

The Medisave Standard option offers affordable health care cover both in and out of hospital

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

## 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.

## 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 R7,000 per beneficiary
Psychiatric hospitalisation	R5,000 per beneficiary (Includes hospitalisation and doctors' costs)
Alternatives to hospitalisation e.g. Step down services	R4,000 per beneficiary
Auxiliary services e.g. Physiotherapy, dietician	R3,000 per family
Specialised radiology In-and-out of hospital	3 scans per family Overall maximum of R12,000
To-take-out medication	R300 per admission

## 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:

- 100% up to the PROVIDENCE Chronic Value (PCV)
- R1,500 per beneficiary/R3,000 per family

## In-Hospital Benefits

100% of MEDIMED Scheme Tariff  
Unlimited

- GP and specialist consultations and procedures
- Pathology and radiology

## Major Medical Expenses

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

Combined benefit limit of R80,000 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  
R3,000 per family/Every 2nd year for each beneficiary
- Over-the-counter medication  
R100 per prescription/R1,200 per family
- Auxiliary  
(Includes psychology, physiotherapy and podiatry)

## Supplementary Benefits

Preventative care benefit	R800 per beneficiary/ R1,600 per family (Includes R400 per beneficiary for a dental consultation)
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	R25,000 per family
External prosthesis	R3,000 per family
Oxygen	Covered at 80% R4,000 per family

## Optometry

Benefits through PPN -Telephone: 086 010 3529  
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 and multi-focal lenses
<b>OR</b>	
Contact lenses	R600 per beneficiary

Benefits not covered by PPN or a non-network provider can be claimed from the Medical Savings Account subject to a limit of R3,000 per family

## Contributions

Income Category	Adult	Child
Under R7,000	R1,230	R260
R7,001 to R11,000	R1,300	R270
R11,001 to R15,000	R1,500	R300
R15,001 plus	R1,630	R320

## 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 R3,500 per beneficiary/R7,000 per family which is available once the Medical Savings Account is 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 R7,000	R7,190	R14,380	R15,160	R15,940	R16,720	R17,500
R7,001 to R11,000	R7,400	R14,800	R15,610	R16,420	R17,230	R18,040
R11,001 to R15,000	R8,000	R16,000	R16,900	R17,800	R18,700	R19,600
R15,001 plus	R8,390	R16,780	R17,740	R18,700	R19,660	R20,620

\*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

## 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
  - Hibrix
  - Tetavax
  - Polioral
  - Prevenar
  - Rotarix
  - Rouvax
  - Tritanrix-hb
- (Tetanus vaccine for pregnant women not yet immunized - single dose)

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

## 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.

## 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
- 1<sup>st</sup> and 2<sup>nd</sup> pregnancy scan
- 4 Antenatal consultations

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