

All benefits are paid up to the MEDIMED Scheme Tariff.

**H** IN-HOSPITAL BENEFITS AND MAJOR MEDICAL EXPENSES

The hospital account is paid at 100% of Medimed Scheme Tariff (subject to pre-authorisation and managed care protocols). Members however will still be liable for the applicable member levy (25-40%) for providers who provided the services during the hospital admission relating to non-PMB conditions.

Specialist and GP levies will not be applicable if the member is admitted for a valid PMB condition for treatment in terms of the Scheme's managed care protocols. A full list of PMB's is available on the Council for Medical Scheme's website ([www.medicalschemes.com](http://www.medicalschemes.com))

**Hospitalisation**

**SUBJECT TO PRE-AUTHORISATION.**  
**100% of negotiated tariff**

HOSPITAL LIMIT	Unlimited	INTERNAL PROSTHESIS <b>PRE-AUTHORISATION REQUIRED</b>	R40,000 per family Paid at 100% of the MEDIMED Scheme Tariff Sub-limits: • Spinal Fusion R23,000 per family • Intra-ocular lenses R2,500 per lens • Mesh R7,000 per family
ALTERNATIVES TO HOSPITALISATION e.g. Step down services	R5,000 per family	EXTERNAL PROSTHESIS <b>PRE-AUTHORISATION REQUIRED</b>	R6,500 per family Paid at 100% of the MEDIMED Scheme Tariff
AUXILIARY SERVICES e.g. Physiotherapy, dietician	R4,500 per family 60% of MEDIMED Scheme Tariff In and out of hospital	PRESCRIBED MINIMUM BENEFITS	Unlimited at DSP, in terms of protocol
IN-HOSPITAL DENTISTRY Includes hospitalisation and doctor's costs	R12,000 per family Doctor and related costs paid at 75%/60% of the MEDIMED Scheme Tariff Limited to impacted wisdom teeth and children under 12 years	PSYCHIATRIC HOSPITALISATION <b>PRE-AUTHORISATION REQUIRED</b>	R6,500 per family paid at 100% Thereafter paid at 75% Overall maximum of R12,000 per family costs
EMERGENCY AND AMBULANCE SERVICES	Unlimited Preferred provider ER24 24 hour contact number 084 124	BASIC RADIOLOGY	Unlimited Paid at 75% of the MEDIMED Scheme Tariff
GP & SPECIALIST SERVICES	Unlimited Paid at 100% for PMB's Paid at 75% of the MEDIMED Scheme Tariff for non-PMB's	SPECIALISED RADIOLOGY <b>PRE-AUTHORISATION REQUIRED</b>	Unlimited Paid at 75% of the MEDIMED Scheme Tariff In and out of hospital
PATHOLOGY	Unlimited Paid at 100% for PMB's Paid at 75% of the MEDIMED Scheme Tariff for non-PMB's	DELIVERY (In and out of hospital)	<b>In Hospital</b> Obstetrician/Gynaecologist funded at 200% of Medimed Scheme Tariff. <b>Home Delivery</b> Registered Midwife funded at 100% of Medimed Scheme Tariff. Limited to R3 000 per pregnancy. (If not hospitalised)

**Major Medical Expenses**

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

DIALYSIS	R100,000 per family	ONCOLOGY	R200,000 per family Authorised through ICON
ORGAN TRANSPLANTS	Combined limit with Dialysis	HIV and AIDS	Unlimited Subject to managed care protocols

**Chronic Medication**

**SUBJECT TO PRE-AUTHORISATION**

CHRONIC DISEASE LIST CONDITIONS	100% up to the momTYB CDA (Chronic Drug Amount)	EXTENDED CHRONIC CONDITIONS	75% of the momTYB CDA (Chronic Drug Amount) R3,000 per beneficiary Overall maximum of R6,000 per family
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**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.

Registration forms can be obtained from momTYB by phoning customer care **share call** 0861 777 660 or sending an e-mail to [info@medimed.co.za](mailto: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](mailto:info@medimed.co.za)  
Clinical Pre-Authorisation: 041 395 4481 [specauth@medimed.co.za](mailto:specauth@medimed.co.za)  
Pharmacy Benefit Mgmt.: 041 395 4482 [hospauth@medimed.co.za](mailto:hospauth@medimed.co.za)  
Wellbeing Team: 086 010 3228 / 083 277 6036 [chronic@medimed.co.za](mailto:chronic@medimed.co.za) / [wellbeing@medimed.co.za](mailto:wellbeing@medimed.co.za)

