

MASSMART HEALTH PLAN

SUMMARY OF BENEFITS

With effect from 1 January 2012



SAVINGS ACCOUNT

In January of each year 20% of the total of your and your employer's contributions to the Health Plan is credited to your Savings Account.

Payment in respect of the benefits set out below is limited to the funds available in your Savings Account.

If the Savings Account is exhausted, you can apply to the Trustees to have benefits paid from your Accumulated Savings Account, if you have one.

See the Member Booklet for more details.

Consultations and Visits

(Rooms, home, out-patient)
GPs and specialists

100% **Scheme Tariff**

Medicines

- Acute medication prescribed by a GP or specialist
- Take home medicines when discharged from hospital
- Pharmacy Advised Therapy (PAT) medication dispensed directly by a pharmacist without a practitioner prescription.

100% of the single exit price and dispensing fee as dictated by legislation

Limited to R1 000 **per family** per year

Note:

The Medicine Price List (MPL) has established price limits for different medicine groups. The price limit for each group is set at the cost of the most cost-effective medicine in the group. If you are prescribed a more expensive medicine for a certain condition, you will have to pay the difference between the more expensive medicine and the Medicine Price List item, upfront at the pharmacy.

Alternative Medicine

- Homeopath
- Naturopath
- Traditional medicine

100% **Scheme Tariff** (provided that the provider has a practice number)

Remedial and Other Therapies

- Audiology
- Dieticians
- Hearing aid acousticians
- Occupational therapy
- Orthoptics
- Genetic counselling
- Podiatry
- Speech therapy
- Social workers
- Nurse practitioners
- Biokinetics
- Chiropractics
- Physiotherapy (out of hospital)

100% **Scheme Tariff**

Limited to R2 600 **per family** per year, included within current savings

Optical

This includes:

- Spectacles
- Lenses
- Contact lenses

100% of cost limited to R1 600 **per beneficiary** annually, included within current savings

INSURED BENEFITS

Payments in respect of the benefits set out below are paid for out of the Insured Benefits pool.

Overall Annual Limit

R1 million per family

Dentistry

Conservative

This includes amongst others:

- Conservative and restorative dentistry, including dental technician, plastic dentures

Specialised

This includes amongst others:

- Specialised dentistry including metal-based dentures, crowns and bridges
- Generalist plus technician
- Orthodontics functional
- Prosthodontics
- Periodontics

100% Scheme Tariff

- Overall annual limit

100% Scheme Tariff

- Limited to R15 000 per family included in the overall annual limit

A 25% co-payment for all specialised dentistry

Extended (Chronic) Medicines

Patient must be registered with Medscheme Chronic Medicine Management

- **Chronic Medicines - Non-PMB**
- **Chronic Medicines - PMB (In-Formulary and obtained from the Designated Service Provider)**
- **Chronic Medicines - PMB (In-Formulary and NOT obtained from the Designated Service Provider)**
- **Chronic Medicines - PMB (Out-of-Formulary and obtained from the Designated Service Provider)**
- **Chronic Medicines - PMB (Out-of-Formulary and NOT obtained from the Designated Service Provider)**

- Limited to R12 000 per beneficiary included in the overall annual limit
Funded up to the MPL reference price
Non-MPL products will attract a co-payment on the price difference, at the point of service
- No limit
No co-payment if obtained from the Designated Service Provider (DSP)
- No limit
Member is liable for a 25% co-payment at the point of service, if **not** obtained from the Designated Service Provider (DSP)
- No limit
Member is liable for a co-payment on the price difference of Out-of-Formulary medicine, at the point of service
- No limit
Member is liable for both a 25% co-payment at the point of service when **not** obtained from the Designated Service Provider (DSP), plus a co-payment on the price difference of the Out-of-Formulary medicine, at the point of service

Pregnancy and Confinements

Delivery

Pre-authorisation by Medscheme Hospital Benefit Management

- Normal or caesarean (where medically necessary) inclusive of hospitalisation, attending specialists and associated fees

Ante-natal/Post-natal Visits

- Visits and scans (limited to two 2-D scans per uncomplicated pregnancy)
- Ante-natal classes if offered by registered nurse

Doula's Services

- Birthing Companions

100% Scheme Tariff

- Overall annual limit

100% Scheme Tariff

- Limited to R5 750 per event

- Limited to R2 000 per pregnancy

Alternatives to Hospitalisation

Pre-authorisation by Medscheme Hospital Benefit Management

- Hospice
- Private nursing
- Step-down facilities
- Rehabilitation

100% Scheme Tariff

R50 000 per beneficiary (member may apply to the Trustees if the cost of the treatment required is greater than limit)

