dentistry and dental hospitalisation is subject to the dental benefits management programme and protocols) Conservative dentistry Specialised dentistry - subject to Pre-Authorisation Surgical / Hospitalisation - subject to Pre-Authorisation</p> | <p>Benefit limited to 75%of TT (25% co-payment applies to all benefits) Refer to Summary of Dental Benefits below</p> |

Summary of Dental Benefits

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|-------------------------------------|---|---|
| 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 3 years |
| Specialised dentistry | <ul style="list-style-type: none"> Crowns & Bridges Partial Metal Frames Orthodontics Periodontal Surgery Surgical Removal of Impacted Teeth Root Planning Orthognatic Surgery Maxillo Facial Surgery Implants | <ul style="list-style-type: none"> No Benefit - Payable from Savings No Benefit - Payable from Savings No Benefit - Payable from Savings Subject to clinical criteria for beneficiaries older than 12 Subject to clinical criteria Subject to clinical criteria No Benefit - 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 including any surgery or hospitalisation |
| Hospital, sedation and anaesthetics | | Subject to clinical criteria |

| TopMed Savings | Part 2 : Day-to-Day Benefits |
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| OUT-PATIENT TREATMENT AT HOSPITAL FACILITY | No benefit, but payable from Savings |
| MEDICAL PRACTITIONERS 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 | % BENEFIT PAYABLE Payable from Savings (100% of cost) Payable from Savings (100% of cost) Payable from Savings (100% of cost) Payable from Savings (100% of cost) |
| ORTHOGNATHIC SURGERY (Jaw correction surgery) | Payable from Savings (100% of cost) |
| OSSEOINTEGRATED IMPLANTS | Payable from Savings (100% of cost), limited to R3 300 per family per year |
| PRESCRIBED MEDICINE Acute Non-prescribed schedule 1 and 2 medicine (PAT) supplied by a pharmacy | Payable from Savings (100% of cost) Payable from Savings (100% of cost) |
| OPTICAL BENEFITS | Payable from Savings (100% of cost) |
| REFRACTIVE SURGERY | Payable from Savings (100% of cost) |
| AUXILIARY SERVICES (not during hospitalisation) External medical and surgical accessories Physiotherapy speech therapy, occupational therapy, podiatry, orthoptic treatment, audiometry, hearing-aid acoustics, biokinetics, dieticians and consultations with chiropractors, osteopaths, homeopaths, naturopaths and herbalists Clinical technology Medical technology | Payable from Savings (100% of cost) Payable from Savings (100% of cost) Payable from Savings (100% of cost) Payable from Savings (100% of cost) |
| CLINICAL PSYCHOLOGY | Payable from Savings (100% of cost) |
| PSYCHIATRY | Benefits as described in respect of medical practitioners and hospitalisation |
| PREVENTATIVE CARE (Immunisations) | Payable from Savings (100% of cost) |
| REPRODUCTIVE HEALTH (Oral, injectable and IUD contraceptives) | Payable from Savings (100% of cost) |
| OVERALL ANNUAL MAXIMUM IN RESPECT OF MAJOR MEDICAL BENEFITS | 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 |

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 Savings | | | |
|--------------------------------|-------------|---|---|
| All incomes | Member | Additional Contribution for every adult dependant | Additional Contribution for every minor dependant |
| CONTRIBUTIONS | 1144 | 770 | 345 |
| SAVINGS LEVEL | 286 | 193 | 86 |
| TOTAL | 1430 | 963 | 431 |

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

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.