

**Contracted Provider Network (PN)**

Hospital benefits are subject to use of the Scheme's hospital network on referral from a selected network provider (NP) • Other benefits can only be obtained from the selected network provider (NP) or on referral from the selected network provider (NP) • Except in an emergency, benefits will not be paid without the mandatory referral

## Benefit schedule 2009

Benefit	Cover	Benefit note
<b>In-hospital</b>		
<b>Accommodation</b> General ward, high care, ICU and theatre fees Step down facilities, hospice and private nursing	Covered 100% TR	Included: Drugs and equipment Excluded: Frail care services Admission to network hospital subject to referral by NP
<b>Procedures</b>		Pre-authorized hospitalisation • EMERGENCY - notify Scheme within 48 hrs / 1st working day after admission A 25% penalty applies if a network hospital is not used • The following procedures are restricted to specified providers or treatment facilities: • Cardiology • Neurosurgery • Oncology • Day procedures • Orthopaedic surgery • Endoscopic surgery
<b>Surgical</b>	Covered 100% TR	Subject to authorisation and referral by NP
Organ transplants / Renal dialysis	R160 000 / family Covered 100% TR Subject to PMB provision	Cover for related living donor limited to the cost of a nephrectomy, excluding complications relating to patients who are not members of the Scheme and for non-PMB complications
Maxillo-facial / Oral surgery	Covered 100% TR	Subject to pre-authorization 48 hours prior to surgery • Included: Cysts, tumours, fractures, salivary gland, complicated infections, TM joint pathology, cleft lip and palate, orthognatic surgery and surgical placement of implants Excluded: Orthognatic surgery for patients older than 18
Maternity / Confinement	Covered 100% TR	Hospitalisation, post-natal services, midwifery and delivery (includes multiple births)
<b>Consultations</b>		
GP / Specialist	Covered 100% TR	Referral by NP • Specialist visits must be pre-authorized by PN
Physiotherapy / Biokinetics	Covered 100% TR	Included in out-of-hospital physiotherapy benefit
Mental health: Psychiatry / Clinical psychology	R16 000 / family Covered 100% TR	Included in out-of-hospital mental health benefit • Electroconvulsive treatment covered from MAC • Subject to PMB
<b>Other</b>		
Internal surgical prosthesis	R37 000 / family Covered 100% TR	Subject to PMB
<b>Pathology</b>		
Radiology (X-rays)	Covered 100% TR	Referral by NP • Max. 2 each per beneficiary of MRI, CT, PET scan, ultrasound scan and angiogram • 2 Ultrasound scans per pregnancy • Subject to pre-authorization except for ultrasound scans • Included in out-of-hospital benefit
<b>Oncology:</b> Radiotherapy / Chemotherapy In- and out-of-hospital	Covered 100% TR	Member must enrol in programme or a 50% co-payment will apply to non-PMB cancers and the voluntary use of a non-DSP and non-formulary drugs • A co-payment will apply in respect of PMB if the member is not registered on the programme
Materials and medicines	Covered 100% TR	
Take Home Medicine (THM)	Covered 100% TR	Supply for 7 days post hospitalisation • Day patients: Only after-hours emergency THM will be paid Overnight admission: Patient must obtain script on discharge and submit to pharmacy • Subject to acute and chronic medication sub-limits and Scheme Rules
Blood transfusions	Covered 100% TR	Cost of blood, blood equivalents, blood products and transport of blood
<b>Medication benefit</b>		
Chronic medication	R7 000 / beneficiary Covered 100% TR Subject to PMB provision	Prescribed by NP / specialist • PMB / CDL conditions plus 42 additional chronic conditions covered - refer to TCL • To be obtained from a NP / DSP pharmacy • Benefit subject to programme enrolment, authorisation and medicine formulary A co-payment will apply in respect of PMB if the member is not registered on the programme
<b>Out-of-hospital</b>		
<b>Flexpenditure</b>		Where applicable, pre-authorization required • Subject to Scheme's out-of-hospital network. A 25% TeleMed Rate penalty applies if a non-network provider is used, except in an emergency or the involuntary use of non-DSP
<b>Consultations</b> GP consultations, maternity, antenatal and midwifery		Only from selected NP at network approved tariff or on referral from NP • If approved, minor procedures in providers' rooms will be covered • PMB conditions fully covered at cost subject to treatment care plan enrolment and pre-authorization ICD-10 codes obligatory on claim • A 50% co-payment if no treatment plan or adherence thereto
<b>Registered primary care nursing</b>		Subject to pre-authorization
<b>Out of town / Emergency consultations</b>		2 Bona fide out of town / emergency consultations • Max. R900 / family • Included in Flexpenditure • Member pays upfront and claims back from the Scheme
