

# MANAGED CARE 2012 BENEFITS & CONTRIBUTIONS

Your selected General Practitioner is the “manager” of all your healthcare requirements.

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

## Hospitalisation

**SUBJECT TO PRE-AUTHORISATION**  
**100% of Negotiated Tariff**

Hospital limit	Unlimited at preferred provider hospitals - Cuyler Clinic and Mercantile Hospital
In-hospital dentistry	Limited to impacted wisdom teeth and children under 12 years R6,000 per beneficiary
Psychiatric hospitalisation	R4,000 per beneficiary (Includes hospitalisation and doctors' costs)
Alternatives to hospitalisation e.g. Step down services	R5,000 per beneficiary
Auxiliary services e.g. Physiotherapy, dietician	R2,000 per family

## In-Hospital Benefits

**100% of MEDIMED Scheme Tariff**

- GP and specialist consultations and procedures for selected doctors or on referral by selected doctor
- Pathology and radiology from preferred provider on referral

## Major Medical Expenses

**SUBJECT TO PRE-AUTHORISATION**  
**100% of MEDIMED Scheme Tariff**

Combined benefit limit of R50,000 per family:

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

## Out of Hospital Expenses

**100% of MEDIMED Scheme Tariff**

Unlimited cover from your selected doctor or on referral from your selected doctor:

- Pathology and radiology from preferred provider on referral
- Acute medication strictly in accordance with a medication formulary prescribed by your selected doctor
- Authorised chronic medication
- Preventative care

Benefits with specific benefit limits on referral from your selected doctor:

Specialised radiology	3 scans per family/ Overall maximum of R10,000
Specialist consultations and procedures	R3,000 per beneficiary/ R6,000 per family
PMB's	Unlimited

## Chronic Medication

**100% of authorised medication - strictly in accordance with a medication formulary**

26 PMB's unlimited as prescribed by your selected doctor.

## Supplementary Benefits

2 <sup>nd</sup> opinion benefit	Six (6) consultations per family from another provider of the same IPA and medication in accordance with the formulary
Immune deficiency related to HIV and AIDS	Unlimited (Subject to managed care protocols)
Emergency and ambulance services	Unlimited through ER24 (24 hour contact number: 084 124)
Internal prosthesis	R20,000 per family
External prosthesis	R2,500 per family
Dentistry	R3,200 per beneficiary/R 5,500 per family
Optometry	Benefits through PPN Tel: 086 010 3529

## Medical Savings Account

MEDIMED also provides some flexibility to members on this option by offering a Medical Savings Account of 10% of total contributions.

The following benefits will be paid from the Medical Savings Account:

Out-of-town visits and acute medication	6 consultations per beneficiary (Subject to the Medical Savings Account)
Prescriptions from company doctor	R300 per beneficiary (Subject to the Medical Savings Account)
Over-the-counter medication	R50 per prescription/ R250 per family (Subject to the Medical Savings Account)
Appliances	Subject to the Medical Savings Account
Auxiliary benefits (Includes psychology, physiotherapy)	Subject to the Medical Savings Account

## Optometry

Optometry	2 year benefit from anniversary of claiming
Eye test	100% of cost at a PPN Optometrist or to a maximum of R235 at a non-network provider
Frames and lenses	R200 for frames, R130 for single vision lenses and R290 for bi-focal or multi-focal lenses
<b>OR</b>	
Contact lenses	R 600 per beneficiary

## Pre-authorisation

Is required for:

- All hospital admissions
- In-hospital physiotherapy
- Specialised radiology
- Organ transplants
- Oxygen
- Appliances
- Renal dialysis
- Chemotherapy

Please remember that pre-authorisation is not a guarantee of payment. The Scheme rules will still be applied.

**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.**

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## Contributions

Income Category	Adult	Child
Under R7,000	R860	R250
R7,001 to R11,000	R1,010	R260
R11,001 to R15,000	R1,180	R290
R15,001 plus	R1,420	R310

## Emergencies

In the case of an emergency you can see any doctor if your selected doctor or one of the doctors in the IPA is not reasonably accessible.

An emergency refers to any life-threatening situation where some form of intervention was required.

## Annual Medical Savings Account\* Amounts

	M	M+S	M+S+C	M+S+2C	M+S+3C	M+S+4C
Under R7,000	R1,032	R2,064	R2,364	R2,664	R2,964	R3,264
R7,001 to R11,000	R1,212	R2,424	R2,736	R3,048	R3,360	R3,672
R11,001 to R15,000	R1,416	R2,832	R3,180	R3,528	R3,876	R4,224
R15,001 plus	R1,704	R3,408	R3,780	R4,152	R4,524	R4,896

\*Annual Medical Savings Account Amounts as a percentage of total contributions calculated on membership for the full year (12 months). M = Member, S = Spouse, C = Child Dependant

## Medication

Medication on the Managed Care Option is paid in accordance with a medication formulary. This is to assist your selected doctor with the cost-effective management of your healthcare. Your selected practitioner is familiar with the formulary and will prescribe medication that works for your condition.

A copy of this formulary can be obtained from the MEDIMED Customer Care Team on 041 395 4475, or on the MEDIMED website.

## After-Hours Consultations

You should at all times consult with your selected doctor. Should your doctor not be available during normal office hours, you can consult with any doctor of the applicable IPA (ECIPA, PEGP, UDIPA or Winterhoek). Should you visit any other doctor outside the relevant IPA and it is not an emergency, you will be liable for the account.

## Access to the PEGP After-Hours Facility

The PEGP after-hours facility is not affiliated to the PEGP Managed Care option. You must at all times consult with your selected doctor, unless you have an emergency, in which case you may consult with any other doctor in the relevant IPA.

## If You Are Not Happy With Your Selected Doctor

You can complete a grievance form, which you can obtain from the MEDIMED Customer Care Team on 041 395 4475. The complaint will be investigated and feedback will be provided to you. You may also change your doctor twice a year.

Please be advised that you can only change from one IPA to another (e.g. from PEGP to ECIPA) at the beginning of the year.

## Contact Details

### UDIPA AND WINTERHOEK

Telephone: 041 922 7991

Fax: 041 991 1759

Email: udipa@hotmail.co.za

### ECIPA AND PEGP

Telephone: 041 395 4475

Fax: 086 674 2977

Email: occmed@providence.co.za

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**PROVIDENCE**  
Healthcare Risk Managers

## Prescriptions for Medication

Members should please remember the following when obtaining a prescription.

If the medication prescribed is:

- Not on the formulary, but there is a generic equivalent on the formulary, the Scheme will pay the maximum of the generic equivalent and the member will be liable for the difference.
- Not on the formulary, but there is no generic equivalent, the member will be liable for the full amount.

It is therefore advisable to confirm with either your selected doctor, or with the MEDIMED Customer Care Team, whether the prescribed medication is on the formulary.

You should only obtain a prescription from your selected doctor or from a specialist to whom you have been referred to by your selected doctor.

## Referrals

You need a referral for all specialist visits, pathology (blood tests), radiology (x-rays), physiotherapy, psychology visits, etc. Please verify with the Customer Care Team if you are unsure. Please be advised that a referral is provided by your selected doctor whenever it is medically appropriate.

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