



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

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**COMPARISON**

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BROCHURE  
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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, only at DSP network hospitals. <b>R4 110</b> co-payment applicable for non-DSP hospitals. Procedure co-payments may also be applicable. Subject to Scheme Protocols and option-specific exclusion list	Unlimited, only at DSP network hospitals. <b>R4 110</b> co-payment applicable for non-DSP hospitals. Procedure co-payments may also be applicable. Subject to Scheme Protocols and option-specific exclusion list	Unlimited. Subject to Scheme Protocols.	Unlimited. Subject to Scheme Protocols and option-specific exclusion list	Unlimited, subject to PMBs and only at DSP Network Hospitals. <b>R4 110</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.
- All benefits are subject to Prescribed Minimum Benefits (PMBs)

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 680</b> for emergency visits per family per annum	Subject to MSA and ATB	Subject to MSA and ATB	Limited to <b>R1 680</b> for emergency visits per family per annum	Limited to <b>R1 680</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>R968</b>	<b>R858</b>	<b>R858</b>	<b>R634</b>	<b>R634</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>4</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>3</b> Scans included	<b>3</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>R31 610</b> per family per annum	Limited to Network Providers and subject to PMBs and Scheme Protocols. Non PMBs limited to <b>R19 787</b> per family per annum	Limited to Network Providers and subject to PMBs and Scheme Protocols. Non PMBs limited to <b>R19 787</b> per family per annum	Limited to Network Providers and subject to PMBs and Scheme Protocols	Limited to Network Provider and 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>R131 935</b> per family per annum	<b>R79 142</b> per family per annum	<b>R79 142</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>R118 713</b> per family per annum. Subject to PMBs and Scheme Protocols	<b>R118 713</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>R62 825</b> per family per annum. Subject to Prosthesis Sub-Limits and Scheme Protocols	Limited to <b>R62 825</b> per family per annum. Subject to Prosthesis Sub-Limits and Scheme Protocols	Limited to <b>R62 825</b> per family per annum. Subject to Prosthesis Sub-Limits and Scheme Protocols	Limited to <b>R56 537</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>R56 537</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>R37 685</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>R37 685</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>R693</b> per visit). Subject to Scheme Protocols	Subject to PMB only	Subject to PMB only	Subject to PMB only	Subject to PMB only	Subject to PMB only	Subject to PMB only

