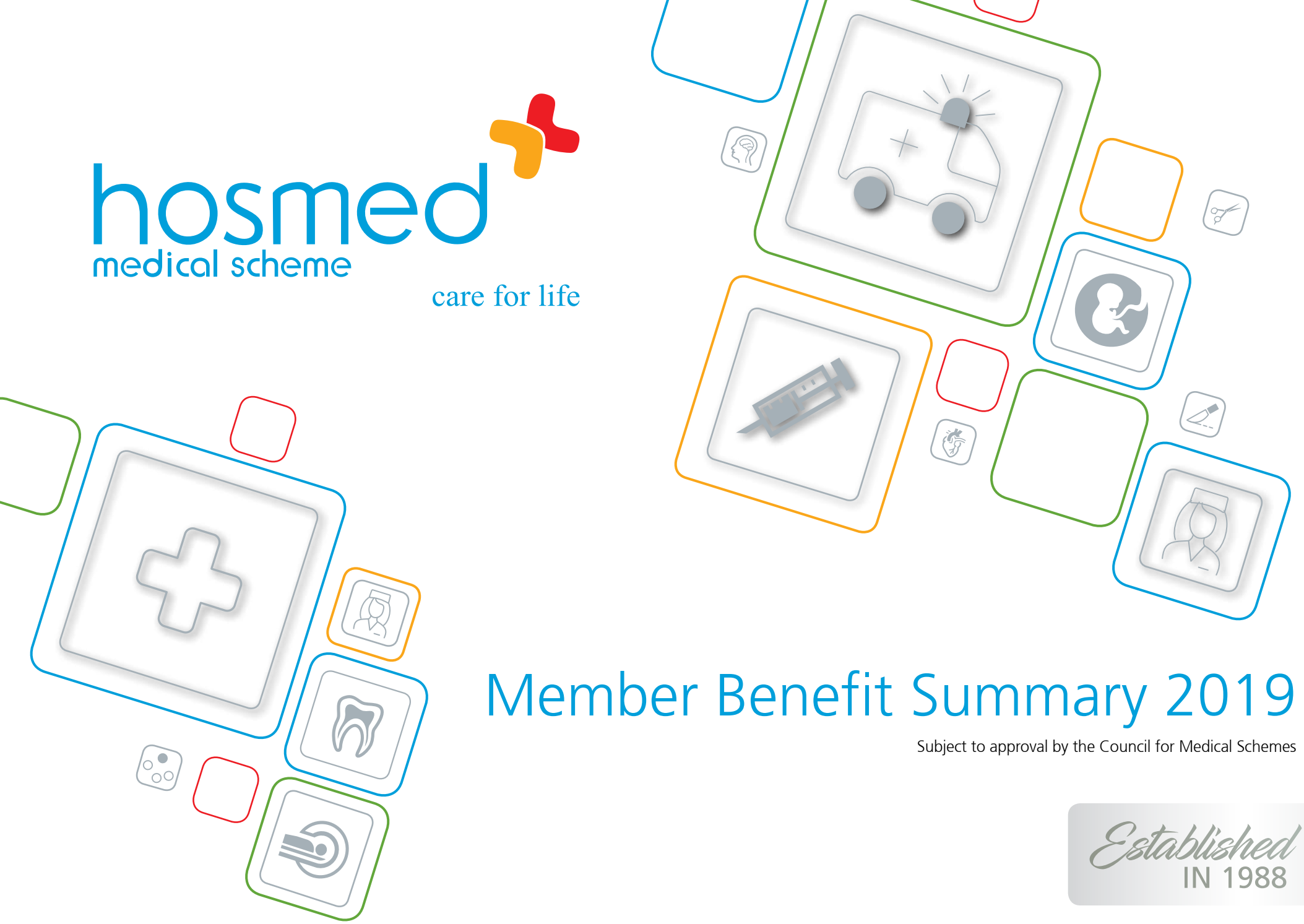
hosmed
medical scheme

care for life



Member Benefit Summary 2019

Subject to approval by the Council for Medical Schemes

Established
IN 1988

OUR VISION

Care for Life

OUR MISSION

To provide access to quality health care benefits tailored to optimise the wellbeing of members at a competitive rate.

OUR VALUES

- Accountability
- Excellence
- Integrity
- Innovation
- Being Compassionate

Sustained excellence,
Personalised service.

