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August 2018
ANNUAL BENEFITS & MONTHLY CONTRIBUTIONS IN U.S.A. DOLLARS.

1. IMPORTANT INFORMATION FOR MEMBERS:

- 1.01 THE OVERALL LIMIT IS PER PERSON PER CALENDER YEAR AND IS CALCULATED ON A PRO RATA BASIS WHEN ONE JOINS DURING THE COURSE OF THE YEAR.
- 1.02 THE SOCIETY PAYS OUT ABOUT 95% OF CONTRIBUTIONS RECEIVED FROM FIRMS AND MEMBERS EACH MONTH TO SETTLE CLAIMS
- 1.03 THE SOCIETY PROCESSES THE LATEST SUBMITTED CLAIMS EACH MONTH AND HAS NO BACKLOG

2. ANNUAL CLASSIC SCHEME BENEFITS IN U.S.A. DOLLARS:

	SCHEME	SUPER MASCA	PRINCIPAL FAMILY	PRINCIPAL CHRONIC	PRINCIPAL	STANDARD	SELECT	HOSP & CLINIC	HOSP PLAN
2.01	ABSOLUTE LIMIT..... CURRENT	37,000	27,000	29,000	23,000	14,000	12,000	8,000	18,000
2.02	ALL EVACUATION	1,700	1,500	1,300	1,100	850	650	290	900
2.03	ACUTE DRUGS	388	350	313	250	194	156	100	Hospital
2.04	CHRONIC DRUGS	1,650	1,320	1,425	915	735	570	278	Hospital
2.05	CHRONIC NURSING	1,800	1,515	1,730	1,080	865	650	NIL	90
2.06	DENTAL & DENTURES	1,500	1,300	1,100	940	750	560	250	NIL
2.07	ORTHODONTIC 50% to max	750	650	540	460	NIL	NIL	NIL	NIL
2.08	GLUCOMETERS	125	100	90	80	70	55	35	Hospital
2.09	HEARING AID (PER EAR)	500	450	375	325	250	200	88	NIL
2.10	NEBULISER	250	225	200	150	125	100	85	NIL
2.11	OPTICAL 2 YR.PERIOD	350	300	260	220	175	130	60	NIL
2.12	OSTOMY BAGS	795	700	560	500	385	300	140	Hospital
2.13	PROSTHETICS EXT.	80%	80%	80%	80%	130	110	50	Hospital
2.14	PROSTHETICS INT.	90%	90%	90%	90%	90%	90%	60	Hospital
2.15	THERAPY	225	200	163	150	113	88	38	In/Out Hospital
2.16	TRAVEL INS. FOREIGN PD IN US\$	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL

3. CLASSIC SCHEME BENEFIT NOTES/EXPLANATIONS:

- 3.01 ITEMS 2.02 to 2.15 ARE INCLUDED IN THE ABSOLUTE LIMIT PER ANNUM & ARE NOT EXTRA.
- 3.02 STANDARD SCHEME ONLY PROVIDES 7 DAYS BENEFITS IN A PRIVATE HOSPITAL (4 BEDDED WARD), PER ILLNESS.
- 3.03 STANDARD, SELECT & HOSP/CLINIC SCHEMES DO NOT COVER MRI/CT SCANS & ALLERGY TESTS, BUT COVERS ROUTINE X-RAYS & LABS.
- 3.04 **N.B.** NORMAL AUTHORITY MUST BE OBTAINED FROM MASCA PRIOR TO THE HOSPITAL SERVICE BEING AFFORDED FOR ALL SCHEMES ON THIS LIST. ACUTE & CHRONIC DRUGS GENERATE A 10% CO-PAYMENT AT THE DISCRETION OF THE PHARMACY..... PATIENTS ON EPILEPSY & CANCER DRUGS ARE ASSESSED ON MERIT & CO-PAYMENTS OF 25% CAN BE IMPOSED.
- 3.05 SUPERMASCA & PRINCIPAL SCHEMES HAVE AN OPTION UNDER THE "COMBO PRIMA/SUPREMA SCH" TO INCLUDE EMERG AIR EVAC & ELECTIVE HOSP COVER IN R.S.A. & LOCAL G.P. NETWORK (WITH NO CO-PAYMENT) FOR A COMBINED CONTRIBUTION. THESE COMBINED SCHEMES HAVE EXCELLENT WORLD WIDE TRAVEL COVER. THERE IS NO DUPLICATION OF BENEFITS OR CONTRIBUTIONS WITH LOCAL PLANS & NO SHORTFALLS. OTHER CLASSIC SCHEMES ALSO HAVE ACCESS TO SEPARATE EXTERNAL HOSPITAL PACKAGES AS WELL.
- 3.06 WAITING PERIODS FOR NEW MEMBERS, (SEE SEPARATE LIST). OPTICAL BENEFITS FOR ALL SCHEMES HAVE A WAITING PERIOD OF TWELVE MONTHS.....A 10% CO-PAYMENT IS IMPOSED AT THE OPTICIANS ROOMS WHEN OBTAINING SPECTACLES.
- 3.07 WHILST SELECT & HOSPITAL / CLINIC SCHEMES WOULD NORMALLY ONLY COVER HOSPITALISATION AT GOVERNMENT HOSP/CLINICS, BECAUSE THESE HOSPITALS FACE ANCILLARY SERVICE SHORTAGES, MEMBERS WILL BE PERMITTED TO ATTEND PRIVATE HOSPITALS, PROVIDED A GOV SPECIALIST HAS REFERRED THE PATIENT TO THE PVT HOSP & MASCA HAS GIVEN AUTHORITY.THE MEMBER WILL PAY 50% UP FRONT TO THE HOSP & MASCA WILL ACCEPT 50% OF THE BILL AT TARIFF RATES TO THE HOSP.
- 3.08 FOR THOSE MEMBERS WHO WISH TO TRAVEL OVERSEAS IT IS RECOMMENDED THAT MEDICAL COVER IS SOUGHT FROM THE TRAVEL AGENT WHEN APPLYING FOR THE AIR TICKET. ALTERNATIVELY MBERS CAN OBTAIN INSURANCE THRO' CHAMPIONS FOR A MODEST FEE OR OTHER INSURERS OF THEIR CHOICE. OTHERWISE MEMBERS CAN PAY UP-FRONT FOR EMERGENCY MEDICAL TREATMENT & SUBMIT THE RECEIPTED ACCTS TO MASCA FOR A REFUND IN TERMS OF THE RULES, TARIFF & THE BALANCE LEFT IN THEIR ABSOLUTE AWARD.

4. CLASSIC SCHEME MONTHLY CONTRIBUTION RATES IN U.S.A. DOLLARS:

August 2018									
	SCHEME	SUPER MASCA	PRINCIPAL FAMILY	PRINCIPAL CHRONIC	PRINCIPAL	STANDARD	SELECT	HOSP & CLINIC	HOSP PLAN
4.01	ADULT RATE	129.00	93.00	102.00	82.00	42.00	34.00	16.00	58.00
4.02	CHILD RATE	102.00	75.00	82.00	63.00	33.00	27.00	16.00	48.00
4.03	SENIOR RATE	129.00	93.00	102.00	82.00	42.00	34.00	16.00	58.00