SCHEDULE OF BENEFITS 2027



Benefits and contributions applicable 1 January 2027 to 31 December 2027. Please read in conjunction with the Information Guide and Rules of the Scheme available at **www.profmed.co.za** or by calling 0860 679 200.

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PROFMED

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PRE-AUTHORISATIONS	0860 776 363
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WHY MEMBERS CHOOSE

PROFMED

- Strong solvency levels above 40% and prudent management for long-term sustainability.
- A range of options to suit your healthcare needs and budget.
- Strong governance, quality service and a proven track record.
- Exceptional value with care built for professionals.
- Largest restricted medical scheme for professionals.
- Providing trust through consistent commitment to our members.

PREMIUM VS SAVVY

MORE CHOICE

- More hospital choice
- Greater flexibility
- Comprehensive benefits

PREMIUM FOR FLEXIBILITY.

MORE SAVINGS

- Lower monthly contributions
- Same comprehensive benefits
- Access to a wide network of hospitals

SAVVY FOR SAVINGS.

UNDERSTANDING THE NETWORKS

Voluntary use of a non-network hospital will result in a co-payment. Subject to PMB legislation.

PROSELECT NETWORK	SAVVY NETWORK	DAY PROCEDURE NETWORK
APPLICABLE TO PROSELECT OPTION ONLY	APPLICABLE TO SAVVY OPTIONS ONLY	APPLICABLE TO PROSECURE PLUS, PROSECURE & PROACTIVE PLUS OPTIONS ONLY
+ 430 FACILITIES	+ 230 FACILITIES	+ 360 FACILITIES
Non-network co-payment: R14 000	Non-network co-payment: R14 000	Non-network co-payment: R5 000

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PREMIUM	PROPINNACLE	PROSECURE PLUS	PROSECURE	PROACTIVE PLUS	PROSELECT
Principal member	R 16 080	R 8 480	R 6 880	R 3 800	R 2 950
Adult dependant	R 14 920	R 7 845	R 6 375	R 3 500	R 2 890
Child	R 4 825	R 3 305	R 2 690	R 1 480	R 1 220

SAVVY	PROPINNACLE	PROSECURE PLUS	PROSECURE	PROACTIVE PLUS	PROSELECT
Principal member	R 14 875	R 7 630	R 6 200	R 3 420	
Adult dependant	R 13 800	R 7 060	R 5 735	R 3 150	
Child	R 4 460	R 2 975	R 2 420	R 1 330	

MONTHLY INCOME R0 - R40 000

PROSELECT SAVVY

Principal member	R 1 150
Adult dependant	R 1 450
Child	R 880

MONTHLY INCOME R40 001 +

PROSELECT SAVVY

Principal member	R 2 650
Adult dependant	R 2 450
Child	R 1 035

NOTES

1. Members who apply for rates based on the monthly threshold below R40 000 must provide the relevant documentation as required by the Scheme, reflecting the household earnings from all sources. The Scheme reserves the right to verify the declared household earnings of members on the ProSelect Savvy option on an annual basis or when income changes.
2. Adult dependant rates apply from age 21.
3. If the dependant is studying and is dependent on the principal member, child rates apply up to age 28. Thereafter rates will default to adult dependant rates. Proof of dependence, i.e. latest three months' bank statements of all bank accounts, and the annual proof of study, i.e. proof of registration from academic institution, etc, must be provided to the Scheme in terms of the above. If proof is not received annually by the Scheme by end-February, rates will default to adult dependant rates. It is the responsibility of the member to submit proof of study and dependence annually by end February, failing which contributions will be amended accordingly, with effect from 1 March.
4. Members on ProSecure, ProSecure Plus and ProPinnacle (Premium and Savvy) options only pay for contributions for up to 3 child dependants.

DEFINITIONS

DAY-TO-DAY LIMITS

Annual overall limit imposed on specific acute, chronic, out-of-hospital benefits. Sub-limits on these benefits are subject to availability of funds in the annual overall day-to-day limit. Funds in the annual overall limit can only be accessed through the relevant available sub-limits, where applicable. Where
sub-limits are specified in this schedule, the limit will first be utilised for the payment of the relevant claims, and thereafter, continued funding will apply for PMB claims only, subject to PMB Regulations.

PRE-AUTHORISATION

Pre-authorisation must be obtained for hospitalisation and certain major medical treatment and procedures. Pre-authorisation is not a guarantee of payment and benefits are paid in accordance with the relevant protocols and Scheme rules, subject to availability of funds. Authorised services or treatment must commence within three months of authorisation, after which the authorisation is no longer valid. Authorisation does not include the fees charged by the attending medical practitioners. **It is the member's responsibility to obtain pre-authorisation, which should be obtained at least seven days prior to the commencement of treatment or services. In case of emergencies that occur after hours or on weekends and public holidays, authorisation must be obtained the next working day.** Profmed does not prescribe the treatment members should undergo, but will only fund treatment in accordance with the Scheme rules and protocols and that is clinically appropriate and evidence based, subject to PMB legislation.

PRESCRIBED MINIMUM BENEFITS

The minimum benefit a scheme is required to cover in respect of the diagnosis and treatment of the 271 conditions, as required by legislation. This Schedule of Benefits is subject to the provisions of the Medical Schemes Act No. 131 of 1998 and Regulations relating to the PMBs. Profmed provides cover for 271 conditions listed in the PMBs as well as the 26 chronic conditions listed in the Chronic Disease List (CDL) in accordance with the provisions of the Act and Regulations.

All PMB treatment will be subject to the application of treatment protocols and formularies, which will be more or less restrictive depending on the option chosen by the member. PMB claims will first be paid from the relevant benefit categories and subject to available benefit limits. Once benefit limits are reached funding in respect of PMBs will continue to be funded in accordance with the PMB legislation and managed care protocols. Costs in respect of PMBs that exceed the formulary, reference pricing, rules and protocols will be the responsibility of the member.

SADC REGION

The Region known as the Southern African Development Community, namely Angola, Botswana, Comores, Democratic Republic of the Congo, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Seychelles, South Africa, Swaziland, Tanzania (including Zanzibar), Zambia and Zimbabwe.

SINGLE EXIT PRICE

The retail price of medication as determined by legislation.

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TARIFF DESCRIPTIONS

Services obtained at a tariff higher than that provided on any given option will be paid at the tariff specific to each option, subject to the PMB legislation.

Profmed Tariff	The Scheme's base tariff, calculated using the 2026 Profmed Tariff plus an average of 4.25% increase.
Negotiated Tariff	Determined by Profmed for particular providers, the various hospital groups and the hospital networks, and specific to each group
Specific Tariff	Consultations and procedures paid at specific Rand values
Optical Tariff	DSPN tariff negotiated by Opticlear with registered optical service providers nationally

DESIGNATED SERVICE PROVIDERS

A healthcare service provider (DSP) or network of healthcare service providers (DSPN) who are designated or contracted by the Scheme to provide diagnosis, services, treatment, medicine or facilities to members in terms of both PMBs and non-PMBs at a negotiated rate. Services obtained from a non-DSP will be reimbursed at the rate negotiated by Profmed with the DSPN. Members will be required to make use of designated service providers to avoid co-payments on services rendered for the relevant benefits, subject to PMB legislation.

