MAKOTI
MEDICAL SCHEME

2014

Makoti Product Summary

Administered by Universal Healthcare
BACKGROUND TO MAKOTI

The Makoti Medical Scheme was developed with the following in mind:
• To provide high quality medical care at affordable cost
• To introduce control measures in order to sustain the plan for a long period
• To prevent illness wherever possible by dealing with healthcare issues in the community we serve

BENEFITS YOU ARE ENTITLED TO

Makoti offers two benefit options. You need to choose the option that:
• You can afford, and that
• Suits your healthcare needs
OPTION 1: PRIMARY OPTION

General Practitioner Services, Medication and Statutory Prescribed Minimum Benefits.
All benefits are subject to pre-authorisation and include:
- Unlimited primary health care from your chosen general practitioner
- Medication as per formulary – acute and chronic
- Basic pathology and radiology as authorised (Radiology: CXR–suspected fractures of extremities and two obstetric sonars per pregnancy)(Pathology: PAP smear single slide, Glucose, Hb, WCC, Platelets RPR, Blood Group)
- Ambulance services for medical emergencies. Lifemed ambulance 0861086911
- Optometry and Primary Care Dentistry benefits are provided by accredited providers, subject to authorisation and limits

Statutory Prescribed Minimum Benefits as authorised, in respect of the relevant health services as described in terms of Section 67(1)(g) of the Act Accessed in State Hospitals.

Experienced risk managers review all hospital admissions to optimise care and expenditure.

Optometry
Spectacles must be obtained from an accredited optometrist, as authorised via the call centre 0860 00 24 00, necessary for correcting significant visual impairment problems.

Limitations:
- Lenses: One set of lenses per beneficiary every 24 months
- Frames: One frame per beneficiary every 24 months

The cost of single lenses is fully covered subject to the following conditions:
- The refraction error must be equal to, or more than 0.5 dioptre
- The total cost including testing and spectacles is limited to R610 per beneficiary per 24 months

The scheme is not liable for the following:
- Multi focal lenses are not covered
- Contact lenses are not covered
- Replacement of lost spectacles is not covered

Dentistry
All dentistry must be provided by an accredited dentist or dental therapist, after the dentist has obtained authorisation via: Dental Information Systems (Pty) Ltd, call no. at 0860 033 647

The following conservative dentistry is fully covered within managed care protocols:
- Consultations
- Fillings: pre-authorisation applies
- Extractions: pre-authorisation applies
- Prevention: pre-authorisation applies

Emergencies
IN CASE OF AN EMERGENCY, contact Enablemed National Call Line as soon as possible at 0860 00 24 00.

OPTION 2: COMPREHENSIVE OPTION

All benefits are subject to pre-authorisation and include:
- Unlimited primary health care from your chosen general practitioner
- Medication as per formulary – acute and chronic
- Hospitalisation including step down care as appropriate – subject to pre-authorisation and PMB’s
- Specialist services – subject to pre-authorisation (items excluded see 2.3);
- Pathology and Radiology services are available provided they are pre-authorised subject to standard treatment protocols
- Ambulance services for medical emergencies Lifemed ambulance 0861 086 911
- Statutory Prescribed Minimum Benefits as authorised, in respect of the relevant health services as described in terms of Section 67(1) (g) of the Act. The purpose inspecifying Prescribed Minimum Benefits is to avoid incidents where individuals lose their medical scheme cover in the event of serious illness.

The following benefits are provided by accredited providers, subject to limits:
- Optometry
- Dentistry
- Other services

Optometry
Spectacles must be obtained from an accredited optometrist, as authorised via the call centre 0860 00 24 00, necessary for correcting significant visual impairment problems.

