



CONTENTS (continued)

DISEASE MANAGEMENT PROGRAMMES	69
1. Oncology (cancer) programme	69
2. HIV programme	70
MEDICAL EMERGENCY AND AMBULANCE SERVICES	72
EXCLUSIONS AND LIMITATIONS	74
1. Exclusions	74
2. Limitation of benefits	77
CLAIMING MADE EASY	80
Submission of claims	80
Electronic submission of claims	81
Claiming for medicines dispensed directly by pharmacists	82
Claiming for medical expenses incurred outside the country	82
Motor vehicle accidents (MVAs)	82
Payment of claims	83
Refunds for settled claims	83
SHORTFALLS	84
HELPING TO CURB YOUR COSTS	84
CONTACT DETAILS	85

UNDERSTANDING YOUR MEDICAL SCHEME

Who is Imperial Motus Med?

Imperial Motus Med is the in-house medical scheme for all permanent employees of Imperial Logistics (Pty) Ltd, a DP World Company, and Motus Holdings Limited and its associated and subsidiary companies.

Who is Medi Call?

Medi Call is contracted as Imperial Motus Med's independent scheme manager and is well-positioned to represent the members of the Scheme independently from the Administrator, Momentum Health. In this regard, Medi Call reports to the Board of Trustees and is responsible for assisting the Board of Trustees in developing clear and sustainable strategies and to ensure that these strategies are implemented.

As part of the scheme management function, Medi Call monitors the effectiveness of all Imperial Motus Med's contractual agreements, such as the third-party administration and managed care agreements with Momentum Health and the agreements with designated service providers.

In addition, Medi Call specialises in comprehensive client and intermediary services through the Imperial Motus Med Member Care Line (**0860 105 221**). It assists members and employers with medical scheme-related enquiries and the Scheme and employers with the reconciliation of monthly contributions.

Who is Cedar Healthcare?

As part of the strategy to make the in-house Scheme accessible to more employees of Imperial Logistics (Pty) Ltd, a DP World Company, and Motus Holdings Limited, the Board of Trustees contracted with Cedar Healthcare, an independent Healthcare Consulting Company, to supply Imperial Motus Med members and employers with consulting services.

In this regard, employers are assisted to align medical aid membership policies with the Imperial Logistics (Pty) Ltd, a DP World Company, and Motus Holdings Limited Companies Policies and employees are consulted with and educated on the benefits offered by Imperial Motus Med. In addition, Cedar Healthcare facilitates corporate wellness days and assists members in considering appropriate associated products to enhance the benefit structure of the Scheme.

Who is Momentum Health?

Momentum Health is a third-party service provider appointed by Imperial Motus Med. Its function is to oversee the administration of Imperial Motus Med and to ensure that all your medical queries, claims payments and collection of member contributions are attended to efficiently.

It also provides custom-made, integrated health risk management services such as HIV & AIDS, disease, medicine, hospital and clinical risk management services.



How will this member guide help you?

This member guide has been developed specifically to help you understand your Scheme and the benefits it offers you. It explains all the relevant processes you need to follow before claiming. Please note that any reference to you as the member in this member guide includes your registered dependants.

What are your responsibilities as a member?

You have to:

- Understand how Imperial Motus Med works.
- Keep the Scheme up to date on any changes to your membership details. If you do not notify the Scheme timeously, this may have financial consequences for you as a member.
- Check all accounts from service providers, as well as your claims statements from the Scheme, to make sure that all your details are correct and that your claims have been processed correctly.
- Inform the Scheme before you are admitted to hospital, as you require a pre-authorisation number for in-hospital services. If you do not obtain a pre-authorisation number, you may have to make a co-payment of **R500**.
- File all your documentation from the Scheme and keep it in a safe place so that you may refer to it at any time.
- Keep your membership card in a safe place so that no one else can use it.
- Follow all the procedures set out by the Scheme.
- Review your circumstances annually to ensure that you are on the correct benefit plan.

Points to remember

- You need to obtain pre-authorisation from the Scheme at least **48 hours prior to the admission date** to hospital or within 48 hours of an emergency admittance for the following events:
 - » hospitalisation;
 - » admission for mental health and drug or alcohol dependency;
 - » confinements (birth of baby);
 - » CT, MRI and radio-isotope scans;
 - » organ transplants;
 - » cancer medication and related treatment; and
 - » any other major medical event.
- For the following benefits, apply for **Scheme approval** in writing/email with the relevant doctor's motivation and/or quotation enclosed, as benefits will not be paid unless the Scheme has approved it beforehand:
 - » chronic medication;
 - » medical and surgical appliances in excess of **R1 000**;
 - » artificial limbs and eyes;
 - » maxillofacial and oral surgery;
 - » orthodontic treatment and related surgery;
 - » root canals, bridges and crowns;
 - » dental surgery; and
 - » dental implants.
- The Scheme covers two types of benefits – day-to-day and major medical benefits.

This member guide has been developed specifically to help you understand your Scheme and the benefits it offers you.



Keep your membership card in a safe place so that no one else can use it.



WHAT YOU NEED TO KNOW ABOUT MEMBERSHIP

- Benefits will only be paid for services deemed medically necessary and if they are obtained from a registered practitioner.
- Your membership will start on your date of employment and may be subject to waiting periods, during which time no benefits will be paid, although contributions must still be paid to the Scheme. See **page 9** for more information on waiting periods.
- Existing employees who choose to register on their spouses' medical scheme must provide documentary evidence that they have been admitted as dependants in order to terminate their membership of Imperial Motus Med.
- Membership of two medical schemes at the same time is prohibited by law. Therefore employees may not be registered as dependants on their spouses' medical scheme and remain members of Imperial Motus Med.
- Membership is terminated on the last day of employment. For further details see **pages 10 and 11**.
- It is a condition of employment that certain categories of employees of Imperial Logistics (Pty) Ltd, a DP World Company, and Motus Holdings Limited who are not registered as dependants on their spouses' medical scheme must join Imperial Motus Med. This is in line with the Imperial Logistics (Pty) Ltd, a DP World Company, and Motus Holdings Limited Companies' Membership Policy that has been approved and implemented by the Companies' Executive Committees. The Medical Aid Membership Policy is available on the Imperial Motus Med website at www.imperialmotusmed.co.za.

Contributions

Contributions are calculated on the basis of:

- the member's income; and
- the number of a member's dependants.

Contributions are paid for a maximum of three children and late joiner penalties may apply.

Contributions of working members are paid monthly in arrears and must be paid to the Scheme by no later than the third business day of the month following the last business day of the month in which it became due. If it is not paid within 30 days of the due date, the Scheme has the right to give the member notice that if contributions or other debts are not paid within a further 30 days of the notice, his/her membership may be suspended or cancelled.

Contributions for pensioner and continuation members must be paid monthly in advance and must be paid to the Scheme by no later than the first day of the month in which it becomes due. The Scheme has the right to suspend a member's membership should contributions not be paid by the due date. Two notices will be given to the member at his/her *domicilium citandi et executandi*. His/her membership will be terminated 14 days after the second notice. The member's postal or residential address on his/her application will be deemed to be the *domicilium citandi et executandi*.

All contributions in respect of new members are due from the first day of the month during which employment starts, except when the date on which employment starts is the 15th day or later of a month, in which case the contributions will be due from the first day of the following month.

When a member's employment ends on the 15th day or later in a month, contributions for the full month will be due. In cases where employment ends between the first and up to the 14th day of the month, no contribution will be due for that month. The employer must advise the Scheme of the termination date immediately after it takes place. The benefits of Imperial Motus Med end on the same day that employment ends.

Definition of dependants

Imperial Motus Med defines dependants as follows:

- A dependant is a spouse, partner, child, parent or sibling for whom the member is liable for family care and support.
- If child dependants are orphaned, the oldest of these is registered as a continuation member in terms of the Scheme rules. Any minor sibling, who is registered as a dependant at the time that the child dependant becomes a continuation member, will become a dependant of the continuation member.

Dependants also include:

- **Spouses/common-law spouses**
A spouse, to whom the member is married in terms of any law or custom; only one spouse per principal member is allowed. A marriage certificate, or in the case of a customary marriage, an affidavit, needs to accompany your application.

- **Partner/Fiancé/Fiancée**

A partner/fiancé/fiancée is a person that the member has a committed and serious relationship with – similar to a marriage – based on mutual dependency and a shared and common household, irrespective of the gender of either party. An affidavit will need to accompany your application.

- **Children, grandchildren, stepchildren or adopted children**

Child dependants include:

- » a member or spouse's child under the age of 21 who is dependent on the member;
- » a child who is incapable of earning an income due to mental or physical disabilities or any similar cause; medical proof will need to accompany your application;
- » a dependant between the ages of 21 and 25 who is a student and not employed full time (annual proof of studies required); and
- » grandchildren – only if the parent of the grandchild is a dependant of Imperial Motus Med as well, or if the grandchild has been placed in the care and custody of the member, spouse or partner by virtue of a court order or legal adoption. Legal documents need to accompany your application.

The maximum age of child dependants, i.e. children, grandchildren, stepchildren or adopted children, on the Scheme is 21, unless they are students and financially dependent on the member.

Members with dependants over the age of 21 who wish to keep their dependants on the Scheme will need to apply annually for continued membership.

Dependants between the ages of 21 and 25 who are studying will remain registered as child dependants and pay child contribution rates. Dependants who are not studying and financially dependent on the member may remain on the Scheme if they earn an income below a specific value determined by the Scheme annually.

- **Indigent parents/siblings**

The parent or sibling must be financially dependent on the member, who should be liable for their support. The member must have sufficient income to maintain the parent and proof of indigence will need to accompany your application (this will need to be resubmitted annually). Indigent parents or siblings will be charged adult dependant contribution rates.



NOTE:

Waiting periods and exclusions may be imposed on your dependant's membership if you do not register him/her with Imperial Motus Med within 30 days of the date on which he/she becomes eligible for membership, such as in the case of adoption (from the date of adoption) or marriage (from the date of marriage). During such a waiting period no benefits will be paid for the dependants, but contributions must still be paid.

Continuation of membership

Pensioners/retirees

Members of Imperial Motus Med who retire or whose employment is ended by the employer on account of age, ill-health or a disability, or due to retrenchment at the age of 55 or older, may choose to retain their membership.

Widows/widowers and dependants

The dependants of a deceased member, who are registered with the Scheme as his/her dependants at the time of death, are entitled to membership of the Scheme until they become members of another medical scheme.

Waiting periods

How soon after joining the Scheme can you claim if you have a waiting period?

The criteria for the application of waiting periods apply to new members and dependants individually and are as follows:

A **condition-specific waiting period** is a period during which a beneficiary is not entitled to claim benefits for a condition for which medical advice, diagnosis, care or treatment was recommended or received within the 12-month period ending on the date on which an application for membership was made. The waiting period is applied for 12 months.

A **general waiting period** is a period during which a beneficiary is not entitled to claim any benefits for a three-month period. However, the Scheme pays for prescribed minimum benefits (PMBs), including emergencies, as defined by PMB legislation.

No waiting periods will apply if application for membership is:

- as a result of a change of employment – you need to join Imperial Motus Med within 90 days of joining the company;
- within 30 days of your transfer to an associated company or subsidiary of Imperial Logistics (Pty) Ltd, a DP World Company, or Motus Holdings Limited, where it is a condition of employment that you become a member;
- within 30 days of a specified period of secondment; or
- if you had a break in membership with a medical scheme for a period of 90 days because you lived or worked outside the borders of South Africa.

Waiting periods may apply

If you don't fall into the previous categories and apply for membership after 90 days of being employed, a condition-specific waiting period may apply:

- if you have had a break in membership for a period of 90 days or more; or
- if you have had a break in membership for a period of less than 90 days and enjoyed previous membership of up to 24 months before applying for membership of Imperial Motus Med. (Please note: Any unexpired waiting periods pending will continue to apply.)

If you choose to apply for membership after 90 days of having joined either of the companies and have had previous medical scheme membership of up to 24 months, a 12-month condition-specific waiting period may be imposed on your membership. If you have had previous membership of more than 24 months, a three-month general waiting period will be imposed. You will have no coverage for this time, except for prescribed minimum benefits.

Membership of the following entities will be recognised when determining whether waiting periods should be imposed:

- if you were a uniformed employee of the South African National Defence Force or a dependant of such an employee, who received medical benefits from the South African National Defence Force; or
- if you have been a beneficiary of the Permanent Force Medical Continuation Fund.

Late-joiner penalties

Contribution penalties will be applied in respect of adult dependants over the age of 35 years, according to the rates below:

- Age over 35 years: **1 to 4 years** at 0.05 multiplied by the relevant contribution
- Age over 35 years: **5 to 14 years** at 0.25 multiplied by the relevant contribution
- Age over 35 years: **15 to 24 years** at 0.50 multiplied by the relevant contribution
- Age over 35 years: **25 or more years** at 0.75 multiplied by the relevant contribution.

CREDITABLE COVERAGE is any period during which a late joiner was:

- a member or a dependant of a medical scheme, but excluding any period of coverage as a child dependant under the age of 21;
- a member or a dependant of an entity doing the business of a medical scheme, which at the time of his/her membership of such entity was exempt from the provisions of the Act;
- a uniformed employee of the South African National Defence Force; or
- a member or a dependant of the Permanent Force Continuation Fund, but excluding any period of coverage as a dependant under the age of 21.

