hosmed
medical scheme
care for life

Established
IN 1988

Member Guide 2020

1

OUR VISION

Care for Life

2

OUR MISSION

To provide access to quality health care benefits tailored to optimise the wellbeing of members at a competitive rate.

3

OUR VALUES

- Accountability
- Excellence
- Integrity
- Innovation
- Being Compassionate

Sustained excellence.
Personalised service.

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IN 1988

QUICK FACTS AND ENHANCEMENTS TO OUR BENEFITS

HOW DEPENDABLE IS HOSMED? HERE ARE SOME FACTS TO REASSURE YOU:

- Hosmed has been in existence for over 30 years
- Solvency ratio of 32.4% as at 31 December 2018
- Low pensioner ratio of 4.9% as at 31 December 2018
- The average size of families on the Scheme is 2.7%
- Average number of beneficiaries is 61739
- Sustained Global Credit Rating of A- for the past 5 years
- Non-Healthcare Expenditure maintained below 10%

HOW HAVE WE ENHANCED OUR BENEFITS? THE FOLLOWING CHANGES HAVE BEEN MADE:

- Introduction of an Efficiency Discount Option **(Value Core)**
- Rand sub limits increased by 5% across all options
- Essential Option Income bands expanded
- Reference to State Hospitals as DSP removed on all options
- Sterilisation limit increased to R16 000 on Plus, Value and Access
- Vasectomy co-payment on all options removed
- Insulin pump benefit on all options moved to the appliances benefit
- Hyperbaric Oxygen Therapy removed from the exclusion list on all options
- 30% co-payment on accommodation, medicines, consultations and procedures for back surgery removed on Plus and Value
- Limits for medication for age related macular degeneration on all options removed
- Introduction of conscious sedation for children up to the age of 12 for basic dentistry on all options
- Introduction of implants benefit of R15000 per family every 5 years for Plus and Value
- Per beneficiary limit for contraceptives removed on Plus and Value
- Mothers qualify for the BAMBINO maternity bag at 24 weeks of pregnancy

Let us Walk this Walk together

HOSMED PRODUCT OFFERING FOR 2020

PLUS OPTION

Designed for families that want comprehensive healthcare cover that affords them total peace of mind

HOSPITAL BENEFIT
Unlimited at any hospital

DAY-TO-DAY BENEFITS
Comprehensive Day to Day Cover

HOSMED – WE CARE ADDITIONAL BENEFITS PROVIDED

- Maternity Benefits
- Chronic Condition Benefits
- Wellness Benefit

VALUE OPTION

Designed for families that want to be assured of substantial healthcare cover

HOSPITAL BENEFIT
Unlimited at any hospital

DAY-TO-DAY BENEFITS
Traditional cover with sub-limits applicable

HOSMED – WE CARE ADDITIONAL BENEFITS PROVIDED

- Maternity Benefits
- Chronic Condition Benefits
- Wellness Benefit

VALUE CORE OPTION

NEW!

Contribution discounted option with substantial healthcare cover

HOSPITAL BENEFIT
Unlimited within the Netcare Hospital Group* (DSP)

DAY-TO-DAY BENEFITS
Traditional cover with sub-limits applicable

HOSMED – WE CARE ADDITIONAL BENEFITS PROVIDED

- Maternity Benefits
- Chronic Condition Benefits
- Wellness Benefit

ACCESS OPTION

A new generation option for young families, assuring adequate healthcare cover

HOSPITAL BENEFIT
Unlimited at hospital network

DAY-TO-DAY BENEFITS
Medical Savings Account

HOSMED – WE CARE ADDITIONAL BENEFITS PROVIDED

- Maternity Benefits
- Chronic Condition Benefits
- Wellness Benefit

ESSENTIAL OPTION

Suitable for families looking for essential cover

HOSPITAL BENEFIT
Unlimited at hospital network for PMB conditions ONLY

DAY-TO-DAY BENEFITS
Unlimited GP visits at network provider

HOSMED – WE CARE ADDITIONAL BENEFITS PROVIDED

- Maternity Benefits
- Chronic Condition Benefits
- Wellness Benefit

*Value Core - Limited to Gauteng, KwaZulu-Natal and Western Cape

CONTENTS

PLUS OPTION

VALUE OPTION

VALUE CORE OPTION

ACCESS OPTION

ESSENTIAL OPTION

Prorated benefits

Applicable if you join after the 1st of January of a benefit year.

Statutory Prescribed Minimum Benefits

No annual limit

Services rendered payable at 100% of cost at DSP*

3 Month General Waiting Periods

Subject to conditions of acceptance

12 Months Condition-Specific Waiting Period for Pre-Existing Conditions

Subject to conditions of acceptance

Late Claims

Claims received later than the last day of the 4th month in which the service was rendered **will not be covered.**

Emergency Medical Cover Whilst Traveling Outside of South Africa

Subject to PMBs

100% of Scheme rates payable in RSA currency.

Subject to completion of documentation prior to leaving RSA.

Subject to approval by Scheme.

No benefit for Essential Option

Definitions

Scheme Tariff: As defined in Rule 4.9.68

The tariff determined or adopted by the Board in respect of the payment for relevant healthcare services rendered to beneficiaries by service providers who are not subject to a DSP Tariff or a Negotiated Tariff, determined using the 2006 National Health Reference Price List (NHRPL) with the application of a year-on-year (PMB- Minimum set of benefits as described by the Council for Medical Schemes) inflationary increase, as contemplated in Rule 15.11

DSP: As defined in Rule 4.9.28

Designated Service Provider, refer to HOW TO GUIDE on page 36 for more information

DSP Tariff: As defined in Rule 4.9.29

The fee determined in terms of an agreement between the Scheme and a service provider or a group of service providers in respect of the payment for the relevant health services

Negotiated Tariff: As defined in Rule 4.9.54

A tariff negotiated and agreed ad hoc for services rendered between the Scheme and a healthcare service provider for services rendered by the relevant service provider to the Scheme or to beneficiaries and which is different from the Scheme Tariff

Prescribed Minimum Benefits in Rule 4.9.59

The benefits contemplated in section 29(1)(o) of the Act, which, subject to the Act, consist of the provision of the diagnosis, treatment and care costs as contemplated in the Act, of – 4.9.59.1 the diagnosis and treatment pairs listed in Annexure A of the Regulations, subject to any limitation specified therein; and 4.9.59.1 any Emergency Medical Condition

Reference Price: As defined in Rule 4.9.66

The maximum reimbursable price for a list of generically similar or therapeutically equivalent products with a cost lower than that of the original medicine

Formulary: As defined in Rule 4.9.38

A list of medicines that the Scheme will pay for the treatment of acute and chronic conditions as per the benefit option the member has selected

Co-payment: As defined in Rule 4.9.21

A specified rand amount a beneficiary will be liable to self-fund for the cost of a specified medical treatment as stipulated in the benefits per option

Deductible: As defined in Rule 4.9.26

A specific percentage or rand amount of the total hospital account related to a specific procedure as stipulated in the benefits per option that the beneficiary is liable for, refer to page 18 for Access option deductibles

MSA: As defined in Rule 4.9.51

Medical Savings Account – that part of a member's contribution which remains an asset, where applicable, of the member, but is held by the Scheme for his/her and his/her dependants' exclusive benefit and use in accordance with the relevant benefit option and which funds are administered and regulated in terms of the Act and the Rules

Chronic Diseases List (CDL) in Rule 4.9.17

A list of chronic conditions where the Scheme will provide and pay for medication and the treatment of the chronic condition as contemplated in the Act

ICON:

Independent Clinical Oncology Network

2020 CONTRIBUTIONS

	PLUS OPTION	VALUE OPTION	VALUE CORE OPTION	ACCESS OPTION			ESSENTIAL OPTION		
Monthly Income	R0+	R0+	R0+	R0+	R0+	R0+	R0-R8 500	R8 501-R13 000	R13 001+
				Risk	Savings	Total			
Member	R5 438	R3 493	R3 214	R1 960	R490	R2 450	R1 396	R1 705	R2 131
Adult	R4 155	R2 554	R2 350	R1 688	R422	R2 110	R1 328	R1 621	R2 027
Child*	R931	R594	R547	R381	R95	R476	R479	R623	R825
Combined Contributions:									
Member + Adult	R9 593	R6 047	R5 564	R3 648	R912	R4 560	R2 724	R3 326	R4 158
Member + 1 Child	R6 369	R4 087	R3 761	R2 341	R585	R2 926	R1 875	R2 328	R2 956
Member + Adult + 1 Child	R10 524	R6 641	R6 111	R4 029	R1 007	R5 036	R3 203	R3 949	R4 983
Member + Adult + 2 Children	R11 455	R7 235	R6 658	R4 410	R1 102	R5 512	R3 682	R4 572	R5 808
Family (Maximum 3 Children Per Family Charged)	R12 386	R7 829	R7 205	R4 791	R1 197	R5 988	R4 161	R5 195	R6 633

Pictures for illustration purposes only

*** Member pays for the first three children only**

HOSMED: WE CARE

All options

CHRONIC DISEASE MANAGEMENT PROGRAMME

Diagnosed with a CDL Chronic Condition (including HIV, Diabetes, Asthma and other PMB conditions)

Does Hosmed offer additional benefits?

YES!
At Hosmed, we
Care for Life

Register your chronic condition by contacting **0860 00 0048**

Member/You will receive a **CARE PLAN** from **RISK**

Register to access your Chronic Medication on the Chronic line by calling **0860 00 00 48** or by sending an email to **hosmedcmm@hosmed.co.za** or at your Pharmacy

HOSMED PHARMACEUTICAL BENEFIT MANAGEMENT PROVIDER

For more information contact **0860 00 00 48**
send an email to **hosmedcmm@hosmed.co.za**

Care for Life!

CHRONIC DISEASE LIST 2020

The CDL list consists of the chronic conditions listed below:

- Addison's Disease
- Asthma
- Bipolar Mood Disorder
- Bronchiectasis
- Cardiac Failure
- Cardiomyopathy
- Chronic Renal Disease
- Chronic Obstructive Pulmonary Disease
- Coronary Artery Disease
- Crohn's Disease
- Diabetes Insipidus
- Diabetes Mellitus Type I
- Diabetes Mellitus Type II
- Dysrhythmias
- Epilepsy
- Glaucoma
- Haemophilia
- HIV/AIDS
- Hyperlipidaemia
- Hypertension
- Hypothyroidism
- Multiple Sclerosis
- Parkinson's Disease
- Rheumatoid Arthritis
- Schizophrenia
- Systemic Lupus Erythematosus
- Ulcerative Colitis

HIV/Aids Programme

Hosmed HIV/Aids Programme goes beyond registering a condition and allocating benefits. It is designed to address the needs of patients and families affected by HIV/Aids.

What does the programme entail?

- Pre-testing and pre-treatment counselling and planning
- Help in choosing the treatment that suits your needs
- Education regarding the prevention of transmission as well as healthcare and nutritional guidance
- Monitoring of side effects and response to treatment to make sure your medication is working for you
- Encouragement of adherence and compliance with the programme and medication
- Liaison with your doctor when necessary and at your request
- Medication benefits including anti-retroviral drugs
- Consultation and diagnostic benefits
- Prevention of mother to child transmission
- Exposure to HIV positive blood e.g. sexual assault (Post Exposure Prophylaxis)
- Management of opportunistic infections

Oncology (Cancer) Programme

It is important that prior to commencing active treatment for cancer, you are registered on the Oncology Disease Management Programme.

Who needs to register?

- Beneficiaries diagnosed with a positive malignant histology that requires some form of chemotherapy, radiotherapy, hormonal therapy and/or supportive therapy

How to register?

- After you have been diagnosed with cancer your Oncologist must fax a treatment plan and a copy of the histology results to the Scheme's Oncology Department on (Fax) 086 601 5474 or alternatively e-mail to oncology@HosmedAuth.co.za

BAMBINO PROGRAMME

Hosmed cares about its pregnant mothers and this programme aims to assist them during this time by providing advice and benefits

Subject to registration on the programme
PMB* based on clinical protocols

bambino

Service Provider

Private Healthcare Administrators (PHA)

Hospital Pre-authorisation: preauth@HosmedAuth.co.za
Bambino Maternity Programme: bambino@HosmedAuth.co.za
Website: www.pha.co.za

What information do you need to have when calling to register?

- Your contact number or email address
- Your GP, gynaecologist or registered midwife's full names as well their practice numbers
- Your expected date of delivery

Hosmed cares about its pregnant women. At 24 weeks of maternity, the Scheme offers a free maternity bag. Call **0860 00 00 48** to register.

HOW TO REGISTER

Visit www.hosmed.co.za and complete the online registration form

OR

Contact us on 0860 00 00 48

OR

Contact your broker

	Maternity Visit(s)	Maternity Ultrasound(s)	Home Delivery	Hospital Confinement	Immunisation benefit	Antenatal Classes
PLUS OPTION	• Additional **6** GP consultations and **3** specialist consultations per pregnancy (Once these limits have been reached further ante-natal consultations will be paid from the day-to-day benefit)	• Limited to **3** 2D ultrasounds per pregnancy for In and Out of Hospital	• Limited to **R6 992** / pregnancy. • 100% of Negotiated Tariff*	• NVD – Limited to **3** days • Caesarean – Limited to **4** days	• Immunisation as per the Immunisation schedule by the Department of Health up to **12** months of age	• Limited to **R555** per mother per Annum
VALUE OPTION	• Additional **6** GP consultations and **3** specialist consultations per Pregnancy at GP or Specialist (in addition to normal consultation limit)	• Limited to **2** 2D ultrasounds per pregnancy for In and Out of Hospital	• Limited to **R5 826** / pregnancy. • 100% of Negotiated Tariff*	• NVD – Limited to **2** days • Caesarean – Limited to **3** days	• Immunisation as per the Immunisation schedule by the Department of Health up to **12** months of age	• *No Benefit*
VALUE CORE OPTION NEW!	• Additional **6** GP consultations and **3** specialist consultations per Pregnancy at GP or Specialist (in addition to normal consultation limit)	• Limited to **2** 2D ultrasounds per pregnancy for In and Out of Hospital	• Limited to **R5 826** / pregnancy. • 100% of Negotiated Tariff*	• NVD – Limited to **2** days • Caesarean – Limited to **3** days	• Immunisation as per the Immunisation schedule by the Department of Health up to **12** months of age	• *No Benefit*

	Maternity Visit(s)	Maternity Ultrasound(s)	Home Delivery	Hospital Confinement	Immunisation benefit	Antenatal Classes
ACCESS OPTION	• Additional **7** GP consultations and **2** specialist consultations per Pregnancy at GP or Specialist (Once these limits have been reached further ante-natal consultations will be paid from the day-to-day benefit)	• Limited to **2** 2D ultrasounds per pregnancy for In and Out of Hospital	• Limited to **R4 661** / pregnancy. • 100% of Negotiated Tariff	• NVD – Limited to **2** days • Caesarean – Limited to **3** days	• Immunisation as per the Immunisation schedule by the Department of Health up to **12** months of age	• *No Benefit*
ESSENTIAL OPTION	• 100% of Scheme Tariff* • Subject to DSP* GP and Specialist consultation limit as per Consultations	• Limited to **2** 2D ultrasounds per pregnancy for In and Out of Hospital	• Limited to **R4 661** / pregnancy. • 100% of Negotiated Tariff*	• NVD – Limited to **2** days • Caesarean – Limited to **3** days	• Immunisation as per the Immunisation schedule by the Department of Health up to **12** months of age	• *No Benefit*

WELLNESS PROGRAMME

Pap smear

Female beneficiaries over 18 years

Mammogram

Female beneficiaries over 40 years

HPV Vaccination

All beneficiaries between 9 and 12 years

Prostate Specific Antigen (PSA)

Male beneficiaries over 40 years

HIV Testing Benefit

Free HIV Test per beneficiary per annum

wellness

Members qualify for the following additional benefits (only 1 per member per annum paid from risk)
Wellness testing provided at an Employee Wellness Event will be claimed from this benefit

Cholesterol Test

All beneficiaries over 20 years

Blood Sugar Test

All beneficiaries over 15 years

Blood Pressure Check

All beneficiaries Reimbursement of Blood Pressure Monitors on all Options

Flu Vaccination

All beneficiaries

Pneumococcal Vaccination

One free Pneumococcal Vaccination per beneficiary over 65 years per annum

Members qualify for the above additional benefits at 100% of Scheme Tariff*/Cost: (1 per beneficiary per annum)
Wellness testing provided at an Employee Wellness Event will be claimed from this benefit.

Available at Clicks, Dischem and participating independent provider networks (list available on Hosmed website)

IN HOSPITAL BENEFITS

Subject to pre-authorisation, clinical protocols, formulary* and PMBs

Note: All Admissions to hospitals and services listed below must be pre-authorised by the Scheme/preferred provider or within 48 hours in the case of an emergency

Failure to comply with this rule will result in a levy of R1 000 per admission. Please note that treatment protocols apply

Limited collectively and subject to authorisation

Private Hospitals

100% of Scheme Tariff*

Unlimited benefits subject to pre-authorisation, clinical protocols and formulary*

Accommodation, Theatre Fees, Medicines, Intensive Care

Subject to Pre-authorisation and PMB's

100% of Scheme Tariff*

TTO benefit for **7** days

*Subject to formulary**

Surgical Procedures Including GP and Specialist Consultations

Subject to Pre-authorisation and PMB's

200% of Scheme Tariff*

Diagnostic Investigations

e.g. radiology, pathology, MRI/PET/CAT scans etc.

