

ANNEXURE B3 – SHUTTLE OPTION

BENEFITS WITH EFFECT 1 January 2021

SUBJECT TO THE PROVISIONS OF THESE RULES MEMBERS AND THEIR REGISTERED DEPENDANTS ARE ENTITLED TO THE FOLLOWING BENEFITS (UNLESS EXCLUDED AS PROVIDED FOR IN ANNEXURE C)

	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/ REMARKS
A.	STATUTORY PRESCRIBED MINIMUM BENEFITS	100% of cost	No limit	-Services rendered by Public Hospitals or any Designated Service Provider. - Prime Cure Protocols Apply -All services to be delivered at designated service provider only, alternatively through referral by a Prime Cure DSP/DSPN to a Prime Cure approved non-DSP provider subject to preauthorization of all referrals through the Prime Cure Call Centre [Amended with effect from 1 January 2020]
B.	BENEFITS OTHER THAN PRESCRIBED MINIMUM BENEFITS		BENEFIT LIMITS AS DESCRIBED BELOW	

<p>C.</p>	<p>HOSPITALISATION LIMIT</p> <p>1. Private & public hospitals, registered unattached operating theatres and day clinics:</p> <p>1.1 Accommodation in a general ward, high care ward and intensive care unit.</p> <p>1.2 Theatre fees.</p> <p>1.3 Medicines, materials and hospital equipment.</p> <p>1.4 Visits by medical practitioners.</p> <p>1.5 Confinement and midwives.</p> <p>2. Secondary Facilities:</p> <p>2.1 All services rendered by sub-acute facilities, hospice and rehabilitation facilities.</p> <p>2.2 All services rendered by nursing services and private nurse practitioners, including psychiatric nursing but excluding midwife services.</p> <p>3. Psychiatric hospitalisation.</p> <p>4. Maxillo-facial</p> <p>5. In hospital dental</p> <p>6. Compassionate Care Benefit</p> <p>[Amended with effect from 1 January 2018]</p>	<p>Preferred Provider Network of public and private hospitals appointed or contracted by Kaelo Prime Cure100%</p>	<p>1. Unlimited</p> <p>2. R10,500 per family and subject to In-hospital overall annual limit.</p> <p>3. PMB's only.</p> <p>4. Limited to R16 000 per family</p> <p>5. Limited to trauma , < 7 years and impacted 3rd molars</p> <p>6. No Benefit.</p> <p>[Amended with effect from 1 January 2021]</p>	<p>Pre-authorization required prior to admission for all non-emergency cases and within 24 hours of admission for all emergency cases, or the first working day after admission. Where no pre-authorization is obtained for elective admissions by the member (or the provider of services), the member will be liable for a co-payment of R5,000 (five thousand rand) per admission [Amended with effect from 1 January 2020]</p> <p>A co-pay of R2000 required if listed procedures are not done in a Day Clinic or Free Standing contracted theatres: Gastrosopes, Colonoscopies, Cystoscopies, Hysteroscopies, Arthroscopies, Sigmoidoscopies, Tonsils and adenoidectomies in children, Grommets, Wisdom teeth [Amended with effect from 1 January 2020]</p> <p>A co-pay of R2500 will apply for all laproscopic and arthroscopy surgery performed in hospital (57 & 58 Hospitals)</p> <p>In the event of an emergency, members have access to any private or public hospital for emergency medical care, Once stabilised, the member will be transferred to a DSP/DSPN hospital. [Amended with effect from 1 January 2020]</p>
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	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/ REMARKS
D.	OSSEO-INTEGRATED IMPLANTS (Dental implants)	0% [Amended with effect from 1 January 2013]	Not applicable [Amended with effect from 1 January 2013]	Not applicable [Amended with effect from 1 January 2013]
E.	<p>SPECIALIST SERVICES:</p> <p>1. In-hospital services All services including confinements, surgical procedures and operations, the cost of in-hospital anaesthetics and assistance at surgical procedures and operations performed in-hospital.</p> <p>2. Out-of-hospital services</p> <p>2.1 Consultations and visits</p> <p>2.2 Procedures performed in provider's rooms and all other services, including material supplied for injections, pathology and radiology unless stated otherwise in this annexure.</p>	100% Prime Cure agreed tariff [Amended with effect from 1 January 2020]	<p>1. Unlimited. [Amended with effect from 1 January 2020]</p> <p>2. 5 x Consultations per family per year, max 3 per beneficiary for non-CDL-PMB conditions</p> <p>2. Limits for non-PMB visits: R6 800 per family and R 3 400 per beneficiary per annum. [Amended with effect from 1 January 2021]</p>	<ul style="list-style-type: none"> - Subject to Prime Cure protocol. - In case of involuntary use of non-DSP specialist for PMB conditions and a 30% co-pay will apply if no pre-authorisation obtained in the case of non - emergencies. - Unlimited consultations for PMB conditions, managed according to Prime Cure Protocol. - 30% (thirty percent co-payment by member on the Prime Cure agreed rate if the members fail to obtain a pre-authorisation for a PMB condition. Pre-Authorisation required for each visit and any other referrals or procedures by provider or member - Prime Cure contracted General Practitioner has to refer a patient. - [Amended with effect from 1 January 2020]

