



PROFMED

2017

SCHEDULE OF BENEFITS

Version 2

Applicable 1 January 2017 to 31 December 2017.

Please read in conjunction with the Information Guide and Rules of the Scheme available at www.profmed.co.za or by calling 0860 679 200.

*Pursue excellence
and success will follow*

HEALTHCARE FOR PROFESSIONALS

INDEX

Contribution Table.....	1
Important Telephone Numbers.....	2
E-mail Us.....	2
Emergency Telephone Number	2
Definitions	3
Tariff Descriptions	4
Designated Service Providers.....	5
Scheme Exclusions	6
Schedule of Benefits.....	7
1. Hospital and Hospital-related Benefits and Major Medical Expenses	7
2. Preventative Care	10
3. Contraceptives	11
4. Chronic Medication.....	12
5. Day-to-day Cover	13
6. Maternity	16
7. International Travel Medical Assistance.....	17

2017

Contributions

CONTRIBUTION TABLE

Monthly Income R0 - R5 000					
	ProPinnacle	ProSecure Plus	ProSecure	ProActive Plus	ProActive
Adult					R635
Adult dependant					R635
Child					R406

Monthly Income R5 001 - R9 000					
	ProPinnacle	ProSecure Plus	ProSecure	ProActive Plus	ProActive
Adult			R2 095		R1 049
Adult dependant			R2 095		R1 049
Child			R949		R470

Monthly Income R9 001 +					
	ProPinnacle	ProSecure Plus	ProSecure	ProActive Plus	ProActive
Adult	R6 007	R3 555	R2 913	R1 585	R1 408
Adult dependant	R5 572	R3 289	R2 697	R1 473	R1 301
Child	R1 802	R1 385	R1 137	R618	R548

Notes:

- Members applying for the rates below R9 000 monthly income must submit proof of gross monthly income from all sources. If a member registers his spouse or partner as a dependant, proof of the higher of the member's or spouse's or partner's income from all sources must be provided, i.e. latest three months' bank statements of all bank accounts, a tax directive from SARS or the latest tax return. Proof of income must be provided to the Scheme annually by end-February.
- Adult dependant rates apply from age 21.
- If the dependant is studying and is dependent on the principal member, child rates apply up to age 28. Thereafter rates will default to adult dependant rates.
- Proof of dependence, i.e. latest three month's bank statements of all bank accounts, and annual proof of study, i.e. proof of registration from academic institution, must be provided to the Scheme in terms of 3 above. If proof is not received annually by the Scheme by end-February, rates will default to adult dependant rates.

Get in touch

IMPORTANT TELEPHONE NUMBERS

	Within RSA	Outside RSA	Fax
Client Services & Claims (no faxed claims)	0860 679 200	+27 12 679 4144	+27 12 679 4411
Chronic Disease & Medication Authorisations (treating doctor and pharmacists only)	0800 132 345	+27 11 770 6000	–
Hospital & Specialised Radiology Authorisations	0860 776 363	+27 12 679 4145	+27 12 679 4438
International Travel Medical Assistance:			
• For emergency medical assistance	–	+27 11 541 1225	–
• For enquiries	0860 679 200	–	–
Disease Management Authorisations	0860 776 363	+27 12 679 4145	+27 12 679 4438
Dental Authorisations	0860 679 200	+27 12 679 4144	+27 12 679 4411
Profmed Baby Programme	0860 776 363	–	–
Multiply Wellness Programme	0861 886 600	–	–

E-mail Us

	Within and Outside RSA
Client Services & General	info@profmed.co.za
Claims (no faxed claims)	claims@profmed.co.za
International Travel Claims	internationalclaims@profmed.co.za
International Travel Enquiries	internationalinfo@profmed.co.za
Profmed Baby Programme Enquiries	profmedbaby@profmed.co.za

Emergency Telephone Numbers

	Within and Outside RSA
Emergency medical assistance outside RSA	+27 11 541 1225
Emergency medical assistance within RSA	0861 776 363
Assistance for trauma and HIV exposure	

What's what

DEFINITIONS

Member	The principal member of the Scheme in terms of the rules
Beneficiary	The member and any of his/her dependants registered on the Scheme entitled to receive benefits in terms of the rules
Family	The total constitution of a member and his/her dependants registered on the Scheme in terms of the rules
M	Member
M+1	Member plus one dependant
M+2	Member plus two dependants
M+3	Member plus three dependants
Maximum	Maximum benefit payable for a family larger than the family sizes indicated for a particular benefit
"Off-label"	Medication utilised for a condition for which it is not specifically registered
Single Exit Price	The retail price of medication as determined by legislation

Day-to-day Limit

Annual overall limit imposed on specific acute, out-of-hospital benefits. Sub-limits on these benefits are subject to availability of funds in the annual overall day-to-day limit. Funds in the annual overall limit can only be accessed through the relevant available sub-limits, where applicable.

Prescribed Minimum Benefits (PMBs)

The minimum benefit a scheme is required to cover in respect of the diagnosis and treatment of the 270 conditions, as required by legislation. This Schedule of Benefits is subject to the provisions of the Medical Schemes Act No. 131 of 1998 and Regulations relating to the prescribed minimum benefits. Profmed provides cover for 270 conditions listed in the PMBs as well as the 26 chronic conditions listed in the Chronic Disease List (CDL) in accordance with the provisions of the Act and Regulations.

The 26 prescribed chronic conditions include the following: Addison's Disease, Asthma, Bipolar Mood Disorder, Bronchiectasis, Cardiac Failure, Cardiomyopathy Disease, Chronic Obstructive Pulmonary Disorder, Chronic Renal Disease, Coronary Artery Disease, Crohn's Disease, Diabetes Insipidis, Diabetes Mellitus Types 1 & 2, Dysrhythmias, Epilepsy, Glaucoma, Haemophilia, HIV/AIDS, Hyperlipidaemia, Hypertension, Hypothyroidism, Multiple Sclerosis, Parkinson's Disease, Rheumatoid Arthritis, Schizophrenia, Systemic Lupus Erythematosus and Ulcerative Colitis. The diagnosis, treatment and care costs of these conditions will be paid in full provided these services are obtained from Profmed's designated service provider networks, where applicable. However, if such services are obtained **voluntarily** from a provider other than a DSP, the member will be liable for the balance of the account or the balance will be deducted from the relevant day-to-day benefit, subject to availability of funds. If the service is **involuntarily** obtained from a provider other than a DSP, the service will be paid in terms of the PMB legislation.

