



Member Benefit Summary 2018





OUR VISION

Care for Life

OUR MISSION

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

OUR VALUES

- Accountability
- Excellence
- Integrity
- Innovation
- Being Compassionate

*Sustained excellence.
Personalised service.*



30
Years

1988 - 2018

HOSMED – LOOKING BACK ON 30 YEARS AND FORWARD TO THE NEXT...

Hosmed Medical Scheme was registered in September 1988. This means that in 2018, we will be celebrating 30 years of sustained excellence and personalised service. It goes without saying that these past 30 years, have not been without trials, but we have managed to overcome them with you our valued stakeholder by our side. This view relates mostly to our members, who have remained loyal throughout all our celebratory and challenging moments - for that we are truly appreciative.

We are proud that throughout this journey, we have always strived to stay committed to our *Care for Life* vision, and we will endeavour to promote this even further in years ahead. For this reason, we are excited that 2018 will bring advancements and innovation for our scheme, through the enhancement of our product offerings, to better cater for the ever-changing, fast paced environment which we live in.

We take this opportunity to thank all those who have been with us through it all, and it is our hope that we may continue this partnership with you, while welcoming many new stakeholders to the Hosmed family.

Here's to the past 30 years and to our steadfast progression into the next...

Sincerely,

Your dedicated Hosmed team

HOSMED PRODUCT OFFERING FOR 2018

Plus Option

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

Hospital Benefit

Unlimited at any hospital

Day-to-day Benefits

Traditional cover with sub-limits applicable

Hosmed – We Care

Additional Benefits Provided

Maternity Benefits ✓

Chronic Condition Benefits ✓

Wellness Benefit ✓

Value Option

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

Hospital Benefit

Unlimited at any hospital

Day-to-day Benefits

Traditional cover with sub-limits applicable

Hosmed – We Care

Additional Benefits Provided

Maternity Benefits ✓

Chronic Condition Benefits ✓

Wellness Benefit ✓

Access Option

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

Hospital Benefit

Unlimited at hospital network

Day-to-day Benefits

Medical Savings Account (as from 1 Jan 2018)

Hosmed – We Care

Additional Benefits Provided

Maternity Benefits ✓

Chronic Condition Benefits ✓

Wellness Benefit ✓



Essential Option

Suitable for families looking for essential cover

Hospital Benefit

Unlimited at hospital network for PMB conditions ONLY

Day-to-day Benefits

Unlimited GP visits at network provider

Hosmed – We Care




Additional Benefits Provided

Maternity Benefits ✓






Chronic Condition Benefits ✓

Wellness Benefit ✓

2018 CONTRIBUTIONS

Monthly Income >	Plus Option	Value Option	Access Option	Essential Option (subject to annual income verification)		
	R0+	R0+	R0+	R0-R7 000	R7 001-R12 000	R12 001 +
 Member	R4 653	R3 209	R2 283	R1 286	R1 570	R1 963
 Adult	R3 555	R2 347	R1 966	R1 223	R1 493	R1 866
 Child	R796	R546	R444	R441	R396	R760

Combined calculations for easy reference:

 Member + Adult	R8 208	R5 556	R4 249	R2 509	R3 063	R3 829
 Member + 1 Child	R5 449	R3 755	R2 727	R1 727	R1 966	R2 723
 Member + Adult + 1 Child	R9 004	R6 102	R4 693	R2 950	R3 459	R4 589
 Member + Adult + 2 Children	R9 800	R6 648	R5 137	R3 391	R3 855	R5 349
 Family (Maximum 3 Children Per Family Charged)	R10 596	R7 194	R5 581	R3 832	R4 251	R6 109

Pictures for illustration purposes only

IN HOSPITAL BENEFITS

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



Private and State Hospitals

- 100% of Scheme Tariff*
- Unlimited benefit subject to pre-authorization, clinical protocols and formulary
- Specialist consultations: 200% of Scheme Tariff
- TTO* benefit for 7 days



Diagnostic Investigations

- 100% of Scheme Tariff*
- Subject to clinical protocols and PMBs*
- Pathology and radiology unlimited
- Specialised radiology subject to pre-authorization*



