

CLASSIC OPTION: BENEFITS 2009

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		R660 000 per family
3.	Hospitalisation (tel: 0861 888 309) Subject to pre-authorization 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-authorization (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-authorization 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.	GPs and medication (out of hospital) (i) GP consultations, procedures and injection material (ii) Acute and self-medication	100% of Scheme Rate 100% of SEP plus regulated dispensing fee	R550 per family
7.	Auxiliary services* (in hospital)	100% of Scheme Rate	Subject to Overall Annual Limit
8.	Chronic medication (Including the cost of immuno-suppressant drugs)	100% of SEP plus regulated dispensing fee	R6 600 per beneficiary, subject to Overall Annual Limit and authorisation by the Scheme's pre-authorization provider

NO.	BENEFIT GROUP	% COVER	MAXIMA (per annum)
9.	Organ transplants and dialysis (Hospitalisation and related costs)	100% of Scheme Rate	R167 420 for total cost per beneficiary, subject to Overall Annual Limit
10.	Internal medical and surgical appliances	100% of cost	Limit of R22 770 per beneficiary except in the following cases where specified limits apply, subject to Overall Annual Limit: <ul style="list-style-type: none"> • Partial hip replacement – R18 370 • Total hip replacement – R36 520 • Knee replacement – R44 220 • Spinal fusion – R36 520 • Cardiac stents – R19 800 each (max. 3) • Pacemaker – R54 890 • Cardiac valves – R30 470 each • Artificial limbs – R29 040 • Artificial eyes – R13 640
11.	Radiology and pathology (in hospital)	100% of Scheme Rate	Subject to Overall Annual Limit
12.	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
13.	Radiotherapy and chemotherapy (in and out of hospital)**	100% of Scheme Rate	Subject to Overall Annual Limit R250 000 per beneficiary
14.	Maxillo-facial treatment (in hospital)	100% of Scheme Rate	Subject to Overall Annual Limit
15.	Blood transfusions	100% of cost	Subject to Overall Annual Limit
16.	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 = 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 (in hospital): 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