All PMB treatment will be subject to the application of treatment protocols and formularies, which will be more or less restrictive depending on the option chosen by the member. Costs in respect of PMBs that exceed the formulary, reference pricing, rules and protocols will be the responsibility of the member.

Designated Service Provider (DSP)/Designated Service Provider Network (DSPN)

A healthcare service provider (DSP) or network of healthcare service providers (DSPN) who are contracted by the Scheme to provide diagnosis, services, treatment, medicine or facilities to members in terms of both PMBs and non-PMBs. Services obtained from a non-DSP will be reimbursed at the rate negotiated by Profmed with the DSPN.

Pre-authorisation

Pre-authorisation must be obtained for hospitalisation and certain major medical treatment and procedures. Pre-authorisation is not a guarantee of payment and benefits are paid in accordance with the relevant protocols and Scheme rules, subject to availability of funds. Authorised services or treatment must commence within three months of authorisation, after which the authorisation is no longer valid. Authorisation does not include the fees charged by the attending medical practitioners.

It is the member's responsibility to obtain pre-authorisation, which should be obtained at least seven days prior to the commencement of treatment or services. In case of emergencies that occur after hours or on weekends and public holidays, authorisation must be obtained the next working day.

Profmed does not prescribe the treatment members should undergo but will only fund treatment in accordance with the Scheme rules and protocols and that is clinically appropriate and evidence based, subject to PMB legislation.

SADC Region

The region known as the Southern African Development Community, namely Angola, Botswana, Democratic Republic of the Congo, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Seychelles, South Africa, Swaziland, Tanzania (including Zanzibar), Zambia and Zimbabwe.

TARIFF DESCRIPTIONS

Services obtained at a tariff higher than that provided on any given option will be paid at the tariff specific to each option, subject to PMB legislation.

Profmed Tariff	The 2016 Profmed Tariff plus 5% increase
Profmed Dental Tariff	135% of Profmed Tariff for consultations and procedures
Profmed Negotiated Tariff	Negotiated by Profmed with particular providers and the various hospital groups and specific to each group
Profmed Specific Tariff	<ul style="list-style-type: none">• Consultations: R415 for GPs and R630 for specialists• Procedures: 120% of Profmed Tariff for GPs and specialists
Profmed Plus Tariff	200% of Profmed Tariff paid to GPs and specialists for consultations and procedures
Profmed Premium Tariff	300% of Profmed Tariff paid to GPs and specialists for consultations and procedures
Profmed Optical Tariff	DSPN tariff negotiated by Opticlear with registered optical service providers nationally

DESIGNATED SERVICE PROVIDERS

Members will be required to make use of designated service providers to avoid co-payments on services rendered for the relevant benefits, subject to PMB legislation.

Day-to-day (PMBs and non-PMBs)	No DSPN, subject to rules and protocols
Hospitalisation	<ul style="list-style-type: none"> • PMBs: No DSPN, with the exception of benefits for psychiatric hospitalisation, drug and alcohol rehabilitation, physical rehabilitation and endoscopic examinations, subject to pre-authorisation, rules and protocols • Non-PMBs: No DSPN, with the exception of benefits for endoscopic examinations, subject to pre-authorisation, rules and protocols
Psychiatric Hospitalisation	Participating National Hospital Network (NHN) facilities and Life Healthcare
Medication	Profmed Pharmacy Network, subject to rules, formulary, reference pricing and protocols
Cataract Surgery	Ophthalmic Management Group (now Ophthalmic Risk Management (ORM))
Chronic Dialysis	National Renal Care, Life Healthcare
Oncology	<ul style="list-style-type: none"> • Radiation: Participating Netcare facilities • PET Scans: Bloch & Partners at Morningside Clinic (applies to greater Johannesburg region only)
Preventative Care	Pathology: Ampath, Lancet Laboratories and Pathcare
Optical	Opticlear
Trauma and HIV Assistance Programme	Lifesense
Rehabilitation	<ul style="list-style-type: none"> • Alcohol and Drugs: South African National Council on Alcoholism and Drug Dependence (SANCA) • Physical: Life Healthcare
Endoscopic Examinations	Netcare, Life Healthcare, Clinix, National Hospital Network (NHN) and Mediclinic
Domiciliary (Home) Oxygen	Ecomed Medical cc
Emergency Medical Transport (Within RSA)	Netcare 911

The exceptions

SCHEME EXCLUSIONS

Please refer to Annexure C of the Scheme Rules and the Information Guide, which are available on the website, for expenses not covered by the Scheme.

BENEFIT LIMITATIONS

Benefit limits are applicable for a benefit year, unless stated otherwise. Claims must be submitted within four months from the date of service, thereafter they are considered as stale claims and will not be paid. Claims are funded, subject to the availability of funds at the time the claim is received by the Scheme and funds are not reserved for any specific claim.

