

2019 Benefits & Contributions

IN HOSPITAL BENEFITS INCLUDING ALL MAJOR MEDICAL BENEFITS

CATEGORY	LIMIT	Benefit Parameters
Hospitalisation	Unlimited at Preferred Provider. Prescribed Minimum Benefits (PMB's) are unlimited at the scheme's Designated Service Provider.	Pre-authorisation required prior to admission, failing which a co-payment of R500 per admission will be payable. Intensive care/ High care unit is limited to 15 days. Including accommodation, medication, materials and operating theatres.
Emergency Services	Unlimited	Emergency transport only. Pre-authorisation required by phoning ER24 on 084 124.
Hospitalisation Alternatives	R12 500 PMF	Pre-authorisation required prior to treatment. Private nursing and Step-down facilities.
GP's and Specialists	Unlimited at Preferred Provider only. Specialist services limited to R20 000 PMF unless PMB's apply.	Consultations and Procedures.
Maternity	Unlimited at Preferred Provider only.	Pre-authorisation required prior to admission. Confinements including accommodation, medication, materials.
In Hospital Dentistry	No benefit	No benefit
Radiology and Pathology Basic	Unlimited at Preferred Provider only. Pathology limited to R21 500 PMF unless PMB's apply.	Blood tests, x-rays, etc.
Physiotherapy	Preferred Provider only. Limited to R3 550 PMF unless PMB's apply.	Treatment in hospital only.
Prosthesis	Prescribed Minimum Benefits.	Pre-authorisation required prior to admission. Unlimited at DSP. Scheme protocols apply.
To-Take-Out Medication (TTO)	R300 PB per event.	Subject to formulary. Medicine on discharge (TTO's) R300 PB per event.
Compassionate Care Benefit	R20 000 PMF for clinically appropriate medical care. PMB's unlimited at a DSP	Included in hospital limit for non-PMBs. Pre-authorisation required. Patient must provide letter from Dr confirming palliative care required.

MAJOR MEDICAL BENEFITS

CATEGORY	LIMIT	Benefit Parameters
Medical Equipment <i>(In-and-out of hospital)</i>	R4 000 PMF at Preferred Provider only.	Including wheelchairs, oxygen and cylinders. Pre-authorisation required.
Chronic Medication	Unlimited at Preferred Provider only.	Subject to Pre-authorisation , formulary and Preferred Provider managed care protocols.
Dialysis	Unlimited at Preferred Provider for Prescribed Minimum Benefits.	Pre-authorisation / case and treatment management required. All services In-and-Out of hospital, including medication and materials. Subject to PMB's.
HIV/AIDS	Unlimited	Subject to managed care protocols. Call 0860 010 3228.
Oncology	Unlimited at Preferred Provider for Prescribed Minimum Benefits.	Pre-authorisation and enrolment on the Programme required. All services In-and-Out of hospital including medication and chemicals.
Specialised Radiology & Pathology In-hospital <i>Referred by Specialist</i>	2 Scans PMF In-and-Out of hospital	Includes Specialised Radiology (MRI, CT Scan) In-and-Out of hospital at Preferred Provider only. Included in Hospitalisation Limit. Services rendered in hospital, Subject to Hospitalisation Limit.

PB = Per Beneficiary PMF = Per Member Family

This information is a guide only and does not replace the rules of the Scheme. In the event of any discrepancy between the summary and the rules, the rules will prevail. All benefits are covered at the Suremed Scheme Tariff based on the National Health Reference Price List (NHRPL) unless otherwise stated. All benefits are annualised unless specified and pro-rated according to joining date. Subject to final Board approval and registration by the CMS.

EXPLORER

2019 Benefits & Contributions

DAY-TO-DAY BENEFITS

Subject to category limits and use of Preferred Providers only (Prime Cure accredited)

