

ANNEXURE D

The following benefits are available to members participating in the State+Network benefit option (Plan 1) at a Network facility or contracted network service provider. The benefits shall be 100 % of the Agreed Tariff as defined in clause 13 below and subject to the limits/conditions as indicated below.

	BENEFITS	LIMITS/CONDITIONS
1.	GENERAL PRACTITIONER	STATE + NETWORK
1.1	Consultations	<ul style="list-style-type: none"> • All out-of-hospital General Practitioner consultations, including small common office procedures at <i>Prime Cure</i> approved DSP network¹, during <i>Prime Cure</i> service hours. Unlimited benefits provided such consultations are medically indicated and subject to <i>Prime Cure's</i> pre-authorisation procedures. • Pre-Authorisation and member verification is to be performed by the <i>Prime Cure designated service provider</i> in accordance with <i>Prime Cure protocol</i>, as amended from time to time.
1.2	Out-of-Network Visits	<ul style="list-style-type: none"> • General Practitioner visits outside the <i>Prime Cure</i> approved DSP network. • One per beneficiary or two per family per annum. • Limited to R700 with a 20% co-payment except for in voluntary obtained PMB's. • Member to pay and claim back from <i>Prime Cure</i>. • Excluding facility fees, subject to PMB's. • Excludes services provided by practitioners who are not registered with Health Professional Council of South Africa (HPCSA). • Please Note: If no Designated Service Provider is located within a 15 kilometre radius of where a member resides or works, then visits to providers outside of the Designated Provider Network will be paid, provided pre-authorisation is obtained.
1.3	Emergency Visits	<ul style="list-style-type: none"> • Unlimited without co-payment provided the episode meets the requirements of a medical emergency as provided for in the Act and Rules. • Any registered emergency medical facility • Excluding facility fees subject to PMB's.

¹ **Prime Cure approved DSP network** means the *Prime Cure* Medical Centres, national *Prime Cure* accredited DSP network of general practitioners,

1.4	Prescribed Minimum Benefits (PMBs)	<ul style="list-style-type: none"> • Covered within DSP network, unless the service is provided on an involuntary basis, subject to clause 14. • Unlimited and subject to case management. • Only chronic conditions listed in the CDL and PMB list are included, subject to pre-authorisation and registration. • Services that form part of the diagnostic process until the PMB or CDL-PMB diagnosis is made are included subject to Prime Cure treatment protocol. Limits, restrictions and exclusions apply in accordance with the protocol for each condition.
1.5	24-Hour Medical Advice Line	<ul style="list-style-type: none"> • The 24-Hour Medical Advice Line is a share-call dial in service. • Professional assistance and advice on a range of medical subjects.
1.6	Immunization	<ul style="list-style-type: none"> • Flu injection benefit –once a year. • Prime Cure designated service provider or pharmacy • Subject to Prime Cure protocol and clinical necessity.
1.7	Exclusions	<ul style="list-style-type: none"> • Refer to General Exclusions

2.	PATHOLOGY BENEFITS	STATE + NETWORK
2.1	Pathology Benefits at DSP network	<ul style="list-style-type: none"> • According to the <i>Prime Cure</i> list of Approved Pathology Codes as outlined below; • Contracted <i>Prime Cure</i> laboratory or the designated pathology service provider only, according to <i>Prime Cure protocol</i>; • <i>Prime Cure</i> general practitioner or accredited service provider (including specialists) must refer a patient for a pathology test; • Emergency Pathology tests may to be sent to an accredited local laboratory unless involuntary use of non-DSP. • Pre-Authorisation for pathology tests not included in the <i>Prime Cure</i> list of Approved Pathology Codes (as stipulated on the <i>Prime Cure</i> Pathology Request Form, which is available on request), is required from <i>Prime Cure</i> Call Centre by the attending doctor. • This benefit is unlimited and subject to case management.
2.2	PMB's – Prescribed Minimum Benefits	<ul style="list-style-type: none"> • Prescribed minimum benefits are covered within DSP network, unless the service is provided on an involuntary basis subject to clause 12. • Unlimited and subject to case management. • Only chronic conditions listed in the CDL and PMB list are included, subject to pre-authorization and registration. • <i>Services</i> that form part of the diagnostic process until the PMB or CDL-PMB diagnosis is made, are covered subject to <i>Prime Cure</i> treatment protocol, and limits, restrictions and exclusions apply in accordance with the protocol for each condition

