

ALPHA 2012 BENEFITS & CONTRIBUTIONS

All benefit costs, except hospital costs, must be paid by the member and the relevant benefit percentage will be refunded by the Scheme to the member, unless the cost of the incident exceeds R650, in which case the relevant percentage benefit amount will be paid to the service provider and the member will be responsible for his/her portion.

All the Benefits are paid up to the MEDIMED Scheme Tariff.

Hospitalisation

SUBJECT TO PRE-AUTHORISATION
100% of Negotiated Tariff

Hospital limit	Unlimited
In-Hospital dentistry	Limited to impacted wisdom teeth and children under 12 years R10,000 per family (Limit includes doctors' costs and hospitalisation)
Psychiatric hospitalisation	R5,000 per beneficiary paid at 100%, thereafter paid at 75%/ R10,000 maximum per family (Limit includes doctors' costs and hospitalisation)
Alternatives to hospitalisation e.g. Step down services	R5,000 per family

In-Hospital Benefits

100% of MEDIMED Scheme Tariff for PMB's
75% of MEDIMED Scheme Tariff for non-PMB's

- GP and specialist consultations and procedures
- Dentist costs
- Pathology and radiology
- Specialised radiology (in and out of hospital)

60% of MEDIMED Scheme Tariff

- To-take-out medication - R300 per admission

Major Medical Expenses

SUBJECT TO PRE-AUTHORISATION
100% of MEDIMED Scheme Tariff

Combined benefit limit of R100,000 per family:

- Renal dialysis
- Oncology - authorised through ICON
- Organ transplant

Supplementary Benefits

Immune deficiency related to HIV and AIDS	Unlimited (Subject to managed care protocols)
Internal prosthesis	R30,000 per family
External prosthesis	R5,000 per family
Emergency and ambulance services	Unlimited through ER24 (24 hour contact number: 084 124)

Chronic Medication

SUBJECT TO PRE-AUTHORISATION

Chronic Medication authorised by the PROVIDENCE Pharmacy Benefit Management Team

26 Chronic Disease List Conditions

- 100% up to the PROVIDENCE Chronic Value (PCV)

Non-Chronic Disease List Conditions

- 75% up to the PROVIDENCE Chronic Value (PCV)
- R3,000 per beneficiary/R6,000 per family

Out-of-Hospital Expenses

75% of MEDIMED Scheme Tariff

GP and specialist consultations	R2,500 per beneficiary/ R7,000 per family
Optometry	One eye test per beneficiary per year
Pathology and radiology	Unlimited

60% of MEDIMED Scheme Tariff

Auxiliary services In-and-out of hospital (Includes psychology and physiotherapy)	R4,000 per family
Acute medication	R2,500 per beneficiary/ R7,000 per family
Over-the-counter medication (Included in the Acute Medication Benefit)	R75 per prescription/ R700 per family
Basic dentistry	Unlimited
Specialised dentistry (Includes orthodontics and crowns)	R4,000 per beneficiary/ R8,000 per family
Appliances (Includes hearing aids, oxygen and wheelchairs)	R3,000 per family

SUBJECT TO PRE-AUTHORISATION

MEDIMED Scheme Tariff

MEDIMED pays service providers up to the MEDIMED Scheme Tariff.

As some service providers may charge above the MEDIMED Scheme Tariff, please remember to:

- Ask your doctor or dentist to charge at the MEDIMED Scheme Tariff. If your doctor or dentist charges above the MEDIMED Scheme Tariff check how much above the tariff they charge so you know what your portion of the cost will be.
- If you are referred to a specialist, check beforehand whether the service provider charges in accordance with the MEDIMED Scheme Tariff.

If you require any information regarding the MEDIMED Scheme Tariff please contact our Customer Care Team.

Prescribed Minimum Benefits (PMB's)

MEDIMED provides cover for PMB conditions with no limits or co-payments if the service is obtained from a Designated Service Provider (DSP) and is in terms of the Scheme's Managed Care Protocols.

Beneficiaries who are registered for chronic medication for one of the Chronic Disease List (CDL) conditions which are part of the PMB's can register for the treatment and care of the condition to ensure no limits or co-payments.

