ANNEXURE B1

REGISTERED BY ME ON
Mashilo Leboho
2021/11/08
08/11/2021 09:23:30 (UTC+02:00)
Signed by Mashilo Leboho,
m.leboho@medicalschemes.co.za
REGISTRAR OF MEDICAL SCHEMES
SIGNIFLOW.COM

AQUARIUM SCHEDULE

SCHEDULE OF BENEFITS WITH EFFECT FROM 1 JANUARY 2022

Subject to the provisions contained in these rules, including all Annexures, members making monthly contributions at the rates specified in Annexure B3 shall be entitled to the benefits as set out below, with due regard to the provisions in the Act and Regulations in respect of prescribed minimum benefits (PMBs).

Reference in this Annexure and the following Annexures to the term:

'POLMED rate' shall mean: 2006 National Health Reference Price List (NHRPL) adjusted on annual basis with Consumer Price Index (CPI).

'Agreed tariff' shall mean: The rate negotiated by and on behalf of the Scheme with one or more providers/groups.

Benefits for the services outside the Republic of South Africa (RSA)

The Scheme does not grant benefits for services rendered outside the borders of the RSA. A claim for such services will, however, be considered if the benefit category and limitations applicable in the RSA can be determined. The benefit will be paid according to the POLMED rate. However, it remains the responsibility of the member to acquire insurance cover when travelling outside the borders of the RSA.

REGISTERED BY ME ON
Mashilo Leboho
2021/11/03
08/11/202109:23:35(UTC+02:00)
Signed by Mashilo Leboho,
m.leboho@medicalschemes.co.za
REGISTRAR OF MEDICAL SCHEMES
SIGNIFLOW.COM

GENERAL RULES

APPLICATION OF CLINICAL PROTOCOLS AND FUNDING GUIDELINES

POLMED applies clinical protocols, including "Best practice guidelines" as well as evidence-based medicine principles in its funding decisions.

DENTAL PROCEDURES

All dental procedures performed in hospital require pre-authorisation. The dentist's costs for procedures that are normally done in a doctor's rooms, when performed in hospital, shall be reimbursed from the out-of-hospital (OOH) benefit, subject to the availability of funds. The hospital and anaesthetist's costs, if the procedure is pre-authorised, will be reimbursed from the in-hospital benefit.

NETWORK SERVICE PROVIDER: OUT-OF-NETWORK RULE

POLMED has appointed healthcare providers (or a group of providers) as network service providers for diagnosis, treatment and care in respect of one or more Prescribed Minimum Benefit (PMB) conditions. Where the Scheme has appointed a network service provider and the member voluntarily chooses to use a non-nominated or out of network provider, a co-payment of up to 30% may be applied, subject to the PMBs.

Co-payments will not be applied in the following scenarios:

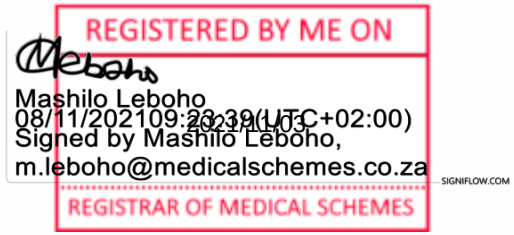
- In a medical emergency when the patient does not have a choice to choose the doctor or network facility.

- When the required service cannot be provided by a network dr or facility.
- When a network provider is not available within a 50km radius from the member's residence

Members can access the list of providers at www.polmed.co.za, on their cell phones via the mobile site, via POLMED Chat or request it via the Client Service Call Centre.

Examples of network service providers (where applicable) are:

- cancer (oncology) network
- general practitioner (GP) network
- optometrist (visual) network
- psycho-social network
- renal (kidney) network
- specialist network
- pharmacy network
- dental network



POLMED GP NETWORK (NETWORK GP PROVIDER)

Members and beneficiaries are required to nominate a primary network GP. Principal members are required to nominate a secondary network GP as well. Members are allowed 3/three visits to a GP who is not nominated per annum for emergency or out-of-town situations. A 30% co-payment shall apply once the maximum out-of-non nominated consultations are exceeded.

Polmed rates for network GP provider visits are available on its website and can be accessed at www.polmed.co.za. These rates are reviewed annually.

PMB rule applies for qualifying emergency consultations.

REGISTERED BY ME ON
Mashilo Leboho
08/11/202109:23:44(UTC+02:00)
Signed by Mashilo Leboho,
m.leboho@medicalschemes.co.za
REGISTRAR OF MEDICAL SCHEMES

POLMED HOSPITAL NETWORK

The POLMED Hospital network includes hospitals with a national footprint. Members can access the list of hospitals in the network at www.polmed.co.za, on their cell phones via the mobile site, via POLMED Chat or request it via the Client Service Call Centre.

All admissions (hospitals and day clinics) must be pre-authorised.

A penalty of R5 000 may be imposed if no pre-authorisation is obtained.
In case of an emergency, the Scheme must be notified within 48 hours or on the first working day after admission. Pre-authorisation will be managed under the auspices of managed healthcare. The appropriate facility must be used to perform a procedure, based on the clinical requirements, as well as the expertise of the doctor doing the procedure.

Benefits for private or semi-private rooms are excluded unless they are motivated and approved prior to admission upon the basis of clinical need.

Medicine prescribed during hospitalisation forms part of the hospital benefits.

Medicine prescribed during hospitalisation to take out (TTO) will be paid to a maximum of seven days' supply or a rand value equivalent to it per beneficiary per admission, except for anticoagulants post-surgery and oncology medication, which will be subject to the relevant managed healthcare programme.

Maternity: The costs incurred in respect of a new born baby shall be regarded as part of the mother's cost for the first 90 days after birth. If the child is registered on the Scheme within 90 days from birth, Scheme rule 7.1.2 shall apply. Benefits shall also be granted if the child is stillborn.

