









spectramed

**Benefit Option
Comparison 2018**

 HOSPITAL BENEFIT	 Spectra Cobalt	 Spectra Azure	 Spectra Capri	 Spectra Cyan	 Spectra Aqua
Overall Annual Limit (OAL)	Unlimited*	Unlimited*	Unlimited*	Unlimited*	Unlimited*
Dental / Oral Surgery Related General Anaesthesia and Intravenous Sedation	100% of Spectra Tariff Unlimited	100% of Spectra Tariff Unlimited	100% of Spectra Tariff Unlimited	100% of Spectra Tariff Unlimited	No Benefit. Subject to PMBs
General Hospitalisation	100% of Spectra Tariff Unlimited	100% of Spectra Tariff Unlimited	100% of Spectra Tariff Unlimited	100% of Spectra Tariff Unlimited	100% of Spectra Tariff Unlimited
Internal Prostheses	100% of Spectra Tariff at DSP only Unlimited (Sub-limits apply for certain procedures) Limit: 3 spinal levels per beneficiary per annum. Limit: 1 joint replacement per beneficiary per annum. Limit: Other prostheses limited to R100,000 per surgical procedure. 100% of Cost for PMBs	100% of Spectra Tariff at DSP only Limit: = R120,000 per family (Sub-limits apply for certain procedures) Limit: 2 spinal levels per beneficiary per annum. Limit: 1 joint replacement per beneficiary per annum. 100% of Cost for PMBs	100% of Spectra Tariff at DSP only Limit: = R90,000 per family (Sub-limits apply for certain procedures) No benefit for joint replacement and spinal surgery. 100% of Cost for PMBs	100% of Spectra Tariff Limit: = R21,000 per family No benefit for joint replacement and spinal surgery. 100% of Cost for PMBs at DSP only	Subject to PMBs at DSP only
Maternity	100% of Cost at DSP only. Unlimited.	100% of Cost at DSP only. Unlimited.	100% of Cost at DSP only. Unlimited.	100% of Cost for PMBs at DSP only. Limit = R12,500 at non-DSP. Unlimited.	100% of Cost at DSP only. Unlimited.
Organ Transplants, Anti-Rejection Medication	100% of Spectra Tariff at DSP only Unlimited	100% of Spectra Tariff at DSP only Sub-limit = R500,000 per family	100% of Spectra Tariff at DSP only Sub-limit = R350,000 per family	100% of Spectra Tariff at DSP only Sub-limit = R200,000 per family	Subject to PMBs at DSP only
Pathology	100% of Spectra Tariff	100% of Spectra Tariff	100% of Spectra Tariff	100% of Spectra Tariff	100% of Spectra Tariff M+0 = R725 M+1 = R1,030 M+2 = R1,200 M+3 = R1,580 M+4+ = R1,820
Physiotherapy	100% of Spectra Tariff Sub-limit = R11,600 per family	100% of Spectra Tariff Sub-limit = R5,800 per family	100% of Spectra Tariff Sub-limit = R4,100 per family	100% of Spectra Tariff Sub-limit = R2,900 per family	100% of Spectra Tariff Sub-limit = R2,360 per family.
Psychiatric Treatment, Substance & Alcohol Abuse and Associated Conditions	100% of Spectra Tariff Sub-limit = R30,700 per family	100% of Spectra Tariff Sub-limit = R18,500 per family	100% of Spectra Tariff Sub-limit = R17,600 per family	100% of Spectra Tariff at DSP only Sub-limit = R7,000 per family	100% of Spectra Tariff Subject to PMBs only = 21 days hospitalisation Subject to DSP only
Radiology	100% of Spectra Tariff	100% of Spectra Tariff	100% of Spectra Tariff	100% of Spectra Tariff	100% of Spectra Tariff M+0 = R725 M+1 = R1,030 M+2 = R1,200 M+3 = R1,580 M+4+ = R1,820
Take-Home Medicine	100% of Spectra Tariff 5 days post-hospitalisation	100% of Spectra Tariff 5 days post-hospitalisation	100% of Spectra Tariff 5 days post-hospitalisation	100% of Spectra Tariff 5 days post-hospitalisation	100% of Spectra Tariff 5 days post-hospitalisation

