

Benefit schedule 2009

Benefit	Cover	Benefit note
In-hospital		
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	Covered 100% TR PMB / CDL only	Only available at DSP otherwise a co-payment will apply for voluntary use of a non-DSP • Subject to PMB
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 and orthognatic surgery • Excluded: Orthognatic surgery for patients older than 18 and surgical placement of implants
Maternity / Confinement	Covered 100% TR	Hospitalisation, post-natal services, midwifery and delivery (includes multiple births)
Consultations GP / Specialist	Covered 100% TR	Includes consultations and ward visits
Physiotherapy / Biokinetics	R4 000 / family Covered 100% TR	
Mental health: Psychiatry / Clinical psychology	R12 600 / family Covered 100% TR	Electroconvulsive treatment covered from MAC • Subject to PMB
Other Internal surgical prosthesis	R30 000 / family Covered 100% TR	Subject to PMB
Pathology	Covered 100% TR	
Radiology (Specialised X-rays)	Covered 100% TR	Max. 1 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
Oncology: Radiotherapy / Chemotherapy	PMB / CDL only Covered 100% TR	Only available DSP • 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
Materials and medicines	Covered 100% TR	
Take Home Medicine (THM)	Covered 100% TR	Supply for 5 days post hospitalisation thereafter payable from Flexfunder
Blood transfusions	Covered 100% TR	Cost of blood, blood equivalents, blood products and transport of blood
Out-of-hospital		
Flexfunder Consultations GP consultations, specialist consultations, registered primary care nursing, maternity, antenatal and midwifery	Covered 100% of cost	Covered from available Flexfunder
Chronic, acute and over the counter medicine (OTC)	Flexfunder benefit:	Covered from available Flexfunder
Dentistry (Basic and specialised)	Gross monthly income less than R15 500	Specialised dentistry subject to pre-authorization 48 hours prior to treatment / surgery • Covered from available Flexfunder
Radiology (Basic and specialised)	Principal member R2 868 Adult dependant R2 352 Child dependant R852	Covered from available Flexfunder
Pathology		Includes immunisation • Covered from available Flexfunder
Optometry	Gross monthly income R15 500 or more	Tints, coatings, designs, materials and branded lenses • 100% of cost for the generic add-on for generic glass photochromic lenses OR 100% of cost for the generic add-on for generic glass fixed tint not exceeding 35%
Auxiliary benefits Dieticians, chiropractors, homeopaths (consultations and medication), acupuncture, speech therapy, audiology, occupational therapy, physiotherapy, podiatry / chiropody, orthotics / prostheses and biokinetics	Principal member R3 420 Adult dependant R2 604 Child dependant R984	
Other benefits		
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 • Covered from available Flexfunder
Emergency ambulance services	Covered 100% TR	To be obtained from ER24
Services rendered abroad	Covered 100% TR	Benefit limits and Scheme Rules apply

How much do you pay?

Total monthly contribution (including employer subsidy)

Gross monthly income	< R15 500	> R15 500
Principal member	R1 195	R1 425
Adult dependant	R980	R1 085
Child dependant	R355	R410

Available Flexfunder 2009

Gross monthly income	< R15 500	> R15 500
Principal member	R2 868	R3 420
Adult dependant	R2 352	R2 604
Child dependant	R852	R984

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-authorization** 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% of cost applies to any benefit voluntarily obtained from a non-DSP (covered from available Flexfunder).

Important information

Flexfunder

Flexfunder is a medical savings account into which a member pays 20% of the total contribution to allow greater flexibility and freedom of choice. All valid medical expenses will automatically be covered by funds available in the member's Flexfunder once a benefit is exhausted, except for PMB related expenses not covered by the Scheme. Flexfunder reserves (unused funds) will be carried over to the next benefit year and refunded to the member when he / she resigns from the Scheme.

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 (covered from available Flexfunder):

Laparoscopic nissen	R6 000
Hysterectomy	R4 400
Arthroscopy	R1 600

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.

Laparoscopic nissen	R18 500
Spinal surgery	R54 500
Hysterectomy	R13 000
Arthroscopy	R3 800
Joint replacement	Covered from available Flexfunder