



Administered by Discovery Health



## REMedi MEDICAL AID SCHEME BENEFITS 2019

This Benefit Brochure is a summary of the benefits and features of Remedi Medical Aid Scheme, pending formal approval from the Council for Medical Schemes and does not replace the Remedi Rules. The registered Remedi Rules are legally binding and always take precedence.

# WELCOME TO REMEDI

## Remedi Medical Aid Scheme (Remedi) is a restricted medical scheme registered and regulated by the Council for Medical Schemes (CMS).

Our mission is to provide cost-effective healthcare benefits that meet your needs, supported by efficient administrative processes ensuring that you have peace of mind regarding major medical expenses.

Membership is open to all employees who are employed at Remgro Limited and its associated or formally associated companies.

The Scheme offers members three Benefit Options to choose from. Each Benefit Option was designed to meet the specific needs of employees of the participating employers.

Remedi's **Comprehensive Option** provides members with a Personal Medical Savings Account (PMSA) for benefits not covered from risk and when the Insured Out-of-Hospital (IOH) benefits are exhausted, it also allows for additional general practitioner (GP) visits once the IOH and PMSA are used up for the year.

The **Classic Option** contributions are slightly lower than the Comprehensive Option, however, members do not have access to a PMSA and benefit limits are lower than what is available on the Comprehensive Option.

The **Standard Option** provides limited benefits and certain limits are only provided by Remedi's appointed designated service providers (DSPs). If a member visits a GP not in the network, limited Out-of-Area (OOA) benefits are available.

Members of Remedi are therefore in a position to enjoy the benefits of a restricted medical scheme, while also being allowed choices that better suit them and their family. This ensures that members can enjoy the appropriate healthcare at an affordable price.



## QUICK CONTACT REFERENCES

### For ambulance and other emergency services

Call **ER24** on **084 124**

### General queries

service@discovery.co.za

Call centre **0860 116 116**

### To send claims

Email **claims@discovery.co.za**

Fax it to **0860 329 252**

Drop off your claim in any blue Discovery Health claims box, or post it to PO Box 652509 Benmore 2010 or take a photo and submit your claim using the Discovery app. The Discovery app can be downloaded at the Apple iStore and Google Playstore.

### Other services

Oncology service centre **0860 116 116**

HIVCare Programme **0860 116 116**

Internet queries **0860 100 696**

Preferred Provider Network (PPN)

Contact number **0861 103 529**

Centre for Diabetes and Endocrinology (CDE)

Contact number **011 053 4400**

Additional information is available on our website

**www.yourremedi.co.za**

**Access your Remedi information through the Discovery Health app that is available on either the Google Playstore or the Apple iStore.**

### Report fraud

If you even slightly suspect someone of committing fraud, report all information to the Discovery fraud hotline: **forensics@discovery.co.za** directly.

You may remain anonymous if you prefer:

Toll-free phone **0800 004 500**

SMS **43477** and include the description of the alleged fraud.

Toll-free fax **0800 007 788**

Email **discovery@tip-offs.com**

Post **Freepost DN298, Umhlanga Rocks 4320**

### Preauthorisation

Email **preauthorisations@discovery.co.za**

Contact us on **0860 116 116**



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# QUICK A TO Z

## Benefit Option

The Benefit Option is the cover you choose to buy from Remedi. Remedi gives you a choice of three benefit options: Remedi Comprehensive, Remedi Classic and Remedi Standard.

## Benefit entry criteria

For certain illnesses, we set benefit entry criteria that you need to meet in order for the medical expenses to be considered for funding. This also means that we need certain details from you and your doctor before we can consider paying for the treatment.

## Co-payment

This is the amount you may be asked to pay in addition to what we pay to cover your medical expenses. For example, if you see a non-network doctor who charges more than the Remedi Rate, Remedi will pay you for the visit at the Remedi Rate and you will have to pay the extra amount from your own pocket. Another example is if you see an optician who is not on the PPN Network, Remedi will only pay your optician at the network rate and you will have to pay the difference from your own pocket or, if you are on the Comprehensive Option, from your available Personal Medical Savings Account. We will pay non-network doctors directly, up to the Remedi Rate, even if they charge more than the Remedi Rate, if you are on the Standard Option.

**Read more: Preauthorisation on page 7.**

## Designated service provider (DSP)

This is a doctor, specialist or other healthcare provider Remedi has reached an agreement with about payment and rates for the purpose of Prescribed Minimum Benefits (PMB).

When you use the services of a designated service provider, we pay the provider directly at the Remedi Rate. We pay participating specialists at the Premier, Classic Direct or Remedi Rate for claims. We also pay participating general practitioners at the contracted GP rate for all consultations. You will not have to pay extra from your own pocket for providers who participate in the Premier and Remedi network arrangements, but may have a co-payment for out-of-hospital visits to specialists on the Classic Direct Payment Arrangement.

## Exclusions

There are certain expenses that are not covered by Remedi. These are called exclusions. **They are listed on page 11 of this Benefit Brochure.**

## Healthcare professionals who we have a payment arrangement with

Remedi has agreed rates with certain general practitioners and specialists so you can get full cover and reduce the risk of co-payments. Remedi pays these doctors and specialists directly at these agreed rates.

## Hospital Benefit

These claims are paid from the Risk Benefit by Remedi. The Hospital Benefit covers your expenses for serious illness and high-cost care while you are in hospital, if we have confirmed you have cover for your admission. Examples of expenses covered are theatre and ward fees, X-rays, blood tests and the medicine you use while you are in hospital.

## Managed benefits

These benefits are managed to facilitate appropriateness and cost-effectiveness of relevant health services within the constraints of what is affordable, using rules-based and clinical management-based programmes.



This is a condition that develops quickly, or occurs from an accident, and you need immediate medical treatment or an operation. In a medical emergency, your life could be in danger if you are not treated, or you could lose a limb or organ. **Not all urgent medical treatment falls within the definition of PMB.** If you or any members of your family visit an after hours emergency facility at the hospital, it will only be considered as an emergency and covered as a PMB if the doctor diagnoses the condition as a PMB.

## Medical emergencies

You have to let us know if you plan to be admitted to hospital. Please phone us on **0860 116 116** for preauthorisation, so we can confirm your membership and available benefits. Without preauthorisation, you may have to make a co-payment of R1 000 for each admission. **Preauthorisation is not a guarantee of payment as it only aims to confirm that the treatment to be received in hospital is clinically appropriate and aligned with the benefits available.** We advise members to talk to their treating doctor so they know whether or not they will be responsible for out of pocket expenses, when they preauthorise their treatment.

There are some procedures or treatments your doctor can do in their rooms. For these procedures you also have to get preauthorisation. Examples of these are endoscopies and scans.

If you are admitted to hospital in an emergency, Remedi must be notified as soon as possible so that we can authorise payment of your medical expenses.

We use certain clinical policies and protocols when we decide whether to approve hospital admissions. These give us guidance about what is expected to happen when someone is treated for a specific condition. They are based on scientific evidence and research. **Read more: Preauthorisation on page 7.**

## Preauthorisation

## Prescribed Minimum Benefits (PMB)

These are a list or a set of defined benefits determined in the Medical Schemes Act, that all medical schemes have to give to their members. **Read more: PMB and DTPMB on page 15.**

## Related accounts

This type of account is separate from the hospital account when you are admitted to hospital. Related accounts include the accounts from doctors or other healthcare professionals, such as the anaesthetist accounts and for pathology or radiology tests when you are treated in hospital.

