



## Spectra Azure

- The established family with busy youngsters
- The family that takes their healthcare needs seriously and who want to make proper provision for their growing medical needs
- People looking for unlimited hospital cover, an extensive savings account for day-to-day medical costs (My Saver™), cover for 29 chronic conditions and an additional 7 CDL+conditions
- Members who require additional benefits such as the Benefit Booster™ (Psychiatric treatment, substance & alcohol abuse and associated conditions; Screening benefit; MediBooster; and Specialised Dentistry), which does not affect their My Saver™
- Those looking for comprehensive preventative care



 **spectramed**  
**Benefit Option Brochure**  
**2018**



## HOSPITAL BENEFIT

<b>Overall Annual Limit (OAL)</b>	Unlimited
<b>Dental / Oral Surgery Related General Anaesthesia &amp; Intravenous Sedation</b>	Certain exclusions apply (refer to <a href="http://www.spectramed.co.za">www.spectramed.co.za</a> for exclusions). Professional fees charged by a dental practitioner in-hospital subject to Benefit Booster™.
<b>General Hospitalisation</b>	<p><b>In-Hospital co-payments</b> These procedures are subject to the following co-payments: Arthroscopy – R1,000, Dental in hospital – R2,000, Endoscopic: Gastroscopy *, Colonoscopy * and Sigmoidoscopy – R1,500, Hysterectomy – R1,500, Joint replacement – R4,500, Laparoscopy, Hysteroscopy, Endometrial Ablation – R2,000, Non-surgical medical admissions – R1,000, Reflux Surgery – R2,000, Spinal surgery – R4,500</p> <ol style="list-style-type: none"> <li>*Diagnostic Gastroscopy / Colonoscopy performed in a provider's consulting room will NOT be subject to a co-payment.</li> <li>The highest co-payment will apply where more than one payment is required.</li> </ol>
<b>Internal Prostheses</b>	<p>Limit = R120,000 per family. Subject to pre-authorisation and clinical motivation. Subject to "Fit for Surgery" certification. Limit: 2 spinal levels per beneficiary per annum. Sub-limits: Spinal: R42,000 (both levels). Limit: 1 joint replacement per beneficiary per annum. Sub-limits: Knee and Hip replacement: R42,000 (includes cement).</p>
<b>Maternity</b>	<p>Home births subject to R11,000 per confinement. Must be registered on Maternity Programme. Antenatal classes subject to R525 per family. If not authorised, a R10,500 limit will apply to Caesarean Sections. <b>Out-of-Hospital benefit</b> Homebirths must be assisted by a registered midwife, 10 pre-natal + 3 Post Natal Midwife visits. Some of these benefits form part of your preventative care benefits.</p>
<b>Organ Transplants &amp; anti-rejection medication</b>	Sub-limit = R500,000 per family. Registration for organ transplants and anti-rejection medication must be done through the third-party service provider.
<b>Pathology</b>	100% of Spectra Tariff.
<b>Physiotherapy</b>	Sub-limit = R5,800 per family.
<b>Psychiatric Treatment, Substance &amp; Alcohol Abuse &amp; Associated Conditions</b>	Sub-limit = R18,500 per family.
<b>Radiology</b>	100% of Spectra Tariff.
<b>Take-Home Medicine</b>	5 days post-hospitalisation.

## THINGS TO REMEMBER FOR THE HOSPITAL BENEFIT:

- The Overall Annual Limit (OAL) for Spectra Azure is unlimited.
- All Hospital events MUST be authorised:
  - A non-emergency case at least 48 hours prior to admission.
  - In case of an emergency, authorisation no later than 48 hours after admission.
  - Please note, for after-hours emergency medical assistance, contact 0800 773 2872.
  - 20% Penalty (min R3,000) if not pre-authorised.
- All in-Hospital benefits will be covered at 100% of Spectra Tariff.
- Organ Transplants require registration on a Benefit Management Programme (BMP), as well as making use of a Designated Service Provider (DSP).
- The member must make use of the Spectra Medium Formulary for anti-rejection medication.
- The member must make use of the DSP for anti-rejection medication, otherwise a 40% penalty will apply.
- All Prescribed Minimum Benefits (PMBs) will be covered at 100% of Cost at a DSP ONLY. Where treatment is voluntarily obtained from a non-DSP in non-emergency cases, a 30% penalty will apply.





