

Benefit schedule 2009

Benefit	Cover	Benefit note
In-hospital		
Accommodation General ward, high care, ICU and theatre fees	ICU and high care Limited to 10 days or R53 500 / beneficiary at PN facilities	R1 100 penalty if no pre-authorization obtained Drugs included • Should additional ICU cover be required, the PN will arrange the transfer of the patient to a DSPN facility (subject to the patient's clinical condition) • Subject to case management
Procedures (Limits not applicable to PMB procedures)		
Surgical	Subject to MAC	
Organ transplants	100% DSP rate R100 000 / family	Only at DSPN facility • Subject to confirmed PMB condition and current public sector protocols
Renal dialysis	100% DSP rate R100 000 / family	Only at DSPN facility • Subject to confirmed PMB condition and current public sector protocols • Collective acute and chronic
Oncology: Radiotherapy/Chemotherapy	100% DSP rate R100 000 / family	Only at DSP facility • Subject to confirmed PMB condition and current public sector protocols
Burns	100% DSP rate R100 000 / family	Only at DSPN facility • Admission if >30% of body surface
Neonatal	R29 700 / family	Subject to current public sector protocols
HIV / AIDS	Unlimited cover in general ward	Only at DSP facility • Subject to pre-authorization, case management and enrolment in Disease Management Programme PMB rules apply • Only at DSP facility
Alcoholism / Drug dependency: In- and out-of-hospital	100% AT	PMB rules apply • Only at DSP facility
Infertility: In- and out-of-hospital	100% AT	
Mental health	100% DSP rate R5 000 / family	Hospitalisation, consultations and procedures • Public hospitals only • Subject to registration on Disease Management Programme
Blood transfusions	R5 350 / family	Includes transport costs
Dental services	100% NHRPL / SADA rates	Hospitalisation restricted to trauma and impacted 3rd molars • Children 7 years and younger • Day theatres and DSPN hospitals only
Maxillo-facial / Oral surgery	R10 000 / family	Excludes surgical placement of implants
Maternity	100% AT	Hospitalisation, post-natal services, midwifery and delivery (includes multiple births) • Special pre-authorization required
Consultations		
GP / Specialist	100% AT	Consultations and ward visits
Occupational therapy / Physiotherapy	100% NHRPL rate Combined benefit of R5 550 / family	Included in out-of-hospital physiotherapy benefit • Post-operative and post traumatic
Other		
Internal surgical prosthesis	R17 600 / family	Should any healthcare related service be required in excess of the sub-limit, the PN will arrange the transfer of the patient to a DSPN facility (subject to the patient's clinical condition) • Subject to special motivation, pre-authorization and case management
In-hospital equipment	R5 350 / family	Subject to pre-authorization and case management
Clinical technologists	R10 800 / family	Subject to pre-authorization and case management
Take Home Medicine (THM)	Supply for 7 days post-hospitalisation	Subject to PN medication formulary
Medical / Surgical appliances	R5 550 / family	Dispensed in-hospital
Radiology	R17 600 / family	Included: MRI and CAT scans • Subject to case management and pre-authorization • Included in out-of-hospital radiology benefit
Pathology	R12 800 / family	Subject to case management
Alternatives to hospitalisation	R12 000 / family	Included: Step down facilities • Subject pre-authorization and case management
Casualty / Emergency consultation	Covered	Unlimited for emergency visits - no co-payment by member • Any registered emergency facility Facility fees not covered
Out-of-hospital		
Medication benefit		Services only provided by PN / DSP or on referral by Network Provider (NP)
Chronic medication	PMB / CDL medication only	Prescribed by Network Provider (NP) • Subject to formulary, registration and pre-authorization • To be obtained from DSP pharmacy
Acute medication	Covered	Prescribed by NP / specialist • Specialist prescriptions - any pharmacy of choice, subject to medicine formulary
Over the counter medicine (OTC)	R165 = Max. R55 / purchase Limited to 3 purchases / annum	Network medicine formulary applies • To be obtained from DSP pharmacy only
Consultations		Services only provided by PN / DSP or on referral by Network Provider (NP)
GP	100% AT	Network GP's only • Minor procedures in rooms
Specialist	3 Consultations = R1 800 / beneficiary OR 5 Consultations = R2 450 / family	100% Benefit if involuntary use of non-DSP specialist • 30% Co-payment if voluntary use of non-DSP specialist No benefit will be paid for self-referral without a GP consultation • Unlimited for PMB conditions, managed according to provider network protocol • Pre-authorization required for each visit and any other referral or procedure • Specialist referral form must be completed by a network GP or accredited network provider
Out of town / Emergency consultations	1 Consultation / beneficiary OR 2 Consultations / family Limited to R600 with 20% co-payment	Member pays upfront and claims back from the Scheme • Unlimited if PMB • Facility fees not covered
Antenatal care / Maternity	2 Additional gynaecological consultations / pregnancy • 2 Ultrasound scans / pregnancy • Selected blood tests	Authorisation is required for selected blood tests • Midwifery consultations included
Mental health	PMB / CDL only	Only available at DSP • Treatment for alcoholism / drug addiction subject to PMB
Other benefits		
Optometry: Eye examinations	100% Covered 1 Examination / beneficiary / 12 months	A quality range of modern approved frames to choose from • Criteria for qualifying norms • Excess payment for non-range frames, lenses and accessories
Spectacles	100% Covered every 24 months	Tests, single vision, clear lenses and standard frames • No benefit for contact lenses
Dentistry: Basic	Covered	
Dentures	1 Standard set / beneficiary / 24 months	20% Co-payment required for dentures
Emergency dentistry	Limited to 1 event / beneficiary / 12 months	Pain treatment and sepsis intervention covered
Radiology / Pathology	100% AT	Basic black and white X-rays and pathology • Referral by network GP and within list of approved codes
Auxiliary services Physiotherapy, dieticians, occupational therapy, audiology, speech therapy, podiatry, social workers and other allied professionals registered with HPCSA	100% AT R1 125 / beneficiary R1 685 / family	Subject to pre-authorization and case management • Referral by contracted PN GP
HIV / AIDS	Anti-retroviral treatment and any other HIV related condition covered	Member enrolment in programme otherwise a co-payment will apply • Approved treatment plan according to PMB guidelines
Immunisation	100% AT	Flu vaccinations for members at risk
Emergency transport: Ambulance services	100% AT	Emergency roadside assistance and transport to nearest / appropriate healthcare facility • Excludes cover for non-emergency transport
Inter hospital transfer	100% AT	Transfer to DSPN facility if emergency admission was obtained at a non-DSPN facility • Includes Netcare 911 armband • Excludes cover for voluntary admission for non-PMB condition