*PMBs are subject to DSPs





PMB

Prescribed Minimum Benefits	100% of Cost at DSP only Unlimited	100% of Cost at DSP only Unlimited	100% of Cost at DSP only Unlimited	100% of Cost at DSP only Unlimited	100% of Cost at DSP only Unlimited
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DIABETES & HIV BENEFITS

Diabetes, HIV/AIDS & Related Illnesses	100% of Cost at DSP only Unlimited	100% of Cost at DSP only Unlimited	100% of Cost at DSP only Unlimited	100% of Cost at DSP only Unlimited	100% of Cost at DSP only Unlimited
In-Hospital	100% of Cost at DSP only Unlimited	100% of Cost at DSP only Unlimited	100% of Cost at DSP only Unlimited	100% of Cost at DSP only Unlimited	100% of Cost at DSP only Unlimited
Out-of-Hospital	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Prescribed Medication	100% of Cost at DSP only Unlimited	100% of Cost at DSP only Unlimited	100% of Cost at DSP only Unlimited	100% of Cost at DSP only Unlimited	100% of Cost at DSP only Unlimited
Pathology	100% of Cost at DSP only Protocols apply	100% of Cost at DSP only Protocols apply	100% of Cost at DSP only Protocols apply	100% of Cost at DSP only Protocols apply	100% of Cost at DSP only Protocols apply
Other Out-of-Hospital Expenses	100% of Cost at DSP only Protocols apply	100% of Cost at DSP only Protocols apply	100% of Cost at DSP only Protocols apply	100% of Cost at DSP only Protocols apply	100% of Cost at DSP only Protocols apply
Non-HIV+ members Pathology (VCT)	Only 2 Diagnostic tests per beneficiary per annum	Only 2 Diagnostic tests per beneficiary per annum	Only 2 Diagnostic tests per beneficiary per annum	Only 2 Diagnostic tests per beneficiary per annum	Only 2 Diagnostic tests per beneficiary per annum

ADDITIONAL BENEFITS

Ambulance Services	100% of Spectra Tariff Unlimited	100% of Spectra Tariff Unlimited	100% of Spectra Tariff Unlimited	100% of Spectra Tariff Unlimited	100% of Spectra Tariff Subject to DSP
Blood Transfusions	100% of Spectra Tariff Unlimited	100% of Spectra Tariff Unlimited	100% of Spectra Tariff Unlimited	100% of Spectra Tariff Unlimited	100% of Spectra Tariff Subject to DSP
Dialysis	100% of Spectra Tariff at DSP only Unlimited	100% of Spectra Tariff at DSP only Unlimited	100% of Spectra Tariff at DSP only Unlimited	100% of Spectra Tariff at DSP only Unlimited	100% of Spectra Tariff at DSP only Unlimited
Investigative & Surgical Procedures in Consulting Rooms	200% of Spectra Tariff Unlimited	200% of Spectra Tariff Unlimited	200% of Spectra Tariff Unlimited	200% of Spectra Tariff Unlimited	No benefit.
Nursing Services & Hospices	100% of Spectra Tariff Sub-limit = R14,300 per family	100% of Spectra Tariff Sub-limit = R8,600 per family	Subject to PMBs	Subject to PMBs	Subject to PMBs
Oncology Treatment: Chemotherapy, Radiotherapy	100% of Spectra Tariff Unlimited Subject to DSP only	100% of Spectra Tariff Sub-limit = R520,000 per family Subject to DSP only	100% of Spectra Tariff Sub-limit = R285,000 per family Subject to DSP only	100% of Spectra Tariff Sub-limit = R120,000 per family Subject to DSP only 100% of Cost for PMBs at DSP only	100% of Cost for PMBs at DSP only
Oncology Treatment: Biological & Targeted Therapy Entities	Sub-limit = R260,000 per family	Sub-limit = R210,000 per family	Sub-limit = R155,000 per family	Sub-limit = R105,000 per family	No benefit. Subject to PMBs
Specialised Radiology (MRI / CT / PET / Bone density & Radio-isotope scans)	100% of Spectra Tariff Sub-limit = R22,300 per family	100% of Spectra Tariff Sub-limit = R15,700 per family	100% of Spectra Tariff Sub-limit = R9,600 per family	100% of Spectra Tariff Sub-limit = R4,700 per family	No benefit. Subject to PMBs