REGISTERED BY ME ON
Mashilo Leboho
08/11/202109:23:49(UTC+02:00)
Signed by Mashilo Leboho,
m.leboho@medicalschemes.co.za
REGISTRAR OF MEDICAL SCHEMES
SIGNIFLOW.COM

POLMED PHARMACY NETWORK

POLMED has established an open pharmacy network for the provision of acute, chronic and over the counter (OTC) medication. Medicines included in POLMED's Formulary will be funded in full, subject to the availability of funds. Members who voluntarily opt to use non-formulary products, will be liable for a 20% co-payment. POLMED has agreed dispensing fees with the network pharmacies. A 20% co-payment will be levied in the event of voluntary utilisation of an Out of network pharmacy.

Members can access the list of providers at www.polmed.co.za, on their cell phones via the mobile site, via POLMED Chat or request it via the Client Service Call Centre.

EMERGENCY MEDICAL SERVICES (EMS): ER24

72-Hour Post-Authorisation Rule

Subject to authorisation within 72 hours of the event, all service providers will need to get a notification number from POLMED's Network Service Provider ER24.

Co-payment of 40% of the claim shall apply where a member voluntarily uses an unauthorised service provider. Service providers will be required to provide the hospital admission/casualty sticker together with patient report forms when submitting a claim to POLMED's EMS network service provider to validate delivery to a hospital.

REGISTERED BY ME ON
Mashilo Leboho
08/11/202109:23:54(UTC+02:00)
Signed by Mashilo Leboho,
m.leboho@medicalschemes.co.za
SIGNIFLOW.COM
REGISTRAR OF MEDICAL SCHEMES

DENTAL NETWORK

Polmed makes use of a preferred dental network for its members. By making use of the network, Polmed members will not have any out-of-pocket payments on approved conservative dental treatment up to available limits. Members can access the list of providers at www.polmed.co.za, on their cell phones via the mobile site, via POLMED chat or request it via the Client Services Call Centre.

EX GRATIA BENEFIT

The Scheme may, at the discretion of the Board of Trustees, grant an Ex Gratia payment upon written application from members as per the rules of the Scheme.

MEDICATION: ACUTE, OVER THE COUNTER (OTC) AND CHRONIC

The chronic medication benefit shall be subject to registration on the Chronic Medicine Management Programme for those conditions which are managed, and chronic medication rules will apply.

Payment will be restricted to one month's supply in all cases for acute and chronic medication, except where the member submits proof that more than one month's supply is necessary, e.g. due to travel arrangements to foreign countries. (Travel documents must be submitted as proof.)

Pre-authorisation is required for items funded from the chronic medication benefit. Pre-authorisation is based on evidence-based medication (EBM) principles and the funding guidelines of the Scheme. Once predefined criteria are met, an authorisation will be

granted for the diagnosed conditions. Beneficiaries will have access to a group (formulary) of medication appropriate for the management of their conditions or diseases for which they are registered. There is no need for a beneficiary to apply for a new authorisation if the treatment prescribed by the doctor changes and the medication is included in the condition-specific medication formulary. Updates to the authorisation will be required for newly diagnosed conditions for the beneficiary.

The member needs to reapply for an authorisation at least one month prior to the expiry of an existing chronic medication authorisation, failing which any claims received will not be paid from the chronic medication benefit, but from the acute medication benefit, if benefits exist. This only applies to authorisations that are not ongoing and have an expiry date.

Payment in respect of over-the-counter (OTC), acute and chronic medication, will be subject to the medication included in the POLMED formulary. Medication is included in the POLMED formulary based on its proven clinical efficacy, as well as its costs effectiveness. Generic reference pricing is applicable where generic equivalent medication is available. The products that are not included in the POLMED formulary will attract a 20% co-payment.

The 20% co-payment for medication prescribed that is not included in the POLMED formulary can be waived via an exception management process. This process requires a motivation from the treating service provider and will be reviewed based on the exceptional needs and clinical merits of each individual case.
The Scheme shall only consider claims for medication prescribed by a person legally entitled to prescribe medication and which is dispensed by such a person or a registered pharmacist.

Flu vaccines and vaccines for children under six years of age are obtainable without prescription and paid from the Preventive Care benefits

REGISTERED BY ME ON
Mashilo Leboho 2021/11/03
08/11/202109:23:59(UTC+02:00)
Signed by Mashilo Leboho,
m.leboho@medicalschemes.co.za
REGISTRAR OF MEDICAL SCHEMES
SIGNIFLOW.COM

REGISTERED BY ME ON
Mashilo Leboho
08/11/2021 09:24:04 (UTC+02:00)
Signed by Mashilo Leboho,
m.leboho@medicalschemes.co.za
REGISTRAR OF MEDICAL SCHEMES
SIGNIFLOW.COM

PRO RATA BENEFITS

The maximum annual benefits referred to in this schedule shall be calculated from 1 January to 31 December each year, based on the services rendered during that year and shall be subject to pro rata apportionment calculated from the member's date of admission to the Scheme to the end of that budget year.

SPECIALISED RADIOLOGY (MRI AND CT SCANS)

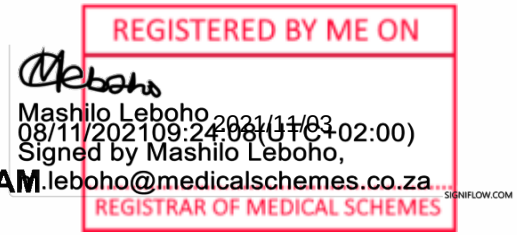
Pre-authorisation is required for all scans, failing which the Scheme may impose a co-payment up to R1 000 per procedure. In the case of an emergency the Scheme must be notified within 48 hours or on the first working day of the treatment of the patient.

