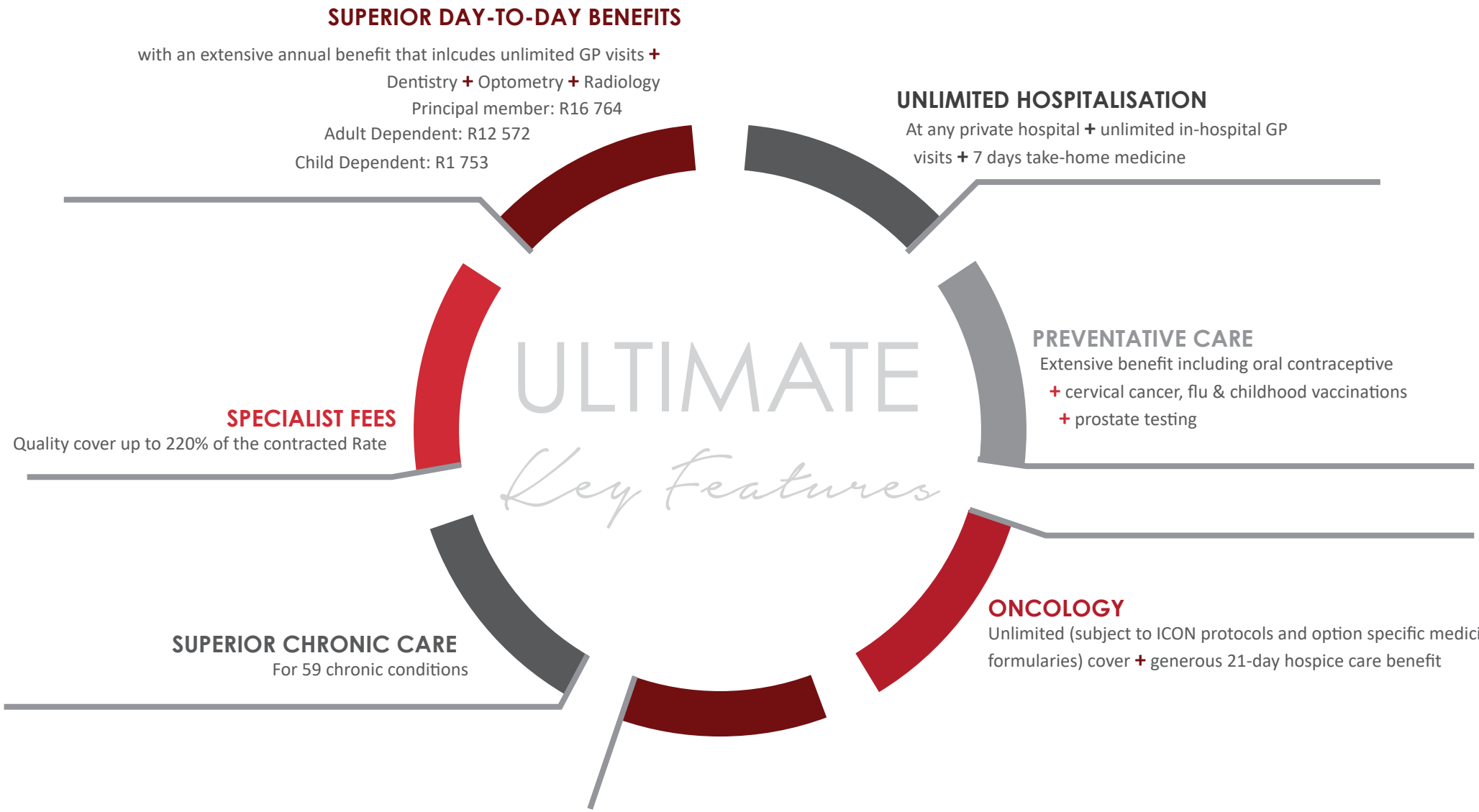
ULTIMATE

BENEFIT SCHEDULE 2021

COVERED FROM EVERY ANGLE

HEALTH SQUARED


SUPERIOR DAY-TO-DAY BENEFITS
with an extensive annual benefit that inlcudes unlimited GP visits + Dentistry + Optometry + Radiology
Principal member: R16 764
Adult Dependent: R12 572
Child Dependent: R1 753
UNLIMITED HOSPITALISATION
At any private hospital + unlimited in-hospital GP visits + 7 days take-home medicine
ULTIMATE
Key Features
PREVENTATIVE CARE
Extensive benefit including oral contraceptive + cervical cancer, flu & childhood vaccinations + prostate testing
SPECIALIST FEES
Quality cover up to 220% of the contracted Rate
ONCOLOGY
Unlimited (subject to ICON protocols and option specific medicine formularies) cover + generous 21-day hospice care benefit
SUPERIOR CHRONIC CARE
For 59 chronic conditions

THINGS TO KEEP IN MIND WHEN READING YOUR BENEFIT SCHEDULE

To ensure that you get maximum bang for your benefit buck, we have summarised 4 key areas that may influence your benefit entitlement

1. Scheme protocols, rules and policies
2. Pre-authorisation
3. Designated Service Providers (DSP's)
4. Co-payments, sub-limits and PMB's

SCHEME RULES AND PROTOCOLS

All benefits and the use of each are subject to Scheme protocols, rules and policies. It's very important that you familiarise yourself with your option's applicable rules, policies and protocols to make sure that you fully understand how your option works, what your benefit entitlements are and whether any criteria apply when you make use of your cover.

Because these protocols, rules and policies are influenced by various factors and are quite tricky to understand, we prefer to discuss them with our members and provide detailed information on how they will be applied to each unique case. If you have any questions, you can either visit us at the Scheme's head office in Woodmead or get in touch with our Client Services team on **clientservices@healthsquared.co.za** or **0861 796 6400.**

Scheme rules are non-negotiable and cannot be changed. For example, **HEALTH SQUARED**'s rules state that the Scheme will not fund cosmetic surgery. Because **HEALTH SQUARED** is wholeheartedly committed to the overall wellbeing of our members, your health and disease severity will, to a large extent, determine your benefit access and entitlement, the protocols applied, as well as your unique care path (refer to the ***Patient Driven Care***™ section on **page 5**). In these instances, make sure that you discuss your individual needs with your Personal Health Coordinator, to enjoy the maximum level of cover and benefits.

PRE-AUTHORISATION

Getting pre-authorisation from the Scheme is probably one of the easiest ways to gain seamless access to your benefits and avoid unnecessary delays. Because we like to empower our members and make it as effortless as possible for you to gain access to your benefits, our pre-authorisation call centre is available 24 hours a day, 7 days a week, 365 days a year.

It really is as simple as calling **0861 111 778** or sending an email to **preauth@healthsquared.co.za**. If you're unsure whether pre-authorisation applies to any of your benefits, rather get in touch with the team to double-check.

MAKE SURE THAT YOU:

- Get in touch with our pre-authorisation team 14 days before an elective procedure
- Let the same team know within 48 hours after an emergency procedure
- There is a 20% co-payment on late authorisations

REMEMBER that the Scheme will only fund those procedures that were pre-authorised so make sure that you ask your doctor if any additional items need to be added afterwards. If so, keep in mind that you have to let us know within 48 hours.

CO-PAYMENTS AND SUB-LIMITS

Co-payments and sub-limits are applied to a defined list of procedures. For a detailed overview, please refer to **page 15** (co-payments) and **page 17** (sub-limits)

DESIGNATED SERVICE PROVIDERS (DSP'S)

HEALTH SQUARED has an extensive network of DSP's that includes private hospitals and medical doctors.

Our network spans all 9 provinces and is one of the industry's most impressive.

For a list of your option's designated provider network simply visit www.healthsquared.co.za, get in touch with our call centre on **0861 796 6400** or email **clientservices@healthsquared.co.za**.

WHY SHOULD YOU MAKE USE OF YOUR OPTION'S DSP NETWORK?

We have special arrangements with each of these facilities to make sure that our members get maximum bang for their benefit buck. **HEALTH SQUARED** always suggests that you make use of this network when it comes to your healthcare needs to limit out-of-pocket expenses or avoid them altogether!

PRESCRIBED MINIMUM BENEFITS

WHAT ARE PRESCRIBED MINIMUM BENEFITS?

Prescribed Minimum Benefits, also known as PMB's, are a list of diseases or conditions that a medical scheme is required to fund. A detailed list can be found on the Council for Medical Schemes' website (www.medicalschemes.com).

