

SEDMED BENEFIT GUIDE

ANNEXURE B

SUBJECT TO THE PROVISIONS OF THESE RULES MEMBERS AND THEIR REGISTERED DEPENDANTS ARE ENTITLED TO THE FOLLOWING BENEFITS (UNLESS EXCLUDED AS PROVIDED FOR IN ANNEXURE C)

SERVICE	%BENEFIT	ANNUAL LIMITS	CONDITIONS/ REMARKS
A. STATUTORY PRESCRIBED MINIMUM BENEFITS: (Voluntary & Involuntary payment conditions apply)_ (Appendix 2)	100% of cost	No limit	Services rendered by Public Hospitals and/or DSPs
OUT-OF-HOSPITAL benefits		Overall annual limit M: R8000.00 M+1: R14000.00 M+2+: R20000.00	Limits are prorated calculated from the date of admission to the end of the financial year.
B. PRIVATE & PUBLIC HOSPITALS, REGISTERED UNATTACHED OPERATING THEATRES and DAY CLINICS:	100%	R500 000.00 per family	<ol style="list-style-type: none"> 1. 100% of cost in contracted DSP. 100% of scheme tariff in non-DSP (voluntary use of non-DSP) subject to co-payment in 5 below. 2. Authorization shall be obtained from the scheme prior to beneficiary being admitted to a hospital or day clinic(except in the case of an emergency) failing which benefits would be limited to 90%-of scheme tariff, subject to the member's annual limit. 3. In the event of an emergency the scheme shall be notified on the next working day, failing which the conditions outlined in 1-2 above shall apply. 4. Accommodation in a private ward is subject to certification by the attending practitioner as essential for recovery of the patient. 5. A co-payment of R10000.00 will be payable by a beneficiary on voluntary use of a non-DSP. 6. If a beneficiary voluntarily obtains diagnosis, treatment and care in respect of a PMB condition from a provider other than a DSP, the benefit payable in respect of such service is subject to a co-payment equal to the difference between the actual cost incurred and the cost that would have been incurred had the DSP been used.
1. Accommodation in a general ward, high care ward and intensive care unit.			
2. Theatre fees.			
3. Medicines, materials and hospital equipment.			
4. Visits by medical practitioners.			
5. Confinement and midwives.			
6. Outpatient services.	75%	Overall annual limit	
PMB in DSP:	100%	No limit	
PMB in non-DSP(voluntary use)	100%	No limit subject to condition 6	
PMB in non-DSP(involuntary use)	100%	No limit	
C. SURGICAL PROCEDURES INCLUDING MAXILLO FACIAL SURGERY:	100%	No limit	Includes Osseo-integrated implants.
D. SPECIALIST SERVICES:	75%	Overall annual limit	To be recommended by a general practitioner with the exception of services by an ophthalmologist or gynecologist.
1. Consultations and visits (out of hospital)			
2. All other services unless stated otherwise in this annexure.			
E. GENERAL PRACTITIONER SERVICES:	75%	Overall annual limit	Subject to scheme tariff
1. Consultations and visits (out of hospital).			
2. All other services unless stated otherwise in this annexure.			
PMB in DSP:	100%	No limit	
F. CLINICAL TECHNOLOGISTS:	75%	Overall annual limit	

