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COMPARISON

BROCHURE

2017

**Resolution**  
**Health** Medical Scheme



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YOUR ROAD TO COMPLETE  
HEALTHCARE **STARTS HERE**

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HOSPITALISATION	SUPREME	MILLENNIUM	MILLENNIUM SELECT	PROGRESSIVE FLEX	PROGRESSIVE FLEX PLUS	HOSPITAL	FOUNDATION
<b>PRIVATE HOSPITALS</b>	Unlimited. Subject to Scheme Protocols	Unlimited. Subject to Scheme Protocols	Unlimited. Subject to Scheme Protocols on at DSP network hospitals	Unlimited, only at DSP network hospitals. <b>R3 896</b> co-payment applicable for non-DSP hospitals. Procedure co-payments may also be applicable. Subject to Scheme Protocols and option-specific exclusion list	Procedure co-payments may also be applicable. Subject to Scheme Protocols and option-specific exclusion list	Unlimited. Subject to Scheme Protocols and option-specific exclusion list	Unlimited, subject to PMBs and only at DSP Network Hospitals. <b>R3 896</b> co-payment applicable for non-DSP hospitals. Procedure co-payments may also be applicable. Subject to Scheme Protocols and option-specific exclusion list
<b>Including:</b> Surgical operations & procedures Theatre fees Labour and recovery wards Ward accommodation Intensive care and high care units X-rays and pathology Physiotherapy Ultrasound scans (other than for pregnancy) Blood transfusions	100% of Scheme Rate	100% of Scheme Rate	100% of Scheme Rate	100% of Scheme Rate	100% of Scheme Rate	100% of Scheme Rate	100% of Scheme Rate
Medicine dispensed and used in hospital	Subject to hospital formulary	Subject to hospital formulary	Subject to hospital formulary	Subject to hospital formulary	Subject to hospital formulary	Subject to hospital formulary	Subject to hospital formulary
Medicine received on discharge from hospital (TTO)	Maximum of 7 days' supply	Maximum of 7 days' supply	Maximum of 7 days' supply	Maximum of 7 days' supply	Maximum of 7 days' supply	Maximum of 7 days' supply	Maximum of 7 days' supply
General Practitioners, including consultations and procedures	Non-Contracted Providers up to 100% of Scheme Rate. Contracted Providers up to 100% of Contracted Rate	Non-Contracted Providers up to 100% of Scheme Rate. Contracted Providers up to 100% of Contracted Rate	Non-Contracted Providers up to 100% of Scheme Rate. Contracted Providers up to 100% of Contracted Rate	Non-Contracted Providers up to 100% of Scheme Rate. Contracted Providers up to 100% of Contracted Rate	Non-Contracted Providers up to 100% of Scheme Rate. Contracted Providers up to 100% of Contracted Rate	Non-Contracted Providers up to 100% of Scheme Rate. Contracted Providers up to 100% of Contracted Rate	Non-Contracted Providers at 100% of Scheme Rate. DSP Providers at 100% of Contracted Rate
Clinical medical specialist fees, including consultations and procedures	Non-Contracted Providers at 100% of Scheme Rate. Contracted Providers up to 220% of Contracted Rate	Non-Contracted Providers at 100% of Scheme Rate. Contracted Providers up to 150% of Contracted Rate	Non-Contracted Providers at 100% of Scheme Rate. Contracted Providers up to 150% of Contracted Rate	Non-Contracted Providers at 100% of Scheme Rate. Contracted Providers up to 100% of Contracted Rate	Non-Contracted Providers at 100% of Scheme Rate. Contracted Providers up to 100% of Contracted Rate	Non-Contracted Providers at 100% of Scheme Rate. Contracted Providers up to 100% of Contracted Rate	Non-Contracted Providers at 100% of Scheme Rate. DSP Providers at 100% of Contracted Rate
<b>PROVINCIAL HOSPITALS</b> Diagnosis and treatment in respect of the Prescribed Minimum Benefits (PMBs) package (as per Government Regulations)	Unlimited. Subject to Scheme Protocols	Unlimited. Subject to Scheme Protocols	Unlimited. Subject to Scheme Protocols	Unlimited. Subject to Scheme Protocols	Unlimited. Subject to Scheme Protocols	Unlimited. Subject to Scheme Protocols	Unlimited. Subject to Scheme Protocols

**Note:**

- Pre-authorisation (0861 111 778 or preauth@resomed.co.za) should ideally be obtained 14 days prior to an elective admission to allow time for any outstanding information to be submitted for review. In the case of a true emergency admission (requiring immediate treatment), pre-authorisation must be obtained within 48 hours or on the first working day after admission. The authorisation will be subject to case management protocols and formularies.
- All authorisations are subject to Scheme Rules, Protocols and Policies.
- Laparoscopic and similar endoscopic procedures are excluded from benefits, unless pre-authorized under Scheme protocols. Laparoscopic co-payment is applicable on admission to hospital.
- Late authorisation will attract a 20% co-payment.

