



INFORMATION  
BOOKLET



SED MED



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**This guide is simply an overview. If clarification is required, the complete set of Rules of Sedmed, as approved by and registered from time to time with the Council for Medical Schemes, shall apply.**

## **IMPORTANT CONTACT DETAILS**

Sedmed Office:	051 447 8991
Sedmed general email:	<a href="mailto:info@sedmed.co.za">info@sedmed.co.za</a>
Hospital pre-authorizations (PPSHA):	012 679 4107
MRI and CAT scan pre-authorizations (PPSHA):	012 679 4107
Chronic medicine registration (Mediscor):	012 674 8000
General pharmaceutical enquiries (Mediscor):	012 674 8000
Principal Officer:	<a href="mailto:andrew@sedmed.co.za">andrew@sedmed.co.za</a>



## 1 PURPOSE AND MISSION STATEMENT

Sedmed provides medical aid benefits specifically and exclusively for individuals in the regular and full-time employment of the Seventh-day Adventist Church in the Republic of South Africa, Namibia and Lesotho and those who qualify for the continuation benefit after having retired from the employ of the organization.

Sedmed also provides benefits to the members' dependants registered with Sedmed.

Sedmed is required to function within the provisions of the Medical Schemes Act and Regulations and the scope of the Sedmed Rules, but it aims to do so with fairness, compassion, and consistency. It further aims to provide the best possible benefits at affordable contribution rates. This aim can only be achieved with the assistance of the members of Sedmed. Sedmed is a community scheme and as such each member is responsible to guard the fund against misuse of funds and resources. This will lead to an increase in medical benefits and sustainability.

While it aims to operate as a non-profit making scheme, Sedmed is required by law to maintain a certain level of reserve, take cognizance of its potential risk exposure, and make provision for unexpected expenditures and catastrophic events.

From 1 January 2001, Sedmed has operated as a contributory medical scheme. Accordingly, members are encouraged not to claim for non-essential medical services or products and to manage their medical expenses as best as possible to curtail the costs as far as possible so that contributions may remain as low as possible. It is for this reason that generic medicines should be used wherever possible.

# PURPOSE AND MISSION STATEMENT

## 2 GOVERNANCE

Sedmed is a self-administered registered medical scheme with the Council of Medical Schemes. The Scheme is governed by a board of trustees (the Board) consisting of trustees who are fit and proper to serve as trustees. The trustees are elected by the members present at an Annual General Meeting (AGM) of the Scheme. Only members of Sedmed are entitled to be elected as trustees. Trustees serve for a period of three years. The Board is responsible for the proper and sound management of the Scheme in terms of the rules of the fund. Therefore, the Board must always act with due care, diligence, skill and good faith. Furthermore, the Board is under obligation to apply sound business principles to ensure the financial soundness and sustainability of the Scheme.

The Principal Officer manages the day-to-day affairs of the Scheme. In addition, the Principal Officer is the executive and accounting officer of the Scheme. The Principal Officer reports to the Board and is responsible for ensuring that the Board's strategic objectives are implemented and that the Scheme operates per the requirements of the rules of the Scheme and the provisions of the Medical Schemes Act.

The Scheme is audited by external auditors. The members present at the Scheme's AGM appoint the external auditor annually. The annual financial statements of the Scheme are annually presented to the members present at the AGM. A copy of the latest annual financial statements is available at the office of the Scheme for inspection by members.

The Scheme is regulated by the Council for Medical Schemes (CMS). The CMS is responsible for ensuring that the Scheme complies with the relevant industry administrative and governance compliance standards. The CMS is also responsible to ensure that scheme members are treated with fairness and reasonableness. In this regard it acts as a body of appeal to determine disputes between members and the scheme.

## 3 MEMBERSHIP

Sedmed is a restricted scheme, and membership is limited to those individuals who are in the regular full-time employ of the Seventh-day Adventist Church in the Republic of South Africa, Namibia or Lesotho and those who qualify as continuation members.

Sedmed also provides benefits to the members' immediate dependants registered with Sedmed.



### **3.1 New Employee Applications**

It is expected of new employees to become members of Sedmed, unless they are a member of another medical scheme or registered as a dependant of a member of another medical scheme. It must be noted that only those employees who are members of Sedmed are entitled to received the medical aid subsidy provided by the employer. It is, therefore, to your advantage to join Sedmed. Therefore, with the Letter of Appointment, employees must be provided with a Sedmed Application Form and all other relevant documents for completion and submission to Sedmed.

### **3.2 Employee**

An employee is a person or group of persons in the regular and full-time employment of an employing organization within the Republic of South Africa, Namibia and Lesotho existing in terms of the Constitution of the Southern Africa Union Conference of Seventh-day Adventists.

### **3.3 Employer**

The Seventh-day Adventist Church in the Republic of South Africa, Namibia, Lesotho and or any recognized sub-organizations and any other employer or employer group within the Seventh-day Adventist Church as determined by the Board.

### **3.4 Application Form**

All new applicants must complete an application form for Sedmed membership. All details and documents, as required in the application form, must be provided in full by the applicant before the application will be considered. In addition, the completed form must be signed by both the applicant and the CFO or HR officer of the relevant organisation to verify employment.



