

2010 *Benefits* Guide

Transnet Working Members and Transnet Pensioners

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MEDICAL FUND



*W*elcome to the Transmed 2010 Benefits Guide. This guide provides details on:

- explanations of the different benefit plans
- Prescribed Minimum Benefits (PMBs)
- how to select a new benefit plan for 2010 using the Step-by-Step guide.

for all our people

Welcome

This comprehensive information will enable you to make an informed decision about the benefit plan that best suits you.

The Fund continues to look for innovative and financially viable opportunities to enhance the medical benefits and services for our members. After successful negotiations we are proud to welcome Netcare and the Medi-Clinic Group as part of the Transmed Private Hospital Network. Please ensure that you determine which of the hospitals from this network are closest to your community. We also established an extended Pharmacy Network for the provision of chronic medication.


It is with great pleasure that we introduce two new benefit plans for 2010, the Private Network Core plan and the Private Network Saver plan. On these new benefit plans member contributions are not based on income levels, but rather on the member's number of dependants. **Please note that the Fund has discontinued the Private Cover Plus Savings Account plan** and that members currently on this plan who do not make a benefit plan selection before **22 January 2010**, will be automatically defaulted to the new Private Network Saver plan. This new plan has its own unique benefits, which may however not suit your health requirements. Another new development is that the chronic medicine benefit has been changed. This means that you need to take the chronic list for each benefit plan into consideration when you select your benefit plan for 2010, to ensure that the chronic medicine benefit provided by your chosen plan meets your chronic requirements. Details about the benefits that these plans offer in 2010 are explained from page 6.

We received numerous requests from members this year who wanted to change from a State benefit plan to a private benefit plan for their pregnancy. In response to these requests, members on the State Plus Own Choice plan will be pleased that there is a new maternity benefit available on this benefit plan for 2010, which will provide full cover for confinement at any private hospital. Please note that this is subject to registration on the Transmed Maternity Programme. Kindly ensure that you inform the Fund as soon as you are aware that you are expecting a baby.

“Members on the State Plus Own Choice plan will be pleased that there is a new maternity benefit available on this benefit plan for 2010.”

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Changing your benefit plan for 2010

We have enclosed the Step-by-Step guide for quick reference on what each benefit plan entails and how to go about changing your benefit plan. A Plan Selection Form has also been enclosed, which members need to complete in order to change their benefit plans for 2010. This form must reach our offices by no later than 22 January 2010.

Members also have the alternative of changing their benefit plan telephonically on 0800 450 010 or electronically by logging onto the Transmed website at www.transmed.co.za. Remember to have your membership and ID number handy to utilise this service. Please **do not** submit the Plan Selection Form if you have already changed your plan telephonically or electronically.

You should carefully consider the information provided in the Benefits Guide and Step-by-Step guide in order to select your benefit plan, as changes may only be made once a year and take effect at the beginning of each year.

Step-by-Step

STEP-BY-STEP

This step-by-step guide presents you with a quick summary of the benefit plans for 2010 so that you can access key information about the various benefit plans. 2010 sees the introduction of two new benefit plans: the Private Network Core and the Private Network Saver; this guide gives you a brief overview of these new benefit plans and compares them to the existing plans to enable you to make an informed decision when selecting a benefit plan. Here are a few points to take into consideration prior to selecting a benefit plan for 2010:

- Assess the current and future medical needs for yourself and your family members.
- Compare the different benefit plans in light of your medical needs to determine which one is most suitable for you and your family's medical needs,
- Consider the cost of your choice of benefit plan. Calculate how much more the preferred benefit plan will cost you compared to what you are currently paying and assess whether or not you can afford it for the next twelve months.
- Make a choice whether you are staying with your current benefit plan or if you would like to change to a new plan.
- Please note that members on the Private Cover Plus Savings Account plan need to select a new plan.

PLANS OFFERED TO MEMBERS

State Plus Network

State Plus Own Choice

Private Network Core

Private Network Saver

PLEASE NOTE:

Upon deciding on your plan for 2010, select your plan by either:

1. Completing the enclosed Plan Selection Form or
2. Phoning the Transmed Call Centre on **0800 450 010** and changing your plan telephonically or by logging onto the Transmed website at www.transmed.co.za and changing your plan online.

Guide



HOSPITALISATION

Decide on suitable hospital cover based on your needs.

- State plans will give you full cover at any state facility.
- For our private plans, we have the Transmed Private Hospital Network made up of the Medi-Clinic Group and Netcare group of hospitals. If you are on one of the private plans, please check your proximity to one of the hospitals in the network to avoid co-payments.

Please refer to the benefit schedules from page 9 for more information.

CHRONIC MEDICATION

Choose a plan according to a formulary (list of conditions) that meets your needs. The formularies applicable to each plan are as follows:

- Prime Cure Network formulary - used on the State Plus Network benefit.
- Essential formulary - used on the State Plus Own Choice benefit. This formulary covers seven chronic conditions in addition to PMB conditions (please refer to page 7).
- Core PMB formulary - Used on both the Private Network Core and the Private Network Saver benefits. This formulary **only** covers the PMB conditions.

