TOPMED EXECUTIVE

2017

TopMedtm

Your Plan For A Healthier Life





ABBREVIATIONS

AT - Agreed Tariff
CDL's - Chronic Disease List
DSP - Designated Service Provider
TRP - TopMed Reference Price (generic & therapeutic substitution)
PAR - Pre-authorisation reference number
PAT - Pharmacy Advised Therapy
PMB's - Prescribed Minimum Benefit
TT - TopMed Tariff is the rate that is applicable for the payment of benefits, including the National Health Reference Price List Rate or amended rate as published by TopMed or its agent from time to time
TTO - To Take Out

Scheme Policies and Protocols Apply Throughout

CONTACT DETAILS

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Disclaimer :

- ***This is only a summary of the benefits and contributions. In the case of an error or dispute, the registered Rules will prevail. Effective from 1/1/2017.***
- ***Benefits subject to Council for Medical Schemes approval.***

MAJOR MEDICAL BENEFITS

IN HOSPITAL BENEFITS

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.

Extended Major Medical Benefit (100% of TT)
Post-operative benefits available for the following:-
- Hip Replacement
- Knee Replacement
- Heart Attack
- Post-Crime Trauma
- Stroke

Accommodation, theatre, medicine, material and hospital apparatus used during hospitalisation	Unlimited 100% of AT
Treatment of Immunocompromise and Opportunistic Infections irrespective of cause	100% of TT Limited to R44 340 per family per year
Psychiatric Hospitalisation (PAR required)	Benefits and treatment provided through Case Management Programme limited to 21 days per beneficiary per year
TTO (Medicine received on discharge from hospital)	100% of AT (TRP and formulary applies) maximum seven days supply
OUT-PATIENT TREATMENT AT HOSPITAL FACILITIES Trauma benefits only	100% of AT for facility fee 200% of TT for treatment delivered on the day of injury
MEDICAL PRACTITIONERS (in hospital) General Practitioners Specialists (PMB DSP applies) Associated clinical procedures (during authorised hospital treatment)	 200% of TT 200% of TT 200% of TT (Deductibles and specific limits apply to certain procedures)
RADIOLOGY AND PATHOLOGY Basic radiology and pathology (during authorised hospital treatment) MRI scans, CT scans, radioisotope studies (PAR required) (during authorised hospital treatment)	 100% of TT 100% of TT subject to a R2 500 co-payment per scan
MAXILLO-FACIAL SURGERY	200% of TT subject to clinical criteria and limited to jaw fractures, congenital deformities and surgical treatment of pathological conditions
AUXILIARY SERVICES (during authorised hospital treatment) Blood transfusions Physiotherapy, speech therapy, occupational therapy, social workers and dieticians Clinical technologists and Medical technologists Internal medical and surgical accessories (PAR required)	Stomatherapy limited to R18 900 per family per year (PAR required if limit exceeded) 100% of Cost 100% of TT 100% of TT 100% of AT subject to sub-limits as applied per clinical protocols
SCOPES (PAR required) Gastroscopies and Colonoscopies	100% of TT If performed in a hospital facility R2 500 co-payment per scope If performed in a day clinic/doctor's room no co-payment

MATERNITY PROGRAMME / CONFINEMENTS To enjoy this benefit you are required to register on the programme when you are between 12 and 20 weeks into your pregnancy.
To register call the member Call Centre on 0860 00 21 58.

Registration on the programme entitles you to:
200% of TT for consultations
12 Ante-natal consultations, ante-natal classes and pre-natal vitamins
2 Scans per pregnancy per year (the costs of 3D-scans are limited to the cost of a 2D-scan)
2 Paediatrician visits (newborn)

Confinement (PAR required prior to birth)	200% of TT
Home births	Benefits are allowed in respect of home births, if a registered service provider assists with the birth

Major Medical Benefits

OTHER BENEFITS

DISEASE MANAGEMENT / CASE MANAGEMENT

Disease Management is a holistic approach that focuses on the patient's disease or condition, using all the cost elements involved. The intervention takes place by means of patient counselling and education, behaviour modification, therapeutic guidelines, incentives and case management.