QUICK FACTS AND ENHANCEMENTS TO OUR BENEFITS

hosmed medical scheme
care for life

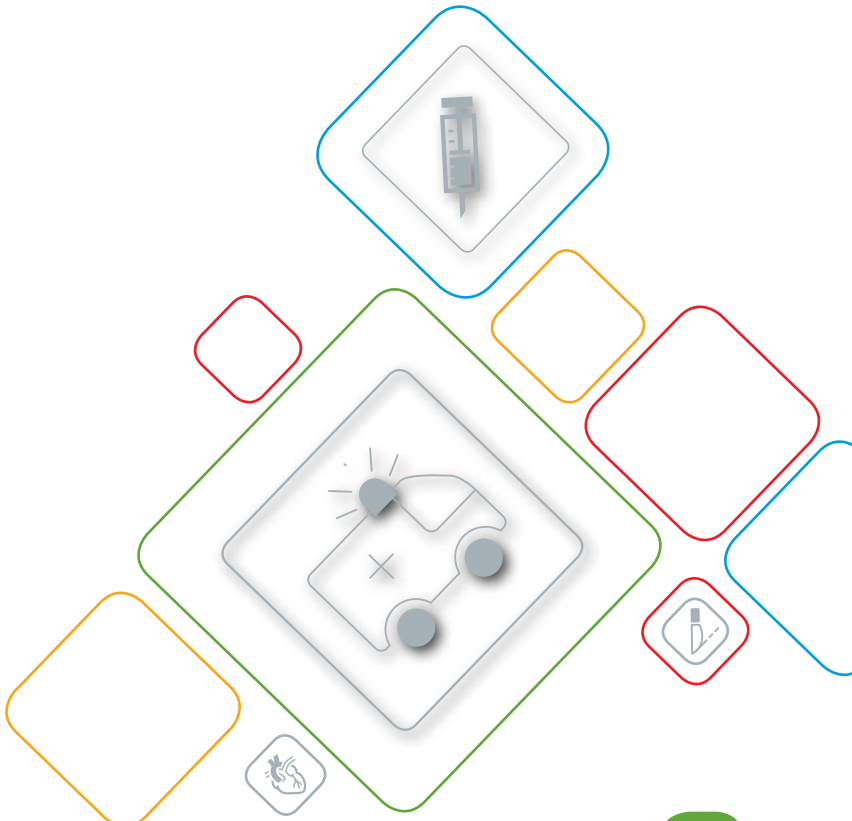
Established IN 1988

How dependable is Hosmed? Here are some facts to reassure you:

- Hosmed has been in existence for 30 years
- We have a global Credit Rating of A- for Claims Paying Ability
- The average number of beneficiaries is 67 000
- The average age of beneficiaries is 31.28 years
- The average size of families on the scheme is 2.73
- Our solvency ratio as at 31 December 2017 was 28.2%
- Our rating outlook is stable
- We have contained non-healthcare costs at 10%

How have we enhanced our benefits? The following changes have been made:

- Immunisation benefit enhanced for babies from birth up to 12 months on the Bambino Programme for all Options in line with the National Department of Health
- Six additional antenatal screening tests on the Bambino Programme
- Reimbursement of Blood Pressure Monitors on all Options
- NEW · New benefit for Pneumococcal Vaccination for beneficiaries over 65 years paid from the Wellness Benefit
- Addition of partial metal frame denture treatment available every 5 years on the Plus and Value Options
- Root canal to be paid from conservative dentistry instead of advanced dentistry for Plus and Value Options
- Frame and lenses benefit enhanced by average of 50.7 % across all Options
- Acute medicine increased by an average of 52,4% on Plus, Value and Essential Options and Over the Counter Medicine by 192,3%
- Introduction of an Efficiency Discount Option (Value Core) - subject to CMS approval



FOUNDATION . HERITAGE . LEGACY

HOSMED PRODUCT OFFERING FOR 2019

hosmed medical scheme
care for life

Plus Option

Designed for families that want comprehensive healthcare cover that affords them total peace of mind

Hospital Benefit
Unlimited at any hospital

Day-to-day Benefits
Traditional cover with sub-limits applicable

Hosmed – We Care
Additional Benefits Provided

- Maternity Benefits ✓
- Chronic Condition Benefits ✓
- Wellness Benefit ✓

Value Option

Designed for families that want to be assured of substantial healthcare cover

Hospital Benefit
Unlimited at any hospital

Day-to-day Benefits
Traditional cover with sub-limits applicable

Hosmed – We Care
Additional Benefits Provided

- Maternity Benefits ✓
- Chronic Condition Benefits ✓
- Wellness Benefit ✓

Access Option

A new generation option for young families, assuring adequate healthcare cover

Hospital Benefit
Unlimited at hospital network

Day-to-day Benefits
Medical Savings Account (as from 1 Jan 2018)