FUNDING OF YOUR PMB CONDITION

Your PMB cover will be funded from your option's existing benefits first. Thereafter, your condition will be funded by the Scheme's risk pool and we'll require the following for you to enjoy extended cover from your treating provider:

- Confirmation of the clinical condition
- Relevant ICD10 code
- Supporting documentation
- Motivation from your doctor
- Applicable medical reports
- Any additional information requested by the Scheme

STRETCHING YOUR PMB COVER

The first thing you should do after being diagnosed is to get in touch with your Personal Health Coordinator to discuss your disease-specific care path (refer to **page 5** for more information). You can also substantially stretch your PMB benefits by making use of a hospital, doctor, specialist or any other healthcare professional that the Scheme has an agreement with. However, in a life-threatening situation, you may go to any hospital, doctor or specialist but, as soon as you are able to access one of our network providers, you must do so to continue enjoying full cover for your condition.

GETTING THE MOST OUT OF YOUR PMB COVER

DO	OR YOU MAY
Always make use of our extensive provider and hospital networks	Have unforeseen out-of-pocket expenses
Ask whether your PMB cover is subject to a waiting period	Not be covered for your PMB condition
Understand the level of cover your option provides for your PMB condition	Not be covered at all
Understand the applicable Scheme rules, protocols and level of care that applies to your option and how it covers your PMB condition	Misunderstand your level of cover

PATIENT DRIVEN CARE™

A HELPING HAND FOR OUR HIGH-RISK MEMBERS

At **HEALTH SQUARED**, we're dedicated to helping our members stay as healthy as possible. So we developed the industry-first ***Patient Driven Care***™ (***PDC***™) programme, our unique way of offering additional support to those members who sometimes need a helping hand when it comes to taking care of their health.

WHAT IS ***PATIENT DRIVEN CARE***™?

PDC™ is our unique way of helping our at-risk members to manage their health and benefits better so that they're always able to get the care they need when they need it most. These members will firstly be assigned a Personal Health Coordinator (PHC) who is like a personal banker for your wellbeing. Your PHC will help you along every step of the way, from developing a tailor-made care path based on your unique healthcare needs to giving you access to benefits that will help you stay as healthy as possible, for as long as possible.

WHAT IS A HEALTH EVENT?

Let's say you have high blood pressure or cholesterol. In this case, an example of a health event would be a heart attack. Similarly, various other chronic conditions can result in extreme health events if left unmanaged and, in most cases, require hospitalisation.

WHO QUALIFIES FOR THE ***PDC***™ PROGRAMME?

It's important to keep in mind that ***PDC***™ is a health management programme and not a medical scheme benefit. We have a sophisticated process, based on our advanced managed-care principles and protocols, that quickly identifies members who could benefit from the helping hand the programme offers. Once identified, we start helping you to use your specific option's benefits better.

In some cases, we'll even unlock extra benefits that assist you to stay as healthy as possible, for as long as possible.

HEALTH SQUARED members who would ideally use the *PDC*™ programme include:

- Chronic patients (depending on the severity of your condition)
- Patients with an increased risk of having an adverse health event that may, for example, result in hospitalisation
- Patients who have had severe in-hospital or other acute health events
- Patients with rare diseases who need constant monitoring

HOW TO REGISTER FOR THE PROGRAMME

Registering for the *PDC*™ programme takes place in two ways:

- Our progressive clinical systems continuously monitor our members' claims patterns to quickly identify high-risk patients. Should you be flagged as high-risk on our system, you will be contacted by our friendly ***PDC***™ team who will discuss the programme with you and take you through the registration process.
- If you suffer from a severe chronic disease, you can apply for registration on the programme. The application process is quick and easy and you can either call or email us by using the details below.

For more info, get in touch with our efficient team on **0861 796 6400** or e-mail **pdc@healthsquared.co.za**.

YOUR IN-HOSPITAL COVER

YOUR IN-HOSPITAL BENEFITS

REMEMBER to always get pre-authorisation for these benefits and that Scheme protocols, rules and policies always apply.

100% SCHEME RATE

As an **Ultimate** member, you have **unlimited private hospital cover** that includes:

- Surgical Operations and Procedures
- Theatre Fees
- Labour and Recovery Wards
- Ward Accommodation
- Intensive Care and High Care Units
- X-rays and Pathology
- Psychology
- Ultrasound Scans (other than for pregnancy)
- Blood Transfusions

It's important to note that Laparoscopic and similar Endoscopic procedures require a separate authorisation. Also, remember to refer to **page 15** for applicable co-payments.

GP's
Unlimited
In-Hospital

SPECIALIST VISITS
up to 220% of Scheme rate

IN-HOSPITAL PROVIDER FEES

As an **Ultimate** member, you have an **unlimited in-hospital GP benefit** via our extensive network that covers both consultations and procedures. Should you require the expert skills of a **specialist,** you can rest assured that you are more than covered at up to **220%** of Scheme Rate.

MEDICINES

To help you on the road to recovery, your **Ultimate** option will not only pay for the **medicines dispensed and used in-hospital,** but it will also cover a **7-day supply** of medicines received when you are discharged from the hospital. **REMEMBER** that you need to get authorisation from the Scheme for all chronic medication or prescriptions that exceed than 7 days.

YOUR IN-HOSPITAL COVER

MATERNITY CARE

Normal delivery
3 days and 2 nights

Caesarean section
4 days and 3 nights

Welcoming a little one to the family is one of the happiest times of your life. As an **Ultimate** member, you can rest assured that mom and baby, are covered from every angle.

Share your happy news with us as soon as your pregnancy has been confirmed via a blood test and we'll register you on our Maternity Programme. Simply get in touch with our team on **0861 111 778** or email **maternity@healthsquared.co.za**.Your option includes 9 consultations at a specialist, midwife or GP of your choice as well as 2 x 2D ultrasound scans throughout your pregnancy.

Because the **Ultimate** option is all about choice, it allows you to decide whether you'd prefer a normal delivery or caesarean section. Remember that pre-authorisation is required for elective caesareans. Emergency c-sections are, of course, also fully covered. Should your little one require neonatal intensive care, rest assured that your **Ultimate** option has them covered.

YOUR ULTIMATE OPTION EVEN HELPS YOU TO SHOP FOR BABY

Pretty awesome right? As an **Ultimate** member, your option includes a **R1 082** voucher that can be spent at any of our DSP pharmacies. Think healthcare essentials, nappies, bottles, formula, you name it. **REMEMBER** to touch base with your Maternity Personal Care Coordinator after the 32nd week of your pregnancy to activate the voucher and shop 'till you drop within 1-year of receiving it.

ADDING BABY TO YOUR MEDICAL SCHEME COVER

Please remember to add your newborn or adopted baby to your medical scheme cover within 30 days of birth or adoption to ensure that their health is as well taken care of as yours. Simply complete the Registration of Additional Dependents Form (available on **www.healthsquared.co.za**) and email a signed copy to **amend@healthsquared.co.za** or fax to **086 513 1438** along with a copy of the birth certificate or registration. The monthly child dependent premium will automatically be added to your next payment, no stress, no fuss.

OTHER IN-HOSPITAL BENEFITS

- **Organ transplants:** Unlimited cover for PMB conditions with the benefit including the harvesting and transport of the organ as well as the transplant itself
- **Cochlear implants and all associated costs: R147 515** per family per annum (once per lifetime per beneficiary)
- **Internal prostheses: R75 000** per family per annum (remember to check the sub-limits on **page 17**)
- **Psychiatric disorders:** Unlimited cover for PMB conditions and **R34 326** per family per annum for non-PMB conditions

PRE-AUTHORISATION

When it comes to non-emergencies, it's important to obtain pre-authorisation from us 14 days prior to your in-hospital procedure. This gives us, and you, enough time to request and submit any additional information that we may need.

Please ensure that you include the relevant documentation when you submit your pre-authorisation request. We've included a handy pre-authorisation checklist on **page 16** to make the process as easy and stress-free as possible!

In emergency situations, it's not always possible to obtain pre-authorisation first so, in these instances, we need you to get in touch with us within 48 hours or on the first working day after your admission. **REMEMBER:** There is a 20% co-payment on all late authorisations.

For all your pre-authorisation needs, simply dial **0861 111 778** or send an email to **preauth@healthsquared.co.za**. To ensure that you are always able to take care of your health, our call centre team is available 24 hours a day, 7 days a week, 365 days a year.