ANNUAL SUB-LIMITS (PRIVATE HOSPITALS)	SUPREME	MILLENNIUM	MILLENNIUM SELECT	PROGRESSIVE FLEX	PROGRESSIVE FLEX PLUS	HOSPITAL	FOUNDATION
<b>CASUALTY / EMERGENCY VISITS</b> Clinician and facility fees only, clinician paid at 100% of Scheme Rate	Limited to <b>R1 592</b> for emergency visits per family per annum	Subject to MSA and ATB	Subject to MSA and ATB	Limited to <b>R1 592</b> for emergency visits per family per annum	Limited to <b>R1 592</b> for emergency visits per family per annum	No Benefit	No Benefit
<b>MATERNITY Confinements</b>							
• Normal delivery	Length of stay: <b>3 days &amp; 2 nights</b>	Length of stay: <b>3 days &amp; 2 nights</b>	Length of stay: <b>3 days &amp; 2 nights</b>	Length of stay: <b>3 days &amp; 2 nights</b>	Length of stay: <b>3 days &amp; 2 nights</b>	Length of stay: <b>3 days &amp; 2 nights</b>	Length of stay: <b>3 days &amp; 2 nights</b>
• Caesarean Section (clinically indicated only)	Length of stay: <b>4 days &amp; 3 nights</b>	Length of stay: <b>4 days &amp; 3 nights</b>	Length of stay: <b>4 days &amp; 3 nights</b>	Length of stay: <b>4 days &amp; 3 nights</b>	Length of stay: <b>4 days &amp; 3 nights</b>	Length of stay: <b>4 days &amp; 3 nights</b>	Length of stay: <b>4 days &amp; 3 nights</b>
• Elective Caesarean Section	Included	No benefit	No benefit	No benefit	No benefit	No benefit	No benefit
• Neonatal Intensive Care	Subject to Scheme Protocols	Subject to Scheme Protocols	Subject to Scheme Protocols	Subject to Scheme Protocols	Subject to Scheme Protocols	Subject to Scheme Protocols	Subject to Scheme Protocols
<b>Antenatal care</b>							
• Maternity programme (registration required)	Included	Included	Included	Included	Included	Included	Included
• Baby care products at a DSP	<b>R918</b>	<b>R813</b>	<b>R813</b>	<b>R601</b>	<b>R601</b>	No benefit	No benefit
• <b>9</b> Consultations (Midwife, GP or Specialist)	Included (any Provider)	Subject to MSA and ATB (any Provider)	Subject to MSA and ATB (any Provider)	<b>3</b> Specialist visits included	<b>3</b> Specialist visits included	Subject to Scheme Protocols and PMBs	GPs or Midwives only. Specialists require authorisation
• 2D scans	<b>2</b> Scans included	<b>2</b> Scans included	<b>2</b> Scans included	<b>2</b> Scans included	<b>2</b> Scans included	<b>2</b> Scans included	<b>2</b> Scans included
• Antenatal classes	No benefit	Subject to MSA and ATB	Subject to MSA and ATB	No benefit	No benefit	No benefit	No benefit
• Postnatal midwife visits	No benefit	Subject to MSA and ATB	Subject to MSA and ATB	No benefit	No benefit	No benefit	No benefit
<b>OTHER</b>							
• Psychiatric disorders	Limited to Network Providers and subject to PMBs and Scheme Protocols. Non PMBs limited to <b>R29 962</b> per family per annum	Limited to Network Providers and subject to PMBs and Scheme Protocols. Non PMBs limited to <b>R18 755</b> per family per annum	Limited to Network Providers and subject to PMBs and Scheme Protocols. Non PMBs limited to <b>R18 755</b> per family per annum	Limited to Network Providers and subject to PMBs and Scheme Protocols	Subject to PMBs and Scheme Protocols	Limited to Network Providers and subject to PMBs and Scheme Protocols	Limited to Network Providers and subject to PMBs and Scheme Protocols
• Cochlear implants and all related thereto (once per lifetime per beneficiary)	<b>R125 057</b> per family per annum	<b>R75 016</b> per family per annum	<b>R75 016</b> per family per annum	No benefit	No benefit	No benefit	No benefit
• Organ transplants	Unlimited, subject to PMBs and Scheme Protocols	Unlimited, subject to PMBs and Scheme Protocols	Unlimited, subject to PMBs and Scheme Protocols	<b>R112 524</b> per family per annum. Subject to PMBs and Scheme Protocols	<b>R112 524</b> per family per annum. Subject to PMBs and Scheme Protocols	Limited to PMBs at a Provincial Hospital in accordance with Public Sector Protocols, waiting lists and Regulation 8(3) of the Act	Limited to PMBs at a Provincial Hospital in accordance with Public Sector Protocols, waiting lists and Regulation 8(3) of the Act
<b>INTERNAL PROSTHESES</b>	Limited to <b>R59 551</b> per family per annum. Subject to Prosthesis Sub-Limits and Scheme Protocols	Limited to <b>R59 551</b> per family per annum. Subject to Prosthesis Sub-Limits and Scheme Protocols	Limited to <b>R59 551</b> per family per annum. Subject to Prosthesis Sub-Limits and Scheme Protocols	Limited to <b>R53 594</b> per family per annum. No benefit other than PMBs for joint replacements and spinal procedures. Subject to Prosthesis Sub-Limits and Scheme Protocols	Limited to <b>R53 594</b> per family per annum. No benefit other than PMBs for joint replacements and spinal procedures. Subject to Prosthesis Sub-Limits and Scheme Protocols	Limited to <b>R35 722</b> per family per annum. No benefit other than PMBs for joint replacements and spinal procedures. Subject to Prosthesis Sub-Limits and Scheme Protocols	Limited to <b>R35 722</b> per family per annum. Subject to Prosthesis Sub-Limits, Scheme Protocols and PMBs
<b>TRAUMA COUNSELLING</b> (Assault, rape, hijacking and armed robbery)	<b>3</b> Psychologist visits per beneficiary per annum ( <b>R657</b> per visit). Subject to Scheme Protocols	No benefit	No benefit	No benefit	No benefit	No benefit	No benefit

OTHER INSURED BENEFITS	SUPREME	MILLENNIUM	MILLENNIUM SELECT	PROGRESSIVE FLEX	PROGRESSIVE FLEX PLUS	HOSPITAL	FOUNDATION
<b>External medical appliances</b> Includes the following if prescribed by a registered healthcare practitioner and obtained from a supplier registered with the Board of Healthcare Funders (BHF):	R14 981 per family per annum, subject to appliance sub-limits below:	R11 252 per family per annum. Subject to PMBs, Scheme Protocols and appliance sub-limits below:	R11 252 per family per annum. Subject to PMBs, Scheme Protocols and appliance sub-limits below:	R3 896 per family per annum. Subject to PMBs, Scheme Protocols and appliance sub-limits below:	R3 896 per family per annum. Subject to PMBs, Scheme Protocols and appliance sub-limits below:	R3 907 per family per annum. Subject to PMBs, Scheme Protocols and appliance sub-limits below:	R1 870 per family per annum. Subject to PMBs, Scheme Protocols and appliance sub-limits below:
Artificial eyes (5-year cycle)	R14 981	R11 252	R11 252	R3 896	R3 896	R3 907	R1 870
Artificial larynx (5-year cycle)	R14 981	R11 252	R11 252	R3 896	R3 896	R3 907	R1 870
Artificial limbs (5-year cycle)	R14 981	R11 252	R11 252	R3 896	R3 896	R3 907	R1 870
Back supports (annual)	R4 480	R4 246	R4 246	R3 896	R3 896	R3 907	R1 870
CPAP Machine (3-year cycle, only at DSPs)	R9 683	R8 626	R8 626	R3 896	R3 896	R3 907	R1 870
Crutches (annual)	R735	R735	R735	R735	R735	R735	R735
Disposable bladder and intestinal excretion bags (annual)	R14 981	R11 252	R11 252	R3 896	R3 896	R3 907	R1 870
Elastic stockings for control of varicose veins (annual)	R735	R735	R735	R735	R735	R735	R735
External breast prosthesis after mastectomy (annual)	R1 486	R1 486	R1 486	R1 030	R1 030	R1 030	R1 030
Glucometers (3-year cycle)	R1 291	R1 002	R1 002	R735	R735	R735	R735
Hearing aids (annual, 3-year lifespan / appliance)	R14 981	R11 252	R11 252	R3 896	R3 896	R3 907	R1 870
Home oxygen (only at DSPs, annual)	R14 981	R11 252	R11 252	R3 896	R3 896	R3 907	R1 870
Leg, arm and neck supports (annual)	R1 030	R940	R940	R735	R735	R735	R735
Nebulisers / humidifiers (3-year cycle)	R1 291	R940	R940	R735	R735	R735	R735
Orthopaedic footwear (annual)	R1 180	R1 002	R1 002	R735	R735	R735	R735
Sleep apnoea monitors (infants < 1 year and only at pharmacy, 1 / beneficiary / life)	R14 981	R11 252	R11 252	R3 896	R3 896	R3 907	R1 870
Wheelchairs (3-year cycle)	R7 502	R6 249	R6 249	R3 896	R3 896	R3 907	R1 870
<b>ONCOLOGY</b> • Oncologist • Chemotherapy • Radiotherapy • Oncology-related blood tests	Unlimited, subject to Scheme Protocols and DSP Network, pre-authorisation required	Unlimited, subject to ICON Network and standard protocols. Pre-authorisation required	Unlimited, subject to ICON Network and standard protocols. Pre-authorisation required	Limited to R261 555 per family per annum. Subject to ICON Network and standard protocols. Pre-authorisation required	Limited to R261 555 per family per annum. Subject to ICON Network and standard protocols. Pre-authorisation required	Limited to R170 693 per family per annum. Subject to ICON Network and standard protocols. Pre-authorisation required	Limited to R76 686 per beneficiary per annum. Subject to ICON Network and standard protocols. Pre-authorisation required
<b>HIV / AIDS</b> Primary care including Voluntary Counselling and Testing and Treatment	HIV Management Programme	HIV Management Programme	HIV Management Programme	HIV Management Programme	HIV Management Programme	HIV Management Programme	HIV Management Programme
Hospitalisation if member is on the HIV Management Programme (registration required)	Hospitalisation at Network hospitals. Subject to Scheme Protocols and PMBs	Hospitalisation at Network hospitals. Subject to Scheme Protocols and PMBs	Hospitalisation at Network hospitals. Subject to Scheme Protocols and PMBs	Hospitalisation at Network hospitals. Subject to Scheme Protocols and PMBs	Hospitalisation at Network hospitals. Subject to Scheme Protocols and PMBs	Hospitalisation at Network hospitals. Subject to Scheme Protocols and PMBs	Hospitalisation at Network hospitals. Subject to Scheme Protocols and PMBs
Hospitalisation if member is not on the HIV Management Programme, subject to Reg 8 (3)	Limited to Provincial Facility	Limited to Provincial Facility	Limited to Provincial Facility	Limited to Provincial Facility	Limited to Provincial Facility	Limited to Provincial Facility	Limited to Provincial Facility
<b>HOME NURSING</b>	12 Days per family per annum. 100% of Scheme Rate	10 Days per family per annum. 100% of Scheme Rate	10 Days per family per annum. 100% of Scheme Rate	5 Days per family per annum. 100% of Scheme Rate	5 Days per family per annum. 100% of Scheme Rate	No benefit except in lieu of hospitalisation. Subject to pre-authorisation	No benefit except in lieu of hospitalisation. Subject to pre-authorisation