MAJOR MEDICAL

<b>Prescribed Minimum Benefits</b>	Limited to statutory algorithms and protocols for treatment.
<b>Disease Management HIV/AIDS &amp; related illnesses</b>	Included in this benefit: HIV+ members, PEP (Post Exposure Prophylaxis) and MTC (Mother To Child transmission). This benefit is unlimited.
<b>Diabetes</b>	Included in this benefit: Baseline and monitoring tests as per protocols only.
<b>Non-HIV+ members: Pathology (VCT)</b>	Only 2 diagnostic tests per beneficiary per annum. More than 2 tests per annum require a motivation from healthcare practitioner and use of a DSP. Adult test: HIV-Elisa. Child test: (younger than 18 months): HIV-DNA-PCR and p24-antigen.
<b>Diabetes, HIV/AIDS &amp; related illnesses: In-Hospital</b>	This benefit is unlimited.
<b>Diabetes, HIV/AIDS &amp; related illnesses: Out-of-Hospital</b>	This benefit is unlimited.
<b>Diabetes, HIV/AIDS &amp; related illnesses: Prescribed Medication</b>	Registration for prescribed medication must be done through the third-party service provider. This benefit is unlimited.
<b>Diabetes, HIV/AIDS &amp; related illnesses: Pathology</b>	Protocols apply. Baseline monitoring tests as per protocols only.
<b>Diabetes, HIV/AIDS &amp; related illnesses: Other Out-of-Hospital expenses</b>	100% of cost at DSP. Protocols apply.
<b>Additional Benefits Ambulance Services &amp; Inter-hospital ambulance transfers</b>	Must be obtained from Scheme preferred provider and certified as essential by Medical Practitioner. 100% of Spectra Tariff. This benefit is unlimited.
Blood transfusions	100% of Spectra Tariff at DSP only. This benefit is unlimited.
Dialysis	100% of Spectra Tariff. Treatment available from DSP only, otherwise a 30% penalty will apply.
Investigative & surgical procedures in consulting rooms	Including, but not limited to: <ul style="list-style-type: none"> <li>• Gastroscopies</li> <li>• Colonoscopies</li> <li>• Plantar Wart removal</li> <li>• Removal of ingrown toenail</li> <li>• Varicose Vein injections/drainage.</li> </ul> 200% of Spectra Tariff. This benefit is unlimited.
Nursing services & Hospice	Sub-limit = R8,600 per family. 100% of Spectra Tariff.
<b>Oncology treatment: Chemotherapy, Radiotherapy</b>	Sub-limit = R520,000 per family. Limited to 1 x PET scan per annum for "staging" and subject to annual Specialised Radiology benefit. 100% of Spectra Tariff.
<b>Oncology treatment: Biological &amp; Targeted Therapy Entities</b>	Sub-limit = R210,000 per family. 25% levy applicable. 100% of Spectra Tariff.
<b>Specialised Radiology (MRI / CT / PET / Bone Density &amp; Radio-isotope scans)</b>	MRI and CT Scans: R1,500 co-payment will apply from 1st scan per annum. Sub-limit = R15,700 per family. 100% of Spectra Tariff.