AIDS and HIV Infections	Benefits and treatment provided through Case Management Programme
Organ transplants and kidney dialysis	Benefits and treatment provided through Case Management Programme
Oncology (PAR required)	Benefits and treatment provided through Oncology Case Management Programme R457 944 per beneficiary per 12 month cycle. Speciality medicines and biologicals – sub-limit of R266 256 per family per year with 20% co-payment (accrues to overall oncology limit of R457 944)

AMBULANCE SERVICES

ER24 is TopMed's Preferred Provider for any ambulance services. If services are not rendered by (or through the intervention of) ER24, benefits will be limited to a specified maximum.

Preferred Provider ER 24 (084 124)	100% of AT
Non-preferred Provider	100% of TT limited to R2 200 per family per year.

SECONDARY FACILITIES

Step-down nursing, hospice & rehabilitation
Benefits and treatment provided through Case Management Programme. Benefits for clinical procedures and treatments during a stay in a secondary facility will be limited to R131 676 per beneficiary per year

CHRONIC MEDICATION

100% of AT at a DSP (TRP and formulary applies)
For PMB CDL's 70% of AT for non-DSP or non-formulary (TRP and formulary applies)
PMB and non-PMB conditions accrue to limit of R9 576 per beneficiary, R19 500 per family per year thereafter PMB unlimited

INTERNATIONAL BUSINESS & LEISURE TRAVEL INSURANCE

Foreign claims are limited to medical expenses only as provided by the Scheme's policy, limited to R10 million per family per year, subject to authorisation and applicable conditions. Maximum of 90 days cover. Travel must be declared before departure

DAY-TO-DAY BENEFITS

Day-to-Day Benefits

*** Note that all limits apply before and after the Threshold is reached. Benefits are payable from Savings, Self Payment Gap and thereafter from Above Threshold Benefit.**

MEDICAL SAVINGS ACCOUNT

25% of your total contribution is allocated to your savings account. It is designed to cover day-to-day medical expenses

ANNUAL THRESHOLD A Threshold is a set value to be reached before claims for day-to-day medical expenses are covered from Major Medical. All day-to-day claims paid from the member's savings or self-funded accumulate towards reaching this Threshold. Once this Threshold limit is reached, further day-to-day claims will be paid by TopMed subject to benefit limits as stipulated in the benefit summary below	100% of TT Member R16 152 Adult R13 452 Child R 5 160 **(Accumulation to Threshold at 100% TT)**

OUT-PATIENT TREATMENT AT HOSPITAL FACILITIES

Non Trauma benefits
Subject to day-to-day benefits

MEDICAL PRACTITIONERS (out of hospital)

Benefits payable from your Savings, Self Payment Gap and thereafter from Above Threshold Benefit

Clinical procedures	100% of TT
Visits (General Practitioners and Specialists) (PMB DSP applies)	100% of TT (A maximum of 2 visits may be utilised in respect of out-patient consultations)
Material and injection material (excluding medicine) administered in a doctor's consulting room	100% of TT

	Benefits payable from your Savings, Self Payment Gap and thereafter from Above Threshold Benefit
ACUTE MEDICATION •Prescribed Acute Medicine	100% of AT (TRP and formulary applies) limited to R10 644 per beneficiary and R21 084 per family per year*
Non-prescribed schedule 1 and 2 medicine (PAT) supplied by a pharmacy (PAT does not accrue to Threshold)	100% of AT (TRP and formulary applies) payable from Savings and subject to combined Acute Medicine sub-limit above (not covered from Above Threshold Benefit)
OPTICAL BENEFITS Managed by PPN	100% of PPN rates Limited to R2 364 per beneficiary R6 900 per family*

