



An attractive top-of-the-range traditional option with elements of a new generation product. Suitable for members who require extensive but flexible in- and out-of-hospital cover.

All admissions must be pre-authorised. R1 100 penalty if no pre-authorization obtained. EMERGENCY - notify Scheme within 48 hrs/1st working day after admission.

All admitting providers will be paid the TeleMed Rate and any other practitioner/s (treating practitioners other than the admitting practitioner) will be paid a maximum of 200% of the TeleMed Rate.

**ACCOMMODATION**

General ward, high care, ICU and theatre fees. Step down facilities, hospice and private nursing. Covered 100% TR. Includes drugs and equipment but excludes frail care services.

**PROCEDURES**

Surgical: Covered 100% TR.

Organ transplants/Renal dialysis: R260 000/family. Covered 100% TR. Cover for related living donor limited to the cost of a nephrectomy, excluding complications relating to patients who are not members of the Scheme and for non-PMB complications.

Maxillo-facial/Oral surgery: Covered 100% TR if pre-authorized 48 hours prior to surgery. Includes cysts, tumours, fractures, salivary gland, complicated infections, TM joint pathology, cleft lip and palate, orthognatic surgery and surgical placement of implants but excludes orthognatic surgery for patients older than 18.

Maternity/Confinement: Covered 100% TR. Hospitalisation, post-natal services, midwifery and delivery (includes multiple births).

Breast reduction: R9 000/family. Covered 100% TR. All inclusive. Non-PMB complications not covered.

Refractive eye surgery: R10 000/family. Covered 100% TR. All inclusive, e.g. radial keratotomy and lens implants.

**CONSULTATIONS**

GP/Specialist: Covered 100% TR. Includes consultations and ward visits.

Physiotherapy/Biokinetics: Covered 100% TR as part of out-of-hospital physiotherapy benefit.

**Mental health:**

Psychiatry/Clinical psychology R25 000/family. Covered 100% TR. Part of out-of-hospital mental health benefit. Electroconvulsive treatment - MAC applies and subject to PMB.

**OTHER**

Internal surgical prosthesis: R52 000/family. Covered 100% TR. Subject to PMB.

Pathology: Covered 100% TR.

Radiology (X-rays): Covered 100% TR. Max. 2 each per beneficiary of MRI, CT, PET scan, ultrasound scan and angiogram. 2 Ultrasound scans per pregnancy. Subject to pre-authorization except ultrasound. Included in out-of-hospital benefit.

**Oncology:**

Radiotherapy/Chemotherapy In- and out-of-hospital Covered 100% TR. Member must enrol in programme or a 50% co-payment will apply to non-PMB cancers and the voluntary use of a non-DSP and non-formulary drugs. A co-payment will apply in respect of PMB if the member is not registered on the programme.

Materials and medicines: Covered 100% TR.

Take Home Medicine (THM): Covered 100% TR. Day patients: Only after-hours emergency THM will be paid.

Overnight admission: Patient must obtain script on discharge and submit to pharmacy. Subject to acute and chronic medication sub-limits and Scheme Rules.

Blood transfusions: Covered 100% TR. Cost of blood, blood equivalents, blood products and transport of blood.

**FLEXPENDITURE**

Covered 100% TR	
Member	R24 000
Member + 1	R37 000
Member + 2 +	R44 000

**Consultations:** GP and specialist consultations, registered primary care nursing, maternity, antenatal and midwifery. Includes minor procedures, materials, medicines used and examinations in rooms. Excludes antenatal classes and oncology. PMB conditions fully covered at DSP subject to enrolment in treatment care plan and pre-authorization. Co-payment for non-PMB conditions if member does not enrol in and abide by treatment care plan.

**Optometry:**

Subject to Optical Management and clinical necessity Eye examinations: One examination/beneficiary/24 months, subject to PMB.

Lenses: 1 Pair spectacle lenses/beneficiary/24 months OR clear contact lenses. Limited to R1 650/beneficiary/24 months. Single vision, bi- and varifocal lenses covered 100% of tariff for generic lenses.

