



# METROPOLITAN

## MEDICAL SCHEME

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

### CLASSIC OPTION: BENEFITS 2007

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

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.	Overall Annual Limit		R550 000 per family
3.	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  No benefit for hospital to-take-out medicine	100% of Agreed Tariff  100% of cost/UPFS  100% of Agreed Tariff  100% of SEP plus regulated dispensing fee  100% of Agreed Tariff	Subject to Overall Annual Limit        21 days per beneficiary, subject to Overall Annual Limit
4.	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	Subject to Overall Annual Limit
5.	GPs and specialists (in hospital) Consultations, visits, operations and procedures	100% of Scheme Rate	Subject to Overall Annual Limit
6.	Auxiliary services* (in hospital)	100% of Scheme Rate	Subject to Overall Annual Limit
7.	Chronic medication (Including the cost of immuno-suppressant drugs and medication administered during chemotherapy treatment)	100% of SEP plus regulated dispensing fee	R5 500 per beneficiary, subject to Overall Annual Limit and authorisation by the Scheme's pre-authorisation provider
8.	Organ transplants and dialysis (Hospitalisation and related costs)	100% of Scheme Rate	R139 700 for total cost per beneficiary, subject to Overall Annual Limit

NO.	BENEFIT GROUP	% COVER	MAXIMA (per annum)
9.	Internal medical and surgical appliances	100% of cost	Limit of R19 000 per beneficiary except in the following cases where specified limits apply, subject to Overall Annual Limit: <ul style="list-style-type: none"> <li>• Partial hip replacement – R15 300</li> <li>• Total hip replacement – R30 500</li> <li>• Knee replacement – R36 900</li> <li>• Spinal fusion – R30 500</li> <li>• Cardiac stents – R16 500 each (max. 3)</li> <li>• Pacemaker – R45 800</li> <li>• Cardiac valves – R25 400 each</li> <li>• Artificial limbs – R24 200</li> <li>• Artificial eyes – R11 400</li> </ul>
10.	Radiology and pathology (in hospital)	100% of Scheme Rate	Subject to Overall Annual Limit
11.	MRI and CT scans (in and out of hospital) (tel: 0861 888 309) Subject to pre-authorisation, as with hospitalisation A penalty of R500 is payable by the member to the service provider failing pre-authorisation	100% of Scheme Rate	Subject to Overall Annual Limit
12.	Radiotherapy and chemotherapy (in and out of hospital)	100% of Scheme Rate	Subject to Overall Annual Limit
13.	Maxillo-facial treatment (in hospital)	100% of Scheme Rate	Subject to Overall Annual Limit
14.	Blood transfusions	100% of cost	Subject to Overall Annual Limit
15.	Ambulance services	100% of Scheme Rate	Subject to Overall Annual Limit

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 2007, the Scheme Rate is defined as the NHRPL for 2006, plus a 5% inflationary increase

SEP = Single Exit Price

UPFS = Uniform Patient Fee Schedule (tariff structure used by provincial hospitals)

\*Auxiliary services (in hospital): Physiotherapy, biokinetics, dietetics, clinical psychology, speech therapy, audiology, occupational therapy, podiatry, orthoptics, social work, acupuncture and chiropractic services