	Benefits payable from your Savings, Self Payment Gap and thereafter from Above Threshold Benefit
DENTISTRY	
Conservative Dentistry*	100% of TT
Consultations	2 per beneficiary per year
Scaling and polishing	1 per beneficiary per 6 months
Fissure Sealants	Limited to permanent molars for beneficiaries less than 21 years old
Extra Oral Radiography	1 per beneficiary every 2 years
Extractions	As required
Fillings	1 per tooth per year to a maximum of 4 per beneficiary per year
Root Canal	2 per beneficiary per year
Plastic Dentures	1 per beneficiary every 2 years
Specialised Dentistry*	100% of TT. Limited to R14 208 per family per year
Crowns & Bridges	1 crown per tooth per beneficiary every 3 years to a maximum of 2 crowns per beneficiary per year
Partial Metal Frames	1 frame per beneficiary every 2 years
Orthodontics	Fixed braces for beneficiaries less than 18 years old, limited to once per lifetime, subject to clinical criteria
Surgical Removal of Impacted Teeth	Subject to clinical criteria
Root Planing and Periodontal Surgery	Subject to clinical criteria for beneficiaries older than 12

*** Note that all limits apply before and after the Threshold is reached. Benefits are payable from Savings, Self Payment Gap and thereafter from Above Threshold Benefit.**

	Benefits payable from your Savings, Self Payment Gap and thereafter from Above Threshold Benefit
AUXILIARY SERVICES (not during hospitalisation)	
External medical and surgical appliances	100% of Cost refer to list below*
Physiotherapy, occupational therapy, speech therapy, social workers and dieticians, podiatry, orthoptic treatment, audiometry, hearing-aid acoustics, biokinetics and consultations with chi-ropractors, osteopaths, homeopaths, naturopaths and herbalists	100% of TT subject to a combined limit of R5 748 per beneficiary; R16 980 per family per year*
Clinical and Medical Technologist	100% of TT

External Medical and Surgical Appliances Limit per Family (in or out of hospital)

100% of Cost refer to list below*

Appliances	R 2 700
Oxygen	R22 740
Wheelchairs	R14 208 (max 1 in 5 years)
Hearing Aid	R14 208 (per family per 3 year cycle)

RADIOLOGY AND PATHOLOGY Basic radiology and pathology	100% of TT
MRI scans, CT scans, radioisotope studies (PAR required)	100% of TT subject to a R2 500 co-payment per scan
CLINICAL PSYCHOLOGY	100% of TT limited to R5 952 per family per year*
PSYCHIATRY	Benefits as described in respect of medical practitioners
REPRODUCTIVE HEALTH (Oral, injectable and IUD contraceptives)	100% of TT payable from Savings, Self Payment Gap and thereafter from Above Threshold Benefit (TRP and formulary applies) subject to Acute Medication sub-limit

PRESCRIBED MINIMUM BENEFITS (PMB's)

Prescribed Minimum Benefits (PMB's) will be covered by TopMed both in the Public Healthcare System or TopMed's Designated Service Providers (DSP's). The treatment of PMB's includes chronic medication as well as the medical or surgical treatment of your PMB condition. The payment of all your PMB's requires authorisation and is subject to clinical protocols (inclusive of formularies for medicines) and must be obtained from TopMed's DSP's, failing which TopMed will only pay a 70% benefit for medicines and 100% of TT for all other benefits. Once any applicable limits are reached TopMed will continue to pay for your PMB's as per the above criteria

DEDUCTIBLES

DEDUCTIBLES

A DEDUCTIBLE is a specific amount that is due for a specific procedure as per the Scheme Rules. The Deductible applies to the hospital account and needs to be paid by the member to the hospital. If the hospital bills the Scheme the full amount, the Scheme will pay the claim less the Deductible which will be recovered from the member by the hospital.

Deductibles do not apply to confirmed Prescribed Minimum Benefits treated at a Designated Service Provider and as per the Scheme protocols. Medical reports may be required to confirm the diagnosis and protocol as being consistent with the Prescribed Minimum Benefit entitlement.

The following Deductibles apply:

Nissen (Hernia repair): R5 000
Hysterectomy: R2 500
MRI/CT Scans (in and out of hospital): R2 500
Scopes (in hospital): R2 500
Laparoscopic surgery: R2 000

TopMed Wellness Benefit

TopMed offers Wellness Benefits allowing you access to certain preventative screening tests which are payable from TopMed's Major Medical Benefit, thus extending your day-to-day benefits.