SPECIALIST REFERRAL

All POLMED beneficiaries need to be referred to specialists by a nominated network general practitioner (GP). The Scheme will impose a co-payment of up to 30% if the member consults a specialist without being referred. The co-payment will be payable by the member to the specialist and is not refundable by the Scheme.
This co-payment is not applicable to the following specialities or disciplines: Gynaecologists, psychiatrists, oncologists, ophthalmologists, nephrologists [chronic dialysis], dental specialists, pathology, radiology and supplementary or allied health services.

The Scheme will allow two specialist visits per beneficiary per year without the requirement of a nominated network GP referral to cater for those who clinically require annual and/or bi-annual specialist visits.

However, the Scheme will not cover the cost of the hearing aid if there is no referral from one of the following providers: GP, ear, nose and throat (ENT) specialist, paediatrician, physician or neurologist. The specialist must submit the referring GP's practice number in the claim.



CONSERVATIVE BACK AND NECK REHABILITATIVE PROGRAM

Services associated with Polmed's conservative Back and Neck program will be funded from Hospital risk. Pre-authorization is required to access the benefits. Spinal surgery will not be covered unless there is evidence that the patient has received conservative therapy prior to requesting surgery (PMBs apply).

LOYALTY PROGRAM

Polmed has introduced a wide-ranging wellness, preventative care and managed care program which has been specifically shaped to motivate healthy living and or behavior change to improve member lifestyle. The gamified program uses strategic nudges to encourage members to improve their personal health score while enjoying innovative loyalty solutions. For more information, you can visit www.polmed.co.za.

DEFINITION OF TERMS

REGISTERED BY ME ON
Mashilo Leboho
08/11/2021 09:24:13 (UTC+02:00)
Signed by Mashilo Leboho,
m.leboho@medicalschemes.co.za
SIGNIFLOW.COM
REGISTRAR OF MEDICAL SCHEMES

BASIC DENTISTRY

Basic dentistry refers to procedures that are used mainly for the detection, prevention and treatment of oral diseases of the teeth and gums. These include the alleviation of pain and sepsis, the repair of tooth structures by direct restorations or fillings and the replacement of missing teeth by plastic dentures.

Other procedures that fall under this category are:

- Consultations
- Fluoride treatment and fissure sealants
- Non-surgical removal of teeth
- Cleaning of teeth, including non-surgical management of gum disease
- Root canal treatment

CO-PAYMENT

A co-payment is an amount payable by the member to the service provider at the point of service. This includes all the costs more than those agreed upon with the service provider or more than what would be paid according to approved treatments. A co-payment would not be applicable in the event of a life-threatening injury or an emergency.

REGISTERED BY ME ON
Mashilo Leboho 2021/11/03
08/11/202109:24:17(UTC+02:00)
Signed by Mashilo Leboho,
m.leboho@medicalschemes.co.za
REGISTRAR OF MEDICAL SCHEMES
SIGNIFLOW.COM

ENROLMENT ON THE DISEASE RISK MANAGEMENT PROGRAMME

Members will be identified and contacted to enrol on the Disease Risk Management Programme. The Disease Risk Management Programme aims to ensure that members receive health information, guidance and management of their conditions, at the same time improving compliance to treatment prescribed by the medical practitioner. Members who are registered on the programme receive a treatment plan (Care Plan), which lists authorised medical services, such as consultations, blood tests and radiological tests related to the management of their conditions.

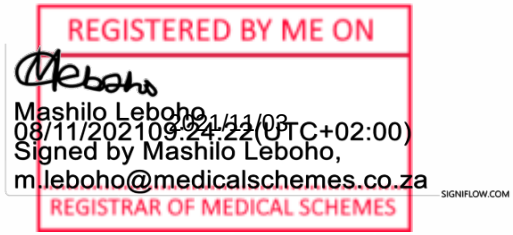
The claims data for chronic medication, consultations and hospital admissions is used to identify the members that are eligible for enrolment on the programme. Members are also encouraged to register themselves on the programme.

FORMULARY

A formulary is a list of cost-effective, evidence-based medication for the treatment of acute and chronic conditions.

MEDICINE GENERIC REFERENCE PRICE

This is the reference pricing system applied by the Scheme based on generic reference pricing or the inclusion of a product in the medication 'formulary'. This pricing system refers to the maximum price that POLMED will pay for a generic medication. Should a reference price be set for a generic medication, patients are entitled to make use of any generically equivalent medication within this pricing limit but will be required to make a co-payment on medication priced above the generic reference pricing limit. The fundamental principle of any reference pricing system is that it does not restrict a member's choice of medication, but instead limits the amount that will be paid for it.



REGISTRATION FOR CHRONIC MEDICATION

POLMED provides for a specific list of chronic conditions that are funded from the chronic medication benefit (i.e. through a benefit that is separate from the acute medication benefit). POLMED requires members to apply for authorisation via the Chronic Medicine Management Programme to access this chronic medication benefit. Members will receive a letter by email or post indicating whether their application was successful or not. If successful, the beneficiary will be issued with a disease-specific authorisation, which will allow them access to medication included in the POLMED formulary.

POLMED will reimburse medication intended for an approved chronic condition for up to four months from the Acute benefits. Members will be required to register such medication as Chronic during the four-month period.

SPECIALISED DENTISTRY

Specialised dentistry refers to services that are not defined as basic dentistry. These include periodontal surgery, crowns and bridges, inlays, indirect veneers, and maxillofacial surgery. All specialised dentistry services and procedures must be pre-authorised, failing which the Scheme will impose a co-payment of R500. Only surgical impacted teeth and children under the age of 7 requiring general anaesthesia will be considered for in hospital treatment. Authorisation subject to clinical criteria.