ADDITIONAL COVER

Before accessing any of the benefits included on this page, get in touch with our superefficient pre-authorisation department on **0861 111 778** or **preauth@healthsquared.co.za**. Also keep in mind that Scheme rules and protocols always apply.

UNLIMITED CANCER BENEFIT

As an **Ultimate** member, you have an unlimited oncology benefit which includes anything from oncologists and chemotherapy to radiotherapy and cancer-related blood tests via our extensive designated provider network (subject to ICON protocols and option specific medicine formularies). Your cover also includes **enhanced ICON protocols** and a generous **21 day hospice benefit,** to make sure you're covered from every angle. Your investigative workups will form part of your out-of-hospital benefits and, thereafter, will be covered as a PMB condition. Please note: Generic Reference Pricing (GRP) is applied to cancer-related medicines.

HIV CARE

HEALTH SQUARED has an **advanced HIV Management Programme** available to all members who are HIV positive Your benefits include **in-hospital care** via our extensive hospital network. The programme includes consultations, blood tests, counselling and medication. To register, simply call **0861 111 778** or send an email to **care@healthsquared.co.za**. If you are HIV positive, it's very important that you register for the programme to ensure that you gain access to the **maximum amount of benefits.**

Because we like to make your healthcare access **as easy and stress-free as possible,** our HIV Management Programme includes a unique **Please Call Me service** which is available 24 hours a day, 7 days a week, 365 days a year. Simply send a **Please Call Me** to **082 584 0588** and we'll phone you right back. Taking care of your health has really never been this easy!

EXTERNAL MEDICAL APPLIANCES

The **Ultimate** option provides comprehensive cover for external medical appliances and your family will have access to a **R17 671 annual benefit.** Remember to check for any applicable sub-limits on **page 17**.

EMERGENCY SITUATIONS

Your **Ultimate** option includes an emergency evacuation and ambulance service that is provided by Netcare 911. Make sure that you save their number (**0861 112 162)** for quick and easy access when you need it. The service is available **anywhere in South Africa with 24/7/365 access** to emergency medical assistance.

Your medical evacuation benefit includes:

- Emergency telephonic medical advice
- Dispatch of ambulances and flights
- Arrangements for compassionate visits by a family member
- Arrangements for the escorted return of minors after an accident
- Repatriation to appropriate facility in your area of residence after an accident
- Referrals to doctors and other medical facilities
- The relaying of information to a family member or acquaintance
- Telephonic trauma counselling

CASUALTY BENEFIT

You also have access to a **R1 879 casualty benefit** per family per annum for the odd mishap that can be used for both clinician and facility fees.

Remember to get in touch with our pre-authorisation team **within 48 hours of your visit** and refer to our handy checklist on **page 16** to ensure a quick and easy process.

SPECIALISED RADIOLOGY

Your Radiology benefit includes CT, MRI, PET and Nuclear Medicine scans with a **R22 124** benefit per family per annum. You will need to get pre-authorisation from us before making use of this benefit. Keep in mind that a **R3 612** co-payment per incident applies. You have unlimited PMB & trauma cover with non-PMB's subject to a limit of **R21 711** and co-payment (see co-payment schedule on page 15). scheme rules & protocols apply.

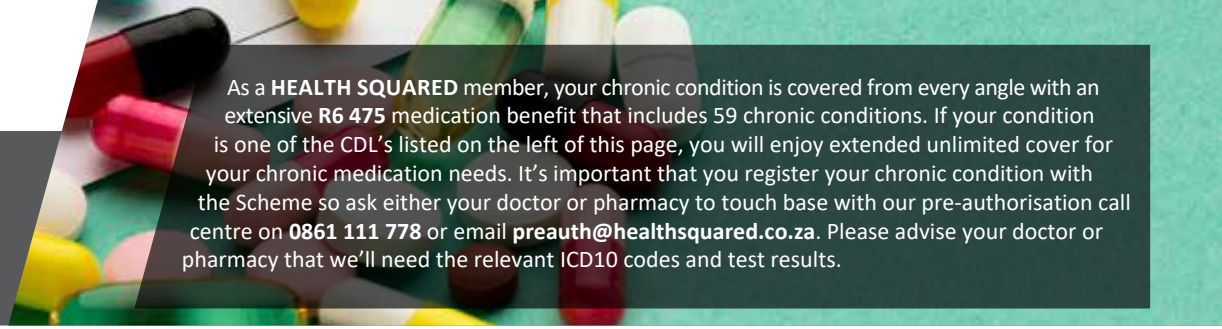
OTHER CARE

- **Home nursing:** 12 days per family per annum
- **Rehab and sub-acute facility:** 21 days per family per annum which includes accommodation and visits by a medical practitioner or as authorised (condition specific and protocol driven)
- **Video EEG (epilepsy surgery): R17 644** per family per annum
- **Dialysis:** Unlimited via extensive preferred provider network (subject to Scheme protocols and pre-authorisation)
- **Trauma counselling:** 3 psychologist visits per beneficiary @ **R790** per visit per annum

GETTING THE MOST OUT OF YOUR IN-HOSPITAL COVER

DO		OR YOU MAY
Give us 14 days notice prior to your elective in-hospital procedure	➤	Have to postpone your procedure if we have any queries or received incomplete information
Ask your doctor to give you the relevant ICD10 or tariff codes and ensure that all treatments are included and authorised by the Scheme	➤	Have unpaid bills later on as the Scheme will only pay for those ICD10 codes and treatments that were authorised
Ask about the applicable Scheme rules, protocols and policies that may apply to your benefits	➤	Misunderstand your level of cover
Make use of our DSP hospitals and providers as far as possible to enjoy the maximum cover (available on www.healthsquared.co.za or from our Client Services team)	➤	Only be covered at 100% of Scheme Rate or face out-of-pocket expenses
Ask for generic medicine options as far as possible	➤	Be required to pay a portion of your medicine bill
Check the co-payment and sub-limit lists on **pages 15 & 17**	➤	Not be aware of applicable out-of-pocket expenses or benefit limits
Register for **HEALTH SQUARED**'s maternity or HIV programmes (if relevant)	➤	Not gain access to the maximum amount of benefits available for your condition or have to receive treatment at a provincial facility (HIV)
Register your newborn baby or adopted dependent within 30 days of birth or adoption	➤	Find that their benefits are only available from the date of registration and not retrospectively from the date of birth or adoption
Take good care of your external medical appliances	➤	Be left without cover in the 3-year benefit cycle
Remember that it is your responsibility to take good care of your external appliances and to consider getting additional, private insurance to cover any maintenance, spares or accessories costs	➤	Be out of pocket when expensive repairs or replacements are required as these costs are excluded from this benefit category
Make use of our leading ICON network for your oncology needs	➤	Be required to make a co-payment towards your treatment

CHRONIC MEDICATION



As a **HEALTH SQUARED** member, your chronic condition is covered from every angle with an extensive **R6 475** medication benefit that includes 59 chronic conditions. If your condition is one of the CDL's listed on the left of this page, you will enjoy extended unlimited cover for your chronic medication needs. It's important that you register your chronic condition with the Scheme so ask either your doctor or pharmacy to touch base with our pre-authorisation call centre on **0861 111 778** or email **preauth@healthsquared.co.za**. Please advise your doctor or pharmacy that we'll need the relevant ICD10 codes and test results.