Seconded employees

A member and his/her dependants will not forfeit any benefits or interest in the Scheme on the grounds of having been seconded for service, in or outside the borders of the Republic of South Africa, but will continue to be a member of the Scheme.

Changes in membership

If your membership details change for any of the following reasons, your **Payroll Department and Imperial Motus Med** must be notified 30 days in **advance**:

- cancellation of dependants;
- change of address or banking details, for claims refunds or debit order deductions;
- your child becomes independent/self-supporting; or
- your child is registered as a dependant of a member of another medical scheme.

If your membership details change for any of the following reasons, your **Payroll Department and Imperial Motus Med** must be notified within **30 days of the event**:

- registration of dependants;
- change in marital status;
- birth or adoption of a child; or
- death.

Cancellation of membership

Your membership of the Scheme ends:

- on the day your employment with the employer ends;
- upon death;
- in the event of:
 - » non-payment of contributions;
 - » non-payment of shortfalls;
 - » abuse of privileges;
 - » fraud;
 - » non-disclosure of material information;
 - » submission of false claims; and
 - » misrepresentation.

Termination of membership

Upon resignation or termination of employment with Imperial Logistics (Pty) Ltd, a DP World Company, or Motus Holdings Limited and their associated and subsidiary companies, the member and his/her dependants will not be entitled to claim benefits from the Scheme for services rendered after the date on which employment ended. Any claims incurred before the date on which employment ended will be processed subject to the Scheme rules and the member's available benefit limits.



NOTE:

The Scheme has no responsibility or liability in respect of a member who does not comply with the requirements of the Scheme. If a member fails to apply for registration of a newborn child within the 30-day period, but applies for the registration of the child within six months of the birth, the Scheme will register the child from the first day of the month following the date on which the member applied. Benefits will accrue from the date of registration.

If any of the above applies, you will need to complete a **Change in Membership Details form**, which is obtainable from your Payroll or the Scheme's website. A copy of the applicable legal documentation, e.g. birth certificate or death certificate, must accompany your **Change in Membership Details form**.

Failure to advise the Scheme of a change in membership details may result in waiting periods being imposed. Furthermore, if claims are being paid in respect of a dependant or member and the Scheme is notified too late of the cancellation of the member or dependant's membership, the member will be liable for all costs in respect of benefits paid by the Scheme after the cancellation date.

Please take special note of the following:

- **You will only be covered by the Scheme until the date your employment ended and not until the end of that month or for an extended period.**
- **Any services rendered after the date your employment ended are for your account.**
- **Please inform the Scheme in advance of your new postal address and of any changes in banking details to ensure that you receive any benefits that are due to you.**

UNDERSTANDING YOUR BENEFITS

Benefit plans

Imperial Motus Med has two benefit plans, namely the **Imperial Motus Med Health Plan** and the **Imperial Motus Med Budget Plan**.

Imperial Motus Med Health Plan

This is a traditional plan that provides unlimited private hospital cover at 100% of the Medical Scheme Rate (MSR) and routine day-to-day benefits at 85% of the MSR up to generous annual limits.

Imperial Motus Med Budget Plan

The Budget Plan provides low-cost cover for essential, basic healthcare with unlimited in-hospital cover at 100% of the MSR, no Non-PMB chronic medication benefits, a general practitioner network with specialist referrals and day-to-day benefits at 85% of the MSR, with relatively low annual limits.

Pro rata limitation of benefits

Imperial Motus Med Health Plan

Members who are registered on the Imperial Motus Med Health Plan during the course of a financial year will be entitled to the benefits set out in Annexure B of the rules of the Scheme. The maximum available benefits will be adjusted in proportion to the period of membership, which is calculated from the date of admission to the end of the financial year.

Imperial Motus Med Budget Plan

The annual limits for members who register on the Imperial Motus Med Budget Plan will be calculated on a pro rata basis for members joining from 1 February to 31 July of each year, but those joining 1 August to 31 December of each year will have access to the same benefit limits as those joining on 1 July of the year.

Benefit year

The benefit year runs from 1 January to 31 December of any year. All limits quoted in the benefit schedules on pages 14 to 58 of this member guide are effective from 1 January and are valid for the benefit year. Should the Board of Trustees decide to change any of the benefits, we will communicate the changes to you as soon as possible.

Prescribed minimum benefits (PMBs)

In terms of the Medical Schemes Act, all schemes must offer their members PMBs for the treatment of certain medical conditions. The medical conditions covered are prescribed by the Minister of Health. The Scheme will pay for the diagnosis, treatment and care of these conditions in full.

Payment in full for a PMB condition means payment of service providers' invoices for relevant healthcare services rendered, subject to the use of protocols, designated service providers (DSPs), formularies, pre-authorisation or other managed care initiatives, as provided for in the rules of the Scheme.



DAY-TO-DAY BENEFITS (OUT-OF-HOSPITAL EXPENSES)

		IMPERIAL MOTUS MED HEALTH PLAN		IMPERIAL MOTUS MED BUDGET PLAN	
BENEFIT DESCRIPTION		% BENEFIT PAYABLE	ANNUAL LIMITS FOR 2025	% BENEFIT PAYABLE	ANNUAL LIMITS FOR 2025
1. General Practitioners (GPs) and Specialists – out of hospital (annual limits are calculated as a family benefit and can be used by any beneficiary)			1. General Practitioners (GPs) and Specialists – out of hospital (annual limits are calculated as a family benefit and can be used by any beneficiary)		
a)	Visits, consultations and treatment by a GP or Specialist	85% of MSR	Member family limit per annum, calculated as follows: R4 210 per member R3 160 per adult dependant R2 650 per child dependant (maximum of three children)	85% of MSR These benefits are covered on the MHS GP Network and Specialists only on referral by a GP	Member family limit per annum, calculated as follows: R1 410 per member R1 060 per adult dependant R860 per child dependant (maximum of three children) Benefits applicable to the nomination of two GPs per dependant Two out-of-network GP visits allowed per family
b)	All procedures (including those listed in 1(a) of Major Medical Expenses) will be paid from the Major Medical Expenses Benefit and not day-to-day limits when performed in a doctor's rooms, except for dental procedures, as indicated in 1(a) of Major Medical Benefits	100% of MSR		100% of MSR	To be done by a nominated Network GP
c)	Circumcision – done in doctor's rooms	100% of MSR	Major Medical Expenses R1 940 per beneficiary per annum	100% of MSR	Major Medical Expenses R1 940 per beneficiary per annum at a nominated Network GP
d)	PMB Treatment Plan Services Consultations as authorised on treatment plan	100% of Cost	Major Medical Expenses Subject to treatment plan authorisation Services in excess of the treatment plan will be paid from the GP/Specialist Benefit limit at 85% of MSR	100% of Cost	Major Medical Expenses Subject to treatment plan authorisation Services in excess of the treatment plan will be paid from the GP/Specialist Benefit limit at 85% of MSR PMB treatment plan consultations only at nominated Network GP

DAY-TO-DAY BENEFITS (OUT-OF-HOSPITAL EXPENSES)

		IMPERIAL MOTUS MED HEALTH PLAN		IMPERIAL MOTUS MED BUDGET PLAN	
BENEFIT DESCRIPTION		% BENEFIT PAYABLE	ANNUAL LIMITS FOR 2025	% BENEFIT PAYABLE	ANNUAL LIMITS FOR 2025
2. Diagnostic Services – out of hospital (annual limits are calculated as a family benefit and can be used by any beneficiary)			2. Diagnostic Services – out of hospital (annual limits are calculated as a family benefit and can be used by any beneficiary)		
a)	Radiology (X-rays) and Pathology Including Bone Density Scans	85% of MSR	Member family limit per annum, calculated as follows: R4 670 per member R4 670 per adult dependant R810 per child dependant (maximum of three children)	85% of MSR	Member family limit per annum, calculated as follows: R1 550 per member R1 550 per adult dependant R280 per child dependant (maximum of three children)
b)	PMB treatment plan Radiology and Pathology services as authorised on treatment plan Including Cardiac Ultrasounds	100% of Cost	Major Medical Expenses Subject to treatment plan authorisation Services in excess of the treatment plan will be paid from Radiology and Pathology Benefit limit at 85% of MSR	100% of Cost	Major Medical Expenses Subject to treatment plan authorisation Services in excess of the treatment plan will be paid from Radiology and Pathology Benefit limit at 85% of MSR
3. Dentistry			3. Dentistry		
a)	Preventative dentistry » Scaling and/or polishing and fluoride treatment	100% of MSR	Two per beneficiary per annum	85% of MSR	Two per beneficiary per annum
	» Fissure sealing	100% of MSR	Once-off for permanent molars in persons under 24 years	85% of MSR	Once-off for permanent molars in persons under 24 years
					Both included in the basic dentistry limit below
b)	Basic dentistry » Oral examination » Diagnostics (X-rays, etc.) » Restorations (fillings) » Non-surgical extractions » Root canal treatment	85% of MSR	R4 660 per beneficiary per annum	85% of MSR	R3 280 per family per annum

DAY-TO-DAY BENEFITS (OUT-OF-HOSPITAL EXPENSES)

		IMPERIAL MOTUS MED HEALTH PLAN		IMPERIAL MOTUS MED BUDGET PLAN	
BENEFIT DESCRIPTION		% BENEFIT PAYABLE	ANNUAL LIMITS FOR 2025	% BENEFIT PAYABLE	ANNUAL LIMITS FOR 2025
3. Dentistry (continued)			3. Dentistry (continued)		
c)	<p>Advanced/Specialised dentistry</p> <p>Pre-authorisation required</p> <ul style="list-style-type: none"> » Inlays, onlays, veneers, crowns and bridges » Plastic dentures with a cast-metal framework » Dental implants, placement, exposure and related procedures, such as jaw ridge, sinus lifts, augmentation, etc. » Periodontal ('gum') treatment » Wisdom teeth extractions » Orthodontic treatment for beneficiaries 22 years of age or older <p>No pre-authorisation required</p> <ul style="list-style-type: none"> » Study models » Plastic dentures » Orthodontic retainers, space maintainers and bite plates 	85% of MSR	R13 310 per family per annum Pre-authorisation required	No benefit	No benefit
d)	<p>Dental implants</p> <p>Includes the cost of the implants only – the anaesthetist and hospital fees are covered as part of Major Medical Expenses The treating dental specialist fee is subject to the Advanced/Specialised Dentistry limit above</p>	100% of MSR	R18 060 per beneficiary per annum Pre-authorisation required	No benefit	No benefit

DAY-TO-DAY BENEFITS (OUT-OF-HOSPITAL EXPENSES)

		IMPERIAL MOTUS MED HEALTH PLAN		IMPERIAL MOTUS MED BUDGET PLAN	
BENEFIT DESCRIPTION		% BENEFIT PAYABLE	ANNUAL LIMITS FOR 2025	% BENEFIT PAYABLE	ANNUAL LIMITS FOR 2025
3. Dentistry (continued)			3. Dentistry (continued)		
e)	Orthodontic treatment » Orthodontic treatment for beneficiaries under the age of 22 years » Orthodontic treatment for beneficiaries 22 years of age or older subject to the Specialised Dentistry limit under 3c) above - R13 310	100% of MSR 85% of MSR	Pre-authorisation required R10 200 per beneficiary per annum Pre-authorisation required Subject to Specialised Dentistry limit under 3c) above	No benefit	No benefit
4. Prescribed Medicine (annual limits are calculated as a family benefit and can be used by any beneficiary)			4. Prescribed Medicine (annual limits are calculated as a family benefit and can be used by any beneficiary)		
a)	Acute medicines Acute medicines and injection material, including flu vaccines	100% of Mediscor Reference Price (MRP) after deduction of R30 levy per prescription	Member family limit per annum, calculated as follows: R8 000 per member R5 030 per adult dependant R1 520 per child dependant (maximum of three children)	100% of Mediscor Reference Price (MRP) after deduction of R30 levy per prescription	Member family limit per annum, calculated as follows: R2 670 per member R1 690 per adult dependant R520 per child dependant (maximum of three children)
b)	Over-the-counter (OTC) medication , also known as pharmacy-advised therapy (PAT), refers to medicines supplied by a registered pharmacist without a doctor's prescription	100% of Mediscor Reference Price (MRP) up to a maximum of R300 per event	R1 500 per family per annum Subject to Acute Medication limit	100% of Mediscor Reference Price (MRP) up to a maximum of R300 per event	R600 per family per annum Subject to Acute Medication limit
c)	Childhood vaccines	Refer to Childhood vaccines (page 58)		Refer to Childhood vaccines (page 58)	

DAY-TO-DAY BENEFITS (OUT-OF-HOSPITAL EXPENSES)