## Remedi Rate

This is the Rate at which we pay for your medical claims. The Remedi Rate is based on the Discovery Health Rate or on specific rates that we negotiate with healthcare service providers. Unless we state differently in this Benefit Brochure, we pay for claims at 100% of the Remedi Rate or negotiated contracted fees. If your doctor charges more than the Remedi Rate or negotiated fees, we will pay available benefits to you at the Remedi Rate or negotiated rates and you will have to pay the healthcare provider. We will pay your service provider directly, up to 100% of the Remedi Rate, even if they charge more than the negotiated Rate, if you are on the Standard Option.



# OPERATIONS, HOSPITAL VISITS AND PREAUTHORISATION

## EMERGENCY SERVICES BY ER24

**In a medical emergency, you can call ER24 on 084 124,** at any time of the day or night, to get authorisation for emergency transportation.

Highly-qualified emergency personnel from ER24 manage the service. They will send an ambulance or helicopter, if medically necessary, when you've been in an accident or other emergency. This emergency medical transport is covered by your Risk Benefit, if medically justified, whether you are admitted to hospital or not, only if you get authorisation from ER24.

**Otherwise, go straight to the emergency room yourself –** but get someone to call us within 24 hours if you are admitted to hospital. Your emergency treatment in-hospital will be covered according to your Option's benefits.

## YOU HAVE EMERGENCY COVER

There are times when you may not have access to cover on your Benefit Option, for example, when you have run out of benefits or you reach a benefit limit or when you are in a waiting period.

If you are covered for Prescribed Minimum Benefits, you will still be covered for a life-threatening emergency. Please remember that not all emergencies are part of your Prescribed Minimum Benefits and where possible you need to use designated service providers to receive payment in full.

## COVER FOR GOING TO EMERGENCY ROOMS

If you visit the emergency rooms at any hospital, and are admitted to hospital from there, we will cover the costs of the visit from your Hospital Benefit, if you have phoned us for authorisation within 24 hours of being admitted.

If you go to the emergency rooms but you are not admitted to hospital, we will pay the cost of the visit from your Insured Out-of-Hospital Benefit. We also cover the facility fee in some instances.

## INTERNATIONAL EMERGENCY EVACUATION SERVICES

It is important to note that the Scheme does not make provision for international emergency evacuation services. Members are required to make provision in their personal capacity for international emergency evacuation services, if the need arises while travelling or living outside the borders of the Republic of South Africa.

## How we care for you when you have experienced trauma

We designed the Trauma Recovery Benefit to help you if you are affected by certain traumatic events. If you or your family experiences severe trauma, some of the medical expenses caused by the trauma are paid from the Trauma Recovery Benefit for the rest of the calendar year in which the trauma happened.

You can apply for the Trauma Recovery Benefit if you experience:

- Crime-related injuries
- Quadriplegia
- Conditions resulting from a near drowning
- Severe anaphylactic (allergic) reaction
- Poisoning
- Severe burns
- Paraplegia
- External and internal head injuries

## If you need an operation or hospital treatment

For planned hospital stays, you have to call us for preauthorisation at least 48 hours before going to hospital. Remedi covers you for planned hospitalisation up to the overall annual limit for your Option. We pay your hospital accounts at the rate we agreed on with the hospital. This benefit covers expenses that occur while you are in hospital, if you have preauthorised your admission. Examples of the expenses we cover are theatre and ward fees, X-rays, blood tests and the medicine you have to take while you are in hospital.

## Hospital visits and preauthorisation

**Before you go to hospital for a planned procedure, remember to get authorisation first. You have to:**

- Visit your doctor so that he or she can decide if it is necessary for you to be admitted to hospital.
- Find out which doctor is going to admit you to hospital. Sometimes, your own doctor will refer you to another doctor or specialist.
- Choose the hospital you want to be admitted to, but remember that not all procedures are done in all hospitals. Your doctor can advise you on this.
- Phone us to find out how we cover healthcare professionals, like anaesthetists, so that you can reduce the risk of a co-payment.
- Preauthorise your hospital admission by calling us on **0860 116 116** at least 48 hours before you go to hospital. We will give you information that is relevant to how we will pay for your hospital stay. **If you do not confirm your admission and the costs that we would normally cover, you may have to make a co-payment of R1 000 for the admission.**



Remember, the Hospital Benefit only covers you for admission to a general ward, not a private ward.



# CHRONIC ILLNESS BENEFIT (CIB), CANCER, DIABETES, ADVANCED ILLNESS BENEFIT (AIB) AND HIV COVER

Remedi provides cover for chronic illness, diabetes, cancer palliative care and HIV on all Options and more details of the specific benefit provided on each Option can be found by visiting the Remedi website, [www.yourremedi.co.za](http://www.yourremedi.co.za).

## Cover for chronic conditions

You have cover for approved medicine for the 26 Prescribed Minimum Benefits (PMB) Chronic Disease List (CDL) conditions. We need to approve your application before we cover your condition from the Chronic Illness Benefit (CIB).

## Medicine cover for the Chronic Disease list

We will pay your approved chronic medicine in full up to the Remedi Rate for medicine if it is on the Remedi medicine list (formulary). If your approved chronic medicine is not on the medicine list, we will pay your chronic medicine up to a set monthly amount (Chronic Drug Amount) for each medicine category.

Members on the Remedi Standard Benefit Option have access to medicine on the Remedi medicine list (formulary). Members on this Benefit Option must pay for medicine not on the medicine list themselves.

For a condition to be covered from the Chronic Illness Benefit, there are certain criteria that the member needs to meet. If your condition is approved by CIB, the CIB will cover certain procedures, tests and consultations for the diagnosis and ongoing management of the 26 Chronic Disease List conditions in line with Prescribed Minimum Benefits.

## Non-PMB chronic disease list conditions covered on Remedi Comprehensive and Classic Options

On the Remedi Comprehensive and Remedi Classic Options, we also cover you for certain additional chronic conditions, which are not PMB. There is no medicine list (formulary) for these conditions. We fund approved medicine for these conditions up to specific monthly limits for each option.

## Cover for diabetes

Remedi has partnered with the Centre for Diabetes and Endocrinology (CDE) to manage diabetes for members on the Comprehensive Option. All members on the Scheme with diabetes receives cover for an approved Bluetooth-enabled glucose monitoring device and test strips that can assist members with diabetes and their treating doctors with real-time management of their condition.

On the Comprehensive, Classic and Standard Options, your Premier Practice GP can register you on the Remedi Diabetes Programme, managed by Discovery Health, as long as your condition is approved on the Scheme's Chronic Illness Benefit. This gives you access to enhanced primary care and better monitoring and management of the disease.

Please see the Remedi website, [www.yourremedi.co.za](http://www.yourremedi.co.za) for more information.

## Cover for cancer

If you're diagnosed with cancer, we cover you from the Remedi Oncology Programme once we have approved your cancer treatment. Your cancer treatment costs are limited up to the benefit limit of your chosen Option, unless your treating doctor prescribes PMB level of care and treatment. Once your benefit limit has been reached, only 80% of the Remedi Rate will be covered and you must therefore consult with your treating doctor to determine the most cost effective treatment available to ensure your co-payments are limited. Your Oncology Benefit is made available to you over a 12 month rolling period from date of diagnosis.

Your Oncology limit is subject to the overall annual limit as per your chosen Option.

All cancer-related healthcare services are covered up to 100% of the Remedi Rate where PMB level of care and treatment is prescribed and you will continue to receive cover in addition to the benefit limits made available if your treatment is aligned with PMB level of care. Please visit the Remedi website, [www.yourremedi.co.za](http://www.yourremedi.co.za) and access the applicable disease management section to obtain more information about the cover you will receive in the unfortunate event that you are diagnosed with cancer or contact us on **0860 116 116** for more information or assistance.