Medication for PMB conditions will be paid in full for members on all formularies. A co-payment of 20% of the cost will be payable for medication for conditions that do not form part of the PMB conditions. This only applies to the State Plus Own Choice plan. Please refer to page 7 for an explanation on how the co-payment of 20% of the cost is applied and for a list of PMB conditions. Please call the Transmed Call Centre on 0800 450 010 for further information.

DAY-TO-DAY BENEFITS

- On the State Plus Network benefit a Prime Cure service provider must be used to avoid a co-payment.
- On the State plus Own Choice, day-to-day benefits will be covered according to the availability of funds in your day-to-day limit.
- On the Private Network Saver, your day to day benefits will be covered according to the availability of funds in your Personal Medical Savings Account (PMSA).
- The Private Network Core has no day-to-day benefits.

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STATE/PRIVATE HOSPITAL	CHRONIC BENEFIT SUPPLIER	DAY-TO-DAY COVER
State hospital	Prime Cure service provider	Capitation (through Prime Cure)
State hospital	Transmed Pharmacy Network	From your own service provider, subject to the availability of funds in your day-to-day limit
Private hospital (Transmed Private Hospital Network must be used)	Transmed Pharmacy Network	No benefit
Private hospital (Transmed Private Hospital Network must be used)	Transmed Pharmacy Network	From your own service provider, subject to the availability of funds in your PMSA

Remember to have your membership and ID number handy to utilise this service.

The closing date to submit all Plan Selection Forms (via post, telephone or online) is no later than **22 January 2010**.

If your dependants on the Fund have changed, or your income has changed so that you fall into a new income band, you must complete a Membership Amendment Form available from the Transmed Call Centre by calling **0800 450 010**, from our website at www.transmed.co.za or from your Human Resources officer if you are a working member.



Benefit Plans

A BRIEF EXPLANATION OF THE PLANS

(Please refer to the benefit schedules from page 9 for more information.)

STATE PLUS NETWORK

Day-to-day services

Members obtain their day-to-day medical services through Prime Cure, a private network of clinics and contracted general practitioners (GPs). Members select a Prime Cure Medical Centre or contracted GP for consultation, which includes the prescription and dispensation of acute medication. For other medical services, such as dentistry, radiology and optometry, the Prime Cure Medical Centre or contracted practitioner will direct you to another contracted provider.

Details of your nearest Prime Cure Medical Centre or contracted GP can be obtained by calling Prime Cure on 0861 665 665. You can also sms your town and province to 33900 to locate your nearest Prime Cure Medical Centre. There is an out-of-network limit applicable to services obtained outside the Prime Cure Network.

Chronic medication

Chronic medication is supplied in terms of a network formulary (list of medicines) by

Prime Cure through a Prime Cure appointed pharmacy.

Hospitalisation

All hospitalisation and other specified major medical services are provided through State or State enhanced (Folateng) facilities. Where State facilities are unable to provide the required services, members are requested to contact the Transmed managed care line on 0800 225 151 to source alternative treatment providers.

STATE PLUS OWN CHOICE

Day-to-day services

All day-to-day services are paid from a general day-to-day limit. Members may use their doctor or service provider of choice.

Chronic medication

The Fund will cover both Prescribed Minimum Benefit (PMB) conditions and seven non-PMB chronic conditions from the Essential Chronic Formulary, covering in excess of 50 conditions. Formulary medicines for PMB conditions are paid in full whereas there is a 20% co-payment for other chronic

conditions. Please check whether your chronic condition is listed as one of the PMB conditions (full cover) in the table in the Prescribed Minimum Benefit conditions section on page 7, or if it is a non-PMB chronic condition (20% co-payment). An example of how the co-payments will be applied is included in this section. Medicines for conditions, which are not on the formulary, will not be paid from the chronic medicine benefit but from your available General day-to-day limit. Medication may be purchased at any pharmacy. Chronic medication must be obtained from a

Transmed Network Pharmacy - Reference Pricing applicable.

Hospitalisation

All hospitalisation and other specified major medical services are provided through State or State enhanced (Folateng) facilities. Where State facilities are unable to provide the required services, members are requested to contact the Transmed managed care line on 0800 225 151 to source alternative treatment providers.

PRIVATE NETWORK CORE

This benefit plan only covers PMB conditions.

Day-to-day services

The day-to-day services related to PMB conditions are provided through the Care Plans. There is no general day-to-day benefit.

Chronic medication

This benefit plan covers the PMBs, (Chronic Disease List (CDL) and Diagnosis and Treatment

Pairs (DTP)), formulary through an exclusive Designated Service Provider (DSP). Chronic medication must be obtained from a Transmed Network Pharmacy -Reference Pricing applicable.

Hospitalisation

In order to have full cover, members must utilise a private hospital within the Transmed network of hospitals. All hospital visits must be pre-authorized by contacting the Transmed managed care line on 0800 225 151.

Please note that this plan provides cover only for PMB conditions (typically emergency visits and life-threatening situations) and that certain elective admissions will be excluded on this plan.

For more information on the Private Network Core benefits and details of your nearest Transmed network hospital or Transmed network pharmacy, kindly contact the Call Centre on 0800 450 010.