## THINGS TO REMEMBER FOR THE MAJOR MEDICAL BENEFIT:

- Pre-authorisation is required for ALL Major Medical events/benefits. Certain limits apply. Please see relevant benefits for applicable rates.
- 20% Penalty (min R3,000) if not pre-authorised.
- Oncology treatment requires pre-authorisation and registration with the Oncology third-party service provider. (Subject to the Standard and Referral Protocol).
- Oncology treatment requires the utilisation of the DSP oncologist, otherwise a 30% penalty will apply.
- The member must make use of the Spectra Medium Formulary for oncology medication.
- The member must make use of the DSP for oncology medication, otherwise a 40% penalty will apply.
- HIV/AIDS and Diabetes Treatment requires pre-authorisation and the member must be enrolled on the Scheme HIV/AIDS/ Diabetes DSP and Management Programme. Where services for HIV/AIDS and Diabetes are voluntarily obtained from a non-DSP, a 30% penalty will apply.
- The member must make use of the Spectra Medium Formulary for HIV/AIDS and Diabetes medication.
- The member must make use of the DSP for HIV/AIDS and Diabetes medication, otherwise a 40% penalty will apply.
- All PMBs will be covered at 100% of Cost at a DSP ONLY. Where treatment is voluntarily obtained from a non-DSP in non-emergency cases, a 30% penalty will apply.
- Please note that all medication used in the treatment of a registered PMB or CDL condition is subject to a DSP and the Spectra Medium Formulary. The use of a non-DSP for medication is subject to a 40% penalty.



CHRONIC

**CDL medication  
(Chronic Disease List)**

This benefit is unlimited.

The following chronic conditions will be paid for from your Chronic Benefit:

1. Addison's Disease
2. Asthma
3. Bipolar Mood Disorder
4. Bronchiectasis
5. Congestive Cardiac Failure
6. Cardiomyopathy
7. Chronic Renal Disease
8. Chronic Obstructive Pulmonary Disease
9. Coronary Artery Disease
10. Crohn's Disease
11. Diabetes Insipidus
12. Diabetes Mellitus – Type 1
13. Diabetes Mellitus – Type 2
14. Dysrhythmias
15. Epilepsy
16. Glaucoma
17. Haemophilia
18. Hyperlipidaemia
19. Hypertension
20. Hypothyroidism
21. Multiple Sclerosis
22. Parkinson's Disease
23. Rheumatoid Arthritis
24. Schizophrenia
25. Systemic Lupus Erythematosus
26. Ulcerative Colitis
27. HIV/AIDS
28. Benign Prostate Hyperplasia
29. Hormone Replacement Therapy (Menopause)

**Biological entities**

Subject to pre-authorisation and clinical motivation.  
30% Levy applicable. Sub-limit = R40,000 per family. 100% of Spectra Tariff.

**THINGS TO REMEMBER FOR THE CHRONIC BENEFIT:**

- The Chronic Benefit requires the member to be registered for Chronic Disease List (CDL), and this must be reviewed annually. Claims for the diseases listed on the CDL will be covered at 100% of Cost. Registration for chronic conditions must be done through the third-party service provider.
- The member must make use of the Spectra Medium Formulary for CDL medication.
- The member must make use of the DSP for CDL medication, otherwise a 40% penalty will apply.





MY SAVER™

<b>Acute Medication</b>	100% of Spectra Tariff.
<b>Allied Health Services</b>	Includes all services as obtained from a registered Allied Health Services professional. 100% of Spectra Tariff.
<b>Conservative Dentistry</b>	Including, but not limited to: Consultation Fillings Root Canal Conscious sedation in dental rooms. 100% of Spectra Tariff.
<b>Extended Chronic Medication (CDL+)</b>	Subject to protocols as defined in Scheme rules. The CDL+ for Spectra Azure is made up of: 1. Cystic Fibrosis 2. Endometriosis 3. GORD/GERD 4. Osteoarthritis 5. Osteoporosis 6. Prostatic Hypertrophy Benign 7. Psoriasis 100% of Spectra Tariff.
<b>External prostheses &amp; appliances</b>	Subject to pre-authorisation and clinical motivation and registration with the preferred provider. 100% of Spectra Tariff.
<b>General Practitioner Consultations &amp; associated cost</b>	100% of Spectra Tariff.
<b>Medical Specialists</b>	Consultations and Procedures. 100% of Spectra Tariff.
<b>Optical</b>	Optical Sub-limit = R2,400 per beneficiary. Frame sub-limit = R1,100 per beneficiary (included in optical sub-limit). Benefit available every 2 years from date of treatment for frames and lenses (per beneficiary). Specific exclusions: <ul style="list-style-type: none"><li>• Sunglasses or lens tint &gt; 35%</li><li>• Repairs</li><li>• Contact lens solution</li><li>• Coloured contact lenses.</li></ul> 100% of Spectra Tariff.
<b>Pathology</b>	100% of Spectra Tariff.
<b>Pharmacy-Advised Therapy (PAT)</b>	100% of Spectra Tariff.
<b>Physiotherapy</b>	100% of Spectra Tariff.
<b>Radiology</b>	Excludes: Specialised Radiology (refer Specialised Radiology benefit). 100% of Spectra Tariff.

