

Contents

This handbook has been designed to provide you with important information around your benefits and it is essential that you familiarise yourself with its contents.

Membership Details	2
Monthly Membership Contributions	3
Claims procedure	4
Benefits	4
Exclusions (services or events not covered by the Scheme)	10
Hospital Plan	12
Progressive Select Plan	15
Progressive Flex Plan	19
Prestige Plan	23
Foundation Plan	28
Notes to Benefit Schedule	31
Glossary	34
Contact details	35

***Register for e-statements:** Register now online to receive your statements via e-mail

** This Member Handbook does not replace the Scheme's Rules. The registered Rules are legally binding and will always take precedence.*

Membership details

Membership Cards

All members receive a membership card. The card enables you to obtain services from medical service providers. Should you resign from Resolution Health Medical Scheme, the card must be returned to the Scheme to ensure safety and maintain our service to all members.

NOTE:

It is illegal to use a membership card that does not belong to you. The unauthorised use of a membership card is considered a fraudulent claim on the Scheme's membership privileges and will result in such membership being cancelled immediately.

Eligibility

Membership is open to all individuals and groups and is subject to the Rules of the Scheme.

Retirees

We aim to nurture a long-term relationship with our members. All registered members and their dependants may remain members of the Scheme when they retire, or in the case of termination of employment due to age, ill health or other disability.

Dependants

You should not have to be without comprehensive healthcare cover when a loved one dies. The dependants of a deceased member who are registered with the Scheme at the time of the member's death may retain their membership of the Scheme without any new restrictions, limitations or waiting periods.

Dependants who become orphaned (according to the definition in the Scheme's Rules) as a result of a member's death, will remain a member until they become a member of the Scheme in their own right, or are accepted onto any other registered medical scheme.

Registration of dependants

Members may apply for the registration of their dependants on application for membership, or any time thereafter as they become dependants of the main member - *refer to Rule 4:20*

Registration of Additional dependants

Should a member wish to apply for the membership of additional dependant/s over the age of 21 years, an affidavit must be submitted (together with a completed Registration of Additional Dependants application) confirming that the dependant is financially reliant on the main member.

Newborns / adoptions

The arrival of a new baby is always an exciting event. You can rely on the comfort of Resolution Health to cover medical expenses if the newborn or newly adopted baby is registered within 30 days of birth or adoption. Contributions for the newly registered dependant are due from the first day of the month following the birth or adoption. Benefits will be calculated from the day of birth or adoption provided the necessary documentation is received, together with the application for registration within the required period of 30 days. Kindly submit a copy of the birth certificate/registration to **086 513 1438** or send an e-mail to clientservices@resomed.co.za

NOTE:

If a newborn baby or newly adopted dependant who studies full time is not registered within 30 days of birth or adoption, benefits will only be available from the date of registration and not retrospectively from the date of birth or adoption.

Spouses

Registered members who marry and apply within 30 days of their marriage to register their spouse as a dependant, will receive benefits for their spouse from the day of the marriage. Increased contributions fall due from the first day of the month following the month of marriage. Similarly, if the marriage is not registered within that 30-day period, benefits for the spouse will only be available from the date of registration and not retrospectively from the date of marriage.

Deregistration of dependants

In order to ensure efficient service, it is important to keep our recorded information up to date. To assist us in doing this, kindly inform us within 30 days of any event that may change the status of a dependant, which may render their membership invalid. When such dependant no longer qualifies for membership, they will be deregistered and will no longer be entitled to any benefits.

NOTE:

The Scheme allows a dependant who studies full-time to remain on the Scheme as a child dependant until the age of 25 years. Kindly submit annual proof of dependency in order to maintain their membership.

Change of personal details

Kindly inform us of any change in address, contact details or banking details as soon as possible, to ensure continued excellent service to you. The Scheme will not be held responsible if a member's rights are prejudiced or forfeited, should the member not adhere to this rule.

Termination of membership

Membership may be terminated for the following reasons:

- **Resignation from employment**

Members who are members of Resolution Health in terms of their conditions of employment, may not resign from the Scheme while

they remain such an employee, without written consent from their employer. On resignation, membership and benefits cease as of the date of resignation, unless members elect to continue membership in their private capacity.

- **Employer resignation from the Scheme**

Members who are members of Resolution Health in terms of their conditions of employment, and whose employer elects to resign from the Scheme, and does not join another Scheme as an employer group, will cease to be members from such date, unless they elect to continue membership in their private capacity.

- **Voluntary Termination**

Members who are not members of Resolution Health in terms of their conditions of employment, may terminate their membership by giving one month's written notice. Employers that wish to terminate their association with the Scheme may do so by giving one-month written notice.

- **Death**

Membership is terminated on death.

- **Failure to pay amounts due to the Scheme**

Members who fail to pay amounts due to the Scheme, will have their membership terminated in terms of the Rules of the Scheme.

- **Abuse of privileges, false claims, misrepresentation and non-disclosure of factual information**

The Scheme may terminate the membership, or exclude a member or dependant from benefits, for any abuse of the benefits and privileges of the Scheme by presenting false claims or material misrepresentation, or non-disclosure of information.

All rights or benefits end at midnight of the last day of membership. Claims for services rendered prior to this date and submitted within the required time-frame, will be funded according to Scheme rules. The stipulation as per section C (How to claim) remain applicable.

Monthly membership contributions

Membership contributions are due monthly in advance and are payable no later than the 5th day of the month. Late payments or a build-up of debts can result in suspended benefits or cancellation of membership. Where contributions or any debt owing to the Scheme are not paid within 15 days, the Scheme has the right to suspend all benefits and give the member/employer notice that his membership may be terminated should all debts not be paid within 14 days of such notice.

However, benefits will be reinstated when payments are brought up to date provided that membership has not been cancelled. If payments are not brought up to date, the member will not be entitled to any benefits from the date of default of payment. Any benefit already paid may be recovered by the Scheme.

Membership contributions paid by the principal member on the Foundation Plan Option will be determined on what income the member earns per month. The principal member must submit proof of income when applying for membership. Proof of income means the following:

- Latest salary advice;
- Commission or fee income statement;
- Auditor / Accountants letter
- Or an official signed affidavit stating proof of income.

NOTE:

No refunds or portion of a member's contribution will be paid where membership, or cover in respect of dependants, terminates during the course of a month.

The Medical Current Account has been discontinued.

The credit balance of a member's medical savings account remains the property of the member at all times, and will be refunded five months into 2011.

NOTE:

In terms of the Rules of the Scheme, the Scheme has the authority to increase or decrease at any time the amount of contributions payable by all members. These steps may be taken to ensure the financial stability of the Scheme.

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

Claims procedure

To submit a claim, sign and forward your original accounts directly to:
Resolution Health Medical Scheme
PO Box 1075
Fontainebleau
2032

1. Please send all original documents and be sure to include the following essential details:

- Membership number
- Name of the Plan Option
- Member's surname and details
- Surname, initials and other details of the patient
- The practice number, group practice number and individual provider registration number of the service provider; and in case of a group practice, the practice number of the practitioner who provided the service
- Date when the service was rendered
- The nature and cost of services rendered, including the supply of medicine to the member or registered dependant, with the name, quantity and dosage of the medicine - include the net amount payable by the member for the prescribed medicine
- The relevant diagnostic (ICD-10) code, relating to the service. If the ICD-10 code does not appear on the account it should be obtained from the service provider prior to submission
- If the member has already paid the account, the original receipt must be submitted with the claim

Claims must reach us by no later than the last day of the fourth month, following the month in which the service was rendered.

Accounts for treatment of injuries or expenses recovered from third parties must be supported by a statement detailing the circumstances in which the injury was sustained or the accident occurred.

Claims payments to service providers and members take place twice a month. The Scheme will supply the member or the service provider with a detailed claims statement within 30 days of receipt of the claim. Should there be any irregularities on the account, the Scheme will state the reason for the error or why it is unacceptable. The member or service provider then has the opportunity to return the corrected claim within 60 days of such notice.

NOTE:

Certain service providers charge fees above those which are covered per the Benefit Schedule. The Scheme will only remunerate providers at the rate depicted in the Benefit Schedule, usually the Scheme Rate (SR) unless otherwise specified. The Benefit Schedule also identifies limits and sublimits for certain services and products. To avoid members being held liable for any shortfall, it is essential they determine what providers charge upfront prior to any services being delivered. The Scheme may also exclude certain services from benefits, as set out in section e (Exclusions).

Dental and Optometric Claims

Telephone: 0861 74 33 67

Email: dental@resomed.co.za
optom@resomed.co.za

Fax: 086 271 8937 (Dental)
086 271 8938 (Optometry)

Benefits

Resolution Health Medical Scheme provides a range of benefits to suit your lifestyle and budget that are competitive with similar products in the market place.

Members may change benefit plans subject to the following:

- changes may only be made annually from 1 January
- a written application to change your benefit option must reach the Principal Officer by no later than 31 December 2010 for the next year

All plans cover the Prescribed Minimum Benefits (PMB's), subject to Scheme protocols. Members and their dependants are entitled to the benefits of their plan during a financial year per the Benefit Schedule listed in the handbook. Once depleted, any additional interventions that qualify as PMB, will be funded according to Scheme protocols.

Members should check the different plan benefits, the list of approved chronic conditions (5) and Scheme exclusions (e), to confirm they choose and utilise their plan to get the best possible benefit from their cover for the year.

NOTE:

When joining the Scheme in the middle of the year, all benefits except hospitalisation and related hospitalisation, will be adjusted in proportion to the period of membership. This will be calculated from the date of admission to the Scheme to the end of the year.

Emergency Services

Resolution Health in partnership with ER24 offers you access to emergency assistance on a 24-hour basis. As a member you enjoy benefits including:

- 24-hour 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
- Emergency International Evacuation

1. Prescribed Minimum Benefits (PMB)

The Prescribed Minimum Benefits or PMB's are a list of 271 diseases or conditions listed in the Medical Schemes Act which schemes are required to fund. Included in this is the Chronic Disease List or CDL list of chronic conditions that also fall under the umbrella of PMB's. In certain circumstances the Scheme may only provide cover for members and their dependants in Provincial Hospitals or at the Scheme's appointed private Designated Service Provider (DSP) facilities. All PMB conditions will be funded according to Scheme rules and protocols at the appropriate level of care. You must register your chronic condition and obtain pre-authorisation where required before your PMB comes into effect

Benefits will be restricted to PMB cover in the following circumstances:

- Where a member or his dependant, who could reasonably have obtained a required service from a preferred provider, chooses to use another provider of his choice, the Scheme's liability for the costs of obtaining such services will be restricted.
- Members with waiting periods imposed on joining the Scheme may or may not have cover for PMB conditions. Members should check this on their Conditions of Acceptance letter
- Where a PMB condition requires further treatment but annual benefits have been exhausted
- Where benefits are limited to PMB

NOTE:

A co-payment of 25% will be imposed if a member chooses to use a non-DSP facility and their benefits are limited to PMB conditions only.

2. Dental Benefits

General

Resolution Health Medical Scheme has always strived to provide it's members with only the best services and benefits in the market. As part of this commitment, a move has been undertaken by the Scheme's Administrator to service members directly with regards to dental benefits as from 1 January 2010.

The Scheme benefits and protocols are defined in this guide. Please familiarise yourself with the defined benefit before visiting your dentist.

Conservative Dentistry

Consultations

Two general check-ups (consultations) are covered at the Scheme Rate (SR), per beneficiary per year, where applicable.

Fillings, Extractions and Root Canal Treatment

Benefit for fillings is available where clinically indicated. Benefit will be granted once per tooth in a one-year period. There is no benefit for Amalgam (silver) fillings to be replaced with Composite (white filling material). A treatment plan and X-rays will be requested for treatment plans of more than 5 fillings.

Extractions and root canal treatments are covered as required, at the Scheme Rate.

Dentures

Plastic Dentures

There is a benefit on the Progressive Flex and Prestige options, for one set of plastic dentures (an upper and a lower) per beneficiary in a four-year period.

Partial Metal Frame Dentures

There is benefit on the Prestige option, for one metal frame (an upper or a lower), per beneficiary in a five-year period.

Full metal dentures are not covered.

Specialised Dentistry - Benefit only for Prestige Option.

Specialised benefit for Progressive Flex Plan is subject to available Flex benefit.

The following specialised dental benefits must be pre-authorised:

- Orthodontics
- Implants
- Hospitalisation
- Intravenous Conscious Sedation

Where pre-authorisation is not obtained for specialised dental benefits, or is applied for after treatment has been rendered, benefit for such treatment will not be paid (i.e. account would remain the member's liability).

Crowns - Benefit only for Prestige Option.

Crowns are limited in quantity per family, regardless of the type of crown being placed.

The crown benefit on the Progressive Flex Option is subject to Flex benefit Scheme Rate.

Benefits for crowns will be granted one per tooth in a five-year period and are covered at the Resolution Health Dental Tariff.

Orthodontics

Orthodontic benefits are available on the Prestige option, subject to pre-authorisation.

Benefit on pre-authorisation will only be applied to cases assessed as "treatment mandatory", as per an orthodontic index.

A deposit is paid at the start of treatment and the balance is paid over the estimated treatment period.

Orthodontic benefit protocols

- Benefits for Orthodontic treatment are only available to beneficiaries whose treatment commences before their 18th birthday
- Only one family member may commence orthodontic treatment in a calendar year, except in the case of identically aged siblings
- Orthodontic re-treatment is not covered
- Orthognathic surgery (jaw correction surgery) and the associated hospital admission, is not covered

Implants

There is benefit for two implants per family, in a five year period on the Prestige option only, subject to pre-authorisation.

Cost of implant components is limited to R1 600 per implant.

All associated procedures, including hospitalisation and surgery are not covered for implantology.

Periodontics

Benefit for gum disease is restricted to conservative, non surgical therapy only (root planning). Surgical periodontics is a Scheme exclusion. This benefit is only available for members on the Prestige Option.

Oral Surgery

Oral Surgery in the dental chair:

Oral Surgery in the dental chair is covered at the Scheme Rate.

General Surgery Exclusions (in the dental chair and in hospital) include:

- Bone Augmentations
- Sinus Lifts
- Bone and Tissue regeneration
- Gingivectomies
- Surgical procedures associated with dental implantology

The surgical procedures listed above are not covered by your Scheme. The member is liable for the full account.

Oral Surgery in hospital:

See General Anaesthetic and Hospitalisation

Anxious Patients

Hospitalisation and general anaesthesia is not covered where patients require anxiety control only. Many people are anxious about dental treatment and mild sedation is sometimes required. Benefits are payable for sedation methods such as laughing gas or sedative medications. No pre-authorisation is required for laughing gas or sedative medications.

Conscious sedation (IV sedation) is available for surgical procedures. This requires benefit pre-authorisation and is subject to clinical protocols.

Benefit for laughing gas and conscious sedation are not available on the Hospital Plan.

General Anaesthetic and Hospitalisation

Benefit for hospitalisation for dentistry is not automatically covered and is subject to pre-authorisation.

Hospitalisation benefits for the removal of impacted teeth are only available to adults.

General Anaesthetic benefits are available for very young children (younger than 5 years of age) for extensive dental treatment (multiple extractions and fillings), subject to admission protocols. Multiple hospital admissions are not covered.

Hospital Plan

Member liable for procedure and service provider costs.

Foundation Plan

Subject to PMB's

Prestige Plan

Certain Maxillo-Facial procedures are covered in-hospital subject to pre-authorisation, where admission protocols apply.

Hospitalisation protocols:

- Where an underlying medical condition creates a substantially increased risk of treatment in the dentist's rooms and indicates a higher level of care, benefits for hospitalisation will apply. A medical report confirming the medical condition will be requested
- Multiple hospital admissions are not covered
- In some instances, an X-ray or clinical report will be requested in order to process a hospital pre-authorisation
- Removal of impacted teeth in hospital will attract benefit where the tooth is associated with pathology or severe pain. Hospitalisation for teeth impacted by soft tissue only is not covered
- Hospitalisation is not covered where anxiety of dental treatment is the reason for the admission

General benefit exclusion summary

The following procedures are not covered. (The member is liable for the full account.)

- Oral hygiene instructions
- Professionally applied topical fluoride in adults
- Nutritional and tobacco counselling
- Caries susceptibility and microbiological tests
- Electrognathographic recordings and other such electronic analyses
- Complete series of intra-oral x rays (code 8108)
- Fissure sealants on patients older than 16 years
- Fillings to restore teeth damaged due to toothbrush abrasion and attrition
- Root canal treatment on third molars (wisdom teeth) and primary teeth
- Pulp capping (direct and indirect)
- Polishing of restorations
- Ozone therapy
- Metal base to full dentures, including the laboratory cost
- Soft base to new dentures
- Repairs and addition of tooth to existing denture (only laboratory fee is covered)
- Diagnostic dentures
- Provisional crowns
- Laboratory cost of provisional and emergency crowns
- Three-quarter crowns (cast metal and porcelain)
- Resin bonding for restorations charged as a separate procedure
- Dental bleaching and porcelain veneers
- Metal, porcelain or resin inlays except where such inlays form part of a bridge
- Crowns on third molars (wisdom teeth)
- Pontics on second molars
- Laboratory fabricated crowns on primary teeth
- Fixed prosthodontics (crowns) used to repair teeth damaged due to bruxism (tooth grinding); toothbrush abrasion; erosion or fluorosis
- Fixed prosthodontics (crowns) used to restore teeth for cosmetic reasons
- Fixed prosthodontics (crowns) where a reasonable attempt has not been made to restore/replace the tooth conservatively
- Fixed prosthodontics (crowns) where the member's mouth is periodontally compromised
- Fixed prosthodontics (crowns) where the tooth has been recently restored to function
- Gingivectomy
- Periodontal flap surgery and tissue grafting
- Perio Chip
- Orthodontic re-treatment
- Implantology*
- Orthognathic (jaw correction) surgery and the related hospital cost
- Apisectomies in hospital
- Dectomies in hospital
- Frenectomies in hospital
- Implantology and associated surgical procedures in hospital
- Conservative dental treatment (fillings; extractions and root canal therapy) for adults in hospital
- Professional oral hygiene procedures in hospital
- Hospitalisation and IV Conscious Sedation for dental implantology
- Hospitalisation for surgical tooth exposure for orthodontic reasons
- Hospitalisation for any dental treatment, other than the removal of impacted teeth, on the lowest option of the medical scheme *
- Sinus lifts
- Bone augmentations
- Bone and other tissue regeneration procedures
- Cost of implant components including laboratory costs
- Dolder bars and associated abutments on implants (including the laboratory cost)
- Laboratory costs, where the associated dental treatment is not covered
- Laboratory cost associated with mouth guards (including material cost)
- Snoring appliances
- High impact acrylic
- Cost of Mineral Trioxide
- Cost of prescribed toothpastes, mouthwashes (e.g. Corsodyl) and ointments
- Cost of gold, precious metal, semi-precious metal and platinum foil
- Cost of invisible retainer material
- Cost of bone regeneration material
- Laboratory delivery fees

* = unless otherwise stated in the particular option's benefit table

Supplementary Protocols

- For extensive restorative treatment plans (multiple fillings) a treatment plan and x-rays will be requested
- Benefits for conservative dental restorations will be granted once per tooth in a 3 year period
- Benefits for amalgam (silver) restorations to be replaced with composite (white filling material) are only available where such treatment is necessary to restore cavitation
- Benefits for crowns will be granted once per tooth in a 5 year period
- Benefits for crowns/bridges will not be applied toward the following:
 - o Crowns on third molars (wisdom teeth)
 - o Provisional crowns
 - o Laboratory cost of provisional and emergency crowns
 - o Three-quarter crowns (cast metal and porcelain)
 - o Pontics on second molars
 - o Laboratory fabricated crowns on primary teeth
 - o Fixed prosthodontics (crowns) used to repair teeth damaged due to bruxism (tooth grinding); toothbrush abrasion; erosion or fluorosis
 - o Fixed prosthodontics used to restore teeth for cosmetic reasons
 - o Fixed prosthodontics where a reasonable attempt has not been made to restore/replace the tooth conservatively
 - o Fixed prosthodontics where the member's mouth is periodontally compromised
 - o Fixed prosthodontics where the tooth has been recently restored to function
- Pre-authorisation for crown and bridge benefit is subject to submission of a detailed treatment plan and clinical records, including x-rays of the opposing arch for bridge treatment plans
- Where discrepancy exists between the tooth numbers and or treatment codes authorised, and those that are reported on a dental claim, such codes will not be paid
- Where root canal treatment has failed; benefits are allocated for a re-root canal treatment on the tooth. In the event that the re-root canal treatment fails, benefits will be available for an apicectomy
- Claims for oral pathology procedures (biopsies etc) must be accompanied by a laboratory report
- Closure of oral-antral fistula (code 8909) may not be claimed with impaction codes 8941; 8943 and 8945
- The reporting of two separate restorations of the same material, covering the same tooth surface twice on the same day, will not attract benefit. Such restoration should be reported as a single treatment code
- If a procedure does not attract benefit; all other treatment associated with the specific event does not receive benefit.

In the event of a dispute regarding the benefit information illustrated above, the Rules of the Scheme will prevail.

3. Optical Benefit

Resolution Health Medical Scheme has always strived to provide its members with only the best services and benefits in the market. As part of this commitment, a move has been undertaken by the Scheme's Administrator to service members directly with regards to optometry benefits as from 1 January 2010.

The Scheme benefits and protocols are defined in this guide. Please familiarise yourself with the defined benefit before visiting your optometrist.

Please note that this service will not alter your benefit structure in any way and is still open to all related practitioners.

4. International Travel Cover

Members on the Hospital, Progressive Flex and Prestige plan option have the International Travel Benefit which covers emergency medical treatment that you and your dependants might need while travelling overseas.

The benefit provides cover for 30 days up to R2 million per beneficiary from the date of departure. If you intend to travel for longer than 30 days or need higher cover you can contact the Scheme on **0861 796 6400**

For more information visit www.resomed.co.za

NOTE:

It is the member's responsibility to notify the Scheme of any international travel arrangement on **0861 796 6400** or send an e-mail to clientservices@resomed.co.za

Alternatively members may apply for International Travel Cover by visiting www.resomed.co.za to complete the on-line application form or for additional information.