Limitations:
- Lenses: One set of lenses per beneficiary every 24 months
- Frames: One set of frames per beneficiary every 24 months

The cost of single lenses is fully covered subject to the following conditions:
- The refraction error must be equal to, or more than 0.5 dioptre
- The total cost including testing and spectacles is limited to R1660 per beneficiary per 24 months

The scheme is not liable for the following:
- Replacement of lost spectacles is not covered

Dentistry
All dentistry must be provided by an accredited dentist or dental therapist, after the dentist has obtained authorisation via: Dental Information Systems (Pty) Ltd, call no. at 0860 033 647

The following conservative dentistry is fully covered within managed care protocols:
- Consultations
- Fillings: pre-authorisation applies
- Extractions: pre-authorisation applies
- Prevention: pre-authorisation applies
- Dentures are limited to one set of plastic dentures every four years

Specialised dentistry is subject to an annual limit of R2 230 per family (includes root canal and all periodontal treatment).
**Specialist Services**
All specialist services must be pre-authorised via Enablemed National Call line 0860002400

**Other Services**
- **Clinical Psychology**
  Limited to 8 consultations per family per year and subject to pre-authorization.
- **Hearing Aids**
  Limited to R2 170 per beneficiary every 4 years and subject to pre-authorization.
- **External Prosthesis**
  A maximum of R2 110 per member per annum for external orthopaedic prosthesis and subject to pre-authorization.
- **Physiotherapy and Occupational Therapy**
  A maximum of 20 treatments per family per annum and subject to pre-authorization.
- **Ambulance services**
  Ambulance services for medical emergencies are available 24 hours a day and subject to pre-authorization by Lifemed the preferred provider for Makoti Medical Scheme on 0861086911.

**Items not included (exclusions) for both Options**
The Makoti Medical Scheme will NOT cover the following costs subject to provisions in the Prescribed Minimum Benefits:
- The treatment of obesity and its direct complications
- Items or treatments that are not medically indicated
- Willfully self-inflicted injuries (e.g. suicide attempts)
- Injuries arising from professional sport and speed contests
- The hire of medical, surgical and other appliances
- The cost of surgical stockings
- Medical services provided by any person not registered with the Health Professions Council of South Africa, the South African Nursing Council or the Pharmacy Council
- Recuperative holidays
- Dental Extractions for non-medical purposes
- Gold inlays
- Unproven or experimental treatment
- Cosmetic and reconstructive surgery, treatment and appliances
- Frail care and convalescence
- Employee medical examinations initiated by employer
- Items or treatments which are not medically essential
- Injuries where another party is responsible for the costs (e.g. Road Accident Fund or Workmen’s Compensation claims)
- The treatment of drug, alcohol or any chemical substance dependency and the direct complications due to the abuse thereof
- Roaccutaine and Retin A for the treatment of skin conditions
- Podiatry, acupuncture, homeopathy, naturopathy and chiropractic are not covered
- Non emergency visits to out-patient facilities at hospitals/casualties

**Please note: Third party claims**
If you are involved in a motor accident, your medical aid administrator will have a claim against the third party for medical expenses incurred. In order to go ahead with this claim, you or your dependant will be required to complete an “Accident Report” form.

**YOUR SERVICE PROVIDERS**

**Your Accredited General Practitioner**
You should carefully consider who you would like to have as your regular doctor. You need to select a general practitioner of your choice who is easily accessible to you. Enablemed will conclude an agreement with him or her to provide you with the services as offered by the fund. NB: It is important to understand that this will then be the only general practitioner you will be able to see (except in emergencies). We believe that staying with one provider has many advantages. Among others you will build a relationship of trust with your doctor who will get to know you and your particular needs better. Conflicting treatments and medication can also be taken when seeing different doctors. If you wish to change your regular provider you can do so through your HR department by completing a new doctor choice form. Dental providers are arranged through the Dental call number 0860 033 647.
MANAGED HEALTHCARE

Managed healthcare has the following aims:
- To provide you and your dependants with high quality healthcare protocols that have been developed by the Scheme which need to be followed to access your benefits
- To keep healthcare affordable to as many people as possible
- This will be done for you through your doctor and the staff of the call centre

NB: All services are subject to pre-authorisation unless an arrangement has been made with your doctor. Please make sure your general practitioner, hospital or other supplier is willing to provide you with the authorised service at the Makoti Medical Scheme tariff. Please call 0860 00 24 00 for all services.

When visiting your doctor
When visiting your doctor please take your Makoti Membership Card and your ID document for positive identification. Also make sure you take your health records such as Baby Clinic or Family Planning Cards.

