

All benefits are paid up to the MEDIMED Scheme Tariff.

## H IN-HOSPITAL BENEFITS AND MAJOR MEDICAL EXPENSES

The actual hospitalisation (the hospital account) is paid in full (subject to management protocols and pre-authorisation) with no member levy applicable. Members are however still liable for the applicable member levy (25% or 40%) for the providers that have provided the service while the patient was in hospital for admissions relating to non-PMB conditions.

No member levy is applicable for hospital admissions for PMB conditions for treatment in terms of the Scheme's protocol. A full list of PMB's is available on the Council for Medical Schemes' website ([www.medicalschemes.com](http://www.medicalschemes.com))

### Hospitalisation

**SUBJECT TO PRE-AUTHORISATION. Failing which a co-payment of R1,000 per admission applies  
100% of negotiated tariff**

|  |   |   |   |
|--|---|---|---|
| HOSPITAL LIMIT   | Unlimited   | INTERNAL PROSTHESIS<br><b>PRE-AUTHORISATION REQUIRED</b>  | R40,000 per family<br>Paid at 100% of the MEDIMED Scheme Tariff<br>Sub-limits:<br>• Spinal Fusion R23,000 per family<br>• Intra-ocular lenses R2,500 per lens<br>• Mesh R7,000 per family |
| ALTERNATIVES TO HOSPITALISATION<br>e.g. Step down services   | R5,000 per family   | EXTERNAL PROSTHESIS<br><b>PRE-AUTHORISATION REQUIRED</b>  | R6,500 per family<br>Paid at 100% of the MEDIMED Scheme Tariff  |
| AUXILIARY SERVICES<br>e.g. Physiotherapy, dietician<br><b>SEPARATE PRE-AUTHORISATION NUMBER REQUIRED</b> | R4,500 per family<br>60% of MEDIMED Scheme Tariff<br>In and out of hospital   | PRESCRIBED MINIMUM BENEFITS   | Unlimited at DSP, in terms of protocol  |
| IN-HOSPITAL DENTISTRY<br>Includes hospitalisation and doctor's costs                                     | R12,000 per family<br>Doctor and related costs paid at 75%/60% of the MEDIMED Scheme Tariff<br>Limited to impacted wisdom teeth and children under 12 years | PSYCHIATRIC HOSPITALISATION<br><b>PRE-AUTHORISATION REQUIRED</b><br>Includes hospitalisation and doctor's costs | R6,500 per family paid at 100%<br>Thereafter paid at 75%<br>Overall maximum of R12,000 per family   |
| EMERGENCY AND AMBULANCE SERVICES   | Unlimited<br>Preferred provider ER24<br>24 hour contact number 084 124  | BASIC RADIOLOGY   | Unlimited<br>Paid at 75% of the MEDIMED Scheme Tariff   |
| GP & SPECIALIST SERVICES   | Unlimited<br>Paid at 100% for PMB's<br>Paid at 75% of the MEDIMED Scheme Tariff for non-PMB's   | SPECIALISED RADIOLOGY<br><b>PRE-AUTHORISATION REQUIRED</b><br>In and out of hospital                            | Unlimited<br>Paid at 75% of the MEDIMED Scheme Tariff   |
| PATHOLOGY  | Unlimited<br>Paid at 100% for PMB's<br>Paid at 75% of the MEDIMED Scheme Tariff for non-PMB's   |   |   |

### Major Medical Expenses

**Paid at 100% of the MEDIMED Scheme Tariff  
SUBJECT TO PRE-AUTHORISATION**

|                   |                              |              |  |
|-------------------|------------------------------|--------------|--|
| DIALYSIS          | R100,000 per family          | ONCOLOGY     | R200,000 per family<br>Authorised through ICON |
| ORGAN TRANSPLANTS | Combined limit with Dialysis | HIV and AIDS | Unlimited<br>Subject to managed care protocols |