Add-ons: Tints, coatings, designs, materials and branded lenses. 100% of tariff for generic add-on for generic glass photochromic lenses OR 100% of tariff for generic add-on for generic glass fixed tint not exceeding 35%. Frames: 1 Frame/beneficiary/24 months. R930/beneficiary/24 months.

**Auxiliary benefits:**

Dieticians, chiropractors, homeopaths (consultations and medication), acupuncture, speech therapy, audiology, occupational therapy, physiotherapy, podiatry/chiroprody, orthotics/prostheses and biokinetics.

**Radiology (Basic X-rays):**

Unlimited but subject to pre-authorization for the PMB/CDL Care Plan.

**Pathology:**

Unlimited but subject to pre-authorization for the PMB/CDL Care Plan.

**Over the counter medicine (OTC):**

R1 000/family; max. R140/purchase.



A popular traditional option with elements of a new generation product. Suitable for members who require comprehensive hospital cover but flexible out-of-hospital cover.

All admissions must be pre-authorised. R1 100 penalty if no pre-authorization obtained. EMERGENCY - notify Scheme within 48 hrs/1st working day after admission.

**ACCOMMODATION**

General ward, high care, ICU and theatre fees. Step down facilities, hospice and private nursing. Covered 100% TR. Includes drugs and equipment but excludes frail care services.

**PROCEDURES**

Surgical: Covered 100% TR.

Organ transplants/Renal dialysis: R155 000/family. Covered 100% TR. Cover for related living donor limited to the cost of a nephrectomy, excluding complications relating to patients who are not members of the Scheme and for non-PMB complications.

Maxillo-facial/Oral surgery: Covered 100% TR if pre-authorized 48 hours prior to surgery. Includes cysts, tumours, fractures, salivary gland, complicated infections, TM joint pathology, cleft lip and palate, orthognatic surgery and surgical placement of implants but excludes orthognatic surgery for patients older than 18.

Maternity/Confinement: Covered 100% TR. Hospitalisation, post-natal services, midwifery and delivery (includes multiple births).

**CONSULTATIONS**

GP/Specialist: Covered 100% TR. Includes consultations and ward visits.

Physiotherapy/Biokinetics: Covered 100% TR as part of out-of-hospital physiotherapy benefit.

**Mental health:**

Psychiatry/Clinical psychology R15 500/family. Covered at 100% TR. Part of out-of-hospital mental health benefit. Electroconvulsive treatment - MAC applies and subject to PMB.

**OTHER**

Internal surgical prosthesis: R37 000/family. Covered 100% TR. Subject to PMB.

Pathology: Covered 100% TR.

Radiology (X-rays): Covered 100% TR. Max. 2 each per beneficiary of MRI, CT, PET scan, ultrasound scan and angiogram. 2 Ultrasound scans per pregnancy. Subject to pre-authorization except ultrasound. Included in out-of-hospital benefit.

**Oncology:**

Radiotherapy/Chemotherapy In- and out-of-hospital Covered 100% TR. Member must enrol in programme or a 50% co-payment will apply to non-PMB cancers and the voluntary use of a non-DSP and non-formulary drugs. A co-payment will apply in respect of PMB if the member is not registered on the programme.

Materials and medicines: Covered 100% TR.

Take Home Medicine (THM): Covered 100% TR. Day patients: Only after-hours emergency THM will be paid.

Overnight admission: Patient must obtain script on discharge and submit to pharmacy. Subject to acute and chronic medication sub-limits and Scheme Rules.

Blood transfusions: Covered 100% TR. Cost of blood, blood equivalents, blood products and transport of blood.

**FLEXPENDITURE**

Covered 100% TR	
Member	R11 000
Member + 1	R17 600
Member + 2 +	R21 500

**Consultations:** GP and specialist consultations, registered primary care nursing, maternity, antenatal and midwifery. Includes minor procedures, materials, medicines used and examinations in rooms. Excludes antenatal classes and oncology. PMB conditions fully covered at DSP subject to enrolment in treatment care plan and pre-authorization. Co-payment for non-PMB conditions if member does not enrol in and abide by treatment care plan.

**Optometry:**

Subject to Optical Management and clinical necessity Eye examinations: One examination/beneficiary/24 months, subject to PMB.