## Palliative care through the Advanced Illness Benefit (AIB)

Members with cancer have access to a comprehensive palliative care programme. This programme offers unlimited cover for approved care in the comfort of your home, with minimum disruption to your normal routine and family life. The palliative care is provided by a multidisciplinary team, including trained doctors and nurses, in partnership with the Hospice Palliative Care Association of South Africa. To register, your doctor needs to complete the Advanced Illness Benefit application form and email it to [AIB@discovery.co.za](mailto:AIB@discovery.co.za).

Visit our website at [www.yourremedi.co.za](http://www.yourremedi.co.za) for more information regarding this benefit.



## Cover for HIV or AIDS

Currently members diagnosed with HIV have access to the Scheme's HIVCare Programme for the necessary treatment and care that they need.

Remedi has approved that in 2019, members diagnosed with HIV will now have access to the Premier Plus GP led HIVCare Programme, which empowers doctors and members to better manage the condition and improve quality outcomes through an HIV Scorecard.

The programme will include:

1. A quality-based GP network, Premier Plus, for the management of members with HIV. Network participation is based on the efficiency of managing members with HIV, and utilisation of digital health tools;
2. Introducing an HIV Quality and Member Scorecard, based on clinical guidelines, with updated member and provider functionality to interact with and respond to changes in this score. The HIV Score will be a function of tracking improvement measures over time and includes testing, evaluation and monitoring as well as compliance tracking;
3. A monthly Patient Management Fee and an extended consultation for GPs managing members with HIV.

Members enrolled on the programme will have access to a premier basket of care, which will also include a consultation with a social worker.

Please visit our website at [www.yourremedi.co.za](http://www.yourremedi.co.za) for more information regarding your cover for HIV/Aids.





## How to use your Personal Medical Savings Account (PMSA)

The Personal Medical Savings Account gives members on the Comprehensive Option a way to save money for when they have to visit the doctor, buy medicine at the pharmacy or pay for other daily medical expenses. If you do not use all the funds in the Personal Medical Savings Account during the year, we add interest to the amount and carry it over to the next year.

If you resign from Remedi and still have funds in your Personal Medical Savings Account, we will transfer the money to your new medical scheme (if it has a Personal Medical Savings Account on the Option you choose) or refund the money to you four months after transfer. We follow the requirements found in the Medical Schemes Act when we refund the money to you.

### ***WE PAY FOR THESE FROM THE IOH BENEFIT BEFORE USING FUNDS FROM THE PMSA***

- GPs
- Medical specialists
- Conservative dentistry
- Prescribed acute medicine and injection material

- Physiotherapy, speech therapy, and occupational therapy
- Clinical psychologists
- Social workers
- Eye tests, spectacles or contact lenses and refractive eye surgery
- Radiology: Out-of-hospital (excluding MRI and CT scans)
- Pathology: Out-of-hospital.

### ***WE COVER THESE FROM THE PMSA ONLY***

- Chiropractor, homeopath, osteopath, herbalist, naturopath or dietitian
- Contraceptives such as the pill, emergency pill, condoms and some appliances not funded from available benefits, as applicable
- Preventive medicine for malaria
- Immunisations, except those covered from the Prevention and Screening Benefit.

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## How to access your Optical and Dental Benefits

### ***MAKING THE MOST OF YOUR OPTICAL BENEFITS***

Remedi has a contract with the Preferred Provider Negotiators (PPN) network to make sure you get the most out of your Optical Benefit.

PPN charge cost-effective rates for clear lenses in return for better professional fees, without compromising on professional standards or the quality of the product. Remember to tell the PPN optometrist of your Remedi membership to qualify for the negotiated rates.

Members on the Comprehensive and Classic Options can visit a non-PPN optometrist, but he or she may charge a higher rate, which means that the full price might not be covered. If you want to avoid possible co-payments on clear lenses, make sure the optometrist you visit belongs to the PPN network.

Members on the Standard Option only receive benefits if services are obtained at a PPN optometrist.

On the Comprehensive Option, Optical Benefits are a separate benefit category paid from the overall annual limit.

On the Classic Option, you do not have a separate benefit category for Optical Benefits. These are paid from the available Insured Out-of-Hospital Benefit, subject to the Optical Benefit sub-limits, as well as the overall annual limit.

### ***MAKING THE MOST OF YOUR DENTAL BENEFITS***

Remedi Standard Option members receive dental management from the Dental Risk Company (DRC) and you can contact them on **012-741 5101** or **086 137 2343** to confirm dental benefits available on the Standard Option.

Members on the Classic and Comprehensive Options have access to conservative Dental Benefits which is subject to the available Insured Out-of-Hospital Benefit limits and the overall annual limit. Comprehensive members' conservative dental claims will be funded from the available Personal Medical Savings Account (PMSA) once the conservative Dental Benefits are used up.

The Comprehensive Option makes specialised Dentistry Benefits available to members on this Option, while Classic members' specialised dentistry is subject to the available Insured Out-of-Hospital Benefit. Members on the Standard Option do not have any specialised dentistry benefits available.

Certain dental procedures will require a preauthorisation and members need to contact the Remedi call centre on **0860 116 116** to confirm dental benefits available before visiting your dentist.

Please consult the limits and benefits as set out in this Benefit Brochure for more information. Please note that all claims must be submitted directly to PPN for processing and payment.



# EXCLUSIONS, RULES, *EX GRATIA* POLICY AND BENEFIT OPTION CHANGES

## Remedi does not cover exclusions

Remedi will not cover the following procedures or the direct or indirect medical consequences of the following events, except if it is required by law as stated under the Prescribed Minimum Benefits. The following is a list of costs not covered by the Scheme:

- All costs in respect of injuries arising from professional sport, speed contests and speed trials, unless PMB.
- All costs for operations, medicines, treatment and procedures for cosmetic purposes.
- All costs for Mammoplastics, i.e. Breast Reductions, unless medically necessary.
- All costs for the treatment of infertility, except for PMB.
- The artificial insemination of a person as defined in the Human Tissue Act, 1983 (Act of 1983).
- Holidays for recuperative purposes.
- Purchase of:
  - Medicines not registered with the Medicines Control Council and proprietary preparations;
  - Applicators, toiletries, beauty preparations, soaps, shampoos and other topical applications;
  - Cosmetics, emollients and moisturizers, including sun-tan lotions namely; sunscreens and tanning agents;
  - Bandages, cotton wool, dressings and other consumable items;
  - Food /nutritional supplements and patented foods, including baby foods;
  - Tonics, slimming preparations used to treat or prevent obesity and drugs as advertised to the public; and
  - Household and biochemical remedies;
  - Diagnostic agents;
  - Aphrodisiacs;
  - Anabolic steroids;
  - Household remedies or preparations of the type advertised to the public.
- The purchase of medicines not included in a prescription from a person legally entitled to prescribe medicine.
- Unless PMB, all costs that are more than the benefit to which a member is entitled in terms of the Scheme Rules, unless otherwise agreed to by the Board.
- Charges for appointments which a member or dependant of a member fails to keep.
- Costs for services rendered by persons not registered with a recognised professional body constituted in terms of any law; or any organisation, clinic, institution, nursing home or similar institution except a state or provincial hospital not registered in terms of any law.
- All costs related to the treatment of erectile dysfunction, unless approved by the Scheme.
- All costs related to gender re-alignment for personal reasons and not directly caused by or related to illness, accident or disorder.
- Section 21 medicines not approved and registered with the South African Medicines Control Council.
- All costs for use of gold in dentures or the cost of gold as an alternative to non-precious metal in crowns, inlays and bridges.
- All optical devices which are not regarded by the South African Optometric Association as clinically essential or clinically desirable, including sunglasses and spectacle cases or solution kits for contact lenses.
- Appliances: the purchase or hire of special beds, chairs, cushions, commodes, sheepskin, waterproof sheets for beds, bedpans, special toilet seats or repairs of or adjustments to sick room or convalescing equipment, with the exception of the hire of oxygen cylinders where the Scheme has provided prior written approval for the purchase of these and other appliances as PMB level of care.
- Motherhood: charges for ante-and post-natal exercise classes, mothercraft or breastfeeding instructions.
- War: injury or disablement due to war, invasion or civil war, except for PMB.

