



| SCHEDULE OF BENEFITS | 2010

Applicable 1 January 2010 to 31 December 2010.
Please read in conjunction with the Information Guide.



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Contribution Table

	ProPinnacle	ProSecure Plus	ProSecure	ProActive Plus	ProActive
Adult	R2 996	R1 784	R1 450	R860	R750
Adult dependant	R2 778	R1 652	R1 340	R798	R694
Child	R926	R806	R656	R390	R340
Student rate	Not applicable	Not applicable	Not applicable	Not applicable	R320

Notes:

1. Members applying for the rates below R5 000 monthly income must submit proof of combined monthly income from all sources.
2. Child rates apply up to age 21. Thereafter rates will default to adult dependant rates.
3. Children older than 21 but younger than 26 who are studying full-time qualify for child rates, subject to annual proof of study being provided to the Scheme, i.e. proof of registration or account from academic institution. If proof of study is not received, rates will default to adult dependant rates.
4. Student rates are only available to students in at least their fourth year of study for a degree that qualifies them for Profmed.

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	0800 132 345	+27 11 770 6000	–
Hospital & Specialised Radiology Authorisations	0860 776 363	+27 12 679 4145	+27 12 679 4438
Emergency Transport Service within SADC Region	0861 776 363	+27 11 541 1225	–
International Medical Assistance	0860 679 200	+27 11 541 1225	–
Disease Management Authorisations	0860 776 363	+27 12 679 4145	+27 12 679 4438
Orthodontic Authorisations	0860 776 363	+27 12 679 4145	+27 12 679 4438
Post-trauma Counselling	0800 611 298	+27 11 459 2218	–
Post-trauma HIV Management:	Office hours	0860 906 090	+27 11 251 9400
	After hours	071 786 4520	+27 71 786 4520
Profmed Baby	0861 116 043	–	–

Definitions

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 day-to-day limit. Funds in the annual overall limit can only be accessed through the relevant available sub-limits.

Prescribed Minimum Benefit (PMB): The minimum benefit a scheme is required to cover in respect of the diagnosis and treatment of the 270 chronic conditions, as required by legislation. This Schedule of Benefits is subject to the provisions of the Act and Regulations relating to the prescribed minimum benefits. Profmed provides cover for 270 conditions listed in the PMBs as well as the 28 conditions listed in the Chronic Disease List (CDL) in accordance with the provisions of the Act and Regulations. The 28 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 Insipidus, Diabetes Mellitus Type 1 & 2, Dysrhythmias, Epilepsy, Glaucoma, Haemophilia, HIV/AIDS, Hyperlipidaemia, Hypertension, Hypothyroidism, Menopause (HRT), Multiple Sclerosis, Parkinson's Disease, Post Organ Transplant (DTPs), Rheumatoid Arthritis, Schizophrenia, Systemic Lupus Erythematosus, 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 (DSP). 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 was involuntarily obtained from a provider other than a DSP, the service will be paid in full. 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.

Designated Service Provider Network (DSPN): A provider or network of providers who are contracted by the Scheme to provide services, treatment, medicine or facilities to members in terms of both prescribed minimum benefits (PMBs) and non-PMB illnesses:

- PMBs (CDLs - medication): No DSP, subject to rules, formulary and reference pricing
- PMBs (non-CDLs): No DSP, subject to rules, formulary and reference pricing
- PMBs (day-to-day): No DSP, subject to rules and protocols
- Hospitalisation (PMBs): No DSP, with the exception of benefits for psychiatric hospitalisation, drug and alcohol rehabilitation, cataract surgery and endoscopic examinations, subject to pre-authorisation, rules and protocols
- Hospitalisation (non-PMBs): No DSP, with the exception of benefits for endoscopic examinations, subject to pre-authorisation, rules and protocols
- Preventative Care: Ampath, Lancet Laboratories and Pathcare
- Optical: Opticlear
- Post-trauma Management: Independent Counselling and Advisory Services (ICAS) and Optipharm
- Alcohol and Drug Rehabilitation: South African National Council on Alcoholism and Drug Dependence (SANCA)
- Psychiatric Hospitalisation: Participating National Hospital Network (NHN) facilities
- Cataract Surgery: Participating National Hospital Network (NHN), Life Healthcare and Netcare facilities
- Endoscopic Examinations: Netcare facilities.

Costs in respect of PMBs that exceed the formulary, reference pricing, rules and protocols will be the responsibility of the member.