AQUARIUM BENEFIT SCHEDULE		
GENERAL BENEFIT RULES	**Benefit design**	This option provides for benefits to be provided only in appointed network service provider hospitals It also provides a reasonable level of out-of-hospital (day-to-day) care This option is intended to provide for the needs of families who have little healthcare needs or whose chronic conditions are under control This option is not intended for members who require medical assistance on a regular basis, or who are concerned about having extensive access to health benefits
	Pre-authorisation, referrals, protocols and management by programmes	Where the benefit is subject to pre-authorisation, referral by a network service provider or nominated network general practitioner (GP), adherence to established protocols or enrolment upon a managed care programme. Members' attention is drawn to the fact that there may be no benefit at all or a much-reduced benefit if the pre-authorisation, referral by a network service provider or nominated network GP, adherence to established protocols or enrolment upon a managed care programme is not complied with (a co-payment may be applied)

REGISTERED BY ME ON
Mashilo Leboho
08/11/2021 09:24:27 (UTC+02:00)
Signed by Mashilo Leboho,
m.leboho@medicalschemes.co.za
SIGNIFLOW.COM
REGISTRAR OF MEDICAL SCHEMES

AQUARIUM BENEFIT SCHEDULE		
GENERAL BENEFIT RULES		The pre-authorisation, referral by a network service provider or nominated network GP, adherence to established protocols or enrolment upon a managed care programme is stipulated to best care for the member and his/her family and to protect the funds of the Scheme
	Limits are per annum	Unless there is a specific indication to the contrary, all benefit amounts and limits are annual
	Statutory prescribed minimum benefits (PMBs)	There is no overall annual limit for PMBs or life-threatening emergencies
	Tariff	100% of POLMED rate or agreed tariff or at cost for involuntary access to PMBs

REGISTERED BY ME ON
Mashilo Leboho 2021/11/03
08/11/202109:24:32(UTC+02:00)
Signed by Mashilo Leboho,
m.leboho@medicalschemes.co.za
REGISTRAR OF MEDICAL SCHEMES
SIGNIFLOW.COM

AQUARIUM BENEFIT SCHEDULE		
IN-HOSPITAL BENEFITS	**Annual overall in-hospital limit** Subject to the Scheme's relevant managed healthcare programmes and includes the application of treatment protocols, case management and pre-authorisation R5 000 penalty may be imposed if no pre-authorisation is obtained R15 000 co-payment for admission in a non-network hospital No co-payment if the procedure is performed in a network hospital and/or a day clinic	Non-PMB admissions will be subject to an overall limit of R200 000 per family Subject to PMBs, i.e. no limit in case of life-threatening emergencies or for PMB conditions Subject to applicable tariff i.e. 100% of POLMED rate **or** Agreed tariff **or** At cost for involuntary access to PMBs
	Anaesthetists	150% of POLMED rate
	Chronic Renal Dialysis **At Preferred Providers**	100% of agreed tariff at network service provider POLMED has established a Preferred Provider Network for renal dialysis. Members who voluntarily opt to use a non-network provider, will be liable for a

REGISTERED BY ME ON
Mashilo Leboho
08/11/2021 09:24:38 (UTC+02:00)
Signed by Mashilo Leboho,
m.leboho@medicalschemes.co.za
REGISTRAR OF MEDICAL SCHEMES

AQUARIUM BENEFIT SCHEDULE		
IN-HOSPITAL BENEFITS		30% co-payment (PMBs apply). Pre authorization is required for all dialysis services
	Dentistry (conservative and restorative)	100% of POLMED rate Dentist's costs for all non-PMB procedures will be reimbursed from the out-of-hospital (OOH) benefit, subject to: M0 – R4 000 M1 – R4 500 M2 – R5 000 M3 – R5 500 M4+ - R6 000 The hospital and anaesthetist's costs will be reimbursed from the overall non-PMB limit
	Emergency medical services (Ambulance)	Subject to POLMED Scheme rules
	General practitioners (GPs)	100% of agreed tariff at network service provider 100% of POLMED rate at non-network service provider **or** At cost for involuntary PMB access

REGISTERED BY ME ON
Mashilo Leboho
08/11/202109:24:42(UTC+02:00)
Signed by Mashilo Leboho,
m.leboho@medicalschemes.co.za
REGISTRAR OF MEDICAL SCHEMES

AQUARIUM BENEFIT SCHEDULE		
IN-HOSPITAL BENEFITS	**Medication (Non-PMB specialist drug limit, e.g. biologicals)**	100% of POLMED rate Pre-authorisation required Specialised medication sub-limit of R144 139 per family
	Mental health	100% of POLMED rate **or** At cost for PMBs Annual limit of 21 days per beneficiary Limited to a maximum of three days' hospitalisation for beneficiaries admitted by a GP or a specialist physician Additional hospitalisation to be motivated by the medical practitioner

REGISTERED BY ME ON
Mashilo Leboho
08/11/202109:24:47(UTC+02:00)
Signed by Mashilo Leboho,
m.leboho@medicalschemes.co.za
SIGNIFLOW.COM
REGISTRAR OF MEDICAL SCHEMES

AQUARIUM BENEFIT SCHEDULE		
IN-HOSPITAL BENEFITS	**Oncology (chemotherapy and radiotherapy)** Network service provider	100% of agreed tariff at network service provider Limited to R271 400 per beneficiary per annum; includes MRI/CT or PET scans related to oncology Chemotherapy and Radiation limited to Oncology benefits, adherence to the Oncology Formulary and subject to medicines from the Preferred Provider Network
	Organ and tissue transplants	100% of agreed tariff at network service provider **or** At cost for PMBs Subject to clinical guidelines used in State facilities Unlimited radiology and pathology for organ transplant and immunosuppressant's
	Pathology	Service will be linked to hospital pre-authorisation