Oncology

- 100% of DSP Tariff*
- Limited to **R563 370** per person per annum
- PMB and non-PMB oncology treatment based on DSP ICON* enhanced protocols



Organ Transplants

- 100% of Scheme Tariff*
- Subject to PMBs and pre-authorization*

Plus Option

Value Option

Co-payment applicable to certain procedures in hospital
Please refer to full brochure/website

Access Option

Co-payment applicable to certain procedures in hospital
Please refer to full brochure/website
Day Hospital procedures
Please refer to full brochure/website
The Scheme can channel procedures to DSP hospital networks

Essential Option

Limited to PMB conditions ONLY for in and out of hospital benefits
Subject to sub-limits not being exceeded
Day Hospital procedures
Please refer to full brochure/website
The Scheme can channel procedures to DSP hospital networks

- 100% of Scheme Tariff*
- Unlimited benefits subject to pre-authorization, clinical protocols and formulary
- TTO* benefit for 7 days

- 100% of Scheme Tariff*
- Subject to Clinical protocols and PMB*
- Pathology and radiology unlimited
- Specialised radiology subject to pre-authorization*

- 100% of DSP Tariff*
- Limited to **R260 585** per person per annum
- PMB and non-PMB oncology treatment based on DSP ICON* standard protocols

- 100% of Scheme Tariff*
- Subject to PMB and pre-authorization*

- 100% of DSP Tariff*
- Unlimited benefits for PMB conditions subject to use of a DSP hospital, pre-authorization and clinical protocols and formulary
- TTO* benefit for 5 days

- 100% of Scheme Tariff*
- Subject to clinical protocols and PMBs*
- Pathology and radiology unlimited
- Specialised radiology subject to pre-authorization*
- MRI/PET/CAT scans limited to 2 per person per annum, whether in hospital or out of hospital

- 100% of DSP Tariff*
- Limited to PMB* conditions ONLY and subject to DSP ICON* standard protocols

- 100% of Scheme Tariff*
- PMBs based on Department of Health protocols, unlimited

- 100% of DSP Tariff*
- Unlimited benefits for PMB conditions subject to use of a DSP hospital, pre-authorization and clinical protocols and formulary
- TTO* benefit for 5 days

- 100% of Scheme Tariff*
- Subject to network provider, clinical protocols and PMB conditions ONLY*
- Pathology and radiology combined limited to **R5 592** per person per annum
- Specialised radiology subject to pre-authorization*
- MRI/PET/CAT scans limited to 2 per person per annum whether in hospital or out of hospital

- 100% of DSP Tariff*
- Limited to PMB conditions ONLY and subject to DSP ICON* standard protocols

- 100% of Scheme Tariff*
- PMB based on Department of Health protocols, unlimited
- Limited to PMB conditions only

* Refer to page 11 for terms and definitions



Internal and External Prosthesis

- 100% of Negotiated Tariff*
 - Limited to **R62 456** per family per annum
- Subject to pre-authorization, sub-limits and protocols*

- 100% of Negotiated Tariff*
 - Limited to **R43 446** per family per annum
- Subject to pre-authorization, sub-limits and protocols*

- 100% of Negotiated Tariff*
 - Limited to **R27 958** per family per annum
- Subject to pre-authorization, sub-limits and protocols*

- 100% of Negotiated Tariff*
 - Limited to **R17 781** per family per annum
- Subject to pre-authorization, sub-limits and protocols*



Psychiatric Treatment

- 100% of Scheme Tariff
- PMBs: 21 days per person or up to 15 out-patient contacts per annum
- Non-PMBs: 14 days per family subject to a limit of **R20 889**

- 100% of Scheme Tariff
- PMBs: 21 days per person or up to 15 out-patient contacts per annum
- Non-PMBs: 14 days per family, subject to a limit of **R18 568**

- 100% of Scheme Tariff
- Subject to PMB conditions ONLY
- Subject to 21 days per beneficiary or up to 15 out-patient contacts per annum