OTHER INSURED BENEFITS	SUPREME	MILLENNIUM	MILLENNIUM SELECT	PROGRESSIVE FLEX	PROGRESSIVE FLEX PLUS	HOSPITAL	FOUNDATION
HOSPICE, REHAB AND STEP DOWN FACILITY	21 Days per family per annum. 100% of Scheme Rate	18 Days per family per annum. 100% of Scheme Rate	18 Days per family per annum. 100% of Scheme Rate	12 Days per family per annum. 100% of Scheme Rate	12 Days per family per annum. 100% of Scheme Rate	10 Days per family per annum. 100% of Scheme Rate	No benefit
SPECIALISED RADIOLOGY CT, MRI, PET and Nuclear Medicine scans	R18 755 per family per annum. Subject to Scheme Protocols. Co-payment of R1 892 per incident (in-and-out of hospital). Pre-authorisation required. 100% of Scheme Rate	R15 003 per family per annum. Subject to Scheme Protocols. Co-payment of R1 892 per incident (in-and-out of hospital). Pre-authorisation required. 100% of Scheme Rate	R15 003 per family per annum. Subject to Scheme Protocols. Co-payment of R1 892 per incident (in-and-out of hospital). Pre-authorisation required. 100% of Scheme Rate	R9 438 per family per annum. Subject to Scheme Protocols. Co-payment of R1 892 per incident (in-and-out of hospital). Pre-authorisation required. 100% of Scheme Rate	R9 438 per family per annum. Subject to Scheme Protocols. Co-payment of R1 892 per incident (in-and-out of hospital). Pre-authorisation required. 100% of Scheme Rate	R7 502 per family per annum. Subject to Scheme Protocols. Co-payment of R1 892 per incident (in-and-out of hospital). Pre-authorisation required. 100% of Scheme Rate	Covered at Network Providers. Subject to Scheme Protocols and PMBs. Pre-authorisation required
VIDEO EEG FOR EPILEPSY SURGERY	R15 928 per family per annum	No benefit	No benefit	No benefit	No benefit	No benefit	No benefit
DIALYSIS	Unlimited at Network Providers. Subject to Scheme Protocols. Pre-authorisation required	Covered at Network Providers. Subject to Scheme Protocols and PMBs. Pre-authorisation required	Covered at Network Providers. Subject to Scheme Protocols and PMBs. Pre-authorisation required	Covered at Network Providers. Subject to Scheme Protocols and PMBs. Pre-authorisation required	Covered at Network Providers. Subject to Scheme Protocols and PMBs. Pre-authorisation required	Covered at Network Providers. Subject to Scheme Protocols and PMBs. Pre-authorisation required	Covered at Network Providers. Subject to Scheme Protocols and PMBs. Pre-authorisation required
EMERGENCY EVACUATION AND AMBULANCE SERVICES Limited to Netcare 911 (0861 112 162)	100% of Scheme Rate	100% of Scheme Rate	100% of Scheme Rate	100% of Scheme Rate	100% of Scheme Rate	100% of Scheme Rate	100% of Scheme Rate
INTERNATIONAL TRAVEL COVER	Limited to emergency medical cover up to R2 million per beneficiary per incident	Limited to emergency medical cover up to R2 million per beneficiary per incident	Limited to emergency medical cover up to R2 million per beneficiary per incident	Limited to emergency medical cover up to R750 000 per beneficiary per incident	Limited to emergency medical cover up to R750 000 per beneficiary per incident	Limited to emergency medical cover up to R750 000 per beneficiary per incident	No benefit

**Note:**

- Other Insured Benefits are pro-rated for members who join during the year
- Authorisation must be obtained in advance from the Scheme for all hospitalisation and Other Insured Benefits
- No benefits shall be granted for:
  - The replacement of existing External Medical Appliance items, without satisfactory proof that the existing item is obsolete
  - Costs of maintenance, spares or accessories
- Hospice, rehab and step down facility benefit includes accommodation and visits by a medical practitioner, except where inclusive global fees are applicable
- Late authorisation will attract a 20% co-payment

CHRONIC MEDICATION BENEFIT	SUPREME	MILLENNIUM	MILLENNIUM SELECT	PROGRESSIVE FLEX	PROGRESSIVE FLEX PLUS	HOSPITAL	FOUNDATION
CHRONIC DISEASES 25 CDL conditions + HIV, BPH and HRT	Included. Subject to Supreme Chronic Formulary. Reference and GRP pricing apply	Included. Subject to Millennium Chronic Formulary. Reference and GRP pricing apply	Included. Subject to Millennium Chronic Formulary. Reference and GRP pricing apply	Included. Subject to Progressive Flex Chronic Formulary. Reference and GRP pricing apply	Included. Subject to Progressive Flex Chronic Formulary. Reference and GRP pricing apply	Included. Subject to Hospital Chronic Formulary. Reference and GRP pricing apply	Included. Subject to registration by a Network Providers. Subject to Foundation Chronic Formulary. Reference and GRP pricing apply
ADDITIONAL CHRONIC CONDITIONS Pro-rated for members who join during the year	M R5 488 M+ R10 964 Benefits subject to stated sub-limits and thereafter to PMBs CDLs	M R2 649 M+ R5 310 Benefits subject to stated sub-limits and thereafter to PMBs CDLs	M R2 649 M+ R5 310 Benefits subject to stated sub-limits and thereafter to PMBs CDLs	No benefit	No benefit	No benefit	No benefit

**Note:**

- Chronic medication,
  - Should be obtained from a DSP
  - Is restricted to formularies, clinical entry criteria and disease management protocols where applicable
  - Requires a script from a person legally entitled to prescribe and the relevant ICD-10 diagnosis code
  - Must be registered by the doctor or pharmacy on 0861 111 778
  - Reference pricing and GRP pricing apply.