SCHEDULE OF BENEFITS

BENEFIT	ProPinnacle	ProSecure Plus	ProSecure	ProActive Plus	ProActive
1. Hospital and Hospital-related Benefits and Major Medical Expenses					
1A Hospitalisation Call 0860 776 363 for authorisation, information on clinical qualifying criteria and benefits.					
1A1 Private, government and provincial hospital ward accommodation (Subject to pre-authorisation)	100% Profmed Negotiated Tariff in private ward	100% Profmed Negotiated Tariff in general ward		100% Profmed Negotiated Tariff in general ward	
1A2 Theatre and recovery room	100% Profmed Negotiated Tariff	100% Profmed Negotiated Tariff		100% Profmed Negotiated Tariff	
1A3 Intensive care and high care (Subject to confirmation every 72 hours)	100% Profmed Negotiated Tariff	100% Profmed Negotiated Tariff		100% Profmed Negotiated Tariff	
1A4 Emergency room visits and facility fees at hospitals that result in hospitalisation	100% Profmed Negotiated Tariff	100% Profmed Negotiated Tariff		100% Profmed Negotiated Tariff	
1B Medicines in Hospital					
1B1 Medicines and materials used in hospital and theatre	100% Profmed Negotiated Tariff	100% Profmed Negotiated Tariff		100% Profmed Negotiated Tariff	
1B2 Medicines taken out of hospital on discharge (Benefit limited to a 7-day supply) (See Section 5B1)	80% Profmed Negotiated Tariff at DSPN Paid from acute medicine benefit, subject to the availability of funds	80% Profmed Negotiated Tariff at DSPN Paid from acute medicine benefit, subject to the availability of funds		No benefit, subject to PMB legislation	
1C General Practitioners (GPs) and Specialists in Hospital					
1C1 Surgery and in-hospital procedures	100% Profmed Premium Tariff	100% Profmed Plus Tariff	100% Profmed Specific Tariff	100% Profmed Plus Tariff	100% Profmed Specific Tariff
1C2 Visits and consultations by a GP or specialist while hospitalised	100% Profmed Premium Tariff	100% Profmed Plus Tariff	100% Profmed Specific Tariff	100% Profmed Plus Tariff	100% Profmed Specific Tariff
1D Radiology and Pathology in Hospital Call 0860 776 363 for authorisation, information on clinical qualifying criteria and benefits. Hospitalisation not covered if admission is for the sole purpose of radiology or pathology investigations.					
1D1 Radiology and pathology while hospitalised (Excluding MRI, radio-isotope, CT and PET scans and certain other investigative procedures)	100% Profmed Tariff	100% Profmed Tariff		100% Profmed Tariff	
1D2 MRI, radio-isotope and CT scans and certain other investigative procedures while hospitalised <i>Specialist referral required, except for CT scans</i> (See Section 5A6) (Subject to pre-authorisation)	100% Profmed Tariff 2 investigations per family in- or out-of-hospital	100% Profmed Tariff 2 investigations per family in- or out-of-hospital		100% Profmed Tariff 2 investigations per family in-hospital only	
1E Other Major Medical Services Call 0860 776 363 for authorisation and registration, information on clinical qualifying criteria and benefits.					
1E1 Transplants Subject to registration on the Disease Management Programme, and PMB legislation. Benefit 1E1(b) below is not available to members who elect to be a donor to a recipient who is not a Profmed member.					
a) Hospitalisation (Subject to pre-authorisation)	100% Profmed Negotiated Tariff	100% Profmed Negotiated Tariff		100% Profmed Negotiated Tariff	
b) Donor costs PMBs only (Subject to pre-authorisation and protocols)	100% Profmed Negotiated Tariff	100% Profmed Negotiated Tariff		100% Profmed Negotiated Tariff	

SCHEDULE OF BENEFITS

BENEFIT	ProPinnacle	ProSecure Plus	ProSecure	ProActive Plus	ProActive
1E2 Peritoneal dialysis and haemodialysis Chronic dialysis subject to the use of the DSPN. Co-payment applies for the use of a non-DSP. (Subject to pre-authorisation and registration on the Disease Management Programme and PMB legislation)	100% Profmed Negotiated Tariff	100% Profmed Negotiated Tariff		100% Profmed Negotiated Tariff	
1E3 Oncology Subject to the use of the relevant DSPN, where applicable. Co-payment applies for voluntary use of a non-DSP. Benefit includes radiation therapy and/or chemotherapy, radiology, pathology and adjunct treatment, as well as oncology-related consultations, medicine, procedures and investigations for post-treatment monitoring, subject to Profmed protocols, costings and PMB legislation.					
Includes all costs related to treatment, consultations, investigations and drugs, excluding hospitalisation (Subject to pre-authorisation and registration on the Oncology Programme and PMB legislation)	R600 000 per beneficiary Thereafter, subject to PMB legislation	R400 000 per beneficiary Thereafter, subject to PMB legislation		R200 000 per beneficiary Thereafter, subject to PMB legislation	
a) Chemotherapy (Subject to pre-authorisation and registration on the Oncology Programme and PMB legislation)					
i) Consultations and facility fees	100% Profmed Premium Tariff	100% Profmed Specific Tariff		100% Profmed Specific Tariff	
ii) Chemotherapy drugs Excluding Biologics and other expensive drugs (See Section 1E3 (d)) (Subject to formulary, reference pricing, MMAP® and protocols)	100% Single Exit Price and dispensing fee	100% Single Exit Price and dispensing fee		100% Single Exit Price and dispensing fee	
b) Radiation therapy (Subject to pre-authorisation and registration on the Oncology Programme and PMB legislation)					
i) Consultations	100% Profmed Premium Tariff	100% Profmed Specific Tariff		100% Profmed Specific Tariff	
ii) Radiation therapy and facility fees (Subject to use of the DSPN)	100% Profmed Negotiated Tariff	100% Profmed Negotiated Tariff		100% Profmed Negotiated Tariff	
c) PET scans (Positron-Emission Tomography) (Subject to pre-authorisation and protocols, and use of the DSPN. DSPN applicable within the greater Johannesburg region only)	100% Profmed Negotiated Tariff	100% Profmed Negotiated Tariff		100% Profmed Negotiated Tariff	
d) Biologics and other expensive drugs Per the Oncology Biologics and Expensive Drugs List (available at www.profmed.co.za)	Subject to benefit limit 80% Single Exit Price and dispensing fee Subject to PMB legislation	No benefit, subject to PMB legislation		No benefit, subject to PMB legislation	
1E4 Rehabilitation This benefit covers members who have become disabled as a result of acute injuries caused by trauma, infection, surgery, spinal cord injury, brain injury, bleeding or infarction resulting in a stroke. This benefit is only available as an in-patient in a registered rehabilitation facility. Rehabilitation must occur within the benefit year in which the specified injury takes place, or commence directly after discharge from an acute hospitalisation facility or not more than one calendar month after the specified injury is sustained. Benefits are limited to two months' rehabilitation and the availability of benefits, and are subject to case management and Profmed protocols. Admissions covered at authorised service providers only. Subject to use of the DSPN and PMB legislation. Co-payment applies for voluntary use of a non-DSP.					
(Subject to pre-authorisation and use of the DSPN)	100% Profmed Negotiated Tariff R70 700 per family	100% Profmed Negotiated Tariff R47 000 per family		100% Profmed Negotiated Tariff R23 500 per family	