CHRONIC DIALYSIS	National Renal Care, Life Healthcare (LHC) and Mediclinic
DAY PROCEDURE NETWORK: (APPLICABLE TO PROSECURE PLUS, PROSECURE AND PROACTIVE PLUS ONLY)	Netcare, Mediclinic, National Hospital Network (NHN) facilities, Joint Medical Holdings (JMH), specified Life Healthcare (LHC) hospitals and Day Hospital Association of South Africa (DHASA)
DOMICILIARY (HOME) OXYGEN	Ecomed Medical cc
EMERGENCY MEDICAL TRANSPORT (EMT) (WITHIN RSA)	Netcare 911
FUNCTIONAL REHABILITATION PROGRAMME	Documentation Based Care (DBC) Back and Neck Programme, Workability
HOSPITALISATION: PREMIUM OPTIONS (PMBs AND NON-PMBs)	No DSPN, with the exception of benefits for mental health hopsitalisation, drug and alcohol rehabilitation and physical rehabilitation, subject to pre-authorisation, rules and protocols
HOSPITALISATION: PROSELECT OPTION (PMBs AND NON-PMBs)	Mediclinic, Life Healthcare (LHC), National Hospital Network (NHN) facilities, Joint Medical Holdings (JMH), Day Hospital Association of South Africa (DHASA), specified Independent hospitals and specified Netcare hospitals with the exception of benefits for mental health hopsitalisation, drug and alcohol rehabilitation, physical rehabilitation, subject to pre-authorisation, rules and protocols
HOSPITALISATION: SAVVY OPTIONS (PMBs AND NON-PMBs)	Mediclinic, Life Healthcare (LHC), Day Hospital Association of South Africa (DHASA), specified Independent hospitals, Joint Medical Holdings (JMH) and other specified National Hospital Network (NHN) and specified Netcare hospitals, as listed on the website, with exception of benefits for mental health hopsitalisation, drug and alcohol rehabilitation, physical rehabilitation, subject to pre-authorisation, rules and protocols
INTERNATIONAL TRAVEL MEDICAL ASSISTANCE	Azoza
MENTAL HEALTH HOSPITALISATION	Akeso (Netcare), Crescent Mental Health Services (Mediclinic), Denmar (Mediclinic), participating Joint Medical Holdings (JMH) hospitals and National Hospital Network (NHN) facilities and Life Healthcare (LHC)
ONCOLOGY MEDICATION	Chemotherapy and specialised medication (biologicals): Dis-Chem Pharmacy and Medipost
OPTOMETRY	Opticlear
PHARMACY	Profmed Pharmacy Network, subject to rules, formulary, reference pricing and protocols
POST-NATAL HOME-BASED VISIT	Wellness Health Insurance Pathology Services (W.H.I.P.S)
PREVENTATIVE CARE	Pathology: Ampath, Lancet Laboratories and Pathcare
REHABILITATION	• Alcohol and Drugs: South African National Council on Alcoholism and Drug Dependence (SANCA) • Physical: Life Healthcare

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1 HOSPITAL AND HOSPITAL-RELATED BENEFITS AND MAJOR MEDICAL EXPENSES

	PROPINNACLE & SAVVY	PROSECURE PLUS & SAVVY	PROSECURE & SAVVY	PROACTIVE PLUS & SAVVY	PROSELECT & SAVVY
1A HOSPITALISATION Call 0860 776 363 for authorisation, information on clinical qualifying criteria, protocols and benefits. **Subject to the relevant hospital network applicable to the specific benefit option.**			VIEW ALL NETWORK HOSPITAL LISTS		
1A1 Hospital ward accommodation	100% Negotiated Tariff in **private ward**	100% Negotiated Tariff in general ward			
1A2 Theatre and recovery room	100% Negotiated Tariff				
1A3 Intensive care and high care	100% Negotiated Tariff				
1A4 Emergency room visits and facility fees at hospitals that result in hospitalisation	100% Negotiated Tariff				
1B MEDICINES IN HOSPITAL					
1B1 Medicines and materials used in hospital and theatre	100% Negotiated Tariff				
1B2 Medicines taken out of hospital on discharge (Benefit limited to a 7-day supply) (See Section 5B1) (Subject to use of the Pharmacy DSPN)	80% Negotiated Tariff Paid from acute medicine benefit, subject to the availability of funds				Subject to PMB legislation
1C GENERAL PRACTITIONERS (GPs) AND SPECIALISTS IN HOSPITAL					
1C1 Surgery and in-hospital procedures	300% Profmed Tariff	200% Profmed Tariff	100% Specific Tariff	175% Profmed Tariff	100% Specific Tariff
1C2 Consultations by a GP or specialist while hospitalised	300% Profmed Tariff	200% Profmed Tariff	100% Specific Tariff	175% Profmed Tariff	100% Specific Tariff
1D RADIOLOGY AND PATHOLOGY IN HOSPITAL Hospitalisation not covered if admission is for the sole purpose of radiology or pathology tests.					
1D1 Radiology and pathology while hospitalised (Excluding MRI, radio isotope, CT and PET scans and certain other investigative procedures)	100% Negotiated Tariff				

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	PROPINNACLE & SAVVY	PROSECURE PLUS & SAVVY	PROSECURE & SAVVY	PROACTIVE PLUS & SAVVY	PROSELECT & SAVVY
1D2 MRI, radio-isotope and CT scans and certain other investigative procedures while hospitalised. Specialist referral required except for CT scans	100% Negotiated Tariff in-hospital 2 per family in- or out-of-hospital			100% Negotiated Tariff in-hospital 2 per family in-hospital only	
1E OTHER MAJOR MEDICAL SERVICES					
1E1 Transplants Subject to registration on the Disease Management Programme, and PMB legislation. Benefit 1E1(b) below is not available to members who elect to be a donor to a recipient who is not a Profmed member.					
a) Hospitalisation	100% Negotiated Tariff				
b) Donor costs PMBs only	100% Negotiated Tariff				
1E2 Peritoneal dialysis and haemodialysis. Chronic dialysis subject to the use of the other Chronic Dialysis DSPN. Co-payment applies for the use of a non-DSP.	100% Negotiated Tariff				
1E3 Oncology Subject to pre-authorisation, protocols and PMB legislation. Members are required to register on the Oncology Programme.					
Includes all costs related to treatment, consultations, investigations and drugs, excluding hospitalisation (Subject to pre-authorisation and registration on the Oncology Programme and PMB legislation)	R805 900 per beneficiary Thereafter, subject to PMB legislation		R537 200 per beneficiary Thereafter, subject to PMB legislation	R435 800 per beneficiary Thereafter, subject to PMB legislation	
a) Chemotherapy					
i.a) Consultations	300% Profmed Tariff		GPs: R650 | Specialists: R960		
i.b) Procedures	300% Profmed Tariff		100% Specific Tariff		
ii. Chemotherapy drugs Excluding adjunctive treatment (20% co-payment applies for non use of Oncology pharmacy DSPN)	100% Single Exit Price plus dispensing fee				
iii. Specialised medication (biologicals and other specified drugs) (Subject to use of the Oncology pharmacy DSPN)	75% Single Exit Price plus dispensing fee Subject to benefit limit		Subject to PMB legislation		

