



HEALTHCARE ELEMENTS	BENEFITS
<b>HOSPITALISATION</b> Subject to pre-authorization	
Hospital limit	Unlimited
<b>Provincial Hospitals</b>	
Ward Fees (general ward only)	100% of the prescribed tariff
Theatre fees & Care units	100% of prescribed tariff
Unattached theatre units & day clinics	100% of prescribed tariff
Outpatient treatment	100% of prescribed tariff, Subject to savings and emergency only
To Take Out (TTO) medicine	Limited to 7 days only
Psychiatric Treatment	100% of negotiated tariff. 21 days per beneficiary per fund year
Transplants	100% of prescribed tariff
Outpatient treatment for cancer and kidney dialysis	100% of prescribed tariff. R214 000 per family per annum
<b>Private Hospitals</b>	
Ward fees (general ward only)	100% of negotiated tariff
Theatre fees & Care unit	100% of negotiated tariff
Unattached theatre units & day clinics	100% of negotiated tariff
Transplants	100% of negotiated tariff
Outpatient treatment for cancer and kidney dialysis	100% of negotiated tariff. R214 000 per family per annum
Outpatient treatment	100% of negotiated tariff payable from savings emergency only
To Take Out (TTO) medicine	Limited to 7 days only
Psychiatric Treatment	100% of negotiated tariff. 21 days per beneficiary per fund year
<b>Operations and procedures in Private &amp; Provincial hospitals</b>	
<b>Payment rate</b>	<b>150%</b>
<b>Co-payments</b>	<b>none</b>
<b>Procedures subject to co-payments</b>	<b>N/A</b>
	Specialists, GPs, Anaesthetist, Assistant, etc. up to 150% of the prescribed tariff
<b>Maternity - subject to pre-authorization and registration on the maternity programme</b>	
Consultation	12 Ante-natal visits 2 Scans
Confinement	150% of prescribed tariff Unlimited
Home births	150% of prescribed tariff
<b>Plastic Surgery</b>	
	100% of the prescribed tariff subject to exclusions until annual savings limit . Management board may authorise reconstructive surgery and autoplasty as hospital annual sub-limit of R37 450
<b>Out of hospital limits , savings and thresholds</b>	
<b>Savings or limits</b> <b>Member</b>	<b>4,404</b>
<b>Adult</b>	<b>3,732</b>
<b>Child</b>	<b>1,104</b>
<b>Threshold/limits</b>	<b>no above threshold benefit</b>

<b>General Practitioners</b>	
	100% of tariff subject to savings
<b>Specialists</b>	
<b>Enhanced Specialist benefit</b>	100% of prescribed tariff subject to savings
<b>Medicines</b>	
Acute/Prescribed Medication	100% of MHR & dispensing fee subject to savings
Pharmacist Advised Therapy (OTC)	R120 per event. Subject to savings
Chronic/Life Sustaining Medication	100% of MHR & disp.fee 26 CDL conditions plus 8 non CDL conditions. Maximum per fund year (for non-CDL conditions): M: R2 675 M+: R5 350
<b>X-Rays, Pathology &amp; Radiology</b>	
In Hospital	Up to 100% of prescribed tariff
Out of Hospital	Up to 100% prescribed tariff subject to savings
Out of Hospital Scans	Pre-auth required for MRI Scans, CAT scans & angiographies (max 2 scans per beneficiary per annum). Subject to savings
<b>Dentistry</b>	
Basic Dentistry	100% of the prescribed tariff subject to savings
Specialised Dentistry	100% of the prescribed tariff subject to savings
Maxillo-Facial & Oral Surgery Consultation	Pre-auth. 100% of prescribed tariff. Subject to savings May be paid as hospital benefit
<b>Paediatric dentistry</b>	
	Pre-auth( children under the age of 7 years).May be paid as hospitalisation
<b>Optometry</b>	
Consultation	100% of prescribed tariff subject to savings
Spectacles	Payable from savings
Contact Lenses	Payable from savings
Refractive surgery (Keratotomy or Lasik procedure)	100% of prescribed tariff subject to pre-authorisation and R3 210 per eye per beneficiary. R6 420 per family per annum
<b>Supplementary services</b>	
Supplementary service limits	Payable from savings.
Speech Therapy & Occupational Therapy	In hospital up to 100% of prescribed tariff. Out of hospital payable from savings
Physiotherapist and biokineticist	In hospital 100% of prescribed tariff. Out of hospital subject to savings
Home nursing, rehabilitation, step-down and hospice service	100% negotiated or prescribed tariff in lieu of hospitalisation. 30 days per family per fund year. May be extended to 60 days subject to fund approval
Psychologist, Psychiatrist and Psychiatric treatment and all other services related thereto	Payable from savings
Chiropractors and Homeopaths	Payable from savings
Dieticians	Payable from savings
Blood transfusion	In hospital 100% of prescribed tariff. Out of hospital payable from savings

Ambulance Services	
Not between hospitals	Payable from savings Emergency only
Between hospitals	100% of negotiated tariff
Air ambulance	100% of negotiated tariff
Appliances	
Implanted prosthesis and artificial limbs	100% of approved cost of prosthesis. Annual limit R39 700 per family subject to pre-authorisation and protocols
External appliances	100% of approved cost Annual limit R8 560 subject to pre-authorisation and protocols. Wheelchairs and hearing aids per 3year cycle. Payable from savings after limits exhausted
HIV Benefit	
	Subject to registration on programme

**DISCLAIMER:**

This summary does not supersede the Rules of the Fund. In the event of a discrepancy between the summary and the Rules, the Rules shall prevail. Non PMB claims will be paid from the relevant benefits on your option. PMB claims will be paid in accordance with the Medical Schemes Act.

CONTRIBUTIONS PER BENEFICIARY PER MONTH - 2010	
Principal member	<b>R1 667</b>
Adult dependant	<b>R1 415</b>
Child dependant (under 21 years unless special dependant)	<b>R418</b>

**EXPLANATORY NOTES**

Hospital limit	Services received while in hospital.
Day to Day limits	Services related to day-to-day expenses. i.e. GPs, specialists, dentistry, optometry, medicine, etc.
Annual limits	The amount you have for a specific benefit for the fund year. Certain options have limits to hospital, day-to-day benefits and medication. Use your benefits wisely.
Fund year	From January to December of any year. Funds not used in a specific year cannot be transferred to the next fund year, except for the savings left on Classic.
Pre-authorisation	Approval required from the Fund before certain (planned) procedures can be performed. If pre-authorisation has not been obtained for such procedures, a penalty will apply. Pre-authorisation is not required for emergency procedures.
Planned procedures	An operation or other procedure, that the member and provider know about at least 24 hours before it is going to be performed. These are the procedures that need to be pre-authorised.
MHR	Moto Health Care reference price list and formulary for medication.
CDL	Chronic Disease List.
PMB	Prescribed Minimum Benefits.
DSP	Designated Service Provider.
UPFS	Uniform Public Fee Schedule.