OUT-OF-HOSPITAL SERVICES	SUPREME	MILLENNIUM	MILLENNIUM SELECT	PROGRESSIVE FLEX	PROGRESSIVE FLEX PLUS	HOSPITAL	FOUNDATION
<b>DAY-TO-DAY LIMITS</b>	Principal: R14 157 Adult : R10 618 Child: R1 481	Covered from MSA	Covered from MSA	As specified	As specified	As specified	As specified
<b>GENERAL PRACTITIONERS</b> Consultations outside Provider Networks may incur a co-payment	Unlimited. Non-Contracted Providers up to 100% of Scheme Rate. Contracted Providers up to 100% of Contracted Rate. CDL PMBs consultations covered separately. Subject to Disease Management Protocols. Pre-authorisation required	Subject to MSA and ATB. Non-Contracted Providers up to 100% of Scheme Rate. Contracted Providers up to 100% of Contracted Rate. CDL PMBs consultations covered separately. Subject to Disease Management Protocols. Pre-authorisation required	Subject to MSA and ATB. Non-Contracted Providers up to 100% of Scheme Rate. Contracted Providers up to 100% of Contracted Rate. CDL PMBs consultations covered separately. Subject to Disease Management Protocols. Pre-authorisation required	M 4 visits per annum M+1 7 visits per annum M+2+ 9 visits per annum Non-Contracted Providers up to 100% of Scheme Rate. Contracted Providers up to 100% of Contracted Rate. CDL PMBs consultations covered separately. Subject to Disease Management Protocols. Pre-authorisation required	M 4 visits per annum M+1 7 visits per annum M+2+ 9 visits per annum Non-Contracted Providers up to 100% of Scheme Rate. Contracted Providers up to 100% of Contracted Rate. CDL PMBs consultations covered separately. Subject to Disease Management Protocols. Pre-authorisation required	PMBs only. Non-Contracted Providers up to 100% of Scheme Rate. Contracted Providers up to 100% of Contracted Rate. Pre-authorisation required	Unlimited at Foundation Network Providers with authorisation required after 4 <sup>th</sup> visit per beneficiary. Non-Contracted Providers up to 100% of Scheme Rate (limited to 2 out-of-network visits per family). Contracted Providers up to 100% of Contracted Rate
<b>SPECIALISTS</b> <ul style="list-style-type: none"> <li>Consultations (consultations outside Networks may incur a co-payment)</li> <li>Room procedures (require pre-authorisation, limited to Scheme Protocols)</li> </ul>	Non-Contracted Providers up to 100% of Scheme Rate. Contracted Providers at 100% of Contracted Rate (up to 220% of Scheme Rate)  M 4 visits per annum M+1 5 visits per annum M+2+ 6 visits per annum  Additional visits subject to PMBs and pre-authorisation	Non-Contracted Providers up to 100% of Scheme Rate. Contracted Providers at 100% of Contracted Rate (up to 150% of Scheme Rate)  Subject to MSA and ATB. Additional visits subject to PMBs and pre-authorisation	Non-Contracted Providers up to 100% of Scheme Rate. Contracted Providers at 100% of Contracted Rate (up to 150% of Scheme Rate)  Subject to MSA and ATB. Additional visits subject to PMBs and pre-authorisation	Non-Contracted Providers up to 100% of Scheme Rate. Contracted Providers at 100% of Contracted Rate  M 2 visits per annum M+1 3 visits per annum M+2+ 3 visits per annum  Additional visits subject to PMBs and pre-authorisation	Non-Contracted Providers up to 100% of Scheme Rate. Contracted Providers at 100% of Contracted Rate  M 2 visits per annum M+1 3 visits per annum M+2+ 3 visits per annum  Additional visits subject to PMBs and pre-authorisation	Limited to PMBs at Network Providers. Subject to pre-authorisation	Subject to PMBs and referral by GP Provider. Subject to pre-authorisation and limited to Specialist Network Providers

OUT-OF-HOSPITAL SERVICES	SUPREME	MILLENNIUM	MILLENNIUM SELECT	PROGRESSIVE FLEX	PROGRESSIVE FLEX PLUS	HOSPITAL	FOUNDATION
<b>DENTISTRY</b> Conservative dentistry limits	Covered as stated below. Subject to Scheme Protocols	Subject to Scheme Protocols, MSA, ATB and sub-limits of: M R5 899 M+1 R8 137 M+2+ R9 673	Subject to Scheme Protocols, MSA, ATB and sub-limits of: M R5 899 M+1 R8 137 M+2+ R9 673	Subject to Scheme Protocols and annual limits of: M R3 116 M+ R5 009	Subject to Scheme Protocols and annual limits of: M R3 116 M+ R5 009		Subject to DSP Network and annual limits of: M R1 870 M+ R3 116
Consultations	2 Annual check-ups and 2 emergency consultations per beneficiary per annum. Covered at 100% of Scheme Rate	2 Annual check-ups and 2 emergency consultations per beneficiary per annum. Covered at 100% of Scheme Rate	2 Annual check-ups and 2 emergency consultations per beneficiary per annum. Covered at 100% of Scheme Rate	2 Annual check-ups and 2 emergency consultations per beneficiary per annum. Covered at 100% of Scheme Rate	2 Annual check-ups and 2 emergency consultations per beneficiary per annum. Covered at 100% of Scheme Rate		2 Annual check-ups and 2 emergency consultations per beneficiary per annum. Covered at 100% of Scheme Rate
X-rays	Intra-oral: 8 per beneficiary per annum Extra-oral: 1 per beneficiary per annum	Intra-oral: 8 per beneficiary per annum Extra-oral: 1 per beneficiary per annum	Intra-oral: 8 per beneficiary per annum Extra-oral: 1 per beneficiary per annum	Intra-oral: 8 per beneficiary per annum Extra-oral: 1 per beneficiary per annum	Intra-oral: 8 per beneficiary per annum Extra-oral: 1 per beneficiary per annum		Intra-oral: 8 per beneficiary per annum Extra-oral: 1 per beneficiary per annum
Fillings	A treatment plan and X-rays will be requested for treatment plans of more than 5 fillings. Benefits for fillings are available where such fillings are clinically indicated and will be granted once per tooth in a 1 year benefit cycle. There are no benefits for Amalgam (silver) fillings to be replaced with composite fillings (white filling material). Covered at 100% of Scheme Rate	A treatment plan and X-rays will be requested for treatment plans of more than 5 fillings. Benefits for fillings are available where such fillings are clinically indicated and will be granted once per tooth in a 1 year benefit cycle. There are no benefits for Amalgam (silver) fillings to be replaced with composite fillings (white filling material). Covered at 100% of Scheme Rate	A treatment plan and X-rays will be requested for treatment plans of more than 5 fillings. Benefits for fillings are available where such fillings are clinically indicated and will be granted once per tooth in a 1 year benefit cycle. There are no benefits for Amalgam (silver) fillings to be replaced with composite fillings (white filling material). Covered at 100% of Scheme Rate	A treatment plan and X-rays will be requested for treatment plans of more than 5 fillings. Benefits for fillings are available where such fillings are clinically indicated and will be granted once per tooth in a 1 year benefit cycle. There are no benefits for Amalgam (silver) fillings to be replaced with composite fillings (white filling material). Covered at 100% of Scheme Rate	A treatment plan and X-rays will be requested for treatment plans of more than 5 fillings. Benefits for fillings are available where such fillings are clinically indicated and will be granted once per tooth in a 1 year benefit cycle. There are no benefits for Amalgam (silver) fillings to be replaced with composite fillings (white filling material). Covered at 100% of Scheme Rate	No benefit	Subject to Scheme providers. A treatment plan and X-rays will be requested for treatment plans of more than 5 fillings. Benefits for fillings are available where such fillings are clinically indicated and will be granted once per tooth in a 1 year benefit cycle. There are no benefits for Amalgam (silver) fillings to be replaced with composite fillings (white filling material). Covered at 100% of Scheme Rate
Oral hygiene	2 Annual scale and polish treatments per beneficiary. No benefit for oral hygiene instructions or adult fluoride	2 Annual scale and polish treatments per beneficiary. No benefit for oral hygiene instructions or adult fluoride	2 Annual scale and polish treatments per beneficiary. No benefit for oral hygiene instructions or adult fluoride	2 Annual scale and polish treatments per beneficiary. No benefit for oral hygiene instructions or adult fluoride	2 Annual scale and polish treatments per beneficiary. No benefit for oral hygiene instructions or adult fluoride		1 Annual scale and polish treatment per beneficiary. No benefit for oral hygiene instructions or adult fluoride
Preventative	Fissure sealants programme. Benefit for 1 fissure sealant per molar tooth in a 3 year cycle. Limited to individuals younger than 16 years	Fissure sealants programme. Benefit for 1 fissure sealant per molar tooth in a 3 year cycle. Limited to individuals younger than 16 years	Fissure sealants programme. Benefit for 1 fissure sealant per molar tooth in a 3 year cycle. Limited to individuals younger than 16 years	Fissure sealants programme. Benefit for 1 fissure sealant per molar tooth in a 3 year cycle. Limited to individuals younger than 16 years	Fissure sealants programme. Benefit for 1 fissure sealant per molar tooth in a 3 year cycle. Limited to individuals younger than 16 years		Subject to Scheme Protocols and Network Providers. 1 Fluoride treatment per beneficiary younger than 12 years
Extractions	Covered at 100% of Scheme Rate	Covered at 100% of Scheme Rate	Covered at 100% of Scheme Rate	Covered at 100% of Scheme Rate	Covered at 100% of Scheme Rate		More than 4 requires pre-authorisation. Covered at 100% of Scheme Rate
Root canal therapy	Covered at 100% of Scheme Rate	Covered at 100% of Scheme Rate	Covered at 100% of Scheme Rate	Covered at 100% of Scheme Rate	Covered at 100% of Scheme Rate		Emergency root canal only. Covered at 100% of Scheme Rate
Acrylic dentures	1 Set of acrylic dentures (upper and lower) per beneficiary per 4 year cycle	1 Set of acrylic dentures (upper and lower) per beneficiary per 4 year cycle	1 Set of acrylic dentures (upper and lower) per beneficiary per 4 year cycle	1 Set of acrylic dentures (upper and lower) per beneficiary per 4 year cycle	1 Set of acrylic dentures (upper and lower) per beneficiary per 4 year cycle		Subject to Scheme Protocols and Network Providers. 1 Full set of acrylic dentures (upper and lower) per beneficiary per 4 year cycle