REGISTERED BY ME ON
Mashilo Leboho
08/11/2021 09:24:53(UTC+02:00)
Signed by Mashilo Leboho,
m.leboho@medicalschemes.co.za
SIGNIFLOW.COM
REGISTRAR OF MEDICAL SCHEMES

AQUARIUM BENEFIT SCHEDULE		
IN-HOSPITAL BENEFITS	**Physiotherapy and Dieticians**	Service will be linked to hospital pre-authorisation A referral by the treating Healthcare Professional is required for services rendered
	Prosthesis (internal and external)	100% of POLMED rate **or** At cost for PMB's Subject to pre-authorisation and approved product list Limited to the overall prosthesis benefit of R64 132 per beneficiary Knee Prosthesis – R54 600 Hip Prosthesis – R54 600 Shoulder Prosthesis – R64 132 Intraocular Lens – R3 150 Aorta & Peripheral Arterial Stent Grafts – R47 250 Cardiac Stents – R26 775 Cardiac Pacemaker – R58 800 Spinal plates and screws – R64 132 Spinal Implantable Devices – R60 000

REGISTERED BY ME ON
Mashilo Leboho
08/11/2021 09:24:57 (UTC+02:00)
Signed by Mashilo Leboho,
m.leboho@medicalschemes.co.za
REGISTRAR OF MEDICAL SCHEMES
SIGNIFLOW.COM

AQUARIUM BENEFIT SCHEDULE		
IN-HOSPITAL BENEFITS		Unlisted items – R64 132
	Radiographers	A referral by the treating Healthcare Professional is required for services rendered
	Refractive surgery	No benefit
	Specialists	100% of agreed tariff at network service provider 100% of POLMED rate for non-network service provider **or** At cost for involuntary PMB access
	Social Workers and Registered Counsellors	A referral by the treating Healthcare Professional is required for services rendered Limit number of consultations to 4 sessions in a benefit cycle

REGISTERED BY ME ON
Mashilo Leboho
08/11/2021 09:25:02(UTC+02:00)
Signed by Mashilo Leboho,
m.leboho@medicalschemes.co.za
SIGNIFLOW.COM
REGISTRAR OF MEDICAL SCHEMES

AQUARIUM BENEFIT SCHEDULE		
OVERALL OUT-OF-HOSPITAL BENEFITS	**Annual overall out-of-hospital (OOH) limit** Benefits shall not exceed the amount set out in the table PMB shall first accrue towards the total benefit, but are not subject to limit In appropriate cases the limit for medical appliances shall not accrue towards this limit Overall out of hospital benefits are subject to: • Protocols and clinical guidelines • PMBs • The applicable tariff i.e. 100% of POLMED rate or agreed tariff or at cost for involuntary PMB access	M0 - R 8 812 M1 - R10 677 M2 - R12 969 M3 - R13 836 M4+ - R15 855

REGISTERED BY ME ON
Mashilo Leboho
08/11/2021 09:25:07(UTC+02:00)
Signed by Mashilo Leboho,
m.leboho@medicalschemes.co.za
SIGNIFLOW.COM
REGISTRAR OF MEDICAL SCHEMES

AQUARIUM BENEFIT SCHEDULE		
OVERALL OUT-OF-HOSPITAL BENEFITS	**Audiology** Subject to referral by either of the following doctors/specialists: Nominated network General Practitioner (GP) Ear, nose and throat (ENT) specialist Paediatrician Physician Neurologist	100% of POLMED rate Subject to the OOH limit
	Dentistry (conservative and restorative)	100% of POLMED rate Subject to the OOH limit and includes dentist's costs for in-hospital, non-PMB procedures M0 – R4 000 M1 – R4 500 M2 – R5 000 M3 – R5 500 M4+ - R6 000 Routine consultation, scale and polish are limited to two annual check-ups per beneficiary Oral hygiene instructions are limited to once in 12 months per beneficiary

REGISTERED BY ME ON
Mashilo Leboho
08/11/2021 09:29:12 (UTC+02:00)
Signed by Mashilo Leboho, m.leboho@medicalschemes.co.za
REGISTRAR OF MEDICAL SCHEMES
SIGNIFLOW.COM

AQUARIUM BENEFIT SCHEDULE		
OVERALL OUT-OF-HOSPITAL BENEFITS	**Dentistry (specialised)** Surgical extractions of teeth requiring removal of bone or incision required to reduce fracture Surgical removal of impacted teeth requiring removal of inflammatory tissues surrounding partially erupted teeth Root planning treatment for periodontal disease Drainage of abscess and clearing infection caused by tooth decay Apicetomy removal of dead tissue caused by infection Children under the age of 7 years, physically or mentally disabled patients who require general anaesthesia for dental work to be conducted Cyst removal of non-vital pulp Dentectomy Under sedation with removal of all teeth in the mouth	In all cases pre-authorisation is required A co-payment of R500 will apply if no pre-authorisation is obtained Clinical protocols apply

REGISTERED BY ME ON
Mashilo Leboho
08/11/202109:25:16(UTC+02:00)
Signed by Mashilo Leboho,
m.leboho@medicalschemes.co.za
REGISTRAR OF MEDICAL SCHEMES

AQUARIUM BENEFIT SCHEDULE		
OVERALL OUT-OF-HOSPITAL BENEFITS	**Nominated network General practitioners (GPs)** POLMED has a GP network	100% of agreed tariff at network service provider **or** at cost for involuntary PMB access The limit for consultations shall accrue towards the OOH limit Subject to the use of a nominated network GP otherwise a 30% co-payment will apply to all non-nominated GP visits. Members are allowed 3/three visits to a GP who is not nominated per annum for emergency or out-of-town situations. Subject to maximum numbers of visits **or** consultations per family: M0 - 8 M1 - 12 M2 - 15 M3 - 18 M4+ - 22
	Medication (acute)	100% of POLMED rate at network service provider M0 – R2 325 M1 – R3 953 M2 – R5 581 M3 – R7 209

