

# 1. Overview

Resolution Health Medical Scheme is an open medical scheme that offers affordable healthcare solutions to all. High service levels, innovative products and services, a best-practice business approach, visionary management and a dedicated team ensure Resolution Health's place as a leader in the competitive and often volatile medical schemes market.

The Scheme was registered on 9 April 1998 in terms of the Medical Schemes Act and started trading in 2000. The Resolution head office is situated in Randburg, Gauteng, with regional offices in Cape Town, George, Port Elizabeth, East London, Durban, Bloemfontein, Pretoria, Potchefstroom, Polokwane, Nelspruit, Kimberley and the Vaal Triangle. Recently an international office was established in Mozambique. An extensive network of brokers ensure Resolution's products are available countrywide.

## Products:

Four plan options are available on the Scheme ranging from the most basic, the Hospital Plan, to the Fundamental Plan, Progressive Plan and the comprehensive Prestige Plan. Each plan is developed to fill a specific niche in the market:

### Hospital Plan

This is a hospital product designed for young individuals, small families and members who can manage their own out-of-hospital medical expenses.

The generous in-hospital benefits are paid at 150% of the NRPL. Members also have access to the following:

- R5 million International Travel Cover – limited to emergency medical cover, up to 90 days
- Membership of the ResoBaby and ResoTot programmes, pregnancy and post birth management programmes
- Emergency Assistance Cover via ER 24
- Preventative Care Programme – specific preventative measures are covered by this benefit to assist members in managing their health proactively. This benefit now also includes access to a cervical cancer vaccine
- The Voila! loyalty and wellness programme rewards members for positive lifestyle choices
- Members can supplement their day-to-day cover by adding the unique HealthCard, a medical debit card especially designed to provide for medical emergencies.

### Fundamental Plan

The Fundamental Plan is an essential healthcare plan. It covers hospital and healthcare services at designated services providers. The Fundamental option specifically and only covers PMB-related condition in-hospital and for specialist fees.

Members also have access to the following:

- R5 million International Travel Cover – limited to emergency medical cover, up to 90 days
- ResoBaby and ResoTot programmes
- Emergency Assistance Cover via ER 24
- The Voila! loyalty and wellness programme rewards members for positive lifestyle choices
- Preventative Care Programme – specific preventative measures are covered by this benefit to assist members in managing their health proactively. Programme limited to services provided by CareCross
- HealthCard is also available as a savings vehicle to provide for additional medical expenses



### Progressive Plan

The Progressive Plan provides a combination of adequate hospital cover and day-to-day benefits and is designed for young families or the individual. Benefits are paid at 100% of NRPL. The Progressive Plan is the only option with a compulsory Medical Current Account contribution.

Members have access to the following:

- ResoBaby and ResoTot programmes
- Emergency Evacuation Assistance via ER 24
- Up to R 5 million International Travel Cover - limited to emergency medical cover, up to 90 days
- The HealthCard is also available as a savings vehicle to provide for additional medical expenses
- The Voila! loyalty and wellness programme was designed to reward members for positive lifestyle choices
- Preventative Care Programme – specific preventative measures are covered by this benefit to assist members in managing their health proactively. This benefit now also includes access to a cervical cancer vaccine

The overall hospital limit has increased from R150 000 per member to R200 000 per member, R300 000 per family to R400 000 per family and the oncology benefit has increased from R150 000 per family to R200 000. Hospice cover has increased from R15 000 to R17 500 per family.

### Prestige Plan

The Prestige Plan provides comprehensive cover for both hospitalisation and day-to-day benefits and is designed for people who want or need comprehensive cover. All members have access to:

- ResoBaby and ResoTot programmes
- Emergency Evacuation Assistance via ER 24
- Up to R 5 million International Travel Cover - limited to emergency medical cover, up to 90 days
- The HealthCard is also available as a savings vehicle to provide for additional medical expenses
- The Voila! Loyalty and wellness programme was designed to reward members for positive lifestyle choices
- Preventative Care Programme – specific preventative measures are covered by this benefit to assist members in managing their health proactively. This benefit now also includes access to a cervical cancer vaccine

The overall annual limit has increased as well as the benefit for specialists who are now being paid at 150% of the NRPL out-of-hospital. The chronic benefit has also changed to separate the chronic medication from the PMB benefit.

### Managed Care

The primary role of Managed Care is to manage your benefits and the clinical aspects of treatments.

This includes:

- Pre-authorisation
- Case management
- Disease management
- Pharmaceutical management





Specific disease management programmes have been designed to assist individual members suffering from illnesses such as diabetes, asthma, HIV, oncology and cardiovascular diseases to manage their conditions proactively.

### Administration

State-of-the-art technology enables Resolution Health to provide excellent service to members, intermediaries and service providers with turnaround times amongst the best in the industry. An interactive website allows members, intermediaries and service providers to keep track of claims payments as well as general information regarding the Scheme. A dedicated Client Service Centre ensures a one-stop service and quick and efficient response to enquiries. Broker and supplier helplines provide easy access to information and assistance.



## 2. Value Proposition

	 HOSPITAL	 FUNDAMENTAL	 PROGRESSIVE	 PRESTIGE
<b>OPTIONS</b>				
Outlines	<ul style="list-style-type: none"> <li>• Unlimited private hospitalisation</li> <li>• Maternity programme</li> <li>• Preventative Care</li> <li>• Casualty benefit up to R1000 per family</li> <li>• Take-out medication up to 7 days</li> <li>• Professional fees covered at 150% of NRPL</li> <li>• Internal prosthesis up to R40 000</li> <li>• HIV/Aids available at CareWorks</li> <li>• Cover 25 CDL's at DSP</li> </ul>	<ul style="list-style-type: none"> <li>• Private Network Hospital (DSP)</li> <li>• Maternity programme</li> <li>• Preventative Care at CareCross</li> <li>• Casualty benefit up to R1000 per family covered by CareCross</li> <li>• Take-out medication up to 7 days</li> <li>• Unlimited GP visits at CareCross network doctors</li> <li>• Dentistry benefit at CareCross network</li> <li>• 25 CDL's at CareCross network</li> <li>• HIV/Aids available at CareWorks</li> </ul>	<ul style="list-style-type: none"> <li>• Private hospitalisation limit increased to R200 000 per individual and R400 000 per family</li> <li>• Maternity programme</li> <li>• Preventative Care</li> <li>• Casualty benefit up to R1000 per family</li> <li>• Take-out medication up to 7 days</li> <li>• Cover 25 CDL conditions</li> <li>• Dentistry benefit over and above the overall annual limit</li> <li>• Optometry benefit over and above the overall annual limit</li> <li>• Pharmacy Advised Therapy (PAT)</li> <li>• Internal prosthesis up to R40 000</li> <li>• Medical Current Account as additional savings</li> <li>• Oncology increased to R200 000</li> <li>• HIV/Aids available at CareWorks</li> </ul>	<ul style="list-style-type: none"> <li>• Unlimited private hospitalisation</li> <li>• Maternity programme</li> <li>• Preventative Care</li> <li>• Casualty benefit up to R1000 per family</li> <li>• Take-out medication up to 7 days</li> <li>• Cover 25 CDL conditions and Resolution Health Chronic conditions</li> <li>• Dentistry benefit over and above the overall annual limit</li> <li>• Optometry benefit over and above the overall annual limit</li> <li>• Pharmacy Advised Therapy (PAT)</li> <li>• Out-of-Hospital Specialist fees covered at 150% of NRPL</li> <li>• Internal prosthesis up to R40 000</li> <li>• Increased Overall Annual Limit</li> <li>• Oncology increased to R250 000</li> <li>• HIV/Aids available at CareWorks</li> </ul>

