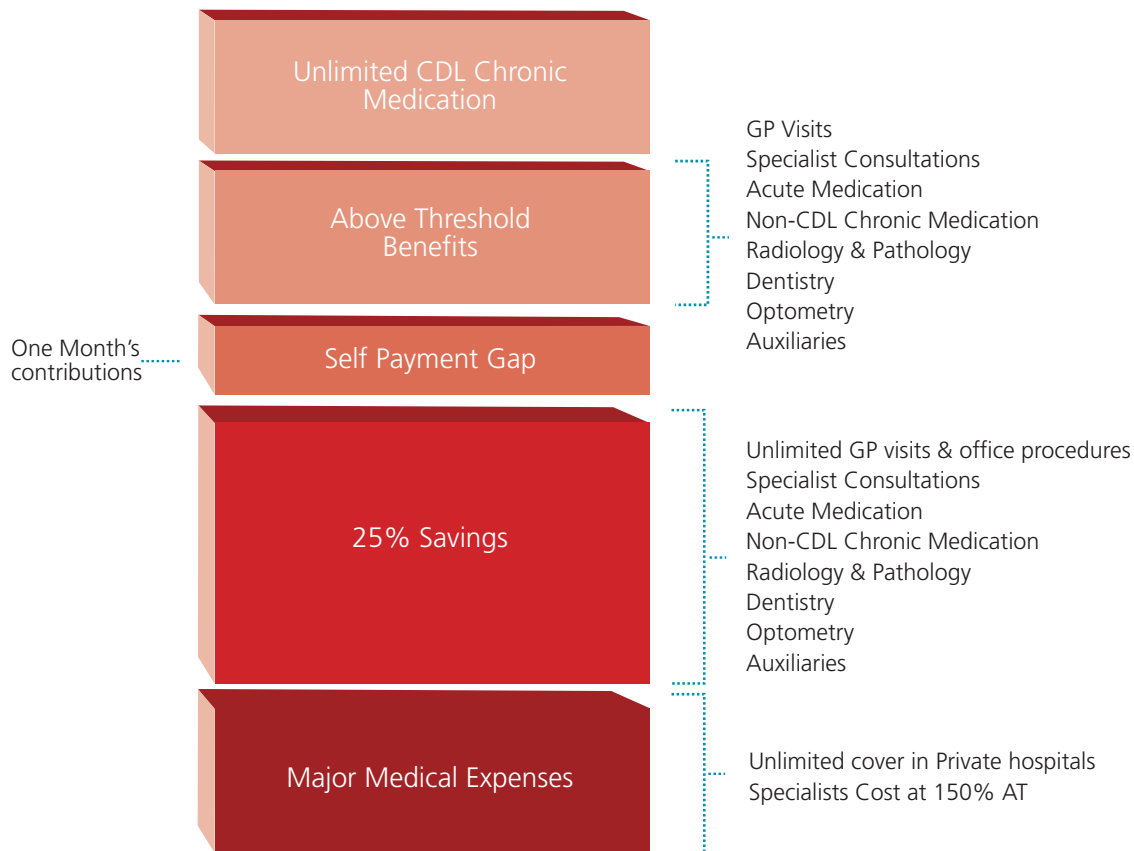


The Dynamix Option

A self managed savings option, providing comprehensive cover in the event of extreme healthcare requirements.

Structural Overview of Benefit Design



Hospital Cover

As a Dynamix member you have unlimited cover in any private hospital of your choice, for pre-authorized planned procedures as well as emergency admissions. All treatment in hospital is subject to pre-authorization, case management and scheme protocols. For any planned procedure, pre-authorization 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.

Specialist Treatment in Hospital

All specialist consultations are covered at 150% of the Agreed Tariff

Services Covered in Hospital

The Dynamix option offers the following services in hospital:

Services below are paid at 100% of the agreed tariff (AT), unless otherwise specified.

- Ward fees – General; ICU and High Care

- Theatre fees
- Medication whilst in hospital
- GP visits
- Specialist visits
- Clinical Technologists
- Specialised Radiology including MRI, CT and PET Scans – pre-authorization is required for all MRI and CT Scans. High resolution CT Scans/PET Scans are subject to special medical motivation and pre-authorization. No benefit for unauthorised scans or screening purposes. The first R2 000 is paid from available savings
- Basic Radiology
- Pathology
- Blood Transfusions (Note that there is a Preferred Provider)
- Physiotherapy
- Oncology including chemotherapy and radiotherapy is subject to pre-authorization, protocols and a designated service provider (DSP)
- Take home medication is limited to 7 days supply, subject to MRP and formulary
- Surgical Prosthesis e.g. artificial joints; stents and artificial limbs are subject to pre-authorization, protocols and sub-limits (see Member guide)
- Electronic/Nuclear devices e.g. pacemakers; defibrillators; nerve stimulators and cochlear implants are subject to pre-authorization, protocols and sub-limits (See Member guide)

