
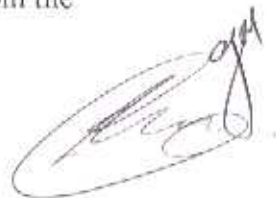


**AGREEMENT:  
SAFETY AND SECURITY SECTORAL BARGAINING COUNCIL**

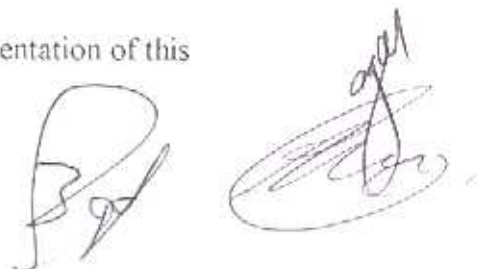
AGREEMENT NO:	4/99
DATE:	15 September 1999

**AGREEMENT:**

1. It is hereby agreed that:
  - 1.1. All members or previous members of the South African Police Service and their dependants must comply with the requirements as set out in Annexure A before they can be registered as members or as dependants of a member;
    - 1.1.1. A member may, once a year during the last 2 months of a benefit year, register further dependants for the following benefit year: provided that a member may register new dependants, that is new born dependants and new adopted dependants, within 3 (three) months from the date of birth/marriage: provided further that a member will be held responsible for at least one year's contributions of each dependant registered. 
    - 1.2. The South African Police Service is responsible for the payment of an adequate amount to Polmed for all services rendered according to the Scheme rules to Polmed members until 31 December 1999.
      - 1.2.1. The South African Police Service will make a payment of R1 500 000 000 -00 to Polmed, for expenses incurred by Polmed according to the benefits as described in this agreement, read with Annexure B, excluding injuries on duty and claims for business expenses of the South African Police Service, during the period from 1 January 2000 to 31 December 2000, payable in advance, in equal monthly payments, before or on the first day of each month.
      - 1.2.2. The budgetary provision made by the South African Police Service for payment to Polmed as mentioned in paragraph 1.2.1., *supra* will be increased on the first day of January of each year by a minimum amount calculated in accordance with the annual percentage growth in the aggregate amount of the SAPS budget as allocated by the Department of State Expenditure: provided that the first increase will be effective on 1 January 2001: provided further that this agreement will be effective until 2003 and will, as far as the yearly extended period of the Medium Term Expenditure Framework (MTEF) is concerned, be renegotiated from the year 2000 on an annual basis.
      - 1.2.3. The State commits itself to satisfy the prudential requirement for a reserve fund for Polmed as required by the Medical Schemes Act, 1998 (Act No 131 of 1998) as amended from time to time.
    - 1.3. Contributions as described in Annexure C, will be paid monthly in advance by registered members of the medical scheme benefit and the employer shall deduct the applicable membership contributions from the salary of registered members from the



- date of implementation, provided that all above mentioned contributions collected from members will be appropriated only for medical scheme benefit purposes;
- 1.4. Registered members per definition as agreed from time to time of the medical scheme benefit whose monthly membership contributions are paid and the registered dependants of such members, will qualify for the benefits described in Annexure B read with the addendum to Annexure B;
  - 1.5. Managed Health Care will be applicable to all benefits as stated in Annexure B read with the addendum to Annexure B;
  - 1.6. This agreement binds the Employer and all employees who are members of a registered trade union admitted to the Safety and Security Sectoral Bargaining Council, as well as all employees who are not members of a registered trade union admitted to the Safety and Security Sectoral Bargaining Council;
  - 1.7. If a member does not make a choice between the higher and the lower plan before 1999-10-31, the lower plan will be applicable to the member until the end of the first benefit year and the applicable fees will be deducted from the member's salary by the employer.
    - 1.7.1. A member may, once a year during October, choose to change options for the next benefit year: provided that if a registered member of the medical scheme benefit does not make a choice between the lower or the higher plan before the first day of the new benefit year, the choice made by the member for the previous year will be applicable to such a member and the applicable membership contributions will be deducted from the member's salary by the employer.
  - 1.8. Continuation members will pay the maximum monthly membership contributions payable according to the higher plan in Annexure C, unless the member annually proves that he/she qualifies for a lower monthly membership contribution.
2. Subject to the provisions of paragraph 6.2. of this agreement, the agreement shall be subject to the provisions of any applicable Act of Parliament, or secondary legislation promulgated in terms thereof.
  3. The representatives of all the parties concerned undertake to take every reasonable step necessary to ensure the implementation of this agreement.
  4. Amendments to this agreement shall not be in force unless they have been reduced to writing and signed by all parties concerned.
  5. The agreement shall be valid until it is amended with the consent of the Safety and Security Sectoral Bargaining Council of the South African Police Service.
  6. **Date of implementation of this agreement**
    - 6.1. Subject to paragraph 6.2 of this agreement, the date of implementation of this