	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/ REMARKS
F.	<p>GENERAL PRACTITIONER and NURSING SERVICES</p> <p>1. In-hospital services All services including confinements, surgical procedures and operations, the cost of in-hospital anaesthetics and assistance at surgical procedures and operations performed in-hospital.</p> <p>2. Out-of-hospital services</p> <p>2.1 Consultations and visits</p> <p>2.2 Procedures performed in provider's rooms and all other services as per list of approved codes, including material supplied for injections, unless stated otherwise in this annexure.</p>	<p>100% of Prime Cure's Agreed Tariff. [Amended with effect from 1 January 2020]</p>	<p>1. Unlimited. [Amended with effect from 1 January 2020]</p> <p>2. Unlimited through preferred provider [Amended with effect from 1 January 2020]</p>	<ul style="list-style-type: none"> - Subject to Prime Cure protocol. - Members are required to complete the symptom checker on the member app prior to accessing benefit for non-emergency conditions - The member will then be provided an authorisation for a nurse visit, Over The Counter Pharmacy medication for non-emergencies or a GP consultation - Non PMB's -Failure to complete the symptom checker and obtain an authorisation to the appropriate level of care (Nurse, General Practitioner or Specialist) will result in the member being responsible for a 30% co-payment for the account and all associated accounts, for example, pathology, radiology, acute medication - PMB's -Failure to complete the symptom checker for non-emergencies and obtain an authorisation to the appropriate level of care (Nurse, General Practitioner or Specialist) will result in the member being responsible for a co-payment of 30% of the account and all associated accounts, for example, pathology, radiology, acute medication – except in the case of a medical emergency