Payable at 100% of TopMed Tariff

IMMUNISATION PROGRAMME	AGE BAND	FREQUENCY
Influenza Vaccination	All	1 every year
Baby Immunisation	Covered for the first 6 years of life	According to the Dept of Health protocols
Tetanus	All	As required
Pneumococcal	Beneficiaries aged 60 years and older, high risk individuals	1 every year

SCREENING BENEFIT (HEALTH ASSESSMENT)	AGE BAND	FREQUENCY
BMI	All adult beneficiaries	1 every year
Blood sugar test (finger prick)		
Blood pressure test		
Cholesterol test (finger prick)		

EARLY DETECTION TESTS	AGE BAND	FREQUENCY
General physical examination (at a GP) Tariff: 0190/0191/0192	Adults 30-59 years	1 medical examination every 3 years
	Adults 60-69 years	1 medical examination every 2 years
	Adults 70 years & older	1 medical examination every year
Pap smear Consultation Tariff: 0190/0191/0192	Females 15 years & older	1 every year
Pathology Test Tariff: 4566/4559		
Prostate Specific Antigen (PSA) Test (Pathologist) Tariff: 4519	Males 40-49 years	1 every 5 years
	Males 50-59 years	1 every 3 years
	Males 60-69 years	1 every 2 years
	Males 70 yrs & older	1 every year

EARLY DETECTION TESTS	AGE BAND	FREQUENCY
Free Prostate Specific Antigen (Free PSA) Only if PSA is raised (Pathologist) Tariff: 4524	Males 40-49 years	1 every 5 years
	Males 50-59 years	1 every 3 years
	Males 60-69 years	1 every 2 years
	Males 70 years & older	1 every year
Only if finger prick is raised above 6mmol/L LDL - Tariff: 4026	All adult beneficiaries	1 every year
Basic total -Tariff: 4027		
HDL - Tariff: 4028		
Triglyceride - Tariff: 4147		
Lipogram - Tariff: 4025		
Only if finger prick is raised above 11mmol/L Blood sugar - Quantitative Tariff: 4057	All adult beneficiaries	1 every year
HIV Elisa Test Tariff: 3932	Beneficiaries 15 years and older	1 every year
Mammogram (Includes Sonar) Tariff: 34100/34101	Females 40 years and older	1 every 2 years
Bone Densitometry Tariff: 3604/50120/58531	Beneficiaries 50 years and older	1 every 3 years
Glaucoma test Tariff: 3002 /11202/ 11212 /3014	Beneficiaries 40-49 years	1 every 2 years
	Beneficiaries 50+ years	1 every year

Please 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 your day-to-day benefits.

Unique Benefits

Extended Major Medical Benefit

To ensure that members receive adequate care when recovering from a major hospital procedure without being restricted by the availability of day-to-day benefits TopMed provides an Extended Major Medical Benefit.

This unique benefit allows members access to extended rehabilitation benefits for 5 major events, as outlined below, which are funded from the Major Medical Benefits portion and not from day-to-day benefits.

Post Total Hip Replacement	
Description & Definition	Effective mobilisation after a hip replacement is always difficult yet critical to the success of this expensive operation.
Events	N/A
Benefits	8 physiotherapy sessions within 3 months after being discharged from the hospital. Once per annum (per hip) Authorisation required
Post Total Knee Replacement	
Description & Definition	As with a hip replacement, effective mobilisation after a knee replacement is always difficult and at times painful, yet critical to the success of this expensive operation.
Events	N/A
Benefits	8 physiotherapy sessions within 3 months after being discharged from the hospital. Once per annum (per knee) Authorisation required
Heart Attack (Myocardial Infarction)	
Description & Definition	A heart attack is caused by a blockage in the arteries supplying your heart muscle.
Events	N/A
Benefits	Subject to Case Management and must be prescribed by the treating cardiologist/physician. Authorisation required

Post Crime Trauma	
Description & Definition	This benefit is aimed at supporting you when you have been exposed to a traumatic crime-related incident. To access this benefit, you need to report the event at your nearest Police Station and obtain a Police Reference Number (MR Number).
Events	• a hijacking or attempted hijacking • attempted murder • assault or attempted assault, including sexual assault • robbery (including armed robbery) or attempted robbery
Benefits	Combined total of 12 consultations for 6 months from the date of the event per dependant with any of the following specialists: - psychologist - psychiatrist - social worker Authorisation required
Stroke (Cerebro-vascular accident)	
Description & Definition	A stroke occurs when the blood supply to the brain tissue is compromised - either by a blockage of a blood vessel or a brain haemorrhage.
Events	N/A
Benefits	Comprehensive rehabilitation programme including therapy from a multi-disciplinary team for a period of 3 months after the ACUTE event. - physiotherapist - occupational therapist - speech therapist This benefit is subject to Case Management. Authorisation required

