



PROFMED

SCHEDULE OF BENEFITS 2026

Benefits and contributions applicable 1 January 2026 to 31 December 2026.
Please read in conjunction with the Information Guide and Rules of the Scheme available at www.profmed.co.za or by calling 0860 679 200.

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WHY PROFMED

For over 60 years Profmed has stood alongside South Africa's professionals. Through growth, challenge, and reinvention, we've been more than a medical aid. We've been a trusted partner in their careers, their health, and their personal journeys. Throughout it all, our values have remained clear: integrity, excellence, respect, and foresight. These principles have kept us grounded as the world around us changes faster than ever.

Today's professionals are leading South Africa into new territory. They are younger, more diverse, and more determined to make a meaningful impact. They are not only building their own futures but shaping the future of our country. Their needs, challenges, and ambitions are evolving, and so are we.

At Profmed, we have always believed that healthcare is personal. It's about understanding not just medical needs, but life stages, career aspirations, and the pressures and possibilities of a changing world. That's why we continue to innovate, supporting you in meeting your ambition.

We are not just another medical aid. We're South Africa's only medical scheme exclusively designed for professionals - offering tailored, high-quality cover. We don't just accept anyone. We exist to serve a discerning community of qualified individuals who value both excellence and efficiency.

At Profmed, you're not just a number. Our members enjoy personalised service, fast turnaround times, and a dedicated team that understands what professionals expect, and deserve.

EXCLUSIVE. PROFESSIONAL. EXCEPTIONAL.
THAT'S THE PROFMED DIFFERENCE.

SCHEME EXCLUSIONS

Please refer to Annexure C of the Scheme Rules and the Information Guide, which are available on the website, for expenses not covered by the Scheme.

BENEFIT LIMITATIONS

Benefit limits are applicable for a benefit year, unless stated otherwise. Claims must be submitted within four months from the date of service, after which they are considered as stale claims and will not be paid. Claims are funded subject to the availability of funds at the time the claim is processed by the Scheme and funds are not reserved for any specific claim.

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WHY SAVVY

By choosing a Savvy option, you can enjoy significant savings on your monthly contributions and still enjoy the same comprehensive benefits offered on the Premium options. With the Savvy options, members have access to facilities which are considered the best in terms of quality and outcomes in each geographical area.

INCLUDES
OVER **100+**
FACILITIES ON
THE SAVVY
NETWORK.



WHY PREMIUM

By choosing a Premium option, you can enjoy comprehensive benefits. You have the flexibility of using any hospital of your choice for hospitalisation and treatment, (excluding ProSelect) where you are required to make use of a designated network of hospitals to avoid a co-payment.

INCLUDES
OVER **800+**
FACILITIES ON
THE PROSELECT
NETWORK.



SAVVY NETWORK

Applicable to all **SAVVY** options.

PROSELECT NETWORK

Applicable to the **PROSELECT** option only.

- Voluntary use of a non-network hospital on the Savvy and ProSelect options will result in a co-payment of R14 000. (Subject to PMB legislation).
- Voluntary use of a non-network hospital for a specified day procedure on the Savvy and ProSelect options will result in a co-payment will be R5 000. (Subject to PMB legislation).

DAY PROCEDURE NETWORK

Applicable to **PROSECURE PLUS**, **PROSECURE** and **PROACTIVE PLUS**.

- Use of a non-network hospital for a day procedure on these options will result in a co-payment of R5 000.

Important: When consulting a medical practitioner, please ensure your treating practitioner consults at, or hospitalises you at a network hospital to avoid a co-payment.

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BENEFIT	PROPINNACLE PROPINNACLE SAVVY	PROSECURE PLUS PROSECURE PLUS SAVVY	PROSECURE PROSECURE SAVVY	PROACTIVE PLUS PROACTIVE PLUS SAVVY	PROSELECT PROSELECT SAVVY
AMPLIFIRE	✓	✓	✓	✓	✓
Preventative care	✓	✓	✓	✓	✓
Unlimited hospitalisation (DSPN hospitals apply to ProSelect option and Savvy options)	✓	✓	✓	✓	✓
Chronic medication	✓	✓	✓	✓	✓
Maternity benefits	✓	✓	✓	✓	✓
Day-to-day cover	✓	✓	✓	✓	-
In- and out-of-hospital dentistry cover	✓	✓	✓	✓	✓
Generous oncology cover	✓	✓	✓	✓	✓
Orthopaedic procedures in-hospital	✓	✓	✓	✓	✓ R7 500 co-payment
Rehabilitation	✓	✓	✓	✓	✓
Internal surgical devices	✓	✓	✓	✓	✓
MRI, radio-isotope and CT scans	✓	✓	✓	✓	✓ In-hospital only
International Travel Medical Assistance	✓	✓	✓	✓	✓
Trauma, and HIV assistance	✓	✓	✓	✓	✓
GBV support programme	✓	✓	✓	✓	✓
Contraceptives	✓	✓	✓	✓	✓
TUMS2TOTS Baby and Toddler programme	✓	✓	✓	✓	✓
Profmed WellBeing	✓	✓	✓	✓	✓



AMPLIFIRE

Elevate Your Health.

AMPLIFIRE is designed to empower you to take specific actions according to your individual health needs, offering enhanced support for out-of-hospital care.

Once you meet all the relevant criteria, an **ADDITIONAL R2 750** will be added to your day-to-day benefits to cover out-of-hospital expenses.

AVAILABLE TO THE PRINCIPAL MEMBER AND ADULT BENEFICIARIES WHO MEET THE RELEVANT CRITERIA.

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PROPINNACLE

PROSECURE PLUS

PROSECURE

PROACTIVE PLUS

PROSELECT

Principal member	R 14 634	R 7 780	R 6 314	R 3 516	R 2 754
Adult dependant	R 13 574	R 7 197	R 5 847	R 3 239	R 2 700
Child	R 4 390	R 3 032	R 2 468	R 1 370	R 1 138

SAVVY

PROPINNACLE

PROSECURE PLUS

PROSECURE

PROACTIVE PLUS

PROSELECT

Principal member	R 13 534	R 7 002	R 5 684	R 3 164
Adult dependant	R 12 554	R 6 479	R 5 262	R 2 914
Child	R 4 061	R 2 730	R 2 220	R 1 235

MONTHLY INCOME
R0 - R20 000

PROSELECT SAVVY

Principal member	R 1 078
Adult dependant	R 1 355
Child	R 825

MONTHLY INCOME
R20 001 +

PROSELECT SAVVY

Principal member	R 2 477
Adult dependant	R 2 290
Child	R 965

NOTES:

- Members who apply for rates based on the monthly threshold below R20 000 must provide the relevant documentation as required by the Scheme, reflecting the household earnings from all sources. The Scheme reserves the right to verify the declared household earnings of members on the ProSelect Savvy option on an annual basis or when income changes.
- Adult dependant rates apply from age 21. If the dependant is studying and is dependent on the principal member, child rates apply up to age 28. Thereafter rates will default to adult dependant rates. Proof of dependence, i.e. latest three months' bank statements of all bank accounts, and the annual proof of study, i.e. proof of registration from academic institution, etc, must be provided to the Scheme in terms of the above. If proof is not received annually by the Scheme by end-February, rates will default to adult dependant rates. It is the responsibility of the member to submit proof of study and dependence annually by end February, failing which contributions will be amended accordingly, with effect from 1 March.
- Members on ProSecure, ProSecure Plus and ProPinnacle (Premium and Savvy) options only pay for contributions for up to 3 child dependants. Additional child dependants will be covered for free.

