

2009 Benefit Information

Transnet Working Members and Transnet Pensioners
Benefits Edition



transmed
MEDICAL FUND

Transmed Benefit Plans for 2009

(With effect from 1 July 2009)

Healthcare innovations designed exclusively for Transnet employees.

The Transmed Medical Fund is a medical scheme open to employees and pensioners of the Transnet Group, its subsidiaries and former subsidiaries. With a range of benefit plans incorporating all current healthcare models, the Transmed Medical Fund has a benefit plan to meet all its members' needs, from low to high income employees.

Overleaf you will find a brief overview of the benefits and contributions of each of the Transmed benefit plans. Please call the Transmed Call Centre on 0800 450 010 if you require any further information.

This brochure does not replace the Rules. The Registered Rules are legally binding and always take precedence and are available on request.

For all our people



Benefit Plans

A BRIEF EXPLANATION OF THE PLANS

(Please refer to the benefit schedules from page 5 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. Members select a Prime Cure Medical Centre or contracted general practitioner who will provide them with general practitioner services, including acute medication. For other services, for example, dentistry, radiology and optometry services,

the Prime Cure Medical Centre or contracted practitioner will direct them to another contracted provider. Details of your nearest Prime Cure Medical Centre or contracted general practitioner can be obtained by calling Prime Cure on 0861 665 665.

Chronic medication

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

Cure via a Prime Cure appointed pharmacy.

Hospitalisation

All hospitalisation and other specified major medical services are provided through State facilities.

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 non-PMB chronic conditions from the generous 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 (no co-payment) in the table in the Prescribed Minimum Benefits section on page 4, 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.

Hospitalisation

All hospitalisation and other specified major medical services must be provided through State facilities.

PRIVATE COVER PLUS SAVINGS ACCOUNT

Day-to-day services

Every member on the Private Cover Plus Savings Account 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 he is 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. Chronic medication and major medical expenses are not paid from the PMSA but from a separate risk pool. Any balance remaining in a member's PMSA once the member's day-to-day expenses have been paid, belongs to the member - no amount is retained by the Fund. This means that members who do not use their full allocation of funds in a year, will maintain those funds going into the following year.

Chronic medication

The Fund will cover both Prescribed Minimum Benefit (PMB) conditions and non-PMB conditions from the very generous Standard

formulary, covering in excess of 90 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 (no co-payment) in the table in the Prescribed Minimum Benefits section on page 4, 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.

The co-payment may, on request by the member, be refunded from his PMSA. Only the accumulated funds in the member's PMSA, from previous benefit years, may be used for co-payments.

Medicines for conditions which are not on the formulary will not be paid from the chronic medicine benefit but from your available PMSA.

Hospitalisation

Members have access to all private hospitals,

without any monetary limit. Members will need to pay a co-payment when being admitted to a private hospital for non-emergency situations and non-PMB related services. The co-payment will be payable per family per year. The amount ranges from R250 to a maximum of R1000 per year with a maximum of R4000 per family. The co-payment may, on request by the member, be refunded from his PMSA. Only the accumulated funds in the member's PMSA, from previous benefit years, may be used for co-payments.

Members will be advised of the applicable co-payment when they obtain pre-authorization for the services. Hospital admissions which are not pre-authorized will not be paid for by the Fund.

Contribution table changes

The contribution tables for this plan have been rationalised with the number of income bands being reduced to five.

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" and consist of the 26 PMB chronic diseases and the Diagnosis and Treatment Pairs.

1. Non-medicine expenses

- a. For the State Plus Own Choice and Private Cover Plus Savings Account plans, Transmed will pay the diagnosis and treatment costs of the following:
 - The 26 PMB chronic diseases via the Care Plans sent to affected members. 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, the member will not have access to this additional benefit but the benefit may be paid from the member's General day-to-day limit or chronic medicine formulary, whichever is applicable. 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.

- b. For the State Plus Network plan, the Designated Service Provider for PMB is Prime Cure and members must obtain PMB services via the Prime Cure Network.

2. Medicine expenses

Overleaf is a table of Prescribed Minimum Benefit conditions. Both the State Plus Own Choice and Private Cover Plus Savings Account plans have a 20% co-payment for non-PMB conditions (see individual plans overleaf). If your condition is listed in the PMB conditions table overleaf no co-payment will be payable. If, however, your chronic condition is not listed overleaf but is still covered under the applicable formulary, a 20% co-payment will be payable.

