

All benefits are paid up to the MEDIMED Scheme Tariff.



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)

Hospitalisation

SUBJECT TO PRE-AUTHORISATION.
100% of negotiated tariff

HOSPITAL LIMIT	Unlimited	INTERNAL PROSTHESIS PRE-AUTHORISATION REQUIRED	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 Compassionate care (R20,000 per beneficiary)	R15,000 per beneficiary	EXTERNAL PROSTHESIS PRE-AUTHORISATION REQUIRED	R6,500 per family Paid at 100% of the MEDIMED Scheme Tariff
AUXILIARY SERVICES e.g. Physiotherapy, dietician PRE-AUTHORISATION REQUIRED	PMBs only paid at 100% of MEDIMED scheme Tariff.	PRESCRIBED MINIMUM BENEFITS	Unlimited at DSP, in terms of protocol
IN-HOSPITAL DENTISTRY Includes hospitalisation and all other in-hospital providers' costs	R12,000 per family Anaesthetist, maxillofacial - 75%, dentist 60% of the MEDIMED Scheme Tariff Limited to impacted wisdom teeth and children under 12 years	PSYCHIATRIC HOSPITALISATION PRE-AUTHORISATION REQUIRED Includes hospitalisation and all other in-hospital providers' costs	R6,500 per family paid at 100% Thereafter paid at 75% Overall maximum of R12,000 per family
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 PRE-AUTHORISATION REQUIRED In and out of hospital	R10,000 per beneficiary up to a maximum of R15,000 per family. Paid at 75% of the MEDIMED Scheme Tariff
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)	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/hospitalisation. (*R1,200 will be paid if there is admission / hospitalization).
CO-PAYMENTS	Conservative back and neck - R3,000 Arthroscopy, FESS, endometrial ablation, laparoscopy and hysterectomy - R5,000 Nissan, spinal surgery and joint replacements - R10,000		

Major Medical Expenses

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

DIALYSIS	Unlimited PMB 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

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
Clinical Pre-Authorisation: 041 395 4481
Pharmacy Benefit Mgmt.: 041 395 4482
Wellbeing Team: 086 010 3228
info@medimed.co.za
specauth@medimed.co.za
hospauth@medimed.co.za
chronic@medimed.co.za
wellbeing@medimed.co.za

Claims Team:
Membership Team:
Escalations:
ER24 (Ambulance Services):
WhatsApp:

claims@medimed.co.za
membership@medimed.co.za
escalations@medimed.co.za
084 124
0861 777 660



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DAY TO DAY BENEFITS

Overall combined family limit of R18,000 for highlighted Day to Day benefits.

Out of Hospital Expenses

ACUTE MEDICATION	R2,000 per beneficiary up to a maximum of R6,000 per family Paid at 60% of the Medimed Medicine Price
APPLIANCES PRE-AUTHORISATION REQUIRED	R4,000 per family. Nebulisers and glucometres limited to R500 per appliance Paid at 60% of the MEDIMED Scheme Tariff
AUXILIARY BENEFITS	R2,000 per beneficiary up to R4,000 per family. Paid at 60% of the MEDIMED Scheme Tariff.
DENTISTRY Basic and Specialised	R5,000 per beneficiary up to R10,000 per family Paid at 60% 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.
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"> 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 at 60%)

OVER-THE-COUNTER MEDICATION	R120 per prescription up to a maximum of R1,200 per family. Subject to the Acute Medication benefit limit. Paid at 60% of the Medimed Medicine Price
OPTOMETRIC EXAMINATION	One optometric examination per beneficiary per year. Paid at 100% of the MEDIMED Scheme Tariff.
FRAMES AND PRESCRIPTION LENSES	No benefit
CONTACT LENSES	No benefit
PATHOLOGY AND BASIC RADIOLOGY	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 test, one dental consult, blood sugar test and HIV test R1,500 per beneficiary Up to a maximum of R3,000 per family Paid at 100% of the MEDIMED Scheme Tariff
SPECIALISED RADIOLOGY PRE-AUTHORISATION REQUIRED In and out of hospital	R10,000 per beneficiary up to a maximum of R15,000 per family. Paid at 75% of the MEDIMED Scheme Tariff

HOW TO CLAIM

Acute medication

Prescribed medication supplied by a pharmacy will be paid directly to the pharmacy if submitted real time by the pharmacy. Members will be required to settle their portion of the cost at the pharmacy.

Claims below R1,000

Claims below R1,000 per service will be refunded to the member. Members do not need to attach a receipt when submitting these claims but should mark the claim as paid.

Claims for R1,000 and above

Claims for R1,000 or more per service will be paid to the provider if submitted by the provider. If the member submits the account and marks the claims as paid (no receipt required), then the member will be refunded.

Please note that a service is defined as a single provider/beneficiary event and as per the Scheme rules, scheme approved rates, levies and exclusions will be applicable to these claims affecting the value reimbursed.

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 and please submit claims within four (4) months from the date of service.

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 and 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

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

Adult	R1,820	Child	R700
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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.