CONTACT US

CONTACT

	WITHIN RSA	OUTSIDE RSA
CLIENT SERVICES & CLAIMS	0860 679 200	+27 12 679 4144
CHRONIC AUTHORISATIONS	0800 132 345	+27 11 770 6000
PRE-AUTHORISATIONS	0860 776 363	+27 12 679 4145
INTERNATIONAL TRAVEL MEDICAL ASSISTANCE	011 991 8564	+27 11 991 8564
EMERGENCY MEDICAL ASSISTANCE WITHIN RSA	082 911	-
WHISPA:		
• GBV SUPPORT	0860 944 772	-
• ASSISTANCE FOR TRAUMA, AND HIV EXPOSURE		

IMPORTANT EMAILS

CLIENT SERVICES & GENERAL	info@profmed.co.za	INTERNATIONAL TRAVEL ENQUIRIES	internationalinfo@profmed.co.za
CLAIMS	claims@profmed.co.za	WHISPA ENQUIRIES	info@whispa.co.za
DENTAL AUTHORISATIONS	dental@profmed.co.za	RADIOLOGY ENQUIRIES	verirad@profmed.co.za
INTERNATIONAL TRAVEL CLAIMS	internationalclaims@profmed.co.za		

DEFINITIONS

MEMBER	The principal member of the Scheme in terms of the rules
BENEFICIARY	The member and any of his/her dependants registered on the Scheme entitled to receive benefits in terms of the rules
FAMILY	The total constitution of a member and his/her dependants registered on the Scheme in terms of the rules
M	Member
M+1	Member plus one dependant
M+2	Member plus two dependants
M+3	Member plus three dependants
MAXIMUM	Maximum benefit payable for a family larger than the family sizes indicated for a particular benefit
AMPLIFIRE	An additional out-of-hospital benefit available to the principal member and beneficiaries who pay adult contributions, at no extra cost.

DESIGNATED SERVICE PROVIDER (DSP) / DESIGNATED SERVICE PROVIDER NETWORK (DSPN)

A healthcare service provider (DSP) or network of healthcare service providers (DSPN) who are designated or contracted by the Scheme to provide diagnosis, services, treatment, medicine or facilities to members in terms of both PMBs and non-PMBs at a negotiated rate. Services obtained from a non-DSP will be reimbursed at the rate negotiated by Profmed with the DSPN.

DAY-TO-DAY LIMIT

Annual overall limit imposed on specific acute, chronic, out-of-hospital benefits. Sub-limits on these benefits are subject to availability of funds in the annual overall day-to-day limit. Funds in the annual overall limit can only be accessed through the relevant available sub-limits, where applicable. Where sub-limits are specified in this schedule, the limit will first be utilised for the payment of the relevant claims, and thereafter, continued funding will apply for PMB claims only, subject to PMB Regulations.

DAY PROCEDURE

A procedure undertaken in an acute or day facility setting and does not require the patient to stay overnight.

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“OFF-LABEL”

Medication utilised for a condition for which it is not specifically registered.

PRE-AUTHORISATION

Pre-authorisation must be obtained for hospitalisation and certain major medical treatment and procedures. Pre-authorisation is not a guarantee of payment and benefits are paid in accordance with the relevant protocols and Scheme rules, subject to availability of funds. Authorised services or treatment must commence within three months of authorisation, after which the authorisation is no longer valid. Authorisation does not include the fees charged by the attending medical practitioners.

It is the member’s responsibility to obtain pre-authorisation, which should be obtained at least seven days prior to the commencement of treatment or services. In case of emergencies that occur after hours or on weekends and public holidays, authorisation must be obtained the next working day.

Profmed does not prescribe the treatment members should undergo, but will only fund treatment in accordance with the Scheme rules and protocols and that is clinically appropriate and evidence based, subject to PMB legislation.

PRESCRIBED MINIMUM BENEFITS (PMBs)

The minimum benefit a scheme is required to cover in respect of the diagnosis and treatment of the 271 conditions, as required by legislation. This Schedule of Benefits is subject to the provisions of the Medical Schemes Act No. 131 of 1998 and Regulations relating to the PMBs. Profmed provides cover for 271 conditions listed in the PMBs as well as the 26 chronic conditions listed in the Chronic Disease List (CDL) in accordance with the provisions of the Act and Regulations.

The 26 prescribed chronic conditions include the following: Addison’s Disease, Asthma, Bipolar Mood Disorder, Bronchiectasis, Cardiac Failure, Cardiomyopathy Disease, Chronic Obstructive Pulmonary Disorder, Chronic Renal Disease, Coronary Artery Disease, Crohn’s Disease, Diabetes Insipidis, Diabetes Mellitus Types 1 & 2, Dysrhythmias, Epilepsy, Glaucoma, Haemophilia, HIV/AIDS, Hyperlipidaemia, Hypertension, Hypothyroidism, Multiple Sclerosis, Parkinson’s Disease, Rheumatoid Arthritis, Schizophrenia, Systemic Lupus Erythematosus and Ulcerative Colitis. The diagnosis, treatment and care costs of these conditions will be paid in full provided these services are obtained from Profmed’s designated service provider networks, where applicable. However, if such services are obtained **voluntarily** from a provider other than a DSP, the member will be liable for the balance of the account or the balance will be deducted from the relevant day-to-day benefit, subject to availability of funds. If the service is **involuntarily** obtained from a provider other than a DSP, the service will be paid in terms of the PMB legislation.

All PMB treatment will be subject to the application of treatment protocols and formularies, which will be more or less restrictive depending on the option chosen by the member. PMB claims will first be paid from the relevant benefit categories and subject to available benefit limits. Once benefit limits are reached funding in respect of PMBs will continue to be funded in accordance with the PMB legislation and managed care protocols. Costs in respect of PMBs that exceed the formulary, reference pricing, rules and protocols will be the responsibility of the member.

SADC REGION

The Region known as the Southern African Development Community, namely Angola, Botswana, Comores, Democratic Republic of the Congo, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Seychelles, South Africa, Swaziland, Tanzania (including Zanzibar), Zambia and Zimbabwe.

SINGLE EXIT PRICE

The retail price of medication as determined by legislation.

T A R I F F
D E S C R I P T I O N S

Services obtained at a tariff higher than that provided on any given option will be paid at the tariff specific to each option, subject to the PMB legislation.

Profmed Tariff	The Scheme’s base tariff, calculated using the 2025 Profmed Tariff plus an average of 4.5% increase.
Negotiated Tariff	Determined by Profmed for particular providers, the various hospital groups and the hospital networks, and specific to each group
Specific Tariff	Consultations and procedures paid at specific Rand values
Optical Tariff	DSPN tariff negotiated by Opticlear with registered optical service providers nationally

DESIGNATED SERVICE PROVIDERS

Members will be required to make use of designated service providers to avoid co-payments on services rendered for the relevant benefits, subject to PMB legislation.