- 100% of Scheme Tariff
- Subject to PMB conditions ONLY
- Subject to 21 days per beneficiary or up to 15 out-patient contacts per annum



Sterilisation/Vasectomy

- 100% of Scheme Tariff
- Sterilisation limited to **R14 443** per person per annum

- 100% of Scheme Tariff
- Sterilisation limited to **R13 715** per person per annum

- 100% of Scheme Tariff
- Subject to PMB conditions ONLY*

- 100% of Scheme Tariff
- Subject to PMB conditions ONLY*



Circumcision

- 100% of Scheme Tariff

- 100% of Scheme Tariff

- Out of hospital ONLY
- 100% of Scheme Tariff at GP or 100% of Scheme Tariff at Specialist

- Out of hospital ONLY
 - 100% of DSP Tariff* at DSP GP or 100% of Scheme Tariff at Specialist
- Subject to PMB conditions ONLY*



Auxiliary Services

- 100% of Scheme Tariff
- Subject to PMBs, protocols, treating doctor referral and pre-authorization by the auxiliary service provider during the admission period*

- 100% of Scheme Tariff
- Subject to PMBs, protocols, treating doctor referral and pre-authorization by the auxiliary service provider during the admission period*

- 100% of Scheme Tariff
- Subject to PMB conditions ONLY, protocols, treating doctor referral and pre-authorization by the auxiliary service provider during the admission period*

- 100% of Scheme Tariff
- Subject to PMB conditions ONLY, protocols, treating doctor referral and pre-authorization by the auxiliary service provider during the admission period*

Plus Option

Value Option

Co-payment applicable to certain procedures in hospital
Please refer to full brochure/website

Access Option

Co-payment applicable to certain procedures in hospital
Please refer to full brochure/website
Day Hospital procedures
Please refer to full brochure/website
The Scheme can channel procedures to DSP hospital networks

Essential Option

Limited to PMB conditions ONLY for in and out of hospital benefits
Subject to sub-limits not being exceeded
Day Hospital procedures
Please refer to full brochure/website
The Scheme can channel procedures to DSP hospital networks

* Refer to page 11 for terms and definitions

OUT OF HOSPITAL BENEFITS



Overall Annual Limit on Out of Hospital Benefits



General Practitioner Consultations



Specialist Consultations



Acute Medicines

Plus Option

Collective overall limits for:
Acute medicines, advanced dentistry, alternative services, biokinetics and physiotherapy, remedial and other therapies, mental health

M – **R11 563**
M+1 – **R24 360**
M+2 – **R26 586**
M+3 – **R29 276**

- 100% of Scheme Tariff*
- GP and Specialist consultations: **16** visits per person limited to **26** visits per family per annum

- Included in GP consultation benefit
- No referral required for Specialist consultations

- 100% of Reference Price*
- Limited to **R5 064** per person and **R9 917** per family per annum

Subject to medicine formulary and protocols, including material and homeopathic medicines

Value Option

Collective overall limits for:
Acute medicines, advanced dentistry, alternative services, biokinetics and physiotherapy, remedial and other therapies, mental health

M – **R8 968**
M+1 – **R18 937**
M+2 – **R20 599**
M+3 – **R22 814**

- 100% of Scheme Tariff*
- **10** GP visits per person limited to **20** GP visits per family per annum

- 100% of Scheme Tariff*
- M – **3** visits
M+1 – **5** visits
M+2+ – **7** visits
- All specialist consultations require GP referral or payment will be made at GP rates, except for:
- Gynaecologists;
- Paediatricians

- 100% of Reference Price*
- Limited to **R3 207** per person and **R6 509** per family per annum

Subject to medicine formulary and protocols, including materials
Homeopathic medication excluded

Access Option

Medical savings account

Annual Member Savings Account (MSA*):
Member – **R5 484**
Adult – **R4 716**
Child – **R1 068**

Out of hospital subject to sub-limits and MSA*

- 100% of Scheme Tariff*
- Paid from available MSA*
- **6** additional GP visits per family once MSA* depleted