PROSTHESIS BENEFITS

Internal Medical/Surgical Prostheses and Appliances

Internal Medical and Surgical Accessories - (including all components such as pins, rods, screws, plates, nails, fixation material or similar items forming an integral and necessary part of the device so implanted and shall be charged, where applicable, as a single unit) which are implanted during an operation into the body as an internal supporting mechanism and/or which for functional medical reasons are implanted as a prosthesis to replace parts of the body - Subject to pre-authorisation and Scheme negotiated price (Paid from Major Medical Benefits).

Cardiac/Vascular Prostheses and Appliances	
Stents (Cardiac Peripheral and Aortic)	100% of Cost up to R59 760 per beneficiary per year unless obtained at a Scheme DSP or in accordance with PMB Protocol
Valves	
Pace Makers	
Implantable Defibrillators	
Joint Prostheses (maximum of one per beneficiary per year) Subject to failed conservative treatment and Risk Management	
Hip, Knee, Shoulder or Elbow only	Up to R50 800 per beneficiary per year
Orthopaedic Prostheses and Appliances (Subject to failed conservative treatment & Risk Management)	
Spinal fixation devices (max 2 levels unless motivated)	100% of Cost up to R59 760 per beneficiary per year unless obtained at a Scheme DSP or in accordance with PMB Protocol
Fixation devices – non spinal	
Bone Lengthening devices	
Implantable devices, disc prosthesis, Kyphoplasty	
Neuro Stimulators and Deep Brain Stimulators	Up to R35 880 per beneficiary per year
Internal Sphincters and stimulators	Up to R57 432 per beneficiary per year
Unspecified/Unlisted above	Up to R15 312 per procedure per year

ONCOLOGY (CANCER MANAGEMENT)

It is important that prior to commencing active treatment for cancer, you are registered on the Oncology Disease Management Programme (See Summary of Benefits for applicable benefits and limits per your chosen option).

Who needs to register?

Beneficiaries diagnosed with a positive malignant histology that requires some form of chemotherapy, radiotherapy, hormonal therapy and/or supportive therapy.

How to register

1. After you have been diagnosed with cancer your Oncologist must fax a treatment plan and the histology results to the Scheme's Oncology Department on 086 762 4050.
2. Once received by TopMed, the Oncology Disease Manager will review the request in accordance with recognised treatment protocols and guidelines for oncology treatment based on clinical appropriateness, evidence-based medicine and the chosen benefit option. If appropriate, an authorisation is generated and a response is provided to the treating Oncologist, who in turn will notify the member.
3. Additional information may be required from the Oncologist, such as test results, in order to complete the registration process.

In the event of any changes, renewals and amendments to your treatment plan, please ensure that either you or your treating doctor advise the Case Manager to ensure that your authorisation is updated accordingly subject to approval and available limits.

	BENEFITS
Pre-Authorisation and Treatment Plan	Yes
Cancer Treatment	Chemotherapy, radiotherapy and supportive treatment. Treatment plan subject to oncology limited of R457 944 per beneficiary per 12 month cycle.
Surgery for your cancer	Pre-authorisation - part of Hospital Management
Bone marrow of stem cell transplantation	Benefit paid at 100% of TT subject to oncology limit
Donor searches	No benefit
PET Scans	One per annum for staging, thereafter clinical appropriateness
Bone Density Scans	One per annum if on aromatase inhibitors
Overall Limit	No

DESIGNATED SERVICE PROVIDER (DSP) NETWORKS

A Designated Service Provider (DSP) is a healthcare provider (doctor, pharmacist, hospital, etc) that has been chosen by your Scheme for the diagnosis, treatment or care of PMB conditions. A network is a defined group of providers (hospital groups, general practitioners, specialists, pharmacies, etc).

