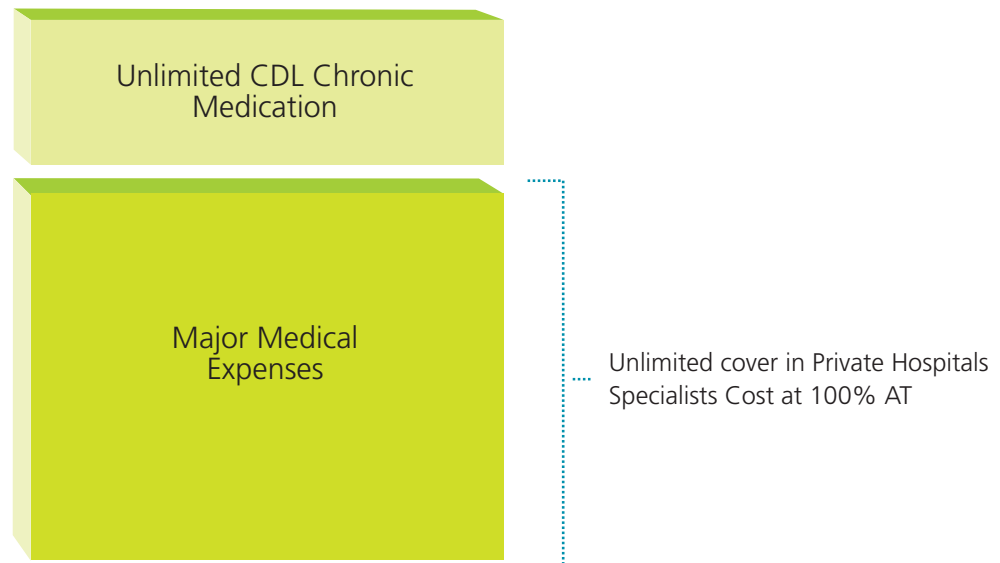


Structural Overview of Benefit Design



Hospital Cover

As an Axis member you have unlimited cover in any private hospital within the scheme's preferred provider group, for pre-authorised planned procedures as well as emergency admissions. All treatment in hospital is subject to pre-authorisation, case management and scheme protocols. For any planned procedure, pre-authorisation needs to be obtained at least 48 hours before the scheduled event. If the procedure was not authorised, a co-payment of R2 000 will apply. A late authorisation will attract a R1 000 co-payment. In the event of an emergency, the scheme needs to be notified within one working day after the emergency admission, failing which a R500 co-payment will apply.

Services Covered in Hospital

The Axis option offers the following services in hospital:

Services below are paid at 100% of the agreed tariff (AT).

- Ward fees – General; ICU and High Care
- Theatre fees
- Medication whilst in hospital
- GP visits
- Specialist visits
- Blood Transfusions (Note that there is a Preferred Provider)
- Oncology including chemotherapy and radiotherapy – subject to pre-authorisation, protocols and a designated service provider (DSP)
- Take home medication is limited to 7 days supply per discharge, subject to MRP and formulary
- Surgical Prosthesis e.g. artificial joints; stents and artificial limbs

are subject to pre-authorisation, protocols and sub-limits (See Member guide). No benefit for artificial limbs.

- Electronic/Nuclear devices e.g. pacemakers; defibrillators; nerve stimulators and cochlear implants are subject to PMB benefits. Pre-authorisation and protocols apply.
- Clinical Technologists - unlimited
- All Specialised Radiology including MRI, CT and PET Scans are limited to R12 000 per family per annum, unless otherwise pre-authorised
- Pathology is limited to R20 000 per family, unless otherwise pre-authorised
- Confinements are limited to 3 days for a normal birth and 4 days for a Caesarean section, if registered on the scheme's maternity programme, otherwise no benefit
- Physiotherapy is limited to R5 000 per family, subject to protocol
- Psychiatric treatment is limited to 21 days in a hospital with a psychiatric facility or a mental health institution (DSP only), subject to protocols
- Alcoholism, drug dependence and narcotism is subject to PMB (DSP only)
- Organ transplants, plasmapheresis and renal dialysis are subject to PMB benefits, pre-authorisation and scheme protocols
- Sports injuries are subject to protocols and excludes professional sports
- Biological Agents are limited to R100 000 with a 25% co-payment, subject to pre-authorisation and protocols

Hospitalisation Alternatives

The Axis option offers unlimited cover step down nursing facilities, Hospice and Rehabilitation, subject to pre-authorisation, protocols and case management.

