Medisave Max

2027 Benefits & Contributions

The Medisave Max option has no overall annual limit. All benefits are paid up to the MEDIMED Scheme Tariff.

IN-HOSPITAL BENEFITS AND MAJOR MEDICAL EXPENSES

Hospitalisation

SUBJECT TO PRE-AUTHORISATION.

HOSPITAL LIMIT	Unlimited
ALTERNATIVES TO HOSPITALISATION e.g. Step down services Compassionate care(R30,000 per beneficiary)	R20,000 per beneficiary
AUXILIARY SERVICES e.g. Physiotherapy, dietician	R4,000 per family
IN-HOSPITAL DENTISTRY Includes hospitalisation and all other in-hospital providers' costs	R14,000 per beneficiary Limited to impacted wisdom teeth and children under 12 years
EMERGENCY AND AMBULANCE SERVICES	Unlimited Preferred provider Netcare 911 24 hour contact number 082 911
GP & SPECIALIST SERVICES	Unlimited Paid at 200% of the MEDIMED Scheme Tariff
PATHOLOGY	Unlimited
INTERNAL PROSTHESIS PRE-AUTHORISATION REQUIRED	R44,000 per family Sub-limits: • Spinal Fusion R25,000 per family • Intra-occular lenses R2,500 per lens • Mesh R7,000 per family
EXTERNAL PROSTHESIS PRE-AUTHORISATION REQUIRED	R6,000 per family
PRESCRIBED MINIMUM BENEFITS	Unlimited at DSP
PSYCHIATRIC HOSPITALISATION PRE-AUTHORISATION REQUIRED Includes hospitalisation and all other in-hospital providers' costs	R6,000 per beneficiary paid at 100%Thereafter paid at 70%. Overall maximum of R12,000 per family. Up to 21 days In-Hospital per beneficiary per annum, sub-limits may apply; PMB's apply.
BASIC RADIOLOGY	Unlimited
SPECIALISED RADIOLOGY PRE-AUTHORISATION REQUIRED In and out of hospital	Overall maximum of R22,000 per beneficiary, R33,000 per family
DELIVERY (In and out of hospital)	**In Hospital** Obstetrician/Gynaecologist funded at 200% of Medimed Scheme Tariff. **Home Delivery** Registered Midwife funded at 100% of Medimed Scheme Tariff. Limited to R12,000 per pregnancy *subject to non-admission/ hospitilisation. (*R1,200 will be paid if there is admission / hospitalization).

Major Medical Expenses

SUBJECT TO PRE-AUTHORISATION

DIALYSIS	Unlimited PMB per family
ORGAN TRANSPLANTS	Combined limit with Dialysis
ONCOLOGY	R400,000 per family Authorised through ICON
HIV and AIDS	Unlimited Subject to managed care protocols
OXYGEN	R6,000 per family Paid at 100% of the MEDIMED Scheme Tariff

Chronic Medication

SUBJECT TO PRE-AUTHORISATION

CHRONIC DISEASE LIST CONDITIONS	100% up to the momTYB Chronic Drug Amount (CDA)
BIOLOGICAL MEDICATION	R200 000 *Subject to prior application and approval by the Scheme's designated agent.
EXTENDED CHRONIC CONDITIONS	100% of the momTYB Chronic Drug Amount (CDA) R3,700 per beneficiary Overall maximum of R7,400 per family

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, verify 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 before whether the service provider charges in accordance with the MEDIMED Scheme Tariff

Please contact our Customer Care team if you require any information regarding 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 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 momTYB, by phoning 0861 777 660 or sending an e-mail to info@medimed.co.za

PLEASE NOTE: If a non-DSP is used voluntarily, the normal Scheme benefits will apply. Please contact our Customer Care team if you require any information regarding PMB's.

Important Numbers

Customer Care Team:	0861 777 660	info@medimed.co.za
Clinical Pre-Authorisation:	041 395 4481	specauth@medimed.co.za hospauth@medimed.co.za
Pharmacy Benefit Mgmt.:	041 395 4482	chronic@medimed.co.za
Wellbeing Team:	086 010 3228	wellbeing@medimed.co.za
Claims Team:		claims@medimed.co.za
Membership Team:		membership@medimed.co.za
Escalations:		escalations@medimed.co.za
Netcare 911 (Ambulance Services):		082 911
WhatsApp:		0861 777 660

Medimed
Managing your healthcare security

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.