Making appointments
Some doctors and practices prefer you to make appointments to be seen. This will help to:
- Ensure that you will see the doctor that you need to see
- Plan your day better
- Minimise your waiting time

Chronic Care Programme
Patients are encouraged to join the programme for care of any chronic illness by going to their chosen general practitioner to register their condition. The registration process assists the general practitioner and the patient so that the patient receives optimal care, effectively with minimum administration. The chronic care benefit covers all 27 CDL conditions provided the member is registered on the chronic programme by the treating GP. Medication is covered as per the formulary. HIV/AIDS is also included in the 27 CDL conditions and members can enjoy full cover once registered by their general practitioner on the chronic programme.

What medicines and Laboratory tests will be used?
Makoti has carefully chosen quality medicines. These medicines have been chosen to treat and prevent diseases. They need to be used in the correct manner and according to the correct dosage to regain or maintain health. It is very important to use medicines in the correct dosages, because if they are used incorrectly, they can cause a great deal of harm or even death. The majority of these medications are proven quality generics. If a patient insists on a more costly alternative the additional cost will be for the member to pay directly to the pharmacy. Medication commonly requested that is not on the formulary include: Vitamins, laxatives, proton pump inhibitors and over the counter medicines. Clinically appropriate Laboratory tests are accessed subject to protocol and after pre-authorisation only.

YOUR MEMBERSHIP AND ADMINISTRATION

Universal Healthcare (Pty) Ltd is responsible for registering the rules and benefits of the Makoti Medical Scheme. The Scheme will apply underwriting as allowed by the Medical Schemes Act to all new entrants.

The following administrative guidelines apply:
A spouse or partner, biological children, adopted children and immediate family members that are dependent on the member for family care and support are eligible.

Cover for children as dependants
Your children may remain on the Makoti Medical Scheme as your dependants, until they:
- Become employed, or
- Reach the age of 21 years
- After 21 years of age your children may remain as adult dependants

Adding adult dependants
If you wish to add adult dependants underwriting will be done according to the Medical Schemes Act.

How many medical aid schemes can a person belong to?
You may not belong to more than one medical aid.

Your membership status
Please report the following changes to your membership status to the human resources department of your company.
- The birth or legal adoption of a child
- The new ID number of a dependant
- Passing away of a dependant
- Removal of a dependant from the Makoti Medical Scheme
- Divorce
- Addition of dependants
- Change of option may only be done once a year in January
- Change of address

Changes in dependant status must be recorded in order for a new card to be issued. You need to check all the details on your membership card to make sure they are correct.

Any mistakes must be reported as soon as possible so that a new card can be issued to you. Change of status forms can be collected from your human resources by 1 November the previous year.

Your membership cards
Each member is issued with a membership card.

Contributions
Contributions to the Makoti Medical Scheme will be deducted from your wages. These are paid each month in advance by your employer to the scheme.

Accounts
It is the member’s responsibility to ensure that Enablemed receives all accounts immediately. Accounts received four months after the service date will not be paid by the Scheme and become the member’s responsibility.
## BENEFIT PRIMARY OPTION

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Primary Option</th>
<th>Comprehensive Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall Limit</td>
<td>No Limit</td>
<td>No Limit</td>
</tr>
<tr>
<td>General Practitioner Services</td>
<td>Unlimited</td>
<td>Unlimited</td>
</tr>
<tr>
<td>Medicines as per formulary acute and chronic</td>
<td>Unlimited</td>
<td>Unlimited</td>
</tr>
<tr>
<td>Chronic Illness Screening by General Practitioner</td>
<td>Annual or when requested</td>
<td>Annual or when requested</td>
</tr>
</tbody>
</table>

**ALL FOLLOWING SERVICES MUST BE AUTHORISED AT CALL NO 0880 00 24 00**

### Basic Pathology and Radiology

- **Radiology:** CXR—suspected fractures of extremities and two obstetric sonars per pregnancy
- **Pathology:** PAP smear single slide, Glucose, Hb, WCC, Platelets RPR, Blood Group