				<ul style="list-style-type: none">- All out-of-hospital General Practitioner consultations, including small in-rooms procedures at Prime Cure approved DSP Network providers, provided such consultations are medically indicated and subject to Prime Cure's pre-authorisation procedures.- Members will be required to nominate two (2) General Practitioner from the list of contracted Prime Cure providers- Failure to nominate a General Practitioner from the list of contracted Prime Cure providers, the administration system will nominate the General Practitioners on the member's behalf by allocating the first General Practitioner visited as the first nominated General Practitioner and the second General Practitioner visited as the second nominated General Practitioner. Should a member visit a non-nominated General Practitioner without a pre-authorisation or a non-contracted General Practitioner the claim will be rejected if a non-PMB and a 30% co-payment will be applied for consultations related to a PMB condition. Members may change their nominated General Practitioner on the member application
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	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/ REMARKS
G.	<p>CLINICAL TECHNOLOGISTS</p> <p>1. For services provided in-hospital.</p> <p>2. In all other cases other than in-hospital treatment.</p>	<p>1. 100% of Prime Cure AT</p> <p>2. No Benefit</p> <p>[Amended with effect from 1 January 2020]</p>	<p>Subject to In-hospital overall annual limit [Amended with effect from 1 January 2020]</p>	
H.	<p>DENTAL SERVICES</p> <p>1. Conservative dentistry including ordinary fillings, extractions, preventative treatment and fluoride application according to a list of approved codes.</p> <p>2. Specialised dentistry</p> <p>3. Dentistry emergency visits (out of preferred provider's contracted dental network) according to a list of approved codes [Amended with effect from 1 January 2013]</p>	<p>100% Prime Cure Tariffs</p>	<p>1. Unlimited when clinically appropriate, subject to Prime Cure protocols Fluoride treatment only covered for children under 12 years [Amended with effect from 1 January 2020]</p> <p>2. No Benefit</p> <p>3. Emergency pain and sepsis treatment and extractions only, one per beneficiary per year [Amended with effect from 1 January 2020]</p>	<ul style="list-style-type: none"> - Limited to a Prime Cure list of approved dental codes and case management - One consultation for a full mouth examination per beneficiary per annum– subject to list of benefit codes - Preventative treatments – one treatment per beneficiary per annum - Fillings (White or Amalgam according to Prime Cure protocols). Pre-authorisation required for 4/more restorations or 5/more Composite fillings (only anterior covered). - Extractions (Only if clinically necessary). Pre-authorisation required for 5/more extractions [Amended with effect from 1 January 2020]

	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/ REMARKS
I.	<p>PRESCRIBED MEDICATION AND INJECTION MATERIAL:</p> <p>1. Acute sickness conditions.</p> <p>2. Chronic sickness conditions.</p> <p>3. To-Take-out medicines (TTO)</p>	<p>100% Prime Cure agreed tariff</p> <p>[Amended with effect from 1 January 2020]</p>	<p>1. Unlimited provided an authorisation is obtained for the referrer of the service.</p> <p>[Amended with effect from 1 January 2020]</p> <p>2. Subject to scheme list of chronic conditions including PMB's.</p> <p>3. Subject to a Prime Cure medicines formulary. Limited to 7 days post hospital supply. [Amended with effect from 1 January 2020]</p>	<p>1. Must be prescribed by the members nominated or allocated contracted General Practitioner</p> <p>2. Medication not prescribed by a nominated or allocated General Practitioner if on formulary will incur a 30% co-payment.</p> <p>- Only medication on the Prime Cure acute medicine formulary will be covered.</p> <p>-The medication will be provided as part of the acute consultation (when dispensed by a nominated or allocated dispensing practitioner) or by an a contracted service provider/pharmacy if prescribed by a non-dispensing practitioner</p> <p>-Acute Medication prescribed by a Specialist out-of-hospital is covered 100% of agreed rate if the member was referred by a Prime Cure contracted General Practitioner and an authorisation was obtained for the Specialist visit (Non PMB'S). If no authorization obtained the member will be liable for a 30% co-payment.</p> <p>- Standard formulary medication is available without co-payment, subject to Drug Utilisation Review and Pharmacy Benefit Management</p> <p>2. Unlimited Chronic Medication but according to a fixed Prime Cure medication formulary only.</p> <p>- Member must register on the program</p> <p>- Nominated or allocated Contracted Prime Cure</p>

