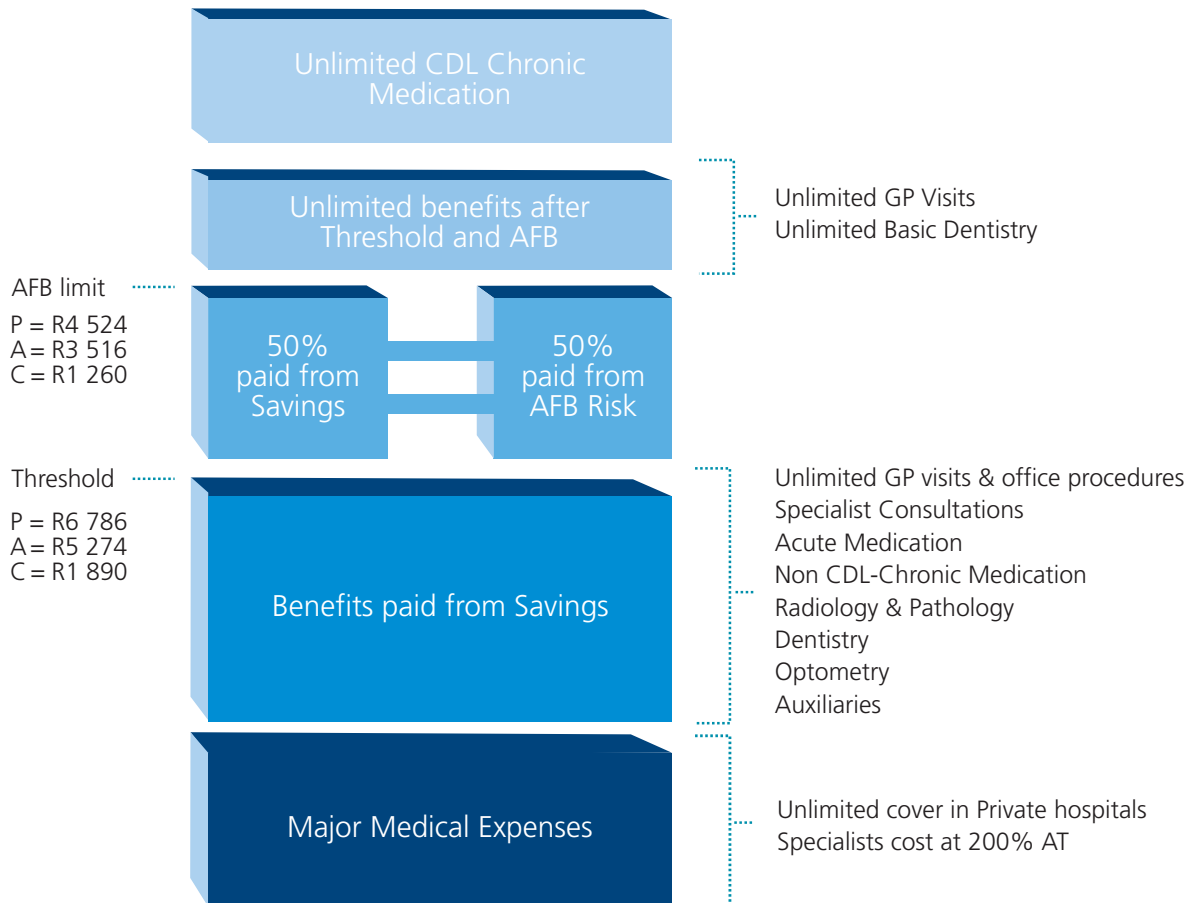


## The Pinnacle Option

Comprehensive cover for the discerning achiever. Combined savings and traditional cover, with no self-payment gap and exceptional hospital benefits.

### Structural Overview of Benefit Design



TOTAL ANNUAL OUT OF HOSPITAL BENEFIT (EXCL. CDL CHRONIC MEDICINES)

P = R11 310  
 P + A = R20 100  
 P + A + C = R23 250  
 P + A + 2C = R26 400

Thereafter GP and basic dental benefits are unlimited and balance of Optical limit available.

### Hospital Cover

As a Pinnacle 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 treatment is covered at 200% of the Agreed Tariff.

## Services Covered in Hospital

The Pinnacle 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 at 200% of AT
- Clinical Technologists
- Specialised Radiology including MRI, CT and PET Scans – pre-authorisation is required for all MRI and CT Scans. High resolution CT Scans/PET Scans are subject to special medical motivation and pre-authorisation. 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 PP - Preferred Provider)
- Physiotherapy
- 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, subject to MRP and formulary
- Surgical Prosthesis e.g. artificial joints; stents and artificial limbs are subject to pre-authorisation, protocols and sub-limits (please see Member guide)
- Electronic/Nuclear devices e.g. pacemakers; defibrillators; nerve stimulators and cochlear implants are subject to pre-authorisation, protocols and sub-limits (Please 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 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 per family, 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 R200 000, subject to pre-authorisation and protocols
- Radial Keratotomy & Excimer Laser are limited to R4 000 per eye, subject to pre-authorisation and specific criteria or optical limits.