- Fully Covered

### Specialist Services

- As per prescribed minimum benefits in State Hospitals

- Private Specialists covered in full

### Hospitalisation

- As per prescribed minimum benefits in State Hospitals

- Private Hospitals covered in full

### HIV/AIDS

- Fully Covered

- Fully Covered

### Other Services

<table>
<thead>
<tr>
<th>Service</th>
<th>Primary Option</th>
<th>Comprehensive Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambulance for medical emergencies</td>
<td>Fully Covered</td>
<td>Fully Covered</td>
</tr>
<tr>
<td>Clinical Psychology</td>
<td>In State Hospitals</td>
<td>8 consultations per family per year</td>
</tr>
<tr>
<td>Hearing Aids</td>
<td>No Benefit</td>
<td>R1 170 per beneficiary every 4 years</td>
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<td>In State Hospitals</td>
<td>20 consultations per family per year</td>
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<tr>
<td>Optometry</td>
<td>R610 per beneficiary every 24 months</td>
<td>R1 660 per beneficiary every 24 months</td>
</tr>
<tr>
<td></td>
<td>including full cost of eye test</td>
<td>including full cost of eye test</td>
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</table>

### Dentistry

<table>
<thead>
<tr>
<th>Service</th>
<th>Primary Option</th>
<th>Comprehensive Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic prevention, fillings and extractions</td>
<td>Fully Covered</td>
<td>Fully Covered</td>
</tr>
<tr>
<td>Specialised Dentistry</td>
<td>In State Hospitals</td>
<td>R2 230 per family per year</td>
</tr>
<tr>
<td>Dentures</td>
<td>No Benefit</td>
<td>1 set every 4 years per beneficiary</td>
</tr>
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### PRIMARY OPTION

<table>
<thead>
<tr>
<th>Salary Band Rand per month</th>
<th>Principal Member</th>
<th>Adult Dependant</th>
<th>Child Dependant</th>
</tr>
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<tbody>
<tr>
<td>0 – 1000</td>
<td>233</td>
<td>233</td>
<td>145</td>
</tr>
<tr>
<td>1 001 – 3500</td>
<td>312</td>
<td>311</td>
<td>151</td>
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<tr>
<td>3 501 – 8000</td>
<td>447</td>
<td>370</td>
<td>165</td>
</tr>
<tr>
<td>8 001 – 11 000</td>
<td>481</td>
<td>389</td>
<td>177</td>
</tr>
<tr>
<td>11 001 – 15 000</td>
<td>515</td>
<td>414</td>
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</tr>
<tr>
<td>15 000 +</td>
<td>554</td>
<td>430</td>
<td>198</td>
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### COMPREHENSIVE OPTION

<table>
<thead>
<tr>
<th>Salary Band Rand per month</th>
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<th>Adult Dependant</th>
<th>Child Dependant</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 – 8 000</td>
<td>1 180</td>
<td>1 019</td>
<td>393</td>
</tr>
<tr>
<td>8 001 – 11 000</td>
<td>1 368</td>
<td>1 139</td>
<td>446</td>
</tr>
<tr>
<td>11 001 – 15 000</td>
<td>1 474</td>
<td>1 237</td>
<td>478</td>
</tr>
<tr>
<td>15 001 +</td>
<td>1 616</td>
<td>1 386</td>
<td>526</td>
</tr>
</tbody>
</table>

**Space for your personal details:**

Your Medical Aid Number:  
Doctor  
Dentist  
Pharmacy  
Hospital  
Additional telephone numbers:  

**EMERGENCY SERVICES**

**ARE AVAILABLE 24 HOURS A DAY,**  
**7 DAYS A WEEK**

**Enablemed:** 0860 002 400  
**Ambulance services:** Lifemed 0861086911

This booklet is a guide to your Scheme’s rules. It gives you extracts of the main rules for easy reference.  
**PLEASE NOTE:** The rules of the Scheme’s override the extracts in this booklet.
All information relating to the 2014 Makoti Medical Scheme benefits and contributions is subject to formal approval by the Council for Medical Schemes. On joining the Scheme, all members will receive a detailed member brochure, as approved. The final registered Rules of the Scheme will apply.