		IMPERIAL MOTUS MED HEALTH PLAN		IMPERIAL MOTUS MED BUDGET PLAN	
BENEFIT DESCRIPTION		% BENEFIT PAYABLE	ANNUAL LIMITS FOR 2025	% BENEFIT PAYABLE	ANNUAL LIMITS FOR 2025
5.	Medical Auxiliaries – out of hospital			6.	Medical Auxiliaries – out of hospital
	Only for the following disciplines: » Podiatry » Orthoptic treatment » Audiometry/Audiology » Occupational therapy » Therapeutic dieticians » Remedial and speech therapy » Clinical technology » Chiropody » Social workers » Biokinetics » Chiropractors » Homeopaths	85% of MSR	R8 890 per family per annum for the listed disciplines	85% of MSR	R6 640 per family per annum only for the disciplines listed below » Clinical psychology » Psychiatry » Physiotherapy
6.	Physiotherapy – out of hospital			6.	Physiotherapy – out of hospital
		85% of MSR	R5 850 per family per annum	85% of MSR	Included in the Medical Auxiliaries limit above (item 5)
7.	Mental Health – out of hospital			7.	Mental Health – out of hospital
	Includes Psychologist and Psychiatrist The conditions below are covered as PMBs, depending on the diagnostic codes (ICD-10) and treatment; to validate whether your condition and treatment is a PMB and falls within PMB level of care, ensure that you register on 0860 467 374 » Acute stress disorder accompanied by recent, significant trauma » Anorexia nervosa and bulimia nervosa » Attempted suicide » Major effective disorders, including unipolar and bipolar depression	85% of MSR for non-PMB conditions out of hospital 100% of MSR for these PMB conditions, up to PMB level of care – not applicable to the limit above; subject to registration	R6 260 per beneficiary per annum	85% of MSR for non-PMB conditions out of hospital 100% of MSR for these PMB conditions, up to PMB level of care – not applicable to the limit above; subject to registration	Included in the Medical Auxiliaries limit above (item 5)

DAY-TO-DAY BENEFITS (OUT-OF-HOSPITAL EXPENSES)

		IMPERIAL MOTUS MED HEALTH PLAN		IMPERIAL MOTUS MED BUDGET PLAN	
BENEFIT DESCRIPTION		% BENEFIT PAYABLE	ANNUAL LIMITS FOR 2025	% BENEFIT PAYABLE	ANNUAL LIMITS FOR 2025
8. Optical Services			8. Optical Services		
a)	Eye test	85% of MSR	One test per beneficiary per annum from Major Medical Expenses	85% of MSR	One test per beneficiary per annum from Major Medical Expenses
b)	Spectacles (lenses, replacements, repairs and adjustments), contact lenses and fitting of contact lenses	85% of Cost	Overall Optical limit of R3 570 per beneficiary per annum	85% of Cost	Overall Optical limit of R1 630 per beneficiary per annum
c)	Frames	85% of Cost	R1 240 per beneficiary per annum; included in the Overall Optical limit above	85% of Cost	R490 per beneficiary per annum; included in the Overall Optical limit above
d)	Sunglasses	No benefit	No benefit	No benefit	No benefit
9. Contraceptives			9. Contraceptives		
	<ul style="list-style-type: none"> » Oral contraceptives » Injectable contraceptives » Intrauterine devices used for contraception only (excluding Mirena/similar intrauterine devices separately authorised for medical treatment) 	100% of Mediscor Reference Price (MRP), limited to one prescription per month to a maximum of R200 per prescription	R2 390 per female beneficiary per annum	100% of Mediscor Reference Price (MRP), limited to one prescription per month to a maximum of R200 per prescription	R2 390 per female beneficiary per annum

MAJOR MEDICAL EXPENSES

		IMPERIAL MOTUS MED HEALTH PLAN		IMPERIAL MOTUS MED BUDGET PLAN	
BENEFIT DESCRIPTION		% BENEFIT PAYABLE	ANNUAL LIMITS FOR 2025	% BENEFIT PAYABLE	ANNUAL LIMITS FOR 2025
ALL MAJOR MEDICAL EXPENSES ARE SUBJECT TO PRE-AUTHORISATION			ALL MAJOR MEDICAL EXPENSES ARE SUBJECT TO PRE-AUTHORISATION		
1. Hospitalisation – Private and Provincial			1. Hospitalisation – Private and Provincial		
a)	Accommodation in general ward, recovery room, intensive care unit or high care ward	100% of MSR	Major Medical Expenses	100% of MSR	Major Medical Expenses
b)	Theatre fees	100% of MSR	Major Medical Expenses	100% of MSR	Major Medical Expenses
c)	Medicines used in hospital/theatre	100% of Medicine Price	Major Medical Expenses	100% of Medicine Price	Major Medical Expenses
d)	<p>A deductible of R1 000 applies if the following procedures are done in hospital:</p> <ul style="list-style-type: none"> » Scopes <ul style="list-style-type: none"> • Arthroscopies • Gastro-intestinal endoscopies <ul style="list-style-type: none"> – Gastroscopies – Colonoscopies – Sigmoidoscopies » Urological scopes and cystoscopies » Gynaecological scopes » Biopsies » Minor dermatological procedures » Nail surgeries » Minor skin lesions » Vasectomies » Conservative neck and back procedures » Circumcisions » Dental procedures <p>Refer to dental benefit for more details on in-hospital dentistry (page 42 to 45, item 19)</p>	100% of MSR A deductible will not apply if done in doctor's rooms; services in rooms will be paid at 100% of MSR, except for dental procedures , which are still paid from day-to-day dental benefits	Major Medical Expenses Subject to pre-authorisation	100% of MSR A deductible will not apply if done in doctor's rooms; services in rooms will be paid at 100% of MSR, except for dental procedures , which are still paid from day-to-day dental benefits	Major Medical Expenses Subject to pre-authorisation

MAJOR MEDICAL EXPENSES

		IMPERIAL MOTUS MED HEALTH PLAN		IMPERIAL MOTUS MED BUDGET PLAN	
BENEFIT DESCRIPTION		% BENEFIT PAYABLE	ANNUAL LIMITS FOR 2025	% BENEFIT PAYABLE	ANNUAL LIMITS FOR 2025
1. Hospitalisation – Private and Provincial (continued)			1. Hospitalisation – Private and Provincial (continued)		
e)	Circumcision Deductible applies, see 1d) above	100% of MSR	Major Medical Expenses R2 530 per beneficiary per annum Subject to pre-authorisation (treating doctor and anaesthetist subject to this limit) Hospital cost not subject to this limit	100% of MSR	Major Medical Expenses R2 530 per beneficiary per annum Subject to pre-authorisation (treating doctor and anaesthetist subject to this limit) Hospital cost not subject to this limit
2. Post-operational physiotherapy			2. Post-operational physiotherapy		
	Physiotherapy after hip, knee and shoulder replacement surgery and spinal surgery only	100% of MSR	Major Medical Expenses 6 weeks' treatment, as per clinical protocols Subject to pre-authorisation	100% of MSR	Major Medical Expenses 6 weeks' treatment, as per clinical protocols Subject to pre-authorisation
3. General Practitioners (GPs) and Specialists – in hospital			3. General Practitioners (GPs) and Specialists – in hospital		
a)	Visits and consultations	100% of MSR	Major Medical Expenses	100% of MSR	Major Medical Expenses
b)	Surgical procedures and anaesthetics	100% of MSR	Major Medical Expenses	100% of MSR	Major Medical Expenses
4. Diagnostic Services – pre-authorisation required for certain services			4. Diagnostic Services – pre-authorisation required for certain services		
a)	Radiology (X-rays) and pathology (in hospital)	100% of MSR	Major Medical Expenses	100% of MSR	Major Medical Expenses
b)	MRI, CT and radio-isotope scans (in and out of hospital)	100% of MSR	R21 280 per beneficiary per annum Subject to pre-authorisation	100% of MSR	Major Medical Expenses R12 340 per beneficiary per annum Subject to pre-authorisation
c)	Ultrasound scans (in and out of hospital)	100% of MSR	R5 710 per beneficiary per annum	100% of MSR	R1 990 per beneficiary per annum
d)	PET scans (in and out of hospital)	100% of MSR	R29 320 per beneficiary per annum Subject to pre-authorisation	No benefit	No benefit
e)	Sleep studies, diagnostic polysomnograms (in and out of hospital)	100% of MSR	Major Medical Expenses Subject to pre-authorisation	No benefit	No benefit

MAJOR MEDICAL EXPENSES

		IMPERIAL MOTUS MED HEALTH PLAN		IMPERIAL MOTUS MED BUDGET PLAN	
BENEFIT DESCRIPTION		% BENEFIT PAYABLE	ANNUAL LIMITS FOR 2025	% BENEFIT PAYABLE	ANNUAL LIMITS FOR 2025
5. To-take-out (TTO) Medicine			5. To-take-out (TTO) Medicine		
	Medicines dispensed on discharge from hospital will be covered under Major Medical Expenses	100% of Medicine Price	Major Medical Expenses R600 per beneficiary per admission	100% of Medicine Price	Major Medical Expenses R600 per beneficiary per admission
6. Out-patient Services			6. Out-patient Services		
	Private and provincial hospitals	If ICD-10 code is for an emergency, the cost of the consultation, facility, procedure, related materials and medication is to be paid at 100% from Major Medical Expenses If ICD-10 code is not for an emergency, all applicable services to be paid at 85% from the applicable day-to-day benefit limits	Major Medical Expenses	If ICD-10 code is for an emergency, the cost of the consultation, facility, procedure, related materials and medication is to be paid at 100% from Major Medical Expenses If ICD-10 code is not for an emergency, all applicable services to be paid at 85% from the applicable day-to-day benefit limits	Major Medical Expenses
7. Blood Transfusions			7. Blood Transfusions		
		100% of Cost	Major Medical Expenses	100% of Cost	Major Medical Expenses subject to PMBs
8. Nursing Services, Sub-acute Care and Hospice Services, including medicines, dressings, ointments, etc.			8. Nursing Services, Sub-acute Care and Hospice Services, including medicines, dressings, ointments, etc.		
		100% of MSR or Cost, whichever is the lesser	Major Medical Expenses Subject to pre-authorisation	No benefit	No benefit

MAJOR MEDICAL EXPENSES

		IMPERIAL MOTUS MED HEALTH PLAN		IMPERIAL MOTUS MED BUDGET PLAN	
BENEFIT DESCRIPTION		% BENEFIT PAYABLE	ANNUAL LIMITS FOR 2025	% BENEFIT PAYABLE	ANNUAL LIMITS FOR 2025
9. Ambulance Services			9. Ambulance Services		
		100% of Cost	R10 780 per beneficiary per annum Subject to approval and pre-authorisation by preferred provider, Europ Assistance Emergency air ambulance not subject to the above limit; subject to Scheme approval	100% of Cost	R5 610 per beneficiary per annum Subject to approval and pre-authorisation by preferred provider, Europ Assistance Emergency air ambulance not subject to the above limit, subject to Scheme approval
10. Internal Prostheses			10. Internal Prostheses		
Including all accompanying temporary or permanent devices used to assist with the guidance, alignment or delivery of these internal prostheses and devices Patients must obtain pre-authorisation 10 (ten) working days prior to admission for a joint replacement or spinal fusion operation	100% of Cost PMBs not subject to sub-limits Non-PMBs subject to sub-limits	All Internal Prostheses are per beneficiary per annum » Cardiac stents – drug eluting and non-drug eluting , subject to a limit of R32 790 per stent and a maximum of three stents » Cardiac pacemakers , subject to a limit of R61 240 » Cardiac valves , subject to a limit of R44 650 per valve, limited to two valves » TAVI valves subject to a limit of R295 400 and managed care protocols » Cardiac pacemakers with dual-chamber defibrillator , subject to a limit of R111 490 » Cardiac pacemaker with Biventricular dual chamber , subject to a limit of R221 550 » Hernia mesh and Hernia Mesh Umbilical Repair , subject to a limit of R13 650 » EVAR (Endovascular repair)/Anaconda subject to a limit of R198 830 » Total hip replacement , subject to a limit of R62 000 per hip, including cement and antibiotics » Total knee replacement , subject to a limit of R61 000 per knee, including cement and antibiotics » Total shoulder replacement , subject to a limit of R54 250 per shoulder, including cement and antibiotics	100% of Cost PMBs not subject to applicable limit Non-PMBs subject to applicable limit	R45 860 per family per annum for prostheses	

MAJOR MEDICAL EXPENSES

		IMPERIAL MOTUS MED HEALTH PLAN		IMPERIAL MOTUS MED BUDGET PLAN	
BENEFIT DESCRIPTION		% BENEFIT PAYABLE	ANNUAL LIMITS FOR 2025	% BENEFIT PAYABLE	ANNUAL LIMITS FOR 2025
10. Internal Prostheses (continued)			10. Internal Prostheses (continued)		
			<ul style="list-style-type: none"> » Spinal instrumentation, subject to a limit of R46 800 » Other approved spinal implantable devices and intervertebral discs, subject to a limit of R50 810 » Bone lengthening devices, subject to a limit of R41 250 » Neuro-stimulation/Ablation devices for Parkinson's disease and Vagal Stimulator for intractable epilepsy, subject to a limit of R185 570 » Aortic stents, subject to a limit of R110 920 per stent (including the delivery system), limited to one stent » Carotid stents, subject to a limit of R19 400 » Detachable platinum coils, subject to a limit of R43 760 » Embolic protection devices, subject to a limit of R43 640 » Peripheral arterial stent grafts, subject to a limit of R40 000 » Intraocular lenses, subject to a limit of R9 770 per lens » Any other prostheses, subject to a limit of R52 080 	As indicated on page 33	As indicated on page 33
11. Renal Dialysis			11. Renal Dialysis		
	(Inclusive of all related costs) Benefit is subject to the submission of a treatment plan by the treating Specialist to the specialist care coach and approval of the treatment plan before treatment starts	100% of the Negotiated Rate	Major Medical Expenses Subject to pre-authorisation	100% of the Negotiated Rate and PMBs	Major Medical Expenses Subject to pre-authorisation