59 CHRONIC CONDITIONS COVERED

R6 475 MEDICATION BENEFIT

CHRONIC DISEASE LIST (CDL)

1. ADDISON'S DISEASE
2. ASTHMA
3. BIPOLAR MOOD DISORDER
4. BRONCHIECTASIS
5. CARDIAC DYSRHYTHMIAS
6. CARDIAC FAILURE
7. CARDIOMYOPATHY
8. COPD
9. CROHN'S DISEASE
10. CHRONIC RENAL FAILURE
11. CORONARY ARTERY DISEASE
12. DIABETES INSIPIDUS
13. DIABETES MELLITUS TYPE 1
14. DIABETES MELLITUS TYPE 2
15. EPILEPSY
16. GLAUCOMA
17. HAEMOPHILIA
18. HIV
19. HYPERLIPIDAEMIA
20. HYPERTENSION
21. HYPOTHYROIDISM
22. MULTIPLE SCLEROSIS
23. PARKINSON'S DISEASE
24. RHEUMATOID ARTHRITIS
25. SCHIZOPHRENIA
26. SLE
27. ULCERATIVE COLITIS

DTP PMB CHRONIC CONDITIONS

1. BENIGN PROSTATIC HYPERTROPHY
2. HORMONE REPLACEMENT THERAPY

ADDITIONAL CHRONIC CONDITIONS

1. ADHD
2. ALZHEIMER'S DISEASE
3. ANKYLOSING SPONDYLITIS
4. CYSTIC FIBROSIS
5. ENDOMETRIOSIS
6. GORD/GERD
7. GOUT
8. OBSESSIVE COMPULSIVE DISORDER
9. OSTEOPOROSIS
10. OSTEOARTHRITIS
11. PAGET'S DISEASE
12. PSORIASIS
13. WILSON'S DISEASE
14. ALLERGIC RHINITIS
15. ANGINA PECTORIS
16. CEREBROVASCULAR ACCIDENT (STROKE)
17. CUSHING'S SYNDROME
18. DELUSIONAL DISORDER
19. ECZEMA
20. HYPERTHYRODISM
21. IDIOPATHIC THROMBOCYTOPENIC PURPURA
22. INTERSTITIAL FIBROSIS OF THE LUNG
23. MAJOR DEPRESSION
24. MENIERE'S SYNDROME
25. MOTOR NEURON DISEASE
26. MYASTENIA GRAVIS
27. PERIPHERAL VASCULAR DISEASE
28. PITUITARY ADENOMA
29. SCLERODERMA
30. URINARY INCONTINENCE

GETTING THE MOST OUT OF YOUR CHRONIC MEDICATION BENEFITS

DO	OR YOU MAY
Get your medication from one of our DSP pharmacies who charge special rates (available on **www.healthsquared.co.za** or from our Client Services team)	Deplete your chronic medication benefit before the end of the year
Enquire about your specific condition's chronic basket (available on **www.healthsquared.co.za** or from our Pharmacy Benefit Management team)	Be required to contribute towards your medication cost
Opt for generic versions of your medication as far as possible to stretch every benefit Rand	Deplete your chronic medication benefit before the end of the year
Double check that your doctor or pharmacy has registered your chronic condition with the Scheme	Face out-of-pocket expenses
Ensure that your treating doctor includes the ICD10 code on your prescription	Have your medication declined as it does not correlate with your diagnosis
Ask about, and understand, the Reference Pricing and Generic Reference Pricing (GRP) that may be applied to the medicine product on your prescription	Have unforeseen out-of-pocket expenses

DAY-TO-DAY BENEFITS

As an **Ultimate** member, your day-to-day benefits are extensive. As a Principal Member only, you have access to an annual benefit of **R16 764**. If you have an adult dependent on your medical scheme cover, an additional **R12 572** is allocated and **R1 753** per child dependent (up to 3 children).

GENERAL PRACTITIONERS

You have **unlimited access to General Practitioners.** Remember that, if your diagnosis is related to a condition included on the Chronic Disease List (CDL) on **page 10**, this visit will be covered separately from your day-to-day benefit. In these instances, remember that disease management protocols apply and that you need to obtain pre-authorisation from the Scheme prior to your visit.

Specialists
Up to
220%

SPECIALIST VISITS

This benefit includes both consultations and in-room procedures, both of which are covered up to **220%** of Scheme Rate:

M: 4 Specialist visits per annum
M+1: 5 Specialist visits per annum
M+2+: 6 Specialist visits per annum

Because we are fully committed to the health of our members, we will **unlock additional benefits for your specialist care** requirements if your visit is related to a PMB condition. In these instances, always phone us for pre-authorisation first to make sure that you're covered. In-room procedures are also subject to pre-authorisation so make sure you touch base with our friendly consultants on **0861 111 778** or **preauth@healthsquared.co.za**.

OPTOMETRY

Your optometry benefit will ensure optimum vision at all times for the whole family.

Your optical benefits include:

- 1 Pair of single vision spectacles, inclusive of a frame and consultation per beneficiary, limited to **R2 690**
  OR
- 1 Pair of flat-top bifocal spectacles, inclusive of a frame and consultation per beneficiary, limited to **R3 245**
  OR
- 1 Pair of multi-focal spectacles, inclusive of a frame and consultation per beneficiary, limited to **R4 068**
  OR
- Contact lenses, limited to **R3 031** per beneficiary

REMEMBER

Your optical benefits are available in a 24-month benefit cycle and to make use of our designated provider network to get the most out of your cover.

DENTAL DAY-TO-DAY BENEFITS

CONSERVATIVE DENTISTRY

Taking care of your pearly whites has never been easier than with the **Ultimate** option. Your benefits include:

- 2 Annual check-ups per beneficiary per annum
- 2 Emergency consultations per beneficiary per annum
- Comprehensive cover for fillings
- 8 Intra-oral x-rays per beneficiary per annum
- 1 Extra-oral x-ray per beneficiary per annum
- 2 Annual scale and polish treatments per beneficiary per annum
- 1 Fissure sealant per molar tooth (3-year cycle and limited to individuals younger than 16)
- Extractions
- Root canal therapy
- 1 Set of acrylic dentures (partial or full, per jaw) per beneficiary (4-year cycle, pre-authorisation required and Scheme protocols apply)

ADVANCED DENTISTRY

Your **Ultimate** option has you more than covered with a per family sub-limit of **R15 756** (subject to your annual day-to-day benefit, pre-authorisation and Scheme protocols). Your advanced dentistry benefit includes:

- Crowns
- Bridges
- Implants
- Partial metal dentures
- Pediodontics
- Orthodontics (up to 38 years of age excludes, orthognathic surgery and must be pre-authorised)

REMEMBER that pre-authorisation is required and that Scheme protocols apply.

SURGERY AND DENTAL HOSPITALISATION

Your **Ultimate** option includes a generous benefit for the **removal of impacted wisdom teeth** in adults. Hospitalisation for children younger than 5 years may also be granted for extensive dental treatment and, in these instances, each case will be reviewed after all relevant clinical information, x-rays and motivations have been received.

Remember to get in touch with our pre-authorisation team **14 days before your procedure** and that a co-payment of **R3 762** applies. Go to **page 16** for our **pre-authorisation checklist** and make sure that you tick all the boxes when submitting your request.

DENTAL ANAESTHETICS IN ROOMS

Your **Ultimate** option covers dental anaesthetics in-rooms at **100%** of Scheme Rate. Important to remember is that pre-authorisation is required for conscious (intravenous) sedation during in-room surgical procedures (Scheme protocols apply). However, should the anaesthetic be for anxiety control only, it won't be covered.

ANXIOUS ABOUT YOUR VISIT TO THE DENTIST?

Going to the dentist may induce a mild panic attack for some of our members. Luckily, the **Ultimate** option's **dental benefits include sedation methods** like laughing gas or sedative medication. You won't need to obtain pre-authorisation for this benefit.

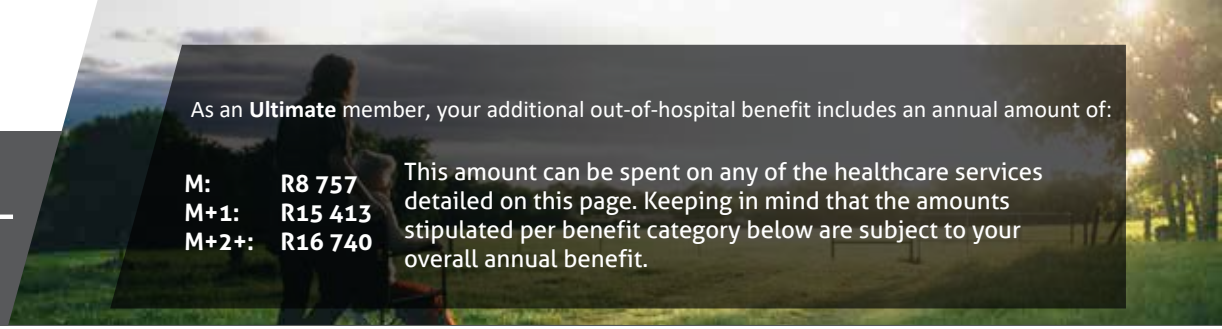
FILLINGS

This benefit includes **one composite (white) filling per tooth** in a 1-year benefit cycle. In the unlikely event that you, or one of your dependents, need more than 4 fillings, we may require a copy of the treatment plan.