Subject to Pre-authorisation and PMB's

100% of Scheme Tariff*

Authorisation must be obtained prior to the examination or within 24 hours in case of emergency

All specialised radiology subject to pre-authorisation

Blood Transfusions

100% of Scheme Tariff*

Oncology

Subject to PMB's as prescribed

100% of DSP Tariff*

Limited to **R622 298** per beneficiary per annum

Based on DSP* ICON* Enhanced Protocols

Treatment subject to designated service provider guidelines and pre-authorisation

Psychiatric Treatment Including Clinical Psychology

All treatment in hospital, including accommodation, medicines, materials, procedures, consultations, and psychiatry/psychology therapy sessions

Subject to PMB's, managed care protocols and pre-authorisation by the Scheme

100% of Scheme Tariff*

Subject to **21** Days per beneficiary or up to 15 out-patient contacts per annum (Subject to PMB's)

Non PMB's – **14** days per family subject to a limit of **R23 074**

Payment up to **3** days for Psychologist charging therapy sessions with Psychiatrist in the same admission, thereafter pre-authorisation required with treatment plan

Drug and Alcohol Rehabilitation

Subject to PMB's, Managed care protocols and pre-authorisation

100% of Scheme Tariff*

Limited to **R19 636** per family per annum

Organ Transplants

Subject to PMB's and Pre-Authorisation

100% of Scheme Tariff*

PMB based on Department of Health Protocols

Unlimited

Dental Hospitalisation

Subject to pre-authorisation, and treatment protocols and PMB's

100% of Scheme Tariff*

Anaesthetist and Hospital cost is payable from hospital benefit

Provider fee subject to available Advanced Dentistry Benefit

Benefit is payable from hospital benefit only in the following cases:

- Extensive conservative treatment for children under **7** years of age and more than **3** teeth involved
- Removal of symptomatic impacted wisdom teeth if pre-authorised as a day case only

Maxillo-Facial and Oral Surgery

100% of Scheme Tariff*

Maxillo-facial and oral surgery limited to symptomatic wisdom teeth and surgical exposures

Anaesthetist and Hospital cost is payable from hospitalisation:

Removal of symptomatic impacted wisdom teeth if pre-authorised as a day case only

All other procedures subject to PMB only

Renal Dialysis

Subject to PMB's and to pre-authorisation

100% of Negotiated Tariff*

Unlimited benefits for PMB admissions

*Subject to Treatment Protocols and formulary**

Sterilisation/Vasectomy

Subject to pre-authorisation

100% of Scheme Tariff*

Sterilisation limited to **R16 000** per beneficiary per annum

Refer to page 41 for the Scheme Exclusion List

IN HOSPITAL BENEFITS (continued)

No overall annual limit
Subject to sub-limits not being exceeded

Internal and External Prosthesis

100% of Negotiated Tariff*

Limited to **R68 989** per family per annum
Subject to PMB's, pre-authorisation and protocols

Sub-Limits:

Back /Spinal instrumentation and disc prosthesis

Limited to a maximum of 2 levels unless clinically motivated and approved or within PMB protocols

R29 134 per level subject to overall limit not being exceeded
Maximum 1 event per beneficiary per annum
R4 000 co-payment* applicable for all non-PMB spinal surgery

Joint Replacement

(Hip, knee, shoulder and ankle)

Limited to one event per annum, unless sepsis or trauma

R40 987 per annum. Subject to the overall limit and maximum of one procedure per beneficiary per annum. Excludes cement

Aphakic Lenses

(Subject to protocol and PMB's)

R5 707 per lens

Cardiac Stents

1 per lesion – maximum 3 lesions

Bare metal stents: **R13 984** per stent

Drug eluting stents: **R19 811** per stent

The following is subject to the overall prosthesis benefit:

- Cardiac valves, aortic stent grafts, peripheral arterial stents grafts, single/dual pacemaker
- Cardiac resynchronization devices (CRT), implantable cardioverter defibrillators (ICD) with pacing capabilities (CRT-D)
  Subject to overall prosthesis limit and PMB protocols
- Implantable Cardioverter Defibrillator (ICD); Subject to Scheme protocol and PMB for primary and secondary prevention
- Cardiac Resynchronization Therapy (CRT) with Pacing Capabilities (CRT-D); Subject to Scheme protocol and PMB
- Internal sphincters and stimulators
- Neurostimulators/internal nerve stimulator for Parkinson's Disease

Subject to clinical protocol and medical management being exhausted. Subject to overall limit

- Cochlear implants
  Subject to overall limit for device
- Insulin pumps and monthly materials
  Children under 7 years of age only. Subject to clinical protocols and overall limit

Unlisted Prosthesis

Artificial Limbs and external prostheses including artificial eyes

Maximum **R17 480** subject to overall limit

Physiotherapy & Biokinetics

100% of Scheme Tariff*
*Subject to PMB's, treating doctor referral and **pre-authorisation** by the auxiliary service provider during the admission period*
Subject to Scheme protocols

Dietician & Occupational Therapy

100% of Scheme Tariff*
Subject to PMB's, treating doctor referral and pre-authorisation by the auxiliary service provider during the admission period
Subject to Scheme protocols

Step Down Facilities

In lieu of hospitalisation

100% of Negotiated Tariff*
Subject to PMB's, pre-authorisation and protocols

Limited to **14** days per beneficiary per annum

Private Nursing

In lieu of hospitalisation

100% of Negotiated Tariff*
Subject to PMB's, pre-authorisation and protocols

Limited to **14** days per beneficiary per annum

Rehabilitation Facilities

100% of Negotiated Tariff*

Limited to **14** days per beneficiary per annum
Subject to PMB's, pre-authorisation and protocols

Circumcision

In and out of hospital

100% of Scheme Tariff*

In and Out of hospital
Subject to pre-authorisation

Hyperbaric Oxygen Therapy

100% of Negotiated Tariff*

Limited to **R49 411** per family per annum
Subject to PMB's, pre-authorisation and protocols

Negative Pressure Wound Therapy

100% of Negotiated Tariff*

Limited to **R27 153** per family per annum
Subject to PMB's, pre-authorisation and protocols

Medication for Age Related Macular Degeneration

100% of Negotiated Tariff*
Subject to PMB's, pre-authorisation and Scheme formulary and protocol*

Back Surgery

100% of Scheme Tariff*
Subject to PMB's, pre-authorisation and protocols

Back surgery is subject to adherence of the conservative back treatment protocol

R4 000 co-payment* applicable for all non-PMB spinal surgery

IN HOSPITAL BENEFITS (continued)

No overall annual limit
Subject to sub-limits not being exceeded

Stereotactic Radio-Surgery

100% of Scheme Tariff*

Subject to PMB's, pre-authorisation and protocols

Only covered for primary central nervous system tumours

Laparoscopic Hospitalisation and Associated Costs

Performed in a day hospital or as a day case

100% of Scheme Tariff*

Subject to PMB's, pre-authorisation and protocols

Laparoscopic Hospitalisation will attract a **R5 592** co-payment* except for the following circumstances where no co-payment* will apply:

- Purely diagnostic laparoscopy
- Aspiration/excision ovarian cyst
- Lap-appendicectomy
- Repair of recurrent or bilateral inguinal hernias

Exclusions for Hospital Admissions & Treatment Related to:

(In conjunction with the Overall Scheme Exclusion List and subject to PMB's)

Refer to Scheme Exclusion list

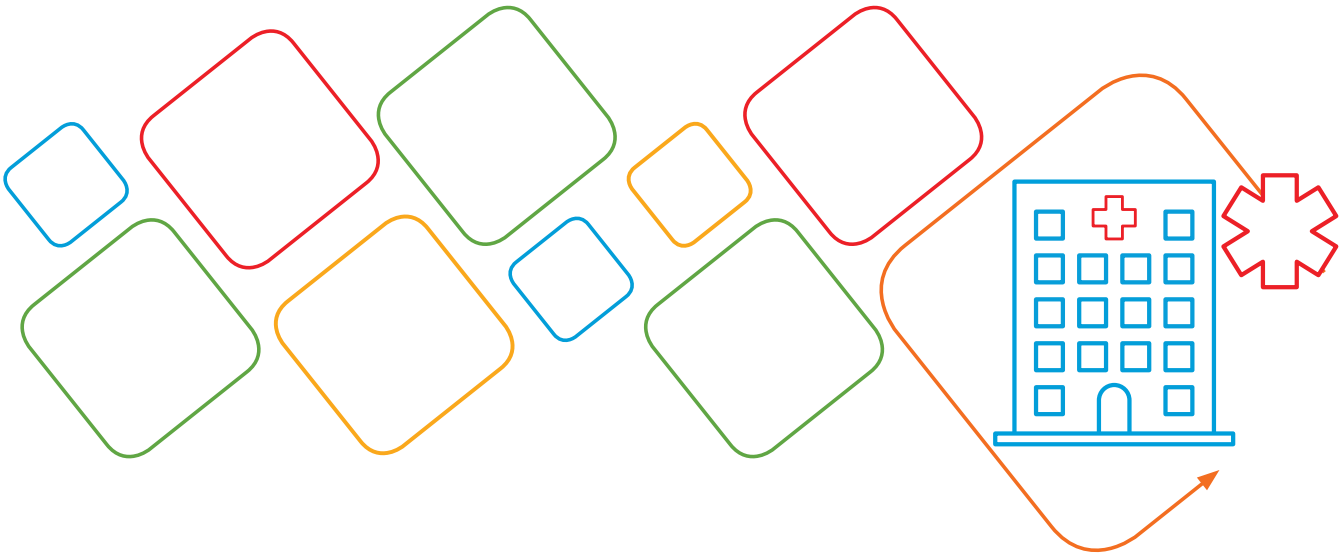
Deductible* Applied for In-Hospital Procedures

Not applicable

Day Hospital Procedures

Subject to Scheme Tariff*

1. Umbilical and Inguinal hernia repair
2. Colonoscopy
3. Cystoscopy
4. Gastroscopy and Oesophagoscopy
5. Hysteroscopy
6. Grommets
7. Termination of pregnancy
8. Breast biopsy
9. Cataracts
10. Circumcision
11. ERCP
12. Haemorrhoidectomy
13. Vasectomy
14. Tubal Ligation
15. Excision of extensive skin lesions or repair of wounds and skin grafts
16. Dental procedures
17. Repair nail bed & Removal of toenails
18. Minor orthopaedic procedures such as tennis elbow, dupuytren's contracture, trigger finger, ganglion, carpal tunnel syndrome
19. Minor Gynaecological procedures – cone biopsy, colposcopy, D&C



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OUT OF HOSPITAL BENEFITS

Consultations and Diagnostic Benefits

Consultations

Including General Practitioners, Specialist and Outpatient Facilities

100% of Scheme Tariff*

16 Visits per Beneficiary limited to **26** Visits per Family per Annum

Specialist Consultations

No referral required for Specialist Consultations

Diagnostic Investigations

Subject to PMBs and protocols

100% of Scheme Tariff*

All specialised radiology subject to pre-authorisation

Pathology

Limited to **R5 081** per beneficiary per annum

Radiology

Limited to **R3 713** per beneficiary per annum

MRI/PET/CAT Scans

Limited to **2** scans per beneficiary per annum

Subject to pre-authorisation

Medicines and Injection Material

Acute Medicines

Including material and homeopathic medicine

100% of Reference Price*

Limited to **R9 025** per beneficiary and **R17 674** per family per annum

Subject to Medicine formulary and Protocols, Including Materials and Homeopathic Medicine*

Pharmacy Advised Treatment (PAT)

Over the counter medication

100% of Reference Price*

Limited to **R3 204** per family per annum

Maximum **R226** per script

Included in Acute Medication Limit above

Consultation with Pharmacist, restricted to Schedule 0,

1 and 2 medicines

PAT subject to acute benefit limit

Contraceptive Benefit

Subject to oral, injectable and patch contraceptives only

100% of Reference Price*

Limited to **R1 678** per family per annum. Subject to oral, injectable and patch contraceptives only

*Subject to the contraceptive formulary**

Refer to HOW TO GUIDE on page 36 for more information

Chronic Medication

Subject to registration, pre-authorisation, treatment protocols and medicine formulary with the Scheme's preferred provider (DSP*)*

Other Chronic (Non-CDL) Medicines

100% of Reference Price*

R 14 683 per beneficiary Limited to **R 28 083** per family per annum

PMB's subject to registration and pre-authorisation with the Schemes preferred provider

Chronic Medication to be Obtained from Preferred Provider Network

Subject to renewal of prescription every six months

*Subject to pre-authorisation, treatment protocols and medicine formulary**

Non-formulary products will incur a 30% co-payment* where these are obtained voluntarily by beneficiaries*

PMB Chronic Disease List Medicines

100% of Reference Price Cost Unlimited

Benefit initially payable from limit above

Non-formulary products will incur a 30% co-payment* where these are obtained voluntarily by beneficiaries*

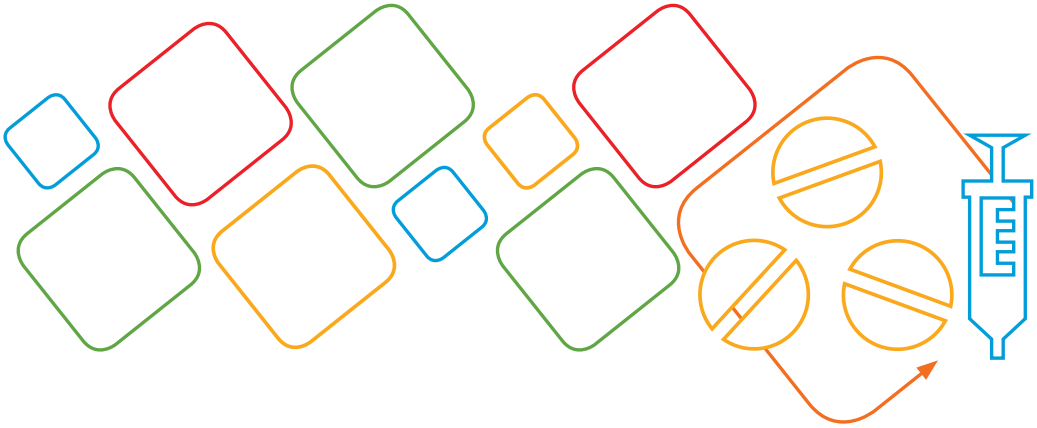
Benefit Initially payable from chronic medicine limit above

Chronic Medication to be Obtained from Preferred Provider Network

Subject to renewal of prescription every six months

PMB's subject to registration and pre-authorisation with the Schemes preferred provider

*Subject to pre-authorisation, treatment protocols and medicine formulary**



OUT OF HOSPITAL BENEFITS (continued)

Optical Benefit

Spectacle Lenses: In Network

100% of DSP Tariff*

R185 per lens – clear single vision, or

R420 per lens – clear bifocal vision, or

R745 per lens – base multifocal

Fixed tints up to 35%

No benefit for contact lenses if spectacles purchased

Benefit applicable to members who utilize the Scheme's Preferred Provider Network Optometrists only

Limited to one pair of spectacles per beneficiary every 24 months

Contact Lenses: In Network

100% of DSP Tariff*

R2 915 per beneficiary every 24 months

No benefit for spectacles if contact lenses purchased

One claim per beneficiary every 24 months

Subject to clinical protocol

Benefit applicable to members who utilize the Scheme's preferred provider network optometrist only

Frames/Lens

100% of DSP Tariff*

R1 230 per beneficiary

Enhancements: In Network

No benefit per frame if contact lenses are purchased

Benefit applicable to members who utilize the Scheme's preferred provider network optometrist only

One claim per beneficiary every 24 months

Eye Tests: In Network

100% of DSP Tariff*

Benefit applicable to members who utilize the Scheme's preferred provider network optometrist only

One claim per beneficiary every 24 months

ALL OPTICAL BENEFITS: Contact the Scheme's preferred provider network for availability and locality of network optometrists

Benefits applicable to members who utilise the Scheme's preferred provider network optometrists only

Dental Benefit

Conservative Dentistry (Dentist and Dental Therapist)

Conscious sedation: Extensive dental treatment (more than 4 fillings or extractions) subject to dental treatment protocols and pre-authorisation

100% of Scheme Tariff*

Unlimited

Consultations, Fillings, Extractions, Root canal treatment two (2) RCT per family per annum

Preventative scale and polish

Fluoride treatment limited to beneficiaries below the age of 12 years

Conscious sedation for children up to the age of 12 years

Root Canal treatment included in conservative dentistry

X-rays intra-oral covered

Panoramic Radiographs limited to 1 per beneficiary every 24 months

Subject to dental treatment protocols and pre-authorisation for extensive treatment

Advanced Dentistry

(e.g. Crowns & Bridgework, Dentures, Root Canal Treatments, Orthodontics, removal of impacted wisdom teeth and Non-Surgical Periodontics

Subject to pre-authorisation by the Scheme and treatment protocols.

Failure to obtain pre-authorisation will result in no payment

100% of Scheme Tariff*

R6 805 per beneficiary limited to **R8 577** per family per annum

Crowns and Bridges, Impacted wisdoms and Orthodontics

Dental Implants

R15 000 per family once every five years

Partial Metal Frame Dentures

Subject to the above available limit per beneficiary every 5 years

Acrylic (Plastic) Dentures

Subject to advanced dentistry limit

Limited to **1** per beneficiary every 4 years

Failure to obtain pre-authorisation will result in no payment

Maxillo-Facial and Oral, Including Dental Surgery

(Consultations, surgical procedures and operations)

Subject to PMBs, pre-authorisation and protocols

100% of Scheme Tariff*

(included in advanced dentistry limit)

Benefit is payable from hospitalisation in cases of accidents, injury, congenital abnormalities and oncology related procedures only

Refer to page 41 for the Scheme Exclusion List

OUT OF HOSPITAL BENEFITS (continued)

Auxiliary Benefit

Alternative Services

Homeopathy, naturopathy, chiropractor and podiatry
100% of Scheme Tariff*

Collectively limited to **R3 073** per family per annum
Medicine dispensed limited to Acute Medication Limit

Remedial and Other Therapies

Audiology, speech therapy, dieticians, hearing aid acousticians, occupational therapy, orthotics, social workers and speech therapy
100% of Scheme Tariff*

Collectively limited to **R5 163** per family per annum

Physiotherapy Out Of Hospital

Biokinetics & physiotherapy
100% of Scheme Tariff*

R2 727 per beneficiary limited to **R4 370** per family per annum

Appliances

Hearing aids, wheelchairs, calipers, etc.
Subject to pre-authorisation
100% of Negotiated Tariff*

Limited to **R14 740** per family per annum

Stoma Care – Subject to a sub limit of **R7 576** per family per annum

- Wheelchairs – one claim per Beneficiary every 36 months subject to pre-authorisation.
- Hearing aids – one claim per beneficiary every 24 months subject to pre-authorisation
- Blood Pressure Monitors Subject to a sub-limit of **R550** for beneficiaries registered for Hypertension

Other Benefits

Air/Road Ambulance and Emergency Services

24-hour access to call centre, including telephonic nurse advice line
100% of Scheme Tariff*
The Schemes preferred provider must be contacted should you require an Ambulance – failure to adhere to this could result in you being held liable for costs incurred

Emergency: Subject to pre-authorisation within 72 hours after the emergency. Inter-hospital transfers must be done by preferred provider only

- Emergency response by road or air to scene of incident and transfer from scene, to closest, most appropriate facility
- Escort return of stranded minors can be arranged

Non-emergency: Subject to pre-authorisation beforehand

- Facilitation of medically justified inter-facility transfers
- Medical repatriation

Psychology and Psychiatry Treatment

Subject to PMB's and referral from GP or Specialist, failure to do so will result in no payment
Subject to confirmed diagnosis, treatment plan and managed care protocols
100% of Scheme Tariff*

R4 779 per beneficiary, Limited to **R9 556** per Family

Infertility

Subject to PMB's and State/Public Facilities protocals
100% of Scheme Tariff*

Hospice and Private Nursing

Subject to PMBs, pre-authorisation and protocols
100% of Negotiated Tariff*

Subject to combined limit of a maximum period of **14** days per annum, except for PMBs

Overall annual limit on out of hospital benefits for:

Acute medicines | advanced dentistry | alternative services (homeopathy, naturopathy etc.) | remedial and other therapies (audiology, dieticians etc.) | biokinetics and physiotherapy | psychology and psychiatry treatment

M	= R12 772
M +1	= R25 908
M +2	= R29 366
M +3 +	= R32 338

IN HOSPITAL BENEFITS

Subject to pre-authorisation, clinical protocols, formulary* and PMBs

Note: All Admissions to hospitals and services listed below must be pre-authorised by the Scheme/preferred provider or within 48 hours in the case of an emergency

Failure to comply with this rule will result in a levy of R1 000 per admission. Please note that treatment protocols apply

Limited collectively and subject to authorisation

Private Hospitals

100% of Scheme Tariff*

Unlimited benefits subject to pre-authorisation, clinical protocols and formulary*

Subject to sub-limits not being exceeded

Accommodation, Theatre Fees, Medicines, Intensive Care

Subject to Pre-authorisation and PMB's

100% of Scheme Tariff*

TTO benefit for **7** days

*Subject to formulary**

Surgical Procedures Including GP and Specialist Consultations

Subject to Pre-authorisation and PMB's

100% of Scheme Tariff*

Diagnostic Investigations

e.g. radiology, pathology, MRI/PET/CAT scans etc.