It is advisable to consult the Rules of the Scheme available on the website [www.yourremedi.co.za](http://www.yourremedi.co.za) to obtain a detailed list of the exclusions of the Scheme at all times.

## If you want to change your Benefit Option

You can change to another Remedi Benefit Option at the end of the year, to start from 1 January of the following year. You cannot change your Benefit Option during the year.



## Ex gratia policy

*Ex gratia* is defined by the Council for Medical Schemes (CMS) as 'a discretionary benefit which a medical aid scheme may consider to fund in addition to the benefits as per the registered Rules of a medical scheme. Schemes are not obliged to make provision therefore in the rules and members have no statutory rights thereto'.

The Board of Trustees may in its absolute discretion, increase the amount payable in terms of the Rules of the Scheme as an *ex gratia* award.

As *ex gratia* awards are not registered benefits, but are awarded at the discretion of the Board of Trustees, the Board has appointed a Medical Advisory Committee (MAC) who review *ex gratia* applications and this Committee is tasked to act on behalf of the Board in making decisions in this regard, guided by an approved *ex gratia* Policy and Mandate.



The Board of Trustees review the benefits of the Scheme annually and the Benefit Schedule included in this Benefit Brochure is a summary of the benefits of the Remedi Medical Aid Scheme, **pending formal approval from CMS.**

The Rules of the Scheme apply to our benefits. If there is any difference between the Benefit Brochure and Rules, the Rules of Remedi will always apply.

If you want to refer to the full set of Rules, please visit our website, [www.yourremedi.co.za](http://www.yourremedi.co.za) or email [compliance@discovery.co.za](mailto:compliance@discovery.co.za)

## Remedi Disputes process

*You have a right to lodge a complaint or to request that your query be attended to by our consultants who are available to help you with your questions. To streamline the process and ensure that each query is resolved appropriately and efficiently, there is a process you can follow.*

### Steps to have your query resolved by Remedi

1. Contact us on **0860 116 116** and speak to a consultant. Get a reference number for your request.
2. If your query is not resolved, you may request that your complaint be escalated to the Remedi Fund Manager and then the Principal Officer. **The Principal Officer will need your reference number or names of the consultants who assisted you.** We may refer the query to a medical panel for consideration as and when necessary.
3. The medical panel may request that you submit a motivation and clinical evidence for your request. You may use the Scheme contact details for this submission or to follow-up on your enquiry or complaint lodged.
4. If you are not satisfied with the outcome, you can ask that the Scheme's Board of Trustees review the outcome of any decisions made.

If you need to take a matter further Remedi has a Disputes Committee. This Committee is an independent body that can review decisions taken by the Scheme's Board of Trustees and rule whether the decision aligned with the Scheme Rules and policies of the Scheme. If you are not satisfied with their decision, you can file a formal complaint with the Council for Medical Schemes (CMS). They will make a final decision. **It is important to note that CMS requires that you first exhaust all avenues and communication channels available to you as a member, prior to submission of a complaint to CMS.**

#### The Council for Medical Schemes contact details are as follows:

- Physical address: Block A, Eco Glades 2 Office Park, 420 Witch-Hazel Avenue, Eco Park, Centurion 0157
- Postal address: Private Bag X34, Hatfield 0028
- Phone number: 0861 123 267
- Fax number: 012 431 7644
- Email: [complaints@medicalschemes.com](mailto:complaints@medicalschemes.com)





# REMEI'S KEY BENEFITS AT A GLANCE

Our three Benefit Options provide you with peace of mind, a wide range of cover and stability.

BENEFIT OPTION	REMEI COMPREHENSIVE	REMEI CLASSIC	REMEI STANDARD
<b>RISK BENEFIT</b> For major medical care, including in-hospital and other defined high-cost care	 Unlimited Overall annual limit for families	 R 1.875 million Overall annual limit for families	 R550 000 Overall annual limit for families
<b>INSURED OUT-OF-HOSPITAL BENEFIT (IOH)</b> Specific limits apply	 Benefits are first paid from the IOH benefit and thereafter from available PMSA	 Once you reach the IOH limit, you will have to cover further expenses	 Certain benefits only provided by Remedi's appointed DSP and Remedi Standard Option GP Network healthcare providers
<b>ADDITIONAL GP VISITS</b> Defined number of additional GP visits once IOH and PMSA used up for that year			
<b>PERSONAL MEDICAL SAVINGS ACCOUNT (PMSA)</b> For benefits not covered from the Hospital Benefit and when IOH benefit is used up			



# DESIGNATED SERVICE PROVIDERS (DSPs)

Here is a list of Remedi's designated service providers for the diagnosis, treatment and ongoing care costs (which may include medicine) for Prescribed Minimum Benefits conditions:

BENEFIT OPTION	REMEDI COMPREHENSIVE	REMEDI CLASSIC	REMEDI STANDARD
SANCA, RAMOT or Nishtara for drug and alcohol, detoxification and rehabilitation	✓	✓	✓
Remedi Standard Option GP Network	✗	✗	✓
The Classic Direct Specialist Direct Payment Arrangement	✓	✓	✗
The Premier A and B Specialist Direct Payment Arrangements	✓	✓	✗
The KeyCare Specialist Direct Payment Arrangement	✗	✗	✓
Pharmacies dispensing at the Remedi Rate for Medicine	✓	✓	✓
Optical management by PPN	✓	✓	✓
Private hospitals as contracted (See MaPS tool)	✓	✓	✓
Dental management by DRC	✗	✗	✓
Emergency Services (ER24)	✓	✓	✓

Remedi is always on the lookout for healthcare providers who can give our members quality care at affordable rates. We will add more designated service providers and networks to this list as they become available.

Limits, clinical guidelines and policies apply to some healthcare services and procedures. Please check the Benefit Option tables with benefits and limits in this Benefit Brochure for more information.



# PRESCRIBED MINIMUM BENEFITS (PMB) AND DIAGNOSIS AND TREATMENT PAIRS (DTPPMB)

## What are Prescribed Minimum Benefits?

The Prescribed Minimum Benefits (PMB) are a set of defined benefits determined by the Medical Schemes Act, that all medical schemes have to give to their members. This compulsory cover is designed to:

- Make sure all medical scheme members can get access to the same level of care, no matter which Benefit Option they are on
- Give medical scheme members access to healthcare that they can afford
- Help people to stay healthy.

All medical schemes have to cover the costs related to the diagnosis, treatment and care of emergency medical conditions, a limited set of medical conditions and certain chronic conditions. As part of this, we cover you for a list of 270 PMB conditions that are linked to a specific diagnosis and treatment guideline known as Diagnosis and Treatment Pairs PMB. Many of these DTPPMB are also chronic conditions, for example, depression. If you need cover for DTPPMB conditions, you must apply for it. You can get the latest application form on the website at [www.yourremedi.co.za](http://www.yourremedi.co.za) or call **0860 116 116**.

For a complete list of the DTPPMB conditions, please visit [www.medicalschemes.com](http://www.medicalschemes.com). The following DTPPMB conditions are also covered from risk on all Benefit Options, subject to certain benefit entry criteria.

