



# FAQ'S



## What is my GP consultation benefit?

You have unlimited GP consultations with a Prime cure contracted and nominated GP, provided that the consultation is medically appropriate.

You are required to complete the symptom checker via the Suremed Mobile App prior to accessing benefit for non-emergency conditions.

You will then be provided an authorisation for a nurse visit, Over The Counter Pharmacy medication for non-emergencies or a GP consultation.

Non PMB's - Failure to complete the symptom checker and obtain an authorisation to the appropriate level of care (Nurse, General Practitioner or Specialist) will result in the member being responsible for a 30% Co-Payment for the account and all associated accounts, for example, pathology, radiology, acute medication.

PMB's - Failure to complete the symptom checker for non-emergencies and obtain an authorisation to the appropriate level of care (Nurse, General Practitioner or Specialist) will result in the member being responsible for a co-payment of 30% of the account and all associated accounts, for example, pathology, radiology, acute medication - except in the case of a medical emergency.

All Out-of-Hospital General Practitioner consultations, including small in-rooms procedures at Prime Cure approved Designated Service Provider (DSP) Network providers, provided such consultations are medically indicated and subject to Prime Cure's pre-authorisation procedures.

You will be required to nominate / select two (2) General Practitioner from the list of contracted Prime Cure providers.

Failure to nominate a General Practitioner from the list of contracted Prime Cure providers, the administration system will nominate the General Practitioners on your behalf by allocating the first General Practitioner visited as the first nominated/select General Practitioner and the second General Practitioner visited as the second nominated / selected General Practitioner.

You may change your nominated General Practitioner on the member App.

Should you visit a non-nominated General Practitioner without a pre-authorisation or a non-contracted General Practitioner the claim will be rejected if your reason for the visit is a non PMB and a 30% Co-Payment will be applied for consultations related to a PMB condition.



## What is a Network GP?

Suremed have contracted Doctors/General Practitioners in your area that are contracted to the Prime Cure network. You **MUST** use a GP on this network that you have nominated for the consultation and procedures to be covered by Suremed, otherwise you will have to pay for your consultation

## How do I locate a Network GP in my area?

You can visit [www.primecure.co.za](http://www.primecure.co.za) for a full list of GPs: **SMS "DOCTOR"** and **'AREA'** to **33900** (e.g. Doctor Soweto). You may also find your nearest provider by going to the find a provider tab on the App.

## Can I use a Non-Network GP?

You will be covered to see a non-network GP or a contracted GP after hours once a year, or two per family on the same policy.

The cover for this visit is **R1 055** per consultation and all associated claims, for example pathology.

As the GP is not contracted, you may be required to pay upfront and claim back from Prime Cure

Following the consultation, please contact Prime Cure within **72 hours** to obtain your Authorisation Number and submit your claim and proof of payment.

You can submit the required documentation by going to the submit a claim tab.

## Can I visit a Pharmacy Wellness Clinic?

Yes, you have unlimited consultations at a contracted Prime Cure pharmacy wellness clinic provided a pre-authorisation is obtained via you completing the symptom checker.

100% of the Prime Cure agreed rate.



## What is my Specialist Benefit?

Paid at Prime Cure agreed tariff.

Five Consultations per family per year, max 3(three) per beneficiary for non-CDL-PMB List Non-Prescribed Minimum Benefits PMB conditions.

Pre-Authorisation required for each visit and any other referrals or procedures by provider or member.

Unlimited consultations for PMB conditions, managed according to Prime Cure Protocol.

Limited to **R7 150** per family and **R3 575** per beneficiary per annum, unless additional benefits are pre-authorized by Prime Cure Medical Director. Visits for PMB conditions will accumulate to limit and then be covered at cost.

Procedures performed in provider's rooms and all other services, including material supplied for injections, pathology and radiology unless stated otherwise.

All services including confinements, surgical procedures and operations, the cost of in-hospital anaesthetics and assistance at surgical procedures and operations performed In-Hospital.

Limit includes acute medication, basic radiology and pathology prescribed by the Specialist.

30% Co-Payment by member on the Prime Cure agreed rate if the members fail to obtain a pre-authorization for a PMB condition.

No cover for non PMB conditions if the member fails to obtain authorisation

Prime Cure contracted General Practitioner has to refer you.

Specialist referral form must be completed by the nominated or nominated contracted Prime Cure contracted General Practitioner. The form can be found on the Prime Cure website [www.primecure.co.za/medicine-management](http://www.primecure.co.za/medicine-management).

Authorisation Number must be included in the Specialist Referral Form completed by the General Practitioner.

You may be required to produce the Specialist Referral Form at Specialist consultation.