How much do you pay?

Total monthly contribution (including employer subsidy)


Gross monthly income	< R4 000	R4 001 - R6 000	R6001 - R8 000	> R8 001
Principal member	R440	R482	R628	R916
Adult dependant	R386	R415	R548	R797
Child dependant	R186	R205	R231	R284

Cover your children for free

Principal member + spouse + children = you only pay for a maximum of 3 children
 Single parent (principal member with children) = you only pay for a maximum of 4 children
 All other children are allowed as beneficiaries on the Scheme free of charge

 4 Third Street Marlands Germiston 1401  303 Germiston 1400

Contact centre  0860 835 3633 (0860 TELEMED) / 0860 00 1717  0860 00 1716  enquiries@telemed.co.za

Netcare 911 - Emergency ambulance service  082 911 Network Provider Prime Cure  0861 665 665

Abbreviations and acronyms

AT	Agreed Tariff
CDL	Chronic Disease List
DSP	Designated Service Provider
DSPN	Designated Service Provider Network
HRM	Healthcare Risk Management
MAC	Maximum Annual Cover
MHP	Managed Healthcare Protocol
NHRPL	National Health Reference Price List
NP	Network Provider
OTC	Over the counter medicine
PMB	Prescribed Minimum Benefits
PN	Provider Network
TCL	TeleMed Chronic List
THM	Take Home Medicine
TPL	TeleMed Procedure Limit
TR	TeleMed Rate

* Refer to the registered Rules / Tele-Me Information Manual for full definition / description.