Lenses: 1 Pair spectacle lenses/beneficiary/24 months OR clear contact lenses. Limited to R1 200/beneficiary/24 months. Single vision, bi- and varifocal lenses covered 100% of tariff for generic lenses.

Add-ons: Tints, coatings, designs, materials and branded lenses. 100% of tariff for generic add-on for generic glass photochromic lenses OR 100% of tariff for generic add-on for generic glass fixed tint not exceeding 35%. Frames: 1 Frame/beneficiary/24 months. R575/beneficiary/24 months.

**Auxiliary benefits:**

Dieticians, chiropractors, homeopaths (consultations and medication), acupuncture, speech therapy, audiology, occupational therapy, physiotherapy, podiatry/chiroprody, orthotics/prostheses and biokinetics.

**Radiology (Basic X-rays):**

Unlimited but subject to pre-authorization for the PMB/CDL Care Plan.

**Pathology:**

Unlimited but subject to pre-authorization for the PMB/CDL Care Plan.

**Over the counter medicine (OTC):**

R900/family; max. R100/purchase.



Healthcare services supplied by a provider network offers comprehensive day-to-day benefits and unlimited hospitalisation in a controlled managed healthcare environment.

Pre-authorization for medical services. Use of hospital network facilities only and on referral by Network Provider (NP). Other benefits only obtainable from NP or on referral. Except in an emergency, benefits will not be paid without the mandatory referral. EMERGENCY - notify Scheme within 48 hrs/1st working day after admission. 25% Penalty if network hospital not used except in an emergency or involuntary use of a non-DSP. Certain procedures restricted to specified providers or treatment facilities.

**ACCOMMODATION**

General ward, high care, ICU and theatre fees. Step down facilities, hospice and private nursing. Covered 100% TR. Includes drugs and equipment but excludes frail care services. Admission to network hospital subject to referral by NP.

**PROCEDURES**

Surgical: Covered 100% TR. Subject to authorisation and referral by NP.

Organ transplants/Renal dialysis: R160 000/family. Covered 100% TR. Subject to PMB provision. Cover for related living donor limited to the cost of a nephrectomy, excluding complications relating to patients who are not members of the Scheme and for non-PMB complications.

Maxillo-facial/Oral surgery: Covered 100% TR if pre-authorized 48 hours prior to surgery. Includes cysts, tumours, fractures, salivary gland, complicated infections, TM joint pathology, cleft lip and palate, orthognatic surgery and surgical placement of implants but excludes orthognatic surgery for patients older than 18.

Maternity/Confinement: Covered 100% TR. Hospitalisation, post-natal services, midwifery and delivery (includes multiple births).

**CONSULTATIONS**

GP/Specialist: Covered 100% TR. Referral by NP. Specialist visits must be pre-authorized by PN.

Physiotherapy/Biokinetics: Covered 100% TR as part of out-of-hospital physiotherapy benefit.

**Mental health:**

Psychiatry/Clinical psychology R16 000/family. Covered 100% TR. Part of out-of-hospital mental health benefit. Electroconvulsive treatment - MAC applies and subject to PMB.

**OTHER**

Internal surgical prosthesis: R37 000/family. Covered 100% TR. Subject to PMB.

Pathology: Covered 100% TR.

Radiology (X-rays): Covered 100% TR. Referral by NP. Max. 2 each per beneficiary of MRI, CT, PET scan, ultrasound scan and angiogram. 2 Ultrasound scans per pregnancy. Subject to pre-authorization except ultrasound. Included in out-of-hospital benefit.

**Oncology:**

Radiotherapy/Chemotherapy In- and out-of-hospital Covered 100% TR. Member must enrol in programme or a 50% co-payment will apply to non-PMB cancers and the voluntary use of a non-DSP and non-formulary drugs. A co-payment will apply in respect of PMB if the member is not registered on the programme.

Materials and medicines: Covered 100% TR.

Take Home Medicine (THM): Covered 100% TR. Supply for 7 days post hospitalisation. Day patients: Only after-hours emergency THM will be paid.