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):	R15 805 per family per annum, subject to appliance sub-limits below:	R11 871 per family per annum. Subject to PMBs, Scheme Protocols and appliance sub-limits below:	R11 871 per family per annum. Subject to PMBs, Scheme Protocols and appliance sub-limits below:	R4 110 per family per annum. Subject to PMBs, Scheme Protocols and appliance sub-limits below:	R4 110 per family per annum. Subject to PMBs, Scheme Protocols and appliance sub-limits below:	R4 122 per family per annum. Subject to PMBs, Scheme Protocols and appliance sub-limits below:	R1 973 per family per annum. Subject to PMBs, Scheme Protocols and appliance sub-limits below:
Artificial eyes (5-year cycle)	R15 805	R11 871	R11 871	R4 110	R4 110	R4 122	R1 973
Artificial larynx (5-year cycle)	R15 805	R11 871	R11 871	R4 110	R4 110	R4 122	R1 973
Artificial limbs (5-year cycle)	R15 805	R11 871	R11 871	R4 110	R4 110	R4 122	R1 973
Back supports (annual)	R4 726	R4 480	R4 480	R4 110	R4 110	R4 122	R1 973
CPAP Machine (3-year cycle, only at DSPs)	R10 216	R9 100	R9 100	R4 110	R4 110	R4 122	R1 973
Crutches (annual)	R775	R775	R775	R775	R775	R775	R775
Disposable bladder and intestinal excretion bags (annual)	R15 805	R11 871	R11 871	R4 110	R4 110	R4 122	R1 973
Elastic stockings for control of varicose veins (annual)	R775	R775	R775	R775	R775	R775	R775
External breast prosthesis after mastectomy (annual)	R1 568	R1 568	R1 568	R1 086	R1 086	R1 086	R1 086
Glucometers (3-year cycle)	R1 362	R1 057	R1 057	R775	R775	R775	R775
Hearing aids (annual, 3-year lifespan / appliance)	R15 805	R11 871	R11 871	R4 110	R4 110	R4 122	R1 973
Home oxygen (only at DSPs, annual)	R15 805	R11 871	R11 871	R4 110	R4 110	R4 122	R1 973
Leg, arm and neck supports (annual)	R1 086	R992	R992	R775	R775	R775	R775
Nebulisers / humidifiers (3-year cycle)	R1 362	R992	R992	R775	R775	R775	R775
Orthopaedic footwear (annual)	R1 245	R1 057	R1 057	R775	R775	R775	R775
Sleep apnoea monitors (infants < 1 year and only at pharmacy, 1 / beneficiary / life)	R15 805	R11 871	R11 871	R4 110	R4 110	R4 122	R1 973
Wheelchairs (3-year cycle)	R7 914	R6 593	R6 593	R4 110	R4 110	R4 122	R1 973
<b>ONCOLOGY</b> • Oncologist • Chemotherapy • Radiotherapy • Oncology-related blood tests	Unlimited (subject to ICON protocols and option specific medicine formularies), subject to Scheme Protocols and DSP Network, pre-authorisation required	Unlimited (subject to ICON protocols and option specific medicine formularies), subject to ICON Network and standard protocols. Pre-authorisation required	Unlimited, (subject to ICON protocols and option specific medicine formularies) subject to ICON Network and standard protocols. Pre-authorisation required	Limited to R275 941 per family per annum. Subject to ICON Network and standard protocols. Pre-authorisation required	Limited to R275 941 per family per annum. Subject to ICON Network and standard protocols. Pre-authorisation required	Limited to R180 081 per family per annum. Subject to ICON Network and standard protocols. Pre-authorisation required	Limited to R80 904 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	R19 787 per family per annum. Subject to Scheme Protocols. Co-payment of R1 996 per incident (in-and-out of hospital). Pre-authorisation required. 100% of Scheme Rate	R15 828 per family per annum. Subject to Scheme Protocols. Co-payment of R1 996 per incident (in-and-out of hospital). Pre-authorisation required. 100% of Scheme Rate	R15 828 per family per annum. Subject to Scheme Protocols. Co-payment of R1 996 per incident (in-and-out of hospital). Pre-authorisation required. 100% of Scheme Rate	R9 957 per family per annum. Subject to Scheme Protocols. Co-payment of R1 996 per incident (in-and-out of hospital). Pre-authorisation required. 100% of Scheme Rate	R9 957 per family per annum. Subject to Scheme Protocols. Co-payment of R1 996 per incident (in-and-out of hospital). Pre-authorisation required. 100% of Scheme Rate	R7 915 per family per annum. Subject to Scheme Protocols. Co-payment of R1 996 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	R16 804 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 or resign 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