MAJOR MEDICAL EXPENSES

		IMPERIAL MOTUS MED HEALTH PLAN		IMPERIAL MOTUS MED BUDGET PLAN	
BENEFIT DESCRIPTION		% BENEFIT PAYABLE	ANNUAL LIMITS FOR 2025	% BENEFIT PAYABLE	ANNUAL LIMITS FOR 2025
12. Organ Transplants			12. Organ Transplants		
a)	Hospital accommodation and surgically related services and procedures	PMBs covered in full at 100% of Negotiated Rate Non-PMBs covered at MSR	Major Medical Expenses Subject to pre-authorisation	PMBs covered in full at 100% of Negotiated Rate Non-PMBs covered at MSR	Major Medical Expenses Subject to pre-authorisation
b)	Heart, kidney and liver – Including organ search (nationally only), harvesting and transportation The benefit covers the donor if the recipient is an Imperial Motus Med member	100% of Cost	Subject to pre-authorisation Unlimited	100% of Cost	Subject to pre-authorisation Unlimited
c)	Corneal transplant – Including organ search (nationally only)	100% of Cost	Major Medical Expenses Subject to pre-authorisation R38 670 per beneficiary per event	100% of Cost	Major Medical Expenses Subject to pre-authorisation R36 700 per beneficiary per event
d)	Other organs – Including organ search (nationally only), harvesting and transportation The benefit covers the cost of the donor if the recipient is an Imperial Motus Med member	100% of MSR	Subject to pre-authorisation R38 670 for organs from a cadaver or R122 710 for live donor organs per beneficiary per annum	100% of MSR	Subject to pre-authorisation R12 890 for organs from a cadaver or R41 280 for live donor organs per beneficiary per annum
e)	Anti-rejection drugs	100% of Medicine Price	Major Medical Expenses Subject to pre-authorisation	100% of Medicine Price	Major Medical Expenses Subject to pre-authorisation
13. HIV & AIDS			13. HIV & AIDS		
	All consultations, pathology and medicine related to diagnoses and treatment of the disease	100% of Cost, unlimited Medicine subject to Mediscor Reference Price (MRP)	Major Medical Expenses Subject to pre-authorisation and clinical guidelines and protocols HIV resistance tests provided only if pre-authorised by a relevant specialist care coach on the HIV YourLife Programme	100% of Cost, unlimited Medicine subject to Mediscor Reference Price (MRP)	Major Medical Expenses Subject to pre-authorisation and clinical guidelines and protocols HIV resistance tests provided only if pre-authorised by a relevant specialist care coach on the HIV YourLife Programme

MAJOR MEDICAL EXPENSES

		IMPERIAL MOTUS MED HEALTH PLAN		IMPERIAL MOTUS MED BUDGET PLAN	
BENEFIT DESCRIPTION		% BENEFIT PAYABLE	ANNUAL LIMITS FOR 2025	% BENEFIT PAYABLE	ANNUAL LIMITS FOR 2025
13. HIV & AIDS (continued)			13. HIV & AIDS (continued)		
		Members are encouraged to make use of the Scheme's preferred provider pharmacies	Polymerase chain reaction funded from Major Medical Expenses for babies 18 months and younger where the diagnosis relates to HIV testing	Members are encouraged to make use of the Scheme's preferred provider pharmacies	Polymerase chain reaction funded from Major Medical Expenses for babies 18 months and younger where the diagnosis relates to HIV testing
14. Maternity Benefits			14. Maternity Benefits		
a)	Labour and ward accommodation Normal delivery limited to three days Elective caesarean delivery limited to four days Additional days are subject to submission of a motivation by the attending doctor and approval by the specialist care coach	100% of Cost 100% of MSR	Major Medical Expenses Subject to pre-authorisation Major Medical Expenses Subject to pre-authorisation	100% of Cost 100% of MSR	Major Medical Expenses Subject to pre-authorisation Major Medical Expenses Subject to pre-authorisation
b)	Midwife Delivery by a midwife, confinement in a registered birthing unit or home delivery, including birth attendant and birth bath Midwife must be registered with the Board of Healthcare Funders and Nursing Council If a gynaecologist is not used, benefit covers pre- and post-confinement costs	100% of MSR	Major Medical Expenses Subject to pre-authorisation Four post-natal consultations with a midwife per event	100% of MSR	Major Medical Expenses Subject to pre-authorisation Four post-natal consultations with a midwife per event

MAJOR MEDICAL EXPENSES

		IMPERIAL MOTUS MED HEALTH PLAN		IMPERIAL MOTUS MED BUDGET PLAN	
BENEFIT DESCRIPTION		% BENEFIT PAYABLE	ANNUAL LIMITS FOR 2025	% BENEFIT PAYABLE	ANNUAL LIMITS FOR 2025
14. Maternity Benefits (continued)			14. Maternity Benefits (continued)		
c) Benefits listed below are subject to enrolment on the Maternity Programme; if not registered on the Maternity Programme, benefits c1, c2, c3 and c4 are to be paid from day-to-day limits			c) Benefits listed below are subject to enrolment on the Maternity Programme; if not registered on the Maternity Programme, benefits c1, c2, c3 and c4 are to be paid from day-to-day limits		
c1)	Antenatal classes – registered midwife or Belly Babies 18-month antenatal and post-natal online video course Online face-to-face consultations with a breastfeeding expert	100% of Cost Subject to pre-authorization and registration on the Maternity Programme	Major Medical Expenses R1 390 per beneficiary per annum	100% of Cost Subject to pre-authorization and registration on the Maternity Programme	Major Medical Expenses R1 390 per beneficiary per annum
c2)	Ultrasound scans during pregnancy	100% of Cost Subject to pre-authorization and registration on the Maternity Programme	Major Medical Expenses Two 2D, 3D or 4D scans per pregnancy, up to 100% of the 2D scan at MSR	100% of Cost Subject to pre-authorization and registration on the Maternity Programme	Major Medical Expenses Two 2D or 3D or 4D scans per pregnancy, up to 100% of the 2D scan at MSR
c3)	Antenatal vitamins during pregnancy	100% of Cost Subject to pre-authorization and registration on the Maternity Programme	Major Medical Expenses R250 per month	100% of Cost Subject to pre-authorization and registration on the Maternity Programme	Major Medical Expenses R250 per month
c4)	Gynaecologist consultations during pregnancy – as per treatment plan	100% of Cost Subject to pre-authorization and registration on the Maternity Programme	Major Medical Expenses	100% of Cost Subject to pre-authorization and registration on the Maternity Programme	Major Medical Expenses
15. Rehabilitation			15. Rehabilitation		
	The benefit covers beneficiaries who are acutely disabled as a result of strokes, spinal cord injuries or brain injuries	100% of MSR	R91 400 per beneficiary per annum Subject to pre-authorization	100% of Cost	Subject to clinical protocols PMBs only

MAJOR MEDICAL EXPENSES

		IMPERIAL MOTUS MED HEALTH PLAN		IMPERIAL MOTUS MED BUDGET PLAN	
BENEFIT DESCRIPTION		% BENEFIT PAYABLE	ANNUAL LIMITS FOR 2025	% BENEFIT PAYABLE	ANNUAL LIMITS FOR 2025
15. Rehabilitation (continued)			15. Rehabilitation (continued)		
	The condition must be non-progressive All associated accounts will be paid subject to this limit	100% of MSR		100% of Cost	Subject to clinical protocols PMBs only
16. Psychiatric Institutions and Substance and Alcohol Abuse			16. Psychiatric Institutions and Substance and Alcohol Abuse		
		100% of MSR	Maximum of 21 days per beneficiary per annum Subject to pre-authorisation	100% of MSR	Maximum of 21 days per beneficiary per annum Subject to pre-authorisation
17. Stoma Care Products			17. Stoma Care Products		
		100% of MSR	Major Medical Expenses Subject to pre-authorisation	100% of MSR	Major Medical Expenses Subject to pre-authorisation
18. Cochlear Implants			18. Cochlear Implants		
	All requests are subject to approval by the Clinical Advisory Committee	100% of Cost	R308 800 per beneficiary per annum Subject to pre-authorisation	No benefit	No benefit
19. Dentistry			19. Dentistry		
a)	Dental alveolar surgery Surgical procedures involving the teeth and supporting jawbone ridges, such as: » Basic dental procedures in children under the age of eight » Surgical dental procedures in exceptional clinical scenarios in children older than eight and adults • Surgical removal of multiple/impacted teeth or roots • Apicectomies	Hospital and anaesthetist's fee 100% of MSR for hospitalisation, operating theatre, sedationist and anaesthetist's fee	Major Medical Expenses Subject to pre-authorisation	Hospital and anaesthetist's fee 100% of MSR for hospitalisation, operating theatre, sedationist and anaesthetist's fee	Major Medical Expenses Subject to pre-authorisation

MAJOR MEDICAL EXPENSES

		IMPERIAL MOTUS MED HEALTH PLAN		IMPERIAL MOTUS MED BUDGET PLAN	
BENEFIT DESCRIPTION		% BENEFIT PAYABLE	ANNUAL LIMITS FOR 2025	% BENEFIT PAYABLE	ANNUAL LIMITS FOR 2025
19. Dentistry (continued)			19. Dentistry (continued)		
	<ul style="list-style-type: none"> • Tooth exposures • Corticotomies • Surgical preparation of mouth for dentures, etc. • Wisdom teeth 	Dental procedures Note that the associated dental procedures will still be funded at 85% of the MSR from the respective Dental Benefit categories, as indicated under day-to-day benefits	Subject to pre-authorisation	Dental procedures Note that the associated dental procedures will still be funded at 85% of the MSR from the respective Dental Benefit categories, as indicated under day-to-day benefits	Subject to pre-authorisation
b)	Orthodontic-related surgery Surgical procedures of: <ul style="list-style-type: none"> » the jaw, facial bones, mouth and its various internal and surrounding structures, where required as part of an orthodontic treatment plan to improve the orthodontic malocclusion and related functional discrepancies; and/or » to complement the non-surgical portion of the orthodontic treatment plan 	Hospital and anaesthetist's fee 100% of MSR for hospitalisation, operating theatre and anaesthetist's fee Surgical fee 100% of MSR	Major Medical Expenses Subject to pre-authorisation R12 420 per beneficiary per annum; applies to surgeon's fee	No benefit	No benefit
c)	Maxillofacial surgery <ul style="list-style-type: none"> » Oral/Facial trauma, such as fractured jaw or facial bones for which hospitalisation is required » Oral cancer and similar aggressive oral pathologies » Cleft lip/Palate repair » Salivary gland pathology » Serious, life-threatening infection of dental origin Internal temporomandibular joint (jaw joint) pathology 	100% of MSR for surgical procedures and related hospitalisation	Major Medical Expenses Subject to pre-authorisation	100% of MSR for surgical procedures and related hospitalisation	Major Medical Expenses Subject to pre-authorisation

MAJOR MEDICAL EXPENSES

		IMPERIAL MOTUS MED HEALTH PLAN		IMPERIAL MOTUS MED BUDGET PLAN	
BENEFIT DESCRIPTION		% BENEFIT PAYABLE	ANNUAL LIMITS FOR 2025	% BENEFIT PAYABLE	ANNUAL LIMITS FOR 2025
20. Excimer Laser, Radial Keratotomy, Holmium Procedures, LASIK, Phakic lenses and intra-stromal rings (surgically related services and procedures)				20. Excimer Laser, Radial Keratotomy, Holmium Procedures, LASIK, Phakic lenses and intra-stromal rings (surgically related services and procedures)	
In line with clinical protocols	100% of MSR	R7 320 per beneficiary per annum Subject to pre-authorisation	No benefit	No benefit	
21. Breast Reduction, Mammoplasty and other cosmetic surgery if deemed clinically appropriate				21. Breast Reduction, Mammoplasty and other cosmetic surgery if deemed clinically appropriate	
Prior approval by Medical Advisor	100% of MSR	Subject to pre-authorisation and approval from Medical Advisor	No benefit	No benefit	
22. Prosthetic Limbs and Eyes				22. Prosthetic Limbs and Eyes	
The submission of a quotation prior to purchase is required	100% of Cost	All prostheses are per beneficiary and subject to pre-authorisation » Prosthetic leg , subject to a limit of R132 550 per leg » Prosthetic arm , subject to a limit of R85 290 per arm » Prosthetic eye , subject to a limit of R26 310 per eye The limits above are available every two to five years, as per clinical protocols	100% of Cost	Subject to the Internal Prostheses limit of R45 860 (item 10, page 33)	
23. Infertility				23. Infertility	
Benefit limited to the treatment guidelines applied by State hospitals	100% of Cost	PMBs only Subject to pre-authorisation	100% of Cost	PMBs only Subject to pre-authorisation	
24. Oncology				24. Oncology	
a) Subject to a treatment plan and enrolment on the Oncology Programme	100% of MSR Subject to PMBs	Overall Oncology limit of R400 000 per beneficiary per annum Subject to pre-authorisation	100% of MSR Subject to PMBs	Overall Oncology limit of R122 200 per beneficiary per annum Subject to pre-authorisation	
b) Brachytherapy materials (including seeds and disposables) and equipment	100% of MSR	R49 880 per beneficiary per annum and included in the Overall Oncology limit Subject to pre-authorisation	100% of MSR	R14 820 per beneficiary per annum and included in the Overall Oncology limit Subject to pre-authorisation	
c) Pathology, X-rays and MRI, CT and radio-isotope scans	100% of MSR	R40 700 per beneficiary per annum; not subject to the Overall Oncology limit Subject to pre-authorisation	100% of MSR	R12 380 per beneficiary per annum; not subject to the Overall Oncology limit Subject to pre-authorisation	