REGISTERED BY ME ON
Mashilo Leboho
08/11/2021 09:25:21 (UTC+02:00)
Signed by Mashilo Leboho,
m.leboho@medicalschemes.co.za
REGISTRAR OF MEDICAL SCHEMES
SIGNIFLOW.COM

AQUARIUM BENEFIT SCHEDULE		
OVERALL OUT-OF-HOSPITAL BENEFITS		M4 – R8 836 Subject to the OOH limit Subject to POLMED formulary
	Medication (over-the-counter - OTC)	100% of POLMED rate at network service provider Annual limit of R1 000 per family Subject to the OOH limit; Shared limit with acute medication Subject to POLMED formulary
	Occupational and speech therapy	PMBs only Benefit first accrues to the OOH limit
	Pathology	M0 - R3 100 M1 - R4 585 M2 - R5 546 M3 - R6 865 M4+ - R8 504 The defined limit per family will apply for any pathology service done out of hospital

REGISTERED BY ME ON
Mashilo Leboho
08/11/2021 09:25:30 (UTC+02:00)
Signed by Mashilo Leboho,
m.leboho@medicalschemes.co.za
REGISTRAR OF MEDICAL SCHEMES
SIGNFLOW.COM

AQUARIUM BENEFIT SCHEDULE		
OVERALL OUT-OF-HOSPITAL BENEFITS	**Physiotherapy**	100% of POLMED rate Annual limit of R2 398 per family Subject to the OOH limit
	Psychology plus Social worker	100% of POLMED rate Annual limit of R5 000 per family Subject to the OOH limit
	Specialists Referral is not necessary for the following specialists: Gynaecologists Psychiatrists Oncologists Ophthalmologists Nephrologists (dialysis) Dental specialists Supplementary or allied health services	100% of agreed tariff at network service provider **or** At cost for involuntary access to PMBs The limit for consultations shall accrue towards the OOH limit Limited to 4/four visits per beneficiary and 8/eight visits per family per annum Subject to referral by a nominated network GP (2/two specialist visits per beneficiary without GP referral allowed) A 30% co-payment might be applied subject to the referral rules.

REGISTERED BY ME ON
Mashilo Leboho
08/11/202109:25:26(UTC+02:00)
Signed by Mashilo Leboho
m.leboho@medicalschemes.co.za
SIGNIFLOW.COM
REGISTRAR OF MEDICAL SCHEMES

AQUARIUM BENEFIT SCHEDULE			
STAND-ALONE BENEFITS	**Allied health services and alternative healthcare providers** Biokineticists Chiropodists Homeopaths Orthoptists Podiatrists Therapeutic massage therapists **Benefit is subject to clinically appropriate services**	Chiropractors Dieticians Naturopaths Osteopaths Reflexologists	No benefit

REGISTERED BY ME ON
Mashilo Leboho 2021/11/03
08/11/202109:25:35(UTC+02:00)
Signed by Mashilo Leboho,
m.leboho@medicalschemes.co.za
REGISTRAR OF MEDICAL SCHEMES
SIGNIFLOW.COM

AQUARIUM BENEFIT SCHEDULE

STAND-ALONE BENEFITS

Appliances (medical and surgical)

Members must be referred by an Audiologist for hearing aids to be reimbursed

Pre-authorisation is required for the supply of oxygen

All costs for maintenance are a Scheme exclusion

Funding will be based on applicable clinical and funding protocols

Quotations will be required

100% of POLMED rate

Blood transfusions	Unlimited
Hearing aids	R11 318 per hearing aid or R22 494 per beneficiary per set Once every 3/three years
Nebuliser	R1 283 per family Once every 4/four years
Glucometer	R1 283 per family Once very4/ four years
CPAP machine	R9 168 per family Once every 4/four years
Wheelchair (non-motorised) **OR** Wheelchair (motorised)	R11 983 per beneficiary Once every 3/three years R34 370 per beneficiary Once every 3/three years
Urine catheters and consumables	Subject to three quotations and clinical protocols
Medical assistive devices	Annual limit of R2 695 per family Includes medical devices in/out of hospital
Adult nappies	R946/month (2/two nappies per day) R1 419/month (3/three nappies per day)

REGISTERED BY ME ON
Mashilo Leboho 2021/11/03
08/11/202109:25:40(UTC+02:00)
Signed by Mashilo Leboho,
m.leboho@medicalschemes.co.za
REGISTRAR OF MEDICAL SCHEMES
SIGNIFLOW.COM

AQUARIUM BENEFIT SCHEDULE		
STAND-ALONE BENEFITS	**Chronic medication refers to non-PMB conditions** Subject to prior application and/or registration of the condition Approved PMB-CDL conditions are not subject to a limit	No benefit except for PMBs Subject to the medication reference price and POLMED formulary
	Maternity benefits (including home birth) Pre-authorisation required Treatment protocols apply	100% of agreed tariff at network service provider **or** 100% of POLMED rate at non-network service provider **or** At cost for involuntary PMB access The limit for consultations shall not accrue towards the OOH limit The benefit shall include 3/three specialist consultations per beneficiary per pregnancy

REGISTERED BY ME ON
Mashilo Leboho
08/11/2021 09:25:46 (UTC+02:00)
Signed by Mashilo Leboho,
m.leboho@medicalschemes.co.za
REGISTRAR OF MEDICAL SCHEMES
SIGNFLOW.COM

AQUARIUM BENEFIT SCHEDULE		
STAND-ALONE BENEFITS	**Maternity Benefits (continue)**	Home birth is limited to R15 138 per beneficiary per annum Annual limit of R4 038 for ultrasound scans per beneficiary; limited to 2/two 2D scans per pregnancy Benefits relating to more than two antenatal ultrasound scans and amniocenteses after 32 weeks of pregnancy are subject to pre-authorisation Elective (voluntary) Caesarean Sections will, subject to the PMBs, be considered in line with managed care and funding protocols. A co-payment of R10 000 will apply in all voluntary Caesarean sections (PMBs apply) except in cases where the costs of the voluntary Caesarean section falls below the applicable co – payment amount of R 10 000. Pre-authorization is required.

