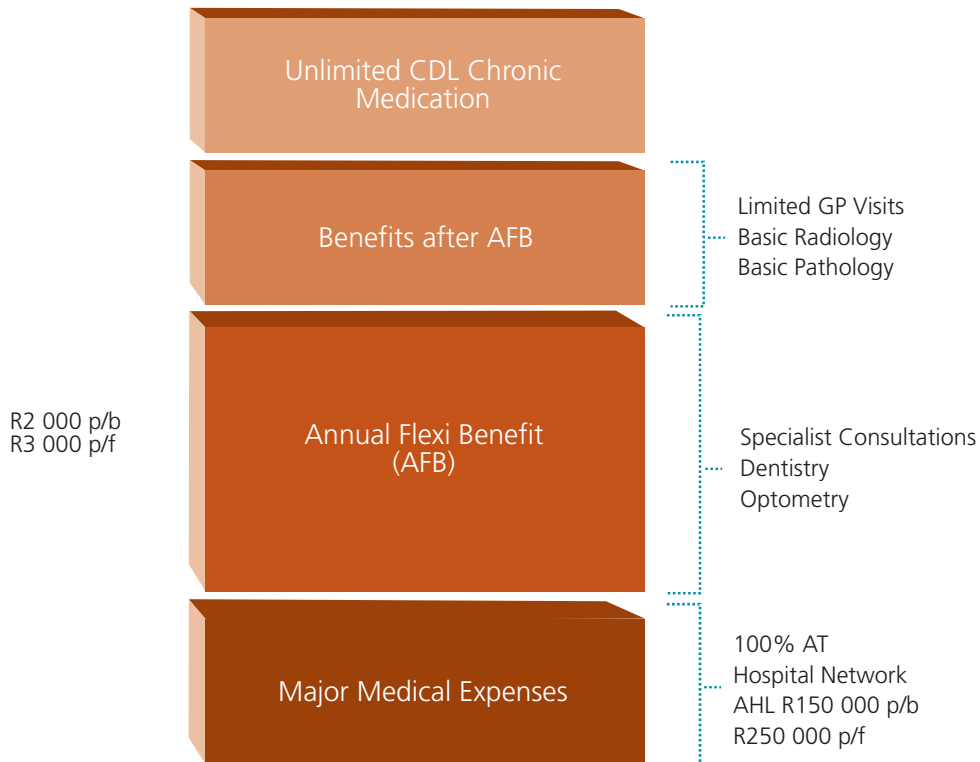


Structural Overview of Benefit Design



Hospital Cover

As a NetworkX member you have cover in any hospital within the Scheme's preferred Hospital Network for pre-authorized planned procedures as well as emergency admissions. An annual limit of R150 000 p/b and R250 000 p/f is applicable.

Please note that 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.

For voluntary use of Out of Network hospitals, members will be liable for the difference between the lowest Network hospital rate, and the rate charged by the non-Network hospital. (Except for State facilities)

All hospital costs are paid at 100% of the agreed tariff (AT), unless otherwise specified.

The following in-hospital procedures are not covered on the NetworkX option, unless it is a PMB:

Dentistry, back and neck surgery, hip and knee replacement, cochlear implants, auditory brain implants and internal nerve stimulators, nissen fundoplication (Reflux surgery), treatment for obesity, skin disorders and functional nasal problems, elective caesarean section, refractive eye surgery, brachytherapy for prostate cancer, fibroadenosis.

Services Covered in Hospital

The NetworkX option offers the following services in hospital:

Services below are paid at 100% of the agreed tariff (AT), and subject to the annual hospital limit (AHL), unless otherwise specified.

- 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 or R250 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)
- Clinical Technologists limited to R8 000 per family
- Specialised Radiology including MRI, CT and PET Scans are subject to pre-authorisation and scheme protocols.
- Pathology is subject to case management and protocols
- 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 subject to Scheme protocols
- Psychiatric treatment is limited to 21 days in a hospital with psychiatric facility or a mental health institution (DSP only), subject to protocols
- Alcoholism, drug dependence and narcotism is subject to PMB (DSP only)
- Organ and bone marrow transplants, plasmapheresis and renal dialysis are limited to PMB benefits, pre-authorisation and scheme protocols
- Sports injuries are subject to protocols and excludes professional sports

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 unlimited, only if prescribed by DSP Network provider and dispensed within Network pharmacy or dispensing DSP doctor. Any voluntary use of chronic medicine prescribed by out-of-network provider and any non-formulary medicines are for the member's own account, unless pre-authorized by the medical advisor. PMB rules apply.

