

CONFIRMATION OF MEDIMED MEDICAL SCHEME EX GRATIA POLICY

Ex gratia is a discretionary consideration by Medimed Medical Scheme, where the Scheme believes that an exceptional situation exists which warrants funding. An ex-gratia is not a benefit defined within the Scheme rules and should not be used to replace or supplement the existing benefits

Members can apply for ex- gratia benefits. Such benefits are evaluated by an Ex- Gratia Committee appointed by the the Board of Trustees. The Committee will evaluate each application on its merits, and any benefits granted will be at the sole discretion of the Committee, who will be guided by the rules of the Scheme.

Enquiries can be directed to (ex – gratia@medimed.co.za).

A member may apply for ex gratia benefits in respect of medical expenses not covered in terms of the scheme rules.

The Medimed Medical Scheme Ex Gratia committee applies the following criteria in considering applications for ex gratia benefits:

1. The clinical appropriateness and medical necessity of the treatment (including if there are alternative treatments for the condition).
2. If the cost of the treatment would result in undue financial hardship for the member.
3. The benefit usage and any previous ex gratia claims by the member.
4. The financial position of the scheme.

Ex gratia benefits are not considered for the following:

- Stale claims (older than 4 months).
- Costs under R1000.
- Charges above scheme tariff.
- Treatment of a cosmetic nature.
- Legal costs incurred as a result of the account being unsettled by the member.