HOW TO GET THE MOST OUT OF YOUR DAY-TO-DAY BENEFITS

DO		OR YOU MAY
Visit one of our DSP's as far as possible for your day-to-day needs	➤	Run out of benefits before the end of the year or face potential out-of-pocket expenses
Make sure that you are fully aware of the Scheme protocols, rules and policies	➤	Be required to make a personal contribution
Obtain pre-authorisation as indicated	➤	Be required to make a personal contribution

ADDITIONAL OUT-OF-HOSPITAL BENEFITS



As an **Ultimate** member, your additional out-of-hospital benefit includes an annual amount of:

M: **R8 757**
M+1: **R15 413**
M+2+: **R16 740**

This amount can be spent on any of the healthcare services detailed on this page. Keeping in mind that the amounts stipulated per benefit category below are subject to your overall annual benefit.

ALTERNATIVE HEALTHCARE SERVICES

This benefit includes a variety of healthcare services such as Biokineticists, Chiropodists, Chiropractors, Dieticians, Homeopaths, Naturopaths, Occupational Therapists, Osteopaths, Podiatrists, Social Workers and Acupuncturists. This benefit category is limited to:

M: **R3 829**
M+1: **R5 676**
M+2+: **R7 509**

PSYCHOLOGY AND Psychiatric TREATMENT

This benefit is over and above your in-hospital cover for Psychiatric disorders and you can spend up to **R1 878** of your annual benefit per family on this healthcare need.

RADIOLOGY AND PATHOLOGY

Note that this benefit excludes Specialised Radiology which forms part of your in-hospital benefit cluster.

As an **Ultimate** member, your Radiology and pathology needs are more than covered with the following limits applied:

M: **R3 755**
M+1: **R4 608**
M+2+: **R5 567**

SPEECH THERAPY AND AUDIOLOGY

The **Ultimate** option covers speech therapy & audiology and you can spend up to **R1 878** of your annual cover per family on on these benefits.

Psychology

Your **Ultimate** option provides a generous Psychology benefit and you can spend up to **R1 730** of your annual additional out-of-hospital benefit on your family's Psychology needs.

ADDITIONAL MEDICATION

Your acute medication benefit is generous to say the least and all **Ultimate** members are assured complete peace of healthcare mind. Remember that the following limits apply:

M: **R8 796**
M+1: **R15 472**
M+2+: **R17 644**

When it comes to Schedule 0-2 medication, keep in mind that the following sub-limits apply:

M: **R2 652**
M+1: **R4 568**
M+2+: **R4 989**

PREVENTATIVE CARE BENEFITS

HEALTH SQUARED firmly believes that prevention is better than cure. That is why we have included comprehensive preventative care benefits on the **Ultimate** option to help you stay as healthy as possible, for as long as possible.

Your family can look forward to a **preventative care benefit of R4 403** per annum that can be used for any of the screening tests detailed below at a pharmacy or clinic

- Blood Pressure*
- Blood Sugar*
- Cholesterol*
- Body Mass Index*

* **R139** PER BENEFICIARY OVER THE AGE OF 18

Your preventative care benefit doesn't end there. **The Ultimate option also includes:**

- **1 HIV** test per beneficiary per annum
- **1 Screening Mammogram examinatio**n per female beneficiary per annum (over the age of 35 years)
- **1 Pap Smear** per beneficiary per annum
- **1 PSA test** per beneficiary per annum (over the age of 45 years)
- **1 Flu vaccination** per beneficiary per annum
- **Childhood immunisations** as recommended by the Department of Health up to 18 months (refer to **page 17** for a detailed overview of immunisations included)
- **1 Course cervical cancer prevention (HPV) vaccine** per female beneficiary per lifetime (9 – 46 years)
- Unlimited access to **specialised nurse helpline**
- **R1 776 oral contraception** benefit per female beneficiary per annum (**R148** per month)

YOUR MONTHLY CONTRIBUTIONS

MEMBER	ADULT DEPENDENT	CHILD DEPENDENT
R7 570	R6 898	R1 876

Your monthly contributions are paid in advance and due on the 5th of every month. If we haven't received your contributions by this date, we'll send you a reminder via your preferred method of communication. Also, please let us know if you have made a late payment by either getting in touch with our Call Centre team or sending an email to **contributions@healthsquared.co.za**.

LATE PAYMENTS

Remember that, should we not have received payment by the 15th of the month, you run the risk of having your benefits suspended or membership cancelled. Should we not receive payment by the next payment run, we may process a double debit to ensure your account is brought up-to-date and your benefits will immediately be reinstated as soon as all premiums have been paid. Keep in mind that during this time where your account reflects an arrear amount, you will not have access to your option's benefits.

YOUR MONTHLY CONTRIBUTIONS

DO	OR YOU MAY
Ensure that we receive your monthly contributions by no later than the 5th of every month	Run the risk of having your benefits suspended or membership cancelled
Notify us if you've made a late payment so that we can make a note on our system	Receive regular payment reminders and follow-up messages
Settle arrear amounts as quickly as possible	Not have access to your benefits with your membership eventually cancelled

CO-PAYMENTS

The **Ultimate** option includes **minimal co-payments**, enabling you to always put your health first. Below is a detailed overview of the co-payments applicable to **Ultimate** members:

Circumcision, Vasectomy	R3 762
Myringotomy, Nasal Surgery (including Endoscopy), Reflux Surgery, Tonsillectomy, Adenoidectomy, Tympanoplasty	NO CO PAYMENT
Rotator Cuff Surgery	R6 000
Skin lesions	R3 612
Cystoscopy, Excision nail bed, Specialised Radiology (MRI, CT, PET scans)	R3 612
Colonoscopy, Dental admissions	R3 762
Arthroscopy	R4 800
Endometrial ablation, Laparoscopic Procedures, Urinary Incontinence Repair, Varicose veins	R8 660
Gastroscopy, Hernia Repair	R7 524
Conservative back/spine Treatment, Hysteroscopy, Hysterectomy	R7 524
Spinal Surgery	R15 048
Joint replacement	R15 048

You will not be held liable for a co-payment if the procedure is performed out-of-hospital, except for Specialised Radiology. You will also not have to pay the co-payment if it's related to the only or most suitable treatment available for a PMB condition. If your procedure is subject to 2 related co-payments, you will only pay for the larger amount with the second co-payment falling away. However, if it's 2 unrelated co-payments, both will apply.

CLAIMS PROCEDURE CHECKLIST

If your medical service provider prefers that you submit your claims directly to **HEALTH SQUARED**, simply send a copy of the signed claim form to:

clientservices@healthsquared.co.za

HEALTH SQUARED
PO Box 1555
Fontainbleau 2032

Please use the checklist below to ensure that your submission is complete, making it all the easier for us to process the claim as quickly as possible:

	✔
Membership number	☐
Option name	☐
Principal member's name and surname	☐
Patient's name and surname	☐
Practice number	☐
Doctor's individual registration number	☐
Date of doctor's visit	☐
Nature and cost of your visit	☐
Relevant diagnostic and tariff codes	☐
Original or copy of receipt	☐

REMEMBER that your claim cannot be older than 4 months, so make sure that you submit the relevant documentation as soon as possible. If your claim is related to the treatment of injuries or expenses recovered from a 3rd party, please attach a statement with a detailed description of the event.

HEALTH SQUARED processes claims payments twice a month or at our discretion. You will receive a comprehensive claims statement after every payment run that will include a detailed description of any irregularities as and when relevant. You or your service provider will have 60 days to correct these irregularities and re-submit the claim to the Scheme for payment.

Also important to keep in mind is that all claims must correspond to Scheme rules so **REMEMBER** to confirm that your claim is in line with all other benefit schedule stipulations, protocols and policies to ensure a smooth and stress-free claiming process. Visit www.healthsquared.co.za or call our friendly call centre on **0861 796 6400** to obtain a detailed list of applicable Scheme exclusions.

PRE-AUTHORISATION CHECKLIST

Getting pre-authorisation from the Scheme is a quick and easy process, especially if you use our rather handy checklist below.