### 3.5 Dependant

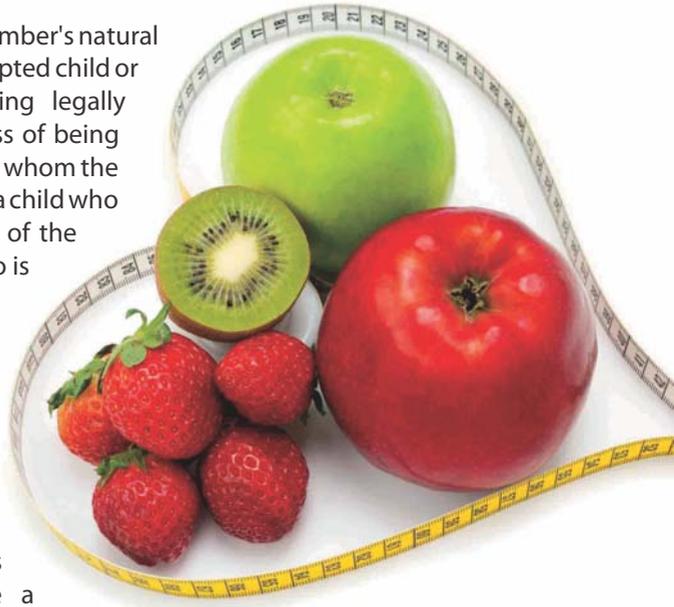
A dependant is a member's spouse, dependent child or immediate family who is dependent upon the member and in respect of whom the member is legally liable for family care and support.

A dependent child means the member's natural child or a stepchild, or legally adopted child or a child in the process of being legally adopted or a child in the process of being placed in foster care, or a child for whom the member has a duty of support or a child who has been placed in the custody of the member or their spouse and who is not a beneficiary of any other medical scheme.

To qualify as a dependant, the child:

1. must be under the age of 21 or older if they are permitted under the rules of the Scheme to be a dependant.
2. must not be a member or a registered dependant of a member of a medical scheme.
3. must be financially dependent on the member.
4. must be a full-time student at a recognized institution and be under the age of 26 years and be financially dependent on the member, as determined by the Board, for a period not exceeding 12 (twelve) months at a time or a period specified by the Board from time to time.
5. must be a child who, due to mental or physical disability, is dependent upon the member while such disability continues.

Documentary proof of dependency, as outlined above, is required when registering a dependant, including certified copies of ID, student registration or certificate of disability.





### **3.6 Medical History**

When completing your membership application form, you must ensure that you fully disclose your and/or your dependants' medical history. This section of the form must be completed for each beneficiary. Failure to disclose relevant information may lead to claims being rejected at a later stage or may even lead to termination of membership.

### **3.7 Prior Membership**

It is of utmost importance that applicants include in their application proof of prior membership and the period of such membership, of any medical scheme, either as a principal member or as a dependant. This requirement does not apply to retirees as they would previously have been members of Sedmed.

### **3.8 Supporting Documents**

Certified copies of IDs, marriage and birth certificates must be submitted in respect of the applicant and each dependant.

### **3.9 Waiting Periods**

In the event of a new member or dependant not having been a member of another medical scheme for a period of at least 90 days before the date of application and not having been a member of another medical scheme for more than two years immediately before joining Sedmed, certain waiting periods may be applicable in terms of the rules of the Scheme. For example, such a waiting period may be a general period of three months or a period of twelve months if the patient suffers from a specific pre-condition.

### 3.10 Retirees

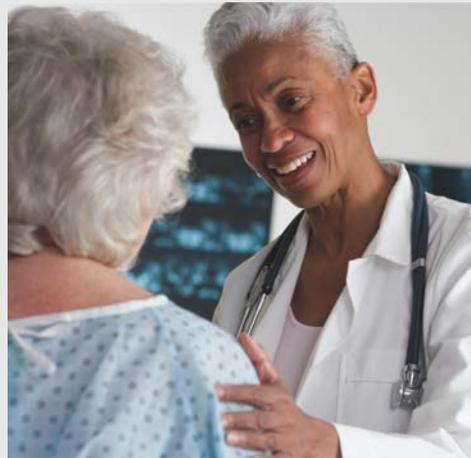
An employee who intends to retire from the service of the organisation must advise Sedmed in advance of their intention to do so and provide Sedmed with a new completed membership application form. A new application form does not mean a change in the applicant's membership or benefits. However, Sedmed requires the new form for record purposes and for processing the arrangements surrounding the payment of subsidies on contributions, if applicable.



#### 3.10.1 Post-Retirement and Death-in-Service Benefit

##### 3.10.1.1. Post-Retirement Benefit

For those employees who retire from the service of the organization and who meet the qualifying criteria, the organization has established a Sedmed post-retirement medical contribution benefit. In terms of this benefit, the Sedmed contributions of a qualifying member will be paid by the organization on behalf of the member until termination of membership by death or termination of membership. Membership will be subject to the rules of Sedmed. To qualify for the post-retirement benefit, an employee must have been a member of Sedmed for the period determined by the SAU Executive Committee. Currently, an employee must have five years of continued membership with Sedmed to qualify. For more information regarding this benefit, you can contact the office of Sedmed.