- **Service levels**

- Service levels are on par with the best in the industry. It takes only 48 hours to load new members onto the system. Claims are processed 24 to 48 hours after acceptance by the Scheme
- National footprint with more than 14 offices nationally and in Mozambique
- Ongoing broker training

- **State-of-the-art technology**

- Ensures you have immediate and up to date access to your information, as well as general information relating to the Scheme via the internet. sms-technology enables you to keep track of transactions

- **Rating**

- "A" Global Credit Rating, Claims Paying Ability

- **Client services offer service and support through the following channels:**

- Client Call Centre
- Frontline helpdesk
- Supplier helpline
- Broker Support helpline
- State-of-the-art call centre management software
- All queries recorded and logged electronically
- One-stop shop
- Dedicated Client Liaison Officer functions for clients

- **International Travel Cover**

- The International Travel Benefit covers emergency medical treatment that you and your dependants might need while travelling overseas
- The benefit provides cover for 90 days from your date of departure. If you intend to travel for longer than 90 days, you must apply for additional cover

- **Tax deductions (As per 2008/2009 Tax year)**

- Taxpayers under the age of 65 may deduct up to R570 of their contribution to the Scheme for each of the first two persons covered by the Scheme and R345 for each additional dependant covered by the Scheme
- All expenses may be deducted where a taxpayer, spouse or child is a handicapped person or where a taxpayer is above the age of 65 years. In any other case the deduction of medical expenses and contributions above the limits are limited to the actual expenditure less 7.5% of taxable income before this deduction

- **Traditional plans**

- All four plans are easily understandable with uncomplicated processes

- **Emergency Services**

As a member of Resolution Health you can contact our emergency services partner, ER24 for a range of benefits including:

- 24-hour assistance on activation of a medical emergency by calling 084 124
- 24-hour emergency medical advice while paramedics respond
- 24-hour emergency response using Advanced Life Support paramedics in rapid response vehicles by road, and where necessary, air ambulance
- Treatment and stabilisation at the scene of the emergency
- Medical transportation to the closest appropriate hospital
- Access to Medical Advice and Assistance hotlines

- **Casualty Emergency treatment**

- Resolution Health pays for outpatient emergency treatment from your hospitalisation benefit, up to R1000. Fundamental Plan is covered by the CareCross network

- **MVA (Motor Vehicle Accident)**

- The Scheme will assist you with your Road Accident claims



### 3. *Voila!*

#### Voila! Wellness and Loyalty Programme

The global phenomenon of preventative healthcare shifted the focus from cure to prevention. The Voila! loyalty and wellness programme offers you an opportunity to proactively manage and promote a healthy lifestyle through a range of unique benefits and services.

With fitness as a main component of a healthy lifestyle, Voila! offers you access to rebates for certain sporting events, gyms and other sporting facilities.

A new and exciting benefit is the addition of Voila! Golf – to meet the demands created by this increasingly popular sport. Discounts on membership, an official handicap, a National Golf Network card and products are but a few of the exciting new Voila! Golf benefits.

However, fitness and sport are but one aspect of health and wellness. Membership to Voila! also gives you access to discounts on a wide variety of products and services which will enable you to maintain and promote complete wellbeing. These benefits include; discounts on magazine subscriptions; discounted travel rates through Voila! Travel, legal assistance and much much more.

A unique benefit is the healthcheck rewards. If you undergo regular annual health checks such as dental checkups, cholesterol testing, mammograms and pap smears – all part of the preventative care philosophy – you receive monetary rewards into your HealthCard. The HealthCard, a medical savings card, is an additional benefit that forms part of the Voila! wellness and loyalty programme.

### 4. *health CARD*

A division of Resolution Health (Pty) Ltd

In a world where everything is becoming more expensive and you tend to get less for your money, making provision for medical emergencies is of paramount importance. The HealthCard is the ideal tool for this.

The HealthCard is a medical debit card which can be used to pay for products and services at medical service providers such as general practitioners, chemists, dentists, specialists, etc. Cardholders make deposits into the HealthCard and earn interest on a positive balance.

Any person older than 18 years can apply for a HealthCard. Parents can take out a HealthCard for their children at university or away from home to make provision for their medical expenses. And because the HealthCard can only be used at medical service providers, parents can have peace of mind that the money cannot be spent on other things.

Applying for a HealthCard is a quick and easy process which does not require any credit checks. Annually, during December, cardholders can withdraw funds from their HealthCard for use on anything they wish – making the HealthCard the ideal savings facility. Although the HealthCard is meant to be a savings tool for those unforeseen medical expenses, it does allow you access to a loan facility for amounts between R1 000 and R10 000 at competitive interest rates in case you really need that little extra.

The HealthCard is a peace-of-mind tool; a savings mechanism for that rainy day.



# 5. Reso Baby

How ResoBaby and ResoTot can share in your happiness

## 1. ResoBaby

A little guidance along any journey always contributes towards a more enjoyable and often a more effective journey. So why not enjoy a little guidance whilst you are embarking on one of the most remarkable journeys of your life – your pregnancy.

The ResoBaby maternity management programme guides pregnant members with education, information and assistance during the pregnancy. Added to this, you get a variety of goods including:

- A changing mat
- The trimester booklets covering the health of mother and baby (in English only) and emergency child care booklet
- Baby products and discount vouchers
- Products:
  - Baby shampoo, baby cream, baby oil
  - Baby saline drops and dispenser
  - Pacifier
  - Bottle
  - Baby wipes
  - Packet of Huggies newborn nappies
  - Samples of breastpads/maternity pads/baby bum cream samples and Spiffies toothwipes

In addition moms-to-be can register to receive bi-monthly e-mails on general pregnancy related information. Special e-mails are sent to members with chronic conditions or high-risk pregnancies.

After 12 weeks of pregnancy, registered ResoBaby members can look forward to receiving the ResoBaby bag which can be used for nappies and bottles. Also included is an Emergency Childcare booklet as well as vouchers for a variety of baby products.

The bag can be collected from a local Baby City as soon as the sms-notification is received. If you are not in the vicinity of a Baby City, the bag can be sent to you via courier or registered mail.

To enjoy the benefits of ResoBaby, members must register with the programme as soon as possible after the first 12 weeks.



## 2. ResoTot – the first steps

Once your baby is born, another journey starts - the journey of your baby growing up and developing as a little person. ResoTot is an educational programme which provides information for the health and development of the baby from 0 to 2 years. When you register on the ResoTot programme, you receive a “Tot” box filled with goodies and advice on how to promote healthy physical, emotional, social and mental development in babies, as well as a full nutritional guide.