3. Co-payment for voluntary use of non-Designated Service Provider (DSP)

Members, who voluntarily select not to use the Fund's DSP for the in-hospital treatment of a PMB condition, will be liable for the 40% co-payment on fees charged by the hospital and all associated service providers.

Benefit Plans for all our people

PRESCRIBED MINIMUM BENEFITS (PMB) CONDITIONS

Addison's Disease	Diabetes Insipidus	Myasthenia Gravis
Anaemia (iron deficiency)*	Diabetes Mellitus Type 1	Paraplegia/Quadraplegia*
Asthma	Diabetes Mellitus Type 2	Parkinson's Disease
Bipolar Mood Disorder	Endometriosis*	Pemphigus*
Bronchiectasis	Epilepsy	Peripheral Artherosclerotic Disease*
Cardiac (heart) Failure	Glaucoma	Pituitary Malfunction*
Cardiac Dysrhythmias	Haemophilia	Polyarteritis Nodosa
Cardiomyopathy Disease	Hyperlipidaemia	Post-Traumatic Stress Disorder*
Cerebrovascular Disorders (stroke)*	Hypertension	Rheumatoid Arthritis
Chronic Obstructive Pulmonary Disease	Hyperthyroidism*	Schizo-affective Disorders*
Chronic Renal Disease	Hypoparathyroidism/Hyperparathyroidism*	Schizophrenia
Coronary Artery Disease	Hypothyroidism	Systemic Lupus Erythematosus
Crohn's Disease	Menopausal Syndrome*	Thrombocytopenia Purpura*
Cushing's Syndrome*	Motor Neuron Disease	Thrombotic Disorders*
Delusional Disorders	Multiple Sclerosis	Ulcerative Colitis
Depressive Mood Disorders*	Muscular Dystrophy	Valvular Heart Disease*

* No Care Plan benefits

For your information we have included an example of how the co-payment will be applied on the State Plus Own Choice and Private Cover Plus Savings Account plans:

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

Maximum price at which Transmed will pay medicine expenses

Transmed has determined a maximum price at which it will pay for chronic medicines. The difference between the maximum price and the cost of the requested medicine will be for the member's expense. A 20% co-payment may apply depending on the applicable formulary.

The maximum price is determined by means of the following processes:

1. Therapeutic Reference Price

Transmed introduced the Therapeutic Reference Price with effect from 1 January 2008. Most medicines fall within certain classes of medicines. The Fund has determined the most cost-effective medicine per class. The Therapeutic Reference Price is the maximum price that the Fund will pay for a specific class of medicine.

If a member selects a medicine which is in the same class of medicines as another more cost-effective medicine, the Fund will pay the cost of the second medicine.

Example

A member is prescribed Medicine A. Medicine A is one of a class of three medicines consisting of the following medicines:

- Medicine A R125
- Medicine B R110
- Medicine C R140

The Fund will pay for Medicine B at R110 as it is the most cost-effective medicine in its class. If the member wishes to purchase Medicine A, the R15 difference between Medicine A and B must be paid by the member at the pharmacy.

Only a small number of members will be affected by the Therapeutic Reference Price. These members will be notified by Transmed. If a member experiences treatment failure or intolerance to the Therapeutic Reference Price medicine, the Fund will pay for the higher priced medicine.

2. Generic Reference Pricing

Where a medicine has a generic equivalent (usually a less expensive medicine that contains the same active ingredients in the same strength and dosage as the original medicine), the maximum price the Fund will pay is the price of the less expensive generic drug.

If a generic equivalent is available and the member wishes to purchase a higher priced drug, the Fund will pay the price of the generic equivalent and the member will need to pay the difference.

