

Your selected General Practitioner (GP) is the “manager” of all your healthcare requirements. **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 100% at preferred providers 80% at non-preferred providers
ALTERNATIVES TO HOSPITALISATION e.g. Step down services Compassionate care (R20,000 per beneficiary)	R6,000 per beneficiary
AUXILIARY SERVICES e.g. Physiotherapy, dietician	R2,000 per beneficiary
IN-HOSPITAL DENTISTRY Includes hospitalisation and all other in-hospital providers' costs	R10,000 per family 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
PATHOLOGY	Unlimited

INTERNAL PROSTHESIS EXTERNAL PROSTHESIS PRE-AUTHORISATION REQUIRED	R20,000 per family R3,000 per family
PRESCRIBED MINIMUM BENEFITS	Unlimited at DSP
PSYCHIATRIC HOSPITALISATION PRE-AUTHORISATION REQUIRED Includes hospitalisation and all other in-hospital providers' costs	R4,000 per beneficiary
BASIC RADIOLOGY	Unlimited
SPECIALISED RADIOLOGY PRE-AUTHORISATION REQUIRED In and out of hospital	Overall maximum of R10,000 per beneficiary, R15,000 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/hospitalisation. (*R1 200 will be paid if there is admission/hospitalization).

Major Medical Expenses

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

DIALYSIS	R50,000 per family
ORGAN TRANSPLANTS	Combined limit with Dialysis and Oncology

ONCOLOGY AND RADIATION THERAPY	Combined limit with Dialysis Authorised through ICON
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



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.
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.
BASIC AND SPECIALISED DENTISTRY	R3,200 per beneficiary up to a maximum of R5,500 per family plus R1,000 for dentures. One set of plastic dentures every two years.
GP CONSULTATIONS	Unlimited cover from your selected GP Additional R500 per family for casualty
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 only 2 2D scans 1 Paediatrician visit 1 maternity bag per pregnancy Antenatal vitamins (R100 per month for 9 months payable from Acute Benefit)

OPTOMETRY	2 year benefit per beneficiary for either contact lenses or glasses Benefit through PPN 086 110 3529
OPTOMETRIC EXAMINATION	100% of cost in network or R380 at a non-network provider
FRAMES AND PRESCRIPTION LENSES	R330 for frames and R215 for single vision lenses and R460 for Bifocal and for Base Multifocal
CONTACT LENSES	R845 per beneficiary Multifocal lenses paid up to the value of Bifocal lenses
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
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
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:
Netcare 911 (Ambulance Services):
WhatsApp:

claims@medimed.co.za
membership@medimed.co.za
escalations@medimed.co.za
082 911
0861 777 660



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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+C	M+S	M+S+C	M+S+2C
R0 to R11,000	R2,232	R2,928	R4,464	R5,160	R5,856
R11,001 to R18,000	R2,592	R3,360	R5,184	R5,952	R6,720
R18,001 to R23,000	R3,156	R3,984	R6,312	R7,140	R7,968
R23,001 plus	R3,732	R4,608	R7,464	R8,340	R9,216

*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	R150 per prescription up to a maximum of R500 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

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@medimed.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 R11,000	R1,860	R580
R11,001 to R18,000	R2,160	R640
R18,001 to R23,000	R2,630	R690
R23,001 plus	R3,110	R730

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