Subject to Pre-authorisation and PMB's

100% of Scheme Tariff*

Authorisation must be obtained prior to the examination or within 24 hours in case of emergency

All specialised radiology subject to pre-authorisation

Blood Transfusions

100% of Scheme Tariff*

Oncology

Subject to PMB's as prescribed

100% of DSP Tariff*

Limited to **R287 842** per beneficiary per annum

Based on DSP* ICON* Enhanced Protocols

Treatment subject to designated service provider guidelines and pre-authorisation

Psychiatric Treatment Including Clinical Psychology

All treatment in hospital, including accommodation, medicines, materials, procedures, consultations, and psychiatry/psychology therapy sessions

Subject to PMB's, managed care protocols and pre-authorisation by the Scheme

100% of Scheme Tariff*

Subject to **21** Days per beneficiary or up to 15 out-patient contacts per annum (Subject to PMB's)

Non PMB's – **14** days per family subject to a limit of **R20 511**

Payment up to **3** days for Psychologist charging therapy sessions with Psychiatrist in the same admission, thereafter pre-authorisation required with treatment plan

Drug and Alcohol Rehabilitation

Subject to PMB's, Managed care protocols and pre-authorisation

100% of Scheme Tariff*

Limited to **R19 345** per family per annum

Organ Transplants

Subject to PMB's and Pre-Authorisation

100% of Scheme Tariff*

PMB based on Department of Health Protocols

Unlimited

Dental Hospitalisation

Subject to pre-authorisation, treatment protocols and PMB's

100% of Scheme Tariff*

Anaesthetist and Hospital cost is payable from hospital benefit

Provider fee subject to available Advanced Dentistry Benefit

Benefit is payable from hospital benefit only in the following cases:

- Extensive conservative treatment for children under **7** years of age and more than **3** teeth involved
- Removal of symptomatic impacted wisdom teeth if pre-authorised as a day case only

Maxillo-Facial and Oral Surgery

100% of Scheme Tariff*

Maxillo-facial and oral surgery limited to symptomatic wisdom teeth and surgical exposures

Anaesthetist and Hospital cost is payable from hospitalisation:

Removal of symptomatic impacted wisdom teeth if pre-authorised as a day case only

All other procedures subject to PMB only

Renal Dialysis

Subject to PMB's and to pre-authorisation

100% of Negotiated Tariff*

Unlimited benefits for PMB admissions

*Subject to Treatment Protocols and formulary**

Sterilisation/Vasectomy

Subject to pre-authorisation

100% of Scheme Tariff*

Sterilisation limited to **R16 000** per beneficiary per annum

Refer to page 41 for the Scheme Exclusion List

IN HOSPITAL BENEFITS (continued)

No overall annual limit
Subject to sub-limits not being exceeded

Internal and External Prosthesis

100% of Negotiated Tariff*

Subject to PMB's, pre-authorisation and protocols

Limited to **R47 990** per family per annum

Sub-Limits:

Back /Spinal instrumentation and disc prosthesis

Limited to a maximum of 2 levels unless clinically motivated and approved or within PMB protocols

R23 304 per level subject to overall limit not being exceeded
Maximum 1 event per beneficiary per annum

Joint Replacement

(Hip, knee, shoulder and ankle)

Limited to one event per annum, unless sepsis or trauma

R40 987 per annum. Subject to the overall limit and maximum of one procedure per beneficiary per annum. Excludes cement

Aphakic Lenses

(Subject to protocol and PMB's)

R5 707 per lens

Cardiac Stents

1 per lesion – maximum 3 lesions

Bare metal stents: **R13 984** per stent

Drug eluting stents: **R19 811** per stent

The following is subject to the overall prosthesis benefit:

- Cardiac valves, aortic stent grafts, peripheral arterial stents grafts, single/dual pacemaker
- Cardiac resynchronization devices (CRT), implantable cardioverter defibrillators (ICD) with pacing capabilities (CRT-D)
  Subject to overall prosthesis limit and PMB protocols
- Implantable Cardioverter Defibrillator (ICD); Subject to Scheme protocol and PMB for primary and secondary prevention
- Internal sphincters and stimulators
- Neurostimulators/internal nerve stimulator for Parkinson's Disease

No benefit

- Cochlear implants
  Subject to overall limit for prosthesis benefit
- Insulin pumps and monthly materials
  Children under 7 years of age only
  Subject to clinical protocols and overall limit

Unlisted Prosthesis

Artificial Limbs and external prostheses including artificial eyes

Maximum **R13 984** subject to overall limit

Physiotherapy & Biokinetics

100% of Scheme Tariff*

*Subject to PMB's, treating doctor referral and **pre-authorisation** by the auxiliary service provider during the admission period*

Subject to Scheme protocols

Dietician & Occupational Therapy

100% of Scheme Tariff*

Subject to PMB's, treating doctor referral and pre-authorisation by the auxiliary service provider during the admission period

Subject to Scheme protocols

Step Down Facilities

In lieu of hospitalisation

100% of Negotiated Tariff*

Subject to PMB's, pre-authorisation and protocols

Limited to **14** days per beneficiary per annum

Private Nursing

In lieu of hospitalisation

100% of Negotiated Tariff*

Subject to PMB's, pre-authorisation and protocols

Limited to **14** days per beneficiary per annum

Rehabilitation Facilities

100% of Negotiated Tariff*

Subject to PMB's, pre-authorisation and protocols

Limited to **14** days per beneficiary per annum

Circumcision

In and out of hospital

100% of Scheme Tariff*

Subject to pre-authorisation

In and Out of hospital

Hyperbaric Oxygen Therapy

100% of Negotiated Tariff*

Subject to PMB's, pre-authorisation and protocols

Limited to **R42 536** per family per annum

Negative Pressure Wound Therapy

100% of Negotiated Tariff*

Subject to PMB's, pre-authorisation and protocols

Limited to **R26 803** per family per annum

Medication for Age Related Macular Degeneration

Subject to PMB's, pre-authorisation and Scheme formulary and protocol*

100% of Negotiated Tariff*

Back Surgery

Subject to PMB's, pre-authorisation and protocols

100% of Scheme Tariff*

Back surgery is subject to adherence of the conservative back treatment protocol

R5 000 co-payment* applicable for all non-PMB spinal surgery

IN HOSPITAL BENEFITS (continued)

No overall annual limit
Subject to sub-limits not being exceeded

Stereotactic Radio-Surgery

100% of Scheme Tariff*

Subject to PMB's, pre-authorisation and protocols

Only covered for primary central nervous system tumours

Laparoscopic Hospitalisation and Associated Costs

Performed in a day hospital or as a day case

100% of Scheme Tariff*

Subject to PMB's, pre-authorisation and protocols.

Laparoscopic Hospitalisation will attract a **R5 592** co-payment* except for the following circumstances where no co-payment* will apply:

- Purely diagnostic laparoscopy
- Aspiration/excision ovarian cyst
- Lap-appendicectomy
- Repair of recurrent or bilateral inguinal hernias

Exclusions for Hospital Admissions & Treatment

(In conjunction with the Overall Scheme Exclusion List and subject to PMB's)

Refer to Scheme Exclusion list

Deductible* Applied for In-Hospital Procedures

Deductible* of R 5 000 will apply to the below procedures in-hospital except for PMB Conditions

- Joint Replacement
- Umbilical Hernia Repair
- Hysterectomy
- Functional Nasal Surgery
- Elective caesarean section

Day Hospital Procedures

Subject to Scheme Tariff*

1. Umbilical and Inguinal hernia repair
2. Colonoscopy
3. Cystoscopy
4. Gastroscopy and Oesophagoscopy
5. Hysteroscopy
6. Grommets
7. Termination of pregnancy
8. Breast biopsy
9. Cataracts
10. Circumcision
11. ERCP
12. Haemorrhoidectomy
13. Vasectomy
14. Tubal Ligation
15. Excision of extensive skin lesions or repair of wounds and skin grafts
16. Dental procedures
17. Repair nail bed & Removal of toenails
18. Minor orthopaedic procedures such as tennis elbow, dupuytren's contracture, trigger finger, ganglion, carpal tunnel syndrome
19. Minor Gynaecological procedures – cone biopsy, colposcopy, D&C

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OUT OF HOSPITAL BENEFITS

Consultations and Diagnostic Benefits

Consultations

Including General Practitioners, Specialist and Outpatient Facilities

100% of Scheme Tariff*

10 Visits per Beneficiary limited to **20** GP Visits per family per annum

Specialist Consultations:

Member: 3 Visits, Member + 1 = 5 Visits, Member + 2 + = 7 Visits

Specialist consultations require GP referral or payment will made at GP rates, except for:

- Paediatricians
- Gynaecologists

Diagnostic Investigations

Subject to PMBs and protocols

100% of Scheme Tariff*

All specialised radiology subject to pre-authorisation

Pathology

Limited to **R2 779** per beneficiary per annum

Radiology

Limited to **R2 162** per beneficiary per annum

MRI/PET/CAT Scans

Limited to **2** scans per beneficiary per annum

Subject to pre-authorisation

Medicines and Injection Material

Acute Medicines

Including material

100% of Reference Price*

Limited to **R5 442** per beneficiary and **R11 046** per family per annum

Subject to Medicine formulary and Protocols, Including Materials*

Homeopathic Medication excluded

Pharmacy Advised Treatment (PAT)

Over the counter medication

100% of Reference Price*

Limited to **R2 021** per family per annum

Maximum **R156** per script

Included in Acute Medication Limit above

Consultation with Pharmacist, restricted to Schedule 0, 1 and 2 medicines

PAT subject to acute benefit limit

Contraceptive Benefit

Subject to oral, injectable and patch contraceptives only

100% of Reference Price*

Limited to **R1 399** per family per annum. Subject to oral, injectable and patch contraceptives only

*Subject to the contraceptive formulary**

Refer to HOW TO GUIDE on page 36 for more information

Chronic Medication

Subject to registration, pre-authorisation, treatment protocols and medicine formulary with the Scheme's preferred provider (DSP*)*

Other Chronic (Non-CDL) Medicines

100% of Reference Price*

R6 917 per beneficiary Limited to **R13 960** per family per annum

PMB's subject to registration and pre-authorisation with the Schemes preferred provider

Chronic Medication to be Obtained from Preferred Provider Network

Subject to renewal of prescription every six months.

*Subject to pre-authorisation, treatment protocols and medicine formulary**

Non-formulary products will incur a 30% co-payment* where these are obtained voluntarily by beneficiaries*

PMB Chronic Disease List Medicines

100% of Reference Price Cost Unlimited

Non-formulary products will incur a 30% co-payment* where these are obtained voluntarily by beneficiaries*

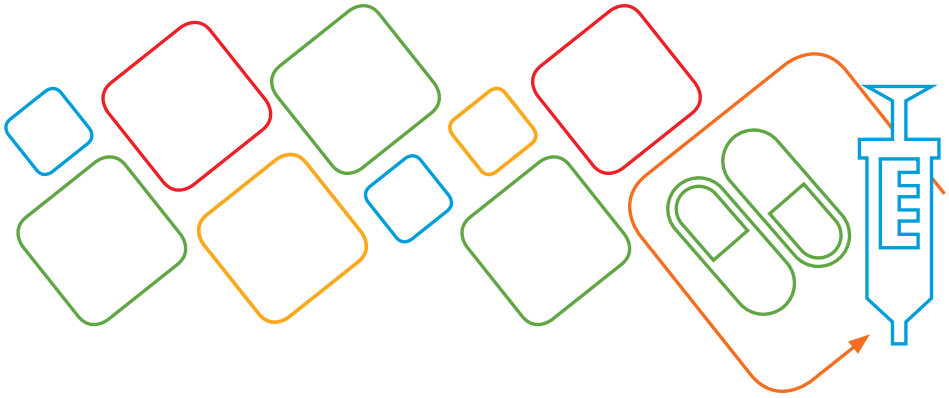
Benefit Initially payable from chronic medicine limit above

Chronic Medication to be obtained from Preferred Provider Network

Subject to renewal of prescription every six months

PMB's subject to registration and pre-authorisation with the Schemes preferred provider

*Subject to pre-authorisation, treatment protocols and medicine formulary**



OUT OF HOSPITAL BENEFITS (continued)

Optical Benefit

Spectacle Lenses: In Network

100% of DSP Tariff*

R185 per lens – clear single vision, or

R420 per lens – clear bifocal vision, or

R420 per lens – base multifocal

Fixed tints up to 35%

No benefit for contact lenses if spectacles purchased

Benefit applicable to members who utilize the Scheme's Preferred Provider Network Optometrists only

Limited to one pair of spectacles per beneficiary every 24 months

Contact Lenses: In Network

100% of DSP Tariff*

R1 810 per beneficiary every 24 months

No benefit for spectacles if contact lenses purchased

One claim per beneficiary every 24 months

Subject to clinical protocol

Benefit applicable to members who utilize the Scheme's preferred provider network optometrist only

Frames/Lens

100% of DSP Tariff*

R795 per beneficiary

Enhancements: In Network

No benefit per frame if contact lenses are purchased

Benefit applicable to members who utilize the Scheme's preferred provider network optometrist only

One claim per beneficiary every 24 months

Eye Tests: In Network

100% of DSP Tariff*

Benefit applicable to members who utilize the Scheme's preferred provider network optometrist only

One claim per beneficiary every 24 months

ALL OPTICAL BENEFITS: Contact the Scheme's preferred provider network for availability and locality of network optometrists

Benefits applicable to members who utilise the Scheme's preferred provider network optometrists only

Dental Benefit

Conservative Dentistry (Dentist and Dental Therapist)

Conscious sedation: Extensive dental treatment (more than 4 fillings or extractions) subject to dental treatment protocols and pre-authorisation

100% of Scheme Tariff*

Unlimited

Consultations, Fillings, Extractions, Root canal treatment two (2) RCT per family per annum

Preventative scale and polish

Fluoride treatment limited to beneficiaries below the age of 12 years

Conscious sedation for children up to the age of 12 years

Root Canal treatment included in conservative dentistry

X-rays intra-oral covered

Panoramic Radiographs limited to 1 per beneficiary every 24 months

Subject to dental treatment protocols and pre-authorisation for extensive treatment

Advanced Dentistry

(e.g. Crowns & Bridgework, Dentures, Root Canal Treatments, Orthodontics, removal of impacted wisdom teeth and Non-Surgical Periodontics

Subject to pre-authorisation by the Scheme and treatment protocols

Failure to obtain pre-authorisation will result in no payment

100% of Scheme Tariff*

R4 452 per beneficiary limited to **R6 363** per family per annum

Crowns and Bridges, Impacted wisdoms and Orthodontics

Dental Implants

R15 000 per family once every five years per beneficiary

Partial Metal Frame Dentures

Limited to one **(1)** set per beneficiary every **5** years

Acrylic (Plastic) Dentures

Subject to advanced dentistry limit

Limited to **1** per beneficiary every 4 years

Failure to obtain pre-authorisation will result in no payment

Maxillo-Facial and Oral, Including Dental Surgery

(Consultations, surgical procedures and operations)

Subject to PMBs, pre-authorisation and protocols

100% of Scheme Tariff*

(included in advanced dentistry limit)

Benefit is payable from hospitalisation in cases of accidents, injury, congenital abnormalities and oncology related procedures only

Refer to page 41 for the Scheme Exclusion List

OUT OF HOSPITAL BENEFITS (continued)

Auxiliary Benefit

Alternative Services

Homeopathy, naturopathy, chiropractor and podiatry
100% of Scheme Tariff*

Collectively limited to **R3 753** per family per annum
Medicine dispensed limited to Acute Medication Limit
Homeopathic Medication Excluded

Remedial and Other Therapies

Audiology, speech therapy, dieticians, hearing aid acousticians, occupational therapy, orthotics, social workers and speech therapy
100% of Scheme Tariff*

Collectively limited to **R3 625** per family per annum

Physiotherapy Out Of Hospital

Biokinetics & physiotherapy
100% of Scheme Tariff*

R1 701 per beneficiary limited to **R2 820** per family per annum

Appliances

Hearing aids, wheelchairs, calipers, etc.
Subject to pre-authorisation
100% of Negotiated Tariff*

Limited to **R14 007** per family per annum

Stoma Care – Subject to a sub limit of **R7 225** per family per annum

- Wheelchairs – one claim per Beneficiary every 36 months subject to pre-authorisation
- Hearing aids – one claim per beneficiary every 24 months subject to pre-authorisation
- Blood Pressure Monitors Subject to a sub-limit of **R550** for beneficiaries registered for Hypertension

Other Benefits

Air/Road Ambulance and Emergency Services

24-hour access to call centre, including telephonic nurse advice line
100% of Scheme Tariff*
The Schemes preferred provider must be contacted should you require an Ambulance – failure to adhere to this could result in you being held liable for costs incurred

Emergency: Subject to pre-authorisation within 72 hours after the emergency. Inter-hospital transfers must be done by preferred provider only

- Emergency response by road or air to scene of incident and transfer from scene, to closest, most appropriate facility
- Escort return of stranded minors can be arranged

Non-emergency: Subject to pre-authorisation beforehand

- Facilitation of medically justified inter-facility transfers
- Medical repatriation

Psychology and Psychiatry Treatment

Subject to PMB's and referral from GP or Specialist, failure to do so will result in no payment
Subject to confirmed diagnosis, treatment plan and managed care protocols
100% of Scheme Tariff*

R2 948 per beneficiary, Limited to **R7 412** per Family

Infertility

Subject to PMB's and State/Public Facilities protocals
100% of Scheme Tariff*

Hospice and Private Nursing

Subject to PMBs, pre-authorisation and protocols
100% of Negotiated Tariff*

Subject to combined limit of a maximum period of **14** days per annum, except for PMBs

Overall annual limit on out of hospital benefits for:

Acute medicines | advanced dentistry | alternative services (homeopathy, naturopathy etc.) | remedial and other therapies (audiology, dieticians etc.) | biokinetics and physiotherapy | psychology and psychiatry treatment

M	= R9 906
M +1	= R20 918
M +2	= R22 754
M +3 +	= R25 200

IN HOSPITAL BENEFITS Limited to Gauteng, KwaZulu-Natal and Western Cape

Exclusive DSP: Netcare Hospital Group*

Subject to pre-authorisation, clinical protocols, formulary and PMBs*

Visit the network portal on www.hosmed.co.za to locate the nearest hospital in your area

**Note: All admissions to hospitals and services listed below must be pre-authorised by the Scheme/preferred provider or within 48 hours in the case of an emergency*

Failure to comply with this rule will result in a levy of R1 000 per admissions. Please note that treatment protocols apply

Failure to comply utilising a DSP provider will result in a 10% co-payment per admission, except for emergency admissions*

Limited collectively and subject to authorisation

Private Hospitals

100% of Scheme Tariff*

- Unlimited subject to pre-authorisation, use of the **Netcare Hospital Group** (DSP*), clinical protocols and formulary*
- Subject to sub-limits not being exceeded
- Failure to comply utilising a DSP* provider will result in **non-payment**
- In case of PMB voluntary use of non-DSP will result in a **10% co-payment*** per admission except for emergency admissions

Accommodation, Theatre Fees, Medicines, Intensive Care

Subject to Pre-authorisation and PMB's

100% of Scheme Tariff*

TTO benefit for **7** days

*Subject to formulary**

Surgical Procedures Including GP and Specialist Consultations

Subject to Pre-authorisation and PMB's

100% of Scheme Tariff*

Diagnostic Investigations

e.g. radiology, pathology, MRI/PET/CAT scans etc.

Subject to Pre-authorisation and PMB's

100% of Scheme Tariff*

Authorisation must be obtained prior to the examination or within 24 hours in case of emergency

All specialised radiology subject to pre-authorisation.

