

MEDISAVE MAX 2012 BENEFITS & CONTRIBUTIONS

The Medisave Max option has no overall annual limit.

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 R8,000 per beneficiary
Psychiatric hospitalisation	R6,000 per beneficiary paid at 100%, thereafter paid at 70% Overall maximum of R10,000 per family (Includes hospitalisation and doctors' costs)
Alternatives to hospitalisation e.g. Step down services	R6,000 per beneficiary
Auxiliary services e.g. Physiotherapy, dietician	R4,000 per family
Specialised radiology In-and-out of hospital	4 scans per family Overall maximum of R15,000

In-Hospital Benefits

100% of MEDIMED Scheme Tariff

Unlimited

- GP and specialist consultations and procedures
- Pathology and radiology
- To-take-out medication - R300 per admission

Major Medical Expenses

SUBJECT TO PRE-AUTHORISATION
100% of MEDIMED Scheme Tariff

Combined benefit limit of R150,000 per family

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

Out-of-Hospital Expenses

SUBJECT TO THE MEDICAL SAVINGS ACCOUNT AND THE ELECTIVE BENEFIT
100% of MEDIMED Scheme Tariff

Benefits are first paid from the Medical Savings Account and thereafter from the Elective Benefit

- GP and specialist consultations and procedures
Certain authorised procedures done in the provider's rooms will be paid from the In-Hospital Benefit. Please contact PROVIDENCE to establish whether a planned procedure qualifies to be paid from this benefit
- Pathology and radiology
- Basic and advanced dentistry
- Appliances
(Includes hearing aids, glucometer and crutches)
- Acute medication
- Optometry
R3,500 per family/Every 2nd year for each beneficiary
- Over-the-counter medication
R120 per prescription/R1,500 per family
- Auxiliary
(Includes psychology, physiotherapy and podiatry)

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. This is paid from your Elective Benefit.

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.

Supplementary Benefits

Preventative care benefit	R900 per beneficiary/ R1,800 per family <small>(Includes R500 per beneficiary for a dental consultation)</small>
Immune deficiency related to HIV and AIDS	Unlimited <small>(Subject to managed care protocols)</small>
Emergency and ambulance services	Unlimited through ER24 <small>(24 hour contact number: 084 124)</small>
Internal prosthesis	R33,000 per family
External prosthesis	R4,000 per family
Oxygen	Covered at 80%/ R6,000 per family

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

- 90% up to the PROVIDENCE Chronic Value (PCV)
- R3,000 per beneficiary/R6,000 per family

Preventative Care

Certain Procedures are paid from the Preventative Care Benefit and not from your Medical Savings Account:

- Flu vaccinations
- Pap smear consultation and pathology test
- Mammogram and breast scan (ultrasound)
- Bone density scan
- Prostate specific antigen
- Cholesterol test
- Blood sugar test
- HIV test
- 1st and 2nd pregnancy scan
- 6 Antenatal consultations

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 R10,000	R1,980	R340
R10,001 to R15,000	R2,160	R360
R15,001 plus	R2,260	R370

Medical Savings Account and Elective Benefit

25% of the contributions are allocated to the Medical Savings Account. In addition members have an Elective Benefit of R4,000 per beneficiary/R8,000 per family which is available once the savings are depleted.

Annual Medical Savings Account* and Elective Benefit Amounts

	M	M+S	M+S+C	M+S+2C	M+S+3C	M+S+4C
Under R10,000	R9,940	R19,880	R20,900	R21,920	R22,940	R23,960
R10,001 to R15,000	R10,480	R20,960	R22,040	R23,120	R24,200	R25,280
R15,001 plus	R10,780	R21,560	R22,670	R23,780	R24,890	R26,000

Make your Medical Savings Account last longer

1. Avoid unnecessary visits to the doctor and unnecessary purchases of medication.
2. Always request a generic alternative for the medication that you require.
3. Negotiate discounts with your pharmacist or doctor if you are able to pay cash.
4. Register medication that you take regularly (chronic medication) as chronic medication. If the medication has been approved as chronic, it will not be paid from the Medical Savings Account, ensuring that your benefits last longer.
5. Verify on your claims statement that the claims paid are correct and are paid from the correct benefit e.g. that your chronic medication is paid from the Chronic Medication Benefit and not the Acute Medication Benefit.

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.

Immunizations/Contraceptives

The following immunizations and contraceptives can be claimed from your Medical Savings Account 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 Medical Savings Account:

- 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



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