agreement is 1 January 2000.

- 6.2. The implementation of this agreement is suspended until the amendment of the applicable Regulations.
7. This agreement is signed on behalf of the South African Police Service, as the employer, and the relevant recognised employee organisations, all signatories being duly authorised thereto, at Pretoria on the 15<sup>th</sup> day of September 1999.
- 7.1. Signature of representative of employer.



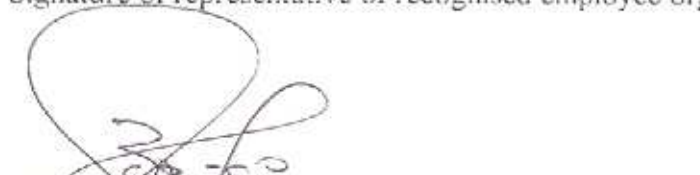
**SOUTH AFRICAN POLICE SERVICE AS THE EMPLOYER**

- 7.2. Signature of representative of recognised employee organisation.



**SOUTH AFRICAN POLICE UNION**

- 7.3. Signature of representative of recognised employee organisation.



**POLICE AND PRISONS CIVIL RIGHTS UNION**

- 7.4. Signature of representative of recognised employee organisation.

**PUBLIC SERVANTS ASSOCIATION**



## ANNEXURE A

Medical benefits should be available to members and members of their immediate family in respect of whom the member is liable for family care and support.

The following persons will be entitled to be registered as members or dependants regarding medical benefits:

- 1.1. **"Principal member"** - a serving member of the South African Police Service, or continuation member.
- 1.2. **"continuation member"**- a member who has retired or retires, who was or is dismissed according to section 35 of the Act or who was or is dismissed from the Service due to medical unfitness after having completed 10 years continuous pensionable service immediately before such retirement or dismissal or two or more periods of service totalling 25 years pensionable service: provided that a member who retires due to medical unfitness arising out of and in the course of his employment in the SAPS does not have to comply with the 10 years or 25 years pensionable service requirement.
- 1.3. **"Widow/widower"**- the legally married spouse of a deceased principal member or customary law spouse that complies with the administrative requirements, who was financially dependant on the member at the time of the member's death who was registered as a dependant at the time of the member's death: provided that the widow/widower may be registered as a principal member only until the date of remarriage.
- 1.4. **"Orphan"**- the dependant child of a deceased principal member who was financially dependant on the member at the time of the member's death who was registered as a dependant at the time of the member's death, as long as he/she complies with the requirements for a dependant hereunder.
2. **"dependant"** -
  - 2.1. The spouse of a member or customary law spouse that complies with the administrative requirements;
  - 2.2. a principal member's child, stepchild or legally adopted child, who is under the age of 18 years, unmarried, financially dependant on the member, and who is not entitled to benefits from any other medical scheme or fund;

Two handwritten signatures in black ink, one on the left and one on the right, appearing to be initials or names.

- 2.3. a principal member's child, stepchild or legally adopted child who is unmarried, aged between 18 and 21 years, who is not admitted as a member or dependant of another medical scheme, who's income notwithstanding any bursaries, loans or merit awards received, is less than R 1000 per month and is financially dependant on the member: provided that the dependant status of such child shall be reviewed on an annual basis;
- 2.4. a principal member's child, stepchild or legally adopted child aged 21 years or older who remains the member's dependant on account of his/or physical or mental disability: provided that the dependant status of such child shall be reviewed on an annual basis; and/or
- 2.5. For the purpose of the medical scheme benefit "Spouse" means a member's spouse who is not a member of another medical scheme and shall include an unmarried partner where there is a relationship and co-habitation of not less than two years and where such partner is financially dependant on the member: provided that the member shall furnish proof of such relationship to the satisfaction of the Scheme: provided further that the member will be liable for contributions regarding such partner, where registered, for periods of not less than 12 months at a time : provided further that, if according to customary law, a member is permitted to have more than one wife, the Scheme may register additional wives as dependants on such terms and conditions as determined.