MAJOR MEDICAL EXPENSES

		IMPERIAL MOTUS MED HEALTH PLAN		IMPERIAL MOTUS MED BUDGET PLAN	
BENEFIT DESCRIPTION		% BENEFIT PAYABLE	ANNUAL LIMITS FOR 2025	% BENEFIT PAYABLE	ANNUAL LIMITS FOR 2025
24. Oncology (continued)			24. Oncology (continued)		
d)	Oncology medicine	100% of Mediscor Reference Pricing (MRP)	R400 000 per beneficiary per annum and included in the Overall Oncology limit	100% of Mediscor Reference Pricing (MRP)	R122 200 per beneficiary per annum and included in the Overall Oncology limit
e)	Specialised oncology medicine – includes, but is not limited to, tier 3-appropriate SAOC protocols and immunotherapy	100% of MRP and managed care protocols	R200 000 per beneficiary per annum, subject to overall oncology limit	No benefit	No benefit
25. Services Rendered Abroad by a foreign supplier			25. Services Rendered Abroad by a foreign supplier		
	No benefit for beneficiaries travelling outside the borders of the Republic of South Africa for more than 90 consecutive days	Paid in accordance with applicable benefits contained in this schedule of benefits and according to MSR	R1 000 000 per beneficiary per annum	No benefit	No benefit
26. Home Oxygen cylinders, concentrators and ventilation expenses			26. Home Oxygen cylinders, concentrators and ventilation expenses		
		100% of Cost	R18 830 per beneficiary per annum Subject to PMBs and pre-authorisation Major Medical Expenses	100% of Cost	PMBs only Major Medical Expenses Subject to pre-authorisation
27. External Medical Appliances			27. External Medical Appliances		
	Permanent or temporary devices that are not surgically implanted and are seen to improve the function of a diseased organ, e.g. wheelchair, crutches, CPAP machine, Baumanometer and all orthopaedic braces Incontinence diapers, which are required as part of a chronic condition, are included	100% of Cost	R14 330 per beneficiary per annum Motivation and pre-authorisation required for devices and appliances above R1 000 Two-year cycle applies to blood pressure monitor and nebulisers only	100% of Cost	R4 580 per beneficiary per annum Motivation and pre-authorisation required for devices and appliances above R1 000 Two-year cycle applies to blood pressure monitors, glucometers and nebulisers only

MAJOR MEDICAL EXPENSES

		IMPERIAL MOTUS MED HEALTH PLAN		IMPERIAL MOTUS MED BUDGET PLAN	
BENEFIT DESCRIPTION		% BENEFIT PAYABLE	ANNUAL LIMITS FOR 2025	% BENEFIT PAYABLE	ANNUAL LIMITS FOR 2025
28. Diabetic Appliance Benefit			28. Diabetic Appliance Benefit		
	Glucometers, continuous glucose monitors and consumables, insulin pumps and consumables, other diabetic consumables, including blood glucose testing strips, and lancets	100% of the lower of cost or MSR, subject to Mediscor Reference Pricing (MRP)	Subject to managed care protocols and pre-authorisation	No benefit	No benefit
29. Hearing Aids			29. Hearing Aids		
	Subject to an audiology report and pre-authorisation	100% of Cost	R20 070 - Unilateral hearing aid per beneficiary over a three-year cycle R40 130 - Bilateral hearing aids per beneficiary over a three-year cycle	No benefit	No benefit
	Hearing aid maintenance	100% of Cost	R2 500 per beneficiary over a three-year period	No benefit	No benefit
30. Prescribed Medicines			30. Prescribed Medicines		
a)	Chronic medicine: Prescribed for PMB and/or additional chronic conditions Subject to the chronic medicine formulary only	100% of Mediscor Reference Price (MRP)	R27 400 per beneficiary per annum Once limit is depleted, authorised PMB medication will still be paid Subject to pre-authorisation A 10% co-payment applies when using a non-formulary medicine	100% of Mediscor Reference Price (MRP)	Unlimited – PMBs only Subject to pre-authorisation
b)	Specialised chronic medicine: Targeted treatment in auto-immune disorders and other complex chronic conditions; includes, but is not limited to, biological treatment A 10% co-payment applies when using a non-formulary medicine	100% of Mediscor Reference Price (MRP) and subject to managed care protocols	R200 000 per beneficiary per annum Subject to pre-authorisation	No benefit	No benefit

ANNUAL GENERAL BENEFIT

BENEFIT DESCRIPTION	IMPERIAL MOTUS MED HEALTH PLAN		IMPERIAL MOTUS MED BUDGET PLAN	
	% BENEFIT PAYABLE	ANNUAL LIMITS FOR 2025	% BENEFIT PAYABLE	ANNUAL LIMITS FOR 2025
<p>The general benefit limit will be used to fund any shortfall or co-payments for members and their dependants until the annual limit is depleted, whereafter the member will fund co-payments or shortfalls for the remainder of the year</p> <p>These include the following:</p> <p>a) any co-payments in respect of any benefit paid by the Scheme</p> <p>b) any shortfall in respect of any benefit paid by the Scheme</p> <p>c) any shortfall due to annual benefit limits being depleted</p> <p>d) any relevant healthcare services with a tariff or Nappi code that falls outside the scope of the Scheme benefits</p>	100% of Cost	R5 600 per family per annum	100% of Cost	R5 600 per family per annum

WELLNESS AND PREVENTATIVE BENEFITS

Covered on both the Imperial Motus Med Health and Budget Plans

BENEFIT DESCRIPTION		IMPERIAL MOTUS MED HEALTH PLAN		IMPERIAL MOTUS MED BUDGET PLAN	
		% BENEFIT PAYABLE	ANNUAL LIMITS FOR 2025	% BENEFIT PAYABLE	ANNUAL LIMITS FOR 2025
1. Screening tests		1. Screening tests			
a)	Weight, height and waist circumference Finger-prick glucose test Finger-prick cholesterol test Blood pressure test	100% of MSR	One visit per beneficiary per annum Major Medical Expenses	100% of MSR	One visit per beneficiary per annum Major Medical Expenses
b)	HIV test Finger-prick test	100% of MSR	One visit per beneficiary per annum Major Medical Expenses	100% of MSR	One visit per beneficiary per annum Major Medical Expenses
c)	Human papillomavirus (HPV) vaccine for all females	100% of MSR	Two doses for females between the ages of 9 and 26 years once in a lifetime Two doses for males between the ages of 9 and 18 years once in a lifetime Major Medical Expenses	100% of MSR	Two doses for females between the ages of 9 and 26 years once in a lifetime Two doses for males between the ages of 9 and 18 years once in a lifetime Major Medical Expenses
d)	Pap smear	100% of MSR	One per beneficiary per annum Major Medical Expenses	100% of MSR	One per beneficiary per annum Major Medical Expenses
e)	Mammograms	100% of MSR	One every 2 years for females 38 years and older Major Medical Expenses	100% of MSR	One every 2 years for females 38 years and older Major Medical Expenses
f)	Prostate-Specific Antigen (PSA) Test	100% of MSR	One every 3 years for males between 30 and 59 years One every 2 years for males between 60 and 69 years One every year for males 70 years and older Major Medical Expenses	100% of MSR	One every 3 years for males between 30 and 59 years One every 2 years for males between 60 and 69 years One every year for males 70 years and older Major Medical Expenses
g)	Dexa scan (Bone Density)	100% of MSR	Subject to one scan every 3 years for beneficiaries 50 years and older Major Medical Expenses	100% of MSR	Subject to one scan every 3 years for beneficiaries 50 years and older Major Medical Expenses
h)	Glaucoma screening	100% of MSR	One every 2 years for beneficiaries between 40 and 49 years One every year for beneficiaries 50 years and older Major Medical Expenses	100% of MSR	One every 2 years for beneficiaries between 40 and 49 years One every year for beneficiaries 50 years and older Major Medical Expenses

WELLNESS AND PREVENTATIVE BENEFITS

		IMPERIAL MOTUS MED HEALTH PLAN		IMPERIAL MOTUS MED BUDGET PLAN	
BENEFIT DESCRIPTION		% BENEFIT PAYABLE	ANNUAL LIMITS FOR 2025	% BENEFIT PAYABLE	ANNUAL LIMITS FOR 2025
1. Screening tests (continued)			1. Screening tests (continued)		
i)	Colorectal cancer screening Faecal Occult blood test only	100% of MSR	One every year for beneficiaries 40 years and older Major Medical Expenses	100% of MSR	One every year for beneficiaries 40 years and older Major Medical Expenses
2. Vaccines			2. Vaccines		
a)	Flu vaccine: For all adult beneficiaries over the age of 18 years	100% of MSR	One injection per beneficiary per annum Major Medical Expenses	100% of MSR	One injection per beneficiary per annum Major Medical Expenses
b)	Vaccines: Pneumococcal vaccine – for patients over 65 years and/or who are diagnosed with the following: » cancer » asthma » COPD » cardiac failure and » HIV	100% of MSR	One injection per enrollee per annum Major Medical Expenses	100% of MSR	One injection per enrollee per annum Major Medical Expenses
c)	Childhood vaccines Consultation	100% of MSR 85% from GP/ Specialist List	According to Scheme formulary from birth to 12 years of age Vaccines outside the formulary will be paid from the Acute Medicine limit – see table on page 58 Major Medical Expenses Day-to-Day Benefit Limit	100% of MSR 85% from GP/ Specialist List	According to Scheme formulary from birth to 12 years of age Vaccines outside the formulary will be paid from the Acute Medicine limit – see table on page 58 Major Medical Expenses Day-to-Day Benefit Limit

CHILDHOOD VACCINES

Covered on both the Imperial Motus Med Health and Budget Plans

Required age	Vaccine
Birth	Bacillus Calmette Guerin (TB) Vaccine
	Oral Polio Vaccine
6 Weeks	Oral Polio Vaccine
	Rotavirus Vaccine
	Diphtheria, Tetanus, Pertussis, Polio, Haemophilus Influenzae Type B
	Hepatitis B
	Pneumococcal Conjugated Vaccine
10 Weeks	Diphtheria, Tetanus, Pertussis, Polio, Haemophilus Influenzae Type B
	Hepatitis B
14 Weeks	Rotavirus Vaccine
	Diphtheria, Tetanus, Pertussis, Polio, Haemophilus Influenzae Type B
	Hepatitis B
	Pneumococcal Conjugated Vaccine
6 Months	Measles
9 Months	Pneumococcal Conjugated Vaccine
12 Months	Measles
18 Months	Diphtheria, Tetanus, Pertussis, Polio, Haemophilus Influenzae Type B
6 Years	Tetanus Vaccine
12 Years	Tetanus Vaccine



PLEASE NOTE:

It is a requirement that the ages be adhered to for the specific injections. If the specific injection is obtained after the age mentioned in the left-hand column (subject to a leeway of four weeks) it will not be paid for by the Scheme.



PRESCRIBED MINIMUM BENEFITS (PMBs)

BENEFIT DESCRIPTION	IMPERIAL MOTUS MED HEALTH PLAN		IMPERIAL MOTUS MED BUDGET PLAN	
	% BENEFIT PAYABLE	ANNUAL LIMITS FOR 2025	% BENEFIT PAYABLE	ANNUAL LIMITS FOR 2025
Any service that falls under the State's PMBs	100% of Cost	Unlimited	100% of Cost	Unlimited

Note: For more details on PMBs, refer to the **full set of the rules** under Annexure B: Point 6 on page 50. The rules are available on the Scheme's website.

SOME IMPORTANT DEFINITIONS TO UNDERSTAND

Medical Scheme Rate (MSR) is the rate at which Imperial Motus Med pays for medical products and services, which will be determined by the Scheme from time to time.

The Mediscor Reference Pricing (MRP) model is applicable to all medicines with generic equivalents. The MRP sets a maximum reimbursable price for a list of similar generic products with a lower cost than that of the original medicine. If a member chooses to use medicine that is more expensive than the MRP, the member will have to pay the difference between the price of the chosen medicine and the MRP. This is applicable to both preferred and non-preferred formulary medicines. Co-payments can be avoided or reduced by using a generic equivalent that costs less than the MRP. We encourage the use of generic equivalent medicines in the interest of cost-effective care.