CATEGORY	LIMIT	Benefit Parameters
Acute Medication	Unlimited if prescribed by nominated provider. Over the counter medication (OTC) limited to R270 PB per year and up to R320 PMF.	According to formulary to a maximum of R85 per event.
Chronic medication	Unlimited if prescribed by nominated provider. Subject to registration through Prime Cure.	Chronic Disease List conditions only. In accordance with Prime Cure medication formulary.
Dentistry - General	Unlimited through Prime Cure provider.	Prime Cure approved dental codes. One preventative consultation PB per year.
Dentistry - Specialised	No benefit	No benefit
Dentures	Benefits through Prime Cure dentist 1 set of Acrylic dentures PMF per 24 month cycle up to R3 550 per family paid at 80%.	Authorisation required : 0861 665 665 Members over 21 only. Prime cure approved list of codes. Submit claims to Prime Cure.
GP's	12 Consultations per beneficiary.	Beneficiaries to nominate a provider. Authorisation is required after the 12th consultation in order to access the unlimited PMB benefit. 2 Doctor changes PB per year through Prime Cure.
Out of network visits	1 PB / 2 PMF Limited to R930 per event. Including acute medication in accordance with the acute medication formulary.	Authorisation is required for each consultation within 72 hours of the visit. Through Prime Cure 0861 685 665.
Immunization	1 PB per year (high risk patients only).	Flu injections. At Prime Cure provider or Prime Cure pharmacy only.
Specialist Services	Limited to R3 400 PB.	Pre-Authorisation required through Momentum TYB 0860 08 08 88 or (041) 395 4545
Maternity benefit	Subject to registration on maternity programme.	2 x 2D scans per pregnancy. Limited to 2 visits (GP or Gynae) and 1 paediatrician visit.
Optometry	Unlimited at Prime Cure Optometrist	1 Eye test PB per year. Frame from selected range. 1 Pair of spectacles PB per 24 month cycle. Contact Lenses - no benefit.
Radiology and Pathology	Unlimited. On referral from your nominated doctor only.	In accordance with Prime Cure Radiology and Pathology approved list of codes.

Contact Numbers:

CUSTOMER CARE

Telephone	041 395 4545
	086 008 0888
Fax	086 743 0677
E-mail	info@suremedhealth.co.za
	claims@suremedhealth.co.za
	providerclaims@suremedhealth.co.za
Website	www.suremedhealth.co.za
Physical Address	7 Lutman Street, Richmond Hill, Port Elizabeth
Postal Address	P.O. Box 1672, Port Elizabeth, 6000

PRIME CURE CUSTOMER CARE

Telephone	086 166 5665
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PHARMACY BENEFIT MANAGEMENT (PBM)

(CHRONIC MEDICATION AUTHORISATION)

Telephone	041 395 4482
Fax	086 680 8855
E-mail	chronic@suremedhealth.co.za

CLINICAL RISK MANAGEMENT (CRM)

(PRE-AUTHORISATION)

Telephone	041 395 4545
	086 008 0888
Fax	086 686 5503
E-mail	specauth@suremedhealth.co.za
	hospath@suremedhealth.co.za

DISEASE MANAGEMENT/HIV AND AIDS AND WELL BEING TEAM

Telephone	086 010 3228
Fax	086 599 4511
E-mail	wellbeing@suremedhealth.co.za

EMERGENCY TRANSPORT

ER24	084 124
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I-FIND

Members on Explorer can locate their nearest contracted provider using "I-FIND", a service provided by Prime Cure, by:

- Visiting the Prime Cure website on www.primecure.co.za
- Contact the Prime Cure call centre on 0861 665 665
- Send an SMS to I-FIND 33900
 - The SMS must contain the discipline you looking for and the area, for example:
 - Dentist Randburg • Doctor Randfontein • Optometrist Soweto



Registration number 1464



At Suremed Health our focus is on providing our members with clinical and financial solutions to ensure that you receive the most efficient and cost effective medical care possible. To make the task of clearly understanding the procedures and benefits as easy as possible we have selected a number of very important pieces of information which you should read through and keep on hand for easy reference.

If there is any aspect you do not understand please refer to your broker or to the Scheme's administrators. We would like to ensure that your association with the Scheme is a long, healthy and pleasant experience.

Complaints and Disputes

Members should inform the Scheme at info@suremedhealth.co.za or the scheme's administrator, escalations@suremedhealth.co.za in writing of any complaints or disputes. Members may also report any dispute with the Scheme to the Council for Medical Schemes at share call 0861 123 267, email complaints@medicalschemes.com, www.medicalschemes.com or at their postal address: Block, Eco Glades 2 Office Park, 420 Witch-Hazel Street, Centurion, 0157.

CONTRIBUTIONS 2019

Monthly Income	Principal Member	Adult Dependant	Child Dependant
Under R7 500	R1 000	R890	R460
R7 501 - R11 000	R1 260	R1 120	R560
R11 001 - R15 000	R2 000	R2 000	R580
R15 001 Plus	R2 400	R2 400	R750