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 Provider. Subject to Foundation Chronic Formulary. Reference and GRP pricing apply
ADDITIONAL CHRONIC CONDITIONS Pro-rated for members who join during the year	M R5 790 M+ R11 567 Benefits subject to stated sub-limits and thereafter to PMBs CDLs	M R2 795 M+ R5 602 Benefits subject to stated sub-limits and thereafter to PMBs CDLs	M R2 795 M+ R5 602 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 936 Adult : R11 202 Child: R1 562	Subject to MSA	Subject to 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 PMB 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 PMB 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 PMB 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 PMB 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 PMB consultations covered separately. Subject to Disease Management Protocols. Pre-authorisation required	2 Visits per family per annum, R150 co-payment per visit. Non-Contracted Providers up to 100% of Scheme Rate. Contracted Providers up to 100% of Contracted Rate	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 R6 223 M+1 R8 585 M+2+ R10 205	Subject to Scheme Protocols, MSA, ATB and sub-limits of: M R6 223 M+1 R8 585 M+2+ R10 205	Subject to Scheme Protocols and annual limits of: M R3 287 M+ R5 284	Subject to Scheme Protocols and annual limits of: M R3 287 M+ R5 284		Subject to Scheme Protocols, Network Providers and annual limits of: M R1 973 M+ R3 287
<b>Consultations</b>	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
<b>X-rays</b>	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
<b>Fillings</b>	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
<b>Oral hygiene</b>	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
<b>Preventative</b>	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
<b>Extractions</b>	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
<b>Root canal therapy</b>	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
<b>Acrylic dentures</b>	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 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> Sub-limits	R14 091 per family per annum. Pre-authorization required	Subject to MSA, ATB and sub-limits of: M R6 223 M+1 R8 585 M+2+ R10 205 Pre-authorization required	Subject to MSA, ATB and sub-limits of: M R6 223 M+1 R8 585 M+2+ R10 205 Pre-authorization required	R5 602 per family per annum. Pre-authorization required	R5 602 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	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 for one beneficiary per cycle 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 R2 642 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 R2 642 will apply to all in-hospital dental admissions. Scheme Protocols apply. 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 R2 642 will apply to all in-hospital dental admissions. Scheme Protocols apply. 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 R2 642 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 R2 642 will apply to all in-hospital dental admissions. Scheme Protocols apply.	Limited to R4 616 per family per annum for impacted wisdom teeth and associated costs. Multiple hospital admissions are not covered. Co-payment of R2 642 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	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>	<b>R2 220</b> benefit for 1 pair of single vision spectacles. Inclusive of a frame and consultation per beneficiary  <b>Or</b> <b>R2 678</b> benefit for 1 pair of flat top bifocal spectacles. Inclusive of a frame and consultation per beneficiary  <b>Or</b> <b>R3 358</b> benefit for 1 pair of multifocal spectacles. Inclusive of a frame and consultation per beneficiary  <b>Or</b>	Subject to MSA, ATB and sub-limit of <b>R2 795</b> per beneficiary	Subject to MSA, ATB and sub-limit of <b>R2 795</b> per beneficiary	<b>R1 210</b> benefit for 1 pair of single vision spectacles. Inclusive of a frame and consultation per beneficiary  <b>Or</b> <b>R1 844</b> benefit for 1 pair of flat top bifocal spectacles inclusive of a frame and consultation per beneficiary  <b>Or</b> <b>R2 137</b> benefit for 1 pair of multifocal spectacles. Inclusive of a frame and consultation per beneficiary  <b>Or</b>	<b>R1 210</b> benefit for 1 pair of single vision spectacles. Inclusive of a frame and consultation per beneficiary  <b>Or</b> <b>R1 844</b> benefit for 1 pair of flat top bifocal spectacles inclusive of a frame and consultation per beneficiary  <b>Or</b> <b>R2 137</b> benefit for 1 pair of multifocal spectacles. Inclusive of a frame and consultation per beneficiary  <b>Or</b>	No benefit	<b>R1 104</b> benefit for 1 pair of single vision spectacles. Inclusive of a frame and consultation per beneficiary  <b>Or</b> <b>R1 680</b> benefit for 1 pair of flat top bifocal spectacles inclusive of a frame and consultation per beneficiary
<b>Contact lenses</b>	<b>R2 501</b> per beneficiary			<b>R1 210</b> per beneficiary	<b>R1 210</b> 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. PMB 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	<b>R3 957</b> per family per annum. Scheme Rate applies	<b>R2 630</b> per family per annum. Scheme Rate applies	<b>R2 630</b> per family per annum. Scheme Rate applies	<b>R2 630</b> per family per annum. Scheme Rate applies	<b>R2 630</b> per family per annum. Scheme Rate applies	<b>R2 493</b> per family per annum. Scheme rate applies	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>	<b>R124</b> per beneficiary over the age of <b>18</b> years. Only at pharmacy	<b>R124</b> per beneficiary over the age of <b>18</b> years. Only at pharmacy	<b>R124</b> per beneficiary over the age of <b>18</b> years. Only at pharmacy	<b>R124</b> per beneficiary over the age of <b>18</b> years. Only at pharmacy	<b>R124</b> per beneficiary over the age of <b>18</b> 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 over the age of 45 years	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	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	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 978 benefit for childhood immunisations as recommended by the Department of Health up to 18 months	R1 978 benefit for childhood immunisations as recommended by the Department of Health up to 18 months	R1 978 benefit for childhood immunisations as recommended by the Department of Health up to 18 months	R1 978 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	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	Advice and information regarding any emergency medical condition. Call 086 111 2162
Oral contraception	R1 584 per female beneficiary per annum (R132 per month)	R1 584 per female beneficiary per annum (R132 per month)	R1 584 per female beneficiary per annum (R132 per month)	R1 584 per female beneficiary per annum (R132 per month)	R1 584 per female beneficiary per annum (R132 per month)	R1 000 per female beneficiary per annum (R83 per month)	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
ANNUAL LIMITS	M R7 832 M+1 R13 786 M+2+ R14 972	Subject to MSA and ATB	Subject to MSA and ATB	As specified	As specified	No benefit	Limited to Network Providers
ALTERNATIVE HEALTHCARE SERVICES	M R3 358 M+1 R4 979 M+2+ R6 587  100% of Scheme Rate Subject to annual limit	Subject to MSA and ATB	Subject to MSA and ATB	Subject to Flexi Benefit M R2 393 M+ R3 036	Subject to Flexi Benefit M R2 393 M+ R3 036	No benefit	No benefit
<ul style="list-style-type: none"> <li>• Biokineticists</li> <li>• Chiropractors</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 358 M+1: R4 122 M+2+: R4 979 100% 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	Limited to PMBs	Limited to PMBs. Subject to Network Provider Formulary list
<b>PHYSIOTHERAPY</b>	R1 469 per family, 100% of Scheme Rate. Subject to annual limit					No benefit	Limited to PMBs
<b>PSYCHOLOGY AND PSYCHIATRIC TREATMENT</b>	R1 680 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 680 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 preferred provider pharmacies	M R7 867 M+1 R13 786 M+2+ R14 972  With a sub-limit on Schedule 0-2 drugs of: M R2 372 M+1 R4 086 M+2+ R4 462  Subject to annual limit	Subject to MSA, ATB and sub-limits of: M R6 223 M+1 R8 585 M+2 R10 205  With a sub-limit on Schedule 0-2 drugs of: M R1 844 M+1 R2 572 M+2 R3 030	Subject to MSA, ATB and sub-limits of: M R6 223 M+1 R8 585 M+2 R10 205  With a sub-limit on Schedule 0-2 drugs of: M R1 844 M+1 R2 572 M+2 R3 030	Limited to: M R2 372 M+ R3 065  With a sub-limit on Schedule 0-2 drugs of: M R657 M+ R921	Limited to: M R2 372 M+ R3 065  With a sub-limit on Schedule 0-2 drugs of: M R657 M+ R921	No benefit	Limited to Network Providers. Scheme Protocols and Formularies apply. For Non-Dispensing Providers, script limit of R99 per event (limited to 4 events per beneficiary)