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b) Radiation therapy					
i. Consultations	300% Profmed Tariff	Specialists: R960			
ii. Radiation therapy and facility fees	100% Negotiated Tariff				
c) PET scans (Positron Emission Tomography)	100% Negotiated Tariff				
1E4 Rehabilitation This benefit covers members who have become disabled as a result of acute injuries caused by trauma, infection, surgery, spinal cord injury, brain injury, bleeding or infarction resulting in a stroke. This benefit is only available as an in-patient in a registered rehabilitation facility. Rehabilitation must occur within the benefit year in which the specified injury takes place, or commence directly after discharge from an acute hospitalisation facility or not more than one calendar month after the specified injury is sustained. Benefits are limited to two months' rehabilitation and the availability of benefits, and are subject to case management and Profmed protocols. Admissions covered at authorised service providers only. Subject to pre-authorisation and use of the Rehabilitation DSPN and PMB legislation. Co-payment applies for voluntary use of a non-network facility.					
Subject to pre-authorisation	100% Negotiated Tariff R95 000 per family	100% Negotiated Tariff R63 000 per family	100% Negotiated Tariff R31 600 per family		
1E5 Out-patient care in lieu of hospitalisation					
a) Treatment in a registered sub-acute facility or at home by an appropriately registered practitioner	100% Negotiated Tariff R20 500 per beneficiary	100% Negotiated Tariff R17 300 per beneficiary	100% Negotiated Tariff R14 800 per beneficiary		
b) Wound care Treatment at home, including surgicals, by an appropriately registered practitioner	100% Negotiated Tariff R7 900 per beneficiary	100% Negotiated Tariff R4 700 per beneficiary	100% Negotiated Tariff R3 900 per beneficiary		
1E6 Endoscopic examinations In suitably equipped procedure room, Subject to pre-authorisation, protocols and PMB legislation.					
Gastroscopy, Colonoscopy (including Sigmoidoscopy) and Colonoscopy and gastroscopy (combined procedure)	100% Negotiated Tariff				
1E7 Orthopaedic surgery Subject to pre-authorisation, protocols and management. Call 0860 776 363 for authorisation, information on clinical qualifying criteria, and benefits.					
Hospitalisation	100% Negotiated Tariff				100% Negotiated Tariff Subject to co-payment of R7 500

1F OTHER MEDICAL SERVICES
Call 0860 776 363 for authorisation, information on clinical qualifying criteria, and benefits.

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1F1	**Physiotherapy**					
	a) In-hospital	100% Profmed Tariff				
	b) Out-of-hospital. Post-operative, available up to 6 weeks after related hospital procedure	100% Profmed Tariff M R3 700 Maximum R6 000 per family	100% Profmed Tariff M R2 700 Maximum R4 300 per family		Subject to PMB legislation	
1F2	**Blood transfusions**	100% Negotiated Tariff				
1F3	**Emergency medical transport (EMT)** Emergencies within the borders of South Africa. Contact 082 911 within RSA. (Subject to Profmed protocols and use of the EMT DSPN)					
	20% co-payment for voluntary use of a non-DSP, subject to PMB legislation. Non-emergency calls will not be funded.	100% of cost				
1F4	**Internal surgical devices** A fabricated or artificial substitute that is surgically implanted permanently into the body and does not protrude from the body and replaces or assists a diseased or missing part of the body to restore functionality. Subject to PMB legislation.					
	(Subject to pre-authorisation, protocols and management)	100% Negotiated Tariff R61 800 per family				
1F5	**Cataract surgery** Intra-ocular lens for cataract surgery (permanent implantable lenses, inclusive of basic and specialised lens varieties). 100% of the diagnosis, treatment, and care costs subject to PMB regulations, Profmed Negotiated Tariff, pre-authorisation, the treatment meeting the Scheme's treatment guidelines and clinical criteria.					
	a) Hospitalisation	100% Negotiated Tariff				
	b) Surgeon and anaesthetist fees	300% Profmed Tariff	200% Profmed Tariff	100% Specific Tariff	175% Profmed Tariff	100% Specific Tariff
	c) Intra-ocular lens	R5 800 per beneficiary per eye				
1F6	**Functional rehabilitation programme** This is an inter-disciplinary programme for treatment of chronic back and neck conditions. This benefit is conservative treatment and only available out-of-hospital. Not subject to day-to-day benefits. Members have the option of using either the Workability or Documentation Based Care (DBC) Back and Neck Programmes for treatment.					
	a) Initial assessment, Treatment and Outcomes	100% Negotiated Tariff				

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2 PREVENTATIVE CARE

Benefits are subject to specific protocols. Co-payment applies for non-use of the Preventative Care DSP, where applicable. Not subject to day-to-day limit, unless otherwise specified.

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2A GENERAL HEALTH

2A1 Digital Health Assessments
This benefit is available to the principal member and beneficiaries who pay adult dependant contributions. The follow-up digital scan should be scheduled no sooner than three months after the initial scan. The interval ensures adherence to clinical protocol and promotes optimal results.

Assessments to be done via Profmed App	2 assessments per beneficiary

2A2 Consultation
Includes a consultation for any one of the Preventative Care benefits
(Tariff codes 0190, 0191, 0192; Audiology tariff codes 1010, 1011)

GPs: R650 | Specialists: R960
100% Profmed Tariff for speech therapists or audiologists
1 consultation per beneficiary, thereafter subject to available day-to-day limit

2A3 Fasting blood sugar test
For late onset diabetes. Males and females 40 years and older. Subject to PMB legislation.

Pathology (Tariff code 4057)	100% Negotiated Tariff 1 per beneficiary

2A4 Fasting lipogram blood test
Males and females 40 years and older. Subject to PMB legislation

Pathology (Tariff code 4025)	100% Negotiated Tariff 1 per beneficiary

2A5 HIV testing
Subject to PMB legislation.

Pathology (Tariff codes 3932, 4614)	100% Negotiated Tariff 1 per beneficiary

2A6 Malaria prophylaxis
Beneficiaries of all ages.

Includes over-the-counter and prescribed medication only	100% Single Exit Price 1 course of treatment per beneficiary Maximum R500 per beneficiary MMAP® applies

2A7 Tobacco and alcohol counselling, screening and brief intervention
Males and females 18 years and older.