The box also contains educational flash cards, an immunisation reminder, activity fun books, a hand-and footprint board to capture all the memorable milestones, photo fridge magnets, plastic balls and play dough.



# 6. Health Benefit Outline

## a. Hospitalisation

Resolution provides flexibility with four options through various providers.

This benefit covers hospital and related accounts incurred from admission to discharge, provided that treatment has been pre-authorized.

Benefits include:

- Hospital related expenses
- Professional fees
- Pathology
- Pharmaceuticals
- Physiotherapy
- 7 day supply of take-out medication on discharge from hospital

### NOTE:

1. Authorisation must be obtained at least 72 hours in advance from the Scheme for all non-emergency hospital admissions and procedures. In the case of true emergency admissions, authorisation must be obtained within 48 hours or on the first working day after admission. All authorisations are subject to Scheme rules and managed care policies, protocols and formularies.
2. Dental treatment carried out in a hospital operating theatre or unattached operating theatre (day clinic) under general anaesthetic requires pre-authorization by the Scheme as above to confirm benefits for theatre, anaesthetist and ward fees.
3. Laparoscopic and similar endoscopic procedures are excluded from benefits, unless pre-authorized otherwise under Scheme Protocols.
4. Admissions for members of the Fundamental Plan will be limited to the conditions as defined in the Prescribed Minimum Benefits.
5. Co-payments. Members need to pay the following amounts upfront to the hospital when they are admitted for the procedures below. Co-payments do not apply if these procedures are performed out-of-hospital. When two related co-payments are applicable, only the larger will apply.

PROCEDURE (all subject to Protocols)	Co-payments
Arthroscopy	R2 000
Colonoscopy, Sigmoidoscopy, Proctoscopy	R1 000
Conservative Back treatment	R2 000
Excision nailbed	R1 000
Functional nasal surgery	R2 500
Gastroscopy	R1 250
Hysterectomy	R3 000
Hysteroscopy	R2 250
Joint replacements	R2 500
Laparoscopy	R2 500
Myringotomy (grommets)	R1 000
Reflux Surgery	R3 000
Skin lesions	R1 000
Spinal Surgery	R3 000

*Where two related co-payments are applicable, only the larger will apply if admitted to hospital.*

*Co-payments will not apply for procedures performed out of hospital*

### Maternity programme

Expectant mothers get free membership of the ResoBaby and ResoTot programmes after registration. These managed programmes offer a complete maternity benefit during pregnancy, as well as a programme that covers the emotional, physical, social and mental development during the first two years of a baby's life. The maternity programme also offers one specialist consultation and two 2D ultrasound scans, as well as antenatal classes to the value of R500. Without registration on the maternity programme, maternity benefits are limited to a DSP.

### b. Related hospitalisation

This includes additional benefits, which will be funded from the member's Core Hospitalisation Benefit, but certain sublimits apply, as outlined in the benefit schedule. Benefits include (dependent on option chosen):

- External Medical Appliances
- Chemo- and Radiotherapy
- HIV/Aids
- Specialised radiology - CT, MRI, PET and Nuclear Medicine scans
  - Alternative to Hospitalisation (if authorised)
    1. Home nursing
    2. Hospice care
- Haemodialysis

#### NOTE:

1. Pre-authorization must be obtained from the Scheme for chemotherapy, radiotherapy, home nursing, specialised radiology, hospice care, haemodialysis, video EEG and international cover.
2. No benefits shall be granted for (1) the replacement of existing external medical appliances without satisfactory proof that the existing item is obsolete or (2) costs of maintenance, spares or accessories.
3. Hospice care includes hospice accommodation and hospice visits by a medical practitioner.

### c. Disease management programme

Resolution Health supports high risk members suffering from serious chronic diseases such as diabetes, cardiovascular disease and asthma. The disease management programmes are interactive, clinical, educational and support programmes designed to optimise their control and avoid the onset of complications. Your health and quality of life are paramount to these programmes. Oncology is also optimised through our dedicated oncology case management division. CareWorks provides an integrated support programme aimed at promoting health and therapy for HIV/Aids.

### d. CML (Chronic Medicines List)

- The chronic medication list covers all the chronic medicines on the CDL and includes Resolution Health Chronic conditions on prestige
- Chronic medicines are restricted to the formularies and protocols of Resolution Health Medical Scheme
- Diagnostic codes (ICD-10) are mandatory for all conditions
- The Resolution Prestige formulary is more extensive than that of the Progressive. *(Formularies may be viewed online at [www.medikredit.co.za](http://www.medikredit.co.za))*
- All chronic medication requires pre-authorisations
- Chronic medication must be obtained via the Preferred Provider Network or Designated Service Provider if indicated on your option.



Chronic Disease List (CDL) * Conditions (all options)	Resolution Health Chronic Conditions (additional to Prestige Option)
Addison's Disease	Angina Pectoris
Asthma	Ankylosing Spondylitis
Bronchiectasis	Benign Prostatic Hypertrophy
Cardiac Dysrhythmia	Cerebrovascular Accident (Stroke)
Cardiac Failure	Cushing's Syndrome
Cardiomyopathy	Delusional Disorder
Chronic Obstructive Pulmonary Disorders (COPD)	Major Depression
Chronic Renal Failure/Disease	Female Menopause
Crohn's Disease	Gastro-Oesophageal Reflux Disease (GORD)
Diabetes Mellitus Type 1 & 2	Gout
Epilepsy	Hyperthyroidism
Glaucoma	Idiopathic Thrombocytopenic Purpura
Haemophilia	Interstitial Fibrosis of the Lung
Hyperlipidaemia	Meniere's Syndrome
Hypertension	Motor Neuron Disease
Hypothyroidism	Myasthenia Gravis
Ischaemic Heart Disease (Coronary Artery Disease)	Osteoporosis
Parkinson's Disease	Paget's Disease
Rheumatoid Arthritis	Peripheral Vascular Disease
Systemic Lupus Erythrematosis	Pituitary Adenoma
Ulcerative Colitis	Psoriasis
	Scleroderma
	Urinary Incontinence
<b>Benefits for the following conditions are limited to Prescribed Minimum Benefit (PMB) algorithms and legislation relevant to PMB</b>	
Bipolar Affective Mood Disorders	
Diabetes Insipidus	
Multiple Sclerosis	
Schizophrenia	
HIV/Aids	

\*All CDL conditions are legislated Prescribed Minimum Benefits (PMB) conditions

#### e. Out-of-Hospital Benefit

The Out-of-Hospital Benefit covers those expenses incurred out-of-hospital. This benefit is not available for the Hospital Plan.