Remember to:
» Get in touch with our pre-authorisation team **14 days before an elective procedure**
» Let the same team know within **48 hours after an emergency procedure**

Remember that the Scheme will only **fund those procedures that were pre-authorised** so make sure that you ask your doctor if any additional items need to be added afterwards. If so, keep in mind that you have to let us know **within 48 hours.**

preauth@healthsquared.co.za

0861 111 778

	✔
Member number	☐
Dependent code or date of birth	☐
Referring provider practice number	☐
Treating provider practice number	☐
Facility practice number (hospital or clinic rooms procedure)	☐
Diagnosis code, ICD10 code or reason for admission	☐
Co-morbidities or pre-existing medical condition	☐
Tariffs for proposed procedure	☐
Date of service	☐
Relevant clinical information, motivation, previous treatment history, x-rays, Radiology reports or injury report where indicated	☐

EXTERNAL MEDICAL APPLIANCES

Annual limit: **R17 671** per family

Crutches (annual)	R867
Elastic stockings for control of varicose veins (annual)	R867
Leg, arm and neck supports (annual)	R1 214
Orthopaedic footwear (annual)	R1 392
Glucometers (3-year cycle)	R1 522
Nebulisers / humidifiers (3-year cycle)	R1 457
External breast prosthesis after mastectomy (annual)	R1 753
Back supports (annual)	R5 284
Wheelchairs (3-year cycle)	R8 849
CPAP Machine (3-year cycle only at DSP)	R12 028
Artificial eyes (5-year cycle)	R17 671
Artificial larynx (5-year cycle)	R17 671
Artificial limbs (5-year cycle)	R17 671
Disposable bladder and intestinal excretion bags (annual)	R17 671
Hearing aids (annual, 3-year lifespan / appliance)	R17 671
Home oxygen (annual, only at DSP)	R17 671
Sleep apnoea monitors (infants < 1-year and only at pharmacy, 1 / beneficiary / life)	R17 671

PROSTHESIS BENEFIT

Prosthesis	**Ultimate**	
Overall Option Limit	R75 000	
Knee	R52 336	
Hip	R46 303	
Shoulder	R59 171	
Elbow		
Ankle		
External Fixator	R75 000	
Spinal Fusion	*Cervical*	*Lumbar/Dorsal*
1 Level	R24 413	R31 037
2 Levels	R38 298	R47 702
3 Levels	R53 317	R56 325
4 + Levels	R70 244	R75 000
Coronary Stents		
1 Stent	R26 011	
2 Stents	R42 797	
Total	R68 934	
Hernia Mesh	R8 752	
Intraocular Lens left and right each	R4 073	

CHILDHOOD VACCINATIONS

At birth	OPV(1) Oral Polio Vaccine, BCG Bacilles Calmette Vaccine
6 Weeks	OPV(2) Oral Polio Vaccine, DTP/Hib(1) Diptheria, Tetanus, Pertussis & Haemophilus influenza Type B vaccine, Heb B(1) Hepatitis Vaccine, PCV(1) Pneumococcal Conjugated Vaccine
10 Weeks	OPV(3) Oral Polio Vaccine, RV (1) Rotavirus Vaccine, DTP/Hib(2) Diptheria, Tetanus, Pertussis & Haemophilus influenza Type B vaccine, Heb B(2) Hepatitis Vaccine, PCV(2) Pneumococcal Conjugated Vaccine
14 Weeks	OPV(4) Oral Polio Vaccine, RV (2) Rotavirus Vaccine, DTP/Hib(3) Diptheria, Tetanus, Pertussis & Haemophilus influenza Type B vaccine, Heb B(3) Hepatitis Vaccine, PCV(3) Pneumococcal Conjugated Vaccine
9 Months	Measles Vaccine(1)
18 Months	OPV(5) Oral Polio Vaccine, DTP Diptheria, Tetanus, Pertussis Measels Vaccine (2)

IMPORTANT INFORMATION ABOUT YOUR BENEFITS

CHANGING OPTIONS

It's important to look at your healthcare needs at the end of every year and decide which **HEALTH SQUARED** option is best suited to your evolving healthcare needs. Option changes can be made annually at the end of the year by completing an Option Change Form (available on **www.healthsquared.co.za)** or from our friendly Call Centre consultants on **0861 796 6400**). If you are planning on changing options for 2021, please complete an **Option Change Form** and send back to the Scheme before, or on, **11 December 2020** to:

- Online: **www.healthsquared.co.za**
- By email: **optionchanges@healthsquared.co.za**
- By post: **HEALTH SQUARED**, PO Box 1555, Fontainebleau, 2032

BENEFITS THAT RUN IN CYCLES

Most of your option's benefits are annual, meaning that you can access these benefits over a calendar year. However, certain benefits run over an extended period like external medical appliances, orthodontics, optical benefits and cochlear implants and may only be available once in several years or once in a lifetime.

PRO-RATING OF BENEFITS

When joining the Scheme during the year, all benefits (except hospitalisation), including those that have Rand limits, are pro-rated in proportion to the period of membership for the year.

SERVICE PROVIDER RATES

Some service providers may charge rates that are more than your option's benefit rate, making it very important that you **confirm what your provider charges before making use of their services. REMEMBER** that **HEALTH SQUARED** will fund up to your option's benefit rate limit (including PMB's) and, if your provider charges over and above that rate, the outstanding amount will be for your personal account.

Also keep an eye on what you're being charged for. Some service providers charge members for additional procedure codes or the unbundling of service tariffs not approved by the Scheme. You can speak to our friendly pre-authorisation department on **0861 111 778** or email them on **preauth@healthsquared.co.za** for advice as you may not be liable for these additional costs.

BENEFITS THAT ARE DEPLETED

Once your benefits are depleted, you will only be covered for those conditions that are clinically proven to be a PMB. **REMEMBER** that Scheme protocols always apply and that pre-authorisation, as well as proof of PMB status, is required to confirm your cover.

YOU AND YOUR MEMBERSHIP

MEMBERSHIP CARDS

Your **HEALTH SQUARED** membership card is used to identify you as a member of the Scheme and allows you to access your benefits when making use of a medical service provider. The card can only be used by you and while you are a member of **HEALTH SQUARED**. **REMEMBER**, it's illegal to let someone who is not a member use your card. The unauthorised use of a membership card is considered a fraudulent activity and will result in your membership being cancelled immediately.

You will be issued with **2 membership cards per family,** or one card if you are an individual member. If you need additional cards, please submit a request by:

- Emailing: **cardrequest@healthsquared.co.z**a
- Calling**: 0861 796 64**00
- Visiting**: www.healthsquared.co**.za to download the necessary form

DEPENDENTS

To be a dependent on your medical scheme cover, a person must:

- Be an immediate family member and / or financially dependent on you
- Not receive an income of more than the maximum social pension per month
- Not belong to another medical scheme

DEATH OF A PRINCIPAL MEMBER

If you are a dependent and the Principal Member passes away, you can continue to pay the contributions and:

- Retain your membership without any new restrictions, limitations or waiting periods
- If orphaned (according to the definition in the Scheme's rules), remain a member until you become a member of the Scheme in your own right, or are accepted onto another medical scheme

CHANGING YOUR PERSONAL DETAILS

We want to stay in touch with you and make sure that you're always in the know when it comes to **HEALTH SQUARED** and your cover. Make sure that we always have your latest contact details on file to avoid missing important things like your statements, membership and option information as well as other news on your healthcare benefits. Please make sure we always have your latest:

- E-mail address (note that statements are sent electronically to all members with email addresses)
- Cell phone number for SMS notifications
- Claims refund banking details
- Contribution banking details

REMEMBER that it's up to you to make sure that we have your latest contact details and the Scheme cannot be held responsible if you do not receive information because your details are outdated.

HOW TO UPDATE YOUR DETAILS

- Log into your member portal on www.healthsquared.co.za and **update your details**
- **Gi**ve us a call on 0861 796 6400

YOU AND YOUR MEMBERSHIP

ADDING AND REMOVING DEPENDENTS

You can register or deregister dependents at any time by visiting **www.healthsquared.co.za** to download the applicable form or call us on **0861 796 6400**. Use the handy checklists below of things we need to ensure a smooth and quick process.

NEWBORNS AND ADOPTIONS

Once added, **REMEMBER** that contributions will be due from the first day of the month following the birth or adoption. **REMEMBER** to complete the registration process within 30 days of birth or adoption to avoid benefits only being available from the date of registration and not retrospectively from the date of birth or adoption. The documents detailed below can be **sent to amend@healthsqua**red.co.za or f**axed to 086** 513 1438.