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Telephonic or face-to-face counselling (Practice 86: Tariff code 86202, Practice 14 and 15: Tariff code 0130, 0190, 0191, 0192)	GPs: R650 2 sessions per family Not subject to day-to-day benefits				
2B VACCINES					
2B1 Child immunisations Children 0 to 12 years, per the Department of Health's Childhood Immunisation Schedule.					
Vaccine only	100% Single Exit Price plus dispensing fee at Pharmacy DSPN rate				
2B2 Human papilloma virus (HPV) vaccine Males and females 9 to 27 years of age. Includes initial vaccination and two follow-up booster vaccinations, where applicable. Subject to PMB legislation.					
Vaccine only	100% Single Exit Price plus dispensing fee at Pharmacy DSPN rate				
2B3 Influenza vaccine					
Vaccine only	100% Single Exit Price plus dispensing fee at Pharmacy DSPN rate 1 vaccination per beneficiary				
2B4 Pneumococcal vaccine Adults 65 years and older, and individuals of all ages who are respiratory compromised or have related chronic diseases. Available every five years. Subject to PMB legislation.					
Vaccine only	100% Single Exit Price plus dispensing fee at Pharmacy DSPN rate				
2C WOMEN'S HEALTH					
2C1 Bone densitometry Females 65 years and older. Available every five years. Subject to PMB legislation.					
Radiology (Tariff codes 50120, 64110, 74290, 39173, 3600, 3604, 3612)	100% Profmed Tariff 1 per beneficiary				
2C2 Faecal occult blood test Females 50 years and older. Subject to PMB legislation.					
Pathology (Tariff code 4351, 4352)	100% Negotiated Tariff 1 per beneficiary				
2C3 Human papilloma virus (HPV) screening Females 25 to 65 years. Available every 5 years. Subject to PMB legislation.					

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Pathology *mRNA test only* (Tariff code HPVS)	100% Negotiated Tariff 1 per beneficiary				
2C4 Mammograms Available annually to Females 40 to 55 years and every two years for females 56 years and older. Females younger than 40 years pre-disposed to breast cancer have access to the benefit, subject to motivation and pre-authorisation. Subject to PMB legislation.					
Radiology (Tariff code 34100, 34101)	100% Profmed Tariff 1 per beneficiary				
2C5 Pap smear or liquid-based cytology Females 18 years and older. Subject to PMB legislation.					
Pathology (Tariff code 4566 – Pap smear. Tariff codes 4559 and 4560 - liquid-based cytology reimbursed per tariff code 4566. A co-payment could apply).	100% Negotiated Tariff 1 per beneficiary				
2C6 Contraceptives Funding only applies for contraceptive purposes. Protocols apply.					
Including oral contraceptives, patches, injections, implants and intra-uterine devices. • **Oral contraceptives and patches: every 20 days** • **Injections: 3 to 6-month cycle** • **Intra-uterine devices and implants: 3 to 5-year cycle**	100% Single Exit Price plus dispensing fee at Pharmacy DSPN rate MMAP® applies Maximum R2 200 per beneficiary				
2D MEN'S HEALTH					
2D1 Bone densitometry Males 65 years and older. Available every five years. Subject to PMB legislation.					
Radiology (Tariff codes 50120, 64110, 74290, 39173, 3600, 3604, 3612)	100% Profmed Tariff 1 per beneficiary				
2D2 Faecal occult blood test Males 50 years and older. Subject to PMB legislation.					
Pathology (Tariff codes 4351, 4352)	100% Negotiated Tariff 1 per beneficiary				

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	PROPINNACLE & SAVVY	PROSECURE PLUS & SAVVY	PROSECURE & SAVVY	PROACTIVE PLUS & SAVVY	PROSELECT & SAVVY
2D3 Prostate Specific Antigen (PSA) Males 40 years and older. Subject to PMB legislation.					
Pathology (Tariff code 4519)	100% Negotiated Tariff 1 per beneficiary				
2E CHILDREN'S HEALTH					
2E1 Newborn hearing screening Newborns up to 6 weeks old. Subject to PMB legislation.					
Audiology screening By a registered speech therapist or audiologist (Tariff code 1580)	100% Profmed Tariff 1 per beneficiary				



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3 AMPLIFIRE

Beneficiaries who meet the relevant qualifying criteria can unlock additional benefits.

PROPINNACLE & SAVVY | PROSECURE PLUS & SAVVY | PROSECURE & SAVVY | PROACTIVE PLUS & SAVVY | PROSELECT & SAVVY

Available annually to the principal member and beneficiaries who pay adult contributions.

The additional benefit is allocated to the overall day-to-day benefit and can be used to cover out-of hospital expenses.	R3 500 per beneficiary Claims paid up to the option-specific Tariff

PROFMED'S DIGITAL HEALTH JOURNEY

The journey combines Profmed Wellbeing, Preventative Care and Amplifire into a connected, personalised health experience that supports members at every stage of their health journey.

Profmed Wellbeing is a personalised digital health platform available through the Profmed App that helps members track their wellbeing, and access tailored health insights to support better long-term health outcomes.

Together, Profmed Wellbeing, Preventative Care and Amplifire create a holistic approach to helping members understand their health, take action early and stay well for longer. These insights help identify opportunities for preventative action and guide members towards the most appropriate health interventions and screening benefits.

Follow the relevant steps here to unlock Amplifire.





1 **KNOW YOUR HEALTH**

A **personal health assessment** shows you where you stand today, and where to pay attention.

2 **TAKE PREVENTATIVE ACTION**

Use your **Preventative Care Benefits**, guided by what your health profile tells you.

3 **UNLOCK MORE VALUE WITH AMPLIFIRE**

Healthy actions support better outcomes, and can unlock added value through **Amplifire.**

4 **STAY WELL WITH PROFMED WELLBEING**

Ongoing **wellbeing support** keeps the momentum going, long after the first assessment.

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4 CHRONIC MEDICATION

The formulary and reference pricing will be most restrictive on the ProSelect, ProSelect Savvy, ProActive Plus and ProActive Plus Savvy options and least restrictive on the ProPinnacle options. MMAP® applies. The conditions covered on each option are listed below. The Condition Medicine List (CML), including the list of chronic diseases (CDL), is available on the Profmed website at www.profmed.co.za. Subject to the use of the Pharmacy DSPN. Co-payment applies for voluntary use of a non-DSP. Claims from wholesale pharmacies will not be accepted. Call 0860 679 200 for information on clinical qualifying criteria and benefits. Furthermore, where a protocol or a formulary drug preferred by the Scheme has been ineffective or would cause harm to a beneficiary, the Scheme will fund the cost of the appropriate substitution treatment without a penalty to the beneficiary as required by Regulations 15H and 15I of the Act.