## THINGS TO REMEMBER FOR THE MY SAVER™ BENEFIT:

- All My Saver™ benefits will be paid for at 100% of Spectra Tariff.
- These benefits are all subject to the 2018 My Saver™ limit. Once this savings balance is depleted, the member will no longer have access to these benefits for the remainder of 2018.
- CDL+ is the extended chronic disease list. The member must be registered for this and this must be reviewed annually.
- Registration for CDL+ conditions must be done through the third-party service provider. Claims for the diseases listed on the CDL+ will be covered from the My Saver™ limit.
- The member's My Saver™ funds remain their money, even when they leave the Scheme. Any unused funds that remain at year-end will be carried over to the following year.



**BENEFIT BOOSTER™**

<p><b>Benefit Booster™</b></p>	<p>M+0 = R7,100 M+1 = R8,600 M+2 = R9,900 100% of Spectra Tariff.</p>	<p>M+3 = R11,300 M+4+ = R12,700</p>
<p><b>Psychiatric treatment, substance &amp; alcohol abuse and associated conditions</b></p>	<p>Subject to PMBs. Sub-limit = R5,500 per family.</p>	
<p><b>Preventative &amp; Screening benefit</b></p>	<p>100% of Spectra Tariff. Sub-limit = R1,500 per beneficiary. Subject to preferred provider only. Covers 1 test per beneficiary per annum for each of the following:</p> <ul style="list-style-type: none"> <li>• Blood pressure</li> <li>• Glucose</li> <li>• Cholesterol</li> <li>• Hb (Anemia)</li> <li>• Urine</li> <li>• Weight Loss/BMI counselling</li> </ul> <p>Covers 1 test per beneficiary every two years for:</p> <ul style="list-style-type: none"> <li>• Pap Smear</li> <li>• Mammogram (only for women over 45 yrs)</li> </ul> <p>This forms part of your preventative care benefits</p>	
<p><b>MediBooster</b></p>	<p>100% of Spectra Tariff. Sub-Limit = R 1,600 per family. Subject to registration and Self-Health Assessment. Only available through Preferred Provider. This forms part of your preventative care benefits.</p>	
<p><b>Specialised Dentistry</b></p>	<p>Specialised Dentistry sub-limits are: M+0 = R5,250 M+1 = R6,600 M+2 = R7,850 M+3 = R9,250 M+4 = R10,600</p> <p>Including, but not limited to:</p> <ul style="list-style-type: none"> <li>• Crowns - 3 crowns or bridge units per family per annum</li> <li>• Plastic Dentures - 1 per jaw in a 2-year period per beneficiary</li> <li>• Metal Frame Dentures - 1 per jaw in a 5-year period per beneficiary</li> <li>• Orthodontics (refer schedule of exclusions)</li> <li>• Implants - 2 implants in a 5-year period per beneficiary (Implant component costs limited to a maximum R3,850 per implant)</li> <li>• Dental / Oral Surgery (refer schedule of exclusions).</li> <li>• Professional fees charged by a dental practitioner out-of-hospital subject to Benefit Booster™.</li> </ul> <p>Uniform application of Specialised Dentistry benefits applied to:</p> <ul style="list-style-type: none"> <li>• Dental Lab costs</li> <li>• Orthodontic benefits (i.e. 20% deposit, payment period and deduction of previous orthodontic phase costs).</li> </ul> <p>This forms part of your preventative care benefits.</p>	

**THINGS TO REMEMBER FOR THE BENEFIT BOOSTER™ BENEFIT:**

- The Benefit Booster™ benefits will be paid for at 100% of Spectra Tariff. Note that certain sub-limits apply.
- These benefits are all subject to the 2018 Benefit Booster™ limit. Once this benefit is depleted, the member will no longer have access to these benefits for the remainder of 2018.