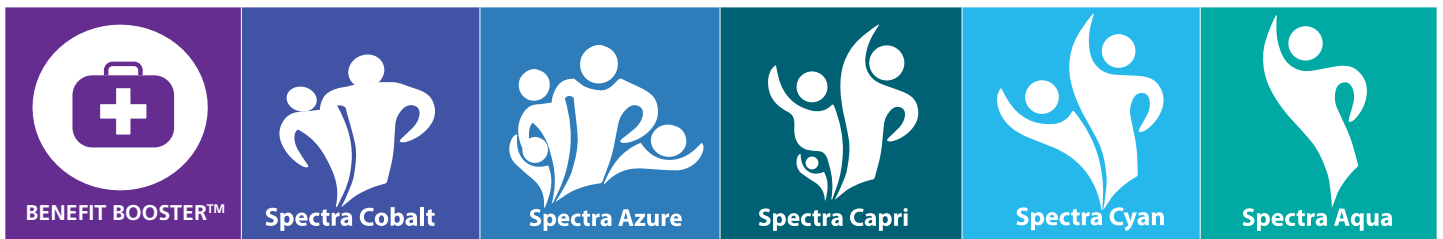


CHRONIC BENEFIT

CDL Medication (Chronic Disease List)	100% of Cost Unlimited	100% of Cost Unlimited	100% of Cost Unlimited	100% of Cost Unlimited	100% of Cost Unlimited
Biological Entities	100% of Spectra Tariff Sub-limit = R60,000 per family	100% of Spectra Tariff Sub-limit = R40,000 per family	No benefit.	No benefit.	No benefit.

THE FOLLOWING CHRONIC CONDITIONS WILL BE PAID FOR FROM YOUR CHRONIC BENEFIT

- | | |
|---|---|
| <ol style="list-style-type: none"> 1. Addison's Disease 2. Asthma 3. Bipolar Mood Disorder 4. Bronchiectasis 5. Congestive Cardiac Failure 6. Cardiomyopathy 7. Chronic Renal Disease 8. Chronic Obstructive Pulmonary Disease 9. Coronary Artery Disease 10. Crohn's Disease 11. Diabetes Insipidus 12. Diabetes Mellitus – Type 1 13. Diabetes Mellitus – Type 2 14. Dysrhythmias 15. Epilepsy | <ol style="list-style-type: none"> 16. Glaucoma 17. Haemophilia 18. Hyperlipidaemia 19. Hypertension 20. Hypothyroidism 21. Multiple Sclerosis 22. Parkinson's Disease 23. Rheumatoid Arthritis 24. Schizophrenia 25. Systemic Lupus Erythematosus 26. Ulcerative Colitis 27. HIV/AIDS 28. Benign Prostrate Hyperplasia 29. Hormone Replacement Therapy (Menopause) |
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OUT-OF-HOSPITAL: BENEFIT BOOSTER™