				<p>General Practitioner to complete the Prime Cure Chronic Application Form and submit to Prime Cure, in accordance with Prime Cure Protocol, as amended from time to time.</p> <ul style="list-style-type: none">- Only medication prescribed by a Prime Cure contracted General Practitioner will be covered.- Chronic Medication prescribed by a specialist out-of-hospital will only be covered if the member was referred by a Prime Cure Nominated or allocated contracted General Practitioner and the medication is within the Prime Cure formulary, and such medication is dispensed by a Prime Cure contracted pharmacy, once approved by Prime Cure. <p>3. Subject to a Prime Cure medicines formulary at a Prime Cure Medical Centre or at a DSP pharmacy or through a Prime Cure contracted dispensing practitioner, subject to all medication being prescribed by a Prime Cure general practitioner or other Prime Cure contracted service provider (DSP/DSPN) only</p>
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	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/ REMARKS
	4. Self -Medication Benefit	100% Prime Cure Agreed Tariff	R330 per beneficiary per annum, Maximum of R110 per event (a maximum of 3 events per beneficiary per annum) [Amended with effect from 1 January 2021]	<ul style="list-style-type: none"> - Limited to the fixed Prime Cure medicine formulary for OTC medicines only. Self-medication items for the treatment of day to day ailments. -Medication dispensed by Prime Cure contracted service provider only [Amended with effect from 1 January 2020]
J.	<p>RADIOLOGY</p> <p>1. Specialised Radiology MRI, CAT and/or GALLIUM SCANS and/or RADIOISOTOPES</p> <p>2. Basic Radiology</p>	<p>1. Preferred Provider 100% Prime Cure Tariff</p> <p>2 1. In hospital 100% Prime Cure Tariff</p> <p>2 2. Out Of Hospital - 100% Prime Cure Agreed Tariff</p> <p>[Amended with effect from 1 January 2020],</p>	<p>1. Specialised Radiology R19 000 per family per annum and R9 000 per beneficiary per annum combined limit for in- and out-of-hospital specialised radiology (including CT and MRI scans) Unless PMB</p> <p>1.1 Subject to In-hospital annual limit</p> <p>1.2 Unlimited Subject to Prime Protocols</p> <p>[Amended with effect from 1 January 2021]</p> <p>2. Unlimited, subject to an authorisation being obtained for the referral. [Amended with effect from 1 January 2020]</p>	<ul style="list-style-type: none"> - Subject to pre-authorisation and case management - Unless the CT and/or MRI scan forms part of a PMB diagnosis or care plan for a PMB condition according to Prime cure protocols, the benefit is paid at the lower of agreed DSP tariff or NHRPL fees. - Pre-Authorisation is required from Prime Cure Call Centre for certain Radiology tests by the attending doctor, as stipulated on the Prime Cure Radiology Request Form, which is available on request . - Advanced radiology (e.g. MRI, CAT scans, angiography, etc.) are subject to the in-hospital radiology limit for MRI and CT scans. - 3D scans are paid as for 2D scans Agreed Rate - PET Scans are not covered - [Amended with effect from 1 January 2020]

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K.	PATHOLOGY and MEDICAL TECHNOLOGY 1. Pathology 2. Medical Technology	1. Prime Cure Preferred Provider - 100% [Amended with effect from 1 January 2020], 2. No Benefit [Amended with effect from 1 January 2020],	- Unlimited. [Amended with effect from 1 January 2015],	- In-hospital pathology is subject to the approved list of tests. - No Benefit for out of hospital Medical Technology - Pre-authorization is required from Prime Cure's call centre for certain pathology tests. - Pathology tests requested by Specialists are only covered if the member was referred by a Prime Cure contracted service provider and authorization was obtained for the specialist consultation - PMB rules apply [Amended with effect from 1 January 2020]
L.	CHEMOTHERAPY and RADIOTHERAPY	Preferred Provider - 100% [Amended with effect from 1 January 2015],	PMB's only [Amended with effect from 1 January 2020]	Subject to pre-authorization and registration on Disease Management programme / Case Management, formulary oncology drugs only, confirmation of PMB diagnosis. DSPN State facility only [Amended with effect from 1 January 2020],