When a Scheme enters into a DSP Network agreement with providers, the providers commit to an agreed tariff and /or agree to the provision of services delivered according to scheme protocols and formularies. The implementation of these networks is therefore to assist the Scheme in managing the costs of providing benefits, particularly within the context of managing PMBs, given the lack of any pricing guidelines in respect of provider fees.

Treatment of PMB conditions at a DSP will be covered in full by TopMed when delivered according to the Scheme protocols and formularies. If you choose not to use the DSP selected by TopMed, you may have to pay a portion of the bill as a co-payment. This could either be a percentage co-payment or the difference between the DSP's tariff and that charged by the provider you went to.
TopMed utilises DSP Networks in various ways, depending on your option and the particular benefit structure.

Pharmacy Network

TopMed currently has over a 1,000 pharmacies that form part of the Pharmacy Network which includes the major retail pharmacy groups (Clicks and Dischem), as well as various courier pharmacies such as Pharmacy Direct and Clicks DirectMedicines.

Should you obtain your PMB medication from a non-network provider you will receive a 70% benefit. If you are unsure of whether your pharmacy is on the network you may check by downloading the Pharmacy Network List from our website, www.topmed.co.za. If your pharmacy is not on the network and they would like to join they may contact Mediscor (who manage the network on our behalf), and provided that they are willing to agree to the contractual terms, they may be added to our network.

Specialist Network

TopMed has a Specialist Network across all options in respect of in-hospital PMB benefits as well as CDL treatment plan benefits. TopMed will always pay your in-hospital costs at the TopMed tariff applicable to your option (for eg. 200% of TT if you're on the Executive Option). However, should you choose to use a provider that is not part of the DSP network you may be liable to pay the difference between the TopMed Tariff and what your provider charges.
To assist you in this process, you will be advised upfront at the point of authorisation whether your provider is on the Network, giving you an opportunity to engage with your provider prior to being hospitalised or receiving treatment. Should you want to know whether your provider is a Network Specialist, visit our website: www.topmed.co.za or call Client Services on 0860 0021 58.

Please note that the networks are updated on a regular basis, so before obtaining treatment, take the time to access the information on the website as noted above.

Members are required to make use of DSPs or Preferred Providers for specific benefits according to the table below. The details of the providers included in each of these networks are available on the website, www.topmed.co.za, or by calling Client Services on 0860 00 21 58.

Benefit Category	Does a DSP/Preferred Provider apply to the benefits listed below?
Hospitalisation	No
Specialist Consults and Services (PMB)	Yes
PMB CDLs - Treatment & Diagnostics	Yes
PMB CDLs - Medication	Yes
Day to Day Benefits	No
Optical	Yes
Ambulance and Emergency Services	Yes

CHRONIC CONDITION DISEASE LIST

PRESCRIBED MINIMUM BENEFIT - CHRONIC CONDITION DISEASE LIST

- Addison's Disease
- Asthma
- Bronchiectasis
- Cardiomyopathy
- Chronic Renal Failure
- Cardiac Failure
- Chronic Obstructive Pulmonary Disorder (COPD)
  - Emphysema
- Coronary Artery Disease
  - Ischaemic Heart Disease
- Crohn's Disease
- Diabetes Insipidus
- Diabetes Mellitus (Type I and II)
- Dysrhythmias
  - Ventricular Tachycardia
  - Arterial Fibrilation Flutter
- Epilepsy
- Glaucoma
- Haemophilia
- Hyperlipidaemia
- Hypothyroidism
- Hypertension
- Multiple Sclerosis
- Parkinson's Disease
- Psychiatric Disorders
  - Bipolar Mood Disorder
  - Schizophrenia
- Rheumatoid Arthritis
- Systemic Lupus Erythematosis
- Ulcerative Colitis

Extended Chronic Conditions

In addition to the chronic condition disease list, the following conditions are also available.

(Please note that these are only applicable whilst your Chronic Medicine Benefit Limits are available).