G. DENTAL SERVICES:				
1. Conservative and Restorative dentistry (includes plastic dentures).	75%		R6000.00 per year per family.	General anaesthetic and hospitalization for conservative dental work excluded except in the case of trauma, patients under the age of seven years and impacted molars.
2. Special dentistry. (Including metal base dentures)				
3. Specialist orthodontic work	75%		R12 000 per patient in a cycle of two years	Limited to patients under the age of 18 years and subject to pre-authorization being obtained, failing which benefits would be limited to 75% of costs , subject to the member's annual limit.
H. PRESCRIBED MEDICINE AND INJECTION MATERIAL:				
1. Acute sickness conditions.	75%		Overall annual limit According to scheme tariff.	Prescribed by a person legally entitled to prescribe. Includes medicine given to a patient to take home(TTO). Scheme formulary, protocols, reference price, dispensing fee and DSP/network agreements applicable. Formulary in accordance to condition protocols applicable.
2. Pharmacy advised therapy.(PAT)			PAT limit: R350.00 per month per family.	
3. Chronic Disease List (CDL + DTP + PMB's)	100%		Unlimited	Subject to prior application, registration and approval by the Board. Non-CDL PMB's to be deduct from overall annual limit until depletion thereof. Thereafter non-CDL PMBs to deduct from PMB benefit. Scheme formulary, protocols, reference price, dispensing fee and DSP/network agreements applicable. Generic medicines to be (Voluntary & Involuntary payment conditions apply)preferred. Formulary in accordance to condition protocols applicable.
Chronic sickness conditions (other).	80%		Unlimited According to scheme tariff.	
I. RADIOLOGY:				
1. X-Rays	100%		No limit	X-rays: no pre-authorization
2. Scopes – Diagnostic				prior authorization required
3. Scans – MRI and CAT				prior authorization required
4. Scans - Ultra Sound				prior authorization required
5. Angiography				prior authorization required
J. PATHOLOGY and MEDICAL TECHNOLOGY:				
	75%		Overall annual limit	If part of hospital procedure and requirement: 100%
PMB in DSP:	100%		No limit	
K. CHEMOTHERAPY, RADIOTHERAPY, ORGAN TRANSPLANTS and KIDNEY DIALYSIS, subject to PMBs:				
	100%		Included in limit for private hospitalization (see B)	Subject to the approval of the Board prior to commencement of treatment or to the operation failing which benefits would be limited to 90% of NHRPL rates, subject to the member's annual limit.
L. PSYCHOLOGICAL and PSYCHIATRIC TREATMENT, subject to PMBs:				
	75%		Overall annual limit	All services included in limit.
PMB in DSP:	100%		No limit	
M. PHYSIOTHERAPY:				
	75%		Overall annual limit	To be recommended by a medical practitioner
N. BLOOD TRANSFUSIONS: (out of hospital)				
	100%		No limit	Includes the cost of blood, blood equivalents, blood products and the transport of blood.
O. AMBULANCE SERVICES (Road and Air):				
			100% No limit	Such transport is to be certified by a medical practitioner as essential.
P. ALTERNATIVES TO HOSPITALISATION:				
			100% No limit	Subject to the approval of the

1. Registered Frail Care Facilities 2. Step-down Nursing Facilities 3. Private Nursing 4. Hospice				Board up to a maximum of one month subject to the understanding that it could be foreseen that the patient could possibly recover from his/her illness.
Q. AUXILIARY SERVICES:	75%	Overall annual limit		To be recommended by a medical practitioner.
1. Audiology 2. Occupational therapy 3. Speech therapy 4. Chiroprody/ Podiatry 5. Dieticians 6. Homeopaths 7. Naturopaths 8. Chiropractors 9. Orthoptists				
R. PROSTHESES, subject to PMBs: Internal and External	100%	Overall annual limit		If part of hospital procedure and requirement, included in limit for hospitalization, subject to prior authorization for such hospitalization.
S. MEDICAL and SURGICAL APPLIANCES, subject to PMBs:	75%	Overall annual limit		Wheelchairs are specifically excluded.
1. Oxygen, cylinders 2. Nebulizers/ Glucometers 3. Colostomy kits; and 4. Diabetic equipment 5. CPAP/APAP equipment	75%	R8 000 per beneficiary In a cycle of five years excluding maintenance and accessories which are (claimable as a normal 75% benefit within annual limit)		Subject to pre- authorisation being obtained failing which limit will be limited to 75% of cost, subject to member's annual limit.
T. HEARING AIDS:	100%	R24 000 per beneficiary in a cycle of two years		Subject to pre-authorization being obtained failing which benefits would be limited to 75% of costs, subject to the member's annual limit
U. OPTICS:				
1. Frames	75%	R750 per beneficiary in a cycle of two years		
2. Lenses for spectacles & contact lenses	75%	R3 000 per beneficiary in a cycle of two years		
3. Testing of eyes	75%	R300 per beneficiary in a cycle of two years		
4. Refractive surgery/ laser treatment	100%	Overall annual limit		Prior authorization shall be obtained from the Scheme failing which benefits would be limited to 90% of NHRPL rates, subject to the member's annual limit.
GENERAL:				
1. ACQUIRED IMMUNE DEFICIENCY SYNDROME and RELATED ILLNESS, PMBs: non-PMBs:	100% 75%	Unlimited Overall annual limit		
2. ALCOHOLISM AND DRUG DEPENDENCY: Subject to PMBs	100%	Limited to 21 days per beneficiary per annum		
3. COCHLEAR IMPLANTS:	100%	No limit		Prior authorization shall be obtained from the Scheme failing which benefits would be limited to 90% of NHRPL rates, subject to the member's annual limit.