5. Chronic Medication: the Chronic Disease List (CDL) and Resolution Health Chronic Conditions

All medicines are subject to reference pricing, MMAP and option specific formularies. CDL's and Chronic are separated on the Prestige Option. Registration of CDL and Chronic conditions can be obtained on **0800 132 345** by your doctor or pharmacist.

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 Erythematosus	Pituitary Adenoma
Ulcerative Colitis	Psoriasis
	Scleroderma
	Urinary Incontinence

Benefits for the following conditions are limited to Prescribed Minimum Benefit (PMB) algorithms and legislation relevant to PMB

Bipolar Affective Mood Disorders
Diabetes Insipidus
Multiple Sclerosis
Schizophrenia
HIV/Aids (DSP Careworks)

6. Chronic Medication Registration Process

Hospital	Progressive Select	Progressive Flex	Prestige	Foundation
Limited to the CDL conditions. Subject to registration and Scheme Formulary, Reference Pricing may apply.	Limited to the CDL conditions subject to registration and approval at a Network Provider limited to Scheme formulary. Pricing and MMAP may apply	Limited to the CDL conditions and the Progressive formulary	CDL and 23 RHMS chronic conditions limited to the Prestige formulary	Limited to the CDL conditions. Subject to registration and Scheme Formulary, Reference Pricing may apply.
Doctor or pharmacy to phone SwiftAuth Online at 0800 132 345 with ICD-10 codes and relevant test results SwiftAuth hours: Monday to Friday from 08:00-18:30 Saturday 09:00-13:00				

7. Pharmacy Preferred Provider Network

In the absence of legislation on the fee that a pharmacist may charge to dispense prescription medication, Resolution Health Medical Scheme has entered into an agreement with certain pharmacies countrywide that will ensure members are only charged the scheme rate for chronic and acute prescription medicine with no further cost to the patient for dispense fees or Pharmacy administration costs.

A list of Resolution Health Medical Scheme Recommended Pharmacies will be posted on the scheme website or www.medikredit.co.za

Should you then encounter any extra costs at one of these recommended pharmacists, other than co-payments due to:

- Reference pricing on chronic medication or;
- MMAP on acute medication,
- then please ask your pharmacist what the extra cost is for.

8. Oncology Benefits

The Oncology benefit covers chemotherapy, radiotherapy, oncologist fees and blood tests within benefit limits, protocols and guidelines. Other investigative work-up is allocated to Out-of-Hospital benefits and thereafter PMB according to Scheme protocols.

Authorisation for Network options (Foundation, Hospital and Progressive Select) is based on ICON Network - protocols and pre-authorisation required. Preferred Provider Network is in place for other options and scheme protocols apply. Benefits require submission of a treatment plan by the oncologist to oncology@resomed.co.za. Note MMAP pricing is applicable.

9. HIV

CareWorks manages the HIV programme for Resolution Health. CareWorks provides all the out-patient care including consultations, blood tests, counselling and medication. Voluntary counselling and testing (VCT) is also provided by CareWorks, or as part of the preventative care benefit. CareWorks can be contacted at **0860 101 110** or send an e-mail to cw@careworks.co.za.

NOTE:

Hospitalisation for HIV positive members is only funded in a provincial facility if you are not registered and compliant on the CareWorks programme. Thus any admission to a private hospital under these circumstances will only be funded at provincial rates, and members will be financially liable for the shortfall to the private hospital.

To avoid this potential, it is important HIV members register with CareWorks.

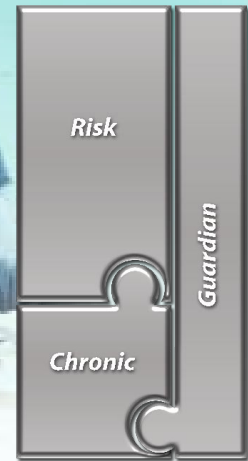
10. Exclusions (services or events not covered by the Scheme)

RESOLUTION HEALTH MEDICAL SCHEME (RHMS) EXCLUSIONS 2011

Subject to the Prescribed Minimum Benefits in either a Public Care System or at the facilities of one of the Scheme's Designated Service Providers, as contemplated in Regulation 8 of the Regulations promulgated in terms of the Act, or provided for in a Benefit Option, the Scheme's liability is limited to the cost of medical services as defined in the Act and provided for in the Rules of the Scheme and, further subject to the provisions of rule 1.2 of Annexure B, expenses in connection with any of the following shall not be paid by the Scheme:

1. Compensation for pain and suffering, loss of income, funeral expenses or claims for damages.
2. Expenses incurred for recuperative or convalescent holidays
3. No benefits shall be payable in respect of services not considered appropriate in terms of Managed Healthcare Principles, or that are not life saving, life sustaining or life supporting, The Scheme reserves the right to determine such instances in general or for specific instances at any time, at its discretion. The following conditions, procedures, treatment and apparatus will specifically be excluded:
 - 3.1. Any breast reduction or augmentation or breast reconstruction unless related to malignancy (subject to Scheme protocols)
 - 3.2. Gynaecomastia
 - 3.3. Hyperhidrosis
 - 3.4. Eximer laser and radial keratotomy
 - 3.5. Phakic implants
 - 3.6. Bariatric surgery and other treatments and services for obesity
 - 3.7. Keloid and scar revision and any other cosmetic procedures and treatments
 - 3.8. Dynamic spinal devices
 - 3.9. CT or virtual colonoscopy
 - 3.10. Change of sex operations and procedures
 - 3.11. Growth hormone
 - 3.12. Sleep and hypnosis therapy
 - 3.13. Medicines not registered with or used outside their Medicines Control Council registration or proprietary preparations
4. Subject to the Prescribed Minimum Benefits the **Foundation** and **Progressive Select** options have the following additional condition and procedure exclusions:
 - 4.1. Dental hospitalisation
 - 4.2. Joint replacements and rotator cuff surgery
 - 4.3. Back and neck surgery and conservative treatment including rhizotomies
 - 4.4. Gastro-oesophageal reflux and hiatal hernia surgery and treatment
 - 4.5. Medication outside the network formulary
 - 4.6. Functional nasal surgery
 - 4.7. External abdominal hernias
 - 4.8. Bunion and ingrown toenail surgery
 - 4.9. Entropion, ectropion, eyelid, pterygium and strabismus surgery
 - 4.10. Corneal cross-linking
 - 4.11. Polysomnogram
 - 4.12. Admissions for skin lesions
 - 4.13. Pre-hospital admissions
 - 4.14. Cochlear implants

- 4.15. Implanted neurological devices, processors and procedures
 - 4.16. Elective Caesarean section
 - 4.17. Cancer treatment outside network protocols
 - 4.18. Laparoscopies, except where clinically indicated and subject to co-payments
 - 4.19. Hyperbaric oxygen
 - 4.20. Neonatal Respiratory Syncytial Virus prophylaxis
 - 4.21. External Medical Appliances on Foundation
 - 4.22. The costs related to any complication or review of these conditions and treatments
 - 4.23. No other benefits for any other confirmed conditions not listed in the Council for Medical Schemes' PMB ICD10 list (PMB 5 character version 1.04) or treatments not available in the Public Care System
5. Exercise programmes.
6. Kilometre charges and travelling expenses with the exception of ambulance services
7. Examinations and tests for the purpose of application for insurance policies, school camp, visa, employment, emigration or immigration, admission to schools or universities, medical court reports, as well as fitness examinations and tests.
8. Charges for appointments not kept
9. Accommodation in convalescent, old age homes, frail care or similar institutions
10. Costs associated with Vocational Guidance, Child Guidance, Marriage Guidance, School Therapy or attendance at Remedial Education Schools or Clinics
11. Purchase of:
- 11.1. applicators, toiletries, sunglasses and/or lenses for sunglasses and beauty preparations
 - 11.2. patented foods and nutritional supplements including baby foods
 - 11.3. remedies for the treatment of infertility
 - 11.4. tonics, slimming preparations, appetite suppressants and drugs as advertised to the public for the specific treatment of obesity
 - 11.5. sunscreen and suntanning lotions
 - 11.6. soaps and shampoos (medicinal or otherwise)
 - 11.7. household and biochemical remedies which are not promoted by the medical profession
 - 11.8. cosmetic products (medicinal or otherwise)
 - 11.9. antihabit-forming products
 - 11.10. vitamins and multi-vitamins unless prescribed by a person legally entitled to prescribe
 - 11.11. remedies for body building purposes
 - 11.12. aphrodisiacs
 - 11.13. household bandages, cotton wool, dressings and similar aid
12. Infertility, sterility, artificial insemination of a person as defined in the HumanTissue Act, (Act 65 of 1983), as well as vaso-vasostomies (reversal of sterilisation procedures), subject to Prescribed Minimum Benefits
13. Diagnostic tests and examinations performed that do not result in confirmation of the diagnosis of a Prescribed Minimum Benefits condition, unless such condition qualifies as an emergency medical condition



Risk benefit Hospitalisation

Private Hospitalisation including: Surgical operations & procedures Theatre fees Labour and recovery wards Ward accommodation Intensive care and high care units Visits and consultations by a GP while hospitalised X-rays and pathology Physiotherapy Ultrasound scans (other than for pregnancy) Blood transfusions Medicine dispensed and used in hospital Medicine received on discharge from hospital Professional Fees i.e. surgeon and anaesthetist, including visits and consultations by a specialist while hospitalised	Unlimited Subject to Scheme Protocols 100% of Scheme Rate 100% of Scheme Rate Maximum of 7 days supply 100% of Scheme Rate
Provincial Hospitalisation Diagnosis and treatment in respect of the Prescribed Minimum Benefits (PMB) package (as per Government Regulations)	Unlimited Subject to Scheme Protocols
Casualty Visits (Facility Fee) (Clinician paid at Scheme rate)	R1 115 per family per annum for emergency visits

Maternity

Confinements (Normal Vaginal Delivery) Excl Specialist, GP and Midwife Fees	Length of stay: 3 days & 2 nights
Confinements (Caesarean Section) Excl Specialist, GP and Midwife Fees	Length of stay: 4 days & 3 nights
Neonatal Intensive Care	Subject to Scheme Protocols
Antenatal Care (Subject to registration) Maternity and Toddler Programme Specialist, GP and Midwife visits Not registered on the Maternity Programme	Included 2 Visits & 2 2D scans 100% of Scheme Rate Provided by Network Provider

Other Hospital related benefits

Psychiatric Disorders	Limited to Network Provider and subject to PMB
Cochlear implants and all related thereto	R55 650 per Family per annum
Organ Transplants Includes the transportation of the organ, surgically related procedures and services as well as immunosuppressant drugs.	R83 200 per Family per annum Subject to PMB's
Protheses (<i>internal</i>)	R44 500 per family per annum Subject to Prosthesis specific Sub - Limits Please refer to page 32
Dental Surgery in hospital	Pre-authorization is required Admission protocols apply (Impacted teeth removals only) (Member liable for doctor costs)
Dental Hospitalisation (general anaesthetic)	General anaesthetic benefits are available for children younger than 5 years of age for extensive dental treatment. Multiple hospital admission not covered

Other insured benefits

External medical appliances Includes the following if prescribed by a registered medical practitioner and obtained from a supplier who is registered with the Board of Healthcare Funders (BHF): Artificial eyes Artificial larynx Artificial limbs Back supports Crutches Disposable bladder and intestinal excretion bags Elastic stockings for control of varicose veins External breast prosthesis after mastectomy Glucometers Home oxygen Nebulisers Orthopaedic footwear Sleep apnoea monitors Speech and hearing aids Leg, arm and neck supports Wheelchairs	Subject to PMB's
Oncology Oncologist Chemotherapy Radiotherapy Oncology – related blood tests	Unlimited Based on ICON Network and protocols, pre-auth required.
HIV / AIDS Primary Care including Voluntary Counseling and Testing Hospitalisation if Member is on the Management Programme Hospitalisation if Member is not on the Management Programme, subject to Reg 8 (3)	HIV Management Programme Hospitalisation at Network Provider hospitals and subject to Scheme Protocols and PMB. Covered at Provincial Facility
Home Nursing	No Benefit
Hospice care	100% of Scheme Rate R16 695 per Family per annum
CT, MRI ,CAT, PET and Nuclear Medicine scans	100% of Scheme Rate (In and Out of hospital) R7 685 per family per annum
Video EEG for Epilepsy Surgery	No Benefit
Haemodialysis	Limited to Network Hospitals and subject to PMB.
Emergency evacuation and Ambulance services ER 24	100% of Scheme Rate Limited to Scheme protocol
International Cover (Subject to registration)	30 Days; R2 million per beneficiary

Note:

Authorisation must be obtained in advance from the Scheme in respect of chemotherapy, radiotherapy, home nursing, MRI and CAT scans, hospice care and haemodialysis. No benefits shall be granted for (1) the replacement of existing External Medical Appliance items, without satisfactory proof that the existing item is obsolete and (2) cost of maintenance, spares or accessories.

