

Topmed Hospital Plan	Part 1 : Major Medical Benefits
<b>MEDICAL PRACTITIONERS</b> (General Practitioners and Specialists) Associated clinical procedures (during authorised hospital treatment) Visit (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)	<b>% BENEFIT PAYABLE</b> 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
<b>HOSPITALISATION</b> 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.)	100% of AT No Benefit <div style="border: 1px solid orange; padding: 5px; margin: 5px 0;"> <b>Benefits for hip and knee replacements for hospitalisation and associated Providers will only be covered in the event of trauma</b> </div> <div style="border: 1px solid green; padding: 5px; margin: 5px 0;"> <b>Extended Major Medical Benefit</b>                      Please refer to the Member Guide page 18 &amp; 19 for a summary of the post-operative benefits available for the following:-                     <ul style="list-style-type: none"> <li>• Hip Replacement</li> <li>• Knee Replacement } <b>trauma only</b></li> <li>• Heart Attack</li> <li>• Stroke</li> <li>• Post-Crime Trauma</li> </ul> </div>
<b>SECONDARY FACILITIES</b> (step-down nursing, hospice & rehabilitation) No benefits unless treatment forms part of a Case Management Programme	Benefits for clinical procedures and treatment during a stay in a secondary facility will be limited to R100 000 per beneficiary per annum
<b>CONFINEMENTS / MATERNITY PROGRAMME</b> Pre-Authorisation (PAR) required within 12 to 20 weeks for the Maternity Programme Additional PAR required for the confinement prior to birth	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 and classes and pre-natal vitamins
<b>OUT-PATIENT TREATMENT AT A HOSPITAL FACILITY</b>	No Benefit
<b>AUXILIARY SERVICES</b> (during authorised hospital treatment) Blood transfusions Physiotherapy, speech therapy, occupational therapy, social workers and dieticians Clinical technologists Medical technologists Internal medical and surgical accessories	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 page 20
<b>AMBULANCE SERVICES</b> Preferred Provider ER 24 (084 124) Non-preferred Provider	100% of AT 100% of TT - limited to R 1 600 per family per year
<b>DISEASE MANAGEMENT / CASE MANAGEMENT</b> Aids and HIV-infections Organ transplants and kidney dialysis Oncology	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 200 000 p.b.p.a. For more detail about the payment of benefits please refer to the Member Guide page 14
<b>DENTISTRY</b>	Limited to Prescribed Minimum Benefits (Excludes conservative and specialised dentistry)
<b>MAXILLO FACIAL SURGERY</b>	150% of TT limited to severe facial deformity / trauma
<b>PRESCRIBED MEDICINE Chronic</b> (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	Limited to Prescribed Minimum Benefits* - Chronic Disease List (CDL) conditions only
<b>* PRESCRIBED MINIMUM BENEFITS (PMB)</b>	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.

**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 1/1/2011

CONTRIBUTIONS - TOPMED HOSPITAL PLAN			
	Member	Additional Contribution for every adult dependant	Additional Contribution for every minor dependant
All incomes	850	628	346

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