Hosmed – We Care
Additional Benefits Provided

- Maternity Benefits ✓
- Chronic Condition Benefits ✓
- Wellness Benefit ✓

Essential Option

Suitable for families looking for essential cover

Hospital Benefit
Unlimited at hospital network for PMB conditions ONLY

Day-to-day Benefits
Unlimited GP visits at network provider

Hosmed – We Care
Additional Benefits Provided

- Maternity Benefits ✓
- Chronic Condition Benefits ✓
- Wellness Benefit ✓

2019 CONTRIBUTIONS

	Plus Option	Value Option	Access Option			Essential Option (subject to annual income verification)		
Monthly Income >	R0+	R0+	R0+	R0+	R0+	R0–R7 000	R7 001–R12 000	R12 001 +
			Risk	Savings	Total			
Member	R4 948	R3 249	R1 885	R471	R2 356	R1 305	R1 593	R1 992
Adult	R3 781	R2 376	R1 623	R406	R2 029	R1 241	R1 515	R1 894
Child	R847	R553	R366	R92	R458	R448	R402	R771
Combined calculations for easy reference:								
Member + Adult	R8 729	R5 625	R3 508	R877	R4 385	R2 546	R3 108	R3 886
Member + 1 Child	R5 795	R3 802	R2 251	R563	R2 814	R1 753	R1 995	R2 763
Member + Adult + 1 Child	R9 576	R6 178	R3 874	R969	R4 843	R2 994	R3 510	R4 657
Member + Adult + 2 Children	R10 423	R6 731	R4 240	R1 061	R5 301	R3 442	R3 912	R5 428
Family (Maximum 3 Children Per Family Charged)	R11 270	R7 284	R4 606	R1 153	R5 759	R3 890	R4 314	R6 199

Pictures for illustration purposes only

IN

IN HOSPITAL BENEFITS

All admissions to hospitals and services listed below must be pre-authorised by the Scheme/preferred provider. In the case of emergencies, authorisation must be obtained within 48 hours of admission. After hours emergency services available 24/7.

	Private and State Hospitals	Diagnostic Investigations	Oncology	Organ Transplants
Plus Option	• 100% of Scheme Tariff* • Unlimited benefit subject to pre-authorisation, clinical protocols and formulary • Specialist consultations: 200% of Scheme Tariff* • TTO* benefit for 7 days	• 100% of Scheme Tariff* *Subject to clinical protocols and PBMs* • Pathology and radiology unlimited *Specialised radiology subject to pre-authorisation*	• 100% of DSP Tariff* • Limited to **R592 665** per beneficiary per annum • PMB and non-PMB oncology treatment based on DSP ICON* enhanced protocols	• 100% of Scheme Tariff* *Subject to PMBs and pre-authorisation*
Value Option Co-payment applicable to certain procedures in hospital Please refer to full brochure on www.hosmed.co.za	• 100% of Scheme Tariff* • Unlimited benefits subject to pre-authorisation, clinical protocols and formulary • TTO* benefit for 7 days	• 100% of Scheme Tariff* *Subject to Clinical protocols and PMB* • Pathology and radiology unlimited *Specialised radiology subject to pre-authorisation*	• 100% of DSP Tariff* • Limited to **R274 135** per beneficiary per annum • PMB and non-PMB oncology treatment based on DSP ICON* standard protocols	• 100% of Scheme Tariff* *Subject to PMB and pre-authorisation*
Access Option Co-payment applicable to certain procedures in hospital Please refer to full brochure/website Day Hospital procedures Please refer to full brochure/website The Scheme can channel procedures to DSP hospital networks	• 100% of DSP Tariff* • Unlimited benefits for PMB conditions subject to use of a DSP* hospital, pre-authorisation and clinical protocols and formulary • TTO* benefit for 5 days	• 100% of Scheme Tariff* *Subject to clinical protocols and PMBs* • Pathology and radiology unlimited *Specialised radiology subject to pre-authorisation* • MRI/PET/CAT scans limited to 2 per beneficiary per annum, whether in hospital or out of hospital	• 100% of DSP Tariff* • Limited to PMB* conditions ONLY and subject to DSP ICON* standard protocols	• 100% of Scheme Tariff* • PMBs based on Department of Health protocols, unlimited
Essential Option Limited to PMB conditions ONLY for in and out of hospital benefits Subject to sub-limits not being exceeded Day Hospital procedures Please refer to full brochure/website The Scheme can channel procedures to DSP hospital networks	• 100% of DSP Tariff* • Unlimited benefits for PMB conditions subject to use of a DSP hospital, pre-authorisation and clinical protocols and formulary • TTO* benefit for 5 days	• 100% of Scheme Tariff* *Subject to network provider, clinical protocols and PMB conditions ONLY* • Pathology and radiology combined limited to **R5 883** per beneficiary per annum *Specialised radiology subject to pre-authorisation* • MRI/PET/CAT scans limited to 2 per beneficiary per annum whether in hospital or out of hospital	• 100% of DSP Tariff* • Limited to PMB conditions ONLY and subject to DSP ICON* standard protocols	• 100% of Scheme Tariff* • PMB based on Department of Health protocols, unlimited • Limited to PMB conditions only