Member:	The principal member of the Scheme in terms of the rules.
Beneficiary:	The member and any of his dependants registered on the Scheme in terms of the rules.
Family:	The total constitution of a member and his 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.
SADC Region:	The region known as the Southern African Development Community, namely Angola, Botswana, DRC, Lesotho, Malawi, Mauritius, Mozambique, Namibia, Seychelles, South Africa, Swaziland, Tanzania, Zambia and Zimbabwe.

Tariff Descriptions

Profmed Tariff (ex-Profmed NRPL):

The lower of the:

- 2008 Reference Price List (RPL) tariff as published by the Department of Health plus inflationary increase adjusted for 2009 and 2010;
- 2009 RPL as published by the Department of Health on 24 December 2008 (Government Gazette No. 31724, Vol. 522) plus 8% inflationary increase;
- 2009 Profmed NRPL tariff plus 8% inflationary increase; or
- official RPL for 2010.

Profmed Negotiated Tariff: Negotiated by Profmed with particular providers and the various hospital groups and specific to each group.

Profmed Specific Tariff:

Consultations: R260 for GPs and R360 for specialists;
Procedures: Profmed Tariff plus 20% for GPs and specialists.

Profmed Premium Tariff: Private tariff (300% of Profmed Tariff) paid to GPs and specialists for consultations and procedures.

Profmed Optical Tariff: DSP tariff negotiated by Opticlear with registered optical service providers nationally.

Scheme Exclusions

Profmed will not pay for healthcare services related to the following (including direct and indirect expenses), except those stipulated in the prescribed minimum benefits:

- Excessive use of drugs and alcohol
- Breach of law
- Educational therapy
- Elective cosmetic surgery and surgery for “bat ears” (Otoplasty)
- Breast reduction and enlargement, and gynaecomastia surgery
- Expenses recoverable from a third party
- Insurance examinations
- Care for the frail, infirm or chronically ill
- Injuries related to professional sport, and sporting appliances
- Nasal tip surgery
- Scar revision
- Treatment that is experimental, scientifically unproven, “off-label” or not registered by the Medicines Control Council (MCC)
- Healthcare services related to infertility in respect of ART, IVF, GIFT, ZIFT and ICSI
- Travel expenses
- Elective and anticipated medical treatment outside the SADC Region
- Psychometry and group therapy
- Sunglasses and optical lens tinting
- Holidays for recuperative purposes
- Nutritional supplements or food supplements
- Treatment of impotence
- Organs or human tissue harvested outside South Africa
- Luxury drugs, e.g. biologicals
- Treatment of obesity, e.g. gastroplasty
- Costs exceeding the maximum benefit to which a member is entitled in terms of the rules of the Scheme
- Bio-stress assessments
- Colonic irrigations
- DNA testing
- Harvesting of donor organs where the recipient is not a beneficiary of Profmed
- IQ tests and learning problems
- APS therapy machines or similar equipment
- Kidney belts
- “Medic Alert” bands
- Mattresses, waterbeds and special beds, and chairs
- Humidifiers
- Bedpans
- Cushions, sheepskins and waterproof sheets
- Health shoes, e.g. Green Cross
- Repairs of durable goods
- Replacement batteries for medical appliances or devices, e.g. hearing aids
- Solution kits for contact lenses.

The rules of the Scheme, Annexure C, as well as the Information Guide, provide further information on expenses not covered by the Scheme.

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					
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 for private 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 4B1)	Paid from acute medicine benefit, subject to the availability of funds	Paid from acute medicine benefit, subject to the availability of funds		No benefit	
1C General Practitioners (GPs) and Specialists in Hospital					
1C1 Surgery and in-hospital procedures	100% Profmed Premium Tariff	100% Profmed Premium Tariff	100% Profmed Specific Tariff	100% Profmed Premium Tariff	100% Profmed Specific Tariff
1C2 Visits and consultations by a GP or specialist while hospitalised	100% Profmed Premium Tariff	100% Profmed Premium Tariff	100% Profmed Specific Tariff	100% Profmed Premium Tariff	100% Profmed Specific Tariff
1D Radiology and Pathology in Hospital – Call 0860 776 363 for authorisation 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 in hospital Specialist referral only (See section 4A6) (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					
1E1 Cataract Surgery a) Hospitalisation (Subject to use of DSP and pre-authorisation) b) Intraocular lens	R7 675 per beneficiary per event 2 events per beneficiary R3 270 per beneficiary per event	R7 675 per beneficiary per event 2 events per beneficiary R3 270 per beneficiary per event		R7 675 per beneficiary per event 2 events per beneficiary R3 270 per beneficiary per event	
1E2 Transplants (Subject to pre-authorisation and registration on the Disease Management Programme)	100% Profmed Negotiated Tariff Donor costs: R30 000 per event (Profmed recipient only)	100% Profmed Negotiated Tariff Donor costs: No benefit		100% Profmed Negotiated Tariff Donor costs: No benefit	
1E3 Peritoneal dialysis and haemodialysis (Subject to pre-authorisation and registration on the Disease Management Programme)	100% Profmed Tariff	100% Profmed Tariff		100% Profmed Tariff	