Acute Medication prescribed by a Specialist out-of-hospital is to be dispensed by approved Prime Cure pharmacy according to the Prime Cure approved formulary only.

## What is Over The Counter (OTC) medication?

Over The Counter medication is medicine that you can get without needing a prescription from a doctor. For example, cold and flu medication or headache tablets.



## Do I have a benefit for OTC Medication?

There is a limit of **R120** per event (**R360 per annum**) per beneficiary for medicine according to our formulary. Maximum of **3 events** per beneficiary per annum. You need to go to the self-medication counter at a contracted pharmacy for a pharmacist to advise you on what medication is appropriate.

## Which Pharmacy can I use?

You can visit [www.primecure.co.za](http://www.primecure.co.za) for a full list of GP's; SMS "**PHARMACY**" and "**AREA**" to **33900** (e.g. Pharmacy Randburg). You may also find your nearest provider by going to the find a provider tab on the App.

## What is Acute Medicine?

Acute Medication is medicine that you don't take regularly, for example, antibiotic medication.

## How can I access Acute Medicine?

The medication will be provided as part of the acute consultation (when dispensed by a nominated or nominated dispensing practitioner) or by an a contracted service provider/pharmacy if prescribed by a non-dispensing practitioner.

## What is Over The Counter (OTC) medication?

You can visit [www.primecure.co.za](http://www.primecure.co.za) for a full list of GP's; SMS "**PHARMACY**" and "**AREA**" to **33900** (e.g. Pharmacy Randburg). You may also find your nearest provider by going to the find a provider tab on the App.



## What is Chronic Medicine?

Chronic medication is medication that you take on an ongoing basis, for example, insulin for diabetes or anti-hypertensives for high blood pressure. A chronic condition would need to be on the chronic conditions list for the medication to be covered.

## How do I register for Chronic medication?

You need to visit your contracted and nominated GP who will complete a registration form on your behalf and the GP will send it to Prime Cure. Your contracted GP needs to register your chronic medication on the Prime Cure chronic programme.

## What is my HIV / AIDS benefits?

Ongoing care plan and anti-retroviral treatment subject to registration on the Prime Cure HIV/AIDS programme and treatment according to an evidence based treatment protocol and medicine formulary.

You are required to register on the Disease Management Program once diagnosed as HIV positive.

Consent to record data on the Prime Cure Disease Management Information System.

Member confidentiality is guaranteed.

### **Benefit includes:**

Voluntary counselling and testing.

Antiretroviral therapy, prophylactic antibiotics & supplements according to Prime Cure protocol.

Treatment support.

Pathology and monitoring (incl. CD4, viral load, liver enzymes, cholesterol, glucose, urine tests) according to protocols.

Treatment of opportunistic infections, according to Prime Cure formulary.

Available at selected service providers only (Members to contact Prime Cure Call Centre for details).



## What is my Dentistry Benefit?

You are covered for basis dentistry including fillings, pain, sepsis, scaling and polishing. Pre-authorisation is required should you need more than 4 of the following: extractions, fillings, and X-rays.

Limited to trauma, less than seven years and impacted third molars.

Unlimited when clinically appropriate, subject to Prime Cure protocols Fluoride treatment only covered for Children under 12 years.

One emergency consult for pain and sepsis at any Dentist or Dental Therapist.

You may only visit a Prime Cure contracted Dentist or Dental Therapist.

You can visit [www.primecure.co.za](http://www.primecure.co.za) for a full list of GP's; SMS "DENTIST" and "AREA" to **33900** (e.g. Pharmacy Randburg). You may also find your nearest provider by going to the find a provider tab on the App.

## Am I covered for Optometry?

You are covered for one eye test per annum, 1 frame and 1 set of single or bi-focal lenses every 2 years per beneficiary.

The optometrist will show you a range of standard frames for the member to choose from.

Any extras, for example, tinting will be for the members account.

You can visit [www.primecure.co.za](http://www.primecure.co.za) for a full list of GP's; SMS "OPTOMETRIST" and "AREA" to **33900** (e.g. Pharmacy Randburg). You may also find your nearest provider by going to the find a provider tab on the App.

## Am I covered for basic X-Rays?

Yes, as long as your nominated contracted GP has requested an x-ray or ultrasound according to our formulary.

A pre-authorisation number may be required if more than 3 black and white x-rays is required.



## Do I have a Benefit for specialised Radiology?

There is only cover for MRI, CAT and/or GALLIUM SCANS and/or RADIOISOTOPES.

Paid at Prime Cure agreed tariff.

Limited to **R20 000** per family per annum and **R9 500** per beneficiary per annum combined limit for in and out-of-hospital specialised radiology.