*Refer to page 11 for terms and definitions

hosmed medical scheme care for life

Internal and External Prosthesis	Psychiatric Treatment	Sterilisation/Vasectomy	Circumcision	Auxiliary Services	
• 100% of Negotiated Tariff* • Limited to **R65 704** per family per annum *Subject to pre-authorisation, sub-limits and protocols*	• 100% of Scheme Tariff • PMBs: 21 days per beneficiary or up to 15 out-patient contacts per annum • Non-PMBs: 14 days per family subject to a limit of **R21 975**	• 100% of Scheme Tariff • Sterilisation limited to **R15 194** per beneficiary per annum	• 100% of Scheme Tariff add in and out of hospital	• 100% of Scheme Tariff *Subject to PMBs, protocols, treating doctor referral and pre-authorisation by the auxiliary service provider during the admission period*	**Plus Option**
• 100% of Negotiated Tariff* • Limited to **R45 705** per family per annum *Subject to pre-authorisation, sub-limits and protocols*	• 100% of Scheme Tariff • PMBs: 21 days per beneficiary or up to 15 out-patient contacts per annum • Non-PMBs: 14 days per family, subject to a limit of **R19 534**	• 100% of Scheme Tariff • Sterilisation limited to **R14 428** per beneficiary per annum	• 100% of Scheme Tariff*	• 100% of Scheme Tariff *Subject to PMBs, protocols, treating doctor referral and pre-authorisation by the auxiliary service provider during the admission period*	**Value Option** Co-payment applicable to certain procedures in hospital Please refer to full brochure on www.hosmed.co.za
• 100% of Negotiated Tariff* • Limited to **R29 412** per family per annum *Subject to PMB only*	• 100% of Scheme Tariff* • Subject to PMB conditions ONLY • Subject to 21 days per beneficiary or up to 15 out-patient contacts per annum	• 100% of Scheme Tariff* *Subject to PMB conditions ONLY*	• Out of hospital ONLY • 100% of Scheme Tariff* at GP or 100% of Scheme Tariff* at Specialist	• 100% of Scheme Tariff* *Subject to PMB conditions ONLY, protocols, treating doctor referral and pre-authorisation by the auxiliary service provider during the admission period*	**Access Option** Co-payment applicable to certain procedures in hospital Please refer to full brochure/website Day Hospital procedures Please refer to full brochure/website The Scheme can channel procedures to DSP hospital networks
• 100% of Negotiated Tariff* • Limited to **R18 706** per family per annum *Subject to pre-authorisation, sub-limits and protocols*	• 100% of Scheme Tariff* • Subject to PMB conditions ONLY • Subject to 21 days per beneficiary or up to 15 out-patient contacts per annum	• 100% of Scheme Tariff**Subject to PMB conditions ONLY*	• Out of hospital ONLY • 100% of DSP Tariff* at DSP GP or 100% of Scheme Tariff at Specialist *Subject to PMB conditions ONLY*	• 100% of Scheme Tariff *Subject to PMB conditions ONLY, protocols, treating doctor referral and pre-authorisation by the auxiliary service provider during the admission period*	**Essential Option** Limited to PMB conditions ONLY for in and out of hospital benefits Subject to sub-limits not being exceeded Day Hospital procedures Please refer to full brochure/website The Scheme can channel procedures to DSP hospital networks

** Refer to page 11 for terms and definitions*

OUT OF HOSPITAL BENEFITS

	Overall Annual Limit on Out of Hospital Benefits	General Practitioner Consultations	Specialist Consultations	Acute Medicines
Plus Option	Collective overall limits for: Acute medicines, advanced dentistry, alternative services, biokinetics and physiotherapy, remedial and other therapies, mental health M – **R12 164** M+1 – **R25 627** M+2 – **R27 968** M+3 – **R30 798**	• 100% of Scheme Tariff* • GP and Specialist consultations: **16** visits per beneficiary limited to **26** visits per family per annum	• Included in GP consultation benefit • No referral required for Specialist consultations	• 100% of Reference Price* • Limited to **R8 595** per beneficiary and **R16 832** per family per annum *Subject to medicine formulary and protocols, including material and homeopathic medicines*
Value Option	Collective overall limits for: Acute medicines, advanced dentistry, alternative services, biokinetics and physiotherapy, remedial and other therapies, mental health M – **R9 434** M+1 – **R19 922** M+2 – **R21 670** M+3 – **R24 000**	• 100% of Scheme Tariff* • **10** GP visits per beneficiary limited to **20** GP visits per family per annum	• 100% of Scheme Tariff* M – **3** visits M+1 – **5** visits M+2+ – **7** visits • All specialist consultations require GP referral or payment will be made at GP rates, except for: - Gynaecologists; - Paediatricians	• 100% of Reference Price* • Limited to **R5 183** per beneficiary and **R10 520** per family per annum *Subject to medicine formulary and protocols, including materials* *Homeopathic medication excluded*
Access Option **Medical savings account**	Annual Member Savings Account (MSA*): Member – **R5 654** Adult – **R4 870** Child – **R1 099** Out of hospital subject to sub-limits and MSA*	• 100% of Scheme Tariff* • Paid from available MSA* • **6** additional GP visits per family once MSA* depleted	• 100% of Scheme Tariff* • Paid from available MSA* *Specialist consultations require GP referral or payment will be made at GP rates*	• 100% of Reference Price* • Paid from available MSA* **Acute medication obtained from pharmacy:** • **R1 887** per beneficiary limited to **R4 661** per family per annum *Subject to medicine formulary and protocols, including materials* *Homeopathic medication excluded*
Essential Option	Limited to PMB conditions ONLY for in and out of hospital benefits *Subject to sub-limits not being exceeded*	• 100% of DSP Tariff* • **Unlimited** visits and acute medication from any GP within the DSP Network • Network GP consultations ONLY	• 100% of Scheme Tariff* • Limited to **3** visits per family per annum ONLY on referral from a DSP GP *Subject to pre-authorisation* *Limited to PMB conditions ONLY*	• 100% of Reference Price* • **Unlimited** acute medication dispensed by the DSP GP **Acute medication obtained from pharmacy:** • **R1 206** per beneficiary limited to **R3 366** per family per annum *Subject to medicine formulary and protocols, including materials* *Homeopathic medication excluded*