**Note:**

- Pro-rated for members who join during the year

2018 CONTRIBUTIONS	SUPREME	PROGRESSIVE FLEX	PROGRESSIVE FLEX PLUS	HOSPITAL
Principal Member	R5 065	R2 365	R2 605	R1 720
Adult dependant	R4 820	R2 190	R2 410	R1 450
Child dependant	R1 255	R725	R800	R640

### MILLENNIUM

	Monthly Risk Contribution	Monthly Saving Contribution	Total Monthly Contribution	Medical Savings Account	Self Payment Gap (SPG)	Threshold	ATB
Principal Member	R3 728	R932	R4 660	R11 184	R3 670	R14 854	R5 849
Adult Dependand	R3 192	R798	R3 990	R9 576	R2 774	R12 350	R4 988
Child Dependand	R868	R217	R1 085	R2 604*	R668**	R3 272**	R817**

### MILLENNIUM SELECT

	Monthly Risk Contribution	Monthly Saving Contribution	Total Monthly Contribution	Medical Savings Account	Self Payment Gap (SPG)	Threshold	ATB
Principal Member	R3 388	R847	R4 235	R10 164	R4 690	R14 854	R5 849
Adult Dependand	R2 904	R726	R3 630	R8 712	R3 638	R12 350	R4 988
Child Dependand	R788	R197	R985	R2 364*	R908**	R3 272**	R817**

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

### FOUNDATION

Monthly Income	Principal Member	Adult Dependand	Child Dependand
R0 - R4 840	R961	R961	R289
R4 841 - R7 470	R1 151	R1 151	R397
R7 471 - R10 210	R1 492	R1 492	R476
R10 211+	R2 255	R2 255	R774