SCHEDULE OF BENEFITS

BENEFIT		ProPinnacle	ProSecure Plus	ProSecure	ProActive Plus	ProActive
1E5	Out-patient care in lieu of hospitalisation a) Treatment in a registered sub-acute facility or at home by an appropriately registered practitioner (Subject to pre-authorisation and protocols)	100% Profmed Negotiated Tariff R15 300 per beneficiary	100% Profmed Negotiated Tariff R12 900 per beneficiary		100% Profmed Negotiated Tariff R11 000 per beneficiary	
	b) Wound care Treatment at home, including surgicals, by an appropriately registered practitioner (Subject to pre-authorisation and protocols)	100% Profmed Negotiated Tariff R5 900 per beneficiary	100% Profmed Negotiated Tariff R3 500 per beneficiary		100% Profmed Negotiated Tariff R2 900 per beneficiary	
1E6	Psychiatric treatment Includes all in- and out-of-hospital psychiatric and clinical psychology consultations, treatment and in-hospital medication, and alcohol and drug rehabilitation. Hospitalisation only available at DSPN. PMBs are deducted from this benefit but are not subject to these limits. Co-payment applies for voluntary use of a non-DSP.					
	a) In-hospital (Subject to pre-authorisation and use of the DSPN)	100% Profmed Negotiated Tariff R35 400 per family, subject to PMB legislation	100% Profmed Negotiated Tariff R23 600 per family, subject to PMB legislation		100% Profmed Negotiated Tariff R17 700 per family, subject to PMB legislation	
	b) Out-of-hospital consultations, subject to PMB legislation	R6 000 per family Subject to 1E6(a) in-hospital limit	R6 000 per family Subject to 1E6(a) in-hospital limit		R6 000 per family Subject to 1E6(a) in-hospital limit PMBs only	
1E7	Endoscopic examinations In suitably equipped procedure room, subject to protocols and PMB legislation and use of the DSPN. Co-payment applies for voluntary use of a non-DSP.					
	a) Gastroscopy (Subject to pre-authorisation and use of the DSPN)	100% Profmed Negotiated Tariff	100% Profmed Negotiated Tariff		100% Profmed Negotiated Tariff	
	b) Colonoscopy Includes Sigmoidoscopy (Subject to pre-authorisation and use of the DSPN)	100% Profmed Negotiated Tariff	100% Profmed Negotiated Tariff		100% Profmed Negotiated Tariff	
	c) Colonoscopy and Gastroscopy Combined procedure (Subject to pre-authorisation and use of the DSPN)	100% Profmed Negotiated Tariff	100% Profmed Negotiated Tariff		100% Profmed Negotiated Tariff	
1F	Other Medical Services Call 0860 776 363 for authorisation, information on clinical qualifying criteria and benefits.					
1F1	Physiotherapy a) In-hospital (Subject to pre-authorisation)	100% Profmed Tariff	100% Profmed Tariff		100% Profmed Tariff	
	b) Out-of-hospital Post-operative, available up to 6 weeks after related hospital procedure (Subject to pre-authorisation)	100% Profmed Tariff M R2 700 Maximum R4 500 per family	100% Profmed Tariff M R2 000 Maximum R3 200 per family		No benefit, subject to PMB legislation	
1F2	Blood transfusions (Subject to pre-authorisation)	100% Profmed Negotiated Tariff	100% Profmed Negotiated Tariff		100% Profmed Negotiated Tariff	
1F3	Emergency medical transport. Emergencies within the borders of South Africa and within the country of residence in the SADC Region. Contact 0861 776 363 within RSA; +27 11 541 1225 within SADC Region. (See Section 7 for International Travel Medical Assistance.) (Subject to Profmed protocols and use of DSPN)	100% of cost	100% of cost		100% of cost	

SCHEDULE OF BENEFITS

BENEFIT	ProPinnacle	ProSecure Plus	ProSecure	ProActive Plus	ProActive
1F4 Internal surgical devices A fabricated or artificial substitute that is surgically implanted permanently into the body and does not protrude from the body and replaces or assists a diseased or missing part of the body to restore functionality. Subject to PMB legislation.					
a) Major (Subject to pre-authorisation, protocols and management)	100% Profmed Negotiated Tariff R46 000 per family	100% Profmed Negotiated Tariff R46 000 per family		100% Profmed Negotiated Tariff R46 000 per family	
b) Intraocular lenses Cataract surgery only (Subject to pre-authorisation, protocols and management)	R4 350 per beneficiary per event	R4 350 per beneficiary per event		R4 350 per beneficiary per event	
1F5 Cochlear implants Excluding upgrade/ replacement of external appliance (Subject to pre-authorisation)	100% Profmed Negotiated Tariff R94 000 per family	100% Profmed Negotiated Tariff R88 000 per family		100% Profmed Negotiated Tariff R58 000 per family	
1G Dental Procedures in Hospital Call 0860 776 363 for authorisation, information on clinical qualifying criteria and benefits. Dental hospitalisation, dentist, specialist and anaesthetist fees for permanent tooth impaction removals are paid from risk, subject to pre-authorisation and protocols. Dentist fees in hospital for other authorised procedures are paid from the available day-to-day dentistry benefit and anaesthetist fees are paid from risk. Subject to PMB legislation.					
*Specific cases covered subject to pre-authorisation: Extensive conservative dental treatment in children younger than 8 years – 24-month benefit; Permanent tooth impaction removal.					
1G1 In-hospital dentistry Including conservative and advanced dentistry (Subject to pre-authorisation, protocols and management)	100% Profmed Negotiated Tariff	100% Profmed Negotiated Tariff		100% Profmed Negotiated Tariff *Specific cases only	
a) Specialist and anaesthetist fees	100% Profmed Premium Tariff	100% Profmed Plus Tariff	100% Profmed Specific Tariff	100% Profmed Plus Tariff	100% Profmed Specific Tariff
b) Dentist fees	100% Profmed Dental Tariff	100% Profmed Dental Tariff		100% Profmed Dental Tariff	
1G2 Functional orthognathic surgery Includes all costs related to the admission and procedure, e.g. all medical practitioner fees, hospitalisation, etc. (Subject to pre-authorisation)	R32 000 per family	No benefit		No benefit	
2. Preventative Care Benefits are subject to specific protocols and the use of the DSPN. Co-payment applies for voluntary use of non-DSP.					
2.1 Prostate Specific Antigen (PSA) Males 40 years and older. Subject to PMB legislation.					
Pathology (Subject to use of the DSPN) (Tariff code 4519)	100% Profmed Negotiated Tariff 1 investigation per beneficiary	100% Profmed Negotiated Tariff 1 investigation per beneficiary		100% Profmed Negotiated Tariff 1 investigation per beneficiary	
2.2 Pap smear or liquid-based cytology Females 18 years and older. Subject to PMB legislation.					
Pathology (Subject to use of the DSPN) (Tariff code 4566 – Pap smear. Tariff codes 4559 and 4560 – liquid-based cytology reimbursed per tariff code 4566)	100% Profmed Negotiated Tariff 1 investigation per beneficiary	100% Profmed Negotiated Tariff 1 investigation per beneficiary		100% Profmed Negotiated Tariff 1 investigation per beneficiary	
2.3 Mammograms Females 40 years and older. Available to females younger than 40 years pre-disposed to breast cancer, subject to motivation. Subject to PMB legislation.					
Radiology	100% Profmed Tariff 1 investigation per beneficiary	100% Profmed Tariff 1 investigation per beneficiary		100% Profmed Tariff 1 investigation per beneficiary	