26 CDL CONDITIONS

PROSELECT & SAVVY | PROACTIVE PLUS & SAVVY

CDLs: Addison's Disease, Asthma, Bipolar Mood Disorder, Bronchiectasis, Cardiac Failure, Cardiomyopathy Disease, Chronic Obstructive Pulmonary Disorder, Chronic Renal Disease, Coronary Artery Disease, Crohn's Disease, Diabetes Insipidus, Diabetes Mellitus Types 1 & 2, Dysrhythmias, Epilepsy, Glaucoma, Haemophilia, HIV/AIDS, Hyperlipidaemia, Hypertension, Hypothyroidism, Multiple Sclerosis, Parkinson's Disease, Rheumatoid Arthritis, Schizophrenia, Systemic Lupus Erythematosus, Ulcerative Colitis.
DTPs: Relevant chronic conditions listed in the 271 PMBs, e.g. hormone replacement therapy (Menopause), immuno-suppressive therapy *(Post-Organ Transplants).*

+13 MORE

39 CDL CONDITIONS

PROSECURE & SAVVY | PROSECURE PLUS & SAVVY

CDLs: Addison's Disease, Asthma, Bipolar Mood Disorder, Bronchiectasis, Cardiac Failure, Cardiomyopathy Disease, Chronic Obstructive Pulmonary Disorder, Chronic Renal Disease, Coronary Artery Disease, Crohn's Disease, Diabetes Insipidus, Diabetes Mellitus Types 1 & 2, Dysrhythmias, Epilepsy, Glaucoma, Haemophilia, HIV/AIDS, Hyperlipidaemia, Hypertension, Hypothyroidism, Multiple Sclerosis, Parkinson's Disease, Rheumatoid Arthritis, Schizophrenia, Systemic Lupus Erythematosus, Ulcerative Colitis.
Other: Allergic Rhinitis (in patients with asthma), Alzheimer's Disease, Ankylosing Spondylitis, Benign Prostatic Hypertrophy, Major Depressive Disorder, Obsessive Compulsive Disorder, Oncology Adjunctive Treatment, Osteoporosis, Paraplegia & Quadriplegia, Pituitary Adenomas/Hyperfunction of Pituitary Gland, Psoriatic Arthritis, Valvular Heart Disease, Attention Deficit Hyperactivity Disorder (ADHD) (Children up to age 18).
DTPs: Relevant chronic conditions listed in the 271 PMBs, e.g. hormone replacement therapy (Menopause), immuno-suppressive therapy *(Post-Organ Transplants).*

+35 MORE

61 CDL CONDITIONS

PROPINNACLE & SAVVY

CDLs: Addison's Disease, Asthma, Bipolar Mood Disorder, Bronchiectasis, Cardiac Failure, Cardiomyopathy Disease, Chronic Obstructive Pulmonary Disorder, Chronic Renal Disease, Coronary Artery Disease, Crohn's Disease, Diabetes Insipidus, Diabetes Mellitus Types 1 & 2, Dysrhythmias, Epilepsy, Glaucoma, Haemophilia, HIV/AIDS, Hyperlipidaemia, Hypertension, Hypothyroidism, Multiple Sclerosis, Parkinson's Disease, Rheumatoid Arthritis, Schizophrenia, Systemic Lupus Erythematosus, Ulcerative Colitis.
Other: Allergic Rhinitis (in patients with asthma), Alzheimer's Disease, Ankylosing Spondylitis, Benign Prostatic Hypertrophy, Cushing's Syndrome, Cystic Fibrosis, Deep Vein Thrombosis, Gastro-Oesophageal Reflux Disorder, Gout, Hypoparathyroidism, Hyperthyroidism, Major Depressive Disorder, Malabsorption Syndrome, Meniere's Disease, Motor Neuron Disease, Myasthenia Gravis, Obsessive Compulsive Disorder, Oncology Adjunctive Treatment, Osteoarthritis, Osteoporosis, Paget's Disease, Paraplegia & Quadriplegia, Peripheral Vascular Disease, Pituitary Adenomas/Hyperfunction of Pituitary Gland, Post-Organ Transplant (non-DTP), Psoriatic Arthritis, Pulmonary Interstitial Fibrosis, Stroke/Cerebrovascular Accident, Systemic Connective Tissue Disorders, Tuberculosis, Valvular Heart Disease, Attention Deficit Hyperactivity Disorder (ADHD) (Children up to age 18), Atopic Dermatitis/ Eczema, Psoriasis, Acne.
DTPs: Relevant chronic conditions listed in the 271 PMBs, e.g. hormone replacement therapy (Menopause), immuno-suppressive therapy *(Post-Organ Transplants).*

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	PROPINNACLE & SAVVY	PROSECURE PLUS & SAVVY	PROSECURE & SAVVY	PROACTIVE PLUS & SAVVY	PROSELECT & SAVVY
a) CDLs, other chronic conditions and relevant DTPs as listed above 24-day dispensing cycle applies (Doctor's room or pharmacist to call 0800 132 345 to register condition and authorise medication)	100% Single Exit Price plus dispensing fee 61 conditions covered and relevant DTPs Unlimited, subject to Profmed formulary and reference price	100% Single Exit Price plus dispensing fee 39 conditions covered and relevant DTPs Subject to Profmed formulary and reference price M R20 000 M+1 R32 700 Maximum R45 300 per family		100% Single Exit Price plus dispensing fee Restricted to 26 CDL conditions and relevant DTPs, subject to PMB legislation Subject to Profmed formulary and strict reference price	
b) Specialised medication (Biologicals and other specified drugs) (Subject to pre-authorisation, protocols and use of the Pharmacy DSPN)	75% Single Exit Price plus dispensing fee	Subject to PMB legislation			

5 DAY-TO-DAY COVER

All sub-limits for out-of-hospital benefits set out in this Section, and benefits subject to the day-to-day limit in other Sections of this Schedule, are subject to the availability of the annual overall day-to-day limit. PMB claims will first be paid from relevant benefit categories and subject to available benefit limits. Once benefit limits are reached funding in respect of PMBs will continue to be funded in accordance with the PMB legislation and managed care protocols.