Prescribed Minimum Benefits (PMB)

TeleMed covers all PMB conditions as stipulated by the Medical Schemes Act at the lesser of either the TeleMed Rate (TR), Designated Service Provider's (DSP) rate or cost, unless otherwise stated. PMB are subject to treatment plans, protocols and formularies and where specified, benefits are accessed through a Designated Service Provider (DSP). Unless otherwise specified, a co-payment of 30% applies to any benefit voluntarily obtained from a non-DSP. DSP rate not applicable to involuntary use of a non-DSP - reimbursement will be covered at non-DSP cost.

Important information Definitions

Pre-authorisation

Obtain permission from the HRM (Prime Cure network) for admission to a hospital, treatment in a day-clinic, procedures in a surgery and chronic medication. Without authorisation the HRM will reserve the right not to pay for such services.

Hospitalisation

All hospital admissions and procedures require pre-authorisation. The member will be liable for a penalty of R1 100 if no pre-authorisation is obtained.

Emergencies

Pre-authorisation is required within 48 hours / 1st working day after admission.

Consultations

Obtain a pre-authorisation if your GP refers you for a specialist consultation (including gynaecological consultations).

Pre-authorisation and managed care programme enrolment

The following benefits are only available once they have been pre-authorised or you have enrolled on the programme:

	Pre-authorisation	Enrolment
Specialist consultations	Yes	
Hospitalisation	Yes (doctor/member)	
Chronic medication	Yes	Yes
HIV/AIDS	Yes	Yes
Emergency transport/ 24 hour assistance	Yes	

Agreed Tariff (AT) The agreed / negotiated tariff paid by the Provider Network (PN) to a contracted network service provider.

Chronic Disease List (CDL) A regulated list of chronic conditions to be treated within Prescribed Minimum Benefits (PMB).

Co-payment An amount (portion of the hospital, medicine or healthcare cost) due by the member to the hospital, service provider or pharmacy at the time of service or when being hospitalised. The co-payment is not required in the event of a life threatening injury or for the treatment of PMB conditions at a DSP.

Covered benefit A covered benefit is a benefit where no monetary limit applies, but there is critical management of access and use of the benefit by the Managed Healthcare Protocol and interventions by the Healthcare Risk Manager (HRM). Covered benefits may also be subject to pre-authorisation and programme enrolment.

Designated Service Provider (DSP) / Designated Service Provider Network (DSPN) A regulated healthcare provider (facility or state operated service provider) contracted by the Scheme to provide diagnosis, treatment and care in respect of one or more conditions, to its members.

Healthcare Risk Management (HRM) A person or organisation appointed by the Scheme to oversee and manage certain managed care interventions. The contracted HRM for the Bronze option is the Prime Cure network.

Maximum Annual Cover (MAC) The maximum covered amount available during any given benefit year for all benefits within a specific option, in- and out-of-

hospital. If a member or family has used the full MAC, no further claims (except PMB claims) are paid even though some benefits may not have been used.

Managed Healthcare Protocol (MHP) A specific clinical and / or therapeutic code of practice designed for specific interventions, conditions and diagnoses, which will determine and ultimately decide the most appropriate procedure or treatment in a specific situation.

Over the counter medicine (OTC) Medicine that a member can obtain from a pharmacy without a prescription, or with a pharmacist's assistance, i.e. schedule 0, 1 & 2 necessary for the treatment of minor ailments and mild conditions of a non-chronic nature.

Prescribed Minimum Benefits (PMB) The minimum level of care at which medical schemes must pay for services rendered according to the Medical Schemes Act (131 of 1998). This cover must, as a minimum, be provided at a state facility or DSP at no cost to the member.

Provider Network (PN) A network of service providers contracted by the Scheme to render services to its members at a negotiated rate. A Provider Network (PN) is not a DSP.

SADA The tariff charged by the South African Dental Association for dental services rendered.

Take Home Medicine (THM) Prescription medicine, including medicine used to treat PMB conditions, issued to a patient when discharged from hospital. THM is subject to the acute and chronic medication rules and prevailing acute and chronic medicine formularies may be applicable.