Hospice Care – Includes accommodation in a hospice, step-down or rehab facility and visits by a medical practitioner in a hospice, step-down or rehab facility

Any other out-of-hospital benefits are subject to PMB

Chronic benefit

Chronic Medication benefit PMB CDL's	Subject to registration and approval of the Network Provider and limited to their Formulary. Subject to reference pricing and MMAP may apply.
Resolution Approved Chronic Conditions	No benefit

Note:

Chronic medicines are medicines prescribed by a medical practitioner and are usually taken for a period of 3 months or longer.

Chronic Medication must be obtained via the Preferred Provider Network or Designated Service Provider.

Chronic medicines are restricted to the Formularies and Case/Disease Management Protocols of RHMS.

Prescription form a person legally entitled to prescribe required.

Diagnostic codes (ICD 10) are mandatory for all conditions.

Guardian benefit

The Guardian benefit to the value of **R2 750** focuses on preventing illness and disease through vaccinations, regular health assessments etc and includes the following:

Preventative Care	Benefit
Limited to (Excludes consultation)	R2 750 per family per annum Scheme Rate applies
Blood Pressure Blood Sugar Cholesterol Body Mass Index	R85 per beneficiary over the age of 18 years only at a pharmacy.
HIV Test	1 test per beneficiary per annum
Mammogram	1 test per beneficiary over the age of 25 per annum



Pap smears	1 test per beneficiary per annum
PSA Testing	1 test per beneficiary over the age of 35 per annum
Flu vaccination	1 dose per beneficiary per annum
Vaccinations	<ul style="list-style-type: none"> • Childhood immunisations as recommended by the Department of Health up to 18 months • HPV (cervical cancer) vaccine – one course (3 doses per registered schedule) per female beneficiary between 9 and 46 years of age. 1 course limited to benefit limit
Pharmacist Benefit: Primary Health benefit Note: Pharmacy initiated therapy for every day aches and pains e.g. Flu, Diarrhoea, Hay Fever, Pain etc. The aim of the benefit is to conserve your GP Consultations	R283 per family per annum as per Formulary
Nurse Helpline (including Rape Crises Centre)	Advice and information regarding any emergency medical condition Call 084124

Contribution Table 2011

Member	R 810
Adult dependant	R 598
Child dependant	R 219





Progressive Select



Risk benefit Hospitalisation



Private Hospitalisation including: Surgical operations & procedures Theatre fees Labour and recovery wards Ward accommodation Intensive care and high care units Visits and consultations by a GP while hospitalized X-rays and pathology Physiotherapy Ultrasound scans (other than for pregnancy) Blood transfusions Medicine dispensed and used in hospital Medicine received on discharge from hospital Professional fees i.e. surgeon and anaesthetist, including visits and consultations by a specialist while hospitalised	Unlimited Subject to Scheme Protocols and specific exclusion list 100% of Scheme Rate 100% of Scheme Rate Maximum of 7 days supply 100% of Scheme Rate Covered at Network Provider
Provincial Hospitalisation Diagnosis and treatment in respect of the Prescribed Minimum Benefits (PMB) package (as per Government Regulations)	Unlimited Subject to Scheme Protocols
Casualty Visits (Facility fee) (Clinician paid at Scheme Rate)	R1 115 per family per annum for emergency visits

Maternity

Confinements (Normal Vaginal Delivery) Excl Specialist, GP and Midwife Fees	Length of stay: 3 days & 2 nights
Confinements (Caesarean Section) Excl Specialist, GP and Midwife Fees	Length of stay: 4 days & 3 nights
Neonatal Intensive Care	Subject to Scheme Protocols
Antenatal Care (Subject to registration) Maternity and Toddler Programme Specialist, GP and Midwife visits	Included 6 Visits at Network Provider & 2 2D scans 100% of Scheme Rate Provided by Network Provider
Not registered on the Maternity Programme	

Other Hospital related benefits

Psychiatric Disorders	Limited to Network Provider and subject to PMB
Cochlear implants and all related thereto	No benefit
Organ Transplants <i>Includes the transportation of the organ, surgically related procedures and services as well as immunosuppressant drugs.</i>	Limited to a Provincial Hospital and subject to Scheme Protocols, PMB and Regulation 8(3) of the Act
Prostheses (<i>internal</i>)	R 30 850 per family per annum Subject to Prosthesis specific Sub - Limits <i>Please refer to page 32</i>

Other insured benefits

<p>External medical appliances Includes the following if prescribed by a registered medical practitioner and obtained from a supplier who is registered with the Board of Healthcare Funders (BHF):</p> <p>Artificial eyes Artificial larynx Artificial limbs Back supports Crutches Disposable bladder and intestinal excretion bags Elastic stockings for control of varicose veins External breast prosthesis after mastectomy Glucometers Home oxygen Nebulisers Orthopaedic footwear Sleep apnoea monitors Speech and hearing aids Leg, arm and neck supports Wheelchairs</p>	<p>100% of Scheme Rate and subject to formulary and PMB's</p> <p>R2 000 per family per annum <i>Please refer to page 32</i></p>
<p>Oncology Oncologist Chemotherapy Radiotherapy Oncology – related blood tests</p>	<p>Unlimited</p> <p>Based on ICON Network and protocols, pre-auth required.</p>
<p>HIV / AIDS Primary Care including Voluntary Counseling and Testing</p> <p>Hospitalisation if member is on the Management Programme</p> <p>Hospitalisation if member is not on the Management Programme, subject to Reg 8 (3)</p>	<p>HIV Management Programme</p> <p>Hospitalisation at Network Provider hospitals and subject to Scheme Protocols and PMB. Covered at Provincial Facility</p>
Home Nursing	R2 000 per family per annum 100% of Scheme Rate
Hospice care	R16 695 per Family per annum 100% of Scheme Rate
CT, MRI ,CAT, PET and Nuclear Medicine scans	R7 250 per family per annum (In and Out of hospital) Covered at Network Provider 100% of Scheme Rate
Video EEG for Epilepsy Surgery	No benefit
Haemodialysis	Limited to the Network Hospitals and subject to Scheme Protocols.
Emergency evacuation and Ambulance services <i>ER 24</i>	100% of Scheme Rate Limited to Scheme Protocols
International Cover	No benefit

Note:

Authorisation must be obtained in advance from the Scheme in respect of chemotherapy, radiotherapy, home nursing, MRI and CAT scans, hospice care and haemodialysis.

No benefits shall be granted for (1) the replacement of existing External Medical Appliance items, without satisfactory proof that the existing item is obsolete and (2) cost of maintenance, spares or accessories.

Hospice Care – Includes accommodation in a hospice, step-down or rehab facility and visits by a medical practitioner in a hospice, step-down or rehab facility

Any other out-of-hospital benefits, subject to PMB

Chronic benefit (Refer to Pharmacy Preferred Provider Network)



<p>Chronic Medication benefit PMB CDL's</p>	<p>Subject to registration and approval of the Network Provider and limited to their Formulary. Subject to reference pricing and MMAP may apply.</p>
Resolution Approved Chronic Conditions	No benefit

Note:

Chronic medicines are medicines prescribed by a medical practitioner and are usually taken for a period of 3 months or longer.

Chronic Medication must be obtained via the Preferred Provider Network or Designated Service Provider.

Chronic medicines are restricted to the Formularies and Case/Disease Management Protocols of RHMS.

Prescription from a person legally entitled to prescribe required.

Diagnostic codes (ICD 10) are mandatory for all conditions.



Guardian Benefit

The Guardian benefit to the value of R2 750 focuses on preventing illness and disease through vaccinations, regular health assessments etc and includes the following:

Preventative Care	Benefit
Limited to (Excludes consultation)	R2 750 per family <i>per annum</i> Scheme Rate applies
Blood Pressure Blood Sugar Cholesterol Body Mass Index	R85 per beneficiary over the age of 18 years only at a pharmacy.
HIV Test	1 test per beneficiary per annum
Mammogram	1 test per beneficiary over the age of 25 per annum
Pap smears	1 test per beneficiary per annum
PSA Testing	1 test per beneficiary over the age of 35 per annum
Flu vaccination	1 dose per beneficiary per annum
Vaccinations	<ul style="list-style-type: none"> Childhood immunisations as recommended by the Department of Health up to 18 months HPV (cervical cancer) vaccine –one course (3 doses per registered schedule) per female beneficiary between 9 and 46 years of age. 1 course limited to benefit limit
Pharmacist Benefit: Primary Health benefit Note: Pharmacy initiated therapy for every day aches and pains e.g. Flu, Diarrhoea, Hay Fever, Pain etc. The aim of the benefit is to conserve your GP Consultations	R283 per family per annum as per Formulary
Nurse Helpline (including Rape Crises Centre)	Advice and information regarding any emergency medical condition Call 084124