OUT-OF-HOSPITAL SERVICES	SUPREME	MILLENNIUM	MILLENNIUM SELECT	PROGRESSIVE FLEX	PROGRESSIVE FLEX PLUS	HOSPITAL	FOUNDATION
<b>ADVANCED DENTISTRY</b> <b>Sub-limits</b>	<b>R13 356</b> per family per annum. Pre-authorization required	Subject to MSA, ATB and sub-limits of: <b>M R5 899</b> <b>M+1 R8 137</b> <b>M+2+ R9 673</b> Pre-authorization required	Subject to MSA, ATB and sub-limits of: <b>M R5 899</b> <b>M+1 R8 137</b> <b>M+2+ R9 673</b> Pre-authorization required	<b>R5 310</b> per family per annum. Pre-authorization required	<b>R5 310</b> per family per annum. Pre-authorization required	As stated below. Pre-authorization required	As stated below. Pre-authorization required
• Crowns	Included	Included	Included	Included	Included		
• Bridges		No benefit	No benefit				
• Implants		1 Per jaw per beneficiary every 3 years	1 Per jaw per beneficiary every 3 years				
• Partial metal dentures		No benefit	No benefit				
• Periodontics							
<b>Orthodontics</b> Fixed braces	Benefits on pre-authorization will be applied to cases assessed as treatment mandatory, as per orthodontic indices. 1 Per lifetime for beneficiaries younger than 38 years. Orthognathic surgery and repairs or replacements, including retainers, are not covered	Subject to MSA 1 per lifetime, for beneficiaries under the age of 18 years. Benefits on pre-authorization will be applied to cases assessed as treatment mandatory, as per orthodontic indices. Limited to individuals younger than 18 years of age. Orthognathic surgery is not covered.	Subject to MSA 1 per lifetime, for beneficiaries under the age of 18 years. Benefits on pre-authorization will be applied to cases assessed as treatment mandatory, as per orthodontic indices. Limited to individuals younger than 18 years of age. Orthognathic surgery is not covered.	No benefit	No benefit	No benefit	No benefit
<b>Surgery, dental hospitalisation, anaesthetics and associated costs</b>	Only for impacted wisdom teeth and extensive dental/ multiple procedures in children under 5 years of age. Multiple hospital admissions are not covered. Co-payment of <b>R2 505</b> will apply to all in-hospital dental admissions per protocol. Pre-authorization is required for certain Maxillo-Facial procedures that are covered in hospital, subject to Scheme Protocols	Only for impacted wisdom teeth and extensive dental/ multiple procedures in children under 5 years of age. Multiple hospital admissions are not covered. Co-payment of <b>R2 505</b> will apply to all in-hospital dental admissions. Scheme Protocols apply	Only for impacted wisdom teeth and extensive dental/ multiple procedures in children under 5 years of age. Multiple hospital admissions are not covered. Co-payment of <b>R2 505</b> will apply to all in-hospital dental admissions. Scheme Protocols apply	Only for impacted wisdom teeth and extensive dental/ multiple procedures in children under 5 years of age. Multiple hospital admissions are not covered. Co-payment of <b>R2 505</b> will apply to all in-hospital dental admissions. Scheme Protocols apply	Only for impacted wisdom teeth and extensive dental/ multiple procedures in children under 5 years of age. Multiple hospital admissions are not covered. Co-payment of <b>R2 505</b> will apply to all in-hospital dental admissions. Scheme Protocols apply	Limited to <b>R4 375</b> (including hospital and anaesthetist. Dentist no Benefits) per family per annum for impacted wisdom teeth and associated costs. Multiple hospital admissions are not covered. Co-payment of <b>R2 505</b> will apply to all in-hospital dental admissions. Scheme Protocols apply	Subject to PMBs only. Pre-authorization required. Multiple hospital admissions are not covered. Scheme Protocols apply
<b>Dental anaesthetics in rooms</b> Laughing gas and IV sedation pre-authorization required	Covered at 100% of Scheme Rate. Clinical Protocols apply	Covered at 100% of Scheme Rate. Clinical Protocols apply	Covered at 100% of Scheme Rate. Clinical Protocols apply	Covered at 100% of Scheme Rate. Clinical Protocols apply	Covered at 100% of Scheme Rate. Clinical Protocols apply	No benefit	Covered at 100% of Scheme Rate. Clinical Protocols apply

OUT-OF-HOSPITAL SERVICES	SUPREME	MILLENNIUM	MILLENNIUM SELECT	PROGRESSIVE FLEX	PROGRESSIVE FLEX PLUS	HOSPITAL	FOUNDATION
<b>OPTOMETRY</b> Limited to Network Providers and 24 month benefit cycle <b>Consultations / examination</b>	1 Consultation per beneficiary			1 Consultation per beneficiary	1 Consultation per beneficiary		1 Consultation per beneficiary
<b>Spectacles</b>	R2 104 benefit for 1 pair of single vision spectacles. Inclusive of a frame and consultation per beneficiary  Or	Subject to MSA, ATB and sub-limit of R2 649 per beneficiary	Subject to MSA, ATB and sub-limit of R2 649 per beneficiary	R1 147 benefit for 1 pair of single vision spectacles. Inclusive of a frame and consultation per beneficiary  Or	R1 147 benefit for 1 pair of single vision spectacles. Inclusive of a frame and consultation per beneficiary  Or	No benefit	R1 046 benefit for 1 pair of single vision spectacles. Inclusive of a frame and consultation per beneficiary  Or
	R2 538 benefit for 1 pair of flat top bifocal spectacles. Inclusive of a frame and consultation per beneficiary  Or			R1 748 benefit for 1 pair of flat top bifocal spectacles inclusive of a frame and consultation per beneficiary  Or	R1 748 benefit for 1 pair of flat top bifocal spectacles inclusive of a frame and consultation per beneficiary  Or		R1 592 benefit for 1 pair of flat top bifocal spectacles inclusive of a frame and consultation per beneficiary
	R3 183 benefit for 1 pair of multifocal spectacles. Inclusive of a frame and consultation per beneficiary  Or			R2 026 benefit for 1 pair of multifocal spectacles. Inclusive of a frame and consultation per beneficiary  Or	R2 026 benefit for 1 pair of multifocal spectacles. Inclusive of a frame and consultation per beneficiary  Or		No benefit
<b>Contact lenses</b>	R2 371 per beneficiary			R1 147 per beneficiary	R1 147 per beneficiary		No benefit

**Note:**

- Non-emergency dental treatment performed in a hospital operating theatre or day clinic under general anaesthetic shall be subject to prior pre-authorization by the Scheme in order to qualify for benefits. This includes theatre fees, anaesthetist fees, ward fees and associated costs, but excludes the dental practitioner and procedure costs that shall be subject to the conservative or advanced dentistry limits.
- Out-of-hospital benefits are subject to the formularies and case / disease management protocols. PMBs management also included in overall benefit.
- All specialised dentistry must be pre-authorized at 0861 796 6400. For more details on your dental benefits, optical benefits and exclusions please visit [www.resomed.co.za](http://www.resomed.co.za).
- Late authorisation will attract a 20% co payment.