** Refer to page 11 for terms and definitions*

hosmed medical scheme care for life

Pharmacy Advised Treatment	Chronic Medication	Contraceptive Benefit	Pathology	
• 100% of Reference Price* **Over the counter medication:** • Limited to **R3 051** per family per annum, maximum **R215** per script • Included in acute medicines benefit	• 100% of Reference Price* • PMB Chronic Disease List medicines: Unlimited • Non-chronic Disease List medication: Limited to **R13 984** per beneficiary and **R26 703** per family per annum *Subject to pre-authorisation, treatment protocols and medicine formulary**	• 100% of Reference Price* • Limited to **R113** per beneficiry per month, subject to **R1 598** per family per annum *Subject to formulary, oral, injectable and patch contraceptives only*	• 100% of Scheme Tariff* • Limited to **R4 839** per beneficiary per annum *Subject to PMBs and protocols*	**Plus Option**
• 100% of Reference Price* **Over the counter medication:** • Limited to **R1 925** per family per annum, maximum **R150** per script • Included in acute medicines benefit	• 100% of Reference Price* • PMB Chronic Disease List medicines: Unlimited • Non-chronic Disease List medication: Limited to **R6 588** per beneficiary and **R13 296** per family per annum *Subject to pre-authorisation, treatment protocols and medicine formulary**	• 100% of Reference Price* • Limited to **R112** per beneficiary per month, subject to **R1 332** per family per annum *Subject to the contraceptive formulary**	• 100% of Scheme Tariff* • Limited to **R2 647** per beneficiary per annum *Subject to PMBs and protocols*	**Value Option**
• 100% of Reference Price* **Over the counter medication:** • Paid from available MSA to maximm of **R95** per script • Included in acute medicines benefit *Subject to formulary**	• 100% of Reference Price* at DSP • PMB Chronic Disease List medicines: Unlimited • Non-chronic Disease List medication: No benefit *Subject to pre-authorisation, treatment protocols and medicine formulary**	• 100% of Reference Price* • Paid from available MSA* • Limited to **R78** per beneficiary per month, subject to **R932** per family per annum *Subject to formulary, oral and injectable contraceptives only*	• 100% of DSP Tariff* • Paid from available MSA* *Subject to PMBs and protocols*	**Access Option** Medical savings account
• 100% of Reference Price* **Over the counter medication:** • Limited to **R615** per family per annum, maximum **R90** per script • Included in acute medicines benefit *Subject to formulary**	• 100% of Reference Price* at DSP • PMB Chronic Disease List medicines: Unlimited at DSP • Non-chronic Disease List medication: No benefit *Subject to pre-authorisation, treatment protocols and medicine formulary**	• 100% of Reference Price* • Limited to **R61** per beneficiary per month, subject to **R732** per family per annum *Subject to formulary, oral and injectable contraceptives only*	• 100% of DSP Tariff* • Limited to **R822** per beneficiary per annum • Limited to Network Provider and PMB conditions ONLY	**Essential Option**

*Refer to page 11 for terms and definitions

OUT

OUT OF HOSPITAL BENEFITS (CONTINUED)

