

OPTION	2011 CONTRIBUTION			2012 CONTRIBUTION			AVG INCREASE
	P	A	C	P	A	C	
<b>Ingwe</b> State CareCross <R3950	R318	R318	R173	R357	R357	R194	<b>12.2%</b>
<b>Ingwe</b> State PrimeCure < R3950	R383	R383	R184	R428	R428	R206	<b>11.8%</b>
<b>Ingwe</b> State PrimeCure R3951 – R6300	R383	R383	R184	R428	R428	R206	<b>11.8%</b>
<b>Ingwe</b> State PrimeCure or CareCross R6301 – R8400	R440	R440	R191	R491	R491	R213	<b>11.6%</b>
<b>Ingwe</b> State PrimeCure or CareCross > R8400	R741	R709	R224	R828	R792	R250	<b>11.7%</b>
<b>Ingwe</b> Network CareCross < R3950	R427	R427	R204	R445	R445	R213	<b>4.3%</b>
<b>Ingwe</b> Network PrimeCure < R3950	R592	R592	R217	R627	R627	R230	<b>5.9%</b>
<b>Ingwe</b> Network PrimeCure R3951 – R6300	R592	R592	R217	R627	R627	R230	<b>5.9%</b>
<b>Ingwe</b> Network PrimeCure or CareCross R6301 – R8400	R758	R720	R228	R839	R797	R252	<b>10.7%</b>
<b>Ingwe</b> Network PrimeCure or CareCross > R8400	R1002	R952	R301	R1125	R1069	R338	<b>12.3%</b>
<b>Access</b> Network PrimeCure, CareCross or MediCross	R1072	R1019	R321	R1188	R1129	R356	<b>10.8%</b>
<b>Custom</b> Any Any	R1132	R909	R405	R1259	R1011	R450	<b>11.2%</b>
<b>Custom</b> Any Associated	R1063	R829	R386	R1187	R926	R431	<b>11.7%</b>
<b>Custom</b> Any State	R1010	R763	R370	R1072	R809	R393	<b>6.1%</b>
<b>Custom</b> Associated Any	R970	R765	R343	R1079	R851	R381	<b>11.2%</b>
<b>Custom</b> Associated Associated	R885	R685	R313	R988	R765	R350	<b>11.7%</b>
<b>Custom</b> Associated State	R786	R595	R278	R842	R637	R298	<b>7.1%</b>
<b>Summit</b>	R3934	R3147	R904	R4416	R3532	R1015	<b>12.2%</b>

Co-payments	2011	2012
<b>Access</b> Option GP Co-payment	10 visits per beneficiary, thereafter a 10% co-payment applies	10 visits per beneficiary, thereafter a R50 co-payment applies
<b>Custom</b> Option Hospital Co-payment	R850 per authorisation	R950 (in-hospital) or R400 (out-of-hospital) per authorisation if referred by an appropriate GP R1500 (in-hospital) or R950 (out-of-hospital) per authorisation if not referred by an appropriate GP
<b>Custom</b> Option MRI and CT Scan Co-payment	R1600 per scan	R1700 per scan
<b>Summit</b> Option MRI and CT Scan Co-payment	R1600 per scan	R1700 per scan

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		P	A	C	P	A	C	
Incentive Any Any	Risk	R1329	R1079	R517	R1484	R1205	R577	11.7%
	Savings (10%)	R148	R120	R57	R165	R134	R64	
	<b>Total</b>	<b>R1477</b>	<b>R1199</b>	<b>R574</b>	<b>R1649</b>	<b>R1339</b>	<b>R641</b>	
Incentive Any Associated	Risk	R1253	R1005	R492	R1388	R1113	R545	10.8%
	Savings (10%)	R139	R112	R55	R154	R124	R61	
	<b>Total</b>	<b>R1392</b>	<b>R1117</b>	<b>R547</b>	<b>R1542</b>	<b>R1237</b>	<b>R606</b>	
Incentive Any State	Risk	R1145	R902	R452	R1239	R976	R489	8.2%
	Savings (10%)	R127	R100	R50	R138	R108	R54	
	<b>Total</b>	<b>R1272</b>	<b>R1002</b>	<b>R502</b>	<b>R1377</b>	<b>R1084</b>	<b>R543</b>	
Incentive Associated Any	Risk	R1239	R997	R463	R1375	R1107	R514	11.0%
	Savings (10%)	R138	R111	R51	R153	R123	R57	
	<b>Total</b>	<b>R1377</b>	<b>R1108</b>	<b>R514</b>	<b>R1528</b>	<b>R1230</b>	<b>R571</b>	
Incentive Associated Associated	Risk	R1131	R900	R430	R1263	R1005	R480	11.6%
	Savings (10%)	R126	R100	R48	R140	R112	R53	
	<b>Total</b>	<b>R1257</b>	<b>R1000</b>	<b>R478</b>	<b>R1403</b>	<b>R1117</b>	<b>R533</b>	
Incentive Associated State	Risk	R981	R769	R381	R1061	R832	R412	8.2%
	Savings (10%)	R109	R85	R42	R118	R92	R46	
	<b>Total</b>	<b>R1090</b>	<b>R854</b>	<b>R423</b>	<b>R1179</b>	<b>R924</b>	<b>R458</b>	