Subject to Scheme's managed care protocols

- 100% of Scheme Tariff*
- Paid from available MSA*

Specialist consultations require GP referral or payment will be made at GP rates

- 100% of Reference Price*
- Paid from available MSA*

Acute medication obtained from pharmacy:

- **R1 794** per person limited to **R4 431** per family per annum

Subject to medicine formulary and protocols, including materials
Homeopathic medication excluded

Essential Option

Limited to PMB conditions ONLY for in and out of hospital benefits
Subject to sub-limits not being exceeded

- 100% of DSP Tariff*
- **Unlimited** visits and acute medication from any GP within the DSP Network
- Network GP consultations ONLY

- 100% of Scheme Tariff*
- Limited to **3** visits per family per annum ONLY on referral from a DSP GP

Subject to pre-authorization
Limited to PMB conditions ONLY

- 100% of Reference Price*
- **Unlimited** acute medication dispensed by the DSP GP

Acute medication obtained from pharmacy:

- **R1 002** per person limited to **R2 796** per family per annum

Subject to medicine formulary and protocols, including materials
Homeopathic medication excluded

* Refer to page 11 for terms and definitions



Pharmacy Advised Treatment

- 100% of Reference Price*
- Over the counter medication:**
- Limited to **R1 029** per family per annum, maximum **R202** per script
- Included in acute medicines benefit



Chronic Medication

- 100% of Reference Price*
 - PMB Chronic Disease List medicines: Unlimited
 - Non-chronic Disease List medication: Limited to **R13 293** per person and **R25 383** per family per annum
- Subject to pre-authorization, treatment protocols and medicine formulary**



Contraceptive Benefit

- 100% of Reference Price*
 - Limited to **R126** per person per month, subject to **R1 519** per family per annum
- Subject to formulary, oral, injectable and patch contraceptives only*



Pathology

- 100% of Scheme Tariff*
 - Limited to **R4 600** per person per annum
- Subject to PMBs and protocols*

Plus Option

- 100% of Reference Price*
- Over the counter medication:**
- Limited to **R633** per family per annum, maximum **R142** per script
- Included in acute medicines benefit

- 100% of Reference Price*
 - PMB Chronic Disease List medicines: Unlimited
 - Non-chronic Disease List medication: Limited to **R6 262** per person and **R12 639** per family per annum
- Subject to pre-authorization, treatment protocols and medicine formulary**

- 100% of Reference Price*
 - Limited to **R106** per person per month, subject to **R1 266** per family per annum
- Subject to formulary, oral, injectable and patch contraceptives only*

- 100% of Scheme Tariff*
 - Limited to **R2 516** per person per annum
- Subject to PMBs and protocols*

Value Option

- 100% of Reference Price*
 - Over the counter medication:**
 - Paid from available MSA to maximum of **R90** per script
 - Included in acute medicines benefit
- Subject to formulary**

- 100% of Reference Price* at DSP
 - PMB Chronic Disease List medicines: Unlimited
 - Non-chronic Disease List medication: No benefit
- Subject to pre-authorization, treatment protocols and medicine formulary**

- 100% of Reference Price*
 - Paid from available MSA*
 - Limited to **R74** per person per month, subject to **R886** per family per annum
- Subject to formulary, oral and injectable contraceptives only*

- 100% of DSP Tariff*
 - Paid from available MSA*
- Subject to PMBs and protocols*

Access Option

Medical savings account

- 100% of Reference Price*
 - Over the counter medication:**
 - Limited to **R222** per family per annum, maximum **R84** per script
 - Included in acute medicines benefit
- Subject to formulary**

- 100% of Reference Price* at DSP
 - PMB Chronic Disease List medicines: Unlimited at DSP
 - Non-chronic Disease List medication: No benefit
- Subject to pre-authorization, treatment protocols and medicine formulary**

- 100% of Reference Price*
 - Limited to **R58** per person per month, subject to **R696** per family per annum
- Subject to formulary, oral and injectable contraceptives only*

- 100% of DSP Tariff*
- Limited to **R781** per person per annum
- Limited to Network Provider and PMB conditions ONLY