### **3.10.1.2. Death-in-Service Benefit**

The spouse and children of an employee who passes away whilst in service are entitled to the death-in-service benefit if they meet the qualifying criteria. In terms of this benefit, the Sedmed contributions of a qualifying spouse and children will be paid by the organization on behalf of them until termination of membership by death or termination of membership. Membership will be subject to the rules of Sedmed. To qualify, the employee, their spouse and children must have been members of Sedmed. For more information regarding this benefit, you can contact the office of Sedmed.



## **3.11 Protection of Personal Information**

The Scheme recognizes its members' right to privacy and confidentiality. The Scheme is committed to protecting and controlling the use of personal information as defined in the Protection of Personal Information Act 4 of 2013. By joining the Scheme, you agree to provide the Scheme with specific personal data which is required to process your application for membership and for the Scheme to provide a service to you in terms of the rules of the Scheme. The Scheme will use your personal information to verify the accuracy, correctness and completeness of the information you provided to the Scheme and for the administration of your membership and benefits. Your information will also be provided to third-party managed care service providers to assess and evaluate your clinical information and to render a service to you and your dependants in terms of the rules of the Scheme. Please visit the Scheme's website for more information about protecting your personal information.

## 4 BENEFITS AND CONDITIONS

### 4.1 Out-of-Hospital Benefits (Day-to-Day Benefits)

If required, accounts must be paid in full by the member and submitted with receipts to SEDMED for processing. It remains the member's responsibility to ensure that claims, along with the relevant invoices and receipts, are in the possession of Sedmed by the end of the 4th (FOURTH) month following the date on which the service was rendered. If claims are not submitted to Sedmed within the four-month period, Sedmed, after considering the circumstances surrounding the late submission, can elect not to honour payment of the claim.

Annual limits are as follows:

- Member only (M) R 8 000.000
- Member + 1 dependant (M+1) R 14 000.00
- Member + 2 or more dependants (M+ 2) R 20 000.00

Out-of-hospital claims are paid at 75% of cost, which includes the fees of all consultations by registered medical practitioners, such as procedures or treatment by physicians, specialists, physiotherapists, and optometrists in their consulting rooms (this list is not conclusive). This includes outpatient treatment and the cost of prescribed medicines not qualifying as chronic medication. Members are encouraged to negotiate discounted rates as far as possible and use Designated Pharmaceutical Service Providers (Dischem & Clicks pharmacies). Members are also encouraged to use generic equivalents wherever possible. A generic medicine is required to be the same as a brandname medicine in dosage, safety, effectiveness, strength, stability, and quality, as well as in the way it is taken. Generic medicines also have the same risks and benefits as their brandname counterparts. However, the cost of generic medicines is much lower than their brandname counterparts. As such, by using generic medicines your benefits are not depleted prematurely.

### 4.1.1 Dentistry

Dental expenses are paid from a separate dental benefit. Dental services include conservative and restorative dentistry, including plastic and metal dentures. Dental fees are paid at 75% of the cost, subject to an annual limit of R8 000.00 per family.

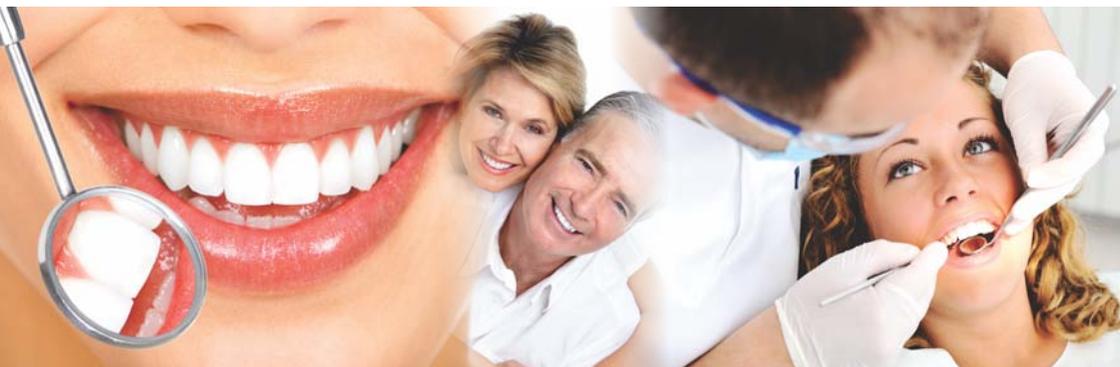
Special orthodontic work (braces, alignment, etc.) is limited to patients under the age of 18 years and subject to pre-authorization by Sedmed. Expenses are paid at 100%, subject to benefit limits. The benefit limit is R12 000.00 per child in a two-year cycle. Dentures, crowns, bridges and dental implants do not qualify for benefits in terms of this provision as these are considered part of ordinary dental procedures.)

### 4.1.2 Dental Implants

Pre-authorization is required to qualify for payment of benefits.