Medicine Price refers to the Single Exit Price, plus a dispensing fee. Please be aware of this in order to ensure you are not charged additional costs on medicine.

Prescribed minimum benefits (PMBs) refer to the minimum benefits that must be provided by a medical scheme in terms of the Medical Schemes Act (no 131 of 1998) and its regulations. Please contact the Call Centre for more information on these benefits.

Board of Healthcare Funders refers to the representative organisation for the majority of medical schemes throughout South Africa.

A **designated service provider** is a healthcare provider or group of providers selected by the Scheme as preferred providers to provide diagnosis, treatment and care in respect of one or more prescribed minimum benefit conditions.

Major Medical Expenses (MME) are medical expenses for in-hospital treatment and certain out-of-hospital expenses, for example for oncology, dialysis and Prescribed Minimum Benefits (PMBs). (See benefit schedule – pages 26 to 51.)



MANAGED HEALTHCARE

Imperial Motus Med's managed healthcare strategy consists of the following three components:

- 1 Pharmacy benefit management
- 2 Management of high-risk beneficiaries
- 3 Hospital risk management

1 Pharmacy benefit management

Since chronic conditions may be regarded as life-threatening and require ongoing intervention, we manage these through chronic care management. Imperial Motus Med covers medication for prescribed minimum benefit (PMB) and non-PMB chronic conditions on the Imperial Motus Med Health Plan and medication for only PMB chronic conditions on the Imperial Motus Med Budget Plan. Should your doctor diagnose you or one of your dependants with a medical condition for which you need chronic medication, you need to apply for the medication to be registered as chronic medication with the Scheme.

The process to obtain authorisation for your chronic medication is as follows:

- Your doctor can apply by contacting Imperial Motus Med's Medicine Risk Management (MRM) Team on **0860 467 374** with all the relevant details of your application. The request can be processed immediately – while your doctor is on the phone – unless additional information is required, such as test results or a letter of motivation.
- You can apply in writing by completing an MRM application form, which is available on the Scheme's website. Both you and your treating doctor need to complete this application form and the form must be accompanied by the relevant test results, specialist reports and letters of motivation. The application form is available from the Client Service Department on **0860 467 374**.

The completed form can be emailed to **chronic@imperialmotusmed.co.za**.

You may also use the webchat facility on the Scheme's website to obtain authorisation for your chronic medication.

- Updates to your existing chronic medication can be done through the same three processes explained above. Please note that it takes a maximum of five (5) working days for your application to be processed once we've received it.
- Clinical entry criteria, as outlined on the application form, will be applied to your application before chronic medication benefits are authorised. MRM's pharmacists, supported by the medical advisors, will review your application to ensure that cost-effective medication is authorised, which will ensure cost containment without compromising on the quality of care.
- Medicines will be covered if they are listed on the Scheme's medicine formulary (list of prescribed medicines) and are within the Scheme's maximum benefit limit. Chronic medicines will be approved from the date that we receive your full application – fully completed and including all supporting documentation. Following the outcome of your application, an authorisation letter will be sent to you and an authorisation period indicated for each approved medication item.
- If any medicines have been rejected or if additional information to support your application is required, the reasons will be given. Please note that it takes a maximum of five working days for your application to be processed.

Imperial Motus Med applies protocols and formularies within therapeutic reference pricing to all medication that is covered.

This includes chronic, acute, and over-the-counter (OTC)/pharmacy-advised therapy (PAT) medication. Should you choose to make use of the original, brand-name product or a more expensive generic equivalent, there will be a co-payment that you will be responsible for making.

Please note that a chronic medication prescription for schedule 3 to 5 medication can be issued for six months. Remember to renew your prescription every six months. Prescriptions for schedule 6 and 7 medication cannot be repeated and a new prescription needs to be obtained and provided to your pharmacy every month so they can dispense your medication.

Chronic disease list (CDL) prescribed minimum benefit (PMB) conditions covered on the Health and Budget Plans

Addison's disease
Asthma
Bipolar mood disorder
Bronchiectasis
Cardiomyopathy
Chronic obstructive pulmonary disease (COPD)
Chronic renal (kidney) failure
Congestive cardiac (heart) failure
Coronary artery (heart) disease
Crohn's disease
Diabetes insipidus
Diabetes mellitus type 1 and 2
Dysrhythmia
Epilepsy
Glaucoma
Haemophilia
HIV
Hyperlipidaemia (high cholesterol)
Hypertension (high blood pressure)
Hypothyroidism (underactive thyroid gland)
Multiple sclerosis (MS)
Parkinson's disease
Rheumatoid arthritis
Schizophrenia
Systemic lupus erythematosus
Ulcerative colitis

1 Pharmacy benefit management (continued)

Non-CDL PMB conditions covered on the Health and Budget Plans

Aplastic anaemia
 Benign prostatic hyperplasia
 Cardiac arrhythmia
 Cushing's disease
 Endometriosis
 Glomerular disease
 Hyperthyroidism
 Hypoparathyroidism
 Immune/idiopathic thrombocytopenic purpura (ITP)
 Menopause/hormone replacement therapy (HRT)
 Pancarditis
 Paraplegia
 Pemphigus
 Pituitary adenoma
 Polycystic ovarian syndrome
 Pulmonary hypertension
 Pulmonary interstitial fibrosis
 Quadriplegia
 Sarcoidosis
 Stroke (cerebrovascular accident)/transient ischaemic attack (TIA)
 Thromboangiitis obliterans (TAO)/Buerger disease
 Tuberculosis (TB)
 Valvular heart disease
 Venous thromboembolism (VTE)

Additional chronic conditions covered on the Health Plan only

Acne (severe)
 Allergic rhinitis (hay fever)
 Alzheimer's disease
 Ankylosing spondylitis
 Attention deficit hyperactivity disorder (ADHD)
 Cryoglobulinemia
 Cystic fibrosis
 Depression
 Dermatomyositis
 Dystonia
 Eating disorders
 Eczema/allergic dermatitis (severe)
 Embolism and thrombosis
 Gastro-oesophageal reflux disease (GORD)
 Huntington's disease
 Motor neuron disease
 Myasthenia gravis
 Narcolepsy
 Obsessive compulsive disorder (OCD)
 Osteoporosis
 Paget's disease
 Psoriasis
 Scleroderma
 Sjögren's syndrome
 Systemic sclerosis
 Tic disorders



2 Management of high-risk beneficiaries

The Managed Care provider, Momentum Health, will identify all high-risk beneficiaries with one or more chronic conditions and allocate a lifestyle/wellness coach to each. The purpose of the coach is to:

- monitor the beneficiary following hospitalisation to identify beneficiaries that require further management early;
- check claims to determine the appropriateness of treatment and compliance with treatment plans;
- develop individualised treatment plans in conjunction with the treating doctor;
- monitor compliance of the required chronic condition's treatment by the beneficiary and obtain authorisation for further treatment, if required; and
- remain in regular contact with the beneficiary.

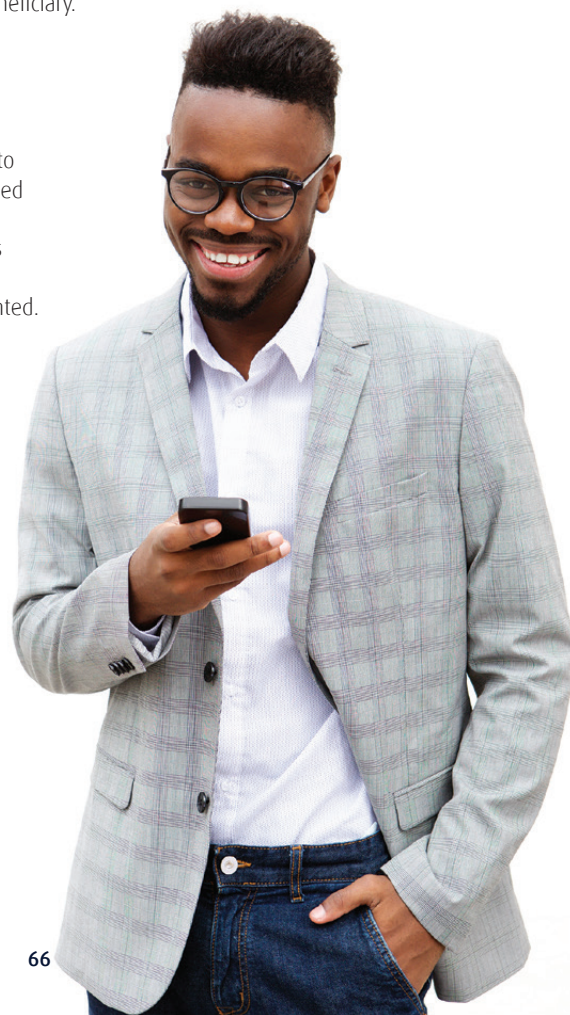
3 Hospital risk management

The aim of hospital risk management is to manage major medical expenses. Qualified medical personnel assess requests for hospitalisation to ensure appropriateness and cost-effectiveness. If all the relevant criteria are met, pre-authorisation is granted.

This provides an opportunity to assess, monitor and coordinate each request from admission to discharge.

The following services should be pre-authorised:

- hospital admissions or admissions to a day clinic;
- specialised radiology;
- home nursing;
- step-down or sub-acute care;
- alternative therapy;
- oxygen and Stoma products;
- psychiatric treatment;
- cancer treatment; and
- home oxygen.

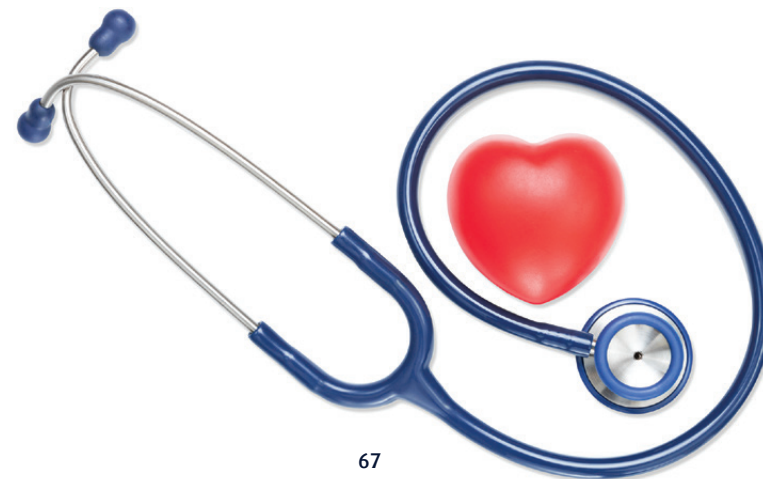


- Pre-authorisation should be requested **at least 48 hours** before the service is rendered or even earlier to ensure all relevant information is submitted that could otherwise delay authorisation. Authorisation should be obtained within 48 hours or on the first working day after an emergency admission. All initial requests for admission will be screened for medical necessity and appropriateness using clinical guidelines and best practice principles.
- A specialist care coach will inform you of what to expect, your available benefits, the applicable Scheme rules and any other concerns he or she may have. Based on the information provided, a request for pre-authorisation can be approved, left pending or declined. In each instance, feedback will be provided.
- If the request is approved, an authorisation number is granted and written confirmation is sent to you and the service provider. You will also receive an SMS with an authorisation number.

You need to provide the following details when you call to obtain pre-authorisation:

- membership number;
- ID number of the main member;
- name or date of birth of the patient;
- name of hospital;
- name or practice number of the admitting doctor;
- reason for the admittance, including ICD-10 codes; and
- date of admission.

You will be liable for a R500 co-payment if pre-authorisation is not obtained before the admission.



DISEASE MANAGEMENT PROGRAMMES

In addition to the three managed healthcare components outlined in the previous section, the following disease management programmes are in place:

- 1 Oncology (cancer) programme
- 2 HIV programme

1 Oncology (cancer) programme

The purpose of the programme is to provide a cost-effective and evidence-based oncology benefit to members. Enrolment on the programme is compulsory for all beneficiaries who receive oncology treatment.

Benefits of enrolment on the programme

- Access to the Scheme's oncology benefit
- Cost-effective management of annual oncology benefit
- Assistance with authorisation for appropriate health services
- Co-ordination of treatment with other treating doctors

Members will receive holistic education, care and support to better manage their condition.



CONTACT DETAILS FOR THE ONCOLOGY PROGRAMME:

Tel: 0860 467 374

Email: oncology@imperialmotusmed.co.za

2 HIV programme

HIV & AIDS management

The purpose of the HIV programme, HIV YourLife Programme, is to identify members who have contracted HIV or are living with AIDS and manage their treatment. We also ensure access to quality care and optimal use of the benefits that are available to manage the disease. Members are followed up on for counselling and support based on the stage of the disease they are in and emphasis is placed on adherence to treatment plans.

Benefits of enrolment on the programme

Joining the programme soon after diagnosis ensures that you can access appropriate medication, support and education and therefore enjoy a healthier and more productive life. You will also be assisted in developing life skills that will help in making decisions about your lifestyle. You will receive information and advice on treatment and get counselling and continuous support. This will in turn minimise hospitalisation associated with opportunistic diseases.