Essential Option

* Refer to page 11 for terms and definitions

OUT OF HOSPITAL BENEFITS (CONTINUED)



Radiology



Appliances



Conservative Dentistry



Advanced Dentistry

Plus Option

- 100% of Scheme Tariff*
- Limited to **R3 387** per person per annum
- Specialised radiology:**
- MRI/PET/CAT scans limited to **2** scans per person per annum, subject to pre- authorisation

- 100% of Negotiated Tariff*
- Limited to **R13 344** per family per annum
- Subject to pre- authorisation*

- 100% of Scheme Tariff*
- Consultations, fillings, extractions, preventative scale and polish
- Fluoride treatment limited to beneficiaries below the age of 12 years
- Unlimited subject to treatment protocols*

- 100% of Scheme Tariff*
- **R6 161** per person, limited to **R7 765** per family per annum
- Subject to pre authorisation and treatment protocols*

Value Option

- 100% of Scheme Tariff*
- Limited to **R1 957** per person per annum
- Specialised radiology:**
- MRI/PET/CAT scans limited to **2** scans per person per annum, subject to pre- authorisation

- 100% of Negotiated Tariff*
- Limited to **R12 681** per family per annum
- Subject to pre- authorisation*

- 100% of Scheme Tariff*
- Consultations, fillings, extractions, preventative scale and polish
- Fluoride treatment limited to beneficiaries below the age of 12 years
- Unlimited subject to treatment protocols*

- 100% of Scheme Tariff*
- **R4 030** per person, limited to **R5 760** per family per annum
- Subject to pre- authorisation and treatment protocols*

Access Option

Medical savings account

- 100% of DSP Tariff*
- Paid from available MSA*
- Subject to PMBs and protocols*
- Specialised radiology:**
- MRI/PET/CAT scans limited to **2** scans per person per annum, whether in or out of hospital
- Subject to pre- authorisation*

- 100% of Negotiated Tariff*
- Limited to **R5 908** per family per annum
- Paid from risk, in and out of hospital
- Subject to pre- authorisation*

- 100% of Scheme Tariff* at DSP
- Consultations, fillings, extractions, preventative scale and polish
- Fluoride treatment limited to beneficiaries below the age of 12 years
- Dental protocols apply and pre- authorisation is required*

- 100% of Scheme Tariff*
- Non-PMBs paid from available MSA*

Essential Option

- 100% of DSP Tariff*
- Limited to **R781** per person per annum
- Specialised radiology:**
- MRI/PET/CAT scans limited to **2** scans per person per annum, whether in or out of hospital
- Subject to pre- authorisation*
- Referral by Network Provider and PMB conditions ONLY*

- 100% of Negotiated Tariff*
- Limited to **R2 638** per family per annum
- Limited to PMB conditions ONLY, whether in or out of hospital
- Subject to pre- authorisation*

- 100% of Scheme Tariff* at DSP
- Consultations, fillings, extractions, preventative scale and polish
- Fluoride treatment limited to beneficiaries below the age of 12 years
- Dental protocols apply and pre- authorisation is required*

- Limited to PMB conditions ONLY

* Refer to page 11 for terms and definitions



Mental Health

- 100% of Scheme Tariff*
 - **R4 326** per person, limited to **R8 651** per family per annum
- Subject to confirmed diagnosis, treatment plan and managed care protocols*



Air/Road Ambulance & Emergency Services

- 100% of Scheme Tariff*
- 24-hour access to call centre, including telephonic nurse advice line
- Subject to pre-authorisation with Netcare911



Optometry – Network only

- 100% of DSP Tariff* every 24 months
- Eye tests: 100% of DSP Tariff*
- Frames: **R870** per person
- **R175** per lens (single vision)
- **R380** per lens (bifocal)
- **R695** per lens (multifocal)
- OR
- Contact lenses: **R2 915** per person (No benefit for contact lenses if spectacles are purchased)