3.	RADIOLOGY BENEFITS	STATE + NETWORK
3.1	Basic Radiology Benefits	<ul style="list-style-type: none"> • According to the list of codes for Radiology, as set out below • 100% Soft Tissue Ultrasounds and Black & White x-rays according to a list of <i>Prime Cure</i> approved codes • Must be referred by a <i>Prime Cure</i> general practitioner or <i>accredited service provider</i>. • Radiology tests requested by Specialists are only covered if the member was referred by a <i>Prime Cure designated service provider</i> • Pre-Authorisation is required from <i>Prime Cure</i> Call Centre for certain Radiology tests by the attending doctor, as stipulated on the <i>Prime Cure</i> Radiology Request Form, which is available on request • This benefit is unlimited and subject to case management.
3.2	CT and MRI Scans	<ul style="list-style-type: none"> • BENEFITS IN ACCORDANCE WITH CLAUSE 3 OF ANNEXURE B1
3.3	PMB's – Prescribed Minimum Benefits	<ul style="list-style-type: none"> • Only PMB conditions and conditions listed in the Chronic Disease List (CDL) are covered. • Benefits are as per treatment protocol for each condition and linked to the <i>Prime Cure protocol</i>. • Members must register on the program where appropriate. • All <i>services</i> to be delivered at a <i>designated service provider</i> subject to clause 12.
3.4	Exclusions and Limitations	<ul style="list-style-type: none"> • Foetal / Maternal ultrasound scans are limited to 2 (two) scans per pregnancy • 3D scans are paid as for 2D scans.

4.	MEDICATION BENEFITS	STATE + NETWORK
4.1	Acute Medication on Formulary	<ul style="list-style-type: none"> • All clinically necessary Acute Medication prescribed by a <i>Prime Cure</i> general practitioner or <i>designated service provider</i> according to the <i>Prime Cure formulary</i> • Acute Medication prescribed by a Specialist out-of-hospital is only covered if the member was referred by a <i>Prime Cure designated service provider</i>, according to the <i>Prime Cure formulary</i> and such medication will be available only from a <i>Prime Cure</i> accredited pharmacy unless involuntary use of a non-DSP for PMB conditions. • Unlimited, according to a fixed <i>Prime Cure</i> medicines formulary and <i>Prime Cure</i> protocols. • The medication will be provided as part of the acute consultation (when dispensed by a dispensing practitioner) or by an <i>accredited service provider/pharmacy</i> if prescribed by a non-dispensing practitioner • Standard formulary medication is available without co-payment, subject to case management.

4.2	Chronic Medication	<ul style="list-style-type: none"> • Chronic Medication for the treatment of CDL and PMB conditions, according to a <i>Prime Cure medicines formulary</i>, subject to clause 14. • Unlimited according to a fixed Prime Cure formulary. • Medication to be dispensed by Prime Cure accredited service provider or designated service provider pharmacy subject to PMB`s subject to clause 14. • Member must register on the program through <i>Prime Cure Call Centre</i>, where appropriate and compliance will influence the Prime Cure protocol. • Pre-authorisation required from Prime Cure. • <i>Designated service provider</i> to complete the <i>Prime Cure Chronic Application Form</i> and forward to <i>Prime Cure</i>, in accordance with <i>Prime Cure Protocol</i>, as amended from time to time. • Only medication prescribed by a <i>Prime Cure</i> general practitioner or <i>designated service provider</i> is covered unless involuntary use of a non DSP for PMB`s. • Chronic Medication prescribed by a specialist out-of-hospital is only covered if the member was referred by a <i>Prime Cure designated service provider</i>, according to the <i>Prime Cure formulary</i> and such medication is dispensed by a <i>Prime Cure</i> accredited pharmacy, following approval by <i>Prime Cure</i> subject to <i>PMB`s</i>.
4.3	Self Medication Benefit (“OTC” Pharmacy)	<ul style="list-style-type: none"> • Over the counter Pharmacy Benefit. • R180 per family per annum, Maximum of R60 per event. • <i>Prime Cure medicines formulary</i> for OTC medicines only. • Self medication items for the treatment of day to day ailments. • Medication dispensed by Prime Cure or accredited network service provider/ designated service provider pharmacy.