REGISTERED BY ME ON
Mashilo Leboho
08/11/202109:25:50(UTC+02:00)
Signed by Mashilo Leboho
m.leboho@medicalschemes.co.za
SIGNFLOW.COM
REGISTRAR OF MEDICAL SCHEMES

AQUARIUM BENEFIT SCHEDULE		
STAND-ALONE BENEFITS	**Optical** Benefit cycle - In accordance with the below benefit sub limits, each beneficiary is entitled to either spectacles or contact lenses every 24 months from date of claiming Includes frames, lenses and eye examinations The eye examination is per beneficiary every two years (unless prior approval for clinical indication has been obtained) Benefits are not pro rata, but calculated from the benefit service date Each claim for lenses or frames must be submitted with the lens prescription	**Provider Network** 100% of cost for a Composite consultation, inclusive of the refraction, a glaucoma screening and visual field screening and Authenticate IT **WITH EITHER SPECTACLES** R795 towards a frame and/or lens enhancement **LENSES** Either one pair of Clear single vision lenses limited to R210 per lens **or** one pair of Clear flat top bifocal lenses limited to R445 per lens **or** one pair of Clear Base multi-focal lenses limited to R445 **OR CONTACT LENSES** Contact lenses to the value of R613 per beneficiary per annum Contact lens re-examination to a maximum cost of R245 per consultation

REGISTERED BY ME ON
Mashilo Leboho
08/11/202109:25:54(UTC+02:00)
Signed by Mashilo Leboho,
m.leboho@medicalschemes.co.za
REGISTRAR OF MEDICAL SCHEMES
SIGNIFLOW.COM

AQUARIUM BENEFIT SCHEDULE		
STAND-ALONE BENEFITS	**Optical (continue)** Benefits shall not be granted for contact lenses if the beneficiary has already received a pair of spectacles in a two-year benefit cycle Contact lens re-examination can be claimed for in six-monthly intervals	**Non-Provider Network** One consultation limited to a maximum cost of R350 **WITH EITHER SPECTACLES** R596 towards a frame and/or lens enhancement Single-vision lenses limited to R210 per lens **or** Bifocal lenses limited to R445 per lens **or** Multifocal lenses limited to R445 per lens **OR CONTACT LENSES** Contact lenses to the value of R400 per beneficiary per annum Contact lens re-examination to maximum cost of R245 per consultation

REGISTERED BY ME ON
Mashilo Leboho
08/11/202109:25:59(UTC+02:00)
Signed by Mashilo Leboho,
m.leboho@medicalschemes.co.za
SIGNIFLOW.COM
REGISTRAR OF MEDICAL SCHEMES

AQUARIUM BENEFIT SCHEDULE		
STAND-ALONE BENEFITS	**Radiology (basic)** i.e. black and white X-rays and soft tissue ultrasounds	100% of agreed tariff or at cost for PMBs Limited to R5 232 per family Includes any basic radiology done in or out of hospital Claims for PMBs first accrue towards the limit
	Radiology (specialised) Pre-authorisation required	100% of agreed tariff **or** At cost for PMBs Includes any specialised radiology service done in/out of hospital Claims for PMBs first accrue towards the limit
	One (1) MRI scan	Subject to a limit of 1/one scan per family per annum, except for PMBs
	Two (2) CT scans	Subject to a limit of 2/two scans per family per annum, except for PMBs

REGISTERED BY ME ON
Mashilo Leboho 2021/11/03
08/11/202109:26:04(UTC+02:00)
Signed by Mashilo Leboho,
m.leboho@medicalschemes.co.za
REGISTRAR OF MEDICAL SCHEMES
SIGNIFLOW.COM

ANNEXURE B2

REGISTERED BY ME ON
Mashilo Leboho
08/11/2021 09:26:09 (UTC+02:00)
Signed by Mashilo Leboho,
m.leboho@medicalschemes.co.za
REGISTRAR OF MEDICAL SCHEMES

CO-PAYMENTS

OUT OF NETWORK	CO-PAYMENT
General practitioner (GP)	Allows for three non-nominated network GP consultations per beneficiary, any additional consultations are funded at non-network rate and a 30% co-payment is applicable.
Hospital	R15 000
Pharmacy	20% of costs when using a non-network service provider pharmacy 20% co-payment when voluntarily using a non-formulary product
Chronic Renal Dialysis	POLMED has established a Preferred Provider Network for renal dialysis. Members who voluntarily opt to use a non-network provider, will be liable for a 30% co-payment (PMBs apply). Pre authorization is required for all dialysis services
Network service providers	POLMED has established a Network for cancer treatment (chemo and radiation therapy). Members who voluntarily opt to use a non-network provider, will be liable for a 30% co-payment (PMBs apply).