CHRONIC DIALYSIS	National Renal Care, Life Healthcare (LHC) and Mediclinic
DAY PROCEDURE NETWORK: (APPLICABLE TO PROSECURE PLUS, PROSECURE AND PROACTIVE PLUS ONLY)	Netcare, Mediclinic, National Hospital Network (NHN) facilities, Joint Medical Holdings (JMH), specified Life Healthcare (LHC) hospitals and Day Hospital Association of South Africa (DHASA)
DOMICILIARY (HOME) OXYGEN	Ecomed Medical cc
EMERGENCY MEDICAL TRANSPORT (EMT) (WITHIN RSA)	Netcare 911
FUNCTIONAL REHABILITATION PROGRAMME	Documentation Based Care (DBC) Back and Neck Programme, Workability
HOSPITALISATION: PREMIUM OPTIONS (PMBs AND NON-PMBs)	No DSPN, with the exception of benefits for mental health hopsitalisation, drug and alcohol rehabilitation and physical rehabilitation, subject to pre-authorisation, rules and protocols
HOSPITALISATION: PROSELECT OPTION (PMBs AND NON-PMBs)	Mediclinic, Life Healthcare (LHC), National Hospital Network (NHN) facilities, Joint Medical Holdings (JMH), Day Hospital Association of South Africa (DHASA), specified Independent hospitals and specified Netcare hospitals with the exception of benefits for mental health hopsitalisation, drug and alcohol rehabilitation, physical rehabilitation, subject to pre-authorisation, rules and protocols
HOSPITALISATION: SAVVY OPTIONS (PMBs AND NON-PMBs)	Mediclinic, Life Healthcare (LHC), Day Hospital Association of South Africa (DHASA), specified Independent hospitals, Joint Medical Holdings (JMH) and other specified National Hospital Network (NHN) and specified Netcare hospitals, as listed on the website, with exception of benefits for mental health hopsitalisation, drug and alcohol rehabilitation, physical rehabilitation, subject to pre-authorisation, rules and protocols
INTERNATIONAL TRAVEL MEDICAL ASSISTANCE	Europ Assistance
MENTAL HEALTH HOSPITALISATION	Akeso (Netcare), Crescent Mental Health Services (Mediclinic), Denmar (Mediclinic), participating Joint Medical Holdings (JMH) hospitals and National Hospital Network (NHN) facilities and Life Healthcare (LHC)
ONCOLOGY	• Chemotherapy and biologicals: Dis-Chem Pharmacy and Medipost • PET Scans: Bloch & Partners at Morningside Clinic (applies to greater Johannesburg region only)
ONCOLOGY RISK MANAGEMENT	Icon
OPTOMETRY	Opticlear
PHARMACY	Profmed Pharmacy Network, subject to rules, formulary, reference pricing and protocols
POST-NATAL HOME-BASED VISIT	Wellness Health Insurance Pathology Services (W.H.I.P.S)
PREVENTATIVE CARE	Pathology: Ampath, Lancet Laboratories and Pathcare
REHABILITATION	• Alcohol and Drugs: South African National Council on Alcoholism and Drug Dependence (SANCA) • Physical: Life Healthcare
WHISPA - GBV SUPPORT - ASSISTANCE FOR TRAUMA, AND HIV EXPOSURE	Lifesense

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PROSECURE

PROACTIVE PLUS

PROSELECT

PROPINNACLE SAVVY

PROSECURE PLUS SAVVY

PROSECURE SAVVY

PROACTIVE PLUS SAVVY

PROSELECT SAVVY

1A HOSPITALISATION

Call 0860 776 363 for authorisation, information on clinical qualifying criteria, protocols and benefits.

Subject to the relevant hospital network applicable to the specific benefit option.

VIEW ALL NETWORK HOSPITAL

LISTS



1A1	Hospital ward accommodation	100% Negotiated Tariff in private ward	100% Negotiated Tariff in general ward
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1A2	Theatre and recovery room	100% Negotiated Tariff
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1A3	Intensive care and high care	100% Negotiated Tariff
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1A4	Emergency room visits and facility fees at hospitals that result in hospitalisation	100% Negotiated Tariff
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1B MEDICINES IN HOSPITAL

1B1	Medicines and materials used in hospital and theatre	100% Negotiated Tariff
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1B2	Medicines taken out of hospital on discharge (Benefit limited to a 7-day supply) (See Section 5B1) (Subject to use of the Pharmacy DSPN)	80% Negotiated Tariff Paid from acute medicine benefit, subject to the availability of funds	Subject to PMB legislation
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1C GENERAL PRACTITIONERS (GPs) AND SPECIALISTS IN HOSPITAL

1C1	Surgery and in-hospital procedures	300% Profmed Tariff	200% Profmed Tariff	100% Specific Tariff	175% Profmed Tariff	100% Specific Tariff
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1C2	Consultations by a GP or specialist while hospitalised	300% Profmed Tariff	200% Profmed Tariff	100% Specific Tariff	175% Profmed Tariff	100% Specific Tariff
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1D RADIOLOGY AND PATHOLOGY IN HOSPITAL

Hospitalisation not covered if admission is for the sole purpose of radiology or pathology tests.

1D1	a) Radiology and pathology while hospitalised (Excluding MRI, radio isotope, CT and PET scans and certain other investigative procedures)	100% Negotiated Tariff
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1D2	MRI, radio-isotope and CT scans and certain other investigative procedures while hospitalised Specialist referral required except for CT scans	100% Negotiated Tariff in-hospital 2 per family in- or out-of-hospital	100% Negotiated Tariff in-hospital 2 per family in-hospital only
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1E OTHER MAJOR MEDICAL SERVICES

1E1 Transplants
Subject to registration on the Disease Management Programme, and PMB legislation. Benefit 1E1(b) below is not available to members who elect to be a donor to a recipient who is not a Profmed member. Call 0860 776 363 for authorisation and registration, information on clinical qualifying criteria, and benefits.

a) Hospitalisation	100% Negotiated Tariff
b) Donor costs PMBs only	100% Negotiated Tariff
1E2 Peritoneal dialysis and haemodialysis Chronic dialysis subject to the use of the Chronic Dialysis DSPN. Co-payment applies for the use of a non-DSP.	100% Negotiated Tariff

1E3 Oncology
Subject to pre-authorisation, protocols and PMB legislation. Members are required to register on the Oncology Programme.

Includes all costs related to treatment, consultations, investigations and drugs, excluding hospitalisation <i>(Subject to pre-authorisation and registration on the Oncology Programme and PMB legislation)</i>	R773 000 per beneficiary Thereafter, subject to PMB legislation	R515 300 per beneficiary Thereafter, subject to PMB legislation	R418 000 per beneficiary Thereafter, subject to PMB legislation
a) Chemotherapy			
i.a) Consultations	300% Profmed Tariff	GPs: R630 Specialists: R920	
i.b) Procedures	300% Profmed Tariff	100% Specific Tariff	
ii. Chemotherapy drugs Excluding adjunctive treatment <i>(20% co-payment applies for non-use of Oncology pharmacy DSPN)</i>	100% Single Exit Price plus dispensing fee		
iii. Biologicals and other specified drugs <i>(Subject to use of the Oncology pharmacy DSPN)</i>	80% Single Exit Price plus dispensing fee Subject to benefit limit	Subject to PMB legislation	
b) Radiation therapy			
i. Consultations	300% Profmed Tariff	Specialists: R920	
ii. Radiation therapy and facility fees	100% Negotiated Tariff		

BENEFIT

PRO PINNACLE	PRO SECURE PLUS	PRO SECURE	PRO ACTIVE PLUS	PRO SELECT
PRO PINNACLE SAVVY	PRO SECURE PLUS SAVVY	PRO SECURE SAVVY	PRO ACTIVE PLUS SAVVY	PRO SELECT SAVVY

c) PET scans (Positron-Emission Tomography)

(Subject to use of Oncology PET Scan DSPN. DSPN applicable within the greater Johannesburg region only)

100% Negotiated Tariff

1E4 Rehabilitation

This benefit covers members who have become disabled as a result of acute injuries caused by trauma, infection, surgery, spinal cord injury, brain injury, bleeding or infarction resulting in a stroke. This benefit is only available as an in-patient in a registered rehabilitation facility. Rehabilitation must occur within the benefit year in which the specified injury takes place, or commence directly after discharge from an acute hospitalisation facility or not more than one calendar month after the specified injury is sustained. Benefits are limited to two months' rehabilitation and the availability of benefits, and are subject to case management and Profmed protocols. Admissions covered at authorised service providers only. Subject to pre-authorisation and use of the Rehabilitation DSPN and PMB legislation. Co-payment applies for voluntary use of a non-network facility.