##### i) Benefits not subject to the Overall Annual limit:

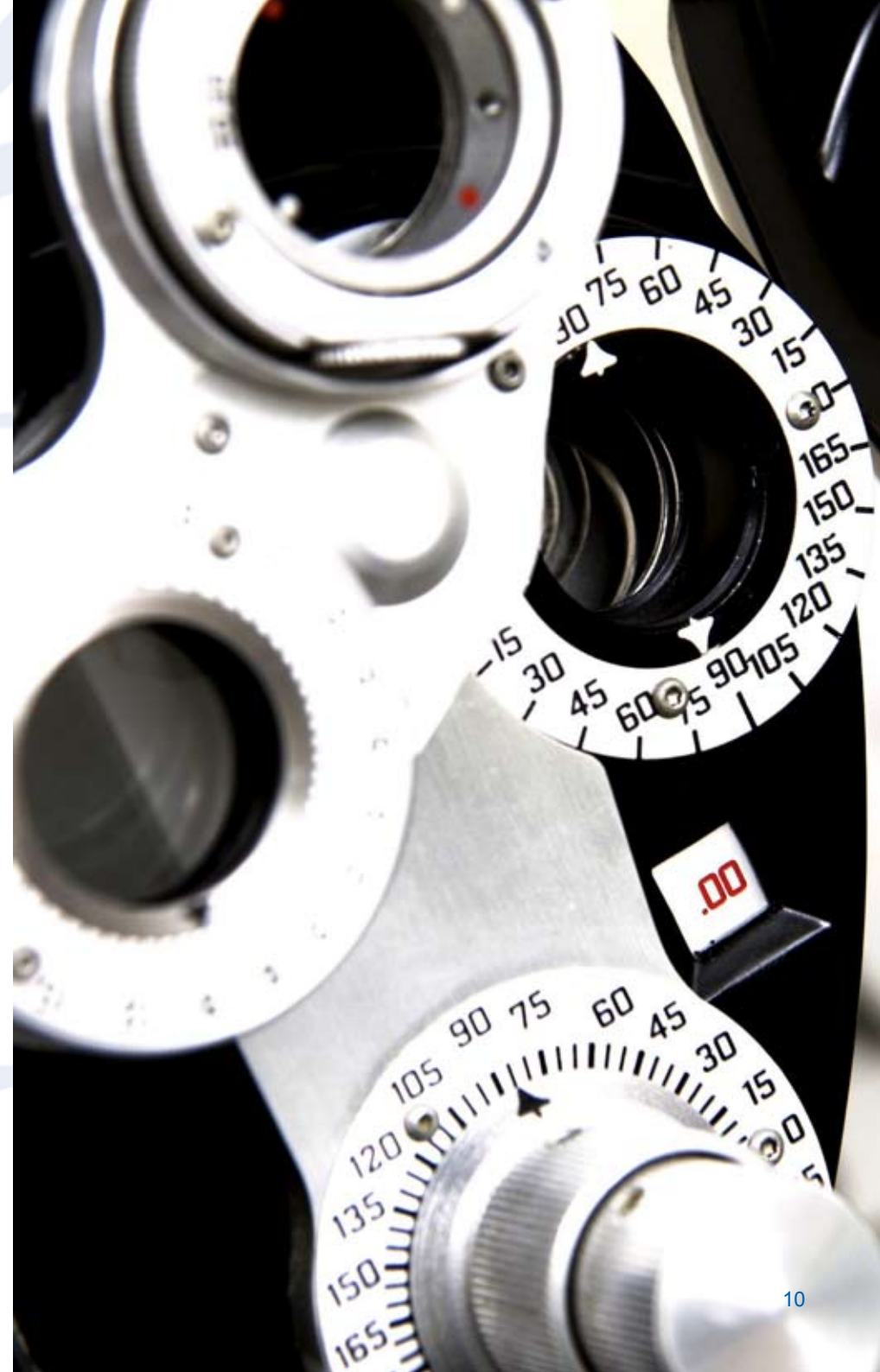
- GP visits
- Specialists visits
- Optometry Benefits
  - Resolution Health, through Iso Leso Optics Ltd. provides quality eye care and optical benefits that stretch much further than before. Instead of the entire optical benefit being spent by the first member of the family to visit the optometrist, leaving nothing more for anyone else, we have designed an optical benefit that allows all the members of your family the opportunity to get the spectacles they need. This is a unique negotiated benefit without compromising on the quality of the product. For more information on all your optical needs and to find the nearest Iso Leso optometrist you can contact the call centre on **0860 10 30 50**. Members should contact Iso Leso to ensure they attend a network optician.
- Dentistry Benefits
  - Denis, Africa's leading dental fund administrator, manages dental benefits on behalf of Resolution Health Medical Scheme. Members may consult any registered dentist dependant on option chosen
  - There is a pre-defined benefit per procedure, which is paid at the published Resolution Health Dental Tariff (see [www.denis.co.za](http://www.denis.co.za))
  - Denis supplies all dentists with a Chairside Guide, which illustrates the dental benefits for 2009, to assist in managing member needs
  - Benefits for dentistry are paid on a fee-for-service basis. As these fees may differ from the Resolution Health Dental Tariff, co-payments may be applicable
  - All specialised dentistry must be pre-authorized; please call **0860 104 936**. The member's guide has more details on overall dental benefits and exclusions
  - As a Resolution Health member, you are automatically a member of the Smile Wellness and Education programme. Visit [www.denis.co.za](http://www.denis.co.za) for more information
- Preventative Care

##### ii) Benefits subject to the Overall Annual Limit

This limit is applicable to the acute medication benefit and visits to providers such as occupational therapists and physiotherapists. These limits are provided at different levels for member, family of two, family of three, or more.

#### NOTE:

1. Out-of-Hospital benefits are subject to the formularies and protocols of RHMS.
2. For acute medication, a prescription from a person legally entitled to prescribe is required.
3. All dental benefits are paid at the Resolution Health Dental Tariff (RDT).
4. Overall Annual Limits are prorated for members who join during the year.



# 7. Definitions

## Acute Conditions

Acute conditions typically have a fairly rapid onset and are usually of a limited duration. By themselves (e.g. the common cold) or with treatment (e.g. appendicitis) they usually resolve without any long-term effects.

## Chronic Conditions

Chronic conditions can also have a fairly rapid onset, but are usually more insidious or even hidden. Examples include hypertension, raised cholesterol and asthma. Although some can resolve (e.g. childhood asthma) they are usually never cured and require ongoing long-term treatment to control their symptoms and prevent future complications.

## CDL (Chronic Disease List)

The CDL is a list of 25 chronic conditions which are legislated by the government as part of the list of PMB conditions. The Council for Medical Schemes has published treatment algorithms for these chronic conditions as guidelines for their management.

## CML (Chronic Medicines List)

The list or formulary of medication that is available for each of the CDL conditions for each option or plan. This list is updated monthly and can be viewed at [www.medikredit.co.za](http://www.medikredit.co.za)

## DSP (Designated Service Provider)

A healthcare provider or group of providers funded in respect of PMB which members must attend to access.

## ICD-10 Codes (International Statistical Classification of Diseases and Related Health Problems)

A comprehensive list published by the World Health Organisation (WHO) that identifies all diseases with a unique ICD-10 code. All authorisations and claims require the correct code for processing.

## Medical Current Account

The MCA is a personalised savings account on the Progressive Plan that may be used to pay for any excess or additional amount to the Scheme's benefits.

The full annual allocation of monthly MCA contributions is made available for use immediately and will be pro-rated for members who join during the year. Any unused funds in the MCA are saved and the positive balance can be withdrawn (or transferred to another medical scheme) five months after the termination of membership.