REGISTERED BY ME ON
Mashilo Leboho
2021/11/03
08/11/2021 09:26:14 (UTC+02:00)
Signed by Mashilo Leboho,
m.leboho@medicalschemes.co.za
REGISTRAR OF MEDICAL SCHEMES
SIGNIFLOW.COM

ANNEXURE B3

***ANNUAL MEMBER CONTRIBUTION INCREASES ARE EFFECTIVE 1 APRIL**

CONTRIBUTIONS FROM 1 APRIL 2021 UNTIL 31 MARCH 2022

1 April 2021 to 31 March 2022 (subsidised contribution)

Income band	Principal Member	Adult Dependant	Child Dependant
R0 - R6 916	95	95	41
R6 917 - R9 500	103	103	41
R9 501 - R11 607	136	136	53
R11 608 - R13 576	169	169	62
R13 577 - R15 798	200	200	72
R15 799 - R19 000	230	230	82
R19 001 - R23 319	285	285	95
R23 320 - R26 827	334	334	126
R26 828 - R31 006	354	354	134
R31 007 +	369	369	140

1 April 2021 to 31 March 2022 (excluding employer subsidy)

Income band	Principal Member	Adult Dependant	Child Dependant
R0 - R6 916	1,181	1,181	584
R6 917 - R9 500	1,190	1,190	584
R9 501 - R11 607	1,223	1,223	596
R11 608 - R13 576	1,255	1,255	606
R13 577 - R15 798	1,287	1,287	615
R15 799 - R19 000	1,316	1,316	626
R19 001 - R23 319	1,372	1,372	637
R23 320 - R26 827	1,421	1,421	669
R26 828 - R31 006	1,442	1,442	677
R31 007 +	1,457	1,457	683

CONTRIBUTIONS FROM 1 APRIL 2022 UNTIL 31 MARCH 2023

1 April 2022 to 31 March 2023 (subsided contribution)

Income band	Principal Member	Adult Dependant	Child Dependant
R0 - R6 916	106	106	46
R6 917 - R9 500	115	115	46
R9 501 - R11 607	152	152	59
R11 608 - R13 576	189	189	69
R13 577 - R15 798	224	224	81
R15 799 - R19 000	258	258	92
R19 001 - R23 319	319	319	106
R23 320 - R26 827	374	374	141
R26 828 - R31 006	396	396	150
R31 007 - R33 393	413	413	157
R33 394 - R 41 914	417	417	158
R41 915 - R49 999	421	421	160
R50 000 +	424	424	161

1 April 2022 to 31 March 2023 (excluding employer subsidy)

Income band	Principal Member	Adult Dependant	Child Dependant
R0 - R6 916	1,247	1,247	616
R6 917 - R9 500	1,257	1,257	616
R9 501 - R11 607	1,294	1,294	630
R11 608 - R13 576	1,330	1,330	641
R13 577 - R15 798	1,365	1,365	651
R15 799 - R19 000	1,398	1,398	663
R19 001 - R23 319	1,461	1,461	676
R23 320 - R26 827	1,515	1,515	711
R26 828 - R31 006	1,539	1,539	720
R31 007 - R33 393	1,556	1,556	727
R33 394 - R 41 914	1,559	1,559	728
R41 915 - R49 999	1,563	1,563	730
R50 000 +	1,567	1,567	731

REGISTERED BY ME ON
Mashilo Leboho
08/11/202109:26:19(UTC+02:00)
Signed by Mashilo Leboho,
m.leboho@medicalschemes.co.za
REGISTRAR OF MEDICAL SCHEMES
SIGNFLOW.COM

AQUARIUM: CHRONIC LIST

PRESCRIBED MINIMUM BENEFITS (PMBS); INCLUDING CHRONIC DIAGNOSIS AND TREATMENT PAIRS (DTPS)

Auto-immune disorder

Systemic lupus erythematosus (SLE)

Cardiovascular conditions

Cardiac dysrhythmias

Coronary artery disease

Cardiomyopathy

Heart failure

Hypertension

Peripheral arterial disease

Thrombo embolic disease

Valvular disease

Endocrine conditions

Addison's disease

Diabetes mellitus type I

Diabetes mellitus type II

Diabetes insipidus

Hypo- and hyper-thyroidism

Cushing's disease

Hyperprolactinaemia

Polycystic ovaries

Primary hypogonadism

REGISTERED BY ME ON
Mashilo Leboho
08/11/2021 09:26:24 (UTC+02:00)
Signed by Mashilo Leboho,
m.leboho@medicalschemes.co.za
REGISTRAR OF MEDICAL SCHEMES
SIGNFLOW.COM

Gastrointestinal conditions

Crohn's disease

Ulcerative colitis

Peptic ulcer disease (requires special motivation)

Gynaecological conditions

Endometriosis

Menopausal treatment

Haematological conditions

Haemophilia

Anaemia

Idiopathic thrombocytopenic purpura

Megaloblastic anaemia

Metabolic condition

Hyperlipidaemia

Musculoskeletal condition

Rheumatic arthritis

Neurological conditions

Epilepsy

Multiple sclerosis

Parkinson's disease

Cerebrovascular incident

Permanent spinal cord injuries

Ophthalmic condition

Glaucoma

REGISTERED BY ME ON
Mashilo Leboho 2021/11/03
08/11/202109:26:29(UTC+02:00)
Signed by Mashilo Leboho,
m.leboho@medicalschemes.co.za
REGISTRAR OF MEDICAL SCHEMES
SIGNIFLOW.COM

Pulmonary diseases

Asthma

Chronic obstructive pulmonary disease (COPD)

Bronchiectasis

Cystic fibrosis

Psychiatric conditions

Affective disorders (depression and bipolar mood disorder)

Post-traumatic stress disorder (PTSD)

Schizophrenic disorders

Special category conditions

HIV/AIDS

Tuberculosis

Organ transplantation

Treatable cancers

As per PMB guidelines

Urological conditions

Chronic renal failure

Benign prostatic hypertrophy

Nephrotic syndrome and glomerulonephritis

Renal calculi