- 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
- Psychiatric treatment is limited to 21 days p/f in a hospital with a psychiatric facility or a mental health institution (DSP only), subject to protocols
- Alcoholism, drug dependence and narcotism is limited to R10 000 p/f, 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 R150 000 p/f with a 25% co-payment, subject to pre-authorisation and protocols
- Radial Keratotomy & Excimer Laser are limited to R3 500 per eye, subject to pre-authorisation and specific criteria or optical limits

Hospitalisation Alternatives

The Dynamix option offers unlimited cover for step down nursing facilities, Hospice and Rehabilitation. This is subject to pre-authorisation and case management.

Co-Payments

Co-payments are payable when hospitalised for certain elective procedures. Co-payments can be paid from the Medical Savings Account (MSA), with no accumulation to the threshold. 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.

Co-payments are not applicable when hospitalised for PMB conditions. A co-payment of R1 500 is applicable when hospitalised for the following elective procedures:

Gastroscopy, Colonoscopy, Cystoscopy, Nasal/sinus Endoscopy, Functional Nasal Surgery (Septoplasty), Hysteroscopy, Flexible Sigmoidoscopy, Athroscopy, Diagnostic Laparoscopy, Dental procedures in hospital, Excision Lesion (Benign & Malignant - R1000 co-payment only), Joint replacement (Athroplasty), Conservative back and neck treatment(including traction and spinal cord injections), Laminectomy and Spinal Fusion, Nissen Fundoplication (Reflux surgery) and Hysterectomy (except for cancer).

Chronic Medicine Benefit

The Dynamix option offers extensive cover for the following 63 chronic conditions (27 CDL plus 36 non-CDL):

Addison's Disease*, Allergic Rhinitis, Angina, Ankylosing Spondylitis, Attention Deficit Disorder, Behcet's Disease, Bipolar Mood Disorder*, Bronchiectasis*, Cardiac Arrhythmias*, Cardiomyopathy*, Chronic Renal Failure*, Congestive Cardiac Failure*, Chronic Obstructive Pulmonary Disease*, Emphysema, Chronic Bronchitis, Connective Tissue Disorders (mixed), Coronary Artery Disease*, Crohn's Disease*,

Cushing's Syndrome, Cystic Fibrosis, Diabetes Insipidus*, Diabetes Mellitus type 1 and 2*, Epilepsy*, Generalised Anxiety Disorder, Glaucoma*, Gastro Oesophageal Reflux Disease, Gout, Haemophilia*, Hiv/Aids*, HRT, Huntington's Disease, Hypercholesterolaemia/ Hyperlipidaemia*, Hypertension*, Hypoparathyroidism, Hypothyroidism*, Ischaemic Heart Disease, Menopause, Motor Neuron Disease, Multiple Sclerosis*, Muscular Dystrophy, Myasthenia Gravis, Obsessive Compulsive Disorder, Osteoporosis, Paget's Disease of the Bone, Panic Disorder, Paraplegia/Quadriplegia, Parkinson's Disease*, Pemphigus Peripheral Arterio-sclerotic Disease, Polyarteritis Nodosa, Post-Traumatic Stress Syndrome, Pulmonary Interstitial Fibrosis, Rheumatoid Arthritis*, Schizophrenia*, Scleroderma (systemic sclerosis), Stroke, Systemic Lupus Erythematosus*, Thrombocytopenic Purpura, Ulcerative Colitis*, Unipolar Mood, Disorder/Major Depression, Valvular Heart Disease, Zollinger-Ellison Syndrome

* = CDL Conditions

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

All CDL chronic medication is **unlimited**. Medication for the additional 36 non-CDL conditions will be covered from the Medical Savings Account (MSA), limited to R10 000 p/b and R16 000 p/f.

Members are **required to register** for all covered chronic conditions. Please see Member guide for registration procedures. Prior to registration on chronic program, only the first prescription will be paid from the acute medicine benefit.

Cover for day-to-day medical expenses

Claims are initially paid from the annual personal Medical Savings Account (MSA). Once the MSA is exhausted, the member is then liable for the Self Payment Gap (SPG), equal to one month's medical aid contribution and the claims will accumulate to the Threshold Level (TL). Once the TL is reached, benefits as specified below, will apply. The MSA/SPG and TL are not applicable to PMB's.