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PRIVATE NETWORK SAVER

Day-to-day services

Every member on the Private Network Saver plan has a Personal Medical Savings Account (PMSA) facility. Each month a portion of the member's contribution is deposited into this interest-bearing PMSA and they are given an advance of the monthly savings contribution for the remainder of the year. The funds in these accounts are used to pay all day-to-day expenses, e.g. consultations, specialist services and acute medication, therefore cover for general day-to-day services is subject to the availability of funds in the PMSA. Members, who do not use their full

allocation of funds in a year, will maintain those funds in their PMSA going into the following year.

Chronic medication

The Fund will cover PMB conditions from the Core PMB Formulary.

Formulary medicines for PMB conditions are paid in full. Please check whether your chronic condition is listed as one of the PMB conditions (full cover) in the table in the PMBs section on page 7. Chronic medication cover is subject to authorisation and

registration on the Chronic Medicine Programme's Care Plan. If your condition is not listed on the formulary it can be claimed from your PMSA. Chronic medication must be obtained from a Transmed Network Pharmacy - Reference Pricing applicable.

Hospitalisation

Members have access to hospitals on the Transmed Private Hospital Network, without any monetary limit. Members will need to pay a co-payment for voluntary admission to a non-network hospital for non-emergency situations and non-PMB related services.

PRESCRIBED MINIMUM BENEFITS

In terms of healthcare legislation all medical schemes must provide benefits for certain conditions within prescribed guidelines. These benefits are known as the Prescribed Minimum Benefits (PMBs) and consist of the 26 PMB chronic diseases and the Diagnosis and Treatment Pairs.

1. Non-medicine expenses

- For the State Plus Own Choice, Private Network Core and Private Network Saver plans, Transmed will pay the diagnosis and treatment costs of the following:
 - The 26 PMB chronic diseases via the Care Plans. Members may use the supplier of their own choice.
 - The out-of-hospital services relating to the Diagnosis and Treatment Pairs provided that treatment is obtained

in a State hospital on an out-patient basis. If a member's condition is not a PMB condition, services may be paid from the member's General day-to-day limit. The Transmed Call Centre may be contacted on 0800 450 010 to determine whether your diagnosis is covered by the Diagnosis and Treatment Pairs.

Both the above benefits are provided in addition to members' existing benefits.

- For the State Plus Network plan, the DSP for PMBs is the State for hospitalisation and Prime Cure for day-to-day benefits. Members must obtain PMB services via the Prime Cure Network.
- For the State Plus Own Choice plan, the DSP for hospitalisation is the State

and for medication it is the Transmed Pharmacy Network.

- For the Private Network Core plan, the DSPs for PMBs are the Transmed Private Network Hospitals and Transmed Network Pharmacies. Members must obtain PMB services through these Networks to avoid co-payments.
- For the Private Network Saver plan, the DSPs for PMBs are the Transmed Private Network Hospitals and Transmed Network Pharmacies. Members must obtain PMB services through these Networks to avoid co-payments.

2. Medicine expenses

Chronic medication for all PMB conditions are paid from the chronic benefits, subject to pre-authorisation.

PRESCRIBED MINIMUM BENEFIT (PMB) CONDITIONS

Addison's Disease*	Crohn's Disease*	Hypertension*	Peripheral Artherosclerotic Disease
Anaemia (iron deficiency)	Cushing's Syndrome	Hyperthyroidism	Pituitary Malfunction
Asthma*	Delusional Disorders	Hypoparathyroidism/Hyperparathyroidism	Polyarteritis Nodosa*
Bipolar Mood Disorder*	Depressive Mood Disorders	Hypothyroidism*	Post-Traumatic Stress Disorder
Bronchiectasis*	Diabetes Insipidus*	Menopausal Syndrome	Rheumatoid Arthritis*
Cardiac (heart) Failure*	Diabetes Mellitus Type I*	Motor Neuron Disease	Schizo-affective Disorders
Cardiac Dysrhythmias*	Diabetes Mellitus Type II*	Multiple Sclerosis	Schizophrenia*
Cardiomyopathy Disease*	Endometriosis	Muscular Dystrophy	Systemic Lupus Erythematosus*
Cerebrovascular Disorders (stroke)	Epilepsy*	Myasthenia Gravis	Thrombocytopenia Purpura
Chronic Obstructive Pulmonary Disease*	Glaucoma*	Paraplegia/Quadraplegia	Thrombotic Disorders
Chronic Renal Disease*	Haemophilia*	Parkinson's Disease*	Ulcerative Colitis*
Coronary Artery Disease*	Hyperlipidaemia*	Pemphigus	Valvular Heart Disease

Care Plan benefits

ADDITIONAL CONDITIONS COVERED UNDER CHRONIC IN THE ESSENTIAL FORMULARY (Only applicable to State Plus Own Choice plan - 20% co-payment applies)

Ankylosing Spondylitis	Cystic Fibrosis	Osteoarthritis	Psoriatic Arthritis
Benign Prostatic Hypertrophy	Gastro-oesophageal Reflux Disease	Peptic Ulcer Disease	

For your information we have included an example of how the co-payment will be applied on the State Plus Own Choice plan:

	Condition	PMB	Included in Formulary	20% co-payment
Medicine A	Hypertension	Yes	Yes	No
Medicine B	Osteoporosis	No	Yes	Yes



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Transmed Reference Guide

PRIVATE HOSPITAL COVER FOR PRIVATE PLANS

Private Network Core

Only have benefits for admissions related to Prescribed Minimum Benefit (PMB) conditions. Utilise the Transmed Private Hospital Network. Voluntary use of a non-network hospital will result in a 20% co-payment – the Fund will only reimburse 80% of the hospital account.