Blood Transfusions

100% of Scheme Tariff*

Oncology

Subject to PMB's as prescribed

100% of DSP Tariff*

Limited to **R287 842** per beneficiary per annum

PMB & Non-PMB Oncology treatment based on DSP* ICON* Standard Protocols

Treatment subject to designated service provider guidelines and pre-authorisation

Refer to page 41 for the Scheme Exclusion List

Psychiatric Treatment Including Clinical Psychology

All treatment in hospital, including accommodation, medicines, materials, procedures, consultations, and psychiatry/psychology therapy sessions

Subject to PMB's, managed care protocols and pre-authorisation by the Scheme

100% of Scheme Tariff*

Subject to **21** Days per beneficiary or up to 15 out-patient contacts per annum (Subject to PMB's)

Non PMB's – **14** days per family subject to a limit of **R20 511**

Payment up to **3** days for Psychologist charging therapy sessions with Psychiatrist in the same admission, thereafter pre-authorisation required with treatment plan

Drug and Alcohol Rehabilitation

Subject to PMB's, Managed care protocols and pre-authorisation

100% of Scheme Tariff*

Limited to **R19 345** per family per annum

Organ Transplants

Subject to PMB's and Pre-Authorisation

100% of Scheme Tariff*

PMB based on Department of Health Protocols

Unlimited

Dental Hospitalisation

Subject to pre-authorisation, and treatment protocols and PMB's

100% of Scheme Tariff*

Anaesthetist and Hospital cost is payable from hospital benefit

Provider fee subject to available Advanced Dentistry Benefit

Benefit is payable from hospital benefit only in the following cases:

- Extensive conservative treatment for children under **7** years of age and more than **3** teeth involved
- Removal of symptomatic impacted wisdom teeth if pre-authorised as a day case only

Maxillo-Facial and Oral Surgery

100% of Scheme Tariff*

Maxillo-facial and oral surgery limited to symptomatic wisdom teeth and surgical exposures

Anaesthetist and Hospital cost is payable from hospitalisation:

Removal of symptomatic impacted wisdom teeth if pre-authorised as a day case only

All other procedures subject to PMB only

Renal Dialysis

Subject to PMB's and to pre-authorisation

100% of Negotiated Tariff*

Unlimited benefits for PMB admissions

*Subject to Treatment Protocols and formulary**

Sterilisation/Vasectomy

Subject to pre-authorisation

100% of Scheme Tariff*

Sterilisation limited to **R16 000** per beneficiary per annum

IN HOSPITAL BENEFITS (continued)

No overall annual limit
Subject to sub-limits not being exceeded

Internal and External Prosthesis

100% of Negotiated Tariff*

Limited to **R47 990** per family per annum

Subject to PMB's, pre-authorisation and protocols

Sub-Limits:

Back /Spinal instrumentation and disc prosthesis

Limited to a maximum of 2 levels unless clinically motivated and approved or within PMB protocols

R23 304 per level subject to overall limit not being exceeded
Maximum 1 event per beneficiary per annum

Joint Replacement

(Hip, knee, shoulder and ankle)

Limited to one event per annum, unless sepsis or trauma

R40 987 per annum. Subject to the overall limit and maximum of one procedure per beneficiary per annum. Excludes cement

Aphakic Lenses

(Subject to protocol and PMB's)

R5 707 per lens

Cardiac Stents

1 per lesion – maximum 3 lesions

Bare metal stents: **R13 984** per stent

Drug eluting stents: **R19 811** per stent

The following is subject to the overall prosthesis benefit:

- Cardiac valves, aortic stent grafts, peripheral arterial stents grafts, single/dual pacemaker
- Cardiac resynchronization devices (CRT), implantable cardioverter defibrillators (ICD) with pacing capabilities (CRT-D)
  Subject to overall prosthesis limit and PMB protocols
- Implantable Cardioverter Defibrillator (ICD); Subject to Scheme protocol and PMB for primary and secondary prevention
- Internal sphincters and stimulators
  No benefit
- Neurostimulators/internal nerve stimulator for Parkinson's Disease
- Cochlear implants
  Subject to overall limit for prosthesis benefit
- Insulin pumps and monthly materials
  Children under 7 years of age only. Subject to clinical protocols and overall limit

Unlisted Prosthesis

Artificial Limbs and external prostheses including artificial eyes

Maximum **R13 984** subject to overall limit

Physiotherapy & Biokinetics

100% of Scheme Tariff*
*Subject to PMB's, treating doctor referral and **pre-authorisation** by the auxiliary service provider during the admission period*
Subject to Scheme protocols

Dietician & Occupational Therapy

100% of Scheme Tariff*
Subject to PMB's, treating doctor referral and pre-authorisation by the auxiliary service provider during the admission period
Subject to Scheme protocols

Step Down Facilities

In lieu of hospitalisation

100% of Negotiated Tariff*
Subject to PMB's, pre-authorisation and protocols

Limited to **14** days per beneficiary per annum

Private Nursing

In lieu of hospitalisation

Subject to PMB's, pre-authorisation and protocols

100% of Negotiated Tariff*

Limited to **14** days per beneficiary per annum

Rehabilitation Facilities

100% of Negotiated Tariff*
Subject to PMB's, pre-authorisation and protocols

Limited to **14** days per beneficiary per annum

Circumcision

In and out of hospital

100% of Scheme Tariff*
Subject to pre-authorisation

In and Out of hospital

Hyperbaric Oxygen Therapy

100% of Negotiated Tariff*
Subject to PMB's, pre-authorisation and protocols

Limited to **R42 536** per family per annum

Negative Pressure Wound Therapy

100% of Negotiated Tariff*
Subject to PMB's, pre-authorisation and protocols

Limited to **R26 803** per family per annum

Medication for Age Related Macular Degeneration

Subject to PMB's, pre-authorisation and Scheme formulary and protocol*

100% of Negotiated Tariff*

Back Surgery

Subject to PMB's, pre-authorisation and protocols

100% of Scheme Tariff*

Back surgery is subject to adherence of the conservative back treatment protocol

R5 000 co-payment* applicable for all non-PMB spinal surgery

IN HOSPITAL BENEFITS (continued)

No overall annual limit
Subject to sub-limits not being exceeded

Stereotactic Radio-Surgery

100% of Scheme Tariff*
Subject to PMB's, pre-authorisation and protocols
Only covered for primary central nervous system tumours

Laparoscopic Hospitalisation and Associated Costs

Performed in a day hospital or as a day case
100% of Scheme Tariff*
Subject to PMB's, pre-authorisation and protocols

Laparoscopic Hospitalisation will attract a **R5 592** co-payment* except for the following circumstances where no co-payment* will apply:

- Purely diagnostic laparoscopy
- Aspiration/excision ovarian cyst
- Lap-appendicectomy
- Repair of recurrent or bilateral inguinal hernias

Exclusions for Hospital Admissions

(In conjunction with the Overall Scheme Exclusion List and subject to PMB's)
Refer to Scheme Exclusion list

Deductible* Applied for In-Hospital Procedures

Deductible* of R 5 000 will apply to the below procedures in-hospital except for PMB Conditions

- Joint Replacement
- Umbilical Hernia Repair
- Hysterectomy
- Functional Nasal Surgery
- Elective caesarean section

Day Hospital Procedures

Procedures to be done at Designated Service Provider (DSP*) hospital network
Subject to pre-authorisation

Subject to Scheme Tariff*

1. Umbilical and Inguinal hernia repair
2. Colonoscopy
3. Cystoscopy
4. Gastroscopy and Oesophagoscopy
5. Hysteroscopy
6. Grommets
7. Termination of pregnancy
8. Breast biopsy
9. Cataracts
10. Circumcision
11. ERCP
12. Haemorrhoidectomy
13. Vasectomy
14. Tubal Ligation
15. Excision of extensive skin lesions or repair of wounds and skin grafts
16. Dental procedures
17. Repair nail bed & Removal of toenails
18. Minor orthopaedic procedures such as tennis elbow, dupuytren's contracture, trigger finger, ganglion, carpal tunnel syndrome
19. Minor Gynaecological procedures – cone biopsy, colposcopy, D&C

Medical Aid Group : Hosmed Value EDO Option 2020			Suggested Network
Hospital Facility			Province
Netcare Akasia Hospital	Netcare Linkwood Hospital	Netcare Pinehaven Hospital	Gauteng
Netcare Bougainville Hospital	Netcare Linmed Hospital	Netcare Pretoria East Hospital	
Netcare Clinton Hospital	Netcare Milpark Hospital	Netcare Rehabilitation Hospital	
Netcare Constantia Clinic	Netcare Montana Hospital	Netcare Rosebank Hospital	
Netcare Femina Hospital	Netcare Moot Hospital	Netcare Sunninghill Hospital	
Netcare Garden City Hospital	Netcare Mulbarton Hospital	Netcare Sunward Park Hospital	
Netcare Jakaranda Hospital	Netcare N17 Hospital	Netcare Union Hospital	
Netcare Krugersdorp Hospital	Netcare Olivedale Hospital	Netcare Unitas Hospital	
Netcare Lakeview Hospital	Netcare Optiklin Eye Hospital	Netcare Waterfall City Hospital	
Netcare Linksfield Hospital	Netcare Park Lane Hospital		
Netcare Alberlito Hospital	Netcare Parklands Hospital	Netcare The Bay Hospital	KwaZulu-Natal
Netcare Kingsway Hospital	Netcare St Annes Hospital	Netcare Umhlanga Eye Institute	
Netcare Margate Hospital	Netcare St Augustine's Hospital	Netcare uMhlanga Hospital	
Netcare Blaauwberg Hospital	Memorial Hospital	Netcare N1 City Hospital	Western Cape
Netcare Christiaan Barnard	Netcare Kuilsriver Hospital	UCT Private Academic Hospital	

OUT OF HOSPITAL BENEFITS

Consultation and Diagnostic Benefits

Consultations

Including General Practitioners, Specialist and Outpatient Facilities

100% of Scheme Tariff*

10 Visits per Beneficiary limited to **20** GP Visits per Family per Annum

Specialist Consultations:

Member: **3** Visits, Member + 1 = **5** Visits, Member + 2 + = **7** Visits

Specialist consultations require GP referral or payment will made at GP rates, except for:

- Paediatricians
- Gynaecologists

Diagnostic Investigations

Subject to PMBs and protocols

100% of Scheme Tariff*

All specialised radiology subject to pre-authorisation

Pathology

Limited to **R2 779** per beneficiary per annum

Radiology

Limited to **R2 162** per beneficiary per annum

MRI/PET/CT Scans

Limited to **2** scans per beneficiary per annum

Subject to pre-authorisation

Medicines and Injection Material

Acute Medicines

Including material

100% of Reference Price*

Limited to **R5 442** per beneficiary and **R11 046** per family per annum

Subject to Medicine formulary and Protocols, Including Materials*

Homeopathic Medication excluded

Network Provider Only

Pharmacy Advised Treatment (PAT)

Over the counter medication

100% of Reference Price*

Limited to **R2 021** per family per annum

Maximum **R156** per script

Included in Acute Medication Limit above

Network Provider Only

Consultation with Pharmacist, restricted to Schedule 0, 1 and 2 medicines

PAT subject to acute benefit limit

Contraceptive Benefit

Subject to oral, injectable and patch contraceptives only

100% of Reference Price*

Limited to **R1 399** per family per annum. Subject to oral, injectable and patch contraceptives only

*Subject to the contraceptive formulary**

Network Provider Only

Chronic Medication

Subject to registration, pre-authorisation, treatment protocols and medicine formulary with the Scheme's preferred provider (DSP*)*

Other Chronic (Non-CDL) Medicines

100% of Reference Price*

R6 917 per beneficiary Limited to **R13 960** per family per annum

Chronic Medication to be Obtained from Preferred Provider Network

Subject to renewal of prescription every six months

*Subject to pre-authorisation, treatment protocols and medicine formulary**

Non-formulary products will incur a 30% co-payment* where these are obtained voluntarily by beneficiaries*

PMB Chronic Disease List Medicines

100% of Reference Price Cost Unlimited

Non-formulary products will incur a 30% co-payment* where these are obtained voluntarily by beneficiaries*

Benefit Initially payable from chronic medicine limit above

Chronic Medication to be Obtained from Preferred Provider Network

Subject to renewal of prescription every six months

Refer to HOW TO GUIDE on page 36 for more information

OUT OF HOSPITAL BENEFITS (continued)

Optical Benefit

Spectacle Lenses: In Network

100% of DSP Tariff*

R185 per lens – clear single vision, or

R420 per lens – clear bifocal vision, or

R420 per lens – base multifocal

Fixed tints up to 35%

No benefit for contact lenses if spectacles purchased

Benefit applicable to members who utilize the Scheme's Preferred Provider Network Optometrists only

Limited to one pair of spectacles per beneficiary every 24 months

Contact Lenses: In Network

100% of DSP Tariff*

R1 810 per beneficiary every 24 months

No benefit for spectacles if contact lenses purchased

Subject to clinical protocol

Benefit applicable to members who utilize the Scheme's preferred provider network optometrist only

Frames/Lens

100% of DSP Tariff*

R795 per beneficiary

Enhancements: In Network

No benefit per frame if contact lenses are purchased

Benefit applicable to members who utilize the Scheme's preferred provider network optometrist only

One claim per beneficiary every 24 months

Eye Tests: In Network

100% of DSP Tariff*

Benefit applicable to members who utilize the Scheme's preferred provider network optometrist only

One claim per beneficiary every 24 months

ALL OPTICAL BENEFITS: Contact the Scheme's preferred provider network for availability and locality of network optometrists

Benefits applicable to members who utilise the Scheme's preferred provider network optometrists only

Dental Benefit

Conservative Dentistry (Dentist and Dental Therapist)

Conscious sedation: Extensive dental treatment (more than 4 fillings or extractions) subject to dental treatment protocols and

pre-authorisation

100% of Scheme Tariff*

Unlimited

Consultations, Fillings, Extractions, Two (2) root canal treatments per family per annum

Preventative scale and polish

Fluoride treatment limited to beneficiaries below the age of 12 years

Conscious sedation for children up to the age of 12 years

Root Canal treatment included in conservative dentistry

X-rays intra-oral covered

Panoramic Radiographs limited to 1 per beneficiary every 24 months

Subject to dental treatment protocols and pre-authorisation for extensive treatment

Contracted Network Provider Only

Advanced Dentistry

(e.g. Crowns & Bridgework, Dentures, Root Canal Treatments, Orthodontics, removal of impacted wisdom teeth and Non-Surgical Periodontics

Subject to pre-authorisation by the Scheme and treatment protocols.

Failure to obtain pre-authorisation will result in no payment.

100% of Scheme Tariff*

R4 452 per beneficiary limited to **R6 363** per family per annum

Crowns, Impacted wisdoms and Orthodontics

Dental Implants

R15 000 per family once every five years per beneficiary

Partial Metal Frame Dentures

Subject to above available limit

Limited to one **(1)** set per beneficiary every **5** years

Acrylic (Plastic) Dentures

Subject to above available limit

Limited to **1** set per beneficiary every **4** years

Contracted Network Provider Only

Maxillo-Facial and Oral, Including Dental Surgery

(Consultations, surgical procedures and operations)

Subject to PMBs, pre-authorisation and protocols

100% of Scheme Tariff*

(included in advanced dentistry limit)

Benefit is payable from hospitalisation in cases of accidents, injury, congenital abnormalities and oncology related procedures only

Refer to page 41 for the Scheme Exclusion List

OUT OF HOSPITAL BENEFITS (continued)

Auxiliary Benefit

Alternative Services

Homeopathy, naturopathy, chiropractor and podiatry
100% of Scheme Tariff*

Collectively limited to **R3 753** per family per annum
Medicine dispensed limited to Acute Medication Limit
Homeopathic Medication Excluded

Remedial and Other Therapies

Audiology, speech therapy, dieticians, hearing aid acousticians, occupational therapy, orthotics, social workers and speech therapy
100% of Scheme Tariff*

Collectively limited to **R3 625** per family per annum

Physiotherapy Out Of Hospital

Biokinetics & physiotherapy
100% of Scheme Tariff*

R1 701 per beneficiary limited to **R2 820** per family per annum

Appliances

Hearing aids, wheelchairs, calipers, etc.
Subject to pre-authorisation
100% of Negotiated Tariff*

Limited to **R14 007** per family per annum

Stoma Care – Subject to a sub limit of **R7 225** per family per annum

- Wheelchairs – one claim per Beneficiary every 36 months subject to pre-authorisation
- Hearing aids – one claim per beneficiary every 24 months subject to pre-authorisation
- Blood Pressure Monitors Subject to a sub-limit of **R550** for beneficiaries registered for Hypertension

Other Benefits

Air/Road Ambulance and Emergency Services

24-hour access to call centre, including telephonic nurse advice line
100% of Scheme Tariff*
The Schemes preferred provider must be contacted should you require an Ambulance – failure to adhere to this could result in you being held liable for costs incurred

Emergency: Subject to pre-authorisation within 72 hours after the emergency

- Emergency response by road or air to scene of incident and transfer from scene, to closest, most appropriate facility
- Escort return of stranded minors can be arranged

Non-emergency: Subject to pre-authorisation beforehand

- Facilitation of medically justified inter-facility transfers. Inter-hospital transfers must be done by preferred provider only
- Medical repatriation

Psychology and Psychiatry Treatment

Subject to PMB's and referral from GP or Specialist, failure to do so will result in no payment
Subject to confirmed diagnosis, treatment plan and managed care protocols
100% of Scheme Tariff*

R2 948 per beneficiary, Limited to **R7 412** per family

Infertility

Subject to PMB's and State/Public Facilities protocals
100% of Scheme Tariff*

Hospice and Private Nursing

Subject to PMBs, pre-authorisation and protocols
100% of Negotiated Tariff*

Subject to combined limit of a maximum period of **14** days per annum, except for PMBs

Overall annual limit on out of hospital benefits for:

Acute medicines | advanced dentistry | alternative services (homeopathy, naturopathy etc.) | remedial and other therapies (audiology, dieticians etc.) | biokinetics and physiotherapy | psychology and psychiatry treatment

M	= R9 906
M +1	= R20 918
M +2	= R22 754
M +3 +	= R25 200

IN HOSPITAL BENEFITS

Exclusive DSP: Netcare Hospital Group*

Subject to pre-authorisation, clinical protocols, formulary and PMBs*

Visit the network portal on www.hosmed.co.za to locate the nearest hospital in your area

**Note: All admissions to hospitals and services listed below must be pre-authorised by the Scheme/preferred provider or within 48 hours in the case of an emergency*

Failure to comply with this rule will result in a levy of R1 000 per admissions. Please note that treatment protocols apply

Failure to comply utilising a DSP provider will result in a 10% co-payment per admission, except for emergency admissions*

Limited collectively and subject to authorisation by Private Healthcare Administrators (PHA)

Private Hospitals

Subject to 100% of DSP Tariff* and clinical protocols

- Unlimited benefits for PMB conditions subject to pre-authorisation and use of a Designated Service Provider (DSP*) hospital network and prevailing clinical protocols and formulary*
- Failure to comply utilising a DSP* provider will result in a **10% co-payment*** per admission except for emergency admissions

Accommodation, Theatre Fees, Medicines, Intensive Care

Subject to Pre-authorisation and PMB's

100% of Scheme Tariff*

TTO benefit for **7** days

*Subject to formulary**

Surgical Procedures Including GP and Specialist Consultations

Subject to Pre-authorisation and PMB's

100% of Scheme Tariff*

Diagnostic Investigations

e.g. radiology, pathology, MRI/PET/CAT scans etc.