Benefit Booster™	M+0 = R9,300 M+1 = R11,300 M+2 = R12,800 M+3 = R15,600 M+4+ = R17,500	M+0 = R7,100 M+1 = R8,600 M+2 = R9,900 M+3 = R11,300 M+4+ = R12,700	Limit = R1,600 per Family.	Limit = R1,100 per Family.	Limit = R800 per Family.
External Prostheses & Appliances	100% of Spectra Tariff at DSP only				
Optical	100% of Spectra Tariff Optical Sub-limit = R3,200 per beneficiary. Frame sub-limit = R1,200 per beneficiary (included in optical sub-limit). Benefit available every year from date of treatment for frames and lenses (per beneficiary).				
Psychiatric Treatment, Substance & Alcohol Abuse	100% of Spectra Tariff Sub-limit = R6,600 per Family	100% of Spectra Tariff Subject to PMB's Sub-limit = R5,500 per Family.			
Specialised Dentistry	100% of Spectra Tariff M+0 = R7,150 M+1 = R8,950 M+2 = R10,700 M+3 = R12,550 M+4+ = R14,300 R3,850 per implant	100% of Spectra Tariff M+0 = R5,250 M+1 = R6,600 M+2 = R7,850 M+3 = R9,250 M+4+ = R10,600 R3,850 per implant			





OUT-OF-HOSPITAL: MY SAVER™

Acute Medication	100% of Spectra Tariff	100% of Spectra Tariff	100% of Spectra Tariff	100% of Spectra Tariff	No benefit. Subject to PMBs
Allied Health Services	100% of Spectra Tariff	100% of Spectra Tariff	100% of Spectra Tariff	No benefit. Subject to PMBs	No benefit. Subject to PMBs
Conservative Dentistry	100% of Spectra Tariff	100% of Spectra Tariff	100% of Spectra Tariff	100% of Spectra Tariff	No benefit. Subject to PMBs
Extended Chronic Medication (CDL+)	100% of Spectra Tariff	100% of Spectra Tariff	No benefit. Subject to PMBs	100% of Spectra Tariff	No benefit. Subject to PMBs
External Prostheses & Appliances	Benefit Paid from Benefit Booster™	100% of Spectra Tariff	Subject to PMBs at DSP only	100% of Spectra Tariff at DSP only	No benefit. Subject to PMBs
General Practitioner, Consultations & Associated Costs	100% of Spectra Tariff	100% of Spectra Tariff	100% of Spectra Tariff	100% of Spectra Tariff	No benefit. Subject to PMBs
Medical Specialists	100% of Spectra Tariff	100% of Spectra Tariff	100% of Spectra Tariff	100% of Spectra Tariff	No benefit. Subject to PMBs
Optical	Benefit Paid from Benefit Booster™	100% of Spectra Tariff Optical sub-limit = R2,400 per beneficiary Frame sub-limit = R1,100 per beneficiary (included in optical sub-limit) Benefit available every 2 years from date of treatment for frames and lenses (per beneficiary)	100% of Spectra Tariff Subject to PMB's Optical sub-limit = R1,300 per beneficiary. Frame sub-limit = R890 per beneficiary (included in optical sub-limit) Benefit available every 2 years from date of treatment for frames and lenses (per beneficiary)	100% of Spectra Tariff M+0 = R750 M+1 = R1,100 M+2 = R1,350 M+3 = R1650 M+4+ = R2,000 Frame sub-limit = R440 per beneficiary (included in optical limit) Benefit available every 2 years from date of treatment for frames and lenses (per beneficiary)	No benefit. Subject to PMBs
Pathology	100% of Spectra Tariff	100% of Spectra Tariff	100% of Spectra Tariff	100% of Spectra Tariff	No benefit. Subject to PMBs
Pharmacy-Advised Therapy (PAT)	100% of Spectra Tariff	100% of Spectra Tariff	100% of Spectra Tariff	100% of Spectra Tariff	No benefit. Subject to PMBs
Physiotherapy	100% of Spectra Tariff	100% of Spectra Tariff	100% of Spectra Tariff	No benefit. Subject to PMBs	No benefit. Subject to PMBs
Radiology	100% of Spectra Tariff	100% of Spectra Tariff	100% of Spectra Tariff	100% of Spectra Tariff	No benefit. Subject to PMBs
Specialised Dentistry	Benefit Paid from Benefit Booster™	Benefit Paid from Benefit Booster™	100% of Spectra Tariff Additional limitations apply. R3,850 per implant Subject to available My Saver™	100% of Spectra Tariff Additional limitations apply. R3,850 per implant Subject to available My Saver™	No benefit. Subject to PMBs