Legend:

% Benefit = NHRPL rates/contracted fee/cost {whichever is applicable}.

M = Single Member

M+1 = Member with 1 dependant.

M+2+ = Member with 2 or more dependants

ANNEXURE C

EXAMPLE OF EXCLUSIONS AND LIMITATION

EXCLUSIONS (With due regard to PMBs)

1. 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:
 - 1.1 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.
 - 1.2 All costs relating to infertility treatment and artificial insemination.
 - 1.3 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 and, in this case, subject to PMB's.
 - 1.4 All costs for operations, medicines, treatment and procedures solely for cosmetic purposes.
 - 1.5 Holidays for recuperative purposes.
 - 1.6 **Purchase of:**
 - Ø contraceptives and apparatus to prevent pregnancy;
 - Ø tonics, slimming preparations and drugs as advertised to the public and/or other products which are normally available over the counter, such as health tonics/tablets, headache tablets, etc unless prescribed by a physician for a specific illness and time frame;
 - Ø patent medicines and proprietary preparations;
 - Ø applicators, toiletries and beauty preparations;
 - Ø bandages, cotton wool, other consumable items and similar aids; unless if a PMB condition:
 - Ø patented foods, including baby foods; HIV prevention of mother to child transmission include provision of formula milk; and/or
 - Ø household and biochemical remedies.
 - 1.7 All costs in excess of the annual maximum benefit to which a member is entitled in terms of the rules of the Scheme.
 - 1.8 Charges for appointments which a member or dependant of a member fails to keep.
 - 1.9 **Costs for services rendered by —**
 - 1.9.1 persons not registered with a recognized professional body constituted in terms of an Act of Parliament; or
 - 1.9.2 any institution, nursing home or similar institution except a state or provincial hospital not registered in terms of any law.
2. **LIMITATION OF BENEFITS:**
 - 2.1 The maximum benefits to which a member and his dependants are entitled in any financial year are limited as set out in Annexure B.
 - 2.2 Members admitted to SEDMED during the course of a financial year are entitled to the benefits set out in the third column of Annexure B, with the maximum benefits being adjusted in proportion to the period of membership calculated from the date of admission to the end of the particular financial year.
 - 2.3.1 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.

Appendix 2

Prescribed Minimum Benefits (PMBs)

Definitions

Prescribed Minimum Benefits –

the benefits contemplated in Section 29 (1)(o) of the Act and consist of the provision of the diagnosis, treatment and care costs of

- (a) the Diagnosis and Treatment Pairs (DTP) listed in Annexure A of the Regulations subject to any limitations specified therein; and
- (b) any emergency medical condition. (Reg 7)

Prescribed Minimum Benefit Condition –

a condition contemplated in the Diagnosis and Treatment Pairs listed in Annexure A of the Regulations or any emergency medical condition. (Reg 7)

1. Designation of Service Providers (DSP)

The medical Scheme designates the following Service Providers for the delivery of Prescribed Minimum Benefits:

- a. The scheme makes use of certain DSP hospitals or networks for the delivery of PMB benefits. Members will be notified of all DSP agreements as and when necessary.
- b. The scheme makes use of certain DSPs for the delivery of medical transport services. Members will be notified of all DSP agreements as and when necessary.
- c. Mediscor PBM has been appointed by the Scheme to manage CDLs and pharmaceutical benefits and a formulary and reference price is applicable.
- d. PPS Health Administrators has been appointed by the Scheme to manage PMB hospitalisation.