100% of Scheme Tariff*

Subject to Clinical protocols and PMB's

Pathology unlimited

Radiology unlimited

Specialised Radiology:

MRI/PET/CT Scans Limited to **2** per beneficiary per annum for In and Out Hospital

Authorisation must be obtained prior to the examination or within 24 hours in case of emergency

All specialised radiology subject to pre-authorisation

Blood Transfusions

100% of Scheme Tariff*

Subject to PMB conditions only

Oncology

100% of DSP Tariff*

Limited to PMB conditions only and subject to DSP ICON* Standard protocols*

Treatment subject to designated service provider guidelines and pre-authorisation

Psychiatric Treatment Including Clinical Psychology

All treatment in hospital, including accommodation, medicines, materials, procedures, consultations, and psychiatry/psychology therapy sessions

100% of Scheme Tariff*

Subject to **21** Days per beneficiary or up to **15** out-patient contacts per annum

Subject to PMB's, managed care protocols and pre-authorisation by the Scheme

Drug and Alcohol Rehabilitation

100% of Scheme Tariff*

Limited to **R12 353** per family per annum

PMB based on clinical protocols

Organ Transplants

Subject to PMB's and Pre-Authorisation

100% of Scheme Tariff*

PMB based on Department of Health Protocols

Unlimited

Dental Hospitalisation

100% of Scheme Tariff*

Subject to PMB conditions only

Subject to pre-authorisation

Renal Dialysis

Subject to PMB's and to pre-authorisation

100% of Negotiated Tariff*

Unlimited benefits for PMB admissions and PMB level of Care.

*Subject to Treatment Protocols and formulary**

Sterilisation/Vasectomy

100% of Scheme Tariff*

Sterilisation limited to **R16 000** per beneficiary per annum

Subject to PMB conditions only

Refer to page 41 for the Scheme Exclusion List

IN HOSPITAL BENEFITS (continued)

No overall annual limit
Subject to sub-limits not being exceeded

Internal and External Prosthesis

100% of Negotiated Tariff*

Limited to **R30 883** per family per annum

Subject to PMB

Sub-Limits:

Limited to PMB conditions only

Back /Spinal instrumentation and disc prosthesis

Joint Replacement

(Hip, knee, shoulder and ankle)

Subject to overall limit and one procedure per beneficiary per annum unless PMB

Aphakic Lenses

R4 941 per lens

Cardiac Stents

Subject to overall prosthesis limit and PMB protocols

Maximum of 3 stents as per public hospital protocols for STEMI. No benefit for unstable angina or NSTEMI unless there is evidence of failed conservative medical treatment

- Implantable Cardioverter Defibrillator (ICD); Subject to Scheme protocol and PMB for primary and secondary prevention
- Cardiac Resynchronization Therapy (CRT) with Pacing Capabilities (CRT-D); Subject to Scheme protocol and PMB

Unlisted Prosthesis

Artificial Limbs and external prostheses including artificial eyes

Maximum **R11 654** subject to overall prosthesis limit

Subject to overall limits

Physiotherapy & Biokinetics

100% of Scheme Tariff*

*Subject to PMB's, treating doctor referral and **pre-authorisation** by the auxiliary service provider during the admission period*

Limited to PMB conditions only

Dietician & Occupational Therapy

100% of Scheme Tariff*

Subject to PMB's, treating doctor referral and pre-authorisation by the auxiliary service provider during the admission period

Limited to PMB conditions only

Step Down Facilities

In lieu of hospitalisation

Subject to PMB's, pre-authorisation and protocols

100% of Negotiated Tariff*

Limited to **14** days per beneficiary per annum

Private Nursing

In lieu of hospitalisation

Subject to PMB conditions only

100% of Negotiated Tariff*
Limited to **14** days per beneficiary per annum

Rehabilitation Facilities

100% of Negotiated Tariff*

Limited to **14** days per beneficiary per annum

Subject to PMB's, pre-authorisation and protocols

Circumcision

100% of Scheme Tariff*

Subject to pre-authorisation

Hyperbaric Oxygen Therapy

100% of Negotiated Tariff*

Subject to PMB conditions only

Negative Pressure Wound Therapy

100% of Negotiated Tariff*

Subject to PMB conditions only

Medication for Age Related Macular Degeneration

100% of Negotiated Tariff*

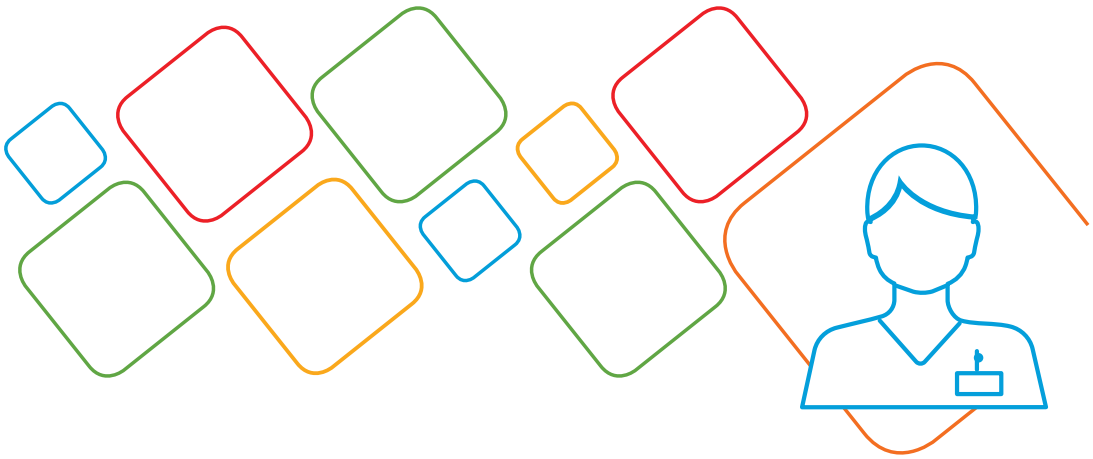
Subject to PMB's, pre-authorisation and Scheme formulary and protocol.*

Back Surgery

Subject to PMB's, pre-authorisation and protocols.

Back surgery is subject to adherence of the conservative back treatment protocol

Limited to PMB conditions



IN HOSPITAL BENEFITS (continued)

No overall annual limit
Subject to sub-limits not being exceeded

Laparoscopic Hospitalisation and Associated Costs

Performed in a day hospital or as a day case

100% of Scheme Tariff*

Subject to PMB's, pre-authorisation and protocols

Laparoscopic Hospitalisation will attract a **R5 592** co-payment*

Exclusions for Hospital Admissions

(In conjunction with the Overall Scheme Exclusion List and subject to PMB's)

- Skin disorders
- Arthroscopy
- Bunionectomy
- Removal of varicose veins
- Refractive eye surgery, Aphakic lenses
- Infertility treatment
- Non-cancerous breast conditions

Deductible* Applied for In-Hospital Procedures

R1 583 Deductible* – Except for PMB's

1. Colonoscopy
2. Facet joint injections

R3 165 Deductible* – Except for PMB's

1. Gastroscopy
2. Cystoscopy
3. Hysteroscopy
4. Flexible sigmoidoscopy
5. Percutaneous radiofrequency ablations
6. Percutaneous rhizotomies

R5 275 Deductible* – Except for PMB's

1. Elective caesarean delivery
2. Joint replacements
3. Back surgery, including spinal fusion
4. Umbilical hernia repair
5. Hysterectomy
6. Functional nasal surgery

Day Hospital Procedures

Procedures to be done at Designated Service Provider (DSP*) hospital network

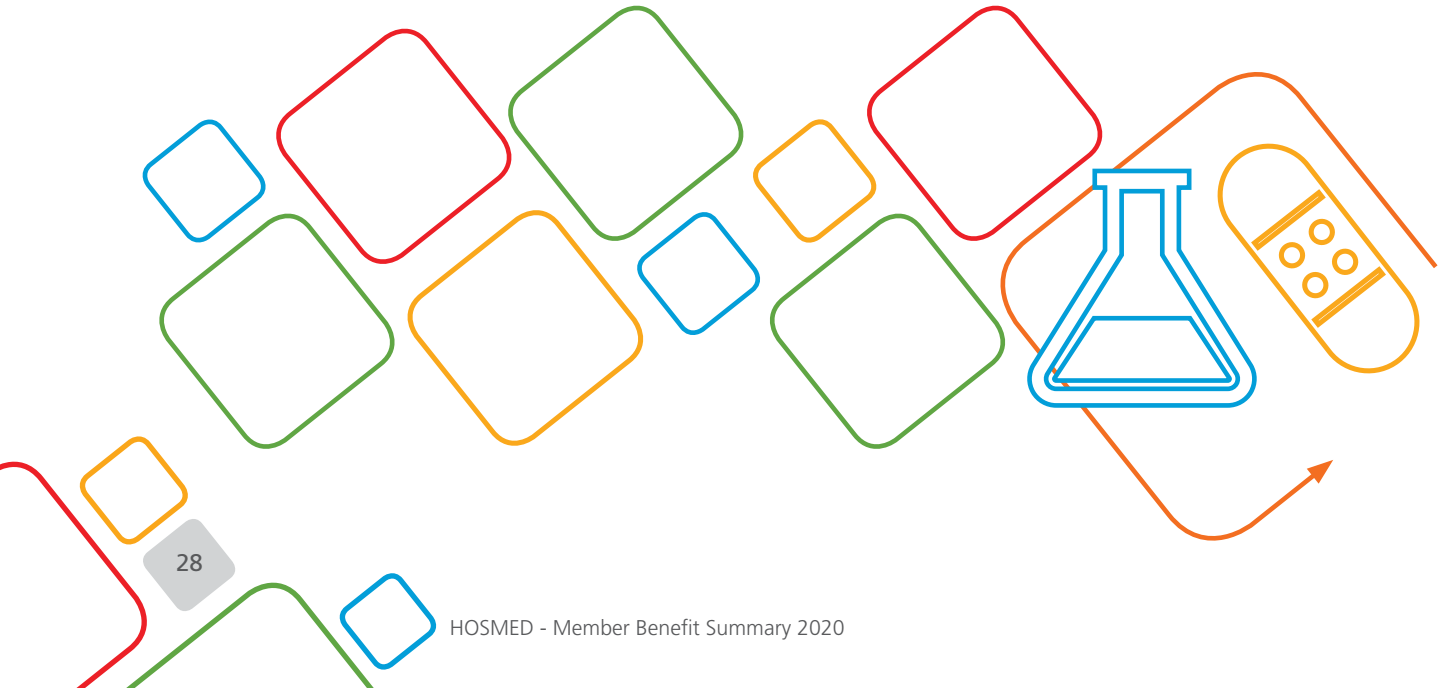
Subject to pre-authorisation

Co-Payment applicable to defined conditions below

*Subject to Scheme Tariff**

Subject to PMB conditions only:

1. Umbilical and Inguinal hernia repair
2. Colonoscopy
3. Cystoscopy
4. Gastroscopy and Oesophagoscopy
5. Hysteroscopy
6. Grommets
7. Termination of pregnancy
8. Breast biopsy
9. Cataracts
10. Circumcision
11. ERCP
12. Haemorrhoidectomy
13. Vasectomy
14. Tubal Ligation
15. Excision of extensive skin lesions or repair of wounds and skin grafts
16. Dental procedures
17. Repair nail bed & Removal of toenails
18. Minor orthopaedic procedures such as tennis elbow, dupuytren's contracture, trigger finger, ganglion, carpal tunnel syndrome
19. Minor Gynaecological procedures – cone biopsy, colposcopy, D&C



hosmed medical scheme
care for life

OUT OF HOSPITAL BENEFITS

Consultation and Diagnostic Benefits

Consultations

Including General Practitioners, Specialist and Outpatient Facilities

100% of Scheme Tariff*
Paid from MSA*
6 Additional GP Visits per Family once MSA* depleted

Specialist Consultations:

Paid from MSA*
Specialist consultations requires GP referral or payment will be made at GP rates

Diagnostic Investigations

Subject to PMBs and protocols
100% of DSP Tariff*
Paid from MSA*
Radiology and Pathology:
Subject to PMB's

Specialised Radiology:

MRI/PET/CT Scans
Limited to **2** scans per beneficiary per annum
In & Out of Hospital
Subject to pre-authorisation

Medicines and Injection Material

Acute Medicines

Including material

100% of Reference Price*
Paid from MSA*
Subject to Medicine formulary and Protocols, Including Materials*
Homeopathic Medication excluded

Acute Medication Obtained from Pharmacy:
Subject to funds available in MSA

Pharmacy Advised Treatment (PAT)

Over the counter medication

100% of Reference Price*
Paid from MSA*
Consultation with Pharmacist, restricted to Schedule 0, 1 and 2 medicines
PAT subject to acute benefit limit

Contraceptive Benefit
100% of Reference Price*
Paid from MSA*

Chronic Medication

Subject to registration, pre-authorisation, treatment protocols and medicine formulary with the Scheme's preferred provider (DSP*)*

PMB Chronic Disease List Medicines
100% of Reference Price Cost Unlimited
Chronic Medication to be Obtained from Preferred Provider Network
Subject to renewal of prescription every six months
Paid from Risk Pool

Optical Benefit

Spectacle Lenses: In Network

100% of DSP Tariff*
Paid from Risk Pool
R185 per lens – clear single vision, or
R420 per lens – clear bifocal vision, or
R420 per lens – base multifocal
No Benefit for Fixed Tints
No benefit for spectacles if contact lenses purchased
Limited to one pair of spectacles per beneficiary every 24 months

Contact Lenses: In Network

100% of DSP Tariff*
Paid from Risk Pool
R950 per beneficiary every 24 months
No claim for spectacles if contact lenses purchased
Subject to clinical protocol

Frames/Lens

100% of DSP Tariff*
Paid from Risk Pool
R548 per Frame
No benefit per frame if contact lenses are purchased
One claim per beneficiary every 24 months

Eye Tests: In Network

100% of DSP Tariff*
Paid from Risk Pool
One comprehensive consultation per beneficiary every 24 months

ALL OPTICAL BENEFITS: Contact the Scheme's preferred provider network for availability and locality of network optometrists

Benefits applicable to members who utilise the Scheme's preferred provider network optometrists only

OUT OF HOSPITAL BENEFITS (continued)

Dental Benefit

Conservative Dentistry (Dentist and Dental Therapist)

Conscious sedation: Extensive dental treatment (more than 4 fillings or extractions) subject to dental treatment protocols and pre-authorisation

100% of Scheme Tariff*

Paid from Risk Pool

Consultations, Fillings, Extractions, Two (2) root canal treatments per family per annum

Preventative scale and polish

Fluoride treatment limited to beneficiaries below the age of 12 years

Conscious sedation for children up to the age of 12 years

Root Canal treatment included in conservative dentistry

X-rays (limited to intra-oral)

Dental protocols apply and pre-authorisation required for extensive treatment plans

Quantity Limitations Apply

Contracted Network Provider Only

Advanced Dentistry

Non-PMB's Paid from MSA*

All clinically valid specialised dental treatment covered from MSA* including **1** set of Acrylic (plastic) denture per beneficiary every **4** years.

Cover available for realigning and repairing every **12** months Including Repairs of Dentures

Subject to PMB conditions only

Maxillo-Facial and Oral, Including Dental Surgery

(Consultations, surgical procedures and operations)

Subject to PMB conditions only

Auxiliary Benefit

Alternative Services

Homeopathy, naturopathy, chiropractor and podiatry

100% of Scheme Tariff*

Non-PMB's paid from MSA*

Appropriate referral by GP/Specialist, failing to do so will result in no payment

Subject to PMB's and Protocols

Remedial and Other Therapies

Audiology, speech therapy, dieticians, hearing aid acousticians, occupational therapy, orthotics, social workers and speech therapy

100% of Scheme Tariff*

Subject to PMB conditions and clinical protocols

Non-PMB's paid from MSA*

Appropriate referral by GP/Specialist

Physiotherapy Out Of Hospital

Biokinetics & physiotherapy

100% of Scheme Tariff*

Subject to PMB conditions and clinical protocols

Non-PMB's paid from MSA*

Cardiac and Respiratory conditions:

Subject to provision of treatment plan and therapy goals

Treatment for Back pain:

Subject to treatment plan for back pain

Appliances

Hearing aids, wheelchairs, calipers, etc.

Subject to pre-authorisation

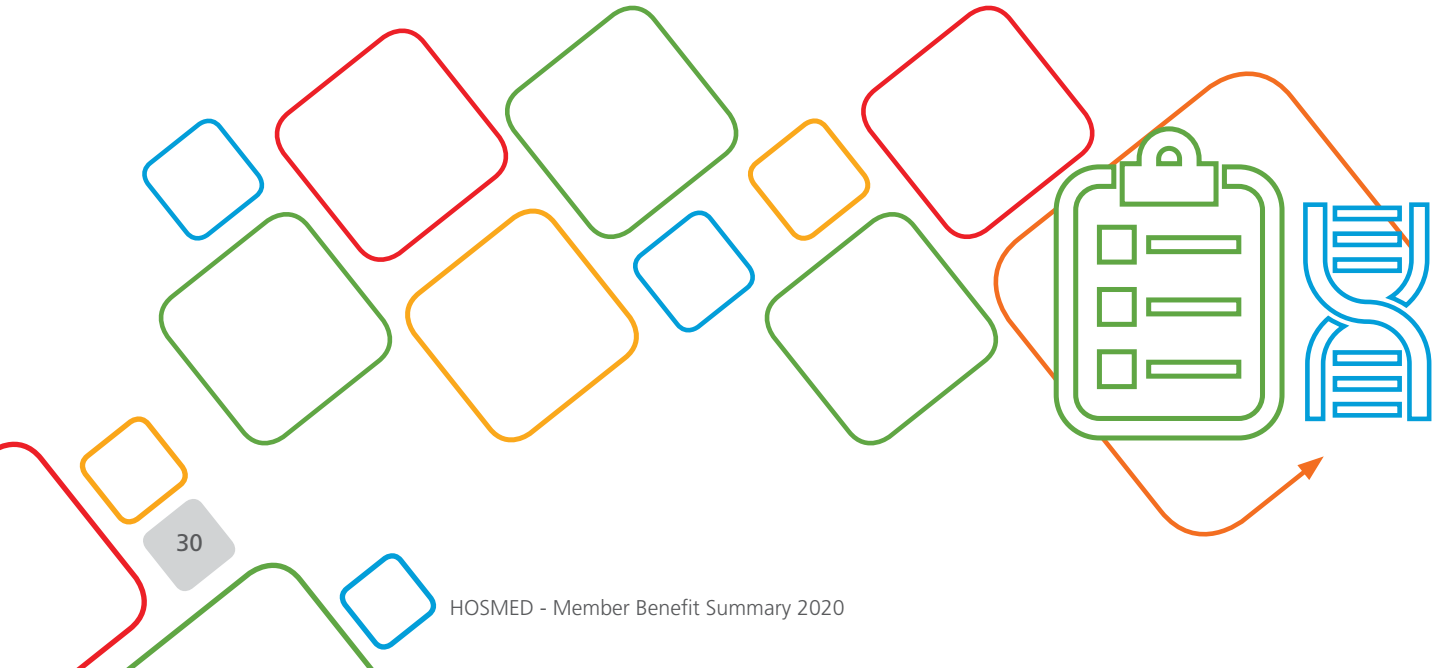
100% of Negotiated Tariff*

Limited to **R6 526** per family per annum

Paid from Risk Pool subject to sub limit

In & Out of Hospital – PMB's only

- Blood Pressure Monitors Subject to a sub-limit of **R550** for beneficiaries registered for Hypertension



OUT OF HOSPITAL BENEFITS (continued)

Other Benefits

Air/Road Ambulance and Emergency Services

24-hour access to call centre, including telephonic nurse advice line

100% of Scheme Tariff*

The Schemes preferred provider must be contacted should you require an Ambulance – failure to adhere to this could result in you being held liable for costs incurred

Emergency: Subject to pre-authorisation within 72 hours after the emergency

Inter-hospital transfers must be done by preferred provider only

- Emergency response by road or air to scene of incident and transfer from scene, to closest, most appropriate facility
- Escort return of stranded minors can be arranged