Once you're registered on the programme you can access the following services:

- post-exposure prophylaxis (PEP) medication;
- prevention of mother-to-child transmission;
- adult chronic medication and treatment for children;
- prophylaxis for opportunistic infections; and
- a treatment plan for doctor's consultations and investigations.

Anti-retroviral medication approval process

- Treatment will be authorised as per treatment guidelines.
- An authorisation letter will be sent to both the member and doctor explaining the authorised medication and treatment plan.

CONFIDENTIALITY

All communication is handled in a confidential manner. Your employer, friends or even the Scheme's Board of Trustees will not have access to information about your HIV status. Access to your records will be limited to your specialist care coach and the clinical team in the dedicated HIV management unit.



CONTACT DETAILS FOR THE HIV PROGRAMME:

Tel: 0860 109 793
(this is a dedicated, confidential helpline)
Email: hiv@momentum.co.za



YourLife
PROGRAMME

MEDICAL EMERGENCY AND AMBULANCE SERVICES

In the case of an emergency, you have access to the medical emergency services offered by **Europ Assistance South Africa**.

All emergency services case managers and nursing staff are housed in one call centre in Constantia Kloof in Johannesburg.

Two dynamic services offered by **Europ Assistance South Africa** to Imperial Motus Med members are the **Personal Health Advisor** and **Emergency Medical Services**. Both these services are available on one easy-to-remember number:

0861 RESCUE (0861 737 283)



What benefits are included?

- Emergency medical transportation
- 24-hour telephonic medical advice and emergency assistance hotline
- Escorted return of minors
- Arrangements for compassionate visit by a family member
- Inter-hospital transfers
- Return of mortal remains

What to do in an emergency

Dial **0861 RESCUE**. You will be given **two options**: press **1 for emergency services** or **2 for the Personal Health Advisor**. When an agent answers the call, you are requested to give your name, surname and Imperial Motus Med membership number. If, in the case of an emergency, you do not have your membership number on hand, your name and surname will do.

The **Personal Health Advisor** is a 24-hour health advisory service manned by professional, experienced nurses. The facility offers a comprehensive database of symptom assessment, which allows safe and appropriate advice to be given regarding the management and treatment of illnesses and conditions. The service is offered for both incoming and outgoing calls and in most official South African languages.

Personal Health Advisor

This service includes:

- the Audio Health Library, which lists a range of symptoms and ailments;
- emergency medical advice, which provides appropriate first aid advice to the caller;
- assessment of day-to-day symptoms;
- drug database, which lists different drugs and medication, contra-indications, dosage and whether there are dietary specifications;
- procedures to be followed immediately after poisoning, as well as long-term treatment;
- health counselling for chronic conditions and diseases/conditions, such as cancer, HIV and AIDS, diabetes and asthma, where the patient can receive a better understanding of the disease and the specific treatment given; this counselling helps the patient and those around him/her cope with the problem;
- addiction counselling to assist the caller with coping skills or to refer them to appropriate medical care clinics;
- stress management, where counselling, advice and relaxation techniques are discussed with the callers;
- trauma debriefing by the Personal Health Advisor nurses, who handle the debriefing of any sort of trauma on a daily basis; and
- assistance for rape survivors during which initial counselling is immediately available to the survivor; after the assessment and counselling, the survivors of rape are directed to the closest medical centre.

Emergency medical services

This is a 24-hour a day, immediate response service to the scene of the medical emergency, where advanced life-saving resuscitation is provided, if needed. A medical emergency is a life-threatening situation such as a heart attack, drowning, snakebite or bodily injury, such as a gunshot wound or motor accident injury. If you experience a medical emergency and are unable to get to a hospital, you will be stabilised before transportation to the closest, most appropriate medical facility.

Please be aware that, unless in situations beyond your control – for example if you are unconscious or unable to talk – you must phone Europ Assistance first for emergency medical assistance. This not only ensures that the best quality service is provided, but also that the claim is channelled correctly. If you are unable to communicate and another person calls for emergency assistance on your behalf, the claim will be treated appropriately, but Europ Assistance must be made aware of the situation as soon as possible.

EXCLUSIONS AND LIMITATIONS

Expenses incurred in connection with any of the following will not be paid by the Scheme, unless otherwise authorised by the Board of Trustees:

1. Exclusions

The Scheme will pay in full, without co-payment or use of deductibles, the diagnosis, treatment and care costs of the prescribed minimum benefits as per regulation 8 of the Act. Furthermore, where 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 regulation 15H and 15I of the Act. The following will not be



paid by the Scheme unless otherwise authorised by the Board:

- 1.1** Optometry
 - 1.1.1** Tinted or coloured plano lenses and other cosmetic effect contact lenses (other than prosthetic lenses), and contact lens accessories and solutions.
 - 1.1.2** Optical devices which are not regarded by the relevant managed healthcare programme as clinically essential or clinically desirable.
- 1.2** Breast reduction, except where associated with breast reconstruction following a diagnosis of cancer or if the beneficiary is diagnosed with gigantomastia in pregnancy accompanied by complications such as ulceration of breast tissue, massive infection, tissue necrosis with slough, significant haemorrhage or if delivery is not imminent.
- 1.3** Treatment of scars, keloids and excision of a tattoo are deemed to be for cosmetic purposes except in cases of severe burn scars on the face and neck and functional impairment such as contractures. Where necessary the Board will refer cases to a panel of medical specialists for a final decision. The decision of the Board following advice from the specialist panel will be final.
- 1.4** Any medical and/or surgical procedure related to the Gamate Intrafallopian Transfer, In-Vitro fertilisation, Zygote

Intrafallopian Transfer, Pronuclear Stage Tubal Transfer or any other transfer or egg or sperm collection will not be covered by the Scheme. Any other treatment or investigation not covered in respect of Code 902M (Diagnosis: Infertility) will not be covered by the Scheme.

- 1.5** Donor cost – organ harvesting and donor cost, in case where the donor recipient is not a member of Imperial Motus Med.
- 1.6** Otoplasty for children 12 years of age or older.
- 1.7** Expenses incurred by a member or dependants of a member in the case of, or arising out of, wilful self-injury, professional sport, speed contests and speed trials except for Prescribed Minimum Benefits.
- 1.8** Laparoscopic surgery for the removal of an appendix except in the event of an emergency procedure.
- 1.9** Investigations, operations or treatments for cosmetic purposes, obesity, artificial insemination, impotence and erectile dysfunction or treatment of an experimental nature.

A medical or surgical procedure, treatment, cause of treatment, equipment, drug or medicine will be regarded as experimental:

 - if it is not widely accepted and known to be safe, effective and appropriate for the treatment of illness or injury by a consensus of professional medical specialists that

are recognised as such by the South African medical community;

- if it is under study, investigation, in a test period or part of or in a clinical research state;
- where no definite outcome results, following at least a five-year trial period, are available; or
- if it is more expensive than that which is generally available and does not significantly change the outcome of the procedure, treatment or taking of medicine or drug; provided that should a member prefer to have the more expensive treatment, the Scheme shall pay the reasonable and customary fees associated with the treatment generally available.

- 1.10** Holidays for recuperative purposes.
- 1.11** Purchase of:
 - patent medicine and proprietary preparations
 - applicators, toiletries and beauty preparations
 - bandages, cotton wool and similar aids
 - patented foods, including baby foods
 - Mirena and similar devices to prevent pregnancy
 - tonics, slimming preparations, drugs as advertised to the public and vitamins which are not approved by the Scheme
 - household and biochemical remedies
 - sunglasses
 - exercise equipment
 - any drug or medicine not registered by the Medicines Control Council or similar authority
 - any medicines not registered for that specific condition.

- 1.12** All costs that are more than the annual maximum benefit to which a member is entitled in terms of the rules of the Scheme.
- 1.13** Examinations for insurance, employment, visas, pilot or driving licences or examinations for enrolment to college and university.
- 1.14** Any member-related travelling or conveyance by whomsoever and of whatsoever nature except as by umbulance or ambulance aircraft.
- 1.15** Dentistry
- 1.15.1** Labial frenectomy in respect of beneficiaries under the age of 12 years old.
- 1.15.2** Dental procedures or devices which are not regarded by the relevant managed healthcare programme as clinically essential or clinically desirable.
- 1.15.3** General anaesthetic and hospitalisation for dental work, except in the case of patients under the age of eight years old or bony impactions of the third molars.
- 1.15.4** Periodontic plastic procedures for cosmetic reasons.
- 1.15.5** Tooth bleaching, lingual (invisible) orthodontic braces and gum guards for sports purposes.
- 1.16** The purchase of medicines prescribed by a person not legally entitled thereto.
- 1.17** Robotic assisted surgery.
- 1.18** Costs of appointments cancelled or not kept by members.

- 1.19** Costs for services rendered by:
- 1.19.1** Persons not registered in terms of any law;
- 1.19.2** Any institution, except a state or provincial hospital not registered in terms of any law.
- 1.20** Services which are regarded as not medically necessary. A treatment, procedure, supply, medicine, hospital or specialised centre stay (or part of a hospital or specialised centre stay) will be regarded as medically necessary if:
- it is appropriate and essential to the diagnosis and treatment of illness or injury of the member; and
 - does not exceed, in scope, duration or intensity of the level of care that is needed to provide a safe, adequate and appropriate diagnosis of treatment; and
 - it has been prescribed by a doctor; and
 - it is consistent with the widely accepted professional standards of the medical practice in South Africa and in respect of overseas cover, the United States of America; and
 - in the case of inpatient care, it cannot be provided safely on an outpatient basis.

The medical need shall be determined by the Scheme taking into account the above requirements. The fact that a doctor has prescribed, recommended, approved or provided a treatment, service, supply or confinement shall not in itself be regarded as proof that a service is medically necessary. Where necessary the Board will refer cases to a panel of medical specialists for a final decision. The decision of the Board following advice from the specialist panel will be final.

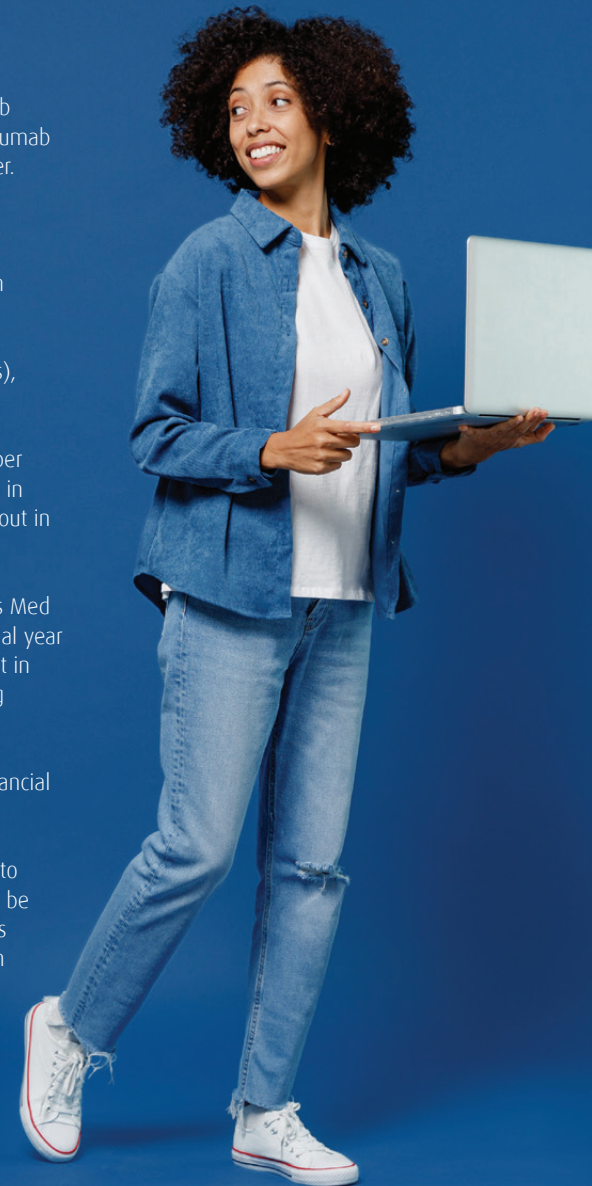
- 1.21** The following medicines, unless they form part of the public sector protocols and are authorised by the relevant managed healthcare programme:

- 1.21.1** Any specialised drugs that have not convincingly demonstrated a survival advantage of more than three months in advanced or metastatic solid organ malignant tumours, for example Sorafenib for hepatocellular carcinoma and Bevacizumab for colorectal and metastatic breast cancer.

2. Limitation of benefits

Provided that no limitations shall apply in respect of any service falling within the prescribed minimum benefits other than as provided for in Rule 3 (waiting periods), the following limitations will apply:

- 2.1** The maximum benefits to which a member and his/her dependants shall be entitled in any financial year shall be limited as set out in Annexure B.
- 2.2** Members admitted to the Imperial Motus Med Health Plan during the course of a financial year shall be entitled to the benefits as set out in Annexure B with maximum benefit being adjusted in proportion to the period of membership calculated from the date of admission to the end of the particular financial year.
- 2.3** The annual limits for members admitted to the Imperial Motus Med Budget Plan will be allocated on a pro rata basis for members joining from 1 February to 31 July of each year, but those joining from 1 August to 31 December of each year will have access to the same benefit limits as those joining on 1 July of the year.