	PROPINNACLE & SAVVY	PROSECURE PLUS & SAVVY	PROSECURE & SAVVY	PROACTIVE PLUS & SAVVY	PROSELECT & SAVVY
Annual overall day-to-day limit. Available only through relevant available day-to-day sub-limits, where applicable	M R22 000 M+1 R32 500 Maximum R42 300 per family	M R13 800 M+1 R20 800 Maximum R26 900 per family		M R5 000 M+1 R7 000 Maximum R8 800 per family	See Section 6A. Subject to PMB legislation
5A GENERAL PRACTITIONERS (GPs) AND SPECIALISTS					
5A1 a) Face-to-face consultations	300% Profmed Tariff Subject to day-to-day limit	GPs: R650 | Specialists: R960 Specialist tariff amount may differ depending on the speciality Subject to day-to-day limit		GPs: R650 | Specialists: R960 Subject to day-to-day limit, and PMB legislation	Subject to PMB legislation
b) Virtual and telephonic consultations	3 consultations per beneficiary Code 0130: R370 Specialist tariff amount may differ depending on the speciality Subject to day-to-day limit, and PMB legislation				Unlimited consultations R370 per beneficiary GPs only
5A2 Non-hospital procedures in doctor's rooms	300% Profmed Tariff Subject to day-to-day limit	100% Specific Tariff Subject to day-to-day limit		100% Specific Tariff at GP rate Subject to day-to-day limit, and PMB legislation	Subject to PMB legislation

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5A3 Radiology and pathology (Excluding MRI and CT scans)	80% Negotiated Tariff Subject to day-to-day limit			80% Negotiated Tariff Subject to day-to-day limit, and PMB legislation	Subject to PMB legislation
5A4 MRI, radio-isotope and CT scans Specialist referral required, except for CT scans (Subject to pre-authorisation. Call 0860 776 363 for authorisation and protocols)	80% Negotiated Tariff out-of-hospital (100% Negotiated Tariff in-hospital. See Section 1D2 for in-hospital benefit) 2 per family in- or out-of-hospital. Not subject to day-to-day limit	80% Negotiated Tariff out-of-hospital (100% Negotiated Tariff in-hospital. See Section 1D2 for in-hospital benefit) 2 per family in- or out-of-hospital Subject to day-to-day limit out-of-hospital		80% Negotiated Tariff R6 800 per family Not subject to day-to-day limit	Subject to PMB legislation
5A5 Emergency room visits and facility fees at hospitals that do not result in hospitalisation	100% Negotiated Tariff Subject to day-to-day limit			100% Negotiated Tariff Subject to day-to-day limit, and PMB legislation	Subject to PMB legislation
5B ACUTE MEDICATION					
5B1 Prescribed acute medication Subject to use of the Pharmacy DSPN. Co-payment applies for voluntary use of a non-DSP. Wholesale pharmacy claims will not be accepted.	80% Single Exit Price plus dispensing fee M R12 300 M+1 R16 500 M+2 R17 600 M+3 R19 500 Maximum R23 000 per family MMAP® applies Subject to day-to-day limit	80% Single Exit Price plus dispensing fee M R4 500 M+1 R6 700 M+2 R7 400 M+3 R7 700 Maximum R8 300 per family MMAP® applies Subject to day-to-day limit		80% Single Exit Price plus dispensing fee M R840 M+1 R1 150 Maximum R1 500 per family MMAP® applies Subject to day-to-day limit, and PMB legislation	Subject to PMB legislation
5B2 Over-the-counter medication (See Section 5B1)	80% of cost R2 400 per family Subject to acute medication and day-to-day limits	80% of cost R2 000 per family Subject to acute medication and day-to-day limits		80% of cost Subject to acute medication and day-to-day limits	No benefit
5C SUPPLEMENTARY BENEFITS					
5C1 a) External prostheses and appliances • **Includes insulin pumps, home oxygen therapy and stoma bags** • **Insulin pumps: 1 every 48 months** • **Home oxygen: subject to use of the DSPN. Co-payment applies for voluntary use of a non-DSP** • **Hearing aids: 1 pair every 24 months** (Subject to protocols and pre-authorisation. Call 0860 776 363 for authorisation and protocols)	100% Negotiated Tariff R25 900 per family Additional for Hearing aids only: R8 100 Not subject to day-to-day limit	100% Negotiated Tariff R17 200 per family Additional for Hearing aids only: R5 000 Not subject to day-to-day limit		Subject to PMB legislation	

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b) Other Includes orthopaedic braces, wheelchairs, walking frames and crutches	100% Negotiated Tariff R6 500 per family Subject to day-to-day limit	100% Negotiated Tariff R4 600 per family Subject to day-to-day limit	Subject to PMB legislation		
5C2 Supplementary services • **Audiometrists** • **Biokineticists** • **Chiropractors** • **Dieticians** • **Occupational therapists** • **Speech therapists** • **Physiotherapists** • **Podiatrists**	100% Profmed Tariff Subject to day-to-day limit, and PMB legislation	100% Profmed Tariff Subject to day-to-day limit, and PMB legislation	100% Profmed Tariff Physiotherapists ONLY Maximum R840 per family Not subject to day-to-day limit	Subject to PMB legislation	
5C3 Alternative health practitioners Including homeopaths and homeopathic medication. Practitioners must be registered with The Allied Health Professions Council	80% of cost R3 100 per family R940 per family sub-limit for homeopathic medication Subject to day-to-day limit	No benefit			

5D OPTOMETRY SERVICES

Benefits are subject to protocols and are applied over a 24-month period. Lenses are limited to contact lenses OR Spectacle lenses. Please consult your service provider regarding the use of non-generic and specialist lenses and coatings to avoid incurring a co-payment.

5D1 Eye examinations	100% Optical Tariff 24-month benefit Subject to day-to-day limit, and PMB legislation				Subject to PMB legislation
5D2 Spectacles **a) Lenses (generic) Single vision, bi-focal and varifocal**	100% Optical Tariff 24-month benefit Subject to day-to-day limit		No benefit		
b) Extras	100% Optical Tariff for generic hard-coating and generic plastic anti-reflex coating 24-month benefit Subject to day-to-day limit	100% Optical Tariff for generic hard-coating 24-month benefit Subject to day-to-day limit	No benefit		
c) Frames	R1 600 per beneficiary 24-month benefit Subject to day-to-day limit	R1 200 per beneficiary 24-month benefit Subject to day-to-day limit	No benefit		
5D3 Contact lenses (clear)	R3 800 per beneficiary 24-month benefit Subject to day-to-day limit	R2 300 per beneficiary 24-month benefit Subject to day-to-day limit	No benefit		

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5D4 Refractive eye surgery Includes all costs related to the admission and procedure, all medical practitioner fees, hospitalisation, etc. (Subject to protocols and pre-authorisation. Call 0860 776 363 for authorisation and protocols)	R10 000 per beneficiary Not subject to day-to-day limit	R8 000 per beneficiary Not Subject to day-to-day limit	No benefit		

5E WHISPA

This benefit covers trauma, and HIV exposure as a result of crime, e.g. assault or rape, and HIV exposure resulting from crime and occupational injuries, e.g. needle-stick injury as well as emotional and psychological support in the event of violence or abuse experienced by persons of any gender. Not subject to day-to-day limit. Where relevant, victims will be accompanied by an appropriate, qualified professional to identity parades and court appearances for emotional support. Legal counselling and assistance are provided but is at the cost of the beneficiary. Call 0860 944 772 for 24-hour assistance. Benefits are subject to the use of the DSP. Co-payment applies for voluntary use of a non-DSP. Subject to case management and protocols.