PREVENTATIVE SCREENING

Preventative and Screening benefit	100% of Spectra Tariff. Sub-limit = R2,500 per beneficiary. Subject to preferred provider only. Flu vaccine and screening tests. Covers 1 test per beneficiary every two years: PAP smear, Mammogram (Only Females aged 45 years and over). Subject to Benefit Booster™ limit.	100% of Spectra Tariff. Sub-limit = R1, 500 per beneficiary. Subject to preferred provider only. Flu vaccine and screening tests. Covers 1 test per beneficiary every two years: PAP smear, Mammogram (Only Females aged 45 years and over). Subject to Benefit Booster™ limit.	100% of Spectra Tariff. Sub-limit = R1, 000 per family. Subject to preferred provider only. Flu vaccine and screening tests. Covers 1 test per beneficiary every two years: PAP smear, Mammogram (Only Females aged 45 years and over). Subject to Benefit Booster™ limit.	100% of Spectra Tariff. Sub-limit = R700 per family. Subject to preferred provider only. Flu vaccine and screening tests. Covers 1 test per beneficiary per annum for each of the following: Blood Pressure, Glucose, Cholesterol, Hb (Anaemia), Urine. Covers 1 test per beneficiary every two years: PAP smear. Subject to Benefit Booster™ limit.	100% of Spectra Tariff. Sub-limit = R350 per family. Subject to preferred provider only. Flu vaccine and screening tests. Covers 1 test per beneficiary per annum for each of the following: Blood Pressure, Glucose, Cholesterol, Hb (Anaemia), Urine. Covers 1 test per beneficiary every two years: PAP smear. Subject to Benefit Booster™ limit.
Day-to-Day services: Clinic Nursing consultations	30 Minute consultation - 1 consultation per beneficiary per year. 15 Minute consultation - 2 consultations per beneficiary per year. Subject to preferred provider only. Subject to Benefit Booster™ limit.	30 Minute consultation - 1 consultation per beneficiary per year. 15 Minute consultation - 2 consultations per beneficiary per year. Subject to preferred provider only. Subject to Benefit Booster™ limit.	30 Minute consultation - 1 consultation per beneficiary per year. OR 15 Minute consultation - 2 consultations per beneficiary per year. Subject to preferred provider only. Subject to Benefit Booster™ limit.	30 Minute consultation - 1 consultation per beneficiary per year. OR 15 Minute consultation - 2 consultations per beneficiary per year. Subject to preferred provider only. Subject to Benefit Booster™ limit.	15 Minute consultation - 1 consultation per beneficiary per year. Subject to preferred provider only. Subject to Benefit Booster™ limit.
Day-to-Day Services: Clinic Nursing consultations (additional consultations earned when having the Flu Vaccine)	15 Minute consultation - 2 consultations per beneficiary per year. Subject to preferred provider only. Subject to Hospital Benefit.	15 Minute consultation - 1 consultation per beneficiary per year. Subject to preferred provider only. Subject to Hospital Benefit.	15 Minute consultation - 1 consultation per beneficiary per year. Subject to preferred provider only. Subject to Hospital Benefit.	15 Minute consultation - 1 consultation per beneficiary per year. Subject to preferred provider only. Subject to Hospital Benefit.	15 Minute consultation - 1 consultation per beneficiary per year. Subject to preferred provider only. Subject to Hospital Benefit.
Maternity: Ante-natal classes	R 525 per family. Subject to Hospital Benefit.	R 525 per family. Subject to Hospital Benefit.	R 525 per family. Subject to Hospital Benefit.	R 525 per family. Subject to Hospital Benefit.	R 525 per family. Subject to Hospital Benefit.