4.4	Prescribed Minimum Benefits (PMBs)	<ul style="list-style-type: none"> • Benefits are as per treatment protocol for each condition and linked to the <i>Prime Cure protocol</i>. All services to be delivered at designated service provider only subject to clause 12. • Services that form part of the diagnostic process until the PMB or CDL-PMB diagnosis is made are covered subject to Prime Cure treatment protocol. Limits, restrictions and exclusions apply in accordance with the protocol for each condition.
4.5	Non-formulary Medicines	<ul style="list-style-type: none"> • Full cover is dependant on a clinical motivation obtained from a Prime Cure approved specialist, for PMB or CDL conditions in instances where the chronic condition cannot be controlled by a formulary item subject to Regulation 15I (c). • Subject to approval by the Prime Cure Medical Director. • Co-payment will apply for voluntary use of a non-formulary drug as per clause 12.

5.	DENTAL BENEFITS	<ul style="list-style-type: none"> • STATE + NETWORK
5.1	Basic Dentistry out-of-hospital	<ul style="list-style-type: none"> • Basic Dentistry Benefits according to a <i>Prime Cure</i> list of approved codes, as set out below, at <i>Prime Cure designated service providers only</i>. • Consultations and general examination – once per <i>beneficiary</i> per year. • Preventative treatments – one treatment per <i>beneficiary</i> per year, including Fluoride Treatment, Cleaning, Scaling and Polishing, Infection Control and Oral Hygiene Instruction • Fillings (White or Amalgam according to Prime Cure protocols). Pre-authorisation required for 4/more restorations, or 4/more Composite fillings (only anterior covered) • Pain and sepsis treatment • Extractions (only if clinically necessary). Pre-authorisation required for 4/more • Intra Oral Radiograph (X-Rays as per the <i>Prime Cure</i> approved dental list of codes). Pre-authorisation for 3/more x-rays (maximum 4) • Emergency Root Canal only • Subject to case management
5.2	Out-of-network Basic Dentistry visits (out-of-hospital)	<ul style="list-style-type: none"> • Emergency pain and sepsis treatment • Emergency extractions at any approved Prime Cure service provider. • Limited to one episode per beneficiary per annum.
5.3	Other dentistry and Specialised Dentistry (including Maxillo-facial benefits)	<ul style="list-style-type: none"> • No Benefit subject to PMB's.
5.4	In-hospital Dentistry	<ul style="list-style-type: none"> • BENEFITS IN ACCORANCE WITH CLAUSE 3 OF ANNEXURE B1
5.5	Acute Medication	<ul style="list-style-type: none"> • Medication according to a <i>Prime Cure</i> Dental formulary. • Prescribed by an approved <i>Prime Cure designated service provider</i>. (General Practitioner or Dentist) • Unlimited and managed
5.6	Dentures	<ul style="list-style-type: none"> • 20% Co-Payment (professional plus lab fee) required for dentures. • One set of Acrylic dentures per 24 month cycle per family. • Patients over the age of 21 only.

6.	OPTOMETRY BENEFITS	<ul style="list-style-type: none"> • STATE + NETWORK
6.1	Eye Examination	<ul style="list-style-type: none"> • One optometry examination per beneficiary every year. • Includes a visual evaluation and a diagnosis.
6.2	Spectacles	<ul style="list-style-type: none"> • 1 x Pair of spectacles per <i>beneficiary</i> every 24 months • Includes white CR39 lenses (High quality clear plastic lenses) • Single Vision or Bi-focal lenses (Please refer to Qualifying Norms below). • Members are not entitled to any monetary value regarding the spectacles.
6.3	Frame Range	<ul style="list-style-type: none"> • 1 Frame for spectacles allowed per beneficiary every 24 months • The choice of frame is specified to be from a quality range of <i>Prime Cure</i> approved range of frames.
6.4	Qualifying Norms	<ul style="list-style-type: none"> • An unaided visual acuity of worse than 6/9 on the Snellen scale for distance vision and near vision. • A refraction requirement exceeding 0,5 dioptre sphere and or 0,5 dioptre cylinder on distance vision and 1,25 dioptre sphere on near vision. • For the granting of bi-focals, members have to comply with both the distance vision and near vision qualifying norms. • <i>Prime Cure</i> will however, in borderline cases, take the functionality of the bi-focals into account.
6.5	Acute Medication	<ul style="list-style-type: none"> • Optometrist to refer member to a <i>Prime Cure</i> approved general practitioner. • Medication prescribed and dispensed according to the <i>Prime Cure medicine formulary</i>.