Private Network Saver

Utilise the Transmed Private Hospital Network. Voluntary use of a non-network hospital will result in a 20% co-payment – the Fund will only reimburse 80% of the hospital account.

Deductibles apply to elective admissions related to non-PMB conditions:

- Day clinic – R1000
- Hospital day procedure – R1500
- Hospital procedure (hospital stay under five days) – R2000
- Hospital procedure (hospital stay five days and more) – R2500

PRIVATE HOSPITAL COVER FOR STATE PLANS

When can members use a private hospital?

State Plus Network and State Plus Own Choice members can use a private hospital in the event of an involuntary admission.

It will be regarded as a service obtained on an involuntary basis if:

- the service was not available from the State (DSP) or would not be provided without unreasonable delay
- immediate medical or surgical treatment for a PMB condition was required under circumstances or locations that reasonably precluded the beneficiary from obtaining such treatment from the State (DSP)

- there was no DSP (State facility) within reasonable proximity to the beneficiary's ordinary place of business or personal residence or
- it was for an emergency.

An emergency is defined in terms of the Medical Schemes Act and the Rules as the sudden, and at the time, unexpected onset of a health condition that requires immediate medical or surgical treatment, where failure to provide medical or surgical treatment would result in serious impairment to bodily functions or serious dysfunction of a bodily organ or part, or would place the person's life in serious jeopardy.

In order to assist members to obtain services from other providers in cases where PMB services are not available from the State (DSP), the Fund has made arrangements with private hospitals and other providers of medical services to provide services to members.

Members can phone **0800 225 151** for more information in this regard.

If admitted to a facility of this nature, members must obtain authorisation on **0800 225 151** within 24 hours of admission or as soon as possible thereafter.

State Plus Network and State Plus Own Choice members do not have access to private facilities except in cases of involuntary admissions (as described above). The Fund allows admission to a private facility on a voluntary basis, subject to a 40% co-payment.

We strongly advise members to consider all costs when deciding to undergo procedures at private hospitals, as there have been cases where members have had to pay co-payments exceeding what they had initially budgeted for. Often members don't realise that the 40% co-payment applies to all in-hospital services, including in-hospital specialist services, for example, surgeons, anaesthetists, etc. Also, payment is limited to the Transmed rate resulting in an additional payment shortfall where in-hospital specialists charge in excess of

this rate. This of course will result in major financial strain. You should therefore discuss all cost implications with the attending doctor so that you can make an informed decision on your admission.

Using enhanced State facilities

The State has recently introduced certain private wards (called Folateng wards) within existing State hospitals. A list of these hospitals follows:

- Johannesburg hospital
- Helen Joseph hospital
- Pretoria West hospital
- Sebokeng hospital

In addition, the following two hospitals offer upgraded wards that offer access to services that resemble a private hospital:

- Tygerberg hospital
- Karl Bremer hospital

Members may be admitted to both the Folateng and upgraded wards, provided that pre-authorisation is obtained on **0800 225 151** before admission.

PRIVATE SERVICES: INTERIM RELIEF (0800 225 151)

The following services may be obtained in private facilities subject to certain conditions:

- dialysis
- oncology
- radiation
- other services that some State hospitals are unable to provide.

The following conditions apply:

- Pre-authorisation must be obtained from the Care Manager for the above services on **0800 225 151**.
- The following benefit limits apply:
 - R180 000 per beneficiary per year for dialysis
 - oncology benefit limited to tier I of the South African Oncology Consortium (SAOC) guidelines.