Claims Team: [claims@medimed.co.za](mailto:claims@medimed.co.za)  
Membership Team: [membership@medimed.co.za](mailto:membership@medimed.co.za)  
Escalations: [escalations@medimed.co.za](mailto:escalations@medimed.co.za)  
ER24 (Ambulance Services): 084 124  
WhatsApp and 'call me back': 060 715 5131

[claims@medimed.co.za](mailto:claims@medimed.co.za)  
[membership@medimed.co.za](mailto:membership@medimed.co.za)  
[escalations@medimed.co.za](mailto:escalations@medimed.co.za)



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## DAY TO DAY BENEFITS

All benefit costs, out of hospital, must be paid by the member to the service provider and the relevant benefit percentage will be refunded by the Scheme to the member, unless the cost of the incident (excluding Pharmacy Acute Medication), 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.

## Out of Hospital Expenses

ACUTE MEDICATION	R3,500 per beneficiary up to a maximum of R8,000 per family Paid at 60% of the MEDIMED Scheme Tariff	OVER-THE-COUNTER MEDICATION	R120 per prescription up to a maximum of R1200 per family. Subject to the Acute Medication benefit limit. Paid at 60% of the MEDIMED Scheme Tariff
APPLIANCES <b>PRE-AUTHORISATION REQUIRED</b>	R4,000 per family Nebulisers and glucometers limited to R500 per appliance Paid at 60% of the MEDIMED Scheme Tariff	OPTOMETRIC EXAMINATION	One optometric examination per beneficiary per year. Paid at 100% of the MEDIMED Scheme Tariff
AUXILIARY BENEFITS	R4,500 per family In and out of hospital Paid at 60% of the MEDIMED Scheme Tariff	FRAMES AND PRESCRIPTION LENSES	No benefit
DENTISTRY (BASIC)	Unlimited Paid at 60% of the MEDIMED Scheme Tariff	CONTACT LENSES	No benefit
DENTISTRY (SPECIALISED)	R5,000 per beneficiary up to a maximum of R10,000 per family Paid at 60% of the MEDIMED Scheme Tariff	PATHOLOGY AND BASIC RADIOLOGY	Unlimited Paid at 75% of the MEDIMED Scheme Tariff
GP & SPECIALIST CONSULTATIONS	R3,500 per beneficiary up to a maximum of R8,000 per family Paid at 75% of the MEDIMED Scheme Tariff	PREVENTATIVE CARE	Cover for flu vaccinations, pap smear, mammogram or breast scan, bone density scan, prostate test, cholesterol, one dental consult, test, blood sugar test and HIV test R1,400 per beneficiary Up to a maximum of R2,800 per family Paid at 100% of the MEDIMED Scheme Tariff
MATERNITY BENEFIT Beneficiaries who register on the MEDIMED maternity programme will receive the following additional Benefits paid at 100% of the Medimed Scheme Tariff:	<ul style="list-style-type: none"> <li>2 Pre-natal visits</li> <li>2 2D scans</li> <li>1 Paediatrician visit</li> <li>1 maternity bag per pregnancy</li> <li>Antenatal vitamins (R60 per month for 9 months payable from Acute Benefit at 60%)</li> </ul>	SPECIALISED RADIOLOGY <b>PRE-AUTHORISATION REQUIRED</b> In and out of hospital	Unlimited Paid at 75% of the MEDIMED Scheme Tariff

## 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").
- Submit a detailed account with proof of payment attached (Refer to "detailed accounts"). 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 receipts/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 per beneficiary.

An example would be where you have consulted with your GP (R400 for the consultation) who referred you for blood tests (R400 for the tests).  
Total = R800.

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 and amounts charged in excess of the MEDIMED Scheme Tariff, 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.

## Complaints and Disputes

Members should inform the Scheme at [info@medimed.co.za](mailto:info@medimed.co.za) or the scheme's administrator, [escalations@medimed.co.za](mailto: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](mailto:complaints@medicalschemes.com), [www.medicalschemes.com](http://www.medicalschemes.com) or at their postal address: Private Bag X34, Hatfield, 0028.

## Contributions

Adult	RI 130	Child	R450
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## Detailed accounts

An account submitted to MEDIMED 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-10 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.

## Claims submission

Claims can be submitted in one of the following ways:

- A clear, scanned image, submitted via e-mail to:**  
[claims@medimed.co.za](mailto:claims@medimed.co.za) and [providerclaims@medimed.co.za](mailto:providerclaims@medimed.co.za)
- Via mail**  
MEDIMED Claims  
P.O. Box 1672  
PORT ELIZABETH  
6000
- Hand delivered**  
Momentum Thebe Ya Bophelo  
7 Lutman Street  
Richmond Hill  
PORT ELIZABETH  
6000