Overnight admission: Patient must obtain script on discharge and submit to pharmacy. Subject to acute and chronic medication sub-limits and Scheme Rules.

Blood transfusions: Covered 100% TR. Cost of blood, blood equivalents, blood products and transport of blood.

**Chronic medication:**

R7 000/beneficiary. Covered 100% TR. Subject to PMB provision. Prescribed by NP/specialist. PMB/CDL conditions plus 42 additional chronic conditions. NP/DSP pharmacy. Benefit subject to programme enrolment, authorisation and formulary. Co-payment for PMB if not on programme.

**FLEXPENDITURE**

Covered 100% TR	
Member	R11 800
Member + 1	R18 800
Member + 2 +	R23 000

**Consultations:** GP consultations, maternity, antenatal and midwifery. Only from selected NP at network approved tariff or on referral from NP. If approved, minor procedures performed in providers' rooms will be covered. PMB conditions fully covered at cost but subject to treatment care plan enrolment and pre-authorization. ICD-10 codes obligatory on claim. A co-payment of 50% if no treatment plan or adherence thereto.

**Registered primary care nursing:**

Subject to pre-authorization.

**Out of town/Emergency consultations:**

2 Bona fide out of town/emergency. Max. R900/family. Included in Flexpenditure. Member pays and claims from Scheme.

**Specialist consultations:**

Referred by NP. Included in Flexpenditure with sub-limits: Member R1 250 Member+1 R1 750 Member+2+ R2 500

No benefit will be paid for non-PMB services without a referral or authorisation, except in an emergency.

**Acute medication:**

Prescribed/dispensed by NP GP/specialist. Pharmacy as specified by PN. Subject to acute medicine formulary.

**Basic/Primary care dentistry:**

Network approved tariff. Consultation, primary extractions, fillings, scaling and polishing at NP specified dentist. Basic dentistry and plastic dentures included.

**Optometry:**

Subject to Optical Management and clinical necessity Eye examinations: One examination/beneficiary/24 months, subject to PMB.



An appealing new generation product for young, healthy members with moderate healthcare needs.

All admissions must be pre-authorised. R1 100 penalty if no pre-authorization obtained. Paid from available Flexfunder. EMERGENCY - notify Scheme within 48 hrs/1st working day after admission. All benefits paid from MAC unless otherwise stated. Co-payment not applicable to PMB admissions.

**ACCOMMODATION**

General ward, high care, ICU and theatre fees. Step down facilities, hospice and private nursing. Covered 100% TR. Includes drugs and equipment but excludes frail care services.

**PROCEDURES**

Surgical: Covered 100% TR.

Organ transplants/Renal dialysis: Covered 100% TR. PMB/CDL only. Only available at DSP otherwise co-payment applies for voluntary use of a non-DSP. Subject to PMB.

Maxillo-facial/Oral surgery: Covered 100% TR if pre-authorized 48 hours prior to surgery. Includes cysts, tumours, fractures, salivary gland, complicated infections, TM joint pathology, cleft lip and palate, orthognatic surgery. Excludes orthognatic surgery for patients older than 18 and surgical placement of implants.

Maternity/Confinement: Covered 100% TR. Hospitalisation, post-natal services, midwifery and delivery (includes multiple births).

**CONSULTATIONS**

GP/Specialist: Covered 100% TR. Consultations and ward visits.

Physiotherapy/Biokinetics: R4 000/family. Covered 100% TR.

**Mental health:**

Psychiatry/Clinical psychology R12 600/family. Covered 100% TR. Electroconvulsive treatment - MAC applies and subject to PMB.

**OTHER**

Internal surgical prosthesis: R30 000/family. Covered 100% TR. Subject to PMB.

Pathology: Covered 100% TR.

Radiology (Specialised X-rays): Covered 100% TR. Max. 1 each per beneficiary of MRI, CT, PET scan, ultrasound scan and angiogram. 2 Ultrasound scans per pregnancy. Subject to pre-authorization except ultrasound.

**Oncology:**

Radiotherapy/Chemotherapy PMB/CDL only. Covered 100% TR at DSP. Member must enrol in programme or a 50% co-payment will apply to non-PMB cancers and the voluntary use of a non-DSP and non-formulary drugs.