Benefit	ProPinnacle	ProSecure Plus	ProSecure	ProActive Plus	ProActive
1E4 Oncology a) Active treatment: radiotherapy and/or chemotherapy (Subject to pre-authorisation and registration on the Oncology Programme) b) Non-active treatment: not receiving radiotherapy or chemotherapy c) PET scans (Positron-Emission Tomography) (Subject to pre-authorisation and protocols)	100% Profmed Premium Tariff Subject to Profmed protocols and costings. Benefits include approved medicines, related radiology and pathology Benefits paid from relevant chronic or day-to-day limits and subject to the protocols, rules and limits applicable to those benefits R10 000 per scan	100% Profmed Specific Tariff Subject to Profmed protocols and costings. Benefits include approved medicines, related radiology and pathology Benefits paid from relevant chronic or day-to-day limits and subject to the protocols, rules and limits applicable to those benefits R10 000 per scan		100% Profmed Specific Tariff Subject to Profmed protocols and costings. Benefits include approved medicines, related radiology and pathology No benefit R10 000 per scan	
1E5 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 month's rehabilitation and the availability of benefits, and are subject to case management and Profmed protocols. Admissions covered at authorised service providers only. Subject to PMBs. (Subject to pre-authorisation)	R60 000 per family	R40 000 per family		R20 000 per family	
1E6 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) b) Wound care Treatment at home, including surgicals, by an appropriately registered practitioner (Subject to pre-authorisation and protocols)	R13 000 per beneficiary R5 000 per beneficiary	R11 000 per beneficiary R3 000 per beneficiary		R9 500 per beneficiary R2 500 per beneficiary	
1E7 Psychiatric treatment Includes all in- and out-of-hospital psychiatric and psychology consultations, treatment and medication, and alcohol and drug rehabilitation. Hospitalisation only available at DSP. PMBs are deducted from this benefit but are not subject to these limits.					
a) In-hospital (Subject to pre-authorisation) b) Out-of-hospital consultations	R30 000 per family R5 000 per family Subject to 1E7(a) in-hospital limit	R20 000 per family R5 000 per family Subject to 1E7(a) in-hospital limit		R15 000 per family R5 000 per family Subject to 1E7(a) in-hospital limit	
1E8 Endoscopic examinations In suitably equipped procedure room, subject to protocols and PMB legislation and use of the designated service provider (DSP).					
a) Gastroscopy (Subject to pre-authorisation) b) Colonoscopy Includes sigmoidoscopy (Subject to pre-authorisation) c) Colonoscopy and gastroscopy Combined procedure (Subject to pre-authorisation)	R2 000 per beneficiary per event R2 200 per beneficiary per event R3 100 per beneficiary per event	R2 000 per beneficiary per event R2 200 per beneficiary per event R3 100 per beneficiary per event		R2 000 per beneficiary per event R2 200 per beneficiary per event R3 100 per beneficiary per event	