Dynamix Savings (MSA): Self Payment Gap (SPG): Threshold (TL):

P: R536 x 12 = R6 432	P: R2 142	P: R8 574
A: R418 x 12 = R5 016	A: R1 674	A: R6 690
C: R150 x 12 = R1 800	C: R600	C: R2 400

Day-to-Day Benefits

All benefits are paid at 100% of AT and are subject to the MSA, Self Payment Gap (SPG) and above threshold limits, unless otherwise specified

Benefits	Limits
GP's and Specialists GP Consultations	Unlimited
Specialist Consultations	Unlimited. Claims paid at 150% AT, accumulation to threshold at 100% AT
Dentistry Basic Dentistry	Unlimited
Specialised Dentistry	R7 500 p/b and R10 500 p/f, subject to protocols (includes Hospitalisation and related costs)
Radiology and Pathology Basic Radiology Basic Pathology Specialised Radiology including MRI, CT and PET Scans	Unlimited Unlimited The first R2 000 of the account is subject to savings/SPG/TL, thereafter unlimited
Prescribed Medicines Acute Medication	R8 000 p/b and R13 000 p/f. A 25% co-payment is payable on all non-generic products, subject to MRP
Over the Counter Medication (OTC) and Homeopathic medicines	R600 p/b and R900 p/f (max of R140 per day) subject to MRP. This benefit does not accumulate to threshold
Oral Contraceptives	Subject to Acute Medication limit Subject to MRP and formulary Limited to R100 p/b per month
Optical Optometry	2 Tests p/b Lenses, frames and contact lenses – R2 400 p/b Frame sub-limit of R1 000 p/b included in lens limit
Other Auxiliary Services (Speech Therapists, Social Workers, Chiropodists/Podiatrists, Occupational Therapists, Homeopaths & Naturopaths, Dieticians, Chiropractors, Audiologists, Physiotherapists and Biokinetics) Clinical Psychologists	Collective limit of R3 500 p/f R1 500 p/f
Psychiatry	R6 500 p/f
Private Nursing at home	100% of GWR. 40 days Subject to pre-authorisation
Ante-Natal Classes	R800
Hospital emergency room/casualty emergency visits (not requiring admissions excluding facility fees)	Subject to savings/SPG and TL, excluding facility fees
Surgical & Medical Appliances e.g. wheelchairs, crutches, glucometers, hearing aids, artificial eyes and external fixators	R14 000 p/f Sub-limits apply (See Member guide)
Emergency Road-side Assistance and Ambulance Transportation	Unlimited at Preferred Provider
International Travel	R5 million cover for 90 days
Wellness, Lifestyle and Preventative Care	<p>One GP Wellness Consultation (Excluding procedures)</p> <p>Blood pressure, blood sugar and cholesterol test at R80 p/b at DSP pharmacy</p> <p>Rapid HIV tests – 1 p/b per annum</p> <p>Mammogram – 1 test per female beneficiary over age of 40 every 24 months</p> <p>Pap smears – 1 test per female beneficiary over age 18 per annum – subject to protocols</p> <p>PSA (Prostate specific antigen) – one test per male beneficiary over age of 40 per annum</p> <p>Annual Fitness Assessment for beneficiaries over age of 21 (conducted by Biokineticist)</p> <p>Dental check-up consultation</p> <p>Prophylaxis – Malaria (as required)</p> <p>Vaccinations:</p> <ul style="list-style-type: none"> • Childhood as recommended by the Department of Health up to 18 months <ul style="list-style-type: none"> • Flu vaccinations – 1 p/b per annum • Adult Pneumococcal Vaccine – subject to protocols • Childhood Pneumococcal Vaccine – subject to protocols

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

Contribution Table:

DYNAMIX	Principal	Adult	Child
Dynamix Risk	1 606	1 256	450
Dynamix Savings	536	418	150
Dynamix Total	2 142	1 674	600
Annual Savings	6 432	5 016	1 800
Threshold	8 574	6 690	2 400

Glossary

AFB	=	Annual Flexi Benefit
AT	=	Agreed Tariff according to the National Health Reference Price List (NHRPL)
CDL	=	Chronic Disease List
CDE	=	Centre for Diabetes and Endocrinology
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
MSA	=	Medical Savings Account
PP	=	Preferred Provider
TTO	=	To take out i.e. Medicines taken out of hospital when discharged
SPG	=	Self Payment Gap
TL	=	Threshold Level

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.