Sedmed will only consider paying for dental implants if they form part and parcel of a Maxillofacial Surgical procedure or in cases where it is a medical necessity. Sedmed must be provided with complete motivation from the specialist recommending such implants. Sedmed will have the right to obtain a second opinion.

Once Sedmed has been provided with all the required details, motivation, and different opinion(s), a decision will be made, if necessary, by the Board of Trustees. If it is decided that Sedmed should issue authorization, the conditions and terms of such approval and the level of benefits will be determined and communicated to the member and the service provider. Instead of simply opting for dental implants, members and their dependents must first consider the alternative options of fitting a set of dentures, bridge, crown or such procedures.



If a member insists on dental implants that do not involve surgical procedures, as mentioned above, the benefits would be limited to 75% of the cost, accumulating towards the member's annual limit.

### 4.1.3 Optics

Benefits accumulate towards a separate optics benefit.

Eye testing, lenses and frames for each beneficiary will be paid for at 75% of the cost during a cycle of two years - The following limits apply:

- Testing of eyes: R500.00 per person
- Lenses: R4 000.00 per person;
- Frames: R1500.00 per person.



### 4.1.4 Over the Counter Products (OTC)

Products which are generally available over the counter (OTC) without a doctor's prescription will be reimbursed at 75% of the OTC limit (R350.00 per month, per family) and subject to the scheme rules. All OTC claims will accrue towards the annual 75% limit.

The OTC must form part of pharmacy-advised therapy.



### 4.1.5 Generic medication

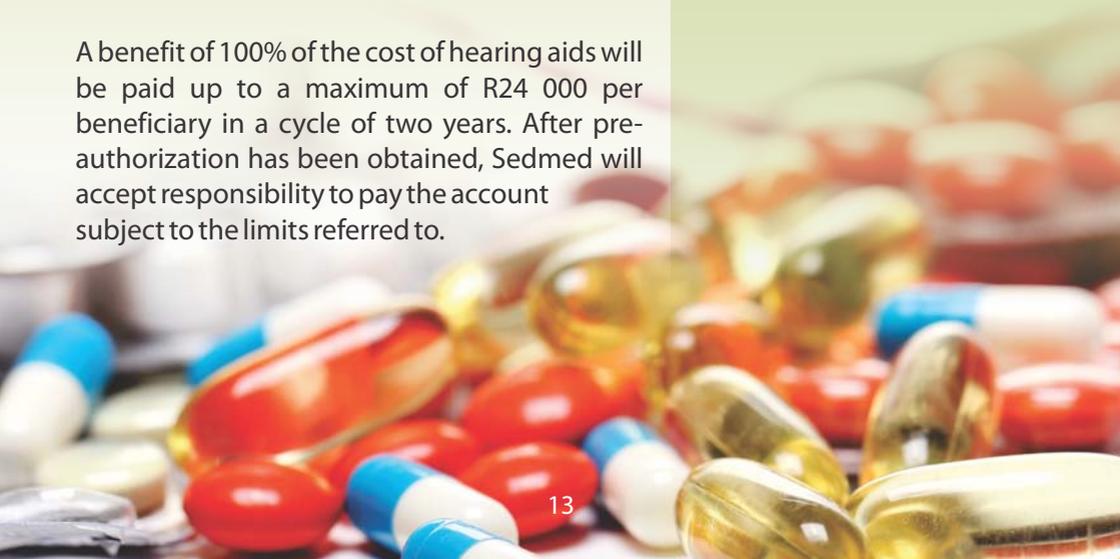
Generic medication is a medicine that contains the same active ingredients as patented medicines and is capable of substantively the same performance. Generic medicines are manufactured following the lapsing of patent registration and are usually cheaper. Sedmed's pharmaceutical formulary basket comprises generic medicine. As such, and to avoid additional co-payments, it is recommended that you always make use of generic medication. When you decide not to use generic medication, you may incur an additional co-payment which is the difference between the cost of the generic medication and that of the original product. Therefore, make sure to always ask your pharmacist for generic alternatives.

### 4.1.6 Hearing Aids

Benefits accumulate towards a separate hearing aid benefit.

Pre-authorization is required to qualify for payment of benefits.

A benefit of 100% of the cost of hearing aids will be paid up to a maximum of R24 000 per beneficiary in a cycle of two years. After pre-authorization has been obtained, Sedmed will accept responsibility to pay the account subject to the limits referred to.



## 4.2 CHRONIC BENEFITS

### 4.2.1 Chronic Disease List (CDL)

The Government has identified a list of 26 diseases in respect of which medical schemes must pay 100% of the cost of diagnosis, medication, and treatment without any annual limit. These diseases are generally known as chronic conditions. CDL expenses are deducted from a separate CDL benefit and, as such, do not impact your day-to-day benefits. The table below contains the CDL diseases:

*Table 4.1: Chronic Disease List (CDL)*

<b>Addison's Disease</b>	<b>Coronary Artery Disease</b>	<b>Epilepsy</b>	<b>Multiple Sclerosis</b>
<b>Asthma</b>	<b>Chronic Obstructive Pulmonary</b>	<b>Glaucoma</b>	<b>Parkinson's Disease</b>
<b>Bipolar Mood Disorder</b>	<b>Crohn's Disease</b>	<b>Haemophilia</b>	<b>Rheumatoid Arthritis</b>
<b>Bronchiectasis</b>	<b>Diabetes Insipidus</b>	<b>Hyperlipidaemia</b>	<b>Schizophrenia</b>
<b>Cardiac Failure</b>	<b>Diabetes Mellitus Type 1&amp;2</b>	<b>Hypertension</b>	<b>Systemic Lupus Erythematosus</b>
<b>Cardiomyopathy Disease</b>	<b>Dysrhythmias</b>	<b>Hypothyroidism</b>	<b>Ulcerative Colitis</b>
<b>Chronic Renal Disease</b>	<b>HIV</b>		



## **4.2.2 Non-Chronic Disease List illnesses (Non-CDL):**

The Regulations to the Medical Schemes Act provide a long list of approximately 270 conditions identified as Prescribed Minimum Benefits (PMB). The list is in the form of Diagnoses and Treatment Pairs, which can be found on the Council for Medical Schemes website.

According to the Medical Schemes Act, all medical schemes must pay 100% of the cost of diagnosis, medication, and treatment of non-CDLs, but subject to scheme Rules and restrictions. This means that the Scheme is allowed to apply certain restrictions or rules to PMB payments. In terms of the rules of Sedmed, it pays all non-CDL conditions at 100%. However, the non-CDL funding model of the Scheme determines that non-CDL expenses first pays from a member's day-to-day benefit. When a member's day-to-day benefit is depleted, the non-CDL claims continue to pay from a separate benefit at 100% without a limit.

## **4.2.3 Chronic Conditions**

Sedmed has identified a list of 40 diseases in respect of which the Scheme will pay 80% of the cost of diagnosis, medication, and treatment without any annual limit. However, before enjoying this benefit, you must register your chronic condition with Sedmed's pharmaceutical management company, Mediscor. Registration of these chronic conditions is only valid for a maximum period of 12 months at a time. After the expiry of the registration period, and if the sickness/condition has not been cured, you must re-register the condition in the prescribed manner.

## **4.2.4 Registration for CDL, non-CDL or Chronic medication & treatment**

To qualify for CDL, non-CDL and chronic medication and treatment, chronic conditions must first be registered with Sedmed's pharmaceutical management company, Mediscor ChroniLine. Mediscor ChroniLine's contact details can be found on the second page of this booklet under Contact details.

### **4.2.4.1. Registration Process**

A member may elect to register for CDL, non-CDL or Chronic medication and treatment in any of the following ways:

The member's doctor can phone Mediscor ChroniLine during the consultation and immediately process the approval and authorization.

The member can take their prescription to the pharmacy, and the pharmacy will contact ChroniLine directly for immediate approval and authorization.

The member can email the prescription to Sedmed, and Sedmed will, in turn, liaise with ChroniLine to register the member. This process can cause delays and is thus not recommended.

The member can email the prescription directly to ChroniLine for approval and authorization at [preauth@mediscor.co.za](mailto:preauth@mediscor.co.za).

### 4.3 Pharmaceutical Service Providers

Dischem and Clicks pharmacies are Designated Service Providers for pharmaceutical benefits.

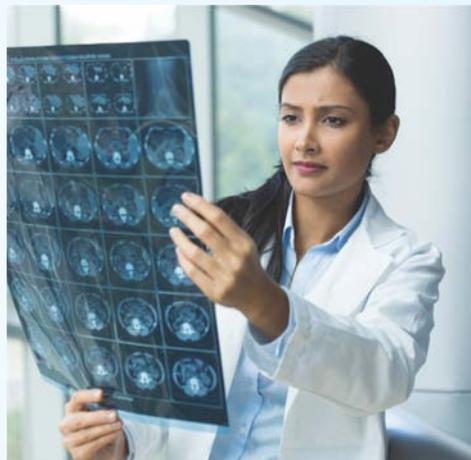
Sedmed has an agreement with Dischem and Clicks pharmacies to provide pharmaceutical-related services to SEDMED members at an agreed dispensing fee. Therefore, members must make use of the said service providers as much as possible. Members who make use of pharmacies other than Dischem or Clicks, and if the other pharmacy's fee structure is higher than the agreed fee structure of Dischem and Clicks, will be responsible for the payment of the difference between the fee structure agreed to with Dischem and Clicks and the fee structure of the other pharmacy.

### 4.4 Radiology

Radiology expenses deduct from a separate radiology benefit without any benefit limit. However, out-of-hospital CAT and MRI scans attract a co-payment of R1000.00 per scan. Pre-authorization must be obtained for scopes, CAT and MRI scans by contacting the pre-authorization number which appears on page two of this booklet.