REGISTRATION OF DEPENDENT

» Birth certificate ☐
» Children over 21 ☐
The required documents listed below can be sent to **amend@healthsquared.co.za** or faxed to **086 513 1438**. ☐
Registration of Dependent Form ☐
Proof of full-time student status from a registered institution (submitted annually up to maximum age of 25 years) ☐
An affidavit confirming that the dependent is financially dependent on the main member ☐
Handicapped children: Physician report to confirm disability ☐

REMOVING A DEPENDENT

It's important to give us 1 calendar month's notice of any event that changes the status of a dependent which may result in them no longer being entitled to any benefits

The document detailed below can be **sent to resignations@healthsqua**red.co.za or f**axed to 086 513 1438**

» Deregistration of Dependents Form ☐
» 1 Calendar month's written notice ☐

ENDING YOUR MEMBERSHIP

Your **HEALTH SQUARED** membership can be ended for any of the following reasons:

Voluntary termination	By giving 1 calendar month's written notice
Death	By submitting a copy of the death certificate
Resignation from employment	If Scheme membership is a condition of employment you cannot resign without written consent from your employer. Membership and benefits end on the date of resignation, unless you decide to continue as a **HEALTH SQUARE**D member in your private capacity.
Failure to pay contributions	Members who do not pay all amounts due to the Scheme will have their membership ended in terms of the rules of the Scheme.
Employer resignation from the Scheme	If your employer decides to resign from the Scheme they will need to give us 1 calendar month's written notice. If they do not join another scheme as an employer group, you will no longer be a member of **HEALTH SQUARED** from the date they resign, unless you decide to continue as a member in your private capacity.
Abuse of privileges, fraud and non-disclosure of information	We will terminate the membership, or exclude a member or dependent(s) from benefits, for any abuse of the benefits, fraud or non-disclosure of information.

EXCLUSIONS

HEALTH SQUARED MEDICAL SCHEME EXCLUSIONS

With due regard to the Prescribed Minimum Benefits in either a Public Care System or at the facilities of one of the Scheme's Designated or Preferred Service Providers, as contemplated in Regulation 8 of the Regulations promulgated in terms of the Act, or provided for in a Benefit Option, the Scheme's liability is limited to the cost of medical services as defined in the Act and provided for in the Rules of the Scheme. Expenses in connection with any of the following shall not be paid by the Scheme:

1. Compensation for pain, damages, suffering, loss of income or funeral expenses.
2. All costs which, in the opinion of the Scheme's and its Clinical panel, are not –
   a. Medically necessary and appropriate in terms of Managed Healthcare Principles, or that are not life-saving, life-sustaining or life-supporting to meet the health care needs of the Beneficiary, The Scheme reserves the right to determine such instances in general or for specific instances at any time, at its discretion.,
   b. Consistent with the diagnosis, condition or treatment.
   c. Rendered in a cost effective manner in a setting appropriate to the service for medical purposes other than comfort or convenience, including recuperative or convalescent holidays.
3. Any health benefit not included in the list of Prescribed Minimum Benefits ("PMB's") (including newly developed interventions or technologies) shall be deemed to be excluded from the benefits until and unless the benefits are revised in terms of the Act to include it;
4. The following conditions, procedures, treatment and apparatus will specifically be excluded:
   a. Any breast reduction or augmentation or breast reconstruction unless related to diagnosed malignancy in the affected breast (subject to Scheme protocols). Prophylactic Mastectomy only considered for BRCA mutations. Reconstruction following prophylactic Mastectomy will not be funded.
   b. Gynecomastia;
   c. Eximer laser and radial keratotomy; Phakic implants, lenses implanted for presbyopia without cataracts, and for cataracts where the best corrected visual acuity is better than 6/9;
   d. Bariatric surgery and all other treatments, services or charges for or related to obesity;
   e. Dynamic spinal devices;
   f. CT, MRI, Bone Density, Radioisotope and PET scans unless the practitioner is duly registered as a Radiologist with the relevant authority. CT or virtual colonoscopy
   g. Change of sex operations and procedures;
   h. All costs related to the treatment of erectile dysfunction and loss of libido
   i. Growth hormone;
   j. Sleep,hypnosis and narcoanalysis therapy
   k. Elective Caesarean section (except Ultimate Option);
   l. Cancer treatment outside network protocols;
   m. Medicines not registered with or used outside their Medicines Control Council registration or proprietary preparations;
   n. Medication outside the formulary; subject to Regulation 15 I C
   o. Pre-hospital admissions;
   p. Cosmetic procedures e.g. Nasal reconstruction / Rhinoplasty / Genioplasty; otoplasty; skin blemishes; keloid and scar revision; abdominoplasty / lipectomy / liposuction; face-lift and eyelid procedures; hyperhidrosis therapies, etc.
   q. Hyperbaric oxygen therapy
5. Exercise programmes, including pre- and post-natal, weight reduction courses, health spas.
6. Travelling expenses except for ambulance services and practitioners for an emergency of more than 15 kms in total.
7. Examinations and tests for insurance policies, school camp, visa, employment, emigration or immigration, admission to schools or universities, medical court reports, as well as fitness examinations and tests.
8. All costs related to research
9. Charges for appointments not kept or writing of scripts.
10. Accommodation in convalescent, old age homes, frail care or similar institutions, and home assistance unless provided for in a benefit option
11. Costs associated with Vocational Guidance, Child Guidance, Marriage Guidance, School Therapy or attendance at Remedial Education Schools or Clinics, aptitude tests, IQ tests, school readiness tests, questionnaires, learning problems, behavioral problems
12. Purchase of:
   a. Applications, toiletries, sunglasses and/or lenses for sunglasses and beauty preparations, contact lens solutions, sunscreen and suntanning lotions, soaps and shampoos
   b. Wound dressings unless prescribed, and approved by the Scheme
   c. Patented foods/medicines, special foods and nutritional supplements including baby foods,
   d. Tonics, slimming preparations, appetite suppressants and drugs as advertised to the public for the specific treatment of obesity.
   e. Diagnostic home kits, including blood pressure appliances not related to PMB/CDL;
   f. Pain control devices, apnoea monitors and household appliances, e.g. toilet seat raisers, shower and bath rails etc.;
   g. Household and biochemical remedies including complementary and alternative medication, which are not registered, prescribed or promoted by the medical profession with or without evidence to support benefit (Scheme protocols and assessment will apply). except as provided for under the Pharmacist Advised Therapy benefit
   h. Cosmetic products, (medicinal or otherwise)
   i. Anti habit-forming products, vitamins unless prescribed by a person legally entitled to prescribe and for a specific diagnosis registered and authorised by the Scheme, subject to PMB's
   j. Remedies for body-building purposes or exercise and sport specific enhancers
   k. Aphrodisiacs
13. Infertility, sterility, artificial insemination of a person as defined in the Human Tissue Act, (Act 65 of 1983), as well as reversal of sterilisation procedures, subject to Prescribed Minimum Benefits
14. Diagnostic tests and examinations that do not result in confirmation of a Prescribed Minimum Benefit (PMB) condition, unless such condition qualifies as a bona-fide emergency Diagnostic tests will only be funded up to and inclusive of the minimum tests required to exclude a PMB condition.
15. Repair of hearing aids, spectacle frames or lenses and medical apparatus.
16. Experimental, unproven or unregistered treatment or practices,
17. All costs related to conditions that were specifically excluded from benefits for twelve months from the date of inception
18. Interest and legal costs on outstanding accounts.
19. Dental-related exclusions including surgery – All procedures that are contradictory to the published procedures and descriptions or guidelines of the SA Dental Association
   a. Bone augmentations
   b. Sinus lifts
   c. Bone and tissue regeneration
   d. Gingivectomies
   e. Surgical procedures associated with dental implantology
   f. Oral hygiene instructions and oral hygiene follow-up visits
   g. Professionally applied topical fluoride in adults
   h. Nutritional, tobacco counselling and behavior management
   i. Root canal treatment on third molars (wisdom teeth) and primary teeth
   j. Ozone therapy
   k. Soft base to new dentures
   l. Resin bonding for restorations
   m. Direct or indirect pulp capping
   n. Cosmetic procedures (e.g. tooth bleaching, denture gold plating, gold coloured clasps/inlays/onlays/crowns/false teeth/gem stones
   o. Periodontal surgery and tissue grafting
   p. Orthognathic (jaw corrective surgery) and related costs
   q. Hospitilisation for Apicectomies
   r. Gum guards for sports purposes, snoring appliances
20. Subject to the Prescribed Minimum Benefits the Foundation, Rise and Aspire options have the following additional condition and procedure exclusions:
   a. Joint Replacements
   b. Back and neck surgery and conservative treatment including rhizotomies
21. Subject to the Prescribed Minimum Benefits the Rise, Aspire, and Prosper options have the following additional condition and procedure exclusions:
   a. Admissions for skin lesions;
   b. Cochlear implants;
   c. Implanted neurological devices, including but not limited to nerve stimulators, processors and procedures;
   d. Neonatal Respiratory Syncytial Virus prophylaxis;
22. Subject to the Prescribed Minimum Benefits the Foundation Option has the following additional condition and procedure exclusions:
   a. Dental hospitalisation;
   b. Rotator Cuff Surgery;
   c. Gastro-oesophageal reflux and hiatal hernia surgery and treatment;
   d. Functional nasal surgery;
   e. External abdominal hernias;
   f. Bunion and in-grown toenail surgery;
   g. Entropion, ectropion, eyelid, pterygium and strabismus surgery;
   h. Corneal cross-linking;
   i. Polysomnogram;
   j. Admissions for skin lesions;
   k. Cochlear implants;
   l. Implanted neurological devices, processors and procedures;
   m. Laparoscopies;
   n. Hyperbaric oxygen;
   o. Neonatal Respiratory Syncytial Virus prophylaxis;
   p. The costs related to any complication or review of these conditions and treatments;
   q. No other benefits for any other confirmed conditions not listed in the Council for Medical Schemes' PMB ICD10 list (Publication 2014) or treatments not available in the Public Care System
23. The following procedures will only be covered in a Day Clinic if included in benefit entitlement for Foundation, HealthSure, Rise, Aspire, Flex and Prosper:
   a. Tonsillectomy and/or Adenoidectomy
   b. Simple procedures for nose bleed
   c. Middle ear procedures (Tympanoplasty, Mastoidectomy, Myringoplasty, Myringotomy and/or Grommets)
   d. Cataract surgery
   e. Treatment of Glaucoma
   f. Other eye procedures (removal of foreign body, Conjunctival surgery (repair laceration, Pterygium), probing and repair of tear ducts, Vitrectomy, Retinal surgery, eyelid surgery, Strabismus repair
   g. Ganglionectomy
   h. Anorectal procedures (treatment of haemorrhoids, fissure, fistula)
   i. Diagnostic Dilatation and Curettage
   j. Endometrial ablation
   k. Diagnostic Hysteroscopy
   l. Tendon and/or ligament repair, muscle debridement, fascia procedures (Tenotomy, Tenodesis, Tenolysis, repair/reconstruction, Capsulotomy, Capsulectomy, Synovectomy, excision tendon sheath lesion, Fasciotomy, Fasciectomy). Subject to individual case review
   m. Treatment of simple closed fractures and/or dislocations, removal of pins and plates. Subject to individual case review
   n. Subcutaneous tissue, muscle, external auditory canal under general anaesthesia
   o. Simple superficial Lymphadenectomy
   p. Skin Procedures - Debridement (simple repair of superficial wounds)
   r. Male genital procedures (circumcision, repair of penis, exploration of testes and scrotum, Orchiectomy, Epididymectomy, excision hydrocoele, excision varicocoele, Vasectomy)
   s. Gastroscopy
   t. Colonoscopy
   u. Approved in-hospital dental procedures

