



HEALTHCARE ELEMENTS	BENEFITS
HOSPITALISATION Subject to pre-authorization	
Hospital limit	R150 000 per family per annum
Provincial Hospitals	
Ward Fees (general ward only)	100% of the prescribed tariff until hospital limit is reached
Theatre fees & Care units	100% of the prescribed tariff until hospital limit is reached
Unattached theatre units & day clinics	100% of the prescribed tariff until hospital limit is reached
Outpatient treatment	Emergency only. Subject to hospital limit
To Take Out (TTO) medicine	Limited to 7 days only
Psychiatric Treatment	100% of negotiated tariff. 21 days per beneficiary per fund year. Subject to hospital limit
Private Hospitals	
Ward fees (general ward only)	100% of negotiated tariff until hospital limit is reached
Theatre fees & Care unit	100% of negotiated tariff until hospital limit is reached
Unattached theatre units & day clinics	100% of negotiated tariff until hospital limit is reached
Transplants	No Benefit
To Take Out (TTO) medicine	Limited to 7 days only
Psychiatric Treatment	100% of negotiated tariff. 21 days per beneficiary per fund year. Subject to hospital limit
Operations and procedures in Private & Provincial hospitals	
Payment rate	100%
Co-payments	none
Procedures subject to co-payments	N/A
	Specialists, GPs, Anesthetist, Assistant, etc. up to 100% of prescribed tariff. Subject to hospital limit
Maternity - subject to pre-authorization and registration on the maternity programme	
Consultation	Included in General Practitioner benefit
Confinement	100% of prescribed tariff subject to hospital limit
Home births	100% of prescribed tariff subject to hospital limit
Out of hospital limits , savings and thresholds	
Savings or limits	none
Threshold/limits	no above threshold benefit
General Practitioners	
	Unlimited at selected network providers
Specialists	
Enhanced Specialist benefit	Maximum per fund year: M: R2 500; M+: R5 000
Medicines	
Acute/Prescribed Medication	Unlimited as dispensed by selected

	network provider according to formulary
Pharmacist Advised Therapy (OTC)	No benefit
Chronic/Life Sustaining Medication	100% of MHR & disp.fee 26 CDL conditions only from DSP
X-Rays, Pathology & Radiology	
In Hospital	Up to 100% of prescribed tariff. Subject to hospital limit
Out of Hospital	Basic services at network providers on referral from selected network provider
Out of Hospital Scans	No benefit
Dentistry	
Basic Dentistry	2 examinations per beneficiary per annum at network provider
Specialised Dentistry	Denture benefit per adult beneficiary per 2 year cycle
Paediatric dentistry	
	Basic dentistry benefit at a network provider
Optometry	
Consultation	1 x optometric examination per beneficiary every two years at a network provider
Spectacles	One pair of frames and two lenses per beneficiary on a 2 year cycle at network provider
Ambulance Services	
Not between hospitals	IF PATIENT ADMITTED 100% of negotiated tariff subject to hospital limit and emergency only
Between hospitals	100% of negotiated tariff subject to hospital limits and pre-authorisation
Air ambulance	100% of negotiated tariff Subject to hospital limits and pre-authorisation
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	R 630
Adult dependant	R 454
Child dependant (under 21 years unless special dependant)	R 140

EXPLANATORY NOTES

Hospital limit	Services received while in hospital.
Out of hospital limits	Services related to day-to-day expenses. i.e. GPs, specialists, dentistry, optometry, medicine, etc. The amount you have for a specific benefit for the fund year.
Annual limit	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.