Medisave Max

2027 Benefits & Contributions

All benefits are paid up to the MEDIMED Scheme Tariff.

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 R7,500 per beneficiary up to a maximum of R15,000 per family which is available once the savings account is depleted.

Benefits are pro-rated for members who join the Scheme during the year.

Total Available Benefit for Day-to-Day Benefits*

	M	M+C	M+S	M+S+C	M+S+2C
Under R11,000	R21,690	R31,650	R43,380	R45,840	R48,300
R11,001 to R23,000	R25,600	R33,180	R46,200	R48,780	R51,360
R23,001 plus	R26,650	R34,410	R48,300	R51,060	R53,820

*Annual Medical Savings Account amounts as a % of total contributions calculated on membership for the full year (12 months as from 1 January). M= Member, S= Spouse, C= Child dependant

Out of Hospital Expenses

SUBJECT TO THE MEDICAL SAVINGS ACCOUNT AND ELECTIVE BENEFITS AVAILABLE

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 the customer care team to establish whether a planned procedure qualifies to be paid from this benefit
- Pathology and Radiology
- Basic and advanced dentistry
- Appliances (In and out of hospital. Includes hearing aids and crutches) limited to R4,000 per beneficiary and R8,000 per family.
- Acute medication
  Child Immunization now covered, *subject to acute medication benefit
- Optometry
  R4,500 per beneficiary to a max of R9,000 per family. Benefits every 2nd year.
- Over the counter medication
  Limited to R300 per prescription up to a maximum of R3,300 per family.
- Auxiliary
  Includes clinical – and counselling psychology, physiotherapy and chiropractor

Make your Medical Savings Account last longer

1. Avoid unnecessary visits to the doctor and unnecessary purchases of medication.
2. Avoid going to the specialist directly as more common conditions can be identified and treated by your GP.
3. Always request a generic alternative to the medication that you require.
4. Negotiate discounts with your pharmacist or doctor if you are able to pay cash.
5. Register medication that you take regularly (chronic medication) as chronic medication. It will not be paid from the Medical Savings Account if the medication has been approved as chronic, ensuring that your benefits last longer.
6. Keep the costs of diagnostic tests (blood tests and x-rays) low. Your GP should keep a comprehensive file of your visits and test results. Avoid changing doctors unnecessary as different doctors might request the same blood tests for the same symptoms.

SUPPLEMENTARY BENEFITS

The following benefits are provided in addition to the savings account and elective benefit.

PREVENTATIVE CARE BENEFIT	Cover for flu vaccinations, bone density scan, cholesterol test, blood glucose tests, dental consultation and HIV test R1,600 per beneficiary. Up to a maximum of R3,200 per family.
CANCER SCREENING These tests are paid for under the Oncology benefit	Breast Cancer Screening - Mammogram Cervical Cancer Screening - Pap Smear Prostate Cancer Screening - PSA Colo-Rectal Cancer Screening - Fecal Occult Blood tests

MATERNITY BENEFIT

Beneficiaries who register on the MEDIMED maternity programme will receive the following additional Benefits paid at 100% of the Medimed Scheme Tariff:

- 3 Pre-natal visits
- 2 2D scans
- 1 Paediatrician visit
- 1 maternity bag per pregnancy
- Antenatal vitamins (R100 per month for 9 months payable from Acute Benefit)

Complaints and Disputes

Members should inform the Scheme at info@medimed.co.za or the scheme's administrator, escalations@medimed.co.za in writing of any complaints or disputes.
Members may also report any dispute with the Scheme to the Council for Medical Schemes at: share call 0861 123 267.
Email: complaints@medicalschemes.com, www.medicalschemes.com or at their postal address: Private Bag X34, Hatfield, 0028.

Contributions

Income category	Adult	Child
Under R11,000	R4,730	R870
R11,001 to R23,000	R5,200	R910
R23,001 plus	R5,550	R970

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