6.6	Contact lenses	In cases where the beneficiaries choose not to have spectacles made, they may utilize the benefit of R500 per beneficiary towards the purchasing of contact lenses and / or solutions.
6.7	Exclusions	<ul style="list-style-type: none">• Mirror or other graded Tinted lenses• Accessories (e.g. Clip on sunglasses)• Contact Lens Solutions

7.	OUT OF HOSPITAL SPECIALIST BENEFITS	STATE + NETWORK
7.1	Specialist Benefits (out-of-hospital)	<ul style="list-style-type: none"> • Limited to 3(three) visits per beneficiary or R2 000 limited to 5(five) visits per family or R2 800 per annum. Additional visits may be authorised in cases of merit. • In case of pregnancy, two additional visits per family per year. Subject to pre-authorisation for each visit and subject to referral by a Prime Cure general practitioner or contracted general practitioner. • 100% benefit in case of involuntary use of non DSP specialist. • 30% co-payment in case of voluntary use of non-DSP specialist services. • No benefit where member self-refers without consulting a general practitioner first. • Unlimited consultations for PMB conditions, managed according to <i>Prime Cure Protocol</i>. • Pre-Authorisation required for each visit and any other referrals or procedures. • Specialist referral form must be completed by the referring <i>Prime Cure</i> General Practitioner or <i>accredited network provider</i>. • Authorisation Number must be included in the Specialist Referral Form completed by the General Practitioner unless involuntary obtained from a non-DSP for PMB's. • <i>Beneficiary</i> to produce the Specialist Referral Form at Specialist consultation. Medication prescribed by a Specialist out-of-hospital is to be dispensed by approved <i>Prime Cure</i> pharmacy according to the <i>Prime Cure</i> approved formulary only unless involuntary obtained from a non DSP for PMB's.
7.2	Radiology requested by Specialist	<ul style="list-style-type: none"> • Refer to Radiology Benefit.
7.3	Pathology requested by Specialist	<ul style="list-style-type: none"> • Refer to Refer to Pathology Benefit.

7.4	Exclusions	<ul style="list-style-type: none"> • Consultations relating to impotence, libido problems or sexual dysfunction. • Any Cosmetic procedures. • Consultations where pre-authorisation and referral from a GP DSP is not obtained subject to PMB's. • Specialist fees are limited to the lower of National Health Reference Price List (NHRPL) or <i>Prime Cure</i> contracted rates. PMB's paid at 100% of cost at DSP or involuntary obtained from a non-DSP subject to clause 12.
7.5	Prescribed minimum Benefits (PMBs)	<ul style="list-style-type: none"> • Subject to clause 12, all specialist services for PMB through a <i>designated service provider</i> subject to referral by a GP DSP unless involuntary obtained from a non DSP. • The list of conditions for which a treatment algorithm has been published, will be covered where out-of-hospital treatment is appropriate. In-hospital benefits are covered under Hospital Benefits subject to the conditions applicable to hospital benefits for the specific benefit option. • Each condition has a Condition Protocol on which treatment in its totality is based. • Subject to case management.
8.	HIV/AIDS BENEFITS	<ul style="list-style-type: none"> • Ongoing care plan and anti-retroviral treatment subject to registration on the Prime Cure HIV/AIDS programme and treatment according to an evidence based treatment protocol and medicine formulary.
8.1	BENEFITS ARE SUBJECT TO:	<ul style="list-style-type: none"> • Each eligible member to register on the Disease Management Program once diagnosed as HIV positive, where appropriate. • Consent to record data on the Prime Cure Disease Management Information System. • Compliance with clinical protocols developed by Prime Cure is mandatory for continued benefits.

8.2	BENEFIT INCLUDES:	<ul style="list-style-type: none"> • Voluntary counselling and testing • Antiretroviral therapy, prophylactic antibiotics & supplements according to Prime Cure protocol • Pathology and monitoring (incl. CD4, viral load, liver enzymes, cholesterol, glucose, urine tests) according to protocols • Treatment of opportunistic infections, according to Prime Cure formulary. • Available at selected service providers (Members to contact Prime Cure Call Centre for details) subject to clause 14.
8.3	IN-HOSPITAL TREATMENT	<ul style="list-style-type: none"> • DSP unless involuntary obtained from non-DSP and subject to clause 14. • Refer to the specific hospital benefits available for each benefit option.