BENEFITS		STATE PLUS NETWORK (PRIME CURE NETWORK)	STATE PLUS OWN CHOICE	PRIVATE NETWORK CORE	PRIVATE NETWORK SAVER
A. DAY-TO-DAY COVER					
A.1	General Practitioner (GP) consultations	Unlimited if Prime Cure provider is used. One visit to a non-Prime Cure provider per beneficiary, with a maximum of two visits per family per year limited to R700 with a 20% co-payment. Members must pay non-Prime Cure provider the entire cost and claim refunds from Prime Cure. Only 80% of the costs will be refunded.	Paid at 100% Transmed rate* Subject to the availability of funds in general day-to-day benefit limit.	No benefit	Paid at 100% Transmed rate* Subject to the availability of funds in PMSA.
A.2	Specialist consultations	Only three specialist visits per beneficiary per year, with a maximum of five visits per family per year, up to a maximum amount of R2000 per beneficiary or R2800 per family. Pregnant beneficiaries are entitled to two additional specialist visits per year. Specialist visits are subject to pre-authorization (086 1 665 665) and referral by Prime Cure general practitioner or accredited service provider. A 30% co-payment applies for voluntary consultation of non-DSP specialists.	Paid at 100% Transmed rate* Subject to the availability of funds in general day-to-day benefit limit.	No benefit	Paid at 100% Transmed rate* Subject to the availability of funds in PMSA.
A.3	Acute medication	Unlimited for Prime Cure accredited pharmacies according to the Prime Cure formulary. Over-the-counter pharmacy benefit: R180 per family per year, with a maximum of R60 per event. Medication must be dispensed by a Prime Cure or accredited service provider.	Paid at 100% Transmed rate* Subject to the availability of funds in general day-to-day benefit limit.	No benefit	Paid at 100% Transmed rate* Subject to the availability of funds in PMSA.
A.4	Basic pathology (Out-of-hospital)	Unlimited for pathology according to the Prime Cure list of codes. Subject to referral by Prime Cure GP.	Paid at 100% Transmed rate* Subject to the availability of funds in general day-to-day benefit limit.	No benefit	Paid at 100% Transmed rate* Subject to the availability of funds in PMSA.
A.5	Radiology (Out-of-hospital)	Unlimited, subject to Prime Cure codes. Subject to referral by Prime Cure general practitioner or accredited service provider.	Paid at 100% Transmed rate* Subject to the availability of funds in general day-to-day benefit limit.	No benefit	Paid at 100% Transmed rate* Subject to the availability of funds in PMSA.
A.6	Optical benefits	One examination per beneficiary per year. One pair of single vision or bifocal lenses and frame or contact lenses, every 24 months according to Prime Cure criteria. Contact lenses benefit limited to R500 per beneficiary.	Limits per beneficiary every 24 month cycle (two years)* ² 1) R670 single vision lenses or R1040 bifocal, multi-focal and tri-focal lenses or 2) R670 contact lenses or 3) R1040 surgical procedures (all inclusive)	No benefit	Paid at 100% Transmed rate* Subject to the availability of funds in PMSA. Includes refractive surgery
A.7	Basic dental benefit (for dentures, see Dentures benefit)	Unlimited Basic dentistry. One preventative treatment and general examination per year through a Prime Cure* ¹ DSP* ⁹ .	Paid at 100% Transmed rate* Annual limits: M0 R1350 M+ R1840	No benefit	Paid at 100% Transmed rate* Subject to the availability of funds in PMSA.
A.8	Specialised dentistry	No benefit	Paid at 100% Transmed rate* Limited to: R2400 per beneficiary once every two years* ² .	No benefit	Paid at 100% Transmed rate* Subject to the availability of funds in PMSA.
A.9	Orthodontics	No benefit	Paid at 100% Transmed rate* from Specialised dentistry benefit. <i>Refer to A.8</i>	No benefit	Paid at 100% Transmed rate* R6480 per beneficiary per lifetime* ³ . Paid from Major Medical Cover.
A.10	Dentures	One pair of acrylic dentures every two years per family. 20% co-payment payable. To be provided by Prime Cure* ¹ DSP* ⁹ .	Paid at 100% Transmed rate* from Specialised dentistry benefit. <i>Refer to A.8</i>	No benefit	Paid at 100% Transmed rate* Subject to the availability of funds in PMSA.
A.11	Physiotherapy, Occupational and Remedial therapy, Audiology	Subject to referral by Prime Cure general practitioner or accredited service provider, paid from Out-of-Network benefit.	Paid at 100% Transmed rate* Subject to the availability of funds in general day-to-day benefit limit. <i>Refer to A.12</i>	No benefit	Paid at 100% Transmed rate* Subject to the availability of funds in PMSA.

