

Comparative Benefit Summary

BENEFIT	Pinnacle	Dynamix	Symmetry
In Hospital			
Private Hospitals	Yes	Yes	Yes
Limits	Unlimited	Unlimited	Unlimited
Specialists rate (AT = Agreed tariff)	200% AT	100% AT	100% AT
Specialised Radiology including MRI, CT and PET Scans	100 % AT Unlimited - first R2 000 subject to MSA/AFB/SPG. Accumulate to threshold	100% AT Unlimited - first R2 000 subject to MSA/AFB/SPG. Accumulate to threshold	100% AT limited to R12 720 p/f
Basic Radiology	100% AT Unlimited	100% AT Unlimited	100% AT Unlimited
Basic Pathology	100% AT Unlimited	100% AT Unlimited	100% AT limited to R21 200 p/f
Co-Payments	As per list, can select to pay it from available MSA with no accumulation to threshold	As per list, can select to pay it from available MSA with no accumulation to threshold	As per list
Oncology	Unlimited subject to pre-auth and protocols. DSP only	Unlimited subject to pre-auth and protocols. DSP only	Unlimited subject to pre-auth and protocols. DSP only
Day to day benefits			
Description	Claims are initially paid from the annual Medical Savings Account (20% of contributions). Once savings become exhausted claims are paid from an Annual Flexi Benefit (AFB) equal to 5% of contributions, where after the member is liable for the Self Payment Gap. During this period claims will accumulate to the Threshold Level at the Agreed Tariff (AT). Once the Threshold Level is reached, specific above threshold benefits will be available up to an overall above threshold limit of R6 360 p/b and R12 720 p/f, with sub-limits	Claims are paid at 100% of the AT, from the annual Medical Savings Account (15% of contributions). Once savings become exhausted claims are paid from an Annual Flexi Benefit (AFB) equal to 5% of contributions, where after the member is liable for the Self Payment Gap. During this period claims will accumulate to the Threshold Level at the Agreed Tariff (AT). Once the Threshold Level is reached, specific above threshold benefits will be available up to a limit of R4 240 p/b and R8 480 p/f, with sub-limits	Claims are initially paid from the Medical Savings Account (MSA), thereafter claims are paid from an Annual Flexi benefit (AFB). Once the AFB is exhausted certain additional benefits are available MSA: P: R 2 916 A: R1 860 C: R684 AFB limit: P: R2 914 A: R1 850 C: R694
Chronic medicines	Subject to the Mediscor Standard formulary, MRP applies. Covers 72 Conditions (26 CDL and 46 Non-CDL). Unlimited for 26 CDL conditions. Non-CDL Chronic medication is paid from the MSA, AFB and the Self Payment Gap - limited to R8 480 p/b and R12 720 p/f. Above threshold benefits are limited to R3 180 p/f, subject to the overall above threshold limit. Insulin dependant patients can join diabetes program with preferred provider CDE. 25% co-payment for voluntary use of non-formulary or non generic medicines. Have the choice to pay co-payments from available MSA with no accumulation to threshold	Subject to the Mediscor Standard formulary, MRP applies. Covers 61 Conditions (26 CDL and 36 Non-CDL). Unlimited for 26 CDL conditions. Non-CDL Chronic medication is paid from the MSA, AFB, and Self Payment Gap - limited to R6 360 p/b and R10 600 p/f. Above threshold benefits are limited to R2 120 p/f, subject to the overall above threshold limit. Insulin dependant patients can join diabetes program with preferred provider CDE. 25% co-payment for voluntary use of non-formulary or non-generic medicines. Have the choice to pay these co-payments from available savings with no accumulation to threshold	Subject to the Mediscor Basic formulary, MRP applies. Covers 46 Conditions (26 CDL and 20 Non-CDL). R3 180 p/b and R4 770 p/f for CDL and non-CDL chronic medication. Once the benefit is depleted, CDL medicines are unlimited. Not subject to MSA or AFB. 25% co-payment for voluntary use of non-formulary or non-generic medicines