Non-emergency: Subject to pre-authorisation beforehand

- Facilitation of medically justified inter-facility transfers
- Medical repatriation

Psychology and Psychiatry Treatment

Subject to PMB's and referral from GP or Specialist, failure to do so will result in no payment

Subject to confirmed diagnosis, treatment plan and managed care protocols

100% of Scheme Tariff*

Subject to PMB conditions only

Non-PMB's paid from MSA*

Infertility

100% of Scheme Tariff*

Subject to PMB conditions only

*Non-PMB's paid from MSA**

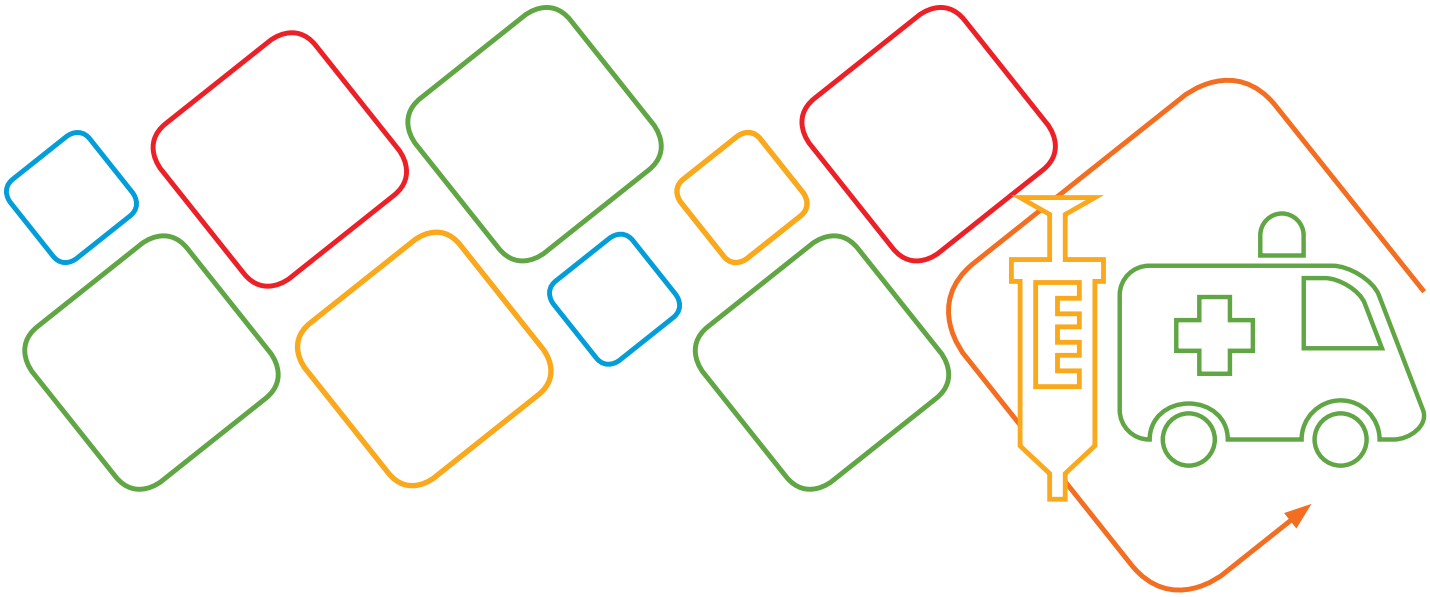
Hospice and Private Nursing

Subject to PMB conditions only

Subject to PMBs, pre-authorisation and protocols

100% of Negotiated Tariff*

Non-PMB's paid from MSA*



IN HOSPITAL BENEFITS

Exclusive DSP: Netcare Hospital Group*

Subject to pre-authorisation, clinical protocols, formulary and **PMB conditions ONLY***

Visit the network portal on www.hosmed.co.za to locate the nearest Hospital in your area

Note: All admissions to hospitals and services listed below must be pre-authorised by the Scheme/preferred provider or within 48 hours in the case of an emergency

Failure to comply with this rule will result in a levy of R1 000 per admissions. Please note that treatment protocols apply

Failure to comply utilising a DSP provider will result in a 10% co-payment per admission, except for emergency admissions*

Limited collectively and subject to authorisation

Private Hospitals

Subject to 100% of DSP Tariff* and clinical protocols

Limited to PMB conditions only

- Unlimited benefits for PMB conditions subject to pre-authorisation and use of a Designated Service Provider (DSP*) hospital network and prevailing clinical protocols and formulary*
- Failure to comply utilising a DSP* provider will result in a **10% co-payment*** per admission except for emergency admissions

Accommodation, Theatre Fees, Medicines, Intensive Care

100% of Scheme Tariff*

TTO benefit for **7** days

*Subject to formulary**

Limited to PMB conditions only

Surgical Procedures Including GP and Specialist Consultations

100% of Scheme Tariff*

Limited to PMB conditions only

Diagnostic Investigations

e.g. radiology, pathology, MRI/PET/CAT scans etc.

100% of Scheme Tariff*

Subject to Clinical protocols and PMB's

Limited to PMB conditions only

Combined limited of **R6 177** per beneficiary per annum

Pathology and Radiology: Network Provider Only. Limited to PMB conditions only

Specialised Radiology:

MRI/PET/CT Scans Limited to 2 per beneficiary per annum for In and Out Hospital

Limited to PMB conditions only

Blood Transfusions

100% of Scheme Tariff*

Subject to PMB conditions only

Oncology

100% of DSP Tariff*

Limited to PMB conditions only and subject to DSP ICON* Standard protocols*

Treatment subject to designated service provider guidelines and pre-authorisation

Psychiatric Treatment Including Clinical Psychology

All treatment in hospital, including accommodation, medicines, materials, procedures, consultations, and psychiatry/psychology therapy sessions

100% of Scheme Tariff*

Limited to PMB conditions only

Subject to **21** Days per beneficiary or up to **15** out-patient contacts per annum

Subject to PMB's, managed care protocols and pre-authorisation by the Scheme

Drug and Alcohol Rehabilitation

100% of Scheme Tariff*

Limited to PMB conditions only

Limited to **R12 353** per family per annum

PMB based on clinical protocols

Organ Transplants

Subject to PMB's and Pre-Authorisation

Limited to PMB conditions only

100% of Scheme Tariff*

PMB based on Department of Health Protocols

Dental Hospitalisation

100% of Scheme Tariff*

Limited to PMB conditions only

Subject to pre-authorisation

Renal Dialysis

Subject to PMB's and to pre-authorisation

Limited to PMB conditions only

100% of Negotiated Tariff*

Unlimited benefits for PMB admissions and PMB level of Care.

*Subject to Treatment Protocols and formulary**

Sterilisation/Vasectomy

100% of Scheme Tariff*

Limited to PMB conditions only

Refer to page 41 for the Scheme Exclusion List

IN HOSPITAL BENEFITS (continued)

No overall annual limit
Subject to sub-limits not being exceeded

Internal and External Prosthesis

100% of Negotiated Tariff*

Limited to **R19 641** per family per annum

Sub-Limits:

Back Surgery/Spinal Procedures
Limited to PMB conditions only

Joint Replacement
(Hip, knee, shoulder and ankle)
Excluded unless PMB. Prosthesis limited to equivalent available in the state

Aphakic Lenses
Subject to PMB

Cardiac Stents
Subject to PMB only. *Maximum of 3 stents as per public hospital protocols for STEMI. No benefit for unstable angina or NSTEMI unless there is evidence of failed conservative medical treatment. Subject to overall prosthesis limit and PMB protocols*

- Implantable Cardioverter Defibrillator (ICD); Subject to Scheme protocol and PMB for primary and secondary prevention
- Cardiac Resynchronization Therapy (CRT) with Pacing Capabilities (CRT-D); Subject to Scheme protocol and PMB

Unlisted Prosthesis
Artificial Limbs and external prostheses including artificial eyes
Maximum **R9 323** subject to overall prosthesis limit
Subject to overall prosthesis limit

Physiotherapy & Biokinetics

100% of Scheme Tariff*
Subject to PMB's, treating doctor referral and ***pre-authorisation*** *by the auxiliary service provider during the admission period*
Limited to PMB conditions only

Dietician & Occupational Therapy

100% of Scheme Tariff*
Subject to PMB's, treating doctor referral and pre-authorisation by the auxiliary service provider during the admission period
Limited to PMB conditions only

Step Down Facilities

In lieu of hospitalisation

100% of Negotiated Tariff*
Limited to PMB conditions only

Private Nursing

In lieu of hospitalisation

100% of Negotiated Tariff*
Limited to PMB conditions only

Rehabilitation Facilities

100% of Negotiated Tariff*
Limited to PMB conditions only

Circumcision

In and out of hospital

100% of Scheme Tariff*
Limited to PMB conditions only

Hyperbaric Oxygen Therapy

100% of Negotiated Tariff*
Limited to PMB conditions only as per public hospital protocols

Negative Pressure Wound Therapy

100% of Negotiated Tariff*
Limited to PMB conditions only

Medication for Age Related Macular Degeneration

Limited to PMB conditions only

Back Surgery

Limited to PMB conditions only

Back surgery is subject to conservative back treatment

Exclusions for Hospital Admissions & Treatment

Refer to Scheme Exclusion list

Day Hospital Procedures

Procedures to be done at Designated Service Provider (DSP*) hospital network
Subject to pre-authorisation
*Subject to Scheme Tariff**

Subject to PMB conditions only:

1. Biopsy
2. Breast Biopsy
3. Cataract
4. Colonoscopy
5. Cone Biopsy/ Colposcopy
6. Cystoscopy
7. ERCP
8. Excision of Extensive Skin lesions /Repair/Skin Graft
9. Gastroscopy or Colonoscopy or Oesophagoscopy
10. Haemorrhoidectomy
11. Hysteroscopy, D&C, Minor Gynaecological Procedures
12. Grommets
13. Repair of Wounds
14. Termination of Pregnancy
15. Umbilical and Inguinal Hernia

Refer to page 41 for the Scheme Exclusion List

OUT OF HOSPITAL BENEFITS

Consultation and Diagnostic Benefits

Consultations

Including General Practitioners, Specialist and Outpatient Facilities

100% of DSP Tariff*
Unlimited visits & acute medication from any GP within the DSP* Network at 100% of DSP* Tariff*

Specialist Consultations:

100% of Scheme Tariff*
Limited to **3** Visits per family per annum only on referral from DSP* GP.
Subject to pre-authorisation
Limited to PMB conditions only

provider network

Diagnostic Investigations

Subject to PMBs and protocols

Pathology:
Limited to **R863** per beneficiary per annum
Network Provider Only
Limited to PMB conditions only

Radiology:
Limited to **R863** per beneficiary per annum
Referral by Network Provider Only
Limited to PMB conditions only

Specialised Radiology:

MRI/PET/CT Scans
Limited to **2** scans per beneficiary per annum
Subject to pre-authorisation
Referral by Network Provider only
Limited to PMB conditions only

Medicines and Injection Material

Acute Medicines

Including material

100% of Reference Price*
DSP* GP
Unlimited Acute medication dispensed by the DSP* GP
Subject to Medicine formulary and Protocols, Including Materials.*
Homeopathic Medication excluded

Acute Medication Obtained from Pharmacy:
R1 266 per beneficiary limited to **R3 534** per family per annum

Pharmacy Advised Treatment (PAT)

Over the counter medication

100% of Reference Price*
Limited to **R646** per family per annum
Maximum **R95** per script
Consultation with Pharmacist, restricted to Schedule 0, 1 and 2 medicines
PAT subject to acute benefit limit

Contraceptive Benefit

100% of Reference Price*
Limited to **R64** per beneficiary per month, subject to **R767** per family per annum. Subject to oral and injectable contraceptives only
*Subject to the contraceptive formulary**

Chronic Medication

Subject to registration, pre-authorisation, treatment protocols and medicine formulary with the Scheme's preferred provider (DSP*) GP*

PMB Chronic Disease List Medicines

100% of Reference Price Cost Unlimited
Provider Network Only

Refer to HOW TO GUIDE on page 36 for more information

Optical Benefit

Spectacle Lenses: In Network

100% of DSP Tariff*
R185 per lens – clear single vision, or
R420 per lens – clear bifocal vision, or
R420 per lens – base multifocal
No Benefit for Fixed Tints
No benefit for contact lenses if spectacles purchased
Limited to one pair of spectacles per beneficiary every 24 months

Contact Lenses: In Network

100% of DSP Tariff*
R615 per beneficiary every 24 months
No benefit for spectacles if contact lenses purchased
Provider Network Only
Subject to clinical protocol

Frames/Lens

100% of DSP Tariff*
R300 per beneficiary
No benefit per frame if contact lenses are purchased
One claim per beneficiary every 24 months

Eye Tests: In Network

100% of DSP Tariff*
One comprehensive consultation per beneficiary every 24 months

ALL OPTICAL BENEFITS: Contact the Scheme's preferred provider network for availability and locality of network optometrists

Benefits applicable to members who utilise the Scheme's preferred provider network optometrists only

OUT OF HOSPITAL BENEFITS (continued)

Dental Benefit

Conservative Dentistry (Dentist and Dental Therapist)

Conscious sedation: Extensive dental treatment (more than 4 fillings or extractions) subject to dental treatment protocols and pre-authorisation

100% of Scheme Tariff*

Consultations, Fillings, Extractions

Preventative scale and polish

Fluoride treatment limited to beneficiaries below the age of 12 years

Conscious sedation for children up to the age of 12 years

Root Canal treatment included in conservative dentistry

X-rays (limited to intra-oral)

Dental protocols apply and pre-authorisation required for extensive treatment plans

Quantity Limitations Apply

Contracted Network Provider Only

Advanced Dentistry

Limited to PMB conditions only

Acrylic (Plastic) Dentures

1 set of Acrylic/plastic dentures per beneficiary every **4** years. Cover available for realigning and repairing every **12** months

Including Repairs of Dentures

Maxillo-Facial and Oral, Including Dental Surgery

(Consultations, surgical procedures and operations)

Limited to PMB conditions only

Auxiliary Benefit

Remedial and Other Therapies

Audiology, speech therapy, dieticians, hearing aid acousticians, occupational therapy, orthotics, social workers and speech therapy

Limited to PMB conditions only

Physiotherapy Out Of Hospital

Biokinetics & physiotherapy

Limited to PMB conditions only and clinical protocols

Cardiac and Respiratory conditions:

Subject to provision of treatment plan and therapy goals. Maximum of **6** sessions per beneficiary, thereafter subject to progress report and evidence of response.

Treatment for Back pain:

Subject to treatment plan for back pain

Appliances

Hearing aids, wheelchairs, calipers, etc.

Subject to pre-authorisation

100% of Negotiated Tariff*

Limited to **R2 914** per family per annum

In and Out of Hospital

Limited to PMB conditions only

- Blood Pressure Monitors Subject to a sub-limit of **R550** for beneficiaries registered for Hypertension

Other Benefits

Air/Road Ambulance and Emergency Services

24-hour access to call centre, including telephonic nurse advice line

100% of Scheme Tariff*

The Schemes preferred provider must be contacted should you require an Ambulance – failure to adhere to this could result in you being held liable for costs incurred

Emergency: Subject to pre-authorisation within 72 hours after the emergency.

Inter-hospital transfers must be done by preferred provider only.

- Emergency response by road or air to scene of incident and transfer from scene, to closest, most appropriate facility
- Escort return of stranded minors can be arranged

Non-emergency: Subject to pre-authorisation beforehand

- Facilitation of medically justified inter-facility transfers
- Medical repatriation

Psychology and Psychiatry Treatment

Limited to PMB conditions only

Infertility

Limited to PMB conditions only at State/Public Facilities

Hospice and Private Nursing

Subject to PMBs, pre-authorisation and protocols

100% of Negotiated Tariff*

Limited to PMB conditions only

HOW TO GUIDE

General Administration

Hosmed Call Centre: 0860 00 00 48
General Enquiries: enquiries@hosmed.co.za
Membership Enquiries: membership@hosmed.co.za
Membership Cards: cards@hosmed.co.za
New Claim Submissions: newclaims@hosmed.co.za
Query Claim Submissions: claims@hosmed.co.za
Financial Enquiries: finance@hosmed.co.za
Complaints: complaints@hosmed.co.za

What if my details change?

You must notify the Scheme within 30 days of any changes and updates. You can send an email to **membership@hosmed.co.za**. In the case of the following changes, we have listed the documents required to enable us to make the necessary changes:

- A change in banking details: A letter from member to request update/ change of bank details as well as three months' bank statements signed by member or bank approved letter is required
- A change in marital status: Copy of the marriage certificate or divorce letter
- The birth of an infant or adoption of a child: Copy of Birth Certificate/ adoption order from court and completed application form
- Death: Copy of Death Certificate
- Your dependant becoming a student/independent/self-supporting/ married: Student proof, proof of income and affidavit to be submitted
- A dependant becoming a member of another medical scheme: Membership Certificate
- Change of address, or location: No documents needed
- Change of income: Proof of income to be submitted
- Termination of membership: Request must be signed by Human Capital, where applicable.

This allows the Scheme to confirm benefits, authorisations and payment of claims accordingly. Should the Scheme not receive notification within 30 days of the event, the changes will only be applied on the date of notification and no contributions will be backdated or refunded.

How do I request a membership card?

You can send an email to **cards@hosmed.co.za,** or alternatively you can contact the Hosmed Call Centre.

How do I request a tax certificate?

You can send an email to **finance@hosmed.co.za,** or alternatively you can contact the Hosmed Contact Centre.

How do I query my contributions?

You can send an email to **finance@hosmed.co.za** to query any of the following, alternatively you can contact the Hosmed Call Centre on 0860 00 00 48:

- Contribution balances
- Contribution subsidies
- Payment arrangements.

Claiming made easy

What must I do if I have a claim?

No claim form is required. You can simply scan and e-mail your claims to **newclaims@hosmed.co.za**

Simply sign all original accounts, invoices and prescriptions and submit them directly to Hosmed Medical Scheme (Claims). Remember to keep a copy for your records.

Kindly note that faxed claims or claims submitted as scanned documents will only be processed if legible and received within the four-month claiming period.

Before submitting your claim, check that the following information appears on the account:

- The name of the Scheme and Plan, e.g. **Access** or **Essential** Plan
- Your membership number
- Surname and initials of member
- The patient's first name(s) and date of birth as it appears on your membership card
- ICD-10 code and if applicable CPT codes
- The date of service
- Valid provider practice number
- Valid attending provider practice number
- Tariff code(s)
- Quantities.

In the case of accounts from a service provider, such as a doctor or pharmacy, the name and practice number, as well as the chargeable code, should appear on the account. If any of the above information does not appear on the account, this will lead to a delay in the processing of your account.

1. Check that the account details are correct and that you have been charged the correct amount.
2. If you have already paid the account, write "Account Paid" clearly on the account and attach the receipt or scan the receipt with the claim you submit.
3. Sign the original account and keep a copy for your records.
4. Submit your claim to Hosmed via internal mail, post, email (see below).
5. Hosmed Medical Scheme (Claims) undertakes to settle the account within 30 days of receipt, and any money owing to you will be paid directly into your bank account, as recorded by the Scheme via Electronic Scheme Transfer.

Where do I submit my claim?

No claim form is required. You can simply scan and e-mail your new claims for services received in 2019 to **newclaims@hosmed.co.za**

Claims for services received in 2018 must be scanned and e-mailed to **claims@ hosmed.co.za**

Alternatively, you can post your account to:
Hosmed Medical Scheme
PO Box 16148
Doornfontein, 2028

How much time do I have to submit my claim?