9.	ALLIED HEALTH SERVICE BENEFITS	STATE + NETWORK
9.1	PMB Benefits	<p>Subject to clause 12 benefits for PMB are only covered provided:</p> <ul style="list-style-type: none"> • Referred by an accredited <i>Prime Cure designated service provider unless involuntary obtained.</i> • Preauthorisation is obtained via the <i>Prime Cure Call Centre</i> • Failure to comply with pre-authorisation and referral requirements (or where patients self-refer to providers that provide Additional Benefit Option services) will result in a co- payment as provided in clause 12.
9.2	Occupational Therapy and Physiotherapy only	<ul style="list-style-type: none"> • Benefits from out of network benefits subject to available funds.

10. The following services are excluded provided that such exclusion shall not be applicable to any Prescribed Minimum Benefit:

10.1	The treatment of medical conditions or injuries sustained by a <i>beneficiary</i> or <i>co-insured dependant</i> not included in the <i>benefits</i> as outlined above.
10.2	All services not obtained through a <i>Prime Cure designated service provider</i> , or referrals not pre-authorized, or not provided in terms of the <i>Prime Cure protocol except for PMB's and subject to clause 12</i> .
10.3	All surgical procedures or treatment for cosmetic purposes, reconstructive surgery, which shall, without limitation, include health care services related to obesity and related complications, port wine stains, otoplasty for bat ears, keloid scars, hair removal, blepharoplasties (eyelid surgery), nasal reconstruction (including septoplasties, osteotomies and nasal tip surgery). <i>The Prime Cure Medical Advisory Committee</i> shall have the sole discretion to determine whether a particular surgical procedure or treatment is cosmetic in nature and as such excluded.
10.4	Recuperative treatment of any nature.
10.5 10.5.1	Health care services relating to: wilful self-inflicted illness or injury except for PMB's.
10.6 10.6.1 10.6.2 10.6.3 10.6.4 10.6.5 10.6.6 10.6.7	Except for PMB's Health care services required as a consequence of: injuries sustained resulting from participation in wilful and material actions or omission in contravention of any statutory or common law provision; participation in acts or war; participation in a terrorist activity; injuries or medical conditions resulting from riot, civil commotion, rebellion or insurrection; experimental, unproven or unregistered treatment; injury or illness that occurred beyond the borders of the Republic of South Africa; any complication that may arise from any exclusion listed in the Annexure.
10.7	Frail care treatment.
10.8	Pet Scans.
10.9	Surgery or treatments not medically indicated.

10.10	Health care service required during any compulsory waiting period except for PMB's.
10.11	Medical examinations initiated by employers.
10.12	Non-medically essential items or treatments.
10.13	Except for PMB's treatment for injuries where another party is responsible for payment (e.g. workman's compensation / IOD's – Injury on duty reports). The member is however entitled to such benefits as normally would be applicable, provided that on receipt of payment in respect of medical experience, the member shall reimburse the Fund for benefits paid out by the Fund for in respect of these benefits.
10.14	Dental extractions for non-medical purposes.
10.15	The provision of gold inlays in dentures.
10.16	The provision of medical, surgical or other appliances, unless specifically stated otherwise.
10.17	The supply of:
10.17.1	applicators, toiletries and beauty preparations;
10.17.2	cotton wool and other consumable items;
10.17.3	patented foods, including baby foods;
10.17.4	tonics, slimming preparations or medicines as advertised to the public;
10.17.5	household and biochemical remedies;
10.17.6	steroids;
10.17.7	sunscreen agents;
10.17.8	Roaccutane and Retin A, or any skin lightning treatments;
10.17.9	Treatment with Biologicals, unless part of PMB or CDL treatment.
11.	Limitations of Benefits
11.1	Benefits in respect of medicines obtained on prescription of a <i>designated service provider</i> are limited to the prescribed quantities, but in any event to not more than one month's supply thereof.
12.	Should a beneficiary voluntarily choose not to make use of the DSP, a co-payment equal to the difference in cost between the Prime Cure agreed tariff of the DSP and the tariff of the non-DSP, will apply. Should a beneficiary voluntarily choose not to make use of the formulary drug and opts to use another drug, a co-payment equal to the difference in cost between the Prime Cure formulary drug and the non-formulary drug will apply.
13.	"Agreed tariff" is the Fee that is pre-negotiated by Prime Cure with the relevant contractors and/or Prime Cure DSP providers e.g. hospitals and general practitioners. Where no fee has been negotiated, the benefits will be paid at the lowest of cost or the NHRPL.