	Radiology	Appliances	Conservative Dentistry	Advanced Dentistry
Plus Option	• 100% of Scheme Tariff* • Limited to **R3 563** per beneficiary per annum **Specialised radiology:** • MRI/PET/CAT scans limited to **2** scans per beneficiary per annum, subject to pre-authorisation	• 100% of Negotiated Tariff* • Limited to **R14 038** per family per annum *Subject to pre-authorisation*	• 100% of Scheme Tariff* • Consultations, fillings, extractions, preventative scale and polish • Fluoride treatment limited to beneficiaries below the age of 12 years *Unlimited subject to treatment protocols*	• 100% of Scheme Tariff* • **R6 481** per beneficiary, limited to **R8 169** per family per annum *Subject to pre authorisation and treatment protocols*
Value Option	• 100% of Scheme Tariff* • Limited to **R2 059** per beneficiary per annum **Specialised radiology:** • MRI/PET/CAT scans limited to **2** scans per beneficiary per annum, subject to pre-authorisation	• 100% of Negotiated Tariff* • Limited to **R13 340** per family per annum *Subject to pre-authorisation*	• 100% of Scheme Tariff* • Consultations, fillings, extractions, preventative scale and polish • Fluoride treatment limited to beneficiaries below the age of 12 years *Unlimited subject to treatment protocols*	• 100% of Scheme Tariff* • **R4 240** per beneficiary, limited to **R6 060** per family per annum *Subject to pre-authorisation and treatment protocols*
Access Option Medical savings account	• 100% of DSP Tariff* • Paid from available MSA* *Subject to PMBs and protocols* **Specialised radiology:** • MRI/PET/CAT scans limited to **2** scans per beneficiary per annum, whether in or out of hospital *Subject to pre-authorisation*	• 100% of Negotiated Tariff* • Limited to **R6 215** per family per annum • Subject to sub limit, in and out of hospital - PMB's only *Subject to pre-authorisation*	• 100% of Scheme Tariff* at DSP • Consultations, fillings, extractions, preventative scale and polish • Fluoride treatment limited to beneficiaries below the age of 12 years *Dental protocols apply and pre-authorisation is required*	• 100% of Scheme Tariff* • Non-PMBs paid from available MSA*
Essential Option	• 100% of DSP Tariff* • Limited to **R822** per beneficiary per annum **Specialised radiology:** • MRI/PET/CAT scans limited to **2** scans per beneficiary per annum, whether in or out of hospital *Subject to pre-authorisation* *Referral by Network Provider and PMB conditions ONLY*	• 100% of Negotiated Tariff* • Limited to **R2 775** per family per annum • Limited to PMB conditions ONLY, whether in or out of hospital *Subject to pre-authorisation*	• 100% of Scheme Tariff* at DSP • Consultations, fillings, extractions, preventative scale and polish • Fluoride treatment limited to beneficiaries below the age of 12 years *Dental protocols apply and pre-authorisation is required*	• Limited to PMB conditions ONLY

Refer to page 11 for terms and definitions

Mental Health	Air/Road Ambulance & Emergency Services	Optometry – Network only	Auxiliary Benefits	
• 100% of Scheme Tariff* • **R4 551** per beneficiary, limited to **R9 101** per family per annum *Subject to confirmed diagnosis, treatment plan and managed care protocols*	• 100% of Scheme Tariff* • 24-hour access to call centre, including telephonic nurse advice line • Subject to pre-authorisation from preferred provider	• 100% of DSP Tariff* every 24 months • Eye tests: 100% of DSP Tariff* Frames: **R1 230** per beneficiary **R175** per lens (single vision) **R410** per lens (bifocal) **R710** per lens (multifocal) OR Contact lenses: **R2 915** per beneficiary (No benefit for contact lenses if spectacles are purchased)	• 100% of Scheme Tariff* **Alternative Services** e.g. Homeopathy, Chiropractic etc. Limited to **R3 879** per family per annum **Remedial and Other Therapies** e.g. Dietician, Audiology, Speech Therapy etc. Limited to **R4 917** per family per annum **Physiotherapy and Biokinetics** **R2 597** per beneficiary, limited to **R4 162** per family per annum	**Plus Option**
• 100% of Scheme Tariff* • **R2 808** per beneficiary, limited to **R7 059** per family per annum *Subject to confirmed diagnosis, referral from GP or Specialist, treatment plan and managed care protocols*	• 100% of Scheme Tariff* • 24-hour access to call centre, including telephonic nurse advice line • Subject to pre-authorisation from preferred provider	• 100% of DSP Tariff* every 24 months • Eye tests: 100% of DSP Tariff* Frames: **R795** per beneficiary **R175** per lens (single vision) **R410** per lens (bifocal or multifocal) OR Contact lenses: **R1 810** per beneficiary (No benefit for contact lenses if spectacles are purchased)	• 100% of Scheme Tariff* **Alternative Services** e.g. Homeopathy, Chiropractic etc. Limited to **R3 574** per family per annum **Remedial and Other Therapies** e.g. Dietician, Audiology, Speech Therapy etc. Limited to **R3 452** per family per annum **Physiotherapy and Biokinetics** **R1 620** per beneficiary, limited to **R2 686** per family per annum	**Value Option**
• 100% of Scheme Tariff* *Subject to to PMB conditions ONLY* • Non-PMBs paid from available MSA* *Subject to referral from GP or Specialist*	• 100% of Scheme Tariff* • 24-hour access to call centre, including telephonic nurse advice line • Subject to pre-authorisation from preferred provider	• 100% of DSP Tariff* every 24 months • Eye tests: 100% of DSP Tariff* Frames: **R548** per beneficiary **R175** per lens (single vision) **R410** per lens (bifocal or multifocal) OR Contact Lenses: **R900** per beneficiary (No benefit for contact lenses if spectacles are purchased)	• 100% of Scheme Tariff* Subject to PMB conditions and clinical protocols **Alternative Services** e.g. Homeopathy, Chiropractic etc. Non-PMBs paid from available MSA* **Remedial and Other Therapies** e.g. Dietician, Audiology, Speech Therapy etc. Non-PMBs paid from available MSA* **Physiotherapy and Biokinetics** Non-PMBs paid from available MSA*	**Access Option** Medical savings account
• Limited to PMB conditions ONLY	• 100% of Scheme Tariff* • 24-hour access to call centre, including telephonic nurse advice line • Subject to pre-authorisation from preferred provider	• 100% of DSP Tariff* every 24 months • Eye tests: 100% of DSP Tariff* Frames: **R300** per beneficiary **R175** per lens (single vision) **R410** per lens (bifocal or multifocal) OR Contact lenses: **R585** per beneficiary (No benefit for contact lenses if spectacles are purchased)	**Remedial and Other Therapies** e.g. Dieticians, Audiology, Speech Therapy etc. Limited to PMB conditions ONLY **Physiotherapy and Biokinetics** Limited to PMB conditions ONLY and clinical protocols	**Essential Option**