Anticoagulant therapy	Paraplegia
Cushing's disease	Pemphigus (dermatologist must motivate)
Depression	Peripheral arteriosclerotic disease
Haematological disorders, like thalassaemia	Pituitary disorders
Hyperthyroidism	Quadriplegia
Hypoparathyroidism	Stroke (cerebro-vascular accident)
Lipidoses and other lipid storage disorders	Thrombocytopenic purpura
Major psychiatric disorders, like bipolar disorder (psychiatrist must motivate)	Valvular heart disease
Organ transplants	

It is important to note that even if your doctor says it is a PMB, only the condition ICD-10 codes that your doctor submits, and the rules will determine whether it is covered as PMB or not.



# YOUR BENEFITS FOR 2019

## 1. Hospital and Risk Benefit

BENEFITS	RATE	REMEDI COMPREHENSIVE	REMEDI CLASSIC	REMEDI STANDARD
Private hospitals	100% of Remedi Rate	Subject to an unlimited overall annual limit per family Da Vinci Robotic Assisted Prostatectomy at negotiated rates where pre-approved	Subject to an overall annual limit of R1 875 000 per family Da Vinci Robotic Assisted Prostatectomy at 100% of Remedi Rate provided pre-approved and limited to R108 000 per person per year	Subject to an overall annual limit of R550 000 per family Da Vinci Robotic Assisted Prostatectomy at 100% of Remedi Rate provided pre-approved and limited to R108 000 per person per year
State hospitals	100% of Remedi Rate	Limited to R495 000 per family	Limited to R480 000 per family	Limited to R230 000 per family
International second opinion services (Cleveland Clinic)	50% of cost	The cost of a second opinion consultation obtained from Cleveland Clinic, limited to one consultation per person per year, if preauthorised. Travelling costs not covered	No benefit	No benefit
Overseas Treatment Benefit	80% of cost	The cost of the claim covered up to R590 000 per person per year, if preauthorised. Travelling costs not covered	No benefit	No benefit
Operations, procedures and surgery		Payment will be in full to designated service providers and at 150% of the Remedi Rate if you use non-network specialists	Payment will be in full to designated service providers and at 100% of the Remedi Rate if you use non-network specialists	Payment will be in full to designated service providers and at 100% of the Remedi Rate if you use non-network specialists
Ward and theatre fees	100% of Remedi Rate	Includes cover for general ward, maternity ward, theatre recovery and intensive care unit subject to overall annual limit		
Confinements	100% of Remedi Rate	Subject to the overall annual limit		
Blood transfusions	100% of Remedi Rate	Subject to the overall annual limit		
Organ transplants	100% of Remedi Rate	Subject to the overall annual limit and the requirements for Prescribed Minimum Benefits		
Renal dialysis	100% of Remedi Rate	Subject to the overall annual limit and the requirements for Prescribed Minimum Benefits		
Conservative dentistry under anaesthesia for patients younger than seven years	100% of Remedi Rate	<b>Anaesthetic and hospitalisation</b> subject to the overall annual limit <b>Dental claim</b> subject to Insured Out-of-Hospital Benefit limits	<b>Anaesthetic and hospitalisation</b> subject to the overall annual limit <b>Dental claim</b> subject to Insured Out-of-Hospital Benefit limits	No benefit
Refractive eye surgery	100% of Remedi Rate	Subject to clinical entry criteria, the overall annual limit and a sub-limit of R26 200 a person each year. Includes funding of corneal cross-linking	Subject to clinical entry criteria, the overall annual limit and a sub-limit of R23 400 a person each year. Includes funding for corneal cross-linking	No benefit
Mental health	100% of Remedi Rate	Subject to the overall annual limit, limited to 21 days a year and the requirements for Prescribed Minimum Benefits. Includes the treatment of alcoholism and drug dependency at SANCA, RAMOT or Nishtara		



# YOUR BENEFITS FOR 2019

## 1. Hospital and Risk Benefit (continued)

BENEFITS	RATE	REMEDI COMPREHENSIVE	REMEDI CLASSIC	REMEDI STANDARD
Radiology and pathology	100% of Remedi Rate	Subject to the overall annual limit		
MRI and CT scans	100% of Remedi Rate	Subject to the overall annual limit and referral by a specialist. Covers in- and out-of-hospital scans. Consumables (disposable medical items) are funded from the Insured Out-of-Hospital Benefit	Subject to the overall annual limit and referral by a specialist. Covers in- and out-of-hospital scans. Consumables (disposable medical items) are funded from the Insured Out-of-Hospital Benefit	Subject to the overall annual limit and referral by a specialist. Covers in-hospital scans only. There is no benefit for out-of-hospital scans
Medicine given on discharge (TTOs – take out medicines)	100% of Remedi Rate	Limited to five days' supply		
Internal prostheses and devices	100% of Remedi Rate	Subject to the overall annual limit, with the following sub-limits for each prosthesis: Thereafter from Personal Medical Savings Account:	Subject to the overall annual limit, with the following sub-limits for each prosthesis:	Subject to the overall annual limit, with the following sub-limits for each prosthesis:
- Hip replacement		R45 800	R39 300	R34 700
- Revision hip		R54 200	R46 400	R41 000
- Knee replacement		R36 100	R30 900	R27 300
- Revision knee		R45 800	R39 300	R34 700
- Shoulder replacement		R42 100	R36 100	R31 900
- Pacemaker with leads		R76 400	R64 800	R57 400
- Pacemaker with biventricular		R98 500	R83 400	R73 800
- Cardiac valves		R51 100 per valve	R43 200 per valve	R37 300 per valve
- Above knee artificial limbs		R54 200	R46 200	R40 900
- Below knee artificial limbs		R29 400	R25 200	R22 500
- Artificial eyes		R27 800	R23 600	R21 000
- All other internal prostheses and devices		R23 600 per person	R20 300 per person	R17 900 per person
Sub-acute facilities	100% of Remedi Rate	Subject to the overall annual limit		
Hospice, frail care and private nursing as an alternative to hospitalisation	100% of Remedi Rate	Subject to the overall annual limit with a sub-limit of R36 000 per person	Subject to the overall annual limit with a sub-limit of R34 300 per person	Subject to the overall annual limit with a sub-limit of R12 600 per person
Ambulance	100% of Remedi Rate	Subject to use of ER24 emergency response service. Transfers between hospitals during an admission are subject to medical justification. <b>International cover excluded</b>		



