

Full Administration (PPN tariff 1) Medical Schemes - 01 January 2017

BENEFITS/CLAIM QUERIES : ONLINE on OPTIMUM or via Call centre 086 1103 529 OR 086 1101 477



IMPORTANT INFORMATION :

Beneficiaries are only entitled to claim once every 24 months as of the Date of Service (DOS) or Year of Claiming (YOC) or Fixed cycle (2016-2017)

Second Benefit Warranty Applicable as per rules in Manual on: Bankmed, Bestmed (Excl Pulse 1), Camaf (First Choice & Network Choice Only), Hosmed, MBMed, Medihelp, PGGroup, Polmed, Remedi (Standard ONLY), Thebemed, Transmed

Authenticate IT (Laboratory Ordering System & Credit) as per rules in Manual on: Bankmed, Bestmed, Camaf, DBBS, Hosmed, Medimed, MBMed, Medihelp, PGGroup, Polmed, Sisonke, Remedi, Thebemed, Transmed

Medical aid - PPN 1 (GRID 1)	Option	START	Comprehensive Consultation & Biometrics	Contact Lens Re-examination	Frame/Lens Enhancements	Single Vision	Bifocal	Multifocal	Contact Lenses	Other Benefit information : Comments	
BANKMED	COMPREHENSIVE PLAN	YOC	R 520	R 240.00	PPN FRAME / PMA	R 165.00	R 360.00	R 660.00	R1395 - Annual	Readers Benefit : 2 x R80 per pair	
	TRADITIONAL PLAN	YOC	R 520	R 240.00	R 800.00	R 165.00	R 360.00	R 660.00	R1260 - Annual		
BESTMED	BEAT 3 / NETWORK	DOS	R 520	R230 (x3)	R 550.00	R 165.00	R 360.00	R 660.00	R 1 000.00	Subject to Day to Day Limits & Savings	
	BEAT 4 / NETWORK	DOS	R 520		R 550.00	R 165.00	R 360.00	R 660.00	R 1 210.00		
	PACE 1	DOS	R 520		R 550.00	R 165.00	R 360.00	R 660.00	R 1 000.00		
	PACE 2	DOS	R 520		R 550.00	R 165.00	R 360.00	R 660.00	R 1 210.00		
	PACE 3	DOS	R 520		R 550.00	R 165.00	R 360.00	R 660.00	R 1 400.00		
	PACE 4	DOS	R 520		R 550.00	R 165.00	R 360.00	R 660.00	R 1 710.00		
	PULSE 1	DOS	R 520		PPN Frame at R195	R 165.00	R 360.00	R 360.00	R 400.00		
	PULSE 2	DOS	R 520		R 550.00	R 165.00	R 360.00	R 660.00	R 1 210.00		
CAMAF	FIRST CHOICE / NETWORK CHOICE	DOS	R 520		R 600.00				R 800.00	Subject to Day to Day Limits & Savings	
	ALLIANCE	ANNUAL	R 520		R 6 500.00	R 165.00	R 360.00	R 660.00	R 6 320.00		
	DOUBLE PLUS	ANNUAL	R 520		R 3 500.00				R 3 400.00		
DE BEERS BENEFIT SOCIETY (DBBS)	DBBS	Fixed	R515 (excl Biometrics)		R 1 250.00	R 165.00	R 360.00	R 660.00	R1500 - Annual	Hard Contact Lenses to be motivated and approved for 2 years	
GET SAVVI / BLACKBIRD	OPTIONS C / D	DOS	R 520		PPN Frame of R195	R 165.00	R 360.00	R 360.00		No benefit applicable	
HOSMED	PLUS	YOC	R 520		R 870.00	R 165.00	R 360.00	R 660.00	R 2 915.00	Subject to Day to Day Limits & Savings	
	ACCESS	YOC	R 520		R 315.00	R 165.00	R 360.00	R 360.00	R 840.00		
	ESSENTIAL	YOC	R 520		PPN Frame at R195	R 165.00	R 360.00	R 360.00	R 525.00		
	VALUE	YOC	R 520		R 580.00	R 165.00	R 360.00	R 360.00	R 1 810.00		
MBMED	MBMED	DOS	R 520		R 1 000.00	R 165.00	R 360.00	R 660.00	R 1 775.00		
