

## HOSPITALISATION BENEFITS 2012

### BENEFIT CATEGORY

|  |  |
|--|--|
| Overall Annual Limit                                       | R376 100 per family per annum                            |
| Hospital Benefits  | Subject to overall annual limit                          |
| GP's & Specialists   | Limited to R5 830 per family per annum                   |
| Alternatives To Hospital eg. Hospice & Private Nursing     | Limited to R4 340 per family per annum                   |
| Prosthesis: Internal & External (Dental Implants Excluded) | Limited to R27 250 per family per annum                  |
| Mental Health  | Prescribed Minimum Benefits                              |
| Organ Transplants  | Prescribed Minimum Benefits                              |
| Oncology   | Prescribed Minimum Benefits                              |
| Renal Dialysis Treatment                                   | Prescribed Minimum Benefits                              |
| MRI / CT Scan  | One per family per annum                                 |
| Blood Transfusion / Blood Products                         | Subject to overall annual limit                          |
| Surgical Procedures & Related Expenses                     | Subject to overall annual limit                          |
| Radiology & Pathology                                      | Subject to overall annual limit                          |
| Physiotherapy  | Subject to overall annual limit                          |
| Medicine On Discharge From Hospital (TTO)                  | R675 per beneficiary subject to the overall annual limit |
| Scheme Rate  | Overall annual limit                                     |

Procedures in hospital require pre-authorization.

All benefits are paid at the lower of cost or Scheme rate.

Benefits indicated as Prescribed Minimum Benefits are available in the Public Sector only.

## HOW YOUR SCHEME WORKS

EyethuMed is a basic, value-for-money Scheme. The Scheme provides you with unlimited primary care & looks after you while in hospital.

When you join EyethuMed, you can choose one of two Designated Service Providers (DSP) i.e. CareCross & Primecure. If you are unhappy with the choice you make you can change to the other provider by phoning the customer service department. Every member is allowed to change DSP's a maximum of once during the year.

The DSP's provide you with primary care, as long as you obtain these services from your chosen provider group. This includes:

- GP Visits – CareCross & Primecure allow 3 out-of-network visits. Please note that you need to pay for these visits & then claim back from the Scheme;
  - Acute medication;
  - Chronic medication;
  - Basic dentistry;
  - HIV/Aids treatment & medication;
  - Radiology & Pathology.
- Please confirm with your GP which tests are covered.

- Maternity (includes 2 sonar scans) out-of-hospital. The GP or a contracted Radiologist should do sonar scans.

Hospital benefits are paid from the risk portion of the Scheme. This would include all hospital stays & treatment received while in hospital. Please remember to get authorisation for hospital stays.

More details on benefits are specified in the benefit table.

## HOSPITAL MANAGEMENT

The Medscheme Health Risk Solutions Hospital Management programme ensures that you receive appropriate, quality care while in hospital.

- You must apply for an authorisation number as soon as a visit or admission to a hospital (out-patient or in-patient) is planned. Please call the Authorisation Centre on 0860 502 502 or fax 021 466 1913.
- In the event of an emergency treatment/admission to hospital over a weekend, public holiday or at night you MUST contact the Authorisation Centre on the first working day after the incident.

### We need the following information to authorise your treatment:

- Membership number;
- Member or beneficiary name & date of birth;
- Contact details;
- Reason for admission & applicable tariff codes for the proposed treatment;
- Date of admission & date of the operation if applicable;
- Name of the doctor & his/her practice & telephone number;
- Name of the hospital, their practice & telephone number.

### For problem free admission:

- Notify Medscheme Health Risk Solutions in advance i.e. 48 hours before admission;
- The authorisation nurse will give you an authorisation number which you need to provide to the hospital admission clerk;
- The hospital benefit management department will then be able to manage your admission & monitor the quality of care you receive during your stay in hospital;
- If you do not get authorisation from us before going into hospital, or on the first working day following a medical emergency, your treatment may not be covered & you could be held liable for all costs associated with your admission;
- Only procedures which are covered in terms of the rules of your Scheme will be authorised.

### Why are some requests declined?

Some of the pre-authorized requests will be declined & there are various reasons for this e.g.

- The planned intervention is not covered by the medical plan as specified in the Scheme Rules;
- The planned intervention is not in line with the acceptable treatment standards for a particular medical condition;
- Inactive membership status.

## EMERGENCY TRANSPORT: ER24

ER24 is a 24-hour, national emergency service network that offers modern road ambulance fleets, response cars & fixed-wing & helicopter air ambulance services.

If you need real help real fast or you're simply seeking medical advice, all it takes is ONE CALL, which will link you to our centralised Emergency Call Centre where highly-skilled professionals are ready to assist you.

Contact number 084 124.

This summary is for information purposes only & does not supersede the rules of the Scheme. In the event of any discrepancy between the summary & Rules, Rules will prevail.



## DAY-TO-DAY BENEFITS 2012

### BENEFIT CATEGORY

|   |  |
|---|--|
| Consultations:<br>• General Practitioners | Network Service Provider Unlimited<br>Three out-of-network visits per family per annum (payable upfront by member)                                     |
| • Specialists                             | Beneficiary: R 2 160 per annum<br>Family: R 4 340 per annum<br>Inclusive of all procedures & medication prescribed by the specialist<br>Referral by GP |
| Medication:<br>• Acute                    | Network Service Provider Unlimited<br>Fixed Formulary  |
| • Chronic                                 | Network Service Provider Unlimited<br>Fixed Formulary  |
| Dentistry:<br>• Basic                     | Network Service Provider Unlimited   |
| • Advanced                                | Referral by Network Service Provider<br>Combined with Specialist benefit<br>(Excluding dental implants)  |
| Maternity                                 | Network Service Provider Unlimited<br>(including consultations, medicine & 2 scans)  |
| External Appliances                       | R2 620 per family per annum<br>Subject to Scheme approval  |
| Optical                                   | Network Service Provider<br>Per beneficiary per 2 year cycle<br>(Starting 1/1/2011)<br>Subject to the Network Service Provider Benefits                |
| Radiology / Pathology                     | Network Service Provider Unlimited<br>Please confirm with the provider what tests are covered  |
| HIV / AIDS Benefits                       | Network Service Provider<br>(including medicine & consultations)   |
| Emergency Evacuation / Ambulance          | 100% of cost<br>ER24 Subject to overall annual limit   |