

# 2021



## Surement Health

### What is the Suremed Shuttle Plan?

This plan is designed for members who require comprehensive benefits that can be accessed via the member mobile app 24/7.

#### Benefits:

<b>Statutory Prescribed Minimum Benefits</b>
<b>Hospitalisation</b>
<b>Specialist Services</b>
<b>General Practitioner and Nursing Services</b>
<b>Clinical Technologists</b>
<b>Dental Services</b>
<b>Prescribed Medication and Injection Material</b>
<b>Radiology</b>
<b>Pathology and Medical Technology</b>
<b>Chemotherapy and Radiotherapy</b>
<b>Renal Dialysis</b>
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<b>Blood Transfusions</b>
<b>Ambulance Services and Emergency Transport Services</b>
<b>After Hours Emergency Care</b>
<b>Auxiliary Services</b>
<b>Internal Surgical Implants</b>
<b>Other Medical and Surgical Implants</b>
<b>Optical</b>
<b>Pregnancy Tests, Post and Antenatal Care and Preventative Care</b>
<b>HIV / AIDS</b>
<b>Organ Transplant</b>
<b>Benefit Guide</b>

This information is a guide only and does not replace the rules of the Scheme. In the event of any discrepancy between the summary and the rules, the rules will prevail. All benefits are covered at the Kaelo Prime Cure tariff based on the National Health Reference Price List (NHRPL) unless otherwise stated. All benefits are annualised unless specified and pro-rated according to joining date. Subject to final Board approval and registration by the Council of Medical Schemes (CMS). CMS Registration No.: 1464.

The Suremed Shuttle Plan is administered by Kaelo Prime Cure (Pty) Ltd Reg no 1997/017429/07.

We are continuously improving our communications and content. The latest version of this document is available on [www.kaelo.co.za](http://www.kaelo.co.za).

## Statutory Prescribed Minimum Benefits

Health Service	Benefit	Limit and/or Feature
<b>Statutory Prescribed Minimum Benefits (PMB)</b>	<ul style="list-style-type: none"> <li>Services rendered by Public Hospitals or any Designated Service Provider (DSP).</li> <li>Prime Cure Protocols Apply.</li> <li>All services to be delivered at Designated Service Provider only, alternatively through referral by a Prime Cure DSP/DSPN to a Prime Cure approved non-DSP provider subject to preauthorisation of all referrals through the Prime Cure Call Centre.</li> <li>Benefit: 100% of cost.</li> </ul>	Annual limits: No Limits.

## Hospitalisation

Health Service	Benefit	Limit and/or Feature
<p><b>Pre-authorisation</b> required prior to admission for all non-emergency cases and within <b>24 hours</b> of admission for all emergency cases, or the first working day after admission. Where no pre-authorisation is obtained for elective admissions by the member (or the provider of services), the member will be liable for a co-payment of <b>R5 000</b> per admission.</p> <p>A co-payment of <b>R2 000</b> is required if the listed procedures are not done in a Day Clinic or Free Standing contracted theatres. Listed procedures include: Gastrosopes, Colonoscopies, Cystoscopies, Hysteroscopies, Arthroscopies, Sigmoidoscopies, Tonsils and adenoidectomies in children, Grommets and Wisdom teeth.</p> <p>A co-payment of <b>R2 500</b> will apply for all laproscopic and arthroscopy surgery performed in hospital (57 and 58 Hospitals) instead of a Day Clinic.</p> <p>ICU and High Care are limited to <b>ten days</b> per admission, Prime Cure will cover the cost of a Private ward if required for medical reasons, pre-authorisation is required.</p>		
<b>Private and Public Hospitals, Registered Unattached Operating Theatres and Day Clinics.</b>	<ul style="list-style-type: none"> <li>Accommodation in a general ward, high care ward and intensive care unit.</li> <li>Theatre fees.</li> <li>Medicines, materials and hospital equipment.</li> <li>Visits by medical practitioners.</li> <li>Confinement and midwives.</li> <li>100% of the Prime Cure agreed tariff at a Designated Service Provider Network.</li> </ul>	Preferred Provider Network - <b>100%</b> . Unlimited.
<b>Secondary Facilities</b>	<p>All services rendered by sub-acute facilities, hospice and rehabilitation facilities.</p> <p>All services rendered by nursing services and private nurse practitioners, including psychiatric nursing but excluding midwife services.</p>	<b>R10 500</b> per Family and subject to Network Provider Agreed Rates.
<b>Psychiatric Hospitalisation</b>		Prescribed Minimum Benefits only.
<b>Maxillo-facial</b>		Limited to <b>R16 000</b> per Family.
<b>In-hospital Dental</b>		Limited to trauma, <b>less than seven years</b> and impacted third molars.