The above Service providers shall for the purposes of this Appendix be referred to as “Designated Service Providers”.

2. Prescribed Minimum Benefits obtained from Designated Service Providers

100% of the cost in respect of diagnosis, treatment and care costs of Prescribed Minimum Benefits Conditions if those services are obtained from a Designated Service Provider.

3. Prescribed Minimum Benefits voluntarily obtained from other providers

If a beneficiary voluntarily obtains diagnosis, treatment and care in respect of a Prescribed Minimum Benefit Condition from a provider other than a Designated Service Provider, the benefit payable in respect of such service is subject to a co-payment equal to the difference between the actual cost incurred and the cost that would have been incurred had the Designated Service Provider been used.

4. **Prescribed Minimum Benefits involuntarily obtained from other providers**

- a. If a beneficiary involuntarily obtains diagnosis, treatment and care in respect of a Prescribed Minimum Benefit Condition from a provider other than a Designated Service Provider, the Medical Scheme will pay 100% of the cost in relation to those Prescribed Minimum Benefit Conditions.
- b. For the purposes of paragraph a., a beneficiary will be deemed to have involuntarily obtained a service from a provider other than a Designated Service Provider, if –
 - (a) the service was not available from the Designated Service Provider or would not be provided with unreasonable delay;
 - (b) immediate medical or surgical treatment for a Prescribed Minimum Benefit Condition was required under circumstances or locations which reasonably precluded the beneficiary from obtaining such treatment from a Designated service Provider; or
 - (c) there was no Designated Service Provider within reasonable proximity to the beneficiary's ordinary place of business or personal residence.
- c. Except in the case of an emergency medical condition, pre-authorisation shall be obtained by a member prior to involuntarily obtaining a service from a provider other than a Designated Service Provider in terms of this paragraph, to enable the Scheme to confirm that the circumstances contemplated in paragraph b. are applicable.

5. **Prescribed Minimum Benefits obtained from a public hospital**

Notwithstanding anything to the contrary contained in these rules, the Scheme will pay 100% of the costs of Prescribed Minimum Benefits obtained in a public hospital, without limitation.

6. **Diagnostic Tests for an unconfirmed PMB diagnosis**

Where diagnostic tests and examinations are performed but do not result in confirmation of a PMB diagnosis, except for an emergency medical condition, such diagnostic tests or examinations are not considered to be a PMB.

7. **Co-Payments**

Co-payments in respect of the costs for PMBs may not be paid out of medical savings accounts.

8. **Chronic Conditions**

Any benefit option covers the full costs for services rendered in respect of the Prescribed Minimum Benefits which includes the diagnosis, management and medication to the extent that it is provided for in terms of a therapeutic algorithm as prescribed for the specified chronic conditions.

DIAGNOSIS	
Addison's disease	Asthma
Bipolar mood disorder	Bronchiectasis
Cardiac failure	Cardiomyopathy disease
Chronic renal disease	Coronary artery disease
Chronic obstructive pulmonary disorder	Crohn's disease
Diabetes isipidus	Diabetes mellitus type 1 & 2
Dysrhythmias	Epilepsy
Glaucoma	Haemophilia
Hyperlipidaemia	Hypertension
Hypothyroidism	Multiple sclerosis
Parkinson's disease	Rheumatoid arthritis
Schizophrenia	Systemic lupus erythematosus
Ulcerative colitis	HIV