Members will be held liable for over-using/spending their savings.

Service providers who charge fees in excess of the tariffs covered by the Scheme, namely the NRPL Rate, will be paid from the Medical Current Account (MCA) at 100% of the cost, but limited to the Private Rate as indicated.

## MMAP (Maximum Medical Aid Price)

The price a Scheme funds as a representative price for identical active medication ingredients. This is published by MediKredit and can be viewed at [www.medikredit.co.za](http://www.medikredit.co.za) All medication above the MMAP is subject to a co-payment.

## NRPL

The National Reference Price List (NRPL) published by the National Department of Health (NDoH) as pricing guidelines for all health services. Unless superseded by a funding protocol, the Scheme only funds health services to this rate.

## PAT (Pharmacy Advised Therapy)

The PAT benefit is a sub-limit of the Overall Annual Limit that provides for over-the-counter medication prescribed by a pharmacist. This is only provided on the Progressive and Prestige options and also has a daily limit.

## PMB (Prescribed Minimum Benefits)

A list of 271 conditions listed in the Medical Schemes Act that schemes are required to fund. The CDL is a specified list of chronic conditions that also form part of the PMB. In certain circumstances the Scheme may only provide cover for members and their dependants in the Provincial Hospital system or at the Scheme's appointed private Designated Service Provider (DSP) facilities. Scheme protocols and formularies apply.

## Practice Code Numbers

A list of unique numbers allocated by the Board of Healthcare Funders (BHF) for all recognised healthcare service providers. These numbers need to be submitted for all authorisations and claims.

## Reference Price





The price that the Scheme sets for certain classes of medication with similar therapeutic effects that applies to CDL conditions and certain other chronic conditions.





## Resolution Health Chronic Conditions





A list of 23 chronic conditions that the Scheme funds from the Chronic Medication Benefit in addition to the CDL conditions only available on the Prestige Plan. Protocols and formularies may apply.





## SAOC (South African Oncology Consortium)





The SAOC is a consortium of the majority of oncologists that develop and maintain tiered oncology treatment guidelines. Their Utilisation Review Committee reviews cases according to these guidelines.

BENEFIT SCHEDULE	 HOSPITAL	 FUNDAMENTAL	 PROGRESSIVE	 PRESTIGE
<b>HOSPITALISATION</b>				
<b>Private Hospitals</b>  Including: <ul style="list-style-type: none"> <li>• Ward accommodation</li> <li>• Labour and recovery wards</li> <li>• Intensive care and high care units</li> <li>• Professional fees i.e. surgeon and anaesthetist, including visits and consultations by a specialist/GP while hospitalised</li> <li>• Surgical operations and procedures</li> <li>• Theatre fees</li> <li>• X-rays and pathology</li> <li>• Ultrasound scans (other than for pregnancy)</li> <li>• Blood transfusions</li> <li>• Physiotherapy</li> <li>• Medicine dispensed and used in hospital</li> <li>• Medicine received on discharge from hospital</li> </ul>	Unlimited  General Ward 100% of NRPL 100% of NRPL 150% of NRPL  100% of NRPL 100% of NRPL 100% of NRPL 100% of NRPL 100% of NRPL 100% of NRPL 100% of NRPL  Maximum 7 days supply	Limited to PMB at DSP  General Ward 100% of NRPL 100% of NRPL 100% of NRPL  100% of NRPL 100% of NRPL 100% of NRPL 100% of NRPL 100% of NRPL 100% of NRPL  Maximum 7 days supply	R200 000 (Single) R400 000 (Family)  General Ward 100% of NRPL 100% of NRPL 100% of NRPL  100% of NRPL 100% of NRPL 100% of NRPL 100% of NRPL 100% of NRPL 100% of NRPL  Maximum 7 days supply	Unlimited  General Ward 100% of NRPL 100% of NRPL 200% of NRPL  100% of NRPL 100% of NRPL 100% of NRPL 100% of NRPL 100% of NRPL 100% of NRPL  Maximum 7 days supply
<b>Provincial Hospitals</b>  <ul style="list-style-type: none"> <li>• Diagnosis and treatment in respect of the Prescribed Minimum Benefits (PMB) package (as per Government Regulations)</li> </ul>	Unlimited Subject to Scheme Protocols	Unlimited Subject to Scheme Protocols	Unlimited Subject to Scheme Protocols	Unlimited Subject to Scheme Protocols
<b>ANNUAL SUB-LIMITS (PRIVATE HOSPITALS)</b>				
<b>Casualty</b>  <b>Maternity</b> <ul style="list-style-type: none"> <li>• Confinements (Normal Vaginal Delivery) (Excl. Specialist and GP fee)</li> <li>• Confinements (Caesarean Section if clinically appropriate) (Excl. Specialist and GP fee)</li> <li>• Neonatal Intensive Care</li> <li>• Maternity programme</li> <li>• Not registered on the maternity programme</li> </ul>	R1 000 per family per annum. Limited to emergency visits  R14 300 per family  R17 900 per family  Limited to Scheme Protocols  Included  Limited to DSP	R1 000 per family per annum. Limited to emergency visits Covered by CareCross  R14 300 per family  R17 900 per family  Limited to Scheme Protocols  Included  Limited to DSP	R1 000 per family per annum Limited to emergency visits  R14 300 per family  R17 900 per family  Limited to Scheme Protocols  Included  Limited to DSP	R1 000 per family per annum Limited to emergency visits  R14 300 per family  R17 900 per family  Unlimited  Included  Limited to DSP





BENEFIT SCHEDULE	 HOSPITAL	 FUNDAMENTAL	 PROGRESSIVE	 PRESTIGE
<b>ANNUAL SUB-LIMITS (PRIVATE HOSPITALS)</b>				
<p><b>Other</b></p> <ul style="list-style-type: none"> <li>• Psychiatric Disorders</li> <li>• Cochlear implants and all related thereto</li> <li>• Organ Transplants Includes the transportation of the organ, surgically related procedures, professional fees and services as well as immunosuppressant drugs (Services rendered to donor are excluded from benefits)</li> </ul> <p><b>Prosthesis</b> See detailed list on prosthesis limits on page 33</p>	<p>Limited to PMB R50 000 per family R75 000 per family</p> <p>Limited to R40 000 per family Subject to Prosthesis specific limit</p>	<p>Limited to PMB at DSP No Benefit Limited to liver, kidney and heart only where these are provided at Provincial Hospitals</p> <p>Limited to R27 500 per family Subject to Prosthesis specific limit</p>	<p>Limited to PMB No Benefit Limited to a Provincial Hospital and subject to Scheme Protocols</p> <p>Limited to R40 000 per family Subject to Prosthesis specific limit</p>	<p>Limited to PMB R75 000 per family R250 000 per family</p> <p>Limited to R40 000 per family Subject to Prosthesis specific limit</p>
<b>RELATED HOSPITALISATION</b>				
<p><b>External medical appliances</b></p> <ul style="list-style-type: none"> <li>• Elastic stockings for control of varicose veins</li> <li>• Artificial eyes</li> <li>• Artificial larynx</li> <li>• Artificial limbs</li> <li>• Back, leg, arm and neck supports</li> <li>• Crutches</li> <li>• Disposable bladder and intestinal excretion bags</li> <li>• External breast prostheses after mastectomy</li> <li>• Glucometers</li> <li>• Home oxygen</li> <li>• Nebulisers</li> <li>• Orthopaedic footwear</li> <li>• Sleep apnoea monitors</li> <li>• Speech and hearing aids</li> <li>• Syringes and needles for the treatment of a chronic illness</li> <li>• Wheelchairs</li> </ul>	No Benefit	No Benefit	100% of NRPL R2 500 per family	100% of NRPL R9 500 per family
<p><b>Oncology</b></p> <ul style="list-style-type: none"> <li>• Oncologist</li> <li>• Chemotherapy</li> <li>• Radiotherapy</li> <li>• Oncology - related bloods</li> </ul>	Limited to R150 000 per beneficiary. Covered at the oncology network of doctors, subject to SAOC Protocols Tier 2	Limited to R150 000 per beneficiary. Covered at the oncology network of doctors, subject to SAOC Protocols Tier 1	Limited to R200 000 per beneficiary. Covered at the oncology network of doctors, subject to SAOC Protocols Tier 1	Limited to R250 000 per beneficiary. Covered at the oncology network of doctors, subject to SAOC Protocols Tier 2