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Annexure B

**SAPS Medical Benefits**

**BENEFIT DESIGN AND COST CONTROL MEASURES**

- Members will have a choice between the Lower Plan and the Higher Plan.
- Distinction is made between chronic medicine and acute medicine with annual limits on the amount available for acute medicine and chronic medicine on the Lower Plan and annual limits on acute medicine and annual thresholds on chronic medicine on the Higher Plan – once the chronic medicine threshold is reached, further benefits will only be granted on **clinical** grounds.
- There are separate annual limits on the amount available for day-to-day medical expenses which includes all medical services outside the hospital (such expenses are considered as controllable expenses). Annual sub-limits are applied to some services (i.e. specialised dentistry, etc.)
- There will be no limits on hospital expenses (such expenses are considered as uncontrollable expenses), except hospitalisation for alcoholism .
- Contributions will be paid by all members and will be based on their income and family size to ensure affordability to as many people as possible.
- Because it is not possible to establish the monthly income of pensioners (e.g. members who left the SAPS on a voluntary severance package) they will contribute an amount of R263,00 per month **except** where they can prove that they, according to the contribution tables, qualify to contribute a lower amount.  
Differentiated co-payments on services rendered by providers who do not form part of a contracted network and those who do.

All members and their dependants must comply with the requirements as set out in Annexure A before they can be registered as a member or as dependants of a member.

Benefits currently excluded are also excluded from this benefits unless stated and until negotiated otherwise.

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BENEFIT	LOWER PLAN	HIGHER PLAN	COST CONTROL
<p><b>Hospitalisation</b> (excluding refractive surgery)</p> <p>Alcoholism</p>	<p>Unlimited cover in contracted hospital or provincial hospital with no co-payment</p> <p>Unlimited cover after a R100 co-payment in non-contracted private hospital</p> <p>R50 penalty for failure to pre-notify</p>	<p>Unlimited cover in contracted hospital or provincial hospital with no co-payment</p> <p>Unlimited cover after a R100 co-payment in non-contracted private hospital</p> <p>R50 penalty for failure to pre-notify</p>	<ul style="list-style-type: none"> <li>• Audit checking of hospital accounts</li> <li>• Pre-notification before admittance to hospital</li> <li>• Expansion of hospital networks</li> <li>• Individual management in respect of certain conditions that requires hospitalisation</li> </ul> <p>- only one treatment per beneficiary is allowed with sublimit of R3000</p>
<p><b>Day-to-day benefits</b> This is all medical treatment outside the hospital. Sub-limits (within the annual limit) are applied to some of these services -see Addendum to Annexure B</p>	<p><b>Annual limits</b> Single member (no other dependants) - R2 800 Member with registered dependants - R4 500</p> <p><b>Co-payment</b> R20 per visit to a service provider not contracted No co-payment for services rendered by contracted providers</p>	<p><b>Annual limits</b> Single member (no other dependants) - R5 000 Member with registered dependants - R9 000</p> <p><b>Co-payment</b> R20 per visit to a service provider not contracted No co-payment for services rendered by contracted providers</p>	<p>Control measures on each of the different day-to-day services.</p> <p>Expansion of contracted provider networks.</p>
<p><b>Chronic medicine</b> Contracted networks / suppliers</p>	<p>Supplied only through contracted pharmacies or contracted GP's. Supplied according to a strict definition of diseases allowed and after application has been approved</p> <p><b>Annual limits</b> Single member (no other dependants) - R3 000 Member with registered dependants - R5 000</p>	<p>Supplied only through contracted pharmacies or contracted GP's. Supplied according to a strict definition of diseases allowed and after application has been approved</p> <p><b>Annual Thresholds</b> Single member (no other dependants) - R8 000 Member with registered dependants - R10 000</p>	<ul style="list-style-type: none"> <li>• All chronic medicine prescriptions subject to pre-certification</li> <li>• Drug Utilisation reviews to be done on chronic medicine prescriptions to ensure that the medicine prescribed is appropriate and applicable to the condition</li> </ul> <p>Disease management programmes for selected diseases After threshold is reached, members must apply for further benefits and will only be granted on clinical grounds</p>