Subject to pre-authorisation

100% Negotiated Tariff
R91 100 per family

100% Negotiated Tariff
R60 500 per family

100% Negotiated Tariff
R30 300 per family

1E5 Out-patient care in lieu of hospitalisation

a) Treatment in a registered sub-acute facility or at home by an appropriately registered practitioner

100% Negotiated Tariff
R19 700 per beneficiary

100% Negotiated Tariff
R16 600 per beneficiary

100% Negotiated Tariff
R14 200 per beneficiary

b) Wound care Treatment at home, including surgicals, by an appropriately registered practitioner

100% Negotiated Tariff
R7 600 per beneficiary

100% Negotiated Tariff
R4 500 per beneficiary

100% Negotiated Tariff
R3 700 per beneficiary

1E6 Mental health treatment

Includes all in- and out-of-hospital mental health and clinical psychology consultations, treatment and in-hospital medication, and alcohol and drug rehabilitation. Subject to pre-authorisation. Hospitalisation only available at the Mental Hospitalisation DSPN. PMBs are deducted from this benefit, but are not subject to these limits. Co-payment applies for voluntary use of a non-DSP.

a) In-hospital

100% Negotiated Tariff in general ward
R45 600 per family
Subject to PMB legislation

100% Negotiated Tariff in general ward
R30 400 per family
Subject to PMB legislation

100% Negotiated Tariff in general ward
R22 800 per family
Subject to PMB legislation

b) Out-of-hospital consultations

(Subject to PMB legislation)

R7 700 per family
Subject to 1E6(a) in-hospital limit

R7 700 per family
Subject to 1E6(a) in-hospital limit
PMBs only

1E7 Endoscopic examinations

In suitably equipped procedure room, subject to protocols and PMB legislation.
(Subject to pre-authorisation)

Gastroscopy, Colonoscopy (including Sigmoidoscopy) and Colonoscopy and gastroscopy (combined procedure)

100% Negotiated Tariff

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1E8 Orthopaedic surgery
Subject to pre-authorisation, protocols and management. Call 0860 776 363 for authorisation, information on clinical qualifying criteria, and benefits.

Hospitalisation	100% Negotiated Tariff	100% Negotiated Tariff Subject to co-payment of R7 500
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1F OTHER MEDICAL SERVICES
Call 0860 776 363 for authorisation, information on clinical qualifying criteria, and benefits.
(Subject to pre-authorisation)

1F1 Physiotherapy

a) In-hospital		100% Profmed Tariff		
b) Out-of-hospital Post-operative, available up to 6 weeks after related hospital procedure	100% Profmed Tariff	100% Profmed Tariff		Subject to PMB legislation
	M R3 500 Maximum R5 800 per family	M R2 600 Maximum R4 100 per family		
1F2	Blood transfusions	100% Negotiated Tariff		

1F3 Emergency medical transport (EMT)
Emergencies within the borders of South Africa. Contact 082 911 within RSA. (Subject to Profmed protocols and use of the EMT DSPN)

20% co-payment for voluntary use of a non-DSP, subject to PMB legislation. Non-emergency calls will not be funded	100% of cost
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1F4 Internal surgical devices
A fabricated or artificial substitute that is surgically implanted permanently into the body and does not protrude from the body and replaces or assists a diseased or missing part of the body to restore functionality. Subject to PMB legislation.

(Subject to pre-authorisation, protocols and management)	100% Negotiated Tariff R59 300 per family
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1F5 Cataract surgery
Intra-ocular lens for cataract surgery (permanent implantable lenses, inclusive of basic and specialised lens varieties). 100% of the diagnosis, treatment, and care costs subject to PMB regulations, Profmed Negotiated Tariff, pre-authorisation, the treatment meeting the Scheme's treatment guidelines and clinical criteria.

a) Hospitalisation	100% Negotiated Tariff				
b) Surgeon and anaesthetist fees	300% Profmed Tariff	200% Profmed Tariff	100% Specific Tariff	175% Profmed Tariff	100% Specific Tariff
c) Intra-ocular lens	R5 600 per beneficiary per eye				

1F6 Functional rehabilitation programme
This is an inter-disciplinary programme for treatment of chronic back and neck conditions. This benefit is conservative treatment and only available out-of-hospital. Not subject to day-to-day benefits. Members have the option of using either the Workability or Documentation Based Care (DBC) Back and Neck Programmes for treatment.

a) Initial assessment, Treatment and Outcomes	100% Negotiated Tariff
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1G DENTAL PROCEDURES IN HOSPITAL

Subject to pre-authorisation, protocols and management . Call 0860 776 363 for authorisation, information on clinical qualifying criteria, and benefits. Please see Section 5E for out-of-hospital benefits.

1G1	Hospitalisation: - Permanent tooth impaction removals - Extensive conservative dental treatment only for children younger than 8 years (24-month benefit)	100% Negotiated Tariff				
	a) Specialist and anaesthetist fees	300% Profmed Tariff	200% Profmed Tariff	100% Specific Tariff	175% Profmed Tariff	100% Specific Tariff
	b) Dentist fees	135% Profmed Tariff				
1G2	Hospitalisation: Other	100% Negotiated Tariff			Subject to PMB legislation	
	a) Specialist (excluding dental specialists) and anaesthetist fees	300% Profmed Tariff	200% Profmed Tariff	100% Specific Tariff	Subject to PMB legislation	
	b) Dentist and dental specialist fees (Dental specialists include: Practice: 62, 92, 94, 98)	135% Profmed Tariff, Subject to Section 5E			Subject to PMB legislation	
1G3	Functional orthognathic surgery Includes all costs related to the admission and procedure, e.g. all medical practitioner fees, hospitalisation, etc.	R41 200 per family	No benefit			

2.

PREVENTATIVE CARE

Benefits are subject to specific protocols. Co-payment applies for non-use of the Preventative Care DSP, where applicable. Not subject to day-to-day limit, unless otherwise specified.

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2A GENERAL HEALTH

2A1 Digital Health Assessments

Available to the principal member and beneficiaries who pay adult dependant contributions.

Assessments to be done via Profmed App

2 assessments per beneficiary

BENEFIT

PROPINNACLE

PROPINNACLE SAVVY

PROSECURE PLUS

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PROSECURE

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2A2 Consultation
Includes a consultation for any one of the Preventative Care benefits
(Tariff codes 0190, 0191, 0192; Audiology tariff codes 1010, 1011)

GPs: R630
Specialists: R920
100% Profmed Tariff for speech therapists or audiologists
1 consultation per beneficiary, thereafter subject to available day-to-day limit

2A3 Fasting blood sugar test
For late onset diabetes. Males and females 40 years and older. Subject to PMB legislation.

Pathology
(Tariff code 4057)
100% Negotiated Tariff
1 per beneficiary

2A4 Fasting lipogram blood test
Males and females 40 years and older. Subject to PMB legislation

Pathology
(Tariff code 4025)
100% Negotiated Tariff
1 per beneficiary

2A5 HIV testing
Subject to PMB legislation.

Pathology
(Tariff codes 3932, 4614)
100% Negotiated Tariff
1 per beneficiary

2A6 Malaria prophylaxis
Beneficiaries of all ages.

Includes over-the-counter and prescribed medication only
100% Single Exit Price
1 course of treatment per beneficiary
Maximum R480 per beneficiary
MMAP® applies

2A7 Tobacco and alcohol counselling, screening and brief intervention
Males and females 18 years and older. Subject to PMB legislation.