 <p><b>PREVENTATIVE CARE</b></p>	<p><b>Preventative &amp; Screening benefit</b></p>	<p>100% of Spectra Tariff. Sub-limit = R1,500 per beneficiary. Subject to preferred provider only. Covers 1 test per beneficiary per annum for each of the following:</p> <ul style="list-style-type: none"> <li>• Blood pressure</li> <li>• Glucose</li> <li>• Cholesterol</li> <li>• Hb (Anemia)</li> <li>• Urine</li> <li>• Weight Loss/BMI counselling</li> </ul> <p>Covers 1 test per beneficiary every two years for:</p> <ul style="list-style-type: none"> <li>• Pap Smear</li> <li>• Mammogram (only for women over 45 yrs)</li> </ul> <p>Subject to Benefit Booster™ limit.</p>
<p><b>Day-to-Day Services:</b> Clinic Nursing consultations</p>	<p>30 Minute consultation - 1 consultation per beneficiary per year 15 Minute consultation - 2 consultations per beneficiary per year Subject to preferred provider only. Subject to Benefit Booster™ limit.</p>	
<p><b>Day-to-Day Services:</b> Clinic Nursing consultations (additional consultations earned when having the Flu Vaccine)</p>	<p>15 Minute consultation - 1 consultation per beneficiary per year Subject to preferred provider only. Subject to Hospital Benefit.</p>	
<p><b>Maternity:</b> Ante-natal classes</p>	<p>R 525 per family Subject to Hospital Benefit.</p>	
<p><b>Maternity:</b> Pre-natal visits /consultations (GP or Gynaecologist)</p>	<p>Visits paid from My Saver™.</p>	
<p><b>Maternity:</b> Visits/consultations (Midwife)</p>	<p>10 Pre-natal midwife visits. Subject to Hospital Benefit. 3 Post-natal midwife visits Subject to Hospital Benefit.</p>	
<p><b>Maternity Scans</b></p>	<p>3 x 2D scans. Subject to Hospital Benefit.</p>	
<p><b>Clinic Nursing Services:</b> Mother Ante-natal Consultations</p>	<p>1 consultation per beneficiary per year. Subject to preferred provider only. Subject to Benefit Booster™ limit.</p>	
<p><b>Clinic Nursing Services:</b> Well Baby Consultations</p>	<p>1 consultation per beneficiary per year, including administering of immunisations. Cost of vaccine covered by applicable PMB protocol. Subject to preferred provider only. Subject to Benefit Booster™ limit.</p>	
<p><b>MediBooster</b></p>	<p>100% of Spectra Tariff. Sub-limit R1 600 per family. Subject to registration and Self-Health Assessment. Only available through Preferred Provider. Subject to Benefit Booster™ limit.</p>	

### THINGS TO REMEMBER FOR THE PREVENTATIVE CARE BENEFIT:

- The Benefit Booster™ benefits will be paid for at 100% of Spectra Tariff. Note that certain sub-limits apply.
- Where applicable benefits are all subject to the 2018 Benefit Booster™ and My Saver™ limits. Once this benefit is depleted, the member will no longer have access to these benefits for the remainder of 2018.
- Certain of these benefits are subject to Hospital Benefit, please refer to this section for specific applicable limits.

## **SPECTRA COBALT / SPECTRA AZURE / SPECTRA CAPRI / SPECTRA CYAN / SPECTRA AQUA SPECTRA TARIFF**

1. The Reference Price List for healthcare services as adopted by the Board of Trustees from time to time; or
2. Tariff as negotiated by Spectramed; or
3. Single Exit Price for medicines plus the relevant dispensing fees according to a Scheme Formulary; or
4. Tariff as paid by Spectramed for investigative and surgical procedures rendered in a provider's consulting rooms; or
5. Tariff charged by a Spectramed DSP or preferred provider.