## CO-PAYMENTS

PROCEDURE	SUPREME	MILLENNIUM	MILLENNIUM SELECT	PROGRESSIVE FLEX	PROGRESSIVE FLEX PLUS	HOSPITAL	FOUNDATION
Arthroscopy	R3 957	R3 957	R3 957	R3 957	R3 957	R3 957	Procedures only funded for prior proven PMB 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 642	R2 642	R2 642	R2 642	R2 642	
Colonoscopy, sigmoidoscopy, proctoscopy	No co-payment	R2 642	R2 642	R2 642	R2 642	R2 642	
Conservative back / spinal treatment	R3 957	R3 957	R3 957	R3 957	R3 957	R3 957	
Cystoscopy	No co-payment	R2 642	R2 642	R2 642	R2 642	R2 642	
Dental admissions	R2 642	R2 642	R2 642	R2 642	R2 642	R2 642	
Excision nailed	No co-payment	R1 984	R1 984	R1 984	R1 984	R1 984	
Gastrosocopy	No co-payment	R2 642	R2 642	R2 642	R2 642	R2 642	
Endometrial ablation	R3 957	R3 957	R3 957	R3 957	R3 957	R3 957	
Hernia repair	No co-payment	R3 957	R3 957	R3 957	R3 957	R3 957	
Hysterectomy	No co-payment	R3 957	R3 957	R3 957	R3 957	R3 957	
Hysteroscopy	R2 971	R2 971	R2 971	R2 971	R2 971	R2 971	
Joint replacements	R7 550	R7 550	R7 550	R7 550	R7 550	R7 550	
Laparoscopic procedures	R3 957	R3 957	R3 957	R3 957	R3 957	R3 957	
Myringotomy	No co-payment	No co-payment	No co-payment	R2 313	R2 313	R2 313	Co-payments for circumcision, nailed excision, hysterectomy, myringotomy, tonsillectomy, adenoidectomy and tympanoplasty per Progressive Flex option irrespective of PMB status.
Nasal surgery (including endoscopy)	No co-payment	R5 942	R5 942	R5 942	R5 942	R5 942	
Reflux surgery	No co-payment	R11 343	R11 343	R11 343	R11 343	R11 343	
Rotator cuff surgery	No co-payment	R7 550	R7 550	R7 550	R7 550	R7 550	
Skin lesions	No co-payment	R1 984	R1 984	R1 984	R1 984	R1 984	
Spinal surgery	R8 255	R8 255	R8 255	R8 255	R8 255	R8 255	
Tonsillectomy and adenoidectomy	No co-payment	No co-payment	No co-payment	R2 313	R2 313	R2 313	
Tympanoplasty	No co-payment	No co-payment	No co-payment	R1 984	R1 984	R1 984	
Urinary incontinence repair	R3 957	R3 957	R3 957	R3 957	R3 957	R3 957	
Varicose veins	R3 957	R3 957	R3 957	R3 957	R3 957	R3 957	

Note:

- Subject to Scheme rules, policies and protocols
- These co-payments are per incident or event and multiple co-payments may apply
- 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 option limit	R62 825		R62 825		R62 825		R56 537		R56 537		R37 685		R37 685	
Knee	R47 697		R47 697		R47 697		R38 919		R38 919		R29 804		R29 804	
Hip	R43 276		R43 276		R43 276		R35 786		R35 786		R29 804		R29 804	
Shoulder / Elbow / Ankle	R55 303		R55 303		R55 303		R55 303		R55 303		R37 685		R37 685	
External fixator	R62 825		R62 825		R62 825		R56 537		R56 537		R37 685		R37 685	
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	R22 250	R27 841	R22 250	R27 841	R22 250	R27 841	R22 250	R25 109	R22 250	R25 109	R21 026	R23 706	R21 026	R23 706
2 Levels	R34 499	R42 664	R34 499	R42 664	R34 499	R42 664	R34 499	R40 143	R34 499	R40 143	R32 315	R37 685	R32 315	R37 685
3 Levels	R47 686	R50 376	R47 686	R50 376	R47 686	R50 376	R47 686	R50 218	R47 686	R50 218	R37 685	R37 685	R37 685	R37 685
4 Or more levels	R62 825	R62 825	R62 825	R62 825	R62 825	R62 825	R56 537	R56 537	R56 537	R56 537	R37 685	R37 685	R37 685	R35 554
CORONARY STENTS														
1 Stent	R23 706		R23 706		R23 706		R23 706		R23 706		R23 706		R23 706	
2 Stents	R38 856		R38 856		R38 856		R38 856		R38 856		R37 685		R37 685	
Total	R62 825		R62 825		R62 825		R56 537		R56 537		R37 685		R37 685	
Pelvic floor	R7 828		R7 828		R7 828		R7 828		R7 828		R7 828		R7 828	
Hernia mesh	R7 828		R7 828		R7 828		R7 828		R7 828		R7 828		R7 828	
Intraocular lens (left)	R3 629		R3 629		R3 629		R3 133		R3 133		R2 353		R2 353	
Intraocular lens (right)	R3 629		R3 629		R3 629		R3 133		R3 133		R2 353		R2 353	

## 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

# NOTES

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