



Risk Benefit - Hospitalisation

Private hospitals

Including:

Surgical operations & procedures
Theatre fees
Labour and recovery wards
Ward accommodation
Medicine dispensed and used in hospital
Intensive care and high care units
Visits and consultations by a GP
X-rays and pathology
Physiotherapy
Ultrasound scans (other than for pregnancy)
Blood transfusions

Medicine received on discharge from hospital

Professional fees i.e. surgeon and anaesthetist, including visits and consultations by a specialist

Provincial hospitals

Diagnosis and treatment in respect of the Prescribed Minimum Benefits (PMB) package (as per government regulations)

Casualty / emergency visits

Clinician and facility fees only
(Clinician paid at 100% Scheme Rate)

Unlimited
Subject to Scheme Protocols and specific exclusion list

100% of Scheme Rate
100% of Scheme Rate
100% of Scheme Rate
100% of Scheme Rate
100% of Scheme Rate

Maximum of 7 days' supply

100% of Scheme Rate

Unlimited
Subject to Scheme Protocols

Limited to R1 000 for casualty and Out-of-Network visits and R 300 for associated medicines per family per annum

Risk Benefit - Maternity

Confinements (normal vaginal delivery)

Length of stay: 3 days & 2 nights

Confinements (caesarean section)

Length of stay: 4 days & 3 nights

Neonatal Intensive Care

Subject to Scheme Protocols

Elective caesarean section

No Benefit

ResoBaby Maternity Programme (Registration required)
Consultations (midwife, GP, or specialist)

2 x 2D scans
Baby care products at preferred pharmacy network

Included
1 Specialist visit with GP visits at Network Provider
Subject to Scheme Protocols
R 350

Risk Benefit - Other Risk Benefits

Psychiatric disorders

Limited to Network Provider and subject to PMB

Cochlear implants and all related thereto

No Benefit

Organ transplants

Limited to PMB at a provincial hospital in accordance with Public Sector Protocols and waiting lists and Regulation 8(3) of the Act

Internal prostheses

Limited to R30 000 per family per annum
Subject to Prosthesis sub-limits and PMB

Oncology

Oncologist, chemotherapy, radiotherapy, oncology – related blood tests

Unlimited, subject to ICON network and protocols, pre-authorisation required

HIV / AIDS

Primary care including Voluntary Counselling and Testing and treatment
Hospitalisation if member is compliant on the HIV Management Programme

Hospitalisation if member is not registered and compliant on the HIV Management Programme

HIV Management Programme - Careworks
Private Network Provider hospitals and subject to Scheme Protocols and PMB
Limited to provincial facility

Haemodialysis

Covered at Network Provider and subject to PMB

Trauma counselling

Assault, rape, hijacking and armed robbery

3 Psychologist visits per beneficiary per annum and subject to Scheme Protocol
R 500 per visit

Risk Benefit - Other Insured Benefits

External medical appliances Subject to prescription by a registered healthcare practitioner and obtained from a supplier registered with the Board of Healthcare Funders (BHF)	R1 500 per family per annum Subject to PMB and appliance sub-limits
Home nursing	No Benefit
Hospice, rehab and step down facility	No Benefit
Specialised radiology (In and out of hospital) (CT, MRI, PET and Nuclear Medicine scans)	Covered at Network Provider and subject to Scheme Protocols and PMB
Video EEG for epilepsy surgery	No Benefit
Emergency evacuation and ambulance services (Europ Assistance) Limited to preferred provider	100% of Scheme Rate
International cover	No Benefit

Chronic Medication Benefit

25 PMB Chronic Disease List (CDL) conditions	Included Subject to registration by a Network Provider. Subject to foundation chronic formulary Reference and MMAP® pricing applies
Resolution additional chronic conditions	No Benefit

Note:

- Authorisation must be obtained in advance from the Scheme for all hospitalisation and other insured benefits
- No benefits shall be granted for (1) the replacement of existing External Medical Appliance items, without satisfactory proof that the existing item is obsolete, (2) costs of maintenance, spares or accessories
- Other insurer benefits are pro-rated for members joining during the course of the year
- Chronic medication:
 - Should be obtained from Preferred Provider Pharmacies to avoid processing co-payments
 - Is restricted to formularies, clinical entry criteria and disease management protocols where applicable
 - Requires a script from a person legally entitled to prescribe and the relevant ICD 10 diagnosis code
 - Must be registered by the doctor or pharmacy through Swift Online (SOL) on 0800 132 345
 - Reference pricing and Maximum Medical Aid Price (MMAP®) may apply

Guardian Benefit

Limited to	
Blood pressure Blood sugar Cholesterol Body mass index HIV test Pap smears Flu vaccinations	As available at the discretion of the Network Provider
Pharmacist benefit Pharmacist prescribed medication	R 300 per family per annum Formulary applies
Health Assist (Nurse helpline)	Call 0861 112 162

Primary Network

General Practitioners Note: Consultations outside Networks may incur a co-payment	Limited to a Network Provider
Specialists Consultations and room procedures Note: Consultations outside Networks may incur a co-payment	R1 050 per family per annum. Subject to referral by GP Provider. Subject to Pre-authorisation, and limited to Specialist Preferred Provider Network

Acute medication Subject to plan formulary Reference and MMAP® pricing may apply Benefit protocols apply Use preferred provider pharmacies to avoid co-payments	Limited to Network Providers
Radiology and pathology (excluding specialised radiology)	Limited to PMB and Subject to Network Provider Formulary list
Dentistry Conservative dentistry Consultations X-Rays Fillings Oral hygiene Preventative Extractions Root canal therapy Dentures	Subject to Network Providers and Scheme Protocols 2 annual check-ups per beneficiary per annum 2 emergency consultations per beneficiary per annum Covered at 100% Scheme Rate Intra-Oral: 8 per beneficiary per annum Extra-Oral: 1 per beneficiary per annum Treatment plan and x-rays required for more than 5 fillings. Once per tooth in a 1 year benefit cycle. There are no benefits for replacing amalgam (silver) fillings with composite white fillings 100% Scheme Rate 1 annual scale and polish treatment per beneficiary No benefit for oral hygiene instructions or adult fluoride Subject to Scheme Protocols 1 Fluoride treatment per beneficiary younger than 12 years More than 4 requires pre-authorisation Emergency root canal only Subject to Scheme protocols 1 set of plastic dentures (upper and lower) per beneficiary once in a 4 year cycle
Specialised Dentistry Orthodontics (fixed braces) Surgery in rooms Dental treatment in hospital Anaesthetics in rooms (Laughing gas and IV sedation)	No Benefit Subject to PMB's only Only impacted wisdom teeth allowed. Pre-authorisation is required and protocols apply. Multiple hospital admissions are not covered Covered only for benefits as stipulated Covered at 100% of Scheme Rate
Optometry Limited to Network Provider and 24 month benefit cycle Consultations / examination Spectacles / lenses Contact lenses	1 consultation per beneficiary 1 pair of single vision spectacles inclusive of a frame and consultation per beneficiary limited to R 790 Or 1 pair of flat top bifocal spectacles inclusive of a frame and consultation per beneficiary, limited to R1 200 No Benefit

Contributions

Foundation	Principal Member	Adult Dependant	Child Dependant
R 0 - R3 750	R 492	R 480	R 148
R3 751 - R5 800	R 587	R 525	R 203
R5 801 - R8 000	R 744	R 656	R 237
R8 001 - R9 500	R 972	R 863	R 333
R9 501 +	R1 124	R 998	R 385

Consult your Broker or Distribution Consultant regarding Resolution's diversified product range and ensure that when you are faced with healthcare eventualities, you can rest assured that we have you covered. This information brochure is a summary of the Plan benefits. Please refer to the Member's Guide, online brochures and Scheme Rules for more information.