Benefit	ProPinnacle	ProSecure Plus	ProSecure	ProActive Plus	ProActive
1F Other Medical Services – Call 0860 776 363 for authorisation					
1F1 Physiotherapy a) In-hospital (Subject to pre-authorisation) b) Out-of-hospital Post-operative, available up to 6 weeks after related hospital procedure (Subject to pre-authorisation)	100% Profmed Tariff 100% Profmed Tariff M R2 000 Maximum R3 500	100% Profmed Tariff 100% Profmed Tariff M R1 500 Maximum R2 500		100% Profmed Tariff No benefit	
1F2 Blood transfusions (Subject to pre-authorisation)	100% Profmed Negotiated Tariff	100% Profmed Negotiated Tariff		100% Profmed Negotiated Tariff	
1F3 Emergency transport services Contact International SOS within RSA on 0861 776 363; within SADC Region on +27 11 541 1225	100% of cost Subject to Profmed protocols	100% of cost Subject to Profmed protocols		100% of cost Subject to Profmed protocols	
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 pre-authorisation, protocols and management)					
	R35 000 per family	R35 000 per family		R35 000 per family	
1F5 Cochlear implants Excluding upgrade/replacement of external appliance (Subject to pre-authorisation)	R80 000 per family	R75 000 per family		R50 000 per family	
1G Dental Procedures in Hospital – Call 0860 776 363 for authorisation					
1G1 In-hospital basic dentistry (Subject to pre-authorisation)	Subject to Profmed protocols (Exceptional cases only)	Subject to Profmed protocols (Exceptional cases only)		No benefit	
1G2 In-hospital specialised dentistry (Subject to pre-authorisation)	Subject to Profmed protocols	Subject to Profmed protocols		No benefit	
1G3 Functional orthognathic surgery Includes all costs related to the admission and procedure, e.g. all medical practitioner fees, hospitalisation, etc. (Subject to pre-authorisation)	R25 000 per family	No benefit		No benefit	
2. Preventative Care Benefits are subject to specific protocols and the use of the designated service provider network.					
2.1 Prostate Specific Antigen (PSA) Test for prostate cancer. Males 40 years and older.					
a) Consultation	100% Profmed Premium Tariff for GPs and specialists 1 consultation per beneficiary	100% Profmed Specific Tariff for GPs (R260) and specialists (R360) 1 consultation per beneficiary		100% Profmed Specific Tariff for GPs only (R260) 1 consultation per beneficiary	
b) Pathology (Tariff code 4519)	100% Profmed Negotiated Tariff at DSPN 1 investigation per beneficiary	100% Profmed Negotiated Tariff at DSPN 1 investigation per beneficiary		100% Profmed Negotiated Tariff at DSPN 1 investigation per beneficiary	
2.2 Pap smear for cervical cancer Females 18 years and older.					
a) Consultation	100% Profmed Premium Tariff for GPs and specialists 1 consultation per beneficiary	100% Profmed Specific Tariff for GPs (R260) and specialists (R360) 1 consultation per beneficiary		100% Profmed Specific Tariff for GPs only (R260) 1 consultation per beneficiary	
b) Pathology (Tariff code 4566. Tariff codes 4599 and 4560 reimbursed per tariff code 4566)	100% Profmed Negotiated Tariff at DSPN 1 investigation per beneficiary	100% Profmed Negotiated Tariff at DSPN 1 investigation per beneficiary		100% Profmed Negotiated Tariff at DSPN 1 investigation per beneficiary	