BENEFIT SCHEDULE	 HOSPITAL	 FUNDAMENTAL	 PROGRESSIVE	 PRESTIGE
<b>RELATED HOSPITALISATION</b>				
<b>HIV/Aids</b> Primary Care including VCT (Voluntary Counselling Testing)	HIV Management Programme	HIV Management Programme	HIV Management Programme	HIV Management Programme
Hospitalisation if Member is on the Management Programme	Hospitalisation limited to DSP hospitals and subject to Scheme Protocols	Hospitalisation limited to DSP hospitals and subject to Scheme Protocols	Hospitalisation limited to DSP hospitals and subject to Scheme Protocols	Hospitalisation limited to DSP hospitals and subject to Scheme Protocols
Hospitalisation if Member is not on the Management Programme	Limited to a Provincial Facility	Limited to a Provincial Facility	Limited to a Provincial Facility	Limited to a Provincial Facility
<b>Home nursing</b>	No Benefit	No Benefit	100% of NRPL R2 500 per family per annum	100% of NRPL R6 000 per family per annum
<b>Hospice care</b>	R15 000 per family per annum	No Benefit	100% of NRPL R17 500 per family per annum	100% of NRPL R25 000 per family per annum
<b>Specialised radiology</b> CT, MRI, PET and Nuclear Medicine scans	100% of NRPL (In-and-out of hospital) R6 900 per family per annum	Limited to Network Hospitals or DSP and subject to PMB	100% of NRPL (In- and out-of-hospital) R5 500 per family	100% of NRPL (In- and out-of-hospital) R7 500 per family per annum
<b>Video EEG for epilepsy surgery</b>	No Benefit	No Benefit	No Benefit	R10 000 per family
<b>Haemodialysis</b>	Limited to DSP and subject to PMB	Limited to DSP and subject to Scheme Protocols	Limited to DSP and subject to Scheme Protocols	Unlimited
<b>Emergency evacuation and ambulance services</b> Note: Use preferred provider	100% of NRPL Subject to Scheme Protocols	100% of NRPL Subject to Scheme Protocols	100% of NRPL Subject to Scheme Protocols	100% of NRPL Subject to Scheme Protocols
<b>International Cover</b>	Limited to emergency medical cover up to 90 days R5 000 000 per beneficiary per incident	Limited to emergency medical cover up to 90 days R5 000 000 per beneficiary per incident	Limited to emergency medical cover up to 90 days R5 000 000 per beneficiary per incident	Limited to emergency medical cover up to 90 days R5 000 000 per beneficiary per incident
<b>CHRONIC MEDICATION BENEFIT</b>				
25 PMB CDL's	Limited to Provincial facilities	Subject to registration and approval by CareCross and limited to their Formulary	Subject to Progressive formulary, reference pricing may apply	Subject to Prestige formulary, Reference pricing may apply. PMB unlimited
Resolution Approved Chronic Conditions (Refer to Annexure D of Rules of the Scheme)	No Benefit	No Benefit	No Benefit	Included and limited to:  R3 500 (Single member) R7 000 (Family)

BENEFIT SCHEDULE	 HOSPITAL	 FUNDAMENTAL	 PROGRESSIVE	 PRESTIGE
<b>OUT-OF-HOSPITAL SERVICES</b> <b>i) Not limited to OAL</b>				
<b>General Practitioners</b>	No Benefit	Limited to the CareCross network (unlimited)	100% of NRPL M R650 M + 1 R1 250 M + 2 + R1 600	100% of NRPL M R1 600 M + 1 R2 400 M + 2 + R3 200
<b>Specialists</b>	No Benefit	Only for PMB related cases and pre-authorisation required	100% of NRPL M R500 M + 1 R500 M + 2 + R1 000	150% of NRPL M R1 500 M + 1 R1 500 M + 2 + R2 250
<b>Dentistry</b> <i>Conservative dentistry</i> Consultations	No Benefit	Subject to CareCross network Limited to CareCross protocols	2 annual check-ups per beneficiary	2 annual check-ups per beneficiary
Fillings	No Benefit	Benefit for fillings is available where such fillings are clinically indicated	A treatment plan and x rays will be requested for treatment plans of more than 5 fillings. Benefit for fillings is available where such fillings are clinically indicated and will be granted once per tooth in a 3 year period. There is no benefit for Amalgam (silver) fillings to be replaced with Composite (white filling material). Covered at the NRPL	A treatment plan and x rays will be requested for treatment plans of more than 5 fillings. Benefit for fillings is available where such fillings are clinically indicated and will be granted once per tooth in a 3 year period. There is no benefit for Amalgam (silver) fillings to be replaced with Composite (white filling material). Covered at the NRPL
Oral Hygiene	No Benefit	2 annual scale and polish treatments per beneficiary No benefit for oral hygiene instructions	2 annual scale and polish treatments per beneficiary No benefit for oral hygiene instructions No benefit for adult fluoride	2 annual scale and polish treatments per beneficiary No benefit for oral hygiene instructions No benefit for adult fluoride
Preventative	No Benefit	No Benefit	Fissure Sealant Programme Benefit for one fissure sealant per molar tooth in a 3 year period Limited to individuals younger than 16 years	Fissure Sealant Programme Benefit for one fissure sealant per molar tooth in a 3 year period Limited to individuals younger than 16 years
Extractions and Root Canal therapy	No Benefit	Limited to CareCross protocols	Covered at the NRPL	Covered at the NRPL
Plastic Dentures	No Benefit	No Benefit	One set of plastic dentures (an upper and a lower) per beneficiary in a 4 year period	One set of plastic dentures (an upper and a lower) per beneficiary in a 4 year period
<b>Specialised dentistry</b> Crowns*	No Benefit	No Benefit	Limited to MCA	2 crowns per family per year. Pre-auth is required.
Partial metal frame dentures	No Benefit	No Benefit	Limited to MCA	One partial frame (an upper or a lower) per beneficiary in a 5 year period. Full metal dentures are not covered