- Alzheimer's Disease
- Ankylosing Spondylitis
- Attention Deficit Disorder
- Barrett's Oesophagus
- Benign Prostatic Hyperplasia
- Cancer
- Conn's Syndrome
- Chronic Bronchitis
- Cushing's Syndrome
- Cystic Fibrosis
- Deep Vein Thrombosis
- Dermatomyositis
- Gout
- Hypoparathyroidism
- Menopause (Hormone Replacement Therapy)
- Motor Neuron Disease
- Muscular Dystrophy
- Myasthenia Gravis
- Organ Transplants (maintenance therapy)
- Osteoporosis
- Paget's Disease of Bone
- Pancreatic Disease
- Paraplegia/Quadriplegia (associated medicine)
- Pemphigus
- Polyarteritis Nodosa
- Psychiatric Disorders
  - Anorexia Nervosa
  - Bulimia Nervosa
  - Major Depression
  - Narcolepsy
  - Obsessive-compulsive Disorder
  - Panic Disorder
  - Post-traumatic Stress Syndrome
  - Tourette's Syndrome
  - Unipolar Mood Disorder
- Pulmonary Interstitial Fibrosis
- Scleroderma
- Stroke
- Thromboangiitis Obliterans
- Thrombocytopaenic Purpura
- Zollinger-Ellison Syndrome

General Exclusions

The following are General Exclusions and also are applicable to the Medical Savings Accounts:

- Examinations for testing of eyes or vision by somebody other than an eye specialist or registered optometrist, and the cost of any instrument other than spectacles or contact lenses
- Travel costs – which exceed the limits of Rule P of the NHRPL.
- Applicators, toilet preparations and cosmetics
- Holidays for recuperative purposes
- Accommodation in old-age homes and similar institutions, frail care and long-term care
- The difference between TRP and the cost charged for Medicine subject to Regulation 15I (c)
- Non-prescription sunglasses
- Costs rejected by the Scheme, due to them being fraudulent or not clinically indicated or medically necessary, as indicated by the Scheme's clinical auditing company
- The exclusions set out in 4.1, as well as the following General Exclusions apply to Annexures B01 and to the Major Medical Benefits and Threshold Cover (where applicable) in Annexures B02 – B08:
- Substance dependency – unless treatment forms part of a Case Management Programme and PMB's
- Bandages, cotton wool, plasters and other household first-aid items – unless these are supplied during a stay in Hospital
- Examinations for insurance, employment, lawsuits and similar purposes
- Cosmetic and reconstructive surgery, including for protruding ears, according to the Member's or Dependant's own choice, or recommended for psychological reasons only – and any complications resulting from such surgery
- Beauty treatments and beauty preparations and cosmetics
- Examinations and/or treatment where no real or supposed illness exists and/or recommended for psychological reasons only, except for PMB treatment.
- Medicine for erectile dysfunction, except for PMB treatment.
- Artificial insemination and treatment of infertility other than what is stipulated in explanatory note 9 for DTP 902M.
- Marriage therapy
- Birth control, except oral, injectable and IUD contraceptives
- Breathing exercises, pre- and post-natal exercises, group exercises or fitness tests
- Treatment of obesity
- Telephone consultations
- Services of social workers, unless forming part of a Case Management Programme
- Fees for medical reports
- All desensitization treatment and ALCAT allergy tests
- Sclerotherapy treatment, unless a vascular surgeon is responsible for the treatment where it forms part of the surgical removal of vascular veins
- Treatment of kelloids (except in the case of burns or functional impairment, dependent on a PAR).
- Refractive surgery
- Functional reconstruction of palate and uvula (uvulopalatopharyngoplasty)
- Injuries due to professional sports subject to PMB (except on TopMed Active Saver option)
- Acupuncture, Aromatherapy and Reflexology
- Treatment forming part of clinical trials or experimental drugs
- All associated costs for elective hip/knee replacements on the TopMed Network, TopMed Essential and TopMed Active Saver options only (unless as a result of immediate trauma requiring emergency PMB treatment).
- Any cost related to the use of modifier 0018 (Modifier for patients with BMI over 35) unless clinically motivated and not charged in conjunction with Rule J.
- Costs related to Surrogacy Agreements, including all pre-natal care, maternal care and confinement.
- Booking and Birthing Fees
- Admissions for diagnostic testing where no diagnostic test results are available at the time when a patient presents for admission into hospital.