Primary Network Benefit

General Practitioner	Unlimited at Network Service Provider
Specialist Visits	100% of Scheme Rate M+0 2 visits M+1 2 visits M+2+ 3 visits Subject to referral by Network Provider. Pre-authorisation required
Acute Medication (Refer to Pharmacy Preferred Provider Network)	Unlimited within the Network Subject to Formulary
Pathology and Radiology	Subject to Network Provider Formulary list
Dentistry Conservative Dentistry	Subject to Network Provider and Network Protocols
Consultations	Limited to Network Protocols
X-Rays	Intra-Oral: 4 per beneficiary per annum Extra-Oral: 1 per beneficiary per annum
Fillings	Subject to Network Provider Motivation may be requested for extensive restorative (filling) treatment plans. Benefits for fillings will be granted once per tooth in a 1 year cycle 100% of Scheme Rate
Oral Hygiene	1 annual scale and polish treatment per beneficiary. No benefit for oral hygiene instructions. No benefit for adult fluoride
Preventative	Limited to Network Protocols
Extractions and Root Canal therapy	Limited to Network Protocols 100% of Scheme Rate
Plastic Dentures	Limited to Network Protocols
Specialised Dentistry (Note: Payments will not be made if pre-authorisation has not been obtained) <ul style="list-style-type: none"> Crowns Partial Metal frame dentures Implants Orthodontics (fixed braces): Pre-authorisation required Periodontics 	No benefit
Surgery	Surgery in dental chair: Covered at 100% of Scheme Rate. Only approved dental surgery will be covered in hospital
Dental hospitalisation & Anaesthetics	Subject to Scheme Protocols
Dental hospitalisation (general anaesthetic)	Pre-authorisation is required. Admission protocols apply. Impacted teeth removals only
Dental Anaesthetics in rooms	General anaesthetic benefits are available for children younger than 5 years of age for extensive dental treatment. Multiple hospital admissions are not covered 100% of Scheme Rate

Laughing gas in dental rooms IV sedation in rooms	100% of Scheme Rate Pre-authorisation required. 100% of Scheme Rate. Clinical protocols apply
Optometry Examination Spectacles Lenses	1 consultation per beneficiary per benefit cycle (24 months) One pair of single vision spectacles inclusive of frame and consultation per beneficiary limited to R740 OR One pair of flat top bifocal spectacles inclusive of frame and consultation per beneficiary limited to R1 010 OR One pair of multifocal spectacles inclusive of frame and consultation per beneficiary limited to R1 270 OR Limited to R740 per beneficiary per benefit cycle (24 motnhs)
Contact lenses	Limited to R740 per beneficiary per benefit cycle (24 motnhs)

Note:

Out of Hospital benefits are subject to the Formularies, Case/Disease Management Protocols of RHMS. PMB diagnosis may be deducted from the overall benefits

For Acute medication a prescription from a person legally entitled to prescribe is required

All dental benefits are paid 100% of the Preferred Provider Tariff. This is a unique benefit and can be viewed by your dentist, on www.resomed.co.za or by calling **086 174 3367** for an automatically faxed list

All specialised dentistry and optometry must be pre-authorized, please call **086 174 3367**.



Flex benefit

The Flex benefit allows the utilization of an allocated benefit of R700 across a range of healthcare needs and may be used across a list of benefits. These benefits are:

Alternative Healthcare • Biokinetists • Dieticians Physiotherapy Psychology	R700
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Contribution Table 2011	
Member	R 1 016
Adult dependant	R 965
Child dependant	R 301





Risk Benefit Hospitalisation

<p>Private Hospitalisation including: Surgical operations & procedures Theatre fees Labour and recovery wards Ward accommodation Intensive care and high care units Visits and consultations by a GP while hospitalized X-rays and pathology Physiotherapy Ultrasound scans (other than for pregnancy) Blood transfusions Medicine dispensed and used in hospital Medicine received on discharge from hospital Professional Fees i.e. surgeon and anaesthetist, including visits and consultations by a specialist while hospitalised</p>	<p>Unlimited Subject to Scheme Protocols</p> <p>100% of Scheme Rate</p> <p>100% of Scheme Rate</p> <p>Maximum of 7 days supply 150% of Scheme Rate</p>
<p>Provincial Hospitalisation Diagnosis and treatment in respect of the Prescribed Minimum benefits (PMB) package (as per Government Regulations)</p>	<p>Unlimited Subject to Scheme Protocols</p>
<p>Casualty Visits (Facility fee) (Clinician paid at Scheme rate)</p>	<p>R1 115 per family per annum for emergency visits</p>

Maternity

<p>Confinements (Normal Vaginal Delivery) Excl Specialist, GP and Midwife Fees</p>	<p>Length of stay: 3 days & 2 nights</p>
<p>Confinements (Caesarean Section) Excl Specialist, GP and Midwife Fees</p>	<p>Length of stay: 4 days & 3 nights</p>
<p>Neonatal Intensive Care</p>	<p>Subject to Scheme Protocols</p>
<p>Antenatal Care (Subject to registration) Maternity and Toddler Programme Specialist, GP and Midwife visits</p> <p>Not registered on the Maternity programme</p>	<p>Included 6 Visits & 2 2D scans 100% of Scheme Rate Provided by Network Provider</p>

Other Hospital related benefits

<p>Psychiatric Disorders</p>	<p>Limited to Network Provider and subject to PMB</p>
<p>Cochlear implants and all related thereto</p>	<p>No benefit</p>
<p>Organ Transplants Includes the transportation of the organ, surgically related procedures and services as well as immunosuppressant drugs.</p>	<p>Limited to a Provincial Hospital and subject to Scheme Protocols, PMB and Regulation 8(3) of the Act</p>
<p>Prostheses (<i>internal</i>)</p>	<p>R44 500 per family per annum Subject to Prosthesis specific Sub - Limits Please refer to page 32</p>

Other insured benefits

<p>External medical appliances Includes the following if prescribed by a registered medical practitioner and obtained from a supplier who is registered with the Board of Healthcare Funders (BHF):</p> <p>Artificial eyes Artificial larynx Artificial limbs Back supports Crutches Disposable bladder and intestinal excretion bags Elastic stockings for control of varicose veins External breast prosthesis after mastectomy Glucometers Home oxygen Nebulisers Orthopaedic footwear Sleep apnoea monitors Speech and hearing aids Leg, arm and neck supports Wheelchairs</p>	<p>100% of Scheme Rate and subject to formulary and PMB's</p> <p>R2 750 per family per annum <i>Please refer to page 32</i></p>
<p>Oncology Oncologist Chemotherapy Radiotherapy Oncology –related blood tests</p>	<p>Unlimited</p> <p>Based on Scheme protocols and Preferred Provider network, pre-auth required.</p>
<p>HIV / AIDS Primary Care including Voluntary Counseling and Testing</p> <p>Hospitalisation if Member is on the Management Programme</p> <p>Hospitalisation if Member is not on the Management Programme, subject to Reg 8 (3)</p>	<p>HIV Management Programme</p> <p>Hospitalisation at Network Provider hospitals and subject to Scheme Protocols and PMB. Covered at Provincial Facility</p>
Home Nursing	R2 785 per family per annum 100% of Scheme Rate
Hospice care	R19 450 per family per annum 100% of Scheme Rate
CT, MRI ,CAT, PET and Nuclear Medicine scans	R7 685 per family per annum (In and Out of hospital) 100% of Scheme Rate
Video EEG for Epilepsy Surgery	No benefit
Haemodialysis	Limited to the Network Hospitals and subject to Scheme protocols.
Emergency evacuation and Ambulance services ER 24	100% of Scheme Rate Limited to Scheme Protocols
International Cover (Subject to registration)	30 Days: R2 million per beneficiary

Note:

Authorisation must be obtained in advance from the Scheme in respect of chemotherapy, radiotherapy, home nursing, MRI and CAT scans, hospice care and haemodialysis.

No benefits shall be granted for (1) the replacement of existing External Medical Appliance items, without satisfactory proof that the existing item is obsolete and (2) cost of maintenance, spares or accessories.

Hospice Care – Includes accommodation in a hospice, step-down or rehab facility and visits by a medical practitioner in a hospice, step-down or rehab facility



Chronic benefit

<p>Chronic Medication benefit PMB CDL's</p>	<p>Unlimited with specified CDL, subject to Scheme protocols and subject to preference pricing and MMAP may apply.</p>
Resolution Approved Chronic Conditions	No benefit

Note:

Chronic medicines are medicines prescribed by a medical practitioner and are usually taken for a period of 3 months or longer.

The Chronic Medication must be obtained via the Preferred Provider Network or Designated Service Provider.
Chronic medicines are restricted to the Formularies and Case/Disease management Protocols of RHMS.

Prescription from a person legally entitled to prescribe required.

Diagnostic codes (ICD 10) are mandatory for all conditions.



Guardian Benefit

The Guardian benefit to the value of R2 750 focuses on preventing illness and disease through vaccinations, regular health assessments etc and includes the following:

Preventative Care	Benefit
Limited to (Excludes consultation)	R2 750 per family per annum Scheme Rate applies
Blood Pressure Blood Sugar Cholesterol Body Mass Index	R85 per beneficiary over the age of 18 years only at a pharmacy.
HIV Test	1 test per beneficiary per annum
Mammogram	1 test per beneficiary over the age of 25 per annum
Pap smears	1 test per beneficiary per annum
PSA Testing	1 test per beneficiary over the age of 35 per annum
Flu vaccination	1 dose per beneficiary per annum
Vaccinations	<ul style="list-style-type: none"> Childhood immunisations as recommended by the Department of Health up to 18 months HPV (cervical cancer) vaccine –one course (3 doses per registered schedule) per female beneficiary between 9 and 46 years of age. 1 course limited to benefit limit
Pharmacist Benefit: Primary Health benefit Note: Pharmacy initiated therapy for every day aches and pains e.g. Flu, Diarrhoea, Hay Fever, Pain etc. The aim of the benefit is to conserve your GP Consultations	R283 per family per annum as per Formulary
Nurse Helpline (including Rape Crises Centre)	Advice and information regarding any emergency medical condition Call 084124



Focus Benefit

The Focus Benefit focuses on the essential day-to-day needs

General Practitioner	M+0 4 visits M+1 7 visits M+2+ 9 visits 100% of Scheme Rate Subject to Scheme Protocols
Specialist Visits	M+0 2 visits M+1 3 visits M+2+ 4 visits 150% of Scheme Rate Subject to Scheme Protocols
Acute Medication (Refer to Pharmacy Preferred Provider Network)	R1 300 per family Subject to Formulary
Dentistry Conservative Dentistry Consultations	2 annual check-ups per beneficiary per annum
X-Rays	Intra-Oral: 4 per beneficiary per annum Extra-Oral: 1 per beneficiary per annum
Fillings	Motivation may be requested for extensive restorative (filling) treatment plans. Benefits for fillings will be granted once per tooth in a 1 year cycle 100% of Scheme Rate
Oral Hygiene	2 annual scale and polish treatments per beneficiary. No benefit for oral hygiene instructions. No benefit for adult fluoride
Preventative	Fissure sealants programme. Benefit for one fissure sealant per molar tooth in a 3 year cycle. Limited to individuals younger than 16 years
Extractions and Root Canal therapy	100% of Scheme Rate
Plastic Dentures	One set of plastic dentures (an upper and lower) per beneficiary in a 4 year cycle
Specialised Dentistry (Note: Payments will not be made if pre-authorization has not been obtained) <ul style="list-style-type: none"> Crowns Partial Metal frame dentures Implants Orthodontics(fixed braces): Pre-authorization required Periodontics 	Subject to Flex benefit
Surgery	Surgery in dental chair: Covered at 100% of Scheme Rate. Only approved dental surgery will be covered in hospital
Dental hospitalisation & Anaesthetics	Pre-authorization is required. Admission protocols apply. Impacted teeth removals only

Dental hospitalisation (general anaesthetic)	General anaesthetic benefits are available for children younger than 5 years of age for extensive dental treatment. Multiple hospital admissions are not covered
Dental Anaesthetics in rooms	100% of Scheme Rate
Laughing gas in dental rooms IV sedation in rooms	Pre-authorization required. 100% of Scheme Rate. Clinical protocols apply
Optometry Examination	1 consultation per beneficiary per benefit cycle (24 months)
Spectacles	One pair of single vision spectacles inclusive of frame and consultation per beneficiary limited to R740 OR One pair of flat top bifocal spectacles inclusive of frame and consultation per beneficiary limited to R1 010 OR One pair of multifocal spectacles inclusive of frame and consultation per beneficiary limited to R1 270 OR Limited to R740 per beneficiary per benefit cycle (24 months)
Contact lenses	

Note:

Out of Hospital benefits are subject to the Formularies, Case/Disease Management Protocols of RHMS. PMB diagnosis may be deducted from the overall benefits

For acute medication a prescription from a person legally entitled to prescribe is required

All dental benefits are paid 100% of the Preferred Provider Tariff. This is a unique benefit and can be viewed by your dentist, on www.resomed.co.za or by calling **086 174 3367** for an automatically faxed list

All specialised dentistry and optometry must be pre-authorized, please call **086 174 3367**.



