

Your selected General Practitioner (GP) is the “manager” of all your healthcare requirements. **All benefits are paid up to the MEDIMED Scheme Tariff.**



## MEDICAL SAVINGS ACCOUNT

MEDIMED provides an additional benefit to members on the Medisave Essential option by providing a Medical Savings Account of 10% of annual contributions received.

### Annual Medical Savings Account Amounts\*

	M	M+S	M+S+IC	M+S+2C	M+S+3C
Under R7,000	R1,332	R2,664	R3,120	R3,576	R4,032
R7,001 to R8,500	R1,440	R2,880	R3,348	R3,816	R4,284
R8,501 to R13,000	R1,668	R3,336	R3,816	R4,296	R4,776
R13,001 to R17,000	R1,992	R3,984	R4,488	R4,992	R5,496
R17,001 plus	R2,388	R4,776	R5,304	R5,832	R6,360

\*Annual Medical Savings Account amount as a % of total contributions calculated on membership for the full year (12 months as from 1 January). M= Member, S= Spouse, C= Child dependant

### Benefits Paid from the Available Medical Savings Account

CASUALTY CONSULTATIONS	Subject to Medical Savings Account	OVER-THE-COUNTER MEDICATION	R100 per prescription up to a maximum of R400 per family
OUT OF TOWN GP CONSULTATIONS AND ACUTE MEDICATION	Limited to 6 consultations per beneficiary	APPLIANCES <b>PRE-AUTHORISATION REQUIRED</b>	Subject to Medical Savings Account
PRESCRIPTIONS FROM COMPANY DOCTOR	R300 per family	AUXILIARY BENEFITS	Subject to Medical Savings Account

### For Members Residing Outside the Nelson Mandela Metropole that Do Not Have Access to a Network Provider for the year

GP COSTS AND PROCEDURES AND ACUTE MEDICATION IN ACCORDANCE WITH THE MEDICATION FORMULARY

R2,100 per beneficiary up to a maximum of R4,200 per family

### Access to After-Hours Facilities (Casualty) at Private Hospitals

The after-hours facilities at private hospitals (including the preferred provider hospitals) are not affiliated to the Medisave Essential option. You must at all times consult with your selected GP, unless you have an emergency, in which case you may consult with any other GP in the relevant GP group. An emergency refers to any life-threatening situation where immediate medical intervention is required.

### If you are not happy with your Selected GP

You can complete a grievance form, which you can obtain from the MEDIMED Customer Care team. The complaint will be investigated and feedback will be provided to you. You may also change your GP twice a year.

Please be advised that you can only change from one GP group to another (e.g. from PEGP to ECIPA) at the beginning of the year.

### Contact Details

**ECIPA AND PEGP**  
Customer Care: 041 395 4475  
Email: [occmcd@providence.co.za](mailto:occmcd@providence.co.za)

### Important Numbers

Customer Care:	(041) 395 4474	Disease Management:	086 010 3228 or
Pharmacy Benefit Management:	(041) 395 4482		083 277 6036
Pre-Authorisation:	(041) 395 4481	ER24 (Ambulance Services):	084 124

### Complaints and Disputes

Members should inform the Scheme at [medimed@providence.co.za](mailto:medimed@providence.co.za) or the scheme's administrator, [info@providence.co.za](mailto: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](mailto:complaints@medicalschemes.com), [www.medicalschemes.com](http://www.medicalschemes.com) or at their postal address: Block, Eco Glades 2 Office Park, 420 Witch-Hazel Street, Centurion, 0157

### Contributions

Income category	Adult	Child
Under R7,000	R1,110	R380
R7,001 to R8,500	R1,200	R390
R8,501 to R13,000	R1,390	R400
R13,001 to R17,000	R1,660	R420
R17,001 plus	R1,990	R440



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



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## H IN-HOSPITAL BENEFITS AND MAJOR MEDICAL EXPENSES

### Hospitalisation

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

HOSPITAL LIMIT	Unlimited 100% at preferred providers 80% at non-preferred providers	PATHOLOGY	Unlimited
ALTERNATIVES TO HOSPITALISATION e.g. Step down services	R6,000 per beneficiary	INTERNAL PROSTHESIS EXTERNAL PROSTHESIS <b>PRE-AUTHORISATION REQUIRED</b>	R20,000 per family R3,000 per family
AUXILIARY SERVICES e.g. Physiotherapy, dietician	R2,000 per beneficiary <b>SEPARATE PRE-AUTHORISATION NUMBER REQUIRED</b>	PRESCRIBED MINIMUM BENEFITS	Unlimited at DSP
IN-HOSPITAL DENTISTRY Includes hospitalisation and doctor's costs	R7,000 per family Limited to impacted wisdom teeth and children under 12 years	PSYCHIATRIC HOSPITALISATION <b>PRE-AUTHORISATION REQUIRED</b> Includes hospitalisation and doctor's costs	R4,000 per beneficiary
EMERGENCY AND AMBULANCE SERVICES	Unlimited Preferred provider ER24 24 hour contact number 084 124	BASIC RADIOLOGY	Unlimited
GP & SPECIALIST SERVICES	Unlimited	SPECIALISED RADIOLOGY <b>PRE-AUTHORISATION REQUIRED</b> In and out of Hospital	3 scans per family Overall maximum of R10,000 per family

### Major Medical Expenses

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

DIALYSIS	R50,000 per family	ONCOLOGY	Combined limit with Dialysis Authorised through ICON
ORGAN TRANSPLANTS	Combined limit with Dialysis and Oncology	HIV and AIDS	Unlimited 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) Medication strictly in accordance with a medication formulary
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## DAY TO DAY BENEFITS

### Referrals

You need a referral from your selected GP for all specialist visits, pathology (blood tests), radiology (x-rays), physiotherapy, psychology visits, etc. Please verify with the Customer Care Team if you are unsure. Please be advised that a referral is provided by your selected GP whenever it is medically appropriate.

### Out of Hospital Expenses

ACUTE MEDICATION	Unlimited - prescribed by or dispensed from selected GP Medication is paid in accordance with a medication formulary. This is to assist your selected GP in cost-effectively managing your condition.	OPTOMETRY	2 year benefit per beneficiary for either contact lenses or glasses Benefits through PPN Tel. 086 010 3529
ACUTE MEDICATION NOT ON THE FORMULARY	If there is a generic equivalent on the formulary, the Scheme will pay the maximum of the formulary generic alternative and the member will be liable for the difference. If there is no generic equivalent, the member will be liable for the full amount.	OPTOMETRIC EXAMINATION	100% of cost in network of R235 at a non-network provider
BASIC AND SPECIALISED DENTISTRY	R3,200 per beneficiary up to a maximum of R5,500 per family One set of plastic dentures every two years	FRAMES AND PRESCRIPTION LENSES	R200 for frames and R140 for single vision lenses and R310 for bifocal and multifocal lenses
GP CONSULTATIONS	Unlimited cover from your selected GP	CONTACT LENSES	R650 per beneficiary
		PATHOLOGY AND BASIC RADIOLOGY	Unlimited upon referral from your selected GP
		SECOND OPINION BENEFIT	2 consultations per family from another provider of the same doctor group and medication in accordance with the formulary to a max of R500 per family
		SPECIALIST CONSULTATIONS AND PROCEDURES	R3,000 per beneficiary up to a maximum of R6,000 per family. Subject to referral from your selected GP

**This summary is for information purposes only and does not supersede the rules of the Scheme. In the event of any discrepancy between the summary and the rules, the rules will prevail.**