# YOUR BENEFITS FOR 2019

## 2. Managed Benefits

BENEFITS	RATE	REMEDY COMPREHENSIVE	REMEDY CLASSIC	REMEDY STANDARD
2.1 Chronic medicine				
Prescribed Minimum Benefits	100% of Remedy Medicine Rate	<p>Unlimited if registered for Chronic Illness Benefit and the medicine is on the Remedy medicine list (formulary). You must also get the medicine from a network pharmacy</p> <p>We pay for non-formulary medicine (medicine not found on our medicine list) up to the Chronic Drug Amount for a registered medicine class.</p> <p>Co-payments may not be funded from available funds in your Personal Medical Savings Account</p>	<p>Unlimited if registered for Chronic Illness Benefit and the medicine is on the Remedy medicine list (formulary). You must also get the medicine from a network pharmacy</p> <p>We pay for non-formulary medicine (medicine not found on our medicine list) up to the Chronic Drug Amount for a registered medicine class</p>	<p><b>PMB for Remedy Standard</b></p> <p>Unlimited if registered for Chronic Illness Benefit and the medicine is on the Remedy medicine list (formulary). You must also get the medicine from a network pharmacy. We do not fund medicine that is not on the formulary</p>
Non-Prescribed Minimum Benefit conditions	100% of Remedy Medicine Rate	<p>Subject to clinical entry criteria and Remedy's list of excluded conditions</p> <p>Limited to R1 870 per month per person</p> <p>Subject to registration on the Chronic Illness Benefit</p>	<p>Subject to clinical entry criteria and Remedy's list of excluded conditions</p> <p>Limited to R1 560 per month per person</p> <p>Subject to registration on the Chronic Illness Benefit</p>	<p><b>Non-PMB for Remedy Standard</b></p> <p>Benefit not applicable</p>
Specialised Medicine Benefit	90% of Remedy Rate	Limited to R200 000 per person per year, subject to clinical protocols and preauthorisation	No benefit	No benefit
2.2 HIVCare Management Programme	100% of Remedy Rate	<p>Subject to clinical protocols</p> <p>If you are registered on the programme you can obtain services for treatment from your Premier Practice GP and gain access to one social worker consultation in addition to the benefits available in the 'baskets of care'</p>		
2.3 Diabetes Management Programme	100% of Remedy Rate	<p>Access to support and benefits is offered through the Centre for Diabetes and Endocrinology</p> <p>Subject to registration on the Chronic Illness Benefit for either diabetes mellitus type 1</p> <p>If you are registered for diabetes on the Chronic Illness Benefits and your Premier Practice GP has registered you, you also have access to the Diabetes Programme managed by Discovery Health for certain Primary Care benefits</p>	<p>If you are registered for diabetes on the Chronic Illness Benefits and your Premier Practice GP has registered you, you have access to the Diabetes Programme managed by Discovery Health for certain Primary Care benefits</p>	<p>If you are registered for diabetes on the Chronic Illness Benefits and your Premier Practice GP has registered you, you have access to the Diabetes Programme managed by Discovery Health for certain Primary Care benefits.</p> <p>Please note: If your doctor is not a Premier Practice Network doctor, he cannot register you on this benefit.</p>



# YOUR BENEFITS FOR 2019

## 2. Managed Benefits (continued)

BENEFITS	RATE	REMEMI COMPREHENSIVE	REMEMI CLASSIC	REMEMI STANDARD
2.4 Cancer treatment	100% of Remedi Rate up to benefit limit. Thereafter 80% of Remedi Rate if non-PMB treatment on Comprehensive and Classic Options	R885 000 per family per 12 month rolling period, of which the first R355 000 per person is covered at 100% of the Remedi Rate per person and the remaining R530 000 at 80% of the Remedi Rate per person. The requirements for Prescribed Minimum Benefits are applicable and only PMB level of care will be funded at cost through the benefit limits	R590 000 per family per 12 month rolling period, of which the first R355 000 per person is covered at 100% of the Remedi Rate per person and the remaining R235 000 at 80% of the Remedi Rate per person. The requirements for Prescribed Minimum Benefits are applicable and only PMB level of care will be funded at cost through the benefit limits	R205 000 per family per 12 month rolling period, and further limited to R205 000 for any one family member. The requirements for Prescribed Minimum Benefits are applicable and benefits will only be increased above the limit for PMB level of care
2.5 Advanced Illness Benefit		Advanced Illness Benefit (AIB). Members with advanced cancer and who are registered on the programme will receive enhanced funding and delivery of optimal palliative care. Once authorised, access to AIB is granted on a voluntarily basis subject to clinical entry criteria. The benefit is made available to members that require end-of-life management in a palliative care setting.		
2.6 Maternity Management Benefit	100% of Remedi Rate	Includes two 2D scans, an extensive list of pregnancy-related pathology tests and nine antenatal consultations with a gynaecologist or midwife (limited to your IOH) or your GP, as well as nine urine dipstick tests and two glucose strip tests.		Includes two 2D scans performed by your chosen GP, a specified range of pregnancy-related pathology tests and nine antenatal consultations with your chosen Standard Option Network GP, midwife or gynaecologist, as well as nine urine dipstick tests and two glucose strip tests
		Subject to overall annual limit and the Prescribed Minimum Benefit requirements		
2.7 Optical Benefit		Subject to confirmation of benefit by the Preferred Provider Network (PPN)  You can choose to cover any shortfall from your available savings. All benefits are subject to the overall annual limit and the following sub-limits:	Subject to confirmation of benefit by Preferred Provider Network (PPN)  All benefits are subject to Insured Out-of-Hospital Benefit limits and the following sub-limits:	Subject to confirmation of benefit by the Preferred Provider Network (PPN)  All benefits are subject to the overall annual limit and as set out below:
Beneficiary sub-limit		R3 360	R2 915	No benefit
Family sub-limit		R6 720	R5 830	No benefit
Consultations				
PPN Provider		100% of Remedi Rate	100% of Remedi Rate	100% of Remedi Rate. A composite consultation inclusive of refraction, tonometry and visual field screening at PPN provider <b>every twenty four months</b> per person
Non PPN Provider		R365	R365	No benefit



# YOUR BENEFITS FOR 2019

## 2. Managed Benefits (continued)

BENEFITS	RATE	REMEDI COMPREHENSIVE	REMEDI CLASSIC	REMEDI STANDARD
WITH EITHER				
Spectacles:				
Frames: PPN Provider		PPN Frame or lens enhancements to the value of R1 688	PPN Frame or lens enhancements to the value of R1 015	PPN Frame to the value of R300 per person <b>every twenty four months</b>
Frames: Non PPN Provider		R1 125 towards a frame and/or lens enhancement	R1 015 towards a frame and/or lens enhancement	No benefit
Clear Aquity lens limits:		Clear Single vision lenses @ 100% of cost at a PPN provider and limited to R175 per lens at a Non PPN provide	Clear Single vision lenses @ 100% of cost at a PPN provider and limited to R175 per lens at a Non PPN provider	Clear Single vision lenses at a PPN provider limited to R175 per lens per person <b>every twenty four months</b>
		Clear Bifocal lenses @ 100% of cost at a PPN provider and limited to R410 per lens at a Non PPN Provider	Bifocal lenses @ 100% of cost at a PPN provider and limited to R410 per lens at a Non PPN Provider	Bifocal lenses at a PPN provider limited to R410 per lens per person <b>every twenty four months</b>
		Base Multifocal lenses @ 100% of cost at a PPN provider and limited to R710 per lens at a Non PPN Provider	Base Multifocal lenses @ 100% of cost at a PPN provider and limited to R710 per lens at a Non PPN Provider	Base Multifocal lenses at a PPN provider limited to R410 per lens per person <b>every twenty four months</b>
OR				
Contact Lenses:				
Beneficiary sub-limit		R2 120	R1 840	R525 per person <b>every twenty four months</b> at a PPN Provider

## 3. Treatment performed out-of-hospital that we pay for from the Risk Benefit

BENEFITS	RATE	REMEDI COMPREHENSIVE	REMEDI CLASSIC	REMEDI STANDARD
3.1 Specialised dentistry	100% of Remedi Rate	Subject to the overall annual limit with the following sub-limits: - Member only: R19 400 - Family: R38 800 Basic dental codes are subject to available Insured out-of-Hospital Benefit	Subject to available Insured Out-of-Hospital Benefit	No benefit
3.2 External prostheses and appliances	100% of Remedi Rate	Subject to the overall annual limit, with the following sub-limits for each prosthesis: thereafter from Personal Medical Savings Account	Subject to the overall annual limit, with the following sub-limits for each prosthesis:	Subject to the overall annual limit, with the following sub-limits for each prosthesis:
- Colostomy equipment	100% of Remedi Rate	R24 350 per person	R24 350 per person	R12 600 per person
- Hearing aids	100% of Remedi Rate	R22 450 per person	R22 450 per person	R16 250 per person
- Oxygen appliances (monthly limit)	100% of Remedi Rate	R1 830 per person (includes oxygen)	R1 830 per person (includes oxygen)	R1 830 per person (includes oxygen)