<b>Specialist consultations</b>		Included in Flexpenditure with sub-limits: Member R1 250 Member + 1 R1 750 Member + 2 + R2 500 Referred by NP and approved by PN • No benefit paid for non-PMB services without a referral or authorisation, except in an emergency • Services for PMB consultations paid at TeleMed Rate • 75% TeleMed Rate paid for voluntary use of non-DSP
<b>Acute medication</b>		Prescribed / dispensed by NP GP / specialist, subject to acute medicine formulary • Pharmacy as specified by PN
<b>Dentistry (Basic / Primary care)</b>		Network approved tariff list for primary care dentistry • Consultation, primary extractions, fillings, scaling and polishing at PN specified dentist • Basic dentistry and plastic dentures included
<b>Optometry:</b>		Subject to Optical Management and clinical necessity
<b>Eye examinations</b>	Member R11 800 Member + 1 R18 800 Member + 2 + R23 000	1 Examination / beneficiary / 24 months, subject to PMB
<b>Lenses</b>	Covered 100% TR	1 Pair spectacle lenses / beneficiary / 24 months OR clear contact lenses • Limited to R1 250 / beneficiary / 24 months Single vision, bi- and varifocal lenses covered 100% of tariff for generic lenses
<b>Add-ons</b>		Tints, coatings, designs, materials and branded lenses • 100% of tariff for the generic add-on for generic glass photochromic lenses OR 100% of tariff for generic add-on for generic glass fixed tint not exceeding 35%
<b>Frames</b>		1 Frame / beneficiary / 24 months • R600/beneficiary / 24 months
<b>Over the counter medicine (OTC)</b>		R900 / family; max. R120 / purchase • Subject to acute medicine formulary
<b>Auxiliary benefits</b> Dieticians, chiropractors, homeopaths (consultations and medication), acupuncture, speech therapy, audiology, occupational therapy, physiotherapy, podiatry / chiropody, orthotics / prostheses and biokinetics		
<b>Radiology (Basic X-rays / Primary care radiology)</b>		Subject to pre-authorization for PMB related services as approved per the treatment care plan according to protocols and condition specific ICD-10 codes • Primary care radiology as requested by NP according to network approved tariff list Covers black and white X-rays of limbs, spinal column and abdomen • Covers single or 2 views (more than 2 views not covered)
<b>Pathology</b>		Subject to pre-authorization for PMB related services as approved per the treatment care plan according to protocols and condition specific ICD-10 codes • Primary care pathology as requested by NP according to network approved tariff list
<b>Other benefits</b>		
<b>Mental health:</b> Psychiatry / Clinical psychology	R16 000 / family Covered 100% TR, DSP rate or cost	Included in in-hospital mental health benefit • Treatment for alcoholism / drug addiction subject to PMB • Excludes pre-school assessments and psychometric testing • Electroconvulsive treatment covered from MAC
<b>Dentistry (Specialised)</b>	Member R3 050 Member + 1 R4 000 Member + 2 R4 600 Member + 3 R5 200 Member + 4 + R6 000 Covered 100% TR	Subject to 48 hours pre-authorization notice • Included: Orthodontics, periodontics and prostodontics, crown and bridgework, metal-base dentures, bite plates and implant-supported tooth replacement • Excluded: Orthodontic therapy for those over 18, MRI and CT scans for dento-alveolar procedures and complications with removable dentures
<b>Radiology (Specialised X-rays)</b>	Covered 100% TR	Max. 2 each per beneficiary of MRI, CT, PET scan, ultrasound scan and angiogram • 2 Ultrasound scans per pregnancy Subject to pre-authorization except for ultrasound scans • Included in in-hospital benefit
<b>HIV / AIDS</b>	Covered 100% TR	Member enrolment in programme and accesses benefits from the DSP, otherwise a 50% co-payment applies for voluntary use of a non-DSP
<b>Immunisation</b>	Covered 100% TR	Vaccines limited to one / condition / beneficiary
<b>Emergency ambulance services</b>	Covered 100% TR	To be obtained from either Netcare 911 (Prime Cure) or ER 24 (ONECARE)
<b>Services rendered abroad</b>	Covered 100% TR	Benefit limits and Scheme Rules apply
<b>External appliances 1</b> Artificial and electronic aids, orthopaedic appliances / support and shoes, elastic stockings, hearing aids including repairs, wheelchairs, etc.	R10 000 / family / 24 months Covered 100% TR	Motivation required • 3 Months hire expenses for CPAP ventilator, if clinically appropriate, purchase will be considered Stoma bags (disposable bladder and intestinal bags) and other PMB appliances covered from MAC
<b>External appliances 2</b> Artificial limbs and eyes, dental implants and components	R7 200 / beneficiary / 24 months Covered 100% TR	Dental implants and components only applicable to surgical phase of placement