Subject to pre-authorization and case management.

Unless the CT and/or MRI scan forms part of a PMB diagnosis or care plan for a PMB condition according to Prime Cure protocols, the benefit is paid at the lower of agreed DSP tariff or NHRPL fees.

## Am I covered for blood tests?

Yes, as long as your nominated contracted GP has requested your pathology and refers you to a contracted pathology laboratory.

## What is my Benefit for allied services?

Speech, Occupational Therapy and Physiotherapy, Psychology, etc.

PMB rules apply paid at 100% of Agreed rate.

No cover for non PMB's.

Pre-Authorisation required and beneficiary must be referred by their contracted General Practitioner or a specialist where the specialist consultation has been authorised.

You will require referral by a contracted Prime Cure contracted service provider.

Pre-authorization is obtained from the Prime Cure Call Centre.

Failure to comply with pre-authorization and referral requirements will result in a 30% Co-Payment.





## How am I covered if I fall pregnant?

Register on the mobile app for the Maternity Benefit.

You may also make use of your specialist visits. Antenatal consultations: You are covered for up to **8 visits** at your gynaecologist, GP or midwife up to the Prime Cure rate.

Antenatal Vitamins up to **R100** per month up to max of 9 months.

You are entitled to 2 x 2D sonar scans. 3D and 4D scans are paid up to the rate we pay for 2D scans.

Your nominated contracted GP will request the sonar scans according to our formulary.

You have cover for a defined basket of blood tests per pregnancy from the Maternity Programme. These tests include: To confirm pregnancy (qualitative bHCG).

Glucose -HIV Elisa -Blood cross matching (Rh Antigen) -Blood group (A, B and O Antigen) - Hepatitis B.

Post-natal consultation: You are covered for one post-birth six-week follow-up consultation with a midwife, GP or gynaecologist post-delivery.

You are required to pre-authorise your hospitalisation prior to the delivery.

## What is my hospital Benefit?

Unlimited.

Preferred Provider Network of contracted Public and Private hospitals (Netcare, Life, Mediclinic, Clinix, JMH and NHN Hospitals).

All services including confinements, surgical procedures and operations, the cost of In-Hospital anaesthetics and assistance at surgical procedures and operations performed In-Hospital.

Benefits are as per evidence-based treatment protocols, disease management programs and case management procedures for each condition and linked to the Prime Cure PMB medicine formulary and minimum treatment algorithms as published by the Council for Medical Schemes where applicable.

Pre-authorisation required prior to admission for all non-emergency cases and within **24 hours** of admission for all emergency cases, or the first working day after admission.

Where no pre-authorisation is obtained for elective admissions by you (or the provider of services), you will be liable for a co-payment of **R5 000** per admission.





## What is my hospital Benefit?

The following Co-Payments will apply:

- A co-pay of **R2000** required if certain procedures are not done in a Day Clinic or Free Standing contracted theatres.
- Gastrosopies, Colonoscopies, Sigmoidoscopies.
- Cystoscopies.
- Hysteroscopies.
- Arthroscopies.
- Facet joint Injections.
- Tonsillectomies and Adenoidectomies in children.
- Grommets.
- Adenoids.
- Impacted Wisdom teeth.
- A co-pay of **R2500** will apply for all procedures in hospital.
- Laparoscopic surgery.
- Arthroscopic Surgery.

**The following sublimits apply subject to overall hospital limit:**

- ICU and High Care limited to 10 days per admission for non PMB conditions
- Surgical procedures Max Facial limited to Limited to R16 000 per family.
- Appliances limited to **R3 700** per family.
- External prosthesis limited to Limited to **R28 000**.
- Take out medication (TTO) limited to seven days supply.
- Alternatives to hospitalisation (including step-down facilities and hospice) limited to **R10 500** per family.
- Radiology limited to **R19 000** per family per and **R9 000** per beneficiary annum, combined with out-of-hospital limit.

**The following conditions are covered subject to confirmation of a PMB condition at a DSPN facility**

- Chemotherapy and Radiotherapy (Oncology).
- Organ Transplants.
- Renal Dialysis (Haemodialysis & Peritoneal Dialysis).
- Psychiatric admissions.
- Neonatal Care.

## Voluntary use of non-DSP.

Should a beneficiary voluntarily choose not to make use of a DSP, a Co-Payment equal to the difference between the Kaelo Prime Cure agreed tariff of the DSP and the tariff of the non-DSP, will apply, and/or as per Medical Scheme rules.



## How do I submit a query?

Go to the query tab on the Tools menu on the App.

## How do I contact you telephonically?

Always utilise the App where possible but if you require telephonic assistance you can contact us on **0861 665 665**.