### Chronic Medication

**SUBJECT TO PRE-AUTHORISATION BY THE PROVIDENCE PHARMACY BENEFIT MANAGEMENT (PBM) TEAM**

|                                 |   |                             |   |
|---------------------------------|---|-----------------------------|---|
| CHRONIC DISEASE LIST CONDITIONS | 100% up to the PROVIDENCE Chronic Value (PCV) | EXTENDED CHRONIC CONDITIONS | 75% of the PROVIDENCE Chronic Value<br>R3,000 per beneficiary<br>Overall maximum of R6,000 per family |
|---------------------------------|---|-----------------------------|---|

### MEDIMED Scheme Tariff

MEDIMED pays service providers up to the MEDIMED Scheme Tariff. As some service providers may charge above the MEDIMED Scheme Tariff, please remember to:

- Ask your doctor or dentist to charge at the MEDIMED Scheme Tariff. If your doctor or dentist charges above the MEDIMED Scheme Tariff, verify how much above the tariff they charge so you know what your portion of the cost will be.
- If you are referred to a specialist, check before whether the service provider charges in accordance with the MEDIMED Scheme Tariff

Please contact our Customer Care team if you require any information regarding the MEDIMED Scheme Tariff.

### Prescribed Minimum Benefits (PMB's)

MEDIMED provides cover for PMB conditions with no limits or co-payments if the service is obtained from a Designated Service Provider (DSP) and is in terms of the Scheme's Managed Care Protocols.

Beneficiaries who are registered for chronic medication for one of the Chronic Disease List (CDL) conditions which are part of the PMB's can register the treatment and care of the condition to ensure no limits or co-payments.

Registration forms can be obtained from PROVIDENCE, by phoning 041 395 4474 or sending an e-mail to [medimed@providence.co.za](mailto:medimed@providence.co.za)

**PLEASE NOTE:** If a non-DSP is used voluntarily, the normal Scheme benefits will apply. Please contact our Customer Care team if you require any information regarding PMB's.

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## DAY TO DAY BENEFITS

All benefit costs, out of hospital, must be paid by the member to the service provider and the relevant benefit percentage will be refunded by the Scheme to the member, unless the cost of the incident exceeds R650, in which case the relevant percentage benefit amount will be paid to the service provider and the member will be responsible for his/her portion.

### Out of Hospital Expenses

|  |  |
|--|--|
| ACUTE MEDICATION   | R3,300 per beneficiary up to a maximum of R7,900 per family<br>Paid at 60% of the MEDIMED Scheme Tariff  |
| APPLIANCES<br><b>PRE-AUTHORISATION REQUIRED</b>  | R4,000 per family<br>Nebulisers and glucometres limited to R500 per appliance<br>Paid at 60% of the MEDIMED Scheme Tariff  |
| AUXILIARY BENEFITS   | R4,500 per family<br>In and out of hospital<br>Paid at 60% of the MEDIMED Scheme Tariff  |
| DENTISTRY (BASIC)  | Unlimited<br>Paid at 60% of the MEDIMED Scheme Tariff  |
| DENTISTRY (SPECIALISED)  | R4,500 per beneficiary up to a maximum of R9,000 per family<br>Paid at 60% of the MEDIMED Scheme Tariff  |
| GP & SPECIALIST CONSULTATIONS  | R3,300 per beneficiary up to a maximum of R7,900 per family<br>Paid at 75% of the MEDIMED Scheme Tariff  |
| MATERNITY BENEFIT<br>beneficiaries who register on the MEDIMED maternity programme will receive the following additional benefits: | <ul style="list-style-type: none"> <li>• 2 Pre-natal visits</li> <li>• 2 2D scans</li> <li>• 1 Paediatrician visit</li> <li>• 1 maternity bag per pregnancy</li> </ul> Paid at 100% of the MEDIMED Scheme Tariff |