MEDICALL	CLASSIC	DOS	R 520		PPN Frame at R195	R 165.00	R 360.00	R 360.00	R 420.00		
MEDIHELP MEDICAL SCHEME	NECESSE NETWORK	DOS	R 520		R 200.00	R 165.00	R 360.00	R 360.00	R 395.00	Subject to Day to Day Limits & Savings	
	DIMENSION PRIME 2	DOS	R 520		R 200.00	R 165.00	R 360.00	R 360.00	R950 In Network only		
	DIMENSION PRIME 3	DOS	R 520		R 600.00	R 165.00	R 360.00	R 360.00	R 1 000.00		
	DIMENSION ELITE	DOS	R 520		R 750.00	R 165.00	R 360.00	R 660.00	R 1 510.00		
	MEDIHELP PLUS	DOS	R 520		R 750.00	R 165.00	R 360.00	R 660.00	R 1 660.00		
MEDIMED	MANAGED CARE ECIPA / UDIPA / PEGP	YOC	R 520		R 200.00	R 165.00	R 360.00	R 360.00	R 650.00		
PG GROUP MEDICAL SCHEME	PG GROUP	DOS	R 520	R230 (x3)	R 850.00	R 165.00	R 360.00	R 660.00	R 1 675.00	Readers Benefit : 2 x R75 per pair	
POLMED	AQUARIUM (FORMERLY LOWER PLAN)	YOC	R 520	R230 (x3)	R 580.00	R 165.00	R 360.00	R 360.00	R 580 - Annual	Subject to Day to Day Limits & Savings	
	MARINE (FORMERLY HIGHER PLAN)	YOC	R 520	R230 (x3)	R 950.00	R 165.00	R 360.00	R 660.00	R1 510 - Annual		
REMEI MEDICAL AID SCHEME	STANDARD	DOS	R 520		R 200.00	R 165.00	R 360.00	R 360.00	R 525.00	Subject to Day to Day Limits & Savings	
	COMPREHENSIVE	ANNUAL	R 520		R 1 125.00	R 165.00	R 360.00	R 660.00	R 2 120.00		R2 990 PER BENEFICIARY PER ANNUM ; FAMILY LIMIT R5 980
	CLASSIC	ANNUAL	R 520		R 960.00	R 165.00	R 360.00	R 660.00	R 1 840.00		R2 595 PER BENEFICIARY PER ANNUM ; FAMILY LIMIT R5 190 (SUBJECT TO IOH - INSURED OUT OF HOSPITAL)
SISONKE HEALTH MEDICAL SCHEME	PRIDE OPTION	YOC	R 520		PPN Frame at R195	R 165.00	R 360.00	R 360.00	R 475.00		
SIZWE	AFFORDABLE / FULL CARE	DOS	R 520		R 300	R 165.00	R 360.00	R 660.00	R 525.00	This and Coatings are subject to the available limit : 35%Tint: 61321/2, 61323/4, 61325/6 or 61821/2, 61823/4, 61825/6 or 69259 / 69359 / 69459 HardC: 61621/2/3/4/5/6 ARC: 62421/2/3/4/5/6 or 61521/2/3/4/5/6	
	PRIMARY / HOSPITAL CARE	DOS	R 520		R 300	R 165.00	R 360.00	R 360.00	R 525.00		
THEBEMED	ENERGY	DOS	R 520		R 650.00	R 165.00	R 360.00	R 360.00	R 1 120.00	Subject to Day to Day Limits & Savings	
	UNIVERSAL / EDO	DOS	R 520		R 600.00	R 165.00	R 360.00	R 360.00	R 1 120.00		
TOPMED	NETWORK OPTION	DOS	R 520		PPN Frame at R195	R 165.00	R 360.00	R 360.00	R 525.00		
TRANSMED MEDICAL FUND	STATE PLUS OWN CHOICE / SATS PENSIONER (GAURDIAN)	DOS	R 520		R 600.00	R 165.00	R 360.00	R 660.00	R 1 110.00	Fundus Benefit : R150 Positive Pathology (Code 20012)	
UNITY HEALTH	ELIXI HEALTH BLACK	DOS	R 520		PPN Frame of R195	R 165.00	R 360.00	R 360.00		No benefit applicable	
	Primary & Hospital Care A / B / C										
	Primary Care A / B / C										
	Prime Care										
	STR A / AW / B / BW										
	UMBRELLA PC / PCH										
Unity C / SMG / C COM / D / VG											

FEE FOR SERVICE (PPN Tariff 2) Medical Schemes - 01 January 2017

BENEFITS/CLAIM QUERIES : ONLINE on OPTIMUM or via Call centre 086 1103 529 OR 086 1101 477

BENEFITS are subject to either Threshold/Family/Beneficiary/Savings AVAILABILITY. Ensure your account is submitted soonest to avoid Benefit availability rejections.

CONSULTATION Tariff codes 70001 - 70004 AND 70008 BIOMETRICS applicable

MEDICAL AID	OPTION	BENEFIT CYCLE	COMPOSITE CONSULTATION & BIOMETRICS	FRAME	SV	BF	MF	CL	OPTICAL LIMIT CONDITIONS
BONITAS	BONCOMPLETE	DOS	R 520	R 700	R 205	R 475	R 825	R 1 730	Subject to Available Savings
BOMAID	SCHEME A	DOS	R 515	R 320	R 205	R 475	R 475	R 470	South African Providers Only
	SCHEME B			R 710	R 205	R 475	R 475	R 1 095	
	SCHEME C			R 1 201	R 205	R 475	R 475	R 1 410	
	SCHEME ISS			R 710	R 205	R 475	R 475	R 1 095	
	SCHEME U			R 550	R 205	R 475	R 475	R 3 500	
MOTO HEALTH CARE	CLASSIC / CLASSIC NETWORK	YOC	R520 - Annual	R 740	R 205	R 475	R 825	R 1 530 (annual)	Subject to annual savings: Member R6 076; Adult R5 160 and Child R1 527 (Network : Subject to annual savings: Member R5 620; Adult R4 774 and Child R1 413)
	OPTIMUM			R 1 170	R 205	R 475	R 825	R 2280 (annual)	Subject to Day to Day : Member R22 680; Member +1 R31 590 Member +2 R36 570 and Member +3 R42 930
TOPMED	TOPMED COMPREHENSIVE (RAINBOW COMPREHENSIVE)	ANNUAL	R 520	100% of Cost from Yearly Limit thereafter R1100 accrues to Threshold - Frame only	R 205	R 475	R 825	R 2 292	100% of Cost from Yearly Limit, Self Payment Gap and thereafter PPN rates from Extended Cover (PPN rates accrue to Threshold) Contact lenses limited to R2 292 per beneficiary per annum / No benefit for both spectacles and contact lenses in the same year (no extras)
	TOPMED EXECUTIVE (PROFESSIONAL)		R 520	100% of Cost from Yearly Limit thereafter R690 accrues to Threshold Frame only	R 205	R 475	R 825	R 1 844	100% of PPN rates : Limited to R2 364 per beneficiary R6 900 per family (Extras can be paid for out of the beneficiary and family limits).
	TOPMED FAMILY (PALADIN COMPREHENSIVE)		R520 (PMA)	100% of Cost from Savings (PMA) thereafter R800 accrues to Threshold Frame only	R205 (PMA)	R475 (PMA)	R825 (PMA)	PMA	100% of PPN rates payable from Savings, Self Payment Gap and thereafter from Above Threshold Benefit limited to R1 956 per beneficiary, R5 800 per family per year (no extras)

PPN Tariff 2 applicable, but MEMBER LIABLE FOR THE ACCOUNT TO THE PROVIDER - Please submit account to PPN for clearing and tax purposes.

MEDICAL AID	OPTION	COMPOSITE CONSULTATION	SV	BF	MF
MEDIHELP	DIMENSION PRIME 1	R 515	R 205	R 475	R 825
MOTOHEALTH	HOSPICARE/NETWORK	R 515	R 205	R 475	R 825