

The Medisave Standard option offers affordable health care cover both in and out of hospital. **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
ALTERNATIVES TO HOSPITALISATION e.g. Step down services	R10,000 per beneficiary
AUXILIARY SERVICES e.g. Physiotherapy, dietician	R3,000 per family
IN-HOSPITAL DENTISTRY Includes hospitalisation and doctor's costs	R10,000 per beneficiary Limited to impacted wisdom teeth and children under 12 years
EMERGENCY AND AMBULANCE SERVICES	Unlimited Preferred provider Er24 24 hour contact number 084 124
GP & SPECIALIST SERVICES	Unlimited
PATHOLOGY	Unlimited
INTERNAL PROSTHESIS PRE-AUTHORISATION REQUIRED	R35,000 per family Sub-limits: • Spinal Fusion R22,000 per family • Intra-ocular lenses R2,500 per lens • Mesh R5,000 per family

EXTERNAL PROSTHESIS PRE-AUTHORISATION REQUIRED	R4,000 per family
PRESCRIBED MINIMUM BENEFITS	Unlimited at DSP
PSYCHIATRIC HOSPITALISATION PRE-AUTHORISATION REQUIRED Includes hospitalisation and doctor's costs	R6,000 per beneficiary paid at 100% of the Medimed Scheme Tariff
BASIC RADIOLOGY	Unlimited
SPECIALISED RADIOLOGY PRE-AUTHORISATION REQUIRED In and out of hospital	Maximum of R15,000 per beneficiary, R20,000 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 R3,000 per pregnancy. (If not hospitalised)

Major Medical Expenses

SUBJECT TO PRE-AUTHORISATION

DIALYSIS	Unlimited PMB per family
ORGAN TRANSPLANTS	Combined limit with Dialysis
ONCOLOGY	R200,000 per family Authorised through ICON

HIV and AIDS	Unlimited Subject to managed care protocols
OXYGEN	R4,000 per family Paid at 100% of the MEDIMED Scheme Tariff

Chronic Medication

SUBJECT TO PRE-AUTHORISATION

CHRONIC DISEASE LIST CONDITIONS	100% up to the momTYB Chronic Drug Amount (CDA)
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EXTENDED CHRONIC CONDITIONS	100% of the momTYB Chronic Drug Amount (CDA) R2,000 per beneficiary Overall maximum of R4,000 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-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@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 R5,500 per beneficiary up to a maximum of R11,000 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	R11,260	R22,520	R23,870	R25,200	R26,570
R10,001 to R15 000	R11,530	R23,060	R24,500	R25,940	R27,380
R15,001 to R20,000	R12,610	R25,220	R26,810	R28,400	R29,990
R20,001 plus	R13,210	R26,420	R28,100	R29,780	R31,460

*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 R3000 per beneficiary and R6000 per family
- Acute medication
- 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
- Optometry
R3,000 per beneficiary to a max of R6,000 per family every 2nd year.

Make your Medical Savings Account last longer

- Avoid unnecessary visits to the doctor and unnecessary purchases of medication.
- Avoid going to the specialist directly as more common conditions can be identified and treated by your GP.
- Always request a generic alternative to the medication that you require.
- Negotiate discounts with your pharmacist or doctor if you are able to pay cash.
- 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.
- 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 unnecessarily 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.medicallchemes.com or at their postal address: Private Bag X34, Hatfield, 0028.

Contributions

Income category	Adult	Child
Under R10,000	R1,920	R450
R10,001 to R15,000	R2,010	R480
R15,001 to R20,000	R2,370	R530
R20,001 plus	R2,570	R560

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.

Accredited by:



Administered by: **momentum** | **TYB**

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A member of:

