



HEALTHCARE ELEMENTS	BENEFITS
HOSPITALISATION Subject to pre-authorization	
Hospital limit	Unlimited
Provincial Hospitals	
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	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
Private Hospitals	
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
Outpatient treatment	100% of negotiated tariff emergency only
To Take Out (TTO) medicine	Limited to 7 days only
Psychiatric Treatment	Up to 100% of prescribed tariff. 21 Days per beneficiary per fund year
Operations and procedures in Private & Provincial hospitals	
Payment rate	200%
Co-payments	none
Procedures subject to co-payments	N/A
	Specialists, GPs, Anesthetist, Assistant, etc. up to 200% of the prescribed tariff
Maternity - subject to pre-authorization and registration on the maternity programme	
Consultation	12 Ante-natal visits 2 Scans
Confinement	200% of prescribed tariff Unlimited
Home births	200% of prescribed tariff
Plastic Surgery	
	100% of the prescribed tariff subject to exclusions. Management board may authorise reconstructive surgery and autoplasty as hospital annual sub-limit of R37 450
Out of hospital limits, savings and thresholds	
Savings or limits	none
Threshold/limits	none
General Practitioners	
	100% of prescribed tariff
Specialists	
Enhanced Specialist benefit	100% of prescribed tariff

Medicines	
Acute/Prescribed Medication	100% of MHR & dispensing fee until annual limit Maximum per fund year: M: R6 630 M+1: R7 920 M+2: R9 200 M+3: R10 060 M+4+: R10 800
Pharmacist Advised Therapy (OTC)	R120 per event deducted from Acute medicine benefit
Chronic/Life Sustaining Medication	100% of MHR and disp.fee.st approval by Fund and evidence-based medicine principles
X-Rays, Pathology & Radiology	
In Hospital	Up to 100% of prescribed tariff
Out of Hospital	Up to 100% of prescribed tariff
Out of Hospital Scans	Pre-auth required for MRI Scans, CAT scans & angiographies (max 2 scans per beneficiary per annum)
Dentistry	
Basic Dentistry	100% of prescribed tariff
Specialised Dentistry	100% of prescribed tariff
	Max per fund year:
	M:R7 930
	M+:R11 790
Maxillo-Facial & Oral Surgery Consultation	Pre-auth. 100% of prescribed tariff. May be paid as hospital benefit
Paediatric dentistry	
	Pre-auth(children under the age of 7 years).May be paid as hospitalisation
Optometry	
Consultation	100% of prescribed tariff
Spectacles	R900 per frame.1 frame per beneficiary per 2year cycle. Lenses at approved tariff
Contact Lenses	100% of prescribed tariff R1 930 per beneficiary per year
Refractive surgery (Keratotomy or Lasik procedure) Supplementary service limits	100% of prescribed tariff subject to pre- authorisation and R3 210 per eye per beneficiary. R6 420 per family per annum
Supplementary services	
Supplementary service limits	Max per fund year M:R2 975; M+:R8 920
Speech Therapy & Occupational Therapy	In hospital up to 100% of prescribed tariff. Out of hospital 100% of prescribed tariff. Subject to supplementary limit
Physiotherapist and biokineticist	In hospital 100% of prescribed tariff. Out of hospital subject to supplementary limit
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	100% of prescribed tariff subject to supplementary services limit
Chiropractors and Homeopaths	100% of prescribed tariff subject to supplementary services limit
Dieticians	100% of prescribed tariff subject to supplementary services limit
Blood transfusion	In hospital 100% of prescribed tariff. Out of hospital subject to supplementary services limit

Ambulance Services	
Not between hospitals	100% of negotiated tariff. 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 R46 900 per family subject to pre-authorisation and protocols
External appliances	100% of approved cost Annual limit R9 630 subject to pre-authorisation and protocols. Wheelchairs and hearing aids per 3-year cycle
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 2 797
Adult dependant	R 2 382
Child dependant (under 21 years unless special dependant)	R 699

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. The amount you have for a specific benefit for the fund year.
Annual limits	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.