### 4.5 Pregnancy benefits

Currently, members do not have to register for pregnancy benefits with Sedmed. In terms of the



PMB regulations, pregnancy is regarded as a non-CDL PMB. Therefore, all pregnancy claims falling under the required PMB ICD-10 code will be paid in full (100%) by Sedmed as a PMB and in accordance with the non-CDL funding model of the Scheme (See discussion above). Please note, that the costs will first deduct from your day-to-day benefit. Once your day-to-day benefit is depleted, all costs related to the pregnancy and falling under the relevant PMB code will be paid from a separate PMB benefit by Sedmed. This payment will not affect your other benefit limits. With Sedmed you are not restricted by a pregnancy treatment protocol during pregnancy. As such, you can make use of any doctor/specialist which operates from one of our DSP hospitals. You are also not restricted in the amount of antenatal doctor/ specialist visits or scans. There are also certain blood tests that fall under the PMB scope for which the fund must pay in full. Sedmed will also cover in full the costs of normal delivery. If your wife requires a caesarean section due to clinical reasons, the same will also be covered by Sedmed in full.

Please note that any PMB condition that your wife may develop during pregnancy will also be covered under the PMB rule.

Sedmed also cover home deliveries and water deliveries if performed by a registered midwife.

Take note that pregnancy supplements and medication for morning sickness do not fall under the PMB protocol. Therefore, these costs will deduct from your day-to-day benefit at 75%.

Once your baby is born, you will have to register the baby with Sedmed as a dependents. Sedmed requires the birth certificate of the baby to register your baby. If there are complications during the birth of your baby, all cost related thereto falls under the pregnancy costs.

## **5 HOSPITALISATION**

### **5.1 Hospital related costs**

Hospital-related costs are all incurred in respect of a hospital event as defined below, including the fees of the attending physician/surgeon, anaesthetist, pathology services, X-rays, theatre costs, blood transfusions and in-hospital medicines associated with the hospital.

#### **5.1.1 Hospital-related event (HRE)**

HRE are treatments or procedures requiring the patient to remain in hospital overnight. Pre-authorization is required for the procedure to qualify for 100% benefits.

## 5.2 Pre-authorization

Pre-authorization for all Hospital Related Events (HREs) is required before undergoing any treatment or procedure, including treatment or a procedure in a day ward of a hospital, day clinic or doctor's rooms. Pre-authorization must be obtained at least 24 hours prior to admission or treatment. In an emergency, post-authorization must be obtained on the first working day following admission or treatment. For all hospital authorizations, Sedmed's Hospital Benefit Management Company, PPSHA must be contacted. PPSHA's contact number appears on the second page of this booklet. The pre-authorization contact number also appears on the back of your medical aid membership card.

## 5.3 Designated Service Providers for Hospitalization

MediClinic and Netcare hospital groups are the Designated Service Providers for Sedmed.

Hospital-related costs are the highest cost driver of any medical aid. More than half of Sedmed's healthcare expenses are incurred by hospital-related events. Hospital-related costs, therefore, need to be prudently managed by cost containment mechanisms. Implementing a Designated Service Provider (DSP) for hospital-related events is a crucial containment mechanism. A DSP is a healthcare provider such as a doctor, pharmacy, and hospital that is a medical scheme's first choice when its members need medical treatment. If members choose not to use the Scheme's DSP, the Scheme may impose a co-payment on the member.

The co-payment can be a defined amount or a percentage of the non-DSP's fee. As of 1 September, 2020, Sedmed has entered into hospital DSP agreements with Mediclinic, Netcare and the National Health Network. Sedmed members who voluntarily decide to use a non-DSP hospital will incur a non-refundable co-payment of R10 000.00. There are circumstances when a co-payment will not be payable. Members who are situated in regions where a Mediclinic or Netcare facility is not available within a 30 km radius from their place of ordinary residence will be allowed to utilize the services of a closer non-DSP facility. Information on the proximity of a DSP hospital can be obtained from the hospital pre-authorization call centre, whose details can be found on the

Contact number page of this booklet. A list of all DSP hospitals is also available on the Scheme's website. In the case of a valid emergency, as defined below, a co-payment will also not be payable. It is, therefore, imperative that you, as soon as possible, inform your admitting health care provider about Sedmed's DSP hospitals to avoid a situation where your health care provider cannot treat you because they are not contracted in with a Sedmed DSP.

## **5.4 Emergency**

An emergency medical condition means the sudden and, at the time, unexpected onset of a health condition that requires immediate medical treatment or an operation. If the treatment is unavailable, the emergency could result in weakened bodily functions, severe and lasting damage to organs, limbs, or other body parts, or even death.

## **5.5 Outpatient**

An outpatient is a patient who visits a hospital for treatment and is discharged without staying overnight. Costs incurred for such treatment would be viewed as out-of-hospital costs. Normal benefits payable would be 75%.

## **5.6 Benefit Limits**

Although Sedmed issues pre-authorisation for hospital treatment and procedures and, therefore, accepts full responsibility for the payment of all related accounts, the authorisation is always subject to the availability of benefits. As such, you remain responsible for ensuring that you have sufficient benefits available before being admitted for an elective procedure. The member also remains personally responsible for ensuring that all relevant invoices are in the possession of Sedmed by the end of the 4th (FOURTH) month following the date on which the service was rendered. It is recommended that members discuss the hospital event with the relevant facility and make contact with all the parties who are or were involved to ensure that all invoices will be presented to Sedmed (or the member) so that these invoices are all processed in time. These parties could include the hospital, physicians, specialists, surgeons, anaesthetists, pathologists, ambulance services, physiotherapists, dermatologists, and radiologists. Invoices submitted to members must be processed to Sedmed within the time frame allowed for this.

