

Topmed Traditional	Part 1 : Major Medical Benefits
<p><b>MEDICAL PRACTITIONERS</b>(General Practitioners and Specialists) Associated clinical procedures (during authorised hospital treatment)</p> <p>Clinical procedures (not during hospital treatment) Visits (during authorised hospitalisation) Visits (not during hospitalisation) (General Practitioners and Specialists including Radiology and Pathology visits) Radiology and pathology (during authorised hospital treatment) Radiology and pathology (not during hospital treatment) MRI scans, CT scans, radio-isotope studies (during authorised hospital treatment) MRI scans, CT scans, radio-isotope studies (not during hospital treatment)</p> <p>Material and injection material (excluding medicine) administered in a doctor's consulting room</p>	<p><b>% BENEFIT PAYABLE</b></p> <p>100% of TT – plus the following non-hospitalised procedures: • 24-hour oesophageal pH studies • Oesophageal motility</p> <p>80% of TT – with the exception of the procedures mentioned above 100% of TT</p> <p>80% of TT, limited to: Single member = 12; Member + 1 dependant = 24; Member + 2 or more dependants = 36</p> <p>100% of TT 80% 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 <b>(Please refer to the Members' Guide page 3 for information on certain MRI / CT scans and radio-isotope studies which do not require an additional PAR.)</b></p> <p>80% of TT</p>
<p><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.)</p>	<p>100% of AT</p> <div style="border: 1px solid green; padding: 5px;"> <p><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:-</p> <ul style="list-style-type: none"> <li>• Hip Replacement</li> <li>• Knee Replacement</li> <li>• Post-Crime Trauma</li> <li>• Heart Attack</li> <li>• Stroke</li> </ul> </div> <p>80% of AT (MMAAP applies), subject to the acute medicine maximum and no more than seven days' supply</p>
<p><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</p>	<p>100% of cost 100% of TT</p> <p>100% of TT 100% of TT</p> <p>100% of cost subject to sub-limits as applied per clinical protocols see Member Guide page 20</p>
<p><b>SECONDARY FACILITIES</b>(step-down nursing, hospice &amp; 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 R100 000 per beneficiary per year</p>
<p><b>CONFINEMENTS / MATERNITY PROGRAMME</b> 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 also 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</p>
<p><b>AMBULANCE SERVICES</b> Preferred Provider ER 24 (084 124) Non-preferred Provider</p>	<p>100% of AT 100% of TT, limited to R1 600 per family per year</p>
<p><b>DISEASE MANAGEMENT / CASE MANAGEMENT</b> Aids and HIV Infections Organ transplants and kidney dialysis</p> <p>Oncology</p>	<p>Benefits are only allowed if treatment forms part of a Case Disease Management Programme Benefits are only allowed if treatment forms part of a Case Management Programme. No benefits are payable for organ donors 100% of TT for out of hospital treatment subject to treatment forming part of a Disease Management Programme to the maximum of R 380 000 p.b.p.a. For more detail about the payment of benefits, please refer to the Member Guide page 14</p>
<p><b>DENTISTRY</b> (All dentistry, specialised dentistry and dental hospitalisation is subject to the dental benefits management programme and protocols) Conservative dentistry Specialised dentistry - subject to Pre-Authourisation Surgical / Hospitalisation - subject to Pre-Authourisation</p>	<p>Benefit limited to 80% of TT (20% co-payment applies to all benefits) Refer to Summary of Dental Benefits below</p>

Summary of Dental Benefits	Conservative dentistry	Consultations Oral Hygiene Fissure Sealants Extra Oral Radiography Extractions Fillings Root Canal Plastic Dentures	2 check-ups per beneficiary per year 1 oral instruction per beneficiary per year Limited to permanent molars for beneficiaries up to the age of 21 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	Crowns & Bridges Partial Metal Frames Orthodontics Periodontal Surgery Surgical Removal of Impacted Teeth Root Planning	1 crown per tooth per beneficiary every 3 years 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	80% of TT Limited to R10 000 per family per year
		Orthognatic Surgery Maxillo Facial Surgery Implants	Only in the case of severe facial deformity, subject to clinical criteria Limited to jaw fractures, congenital deformities and surgical removal of pathological conditions Limited to 2 implants per beneficiary per 5 year period to include components to a maximum of R1500 per implant	
	Hospital, sedation and anaesthetics		Subject to clinical criteria	