Registration forms can be obtained from PROVIDENCE by phoning 086 010 3228, sending an email to wellbeing@providence.co.za or sending a fax to 086 599 4511.

PLEASE NOTE: If the DSP is not used voluntarily, the normal scheme benefits will apply. Please contact the Customer Care Team should you require any further information regarding PMB's.

This summary is for information purposes only and does not supersede the rules of the Scheme. In the event of any discrepancy between the summary and the rules, the rules will prevail.

Contributions

Adult	R750
Child	R230

Problem Free Claims Management

Make sure to:

- Pay the provider for all accounts that amount to less than R650, unless it relates to the "same incident" (Refer to "one incident" below),
- Submit a detailed account with proof of payment attached (Refer to "detailed accounts" below). This is applicable to pharmacy accounts as well. The "PAID" stamp is not sufficient.
- Submit claims within four (4) months from the date of service.
- Indicate your details on "Over the Counter" invoices as these invoices generally do not contain any member information.
- Please indicate how a refund should be paid should the claimed amount and the receipt/paid amounts differ.

One Incident

Accounts relating to one incident refer to medical treatment received within a 48 hour period which together amount to more than R650.

An example would be where you have consulted with your General Practitioner (R200 for the consultation) who referred you for blood tests (R300 for the tests) and you have obtained medication from the pharmacy (R200 for the prescription). Total = R700.

You are not required to pay these accounts up-front as the Scheme will pay the relevant benefit percentages at the MEDIMED Scheme Tariff directly to the providers.

The member will be liable for payment of the relevant member levies directly to the provider.

It is also important that the member clearly indicates on the accounts that the accounts relate to one incident, as these claims when received in isolation, are difficult to identify as being related to each other.

Detailed Accounts

A detailed account must contain the following information:

- The provider's name and practice number
- The member's name, initials, address and medical aid number
- The patient's name
- The service date
- A diagnosis code (ICD-IO code)
- Tariff codes for services provided
- NAPPI codes for medication dispensed
- The amount charged on each line item

Please note that MEDIMED is unable to process an account unless it contains this information.

In-Hospital Member Levies

The actual hospitalisation (the hospital account) is paid in full with no member levy applicable. Members are however still liable for the applicable member levy (25% or 40%) for the providers that have provided the service while the patient has been hospitalised for admissions relating to a non-PMB.

No member levy is applicable for hospital admissions for PMB conditions. A full list of the PMS's is available on the Scheme's website.

Notification of Refunds

The Scheme will forward your claims statement to your postal or e-mail address. You will also be notified via sms, should we have your cellular number on our system.

MEDIMED has a weekly refund payment every Thursday.

The electronic transfer of refunds occur on a Monday and it should appear in your bank account within 1 to 3 days after the transfer has been made (you will be notified via sms of the transfer date).

Claims Submission

The claims can be submitted in the following way:

- Through your HR department, where applicable
- **Via fax:**
041 395 4590
(Please also submit the original via the mail service)
- **Via mail:**
MEDIMED Claims
P.O. Box 1672
Port Elizabeth
6000
- **Scanned image, submitted via e-mail to:**
medimed@providence.co.za

Immunizations/Contraceptives

The following immunizations and contraceptives can be claimed from your Acute Medication Benefit if received from a registered nurse or prescribing doctor:

- Bcg I/dermal Infant
- DT Vax
- DTP-Merieux
- Heberbiovac
- Hiberix
- Polioral
- Prevenar
- Rotarix
- Rouvax
- Tetavax
(Tetanus vaccine for pregnant women not yet immunized - single dose)
- Tritanrix-hb

Any one of the following contraceptives may be purchased from a pharmacy and claimed from your Acute Medication Benefit:

- Biphasil
- Femodene
- Logynon
- Marvelon 150/30
- Microval
- Minesse
- Minulette
- Nordette
- Nordiol
- Norinyl-one
- Nur-Isterate
- Petogen-Fresenius
- Triodene

PLEASE NOTE: The relevant member levies will be applicable.

Administered and managed by