Materials and medicines: Covered 100% TR.

Take Home Medicine (THM): Covered 100% TR. Supply for 5 days post hospitalisation thereafter payable from available Flexfunder.

Blood transfusions: Covered 100% TR. Cost of blood, blood equivalents, blood products and transport of blood.

**FLEXFUNDER**

Flexfunder is a medical savings account into which a member pays 20% of the total contribution to allow greater flexibility and freedom of choice.

All valid medical expenses will automatically be covered by funds available in the member's Flexfunder once a benefit is exhausted, except for PMB related expenses not covered by the Scheme.

Flexfunder reserves (unused funds) will be carried over to the next benefit year and refunded to the member when he/she resigns from the Scheme.

All benefits are paid at 100% of cost.

**Consultations:** GP and specialist consultations, registered primary care nursing, maternity, antenatal and midwifery. Covered at 100% of cost from available Flexfunder.

**Chronic, acute and over the counter medicine (OTC):** Covered at 100% of cost from available Flexfunder.

**Basic and specialised dentistry:** Specialised dentistry subject to pre-authorization 48 hours prior to treatment/ surgery. Covered at 100% of cost from available Flexfunder.

**Radiology (Basic and Specialised):** 100% of cost from available Flexfunder.

**Pathology:** 100% of cost from available Flexfunder. Includes immunisation.

**Optometry:** Tints, coatings, designs, materials, branded lenses. 100% of cost for the generic add-on for generic glass photochromic lenses OR 100% of cost for the generic add-on for generic glass fixed tint not exceeding 35%.



An entry-level product for young, healthy members with moderate healthcare needs.

Maximum Annual Cover (MAC) = R600 000 per family. All services from contracted Provider Network (PN) - Prime Cure.

All services to be obtained from the network provider's contracted practitioners. Sub-limits subject to MAC, except for PMB, when a PMB/DSP applies. R1 100 penalty if no pre-authorization obtained. PN will arrange the transfer of a patient to a DSPN facility should any healthcare related services be required that are in excess of sub-limits.

**ACCOMMODATION**

General ward, high care, ICU and theatre fees. ICU and high care: Limited to 10 days or R53 500/beneficiary at PN facilities. Drugs included. Case managed.

**PROCEDURES**

Limits not applicable to PMB procedures

Surgical: Subject to MAC.

Organ transplants: 100% DSP rate. R100 000/family. Only at DSPN facility and subject to confirmed PMB condition and current public sector protocols.

Renal dialysis: 100% DSP rate. R100 000/family. Only at DSP and subject to confirmed PMB condition and current public sector protocols. Collective acute and chronic.

Oncology: Radiotherapy/Chemotherapy 100% DSP rate. R100 000/family. Only at DSP facility and subject to confirmed PMB condition and current public sector protocols.

Burns: 100% DSP rate. R100 000/family. Only at DSPN. Admission if >30% of body surface.

Neonatal: R29 700/family. Subject to current public sector protocols.

HIV/AIDS: Unlimited cover in general ward. Only at DSP facility. Subject to pre-authorization, case management and enrolment in Disease Management Programme.

Alcoholism/Drug dependency: In- and out-of-hospital 100% Agreed Tariff. PMB rules apply. Only DSP facility.

Infertility: In- and out-of-hospital 100% Agreed Tariff. Only DSP facility and subject to PMB rules.

Mental health: 100% DSP rate. R5 000/family. Hospitalisation, consultations and procedures. Public hospital only. Registration on Disease Management Programme.

Blood transfusions: R5 350/family. Includes transport costs.

Dental services: 100% NHRPL/SADA rates. Hospitalisation restricted to trauma and impacted 3rd molars. Children 7 years and younger. Day theatres and DSPN hospitals only.

Maxillo-facial/Oral surgery: R10 000/family. Excludes surgical placement of implants.