Conditions

BENEFITS		STATE PLUS NETWORK (PRIME CURE NETWORK)	STATE PLUS OWN CHOICE	PRIVATE COVER PLUS SAVINGS ACCOUNT
A. DAY-TO-DAY COVER				
A.1	GP Consultations	Unlimited if Prime Cure provider used. One visit to non-Prime Cure provider per beneficiary, with maximum of two visits per family per annum. Limited to R650, with 20% co-payment. Member must pay non-Prime Cure provider and claim refund from Prime Cure.	Paid at 100% Transmed rate* Included in General day-to-day limit.	Paid at 100% Transmed rate* from Personal Medical Savings Account (PMSA)
A.2	Specialist Consultations	Three specialist visits per beneficiary per year, with a maximum of five per family per year, up to a maximum of R1800 per beneficiary or R2450 per family. Pregnant beneficiaries entitled to additional two specialist visits per year. Subject to pre-authorisation (0861 665 665) and referral by Prime Cure general practitioner or accredited service provider. Contracted-out fee if charged by specialist for member's own account.	Paid at 100% Transmed rate* Included in General day-to-day limit.	Paid at 100% Transmed rate* from PMSA
A.3	Acute medication	Unlimited from Prime Cure accredited pharmacies, network dispensing doctors and medical centres according to the Prime Cure formulary. Over-the-counter medication paid at R55 per event up to a maximum of R165 per family per year.	Paid at 100% Transmed rate* Included in General day-to-day limit.	Paid at 100% Transmed rate* from PMSA
A.4	Pathology (Out-of-hospital)	Unlimited pathology according to Prime Cure list of codes. Subject to referral by Prime Cure general practitioner or accredited service provider.	Paid at 100% Transmed rate* Included in General day-to-day limit.	Paid at 100% Transmed rate* from PMSA
A.5	Radiology (Out-of-hospital)	Unlimited radiology according to list of codes. Subject referral by Prime Cure general practitioner or accredited service provider.	Paid at 100% Transmed rate* Included in General day-to-day limit.	Paid at 100% Transmed rate* from PMSA
A.6	Optical benefits	One examination per beneficiary per annum. 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. <i>Prime Cure</i> ^{*1}	Limits per beneficiary every 24 months cycle (two years) ^{*2} 1) R600 Single Vision Lenses or R940 Bifocal, Multifocal and Tri-focal Lenses or 2) R600 Contact Lenses or 3) R940 Surgical Procedures (all inclusive)	Paid at 100% Transmed rate* from PMSA (Includes refractive surgery)
A.7	Basic dental benefit (for dentures, see Dentures benefit)	Unlimited basic dentistry. One preventative treatment and general examination per annum per beneficiary through a Prime Cure designated provider.	Paid at 100% Transmed rate* Annual limits: M0 R1220 M+ R1660	Paid at 100% Transmed rate* from PMSA
A.8	Specialised dentistry	No benefit subject to PMBS	Paid at 100% Transmed rate* Annual limits: R2160 per beneficiary every two years ^{*2} .	Paid at 100% Transmed rate* from Major Medical Cover and not from PMSA. R2160 per beneficiary per two years ^{*2} .
A.9	Orthodontics	No benefit	Included in Specialised dentistry benefit.	Paid at 100% Transmed rate* from Major Medical Cover and not from PMSA. R6480 per beneficiary per lifetime ^{*3} .