SCHEDULE OF BENEFITS

BENEFIT	ProPinnacle	ProSecure Plus	ProSecure	ProActive Plus	ProActive
2.4 Fasting lipogram blood test Males and females 40 years and older. Subject to PMB legislation.					
Pathology (Subject to use of the DSPN) (Tariff code 4025)	100% Profmed Negotiated Tariff 1 investigation per beneficiary	100% Profmed Negotiated Tariff 1 investigation per beneficiary		100% Profmed Negotiated Tariff 1 investigation per beneficiary	
2.5 Fasting blood sugar test For late onset diabetes. Males and females 40 years and older. Subject to PMB legislation.					
Pathology (Subject to use of the DSPN) (Tariff code 4057)	100% Profmed Negotiated Tariff 1 investigation per beneficiary	100% Profmed Negotiated Tariff 1 investigation per beneficiary		100% Profmed Negotiated Tariff 1 investigation per beneficiary	
2.6 Influenza vaccine Vaccine only	100% Single Exit Price and dispensing fee at DSPN rate 1 vaccination per beneficiary	100% Single Exit Price and dispensing fee at DSPN rate 1 vaccination per beneficiary		100% Single Exit Price and dispensing fee at DSPN rate 1 vaccination per beneficiary	
2.7 Human papilloma virus (HPV) vaccine Females 9 to 27 years of age. Includes initial vaccination and two follow-up booster vaccinations, where applicable. Subject to PMB legislation.					
Vaccine only	100% Single Exit Price and dispensing fee at DSPN rate	100% Single Exit Price and dispensing fee at DSPN rate		100% Single Exit Price and dispensing fee at DSPN rate	
2.8 Child immunisations Children 0 to 6 years, per the Department of Health's Childhood Immunisation Schedule. Subject to PMB legislation.					
Vaccine only	100% Single Exit Price and dispensing fee at DSPN rate	100% Single Exit Price and dispensing fee at DSPN rate		100% Single Exit Price and dispensing fee at DSPN rate	
2.9 Pneumococcal vaccine Adults 65 years and older and individuals of all ages who are respiratory or immuno-compromised. Subject to PMB legislation.					
Vaccine only	100% Single Exit Price and dispensing fee at DSPN rate	100% Single Exit Price and dispensing fee at DSPN rate		100% Single Exit Price and dispensing fee at DSPN rate	
2.10 Consultation Includes any consultation in relation to the Preventative Care benefit	100% Profmed Premium Tariff for GPs and specialists 1 consultation per beneficiary, thereafter subject to available day-to-day limit	100% Profmed Specific Tariff for GPs (R415) and specialists (R630) 1 consultation per beneficiary, thereafter subject to available day-to-day limit		100% Profmed Specific Tariff at GP rate (R415) 1 consultation per beneficiary, thereafter subject to PMB legislation	
3. Contraceptives Funding only applies for contraceptive purposes. Protocols apply.					
Including oral contraceptives, patches, injections, implants and intra-uterine devices. • Oral contraceptives and patches: every 20 days • Injections: 3 to 6 month cycle • Intra-uterine devices and implants: 3 to 5 year cycle	100% Single Exit Price and dispensing fee at DSPN rate MMAP® applies Maximum R1 640 per beneficiary Not subject to day-to-day limit	100% Single Exit Price and dispensing fee at DSPN rate MMAP® applies Maximum R1 640 per beneficiary Not subject to day-to-day limit		100% Single Exit Price and dispensing fee at DSPN rate MMAP® applies Maximum R1 640 per beneficiary	

SCHEDULE OF BENEFITS

4. Chronic Medication Conditions

ProPinnacle

57 conditions plus relevant DTPs

CDLs: Addison's Disease, Asthma, Bipolar Mood Disorder, Bronchiectasis, Cardiac Failure, Cardiomyopathy Disease, Chronic Obstructive Pulmonary Disorder, Chronic Renal Disease, Coronary Artery Disease, Crohn's Disease, Diabetes Insipidus, Diabetes Mellitus Types 1 & 2, Dysrhythmias, Epilepsy, Glaucoma, Haemophilia, HIV/AIDS, Hyperlipidaemia, Hypertension, Hypothyroidism, Multiple Sclerosis, Parkinson's Disease, Rheumatoid Arthritis, Schizophrenia, Systemic Lupus Erythematosus, Ulcerative Colitis.

Other: Allergic Rhinitis (in patients with asthma), Alzheimer's Disease, Ankylosing Spondylitis, Benign Prostatic Hypertrophy, Cushing's Syndrome, Cystic Fibrosis, Deep Vein Thrombosis, Gastro-Oesophageal Reflux Disorder, Gout, Hypoparathyroidism, Hyperthyroidism, Major Depressive Disorder, Malabsorption Syndrome, Meniere's Disease, Motor Neuron Disease, Myasthenia Gravis, Obsessive Compulsive Disorder, Oncology Adjunctive Treatment, Osteoarthritis, Osteoporosis, Paget's Disease, Paraplegia & Quadriplegia, Peripheral Vascular Disease, Pituitary Adenomas/Hyperfunction of Pituitary Gland, Post-Organ Transplant (non-DTP), Psoriatic Arthritis, Pulmonary Interstitial Fibrosis, Stroke/Cerebrovascular Accident, Systemic Connective Tissue Disorders, Tuberculosis, Valvular Heart Disease.

DTPs: Relevant chronic conditions listed in the 270 PMBs, e.g. hormone replacement therapy (Menopause), immuno-suppressive therapy (Post-Organ Transplants).

ProSecure Plus & ProSecure

39 conditions plus relevant DTPs

CDLs: Addison's Disease, Asthma, Bipolar Mood Disorder, Bronchiectasis, Cardiac Failure, Cardiomyopathy Disease, Chronic Obstructive Pulmonary Disorder, Chronic Renal Disease, Coronary Artery Disease, Crohn's Disease, Diabetes Insipidus, Diabetes Mellitus Types 1 & 2, Dysrhythmias, Epilepsy, Glaucoma, Haemophilia, HIV/AIDS, Hyperlipidaemia, Hypertension, Hypothyroidism, Multiple Sclerosis, Parkinson's Disease, Rheumatoid Arthritis, Schizophrenia, Systemic Lupus Erythematosus, Ulcerative Colitis.