**Acute medication:**  
Any pharmacy of choice, subject to medicine formulary.

**Chronic medication:**  
Included in Flexpenditure with sub-limits: R13 500/beneficiary; R10 co-payment/item; Max. R30/script. PMB/CDL conditions fully covered at DSP with no co-payment/item/script. Co-payment for 60 additional non-PMB chronic conditions. Benefit subject to programme enrolment, authorisation and medicine formulary. No co-payment if obtained from DSP pharmacy.

**Acute medication:**  
Any pharmacy of choice, subject to medicine formulary.

**Chronic medication:**  
Included in Flexpenditure with sub-limits: Member R6 500 M+1 R8 000 M+2 R10 000 M+3+ R12 000 PMB/CDL conditions fully covered at DSP. Additional 6 chronic conditions covered. Benefit subject to programme enrolment, authorisation and medicine formulary. To be obtained from DSP pharmacy.

**Optometry continued:**  
Lenses: 1 Pair spectacle lenses/beneficiary/24 months OR clear contact lenses. Limited to R1 250/beneficiary/24 months. Single vision, bi- and varifocal lenses covered 100% of tariff for generic lenses.

Add-ons: Tints, coatings, designs, materials and branded lenses. 100% of tariff for generic add-on for generic glass photochromic lenses OR 100% of tariff for generic add-on for generic glass fixed tint not exceeding 35%.

Frames: 1 Frame/beneficiary/24 months. R600/beneficiary/24 months.

**Over the counter medicine (OTC):**  
R900/family; Max. R120/purchase. Subject to acute medicine formulary.

**Auxiliary benefits:**  
Dieticians, chiropractors, homeopaths (consultations and medication), acupuncture, speech therapy, audiology, occupational therapy, podiatry/chiropractic, orthotics/prostheses and biokinetics.

**Out of town/Emergency consultations:**  
1 Consultation/beneficiary OR  
2 Consultations/family.  
Limited to R600 with a 20% co-payment. Member pays and claims from Scheme. Unlimited if PMB. Facility fees not covered.

**Antenatal care/Maternity:**  
2 Additional gynaecological consultations/pregnancy. 2 Ultrasound scans/pregnancy. Authorisation is required for selected blood tests. Midwifery consultations included.

**Mental health:**  
PMB/CDL only. Only at DSP. Treatment for alcoholism/drug addiction subject to PMB.

**Mental health:**  
**Psychiatry/Clinical psychology**  
R25 000/family. Covered 100% TR. Part of in-hospital mental health benefit. Treatment for alcoholism/drug addiction subject to PMB. Excludes pre-school assessments and psychometric testing. Electroconvulsive treatment covered from MAC.

**Mental health:**  
**Psychiatry/Clinical psychology**  
R15 500/family. Covered 100% TR. Part of in-hospital mental health benefit. Treatment for alcoholism/drug addiction subject to PMB. Excludes pre-school assessments and psychometric testing. Electroconvulsive treatment covered from MAC.

**Auxiliary benefits:**  
Dieticians, chiropractors, homeopaths (consultations and medication), acupuncture, speech therapy, audiology, occupational therapy, physiotherapy, podiatry/chiropractic, orthotics/prostheses and biokinetics.

**HIV/AIDS:**  
Covered 100% TR. Member enrolment in programme and accesses benefits from the DSP, otherwise a 50% co-payment applies for voluntary use of a non-DSP, payable from available Flexfunder.

**Optometry:**  
Eye examinations: One examination/beneficiary/24 months. Approved frames. Criteria apply. Excess payment for non-range frames, lenses and accessories.

Spectacles: Tests, single vision, clear lenses and standard frames. Covered 100%/24 months. No benefit for contact lenses.

**Dentistry:**  
Basic: Covered 100% TR. Children under 12 unlimited. Includes diagnostic examinations, endodontics and preventative treatment and fillings and extractions (including surgical). Excludes any complications with removable dentures and MRI and CAT scans for any dento-alveolar procedures.

Specialised:  
Member R3 750 M+1 R4 600 M+2 R5 400 M+3 R6 250 M+4+ R7 000

**Dentistry:**  
Basic: Covered 100% TR. Children under 12 unlimited. Includes diagnostic examinations, endodontics and preventative treatment and fillings and extractions (including surgical). Excludes any complications with removable dentures and MRI and CAT scans for any dento-alveolar procedures.