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M.	RENAL DIALYSIS	100%	PMB's Only [Amended as from 1 January 2020]	DSPN State facility only Subject to confirmation of PMB diagnosis, members to register on the Disease Management programmes [Amended as from 1 January 2020]
N.	PHYSIOTHERAPY 1. In-hospital 2. Out-of-hospital	1. Preferred Provider - 100% 2.No Benefit [Amended with effect from 1 January 2015]	1. Subject to In-hospital overall annual limit [Amended with effect from 1 January 2020] 2. No Benefit [Amended with effect from 1 January 2015]	DSP only and Subject to confirmation of PMB diagnosis [Amended as from 1 January 2020]
O.	CLINICAL PSYCHOLOGY	100% of Agreed tariff [Amended as from 1 January 2020]	PMB's Only [Amended with effect from 1 January 2020]	Pre-Authorisation required and beneficiary must be referred by their contracted General Practitioner or a specialist where the specialist consultation has been authorised. [Amended as from 1 January 2020]

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P.	BLOOD TRANSFUSIONS	Preferred Provider - 100% [Amended with effect from 1 January 2015]	Unlimited. [Amended with effect from 1 January 2015]	Prime Cure Preferred Provider and agreed rate [Amended with effect from 1 January 2020]
Q.	AMBULANCE SERVICES and EMERGENCY TRANSPORT SERVICES (Road and Air)	Preferred Provider - 100% [Amended with effect from 1 January 2015]	No limit	- Authorisation must be obtained from Prime Cure before use is made of an ambulance service, unless PMB's apply. [Amended with effect from 1 January 2015]

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R.	<p>AFTER HOURS EMERGENCY CARE:</p> <p>1. General practitioner consultations and outside preferred provider network or contracted providers consulted after hours</p> <p>2. Emergency out of preferred provider network visits</p>	<p>1. 100% of Agreed rate [Amended with effect from 1 January 2015]</p> <p>2. 100% of Agreed rate [Amended with effect from 1 January 2015]</p>	<p>1 Limited to 1(one) visit per beneficiary or 2 (two) per family. Limited to R1055 per event including all services [Amended as from 1 January 2021]</p> <p>2. Unlimited [Amended with effect from 1 January 2015]</p>	<p>1 Excluding facility fees.</p> <ul style="list-style-type: none"> • Authorisation is required via the member application within 72 hours by member or provider. • At any registered emergency medical facility • Excludes services provided by practitioners who are not registered with Health Professional Council of South Africa (HPCSA) Member maybe required to pay and claim back <p>2 Unlimited without co-payment provided the episode meets the requirements of the <i>Prime Cure</i> definition on an emergency medical condition¹ - means the sudden, and at the time unexpected, onset of a life-threatening health condition that requires immediate medical or surgical treatment, where failure to provide medical or surgical treatment would result in serious impairment to bodily functions or serious dysfunction of a bodily organ or part, or would place the person's life in serious jeopardy.</p> <ul style="list-style-type: none"> • At any registered emergency medical facility <p>Authorisation is required via the member application</p>

¹ *Emergency Medical Condition* means the sudden, and at the time unexpected, onset of a life-threatening health condition that requires immediate medical or surgical treatment, where failure to provide medical or surgical treatment would result in serious impairment to bodily functions or serious dysfunction of a bodily organ or part, or would place the person's life in serious jeopardy.

				within 72 hours by member or provider
S.	AUXILIARY SERVICES Speech, Occupational Therapy, Physiotherapy and Psychology	100%. Of agreed rate [Amended with effect from 1 January 2013]	Subject to Prime Cure Protocols PMB's only [Amended with effect from 1 January 2020]	Benefits are only covered provided: <ul style="list-style-type: none"> - Must form part of a PMB treatment protocol - Referred by a contracted Prime Cure designated service provider - Pre-authorisation is obtained from the Prime Cure Call Centre - In cases where patients self-refer to providers or fails to obtain an authorisation that provide Additional Benefit Option services, the eligible member will be held liable for 30 % of the account [Amended with effect from 1 January 2020]
T.	INTERNAL SURGICAL IMPLANTS	100% [Added as from 1 January 2013]	PMB rules apply R28 000 PB unless PMB's apply. [Amended as from 1 January 2021]	Subject to pre-authorisation, clinical protocols, special motivation, pre-authorisation and case management and to DOH national guidelines. [Amended as from 1 January 2020]