<p><b>Acute Medicine</b> (Medicine prescribed once-off)</p>	<p><b>Annual limits</b> Single member (no other dependants) - R1 800 Member with registered dependants - R2 500 <b>Co-payment</b> 20 % on acute medicine with a minimum of R40 if provider is not contracted 10 % if provider forms part of contracted network with a minimum of R5.00.</p>	<p><b>Annual limits</b> Single member (no other dependants) - R3 800 Member with registered dependants - R5 500 <b>Co-payment</b> 20 % on acute medicine with a minimum of R50 if provider is not contracted 10 % if provider forms part of contracted network with a minimum of R5.00</p>	<ul style="list-style-type: none"> <li>• Drug Utilisation reviews to be done on acute medicine prescriptions to ensure that the medicine prescribed is appropriate and applicable to the condition</li> <li>• Medicine to be supplied through contracted pharmacy and doctor networks</li> </ul>
<p><b>Special Dentistry</b></p>	<p><b>Annual Limit:</b> R6000 per beneficiary</p>	<p><b>Annual Limit:</b> R 6000 per beneficiary</p>	<p>A motivation/ recommendation by a medical/dental practitioner or specialist regarding clinical reasons and a treatment plan must be submitted for prior authorisation for special dentistry including prosthodontic treatment, implants, orthodontic treatment, metal base dentures, gold inlays, crowns, bridges, as well as ceramic inlaid veneers.</p>



6. SUMMARY OF AMOUNTS AVAILABLE PER REGISTERED MEMBER PER BENEFIT YEAR

	Higher Plan		Lower Plan	
	Single member	Member with dependants	Single member	Member with dependants
Annual limits/threshold on the following benefits :				
Chronic Medicine	R6 000	R10 000	R3 000	R5 000
Acute Medicine	R3 800	R 5 500	R1 800	R2 500
Day-to-day medical Expenses	R5 000	R 9 000	R2 800	R4 500
Special dentistry	R6 000	R6 000 per beneficiary	R6 000	R6 000 per beneficiary



**Addendum to Annexure B**

**DAY TO DAY EXPENSES**

**Annual limit:**

**Higher plan:**

Single member without registered dependants: R5000 annual limit  
Member with registered dependants: R 9000 annual limit

**Lower plan:**

Single member without registered dependants: R2800 annual limit  
Member with registered dependants: R4500 annual limit

Where the claim amount is higher than the maximum annual limit, the principal member will be responsible for the outstanding difference.

The following benefits are regarded as day to day expenses and the above mentioned yearly maximum amounts are applicable:

SERVICE	CONDITIONS/LIMITATIONS/EXCLUSIONS
General medical Practitioners and Medical Specialists	A motivation/recommendation by a medical or dental practitioner regarding clinical reasons must be submitted for prior authorisation for certain procedures, for instance:  reconstructive, restorative operations/procedures and treatments of cosmetic nature; Refractive surgery (for example Keratotomy) Mammareduction; nose reconstruction; Lipectomy etc.
After hours consultations	Excluded unless authorised on clinical reasons.
Dental services	Excluding special dentistry General anaesthetics and hospitalisation for conservative dental work excluded except in the case of trauma patients under the age of 7 years and impacted third molars.
Supplementary Health Services: Occupational Therapy, dietician services, Chiropody, clinical psychologist services, orthoptic services, audiometry and speech therapy	On prescription of a medical practitioner services rendered by supplementary health services personnel;  The following are excluded from benefits: aptitude tests, intelligence tests, occupational aptitude tests, school readiness, remedial tuition, completion of questionnaires, costs of professional evidence in a lawsuit and the cost of home visits and home programmes.
Physiotherapy and Biocinetics	On prescription of a medical practitioner on clinical reasons.
Blood transfusion services	Includes the cost of blood, blood equivalents and blood products. Transportation costs for blood are excluded.