Specialised:  
Member R3 000 M+1 R3 900 M+2 R4 500 M+3 R5 000 M+4+ R5 800

**Radiology (Basic X-ray/Primary care radiology):**  
B/W limited views. Pre-authorisation for PMB related specific ICD-10. Request by NP at approved tariff.

**Emergency ambulance services:**  
Covered 100% TR if obtained from DSP (ER24).

**Dentistry:**  
Basic: Covered.  
Dentures: 1 Standard set/beneficiary/24 months. A 20% co-payment for dentures. Emergency: Limited to 1 event/beneficiary/12 months. Pain treatment and sepsis intervention covered.

Covered 100% TR. Subject to 48 hours pre-authorisation notice. Doctor's cost of procedures subject to sub-limits. Includes orthodontics, periodontics and prostodontics, crown and bridgework, plastic dentures, metal-base dentures, bite plates and implant-supported tooth replacement. Excludes orthodontic therapy for those over 18, MRI and CAT scans for dento-alveolar procedures and complications with removable dentures.

Covered 100% TR. Subject to 48 hours pre-authorisation notice. Doctor's cost of procedures subject to sub-limits. Includes orthodontics, periodontics and prostodontics, crown and bridgework, plastic dentures, metal-base dentures, bite plates and implant-supported tooth replacement. Excludes orthodontic therapy for those over 18, MRI and CAT scans for dento-alveolar procedures and complications with removable dentures.

**Pathology:**  
Referral by NP. Primary care pathology at approved tariff. Pre-authorisation for PMB.

**Services abroad:**  
Covered 100% TR. Benefit limits and Scheme Rules apply.

**Radiology/Pathology:**  
100% Agreed Tariff. Basic B/W X-rays and pathology. Referral by network GP and within list of approved codes.

**otherbenefits**

**Radiology (Specialised X-rays):**  
Non-PMB covered 100% TR, DSP rate or cost. PMB unlimited at DSP. Max. 2 each per beneficiary of MRI, CT, PET scan, ultrasound scan and angiogram. 2 Ultrasound scans per pregnancy. Subject to pre-authorisation except ultrasound. Part of in-hospital benefit.

**Radiology (Specialised X-rays):**  
Non-PMB covered 100% TR. PMB unlimited at DSP. Max. 2 each per beneficiary of MRI, CT, PET scan, ultrasound scan and angiogram. 2 Ultrasound scans per pregnancy. Subject to pre-authorisation except ultrasound. Part of in-hospital benefit.

**Mental health:**  
**Psychiatry/Clinical psychology**  
R16 000/family. Covered 100% TR, DSP rate or cost. Subject to PMB provision. Part of in-hospital mental health benefit. Treatment for alcoholism/drug addiction subject to PMB. Excludes pre-school assessments and psychometric testing. Electroconvulsive treatment from MAC.

*Refer to Tele-Me Information Manual for relevant co-payments and TeleMed Procedure Limits.*

**HIV/AIDS:** Covered 100% TR, DSP rate or cost. Member enrolment in programme and accesses benefits from the DSP, otherwise a 50% co-payment applies for voluntary use of a non-DSP.

**HIV/AIDS:** Covered 100% TR. Member enrolment in programme and accesses benefits from the DSP, otherwise a 50% co-payment applies for voluntary use of a non-DSP.

**Specialised dentistry:**  
Member R3 050 M+1 R4 000 M+2 R4 600 M+3 R5 200 M+4+ R6 000

**contribution**

<b>Gross monthly income less than R15 500</b>	
Principal member	R1 195
Adult dependant	R980
Child dependant	R355
<b>Gross monthly income of R15 500 or more</b>	
Principal member	R1 425
Adult dependant	R1 085
Child dependant	R410

**Immunisation:** Covered 100% TR. Vaccines limited to one/condition/beneficiary.

**Immunisation:** Covered 100% TR. Vaccines limited to one/condition/beneficiary.

Covered 100% TR. Subject to 48 hours pre-authorisation notice. Includes orthodontics, periodontics and prostodontics, crown and bridgework, metal-base dentures, bite plates and implant-supported tooth replacement. Excludes orthodontic therapy for those over 18, MRI and CAT scans for dento-alveolar procedures and complications with removable dentures.