PREVENTATIVE CARE	SUPREME	MILLENNIUM	MILLENNIUM SELECT	PROGRESSIVE FLEX	PROGRESSIVE FLEX PLUS	HOSPITAL	FOUNDATION
<b>PREVENTATIVE CARE LIMIT</b> Excludes consultation	R3 751 per family per annum. Scheme Rate applies	R2 493 per family per annum. Scheme Rate applies	R2 493 per family per annum. Scheme Rate applies	R2 493 per family per annum. Scheme Rate applies	R2 493 per family per annum. Scheme Rate applies	No benefit	As specified
<ul style="list-style-type: none"> <li>• Blood pressure</li> <li>• Blood sugar</li> <li>• Cholesterol</li> <li>• Body Mass Index</li> </ul>	R118 per beneficiary over the age of 18 years. Only at pharmacy	R118 per beneficiary over the age of 18 years. Only at pharmacy	R118 per beneficiary over the age of 18 years. Only at pharmacy	R118 per beneficiary over the age of 18 years. Only at pharmacy	R118 per beneficiary over the age of 18 years. Only at pharmacy	No benefit	Included in the Foundation Network Providers consultation
<b>HIV test</b>	1 Test per beneficiary per annum	1 Test per beneficiary per annum	1 Test per beneficiary per annum	1 Test per beneficiary per annum	1 Test per beneficiary per annum	No benefit	1 Test per beneficiary per annum

PREVENTATIVE CARE	SUPREME	MILLENNIUM	MILLENNIUM SELECT	PROGRESSIVE FLEX	PROGRESSIVE FLEX PLUS	HOSPITAL	FOUNDATION
Mammogram (screening)	1 Examination per female beneficiary per annum over the age of 35 years	1 Examination per female beneficiary per annum over the age of 35 years	1 Examination per female beneficiary per annum over the age of 35 years	1 Examination per female beneficiary per annum over the age of 40 years	1 Examination per female beneficiary per annum over the age of 40 years	No benefit	No benefit
Pap smears	1 Test per beneficiary per annum	1 Test per beneficiary per annum	1 Test per beneficiary per annum	1 Test per beneficiary per annum	1 Test per beneficiary per annum		1 Test per beneficiary per annum
PSA testing	1 Test per beneficiary per annum over the age of 45 years	1 Test per beneficiary per annum over the age of 45 years	1 Test per beneficiary per annum over the age of 45 years	1 Test per beneficiary per annum over the age of 45 years	1 Test per beneficiary per annum over the age of 45 years		1 Test per beneficiary per annum over the age of 45 years
Vaccinations Flu	1 Dose flu vaccination per beneficiary per annum	1 Dose flu vaccination per beneficiary per annum	1 Dose flu vaccination per beneficiary per annum	1 Dose flu vaccination per beneficiary per annum	1 Dose flu vaccination per beneficiary per annum		At discretion of Foundation Network Providers
Childhood immunisations	Childhood immunisations as recommended by the Department of Health up to 18 months	R1 875 benefit for childhood immunisations as recommended by the Department of Health up to 18 months	R1 875 benefit for childhood immunisations as recommended by the Department of Health up to 18 months	R1 875 benefit for childhood immunisations as recommended by the Department of Health up to 18 months	R1 875 benefit for childhood immunisations as recommended by the Department of Health up to 18 months		At discretion of Foundation Network Providers
HPV vaccine (cervical cancer prevention)	1 course (3 doses per registered schedule) per female beneficiary per life between 9 and 46 years	1 course (3 doses per registered schedule) per female beneficiary per life between 9 and 25 years	1 course (3 doses per registered schedule) per female beneficiary per life between 9 and 25 years	No benefit	No benefit		No benefit
Nurse helpline (including Rape Crises Centre)	Advice and information regarding any emergency medical condition. Call 086 111 2162	Advice and information regarding any emergency medical condition. Call 086 111 2162	Advice and information regarding any emergency medical condition. Call 086 111 2162	Advice and information regarding any emergency medical condition. Call 086 111 2162	Advice and information regarding any emergency medical condition. Call 086 111 2162		Advice and information regarding any emergency medical condition. Call 086 111 2162
Oral contraception	R1 496 per female beneficiary per annum (R125 per month)	R1 496 per female beneficiary per annum (R125 per month)	R1 496 per female beneficiary per annum (R125 per month)	R1 496 per female beneficiary per annum (R125 per month)	R1 496 per female beneficiary per annum (R125 per month)	No benefit	No benefit

**Note:**

- Pro-rated for members who join during the year

ADDITIONAL OUT-OF-HOSPITAL BENEFITS	SUPREME	MILLENNIUM	MILLENNIUM SELECT	PROGRESSIVE FLEX	PROGRESSIVE FLEX PLUS	HOSPITAL	FOUNDATION
<b>ANNUAL LIMITS</b>	M R7 424 M+1 R13 067 M+2+ R14 191	Subject to MSA and ATB	Subject to MSA and ATB	As specified	As specified	No benefit	Limited to Network Providers benefits
<b>ALTERNATIVE HEALTHCARE SERVICES</b>	M R3 183 M+1 R4 719 M+2+ R6 244  100% of Scheme Rate Subject to annual limit	Subject to MSA and ATB	Subject to MSA and ATB	Subject to Flexi Benefit M R2 268 M+ R2 878	Subject to Flexi Benefit M R2 268 M+ R2 878	No benefit	No benefit
<ul style="list-style-type: none"> <li>• Biokineticists</li> <li>• Chiropodists</li> <li>• Chiropractors</li> <li>• Dieticians</li> <li>• Homeopaths</li> <li>• Naturopaths</li> <li>• Occupational therapists</li> <li>• Osteopaths</li> <li>• Podiatrists</li> <li>• Social workers</li> <li>• Acupuncture</li> </ul>							

ADDITIONAL OUT-OF-HOSPITAL BENEFITS	SUPREME	MILLENNIUM	MILLENNIUM SELECT	PROGRESSIVE FLEX	PROGRESSIVE FLEX PLUS	HOSPITAL	FOUNDATION
<b>RADIOLOGY AND PATHOLOGY</b> Excluding specialised radiology	M: R3 183 M+1: R3 907 M+2+: R4 719 100% of Scheme Rate. Subject to annual limit					Limited to PMBs	Limited to PMBs. Subject to Network Providers Formulary list
<b>PHYSIOTHERAPY</b>	R1 392 per family, 100% of Scheme Rate. Subject to annual limit	Subject to MSA and ATB	Subject to MSA and ATB	Subject to Flexi Benefit	Subject to Flexi Benefit	No benefit	Limited to PMBs
<b>PSYCHOLOGY AND PSYCHIATRIC TREATMENT</b>	R1 592 per family, 100% of Scheme Rate. Subject to annual limit					Limited to PMBs at DSP Providers	Limited to PMBs at DSP Providers
<b>SPEECH THERAPY AND AUDIOLOGY</b>	R1 592 per family, 100% of Scheme Rate. Subject to annual limit					No benefit	No benefit
<b>ACUTE MEDICATION</b> Subject to relevant plan formulary Reference and GRP pricing may apply Benefit protocols apply Use DSP pharmacies	M R7 424 M+1 R13 067 M+2+ R14 191  With a sub-limit on Schedule 0-2 drugs of: M R2 248 M+1 R3 873 M+2+ R4 229  Subject to annual limit	Subject to MSA, ATB and sub-limits of: M R5 899 M+1 R8 137 M+2 R9 673  With a sub-limit on Schedule 0-2 drugs of: M R1 748 M+1 R2 438 M+2 R2 872	Subject to MSA, ATB and sub-limits of: M R5 899 M+1 R8 137 M+2 R9 673  With a sub-limit on Schedule 0-2 drugs of: M R1 748 M+1 R2 438 M+2 R2 872	Limited to: M R2 248 M+ R2 905  With a sub-limit on Schedule 0-2 drugs of: M R623 M+ R873	Limited to: M R2 248 M+ R2 905  With a sub-limit on Schedule 0-2 drugs of: M R623 M+ R873	No benefit	Limited to Network Providers. Scheme Protocols and Formularies apply. For Non-Dispensing Providers, script limit of R94 per event (limited to 4 events per beneficiary)