You must submit your claim as soon as possible after receiving the service. If your claim is received later than four months after the date of service, your claim will be stale and your account will not be paid by the Scheme. The account must be submitted before the end of the fourth month from the last date of the service rendered, as stated on the account. For example, if you visit the dentist on 20 April, you must submit your claim for that service before or on 31 August, i.e. before the last day of the fourth month following the date of service.

If the Scheme changes any of the benefits offered, claims submitted after these changes will be paid according to the Rules that existed at the date of the service and not the Rules that exist at the date when the claims are submitted or received.

How do electronic claims work?

The majority of service providers submit claims electronically to the Hosmed Medical Scheme. They are then paid directly, which means that you do not have to submit the account. If your service provider uses this facility, ask them for a copy of the claim for your records and check that the services and amounts charged are correct.

You do not have to submit a copy to the Hosmed Medical Scheme, unless you notice on your member statement that the claim has not been processed three months after the date of service. Remember, it is your responsibility to ensure that your claims have been submitted within the regulated time, by either checking your member statements or visiting the website regularly.

How is member debt created and recovered?

Employees

Member debt may be created if a claim is reversed or reworked. If you have member debt, you will be required to pay the outstanding amount directly to the Scheme within a defined time period.

Members receive their savings benefits from the Scheme in advance. If you use your full upfront savings credit and you terminate your membership during the benefit year, member debt will be created. This needs to be paid back to the Scheme within 30 days of the termination date. All recoveries will be made via payroll.

Pensioners

All member debt will be reflected on your monthly statement. Pensioners must pay outstanding balances directly into the Scheme's bank account.

Whom should I contact if I have any queries, including queries for processed claims?

Queries may be submitted via email at the following email address **enquiries@hosmed.co.za** or you could contact the Hosmed Contact Centre on 0860 00 00 48.

Whom should I contact if I have a complaint about an unresolved query?

Should you not be satisfied with the outcome of a query and would like to escalate the matter, kindly refer to the escalation processes below:

Level 1 Complaints team
complaints@hosmed.co.za
0860 00 00 48

If you are not satisfied, go to level 2.

Level 2 Nelisiwe Kunene (Team Leader: Complaints)
nelisiweku@medscheme.co.za
(011) 671 6915

If you are still not satisfied, go to level 3.

Level 3 Nahshon Thotharam (Line Manager: Operations)
nahshont@medscheme.co.za
(011) 671 6904

If you are still not satisfied, go to level 4.

Level 4 Yvette Coetsee (Senior Manager: Operations)
yvetteco@medscheme.co.za
(011) 671 4100

What should I do if I suspect fraudulent activity against the Scheme?

Help us protect your money

We at Hosmed are passionate about protecting your member funds from over-charging or false claiming by healthcare service providers.

Fraudulent, wasteful and abusive practices in healthcare costs the medical scheme industry billions of rand each year and contributes to the high contribution increases experienced by members.

Here are some ways to protect yourself from healthcare fraud and help keep costs down for everyone:

- Read and understand your medical scheme rules so that you know what and who is covered by your benefits, and the exceptions
- When visiting a doctor, ask questions about the services you receive. Are they necessary? Are they a luxury? Is the same service more affordable elsewhere?
- Protect your medical aid card. Keep it away from thieves and do not share it with anyone else that is not a paying beneficiary
- Scrutinise your doctor's receipts and medical bills. Understand each item listed on your bill to confirm that those services were actually performed
- If you have co-payments, always ask for a receipt and check it before you leave the provider's office for accuracy. Save it as your proof of payment should a question arise at a later time
- Question any charges that exceed your co-payment*
- And finally, always notify Hosmed immediately if you suspect abuse, waste and fraud or any suspicious activity.

Any suspicious activity can be reported anonymously through our Whistleblower Hotline: 0800 112 811

Help us fight fraud, thereby ensuring that more money is available to those who really need it.

Medication Benefit Management

Hosmed Call Centre:	0860 00 00 48
General Enquiries:	enquiries@hosmed.co.za
Membership Enquiries:	membership@hosmed.co.za
Membership Cards:	cards@hosmed.co.za
New Claim Submissions:	newclaims@hosmed.co.za
Query Claim Submissions:	claims@hosmed.co.za
Financial Enquiries:	finance@hosmed.co.za
Complaints:	complaints@hosmed.co.za

Pharmacy Advised Therapy (PAT)

- Applicable to Schedule 0, 1 and 2 over-the-counter medicines
- Limited to a maximum of 1 script every 3 days
- PAT limits per Scheme option apply (claiming above the daily limit will incur co-payment*)
- PAT limit is a sublimit of the acute limit
- Subject to quantity limits and exclusions
- Generic Reference Price* applicable

Access and Essential

- PAT formulary* applies

Acute Medication

Value, Value Core, Plus and Access

- Subject to medicine formularies and Exclusion List
- Limits per plan option apply
- Generic Reference Price* applicable

Essential

- Acute claims must be prescribed by a DSP* GP doctor, otherwise the claim will reject (Essential Option)
- Acute formulary* limits apply

Chronic Medication

How to register

Registration and authorisation can be requested telephonically (preferred method), via fax or email. Medscheme Chronic Line may require additional information from your doctor or pharmacist. Based on the condition and information provided, your chronic condition may be registered and the appropriate medicines will be authorised.

You will also be informed if you are liable to pay any co-payment/s*, or if the medicines are not covered on your medical scheme option.

How to avoid co-payments

- Use pharmacies that are in the Hosmed preferred provider network
- Make sure that you and your doctor know which medicines are listed on the chronic formulary* specific to your option and chronic condition
- Ask your pharmacist to dispense generic medicine that costs as much or less than the Reference Price* for the prescribed formulary* medicine

Types of formularies

One of the mechanisms used to manage financial risk is the application of medicine formularies. A formulary* is a list of cost effective and accessible medicines that the Scheme is prepared to make available to members for the treatment of a specific condition. The formularies differ on the various Scheme options. All the Hosmed formularies comply with the PMB treatment guidelines provided by the CMS. The applicable formularies provide a number of treatment options, from which your doctor can select to treat your condition.

DSPs

Please Note: Approved chronic, PMB, HIV, oncology and organ transplant medication may only be dispensed by providers in the Hosmed Network.

Other chronic conditions

In addition to the chronic conditions covered under the Chronic Disease List (CDL), members qualify for other chronic conditions (per option), as listed below, provided clinical criteria are met:

Plus		Value and Value Core		Access and Essential
Non-CDL PMB†	**Chronic**	**Non-CDL PMB†**	**Chronic**	**Non-CDL PMB†**
	Attention deficit hyperactivity disorder (ADHD)		Attention deficit hyperactivity disorder (ADHD)	
	Allergic rhinitis		Allergic rhinitis	
Aplastic anaemia		Aplastic anaemia		Aplastic anaemia
Benign prostatic hyperplasia (BPH)		Benign prostatic hyperplasia (BPH)		Benign prostatic hyperplasia (BPH)
Cardiac arrythmia		Cardiac arrythmia		Cardiac arrythmia
Cushing disease		Cushing disease		Cushing disease
	Cystic fibrosis		Cystic fibrosis	
	Depression		Depression	
Endometriosis		Endometriosis		Endometriosis
	Gastro-oesophageal reflux disease (GORD)			
Glomerular disease		Glomerular disease		Glomerular disease
	Gout		Gout	
Hyperthyroidism		Hyperthyroidism		Hyperthyroidism
Hypoparathyroidism		Hypoparathyroidism		Hypoparathyroidism
Menopause/hormone replacement therapy (HRT)		Menopause/hormone replacement therapy (HRT)†		Menopause/hormone replacement therapy (HRT)
	Motor neuron disease			
	Obsessive compulsive disorder			
	Osteoarthritis		Osteoarthritis	
	Osteoporosis		Osteoporosis	
	Paget disease		Paget disease	
Pancarditis		Pancarditis		Pancarditis
Paraplegia		Paraplegia		Paraplegia
Pemphigus		Pemphigus		Pemphigus
Pituitary microadenomas		Pituitary microadenomas		Pituitary microadenomas
Polycystic ovarian disease		Polycystic ovarian disease		Polycystic ovarian disease
	Psoriasis		Psoriasis	
Pulmonary hypertension		Pulmonary hypertension		Pulmonary hypertension
	Pulmonary interstitial fibrosis			
Quadriplegia		Quadriplegia		Quadriplegia
Stroke (cerebrovascular accident)		Stroke (cerebrovascular accident)		Stroke (cerebrovascular accident)
Thromboangitis obliterans		Thromboangitis obliterans†		Thromboangitis obliterans
Thrombocytopenic purpura		Thrombocytopenic purpura		Thrombocytopenic purpura
Tuberculosis		Tuberculosis		Tuberculosis
Valvular heart disease		Valvular heart disease		Valvular heart disease
Venous thromboembolism		Venous thromboembolism		Venous thromboembolism
Vitreoretinal disorders		Vitreoretinal disorders		Vitreoretinal disorders

†Non-CDL PMB conditions may be considered for PMB entitlement in terms of the diagnosis and treatment pairs as stipulated in Annexure A to the Regulations of the Medical Schemes Act of 1998

Dental Benefit Management

General Enquiries: hosmedenquiries@dentalrisk.com
Pre-Authorisation: auth@dentalrisk.com
Claims Enquiries: claims@dentalrisk.com
Website: www.dentalrisk.com

Finding a Network Provider

Contact the Hosmed Call Centre and select option 4 for dental enquiries and this will take you to Hosmed's contracted dental provider Dental Risk Company (DRC). An agent there will gladly assist you in finding a provider in your area.

Or if you have access to internet go to www.hosmed.co.za in the middle of the home page in orange is a block called "Provider network portals" click on this and then click on the DRC logo. In the block shown below type the town, or suburb or city name you want to search and click on the search button and any provider in these areas will be displayed along with their contact details.

How to Submit Dental Claims

Dental providers and especially contracted providers will submit claims on your behalf. In the unlikely event that you need to pay an account and submit it you can either ask the accounts department of the provider to email it or you can email it to **claims@dentalrisk.com** or fax to **086 687 1285** please make sure your proof of payment is attached so that we can reimburse you directly and not the provider.

How to Submit Authorisations/Motivations

All contracted providers will submit this on your behalf. Should you not visit a contracted provider and you require specialised treatment or multiple fillings the provider needs to provide you with a full quotation and this can be emailed to **auth@dentalrisk.com** or faxed to **086 687 1285**. Please note we require full membership details on the quotation and an authorisation may take 2–3 working days. The time period is due to the fact that we may require further information from the provider but we will contact them and the member in such cases.

Which Advanced Dentistry Needs to be Authorised

For dentistry it is important to note that any dentistry performed in theatre or any advanced dentistry or dentistry that is payable from your advanced benefit must be pre-authorised prior to you receiving the treatment. This is in the member's best interest as the member will also receive an authorisation letter stating what is covered and what is not so you will know upfront, what if any, is your financial responsibility. Also keep in mind that extensive basic dentistry (more than 4 fillings) needs to be authorised.

Optical Benefit Management

PPN Call Centre: 0861 103 529
Claims submissions: mailroom@ppn.co.za / claims@ppn.co.za
Claim queries: info@ppn.co.za
Website: www.ppn.co.za

Hosmed has partnered with Preferred Provider Negotiators (PPN) for the administration of all optical related claims and queries. PPN has over 21 years of experience in the optical environment:

PPN Network Providers

- The PPN network of providers accounts for over 97% of all registered optometrists in South Africa.
- To find a PPN provider near you, logon to the PPN website **www.ppn.co.za**

Why Visit a PPN Provider

- The PPN providers charge the PPN tariff pricing that is up to 72% lower than the industry standard pricing as charged by a Non-PPN provider with no compromise on the quality of product.
- PPN provider stock a range of PPN frames, enabling Hosmed members to use their remaining frame benefit towards lens enhancements, i.e. hard coating, tints, etc *(not applicable to Essential Option)*.

Benefit Confirmations

- Providers are able to confirm benefit via the PPN web-based system.
- Members are able to view their benefit entitlement via a secure login process on the PPN website **www.ppn.co.za**
- Members and providers can also contact the PPN Call Centre **0861 103 529**

Claims Submissions

- Providers are able to submit claims via the PPN-web based system called Optimum.
- Members and provider can submit paper claims to **info@ppn.co.za** or **mailroom@ppn.co.za**

PPN Website

The PPN website has been designed to focus on the requirements of the member. It is fully mobile friendly and members can access it 24 hours a day. The PPN website provides:

- A dashboard to members where they can log on, view their live benefit entitlement, their claim history, print remittances and tax certificates
- Members can also upload a photo and try on a PPN frame and/or request to try it on at a specific practice
- The optical benefits are also loaded per option and members can do a spectacle cost quotation online for their spectacles which will empower them more when they visit their optometrist.

Fraud Containment

- PPN and Hosmed are committed to eradicating fraud within the optical claims environment. To this end, PPN has pioneered a number of provider fraud initiatives. Members can call the PPN Fraud Hotline on **0861 103 529** and report any fraudulent activities to which PPN will react and investigate immediately.

Types of fraud escalated include:

- Replacing sunglasses for an optical claim
- Service and materials not rendered
- Card swopping.

Hospital Benefit Management

Hospital Pre-authorisation: preauth@HosmedAuth.co.za
Oncology Programme: oncology@HosmedAuth.co.za
Website: www.pha.co.za

Pre-authorisation

For Hosmed to allocate benefits correctly and appropriately for a relevant healthcare service from your risk benefits, you need to obtain a pre-authorisation for the following:

- A planned or elective admission to hospital for a surgical treatment (operation)
- Expensive investigations done in or out of hospital, e.g. MRI/CT scans, radio-isotope studies, etc.
- Outpatient parenteral antibiotic therapy (OPAT) and/or expensive medications administered intravenously (given via a drip) on an outpatient basis
- Emergency admission to hospital due to a medical or sickness condition or injuries sustained as a result of motor vehicle accident (MVA) or any other causes subject to the rules of the Scheme

All auxiliary services, including physiotherapy, biokinetics, dietician and occupational therapy services rendered during hospitalisation needs to be pre-authorised. The cost of auxiliary services not specifically pre-authourised during hospital admission, will be declined from Scheme benefits.

When do you Have to Apply for Benefits or Request Pre-authorisation?

- Immediately when your doctor informs you of his/her intention to admit you or your family member who is on your medical aid, to a hospital or to have a surgical procedure/s (operation) done in or out of hospital.
- Notify Hosmed at least 48 hours or 2 days before the planned admission.
- In case of an emergency admission, you must notify Hosmed within 24 hours by calling the Call Centre.

How to Apply for Pre-authorisation?

- You or your service provider can obtain pre-authorisation by calling the Pre-authorisation Department at **0860 00 00 48**

Alternatively, you can e-mail your request for pre-authorisation to **preauth@HosmedAuth.co.za**

What Information do you Need Before you can Apply for or Request Authorisation?

You need to have the following information handy to facilitate quicker finalisation of your pre-authorisation request:

- Valid Hosmed membership number
- Dependant code
- Patient's full names and date of birth
- Date of admission and date of procedure (operation)
- Name and practice number of the hospital or admission facility
- Name and practice number of the treating doctor and telephone number
- Diagnosis and ICD-10 code (reason for admission to hospital)
- RPL tariff code and CPT code (name of surgical procedure or operation to be performed in hospital).

What Happens if you do not Obtain Pre-authorisation?

Failure to obtain pre-authorisation as required by the rules of the Scheme will result in the following:

- A co-payment* of **R1 000** will apply for a hospital event on all plan options
- Benefits applicable on certain sub-limits may not be appropriately allocated, resulting in you being liable for any shortfall that may arise

What do you Need to do After Being Discharge from Hospital?

- Ensure that the hospital, your treating doctor and all other associated service providers who treated you in hospital submit their claims to Hosmed for payment according to the authorisation and the rules of the Scheme.
- Any claim that reaches Hosmed after 4 months from the date of service will be rendered stale and therefore not payable. You will effectively be liable for payment of such stale claims, unless a valid reason can be provided for a late submission.

GP and Diagnostic Benefit Management for Access and Essential Plans

HealthCare Professional Call Centre:	086 000 00 48 (follow the prompts)
GP Network Enquiries:	GPNetwork@hosmed.co.za
Radiology and Pathology Enquiries:	Diagnostics@hosmed.co.za
Submission of Claims:	Networkclaims@hosmed.co.za
General Enquiries:	enquiries@hosmed.co.za
New Claim Submissions:	newclaims@hosmed.co.za
Query Claim submissions:	claims@hosmed.co.za

Hosmed has contracted Medscheme as an accredited managed care organisation to provide GP network (applicable on the **Essential** Option only), out of hospital pathology and basic radiology benefits on the **Access** and **Essential** Options.

Members who choose the Essential Option are restricted to obtaining their healthcare from a large national network of Hosmed GP network providers. To ensure that all your claims are paid and you are aware of the benefits and rules of this Scheme, we have prepared an easy to use list of frequently asked questions and answers.

What is a GP or DSP*?

A GP is a general practitioner and a DSP* is a designated service provider (Hosmed GP network provider)

Where do I find the Most Recently Updated List of Hosmed Service Providers?

- Contact the Call Centre on **0860 000 048** and follow the prompts
- Visit the website, **www.hosmed.co.za**, click on Provider Network

Do I have to Nominate a General Practitioner?

Members/beneficiaries do not need to nominate a GP, but may only visit GPs who are contracted to the Hosmed GP network (DSP*).

What Happens if I visit a Non-Contracted GP or DSP*?

Should the reason for a visit to a non-contracted provider not meet the definition of an emergency medical condition, there is no cover.

What is Required When I visit a Specialist?

All specialist visits are subject to pre-authorisation. Specialist visits are limited to 3 visits per family per annum only on referral from a Hosmed network GP and limited to PMB conditions.

To obtain an authorisation, contact the Call Centre on **0860 000 048** and follow the prompts.

What is the Hosmed Pathology Process?

Investigations must be referred by a contracted Hosmed GP network provider and are limited to PMB conditions.

Network pathologists are Ampath, Pathcare and Lancet.

What is the Hosmed Radiology Process?

Investigations must be referred by a contracted Hosmed GP network provider and limited to PMB conditions.

There are 3 types of radiology tests, namely:

- Basic radiology (black and white x-rays and soft tissue ultrasounds) tests: All black and white x-rays and soft tissue ultrasounds are covered according to the Option limits
- Advanced radiology tests (MRI/PET and CT scans): Pre-authorisation is required from PHA
- Pregnancy scans: Pre-authorisation is required from PHA – refer to the Bambino Programme.

Air/Road Ambulance and Emergency Services Management

Call Centre:	084 124
Website:	www.er24.co.za

ER24 is the premier private emergency medical care provider in South Africa that has been providing a range of quality emergency response and pre-hospital care services since 2000. It operates from 59 bases throughout South Africa to provide realhelpreal*fast*. Backed by a strong footprint in all major metropolitan areas and towns, it offers extensive support to private and public hospitals throughout the country. It provides a range of international services. Its local and international aeromedical evacuation service provides clinical excellence and cost containment, meeting the needs of our clients.

In 1999 its shareholder, Mediclinic Southern Africa, expanded its operations strategy to establish ER24, an emergency medical services company.

ER24 is a wholly-owned subsidiary of Mediclinic Southern Africa, part of the Remgro Group of companies. Mediclinic International currently has three operating divisions:

- Mediclinic Southern Africa which operates 49 acute care private hospitals and two day clinics throughout South Africa and three hospitals in Namibia; with more than 8 100 inpatient beds in total.
- Hirslanden which operates 17 acute care private hospitals and four primary care outpatient clinics in Switzerland; with more than 1 800 inpatient beds.
- Mediclinic Middle East which operates six acute care private hospitals and 22 clinics in the United Arab Emirates, mainly in Dubai and Abu Dhabi; with more than 700 inpatient beds.