Other: Allergic Rhinitis (in patients with asthma), Alzheimer's Disease, Ankylosing Spondylitis, Benign Prostatic Hypertrophy, Major Depressive Disorder, Obsessive Compulsive Disorder, Oncology Adjunctive Treatment, Osteoporosis, Paraplegia & Quadriplegia, Pituitary Adenomas/Hyperfunction of Pituitary Gland, Psoriatic Arthritis, Pulmonary Interstitial Fibrosis, Valvular Heart Disease.

DTPs: Relevant chronic conditions listed in the 270 PMBs, e.g. hormone replacement therapy (Menopause), immuno-suppressive therapy (Post-Organ Transplants).

ProActive Plus & ProActive

26 conditions plus relevant DTPs

CDLs: Addison's Disease, Asthma, Bipolar Mood Disorder, Bronchiectasis, Cardiac Failure, Cardiomyopathy Disease, Chronic Obstructive Pulmonary Disorder, Chronic Renal Disease, Coronary Artery Disease, Crohn's Disease, Diabetes Insipidus, Diabetes Mellitus Types 1 & 2, Dysrhythmias, Epilepsy, Glaucoma, Haemophilia, HIV/AIDS, Hyperlipidaemia, Hypertension, Hypothyroidism, Multiple Sclerosis, Parkinson's Disease, Rheumatoid Arthritis, Schizophrenia, Systemic Lupus Erythematosus, Ulcerative Colitis.

DTPs: Relevant chronic conditions listed in the 270 PMBs, e.g. hormone replacement therapy (Menopause), immuno-suppressive therapy (Post-Organ Transplants).

BENEFIT

ProPinnacle

ProSecure Plus

ProSecure

ProActive Plus

ProActive

4. Chronic Medication Benefit

The formulary and reference pricing will be most restrictive on the ProActive options and least restrictive on the ProPinnacle option. MMAP[®] applies. The conditions covered on each option are listed below. The Condition Medicine List (CML), including the list of chronic diseases (CDL), is available on the Profmed website at www.profmed.co.za. Subject to the use of the DSPN. Co-payment applies for voluntary use of a non-DSP. Claims from wholesale pharmacies will not be accepted. Call 0860 679 200 for information on clinical qualifying criteria and benefits. Furthermore, where a protocol or a formulary drug preferred by the Scheme has been ineffective or would cause harm to a beneficiary, the Scheme will fund the cost of the appropriate substitution treatment without a penalty to the beneficiary as required by Regulations 15H and 15I of the Act.

CDLs, other chronic conditions and relevant DTPs as listed above. 24-day dispensing cycle applies (Attending doctor or pharmacist to call 0800 132 345 to register condition and authorise medication)

100% Single Exit Price and dispensing fee
57 conditions covered and relevant DTPs
Unlimited, subject to Profmed formulary and reference price

100% Single Exit Price and dispensing fee
39 conditions covered and relevant DTPs
Subject to Profmed formulary and reference price
M R14 900
M+1 R24 400
Maximum R33 800 per family

100% Single Exit Price and dispensing fee
Restricted to 26 CDL conditions and relevant DTPs, subject to PMB legislation
Subject to Profmed formulary and strict reference price

SCHEDULE OF BENEFITS

BENEFIT	ProPinnacle	ProSecure Plus	ProSecure	ProActive Plus	ProActive
5. Day-to-day Cover All sub-limits for out-of-hospital benefits set out in this section, and benefits subject to the day-to-day limit in other sections of this Schedule, are subject to the availability of the annual overall day-to-day limit, subject to PMB legislation.					
Annual overall day-to-day limit Available only through relevant available day-to-day sub-limits, where applicable	M R16 000 M+1 R23 700 Maximum R30 800 per family	M R10 000 M+1 R15 200 Maximum R19 600 per family		Dentistry only: M R525 Maximum R1 500 per family (See Section 5E) Other: No benefit, subject to PMB legislation	
5A General Practitioners (GPs) and Specialists					
5A1 Visits and consultations	100% Profmed Premium Tariff Subject to day-to-day limit	100% Profmed Specific Tariff Subject to day-to-day limit		No benefit, subject to PMB legislation	
5A2 Non-hospital procedures in doctor's rooms	100% Profmed Premium Tariff Subject to day-to-day limit	100% Profmed Specific Tariff Subject to day-to-day limit		No benefit, subject to PMB legislation	
5A3 Psychiatric consultations (out-of-hospital) (See Section 1E6)	100% Profmed Premium Tariff Paid from Psychiatric benefit Not subject to day-to-day limit	100% Profmed Specific Tariff Paid from Psychiatric benefit Not subject to day-to-day limit		No benefit. PMBs paid from Psychiatric 1E6 benefit Subject to PMB legislation	
5A4 Clinical psychology (out-of-hospital) (See Section 1E6)	100% Profmed Tariff Paid from Psychiatric benefit Not subject to day-to-day limit	100% Profmed Tariff Paid from Psychiatric benefit Not subject to day-to-day limit		No benefit. PMBs paid from Psychiatric 1E6 benefit, subject to PMB legislation	
5A5 Radiology and pathology (Excluding MRI and CT scans)	80% Profmed Tariff Subject to day-to-day limit	80% Profmed Tariff Subject to day-to-day limit		No benefit, subject to PMB legislation	
5A6 MRI, radio-isotope and CT scans <i>Specialist referral required, except for CT scans</i> (See Section 1D2) (Subject to pre-authorisation. Call 0860 776 363 for authorisation and protocols)	80% Profmed Tariff 2 investigations per family in- or out-of-hospital Not subject to day-to-day limit	80% Profmed Tariff 2 investigations per family in- or out-of-hospital Subject to day-to-day limit out-of-hospital		No benefit, subject to PMB legislation	
5A7 Emergency room visits and facility fees at hospitals that do not result in hospitalisation	100% Profmed Negotiated Tariff Subject to day-to-day limit	100% Profmed Negotiated Tariff Subject to day-to-day limit		No benefit, subject to PMB legislation	
5B Acute Medication					
5B1 Prescribed acute medication Subject to use of DSPN. Co-payment applies for voluntary use of a non-DSP. Wholesale pharmacy claims will not be accepted. (Certain medication on repeat script will be funded from this benefit. Call 0860 679 200 for more information)	80% Single Exit Price and dispensing fee M R9 000 M+1 R12 000 M+2 R12 800 M+3 R14 200 Maximum R16 800 per family MMAP® applies Subject to day-to-day limit	80% Single Exit Price and dispensing fee M R3 250 M+1 R4 865 M+2 R5 370 M+3 R5 570 Maximum R6 000 per family MMAP® applies Subject to day-to-day limit		No benefit, subject to PMB legislation	
5B2 Over-the-counter medication (See Section 5B1)	80% of cost R1 700 per family Subject to acute medication and day-to-day limit	80% of cost R1 370 per family Subject to acute medication and day-to-day limit		No benefit	