DEFINITIONS

Above Threshold Benefit (ATB): The benefits available to Millennium members once the MSA savings amount has been depleted and the Self Payment Gap (SPG) amount has been paid from the members own pocket

Acute Condition: Illness that requires short-term treatment

Annual Sub-limit: A set amount allocated to a benefit

Casualty Benefit: A benefit available on certain options which can be used to cover visits to the casualty ward

Child: A member's natural child, stepchild, legally adopted child, a child in the process of being placed in foster care or being adopted, child for whom the member has a duty of support, child who has been placed in the custody of the member or his spouse or partner, and who is not a member or a registered dependent of a member of this or any other registered Scheme.

Child Dependent: A member's natural child, a stepchild, legally adopted child, a child in the process of being placed in foster care or being adopted, child for whom the member has a duty of support, child who has been placed in the custody of the member or his spouse or partner, and who is not a member or a registered dependent of a member of this or any other registered Scheme, who is:

- Between the age of 21 and 25; who is
- Financially dependent on the Principal Member;
- Is currently studying at an accredited institution; with annual proof of student status to be submitted.
- Those who are financially dependent on the Principal Member, are required to submit an affidavit and financial records to that effect on an annual basis.

Chronic Conditions: Illness that requires ongoing treatment

Chronic Disease List (CDL): A list of 25 conditions which all medical schemes must cover and form part of PMB's

Clinical Motivation: A motivation from your doctor explaining why a certain medicine or procedure is required such as test results and x-rays

Chronic Medicines List (CML): A list of medicines to treat the 25 CDL conditions for each option or plan

Confinement: Having a baby

Contributions: Your medical scheme fees that you pay every month

Co-payment: An amount listed for certain treatments or procedures which are not covered by the medical scheme and which you will have to cover from your own pocket

Dependent: Family members who share your medical scheme

Designated Service Provider (DSP): A Provider who is part of our extensive network

Emergency Services: The ambulance service (Netcare 911) that we use in case of a medical emergency

Flexi Benefit: An amount set aside for Flex members to cover certain treatments

HEALTH SQUARED Chronic Conditions: An additional list of chronic conditions which **HEALTH SQUARED** funds from the Chronic Medication benefit

ICD10 Code: A unique treatment code used by doctors or facilities when submitting a claim to the Scheme

ICON: Independent Clinical Oncology Network

Immunisation: Injections given to prevent illnesses

Internal Prosthesis: An artificial device implanted into the body

Late Joiner Penalties: An additional fee payable on top of your monthly contribution when you join a medical scheme late in life and have not been a member of a medical scheme before or for more than a year

Medical Savings Account (MSA): An allocated amount of your contributions on the Millennium option that is set aside for you to manage and use on health services as you require. The amount rolls over every year, earns interest and is transferred if you change medical schemes

Maximum Medical Aid Price (MMAP): The maximum amount **HEALTH SQUARED** will pay for a medicine as advertised by Medikredit (www.medikredit.co.za)

Network Providers: Service Providers working together and forming a group or network. Members on some options must use these network providers.

Non-disclosure: Not telling us something about your health condition

Option: Any of the benefit options of the Scheme

Over-The-Counter Medicine (OTC): Medication you can get at your pharmacy without a prescription

***Patient Driven Care™ (PDC™)*:** A unique approach to treating at-risk **HEALTH SQUARED** patients that gives them appropriate access to the amount of care they need to stay healthier for longer

Practice Number: A unique identification number which your doctor or service provider has

Pre-authorisation: Permission from **HEALTH SQUARED** before going for treatment, tests, etc.

DSP's: Doctors, pharmacies or hospitals who provide care to our members as per a contracted agreement. All members are advised to make use of DSP's as far as possible

Designated Provider Network: A network of healthcare providers who provide care to our members as per a contracted agreement

Prescribed Minimum Benefits (PMB's): A list of 271 conditions, including 27 chronic conditions, that all medical schemes have to cover

Preventative Care: Care that aims to stop you from getting sick or suffering an event like flu, a stroke, heart attack or hospitalisation

Principal Member: The main member of the Scheme who pays the monthly fees

Pro-rated Benefits: The portion of benefits you are entitled to based on how long you have been a member of the Scheme during any benefit year

Prostate-Specific Antigen (PSA): A blood test for men which determines possible prostate cancer risk

Scheme Exclusions: A list of things the Scheme does not cover or pay for

Scheme Protocols: Guidelines that determine how we fund your care

Scheme Rate: The amount **HEALTH SQUARED** pays for a particular medicine or medical service

Scheme Rules: The rules of the medical scheme, including all policies, protocols and medicine lists

Service Provider: Doctor or healthcare facility

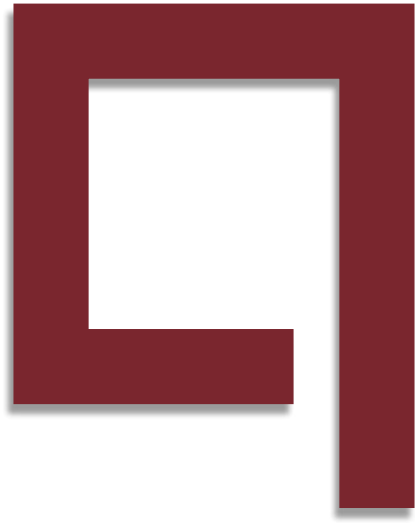
Self Payment Gap (SPG): The amount a Millennium option member needs to pay in between their MSA's available funds before they can access their Above Threshold Benefit (ATB)

Statement: A document which details the benefits you have used and payments processed by the Scheme

Student Dependent: A dependent who is between the age of 21 and 25 who is studying with a recognised Tertiary institution

Termination: Ending of agreement

NOTES



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