Telephonic or face to-face counselling
(Practice 86: Tariff code 86202, Practice 14 and 15: Tariff code 0130, 0190, 0191,0192)
GPs: R630
2 sessions per family
Not subject to day-to-day benefits

2B VACCINES

2B1 Child immunisations
Children 0 to 12 years, per the Department of Health’s Childhood Immunisation Schedule.

Vaccine only
100% Single Exit Price plus dispensing fee at Pharmacy DSPN rate

2B2 Human papilloma virus (HPV) vaccine
Males and females 9 to 27 years of age. Includes initial vaccination and two follow-up booster vaccinations, where applicable.
Subject to PMB legislation.

Vaccine only
100% Single Exit Price plus dispensing fee at Pharmacy DSPN rate

2B3 Influenza vaccine

Vaccine only
100% Single Exit Price plus dispensing fee at Pharmacy DSPN rate
1 vaccination per beneficiary

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2B4 Pneumococcal vaccine
Adults 65 years and older, and individuals of all ages who are respiratory compromised or have related chronic diseases. Available every five years.
Subject to PMB legislation.

Vaccine only 100% Single Exit Price plus dispensing fee at Pharmacy DSPN rate

2C WOMEN'S HEALTH

2C1 Bone densitometry
Females 65 years and older. Available every five years. Subject to PMB legislation.

Radiology
(Tariff codes 50120, 64110, 74290, 39173, 3600, 3604, 3612) 100% Profmed Tariff
1 per beneficiary

2C2 Faecal occult blood test
Females 50 years and older. Subject to PMB legislationSubject to PMB legislation.

Pathology
(Tariff code 4351, 4352) 100% Negotiated Tariff
1 per beneficiary

2C3 Human papilloma virus (HPV) screening
Females 25 to 65 years. Available every 5 years. Subject to PMB legislation.

Pathology
mRNA test only
(Tariff code HPV5) 100% Negotiated Tariff
1 per beneficiary

2C4 Mammograms
Available annually to Females 40 to 55 years and every two years for females 56 years and older. Females younger than 40 years pre-disposed to breast cancer have access to the benefit, subject to motivation and pre-authorisation. Subject to PMB legislation.

Radiology
(Tariff code 34100, 34101) 100% Profmed Tariff
1 per beneficiary

2C5 Pap smear or liquid-based cytology
Females 18 years and older. Subject to PMB legislation.

Pathology
(Tariff code 4566 – Pap smear.
Tariff codes 4559 and 4560 –
liquid-based cytology reimbursed
per tariff code 4566.
A co- payment could apply). 100% Negotiated Tariff
1 per beneficiary

2C6 Contraceptives
Funding only applies for contraceptive purposes. Protocols apply.

Including oral contraceptives,
patches, injections, implants and
intra-uterine devices.
- Oral contraceptives and
patches: every 20 days
- Injections: 3 to 6-month cycle
- Intra-uterine devices and
implants: 3 to 5-year cycle 100% Single Exit Price plus dispensing fee at Pharmacy DSPN rate
MMAP® applies
Maximum R2100 per beneficiary

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2D MEN'S HEALTH

2D1 Bone densitometry
Males 65 years and older. Available every five years. Subject to PMB legislation.

Radiology

(Tariff codes 50120, 64110, 74290, 39173, 3600, 3604, 3612)

100% Profmed Tariff
1 per beneficiary

2D2 Faecal occult blood test
Males 50 years and older. Subject to PMB legislation.

Pathology

(Tariff codes 4351, 4352)

100% Negotiated Tariff
1 per beneficiary

2D3 Prostate Specific Antigen (PSA)
Males 40 years and older. Subject to PMB legislation.

Pathology

(Tariff code 4519)

100% Negotiated Tariff
1 per beneficiary

2E CHILDREN'S HEALTH

2E1 Newborn hearing screening
Newborns up to 6 weeks old. Subject to PMB legislation.

Audiology screening

By a registered speech therapist
or audiologist

(Tariff code 1580)

100% Profmed Tariff
1 per beneficiary

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Beneficiaries who meet the relevant qualifying criteria can unlock additional benefits.

The following steps must be followed to unlock the benefits:

- 1. Download the Profmed App;
- 2. Conduct a Digital Health Assessment via Profmed App;
- 3. If required, complete a physical health assessment;
- 4. Complete all individual relevant Preventative Care benefits (see Section 2);
- 5. Where a beneficiary is registered on a Chronic Treatment Care plan, they are required to fully comply with the plan, to unlock benefits.

Available annually to the principal member and beneficiaries who pay adult contributions.

3A1	The additional benefit is allocated to the overall day-to-day benefit and can be used to cover out-of-hospital expenses, listed in Section 5.	R2 750 per beneficiary Claims paid up to the option-specific Tariff
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PROFMED WELLBEING

Members can access a Digital Wellbeing Assessment.

This benefit provides members with access to an array of features to support their mental health journey. This benefit is available on all options and is funded in addition to the Profmed benefits. Benefits include mental wellbeing assessments, mood trackers, journalling, and personalised learning videos. Members who require further support will be prompted to download an additional support App.

Members who are registered for Attention Deficit Hyperactivity Disorder (ADHD)/ Attention Deficit Disorder (ADD), Depression and Bipolar Mood Disorder will have access to additional support services, which includes medicine reminders and adherence monitoring. This is subject to the benefits available per option.

This benefit does not require pre-authorisation and members must register via the Profmed App to access the benefit.

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The formulary and reference pricing will be most restrictive on the ProSelect, ProSelect Savvy, ProActive Plus and ProActive Plus Savvy options and least restrictive on the ProPinnacle options. MMAP® applies. The conditions covered on each option are listed below. The Condition Medicine List (CML), including the list of chronic diseases (CDL), is available on the Profmed website at www.profmed.co.za. Subject to the use of the Pharmacy DSPN. Co-payment applies for voluntary use of a non-DSP. Claims from wholesale pharmacies will not be accepted. Call 0860 679 200 for information on clinical qualifying criteria and benefits. Furthermore, where a 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 Regulations 15H and 15I of the Act.

PROPINNACLE & PROPINNACLE SAVVY

58 conditions

CDLs: Addison's Disease, Asthma, Bipolar Mood Disorder, Bronchiectasis, Cardiac Failure, Cardiomyopathy Disease, Chronic Obstructive Pulmonary Disorder, Chronic Renal Disease, Coronary Artery Disease, Crohn's Disease, Diabetes Insipidus, Diabetes Mellitus Types 1 & 2, Dysrhythmias, Epilepsy, Glaucoma, Haemophilia, HIV/AIDS, Hyperlipidaemia, Hypertension, Hypothyroidism, Multiple Sclerosis, Parkinson's Disease, Rheumatoid Arthritis, Schizophrenia, Systemic Lupus Erythematosus, Ulcerative Colitis.

Other: Allergic Rhinitis (in patients with asthma), Alzheimer's Disease, Ankylosing Spondylitis, Benign Prostatic Hypertrophy, Cushing's Syndrome, Cystic Fibrosis, Deep Vein Thrombosis, Gastro-Oesophageal Reflux Disorder, Gout, Hypoparathyroidism, Hyperthyroidism, Major Depressive Disorder, Malabsorption Syndrome, Meniere's Disease, Motor Neuron Disease, Myasthenia Gravis, Obsessive Compulsive Disorder, Oncology Adjunctive Treatment, Osteoarthritis, Osteoporosis, Paget's Disease, Paraplegia & Quadriplegia, Peripheral Vascular Disease, Pituitary Adenomas/Hyperfunction of Pituitary Gland, Post-Organ Transplant (non-DTP), Psoriatic Arthritis, Pulmonary Interstitial Fibrosis, Stroke/Cerebrovascular Accident, Systemic Connective Tissue Disorders, Tuberculosis, Valvular Heart Disease.

