

Benefit schedule 2009

Benefit	Cover	Benefit note
In-hospital		
All admissions must be pre-authorized. R1 100 penalty if no pre-authorization obtained EMERGENCY - notify Scheme within 48 hrs / 1st working day after admission		
Accommodation 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
Procedures Surgical Organ transplants / Renal dialysis	Covered 100% TR R155 000 / family Covered 100% TR	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)
Consultations GP / Specialist Physiotherapy / Biokinetics Mental health: Psychiatry / Clinical psychology	Covered 100% TR Covered 100% TR R15 500 / family Covered 100% TR	Includes consultations and ward visits Included in out-of-hospital physiotherapy benefit Included in out-of-hospital mental health benefit • Electroconvulsive treatment covered from MAC Subject to PMB
Other Internal surgical prosthesis	R37 000 / family Covered 100% TR	Subject to PMB
Pathology Radiology (X-rays)	Covered 100% TR 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 out-of-hospital benefit
Oncology: Radiotherapy / Chemotherapy In- and out-of-hospital Materials and medicines Take Home Medicine (THM)	Covered 100% TR 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
Blood transfusions	Covered 100% TR	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 Cost of blood, blood equivalents, blood products and transport of blood
Out-of-hospital		
Flexpenditure Consultations GP consultations, specialist consultations, registered primary care nursing, maternity, antenatal and midwifery Optometry: Eye examinations Lenses Add-ons Frames Auxiliary benefits Dieticians, chiropractors, homeopaths (consultations and medication), acupuncture, speech therapy, audiology, occupational therapy, physiotherapy, podiatry / chiropody, orthotics / prostheses and biokinetics Radiology (Basic X-rays) Pathology Over the counter medicine (OTC) Acute medication Chronic medication	Flexpenditure benefit: Member R11 000 Member + 1 R17 600 Member + 2 + R21 500 Covered 100% TR	Included: Minor procedures, materials, medicines used and examinations in rooms • Excluded: Antenatal classes and oncology • PMB conditions fully covered at DSP subject to enrolment in treatment care plan and pre-authorization • Co-payment for non-PMB conditions if member does not enrol in and abide by treatment care plan Subject to Optical Management and clinical necessity 1 Examination / beneficiary / 24 months, subject to PMB 1 Pair spectacle lenses / beneficiary / 24 months OR clear contact lenses • Limited to R1 200 / beneficiary / 24 months Single vision, bi- and varifocal lenses covered 100% of tariff for generic lenses Tints, coatings, designs, materials and branded lenses • 100% of tariff for generic add-on for generic glass photochromic lenses OR 100% of tariff for generic add-on for generic glass fixed tint not exceeding 35% 1 Frame / beneficiary / 24 months • R575 / beneficiary / 24 months
Unlimited but subject to pre-authorization for the PMB / CDL Care Plan		
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R900 / family; max. R100 / purchase		
Any pharmacy of choice, subject to medicine formulary		
Included in Flexpenditure with sub-limits: Member R6 500 Member + 1 R8 000 Member + 2 R10 000 Member + 3 + R12 000		
PMB / CDL conditions fully covered at DSP • Additional 6 chronic conditions covered - refer to TCL • Benefit subject to programme enrolment, authorisation and medicine formulary • To be obtained from DSP pharmacy		
Other benefits		
Mental health: Psychiatry / Clinical psychology	R15 500 / family Covered 100% TR	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
Dentistry: Basic	Covered 100% TR	Children under 12 unlimited • Included: Diagnostic examinations, endodontics and preventative treatment and fillings and extractions (including surgical) • Excluded: Any complications with removable dentures and MRI and CAT scans for any dento-alveolar procedures
Specialised	Member R3 000 Member + 1 R3 900 Member + 2 R4 500 Member + 3 R5 000 Member + 4 + R5 800 Covered 100% TR	Subject to 48 hours pre-authorization notice • Doctor's cost of procedures subject to sub-limits • Included: Orthodontics, periodontics and prostodontics, crown and bridgework, plastic dentures, 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
Radiology (Specialised X-rays)	Non-PMB covered 100% TR PMB unlimited at DSP	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
HIV / AIDS	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
Immunisation	Covered 100% TR	Vaccines limited to one / condition / beneficiary
Emergency ambulance services	Covered 100% TR	To be obtained from ER24
Services rendered abroad	Covered 100% TR	Benefit limits and Scheme Rules apply
External appliances 1 Artificial and electronic aids, orthopaedic appliances / support and shoes, elastic stockings, hearing aids (including repairs), wheelchairs, etc.	R9 500 / 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
External appliances 2 Artificial limbs and eyes, dental implants and components	R7 000 / family / 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	R1 970
Adult dependant	R1 970
Child dependant	R407

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 **Pre-authorisation**  0860 10 1272  086 634 2445  telemed@mso.co.za

HIV / AIDS programme  0860 50 6080  0860 80 4960 **SHS Dental Partners**  086 111 5536  086 615 6696  telemed@shsdent.co.za

ER24 - Emergency ambulance service  084 124

Abbreviations and acronyms

CDL Chronic Disease List	OTC Over the counter medicine
DSP Designated Service Provider	PMB Prescribed Minimum Benefits
HRM Healthcare Risk Management	TCL TeleMed Chronic List
MAC Maximum Annual Cover	THM Take Home Medicine
MHP Managed Healthcare Protocol	TPL TeleMed Procedure Limit
NHRPL National Health Reference Price List	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 20% 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	Depression
Attention Deficit Disorder (ADD)	Eczema - severe chronic
Allergic rhinitis - chronic	Menopause - treatment for flushes

Important information

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.

Co-payment

An amount (portion of the hospital cost) due by the member to the hospital when admitted for the listed procedures. The co-payment is not required in the event of a life threatening injury or PMB.

The standard co-payment is R400 per hospital admission, except for the following non-PMB procedures:

Shoulder surgery	R8 100
Joint replacement	R8 100
Laparoscopic nissen	R3 000
Spinal surgery	R7 000
Hysterectomy	R2 200
Arthroscopy	R800

TeleMed Procedure Limits (TPL) for certain elective hospital admissions

The maximum benefit payable by TeleMed in respect of certain hospital admissions (procedures and prostheses) are detailed in the table below. No TPL apply to procedures not listed and benefits are subject to the relevant limit.

Joint replacement	R60 000
Laparoscopic nissen	R27 000
Spinal surgery	R71 000
Hysterectomy	R13 000
Arthroscopy	R3 800