SCHEDULE OF BENEFITS

BENEFIT	ProPinnacle	ProSecure Plus	ProSecure	ProActive Plus	ProActive
5C Supplementary Benefits					
5C1 a) External prostheses and appliances Includes insulin pumps, hearing aids, home oxygen therapy and stoma bags. <ul style="list-style-type: none"> Hearing aids: 1 pair every 24 months Insulin pumps: 1 every 48 months Home oxygen: subject to use of the DSPN. Co-payment applies for voluntary use of a non-DSP (Subject to protocols and pre-authorisation. Call 0860 776 363 for authorisation and protocols)	100% Profmed Negotiated Tariff R18 800 per family Hearing aids only: Additional R3 550 per family Not subject to day-to-day limit	100% Profmed Negotiated Tariff R12 500 per family Hearing aids only: Additional R5 900 per family Not subject to day-to-day limit		No benefit, subject to PMB legislation	
b) Other Includes orthopaedic braces, wheel chairs, walking frames and crutches	100% Profmed Negotiated Tariff R4 600 per family Subject to day-to-day limit	100% Profmed Negotiated Tariff R3 300 per family Subject to day-to-day limit		No benefit, subject to PMB legislation	
5C2 Supplementary services <ul style="list-style-type: none"> Audiometrists Biokineticists Chiropractors Dieticians Occupational therapists Speech therapists Physiotherapists Podiatrists 	100% Profmed Tariff M R2 600 Maximum R4 500 per family Subject to day-to-day limit, and PMB legislation	100% Profmed Tariff M R2 400 Maximum R4 000 per family Subject to day-to-day limit, and PMB legislation		No benefit, subject to PMB legislation	
5C3 Alternative health practitioners Including homeopaths and homeopathic medication. Practitioners must be registered with The Allied Health Professions Council	80% of cost R2 200 per family R670 per family sub-limit for homeopathic medication Subject to day-to-day limit	No benefit		No benefit	
5D Optical Services Benefits are subject to protocols and are applied over a 24-month period. Lenses are limited to contact lenses OR spectacle lenses.					
5D1 Eye examinations	100% Profmed Optical Tariff 24-month benefit Subject to day-to-day limit, and PMB legislation	100% Profmed Optical Tariff 24-month benefit Subject to day-to-day limit, and PMB legislation		No benefit, subject to PMB legislation	
5D2 Spectacles a) Lenses (generic) Single vision, bi-focal and varifocal	100% Profmed Optical Tariff 24-month benefit Subject to day-to-day limit	100% Profmed Optical Tariff 24-month benefit Subject to day-to-day limit		No benefit	
b) Extras	100% Profmed Optical Tariff for generic hard-coating and generic plastic anti-reflex coating 24-month benefit Subject to day-to-day limit	100% Profmed Optical Tariff for generic hard-coating 24-month benefit Subject to day-to-day limit		No benefit	
c) Frames	R1 120 per beneficiary 24-month benefit Subject to day-to-day limit	R815 per beneficiary 24-month benefit Subject to day-to-day limit		No benefit	

SCHEDULE OF BENEFITS

BENEFIT	ProPinnacle	ProSecure Plus	ProSecure	ProActive Plus	ProActive
5D3 Contact lenses (clear)	R2 750 per beneficiary 24-month benefit Subject to day-to-day limit	R1 615 per beneficiary 24-month benefit Subject to day-to-day limit		No benefit	
5D4 Refractive eye surgery Includes all costs related to the admission and procedure, all medical practitioner fees, hospitalisation, etc. (Subject to protocols and pre-authorisation. Call 0860 776 363 for authorisation and protocols)	R3 125 per beneficiary Not subject to day-to-day limit	No benefit		No benefit	
5E Dentistry Benefits are subject to protocols and management. (See Section 1G for dentist and specialist fees in-hospital)					
Conservative and advanced dentistry Orthodontics available only up to age 18. (Orthodontics and implants subject to pre-authorisation. Call 0860 679 200 for authorisation and protocols)	100% Profmed Dental Tariff R6 120 per beneficiary Maximum R12 240 per family Not subject to day-to-day limit	100% Profmed Dental Tariff R5 210 per beneficiary Maximum R10 500 per family Not subject to day-to-day limit		100% Profmed Dental Tariff R525 per beneficiary Maximum R1 500 per family (See Section 5)	
5F Trauma and HIV Assistance Programme Benefit covers trauma and HIV exposure as a result of crime, e.g. assault or rape, and HIV exposure resulting from crime and occupational injuries, e.g. needle-stick injury. Where relevant, victims will be accompanied by an appropriate, qualified professional to identity parades and court appearances for emotional support. Call 0861 776 363 for 24-hour assistance. Benefits are subject to the use of the DSP. Co-payment applies for voluntary use of a non-DSP. Subject to case management and protocols.					
5F1 Counselling a) Telephonic counselling	100% Profmed Negotiated Tariff Appropriate number of sessions as determined by the designated case manager Not subject to day-to-day limit	100% Profmed Negotiated Tariff Appropriate number of sessions as determined by the designated case manager Not subject to day-to-day limit		100% Profmed Negotiated Tariff Appropriate number of sessions as determined by the designated case manager	
b) Face-to-face counselling	100% Profmed Negotiated Tariff Appropriate number of sessions as determined by the designated case manager Thereafter, paid from Psychiatric (1E6) benefit and subject to PMB legislation Not subject to day-to-day limit	100% Profmed Negotiated Tariff Appropriate number of sessions as determined by the designated case manager Thereafter, paid from Psychiatric (1E6) benefit and subject to PMB legislation Not subject to day-to-day limit		100% Profmed Negotiated Tariff Appropriate number of sessions as determined by the designated case manager Thereafter, paid from Psychiatric (1E6) benefit and subject to PMB legislation	
5F2 HIV post-exposure management 2 doctor's consultations, 30 days' PEP medication, pathology and 3 - 6 months' HIV exposure management	100% Profmed Negotiated Tariff 1 course of treatment per beneficiary per incident at DSP Subject to PMB legislation Not subject to day-to-day limit	100% Profmed Negotiated Tariff 1 course of treatment per beneficiary per incident at DSP Subject to PMB legislation Not subject to day-to-day limit		100% Profmed Negotiated Tariff 1 course of treatment per beneficiary per incident at DSP Subject to PMB legislation	