## Hospitalisation Alternatives

The Pinnacle 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) and Annual Flexi Benefit (AFB) 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, Arthroscopy, Diagnostic Laparoscopy, Dental procedures in hospital, Excision Lesion (Benign & Malignant - R1 000 co-payment only), Joint replacement (Arthroplasty), 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 Medicines

The Pinnacle option offers extensive cover for the following 72 chronic conditions (27 CDL plus 45 non-CDL):

Addison's Disease \*, Allergic Rhinitis, Angina, Ankylosing Spondylitis, Anorexia Nervosa, Asthma \*, Attention Deficit Disorder, Barrett's Oesophagus, Behcet's Disease, Benign Prostatic Hyperplasia, Bipolar Mood Disorder \*, Bronchiectasis \*, Bulimia Nervosa, Cardiac Arrhythmias \*, Cardiomyopathy \*, Chronic Renal Failure \*, Congestive Cardiac Failure \*, Conn's Syndrome, Chronic Obstructive Pulmonary Disease \*, Emphysema, Chronic Bronchitis, Connective Tissue Disorders (mixed), Coronary Artery Disease \*, Crohn's Disease \* Cushing's Syndrome, Cystic Fibrosis, Deep Vein Thrombosis, 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, Narcolepsy, Obsessive Compulsive Disorder, Osteoarthritis., 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, Psoriasis/Psoriatic Arthritis, 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 45 non-CDL conditions will be covered from the Medical Savings Account (MSA) and above threshold Annual Flexi Benefit (AFB).

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.

**Diabetes** - Insulin dependent patients are allowed to join the diabetic program with preferred provider Centre for Diabetes and Endocrinology (CDE)

### Day-to-Day Benefits

Day to day benefits are initially paid from the annual personal Medical Savings Account (MSA) up to a threshold equal to 75% of annual savings. Thereafter claims are paid equally from the remainder of the annual savings and risk (AFB). Once the AFB has been utilised some benefits as specified are unlimited. NO self payment gap is applicable to the Pinnacle option.

Threshold :	P = R6 786	A = R5 274	C = R1 890
AFB:	P = R4 524	A = R3 516	C = R1 260

NB: Family limits are combined. There are no beneficiary limits, unless specified.

## Day-to-Day Benefits

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

Benefits	Limits
<b>GP's and Specialists</b> GP Consultations	Initially paid from savings and AFB, thereafter unlimited
Specialist Consultations	Unlimited. Claims paid at 200% AT, accumulation to threshold at 100% AT
<b>Dentistry</b> Basic Dentistry	Initially paid from savings and AFB, thereafter unlimited
Specialised Dentistry	R10 000 p/b, subject to protocols
<b>Radiology and Pathology</b> Basic Radiology Basic Pathology Specialised Radiology including MRI, CT and PET Scans	Paid from savings/AFB Paid from savings/AFB The first R2 000 of the account is subject to savings/AFB, thereafter unlimited
<b>Prescribed Medicines</b> Acute Medication	R10 000 p/b and R16 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	R700 p/b and R1 000 p/f (max of R150 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
<b>Optical</b> Optometry	2 Tests p/b Lenses, frames and contact lenses – R3 000 p/b Frame sub-limit of R1 500 p/b included in lens limit
<b>Other</b> Auxiliary Services (Speech Therapists, Social Workers, Chiropodists/Podiatrists, Occupational Therapists, Homeopaths & Naturopaths, Dieticians, Chiropractors, Audiologists, Physiotherapists and Biokinetics)	Collective limit of R5 000 p/f
Clinical Psychologists	R3 300 p/f
Psychiatry	R11 000 p/f
Private Nursing at home	100% of GWR 60 days Subject to pre-authorisation
Ante-Natal Classes	R900
Hospital emergency room/casualty emergency visits (not requiring admissions excluding facility fees)	Unlimited, paid from savings/AFB excluding facility fees
Surgical & Medical Appliances e.g. wheelchairs, crutches, glucometers, hearing aids, artificial eyes and external fixators	R45 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"> <li>Childhood as recommended by the Department of Health up to 18 months <ul style="list-style-type: none"> <li>Flu vaccinations – 1 p/b per annum</li> </ul> </li> <li>Adult Pneumococcal Vaccine – subject to protocols</li> <li>Childhood Pneumococcal Vaccine – subject to protocols</li> </ul>

## 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:

PINNACLE	Principal	Adult	Child
Pinnacle Risk	2 258	1 760	630
Pinnacle Savings	754	586	210
Pinnacle Total	3 012	2 346	840
Annual Savings	9 048	7 032	2 520
Threshold	6 786	5 274	1 890

### 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

This brochure is a summary of the benefits of Compicare 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.