Auxiliary Benefits

- 100% of Scheme Tariff*
- **Alternative Services** e.g. Homeopathy, Chiropractic etc. Limited to **R3 687** per family per annum
- **Remedial and Other Therapies** e.g. Dietician, Audiology, Speech Therapy etc. Limited to **R4 674** per family per annum
- **Physiotherapy and Biokinetics** **R2 469** per person, limited to **R3 956** per family per annum

Plus Option

- 100% of Scheme Tariff*
 - **R2 669** per person, limited to **R6 710** per family per annum
- Subject to confirmed diagnosis, referral from GP or Specialist, treatment plan and managed care protocols*

- 100% of Scheme Tariff*
- 24-hour access to call centre, including telephonic nurse advice line
- Subject to pre-authorisation with Netcare911

- 100% of DSP Tariff* every 24 months
- Eye tests: 100% of DSP Tariff*
- Frames: **R580** per person
- **R175** per lens (single vision)
- **R380** per lens (bifocal or multifocal)
- OR
- Contact lenses: **R1 810** per person (No benefit for contact lenses if spectacles are purchased)

- 100% of Scheme Tariff*
- **Alternative Services** e.g. Homeopathy, Chiropractic etc. Limited to **R3 397** per family per annum
- **Remedial and Other Therapies** e.g. Dietician, Audiology, Speech Therapy etc. Limited to **R3 281** per family per annum
- **Physiotherapy and Biokinetics** **R1 540** per person, limited to **R2 553** per family per annum

Value Option

- 100% of Scheme Tariff*
 - *Subject to to PMB conditions ONLY*
 - Non-PMBs paid from available MSA*
- Subject to referral from GP or Specialist*

- 100% of Scheme Tariff*
- 24-hour access to call centre, including telephonic nurse advice line
- Subject to pre-authorisation with Netcare911

- 100% of DSP Tariff* every 24 months
- Eye tests: 100% of DSP Tariff*
- Frames: **R315** per person
- **R175** per lens (single vision)
- **R380** per lens (bifocal or multifocal)
- OR
- Contact Lenses: **R840** per person (No benefit for contact lenses if spectacles are purchased)

- 100% of Scheme Tariff*
- Subject to PMB conditions and clinical protocols
- **Alternative Services** e.g. Homeopathy, Chiropractic etc. Non-PMBs paid from available MSA*
- **Remedial and Other Therapies** e.g. Dietician, Audiology, Speech Therapy etc. Non-PMBs paid from available MSA*
- **Physiotherapy and Biokinetics** Non-PMBs paid from available MSA*

Access Option
Medical savings account

- Limited to PMB conditions ONLY

- 100% of Scheme Tariff*
- 24-hour access to call centre, including telephonic nurse advice line
- Subject to pre-authorisation with Netcare911

- 100% of DSP Tariff* every 24 months
- Eye tests: 100% of DSP Tariff*
- Frames: 1 PPN frame per person
- **R175** per lens (single vision)
- **R380** per lens (bifocal or multifocal)
- OR
- Contact lenses: **R554** per person (No benefit for contact lenses if spectacles are purchased)

- **Remedial and Other Therapies** e.g. Dieticians, Audiology, Speech Therapy etc. Limited to PMB conditions ONLY
- **Physiotherapy and Biokinetics** Limited to PMB conditions ONLY and clinical protocols

Essential Option

* Refer to page 11 for terms and definitions

HOSMED: WE CARE

Additional Benefits Provided

CHRONIC DISEASE MANAGEMENT PROGRAMME

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



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

Does Hosmed offer additional benefits?

YES!
At Hosmed, we *Care for Life*

How to Register:
Contact PHA on **0860 00 00 48**
A Professional Nurse will take the call and provide confidential assistance

Patient will receive a treatment plan that will be paid from RISK
Patient to keep copy safe as all the authorised treatment will be listed for the year

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

Remember to also register your Chronic Medication at the Mediscor ChroniLine

WELLNESS PROGRAMME



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

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

Pap smear
Female beneficiaries over 18 years

Mammogram
Female beneficiaries over 40 years

HPV Vaccination
All beneficiaries between 9 and 12 years

Prostate Specific Antigen (PSA)
Male beneficiaries over 40 years

Cholesterol Test
All beneficiaries over 20 years

Blood Sugar Test
All beneficiaries over 15 years

Blood Pressure Check
All beneficiaries







Flu Vaccination
All beneficiaries

BAMBINO PROGRAMME

Subject to registration on the programme.