SCHEDULE OF BENEFITS

BENEFIT	ProPinnacle	ProSecure Plus	ProSecure	ProActive Plus	ProActive
6. Maternity Call 0860 776 363 where pre-authorisation is required and for more information on clinical qualifying criteria and benefits. Subject to PMB legislation. Expectant mothers can contact 0860 776 363 to access the Profmed Baby Programme.					
6A Day-to-day Cover					
6A1 Ultra-sound scans (ante-natal)	100% Profmed Tariff 2 scans per pregnancy Subject to day-to-day limit	100% Profmed Tariff 2 scans per pregnancy Subject to day-to-day limit			No benefit, subject to PMB legislation
6A2 Consultations Ante-/post-natal consultations by a medical practitioner	100% Profmed Premium Tariff 13 visits per pregnancy Subject to day-to-day limit	100% Profmed Specific Tariff 13 visits per pregnancy Subject to day-to-day limit			No benefit, subject to PMB legislation
6A3 Consultations Ante-/post-natal consultations by a registered midwife	100% Profmed Tariff 13 visits per pregnancy Subject to day-to-day limit	100% Profmed Tariff 13 visits per pregnancy Subject to day-to-day limit			No benefit, subject to PMB legislation
6A4 Out-patient visits to hospital/clinic for investigations, e.g. tococardiography	80% Profmed Tariff Subject to day-to-day limit	80% Profmed Tariff Subject to day-to-day limit			No benefit, subject to PMB legislation
6A5 Ante-natal exercises by registered healthcare practitioner	80% Profmed Tariff R900 per family Subject to day-to-day limit	No benefit			No benefit
6A6 Prescribed medication during pregnancy (See Section 5B1)	80% Single Exit Price and dispensing fee Paid from acute medication limit, subject to the availability of funds Subject to day-to-day limit	80% Single Exit Price and dispensing fee Paid from acute medication limit, subject to the availability of funds Subject to day-to-day limit			No benefit, subject to PMB legislation
6B Hospitalisation					
6B1 In-patient hospitalisation (ante-natal) (Subject to pre-authorisation)	100% Profmed Negotiated Tariff in private ward	100% Profmed Negotiated Tariff in general ward			100% Profmed Negotiated Tariff in general ward
6B2 Delivery fee by GP or specialist	100% Profmed Premium Tariff	100% Profmed Plus Tariff	100% Profmed Specific Tariff	100% Profmed Plus Tariff	100% Profmed Specific Tariff
6B3 Delivery fee by registered midwife	100% Profmed Tariff	100% Profmed Tariff			100% Profmed Tariff
6B4 Labour ward	100% Profmed Negotiated Tariff	100% Profmed Negotiated Tariff			100% Profmed Negotiated Tariff
6B5 Ward accommodation (post-delivery): Normal delivery – 3 days Caesarean section – 4 days	100% Profmed Negotiated Tariff in private ward	100% Profmed Negotiated Tariff in private ward	100% Profmed Negotiated Tariff in general ward		100% Profmed Negotiated Tariff in general ward
6B6 Theatre and recovery room	100% Profmed Negotiated Tariff	100% Profmed Negotiated Tariff			100% Profmed Negotiated Tariff
6B7 Other medical practitioner services, e.g. pathology and radiology while in hospital	100% Profmed Tariff	100% Profmed Tariff			100% Profmed Tariff
6B8 Consultations while in hospital	100% Profmed Premium Tariff	100% Profmed Plus Tariff	100% Profmed Specific Tariff	100% Profmed Plus Tariff	100% Profmed Specific Tariff
6B9 Home nursing (post-natal) 48-hour benefit in the event of a home delivery or if discharged from a birthing unit within 24 hours after delivery (Subject to pre-authorisation)	Subject to Section 1E5(a) of this Schedule	Subject to Section 1E5(a) of this Schedule			Subject to Section 1E5(a) of this Schedule
6B10 Neonatal care Neonate must be registered as a dependant on Profmed (Subject to pre-authorisation)	100% Profmed Negotiated Tariff	100% Profmed Negotiated Tariff			100% Profmed Negotiated Tariff

SCHEDULE OF BENEFITS

BENEFIT	ProPinnacle	ProSecure Plus	ProSecure	ProActive Plus	ProActive
<p>7. International Travel Medical Assistance This benefit covers members for medical emergencies while travelling internationally. Members who live outside South Africa in the SADC Region are covered under this benefit when travelling outside the borders of their country of residence, except to South Africa where option-specific benefits apply. Consult the International Travel Medical Assistance Benefit Document available on the website for the benefits, restrictions, exclusions and claims process.</p> <p>For medical assistance while travelling, it is necessary to call International SOS on +27 11 541 1225 prior to receiving treatment to avoid a co-payment. The Information Guide contains more information on the claims process and details of this benefit, or call 0860 679 200. Subject to case management and protocols.</p>					
<p>In- and out-of-hospital emergency medical expenses Out-of-hospital expenses exceeding R1 000 and hospitalisation must be pre-authorised. (Benefits subject to protocols and pre-authorisation. Call +27 11 541 1225)</p>	<p>R6 million per beneficiary per journey R1 000 excess per beneficiary per journey on out-of-hospital expenses. Out-of-hospital benefits only available if the claim relates to day-to-day benefits available on this option Spectacles or contact lenses limited to R3 000, subject to the R1 000 excess</p>	<p>R6 million per beneficiary per journey R1 000 excess per beneficiary per journey on out-of-hospital expenses. Out-of-hospital benefits only available if the claim relates to day-to-day benefits available on this option Spectacles or contact lenses limited to R3 000, subject to the R1 000 excess</p>		<p>R6 million per beneficiary per journey No benefit for out-of-hospital expenses</p>	

Contributions and benefits are subject to ratification by the Council for Medical Schemes.

This published Schedule is subject to the rules approved by the Board of Trustees and in the event of a dispute the approved rules of the Scheme will prevail.

All benefits are subject to the PMB legislation.

FSP No. 43918. E&OE.

0860 679 200
+27 12 679 4144 (Outside RSA)
012 679 4411 (No faxed claims)
info@profmed.co.za
claims@profmed.co.za
www.profmed.co.za

HEALTHCARE FOR PROFESSIONALS

PROFMED

10/2016