Additional: Attention Deficit Hyperactivity Disorder (ADHD) (Children up to age 18).

DTPs: Relevant chronic conditions listed in the 271 PMBs, e.g. hormone replacement therapy (Menopause), immuno-suppressive therapy (Post-Organ Transplants)

PROSECURE PLUS & PROSECURE PLUS SAVVY | PROSECURE & PROSECURE SAVVY

39 conditions

CDLs: Addison's Disease, Asthma, Bipolar Mood Disorder, Bronchiectasis, Cardiac Failure, Cardiomyopathy Disease, Chronic Obstructive Pulmonary Disorder, Chronic Renal Disease, Coronary Artery Disease, Crohn's Disease, Diabetes Insipidus, Diabetes Mellitus Types 1 & 2, Dysrhythmias, Epilepsy, Glaucoma, Haemophilia, HIV/AIDS, Hyperlipidaemia, Hypertension, Hypothyroidism, Multiple Sclerosis, Parkinson's Disease, Rheumatoid Arthritis, Schizophrenia, Systemic Lupus Erythematosus, Ulcerative Colitis.

Other: Allergic Rhinitis (in patients with asthma), Alzheimer's Disease, Ankylosing Spondylitis, Benign Prostatic Hypertrophy, Major Depressive Disorder, Obsessive Compulsive Disorder, Oncology Adjunctive Treatment, Osteoporosis, Paraplegia & Quadriplegia, Pituitary Adenomas/Hyperfunction of Pituitary Gland, Psoriatic Arthritis, Valvular Heart Disease.

Additional: Attention Deficit Hyperactivity Disorder (ADHD) (Children up to age 18).

DTPs: Relevant chronic conditions listed in the 271 PMBs, e.g. hormone replacement therapy (Menopause), immuno-suppressive therapy (Post-Organ Transplants).

PROACTIVE PLUS & PROACTIVE PLUS SAVVY | PROSELECT & PROSELECT SAVVY

26 conditions

CDLs: Addison's Disease, Asthma, Bipolar Mood Disorder, Bronchiectasis, Cardiac Failure, Cardiomyopathy Disease, Chronic Obstructive Pulmonary Disorder, Chronic Renal Disease, Coronary Artery Disease, Crohn's Disease, Diabetes Insipidus, Diabetes Mellitus Types 1 & 2, Dysrhythmias, Epilepsy, Glaucoma, Haemophilia, HIV/AIDS, Hyperlipidaemia, Hypertension, Hypothyroidism, Multiple Sclerosis, Parkinson's Disease, Rheumatoid Arthritis, Schizophrenia, Systemic Lupus Erythematosus, Ulcerative Colitis.

DTPs: Relevant chronic conditions listed in the 271 PMBs, e.g. hormone replacement therapy (Menopause), immuno-suppressive therapy (Post-Organ Transplants).

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a) CDLs, other chronic conditions and relevant DTPs as listed above 24-day dispensing cycle applies
(Doctor's room or pharmacist to call 0800 132 345 to register condition and authorise medication)

100% Single Exit Price plus dispensing fee
58 conditions covered and relevant DTPs
Unlimited, subject to Profmed formulary and reference price

100% Single Exit Price plus dispensing fee
39 conditions covered and relevant DTPs
Subject to Profmed formulary and reference price
M R19 200
M+1 R31 400
Maximum R43 500 per family

100% Single Exit Price plus dispensing fee
Restricted to 26 CDL conditions and relevant DTPs, subject to PMB legislation
Subject to Profmed formulary and strict reference price

b) Biologicals and other specified drugs
(Subject to pre-authorisation, protocols and use of the Pharmacy DSPN)

80% Single Exit Price plus dispensing fee

Subject to PMB legislation

All sub-limits for out-of-hospital benefits set out in this Section, and benefits subject to the day-to-day limit in other Sections of this Schedule, are subject to the availability of the annual overall day-to-day limit. PMB claims will first be paid from relevant benefit categories and subject to available benefit limits. Once benefit limits are reached funding in respect of PMBs will continue to be funded in accordance with the PMB legislation and managed care protocols.

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Annual overall day-to-day limit
Available only through relevant available day-to-day sub-limits, where applicable

M R21 100
M+1 R31 200
Maximum R40 600 per family

M R13 200
M+1 R20 000
Maximum R25 800 per family

M R4 800
M+1 R6 700
Maximum R8 400 per family

See Section 5E.
Subject to PMB legislation

5A GENERAL PRACTITIONERS (GPS) AND SPECIALISTS

5A1 a) Face-to-face consultations

300% Profmed Tariff
Subject to day-to-day limit

GPs: R630
Specialists: R920
Specialist tariff amount may differ depending on the speciality
Subject to day-to-day limit

GPs and specialists at GP rate: R630
Subject to day-to-day limit, and PMB legislation

Subject to PMB legislation

b) Virtual and telephonic consultations

3 consultations per beneficiary
Code 0130: R350
Specialist tariff amount may differ depending on the speciality
Subject to day-to-day limit, and PMB legislation

Unlimited consultations
Paid up to overall limit of R350 per beneficiary
GPs only

5A2 Non-hospital procedures in doctor's rooms

300% Profmed Tariff
Subject to day-to-day limit

100% Specific Tariff
Subject to day-to-day limit

100% Specific Tariff at GP rate
Subject to day-to-day limit, and PMB legislation

Subject to PMB legislation

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5A3 Mental health consultations <i>(out-of-hospital)</i> <i>(See Section 1E6)</i>	300% Profmed Tariff Paid from Mental Health benefit Not subject to day-to-day limit	GPs: R630 Specialists: R920 Paid from Mental Health benefit Not subject to day-to-day limit	PMBs paid from Mental health 1E6 benefit, subject to PMB legislation	
5A4 Clinical psychology <i>(out-of-hospital)</i> <i>(See Section 1E6)</i>	100% Profmed Tariff Paid from Mental Health benefit Not subject to day-to-day limit		PMBs paid from Mental health 1E6 benefit, subject to PMB legislation	
5A5 Radiology and pathology <i>(Excluding MRI and CT scans)</i>	80% Negotiated Tariff Subject to day-to-day limit		80% Negotiated Tariff Subject to day-to-day limit, and PMB legislation	Subject to PMB legislation
5A6 MRI, radio-isotope and CT scans Specialist referral required, except for CT scans <i>(Subject to pre-authorisation. Call 0860 776 363 for authorisation and protocols)</i>	80% Negotiated Tariff out-of-hospital (100% Negotiated Tariff in-hospital. See Section 1D2 for in-hospital benefit) 2 per family in- or out-of-hospital Not subject to day-to-day limit	80% Negotiated Tariff out-of-hospital (100% Negotiated Tariff in-hospital. See Section 1D2 for in-hospital benefit) 2 per family in- or out-of-hospital Subject to day-to-day limit out-of-hospital	80% Negotiated Tariff R6 500 per family Not subject to day-to-day limit	Subject to PMB legislation
5A7 Emergency room visits and facility fees at hospitals that do not result in hospitalisation	100% Negotiated Tariff Subject to day-to-day limit		100% Negotiated Tariff Subject to day-to-day limit, and PMB legislation	Subject to PMB legislation

