METROPOLITAN MEDICAL SCHEME

Client Service Team: 0861 888 104 or (021) 480 4414

PREMIER OPTION: BENEFITS 2008

Please note that once the sub-limits have been reached, only benefits in respect of PMBs will be paid.

CATEGORY A: BENEFITS FOR NON-CONTROLLABLE EXPENSES

NO.	BENEFIT GROUP	% COVER	MAXIMA (per annum)
1.	Statutory PMBs For HIV management, registration is required with the Scheme's chosen provider (tel: 0861 888 300)	100% of cost or UPFS/ Agreed Tariff, as applicable	No limit
2.	Hospitalisation (tel: 0861 888 309) Subject to pre-authorisation prior to admission or within 1 working day in the case of an emergency A penalty of R500 is payable by the member to the service provider failing pre-authorisation (i) Private hospitals (ii) Provincial hospitals (iii) Approved secondary/step-down facilities (iv) Medicines dispensed in hospital (v) In-patient mental illness/substance abuse	 100% of Agreed Tariff 100% of cost/UPFS 100% of Agreed Tariff 100% of SEP plus regulated dispensing fee 100% of Agreed Tariff	 No limit No limit No limit No limit 21 days per beneficiary
3.	Confinements Subject to pre-authorisation for hospitalisation Benefits are also allowed in terms of home births if assistance is provided by a registered service provider	100% of Scheme Rate	No limit
4.	GPs and specialists (in hospital) (i) Consultations, visits, operations and procedures	100% of Scheme Rate	No limit
5.	Auxiliary services* (in hospital)	100% of Scheme Rate	No limit
6.	Chronic medication (Including the cost of immuno-suppressant drugs and medication administered during chemotherapy treatment)	100% of SEP plus regulated dispensing fee	R21 400 per beneficiary, subject to authorisation by the Scheme's pre-authorisation provider
7.	Organ transplants and dialysis (Hospitalisation and related costs)	100% of Scheme Rate	R152 200 for total cost per beneficiary
8.	Internal medical and surgical appliances	100% of cost	Limit of R20 700 per beneficiary applies, except in the following cases where there are specified limits: • Partial hip replacement – R16 700 • Total hip replacement – R33 200 • Knee replacement – R40 200 • Spinal fusion – R33 200 • Cardiac stents – R18 000 each (max. 3) • Pacemaker – R50 000 • Cardiac valves – R27 700 each • Artificial limbs – R26 400 • Artificial eyes – R12 400
9.	Radiology and pathology (in and out of hospital)	100% of Scheme Rate	No limit

NO.	BENEFIT GROUP	% COVER	MAXIMA (per annum)
10.	MRI and CT scans (in and out of hospital) Subject to pre-authorisation, as with hospitalisation A penalty of R500 is payable by the member to the service provider failing pre-authorisation (tel: 0861 888 309)	100% of Scheme Rate	No limit
11.	Radiotherapy and chemotherapy (in and out of hospital)	100% of Scheme Rate	No limit
12.	Maxillo-facial treatment (in hospital)	100% of Scheme Rate	No limit
13.	Blood transfusions	100% of cost	No limit
14.	Ambulance services	100% of Scheme Rate	No limit

CATEGORY B: BENEFITS FOR CONTROLLABLE EXPENSES

NO.	BENEFIT GROUP	% COVER	MAXIMA (per annum)
1.	GPs and specialists (out of hospital) (i) Consultations, visits and procedures (ii) Injection material	 100% of Scheme Rate 100% of cost	 No limit Subject to acute medication limit
2.	Acute medication Includes hospital to-take-out medicine	80% of SEP plus regulated dispensing fee	M+0 R4 900 M+1 R6 500 M+2 R7 400 M+3 R8 200 M+4+ R9 000
3.	Over-the-counter medication	100% of Agreed Tariff/SEP plus regulated dispensing fee	R750 per family
4.	Homeopaths (i) Consultations (ii) Prescribed medicines	 100% of Scheme Rate 80% of Agreed Tariff	 No limit Subject to acute medication limit
5.	Dental services (i) Conservative dentistry (ii) Specialised dentistry	 100% of Scheme Rate 100% of Scheme Rate	 No limit M+0 R5 700 M+1 R9 800
6.	Optical	100% of Agreed Tariff	1 consultation per beneficiary R2 200 per beneficiary for spectacles/contact lenses
7.	External medical and surgical appliances	100% of cost	Colostomy equipment: R13 500 per beneficiary All other appliances: R2 700 per beneficiary
8.	Auxiliary services* (out of hospital)	100% of Scheme Rate	R4 000 per beneficiary
9.	Physiotherapy (post-operative)	100% of Scheme Rate	Limited to 30 days of date of discharge
10.	Hearing aids	100% of cost	R13 600 per beneficiary
11.	Private and home nursing/medically necessitated frail care (as an alternative to hospitalisation) Motivations required and subject to approval	100% of Scheme Rate	R8 200 per family
12.	Ante-natal classes	100% of Scheme Rate	R600 (restricted to the first pregnancy only)

Agreed Tariff = The fees for any healthcare services which are determined by the Board
NHRPL = National Health Reference Price List
PMB = Prescribed Minimum Benefits
Scheme Rate = For 2008, the Scheme Rate is defined as the NHRPL for 2006, plus a 12.35% inflationary increase
SEP = Single Exit Price
UPFS = Uniform Patient Fee Schedule (tariff structure used by provincial hospitals)

*Auxiliary services: Physiotherapy, biokinetics, dietetics, clinical psychology, speech therapy, audiology, occupational therapy, podiatry, orthopty, social work, acupuncture and chiropractic services