### **COST**

In relation to a benefit, the cost of providing for Prescribed Minimum Benefits that must be paid by the Scheme.

## **SPECTRA COBALT / SPECTRA AZURE / SPECTRA CAPRI / SPECTRA CYAN MY SAVER™**

1. Personal Medical Savings Account as defined under Regulation 10 of the Medical Schemes Act 131 of 1998;
2. My Saver™ savings balance used to fund a defined list of day-to-day healthcare expenses;
3. On 1 January of each year, a member has access to the full annual savings allocation, even though contributions are paid monthly;
4. A member who terminates membership before year-end and who has spent an amount from My Saver™ that is more than the monthly contribution will be liable to refund the Scheme the overspent arrears amount;
5. Claims paid from My Saver™ are paid according to the Rules of the Scheme and subject to funds available in My Saver™;
6. Unused My Saver™ savings balances can be carried forward from one year to the next;
7. Unused My Saver™ savings balances are paid out to the member five months after termination of membership.

### **BENEFITS AND LIMITS**

Unless otherwise stated, all benefits are annual. In those categories where annual limits apply, limits on benefits for members who join during the course of the year will be prorated, calculated from the date of admission to the end of the financial year (defined as running from 1 January to 31 December). The Board of Trustees reserves the right to obtain referrals or second opinions with regard to illnesses of a protracted nature or procedures / treatments that may not be medically necessary. The "Fitness for Surgery" clinical protocol is always applicable.

### **WAITING PERIODS**

A medical scheme may impose:

1. A general waiting period of up to three months upon a new member and the member's dependant(s) before such a member and/or dependant(s) is entitled to claim any benefits;
2. A condition-specific waiting period of not more than 12 months on a member and/or dependant(s) in respect of pre-existing conditions;
3. Waiting periods may be imposed with regards to Specialised Dentistry, confinement, lenses and frames. The Board of Trustees has the right to request and obtain medical history with regards to medical diagnosis, treatment and care.





## YOUR SPECTRAMED DESIGNATED SERVICE PROVIDERS (DSPs) FOR 2018

A DSP or Designated Service Provider is a healthcare provider (such as a certain pharmacy, hospital, etc) that a medical scheme has chosen for its members' healthcare needs. A DSP provides members with the diagnosis, treatment and care in respect of medical conditions, including PMB conditions. DSPs reduce the costs of medical care, as the Scheme has negotiated with the DSP on behalf of its members. By making use of Spectramed's DSPs, you make your healthcare benefits go further, and also reduce out-of-pocket expenses. Here are the DSPs you need to make use of in 2018.

BENEFIT	DESIGNATED SERVICE PROVIDER
<b>PRESCRIBED MINIMUM BENEFITS</b>	
Prescribed Minimum Benefits (Registration required)	Life Healthcare Group Melomed Hospitals Folateng Hospital Department of Health Western Cape Netcare Hospitals
<b>DIABETES, HIV/AIDS</b>	
	Agility Health
<b>DIABETES, HIV/AIDS: IN-HOSPITAL</b>	
Subject to Agility Health Managed Care (Registration required)	Life Healthcare Group Melomed Hospitals Folateng Hospital Department of Health Western Cape Netcare Hospitals
<b>DIABETES, HIV/AIDS: OUT-OF-HOSPITAL</b>	
Subject to Agility Health Managed Care and relevant treatment plan (Registration required) Prescribed Medication	Dis-Chem Pharmacy Clicks Pharmacy Agility Health
<b>CHRONIC DISEASE LIST (CDL)</b>	
Chronic Disease List (CDL)	Dis-Chem Pharmacy Clicks Pharmacy
<b>ONCOLOGY TREATMENT: IN-HOSPITAL</b>	
In-Hospital	Life Healthcare Group Melomed Hospitals Folateng Hospital Department of Health Western Cape Netcare Hospitals
<b>ONCOLOGY TREATMENT: OUT-OF-HOSPITAL</b>	
Out-of-Hospital Medication	SAOC (South African Oncology Consortium) Dis-Chem Pharmacy Clicks Pharmacy
<b>DIALYSIS</b>	
In-and-Out-of-Hospital	National Renal Care

# NOTES

A series of horizontal dotted lines for taking notes, followed by solid lines at the bottom of the page.