Chronic medication is subject to FRP and the Core formulary list of medicines.

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.

Hospitalisation Alternatives

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

Cover for Chronic Conditions

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

Addison's Disease, Bipolar Mood Disorder, Bronchiectasis, Cardiac Arrhythmias, Cardiomyopathy, Chronic Renal Failure, Congestive

Cover for day-to-day benefits

If services are rendered by DSP Network Providers, benefits will be paid at an agreed tariff up to specified limits. Some benefits subject to Annual Flexi Benefit (AFB). The AFB will be pro-rated if you join later during the year.

AFB Limits:

R2 000 p/b

Day-to-Day Benefits

All benefits are paid at 100% of AT, subject to AFB, unless otherwise specified

Benefits	Limits
Acute Medication	Unlimited if prescribed by a DSP network GP, or by a specialist provided member referred by a DSP network GP. Subject to formulary. No cover for non-formulary medicines, unless otherwise pre-authorised. No cover in cases of voluntary use of non-DSPs, or voluntary use of a specialist without referral by a DSP network GP
GP Consultations	<p>Visits limited to:</p> <p>M: 4 visits M1: 7 visits M2: 9 visits M3+: 10 visits</p> <p>Services to be rendered by a DSP network GP. One out of Network GP visit per annum allowed</p>
Specialists	2 visits per beneficiary, max 3 per family per annum. Two additional ante-natal visits per pregnancy. Specialist visits are subject to referral by a DSP network GP and pre-authorisation of each specialist visit. Referrals limited to specialists located at DSP Network Hospitals only, subject to AFB
Specialised Radiology including MRI, CT and PET Scans	PMB's only. Subject to pre-authorisation and case management within a DSP Network
Basic Radiology	Unlimited when clinically appropriate within a DSP Network and subject to referral by a DSP network GP. Limited to list of codes, subject to case management. No benefit if not referred by a network provider, or by a specialist following referral by a DSP network GP (except when involuntary)
Basic Pathology	Unlimited when clinically appropriate within a DSP Network and subject to referral by a DSP network GP. Limited to list of codes, subject to case management. No benefit if not referred by a network provider, or by a specialist following referral by a DSP network GP (except when involuntary)
Basic Dentistry	One consultation per beneficiary per annum. Preventative care, infection control, fillings, extractions and dental x-rays, subject to protocols and list of applicable dental codes. No benefit for out-of-network dental visits/procedures, except for PMB emergencies, subject to AFB
Specialised Dentistry	No benefit unless PMB. Subject to protocols
Optometry	Test – 1 p/b every second year. Lenses, frames and contact lenses – Clear plastic single vision (limited to R600) or bi-focal lenses (limited to R750) every second year. No benefit for contact lenses. Subject to AFB Limited range of frames within DSP network
Auxiliary Services (Speech Therapists, Social Workers, Podiatrists, Occupational Therapists, Homeopaths & Naturopaths, Dieticians, Chiropractors, Audiologists, Physiotherapists and Biokinetics)	No benefit unless PMB. PMB rules apply. Subject to protocols
Hospital emergency room/casualty emergency visits (not requiring admissions excluding facility fees)	Limited to AFB
Clinical Psychologist	No benefit unless PMB. PMB rules apply, subject to protocols
Psychiatry	No benefit unless PMB. PMB rules apply, subject to protocols
Surgical & Medical Appliances e.g. wheelchairs, crutches, glucometers, hearing aids, artificial eyes and external fixators	No benefit unless PMB. PMB rules apply, subject to protocols. No benefit for hearing aids
Emergency Road-side Assistance and Ambulance Transportation	Unlimited Preferred Provider
International Travel	R5 million cover for 90 days
Wellness, Lifestyle and Preventative Care	Rapid HIV tests – 1 p/b per annum Flu vaccinations – 1 p/b per annum

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:

NetworX	Principal	Adult	Child
0 - 2 500	354	354	210
2 501 - 5 000	450	450	270
5 001 - 7 500	594	594	342
7 501+	1 314	1 314	474

Glossary

AFB	=	Annual Flexi Benefit
AHL	=	Annual Hospital Limit
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
PP	=	Preferred Provider
TTO	=	To take out i.e. Medicines taken out of hospital when discharged

This brochure is a summary of the benefits of Compcare Wellness Medical Scheme, pending formal. 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.