**Note:**

- Pro-rated for members who join during the year

2017 CONTRIBUTIONS	SUPREME	PROGRESSIVE FLEX	PROGRESSIVE FLEX PLUS	HOSPITAL
Principal Member	R4 565	R2 154	R2 369	R1 565
Adult dependant	R4 345	R2 017	R2 219	R1 335
Child dependant	R1 130	R666	R733	R585

### MILLENNIUM

	Monthly Risk Contribution	Monthly Saving Contribution	Total Monthly Contribution	Medical Savings Account	Self Payment Gap (SPG)	Threshold	ATB
Principal Member	R3 359	R841	R4 200	R10 092	R3 479	R13 571	R5 544
Adult Dependant	R2 879	R719	R3 598	R8 628	R2 629	R11 257	R4 728
Child Dependant	R784	R195	R979	R2 340*	R633	R2 973**	R774**

### MILLENNIUM SELECT

	Monthly Risk Contribution	Monthly Saving Contribution	Total Monthly Contribution	Medical Savings Account	Self Payment Gap (SPG)	Threshold	ATB
Principal Member	R3 054	R765	R3 819	R9 180	R4 391	R13 571	R5 544
Adult Dependant	R2 617	R654	R3 271	R7 848	R3 409	R11 257	R4 728
Child Dependant	R713	R177	R890	R2 124*	R849	R2 973**	R774**

\* First two children only  
 \*\* Per child

### FOUNDATION

Monthly Income	Principal Member	Adult Dependant	Child Dependant
R0 - R4 600	R907	R907	R273
R4 601 - R7 100	R1 056	R1 056	R364
R7 101 - R9 700	R1 338	R1 338	R427
R9 701+	R2 022	R2 022	R694

## CO-PAYMENTS

PROCEDURE	SUPREME	MILLENNIUM	MILLENNIUM SELECT	PROGRESSIVE FLEX	PROGRESSIVE FLEX PLUS	HOSPITAL	FOUNDATION
Arthroscopy	R3 751	R3 751	R3 751	R3 751	R3 751	R3 751	Procedures only funded for prior proven PMBs conditions, and strictly subject to Scheme Rules and Protocols. Co-payments will remain applicable for hospitalisation if benefits are appropriate for out of hospital access, and where an alternative procedure that does not incur the co-payment is available. Applicable co-payments as for Progressive Flex option.
Circumcision	No Co-Payment	R2 504	R2 504	R2 504	R2 504	R2 504	
Colonoscopy, sigmoidoscopy, proctoscopy	No Co-Payment	R2 504	R2 504	R2 504	R2 504	R2 504	
Conservative back / spinal treatment	R3 751	R3 751	R3 751	R3 751	R3 751	R3 751	
Cystoscopy	No Co-Payment	R2 504	R2 504	R2 504	R2 504	R2 504	
Dental admissions	R2 504	R2 504	R2 504	R2 504	R2 504	R2 504	
Excision nailed	No Co-Payment	R1 881	R1 881	R1 881	R1 881	R1 881	
Gastrosocopy	No Co-Payment	R2 504	R2 504	R2 504	R2 504	R2 504	
Endometrial ablation	R3 751	R3 751	R3 751	R3 751	R3 751	R3 751	
Hernia repair	No Co-Payment	R3 751	R3 751	R3 751	R3 751	R3 751	
Hysterectomy	No Co-Payment	R3 751	R3 751	R3 751	R3 751	R3 751	
Hysteroscopy	R2 816	R2 816	R2 816	R2 816	R2 816	R2 816	
Joint replacements	R7 157	R7 157	R7 157	R7 157	R7 157	R7 157	
Laparoscopic procedures	R3 751	R3 751	R3 751	R3 751	R3 751	R3 751	Co-payments for circumcision, nailed excision, hysterectomy, myringotomy, tonsillectomy, adenoidectomy and tympanoplasty per Progressive Flex option irrespective of PMBs status.
Myringotomy	No Co-Payment	No Co-Payment	No Co-Payment	R2 193	R2 193	R2 193	
Nasal surgery (including endoscopy)	No Co-Payment	R5 632	R5 632	R5 632	R5 632	R5 632	
Reflux surgery	No Co-Payment	R10 752	R10 752	R10 752	R10 752	R10 752	
Rotator cuff surgery	No Co-Payment	R7 157	R7 157	R7 157	R7 157	R7 157	
Skin lesions	No Co-Payment	R1 881	R1 881	R1 881	R1 881	R1 881	
Spinal surgery	R7 824	R7 824	R7 824	R7 824	R7 824	R7 824	
Tonsillectomy and adenoidectomy	No Co-Payment	No Co-Payment	No Co-Payment	R2 193	R2 193	R2 193	
Tympanoplasty	No Co-Payment	No Co-Payment	No Co-Payment	R1 881	R1 881	R1 881	
Urinary incontinence repair	R3 751	R3 751	R3 751	R3 751	R3 751	R3 751	
Varicose veins	R3 751	R3 751	R3 751	R3 751	R3 751	R3 751	Benefits restricted to DSP providers at DSP network hospitals. Additional <b>R3 896</b> co-payment applicable for non-DSP hospitals. All Scheme rules and protocols remain applicable. All Scheme exclusions, including the additional exclusions for the Foundation option, remain applicable.

Note:

- Subject to Scheme rules, policies and protocols
- These co-payments are per incident or event
- Procedure specific co-payments still apply, even for PMBs, if alternative to endoscopic or laparoscopic surgery is available

## PROSTHESIS SUB-LIMITS

PROCEDURE	SUPREME		MILLENNIUM		MILLENNIUM SELECT		PROGRESSIVE FLEX		PROGRESSIVE FLEX PLUS		HOSPITAL		FOUNDATION	
Overall plan limit	R59 550		R59 550		R59 550		R53 590		R53 590		R35 720		R35 720	
Knee	R45 210		R45 210		R45 210		R36 890		R36 890		R28 250		R28 250	
Hip	R41 020		R41 020		R41 020		R33 920		R33 920		R28 250		R28 250	
Shoulder / Elbow /Ankle	R52 420		R52 420		R52 420		R52 420		R52 420		R35 720		R35 720	
External fixator	R59 550		R59 550		R59 550		R53 590		R53 590		R35 720		R35 720	
SPINAL FUSION	CERVICAL	LUMBAR DORSAL	CERVICAL	LUMBAR DORSAL	CERVICAL	LUMBAR DORSAL	CERVICAL	LUMBAR DORSAL	CERVICAL	LUMBAR DORSAL	CERVICAL	LUMBAR DORSAL	CERVICAL	LUMBAR DORSAL
1 Level	R21 090	R26 390	R21 090	R26 390	R21 090	R26 390	R21 090	R23 800	R21 090	R23 800	R19 930	R22 470	R19 930	R22 470
2 Levels	R32 700	R40 440	R32 700	R40 440	R32 700	R40 440	R32 700	R38 050	R32 700	R38 050	R30 630	R35 720	R30 630	R35 720
3 Levels	R45 200	R47 750	R45 200	R47 750	R45 200	R47 750	R45 200	R47 600	R45 200	R47 600	R35 720	R35 720	R35 720	R35 720
4 Or more levels	R59 550	R59 550	R59 550	R59 550	R59 550	R59 550	R53 590	R53 590	R53 590	R53 590	R35 720	R35 720	R35 720	R33 700
CORONARY STENTS														
1 Stent	R22 470		R22 470		R22 470		R22 470		R22 470		R22 470		R22 470	
2 Stents	R36 830		R36 830		R36 830		R36 830		R36 830		R35 720		R35 720	
Total	R59 550		R59 550		R59 550		R53 590		R53 590		R35 720		R35 720	
Pelvic floor	R7 420		R7 420		R7 420		R7 420		R7 420		R7 420		R7 420	
Hernia mesh	R7 420		R7 420		R7 420		R7 420		R7 420		R7 420		R7 420	
Intraocular lens (each)	R3 440		R3 440		R3 440		R2 970		R2 970		R2 230		R2 230	