## SPECTRAMED CONTACT DETAILS

CATEGORY	PRE-AUTHORISATION	CONTACT NUMBER	CONTACT EMAIL
Emergency Transport & Ambulance (all options)	Yes	0800 773 2872	Not applicable
Chronic benefit registration (all options)	Yes	0861 497 497	chronicreg@spectramed.co.za
Dental authorisations (Specialised dentistry only)	Yes	0861 497 497	dental@spectramed.co.za
Hospitalisation (including dentistry)	Yes	0861 497 497	hospital@spectramed.co.za
HIV/AIDS programme (registration/enquiries)	Yes	0861 497 497	hiv@spectramed.co.za
Oncology (Chemotherapy / Radiotherapy / Oncology medication on all options)	Yes	0861 497 497	oncology@spectramed.co.za
Diabetes programme (registration/enquiries)	Yes	0861 497 497	diabetes@spectramed.co.za

Council for Medical Schemes - Tel: 0861 123 CMS (267) | Fax: 012 431 0608 | Email: complaints@medicalschemes.com | Web: www.medicalschemes.com

## SPECTRA AZURE 2018 CONTRIBUTIONS

BENEFIT OPTION	INCOME	MEMBERSHIP	TOTAL CONTRIBUTION 2018 (INSURED + MYSAVER™) 2018	TOTAL MONTHLY RISK (INSURED) PORTION	MONTHLY SAVING 2018 (MYSAVER™) PORTION	ANNUAL SAVINGS
<b>Spectra Azure (only pay for the first three children)</b>	R0 - R8 000	Principal Member	R 3,758	R 3,100	R 658	R 7,896
		Adult Dependant	R 2,117	R 1,747	R 370	R 4,440
		Child Dependant 1	R 1,133	R 935	R 198	R 2,376
		Child Dependant 2	R 762	R 629	R 133	R 1,596
		Child Dependant 3	R 519	R 428	R 91	R 1,092
	R8 001 - R11 500	Principal Member	R 3,904	R 3,221	R 683	R 8,196
		Adult Dependant	R 2,493	R 2,057	R 436	R 5,232
		Child Dependant 1	R 1,267	R 1,045	R 222	R 2,664
		Child Dependant 2	R 1,040	R 858	R 182	R 2,184
		Child Dependant 3	R 749	R 618	R 131	R 1,572
	R11 501+	Principal Member	R 4,034	R 3,328	R 706	R 8,472
		Adult Dependant	R 2,892	R 2,386	R 506	R 6,072
		Child Dependant 1	R 1,417	R 1,169	R 248	R 2,976
		Child Dependant 2	R 1,374	R 1,134	R 240	R 2,880
		Child Dependant 3	R 1,374	R 1,134	R 240	R 2,880

Should you wish to adjust any personal information, please log onto your Spectramed online account at [www.spectramed.co.za](http://www.spectramed.co.za).

If you would like to change options for 2018, log onto your online profile or complete the option change form included in your 2018 information pack and fax it to the number provided.



SM18/BGAZURE/V1

Customer Care: 0861 497 497 | Chairman line: 0861 2CHAIR(24247) | enquiries@spectramed.co.za | www.spectramed.co.za

E&OE

The benefits and contributions included in this benefit schedule are superseded by the registered Scheme Rules 2018, as well as the applicable Scheme exclusions. For more information on the Spectramed Scheme exclusions, please see the Spectramed Rules 2018, or visit the Spectramed website at [www.spectramed.co.za](http://www.spectramed.co.za). A copy of the Scheme Rules may be obtained on request and on payment of the prescribed fee (applicable to a printed copy only). Copyright Spectramed Medical Scheme. No part of this brochure may be reproduced in any form or manner whatsoever or by any means without written permission of Spectramed Scheme's Chief Information Officer.