## 6 GENERAL

### 6.1 Compensation Commissioner (Injury while on official duty) or Road Accident Fund (RAF)

If a member or dependant is injured in a road accident, the member must inform Sedmed of the incident as soon as possible and register a claim with the RAF. In such an event, Sedmed may cover the cost of treatment and medication. However, upon receiving compensation relating to their medical expenses from the RAF, the member must refund Sedmed for all medical costs incurred on behalf of the member and dependant. If a member or dependant is injured whilst carrying out official duties, the employing organization must immediately inform Sedmed of the incident and register a claim with the Compensation Commissioner. In such an event, Sedmed is not responsible for covering the cost of medication or treatment.



## 6.2 Contributions payable in advance

Sedmed contributions are payable in advance. Both members and employing organizations should take cognizance of the fact that contributions usually increase on 1 January, which means that the increased member share is to be deducted from the employee's salary in December of the previous year.

### 6.2.1 Late contributions

Late payment of contributions jeopardizes the member's continued Sedmed membership. In this event, Sedmed will not pay any benefits which would otherwise be due to a member. Where the employing organization has deducted the member's share from their salary but fails to pay the contribution over to Sedmed, such organization is guilty of fraud, exposes itself to a claim for damages from the member and runs the risk of the Sedmed membership being cancelled.

## 6.3 Electronic banking

Each member must ensure Sedmed has their correct banking details as benefits are paid electronically into the main member's bank account.

## 6.4 Email addresses

Sedmed makes use of an electronic automated member statement delivery process. This process enables Sedmed to send account statements and correspondence by email to its members. Members should therefore ensure that their latest email addresses are registered with Sedmed.



## 6.5 Sedmed Website

Sedmed's website can be visited at [www.sedmed.co.za](http://www.sedmed.co.za). All the latest information about Sedmed can be found on the website. The website also provides a secure login portal through which members can access their personal and claims information. Members are encouraged to use this facility to ease the information process.

## 6.6 Disputes

Any dispute by prospective, current, or former members must be directed in writing to the Principal Officer of Sedmed. The Sedmed Dispute Committee will deal with the dispute. If a member is not satisfied with the finding or decision of the Dispute Committee, they may appeal to the Council for Medical Schemes for adjudication. The contact details of the Council can be found on their website at [www.medicalschemes.co.za](http://www.medicalschemes.co.za)

## 6.7 Fraud

The Scheme does not condone fraud of any form against the fund. Therefore, the trustees have put fraud prevention initiatives in place to prevent fraud. One of these initiatives is aimed at providing the members of Sedmed the opportunity to report any suspected incidents of fraud, abuse, corruption, unethical behaviour and misconduct by utilising any of the following channels: Tip-off line: members can call the fund anonymously at 051 – 447 8991; Email: members can email the Principal Officer at [andrew@sedmed.co.za](mailto:andrew@sedmed.co.za)

## 6.8 Travelling or residing beyond the borders of the SAU territory

Providing medical aid benefits while beneficiaries find themselves beyond the borders of the territory of the Southern Africa Union remains a challenge. Sedmed cannot process the higher medical treatment and medication costs outside the Union territory. It also cannot efficiently and economically deal with the logistics demanded by such an exercise, and members must therefore familiarise themselves with the following requirements:

In terms of SAU Policy Y 30 15 45, beneficiaries travelling beyond the borders of the SAU territory



shall take out adequate international medical & travel insurance for the entire period they are away. Sedmed will only cover incidents not covered by ARM (T&Cs apply).

The required international medical & travel insurance should preferably be arranged by SEDCOM through Adventist Risk Management (ARM). Please note that this cover is not provided by or arranged by Sedmed.

The ARM insurance cover must be requested at least two full weeks before the date of departure.

The following shortcomings of the ARM insurance policy are to be noted:

- Cover for any pre-existing medical condition is excluded
- Cover is limited to a maximum period of nine months at a time. If cover beyond nine months is required, the individual must make additional medical insurance arrangements.
- Beneficiaries over the age of 79 will be charged a higher premium.
- Beneficiaries over 85 are not eligible for ARM cover and must make other insurance arrangements.
- Cover is only available for employees or retirees in the organization on official business or approved travel by the SDA Church. The policy only covers limited vacation and travel when combined with official business or approved activity.

The responsibility of Sedmed for accepting medical costs incurred in respect of a beneficiary whilst such beneficiary is beyond the borders of the SAU territory will be limited as follows:

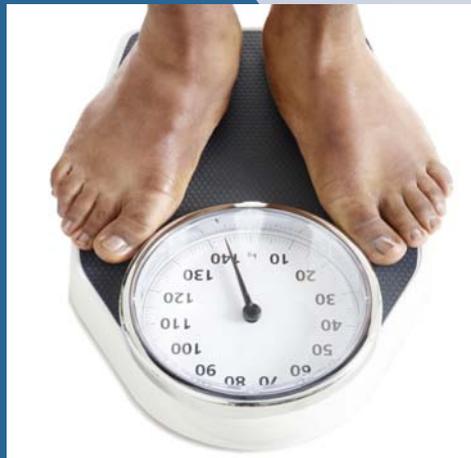
- Sedmed will only consider the payment of benefits relating to treatment or medication in respect of pre-existing conditions and those conditions excluded by the international medical & travel insurance policy.