Topmed Traditional	Part 2 : Day-to-day Benefits
<b>OUT-PATIENT TREATMENT AT HOSPITAL FACILITY</b>	Benefits will be paid subject to cover for non-hospital services by medical practitioners and acute medicine
<b>PRESCRIBED MEDICINE</b> Chronic - including PMB CDL's (member must apply for this benefit)  Acute Non-prescribed schedule 1 and 2 medicine (PAT) supplied by a pharmacy	80% of AT for non PMB's and 100% for PMB* CDL's (MMAP applies), limited to R15 200 per beneficiary; R30 500 per family per year 80% of AT (MMAP applies), limited to R3 700 per beneficiary; R11 100 per family per year 80% of cost, limited to R945 per family per year and subject to the maximum benefits applicable to acute medicine
<b>OPTICAL BENEFITS</b> Managed by Preferred Provider Negotiators (PPN)	100% of TT Subject to a two year cycle <b>REFER OPTICAL BENEFITS SUMMARY BELOW</b>
<b>REFRACTIVE SURGERY</b>	No benefits
<b>AUXILIARY SERVICES</b> External medical and surgical accessories Physiotherapy, occupational therapy, speech therapy, social workers and dieticians, podiatry, orthoptic treatment, audiometry, hearing-aid acoustics, biokinetics and consultations with chiropractors, osteopaths, homeopaths, naturopaths and herbalist (not during hospitalisation) Clinical technology (not during hospital services) Medical technology (not during hospital services)	80% of cost - see table 80% of TT – subject to a combined limit of R3 200 per beneficiary;R9 450 per family per year  80% of TT 80% of TT <div style="border: 1px solid green; padding: 5px; margin-top: 10px;"><b>External Appliance Limit per Family (in or out of hospital)</b> Appliances R 1 560 Oxygen R15 900 Wheelchairs R10 000 (max 1 in 5 years) Stomatherapy R13 200 (PAR required if limit exceeded) Hearing Aid R10 000 (per family per 3 year cycle)</div>
<b>CLINICAL PSYCHOLOGY</b>	80% of TT – limited to R3 300 per family per year
<b>PSYCHIATRY</b>	Benefits as described in respect of medical practitioners and hospitalisation
<b>PREVENTATIVE CARE</b> (Immunisations)	80% of AT (MMAP applies), subject to acute medicine maximum
<b>REPRODUCTIVE HEALTH</b> (Oral, injectable and IUD contraceptives)	80% of AT (MMAP applies), subject to acute medicine maximum
<b>OVERALL ANNUAL MAXIMUM</b>	None
<b>*PRESCRIBED MINIMUM BENEFITS (PMB's)</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.

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

## OPTICAL BENEFITS SUMMARY

<b>Consultation</b>	
Preferred Provider	One comprehensive consultation every two years, inclusive of Tonometry (glaucoma) screening and visual screening. Limited to R440.
Non Preferred Provider	One consultation (limited to a maximum cost of R220) every two years.
<b>Lenses</b>	
Preferred Provider	One pair of clear single vision spectacle lenses of any prescription, inclusive of charges for extra large lenses and prismatic correction.
Non Preferred Provider	One pair of clear single vision spectacle lenses, limited to R120 per lens OR
Preferred Provider	One pair of clear AQUITY bifocal spectacle lenses of any prescription, inclusive of charges for extra large lenses and prismatic correction.
Non Preferred Provider	One pair of clear bifocal spectacle lenses, limited to R250 per lens OR
Preferred Provider	One pair of clear AQUITY multifocal spectacle lenses of any prescription, inclusive of the charges for extra large lenses and prismatic correction.
Non Preferred Provider	One pair of clear multifocal spectacle lenses, limited to R450 per lens.
<b>Frames or Contact Lenses</b>	
Preferred Provider or	A free frame from the select PPN range OR Contact Lenses (inclusive of consultation) to the value of R1 300.
Non Preferred Provider	Frame or Prescription Lens enhancement to the value of R350 OR Contact Lenses (inclusive of consultation) to the value of R1 300.

## CONTRIBUTIONS - TRADITIONAL OPTION

	Member	Additional Contribution for every adult dependant	Additional Contribution for every minor dependant
All incomes	R 3073	R 2636	R 863

## 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