## Specialist Services

Health Service	Benefit	Limit and/or Feature
<b>In-hospital Services</b>	All services including confinements, surgical procedures and operations, the cost of in-hospital anesthetics and assistance at surgical procedures and operations performed in-hospital.	Unlimited.
<b>Out-of-hospital Services</b>	<p>Consultations and visits.</p> <p>Procedures performed in provider's rooms and all other services, including material supplied for injections, pathology and radiology unless stated otherwise in this Document.</p> <p>In case of involuntary use of non-DSP specialist for PMB conditions and a 30% co-pay will apply if no pre-authorization obtained in the case of non-emergencies.</p> <p>Unlimited consultations for PMB conditions, managed according to Prime Cure Protocol. 30% (thirty percent co-payment by member on the Prime Cure agreed rate if the members fail to obtain a pre-authorization for a PMB condition. Pre-Authorisation required for each visit and any other referrals or procedures by provider or member Prime Cure contracted General Practitioner has to refer a patient.</p>	<p>Five Consultations per family per year, maximum three per beneficiary for Non-Chronic Disease List (CDL), Non-Prescribed Minimum Benefits PMB conditions.</p> <p>Limits for non-PMB visits: R6 800 per family and R3 400 per beneficiary per annum.</p>

## General Practitioner (GP) and Nursing Services

Health Service	Benefit	Limit and/or Feature
<b>In-hospital Services</b>	All services including confinements, surgical procedures and operations, the cost of In-hospital anesthetics and assistance at surgical procedures and operations performed In-hospital.	Unlimited.
<b>Out-of-hospital Services</b>	<p>Consultations and visits.</p> <p>Procedures performed in provider's rooms and all other services, including material supplied for injections, pathology and radiology unless stated otherwise in this Document.</p> <p>Subject to Prime Cure protocol.</p> <p>Members are required to complete the symptom checker via the Suremed Mobile App prior to accessing benefit for non-emergency conditions.</p> <p>The member will then be provided an authorisation for a nurse visit, over-the-counter Pharmacy medication for non-emergencies or a GP consultation.</p> <p>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.</p>	<p>Unlimited through Designated Service Provider.</p>

### General Practitioner and Nursing Services

Health Service	Benefit	Limit and/or Feature
<b>Out-of-hospital Services</b>	<p>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.</p> <p>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.</p> <p>Members will be required to nominate <b>two</b> General Practitioner from the list of contracted Prime Cure providers.</p>	
<b>Out-of-hospital Services</b>	<p>If the member fails to nominate a General Practitioner from the list of contracted Prime Cure providers, the administration system will nominate the General Practitioners on the member's behalf by allocating the first General Practitioner visited as the first nominated General Practitioner and the second General Practitioner visited as the second nominated General Practitioner.</p> <p>Should a member visit a non-nominated General Practitioner without a pre-authorisation or a non-contracted General Practitioner the a <b>30%</b> co-payment will be applied.</p> <p>A <b>30%</b> co-payment will be applied for consultations related to a PMB condition. Members may change their nominated General Practitioner on the member mobile app.</p>	

### Clinical Technologists

Health Service	Benefit	Limit and/or Feature
<b>For Services Provided In-hospital</b>	<b>100%</b> of the Prime Cure agreed tariff.	Preferred Provider Network at <b>100%</b> of Agreed Rates subject to pre-authorisation.

### Dental Services

Health Service	Benefit	Limit and/or Feature
<b>Conservative Dentistry</b>	Including ordinary fillings, extractions, preventative treatment and fluoride application according to a list of approved codes.	<b>Unlimited</b> when clinically appropriate, subject to Prime Cure protocols Fluoride treatment only covered for Children under <b>12 years</b> .
<b>Dentistry Emergency Visits</b>	Out of preferred provider's contracted dental network according to a list of approved codes.	Emergency pain and sepsis treatment and extractions only, <b>one</b> per beneficiary per year.

### Prescribed Medication and Injection Material

Health Service	Benefit	Limit and/or Feature
<b>Medication</b>	Medication not prescribed by a nominated or allocated General Practitioner if on formulary will incur a 30% co-payment.  Acute Medication prescribed by a Specialist out-of-hospital is covered 100% of agreed rate if the member was referred by a Prime Cure contracted General Practitioner and an authorisation was obtained for the Specialist visit (Non PMB'S). If no authorisation obtained the member will be liable for a 30% co-payment.	
<b>Acute Sickness Conditions</b>	100% of the Prime Cure agreed tariff.	Unlimited provided an authorisation is obtained for the referrer of the service.
<b>Chronic Sickness Conditions</b>	100% of the Prime Cure agreed tariff.	Subject to scheme list of chronic conditions including Prescribed Minimum Benefits.
<b>To-Take-out Medicines (TTO)</b>	Subject to a Prime Cure medicines formulary.	Limited to seven days post hospital supply.
<b>Self-Medication Benefit</b>	100% of the Prime Cure agreed tariff.	R330 per beneficiary per annum, maximum of R110 per event (a maximum of three events per beneficiary per annum).