Benefit	ProPinnacle	ProSecure Plus	ProSecure	ProActive Plus	ProActive
2.3 Mammograms for breast cancer Females 40 years and older. Females younger than 40 years pre-disposed to breast cancer subject to motivation.					
Radiology (Tariff code 34100)	100% Profmed Tariff 1 investigation per beneficiary	100% Profmed Tariff 1 investigation per beneficiary		100% Profmed Tariff 1 investigation per beneficiary	
2.4 Fasting lipogram (blood test) for cholesterol Males 40 years and older; females 50 years and older.					
a) Consultation	100% Profmed Premium Tariff for GPs and specialists 1 consultation per beneficiary	100% Profmed Specific Tariff for GPs (R260) and specialists (R360) 1 consultation per beneficiary		100% Profmed Specific Tariff for GPs only (R260) 1 consultation per beneficiary	
b) Pathology (Tariff code 4025)	100% Profmed Negotiated Tariff at DSPN 1 investigation per beneficiary	100% Profmed Negotiated Tariff at DSPN 1 investigation per beneficiary		100% Profmed Negotiated Tariff at DSPN 1 investigation per beneficiary	
2.5 Fasting blood sugar test for late onset diabetes Males and females 40 years and older					
a) Consultation	100% Profmed Premium Tariff for GPs and specialists 1 consultation per beneficiary	100% Profmed Specific Tariff for GPs (R260) and specialists (R360) 1 consultation per beneficiary		100% Profmed Specific Tariff for GPs only (R260) 1 consultation per beneficiary	
b) Pathology (Tariff code 4057)	100% Profmed Negotiated Tariff at DSPN 1 investigation per beneficiary	100% Profmed Negotiated Tariff at DSPN 1 investigation per beneficiary		100% Profmed Negotiated Tariff at DSPN 1 investigation per beneficiary	
2.6 Influenza vaccine					
a) Vaccine only	R60 per beneficiary	R60 per beneficiary		R60 per beneficiary	
b) Administering of vaccine	Subject to relevant day-to-day limits	Subject to relevant day-to-day limits		No benefit	
3. Chronic Medication The formulary and reference pricing will be most restrictive on the ProActive options and least restrictive on the ProPinnacle option. The Condition Medicine List (CML), including the list of chronic diseases, is available on the Profmed website at www.profmed.co.za . Refer to the website for the different non-CDL conditions covered on each option.					
Chronic medication CDLs, non-CDLs and other PMB-related chronic conditions 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 60 conditions covered Subject to Profmed formulary and reference price MMAP® applies	100% Single Exit Price and dispensing fee 40 conditions covered Subject to Profmed formulary and reference price M R11 340 M+1 R19 280 Maximum R25 490 MMAP® applies		Restricted to 28 CDL conditions, per PMB legislation Subject to Profmed formulary and strict reference price	
4. Day-to-day Cover All sub-limits for out-of-hospital benefits described 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.					
Annual overall day-to-day limit (Available only through relevant available day-to-day sub-limits)	M R12 420 M+1 R18 630 Maximum R24 840	M R7 450 M+1 R11 125 Maximum R14 900		No benefit	
4A General Practitioners (GPs) and Specialists					
4A1 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	
4A2 Non-hospital procedures in doctors rooms	100% Profmed Premium Tariff Subject to day-to-day limit	100% Profmed Specific Tariff Subject to day-to-day limit		No benefit	
4A3 Psychiatric consultations (out-of-hospital) (See Section 1E7)	Paid from Psychiatric benefit	Paid from Psychiatric benefit		No benefit	
4A4 Clinical psychology (See Section 1E7)	Paid from Psychiatric benefit	Paid from Psychiatric benefit		No benefit	
4A5 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	

Benefit	ProPinnacle	ProSecure Plus	ProSecure	ProActive Plus	ProActive
4A6 MRI and CT scans Specialist referral only (See section 1D2) (Subject to pre-authorisation by calling 0860 776 363)	80% Profmed Tariff 2 investigations per family in- or out-of-hospital	80% Profmed Tariff 2 investigations per family in- or out-of-hospital Subject to day-to-day limit		No benefit	
4A7 Out-patient visits and facility fees for private hospitals and emergency rooms without subsequent hospitalisation	100% Profmed Negotiated Tariff Subject to day-to-day limit	100% Profmed Negotiated Tariff Subject to day-to-day limit		No benefit	
4B Acute Medication					
4B1 Prescribed acute medication (Certain medication on repeat script will be funded from this benefit)	80% Single Exit Price and dispensing fee M R7 235 M+1 R9 720 M+2 R10 260 M+3 R11 340 Maximum R13 500 MMAP® applies Subject to day-to-day limit	80% Single Exit Price and dispensing fee M R2 330 M+1 R3 500 M+2 R3 845 M+3 R4 000 Maximum R4 320 MMAP® applies Subject to day-to-day limit		No benefit	
4B2 Over-the-counter medication (See Section 4B1)	80% of cost R1 300 per family Subject to acute medication and day-to-day limits	80% of cost R1 000 per family Subject to acute medication and day-to-day limits		No benefit	
4C Supplementary Benefits					
4C1 a) External prostheses and appliances Includes insulin pumps, hearing aids, home oxygen therapy and stoma bags. » Hearing aids: 1 pair every 24 months » Insulin pumps: 1 every 48 months (Subject to protocols and pre-authorisation by calling 0860 776 363)	R15 000 per family	R10 000 per family		No benefit	
b) Other Includes neck braces fitted in theatre, wheel chairs, walking frames and crutches	R3 700 per family Subject to day-to-day limit	R2 670 per family Subject to day-to-day limit		No benefit	
4C2 Supplementary services • Audiometrists • Biokineticists • Dieticians • Occupational therapists • Speech therapists • Physiotherapists • Podiatrists	100% Profmed Tariff M R2 000 Maximum R3 450 Subject to day-to-day limit	100% Profmed Tariff M R1 720 Maximum R2 880 Subject to day-to-day limit		No benefit	
4C3 Alternative health practitioners Including homeopaths, homeopathic medication and chiropractors. Practitioners must be registered with the Association of Alternative Health Care Providers	80% of cost R1 700 per family R540 sub-limit for homeopathic medication per family Subject to day-to-day limit	No benefit		No benefit	

