

PROFMED 2021 EASY REFERENCE GUIDE

Benefit Changes: The information below is a guide to the benefits that have changed for 2021. Please consult the Schedule of Benefits and the Information Guide for details on these benefits.

Applies to both Premium and Savvy* options

BENEFIT		PRO PINNACLE	PRO SECURE PLUS	PRO SECURE	PRO ACTIVE PLUS	PRO ACTIVE
Tariffs	All Profmed Tariffs	Increased	Increased	Increased	Increased	Increased
1E3	Oncology	Limit increased	Limit increased	Limit increased	Limit increased	Limit increased
1E4	Rehabilitation	Limit increased	Limit increased	Limit increased	Limit increased	Limit increased
1E5(a)	Out-patient care in lieu of hospitalisation: Sub-acute facilities	Limit increased	Limit increased	Limit increased	Limit increased	Limit increased
1E5(b)	Out-patient care in lieu of hospitalisation: Wound care	Limit increased	Limit increased	Limit increased	Limit increased	Limit increased
1E6(a)	Psychiatric treatment: In-hospital	Limit increased	Limit increased	Limit increased	Limit increased	Limit increased
1E6(b)	Psychiatric treatment: Out-of-hospital	Limit increased	Limit increased	Limit increased	Limit increased	Limit increased
1F1(b)	Physiotherapy: Out-of-hospital post-operative	Limits increased	Limits increased	Limits increased	N/A	N/A
1F4(a)	Internal surgical devices: Major	Limit increased	Limit increased	Limit increased	Limit increased	Limit increased
1F4(b)	Internal surgical devices: Intraocular lenses	Limit increased	Limit increased	Limit increased	Limit increased	Limit increased
1G3	Functional orthognathic surgery	Limit increased	N/A	N/A	N/A	N/A
2.10	HIV testing: Pathology	Paid from risk	Paid from risk	Paid from risk	No change	No change
2.11	Newborn hearing screening: Audiology screening	Paid from risk	Paid from risk	Paid from risk	No change	No change
2.12	Faecal occult blood test: Pathology	Paid from risk	Paid from risk	Paid from risk	No change	No change
2.13	Bone densitometry: Radiology	Paid from risk	Paid from risk	Paid from risk	No change	No change
2.14	Human papilloma virus (HPV) screening	Paid from risk	Paid from risk	Paid from risk	No change	No change

*The Savvy Options are subject to use of the Designated Service Provider Network (DSPN) for hospitalisation. Voluntary use of a non-DSPN hospital will result in a co-payment of R10 000.

Applies to both Premium and Savvy* options

BENEFIT		PRO PINNACLE	PRO SECURE PLUS	PRO SECURE	PRO ACTIVE PLUS	PRO ACTIVE
3	Contraceptives (Including oral, patches, injections, implants and intra-uterine devices)	Limit increased	Limit increased	Limit increased	Limit increased	Limit increased
4(a)	Chronic Medication	No change – benefit unlimited	Limits increased	Limits increased	No change	No change
5	Annual overall day-to-day limit	Limits increased	Limits increased	Limits increased	Limits increased	N/A
5B1	Prescribed acute medication	Limits increased	Limits increased	Limits increased	Limits increased	N/A
5B2	Over-the-counter medication	Limits increased	Limits increased	Limits increased	Limits increased	N/A
5C1(a)	External prostheses and appliances	Limits increased	Limits increased	Limits increased	N/A	N/A
5C1(b)	External prostheses and appliances: Other	Limit increased	Limit increased	Limit increased	N/A	N/A
5C2	Supplementary services	Limits increased	Limits increased	Limits increased	No change	No change
5C3	Alternative health practitioners	Limits increased	N/A	N/A	N/A	N/A
5D2(c)	Spectacles – Frames	Limit increased	Limit increased	Limit increased	N/A	N/A
5D3	Contact lenses (clear)	Limit increased	Limit increased	Limit increased	N/A	N/A
5D4	Refractive eye surgery	Limit increased	N/A	N/A	N/A	N/A
5E	Dentistry (Including Conservative and Advanced dentistry)	Limits increased	Limits increased	Limits increased	Limits increased	Limits increased
6A2	Ante-/post-natal consultations by a medical practitioner	No change	Tariffs increased	Tariffs increased	Tariffs increased	No change
6A3	Ante-/post-natal consultations by a registered midwife	Tariffs increased	Tariffs increased	Tariffs increased	Tariffs increased	No change
6A8	Ante-natal exercises by registered healthcare practitioner	Limit increased	N/A	N/A	N/A	N/A
6A9	Prescribed medication during pregnancy	Limit increased	Limit increased	Limit increased	Limit increased	No change
6A10(a)	Post-natal home-based care: Visit	Paid from day-to-day limit	Paid from risk	Paid from risk	N/A	N/A
6B3	Delivery fee by registered midwife	Tariffs increased	Tariffs increased	Tariffs increased	Tariffs increased	Tariffs increased
7(a)	International Travel Medical Assistance Benefit: Overall limit	Limit increased	Limit decreased	Limit decreased	Limit decreased	Limit decreased
7(b)	International Travel Medical Assistance Benefit: Out-of-hospital limit	Day-to-day limit introduced	Day-to-day limit introduced	Day-to-day limit introduced	No change	No change

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