5B ACUTE MEDICATION

5B1 Prescribed acute medication Subject to use of the Pharmacy DSPN. Co-payment applies for voluntary use of a non-DSP. Wholesale pharmacy claims will not be accepted.	80% Single Exit Price plus dispensing fee M R11 800 M+1 R15 800 M+2 R16 900 M+3 R18 700 Maximum R22 100 per family MMAp® applies Subject to day-to-day limit	80% Single Exit Price plus dispensing fee M R4 300 M+1 R6 400 M+2 R7 100 M+3 R7 400 Maximum R8 000 per family MMAp® applies Subject to day-to-day limit	80% Single Exit Price plus dispensing fee M R800 M+1 R1 100 Maximum R1 400 per family MMAp® applies Subject to day-to-day limit, and PMB legislation	Subject to PMB legislation
5B2 Over-the-counter medication <i>(See Section 5B1)</i>	80% of cost R2 300 per family Subject to acute medication and day-to-day limits	80% of cost R1 900 per family Subject to acute medication and day-to-day limits	80% of cost Subject to acute medication and day-to-day limits	No benefit

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5C SUPPLEMENTARY BENEFITS

5C1	a) External prostheses and appliances • Includes insulin pumps, home oxygen therapy and stoma bags • Insulin pumps: 1 every 48 months • Home oxygen: subject to use of the DSPN. Co-payment applies for voluntary use of a non-DSP • Hearing aids: 1 pair every 24 months <i>(Subject to protocols and pre-authorisation. Call 0860 776 363 for authorisation and protocols)</i>	100% Negotiated Tariff R24 800 per family Additional for Hearing aids only: R7 800 Not subject to day-to-day limit	100% Negotiated Tariff R16 500 per family Additional for Hearing aids only: R4 800 Not subject to day-to-day limit	Subject to PMB legislation	
	b) Other Includes orthopaedic braces, wheel chairs, walking frames and crutches	100% Negotiated Tariff R6 200 per family Subject to day-to-day limit	100% Negotiated Tariff R4 400 per family Subject to day-to-day limit	Subject to PMB legislation	
5C2	Supplementary services • Audiometrists • Biokineticists • Chiropractors • Dieticians • Occupational therapists • Speech therapists • Physiotherapists • Podiatrists	100% Profmed Tariff M R3 400 Maximum R6 000 per family Subject to day-to-day limit, and PMB legislation	100% Profmed Tariff M R3 200 Maximum R5 300 per family Subject to day-to-day limit, and PMB legislation	100% Profmed Tariff Physiotherapists ONLY Maximum R800 per family Not subject to day-to-day limit	Subject to PMB legislation
5C3	Alternative health practitioners Including homeopaths and homeopathic medication. Practitioners must be registered with The Allied Health Professions Council	80% of cost R3 000 per family R900 per family sub-limit for homeopathic medication Subject to day-to-day limit	No benefit		

5D OPTOMETRY SERVICES

Benefits are subject to protocols and are applied over a 24-month period. Lenses are limited to contact lenses OR Spectacle lenses. Please consult your service provider regarding the use of non-generic and specialist lenses and coatings to avoid incurring a co-payment.

5D1	Eye examinations	100% Optical Tariff 24-month benefit Subject to day-to-day limit, and PMB legislation	Subject to PMB legislation
5D2	Spectacles a) Lenses (generic) Single vision, bi-focal and varifocal	100% Optical Tariff 24-month benefit Subject to day-to-day limit	No benefit

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b) Extras	100% Optical Tariff for generic hard-coating and generic plastic anti-reflex coating 24-month benefit Subject to day-to-day limit	100% Optical Tariff for generic hard-coating 24-month benefit Subject to day-to-day limit	No benefit
c) Frames	R1 500 per beneficiary 24-month benefit Subject to day-to-day limit	R1 100 per beneficiary 24-month benefit Subject to day-to-day limit	No benefit
5D3 Contact lenses (clear)	R3 600 per beneficiary 24-month benefit Subject to day-to-day limit	R2 200 per beneficiary 24-month benefit Subject to day-to-day limit	No benefit
5D4 Refractive eye surgery Includes all costs related to the admission and procedure, all medical practitioner fees, hospitalisation, etc. (Subject to protocols and pre-authorisation. Call 0860 776 363 for authorisation and protocols)	R4 200 per beneficiary Not subject to day-to-day limit	No benefit	

5E DENTISTRY

Benefits are subject to protocols and management. (See Section 1G for dentist and specialist fees in-hospital)

- Conservative dentistry (includes annual check-ups, restorations, extractions, root canal treatment, dentures) - Advanced dentistry (includes crowns, bridges, implants, orthodontics) Orthodontics available only up to age 18. (Orthodontics and implants subject to pre-authorisation. Call 0860 776 363 for authorisation and protocols)	135% Profmed Tariff Maximum R16 100 per family Not subject to day-to-day limit	135% Profmed Tariff Maximum R13 800 per family Not subject to day-to-day limit	135% Profmed Tariff Subject to day-to-day limit	135% Profmed Tariff R1 058 per beneficiary Maximum R2 000 per family
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5F WHISPA: TRAUMA, AND HIV ASSISTANCE PROGRAMME

Benefit covers trauma, and HIV exposure as a result of crime, e.g. assault or rape, and HIV exposure resulting from crime and occupational injuries, e.g. needle-stick injury, not subject to day-to-day limit. Where relevant, victims will be accompanied by an appropriate, qualified professional to identity parades and court appearances for emotional support. Call 0860 944 772 for 24-hour assistance. Benefits are subject to the use of the DSP. Co-payment applies for voluntary use of a non-DSP. Subject to case management and protocols.

5F1 Counselling

a) Telephonic counselling	100% Negotiated Tariff Appropriate number of sessions as determined by the designated case manager
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b) Face-to-face counselling	100% Negotiated Tariff Up to 4 sessions per incident Thereafter, subject to PMB legislation
5F2 HIV post-exposure management 2 doctor's consultations, 30 days' PEP medication, pathology and 3 – 6 months' HIV exposure management	100% Negotiated Tariff 1 course of treatment per beneficiary per incident at DSP Subject to PMB legislation
5G WHISPA: GENDER-BASED VIOLENCE SUPPORT PROGRAMME Provides emotional and psychological support in the event of violence or abuse experienced by persons of any gender. Cover includes telephonic and face-to-face counselling, not subject to day-to-day limit. Legal counselling and assistance are provided but is at the cost of the beneficiary. Call 0860 944 772 for 24-hour assistance. Benefits are subject to the use of the DSP. Co-payment applies for voluntary use of a non-DSP. Subject to case management and protocols.	
5G1 Counselling	
a) Telephonic counselling	100% Negotiated Tariff Appropriate number of sessions as determined by the designated case manager
b) Face-to-face counselling	100% Negotiated Tariff Up to 4 sessions per incident Thereafter, subject to PMB legislation

6.

MATERNITY

Call 0860 776 363 where pre-authorisation is required and for more information on clinical qualifying criteria, and benefits.
Subject to PMB legislation.

Tums2Tots: Baby and Toddler programme available to expectant mothers and mothers with babies, and toddlers up to 3 years.
Health-on-Line on 082 911: Telephonic emergency and non-emergency medical advice, during pregnancy and once baby is born.