<p><b>Medical aids</b></p> <p>Wheelchairs;</p> <p>Prostheses, Speech and Hearing aids;</p> <p>Nebulisers, Glucometers, Crutches and other medical aids etc.</p> <p><b>Medical appliances</b></p>	<p>Prior authorisation on a complete clinical motivation by a medical practitioner; High cost items may be limited to standard prices;</p> <p>Repairs only paid in exceptional cases.</p> <p>Prior authorisation on a complete clinical motivation by a medical practitioner with three quotations;</p> <p>Only if clinically essential artificial functional aid is placed in body during an operation;</p>
<p><b>Optical services</b></p> <p>Frame and lenses</p> <p>Contact lenses</p> <p>Refractive surgery</p>	<p>One eye test every two years per person;</p> <p>One frame every two years per person with a maximum of R200 per frame;</p> <p>No benefits regarding repair or replacement of spectacles.</p> <p>Clinical motivation for contact lenses with explicit mentioning of the refraction numbers;</p> <p>If contact lenses are not clinically essential, only 70% of the approved tariff are paid;</p> <p>One set of monthly lenses per beneficiary every 2 years.</p> <p>Excluded except if prior authorised: Member must apply and a medical practitioner must submit a motivation on clinical essential grounds with reasons and explicit mention of refraction numbers.</p>
<p><b>Private nursing</b></p>	<p>Registered nurse;</p> <p>Prior authorisation required and medical practitioner must provide clinical reasons/ motivation for necessity of the service with explicit mentioning of the diagnosis;</p> <p>General care is excluded;</p>
<p><b>Ambulance services</b></p>	<p>Only emergencies or if certified by a medical or dental practitioner as being essential;</p> <p>Emergency air transport (prior authorisation, only emergencies with clinical motivation)</p>
<p><b>*Associated health Services</b></p> <p><b>Chiropractors,</b></p> <p><b>homeopaths,</b></p> <p><b>naturopaths,</b></p> <p><b>osteopaths</b></p>	<p>On prescription of a medical practitioner; Services rendered by supplementary persons registered in terms of the Associated health Service professions Act, 1982 (Act No 63 of 1982);</p>
<p><b>*Social Work</b></p>	<p>Services rendered by and Occupational Social Worker registered at the SA Interim Council for Social Workers.</p> <p>Prior authorisation may be required.</p>

\*New benefits





**MONTHLY CONTRIBUTION TABLE**

**Lower Plan**

Basic monthly salary		Family Size				
		M	M+1	M+2	M+3	M+4
3 000	- 3 999	0	0	0	0	0
4 000	- 4 999	0	0	0	0	0
5 000	- 5 999	0	0	0	0	0
6 000	- 6 999	0	0	0	0	0
7 000	- 7 999	0	0	0	0	0
8 000	- 8 999	0	0	0	0	0
9 000	- 10 999	0	0	0	0	0
11 000	- 12 999	0	0	0	0	0
13 000	- 14 999	0	0	0	0	0
15 000	- 16 999	0	0	0	0	0
17 000	+	0	0	0	0	0

For the registration of more than four dependants, an additional R30 per month will be levied on each successive dependant being registered (also for members earning less than R3 000 per month). M = principal member.

**Higher Plan**

Basic monthly salary		Family Size				
		M	M+1	M+2	M+3	M+4
0	- 2 999	35	45	55	65	75
3 000	- 3 999	46	66	86	106	126
4 000	- 4 999	57	77	97	117	137
5 000	- 5 999	68	88	108	128	148
6 000	- 6 999	79	99	119	139	159
7 000	- 7 999	90	110	130	150	170
8 000	- 8 999	101	121	141	161	181
9 000	- 10 999	113	133	153	173	193
11 000	- 12 999	125	145	165	185	205
13 000	- 14 999	137	157	177	197	217
15 000	- 16 999	150	175	200	225	250
17 000	+	163	188	213	238	263

For the registration of more than four dependants, an additional R50 per month will be levied on each successive dependent. M = principal member.