ANNEXURE D

The following benefits are available to members participating in the Link benefit option (Plan 1) at a Universal Healthcare (Universal) Network facility or contracted network service provider. The benefits shall be subject to the limits/conditions/tariffs as indicated below.

MAJOR MEDICAL COVER

	Benefit	Limit
1.	**Hospitalisation (State and Private)**	• State hospitals are the Designated Service Providers (DSPs) subject to pre-authorisation. • Unlimited cover in a State hospital for PMB related admissions only. • Note that members utilising a State hospital for non-PMB conditions need to be admitted as a private patient. • The co-payment for using a non-DSP voluntarily will be the amount equal to the difference between the total cost incurred in respect of the hospital services, including all related medical services, and the cost that would have been payable to a DSP (State hospital). • If a State hospital is not accessible in terms of the set criteria, authorisation can be obtained for involuntary admission to a hospital on the Universal Private Hospital Network.
2.	**Accident/Trauma Benefit**	• Emergency admissions related to Accidents or Trauma (Motor vehicle / bike / pedestrian) will be covered in Universal Private Hospital Network, subject to authorisation within 48 hours of the accident. • The co-payment for using a non-DSP voluntarily will be the amount equal to the difference between the total cost incurred in respect of the hospital services, including all related medical services, and the cost that would have been payable to a DSP (State hospital).

	Benefit	Limit
3.	**PMB related admissions for children**	• PMB related admissions for children in the stipulated age category will be covered in Universal Private Hospital Network subject to pre-authorisation: o Age between 1 and 12 years • The co-payment for using a non-DSP voluntarily will be the amount equal to the difference between the total cost incurred in respect of the hospital services, including all related medical services, and the cost that would have been payable to a DSP (State hospital).
4.	**Non PMB related procedures**	• The following non-PMB related procedures will be covered in Universal Private Hospital Network subject to pre-authorisation: o Functional Endoscopic Sinus surgery o Tonsillectomy and Adenoidectomy o Sterilisations o Strabismus (Squint eye) o Vasectomies • The co-payment for using a non-DSP voluntarily will be the amount equal to the difference between the total cost incurred in respect of the hospital services, including all related medical services, and the cost that would have been payable to a DSP (State hospital).
5.	**Maternity**	• Unlimited cover in a State Hospital.
6.	**Hospital casualty/emergency visits**	• Paid at 100% of the Transmed rate if it is a life-threatening emergency. • Authorisation required prior to or within one working day of the emergency event • If no Authorisation is obtained: o GP and Medicine to be paid as per the out of network benefit. o Facility fee will not be covered.

	Benefit	Limit
7.	**Radiology (In and out of hospital)**	• **Basic radiology:** Limited to R10 100 per family per year (in hospital) Out of hospital: Limited to Universal formulary. • **Advanced radiology:** Limited to R29 470 per family per year e.g., MRI scan, CT scan and PET scan (in and out of hospital). • Authorisation required. • Subject to care management clinical protocols.
8.	**Prostheses**	• Subject to individual prosthesis limits. • Reimbursed for PMB conditions only. • Authorisation required.
9.	**Orthopaedic, surgical and medical appliances**	• Subject to individual appliance limits. • Reimbursed for PMB conditions only. • Authorisation required. • Subject to care management protocols.
10.	**Organ transplants**	• The cost of the international donor search and harvesting shall be limited to R225 000 (irrespective of Rand/ Dollar/Euro exchange rate) subject to PMB regulations. • Authorisation required. • Subject to care management clinical protocols.
11.	**Ambulance services**	• Benefit available for PMB conditions only. • Authorisation required.

	Benefit	Limit
12.	**Dialysis**	• Unlimited at a State facility. • The co-payment for using a non-DSP voluntarily will be the amount equal to the difference between the total cost incurred in respect of the hospital services, including all related medical services, and the cost that would have been payable to a DSP (State hospital). • If a State hospital is not accessible in terms of the set criteria, authorisation can be obtained for involuntary admission to a hospital on the Universal Private Hospital Network or approved dialysis centres. Paid at 100% Transmed rate. • Authorisation required.
13.	**Oncology**	• Paid at 100% of the Transmed rate if provided in a State hospital or through ICON. • Authorisation required. • 20% co-payment for use of a non-ICON service provider. • SAOC tier 1 guidelines apply. • Maximum of one PET scan per beneficiary per year subject to the overall radiology limit. • Oncology medication to be obtained through the Oncology Medicine Network. • 20% co-payment for obtaining oncology medication from a non-Oncology Medicine Network service provider. • Subject to evidence-based clinical protocols.

	Benefit	Limit
14.	**HIV / AIDS benefit**	• *Each eligible member is encouraged to register on the HIV Disease Management Programme* • Treatment subject to compliance with clinical protocols. • Paid at 100% of the cost if obtained from a DSP facility. • 20% co-payment for use of a non-DSP facility. HIV/AIDS medicine benefit: • Unlimited subject to authorisation • Clinical protocols and review applicable • Universal Healthcare Network is the DSP • 20% co-payment for use of a non-DSP
15.	**Cataract Surgery**	• Cataract surgery will be covered as per PMB guidelines as part of the hospitalisation benefits. • The OMG network and State facilities are the DSPs.