Flex Benefit

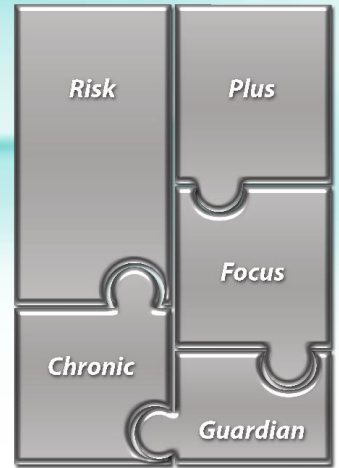
The flex benefit allows you to utilise an allocated benefit of R2 000 per family and R1 600 for a single member, across a range of healthcare needs and may be used across all listed benefits. This means that if you find yourself in need of some extra funding in one of the following areas, you are able to access this benefit to subsidise the necessary area of care:

Alternative Healthcare Services	M R1 600 M+1+ R2 000
<ul style="list-style-type: none"> • Biokinetists • Chiropodists • Chiropractors • Dieticians • Homeopaths • Naturopaths • Occupational Therapists • Osteopaths • Podiatrists • Social Workers • Acupuncture 	
Radiology and pathology (excluding MRI and CAT scans)	
Physiotherapy	
Speech therapy and audiology	
Psychology and Psychiatric treatment	
Over the Counter Medicine (OTC)	
Specialised Dentistry	
<ul style="list-style-type: none"> • Crowns • Partial metal frame dentures • Implants • Orthodontics (faced braces) • Periodontics 	

Contribution Table 2011	
Member	R 1 098
Adult dependant	R 1 044
Child dependant	R 325



Prestige



Risk Benefit Hospitalisation

<p>Private Hospitalisation including: Surgical operations & procedures Theatre fees Labour and recovery wards Ward accommodation Intensive care and high care units Visits and consultations by a GP while hospitalised X-rays and pathology Physiotherapy Ultrasound scans (other than for pregnancy) Blood transfusions Medicine dispensed and used in hospital Medicine received on discharge from hospital Professional Fees i.e. surgeon and anaesthetist, including visits and consultations by a specialist while hospitalised</p>	<p>Unlimited Subject to Scheme Protocols</p> <p>100% of Scheme Rate</p> <p>100% of Scheme Rate</p> <p>Maximum of 7 days' supply 220% of Scheme Rate</p>
<p>Provincial Hospitalisation Diagnosis and treatment in respect of the Prescribed Minimum benefits (PMB) package (as per Government Regulations)</p>	<p>Unlimited Subject to Scheme Protocols</p>
<p>Casualty Visits (Facility fee) (Clinician paid at Scheme rate)</p>	<p>R1 115 per family per annum for emergency visits</p>

Maternity

<p>Confinements (Normal Vaginal Delivery) Excl Specialist, GP and Midwife Fees</p>	<p>Length of stay: 3 days & 2 nights</p>
<p>Confinements (Caesarean Section) Excl Specialist, GP and Midwife Fees</p>	<p>Length of stay: 4 days & 3 nights</p>
<p>Neonatal Intensive Care</p>	<p>Unlimited</p>
<p>Antenatal Care (Subject to registration) Maternity and Toddler Programme Specialist, GP and Midwife visits</p>	<p>Included 9 Visits & 2 2D scans 100% of Scheme Rate Provided by Network Provider</p>
<p>Not registered on the Maternity programme</p>	

Other Hospital related benefits

<p>Psychiatric Disorders</p>	<p>Limited to Network Provider and subject to PMB</p>
<p>Cochlear implants and all related thereto</p>	<p>R83 200 per family per annum</p>
<p>Organ Transplants Includes the transportation of the organ, surgically related procedures and services as well as immunosuppressant drugs.</p>	<p>R275 600 per family per annum Subject to PMB's</p>
<p>Prostheses (<i>internal</i>)</p>	<p>R44 500 per family per annum Subject to Prosthesis specific Sub - Limits Please refer to page 32</p>

Other insured benefits

<p>External medical appliances Includes the following if prescribed by a registered medical practitioner and obtained from a supplier who is registered with the Board of Healthcare Funders (BHF):</p> <p>Artificial eyes Artificial larynx Artificial limbs Back supports Crutches Disposable bladder and intestinal excretion bags Elastic stockings for control of varicose veins External breast prosthesis after mastectomy Glucometers Home oxygen Nebulisers Orthopaedic footwear Sleep apnoea monitors Speech and hearing aids Leg, arm and neck supports Wheelchairs</p>	<p>100% of Scheme Rate and subject to formulary and PMB's</p> <p>R10 500 per family per annum <i>Please refer to page 32</i></p>
<p>Oncology Oncologist Chemotherapy Radiotherapy Oncology –related blood tests</p>	<p>Unlimited</p> <p>Based on Scheme protocols and Preferred Provider network, pre-auth required.</p>
<p>HIV / AIDS Primary Care including Voluntary Counseling and Testing</p> <p>Hospitalisation if Member is on the Management Programme</p> <p>Hospitalisation if Member is not on the Management Programme, subject to Reg 8 (3)</p>	<p>HIV Management Programme</p> <p>Hospitalisation at Network Provider hospitals and subject to Scheme Protocols and PMB. Covered at Provincial Facility</p>
<p>Home Nursing</p>	<p>R6 680 per family per annum 100% of Scheme Rate</p>
<p>Hospice care</p>	<p>R27 825 per Family per annum 100% of Scheme Rate</p>
<p>CT, MRI ,CAT, PET and Nuclear Medicine scans</p>	<p>R8 320 per family per annum (In and Out of hospital) 100% of Scheme Rate</p>
<p>Video EEG for Epilepsy Surgery</p>	<p>R11 025 per family per annum</p>
<p>Haemodialysis</p>	<p>Unlimited</p>
<p>Emergency evacuation and Ambulance services ER 24</p>	<p>100% of Scheme Rate Limited to Scheme Protocols</p>
<p>International Cover</p>	<p>30 Days; R2 million per beneficiary</p>

Note:

Authorisation must be obtained in advance from the Scheme in respect of chemotherapy, radiotherapy, home nursing, MRI and CAT scans, hospice care and haemodialysis.

No benefits shall be granted for (1) the replacement of existing External Medical Appliance items, without satisfactory proof that the existing item is obsolete and (2) cost of maintenance, spares or accessories.

Hospice Care – Includes accommodation in a hospice, step-down or rehab facility and visits by a medical practitioner in a hospice, step-down or rehab facility

Chronic benefit



<p>Chronic Medication benefit PMB CDL's</p> <p>Resolution Approved Chronic Conditions</p>	<p>PMB and additional Resolution approved chronic conditions (within specified Chronic Disease List, subject to Scheme Protocols) are available to the value of:</p> <p>Single member R3 900 per annum Family R7 800 per family per annum PMB chronic conditions thereafter are unlimited</p>
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Note:

Chronic medicines are medicines prescribed by a medical practitioner and are usually taken for a period of 3 months or longer.

The Chronic Medication must be obtained via the Preferred Provider Network or Designated Service Provider.
Chronic medicines are restricted to the Formularies and Case/Disease management Protocols of RHMS.

Prescription from a person legally entitled to prescribe required.

Diagnostic codes (ICD 10) are mandatory for all conditions.



Guardian Benefit

The Guardian benefit to the value of R2 750 focuses on preventing illness and disease through vaccinations, regular health assessments etc and includes the following:

Preventative Care	Benefit
Limited to (Excludes consultation)	R2 750 per family <i>per annum</i> Scheme Rate applies
Blood Pressure Blood Sugar Cholesterol Body Mass Index	R85 per beneficiary over the age of 18 years only at a pharmacy.
HIV Test	1 test per beneficiary per annum
Mammogram	1 test per beneficiary over the age of 25 per annum
Pap smears	1 test per beneficiary per annum
PSA Testing	1 test per beneficiary over the age of 35 per annum
Flu vaccination	1 dose per beneficiary per annum
Vaccinations	<ul style="list-style-type: none"> Childhood immunisations as recommended by the Department of Health up to 18 months HPV (cervical cancer) vaccine –one course (3 doses per registered schedule) per female beneficiary between 9 and 46 years of age. 1 course limited to benefit limit
Pharmacist Benefit: Primary Health benefit Note: Pharmacy initiated therapy for every day aches and pains e.g. Flu, Diarrhoea, Hay Fever, Pain etc. The aim of the benefit is to conserve your GP Consultations	R283 per family per annum as per Formulary
Nurse Helpline (including Rape Crises Centre)	Advice and information regarding any emergency medical condition Call 084124



Focus Benefit

General Practitioner	M+0 8 visits M+1 11 visits M+2+ 15 visits 100% of Scheme Rate Subject to Scheme Protocols
Specialist Visits	M+0 3 visits M+1 4 visits M+2+ 5 visits 220% of Scheme Rate Subject to Scheme Protocols
Dentistry Conservative Dentistry Consultations	2 annual check-ups per beneficiary per annum