**Flexfunderbenefit**

<b>Gross monthly income less than R15 500</b>	
Principal member	R2 868
Adult dependant	R2 352
Child dependant	R852
<b>Gross monthly income of R15 500 or more</b>	
Principal member	R3 420
Adult dependant	R2 604
Child dependant	R984

**Emergency ambulance services:**  
Covered 100% TR if from DSP (ER24).

**Emergency ambulance services:**  
Covered 100% TR if from DSP (ER24).

**Radiology (Specialised X-rays):**  
Covered 100% TR. Max. 2 each per beneficiary of MRI, CT, PET scan, ultrasound scan and angiogram. 2 Ultrasound scans per pregnancy. Subject to pre-authorisation except ultrasound. Part of in-hospital benefit.

**contribution**

<b>Gross monthly income &lt;R4 000</b>	
Principal member	R440
Adult dependant	R386
Child dependant	R186
<b>Gross monthly income R4 001-R6 000</b>	
Principal member	R482
Adult dependant	R415
Child dependant	R205
<b>Gross monthly income R6 001-R8 000</b>	
Principal member	R628
Adult dependant	R548
Child dependant	R231
<b>Gross monthly income &gt;R8 000</b>	
Principal member	R916
Adult dependant	R797
Child dependant	R284

**Services abroad:** Covered 100% TR. Benefit limits and Scheme Rules apply.

**Services abroad:** Covered 100% TR. Benefit limits and Scheme Rules apply.

**HIV/AIDS:** Covered 100% TR. Member enrolment in programme and accesses benefits from the DSP, otherwise a 50% co-payment applies for voluntary use of a non-DSP.

**Appliances:**  
External 1:  
R13 500/family/24 months. Covered 100% TR. Artificial and electronic aids, orthopaedic appliances/support and shoes, elastic stockings, hearing aids (including repairs), wheelchairs, etc. Motivation required. 3 Month hire expenses for CPAP ventilator, if clinically appropriate, purchase will be considered. Stoma bags and other PMB appliances covered from MAC.

External 2:  
R14 300/beneficiary/24 months. Covered 100% TR. Artificial limbs and eyes. Dental implants and components - only applicable to surgical phase of placement.

**Appliances:**  
External 1:  
R9 500/family/24 months. Covered 100% TR. Artificial and electronic aids, orthopaedic appliances/support and shoes, elastic stockings, hearing aids (including repairs), wheelchairs, etc. Motivation required. 3 Month hire expenses for CPAP ventilator, if clinically appropriate, purchase will be considered. Stoma bags and other PMB appliances covered from MAC.

External 2:  
R7 000/family/24 months. Covered 100% TR. Artificial limbs and eyes. Dental implants and components - only applicable to surgical phase of placement.

**Emergency ambulance services:**  
Covered 100% TR if from DSP.

*Unless otherwise specified, a co-payment of 30% of cost will apply to any benefit voluntarily obtained from a non-DSP.*

*Refer to Tele-Me Information Manual for relevant co-payments.*

*Refer to Tele-Me Information Manual for relevant co-payments and TeleMed Procedure Limits.*

**contribution** monthly - includes employer subsidy

Principal member	R2 573
Adult dependant	R2 573
Child dependant	R 603

Principal member	R1 970
Adult dependant	R1 970
Child dependant	R 407

Principal member	R2 004
Adult dependant	R2 004
Child dependant	R 477

- 4 Third Street  
Marlands Germiston 1401
- 303 Germiston 1400
- 0860 835 3633 (0860 TELEMED) /  
0860 00 1717
- 0860 00 1716
- [www.telemed.co.za](http://www.telemed.co.za)

Subject to Sect. 31(2) of the MSA (1998), benefits detailed herein comprise a summary of the Rules of the Scheme. In the event of a discrepancy between this brochure and the registered Rules, the Rules will prevail. The Scheme Rules are available on the TeleMed website or alternatively, on request from TeleMed.