BENEFIT SCHEDULE	 HOSPITAL	 FUNDAMENTAL	 PROGRESSIVE	 PRESTIGE
<b>OUT-OF-HOSPITAL SERVICES</b> <b>i) Not limited to OAL</b>				
Orthodontics*	No Benefit	No Benefit	Limited to MCA. Call Resolution Health. Orthognathic Surgery is not covered.	Benefit on pre-authorisation will be applied to cases assessed as treatment mandatory, as per orthodontic indices Limited to individuals younger than 18 years. Orthognathic surgery is not covered
Implants*	No Benefit	No Benefit	Limited to MCA	Benefit on pre-authorisation 2 implants per beneficiary in a five year period Cost of implant components is limited to R 1500 per implant
Periodontics*	No Benefit	No Benefit	No Benefit	Benefit is limited to conservative, non-surgical therapy only (root planing). This benefit will be applied to members who are registered on the Perio Programme. Refer to member guide for more information. Surgical periodontics is scheme exclusion
Surgery	Surgery in hospital: See Dental hospitalisation (Member liable for service provider and procedure costs)	No Benefit	Surgery in the dental chair: Covered at the NRPL. See Surgery Exclusion Summary Surgery in hospital: See Hospitalisation	Surgery in the dental chair: Covered at the NRPL. See Surgery Exclusion Summary Surgery in hospital: See Hospitalisation
<b>Dental Hospitalisation &amp; Anaesthetics</b>	Pre-authorisation required Admission protocols apply Impacted teeth removals only	No Benefit	Pre-auth is required. Admission protocols apply. Impacted teeth removals only	Pre-auth is required. Certain Maxillo Facial procedures are covered in-hospital, subject to admission protocols. See Exclusion Summary
Hospitalisation* (general anaesthetic)	General anaesthetic benefits are available for very young children for extensive dental treatment Multiple hospital admissions are not covered		General anaesthetic benefits are available for very young children (younger than 5 years of age) for extensive dental treatment Multiple hospital admissions are not covered	General anaesthetic benefits are available for very young children (younger than 5 years of age) for extensive dental treatment. Multiple hospital admissions are not covered
<b>Dental Anaesthetics in rooms</b>				
Laughing gas in dental rooms	No Benefit	No Benefit	Covered at the NRPL	Covered at the NRPL
IV conscious sedation in rooms*	No Benefit	No Benefit	Pre-authorisation required. Covered at the NRPL Clinical protocols apply	Pre-authorisation required. Covered at the NRPL Clinical protocols apply

\* All specialised dentistry and hospitalisation must be pre-authorized. Contact number: **0860 104 936**

BENEFIT SCHEDULE	 HOSPITAL	 FUNDAMENTAL	 PROGRESSIVE	 PRESTIGE
<b>OUT-OF-HOSPITAL SERVICES</b> <b>i) Not limited to OAL</b>				
<b>Optometry</b>				
Examination	No Benefit	1 consultation per beneficiary per benefit cycle (24 Months)	1 consultation per beneficiary per benefit cycle (24 Months)	1 Consultation per beneficiary per benefit cycle (24 Months)
Spectacles	No Benefit	Standard frame as per CareCross Protocols Lenses will be limited to a white mono or bifocal prescription as per CareCross Protocols	One pair of single vision spectacles inclusive of a frame and consultation per beneficiary, to the total value of R700 or one pair of flat top bifocal spectacles inclusive of a frame and consultation per beneficiary, to the total value of R950 or one pair of multifocal spectacles inclusive of a frame and consultation per beneficiary, to the total value of R1200	Frame benefit limited to R600  One pair of either single vision spectacle lenses, bifocal lenses or multifocal lenses, per beneficiary per benefit cycle (24 months)  or
Contact lenses	No Benefit	No Benefit	Limited to MCA	Contact lens materials benefit limited to R1330 per beneficiary per benefit cycle
<b>Preventative Care</b>	R2 500 per family Excludes consultations	Limited to services provided by CareCross	R2 500 per family Excludes consultations	R2 500 per family Excludes consultations
1. Blood pressure Blood sugar Cholesterol	R75 per beneficiary over the age of 18 years only at a pharmacy	Limited to services provided by CareCross	R75 per beneficiary over the age of 18 years only at a pharmacy	R75 per beneficiary over the age of 18 years only at a pharmacy
2. Vaccinations	<ul style="list-style-type: none"> <li>Childhood immunisations as recommended by the Department of Health up to 18 months - refer to Notes to the Benefit Schedule</li> <li>Flu vaccination – 1 dose per beneficiary per year</li> <li>HPV (cervical cancer) vaccine – one course (3 doses per registered schedule) per female beneficiary between 9 and 45 years of age per life</li> </ul>	<ul style="list-style-type: none"> <li>Limited to services provided by CareCross</li> <li>HPV – No Benefit</li> </ul>	<ul style="list-style-type: none"> <li>Childhood immunisations as recommended by the Department of Health up to 18 months - refer to Notes to the Benefit Schedule</li> <li>Flu vaccination – 1 dose per beneficiary per year</li> <li>HPV (cervical cancer) vaccine – one course (3 doses per registered schedule) per female beneficiary between 9 and 45 years of age per life</li> </ul>	<ul style="list-style-type: none"> <li>Childhood immunisations as recommended by the Department of Health up to 18 months - refer to Notes to the Benefit Schedule</li> <li>Flu vaccination – 1 dose per beneficiary per year</li> <li>HPV (cervical cancer) vaccine – one course (3 doses per registered schedule) per female beneficiary between 9 and 45 years of age per life</li> </ul>
3. HIV Test	1 test per beneficiary per annum	Limited to services provided by CareCross	1 test per beneficiary per annum	1 test per beneficiary per annum
4. Mammogram	1 test per female beneficiary over the age of 25 per annum	Limited to services provided by CareCross	1 test per female beneficiary over the age of 25 per annum	1 test per female beneficiary over the age of 25 per annum
5. Pap smears	1 test per female beneficiary per annum	Limited to services provided by CareCross	1 test per female beneficiary per annum	1 test per female beneficiary per annum
6. PSA (Prostate specific antigen)	1 test per male beneficiary over the age of 35 per annum	Limited to services provided by CareCross	1 test per male beneficiary over the age of 35 per annum	1 test per male beneficiary over the age of 35 per annum
7. Nurse Helpline (including Rape Crisis Centre)	Advice and information regarding any emergency medical condition <b>084 124</b> (24 hours)	Advice and information regarding any emergency medical condition <b>084 124</b> (24 hours)	Advice and information regarding any emergency medical condition <b>084 124</b> (24 hours)	Advice and information regarding any emergency medical condition <b>084 124</b> (24 hours)