X-Rays	Intra-Oral: 4 per beneficiary per annum Extra-Oral: 1 per beneficiary per annum
Fillings	A treatment plan and x-rays will be requested for treatment plans of more than 5 fillings. Benefits for fillings are available where such fillings are clinically indicated and will be granted once per tooth in a 1 year cycle. There are no benefits for Amalgam (silver) fillings to be replaced with composite (white filling material). 100% of Scheme Rate
Oral Hygiene	2 annual scale and polish treatments per beneficiary. No benefit for oral hygiene instructions. No benefit for adult fluoride
Preventative	Fissure sealants programme. Benefit for one fissure sealant per molar tooth in a 3 year cycle. Limited to individuals younger than 16 years
Extractions and Root Canal therapy	100% of Scheme Rate
Plastic Dentures	One set of plastic dentures (1 upper and 1 lower) OR 1 plastic and 1 partial metal denture) per beneficiary. Benefit for plastic denture is granted only once in a 4 year cycle. Benefit for metal dentures is granted only once in a 5 year cycle. Full metal dentures are not covered.
Specialised Dentistry (Note: Payments will not be made if pre-authorisation has not been obtained)	
Crowns	2 crowns per family per annum
Partial Metal frame dentures	One frame (upper and lower) per beneficiary in a 5 year cycle. Full metal dentures are not covered
Implants	Benefit on pre-authorisation. 2 implants per beneficiary in a 5 year cycle. Cost of implant components is limited to R1 600 per implant.
Orthodontics(fixed braces): Pre-authorisation required	Benefits on pre-authorisation will be applied to cases assessed as treatment mandatory, as per orthodontic indices. Limited to individuals younger than 18 years. Orthodontic surgery is not covered.
Periodontics	Benefit is limited to conservative, non-surgical therapy only (root planning). This benefit will be applied to members who are registered on the Perio programme
Surgery	Surgery in dental chair: Covered at 100% of Scheme Rate. Only approved dental surgery will be covered in hospital
Dental Hospitalisation & Anaesthetics	Pre-authorisation is required. Certain Maxillo – Facial procedures are covered in hospital, subject to admission protocols.
Dental hospitalisation (general anaesthetic)	General anaesthetic benefits are available for children younger than 5 years of age for extensive dental treatment. Multiple hospital admissions are not covered
Dental Anaesthetics in rooms Laughing gas in dental rooms IV sedation in rooms	100% of Scheme Rate Pre-authorisation required. 100% of Scheme Rate. Clinical protocols apply
Optometry Examination	1 consultation per beneficiary per benefit cycle (24 months)
Spectacles	Frame benefit limited to R640. One pair either single vision spectacles lenses (R 446 / Lens), bifocal lenses (R 487.50 / Lens) or multifocal lenses (R 686.80 / Lens) per beneficiary per benefit cycle (24 months) OR Limited to R1 410 per beneficiary per benefit cycle (24 months)
Contact lenses	Limited to R1 410 per beneficiary per benefit cycle (24 months)

Note:

Out of Hospital benefits are subject to the Formularies, Case/Disease Management Protocols of RHMS. PMB diagnosis may be deducted from the overall benefits

For Acute medication a prescription form a person legally entitled to prescribe is required

All dental benefits are paid 100% of the Preferred Provider Tariff. This is a unique benefit and can be viewed at your dentist, on www.resomed.co.za or by calling **086 174 3367** for an automatically faxed list

All specialised dentistry and optometry must be pre-authorized, please call **086 174 3367**.



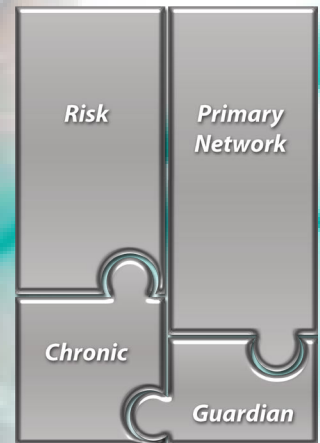
Plus Benefit

The Plus benefit allows you to utilise allocated benefits based on family size, across a range of healthcare needs. This means that if you find yourself in need of some extra funding in one of the following areas, you are able to access this benefit to subsidise the necessary area of care.

Plus Benefit	M+0 R5 300 M+1 R7 420 M+2+ R9 540
Alternative Healthcare Services <ul style="list-style-type: none"> • Biokinetists • Chiropodists • Chiropractors • Dieticians • Homeopaths • Naturopaths • Occupational Therapists • Osteopaths • Podiatrists • Social workers • Acupuncture 	100% of Scheme Rate Subject to overall annual limit M+0 R2 230 M+1 R3 340 M+2+ R4 450
Radiology and pathology (excluding MRI and CAT scans)	100% of Scheme Rate Subject to overall annual limit M+0 R2 230 M+1 R2 760 M+2+ R3 340
Acute Medication (Refer to Pharmacy Preferred Provider Network)	Subject to Formulary, SEP and Professional Dispensing Fee Subject to overall annual limit M+0 R2 230 M+1 R3 340 M+2 R4 450
Physiotherapy	100% of Scheme Rate Subject to overall annual limit R1 000 per family per annum
Psychology and Psychiatric Treatment	100% of Scheme Rate Subject to overall annual limit R1 115 per family per annum
Speech Therapy and Audiology	100% of Scheme Rate Subject to overall annual limit R1 115 per family per annum
Pharmacy Advised Therapy (PAT) For 2011 it is known as Over the Counter Medicine (OTC)	Subject to Formulary Limited to R90 per script with an overall maximum of M+0 R560 M+1 R650 M+2+ R890 Subject to overall annual limit

Contribution Table 2011	
Member	R 1 813
Adult dependant	R 1 763
Child dependant	R 465





Risk Benefit Hospitalisation

Private Hospitalisation including: Surgical operations & procedures Theatre fees Labour and recovery wards Ward accommodation Intensive care and high care units Visits and consultations by a GP while hospitalized X-rays and pathology Physiotherapy Ultrasound scans (other than for pregnancy) Blood transfusions Medicine dispensed and used in hospital Medicine received on discharge from hospital Professional Fees i.e. surgeon and anaesthetist, including visits and consultations by a specialist while hospitalised	Unlimited Subject to Scheme Protocols and specific exclusion list 100% of Scheme Rate Maximum of 7 days supply 100% of Scheme Rate Covered at Network Provider
Provincial Hospitalisation Diagnosis and treatment in respect of the Prescribed Minimum Benefits (PMB) package (as per Government Regulations)	Unlimited Subject to Scheme Protocols
Casualty Visits (Facility fee) (Clinician paid at Scheme Rate)	R1 115 per family per annum for emergency visits

Maternity

Confinements (Normal Vaginal Delivery) Excl Specialist, GP and Midwife Fees	Length of stay: 3 days & 2 nights
Confinements (Caesarean Section) Excl Specialist, GP and Midwife Fees	Length of stay: 4 days & 3 nights
Neonatal Intensive Care	Subject to Scheme Protocols
Antenatal Care (Subject to registration) Maternity and Toddler Programme Specialist, GP and Midwife visits	Included 2 2D scans Subject to Scheme Protocols 100% of Scheme Rate Provided by Network Provider

Other Hospital related benefits

Psychiatric Disorders	Limited to Network Provider and subject to PMB
Cochlear implants and all related thereto	No benefit
Organ Transplants Includes the transportation of the organ, surgically related procedures and services as well as immunosuppressant drugs.	Limited to liver, kidney and heart only where these are provided for in accordance with Public Sector Protocols and subject to Public Sector waiting lists.
Prostheses (<i>Internal</i>)	R30 600 per family per annum Subject to Prosthesis specific Sub - Limits Please refer to page 32

Other insured benefits

<p>External medical appliances Includes the following if prescribed by a registered medical practitioner and obtained from a supplier who is registered with the Board of Healthcare Funders (BHF):</p> <p>Artificial eyes Artificial larynx Artificial limbs Back supports Crutches Disposable bladder and intestinal excretion bags Elastic stockings for control of varicose veins External breast prosthesis after mastectomy Glucometers Home oxygen Nebulisers Orthopaedic footwear Sleep apnoea monitors Speech and hearing aids Leg, arm and neck supports Wheelchairs</p>	Subject to PMB's
<p>Oncology Oncologist Chemotherapy Radiotherapy Oncology – related blood tests</p>	<p>Unlimited</p> <p>Based on ICON Network and protocols, pre-auth required.</p>
<p>HIV / AIDS Primary Care including Voluntary Counseling and Testing Hospitalisation if Member is on the HIV Management Programme Hospitalisation if Member is not on the HIV Management Programme, subject to Reg 8 (3)</p>	<p>HIV Management Programme Hospitalisation at Network Provider hospitals and subject to Scheme Protocols and PMB. Covered at Provincial Facility</p>
Home Nursing	No benefit
Hospice care	No benefit
CT, MRI ,CAT, PET and Nuclear Medicine scans	Covered at Network Provider and subject to PMB No benefit
Video EEG for Epilepsy Surgery	No benefit
Haemodialysis	Limited to the Network Hospitals and subject to Scheme protocols.
Emergency evacuation and Ambulance services ER 24	100% of Scheme Rate Limited to Scheme Protocols
International Cover	No benefit

Note:

Authorisation must be obtained in advance from the Scheme in respect of chemotherapy, radiotherapy, home nursing, MRI and CAT scans, hospice care and haemodialysis.
No benefits shall be granted for (1) the replacement of existing External Medical Appliance items, without satisfactory proof that the existing item is obsolete and (2) costs of maintenance, spares or accessories.
Hospice Care – Includes accommodation in a hospice, step-down or rehab facility and visits by a medical practitioner in a hospice, step-down or rehab facility



Chronic benefit (Refer to Pharmacy Preferred Provider Network)

<p>Chronic Medication benefit PMB CDL's</p>	Subject to registration and approval of the Network Provider and limited to the Foundation Formulary. Subject to reference pricing and MMAP may apply.
Resolution Approved Chronic Conditions	No benefit

Note:

Chronic medicines are medicines prescribed by a medical practitioner and are usually taken for a period of 3 months or longer. The Chronic Medication must be obtained via the Preferred Provider Network or Designated Service Provider. Chronic medicines are restricted to the Formularies and Case/Disease management Protocols of RHMS. Prescription form a person legally entitled to prescribe required. Diagnostic codes (ICD 10) are mandatory for all conditions.



Guardian Benefit

Pharmacy initiated therapy for every day aches and pains e.g. Flu, Diarrhoea, Hay Fever, Pain etc.

R283 per family per annum as per Formulary.

Certain preventative tests and or treatments available by and at the discretion of the Network Provider.

These include:

- Blood Pressure
- Blood Sugar
- Cholesterol
- Body Mass Index
- HIV Test
- Mammogram (subject to referral and pre-authorisation by Network Provider)
- Pap Smears
- Flu Vaccination

Primary Network

General Practitioner	Unlimited at Network Provider
Specialist Visits	R1 000 per family per annum Subject to referral by Network Provider. Pre-authorisation is required.
Acute Medication	Subject to Network Acute Formulary list
Pathology and Radiology	Subject to Network Provider Formulary list
Dentistry Conservative Dentistry	Subject to Network Provider and Network Protocols
Consultations	2 Annual check-ups per beneficiary per annum. 2 Emergency consultations per beneficiary per annum Covered at 100% of Scheme Rate
X-Rays	Intra-Oral: 4 per beneficiary per annum Extra-Oral: 1 per beneficiary per annum
Fillings	Subject to Network Provider Motivation may be requested for extensive restorative (fillings) treatment plans. 100% of Scheme Rate
Oral Hygiene	1 annual scale and polish treatment per beneficiary older than 12 years. No benefit for oral hygiene instructions. No benefit for adult fluoride
Preventative	1 Fluoride treatment per beneficiary younger than 12 years
Extractions and Root Canal therapy	More than 4 requires pre-authorisation. Emergency root canal only
Plastic Dentures	No benefit
Specialised Dentistry (Note: Payments will not be made if pre-authorisation has not been obtained)	
<ul style="list-style-type: none"> • Crowns • Partial Metal frame dentures • Implants • Orthodontics(fixed braces): Pre-authorisation required • Periodontics 	No benefit
Surgery	Subject to PMB's only
Dental hospitalisation & Anaesthetics	Only impacted wisdom teeth allowed. Pre-authorisation required
Dental hospitalisation (general anaesthetic)	Subject to PMB's only Pre-authorisation is required. Admission protocols apply. Impacted teeth removals only.
Dental Anaesthetics in rooms Laughing gas in dental rooms IV sedation in rooms	Covered only for benefits as stipulated. Covered at 100% of Scheme Rate
Optometry Examination	Limited to 1 consultation per beneficiary per benefit cycle (24 months), subject to Network Provider Protocols
Spectacles Lenses	As per Network Provider Protocols Limited to a white mono or bifocal prescription as per Network Provider Protocols
Contact lenses	No benefit

Contribution Table 2011

Income Category	Principal Member	Adult Dependant	Child Dependant
R0 – R3500	R 445	R 400	R 135
R3501 – R5500	R 531	R 437	R 186
R5501 – R7500	R 670	R 512	R 217
R7501+	R 875	R 719	R 305

k. Notes to Benefit Schedule

- Hospitalisation and management of CDL conditions are subject to Scheme Protocols.
- All medicines are subject to reference pricing, MMAP and option specific formularies.

