

Titanium Executive Plan

2021

OUT-OF-HOSPITAL BENEFITS



Day-to-Day:

- ✓ Day-to-day benefit cover from R18 019 to R39 995, depending on family size
- ✓ GPs, Specialists (excludes Psychiatrists), Physiotherapists, Radiologists, Pathologists and Acute Medication
- ✓ No referrals required for Specialist visits



Dental Care:

- ✓ 2 general check-ups per beneficiary per year (once in 6 months)
- ✓ Basic and Specialised Dentistry
- ✓ Extractions, fillings, Intra & Extra Oral X-Rays
- ✓ Crowns and Bridges
- ✓ Orthodontic Treatment
- ✓ Root Canal Treatment
- ✓ Implants & Metal Frame Dentures



Optical:

- ✓ Subject to Optical Benefit Management Programme
- ✓ 1 eye test per beneficiary in a 24 month cycle
- ✓ Frames: R1 116 per beneficiary for frames per 24-month cycle
- ✓ Lenses subject to benefit limit
- ✓ Contact Lenses: R1 884 per year

Optical benefits, queries and pre-authorisations (PPN):
0860 110 3529



Maternity Benefits:

- ✓ 9 visits to a GP, Specialist or Midwife
- ✓ Urine and blood tests covered
- ✓ Vitamins
- ✓ 2x 2-D Sonar Scans
- ✓ New-born Hearing Test
- ✓ Subject to registration on the Maternity Benefit Programme within 24 weeks of falling pregnant



Mental Health:

- ✓ Limited to R18 366 per family per year
- ✓ Limited to Psychiatrists and Clinical/Counselling Psychologists relating to mental health

IN-HOSPITAL BENEFITS

In-Hospital:

- ▶ Hospitalisation at any private hospital of your choice
- ▶ Additional 200% in-hospital cover
- ▶ Specialist cover at 100% Sizwe rate
- ▶ Medicine to take home (TTO): Limited to a supply of 7 days
- ▶ Maternity cover at 100% Sizwe rate for natural and caesarean birth
- ▶ 21 day hospital benefit for mental health
- ▶ Substance Abuse Rehabilitation: 3-day withdrawal treatment and up to 21 days benefit admission for rehabilitation
- ▶ MRI & CT scans paid at 100% Sizwe rate, with no co-payments
- ▶ Oncology: Unlimited - 20% co-payment above R625 000
- ▶ Emergency ambulance services are covered

Additional Benefits:

- ▶ In-Hospital Auxiliary Services: Limited to Dieticians, Speech Therapy and Occupational Therapy
- ▶ Appliance Benefit from R2 936 to R4 884 per family per year
- ▶ Hearing Aid Benefit: R19 987 per family per year
- ▶ Non-Motorised Wheelchair Benefit: R4 873 per family per year
- ▶ Chiropractic Treatment: R2 221 per beneficiary per year



COVER FOR GRANDCHILDREN

CHILD RATE APPLIES UP TO THE AGE OF 25
PAY FOR ONLY 3 CHILDREN

CHRONIC BENEFITS
Cover for 59 Chronic Conditions

26 PMB CONDITIONS

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

33 NON-CDL CONDITIONS

- ▶ Allergic Rhinitis
- ▶ Anaemia:
- ▶ Anti-phospholipid Syndrome
- ▶ Aplastic Anaemia
- ▶ Benign Prostatic Hypertrophy
- ▶ Depression
- ▶ Endocarditis
- ▶ Gout
- ▶ Hormone Replacement Therapy
- ▶ Hypoparathyroidism
- ▶ Iron Deficiency Anaemia
- ▶ Osteo-arthritis
- ▶ Stroke
- ▶ Alzheimer's Disease
- ▶ Ankylosing Spondylitis
- ▶ Attention Deficit Disorder/Hyperactivity
- ▶ Chronic Urinary Tract Infection
- ▶ Cryoglobulinemia
- ▶ Delusional Disorders
- ▶ Dermatomyositis
- ▶ Enuresis/Incontinent
- ▶ Gastro Oesophageal Reflux
- ▶ Migraine
- ▶ Motor Neuron Disease
- ▶ Myasthenia Gravis
- ▶ Osteoporosis
- ▶ Obsessive Compulsive Disorder
- ▶ Paget's Disease
- ▶ Pancreatic Insufficiency
- ▶ Psoriasis
- ▶ Pituitary Adenomas
- ▶ Pulmonary Interstitial Fibrosis



PREVENTATIVE CARE BENEFITS

This is a unique benefit to encourage health awareness.

Health Screening Tests:

Only one of each screening test per beneficiary per year:

- ✓ Blood Pressure
- ✓ Blood Sugar
- ✓ Cholesterol
- ✓ BMI (Body Mass Index)
- ✓ HIV

Other Screening Tests:

Women above 40 years:
1 Mammogram every 2 years

Women above 21 years:
1 Pap Smear every 2 years

Men above 40 years:
1 Prostate Specific Antigen (PSA) test per year

Vaccinations:

- ✓ Flu
- ✓ Pneumococcal
- ✓ HPV
- ✓ Baby Immunisations

Female Contraceptives:

Limit of R2 905 per family per year

Contributions	Principal	Adult	Child
Titanium Executive	R5 885	R5 345	R1 200