

Your selected General Practitioner (GP) is the “manager” of all your healthcare requirements. **All benefits are paid up to the MEDIMED Scheme Tariff.**

H IN-HOSPITAL BENEFITS AND MAJOR MEDICAL EXPENSES

Hospitalisation

SUBJECT TO PRE-AUTHORISATION.

HOSPITAL LIMIT	Unlimited 100% at preferred providers 80% at non-preferred providers	INTERNAL PROSTHESIS EXTERNAL PROSTHESIS PRE-AUTHORISATION REQUIRED	R20,000 per family R3,000 per family
ALTERNATIVES TO HOSPITALISATION e.g. Step down services	R6,000 per beneficiary	PRESCRIBED MINIMUM BENEFITS	Unlimited at DSP
AUXILIARY SERVICES e.g. Physiotherapy, dietician	R2,000 per beneficiary	PSYCHIATRIC HOSPITALISATION PRE-AUTHORISATION REQUIRED Includes hospitalisation and all other in-hospital providers' costs	R4,000 per beneficiary
IN-HOSPITAL DENTISTRY Includes hospitalisation and all other in-hospital providers' costs	R8,000 per family Limited to impacted wisdom teeth and children under 12 years	BASIC RADIOLOGY	Unlimited
EMERGENCY AND AMBULANCE SERVICES	Unlimited Preferred provider ER24 24 hour contact number 084 124	SPECIALISED RADIOLOGY PRE-AUTHORISATION REQUIRED In and out of hospital	Overall maximum of R10,000 per beneficiary, R15,000 per family
GP & SPECIALIST SERVICES	Unlimited	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 R3,000 per pregnancy. (If not hospitalised)
PATHOLOGY	Unlimited		

Major Medical Expenses

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

DIALYSIS	R50,000 per family	ONCOLOGY AND RADIATION THERAPY	Combined limit with Dialysis Authorised through ICON
ORGAN TRANSPLANTS	Combined limit with Dialysis and Oncology	HIV and AIDS	Unlimited Subject to managed care protocols

Chronic Medication

SUBJECT TO PRE-AUTHORISATION

CHRONIC DISEASE LIST CONDITIONS	100% up to the momTYB Chronic Drug Amount (CDA) Medication strictly in accordance with a medication formulary
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H DAY TO DAY BENEFITS

Referrals

You need a referral from your selected GP for all specialist visits, pathology (blood tests), radiology (x-rays), physiotherapy, psychology visits, etc. Please verify with the Customer Care Team if you are unsure. Please be advised that a referral is provided by your selected GP whenever it is medically appropriate.

Out of Hospital Expenses

ACUTE MEDICATION	Unlimited - prescribed by or dispensed from selected GP Medication is paid in accordance with a medication formulary. This is to assist your selected GP in cost-effectively managing your condition.	OPTOMETRY	2 year benefit per beneficiary for either contact lenses or glasses Benefit through PPN 086 110 3529
ACUTE MEDICATION NOT ON THE FORMULARY	If there is a generic equivalent on the formulary, the Scheme will pay the maximum of the formulary generic alternative and the member will be liable for the difference. If there is no generic equivalent, the member will be liable for the full amount.	OPTOMETRIC EXAMINATION	100% of cost in network or R350 at a non-network provider
BASIC AND SPECIALISED DENTISTRY	R3,200 per beneficiary up to a maximum of R5,500 per family One set of plastic dentures every two years	FRAMES AND PRESCRIPTION LENSES	R315 for frames and R210 for single vision lenses and R445 for Bifocal and R770 for Base Multifocal
GP CONSULTATIONS	Unlimited cover from your selected GP Additional R500 per family for casualty	CONTACT LENSES	R840 per beneficiary Multifocal lenses paid up to the value of Bifocal lenses
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"> • 2 Pre-natal visits • 2 2D scans • 1 Paediatrician visit • 1 maternity bag per pregnancy • Antenatal vitamins (R60 per month for 9 months payable from Acute Benefit) 	PATHOLOGY AND BASIC RADIOLOGY	Unlimited upon referral from your selected GP
		SECOND OPINION BENEFIT	2 consultations per family from another provider of the same doctor group and medication in accordance with the formulary (pre-authorised)
		SPECIALIST CONSULTATIONS AND PROCEDURES	R3,000 per beneficiary up to a maximum of R6,000 per family. Subject to referral from your selected GP

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 / 083 277 6036
info@medimed.co.za
specauth@medimed.co.za
hospauth@medimed.co.za
chronic@occm.co.za
wellbeing@medimed.co.za

Claims Team:
Membership Team:
Escalations:
ER24 (Ambulance Services): 084 124
WhatsApp and 'call me back': 0861 777 660

claims@medimed.co.za
membership@medimed.co.za
escalations@medimed.co.za



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MEDICAL SAVINGS ACCOUNT

MEDIMED provides an additional benefit to members on the Medisave Essential option by providing a Medical Savings Account of 10% of annual contributions received.

Annual Medical Savings Account Amounts*

	M	M+S	M+S+C	M+S+2C	M+S+3C
R0 to R10 000	R1,680	R3,360	R3,936	R4,512	R5,088
R10 001 to R15 000	R2,052	R4,104	R4,704	R5,304	R5,904
R15 001 to R21 000	R2,496	R4,992	R5,640	R6,288	R6,936
R21 001 plus	R2,964	R5,928	R6,612	R7,296	R7,980

*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

Benefits Paid from the Available Medical Savings Account

CASUALTY CONSULTATIONS	Subject to Medical Savings Account	OVER-THE-COUNTER MEDICATION	R120 per prescription up to a maximum of R450 per family
OUT OF TOWN GP CONSULTATIONS AND ACUTE MEDICATION	Limited to 6 consultations per beneficiary	APPLIANCES PRE-AUTHORISATION REQUIRED	Subject to Medical Savings Account
PRESCRIPTIONS FROM COMPANY DOCTOR	R300 per family	AUXILIARY BENEFITS	Subject to Medical Savings Account

For Members Residing Outside the Nelson Mandela Metropole and Do Not Have Access to a Network Provider for the year

GP CONSULTATIONS AND ACUTE MEDICATION IN ACCORDANCE WITH THE MEDICATION FORMULARY R2,500 per beneficiary up to a maximum of R5,000 per family

Access to After-Hours Facilities (Casualty) at Private Hospitals

The after-hours facilities at private hospitals (including the preferred provider hospitals) are not affiliated to the Medisave Essential option. You must at all times consult with your selected GP, unless you have an emergency, in which case you may consult with any other GP in the relevant GP group. An emergency refers to any life-threatening situation where immediate medical intervention is required.

If you are not happy with your Selected GP

You can complete a grievance form, which you can obtain from the MEDIMED Customer Care team. The complaint will be investigated and feedback will be provided to you. You may also change your GP twice a year.

Please be advised that you can only change from one GP group to another (e.g. from PEGP to ECIPA) at the beginning of the year.

Contact Details

ECIPA AND PEGP Customer Care: 0861 777 660 Email: info@occmec.co.za

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
R0 to R10,000	R1,400	R480
R10,001 to R15,000	R1,710	R500
R15,001 to R21,000	R2,080	R540
R21,001 plus	R2,470	R570

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.