|  |   |
|--|---|
| OVER-THE-COUNTER MEDICATION  | R120 per prescription up to a maximum of R1200 per family. Subject to the Acute Medication benefit limit.<br>Paid at 60% of the MEDIMED Scheme Tariff   |
| OPTOMETRIC EXAMINATION   | One optometric examination per beneficiary per year.<br>Paid at 100% of the MEDIMED Scheme Tariff   |
| FRAMES AND PRESCRIPTION LENSES   | No benefit  |
| CONTACT LENSES   | No benefit  |
| PATHOLOGY AND BASIC RADIOLOGY  | Unlimited<br>Paid at 75% of the MEDIMED Scheme Tariff   |
| PREVENTATIVE CARE  | Cover for flu vaccinations, pap smear, mammogram or breast scan, bone density scan, prostate test, cholesterol test, blood sugar test and HIV test<br>R1,200 per beneficiary<br>Up to a maximum of R2,400 per family<br>Paid at 100% of the MEDIMED Scheme Tariff |
| SPECIALISED RADIOLOGY<br><b>PRE-AUTHORISATION REQUIRED</b><br>In and out of hospital | Unlimited<br>Paid at 75% of the MEDIMED Scheme Tariff   |

### Problem free claims management

Make sure to:

- Pay the provider for all accounts that amount to less than R650, unless it relates to the "same incident" (Refer to "one incident").
- Submit a detailed account with proof of payment attached (Refer to "detailed accounts"). This is applicable to pharmacy accounts as well. The "PAID" stamp is not sufficient.
- Submit claims within four (4) months from the date of service.
- Indicate your details on "Over the Counter" invoices as these invoices generally do not contain any member information.
- Please indicate how a refund should be paid should the claimed amount and the receipts/paid amounts differ.

### One incident

Accounts relating to one incident refer to medical treatment received within a 48 hour period which together amount to more than R650.

An example would be where you have consulted with your GP (R300 for the consultation) who referred you for blood tests (R300 for the tests) and you have obtained medication from the pharmacy (R200 for the prescription).  
Total = R800

You are not required to pay these accounts up front as the Scheme will pay the relevant benefit percentages at the MEDIMED Scheme Tariff directly to the providers.

The member will be liable for payment of the relevant member levies and amounts charged in excess of the MEDIMED Scheme Tariff, directly to the provider.

It is also important that the member clearly indicates on the accounts that the accounts relate to one incident, as these claims when received in isolation, are difficult to identify as being related to each other.

### Detailed accounts

An account submitted to MEDIMED must contain the following information:

- The provider's name and practice number
- The member's name, initials, address and medical aid number
- The patient's name
- The service date
- A diagnosis code (ICD-10 code)
- Tariff codes for services provided
- NAPPI codes for medication dispensed
- The amount charged on each line item

Please note that MEDIMED is unable to process an account unless it contains this information.

### Claims submission

Claims can be submitted in one of the following ways:

- **A clear, scanned image, submitted via e-mail to:**  
medimedclaims@providence.co.za
- **Via mail**  
MEDIMED Claims  
P.O. Box 1672  
PORT ELIZABETH  
6000
- **Hand delivered**  
PROVIDENCE Healthcare Risk Managers  
7 Lutman Street  
Richmond Hill  
PORT ELIZABETH  
6000

### Complaints and Disputes

Members should inform the Scheme at medimed@providence.co.za or the scheme's administrator, info@providence.co.za in writing of any complaints or disputes.

Members may also report any dispute with the Scheme to the Council for Medical Schemes at: share call 0861 12326.

Email: complaints@medicalschemes.com, www.medicalschemes.com or at their postal address: Block, Eco Glades 2 Office Park, 420 Witch-Hazel Street, Centurion, 0157

### Contributions

Adult

R1020

Child

R400



Administered and managed by  
PROVIDENCE Healthcare Risk Managers  
a member of MMI Holdings

