

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 All admitting providers will be paid the TeleMed Rate and any other practitioner / s (treating practitioners other than the admitting practitioner) will be paid a maximum of 200% of the TeleMed Rate		
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	Covered 100% TR	
Organ transplants / Renal dialysis	R260 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)
Breast reduction	R9 000 / family Covered 100% TR	All inclusive. Non-PMB complications not covered
Refractive eye surgery	R10 000 / family Covered 100% TR	All inclusive, e.g. radial keratotomy and lens implants
Consultations		
GP / Specialist	Covered 100% TR	Includes consultations and ward visits
Physiotherapy / Biokinetics	Covered 100% TR	Included in out-of-hospital physiotherapy benefit
Mental health: Psychiatry / Clinical psychology	R25 000 / family Covered 100% TR	Included in out-of-hospital mental health benefit • Electroconvulsive treatment covered from MAC Subject to PMB
Other		
Internal surgical prosthesis	R52 000 / family Covered 100% TR	Subject to PMB
Pathology	Covered 100% TR	
Radiology (X-rays)	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	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 Take Home Medicine (THM)	Covered 100% TR 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
Blood transfusions	Covered 100% TR	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		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
Optometry:		Subject to Optical Management and clinical necessity
Eye examinations		1 Examination / beneficiary / 24 months • Subject to PMB
Lenses		1 Pair spectacle lenses / beneficiary / 24 months OR clear contact lenses • Limited to R1 650 / beneficiary / 24 months • Single vision, bi- and varifocal lenses covered 100% of tariff for generic lenses
Add-ons		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%
Frames		1 Frame / beneficiary / 24 months • R930 / beneficiary / 24 months
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)		Unlimited but subject to pre-authorization for the PMB / CDL Care Plan
Pathology		Unlimited but subject to pre-authorization for the PMB / CDL Care Plan
Over the counter medicine (OTC)		R1 000 / family; max. R140 / purchase
Acute medication		Any pharmacy of choice, subject to medicine formulary
Chronic medication		Included in Flexpenditure with sub-limits: R13 500 / beneficiary • R10 co-payment / item • Max. R30 / script PMB / CDL conditions fully covered at DSP with no co-payment / item / script • Co-payment for 60 additional non-PMB chronic conditions - refer to TCL • Benefit subject to programme enrolment, authorisation and medicine formulary • No co-payment if obtained from DSP pharmacy
Other benefits		
Mental health: Psychiatry / Clinical psychology	R25 000 / 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 750 Member + 1 R4 600 Member + 2 R5 400 Member + 3 R6 250 Member + 4 + R7 000 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, DSP rate or cost 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 ultrasound scans • Included in in-hospital benefit
HIV / AIDS	Covered 100% TR, DSP rate or cost	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.	R13 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	R14 300 / 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 573
Adult dependant	R2 573
Child dependant	R603

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
DSP Designated Service Provider
HRM Healthcare Risk Management
MAC Maximum Annual Cover
MHP Managed Healthcare Protocol
NHRPL National Health Reference Price List

OTC Over the counter medicine
PMB Prescribed Minimum Benefits
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.

Important information

Excess Cover

Excess Cover is the reimbursement rate at which the Scheme will pay practitioners (doctors / specialists) for in-hospital treatment. All admitting providers will be paid the TeleMed Rate and any other practitioner / s (treating practitioners other than the admitting practitioner) will be paid a maximum of 200% of the TeleMed Rate. Where and when possible, members must ensure that their in-hospital treatment is charged within these parameters. Fees higher than these guidelines will not be paid by the Scheme.

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.

No other co-payment applies except for the following:

Shoulder surgery	R2 700
Joint replacement	R2 700
Laparoscopic nissen	R1 600
Spinal surgery	R2 700
Hysterectomy	R1 100
Arthroscopy	R400

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
 Allergic rhinitis - chronic
 Alzheimer's disease
 Anaemia - chronic
 Ankylosing spondylitis
 Anorexia nervosa
 Arthritis - osteoarthritis
 Attention Deficit Disorder (ADD)

Barrett's oesophagus
 Behcet's disease
 Benign prostatic hypertrophy
 Bulimia nervosa

Chronic cystitis
 Chronic pancreatic steatorrhea
 Cushing's syndrome
 Cystic fibrosis

Delusional disorder
 Depression
 Disorder of vestibular function
 Dystonia

Eczema - severe chronic
 Endometriosis

Gastro-oesophageal reflux disease
 Generalised anxiety disorder
 Gout

Haematological disorders - thalassaemia, aplastic anaemia, etc.
 Huntington's disease
 Hyperthyroidism
 Hypoparathyroidism
 Hypopituitarism

Major psychiatric disorders
 Meniere's disease
 Menopause - treatment for flushes
 Migraine - chronic
 Motor neuron disease
 Muscular dystrophy and other inherited myopathies
 Myasthenia gravis
 Narcolepsy
 Neuropathy

Obsessive compulsive disorder
 Oncology pain control management
 Osteoporosis

Paget's disease
 Panic disorder
 Paraplegia / quadriplegia (medicines to manage)
 Pemphigus
 Peptic ulcer
 Peripheral vascular disease
 Polyarteritis nodosa
 Post traumatic stress disorder
 Psoriasis
 Pulmonary interstitial fibrosis

Scleroderma
 Sjogren's syndrome
 Stroke
 Systemic sclerosis
 Trigeminal neuralgia
 Tourette's syndrome

Urinary incontinence

Zollinger Ellison syndrome

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 applies to any benefit voluntarily obtained from a non-DSP.