

The Medisave Max option has no overall annual limit. **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	EXTERNAL PROSTHESIS PRE-AUTHORISATION REQUIRED	R6,000 per family
ALTERNATIVES TO HOSPITALISATION e.g. Step down services	R15,000 per beneficiary	PRESCRIBED MINIMUM BENEFITS	Unlimited at DSP
AUXILIARY SERVICES e.g. Physiotherapy, dietician	R4,000 per family	PSYCHIATRIC HOSPITALISATION PRE-AUTHORISATION REQUIRED	R6,000 per beneficiary paid at 100% Thereafter paid at 70% Overall maximum of R12,000 per family
IN-HOSPITAL DENTISTRY Includes hospitalisation and doctor's costs	R12,000 per beneficiary 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	Overall maximum of R20,000 per family In and out of hospital
GP & SPECIALIST SERVICES	Unlimited Paid at 200% of the MEDIMED Scheme Tariff	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		
INTERNAL PROSTHESIS PRE-AUTHORISATION REQUIRED	R40,000 per family Sub-limits: • Spinal Fusion R25,000 per family • Intra-ocular lenses R2,500 per lens • Mesh R7,000 per family		

Major Medical Expenses

SUBJECT TO PRE-AUTHORISATION

DIALYSIS	R200,000 per family	HIV and AIDS	Unlimited Subject to managed care protocols
ORGAN TRANSPLANTS	Combined limit with Dialysis	OXYGEN	R6,000 per family Paid at 100% of the MEDIMED Scheme Tariff
ONCOLOGY	R400,000 per family Authorised through ICON		

Chronic Medication

SUBJECT TO PRE-AUTHORISATION

CHRONIC DISEASE LIST CONDITIONS	100% up to the momTYB Chronic Drug Amount (CDA)	EXTENDED CHRONIC CONDITIONS	100% of the momTYB Chronic Drug Amount (CDA) R3,500 per beneficiary Overall maximum of R7,000 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. This is paid from your Elective Benefit.

Registration forms can be obtained from momTYB, by phoning 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-Auth: 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@medimed.co.za
wellbeing@medimed.co.za

Claims Team:
Membership Team:
Escalations:
ER24 (Ambulance Services): 084 124
WhatsApp and 'call me back': 060 715 5131

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



All benefits are paid up to the MEDIMED Scheme Tariff.

MEDICAL SAVINGS ACCOUNT AND ELECTIVE BENEFIT

25% of the contributions are allocated to the Medical Savings Account.

In addition members have an elective benefit of R6,000 per beneficiary up to a maximum of R12,000 per family which is available once the savings account is depleted. Benefits are pro-rated for members who join the Scheme during the year.

Total Available Benefit for Day-to-Day Benefits*

	M	M+S	M+S+C	M+S+2C	M+S+3C
Under R10 000	R15,300	R30,600	R32,310	R34,020	R35,730
R10 001 to R18 000	R16,050	R32,100	R33,870	R35,640	R37,410
R18 001 plus	R16,650	R33,300	R35,190	R37,080	R38,970

*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

Out of Hospital Expenses

SUBJECT TO THE MEDICAL SAVINGS ACCOUNT AND ELECTIVE BENEFITS AVAILABLE

100% of MEDIMED Scheme Tariff

Benefits are first paid from the Medical Savings Account and thereafter from the Elective Benefit

- GP and specialist consultations and procedures
Certain authorised procedures done in the provider's rooms will be paid from the in-hospital benefit. Please contact the customer care team to establish whether a planned procedure qualifies to be paid from this benefit
- Pathology and Radiology
- Basic and advanced dentistry

- Appliances (In and out of hospital. Includes hearing aids and crutches) limited to R4,000 per beneficiary and R8,000 per family.
- Acute medication
- Optometry
R3,500 per beneficiary to a max of R7,000 per family. Benefits every 2nd year.
- Over the counter medication
Limited to R160 per prescription up to a maximum of R1,600 per family.
- Auxiliary
Includes clinical – and counselling psychology, physiotherapy and chiropractor

Make your Medical Savings Account last longer

1. Avoid unnecessary visits to the doctor and unnecessary purchases of medication.
2. Avoid going to the specialist directly as more common conditions can be identified and treated by your GP.
3. Always request a generic alternative to the medication that you require.
4. Negotiate discounts with your pharmacist or doctor if you are able to pay cash.
5. Register medication that you take regularly (chronic medication) as chronic medication. It will not be paid from the Medical Savings Account if the medication has been approved as chronic, ensuring that your benefits last longer.
6. Keep the costs of diagnostic tests (blood tests and x-rays) low. Your GP should keep a comprehensive file of your visits and test results. Avoid changing doctors unnecessary as different doctors might request the same blood tests for the same symptoms.

SUPPLEMENTARY BENEFITS

The following benefits are provided in addition to the savings account and elective benefit.

PREVENTATIVE CARE BENEFIT

Cover for flu vaccinations, pap smear, mammogram or breast scan, bone density scan, prostate test, cholesterol test, blood sugar test, dental consultation and HIV test
R1,500 per beneficiary
Up to a maximum of R3,000 per family

MATERNITY BENEFIT

Beneficiaries who register on the MEDIMED maternity programme will receive the following additional Benefits paid at 100% of the Medimed Scheme Tariff:

- 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)

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
Under R10,000	R3,100	R570
R10,001 to R18,000	R3,350	R590
R18,001 plus	R3,550	R630