









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 |
|------------------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|

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 |

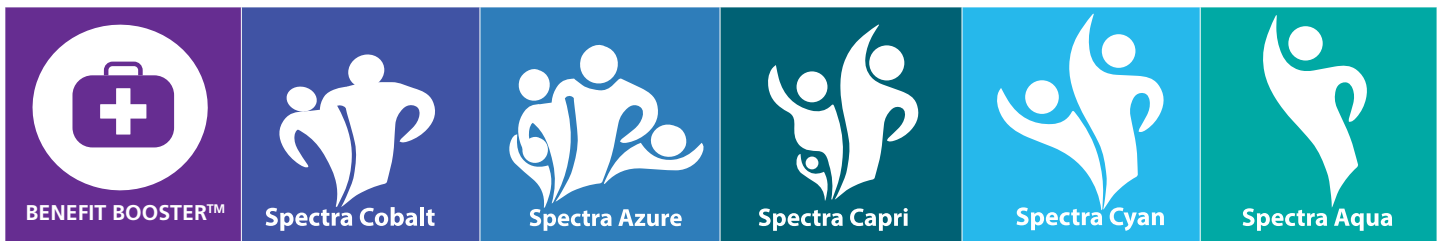


CHRONIC BENEFIT

| | | | | | |
|--|--|--|------------------------|------------------------|------------------------|
| 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) |
|---|---|



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) | Unlimited. Visits paid from My Saver™. | Unlimited. Visits paid from My Saver™. | Unlimited. Visits paid from My Saver™. | Unlimited. 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)

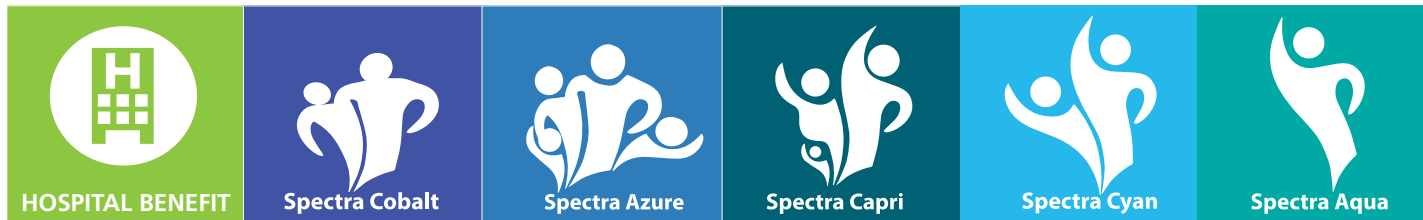
COST

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 |

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