	SERVICE	% BENEFIT	ANNUAL LIMITS	CONDITIONS/ REMARKS
U.	OTHER MEDICAL AND SURGICAL APPLIANCES	100% of cost [Amended with effect from 1 January 2020]	R3 700 per family per annum PMB rules apply [Amended with effect from 1 January 2021]	Combined in and out of hospital limit Amended with effect from 1 January 2020]

V.	<p>OPTICAL</p> <ol style="list-style-type: none"> 1. Eye examinations 2. Spectacles 3. Contact lenses 4. Frames <p>[Amended with effect from 1 January 2020]</p>	<p>1. 100% Prime Cure Rates</p> <p>[Amended with effect from 1 January 2020]</p>	<ol style="list-style-type: none"> 1. One optometric examination per beneficiary per annum. 2. 1 Pair of spectacles per beneficiary per 24 month period 3. No benefits 4. 1 Frame for spectacles allowed per beneficiary every 24 months <p>[Amended with effect from 1 January 2020]</p>	<p>-Includes a visual evaluation, tonometry screening and a diagnosis.</p> <p>-Includes standard CR39 lenses (High quality clear plastic lenses), Single Vision or Bi-focal lenses (Please refer to Qualifying norms) and Members are not entitled to any monetary value regarding the benefit.</p> <p>-Spectacles are granted if the following norms are met:</p> <p>An unaided visual acuity of worse than 6/9 on the Snellen scale for distance vision and near vision, A refraction requirement exceeding 0,5 dioptre sphere and or 0,5 dioptre cylinder on distance vision and 1,25 dioptre sphere on near vision and For the granting of bi-focals, members have to comply with both the distance vision and near vision qualifying norms for both eyes. Prime Cure will however, in borderline cases, take the functionality of the bi-focals into account.</p> <p>-The choice of frame is specified to be from a quality range of Prime Cure approved range of frames, An excess is payable by the member for any frame not from the specified Prime Cure range and Members are not entitled to any monetary value regarding the frame.</p> <p>[Amended with effect from 1 January 2020]</p>
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W.	Pregnancy tests, post- and antenatal care, and preventative care.	100% of Agreed rate at preferred provider. [Amended with effect from 1 January 2020]	Unlimited subject to Prime Cure protocols [Amended with effect from 1 January 2019]	<ul style="list-style-type: none"> - Foetal / Maternal ultrasound scans are limited to 2 (two) scans per pregnancy - Ante natal visited at allocate or nominated General Practitioner [Amended with effect from 1 January 2020]
X.	HIV/AIDS out-of-hospital benefit	100% of Agreed rate at contracted providers. [Amended with effect from 1 January 2020]	No limit	<ul style="list-style-type: none"> - Ongoing care plan and anti-retroviral treatment subject to registration on the Prime Cure HIV/AIDS programme and treatment according to an evidence based treatment protocol and medicine formulary - Each eligible member is encouraged to register on the Disease Management Program once diagnosed as HIV positive - Consent to record data on the Prime Cure Disease Management Information System - Voluntary counselling and testing - Antiretroviral therapy, prophylactic antibiotics & supplements according to Prime Cure protocol - Treatment support - Pathology and monitoring (incl. CD4, viral load, liver enzymes, cholesterol, glucose, urine tests)

				<p>according to protocols</p> <ul style="list-style-type: none"> - Treatment of opportunistic infections, according to Prime Cure formulary. -Available at selected service providers only (Members to contact Prime Cure Call Centre for details) <p>[Amended with effect from 1 January 2020]</p>
Y.	ORGAN TRANSPLANTS	100%	No limit - PMB rules apply.	<ul style="list-style-type: none"> -DSPN State facility only -Subject to confirmation of PMB diagnosis, pre-authorisation and registration on Disease Management programme / Case Management -Subject to DOH national guidelines <p>[Amended with effect from 1 January 2020]</p>