- 2.4** In cases where a specialist, except an eye specialist or gynaecologist, is consulted without the recommendation of a general practitioner, the benefit allowed by the Scheme, may, at the discretion of the Board, be limited to the amount that would have been paid to a general practitioner for the same service.
- 2.5** Unless otherwise decided by the Board, benefits in respect of medicines obtained on a prescription are limited to one month's supply for every such prescription or repeat thereof.
- 2.6** In cases of illness of a protracted nature, the Board shall have the right to insist upon a member or dependant of a member consulting a particular specialist the Board may nominate in consultation with the attending practitioner.
- 2.7** Subject to the general limitations on benefits determined by the Board from time to time, in the event that any other party may be liable for costs incurred for treatment of sickness conditions or injuries sustained by a beneficiary, the Scheme shall cover the appropriate medical costs on behalf of the beneficiary in accordance with the available benefits, after which the Scheme may recover the cost from the appropriate party.

In the event that the Scheme effects payment of any such costs incurred by the beneficiary prior to the beneficiary

recovering all or a portion of such costs from another party, then the beneficiary shall:

- 2.7.1** be liable to repay to the Scheme all amounts or a portion thereof paid by the Scheme and recovered by or on behalf of the beneficiary from the party responsible for compensating such beneficiary, after the deduction of any legal costs or deductions that may have been incurred in the recovery of such amount;
- 2.7.2** disclose to the Scheme, alternatively, instructs his/her legal representative to disclose to the Scheme, the full extent of any compensation awarded in respect of past and future medical expenses;
- 2.7.3** sign all documentation as may be required by the Scheme to obtain copies of all such information not in the Scheme's possession, relating to the beneficiary's medical accounts and records from the relevant practitioners and/or medical institutions;
- 2.7.4** provide the Scheme with such assistance as the Scheme may reasonably require should the Scheme wish to recover any amounts paid on behalf of the member for which a third party may be liable.



CLAIMING MADE EASY

Submission of claims

Please **do not** fax claims to the Scheme, as these will not be processed. Claims may be emailed to the Scheme at enquiries@imperialmotusmed.co.za.



- All accounts submitted must contain the following information:
 1. your membership number;
 2. your name and initials;
 3. date of service/treatment;
 4. nature of treatment/illness;
 5. tariff code, where applicable;
 6. name of patient (not a nickname) as it appears on your membership card;
 7. name and practice number of the service provider, e.g. doctor or pharmacy;
 8. name of the Scheme;
 9. the amount charged; and
 10. ICD-10 diagnosis code.
- Ensure that the services charged on the account are correct.
- If you have already paid an account, write 'account paid' clearly on the account and attach the receipt.
- The Scheme cannot process receipts received without detailed accounts.
- Accounts must be submitted to the Scheme within four months of treatment, i.e. before or by the last day of the fourth month after the month in which the service was rendered, after which the claims will be rejected as stale.
- Should the claim be for the treatment of injuries in which a third party, e.g. motor vehicle accident claim or occupational injuries and diseases claim, could be involved, a statement of how the injuries were sustained must accompany the claim.
- Ensure that all service providers have your correct membership number and the correct address to which claims should be sent.
- In case of hospital treatment, write 'hospital treatment' on the account with your authorisation number.

Electronic submission of claims

The majority of doctors and other service providers (notably large pathology laboratories) submit claims directly to the Scheme using electronic data interchange (EDI). This process normally works extremely well and ensures quick, direct payment to the supplier. However, it does not absolve the member from the ultimate responsibility for ensuring that the account is settled, or for any co-payment that is due. Suppliers who submit claims directly to the Scheme are obliged to send duplicate accounts to members to check whether the services and the amounts charged are in fact correct.

Check your claims statement to verify that the accounts have been paid. It could be inconvenient for members when such an account is discovered to be unpaid after the maximum period for the submission of claims has passed. Should changes be made to the benefits granted by the Scheme, claims submitted after the changes will be paid according to the rules that existed at the date of the service and not the rules that exist at the date when the claims are submitted or received.

Claiming for medicines dispensed directly by pharmacists – pharmacist-advised therapy (PAT) or over-the-counter (OTC) medicine

Imperial Motus Med also offers you a facility to buy schedule 1 and 2 medicines from a registered pharmacist without a doctor's prescription. This is called pharmacist-advised therapy or over-the-counter medicine. If you make use of this facility, no levy will be payable.

Use this facility for minor complaints such as coughs and colds to avoid unnecessary visits to your doctor. However, do not neglect to see your doctor if you are really ill – there is no price for good health.

You may claim for medicines that have been dispensed by a pharmacist but have not necessarily been prescribed by a doctor. These claims will be deducted from your acute medicine limit. Your benefits for these claims will be paid at 100% of the Mediscor Reference Price (MRP) up to a specified maximum per prescription. See the table of benefits on **page 20** for more details.

Please remember that medicines that are purchased at a supermarket will not be accepted for payment. Pharmacists have a clear understanding of medicines and drugs that may be dispensed under this benefit.

Claiming for medical expenses incurred outside the country

If you are intending to travel abroad, it is wise to take out additional medical cover. Your travel agent will be able to assist you with this.

- If you are injured or become ill while outside South Africa on holiday or business, you may submit the account to the Scheme for a refund.
- You will be responsible for settling the account, after which the benefit due to you will be paid to you.
- The benefit will be paid according to the equivalent medical scheme rates and will be refunded in South African rands.
- This benefit is subject to an Overall Annual limit of R1 million per beneficiary per annum. Please note that any medical expenses incurred during an overseas stay exceeding a period of three months will not qualify for benefits.

Motor vehicle accidents (MVAs)

In terms of the rules of the Scheme, (Annexure C, point 2.7, page 102 of the rules) the Scheme shall cover the appropriate medical costs for the treatment of sickness conditions or injuries sustained by a member or a dependant where any other party, for example the Road Accident Fund (RAF), may be liable on behalf of the beneficiary in accordance with the benefits available, after MVA claims are identified when specific diagnoses are reflected on accounts, e.g. those related to fractures or soft tissue



injuries. Sometimes doctors or hospitals send an injury report with the accounts stating that the member or dependant was involved in a motor vehicle accident. Alternatively, the member or the attorneys could also contact the Scheme via telephone.

MVA claims have certain procedures, which must be strictly adhered to:

- If you have been involved in an accident where a third party is liable for payment, please inform the Scheme as soon as possible.
- The attorney and the member must submit a written undertaking that the Scheme will be refunded by the attorney when the claim has been settled by the RAF.
- The Scheme will then assist the member by paying the claims to the service providers, such as the hospitals and doctors concerned.
- All claims will be paid in accordance with the Scheme rules and be subject to the benefits available for the specific treatment.
- Any delay in lodging a claim or in appointing an attorney will delay the payment of claims.
- **Cases that are rejected by the RAF will be covered by the Scheme, subject to the beneficiary's benefit limits. However, a letter will be required from the RAF stating that the claim has been rejected.**

Payment of claims

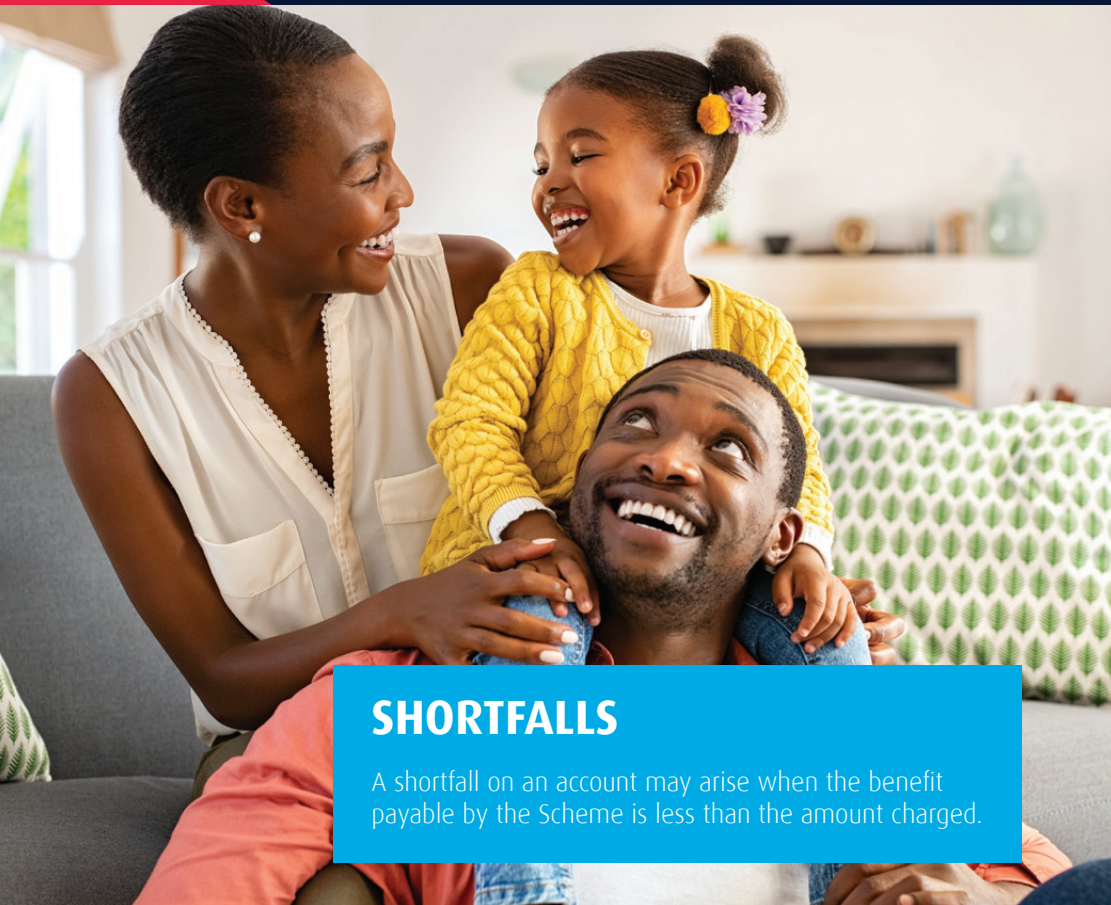
The Scheme pays all accounts up to the benefit limit only. If your service provider charges more than the benefit limit, or your benefits are exhausted, you will be liable for payment of the difference in price, which must be paid directly to the service provider.

Payments to members and service providers are made twice a month. After the claim has been processed, you and the service provider will receive a claims statement setting out how the claim has been dealt with.

Refunds for settled claims

Payment to members will be made directly into your specified banking account.

Please ensure that the Scheme has your correct banking account details or address at all times.



SHORTFALLS

A shortfall on an account may arise when the benefit payable by the Scheme is less than the amount charged.

HELPING TO CURB YOUR COSTS

The Scheme is there to provide you with cover when you need it. You can help curb future costs by using your Scheme benefits carefully:

- Always talk to your doctor about whether treatment is necessary.
- Negotiate with your doctor to charge medical scheme rates or obtain the services from a contracted doctor.
- Use day clinics where possible.
- Get a second opinion if surgery or expensive treatments are suggested.
- Check your benefit limits (where applicable) before seeking medical treatment.
- Use generic medicines where possible – it can cost up to 80% less than brand-name medicines.

CONTACT DETAILS

CLAIMS ENQUIRIES, MEMBERSHIP CONFIRMATIONS AND REGISTRATIONS

Tel: 0860 467 374

Email: enquiries@imperialmotusmed.co.za

MANAGED CARE SERVICES – HOSPITAL PRE-AUTHORISATION AND ONCOLOGY BENEFIT MANAGEMENT PROGRAMME

HOSPITAL PRE-AUTHORISATION

Tel: 0860 467 374

Email: hrm@imperialmotusmed.co.za

ONCOLOGY

Tel: 0860 467 374

Email: oncology@imperialmotusmed.co.za

CHRONIC MEDICATION AND MEDICAL MANAGEMENT

Tel: 0860 467 374

Email: chronic@imperialmotusmed.co.za

EUROP ASSISTANCE EMERGENCY SERVICES

Tel: 0861 RESCUE (0861 737 283)

MEDI CALL – MEMBER CARE LINE

Tel: 0860 105 221

Email: imperialmotusmed@medicall.co.za

Website: www.medicall.co.za

CEDAR HEALTHCARE

Tel: 0860 101 333

Email: cedarhc@medicall.co.za

Website: www.cedarhc.co.za

HIV YOURLIFE PROGRAMME

Tel: 0860 109 793

Email: hiv@momentum.co.za

DENTAL AUTHORISATION

Tel: 0860 467 374

Email: dentalauths@imperialmotusmed.co.za

CONTRIBUTIONS

Contact your company's payroll/human resources department

MEMBER SUGGESTION EMAIL BOX

Email: suggestions@imperialmotusmed.co.za

THE SCHEME'S WEBSITE

www.imperialmotusmed.co.za

FRAUD HOTLINE

Tel: 0800 000 436

COUNCIL FOR MEDICAL SCHEMES – COMPLAINTS

Tel: 0861 123 267

Fax: 012 431 0608

Email: complaints@medicalschemes.com

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