BENEFITS		STATE PLUS NETWORK (PRIME CURE NETWORK)	STATE PLUS OWN CHOICE	PRIVATE NETWORK CORE	PRIVATE NETWORK SAVER
A. DAY-TO-DAY COVER					
A.12	All other day-to-day benefits	Prime Cure or from Out-of-Network benefit.	Paid at 100% Transmed rate* Subject to the availability of funds in general day-to-day benefit limit. General day-to-day benefits are limited to: M0 R3740 M+ R5140	Not applicable	Paid at 100% Transmed rate* Subject to the availability of funds in PMSA.
A.13	Out-of-Network benefits limits	Out-of-Network benefits are limited to: M0 R1860 M+ R2790	Not applicable	Not applicable	Not applicable
B. CHRONIC MEDICATION					
B.1	Treatment of Prescribed Minimum Benefits (PMBs) conditions and Chronic Disease List (CDL)	Paid at Prime Cure rate according to Prime Cure Medicines Formulary and protocol. Subject to authorisation and registration on Prime Cure Chronic Programme.	Paid at 100% Transmed rate* according to Transmed Essential Formulary* ⁵ . QMP* ⁶ applies. Subject to authorisation and registration on Chronic Medicine Management Programme. Co-payment of 20% for non-PMB conditions.	Paid at 100% Transmed rate* according to Transmed PMB Core Formulary* ⁵ medicine. QMP* ⁶ applies. Subject to authorisation and registration on Chronic Medicine Management Programme's Care Plan.	Paid at 100% Transmed rate* according to PMB Core Formulary* ⁵ . QMP* ⁶ applies. Subject to authorisation and registration on Chronic Medicine Management Programme's Care Plan.
B.2	Pharmacy	Prime Cure Medical Centre or Prime Cure network pharmacy	Transmed Pharmacy Network* ⁷ . Pharmacy of choice (outside the Network) will have a 20% co-payment* ¹¹ .	Transmed Pharmacy Network* ⁷ . Pharmacy of choice (outside the Network) will have a 20% co-payment* ¹¹ .	Transmed Pharmacy Network* ⁷ . Pharmacy of choice (outside the Network) will have a 20% co-payment* ¹¹ .
C. MAJOR MEDICAL COVER					
C.1	State hospitalisation	Unlimited cover in State hospital. Admission to enhanced State facilities (Folateng) is subject to pre-authorisation. In case of an emergency or if the State cannot provide a service, call 0800 225 151 to obtain pre-authorisation for admission to an alternative facility.	Unlimited cover in State hospital. Admission to enhanced State facilities (Folateng) is subject to pre-authorisation. In case of an emergency or if the State cannot provide a service, call 0800 225 151 to obtain pre-authorisation for admission to an alternative facility.	Unlimited cover in State hospital. Admission to enhanced State facilities (Folateng) is subject to pre-authorisation. In case of an emergency or if the State cannot provide a service, call 0800 225 151 to obtain pre-authorisation for admission to an alternative facility. Note that this benefit is limited to PMB conditions.	Unlimited cover in State hospital. Admission to enhanced State facilities (Folateng) is subject to pre-authorisation. In case of an emergency or if the State cannot provide a service, call 0800 225 151 to obtain pre-authorisation for admission to an alternative facility.
C.2	Private hospitalisation	Voluntary admission is subject to pre-authorisation and 40% co-payment of all costs incurred. Involuntary and emergency admissions covered at 100% Transmed rate* Pre-authorisation required. Please call 0800 225 151	Voluntary admission is subject to pre-authorisation and 40% co-payment of all costs incurred except for maternity, which is subject to pre-authorisation and enrollment of the Transmed Maternity Programme. Involuntary and emergency admissions covered at 100% Transmed rate* Pre-authorisation required. Please call 0800 225 151	Paid at 100% Transmed rate* Only for PMB CDL and PMB Diagnosis and Treatment Pairs (DTP) conditions. Transmed Private Hospital Network* ⁸ 20% co-payment if non-network facility is used voluntarily. Note that this benefit is limited to PMB conditions.	Paid at 100% Transmed rate* Transmed Private Hospital Network* ⁸ 20% co-payment if non-network facility is used voluntarily. Deductible of between R1000-R2500 applies for non-PMB conditions. Subject to pre-authorisation Please call 0800 225 151.
C.3	Hospital casualty/emergency visits	Paid at 100% Transmed rate* if life-threatening emergency. Subject to pre-authorisation	Paid at 100% Transmed rate* if life-threatening emergency. Subject to pre-authorisation	Paid at 100% Transmed rate* if life-threatening emergency. Subject to pre-authorisation	Paid at 100% Transmed rate* if life-threatening emergency. Subject to pre-authorisation
C.4	Radiology	Basic radiology limited to R5000 per family per year (in-hospital). Advanced radiology (e.g. MRI scan, CT scan and PET scan) limited to R15000 per family per year (in- and out-of-hospital).	Basic radiology limited to R5000 per family per year (in-hospital). Advanced radiology (e.g. MRI scan, CT scan and PET scan) limited to R15000 per family per year (in- and out-of-hospital).	Basic radiology limited to R5000 per family per year (in-hospital). Advanced radiology (e.g. MRI scan, CT scan and PET scan) limited to R15000 per family per year (in- and out-of-hospital).	Basic radiology limited to R5000 per family per year (in-hospital). Advanced radiology (e.g. MRI scan, CT scan and PET scan) limited to R15000 per family per year (in- and out-of-hospital).
C.5	Prosthesis	Subject to individual prosthesis limits. Please call 0800 225 151 for pre-authorisation.	Subject to individual prosthesis limits. Please call 0800 225 151 for pre-authorisation.	Only for PMB related cases. Subject to prosthesis limits. Please call 0800 225 151 for pre-authorisation.	Subject to individual prosthesis limits. Please call 0800 225 151 for pre-authorisation.
C.6	Orthopaedic, Surgical and Medical appliances	Subject to individual appliance limits. Pre-authorisation/medical motivation required. Please call 0800 225 151 for further information.	Subject to individual appliance limits. Pre-authorisation/medical motivation required. Please call 0800 225 151 for further information.	Only for PMB related cases. Subject to appliance limits. Authorisation/medical motivation required. Please call 0800 225 151 for further information.	Subject to appliance limits. Authorisation/medical motivation required. Please call 0800 225 151 for further information.
C.7	Organ transplants	100% Transmed rate* Please call 0800 225 151 for pre-authorisation.	100% Transmed rate* Please call 0800 225 151 for pre-authorisation.	100% Transmed rate* Please call 0800 225 151 for pre-authorisation.	100% Transmed rate* Please call 0800 225 151 for pre-authorisation.