Co-Payments

Co-payments are payable when hospitalised for certain procedures. Co-payments will only apply for procedures performed in a hospital or a day clinic. Where two co-payments are applicable, only the larger will apply if admitted to a hospital/day clinic.

Procedure (non-PMB)	Co-Payment
Gastroscopy	R1 500
Colonoscopy	R1 500
Cystoscopy	R1 500
Nasal/sinus Endoscopy	R1 500
Functional Nasal Surgery (Septoplasty)	R1 500
Hysteroscopy	R1 500
Flexible Sigmoidoscopy	R1 500
Athroscopy	R1 500
Diagnostic Laparoscopy	R1 500
Dental	R1 500
Excision Lesion (Benign & Malignant)	R1 000
Joint Replacement (Athroplasty)	R8 000
Conservative back and neck treatment (including traction and spinal cord injections)	R1 500
Laminectomy and Spinal Fusion	R8 000
Nissen Fundoplication (Reflux surgery)	R8 000
Hysterectomy (Except for cancer)	R4 000

Cover for Chronic Conditions

The Axis option offers cover for the following 27 chronic conditions:

Addison's Disease, Bipolar Mood Disorder, Bronchiectasis, Cardiac Arrhythmias, Cardiomyopathy, Chronic Renal Failure, Congestive Cardiac Failure, Chronic Obstructive Pulmonary Disease, Coronary Artery Disease, Crohn's Disease, Diabetes Insipidus, Diabetes Mellitus type 1 and 2, Epilepsy, Glaucoma, Haemophilia, Hiv/Aids, HRT, Hypercholesterolaemia/Hyperlipidaemia, Hypertension, Hypothyroidism, Multiple Sclerosis, Parkinson's Disease, Rheumatoid Arthritis, Schizophrenia, Systemic Lupus Erythematosus, Ulcerative Colitis

Chronic medication is subject to the Core formulary and the Mediscor Reference pricing. A 25% co-payment is applicable to non-formulary medicines.

Members are required to register for all covered chronic conditions. Please see Member guide for registration procedures.

This brochure is a summary of the benefits of Compcare Wellness Medical Scheme. A copy of the current Rules may be obtained from the Administrator, if so required. The Rules of the Scheme will always take precedence over this summary.

Cover for day-to-day benefits

The Axis option is a hospital plan which only covers PMB conditions. The member is liable for all day-to-day expenses incurred.

Benefits	Limits
Emergency Road-side Assistance and Ambulance Transportation	Unlimited Preferred Provider
International Travel	R5 million cover for 90 days

Prescribed Minimum Benefits (PMB):

- Subject to Scheme Protocols
- Hospitalisation – 100% AT at DSP, unlimited
- Medication – CDL conditions are unlimited, subject to a formulary and dispensed by a DSP
- Medical Management in and out of hospital – 100% AT, subject to protocols and treatment by DSP
- HIV/AIDS – subject to registration on HIV/AIDS program, subject to protocols, failing which a R3 000 p/b, per annum limit will apply

AXIS	Principal	Adult	Child
Axis Risk	1 062	828	300

Glossary

AT	=	Agreed Tariff according to the National Health Reference Price List (NHRPL)
CDL	=	Chronic Disease List
DSP	=	Designated Service Provider
GWR	=	General Ward Rate
MRP	=	Mediscor Reference Price
OTC	=	Over the counter pharmacy prescription
P, A,C	=	Principal member, Adult dependent, Child dependent
P/B	=	Per beneficiary
P/F	=	Per family
PMB	=	Prescribed Minimum Benefits
TTO	=	To take out i.e. Medicines taken out of hospital when discharged