** Refer to page 11 for terms and definitions*

HOSMED: WE CARE

Additional Benefits Provided

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CHRONIC DISEASE MANAGEMENT PROGRAMME

Treatment is subject to the treatment Care plan and clinical protocols per CDL

chronic disease management

Diagnosed with a CDL Chronic Condition (including HIV, Diabetes, Asthma and other PMB conditions)

Does Hosmed offer additional benefits?

YES!

At Hosmed, we *Care for Life*

How to Register:

Contact PHA on **0860 00 00 48**

A Professional Nurse will take the call and provide confidential assistance

Patient will receive a treatment plan that will be paid from RISK

Patient to keep copy safe as all the authorised treatment will be listed for the year

If member is not registered, benefits will be paid from available Day-to-Day benefits

Remember to also register your Chronic Medication at the Mediscor ChroniLine

WELLNESS PROGRAMME

wellness

Members qualify for the following additional benefits (only 1 per member per annum paid from risk)

Wellness testing provided at an Employee Wellness Event will be claimed from this benefit

Pap smear
Female beneficiaries over 18 years

Mammogram
Female beneficiaries over 40 years

HPV Vaccination
All beneficiaries between 9 and 12 years

Prostate Specific Antigen (PSA)
Male beneficiaries over 40 years

HIV Testing Benefit
Free HIV Test per beneficiary per annum

Cholesterol Test
All beneficiaries over 20 years

Blood Sugar Test
All beneficiaries over 15 years

Blood Pressure Check
All beneficiaries
Reimbursement of Blood Pressure Monitors on all Options

Flu Vaccination
All beneficiaries

Pneumococcal Vaccination
One free Pneumococcal Vaccination per beneficiary over 65 years per annum

BAMBINO PROGRAMME

Subject to registration on the programme.
At 7 months of pregnancy, the scheme offers a free maternity bag

	Maternity Visit(s)	Maternity Ultrasound(s)	Home Delivery	Hospital Confinement	Immunisation Benefit	Antenatal Classes
Plus Option	• Additional **6** GP consultations and **3** specialist consultations per pregnancy (in addition to normal consultation limit)	• Limited to **3** (2D) ultrasounds per pregnancy whether in or out of hospital	• Limited to **R6 659** per pregnancy • 100% of negotiated Tariff* *Pre-authorisation required*	• NVD: Limited to **3** days • Caesarean: Limited to **4** days *Pre-authorisation required*	• Benefit as per the Immunisation Schedule of the Department of Health up to 12 months of age	• Limited to **R529** per mother per annum *By registered nurse*
Value Option	• Additional **6** GP consultations and **3** specialist consultations per pregnancy (in addition to normal consultation limit)	• Limited to **2** (2D) ultrasounds per pregnancy whether in or out of hospital	• Limited to **R5 549** per pregnancy • 100% of negotiated Tariff* *Pre-authorisation required*	• NVD: Limited to **2** days. • Caesarean: Limited to **3** days *Pre-authorisation required*	• Benefit as per the Immunisation Schedule of the Department of Health up to 12 months of age	*No benefit*
Access Option Medical savings account	• Additional **7** GP consultations and **2** specialist consultations per pregnancy (Once limits reached further consultations will be paid from day to day)	• Limited to **2** (2D) ultrasounds per pregnancy whether in or out of hospital	• Limited to **R4 439** per pregnancy • 100% of negotiated Tariff* *Pre-authorisation required*	• NVD: Limited to **2** days • Caesarean: Limited to **3** days at DSP* Hospital Network *Pre-authorisation required*	• Benefit as per the Immunisation Schedule of the Department of Health up to 12 months of age	*No benefit*
Essential Option	• **Unlimited** GP visits at DSP	• Limited to **2** (2D) ultrasounds per pregnancy whether in or out of hospital	• Limited to **R4 439** per pregnancy • 100% of negotiated Tariff* *Pre-authorisation required*	• NVD: Limited to **2** days • Caesarean: Limited to **3** days at DSP Hospital Network *Pre-authorisation required*	• Benefit as per the Immunisation Schedule of the Department of Health up to 12 months of age	*No benefit*