Appliances

These include amongst others:

- Hearing aids
- Wheelchairs, etc

100% Scheme Tariff
R20 000 per beneficiary

Mental Health Benefit

- Out of hospital
- In hospital
Pre-authorisation by Medscheme Hospital Benefit Management

100% Scheme Tariff

- R9 500 **per beneficiary** (member may apply to the Trustees if the cost of the treatment required is greater than the limit)

100% Scheme Tariff

- R20 000 **per beneficiary** (member may apply to the Trustees if the cost of the treatment required is greater than the limit)

Infertility

Pre-authorisation by Medscheme Hospital Benefit Management

Limited to treatment as prescribed by the Medical Schemes Act

Alcohol and Drug Abuse

Pre-authorisation by Medscheme Hospital Benefit Management

Limited to treatment as prescribed by the Medical Schemes Act

Termination of Pregnancy

Pre-authorisation by Medscheme Hospital Benefit Management

Limited to treatment as prescribed by the Medical Schemes Act

Hospitalisation

Pre-authorisation by Medscheme Hospital Benefit Management
A R1 500 co-payment will apply when pre-authorisation is not obtained

Note:

It should, however, be noted that *pre-authorisation is not a guarantee of payment*, but rather a confirmation that membership is valid and payment will be made as per the Scheme Rules.

100% Scheme Tariff
Overall annual limit

Immune Deficiency Syndrome

Pre-authorisation by Aid for Aids

100% Scheme Tariff
Benefits available on registration to the AFA programme

Physiotherapy

In hospital

Note:

If required on discharge as extension of hospital treatment, special application must be made to the Trustees.

100% Scheme Tariff
Overall annual limit

Consultations and Visits

In hospital
GPs and specialists

100% Scheme Tariff
Overall annual limit

Non-Surgical Procedures

Performed by GPs or specialists in or out of hospital.
These include amongst others:

- Applying plaster of paris, stitching and removal of warts
- ECG
- EEG scans

100% Scheme Tariff
Overall annual limit
(Excluding GP or specialist visit cost if not hospitalised - this will be paid from savings)

Ambulance Services

Emergency transport only

100% Scheme Tariff
Overall annual limit

Bloods

Blood, blood equivalents and blood products

100% Scheme Tariff
Overall annual limit

Oncology

Pre-authorisation by Medscheme Hospital Benefit Management

Radiotherapy and chemotherapy, including medication

100% Scheme Tariff
Overall annual limit

Optical

- Eye test
- Refractive surgery

- One eye test **per beneficiary** per year
- R3 500 **per family** per year, subject to approval from the medical adviser and Trustees

Organ Transplants

Pre-authorisation by Medscheme Hospital Benefit Management

Harvesting, cadaver

100% Scheme Tariff
Overall annual limit

Prosthesis

Pre-authorisation by Medscheme Hospital Benefit Management

This includes amongst others:

Knee and hip replacements, artificial limbs

- Internal
- External

100% Scheme Tariff
• Overall annual limit

- R20 000 **per member family**
(Member may apply to the Trustees if the cost of the treatment required is greater than limit)

Dialysis

Pre-authorisation by Medscheme Hospital Benefit Management

100% Scheme Tariff
Overall annual limit

Pathology and Medical Technology

Laboratory testing

100% Scheme Tariff
Overall annual limit

Radiology and Radiographers

Specialised

Pre-authorisation by Medscheme Hospital Benefit Management

- MRIs, CAT Scans and angiography

General

- Broken limb, etc

100% Scheme Tariff
• Overall annual limit

Overall annual limit

- R5 000 **per family**, no authorisation required

Preventative Care Benefit

The Trustees urge, where necessary, that members have their regular check-ups as indicated below. This could possibly help prevent unnecessary hospitalisation. All tests listed below are covered from the insured benefits.

- Annual prostate examination
- Annual mammogram examination
- Annual pap smear examination
- Annual medical examination (cholesterol, blood sugar and blood pressure)

- Includes one consultation and the pathology test for males
- Includes one consultation and the radiology test for females
- Includes one consultation and the pathology tests **or** one LBC (Liquid Based Cytology) test per annum for females over 18 years of age
- Includes one consultation and related tests

Disclaimer: this summary is for information purposes only and does not supersede the Rules of the Massmart Health Plan. In the event of any discrepancy between this summary and the Rules, the Rules shall prevail. A copy of the Rules can be obtained from the Registrar of Medical Schemes or Medscheme.