BENEFITS		STATE PLUS NETWORK (PRIME CURE NETWORK)	STATE PLUS OWN CHOICE	PRIVATE NETWORK CORE	PRIVATE NETWORK SAVER
C. MAJOR MEDICAL COVER					
C.8	Ambulance services	Pre-authorisation required 0800 115 750	Pre-authorisation required 0800 115 750	Pre-authorisation required 0800 115 750	Pre-authorisation required 0800 115 750
C.9	Dialysis	Unlimited at State facility. At private facility paid at 100% Transmed rate*, up to a limit of R180 000 per beneficiary per year. Pre-authorisation required 0800 225 151	Unlimited at State facility. At private facility paid at 100% Transmed rate*, up to a limit of R180 000 per beneficiary per year. Pre-authorisation required 0800 225 151	Paid at 100% Transmed rate* Subject to pre-authorisation 0800 225 151	Paid at 100% Transmed rate* Subject to pre-authorisation 0800 225 151
C.10	Oncology	Paid at 100% Transmed rate* if provided in State hospital or through ICON ^{®10} Network. Pre-authorisation required 0800 225 151. 20% co-payment for use of non-ICON Network service provider. SAOC tier 1 guidelines apply.	Paid at 100% Transmed rate* if provided in State hospital or through ICON ^{®10} Network. Pre-authorisation required 0800 225 151. 20% co-payment for use of non-ICON Network service provider. SAOC tier 1 guidelines apply.	For PMB conditions only. SAOC tier 1 guidelines apply. Treatment on tier 1 is unlimited. Paid at 100% Transmed rate* if obtained from ICON ^{®10} Network. Subject to pre-authorisation 0800 225 151. 20% co-payment for use of non-ICON Network service provider.	Paid at 100% Transmed rate* if obtained from ICON ^{®10} Network. Subject to pre-authorisation 0800 225 151. 20% co-payment for use of non-ICON Network service provider. R250 000 per year per beneficiary limit applies for tier 2 and 3 medicine.
C.11	HIV and AIDS benefit	Register on the Prime Cure HIV Disease Management Programme for full benefit cover. Please call 0861 665 665, ext 9 for authorisation.	Register on the HIV Disease Management Programme for full benefit cover. Please call 0861 888 300 for enrollment. If a beneficiary is not registered on the HIV Disease Management Programme, all claims for day-to-day services will be paid from the day-to-day benefit. Once the day-to-day benefit has been exhausted, HIV related claims will be paid as follows: Paid at 100% of the cost if provided by a State facility. Paid at 80% of the cost if provided by a private service provider.	Register on the HIV Disease Management Programme for full benefit cover. Please call 0861 888 300 for enrollment. Paid at 100% of the cost if provided by a State facility. Paid at 80% of the cost if provided by a private service provider.	Register on the HIV Disease Management Programme for full benefit cover. Please call 0861 888 300 for enrollment. If a beneficiary is not registered on the HIV Disease Management Programme, all claims for day-to-day services will be paid from the PMSA. Once the PMSA has been exhausted, HIV related claims will be paid as follows: Paid at 100% of the cost if provided by a State facility. Paid at 80% of the cost if provided by a private service provider.
D. PRESCRIBED MINIMUM BENEFITS					
D.1	Prescribed Minimum Benefits*	Hospitalisation: DSP ^{®9} - State hospital 100% benefit	Hospitalisation: DSP ^{®9} - State hospital 100% benefit	Hospitalisation: Transmed Private Hospital Network ^{®8} 100% benefit	Hospitalisation: Transmed Private Hospital Network ^{®8} 100% benefit
		Day-to-day services DSP ^{®9} : Prime Cure	Care Plan services – own choice of supplier Other services – State facilities on an out-patient basis	Care Plan services – own choice of supplier Other services – State facilities on an out-patient basis	Care Plan services – own choice of supplier Other services – State facilities on an out-patient basis
E. ADDITIONAL SERVICES					
E.1	Additional services	Members and their dependants have access to: • International Travel Cover • Map Assist • Legal Assist • Auto Assist • Home Assist The Fund is in no way responsible for the collection of contributions or any costs (where applicable) for these additional services. Please call 0800 115 750 for more information.	Members and their dependants have access to: • International Travel Cover • Map Assist • Legal Assist • Auto Assist • Home Assist The Fund is in no way responsible for the collection of contributions or any costs (where applicable) for these additional services. Please call 0800 115 750 for more information.	Members and their dependants have access to: • International Travel Cover • Map Assist • Legal Assist • Auto Assist • Home Assist The Fund is in no way responsible for the collection of contributions or any costs (where applicable) for these additional services. Please call 0800 115 750 for more information.	Members and their dependants have access to: • International Travel Cover • Map Assist • Legal Assist • Auto Assist • Home Assist The Fund is in no way responsible for the collection of contributions or any costs (where applicable) for these additional services. Please call 0800 115 750 for more information.
		Mahala Loyalty Programme: Members can receive points or discounts from Mahala partners. Please call 0860 624 252 for more information.	Mahala Loyalty Programme: Members can receive points or discounts from Mahala partners. Please call 0860 624 252 for more information.	Mahala Loyalty Programme: Members can receive points or discounts from Mahala partners. Please call 0860 624 252 for more information.	Mahala Loyalty Programme: Members can receive points or discounts from Mahala partners. Please call 0860 624 252 for more information.
F. ADDITIONAL BENEFITS					
F.1	Health advice line	Please call 0800 115 750	Please call 0800 115 750	Please call 0800 115 750	Please call 0800 115 750