INTERNAL PROSTHESES

PROSTHESIS	LIMIT PER PROSTHESIS
1. Total knee replacement cemented	R 51 150.00
2. Partial knee replacement	R 30 000.00
3. Shoulder replacement	R 57 200.00
4. Hip replacement (charnley or chrome)	R 67 760.00
5. Hip revision	R 50 000.00
6. Partial hip replacement	R 30 000.00
7. Spinal fusion	R 55 660.00 for procedure Including plates and cage
8. Cervical and lumbar disc replacement	R 30 000.00
9. Pacemakers and leads	R 44 000.00
10. Cardiac stents	R 25 650.00 including drug eluding stents to a maximum of 3 where after further motivation is required
11. Heart valves	R 37 500.00 per valve
12. Grafts	R 28 500.00 per graft
13. Knee revision	R 45 000.00
14. Hernia Mesh	R 11 000.00 per procedure
15. Other (not defined in other categories)	R 25 000.00
PLEASE NOTE: **The above-mentioned prostheses (No 1-15) shall be subject to a combined limit of R77 000 per beneficiary per annum if more than one prostheses are obtained**	
16. Pacemaker – Double chamber	R120 000.00
17. Pacemaker and Defibrillator	R280 000.00
18. Endovascular aneurysm repair (EVAR), Anaconda and equivalents	R280 000.00
19. Brain Stimulator	R180 000.00
20. Transcatheter Aortic Valve Implantation (TAVI)	R280 000.00

Please note: These prostheses are only reimbursed for PMB conditions

Limits applicable to certain appliances:

TYPE OF APPLIANCE	LIMIT PER APPLIANCE
1. Wheelchairs (subject to clinical criteria's) Non-motorised wheelchair **Or** Motorised wheelchair	R9 900 per beneficiary once every five (5) years
2. Hand prosthesis	R10 000 per beneficiary once every two (2) years
3. Arm prosthesis – Below elbow	R26 000 per beneficiary once every two (2) years
4. Arm prosthesis – Above elbow	R120 000 per beneficiary once every two (2) years
5. Above knee prosthesis	R150 000 per beneficiary once every two (2) years
6. Below knee prosthesis	R120 000 per beneficiary once every two (2) years
7. Silicone sleeve replacements for all artificial limbs	R20 000 per beneficiary once every year
8. Back brace following surgical procedures	R25 000 per beneficiary per year
9. Walking Aids	R2 660 per beneficiary per year

DAY TO DAY COVER

	Benefit	Limit
1.	**General Practitioner (GP) consultations**	**Network providers:** Number of visits per year M: 8 M+1: 12 M+2: 14 M+3+: 15 **Non-Network providers:** One visit to a non-Network provider per beneficiary, with a maximum of two visits per family per year • Limited to R1 340 per event.
2.	**Specialist consultations**	• Three specialist visits per beneficiary per year, with a maximum of five visits per family per year, up to a maximum amount of R4 040 for a single beneficiary or R5 900 per family. • Pregnant beneficiaries are entitled to two additional specialist visits per year. • Specialist visits are subject to preauthorisation and referral by a Network GP or accredited service provider. • A 30% co-payment applies for voluntary consultation of Specialists and consultations without pre-authorisation according to the agreed referral process.
3.	**Acute medication**	• Unlimited if according to the Universal medicine formulary, formulary reference pricing and obtained from Universal accredited pharmacies. • Over-the-counter medication benefit: R330 per family per year, with a maximum of R140 per event. • Medication must be dispensed by a Universal Network Pharmacy or accredited service provider. • No benefit for medicines dispensed or prescribed by Specialists if the specialist referral process was not adhered to unless Specialist visit was as a result of an involuntarily PMB consultation.

	Benefit	Limit
4.	**Basic pathology (out-of-hospital)**	• Unlimited, subject to the Universal Network codes • Subject to referral by a Universal Network GP or accredited service provider. • No benefit for Specialist pathology requests if the specialist referral process was not adhered to unless Specialist visit was as a result of an involuntarily PMB consultation.
5.	**Radiology (out-of-hospital)**	• Unlimited, subject to the Universal Network codes • Pregnant beneficiaries are entitled to 2 pregnancy scans. • Subject to referral by a Universal Network GP or accredited service provider. • No benefit for Specialist radiology requests if the specialist's referral process was not adhered to unless Specialist visit was a result of an involuntarily PMB consultation.
6.	**Optical benefits**	• One examination per beneficiary per year. • One pair of single vision or bi-focal lenses and specified frame or contact lenses, per beneficiary every 24 months according to the Universal Network criteria. • Contact lenses benefit limited to R920 per beneficiary per cycle.
7.	**Basic dentistry**	• One consultation, preventative treatment, and general examination per year through a Universal Network DSP. • Fillings, extractions, and dental x-rays, subject to Universal protocols and applicable Universal dental codes.
8.	**Specialised dentistry**	• No benefit.
9.	**Orthodontics**	• No benefit.
10.	**Dentures**	• One set of acrylic or plastic dentures every two years per family through a Universal Network DSP. • Limited to R4 710 per partial or full set of dentures.