Other prescribed medicines/Acute medicines 25% co-payment on all non-generic medicines	Initially paid from the member's MSA, AFB and Self Payment Gap, thereafter an above threshold benefit of R2 650 p/f is available, subject to the overall above threshold limit	Initially paid from the member's MSA, AFB and Self Payment Gap, thereafter an above threshold limit of R2 120 p/f is available, subject to overall above threshold limit	Paid from family MSA and AFB
GP Visits	Subject to MSA, AFB and Self Payment Gap thereafter unlimited. Paid at 100% AT	Subject to MSA, AFB and Self Payment Gap thereafter unlimited. Paid at 100% AT	Initially paid from family MSA and AFB, thereafter unlimited. Paid at 100% AT. Unlimited consultations excludes any room procedures and materials
Specialist	200% AT. Initially paid from MSA, AFB, Self Payment Gap, thereafter an above threshold benefit of R3 180 p/f subject to overall above threshold benefit	100% AT. Initially paid from MSA, AFB and Self Payment Gap, thereafter an above threshold benefit of R2 750 p/f subject to overall above threshold benefit	100% AT. Initially paid from family MSA, thereafter the AFB
Radiology and Pathology	Initially paid from MSA, AFB and Self Payment Gap, thereafter an above threshold benefit of R3 180 p/f, subject to overall above threshold benefit	Initially paid from MSA, AFB and Self Payment Gap, thereafter an above threshold benefit of R2 120 p/f, subject to overall above threshold benefit	100% AT. Initially paid from family MSA, thereafter the AFB
Conservative dentistry	100% AT. Paid from MSA, AFB and Self Payment Gap, thereafter unlimited	100% AT. Paid from MSA, AFB and Self Payment Gap, thereafter unlimited	100% AT. Initially paid from family MSA and AFB, thereafter unlimited
Specialised dentistry	100% AT. Paid from MSA and AFB limited to R10 600 p/b. No above threshold benefit	100% AT. Paid from MSA and AFB limited to R 8 000 p/b and R11 130 p/f including hospital and related costs. No above threshold benefit	100% AT. Paid from family MSA and AFB. Limited to R5 340 p/b, subject to scheme protocols
Optometry Consultation & Lenses	x2 Eye examinations p/b, paid from MSA and AFB. Lenses subject to MSA and AFB, limited to R3 180 p/b. No above threshold benefit	x2 Eye examinations p/b, paid from MSA and AFB. Lenses subject to MSA and AFB, limited to R2 550 p/b. No above threshold benefit	x1 Eye examination p/b. Initially paid from MSA and AFB, thereafter the balance of the limit applies - limited to R1 430 p/b
Optometry Frames	Max of R1 600 - 1 frame p/b per annum - included in lenses limit	Max of R1 060 - 1 frame p/b per annum - included in lenses limit	Max of R750 - 1 frame p/b per annum - included in lenses limit
Auxiliaries	Paid from MSA, AFB and Self Payment Gap - limited to R5 300 p/f thereafter an above threshold benefit of R2 120 p/f for physiotherapy and biokinetics, subject to overall above threshold benefit	Paid from MSA, AFB and Self Payment Gap - limited to R3 700 p/f thereafter an above threshold benefit of R1 375 p/f for physiotherapy and biokinetics, subject to overall above threshold benefit	100 % AT. Paid from MSA and AFB, limited to R2 120 p/b



Comparative Benefit Summary

BENEFIT	Mumed	Axis	NetworX
In Hospital			
Private Hospitals	Yes	Yes	Yes, within Network
Limits	R550 000 p/b R1 100 000 p/f	Unlimited	R270 000 p/b R550 000 p/f
Specialists rate (AT = Agreed tariff)	100% AT	100% AT	100% AT
Specialised Radiology including MRI, CT and PET Scans	100% AT limited to R11 000 p/f	100% AT limited to R12 720 p/f	100% AT subject to protocols and pre-auth, subject to AHL
Basic Radiology	100% AT limited to R22 000 p/f	100% AT Unlimited	100% AT subject to protocols and pre-auth, subject to AHL