BENEFIT

- PROPINNACLEPROSECURE PLUSPROSECUREPROACTIVE PLUSPROSELECT
- PROPINNACLEPROSECURE PLUSPROSECUREPROACTIVE PLUSPROSELECT

6A DAY-TO-DAY COVER Members on the ProSecure Plus, ProSecure and ProActive Plus options and their Savvy equivalents are required to register on the Maternity programme to access the relevant benefits.				
6A1 Ultra-sound scans (ante-natal)	100% Profmed Tariff 2 scans per pregnancy Subject to day-to-day limit	100% Profmed Tariff 2 scans per pregnancy Not subject to day-to-day limit (Subject to registration on the Maternity programme)	100% Profmed Tariff 2 2D scans per pregnancy Not subject to day-to-day limit (Subject to registration on the Maternity programme)	Subject to PMB legislation

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	PROPINNACLE SAVVY	PROSECURE PLUS SAVVY	PROSECURE SAVVY	PROACTIVE PLUS SAVVY	PROSELECT SAVVY
6A2 Ante-/post-natal consultations by medical practitioner	300% Profmed Tariff 13 visits per pregnancy Subject to day-to-day limit	GPs: R630 Specialists: R920 13 visits per pregnancy Not subject to day-to-day limit (Subject to registration on the Maternity programme)		GPs and specialists at GP rate: R630 6 visits per pregnancy Not subject to day-to-day limit (Subject to registration on the Maternity programme)	Subject to PMB legislation
6A3 Ante-/post-natal consultations by registered midwife	300% Profmed Tariff 13 visits per pregnancy Subject to day-to-day limit	Consultations: R920 13 visits per pregnancy Not subject to day-to-day limit (Subject to registration on the Maternity programme)		Consultations: R630 6 visits per pregnancy Not subject to day-to-day limit (Subject to registration on the Maternity programme)	Subject to PMB legislation
6A4 General Practitioner or Paediatrician consultations	300% Profmed Tariff Subject to day-to-day limit	GPs: R630 Specialists: R920 Specialist tariff amount may differ depending on the speciality Subject to day-to-day limit		GPs and specialists at GP rate: R630 2 visits only Not subject to day-to-day limit (Subject to registration on the Maternity programme)	Subject to PMB legislation
6A5 Pathology (Tariff codes 4188, 3764, 3765 and 3709)		80% Negotiated Tariff Subject to day-to-day limit		100% Negotiated Tariff Not subject to day-to-day limit, and PMB legislation (Subject to registration on the Maternity programme)	Subject to PMB legislation
6A6 Lactation consultation At a registered service provider Available up to 6 months post delivery (Subject to registration on the Maternity programme, pre-authorisation and protocols)	100% Profmed Tariff 1 visit per pregnancy Subject to day-to-day limit	100% Profmed Tariff 1 visit per pregnancy Not subject to day-to-day limit			Subject to PMB legislation
6A7 Nutrition consultation At a registered service provider Available up to 6 months post-delivery (Subject to registration on the Maternity programme, pre-authorisation and protocols)	100% Profmed Tariff 1 visit per pregnancy Subject to day-to-day limit	100% Profmed Tariff 1 visit per pregnancy Not subject to day-to-day limit			Subject to PMB legislation

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PRO SECURE SAVVY

PRO ACTIVE PLUS SAVVY

PRO SELECT SAVVY

6A8	Nuchal Translucency Non-Invasive Pre-Natal Test (NIPT) <i>(Subject to registration on the Maternity programme, pre-authorisation and protocols)</i>	100% Profmed Tariff 1 per pregnancy Subject to day-to-day limit, and PMB legislation	100% Profmed Tariff 1 per pregnancy Not subject to day-to-day limit Subject to PMB legislation	Subject to PMB legislation	
6A9	Out-patient visits to hospital/clinic, e.g. tococardiography	80% Profmed Tariff Subject to day-to-day limit		Subject to PMB legislation	
6A10	Ante-natal exercises by registered healthcare practitioner	80% Profmed Tariff R1 200 per family Subject to day-to-day limit	No benefit		
6A11	Prescribed medication during pregnancy	80% Single Exit Price plus dispensing fee Subject to 5B1			Subject to PMB legislation

6A12 Post-natal home-based visit

A post-birth 6-week visit by a registered nurse to assess baby’s progress, provide support to parents and administer the 6-week immunisation. Available to newborns born onto and registered on the Scheme. An appointment will be scheduled once baby is born. The 6-week nurse visit in outlying areas is subject to the availability of nurses. Call 0860 679 200 to schedule an appointment. Subject to use of the Post-Natal Home-Based Care DSPN and registration on the Tums2Tots Baby and Toddler Programme.

a) Visit	100% Negotiated Tariff Not subject to day-to-day benefit
b) Immunisations Immunisations done at 6 weeks, per the Department of Health’s Childhood Immunisation Schedule	100% Single Exit Price plus dispensing fee at DSPN rate Subject to Section 2B1

6B HOSPITALISATION

Call 0860 776 363 where pre-authorisation is required and for more information on clinical qualifying criteria, and benefits. Subject to PMB legislation. **Subject to the relevant hospital network applicable to the specific benefit option.**

VIEW ALL NETWORK HOSPITAL LISTS



6B1	In-patient hospitalisation (ante-natal)	100% Negotiated Tariff in private ward	100% Negotiated Tariff in general ward			
6B2	Delivery fee by GP or specialist	300% Profmed Tariff	200% Profmed Tariff	100% Specific Tariff	175% Profmed Tariff	100% Specific Tariff
6B3	Delivery fee by registered midwife	300% Profmed Tariff	200% Profmed Tariff	100% Specific Tariff	175% Profmed Tariff	100% Specific Tariff
6B4	Labour ward	100% Negotiated Tariff				
6B5	Ward accommodation (post-delivery): Normal delivery – 3 days Caesarean section – 4 days	100% Negotiated Tariff in private ward		100% Negotiated Tariff in general ward		

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6B6 Theatre and recovery room	100% Negotiated Tariff				
6B7 Other medical practitioner services, e.g. pathology and radiology while in hospital	100% Profmed Tariff				
6B8 Consultations while in hospital	300% Profmed Tariff	200% Profmed Tariff	100% Specific Tariff	175% Profmed Tariff	100% Specific Tariff
6B9 Home nursing (post-natal) 48-hour benefit in the event of a home delivery or if discharged from a birthing unit within 24 hours after delivery (Subject to pre-authorisation)	Subject to Section 1E5(a) of this Schedule				
6B10 Neonatal ICU Neonate must be registered as a dependant on Profmed (Subject to pre-authorisation)	100% Negotiated Tariff				

7.

INTERNATIONAL TRAVEL MEDICAL ASSISTANCE

This benefit covers members in South Africa for medical emergencies while travelling outside the borders of South Africa. Cover is available up to 150 days from date of departure, per journey. Members who reside in the SADC region do not have access to the emergency evacuation cover to South Africa, however, if they are on an international journey, they do have access to the International Travel Medical Assistance Benefit. Consult the International Travel Medical Assistance Benefit Document available on the website for the benefits, restrictions, exclusions and claims process. The Information Guide contains more information on the claims process and details of this benefit, or call 0860 679 200. Subject to pre-authorisation, case management and protocols. For medical assistance while travelling, it is necessary to call the DSP, Europ Assistance, on +27 11 991 8564 prior to receiving treatment to avoid a co-payment.

BENEFIT

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- PRO SECURE
SAVVY
- PRO ACTIVE PLUS
SAVVY
- PRO SELECT
SAVVY

a) In- and out-of-hospital emergency medical expenses	R8 million per beneficiary per journey	R5 million per beneficiary per journey	R2.5 million per beneficiary per journey
b) Out-of-hospital Claims exceeding R2 000 must be pre-authorized Subject to Section 7(a)	R10 000 out-of-hospital limit, per beneficiary, per journey R2 000 excess per beneficiary, per journey on out-of-hospital expenses Out-of-hospital benefits only available if the claim relates to day-to-day benefits available on this option. Spectacles or contact lenses limited to R3 300, subject to the R2 000 excess		No benefit for out-of-hospital expenses

These benefits are subject to ratification by the Council for Medical Schemes. This published Schedule is subject to the rules approved by the Board of Trustees and in the event of a dispute the approved rules of the Scheme will prevail. All benefits are subject to the PMB legislation. The rules contained in the Schedule of Benefits will prevail.

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