

The Medisave Standard option offers affordable health care cover both in and out of hospital. **All benefits are paid up to the MEDIMED Scheme Tariff.**

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	INTERNAL PROSTHESIS PRE-AUTHORISATION REQUIRED	R35,000 per family Sub-limits: • Spinal Fusion R22,000 per family • Intra-ocular lenses R2,500 per lens • Mesh R5,000 per family
ALTERNATIVES TO HOSPITALISATION e.g. Step down services	R10,000 per beneficiary	EXTERNAL PROSTHESIS PRE-AUTHORISATION REQUIRED	R4,000 per family
AUXILIARY SERVICES e.g. Physiotherapy, dietician	R3,000 per family SEPARATE PRE-AUTHORISATION NUMBER REQUIRED	PRESCRIBED MINIMUM BENEFITS	Unlimited at DSP, in terms of protocol
IN-HOSPITAL DENTISTRY Includes hospitalisation and doctor's costs	R9,000 per beneficiary Limited to impacted wisdom teeth and children under 12 years	PSYCHIATRIC HOSPITALISATION PRE-AUTHORISATION REQUIRED	R6,000 per beneficiary paid at 100% Thereafter paid at 70% Overall maximum of R12,000 per family
EMERGENCY AND AMBULANCE SERVICES	Unlimited Preferred provider ER24 24 hour contact number 084 124	BASIC RADIOLOGY	Unlimited
GP & SPECIALIST SERVICES	Paid at 100% of the MEDIMED Scheme Tariff	SPECIALISED RADIOLOGY PRE-AUTHORISATION REQUIRED	3 scans per family Overall maximum of R15,000 per family In and out of hospital
PATHOLOGY	Unlimited		

Major Medical Expenses

SUBJECT TO PRE-AUTHORISATION

DIALYSIS	R100,000 per family	HIV and AIDS	Unlimited Subject to managed care protocols
ORGAN TRANSPLANTS	Combined limit with Dialysis	OXYGEN	R4,000 per family Paid at 80% of the MEDIMED Scheme Tariff
ONCOLOGY	R200,000 per family Authorised through ICON		

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	100% of the PROVIDENCE Chronic Value R1,600 per beneficiary Overall maximum of R3,200 per family
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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. This is paid from your Elective Benefit.

Registration forms can be obtained from PROVIDENCE, by phoning 041395 4474 or sending an e-mail to 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.

Important Numbers

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



All benefits are paid up to the MEDIMED Scheme Tariff.

MEDICAL SAVINGS ACCOUNT AND ELECTIVE BENEFIT

25% of the contributions are allocated to the Medical Savings Account.

In addition members have an elective benefit of R4,500 per beneficiary up to a maximum of R9,000 per family which is available once the savings account is depleted. Benefits are pro-rated for members who join the Scheme during the year.

Total Available Benefit for Day-to-Day Benefits*

	M	M+S	M+S+C	M+S+2C	M+S+3C
Under R8,500	R9,480	R18,960	R20,130	R21,300	R22,470
R8,501 to R13,000	R9,780	R19,560	R20,790	R22,020	R23,250
R13,001 to R17,000	R10,650	R21,300	R22,620	R23,940	R25,260
R17,001 plus	R11,190	R22,380	R23,790	R25,200	R26,610

*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

Out of Hospital Expenses

SUBJECT TO THE MEDICAL SAVINGS ACCOUNT AND ELECTIVE BENEFITS AVAILABLE

100% of MEDIMED Scheme Tariff

Benefits are first paid from the Medical Savings Account and thereafter from the Elective Benefit

- GP, Specialist consultations and procedures
Certain authorised procedures done in the provider's rooms will be paid from the in-hospital benefit. Please contact the customer care team to establish whether a planned procedure qualifies to be paid from this benefit
- Pathology and Radiology
- Basic and advanced dentistry

- Appliances (In and out of hospital. Includes hearing aids and crutches) - subject to pre-authorisation
- Acute medication
- Over the counter medication
Limited to R150 per prescription up to a maximum of R1,500 per family
- Auxiliary
Includes clinical - and counselling psychology, physiotherapy and chiropractor
- Optometry
R2,500 per beneficiary to a max of R5,000 per family every 2nd year.

Make your Medical Savings Account last longer

1. Avoid unnecessary visits to the doctor and unnecessary purchases of medication.
2. Avoid going to the specialist directly as more common conditions can be identified and treated by your GP.
3. Always request a generic alternative to the medication that you require.
4. Negotiate discounts with your pharmacist or doctor if you are able to pay cash.
5. Register medication that you take regularly (chronic medication) as chronic medication. It will not be paid from the Medical Savings Account if the medication has been approved as chronic, ensuring that your benefits last longer.
6. Keep the costs of diagnostic tests (blood tests and x-rays) low. Your GP should keep a comprehensive file of your visits and test results. Avoid changing doctors unnecessary as different doctors might request the same blood tests for the same symptoms.

SUPPLEMENTARY BENEFITS

The following benefits are provided in addition to the savings account and elective benefit.

PREVENTATIVE CARE BENEFIT

Cover for flu vaccinations, pap smear, mammogram or breast scan, bone density scan, prostate test, cholesterol test, blood sugar test, dental consultation and HIV test
R1,200 per beneficiary
Up to a maximum of R2,400 per family

MATERNITY BENEFIT

Beneficiaries who register on the MEDIMED maternity programme will receive the following additional benefits:

- 2 Pre-natal visits
- 2 2D scans
- 1 maternity bag per pregnancy
- 1 Paediatrician visit

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

Income category	Adult	Child
Under R8,500	R1,660	R390
R8,501 to R13,000	R1,760	R410
R13,001 to R17,000	R2,050	R440
R17,001 plus	R2,230	R470



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