Terms and Definitions

Co-payment A specified rand amount that a beneficiary will be liable to self-fund for the cost of a specified medical treatment as stipulated in the benefits per option
DSP Designated Service Provider
DSP Tariff The fee determined in terms of an agreement between the Scheme and a service provider or a group of service providers in respect of payment for the relevant health service
Formulary A list of medicines that the Scheme will pay for the treatment of acute and chronic conditions as per the benefit option the member has selected
GP General Practitioner
ICON Independent Clinical Oncology Network
MSA Medical Savings Account – That part of a member's contribution which remains an asset, where applicable, of the member, but is held by the Scheme for his/her and his/her dependants' exclusive benefit and use in accordance with the relevant benefit option and which funds are administered and regulated in terms of the Act and the Rules
Negotiated Tariff A tariff which is different from the Scheme Tariff, that is negotiated and agreed ad hoc between the Scheme and a healthcare service provider for services rendered by the relevant service provider to the Scheme or to beneficiaries
PMB/s Prescribed Minimum Benefit/s
PPN Preferred Provider Network
Reference Price The maximum reimbursable price for a list of generically similar or therapeutically equivalent products with a cost lower than that of the original medicine
Scheme Tariff The tariff determined or adopted by the Board in respect of the payment for healthcare services rendered to beneficiaries by service providers who are not subject to a DSP Tariff or a Negotiated Tariff, determined using the 2006 National Health Reference Price List (NHRPL), with the application of a year-on-year inflationary increase, as contemplated in Rule 15.11
TTO To Take Out – Medicines given to patients to take home after hospital stay

GENERAL ADMINISTRATION

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General Administration

Medscheme

Hosmed Call Centre: 0860 00 00 48
General Enquiries: enquiries@hosmed.co.za
Membership Enquiries: membership@hosmed.co.za
New Applications: newapp@hosmed.co.za
Membership Cards: cards@hosmed.co.za
Claim submissions: claims@hosmed.co.za
Financial Enquiries: finance@hosmed.co.za
Clinical Enquiries: clinical@hosmed.co.za
Complaints: complaints@hosmed.co.za

Pharmaceutical Benefit Management

Mediscor PBM

Claim queries: hosmedclaims@mediscor.co.za
Chronic applications and queries: hosmedauth@mediscor.co.za
Website: www.mediscor.co.za

Hospital, Disease and Maternity Management

Private Healthcare Administrators (PHA)

Hospital Pre-authorisation: preauth@HosmedAuth.co.za
HIV/Aids Management: care@HosmedAuth.co.za
Chronic Disease Management Programme: chronic@HosmedAuth.co.za
Oncology Programme: oncology@HosmedAuth.co.za
Bambino Maternity Programme: bambino@HosmedAuth.co.za
Website: www.pha.co.za

Dental Benefit Management

Dental Risk Company (DRC)

General enquiries: enquries@dentalrisk.com
Pre-authorisation: auths@dentalrisk.com
Claims enquiries: claims@dentalrisk.com
Website: www.dentalrisk.com

Optical Benefit Management

Preferred Provider Network Negotiators (PPN)

PPN Call Centre: 0860 103 529
Claims submissions: mailroom@ppn.co.za / claims@ppn.co.za
Claim queries: info@ppn.co.za
Website: www.ppn.co.za

Emergency Medical Provider

ER24

Call Centre: 084 124
Website: www.er24.co.za

Premium Penalties for Persons Joining Late in Life

Premium penalties will be applied in respect of persons over the age of 35 years, who were without medical scheme cover (creditable coverage) for the period indicated hereunder after the age of 35 years as follows:

1–4 years	@	0.05 multiplied by the relevant contribution
5–14 years	@	0.25 multiplied by the relevant contribution
15–24 years	@	0.50 multiplied by the relevant contribution
25+ years	@	0.75 multiplied by the relevant contribution

"creditable coverage" means any period of verifiable medical scheme membership of the applicant or his or her dependant, but excluding membership as a child dependant, terminating two years or more before the date of the latest application for membership. Any years of creditable coverage which can be demonstrated by the applicant or his or her dependant shall be subtracted from his or her current age in determining the applicable penalty.

Terms and Conditions of Membership

- 3-month general waiting period (subject to the rights of interchangeability)
- 12-month condition-specific waiting period for pre-existing conditions (subject to the rights of interchangeability)

Disclaimer

Every effort has been made to ensure that this leaflet is an accurate explanation of the benefits offered by Hosmed Medical Scheme. Please note that this document does not replace the Rules of the Scheme, which take precedence over any wording in this guide.

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care for life

CALL CENTRE
0860 00 00 48

www.hosmed.co.za