Maternity: Pre-natal visits /consultations (GP or Gynaecologist)	Visits paid from My Saver™.	Visits paid from My Saver™.	Visits paid from My Saver™.	Visits paid from My Saver™.	2 x GP or Gynaecologist visits. Subject to Hospital Benefit.
Maternity: Visits/ consultations (Midwife)	10 Pre-natal midwife visits. Subject to Hospital Benefit.	10 Pre-natal midwife visits. Subject to Hospital Benefit.	10 Pre-natal midwife visits. Subject to Hospital Benefit.	10 Pre-natal midwife visits. Subject to Hospital Benefit.	10 Pre-natal midwife visits. Subject to Hospital Benefit.
	3 Post-natal midwife visits. Subject to Hospital Benefit.	3 Post-natal midwife visits. Subject to Hospital Benefit.	3 Post-natal midwife visits. Subject to Hospital Benefit.	3 Post-natal midwife visits. Subject to Hospital Benefit.	3 Post-natal midwife visits. Subject to Hospital Benefit.
Maternity Scans	3 x 2D scans. Subject to Hospital Benefit.	3 x 2D scans. Subject to Hospital Benefit.	3 x 2D scans. Subject to Hospital Benefit.	2 x 2D scans. Subject to Hospital Benefit.	2 x 2D scans. (out-of-hospital)
Clinic Nursing Services: Mother Ante-natal Consultations	2 consultations per beneficiary per year. Subject to preferred provider only. Subject to Benefit Booster™ limit.	1 consultation per beneficiary per year. Subject to preferred provider only. Subject to Benefit Booster™ limit.	1 consultation per beneficiary per year. Subject to preferred provider only. Subject to Benefit Booster™ limit.	1 consultation per beneficiary per year. Subject to preferred provider only. Subject to Benefit Booster™ limit.	1 consultation per beneficiary per year. Subject to preferred provider only. Subject to Benefit Booster™ limit.
Clinic Nursing Services: Well Baby Consultation	1 consultation per beneficiary per year, including administering of immunisations. Cost of vaccine covered by applicable PMB protocol. Subject to preferred provider only. Subject to Benefit Booster™ limit.	1 consultation per beneficiary per year, including administering of immunisations. Cost of vaccine covered by applicable PMB protocol. Subject to preferred provider only. Subject to Benefit Booster™ limit.	1 consultation per beneficiary per year, including administering of immunisations. Cost of vaccine covered by applicable PMB protocol. Subject to preferred provider only. Subject to Benefit Booster™ limit.	1 consultation per beneficiary per year, including administering of immunisations. Cost of vaccine covered by applicable PMB protocol. Subject to preferred provider only. Subject to Benefit Booster™ limit.	1 consultation per beneficiary per year, including administering of immunisations. Cost of vaccine covered by applicable PMB protocol. Subject to preferred provider only. Subject to Benefit Booster™ limit.
MediBooster	100% of Spectra Tariff. Sub-limit R1 800 per family. Subject to registration and Self-Health Assessment. Only available through Preferred Provider. Subject to Benefit Booster™ limit.	100% of Spectra Tariff. Sub-limit R1 600 per family. Subject to registration and Self-Health Assessment. Only available through Preferred Provider. Subject to Benefit Booster™ limit.	100% of Spectra Tariff. Sub-limit R650 per family. Subject to registration and Self-Health Assessment. Only available through Preferred Provider. Subject to Benefit Booster™ limit.	100% of Spectra Tariff. Sub-limit R500 per family. Subject to registration and Self-Health Assessment. Only available through Preferred Provider. Subject to Benefit Booster™ limit.	100% of Spectra Tariff. Sub-limit R350 per family. Subject to registration and Self-Health Assessment. Only available through Preferred Provider. Subject to Benefit Booster™ limit.