Basic Pathology	100% AT limited to R16 500 p/f	100% AT limited to R21 200 p/f	100% AT subject to case management and protocols
Co-Payments	As per list	As per list	Exclusion List Applicable
Oncology	Limited to AHL subject to pre-auth and protocols. DSP only	Unlimited subject to pre-auth and protocols. DSP only	Subject to protocols. DSP only
Day to day benefits			
Description	Claims are initially paid from the Medical Savings Account (MSA), thereafter claims are paid from an Annual Flexi benefit (AFB). Once the AFB is exhausted certain additional benefits are available MSA: P: R 2 196 A: R1 380 C: R552 AFB limit: P: R2 204 A: R1 370 C: R548	PMB cover. Post operative rehabilitation benefits for physiotherapy, occupational therapy and biokinetics, limited to R2 300 for 14 days. Pre-authorisation, PMB's and protocols apply	If services are rendered by DSP Network providers, benefits will be paid at the Agreed Tariff (AT) up to specified limits. Some benefits are subject to an Annual Flex Benefit (AFB): R2 120 p/b, R3 180 p/f
Chronic medicines	Subject to the Mediscor Basic formulary, MRP applies. Covers 26 CDL conditions and 1 non-CDL condition. Unlimited and not subject to MSA or AFB. 25% co-payment for voluntary use of non-formulary on non-generic medicines	Subject to the Mediscor Core formulary, MRP applies. Covers 26 CDL conditions and 1 non-CDL condition. Unlimited. 25% Co-payment for voluntary use of non-formulary or non-generic medicines	Subject to the Universal Care formulary, FRP applies. 26 CDL conditions and 1 non-CDL condition. Unlimited only if prescribed by DSP network provider and dispensed within Network pharmacy or dispensing doctor. Voluntary use of chronic out of network as well as use of non-formulary medication will be for the member's own account
Other prescribed medicines/ Acute medicines 25% co-payment on all non-generic medicines	Paid from family MSA and AFB	No benefit	Unlimited if prescribed by a DSP network GP or by a specialist if the specialist was referred by a network DSP GP. No cover for non formulary medicine or out of network GP/Specialist
GP Visits	Initially paid from family MSA and AFB, thereafter balance of specified nr of visits available. Balance of visits after MSA and AFB are depleted excludes room procedures and materials. M: 6 visits, M + 1: 8 visits, M + 2: 10 visits, M + 3+: 11 visits	No benefit	Unlimited at a DSP network GP
Specialist	100% AT. Initially paid from family MSA, thereafter the AFB	No benefit	100% AT. 2 visits p/b, max 3 per annum. Two additional ante-natal visits per pregnancy. Subject to referral by DSP network GP. Pre-auth required for specialist consult. Subject to AFB
Radiology and Pathology	100% AT. Initially paid from family MSA, thereafter the AFB	No benefit	Unlimited (subject to specific codes) if referred by network DSP GP
Conservative dentistry	100% AT. Initially paid from family MSA and AFB, thereafter unlimited	No benefit	Paid from the AFB. One consult p/b per annum. Preventative care, infection control, fillings, extractions and dental x-rays. Subject to protocols
Specialised dentistry	100% AT. Paid from family MSA and AFB. Limited to R1 430 p/b, subject to scheme protocols	No benefit	No benefit unless PMB. Subject to protocols and AFB
Optometry Consultation & Lenses	x1 Eye examination p/b. Initially paid from MSA and AFB, limited to R1 100 p/b max R3 190 p/f	No benefit	1 visit p/b every second year. Subject to AFB. Clear plastic single vision (limited to R640) or bifocal lenses (limited to R800) every second year. No benefit for contact lenses. Subject to AFB
Optometry Frames	Max of R550 - 1 frame p/b per annum - included in lenses limit	No benefit	Limited to range of frames within DSP network. Subject to AFB
Auxiliaries	100% AT. Paid from MSA and AFB, limited to R1 375 p/b and R2 200 p/f	No benefit	No benefit unless PMB. Subject to protocols and AFB