BENEFITS		STATE PLUS NETWORK (PRIME CURE NETWORK)	STATE PLUS OWN CHOICE	PRIVATE COVER PLUS SAVINGS ACCOUNT
A. DAY-TO-DAY COVER				
A.10	Dentures	One pair of acrylic dentures every two years per family. 20% co-payment payable. <i>Prime Cure</i> ^{*1}	Included in Specialised dentistry benefit.	Paid at 100% Transmed rate* from Specialised dentistry limit
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* Included in General day-to-day limit.	Paid at 100% Transmed rate* from PMSA
A.12	Out-patient services	If emergency according to Medical Schemes Act and Rules, paid as emergency visit (see Emergency visits/hospital casualty below), otherwise regarded as visit to non-Prime Cure provider (see GP Consultations).	Paid at 100% Transmed rate* Included in General day-to-day limit.	Paid at 100% Transmed rate* from PMSA
A.13	Emergency visits/hospital casualty	Unlimited emergency visits according to Medical Schemes Act and Rules. Call Prime Cure on 0861 665 665 for further details.	Paid at 100% Transmed rate* Included in General day-to-day limit.	Paid at 100% Transmed rate* from PMSA
A.14	General day-to-day limit	Not applicable	Day-to-day benefits are paid at 100% Transmed rate* limited to: M0 R3380 M+ R4640	Not applicable
A.15	Out-of-Network benefits limit	Out-of-Network benefits are limited to: M0 R1680 M+ R2520	Not applicable	Not applicable
A.16	All other day-to-day benefits	Prime Cure or from Out-of-Network benefit	Paid at 100% Transmed rate* Included in General day-to-day limit.	Paid at 100% Transmed rate* from PMSA
B. CHRONIC MEDICATION				
B.1	Benefits	Network Formulary ^{*4}	Essential Formulary ^{*5} at 100% of the cost for PMBs. QMP ^{*6} applies Co-payment of 20% for non-PMB illness/medicine.	Standard Formulary ^{*5} at 100% of the cost for PMBs. QMP ^{*6} applies Co-payment of 20% for non-PMB illness/medicine.
B.2	Pharmacy	Prime Cure Medical Centre or network pharmacy, network dispensing doctor	Network pharmacies (Clicks, Dis-Chem and Family Care). Pharmacy of choice (outside the Network) may result in a co-payment ^{*9} .	Network pharmacies (Clicks, Dis-Chem and Family Care). Pharmacy of choice (outside the Network) may result in a co-payment ^{*9} .
C. MAJOR MEDICAL COVER				
C.1	Financial Limit for Major Medical event per family	Unlimited State hospital only	Unlimited State hospital only	Unlimited
C.2	Co-payments	Not applicable	Not applicable	Co-payment on hospital services for non-emergencies and non-PMB conditions: - Less than R2000 = R250 - R2000 to R9999 = R500 - R10000+ = R1000 Maximum co-payment of R4000 per family per year.
C.3	State hospital	Full cover	Full cover	Full cover
C.4	Enhanced State facilities	Pre-authorisation required 0800 225 151	Pre-authorisation required 0800 225 151	Pre-authorisation required 0800 225 151
C.5	Private hospital admission	No benefit	No benefit	Paid at 100% Transmed rate* Subject to pre-authorisation 0800 225 151
C.6	In-hospital services Folateng	Full cover State hospital doctor	Full cover State hospital doctor	Paid at 100% Transmed rate* Subject to pre-authorisation 0800 225 151
C.7	Internal prosthesis	Subject to: • Individual prosthesis limits • Pre-authorisation 0800 225 151	Subject to: • Individual prosthesis limits • Pre-authorisation 0800 225 151	Subject to internal prosthesis limit. Please call 0800 225 151 for authorisation.
C.8	Orthopaedic, Surgical and Medical appliances	Subject to individual appliance limits. Pre-authorisation/medical motivation required. Please call 0800 450 010 for further information.	Subject to individual appliance limits. Pre-authorisation/medical motivation required. Please call 0800 450 010 for further information.	Subject to appliance limits. Authorisation/medical motivation required. Please call 0800 450 010 for further information.