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		P	A	C	P	A	C	
Extender Any Any	Risk	R2054	R1638	R644	R2302	R1836	R722	12.1%
	Savings (25%)	R685	R546	R215	R767	R612	R241	
	<b>Total</b>	<b>R2739</b>	<b>R2184</b>	<b>R859</b>	<b>R3069</b>	<b>R2448</b>	<b>R963</b>	
Extender Any Associated	Risk	R1879	R1500	R589	R2109	R1684	R661	12.2%
	Savings (25%)	R626	R500	R196	R703	R561	R220	
	<b>Total</b>	<b>R2505</b>	<b>R2000</b>	<b>R785</b>	<b>R2812</b>	<b>R2245</b>	<b>R881</b>	
Extender Any State	Risk	R1756	R1401	R550	R1971	R1572	R617	12.2%
	Savings (25%)	R585	R467	R183	R657	R524	R206	
	<b>Total</b>	<b>R2341</b>	<b>R1868</b>	<b>R733</b>	<b>R2628</b>	<b>R2096</b>	<b>R823</b>	
Extender Associated Any	Risk	R1838	R1467	R576	R2063	R1647	R647	12.3%
	Savings (25%)	R613	R489	R192	R688	R549	R216	
	<b>Total</b>	<b>R2451</b>	<b>R1956</b>	<b>R768</b>	<b>R2751</b>	<b>R2196</b>	<b>R863</b>	
Extender Associated Associated	Risk	R1694	R1351	R532	R1901	R1516	R597	12.2%
	Savings (25%)	R565	R450	R177	R634	R505	R199	
	<b>Total</b>	<b>R2259</b>	<b>R1801</b>	<b>R709</b>	<b>R2535</b>	<b>R2021</b>	<b>R796</b>	
Extender Associated State	Risk	R1561	R1150	R490	R1752	R1291	R550	12.3%
	Savings (25%)	R520	R383	R163	R584	R430	R183	
	<b>Total</b>	<b>R2081</b>	<b>R1533</b>	<b>R653</b>	<b>R2336</b>	<b>R1721</b>	<b>R733</b>	

Annual Threshold	2011			2012		
	P	A	C	P	A	C
	R9600	R8400	R2700	R10800	R9400	R3000

Co-payments per specialist applicable to the Incentive and Extender Options	Procedure	2011		2012	
		Referred by an appropriate GP	Not referred by an appropriate GP	Referred by an appropriate GP	Not referred by an appropriate GP
<b>Procedure performed while admitted to hospital</b>	Arthroscopies, Carpal Tunnel Syndrome, Back and Neck Surgery, Functional Nasal and Sinus Procedures, Joint Replacements, Laparoscopy and Nissen Fundoplication	R850 co-payment	R1350 co-payment	R950 co-payment	R1500 co-payment
<b>Procedure done in- or out-of-hospital</b>	Colonoscopy, Sigmoidoscopy, Back and Neck Treatment, Cystourethroscopy, Treat for Disease of the Conjunctiva, Nail Surgery, Gastroscopy, Treatment of Headache, Treatment relating to Skin Lesions, Treatment of Adult Influenza and Adult Respiratory Tract Infection	No co-payment if done out-of-hospital R850 co-payment if done in-hospital	R500 co-payment if done out-of-hospital R1350 co-payment if done in-hospital	No co-payment if done out of hospital R950 co-payment if done in-hospital	R550 co-payment if done out-of-hospital R1500 co-payment if done in-hospital

Co-payments applicable to the Incentive and Extender Options	2011	2012
In-hospital Dentistry	R1200 per authorisation	R1300 per authorisation
MRI and CT Scans	R1600 per scan	R1700 per scan