## How much do you pay?



Total monthly contribution (including employer subsidy)

Principal member	R2 004
Adult dependant	R2 004
Child dependant	R477



### 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

**HIV / AIDS programme**  0860 50 6080  0860 80 4960 **Emergency ambulance service** Prime Cure - Netcare 911  084 124 ONECARE - ER24  084 124

**Network Provider** Prime Cure  0860 101 151 ONECARE  0860 103 491

## Abbreviations and acronyms

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

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

## Important information

### Treatment facility

Refers to the facility where specified treatment or procedures will be performed, i.e. day clinic, network GP / specialist practice, network hospital and / or unattached operating theatres.

### Flexpenditure

Flexpenditure is a joint benefit combining some out-of-hospital benefits within a specified benefit limit allowing the member (and dependants) more freedom of choice and flexibility in utilisation.

## 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 25% of cost applies to any benefit voluntarily obtained from a non-DSP.

## TeleMed Chronic List (TCL)

**In addition to PMB, you will be covered for out-of-hospital chronic medicine for the following conditions.** Subject to Managed Healthcare Protocols, registration and formulary. Chronic medication will only be authorised for the PMB / CDL list and diseases listed below:

Acne - severe recalcitrant nodular	Idiopathic thrombocytopenia
Allergic rhinitis - chronic	Major psychiatric disorders
Amyloidosis	Meniere's disease
Anaemia - chronic	Menopause - treatment for flushes
Ankylosing spondylitis	Migraine - chronic
Anorexia nervosa	Neuropathy
Attention Deficit Disorder (ADD)	Obsessive compulsive disorder
Benign prostatic hypertrophy	Oncology pain control management
Bulimia nervosa	Panic disorder
Cerebral palsy	Peripheral vascular disease
Chronic cystitis	Polycystic ovarian syndrome
Conns syndrome	Post traumatic stress disorder
Cushing's syndrome	Psoriasis
Eczema - severe chronic	Scleroderma
Embolism	Stroke
Endometriosis	Trigeminal neuralgia
Generalised anxiety disorder	Urinary incontinence
Gout	Urticaria
Hyperprolactinaemia	Valvular heart disease
Hyperthyroidism	Vestibular functional disorder
Hypoparathyroidism	
Hypopituitarism	