The group also holds a minority interest of 29.9% in Spire Healthcare Group plc, a leading private hospital group in the United Kingdom and also listed on the LSE.

This association with Mediclinic International has assisted ER24 in extending their global footprint.

EXCLUSIONS AND LIMITATIONS OF BENEFITS 2020

1. Prescribed Minimum Benefits

The Scheme will pay in full, without co-payment or use of deductibles, the diagnosis, treatment and care costs of the prescribed minimum benefits as per Regulation 8 of the Act. 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 regulation 15H and 15I of the Act.

2. Limitations and Restrictions of Benefits

2.1. The Scheme may require a second opinion in respect of proposed treatment or medication which may result in a claim for benefits and for that purpose the relevant beneficiary shall consult a dental or medical practitioner nominated by the Scheme and at the cost of the Scheme. The procedure to be followed in obtaining a second opinion is outlined in the relevant Scheme protocol (Protocol Regarding Requests for Second Opinions).

2.2. In cases where a specialist is consulted without the recommendation of a general practitioner, the benefit allowed by the Scheme may, at its discretion, be limited to the amount that would have been paid to the general practitioner for the same service.

2.3. Unless otherwise decided by the Scheme, benefits in respect of medicines obtained on a prescription are limited to one month's supply (or to the nearest unbroken pack) for every such prescription or repeat thereof.

2.4. If the Scheme or its managed healthcare organisation has evidence-based funding guidelines or protocols in respect of covered services and supplies, beneficiaries will only qualify for benefits in respect of those services and supplies with reference to the available funding guidelines and protocols irrespective of clinical guidelines that are not consistent with the scheme protocols and benefits.

2.5. The Scheme reserves the right not to pay for any new technology. Coverage of new technology will be assessed by the Scheme with due consideration given to:

2.5.1. medical necessity;

2.5.2. clinical evidence of its use in clinical medicine including outcome studies;

2.5.3. its cost-effectiveness;

2.5.4. its affordability;

2.5.5. its value relative to existing services or supplies;

2.5.6. its safety.

New technology is defined as any clinical intervention of a novel nature as well as those that the Scheme has not had previous experience with.

2.6. A 10% co-payment will be applied on the following procedure codes:

2.6.1. 1034 - Autogenous nasal bone transplant: Bone removal included;

2.6.2. 1035 - Functional endoscopic sinus surgery: Unilateral;

2.6.3. 1036 - Functional endoscopic sinus surgery: Bilateral;

2.6.4. 1087 - Sub-total reconstruction consisting of any two of the following:

2.6.4.1. Septum plasty, nasal osteotomy, nasal tip reconstruction

2.6.5. 1085 – Total reconstruction of the nose:

2.6.5.1. including reconstruction of nasal septum (septum plasty), nasal pyramid (osteotomy) and nasal tip

2.7. Mirena device Fund according to scheme protocol:

2.7.1. 40 years of age. Not covered if used for contraception. Cover for abnormal uterine bleeding.

2.7.2. Insertion in rooms no co-payment applicable

2.7.3. Insertion in theatre – co-payment R 800.00 even if done in conjunction with another procedure

2.7.4. Mirena device – cost from acute medicine benefit on Plus and Value Option only. Subject to PMB on Access and Essential Option.

2.8. The Scheme reserves the right to impose and apply exclusions and limits to the benefits that will be paid for medicines/procedures/interventions which have been accepted into the practice of clinical medicine through a process of health technology assessment/evaluation;

2.9. Benefits in respect of the cost of emergency medical treatment, as defined in the Medical Schemes Act, whilst abroad, are covered at the applicable Scheme tariff rates and RSA currency; Limited to the benefit entitlement and PMB protocols that would have applied in South Africa.

2.10. Optical Benefits payable as per managed care protocols.

3. Benefits Excluded

General exclusions mentioned in this paragraph are not affected by any specific exclusion. Unless otherwise decided by the Scheme (and with the express exception of medicines or treatment approved and authorised in terms of any relevant managed healthcare programme), expenses incurred in connection with any of the following will not be paid by the Scheme:

3.1. all costs that exceed the annual or biennial maximum allowed for the particular category as set out in Annexure A, for the benefits to which the member is entitled in terms of the rules;

3.2. all costs for operations, medicines, treatments and procedures for cosmetic purposes or for personal reasons;

3.3. if, in the opinion of the medical advisor, the healthcare service in respect of which a claim is made, is not appropriate and necessary for any aspect of the management of the medical condition at an affordable level of service and cost;

3.4. all costs for treatment, if the efficacy and safety of such treatment cannot be proved;

3.5. all costs for services rendered by:

3.5.1. persons not registered with a recognised professional body constituted in terms of an Act of Parliament; or

3.5.2. any institution, nursing home or similar institution, except a state or provincial hospital, not registered in terms of any law;

3.6. abdominoplasties (including the repair of divarication of the abdominal muscles);

3.7. accommodation and services provided in a geriatric hospital, old age home, frail care facility or the like (unless specifically provided for in Annexure A);

3.8. art therapist, aromatherapist, massage therapist, reflexologist, Chinese medicine practitioners, acupuncturist;

3.9. anabolic steroids, immunostimulants (except for immunoglobulins and growth hormones, which are subject to pre-authorisation by the relevant managed healthcare programme);

3.10. ante and postnatal exercises;

3.11. appointments which a beneficiary fails to keep;

3.12. appliances, devices and procedures not scientifically proven or appropriate;

3.13. arch supports including shoe inserts;

3.14. aromatherapy;

3.15. autopsies;

3.16. ayurvedics;

3.17. back rests and chair seats;

3.18. bandages and dressings (except medicated dressings subject to authorisation by the relevant managed healthcare programme);

3.19. beds and mattresses;

3.20. bilateral gynaecomastia in beneficiaries under the age of 18 years (in beneficiaries over 18 years Scheme protocol will apply);

3.21. blepharoplasties; Unless there is documented evidence of visual impairment where the eyelid has covered or has encroached upon the pupil. Where this applies, benefits are limited to the affected eye only;

3.22. breast augmentation;

3.23. breast reconstruction (unless necessitated by pre-authorised surgical mastectomy, traumatic mastectomy or congenital unilateral absence of a breast which is subject to Scheme protocol);

3.24. breast reductions;

3.25. any nasal surgery done by a plastic surgeon unless it is related to a pathological condition or PMB diagnosis;

3.26. colored or cosmetic effect contact lenses, and contact lens accessories and contact lens solutions;

3.27. contraception, (excluding tubal ligation, vasectomy, oral contraception and injectable), IUD's for contraceptive purposes and contraceptive foams;

3.28. cosmetic preparations, emollients, moisturisers, medicated or otherwise, soaps, scrubs and other cleansers, sunscreen and sun tanning preparations, medicated shampoos and conditioners, not including coal tar products and the treatment of lice infestation, scabies and other microbial infections (subject to PMB regulations);

3.29. dental procedures or devices which are not regarded by the relevant managed healthcare programme as clinically essential or clinically desirable; and costs for:

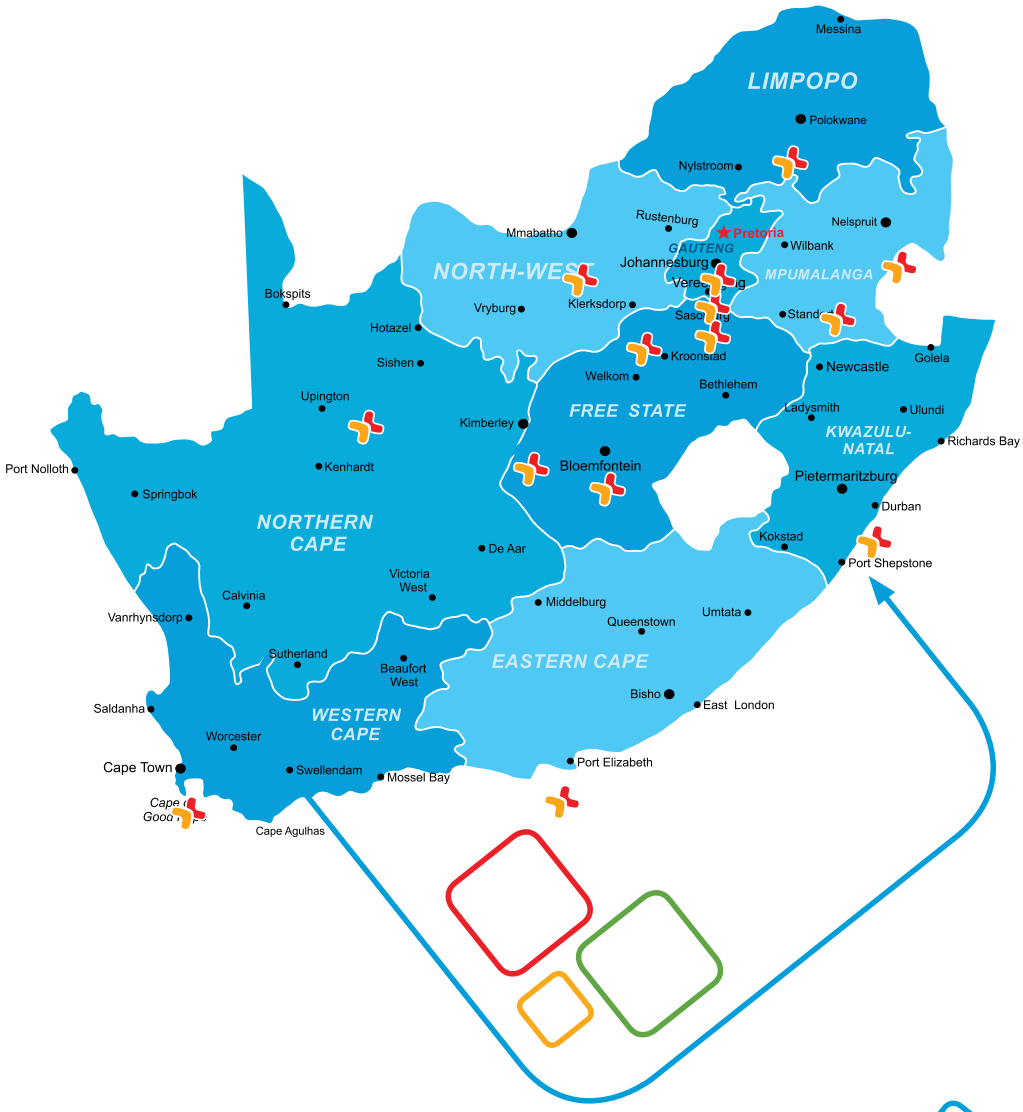
3.29.1. anaesthetics in respect of dental services:
general anaesthetics for dental work except in the case of patients under the age of 7 years and symptomatic bony impaction of third molars and exposures that form part of an Orthodontic treatment plan; conscious sedation is limited to children below 12 years
3.29.2. labial frenectomies in respect of beneficiaries under the age of 12 years;
3.29.3. orthodontic treatment over the age of 21 years; orthodontic plans that continue past the beneficiaries 21st birthday will only be paid up to their 21st birthday the remainder of the treatment plan will be rejected and member may be liable;
3.29.4. periodontal plastic procedures for cosmetic reasons;
3.29.5. use of high impact acrylic and precious metal in dentures or the cost of precious metal as an alternative to semi-precious or non-precious metal in dental prosthesis;
3.29.6. osseo-integrated tooth implants; genioplasty and dental osteotomy;
3.30. oral hygiene instructions;
3.31. Fluoride application for beneficiaries above the age of 12 years;
3.32. dental implants, components and surgery associated with dental implants on Access and Essential options;
3.33. hospital admissions in adults based on fear and anxiety alone;
3.34. multiple admissions for extensive (3 or more teeth requiring treatment) conservative dental treatment in children 7 years and younger. (1 admission every 24 months allowed.);
3.35. in-hospital Apisectomies, dentectomies;
3.36. soft base to new dentures;
3.37. diagnostic dentures;
3.38. provisional crowns;
3.39. laboratory cost of provisional and emergency crowns;
3.40. metal, porcelain or Resin inlays except where such inlays form part of a bridge;
3.41. dental bleaching and porcelain veneers;
3.42. resin bonding for restorations charged as a separate procedure;
3.43. crowns &bridge work, 4-surface fillings and root canal treatment on non-functional third molars (wisdom teeth) and Pontics on second molars;
3.44. fixed prosthodontics used to repair occlusal wear;
3.45. periodontal flap surgery and tissue grafting; perio-chip;
3.46. gingivectomy;
3.47. metal base to full dentures, including the laboratory cost;
3.48. lingual orthodontics and Orthodontic re-treatment;
3.49. orthognathic (jaw correction) surgery and the related hospital cost;
3.50. bone augmentations including materials and sinus lift procedures;
3.51. bone and other tissue regeneration procedures including material cost;
3.52. mouth guards; Snoring appliances; High impact acrylic; Cost of Mineral Trioxide; Cost of prescribed toothpastes, mouthwashes (e.g. Corsodyl) and ointments;
3.53. cost of gold, precious metal, semi-precious metal and platinum foil and invisible retainer material;
3.54. nutritional and tobacco counselling;
3.55. caries susceptibility and microbiological tests;
3.56. electrognathographic recordings and other such electronic analyses;
3.57. ozone therapy;
3.58. polishing of restorations;
3.59. pulp capping (direct and indirect);
3.60. root canal treatment and laboratory fabricated crowns on primary teeth;
3.61. fissure sealants on patients older than 16 years;
3.62. diagnostic kits, agents and appliances unless otherwise stated except for diabetic accessories (subject to PMB regulations and Scheme protocols);
3.63. treatment of depression using sleep therapy;
3.64. electric tooth brushes;
3.65. treatment for erectile dysfunction and loss of libido;
3.66. food and nutritional supplements including baby food and special milk preparations;
3.67. gender re-assignment treatment;
3.68. genioplasties;
3.69. headaches: oral appliances and the ligation of temporal artery and its branches for the treatment of headaches;
3.70. hirsutism;
3.71. holidays for recuperative purposes;
3.72. humidifiers;
3.73. infertility treatment, subject to PMB regulations;
3.74. ionizers and air purifiers;
3.75. iridology;
3.76. surrogate pregnancy; including all services.
3.77. keloid surgery, except for burns and functional impairment deemed by the Scheme to medically necessary;
3.78. laxatives, subject to Scheme protocols;
3.79. medical, surgical and orthopedic appliances, devices and products, including oxygen hire or purchase and attachments, subject to PMB regulations and Scheme protocols;
3.80. medication in respect of substance abuse treatment unless specifically authorised by the relevant managed healthcare programme, subject to PMB regulations;
3.81. medicines not included in a prescription from a medical practitioner or other healthcare professional who is legally entitled to prescribe such medicines (except for schedule 0,1 and 2 medicines supplied by a registered pharmacist);
3.82. medicine not approved by the Medicines Control Council or other statutory body empowered to approve/register medications;
3.83. homeopathic medication on the Value, Access and Essential Option;
3.84. MRI scans ordered by a general practitioner, subject to Scheme protocols;
3.85. obesity treatment;
3.86. optical devices excluded by the relevant managed healthcare programme;
3.87. orthopedic shoes and boots, subject to Scheme protocols;
3.88. osteopathy;
3.89. otoplasties;
3.90. pain relieving machines e.g. TENS, APS;
3.91. medicines, household remedies and propriety preparations and preparations not otherwise classified;
3.92. Positron Emission Tomography (PET) scans where applicable; subject to ICON protocols and oncology registration;
3.93. refractive surgery;
3.94. excimer laser treatment;
3.95. reflexology;
3.96. revision of scars;
3.97. rhinoplasties;
3.98. smoking cessation and anti-smoking preparations;
3.99. stethoscopes;
3.100. sunglasses and repairs to spectacle frames;
3.101. consultation and treatment by registered councillors, subject to prescribed minimum benefits;
3.102. telephone consultations;
3.103. tonics, evening primrose oil, fish liver oils, nutritional supplements, multivitamin preparations and minerals except prenatal vitamins as approved by the Scheme's pharmacy benefit management programme;
3.104. topical preparations excluding topical steroid and acne preparations;
3.105. travelling expenses;
3.106. uvulo-palatal pharyngoplasty (UPPP and LAUP);
3.107. veterinary products;
3.108. pharmacy service fees;
3.109. facility fees;
3.110. fentonplasty;
3.111. insulin pumps except for children 7 years or younger with frequent documented events of hypo and hyperglycaemia. Exclusion applicable to Access and Essential option only.
3.112. green laser prostatectomy
3.113. services rendered during any waiting periods that are imposed on the member or any dependent joining the Scheme;
3.114. all claims where ICD-10 codes are missing, invalid or incomplete will be rejected;
3.115. booking fees and birthing fees charged by providers for non-medical reasons;
3.116. costs of diagnostic tests done in hospital which are not related to the reason for admission or for which admission is not clinically appropriate;
3.117. allergy screening panels and/or desensitisation;
3.118. where the provider of service refuses to provide adequate clinical motivation or supporting evidence of diagnosis the scheme reserves the right to decline funding;
3.119. Da Vinci Robotic Prostatectomy;
3.120. Laparascopy, surgical, oesophagogastric fundoplasty (eg. Nissen, Toupet procedures), except hernia repair and other PMB levels of care;
3.121. Cost for auxiliary services not specifically pre-authorised during hospital admission.

The member therefore acknowledges that, notwithstanding anything to the contrary, or not specifically set out in the rules or Annexures of the Scheme, the member is under a duty of care to disclose all and any information or matters to the Scheme, which may in any manner impact upon or affect a decision or discretion which vests in the Scheme, concerning such member or his claim.

MEDSCHEME\HOSMED BRANCH NETWORKS

MEDSCHEME\HOSMED BRANCH NETWORKS

Region	Physical Address
Bloemfontein	Medical Suites 4 and 5, Middestad Medical Suites,1st Floor, Middestad Centre, c/o Charles & West Burger Street
Cape Town	Icon Building, Ground Floor, c/o Lower Long Street and Hans Strijdom Avenue
Durban	102 Stephen Dlamini Road, Musgrave
Florida	Flora Centre – Entrance 2, Shop 21 & 22, Cnr Ontdekkers and Conrad Road, Florida North, Roodepoort
Kathu	Shop18D, Kameeldoring Plein Building, Cnr Frikkie Meyer and Rooisand Road, Kameeldoring Plein, Kathu
Klerksdorp	Medicover Building, Shop 11, 22 Knowles street, Witkoppies
Kimberley	Shop no 17, Southey Street
Lephalale	Bosveld Boulevard Park, Shop 6, Cnr of Chris Hani and Joe Slovo street, Onverwacht
Mafikeng	Mega City, Office 101A, 1st Floor, East Gallery
Nelspruit	Union Square Unit G2, 44 Mostert Street
Polokwane	Shoprite Checkers Centre, Shop2 Ground Floor, Cnr Hans van Rensburg Street & Grobler Street
Port Elizabeth	Block 6, Greenacres, Office Park, 2nd Avenue, Newton Park
Pretoria	Nedbank Plaza, Ground Floor, Shop 17, 361 Steve Biko Street, Arcadia
Rustenburg	Lifestyle Square, Shop No 23, Beyers Naude Drive
Secunda	Grand Palace, Unit A2, 2302 Heunis Street
Vereeniging	36 Merriman Avenue, Ground Floor



Disclaimer

Every effort has been made to ensure that this brochure is an accurate explanation of the benefits offered by the Hosmed Medical Scheme. Please note that this document does not replace the Rules of the Scheme, which take precedence over any wording in this guide.