- Sedmed cover will not exceed a period of 90 days per any given year, including departure and arrival dates. A year is defined as the period from 1 January to 31 December.
- Sedmed cover shall be limited to the cost of comparable medical care within the SAU territory and in accordance with the rules of SEDMED.

The above limitations have serious implications for Sedmed beneficiaries who may wish to travel or remain overseas. Therefore, members must take note of the following conditions and provisions to avoid unpleasant surprises:

- Adequate international medical & travel insurance must be taken out for the beneficiary travelling overseas in accordance with SAU Policy Y 30 15 45.
- Sedmed membership contributions must be kept up to date during the entire period of absence from the SAU territory, at all times and without interruption. In addition, the member must provide clear instructions to their pay point to continue payment of the required contributions to Sedmed.
- Sedmed membership will immediately terminate if payment of membership contributions is interrupted or terminated for whatever reason, and all benefits will be forfeited.
- Payment of medical benefits for which Sedmed may possibly be liable will be limited to the cost structure of comparable medical treatment and medication within the SAU territory in accordance with the rules of Sedmed.



- Once the beneficiary has exceeded the limit of 90 days referred to above, Sedmed will have no further obligation regarding the payment of any medical aid benefits in respect of such a beneficiary, including chronic conditions. However, to claim any further benefits, the beneficiary must first return to the SAU territory for the required treatment or medication subject to the Sedmed membership contributions having been kept up to date as required in 2. above.
- Sedmed reserves the right to ensure that these provisions are not abused.
- Beneficiaries should purchase adequate CDL, non-CDL and chronic medication before departure. To claim the said medicine in advance, Sedmed must be contacted by the member and requested to authorize Mediscor to approve the provision of medicine. Failure to comply with this process will result in refusal by the pharmacy to provide medicine in advance.

## **7 SCHEDULE OF BENEFITS**

You can view your available benefit limits by following the link provided on the website of Sedmed. To get access to your profile, you must first register. Once registered, you can log in to your profile and view your claims and benefit details. The login button can be found on the home page of the Sedmed website, right-hand bottom corner.



## 7.1 Exclusions and Limitations

IN TERMS OF SEDMED RULES (ANNEXURE C), THE FOLLOWING EXCLUSIONS AND LIMITATIONS APPLY

### 7.1.1 Exclusions

Unless otherwise provided for or decided by the Board, expenses incurred in connection with any of the following will not be paid by the Scheme:

- Subject to benefits payable in respect of the Prescribed Minimum Benefits (PMBs), all costs of whatsoever nature incurred for treatment of sickness conditions or injuries sustained by a member or a dependant and for which any other party is liable. The member is entitled to such benefits as would have applied under normal conditions, provided that on receipt of payment from another party in respect of medical expenses for which any other party is liable as mentioned above, the member will reimburse the Scheme any money paid out in respect of this benefit by the Scheme.
- All costs relating to infertility treatment and artificial insemination.
- All costs in respect of injuries arising from participation in professional sport, speed contests and speed trials unless prior approval for participation has been obtained.



- All costs for operations, medicines, treatment, and procedures solely for cosmetic purposes.
- Holidays for recuperative purposes.
- Purchase of:
  - contraceptives and apparatus to prevent pregnancy.
  - tonics, slimming preparations, and drugs as advertised to the public or other products generally available over the counter, such as health tonics or tablets unless prescribed by a physician for a specific illness and time frame.
  - patent medicines and proprietary preparations.
  - applicators, toiletries, and beauty preparations.
  - bandages, cotton wool, other consumable items and similar aids.
  - patented foods, including baby foods.
  - household and biochemical remedies.
- All costs over the annual maximum benefit to which a member is entitled in terms of the Rules of the Scheme.
- Charges for appointments a member or dependant of a member fails to keep.
- Costs for services rendered by:
  - persons not registered with a recognised professional body constituted in terms of an Act of Parliament; or
  - any institution, nursing home or similar institution except a state or provincial hospital not registered in terms of any law.



### **7.1.2 LIMITATION OF BENEFITS:**

- The maximum benefits to which a member and his dependants are entitled in any financial year are limited to his/her benefit limits.
- Once a benefit category (e.g. day-to-day) is depleted, further claims applicable to that benefit category cannot be deducted from other available benefits (e.g. Hospitalisation benefit, etc.)
- In the absence of prior approval, benefits in respect of medicines obtained on a prescription are limited to one month's supply for every such prescription or repeat thereof.

### **7.2 SEDMED FORMS**

All the various forms referred to above can be obtained from the employing organization or Sedmed.





**SEDMED**  
**Seventh-day Adventist Church**  
**Southern African Union Conference**  
**Office: (+27)51 447 8991**  
**Physical address: 2 Fairview Street, Bloemfontein, South Africa**