2018 CONTRIBUTIONS

BENEFIT OPTION	INCOME	MEMBERSHIP	TOTAL CONTRIBUTION 2018 (INSURED + MYSAYER™) 2018	TOTAL MONTHLY RISK (INSURED) PORTION	MONTHLY SAVING 2018 (MYSAYER™) PORTION	ANNUAL SAVINGS		
Spectra Cobalt		Principal Member	R 5,933	R 4,628	R 1,305	R 15,660		
		Adult Dependand	R 5,460	R 4,259	R 1,201	R 14,412		
		Child Dependand	R 2,079	R 1,622	R 457	R 5,484		
Spectra Azure (only pay for the first three children)		R0 - R8 000		Principal Member	R 3,758	R 3,100	R 658	R 7,896
				Adult Dependand	R 2,117	R 1,747	R 370	R 4,440
				Child Dependand 1	R 1,133	R 935	R 198	R 2,376
				Child Dependand 2	R 762	R 629	R 133	R 1,596
				Child Dependand 3	R 519	R 428	R 91	R 1,092
		R8 001 - R11 500		Principal Member	R 3,904	R 3,221	R 683	R 8,196
				Adult Dependand	R 2,493	R 2,057	R 436	R 5,232
				Child Dependand 1	R 1,267	R 1,045	R 222	R 2,664
				Child Dependand 2	R 1,040	R 858	R 182	R 2,184
				Child Dependand 3	R 749	R 618	R 131	R 1,572
		R11 501+		Principal Member	R 4,034	R 3,328	R 706	R 8,472
				Adult Dependand	R 2,892	R 2,386	R 506	R 6,072
				Child Dependand 1	R 1,417	R 1,169	R 248	R 2,976
				Child Dependand 2	R 1,374	R 1,134	R 240	R 2,880
				Child Dependand 3	R 1,374	R 1,134	R 240	R 2,880
Spectra Capri		Principal Member	R 2,213	R 2,014	R 199	R 2,388		
		Adult Dependand	R 1,802	R 1,640	R 162	R 1,944		
		Child Dependand	R 1,005	R 915	R 90	R 1,080		
Spectra Cyan (only pay for the first three children)		R0 - R8 000		Principal Member	R 1,928	R 1,677	R 251	R 3,012
				Adult Dependand	R 1,887	R 1,642	R 245	R 2,940
				Child Dependand	R 771	R 671	R 100	R 1,200
		R8 001+		Principal Member	R 2,647	R 2,303	R 344	R 4,128
				Adult Dependand	R 2,572	R 2,238	R 334	R 4,008
				Child Dependand	R 1,061	R 923	R 138	R 1,656
Spectra Aqua		Principal Member	R 1,335	R 1,335	R -	R -		
		Adult Dependand	R 1,230	R 1,230	R -	R -		
		Child Dependand	R 472	R 472	R -	R -		

KINDLY REFER TO YOUR PER-OPTION BENEFIT SCHEDULE FOR COMPLETE BENEFIT DETAILS.

SPECTRA COBALT / SPECTRA AZURE / SPECTRA CAPRI / SPECTRA CYAN / SPECTRA AQUA

SPECTRA TARIFF

1. The Reference Price List for healthcare services as adopted by the Board of Trustees from time to time; or
2. Tariff as negotiated by Spectramed; or
3. Single Exit Price for medicines plus the relevant dispensing fees according to a Scheme Formulary; or
4. Tariff as paid by Spectramed for investigative and surgical procedures rendered in a provider's consulting rooms; or
5. Tariff charged by a Spectramed DSP or preferred provider. (Utilisation by preferred supplier to be paid in full)

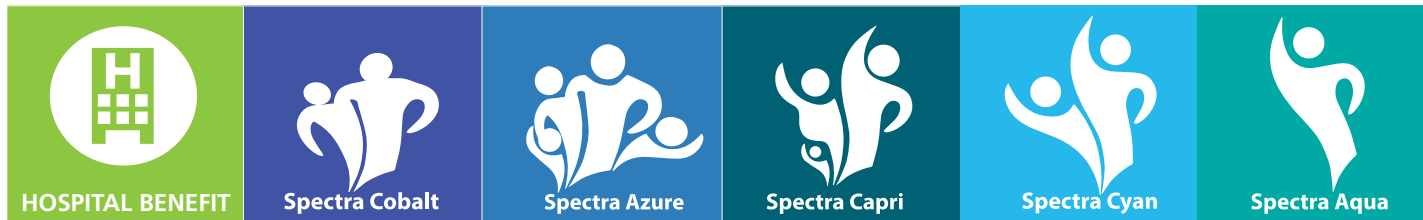
COST

In relation to a benefit, the cost of providing for Prescribed Minimum Benefits that must be paid by the Scheme.

