



## PREMIER OPTION: BENEFITS 2009

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)	100% of SEP plus regulated dispensing fee	R23 540 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	R167 420 for total cost per beneficiary
8.	Internal medical and surgical appliances	100% of cost	Limit of R22 770 per beneficiary applies, except in the following cases where there are specified limits: <ul style="list-style-type: none"> <li>• Partial hip replacement – R18 370</li> <li>• Total hip replacement – R36 520</li> <li>• Knee replacement – R44 220</li> <li>• Spinal fusion – R36 520</li> <li>• Cardiac stents – R19 800 each (max. 3)</li> <li>• Pacemaker – R55 000</li> <li>• Cardiac valves – R30 470 each</li> <li>• Artificial limbs – R29 040</li> <li>• Artificial eyes – R13 640</li> </ul>
9.	Radiology and pathology (in and out of hospital)	100% of Scheme Rate	No limit

## CATEGORY A: BENEFITS FOR NON-CONTROLLABLE EXPENSES

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	R300 000 per beneficiary
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 R5 390 M+1 R7 150 M+2 R8 140 M+3 R9 020 M+4+ R9 900
3.	Over-the-counter medication	100% of Agreed Tariff/SEP plus regulated dispensing fee	R825 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 R6 270 M+1 R10 780
6.	Optical	100% of Agreed Tariff	1 consultation per beneficiary R2 420 per beneficiary for spectacles/contact lenses
7.	External medical and surgical appliances	100% of cost	Colostomy equipment: R14 850 per beneficiary All other appliances: R2 970 per beneficiary
8.	Auxiliary services* (out of hospital)	100% of Scheme Rate	R4 400 per beneficiary
9.	Physiotherapy (post-operative)	100% of Scheme Rate	Limited to 30 days of date of discharge
10.	Hearing aids	100% of cost	R14 960 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	R9 020 per family
12.	Ante-natal classes	100% of Scheme Rate	R660 (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 = National Health Reference Price List (NHRPL) for 2009

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, orthoptics, social work, acupuncture and chiropractic services

\*\* Subject to pre-authorisation with Qualsa's Oncology Management Programme.