BENEFITS		STATE PLUS NETWORK (PRIME CURE NETWORK)	STATE PLUS OWN CHOICE	PRIVATE COVER PLUS SAVINGS ACCOUNT
C. MAJOR MEDICAL COVER				
C.9	Organ transplants	Subject to pre-authorisation by the Fund.	Subject to pre-authorisation by the Fund.	Subject to pre-authorisation by the Fund.
C.10	Ambulance services	Pre-authorisation required 0800 115 750	Pre-authorisation required 0800 115 750	Pre-authorisation required 0800 115 750
C.11	Dialysis	R150 000 per beneficiary per year if not provided in State hospital. Pre-authorisation required 0800 225 151.	R150 000 per beneficiary per year if not provided in State hospital. Pre-authorisation required 0800 225 151.	Subject to pre-authorisation 0800 225 151
C.12	Oncology	Paid at 100% Transmed rate* if provided in State hospital and through ICON* ⁸ Network. Pre-authorisation required 0800 225 151 20% co-payment for use of non-ICON Network service provider. Subject to State protocol.	Paid at 100% Transmed rate* if provided in State hospital and through ICON* ⁸ Network. Pre-authorisation required 0800 225 151 20% co-payment for use of non-ICON Network service provider. Subject to State protocol.	Obtained from ICON Network* ⁸ Subject to pre-authorisation 0800 225 151 20% co-payment for use of non-ICON Network service provider. R250 000 per annum per beneficiary limit applies.
C.13	HIV and AIDS Benefit	Subject to registration on Prime Cure HIV Disease Management Programme. Call 0861 665 665, ext 9	Subject to registration on HIV Disease Management Programme. The full benefit for antiretrovirals (ARVs) is provided even if the member is not enrolled on the Fund's HIV Disease Management Programme, but is subject to pre-authorisation. Please call 0861 888 300 for authorisation. 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: <ul style="list-style-type: none"> • 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. The member shall pay the 20% co-payment directly to the service provider. 	Subject to registration on HIV Disease Management Programme. The full benefit for antiretrovirals (ARVs) is provided even if the member is not enrolled on the Fund's HIV Disease Management Programme, but is subject to pre-authorisation. Please call 0861 888 300 for authorisation. If a beneficiary is not registered on the HIV Disease Management Programme, all claims for day-to-day services will be paid from the member's PMSA, subject to available funds. Should no funds be available, HIV-related claims will be paid as follows: <ul style="list-style-type: none"> • 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. The member shall pay the 20% co-payment directly to the service provider.
D. PRESCRIBED MINIMUM BENEFITS				
D.1	Prescribed Minimum Benefits*	Hospitalisation: DSP* ⁷ - State hospital	Hospitalisation: DSP* ⁷ - State hospital	Hospitalisation: Private hospital of member's choice
		Day-to-day services DSP* ⁷ : Prime Cure	Day-to-day services DSP* ⁷ : State hospital Own choice of supplier	Day-to-day services: Own choice of supplier
		Medicine DSP* ⁷ : Prime Cure	Medicine Network pharmacies: Pharmacy of choice, subject to co-payment	Medicine Network pharmacies: Pharmacy of choice, subject to co-payment
E. ADDITIONAL SERVICES				
E.1	Additional services	The Fund has contracted with Access Health to offer its members and their dependants with access to: <ul style="list-style-type: none"> • International Travel Extension • 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.	The Fund has contracted with Access Health to offer its members and their dependants with access to: <ul style="list-style-type: none"> • International Travel Extension • 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.	The Fund has contracted with Access Health to offer its members and their dependants with access to: <ul style="list-style-type: none"> • International Travel Extension • 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 084 196 3766 for more information.	Mahala Loyalty Programme: Members can receive points or discounts from Mahala partners. Please call 084 196 3766 for more information.	Mahala Loyalty Programme: Members can receive points or discounts from Mahala partners. Please call 084 196 3766 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

for all our people

BENEFIT PLANS' FOOTNOTES

* 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 starts 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 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 DSP stands for Designated Service Provider.

*⁸ ICON - (Independent Clinical Oncology Network)

*⁹ 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 2009

Contributions

PRIVATE COVER PLUS SAVINGS ACCOUNT MAJOR MEDICAL CONTRIBUTIONS

MONTHLY INCOME	R0 - R3 000	R3 001 - R4 000	R4 001 - R5 000	R5 001 - R6 000	R6 001 +
Member	1386	1447	1505	1564	1619
Adult dependant	1013	1057	1100	1143	1184
Child dependant*	430	449	467	485	502

+

PRIVATE COVER PLUS SAVINGS ACCOUNT MEDICAL SAVINGS CONTRIBUTION

MONTHLY INCOME	R0 - R3 000	R3 001 - R4 000	R4 001 - R5 000	R5 001 - R6 000	R6 001 +
Member	240	250	261	271	287
Adult dependant	166	173	180	187	198
Child dependant*	74	78	81	84	89

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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	352	377	402	427	452	477	502	527
Adult dependant	141	151	161	171	181	191	201	211
Child dependant*	105	113	120	128	135	142	150	157

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	388	416	450	517	565	610	654	698
Adult dependant	175	187	203	233	254	275	294	314
Child dependant*	113	121	131	150	164	177	190	202

* Contributions are payable for a maximum of four child dependants

PRIVATE COVER PLUS SAVINGS ACCOUNT TOTAL CONTRIBUTIONS

MONTHLY INCOME	R0 - R3 000	R3 001 - R4 000	R4 001 - R5 000	R5 001 - R6 000	R6 001 +
Member	1626	1697	1766	1835	1906
Adult dependant	1179	1230	1280	1330	1382
Child dependant*	504	527	548	569	591

* Contributions are payable for a maximum of four child dependants

IMPORTANT CONTACT DETAILS

Transmed plans:
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:
173 Church Street, Nedbank Plaza, Arcadia, Pretoria

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

Port Elizabeth:
Ground Floor, FC Sturrock Building, cnr Flemming 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

HIV/AIDS Programme:
(State Plus Own Choice and Private Cover Plus Savings Account)
0861 888 300

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