5E1 Counselling	
a) Telephonic counselling	100% Negotiated Tariff Appropriate number of sessions as determined by the designated case manager
b) Face-to-face counselling	100% Negotiated Tariff Up to 4 sessions per incident Thereafter, subject to PMB legislation
5E2 HIV post-exposure management 2 doctor's consultations, 30 days' PEP medication, pathology and 3 – 6 months' HIV exposure management	100% Negotiated Tariff 1 course of treatment per beneficiary per incident at DSP Subject to PMB legislation

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6 DENTISTRY

This benefit covers in and out-of-hospital dentistry. Dental procedures in hospital are subject to pre-authorisation, protocols and management. Call 0860 776 363 for authorisation, information on clinical qualifying criteria, and benefits.

	PROPINNACLE & SAVVY	PROSECURE PLUS & SAVVY	PROSECURE & SAVVY	PROACTIVE PLUS & SAVVY	PROSELECT & SAVVY
6A DAY-TO-DAY COVER					
• **Conservative dentistry** (includes annual check-ups, restorations, extractions, root canal treatment, dentures) • **Advanced dentistry** (includes crowns, bridges, implants, orthodontics) • **Orthodontics available only up to age 18.** (Orthodontics and implants subject to pre-authorisation. Call 0860 776 363 for authorisation and protocols)	135% Profmed Tariff Maximum R16 800 per family Not subject to day-to-day limit	135% Profmed Tariff Maximum R14 400 per family Not subject to day-to-day limit		135% Profmed Tariff Subject to day-to-day limit	135% Profmed Tariff R1 100 per beneficiary Maximum R2 100 per family
6B HOSPITALISATION Subject to pre-authorisation, protocols and management. Call 0860 776 363 for authorisation, information on clinical qualifying criteria, and benefits.					
6B1 Hospitalisation: • **Permanent tooth impaction removals** • **Extensive conservative dental treatment only for children younger than 8 years (24-month benefit)**	100% Negotiated Tariff				
a) **Specialist and anaesthetist fees**	300% Profmed Tariff	200% Profmed Tariff	100% Specific Tariff	175% Profmed Tariff	100% Specific Tariff
b) **Dentist fees**	135% Profmed Tariff				
6B2 Hospitalisation: • Other	100% Negotiated Tariff			Subject to PMB legislation	
a) **Specialist (excluding dental specialists) and anaesthetist fees**	300% Profmed Tariff	200% Profmed Tariff	100% Specific Tariff	Subject to PMB legislation	

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b) Dentist and dental specialist fees (Dental specialists include: Practice: 62, 92, 94, 98)	135% Profmed Tariff, Subject to Section 6A			Subject to PMB legislation	
6B3 Functional orthognathic surgery Includes all costs related to the admission and procedure, e.g. all medical practitioner fees, hospitalisation, etc.	R43 000 per family	No benefit			

7 MENTAL HEALTH BENEFITS

Includes all in- and out-of-hospital psychiatry and clinical psychology consultations, treatment and in-hospital medication, and alcohol and drug rehabilitation. Subject to pre-authorisation. Hospitalisation only available at the Mental Health Hospitalisation DSPN. PMBs are deducted from this benefit, but are not subject to these limits. Co-payment applies for voluntary use of a non-DSP.

	PROPINNACLE & SAVVY	PROSECURE PLUS & SAVVY	PROSECURE & SAVVY	PROACTIVE PLUS & SAVVY	PROSELECT & SAVVY
a) In-hospital	100% Negotiated Tariff in general ward R47 500 per family Subject to PMB legislation	100% Negotiated Tariff in general ward R31 700 per family Subject to PMB legislation		100% Negotiated Tariff in general ward R23 800 per family Subject to PMB legislation	
b) Out-of-hospital Psychiatry consultations (Subject to PMB legislation)	R8 000 per family Subject to 7(a) in-hospital limit 300% Profmed Tariff Paid from Mental health benefit Not subject to day-to-day limit	R8 000 per family Subject to 7(a) in-hospital limit GPs: R650 | Specialists: R960 Paid from Mental health benefit Not subject to day-to-day limit		R8 000 per family Subject to 7(a) in-hospital limit PMBs paid from Mental health benefit PMBs only	
c) Out-of-hospital Clinical psychology consultations	100% Profmed Tariff Paid from Mental health benefit Not subject to day-to-day limit			Paid from Mental health benefit, subject to PMB legislation	

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8 MATERNITY

Call 0860 776 363 where pre-authorisation is required and for more information on clinical qualifying criteria, and benefits. Subject to PMB legislation.
Tums2Tots: Baby and Toddler programme available to expectant mothers and mothers with babies, and toddlers up to 3 years. Mothers can register on the programme via the Profmed App.
Health-on-Line on 082 911: Telephonic emergency and non-emergency medical advice, during pregnancy and once baby is born.

	PROPINNACLE & SAVVY	PROSECURE PLUS & SAVVY	PROSECURE & SAVVY	PROACTIVE PLUS & SAVVY	PROSELECT & SAVVY
8A DAY-TO-DAY COVER Members on the ProSecure Plus, ProSecure and ProActive Plus options and their Savvy equivalents are required to register on the Maternity programme to access the relevant benefits.					
8A1 Ultra-sound scans (ante-natal)	100% Profmed Tariff 2 scans per pregnancy Subject to day-to-day limit	100% Profmed Tariff 2 scans per pregnancy Not subject to day-to-day limit (Subject to registration on the Maternity programme)	100% Profmed Tariff 2 2D scans per pregnancy Not subject to day-to-day limit (Subject to registration on the Maternity programme)	Subject to PMB legislation	
8A2 Ante-/post-natal consultations by medical practitioner	300% Profmed Tariff 13 visits per pregnancy Subject to day-to-day limit	GPs: R650 | Specialists: R960 13 visits per pregnancy Not subject to day-to-day limit (Subject to registration on the Maternity programme)	GPs: R650 | Specialists: R960 8 visits per pregnancy Not subject to day-to-day limit (Subject to registration on the Maternity programme)	Subject to PMB legislation	
8A3 Ante-/post-natal consultations by registered midwife	300% Profmed Tariff 13 visits per pregnancy Subject to day-to-day limit	Consultations: R960 13 visits per pregnancy Not subject to day-to-day limit (Subject to registration on the Maternity programme)	Consultations: R960 8 visits per pregnancy Not subject to day-to-day limit (Subject to registration on the Maternity programme)	Subject to PMB legislation	
8A4 General Practitioner or Paediatrician consultations	300% Profmed Tariff Subject to day-to-day limit	GPs: R650 | Specialists: R960 Specialist tariff amount may differ depending on the speciality Subject to day-to-day limit	GPs: R650 | Specialists: R960 2 visits only Not subject to day-to-day limit (Subject to registration on the Maternity programme)	Subject to PMB legislation	
8A5 Pathology (Tariff codes 4188, 3764, 3765 and 3709)	80% Negotiated Tariff Subject to day-to-day limit		100% Negotiated Tariff Not subject to day-to-day limit, and PMB legislation (Subject to registration on the Maternity programme)	Subject to PMB legislation	
8A6 Lactation consultation at a registered service provider. Available up to 6 months post delivery (Subject to registration on the Maternity programme, pre-authorisation and protocols)	100% Profmed Tariff 1 visit per pregnancy Subject to day-to-day limit	100% Profmed Tariff 1 visit per pregnancy Not subject to day-to-day limit	Subject to PMB legislation		