MY SAVER™

1. Personal Medical Savings Account as defined under Regulation 10 of the Medical Schemes Act 131 of 1998;
2. My Saver™ savings balance used to fund a defined list of day-to-day healthcare expenses;
3. On 1 January of each year, a member has access to the full annual savings allocation, even though contributions are paid monthly;
4. A member who terminates membership before year-end and who has spent an amount from My Saver™ that is more than the monthly contribution will be liable to refund the Scheme the overspent arrears amount;
5. Claims paid from My Saver™ are paid according to the Rules of the Scheme and subject to funds available in My Saver™;
6. Unused My Saver™ savings balances can be carried forward from one year to the next;
7. Unused My Saver™ savings balances are paid out to the member five months after termination of membership;

2018 CO-PAYMENTS



HOSPITAL BENEFIT

	Spectra Cobalt	Spectra Azure	Spectra Capri	Spectra Cyan	Spectra Aqua
Arthroscopy	R1 500	R1 000	R1000	Diagnostic ** Procedural = R2 000	Diagnostic ** Procedural = R2 000
Dental in-hospital	R1 500	R2 000	R2 500	R2 500	No benefit
Endoscopic:					
Gastroscopy*	R1 500	R1 500	R1 500	R1 500	R1 500
Colonoscopy*	R1 500	R1 500	R1 500	R1 500	R1 500
Sigmoidoscopy	R1 500	R1 500	R1 500	R1 500	R1 500
Hysterectomy	N/A	R1 500	R1 500	R2 500	R3 000
Joint replacement	R1 000	R4 500	No benefit	No benefit	No benefit
Laparoscopy	N/A	R2 000	R2 500	R2 500	R2 500
Hysteroscopy	N/A	R2 000	R2 500	R2 500	R2 500
Endometrial Ablation	N/A	R2 000	R2 500	R2 500	R2 500
Non-surgical medical admissions	R1 000	R1 000	R1 000	R1 000	R1 000
Reflux Surgery	R1 000	R2 000	R3 000	R3 000	No benefit
Spinal surgery	R1 000	R4 500	No benefit	No benefit	No benefit

*diagnostic Gastroscopy / Colonoscopy performed in a provider's consulting room will NOT be subject to a co-payment. ** diagnostic Athroscopy = No Benefit.
The highest co-payment will apply where more than one payment is required.

SPECTRAMED CONTACT DETAILS

CATEGORY	PRE-AUTHORISATION	CONTACT NUMBER	CONTACT EMAIL
Emergency Transport & Ambulance (all options)	Yes	0800 773 2872	Not applicable
Chronic benefit registration (all options)	Yes	0861 497 497	chronicreg@spectramed.co.za
Dental authorisations (Specialised dentistry only)	Yes	0861 497 497	dental@spectramed.co.za
Hospitalisation (including dentistry)	Yes	0861 497 497	hospital@spectramed.co.za
HIV/AIDS programme (registration / enquiries)	Yes	0861 497 497	hiv@spectramed.co.za
Oncology (Chemotherapy / Radiotherapy / Oncology medication on all options)	Yes	0861 497 497	oncology@spectramed.co.za
Diabetes programme (registration/enquiries)	Yes	0861 497 497	diabetes@spectramed.co.za

Council for Medical Schemes - Tel: 0861 123 CMS (267) | Fax: 012 431 0608 | Email: complaints@medicalschemes.com | Web: www.medicalschemes.com



SM18/CG/v2