## CHRONIC MEDICATION: CHRONIC DISEASES AND ADDITIONAL CHRONIC CONDITIONS

CHRONIC DISEASES (ALL OPTIONS)	MILLENNIUM OPTION ADDITIONAL CHRONIC CONDITIONS	MILLENNIUM SELECT OPTION ADDITIONAL CHRONIC CONDITIONS	SUPREME OPTION ADDITIONAL CHRONIC CONDITIONS
<ul style="list-style-type: none"> <li>• Addison's Disease</li> <li>• Asthma</li> <li>• Benign Prostatic Hypertrophy</li> <li>• Bipolar Affective Mood Disorders</li> <li>• Bronchiectasis</li> <li>• Cardiac Dysrhythmia (Arrhythmia)</li> <li>• Cardiac Failure</li> <li>• Cardiomyopathy</li> <li>• Chronic Obstructive Pulmonary Disorders (COPD)</li> <li>• Chronic Renal Failure / Disease</li> <li>• Crohn's Disease</li> <li>• Diabetes Insipidus</li> <li>• Diabetes Mellitus Type 1 &amp; 2</li> <li>• Epilepsy</li> <li>• Glaucoma</li> <li>• Haemophilia</li> <li>• HIV</li> <li>• Hormone Replacement Therapy</li> <li>• Hyperlipidaemia</li> <li>• Hypertension</li> <li>• Hypothyroidism</li> <li>• Ischaemic Heart Disease (Coronary Artery Disease)</li> <li>• Multiple Sclerosis</li> <li>• Parkinson's Disease</li> <li>• Rheumatoid Arthritis</li> <li>• Schizophrenia</li> <li>• Systemic Lupus Erythematosus</li> <li>• Ulcerative Colitis</li> </ul>	<ul style="list-style-type: none"> <li>• ADHD</li> <li>• Allergic Rhinitis</li> <li>• Arthritis</li> <li>• Eczema</li> <li>• Gastro-Oesophageal Reflux Disease (GORD)</li> <li>• Gout</li> <li>• Major Depression</li> </ul>	<ul style="list-style-type: none"> <li>• ADHD</li> <li>• Allergic Rhinitis</li> <li>• Arthritis</li> <li>• Eczema</li> <li>• Gastro-Oesophageal Reflux Disease (GORD)</li> <li>• Gout</li> <li>• Major Depression</li> </ul>	<ul style="list-style-type: none"> <li>• ADHD</li> <li>• Allergic Rhinitis</li> <li>• Angina Pectoris</li> <li>• Ankylosing Spondylitis</li> <li>• Arthritis</li> <li>• Cerebrovascular Accident (Stroke)</li> <li>• Cushing's Syndrome</li> <li>• Delusional Disorder</li> <li>• Eczema</li> <li>• Gastro-Oesophageal Reflux Disease (GORD)</li> <li>• Gout</li> <li>• Hyperthyroidism</li> <li>• Idiopathic Thrombocytopenic Purpura</li> <li>• Interstitial Fibrosis of the Lung</li> <li>• Major Depression</li> <li>• Meniere's Syndrome</li> <li>• Motor Neuron Disease</li> <li>• Myasthenia Gravis</li> <li>• Osteoporosis</li> <li>• Paget's Disease</li> <li>• Peripheral Vascular Disease</li> <li>• Pituitary Adenoma</li> <li>• Psoriasis</li> <li>• Scleroderma</li> <li>• Urinary Incontinence</li> </ul>



## 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

**AIDS:** Acquired Immune Deficiency Syndrome or acquired immunodeficiency syndrome

**Annual sub-limit:** A set amount allocated to a benefit

**ATB:** Above Threshold Benefit

**BHF:** Board of Healthcare Funders

**BPH:** Benign Prostatic Hypertrophy

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

**CAT / CT:** Computerised Axial Tomography

**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 PMBs

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

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

**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

**Confinement:** Having a baby

**Contracted Rate:** The fee or rate at which providers contracted to the Scheme are funded.

**Contributions:** Your medical scheme fees that you pay every month

**Dependant:** Family members who share your medical scheme

**DSP:** Designated Service Provider

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

**Exclusions:** The Scheme's general and option-specific list of condition and procedure exclusions.

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

**GP:** General Practitioner

**GRP:** Generic Reference Pricing: The price contained on the list for equivalent or generic medicines where an equivalent or generic medicine for the prescribed medicine exists.

**HIV:** Human Immunodeficiency Virus

**HRT:** Hormone Replacement Therapy: for female menopause

**ICD 10 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

**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

**Maximum Medical Aid Price (MMAP):** The maximum amount Resolution Health will pay for a medicine as advertised by Medikredit ([www.medikredit.co.za](http://www.medikredit.co.za))

**Medical Savings Account (MSA):** An allocated amount of your contributions on the Millennium options that is set aside for you to manage and use on health services as you require.

**MRI:** Magnetic Resonance Imaging

**MSA:** Medical Savings Account

**Network Provider:** A healthcare provider or group of providers selected by the Scheme as DSP/s to provide to the members diagnoses, treatment and care in respect of one or more Prescribed Minimum Benefit conditions.

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

**Option:** Either the Hospital, Foundation, Progressive Flex, Millennium or Supreme plan

**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 Resolution Health patients that gives them appropriate access to the amount of care they need to stay healthier for longer

**PMB:** Prescribed Minimum Benefit. A list of 271 conditions that all medical schemes have to cover in terms of Medical Schemes Act. To view this list, visit the CMS website at [www.medicalschemes.com](http://www.medicalschemes.com)

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

**Pre-authorisation:** Permission from Resolution Health before going for treatment, tests, etc.

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

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

**Prescribed Minimum Benefits (PMBs):** 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

## DEFINITIONS

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

**Pro-rated Benefits:** Benefit entitlement calculated according to the duration of membership during a benefit year from date of joining

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

**Prosthesis:** An artificial device implanted into the body

**PSA:** Prostate Specific Antigen

**Regulation 8(3):** Regulation 8(3) in terms of the Medical Schemes Act, No. 131 of 1998

**Reso Baby:** Maternity benefit programme.

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

**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 reference base rate the Scheme allocates for a specific tariff or relevant health service. This amount is calculated based on historic fee structures in the Scheme and is adjusted annually, bound by CPI.

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

**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)

**SEP:** Single Exit Price

**Service Provider:** Doctor or healthcare facility

**SPG:** Self Payment Gap

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

**Termination:** Ending of agreement the amount rolls over every year, earns interest and is transferred if you change medical schemes.

**TTO:** To Take Out: Medicine received on discharge from hospital

**Zurreal Platinum:** The ultimate wellness and rewards programme available to Resolution Health members which includes all the benefits of **Zurreal** programme with added extras such as an Education Rebate, Gym Rebate and much more

**Zurreal:** A free wellness and rewards programme available to all Resolution Health members and stakeholders that offers lifestyle benefits and aims to help individuals and families to live healthier, happier lives

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SPEAK TO YOUR  
**HEALTHCARE  
CONSULTANT**  
TO FIND THE  
OPTION THAT SUITES  
YOUR LIFESTYLE

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**Resolution**  
**Health** Medical Scheme