for all our people



KEY TO TERMS USED IN THIS BENEFIT GUIDE

- * The Transmed rate is based on the recommended guide to benefits as contained in the National Health Reference Price List published by the Council for Medical Schemes.
- *¹ If a particular network provider does not provide these services on the premises, you will be referred by the network provider to an appropriate service provider.
- *² The benefit year started in 2009.
- *³ "Per Lifetime" means that this is the maximum amount that will be allowed for orthodontic treatment while the member is a beneficiary of the Transmed Medical Fund, and applies even if a beneficiary leaves and later rejoins an applicable plan.
- *⁴ Please phone the Prime Cure Call Centre on **0861 665 665** if you are not sure whether your medication is covered by this formulary.
- *⁵ Please phone the Transmed Call Centre on **0800 450 010** if you are not sure whether your medication is covered by this formulary.
- *⁶ QMP stands for the Qualsa Maximum Price.

- *⁷ The Transmed Pharmacy Network consists of pharmacies from the following pharmacy groups: Clicks Pharmacies, Chronicare/Carecross-Alpha Pharm Pharmacies, the Amalgamated Pharmacy Group (including Family Care Pharmacies) and the Medi-Rite Pharmacy Groups (pharmacies in Shoprite/Checkers stores).
 - *⁸ The Transmed Private Hospital Network consists of the Medi-Clinic Group and Netcare group of hospitals.
 - *⁹ DSP stands for Designated Service Provider.
 - *¹⁰ ICON - (Independent Clinical Oncology Network)
 - *¹¹ Co-payment - difference between the price charged by the Network pharmacy and price charged by member's pharmacy of choice that is higher than the Network pharmacy.
- MO = member without dependants
M+ = member with dependants

CONTRIBUTION TABLES 2010

STATE PLUS NETWORK

MONTHLY INCOME	R0 - R2000	R2 001 - R3 000	R3 001 - R4 000	R4 001 - R5 000	R5 001 - R6 000	R6 001 - R8 000	R8 001 - R10 000	R10 001 +
Member	349	374	399	424	449	474	498	523
Adult dependant	209	224	239	254	269	284	299	314
Child dependant*	104	112	119	127	134	141	149	156

STATE PLUS OWN CHOICE

MONTHLY INCOME	R0 - R2000	R2 001 - R3 000	R3 001 - R4 000	R4 001 - R5 000	R5 001 - R6 000	R6 001 - R8 000	R8 001 - R10 000	R10 001 +
Member	424	458	495	551	593	635	678	720
Adult dependant	254	275	297	331	356	381	407	432
Child dependant*	127	137	149	165	178	191	203	216

PRIVATE NETWORK CORE

Member	1 183
Adult dependant	1 183
Child dependant*	591

* Contributions are payable for a maximum of four child dependants

PRIVATE NETWORK SAVER MAJOR MEDICAL CONTRIBUTIONS

Member	1531
Adult dependant	1378
Child dependant*	459

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PRIVATE NETWORK SAVER PERSONAL MEDICAL SAVINGS ACCOUNT CONTRIBUTIONS

Member	337
Adult dependant	303
Child dependant*	101

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PRIVATE NETWORK SAVER TOTAL CONTRIBUTIONS

Member	1868
Adult dependant	1681
Child dependant*	560

* Contributions are payable for a maximum of four child dependants

IMPORTANT CONTACT DETAILS

Transmed Call Centre:
0800 450 010

INTERNET AND E-MAIL:

Website address:
www.transmed.co.za

E-mail:
enquiries@transmed.co.za

POSTAL ADDRESS:
Transmed Medical Fund, PO Box 32931
Braamfontein 2017

WALK-IN CENTRES:

Johannesburg:
Ground Floor (Main Entrance), 101 De Korte Street,
Braamfontein

Pretoria:
Nedbank Plaza, cnr Church and Beatrix Street,
Arcadia, Pretoria

Cape Town:
Shop 101, N1 Value Centre, Solly Smiedt Street,
Goodwood

Port Elizabeth:
Ground Floor, FC Sturrock Building, cnr Fleming and
Strand Street, Port Elizabeth Central

Durban:

391 Smith Street, Fourth Floor, Metropolitan Building,
Durban

Bloemfontein:
Shop 18, Southern Sentrum, Benade Street, Fichardt
Park, Bloemfontein

OR Tambo:
Airways Building, OR Tambo International Airport,
Johannesburg

HIV/AIDS PROGRAMME:
(State Plus Own Choice, Private Network Core and
Private Network Saver) 0861 888 300

HIV/AIDS PROGRAMME:
(State Plus Network) 0861 665 665

DAY-TO-DAY BENEFITS:
Prime Cure (State Plus Network) 0861 665 665