# YOUR BENEFITS FOR 2019

## 3. Treatment performed out-of-hospital that we pay for from the Risk Benefit (continued)

BENEFITS	RATE	REMEDI COMPREHENSIVE	REMEDI CLASSIC	REMEDI STANDARD
- Wheelchairs	100% of Remedi Rate	R16 750 per person	R14 050 per person	R11 150 per person
- All other external prostheses and appliances	100% of Remedi Rate	R6 350 per person	R5 300 per person	R3 000 per person
3.3 Trauma Recovery Extender Benefit	100% of Remedi Rate	Cover for certain out-of-hospital claims for your recovery after certain traumatic events, without using the Insured Out-of-Hospital Benefit. Subject to clinical entry criteria, the overall annual limit and the following sub-limits:		
- Loss of limb for a family		R78 500	R78 500	R78 500
- Private nursing		R 9 850	R 9 850	R 9 850
- Prescribed medication	Member	R26 550	R12 300	R12 300
	Member +1	R31 150	R14 450	R14 450
	Member +2	R36 300	R17 250	R17 250
	Member +3 or more	R41 300	R20 850	R20 850
- External medical Items		R64 250	R28 500	R28 500
- Hearing aids		R23 400	R13 500	R13 500
- Mental Health Benefit		R23 900	R17 800	R17 800
3.4 Maintenance therapy after rehabilitation or congenital defect (mental or physical) (In- and out-of hospital)	100% of Remedi Rate	<p>Extended physiotherapy, occupational therapy, speech therapy and biokinetics of a conservative nature</p> <p>Subject to approval of a treatment plan and the overall annual limit with a sub-limit of R12 890 per family</p>	<p>Extended physiotherapy, occupational therapy, speech therapy and biokinetics of a conservative nature</p> <p>Subject to approval of a treatment plan and the overall annual limit with a sub-limit of R12 250 per family</p>	<p>Extended physiotherapy, occupational therapy, speech therapy and biokinetics of a conservative nature</p> <p>Subject to approval of a treatment plan and the overall annual limit with a sub-limit of R3 640 per family</p>
3.5 Rehabilitation therapy after hospitalisation	100% of Remedi Rate	<p>Extended physiotherapy, occupational therapy, speech therapy and biokinetics.</p> <p>Subject to the overall annual limit and approval of a treatment plan. Treatment must start within two weeks of discharge from hospital</p>	<p>Extended physiotherapy, occupational therapy, speech therapy and biokinetics.</p> <p>Subject to the overall annual limit and approval of a treatment plan. Treatment must start within two weeks of discharge from hospital</p>	<p>Extended physiotherapy, occupational therapy, speech therapy and biokinetics.</p> <p>Subject to the overall annual limit, with a sub-limit of R3 640 for family and approval of a treatment plan. Treatment must start within two weeks of discharge from hospital</p>
3.6 Benefits for infertility	100% of Remedi Rate	Cover in line with the Prescribed Minimum Benefits requirements		



# YOUR BENEFITS FOR 2019

## 4. Insured Out-of-Hospital Benefit

The following day-to-day benefits are paid from the Risk Benefit and are subject to available Insured Out-of-Hospital Benefit limits and the overall annual limit for each Option.

BENEFITS	RATE	REMEDI COMPREHENSIVE	REMEDI CLASSIC	REMEDI STANDARD
4.1 Annual IOH sub-limits	100% of Remedi Rate or 100% of cost at DSP	<p>Combined family limit of:</p> <p>Per Principal Member: R7 850 Per Adult Dependant: R4 640 Per Child Dependant: R1 300 up to a maximum of three children.</p> <p>If you exceed the sub-limit, non-Prescribed Minimum Benefit expenses will be paid from your Personal Medical Savings Account, subject to available funds. The sub-limit excludes specialised dentistry and optical claims. Facility fees will be covered where applicable</p>	<p>Combined family limit of:</p> <p>Per Principal Member: R6 960 Per Adult Dependant: R4 110 Per Child Dependant: R1 150 up to a maximum of three children.</p> <p>If you exceed the sub-limit, you have to pay non-Prescribed Minimum Benefit expenses from your own pocket. The sub-limit includes specialised dentistry, optical claims and facility fees</p>	<p>Combined family limit of:</p> <p>Per Principal Member: R2 290 Per Adult Dependant: R1 450 Per Child Dependant: R460 up to a maximum of three children.</p> <p>These sub-limits are for medical specialists (excluding clinical psychologists and social workers), and emergency treatment. Includes facility fees</p>
4.2 GPs and specialists	100% of Remedi Rate	<p>Subject to available Insured Out-of-Hospital Benefit limits and the overall annual limit. Once depleted it will be paid from your Personal Medical Savings Account</p> <p>This benefit includes cover for a consultation with a gynaecologist for insertion of a Mirena contraceptive device, provided pre-approval was obtained from the Scheme in line with clinical protocols and guidelines</p>	<p>Subject to available Insured Out-of-Hospital Benefit limits and the overall annual limit.</p> <p>This benefit includes cover for a consultation with a gynaecologist for insertion of a Mirena contraceptive device, provided pre-approval was obtained from the Scheme in line with clinical protocols and guidelines</p>	<p>Medically appropriate GP consultations and minor procedures, unlimited at member's chosen Remedi Standard Option Network GPs.</p> <p>The <b>Out-of-area (OOA) Benefit</b> consists of three visits up to a limit of <b>R1 650</b> per family. Medical specialist visits are limited to annual IOH sub-limits as per point 4.1</p> <p>This benefit includes cover for a consultation with a gynaecologist for insertion of a Mirena contraceptive device, provided pre-approval was obtained from the Scheme in line with clinical protocols and guidelines</p>
4.3 Network GP Benefit	100% of Remedi Rate	<p>A defined number of extra GP consultations are paid from the Risk Benefit once your Insured Out-of-Hospital Benefit limits and Personal Medical Savings Account funds are exhausted</p> <ul style="list-style-type: none"> <li>- Member: Three GP visits</li> <li>- Family: Six GP visits</li> </ul> <p>We will only fund visits to a Network GP from Risk, and pathology is excluded</p>	No benefit	No benefit