### Radiology

Health Service	Benefit	Limit and/or Feature
<b>Specialised Radiology</b>	MRI, CAT and/or GALLIUM SCANS and/or RADIOISOTOPES.  100% of the Prime Cure agreed tariff at a Designated Service Provider.	Preferred Provider 100% Prime Cure Tariff Specialised Radiology R19 000 per family per annum and R9 000 per beneficiary per annum. This is a combined limit for limit for in- and out-of-hospital specialised radiology including CT and MRI scans, unless it is a PMB.  Subject to pre-authorisation.  Subject to Prime Cure protocols.
<b>Basic Radiology</b>	In-hospital and Out Of Hospital are covered at 100% of the Prime Cure agreed tariff.	Unlimited, subject to an authorisation being obtained for the referral.

### Pathology and Medical Technology

Health Service	Benefit	Limit and/or Feature
<b>Pathology</b>	100% of the Prime Cure agreed tariff at a Designated Service Provider.	Unlimited.

### Chemotherapy and Radiotherapy

Health Service	Benefit	Limit and/or Feature
<b>Chemotherapy and Radiotherapy</b>	100% of the Prime Cure agreed tariff at a Designated Service Provider.	Prescribed Minimum Benefits only.

### Renal Dialysis

Health Service	Benefit	Limit and/or Feature
Renal Dialysis	100% of the Prime Cure agreed tariff.	Prescribed Minimum Benefits only.

### Physiotherapy

Health Service	Benefit	Limit and/or Feature
Physiotherapy	In-hospital services  100% of the Prime Cure agreed tariff at a Designated Service Provider.	Subject to pre-authorisation.

### Clinical Psychology

Health Service	Benefit	Limit and/or Feature
Clinical Psychology	100% of the Prime Cure agreed tariff.	Prescribed Minimum Benefits only.

### Blood Transfusions

Health Service	Benefit	Limit and/or Feature
Blood Transfusions	100% of the Prime Cure agreed tariff at a Designated Service Provider.	Unlimited.

### Ambulance Services and Emergency Transport Services

Health Service	Benefit	Limit and/or Feature
Road and Air	100% of the Prime Cure agreed tariff at a Designated Service Provider.	Unlimited.

### After Hours Emergency Care

Health Service	Benefit	Limit and/or Feature
General Practitioner Consultations and Outside Preferred Provider Network or Contracted Providers Consulted After Hours	100% of the Prime Cure agreed tariff.	100% of Agreed Rate.  Limited to one visit per beneficiary or two per family. Limited to R1 055 per event including all services.
Emergency Out Of Preferred Provider Network Visits	100% of the Prime Cure agreed tariff.	Unlimited.

### Auxiliary Services

Health Service	Benefit	Limit and/or Feature
Statutory Prescribed Minimum Benefits	Speech, Occupational Therapy, Psychology and Physiotherapy. 100% of the Prime Cure agreed tariff.	Subject to Prime Cure Protocols. Prescribed Minimum Benefits only.



### Internal Surgical Implants

Health Service	Benefit	Limit and/or Feature
Internal Surgical Implants	100% of cost.	100% - PMB rules apply. Limited to R28 000 per beneficiary unless a PMB.

### Other Medical and Surgical Implants

Health Service	Benefit	Limit and/or Feature
Other Medical and Surgical Implants	100% of cost.	100% of cost. R3 700 per family per annum. PMB rules apply.

### Optical

Health Service	Benefit	Limit and/or Feature
Eye Examinations	100% of the Prime Cure agreed tariff.	One Optometric examination per beneficiary per annum.
Spectacles	100% of the Prime Cure agreed tariff.	One pair of spectacles per beneficiary per 24 month period.
Frames	100% of the Prime Cure agreed tariff.	One Frame for spectacles allowed per beneficiary every 24 months.

### Pregnancy Tests, Post and Antenatal Care and Preventative Care

Health Service	Benefit	Limit and/or Feature
Pregnancy Tests, Post and Antenatal Care and Preventative Care	100% of the Prime Cure agreed tariff at a Designated Service Provider.	Unlimited when clinically appropriate, subject to Prime Cure protocols.

### HIV / AIDS

Health Service	Benefit	Limit and/or Feature
Out-of-hospital Benefit	100% of the Prime Cure agreed tariff at a Designated Service Provider.	Unlimited.

### Organ Transplant

Health Service	Benefit	Limit and/or Feature
Organ Transplant	100% of cost.	No limit - Prescribed Minimum Benefits rules apply.

**Member's Total Contribution With Effect From 1 January 2021**

<b>Income Category</b>	<b>Principal Member</b>	<b>Adult Dependant*</b> See Note 1 Below	<b>Child Dependant*</b> See Note 2 Below
<b>R</b>	<b>R</b>	<b>R</b>	<b>R</b>
R0 - R8 500	R970	R970	R490
R8 501 - R13 000	R1 160	R1 160	R580
R13 000 - R17 000	R1 650	R1 650	R830
R17 000 +	R2 025	R2 025	R1 015

**\*Note 1:** "Adult Dependant" means a dependant over age 21, excluding full-time registered students up to age 25 at a registered tertiary education institution.

**\*Note 2:** "Child Dependant" means all biological and/or adopted child dependants under the age of 21 and full-time registered students up to age 25 as a registered tertiary education institution.