Benefit	ProPinnacle	ProSecure Plus	ProSecure	ProActive Plus	ProActive
4D Optical Services Benefits are subject to protocols and are applied over a 24-month period. Lenses are limited to contact lenses OR spectacle lenses.					
4D1 Eye examinations	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	
4D2 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	R810 per beneficiary 24-month benefit Subject to day-to-day limit	R570 per beneficiary 24-month benefit Subject to day-to-day limit		No benefit	
4D3 Contact lenses (clear)	R2 100 per beneficiary 24-month benefit Subject to day-to-day limit	R1 155 per beneficiary 24-month benefit Subject to day-to-day limit		No benefit	
4D4 Refractive eye surgery Includes all costs related to the admission and procedure, e.g. all medical practitioner fees, hospitalisation, etc. (Subject to protocols and pre-authorisation by calling 0860 776 363)	R2 300 per beneficiary	No benefit		No benefit	
4E Dentistry					
4E1 Basic dentistry	100% Profmed Tariff Subject to day-to-day limit	100% Profmed Tariff Subject to day-to-day limit		No benefit	
4E2 Specialised dentistry and orthodontic treatment (Orthodontics only available up to age 18 and subject to pre-authorisation and protocols. Call 0860 776 363 for authorisation)	R5 000 per beneficiary Maximum R10 000 per family	R4 000 per beneficiary Maximum R8 000 per family		No benefit	
4F Post-trauma Management Benefit covers trauma and HIV exposure as a result of crime, and HIV exposure resulting from needle-stick injury. Call 0800 611 298 for 24-hour trauma counselling assistance. For HIV exposure assistance, call 0860 906 090 during office hours or 071 786 4520 after hours. Benefits are subject to the use of the designated service provider within 14 days of incident.					
4F1 Post-trauma counselling					
a) Initial telephonic consultation	1 consultation per incident at DSP	1 consultation per incident at DSP		1 consultation per incident at DSP	
b) Counselling	2 sessions per beneficiary per incident at DSP	2 sessions per beneficiary per incident at DSP		2 sessions per beneficiary per incident at DSP	
4F2 HIV exposure management 2 doctors consultations, 30 days PEP medication, pathology and 3 - 6 months HIV exposure management	1 course of treatment per beneficiary per incident at DSP	1 course of treatment per beneficiary per incident at DSP		1 course of treatment per beneficiary per incident at DSP	

Benefit	ProPinnacle	ProSecure Plus	ProSecure	ProActive Plus	ProActive
5. Maternity Call 0860 776 363 where pre-authorisation is required.					
Expectant mothers can contact 0861 116 043 to register on the <i>Profmed Baby</i> maternity programme.					
5.1 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	
5.2 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	
5.3 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	
5.4 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	
5.5 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	
5.6 Ante-natal exercises by registered healthcare practitioner	80% Profmed Tariff R800 per family Subject to day-to-day limit	No benefit		No benefit	
5.7 Prescribed medication during pregnancy (See Section 4B1)	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	
5.8 Delivery fee by GP or specialist	100% Profmed Premium Tariff	100% Profmed Premium Tariff	100% Profmed Specific Tariff	100% Profmed Premium Tariff	100% Profmed Specific Tariff
5.9 Delivery fee by registered midwife	100% Profmed Tariff	100% Profmed Tariff		100% Profmed Tariff	
5.10 Labour ward accommodation	100% Profmed Negotiated Tariff	100% Profmed Negotiated Tariff		100% Profmed Negotiated Tariff	
5.11 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	
5.12 Theatre and recovery room	100% Profmed Negotiated Tariff	100% Profmed Negotiated Tariff		100% Profmed Negotiated Tariff	
5.13 Other medical practitioner services, e.g. pathology and radiology while in hospital	100% Profmed Tariff	100% Profmed Tariff		100% Profmed Tariff	
5.14 Consultations while in hospital	100% Profmed Premium Tariff	100% Profmed Premium Tariff	100% Profmed Specific Tariff	100% Profmed Premium Tariff	100% Profmed Specific Tariff
5.15 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 1E6(a) of this schedule	Subject to Section 1E6(a) of this schedule		Subject to Section 1E6(a) of this schedule	
5.16 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	

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

This schedule is subject to the rules and protocols of the Scheme and in the event of a dispute the rules of the Scheme will prevail.

All benefits are subject to the PMB legislation.