1. Hospitalisation

- You are able to obtain authorisation 24/7, 7 days a week.
- Unlimited hospitalisation is always subject to pre-authorisation, scheme rules and managed care policies, protocols and formularies.
- 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.
- Dental treatment carried out in a hospital operating theatre or unattached operating theatre (day clinic) under general anaesthetic requires pre-authorisation as above to confirm benefits for theatre, anaesthetist and ward fees. Members on the Hospital Plan are liable for all professional dental surgeon fees.
- Laparoscopic and similar endoscopic procedures are excluded from benefits, unless pre-authorized otherwise under Scheme Protocols.
- 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.

2. Procedure Co-payments

Procedure (all subject to Protocols)	
Arthroscopy	R2 000
Circumcisions	R1 000
Colonoscopy, Sigmoidoscopy, Proctoscopy	R1 000
Conservative Back treatment	R2 500
Excision nailbed	R1 000
Functional nasal surgery	R3 000
Gastroscopy	R1 250
Hysterectomy	R3 000
Hysteroscopy	R2 250
Joint replacements	R2 500
Laparoscopic procedure	R3 000
Myringotomy (grommets)	R1 000
Reflux Surgery	R3 000
Skin lesions	R1 250
Spinal Surgery	R4 000
<i>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</i>	

3. Prosthesis specific limits

Kindly note: The annual overall limit for prosthesis as outlined in the benefit summary is subject to certain sub-limits per type of prosthesis. These sub-limits are outlined below:

Prosthesis										
Hospital		Foundation			Progressive Select		Progressive Flex		Prestige	
Knee	R34 000		R21 200			R25 000		R27 600		R34 000
Hip	R30 700		R21 200			R23 500		R25 400		R30 700
Shoulder Elbow Ankle	R39 200		R30 600			R30 850		R39 200		R39 200
External fixator	R44 500		R30 600			R30 850		R44 500		R44 500
Spinal Fusion	Cervical	Lumbar, dorsal	Lumbar, dorsal	Lumbar, dorsal	Cervical	Lumbar, dorsal	Cervical	Lumbar, dorsal	Cervical	Lumbar, dorsal
1 level	R15 900	R18 000	R15 000	R17 000	R15 000	R17 000	R15 900	R18 000	R15 900	R18 000
2 levels	R24 400	R28 600	R23 000	R27 600	R23 000	R27 000	R24 400	R28 600	R24 400	R28 600
3 levels	R34 000	R36 000	R27 600	R30 600	R30 850	R30 850	R34 000	R36 000	R34 000	R36 000
4 or more levels	R44 500	R44 500	R30 600	R30 600	R30 850	R30 850	R44 500	R44 500	R44 500	R44 500
Coronary stents										
1 stent	R17 000		R17 000			R17 000		R17 000		R17 000
2 stents	R27 600		R27 600			R27 600		R27 600		R27 600
Total	R44 500		R30 600			R30 850		R44 500		R44 500
Pelvic floor	R5 600		R5 600			R5 600		R5 600		R5 600
Hernia mesh	R5 600		R5 600			R5 600		R5 600		R5 600

4. Other Insured benefits

1. Pre-authorisation must be obtained from the Scheme for chemotherapy, radiotherapy, home nursing, specialised radiology, hospice care, rehabilitation, step down, 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.
4. External medical appliances, sublimits may apply:

External medical appliances									
Hospital		Foundation		Progressive Select		Progressive Flex		Prestige	
	No benefit	No benefit	R2 000 per family	R2 750 per family	R10 500 per family				
Artificial eyes			R 2 000	R 2 750	R 10 500				
Artificial larynx			R 2 000	R 2 750	R 10 500				
Artificial limbs			R 2 000	R 2 750	R 10 500				
CPAP machine			R 2 000	R 2 750	R 6 900				
Leg, arm and neck supports			R 500	R 530	R 740				
Back support			R 2 000	R 2 750	R 3 200				
Crutches			R 500	R 530	R 530				
Disposable bladder and intestinal excretion bags			R 2 000	R 2 750	R 10 500				
Elastic stockings for varicose veins			R 500	R 530	R 530				
External breast prosthesis after mastectomy			R 700	R 740	R 1 060				
Glucometers			R 500	R 530	R 950				
Home oxygen			R 2 000	R 2 750	R 10 500				
Nebulisers / humidifiers			R 500	R 530	R 950				
Orthopaedic footwear			R 500	R 530	R 850				
Sleep apnoea monitors (infants)			R 2 000	R 2 750	R 10 500				
Speech and hearing aids			R 2 000	R 2 750	R 10 500				
Wheelchairs			R 2 000	R 2 750	R 5 300				

Note: sublimits for other prostheses determined per case

5. Childhood immunisations

The following schedule is recommended by the National Department of Health up to the age of 18 months

Age of child	Vaccine needed
At birth	OPV(0) Oral Polio Vaccine
	BCG Bacilles Calmette Vaccine
6 weeks	OPV(1) Oral Polio Vaccine
	DTP/Hib(1) Diphtheria, Tetanus, Pertussis & Haemophilus influenza type b Vaccine
	Heb B(1) Hepatitis Vaccine
	PCV(1) Pneumococcal Conjugated Vaccine
10 weeks	OPV(2) Oral Polio Vaccine
	RV (1) Rotavirus Vaccine
	DTP/Hib(2) Diphtheria, Tetanus, Pertussis & Haemophilus influenza type b Vaccine
	Heb B(2) Hepatitis Vaccine
	PCV(2) Pneumococcal Conjugated Vaccine
14 weeks	OPV(3) Oral Polio Vaccine
	RV (2) Rotavirus Vaccine
	DTP/Hib(3) Diphtheria, Tetanus, Pertussis & Haemophilus influenza type b Vaccine
	Heb B(3) Hepatitis Vaccine
	PCV(3) Pneumococcal Conjugated Vaccine
9 months	Measles Vaccine(1)
18 months	OPV(4) Oral Polio Vaccine
	DTP Diphtheria, Tetanus, Pertussis
	Measles Vaccine (2)

Childhood Immunisation Schedule of DoH	Trade Name
OPV	POLIORAL TRIVALENT; OPV-MERIEUX
TB	BCG Intradermal Infant
DTP	DTP-MERIEUX
Hep B	ENGERIX -B (paed) ; H-B-VAX II; HEBERBIOVAC
Hib	HIBERIX
DTPHib	COMBACTHIB
DTPHibPolioVaccine	PENTAXIM
DTPHibPolioHep B	Infanrix Hexa
Measles/Mumps/Rubella	PRIORIX ; TRIMOVAX I; Morupar
PCV	Prevenar ; Synflorix
RV	Rotarix

Flu Vaccines	Trade Name
	X-flu pre-filled 0,5ml syringe
	Influvac 0.5ml
	Vaxigrip single dose 0.5ml pre-filled
	Vaxigrip single dose 0.25ml pref paed
	Mutagrip single dose 0.5ml pref adult

HPV- Human papillomavirus vaccine	Trade Name
	Gardasil
	Cervarix

I. Glossary

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 of 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

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 unique ICD-10 code. All authorisations and claims require the correct code for processing.

MMA (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. All medication above the MMA is subject to a co-payment.

Network Provider

Service providers working together and forming part of a group or 'network', for example, a hospital network or a network of doctors. Certain benefits are limited to such providers of services.

OAL (Overall Annual Limit) - Prestige option only

The annual sublimit applicable to certain out-of-hospital benefits as listed in the Benefit Schedule.

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.

Protocols:

Funding guidelines directed towards the most cost-effective appropriate care.

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.

Scheme Rate

The 2010 Base Rate adjusted by CPI

Designated Service Provider (DSP)

A DSP is a healthcare provider (doctor, pharmacist, hospital etc) that is a medical scheme's first choice when its members need diagnosis treatment care for a PMB condition.

Preferred Provider Network (PPN)

PPN is a managed care network of medical doctors, hospitals and other health care providers who have agreed with an insurer or a third party administrator to provide health care at reduced rates to the insurers.

ICON

Independent Clinical Oncology Network

m. Contact Details

Contact Details	
Head Office Boskruin Office Park President Fouché Avenue Boskruin (Entrance Boskruin Village Centre) website: www.resomed.co.za	PO Box 1555 Fontainebleau 2032
Client Services (week days)	Tel: 0861 796 6400 clientservices@resomed.co.za
Zurreal	Tel: 0861 987 7325
Agility Healthcard	Tel: 011 796 6464
Pre-authorisation preauth2@resomed.co.za	Tel: 0861 796 6400 Tel: 0861 111 778
International Travel Cover	Tel: 0861 796 6400
Evacuation and Ambulance Assistance: ER 24	Tel: 084 124
Chronic Medication Authorisation (Doctors and Pharmacist only)	Tel: 0800 132 345
HIV/AIDS: CareWorks	Tel: 0860 101 110
ResoBaby & ResoTot	Tel: 0861 116 021 info@babyhealth.co.za
Dental Benefits:	Tel: 0861 743 367 Fax: 0862 718 937 dental@resomed.co.za
Optometry Benefits:	Tel: 0861 743 367 Fax: 0862 718 938 optom@resomed.co.za

Vaal Triangle 6 Mogg Avenue Glenvista Ext 4 Tel: (011) 432 4826 Fax: 086 652 5628	Limpopo: Polokwane Tel: 087 943 3062 Fax: 086 718 7002 KZN: Durban 1st Floor, Unit 2 Gateway Office Park 1 Sugar Close Umhlanga Rocks Tel: (031) 566 4121/ 4123 Fax: (031) 566 4125	Western Cape: Cape Town Suite 401, 4th Floor Waterview Park Century Boulevard Century City Cape Town Tel: (021) 525 2200 Fax: (021) 552 3881
North West: Rustenburg Safari Gardens 11a Barbett Avenue Rustenburg Tel: (014) 533 1945 Fax: 086 609 5386	Eastern Cape: East London Tel: (043) 726 6194 Fax: 086 718 7000 Eastern Cape: Port Elizabeth Tel: (043) 726 6194 Fax: 086 718 7000	
Mpumalanga: Nelspruit Sonpark Boulevard, Annecke Street, Office 54 A, 1st Floor, Nelspruit Tel: (013) 741 1189/ 1187 Fax: (013) 741 1179	Western Cape: George Tel: (044) 874 6263 Fax: 086 718 7001	
Free State: Bloemfontein 35 Brill Street Westdene Bloemfontein Tel: (051) 430 2238 / 9 Fax: (051) 430 2244		