BENEFIT SCHEDULE	 HOSPITAL	 FUNDAMENTAL	 PROGRESSIVE	 PRESTIGE
<b>OUT-OF-HOSPITAL SERVICES</b> <b>ii) Limited to OAL</b>				
Overall Annual limits Note: Annual limits are prorated for members who join during the year Benefit sublimits as follows:	No Benefit	Limited to CareCross GP Network, which includes Maternity Scans	M R1 400 M + 1 R1 900 M + 2 + R2 200	M R4 500 M + 1 R6 000 M + 2 + R8 000
<b>Alternative Healthcare Services</b> • Biokinetists • Chiropractists • Chiropractors • Dieticians • Homeopaths • Naturopaths • Occupational Therapists • Osteopaths • Podiatrists • Social Workers	No Benefit	No Benefit	100% of NRPL M R 750 M + 1 R1 000 M + 2 + R1 500  Sublimit subject to overall annual limit	100% of NRPL M R2 000 M + 1 R3 000 M + 2 + R4 000  Sublimit subject to overall annual limit
<b>Radiology and Pathology</b> (Excluding CT, MRI, PET and Nuclear Medicine scans)	Limited to PMB and Subject to Scheme Protocols	Subject to CareCross Protocols	100% of NRPL  M R750 M + 1 R1 000 M + 2 + R1 250 Subject to overall annual limit	100% of NRPL  M R2 000 M + 1 R2 500 M + 2 + R3 000 Subject to overall annual limit
<b>Physiotherapy</b>	No Benefit	No Benefit	100% of NRPL R400 per family Subject to overall annual limit	100% of NRPL R900 per family Subject to overall annual limit
<b>Speech Therapy and Audiology</b>	No Benefit	No Benefit	100% of NRPL R500 per family Subject to overall annual limit	100% of NRPL R1 000 per family Subject to overall annual limit
<b>Psychology and Psychiatric Treatment</b>	Limited to PMB and Subject to Scheme Protocols	Limited to Provincial facilities and subject to Scheme Protocols	100% of NRPL R500 per family Subject to overall annual limit	100% of NRPL R1 000 per family Subject to overall annual limit
<b>Acute Medication</b>	No Benefit	Subject to CareCross Acute Formulary	Subject to Formulary M R 750 M + 1 R1 000 M + 2 + R1 250 Subject to overall annual limit	Subject to Formulary M R2 000 M + 1 R3 000 M + 2 + R4 000 Subject to overall annual limit
<b>Pharmacy Advised Therapy (PAT)</b> (Prescription from pharmacist required)	No Benefit	No Benefit	Subject to Formulary Limited to R80 per script per family per day with: M R 500 M + 1 R 500 M + 2 + R 800 Subject to overall annual limit	Subject to Formulary Limited to R80 per script per family per day with: M R 500 M + 1 R 500 M + 2 + R 800 Subject to overall annual limit

	PROGRESSIVE (ONLY)										
<b>MEDICAL CURRENT ACCOUNT (MCA)</b>	100% of the Private rates subject to available MCA										
<p>The MCA is a personalised savings account that is used to pay for any excess or additional amounts to the Scheme's benefits. The full annual allocation of monthly MCA contributions is made available for use immediately and will be prorated for members who join during the year. Any unused funds in the MCA are saved and the positive balance can be withdrawn (or transferred to another medical scheme) five months after the termination of membership. Member will be held liable for over-using/spending their savings.</p>	<p>Limited to:</p> <table border="0"> <tr> <td>Member</td> <td>R576 per annum</td> </tr> <tr> <td>Adult dependant</td> <td>R576 per annum</td> </tr> <tr> <td>Child dependant</td> <td>R288 per annum</td> </tr> <tr> <td>Child x 2</td> <td>R576 per annum</td> </tr> <tr> <td>Child x 3</td> <td>R864 per annum</td> </tr> </table>	Member	R576 per annum	Adult dependant	R576 per annum	Child dependant	R288 per annum	Child x 2	R576 per annum	Child x 3	R864 per annum
Member	R576 per annum										
Adult dependant	R576 per annum										
Child dependant	R288 per annum										
Child x 2	R576 per annum										
Child x 3	R864 per annum										
<b>General Practitioners</b>	100% of Cost limited to the Private Rate										
<b>Specialists</b>	100% of Cost limited to the Private Rate										
<p><b>Alternative Healthcare Services</b></p> <ul style="list-style-type: none"> <li>• Audiologists</li> <li>• Biokinetists</li> <li>• Chiroprodists</li> <li>• Chiropractors</li> <li>• Dieticians</li> <li>• Homeopaths</li> <li>• Naturopaths</li> <li>• Occupational Therapists</li> <li>• Osteopaths</li> <li>• Podiatrists</li> <li>• Social Workers</li> </ul>	100% of the Private Rate										
<p><b>Radiology and Pathology</b> (Excluding MRI and CAT scans)</p>	100% of the Private Rate										
<b>Basic and Advanced Dentistry</b>	100% of the Private Rate										
<b>Spectacles, Frames and Contact Lenses</b>	100% of the Private Rate										
<p><b>Acute Medication</b> (Prescription required from a person legally entitled to prescribe)</p>	100% of Cost										
<p><b>Pharmacy Advised Therapy (PAT)</b> (Pharmacist to advise and dispense over-the-counter medication)</p>	100% of Cost Limited to R80 per script per family per day										
<b>Physiotherapy</b>	100% of the Private Rate										
<b>Speech Therapy</b>	100% of the Private Rate										
<b>Psychiatry and Psychology</b>	100% of the Private Rate										

## 9. Contributions

	 HOSPITAL	 FUNDAMENTAL	 PROGRESSIVE	 PRESTIGE
<b>CONTRIBUTION TABLE 2009</b>				
<b>Core (Member)</b>	R663	R456	R852	R1 497
<b>MCA</b>	Not Available	Not Available	R48	Not Available
<b>Contribution Payable</b>	R663	R456	R900	R1 497
<b>Core (Adult Dependant)</b>	R489	R375	R810	R1 455
<b>MCA</b>	Not Available	Not Available	R48	Not Available
<b>Contribution Payable</b>	R489	R375	R858	R1 455
<b>Core (Child Dependant)</b>	R153	R159	R252	R384
<b>MCA</b>	Not Available	Not Available	R24	Not Available
<b>Contribution Payable</b>	R153	R159	R276	R384

### LATE JOINER PENALTIES

Additional premiums for persons joining medical schemes late in life to be added to the applicable premium rates.

**Premium penalties will be applied as follows in respect of persons over the age of 35 years, who were without medical scheme cover for the period indicated hereunder after the age of 30 years:**

- 1 – 4 years 0.05 multiplied by the relevant contribution in 1 above
- 5 – 14 years 0.25 multiplied by the relevant contribution in 1 above
- 15 – 24 years 0.5 multiplied by the relevant contribution in 1 above
- 25+ years 0.75 multiplied by the relevant contribution in 1 above

**Rule 4.16 “Credible coverage” - any period during which a late joiner was:**

- 4.16.1 a member or a dependant of a medical scheme
- 4.16.2 a member or a dependant of any entity doing the business of a medical scheme which, at the time of his membership of such entity, was exempt from the provisions of the Act
- 4.16.3 a uniformed employee of the South African Defence Force, or a department of such employer, who received medical benefits from the South African National Defence Force, or
- 4.16.4 a member or a dependant of the Permanent Force Continuation Fund, but excluding any period of coverage as a dependant under the age of 21 years