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	PROPINNACLE & SAVVY	PROSECURE PLUS & SAVVY	PROSECURE & SAVVY	PROACTIVE PLUS & SAVVY	PROSELECT & SAVVY
8A7 Nutrition consultation at a registered service provider Available up to 6 months post delivery (Subject to registration on the Maternity programme, pre-authorisation and protocols)	100% Profmed Tariff 1 visit per pregnancy Subject to day-to-day limit	100% Profmed Tariff 1 visit per pregnancy Not subject to day-to-day limit		Subject to PMB legislation	
8A8 Nuchal Translucency Non-Invasive Pre-Natal Test (NIPT) (Subject to registration on the Maternity programme, pre-authorisation and protocols)	100% Profmed Tariff 1 per pregnancy Subject to day-to-day limit, and PMB legislation	100% Profmed Tariff 1 per pregnancy Not subject to day-to-day limit Subject to PMB legislation		100% Profmed Tariff 1 per pregnancy Not subject to day-to-day limit Subject to PMB legislation	Subject to PMB legislation
8A9 Out-patient visits to hospital clinic, e.g. to cocardiography	80% Profmed Tariff Subject to day-to-day limit			Subject to PMB legislation	
8A10 Ante-natal exercises by registered healthcare practitioner	80% Profmed Tariff R1 250 per family Subject to day-to-day limit	No benefit			
8A11 Prescribed medication during pregnancy	80% Single Exit Price plus dispensing fee Subject to 5B1				Subject to PMB legislation
8A12 Post-natal home-based visit A post-birth 6-week visit by a registered nurse to assess baby's progress, provide support to parents and administer the 6-week immunisation. Available to newborns born onto and registered on the Scheme. An appointment will be scheduled once baby is born. The 6-week nurse visit in outlying areas is subject to the availability of nurses. Call 0860 679 200 to schedule an appointment. Subject to use of the Post-Natal Home-Based Care DSPN and registration on the Tums2Tots Baby and Toddler Programme.					
a) **Visit**	100% Negotiated Tariff Not subject to day-to-day benefit				
b) **Immunisations** Immunisations done at 6 weeks, per the Department of Health's Childhood Immunisation Schedule	100% Single Exit Price plus dispensing fee at DSPN rate Subject to Section 2B1				

8B HOSPITALISATION

Call 0860 776 363 where pre-authorisation is required and for more information on clinical qualifying criteria, and benefits.
Subject to PMB legislation.
Subject to the relevant hospital network applicable to the specific benefit option.

VIEW ALL NETWORK HOSPITAL LISTS

8B1 In-patient hospitalisation *(ante-natal)*	100% Negotiated Tariff in private ward	100% Negotiated Tariff in general ward			
8B2 Delivery fee by GP or specialist	300% Profmed Tariff	200% Profmed Tariff	100% Specific Tariff	175% Profmed Tariff	100% Specific Tariff
8B3 Delivery fee by registered midwife	300% Profmed Tariff	200% Profmed Tariff	100% Specific Tariff	175% Profmed Tariff	100% Specific Tariff

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DENTISTRY

MENTAL HEALTH BENEFITS

MATERNITY

INTERNATIONAL TRAVEL MEDICAL ASSISTANCE

	PROPINNACLE & SAVVY	PROSECURE PLUS & SAVVY	PROSECURE & SAVVY	PROACTIVE PLUS & SAVVY	PROSELECT & SAVVY
8B4 Labour ward	100% Negotiated Tariff				
8B5 Ward accommodation *(post-delivery):* **Normal delivery – 3 days Caesarean section – 4 days**	100% Negotiated Tariff in private ward		100% Negotiated Tariff in general ward		
8B6 Theatre and recovery room	100% Negotiated Tariff				
8B7 Other medical practitioner services, e.g. pathology and radiology while in hospital	100% Profmed Tariff				
8B8 Consultations while in hospital	300% Profmed Tariff	200% Profmed Tariff	100% Specific Tariff	175% Profmed Tariff	100% Specific Tariff
8B9 Home nursing (post-natal) 48-hour benefit in the event of a home delivery or if discharged from a birthing unit within 24 hours after delivery (Subject to pre-authorisation)	Subject to Section 1E5(a) of this Schedule				
8B10 Neonatal ICU Neonate must be registered as a dependant on Profmed (Subject to pre-authorisation)	100% Negotiated Tariff				

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9 INTERNATIONAL TRAVEL MEDICAL ASSISTANCE

This benefit covers members in South Africa for medical emergencies while travelling outside the borders of South Africa. Cover is available up to 150 days from date of departure, per journey. Members who reside in the SADC region do not have access to the emergency evacuation cover to South Africa, however, if they are on an international journey, they do have access to the International Travel Medical Assistance Benefit. Consult the International Travel Medical Assistance Benefit Document available on the website for the benefits, restrictions, exclusions and claims process. The Information Guide contains more information on the claims process and details of this benefit, or call 0860 679 200. Subject to pre-authorisation, case management and protocols. For medical assistance while travelling, it is necessary to call the DSP, Azoza, on +27 11 991 8564 prior to receiving treatment to avoid a co-payment.

	PROPINNACLE & SAVVY	PROSECURE PLUS & SAVVY	PROSECURE & SAVVY	PROACTIVE PLUS & SAVVY	PROSELECT & SAVVY
a) **In- and out-of-hospital emergency medical expenses**	R8 million per beneficiary per journey	R5 million per beneficiary per journey		R2.5 million per beneficiary per journey	
b) **Out-of-hospital** Claims exceeding R2 000 must be pre-authorised. Subject to Section 9(a)	R10 000 out-of-hospital limit, per beneficiary, per journey R2 000 excess per beneficiary, per journey on out-of-hospital expenses Out-of-hospital benefits only available if the claim relates to day-to-day benefits available on this option. Spectacles or contact lenses limited to R3 300, subject to the R2 000 excess			No benefit for out-of-hospital expenses	



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CONTACT US

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Email: complaints@medicalschemes.co.za
Website: www.medicalschemes.co.za

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Claims: claims@profmed.co.za
Private Bag X1031, Lyttelton, 0140

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These benefits are subject to ratification by the Council for Medical Schemes. The published Schedule is subject to the rules approved by the Board of Trustees and in the event of a dispute the approved rules of the Scheme will prevail. All benefits are subject to the PMB legislation.

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