	Benefit	Limit
11.	**Physiotherapy, occupational and remedial therapy, Audiology**	• PMB only. • Obtain from the Universal Network.
12.	**Traditional Healer**	• R1 8100 per family per annum. Limited to R900 per event. • Applicable to registered healers with the Traditional Healer Council. • Member to be refunded on receipted account submitted.
13.	**All other day-to-day benefits**	• PMB only. • Obtain from the Universal Network.

14. CHRONIC MEDICINE BENEFITS

Benefit	Limit
Chronic medication	• Paid at the Universal Network rate according to the Network Medicines Formulary, formulary reference pricing and protocol. • Subject to authorisation and registration on the Network Chronic Programme. • Authorisation required. • Universal Provider Network Pharmacies only. • No benefits for medicines dispensed or prescribed by Specialists if the specialists referral process was not adhered to unless Specialist visit was as a result of an involuntarily PMB consultation.

15. PREVENTATIVE CARE BENEFITS

The following benefits are subject to Universal protocols and guidelines

15.1.1 Flu vaccination

15.1.2 Circumcision procedures out of hospital/in rooms

15.1.3 HPV Vaccination – All beneficiaries 9 – 26 years subject to the applicable formulary.

15.1.4 Pneumococcal Vaccination

15.1.5 Immunisations as per Department of Health Schedule

16. EARLY DETECTION BENEFITS

Benefits are available as per the agreement with the DSP Network

Test	Related Disease	Target Group	Frequency
Health check *Cholesterol (finger prick) *Glucose (finger prick) *Blood pressure *Body mass index	Cholesterol Diabetes mellitus Blood pressure	All patients > 25	One test per beneficiary per annum
Total Cholesterol (Lipogram)	Hypercholesterolemia	All patients > 25 years	One test per beneficiary per annum
Glucose level (finger prick test)	Diabetes	All patients > 25 years	One test per beneficiary per annum
PSA level	Prostate cancer	Male patients > 45 years	One test per beneficiary per annum
Fecal Occult Blood test (FOBT)	Colon cancer	All patients > 50 years	One test per beneficiary per annum
PAP smear - Standard -Liquid based Cytology Smear	Cervical cancer	Female patients > 18 years	One test per beneficiary per annum
Mammogram	Breast cancer	Female patients > 40 years	One test per beneficiary every 2 years
Quantitative PCR	HIV in Newborns	Newborn babies to HIV positive mothers	Once off

*Available at DSP pharmacies providing clinic services

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

17.1	The treatment of medical conditions or injuries sustained by a *beneficiary* or *co-insured dependant* not included in the *benefits* as outlined above.
17.2	All services not obtained through a *Universal designated service provider*, or referrals not pre-authorised, or not provided in terms of the *Universal protocol except for PMB's and subject to clause 17*.
17.3	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). *The Universal Medical Advisory Committee* shall have the sole discretion to determine whether a particular surgical procedure or treatment is cosmetic in nature and as such excluded.
17.4	Recuperative treatment of any nature.
17.5 17.5.1	Health care services relating to: Wilful self-inflicted illness or injury except for PMB's.
17.6 17.6.1 17.6.2 17.6.3 17.6.4 17.6.5 17.6.6	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.
17.7	Frail care treatment.
17.8	Pet Scans.
17.9	Surgery or treatments not medically indicated.
17.10	Health care service required during any compulsory waiting period except for PMB's.
17.11	Medical examinations initiated by employers.

17.12	Non-medically essential items or treatments.
17.13	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.
17.14	Dental extractions for non-medical purposes.
17.15	The provision of gold inlays in dentures.
17.16	The provision of medical, surgical or other appliances, unless specifically stated otherwise.
17.17 17.17.1 17.17.2 17.17.3 17.17.4 17.17.5 17.17.6 17.17.7 17.17.8 17.17.9	The supply of: applicators, toiletries and beauty preparations; cotton wool and other consumable items; patented foods, including baby foods; tonics, slimming preparations or medicines as advertised to the public; household and biochemical remedies; steroids; sunscreen agents; Roaccutane and Retin A, or any skin lightning treatments; Treatment with Biologicals, unless part of PMB or CDL treatment.
18.	**Limitations of Benefits**
18.1	Benefits in respect of medicines obtained on prescription of a *designated service provider* are limited to the prescribed quantities, but in any event to not more than one month's supply thereof.
19.	Should a beneficiary voluntarily choose not to make use of the DSP, a co-payment equal to the difference in cost between the Universal 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 Universal formulary drug and the non-formulary drug will apply.

20.	"Transmed rate" The rate set by the Fund for reimbursement of claims (based on the 2009 National Health Reference Price List approved by the Department of Health, plus an annual inflationary increase) or the rate agreed to, negotiated or contracted with any service providers on an annual basis, or actual claimed value, whichever is lesser"