# YOUR BENEFITS FOR 2019

## 4. Insured Out-of-Hospital Benefit (continued)

BENEFITS	RATE	REMEDY COMPREHENSIVE	REMEDY CLASSIC	REMEDY STANDARD
4.4 Acute medicine and Schedule 0,1 and 2 medicine that can be bought over the counter without a doctor's prescription	100% of Remedy Medicine Rate	Subject to available Insured Out-of-Hospital Benefit limits and the overall annual limit. Once depleted it will be paid from your Personal Medical Savings Account	Subject to available Insured Out-of-Hospital Benefit limits and the overall annual limit at contracted pharmacies	Schedule 0,1 and 2 medicine: Unlimited from dispensing doctor in network  Acute medicine: Subject to the Remedy Standard Option Network medicine list  Unlimited if you get the medicine from your chosen Remedy Standard Option GP
4.5 Pathology and Radiology (excluding MRI and CT scans)	100% of Remedy Rate	Subject to available Insured Out-of-Hospital Benefit limits and the overall annual limit. Once depleted it will be paid from your PMSA	Subject to available Insured Out-of-Hospital Benefit limits and the overall annual limit	Basic X-rays (black and white X-rays of chest, abdomen, pelvis and limbs) and limited pathology tests, subject to formulary and as referred by your Network GP, are covered at Remedy Standard Option Network healthcare providers
4.6 Conservative dentistry	100% of Remedy Rate	Subject to available Insured Out-of-Hospital Benefit limits and the overall annual limit. Once depleted it will be paid from your PMSA	Subject to available Insured Out-of-Hospital Benefit limits and the overall annual limit	Basic dentistry only, such as consultations, extractions and fillings, including resin fillings; up to three surface fillings a tooth. The benefit excludes dentures and specialised dentistry. Services to be obtained from the DRC dental management preferred provider network
4.7 Specialised dentistry	100% of Remedy Rate	Standalone benefit. Not funded from the Insured Out-of-Hospital Benefit  See detailed benefits in Section 3 above. This will be covered from your PMSA once the specialised dentistry limit is depleted	Subject to available Insured Out-of-Hospital Benefit limits and the overall annual limit	No benefit
4.8 Optical Benefit	100% of Remedy Rate	Standalone benefit. Not funded from the Insured Out-of-Hospital Benefit. See item 2.7	Subject to available Insured Out-of-Hospital Benefit limits and the overall annual limit. See item 2.7	Benefit only available through the Preferred Provider Network (PPN). See item 2.7
4.9 Allied professionals (physiotherapy, biokinetics, occupational therapy, speech therapy, audiology, audiometry, clinical psychology and social work)	100% of Remedy Rate	Subject to available Insured out-of-Hospital Benefit limits and the overall annual limit	Subject to available Insured Out-of-Hospital Benefit limits and the overall annual limit	No benefit



# YOUR BENEFITS FOR 2019

## 5. Personal Medical Savings Account

On the Comprehensive Option, certain non-Prescribed Minimum Benefit medical costs that are more than the available benefit may be funded from the Personal Medical Savings Account. **You must give a yearly instruction for this.** This benefit is not available on the Classic and Standard Options.

BENEFITS	RATE	REMEDY COMPREHENSIVE
Other healthcare services, which include: chiropractic treatment, dietetics, homeopathy, or herbalists, contraceptives, preventive medicine for malaria, excluding the Mirena contraceptive device, which is covered from the other appliances benefit limit. Immunisations, except influenza and pneumococcal vaccines where clinically indicated, and Human Pappilomavirus (HPV) vaccines which are funded from the Preventive and Screening Benefit	100% of cost	Payment will only be made from the Personal Medical Savings Account subject to available funds





# YOUR BENEFITS FOR 2019

## 6. Preventive and Screening Benefit

The following day-to-day benefits are paid from the Risk Benefit and are subject to available Insured Out-of-Hospital Benefit limits and the overall annual limit for each Option.

BENEFITS	RATE	REMEDI COMPREHENSIVE	REMEDI CLASSIC	REMEDI STANDARD
Screening Benefit	100% of Remedi Rate or Remedi Medicine Rate, as applicable	Includes the following screening tests at a designated service provider. Consultations and extra tests are covered from available Insured Out-of-Hospital Benefit limits		
- Random blood glucose		One test each year per beneficiary		
- Blood pressure		One test each year per beneficiary		
- Body mass index (BMI)		One test each year per beneficiary		
- Random cholesterol		One test each year per beneficiary		
- HIV test		Unlimited number of tests		
- Mammogram		One test each year per female beneficiary		
- Pap smear		One test each year per female beneficiary		
- Prostate-specific antigen (PSA)		One test each year per male beneficiary		
- Colonoscopy		One test every 10 years per beneficiary. Only for members over the age of 55 if performed in the doctors rooms		
- Flu vaccination		One vaccination each year per beneficiary. Only for high-risk members and members over the age of 65		
- Amniocentesis		Funded from your Remedi Insured Out-of-Hospital Benefit – subject to clinical entry criteria and preauthorisation		
- Pneumococcal vaccine		One vaccination per beneficiary each year for high-risk members if clinically appropriate		
- Preventive dentistry		One preventive dental examination per person every 12 months including the oral examination, infection control, prophylaxis, polishing and fluoride of adults and children	Preventive dentistry is provided through a designated service provider (DRC)	
- Human Papillomavirus (HPV) vaccines		One vaccine per male dependant between the ages of 11 and 21 and one vaccine per female dependant between the ages of 11 and 26, as clinically appropriate per year		

The annual health check benefit was enhanced from 1 January 2018 by including HbA1c screening and LDL cholesterol screening where clinically indicated as per Remedi risk factors which includes:

- Age
- Blood pressure
- BMI and
- Waist circumference

Members with high readings in the random glucose or basic cholesterol tests are given the more clinically robust HbA1c and LDL. These tests will be available at network pharmacies and Wellness Day Events. Tests done at pathology laboratories will continue to fund from your available day-to-day and pathology benefit limits as may be applicable.



# YOUR CONTRIBUTIONS FOR 2019

## 1. Contributions for 2019

Income bands	REMEMI COMPREHENSIVE*			REMEMI CLASSIC			REMEMI STANDARD		
	Principal	Adult or spouse	Child**	Principal	Adult or spouse	Child**	Principal	Adult or spouse	Child**
R0 – R3 999	R2 720	R2 009	R596	R2 135	R1 482	R483	R1 330	R 869	R255
R4 000 – R5 499	R2 870	R2 145	R634	R2 259	R1 588	R536	R1 393	R 915	R287
R5 500 – R6 999	R3 033	R2 285	R694	R2 380	R1 691	R574	R1 461	R1 025	R355
R7 000 – R7 999	R3 191	R2 350	R756	R2 504	R1 735	R627	R1 570	R1 228	R461
R8 000 – R8 999	R3 356	R2 481	R791	R2 639	R1 832	R668	R1 570	R1 228	R461
R9 000 – R9 999	R3 542	R2 600	R831	R2 775	R1 925	R695	R1 570	R1 228	R461
R10 000 – R10 999	R3 718	R2 730	R904	R2 923	R2 027	R758	R1 570	R1 228	R461
R11 000+	R3 919	R2 880	R955	R3 072	R2 132	R785	R1 575	R1 231	R462

## Savings (PMSA) portion of contributions on the Comprehensive Option\*

Income bands	Principal	Adult or spouse	Child**
R0 – R3 999	R272	R201	R60
R4 000 – R5 499	R287	R215	R63
R5 500 – R6 999	R303	R229	R69
R7 000 – R7 999	R319	R235	R76
R8 000 – R8 999	R336	R248	R79
R9 000 – R9 999	R354	R260	R83
R10 000 – R10 999	R372	R273	R90
R11 000+	R392	R288	R96

## 2. Contribution subsidies for 2019 (where applicable)

Income bands	REMEMI COMPREHENSIVE*			REMEMI CLASSIC			REMEMI STANDARD		
	Principal	Adult or spouse	Child**	Principal	Adult or spouse	Child**	Principal	Adult or spouse	Child**
R0 – R3 999	R1 623	R550	R364	R1 574	R510	R360	R1 139	R593	R168
R4 000 – R5 499	R1 719	R600	R385	R1 665	R550	R375	R1 202	R615	R193
R5 500 – R6 999	R1 805	R641	R425	R1 752	R595	R414	R1 262	R687	R238
R7 000 – R7 999	R1 910	R658	R461	R1 850	R608	R453	R1 341	R816	R305
R8 000 – R8 999	R2 011	R688	R480	R1 949	R635	R471	R1 341	R816	R305
R9 000 – R9 999	R2 111	R719	R501	R2 048	R663	R471	R1 341	R816	R305
R10 000 – R10 999	R2 233	R762	R541	R2 161	R705	R512	R1 341	R816	R305
R11 000+	R2 346	R805	R578	R2 274	R749	R547	R1 346	R819	R306

\* Contributions set at a maximum of 10% are inclusive of the PMSA on the Comprehensive Option

\*\* Contribution rates for children are applied on the first three (3) children.





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