Exclusions applicable to Basic and Specialised Dentistry

The following treatment is not covered. The member is liable for the total cost of these procedures:

- Ozone therapy
- Orthognathic (jaw corrections) surgery and the related hospital cost (except on the TopMed Comprehensive option)
- Snoring appliances
- Cost of Mineral Trioxide
- Cost of prescribed toothpastes, mouthwashes (e.g. Corsodyl) and ointments
- Oral and/or facial image (Digital/conventional)
- Microbiological studies
- Caries susceptibility test
- Pulp test
- Occlusion analysis mounted
- Pantographic recording
- Electrognathographic recording without/with computer analysis
- Polishing – complete dentition
- Removal of gross calculus
- Topical application of fluoride - adult
- Nutritional and Tobacco counselling
- Resin crown – anterior – anterior primary tooth (direct)
- Gold foil class I-V
- Inlays/Onlays
- Crown ¾ cast metal/porcelain/ceramic
- Provisional crown
- Veneers
- Prefabricated metal or resin crown
- Re-burnishing and polishing of restorations – complete dentition.
- Carve restoration to accommodate existing clasp or rest
- Pedicle flapped graft
- Cost of bone regenerative/repair material
- Interim, partial or complete denture
- Diagnostic denture
- Locks and milled rest
- Precision attachment
- Metal base to complete denture
- Remount crown or bridge for prosthetics
- Altered cast technique
- Additive partial denture
- Connector bar – implant supported
- Clasp or rest – stainless steel
- Stress breaker
- Coping Metal
- Ortho Tx-fixed lingual orthodontics
- Therapeutic drug injection
- Bleaching
- Special report
- Appointment not kept/30min
- Sedative filling
- Behaviour management
- Implants and all associated costs (except on the TopMed Comprehensive option)
- General anaesthetic for beneficiaries from 7 years of age

Exclusions applicable to Optical Benefits

- Adjustment of frames
- Fitting of contact lenses
- Coloured /tinted contact lenses
- Sunglasses or tinted lenses
- Contact lens solutions
- Hard coating and other extras

Exclusions applicable to Acute Medication

- Patent, patent preparations and household remedies (unless listed on the Essential Drug List and part of PMB level care).
- Patent food-stuffs, including baby food and special formulae (unless listed on the Essential Drug List and part of PMB level care).
- Tonics, nutritional supplements, multi-vitamin preparations and vitamin combinations, except for prenatal, lactation and pediatric use (except on the TopMed Comprehensive, and TopMed Active Saver options) (unless listed on the Essential Drug List and part of PMB level care or clinically appropriate to correct a vitamin or mineral defficiency).
- Slimming preparations
- Birth control preparations, except oral and injectable contraceptives and IUD's
- Anti-smoking preparations
- Surgical appliances and devices unless based on EBM protocols
- Medicine used specifically to treat alcoholism, except if used as part of a beneficiary's rehabilitation treatment at a recognised facility
- The purchase of oxygen delivery systems
- Aphrodisiacs
- Anabolic steroids
- Sunscreens and tanning agents including emollients and moisturisers
- Cosmetic preparations, soaps, shampoos and other topical applications medicated or otherwise except for the treatment of lice, scabies, and other parasitic and fungal infections
- Single or combined mineral preparations, except for calcium preparations with 300mg or more of elemental calcium used for the prevention and treatment of osteoporosis and potassium when used in conjunction with a diuretic (except on the TopMed Comprehensive, and TopMed Active Saver options) (unless listed on the Essential Drug List and part of PMB level care).
- Contact lens preparations
- Preparations not easily classified
- Stimulant laxatives
- Treatment of erectile dysfunction, e.g. Sildenafil and/or similar remedies
- Injection material, unless prescribed and part of a PMB treatment plan.
- Biological Drugs unless part of a Disease Management Programme and subject to Clinical Protocols and subject to Regulation 15H (c) and 15I (c).

CONTRIBUTIONS - TopMed Executive			
All incomes	Principal Member	Adult dependant	Student/Minor dependant
CONTRIBUTIONS	R3 340	R2 666	R1 018
SAVINGS LEVEL	R1 113	R888	R337
TOTAL	**R4 453**	**R3 554**	**R1 355**

The savings levels listed above are 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.