At 7 months of pregnancy, the scheme offers a free maternity bag



	 Maternity Visit(s)	 Maternity Ultrasound(s)	 Home Delivery	 Hospital Confinement	 Immunisation Benefit	 Antenatal Classes
Plus Option	<ul style="list-style-type: none"> Additional 6 GP consultations and 3 specialist consultations per pregnancy (in addition to normal consultation limit) 	<ul style="list-style-type: none"> Limited to 3 (2D) ultrasounds per pregnancy whether in or out of hospital 	<ul style="list-style-type: none"> Limited to R6 330 per pregnancy by a registered midwife <i>Pre-authorisation required</i> 	<ul style="list-style-type: none"> NVD: Limited to 3 days Caesarean: Limited to 4 days <i>Pre-authorisation required</i> 	<ul style="list-style-type: none"> Benefit as per the Immunisation Schedule of the Department of Health up to 6 months of age 	<ul style="list-style-type: none"> Limited to R503 per mother per annum <i>By registered nurse</i>
Value Option	<ul style="list-style-type: none"> Additional 6 GP consultations and 3 specialist consultations per pregnancy (in addition to normal consultation limit) 	<ul style="list-style-type: none"> Limited to 2 (2D) ultrasounds per pregnancy whether in or out of hospital 	<ul style="list-style-type: none"> Limited to R5 275 per pregnancy by a registered midwife <i>Pre-authorisation required</i> 	<ul style="list-style-type: none"> NVD: Limited to 2 days. Caesarean: Limited to 3 days <i>Pre-authorisation required</i> 	<ul style="list-style-type: none"> Benefit as per the Immunisation Schedule of the Department of Health up to 6 months of age 	<i>No benefit</i>
Access Option Medical savings account	<ul style="list-style-type: none"> Additional 7 GP consultations and 2 specialist consultations per pregnancy (in addition to normal consultation limit) 	<ul style="list-style-type: none"> Limited to 2 (2D) ultrasounds per pregnancy whether in or out of hospital 	<ul style="list-style-type: none"> Limited to R4 220 per pregnancy by a registered midwife <i>Pre-authorisation required</i> 	<ul style="list-style-type: none"> NVD: Limited to 2 days Caesarean: Limited to 3 days at DSP Hospital Network <i>Pre-authorisation required</i> 	<ul style="list-style-type: none"> Benefit as per the Immunisation Schedule of the Department of Health up to 6 months of age 	<i>No benefit</i>
Essential Option	<ul style="list-style-type: none"> Unlimited GP visits at DSP 	<ul style="list-style-type: none"> Limited to 2 (2D) ultrasounds per pregnancy whether in or out of hospital 	<ul style="list-style-type: none"> Limited to R4 220 per pregnancy by a registered midwife <i>Pre-authorisation required</i> 	<ul style="list-style-type: none"> NVD: Limited to 2 days Caesarean: Limited to 3 days at DSP Hospital Network <i>Pre-authorisation required</i> 	<ul style="list-style-type: none"> Benefit as per the Immunisation Schedule of the Department of Health up to 6 months of age 	<i>No benefit</i>

Terms and Definitions

Co-payment A specified rand amount that a beneficiary will be liable to self-fund for the cost of a specified medical treatment as stipulated in the benefits per option

DSP Designated Service Provider

DSP Tariff The fee determined in terms of an agreement between the Scheme and a service provider or a group of service providers in respect of payment for the relevant health service

Formulary A list of medicines that the Scheme will pay for the treatment of acute and chronic conditions as per the benefit option the member has selected

GP General Practitioner

ICON Independent Clinical Oncology Network

MSA Medical Savings Account – That part of a member's contribution which remains an asset, where applicable, of the member, but is held by the Scheme for his/her and his/her dependants' exclusive benefit and use in accordance with the relevant benefit option and which funds are administered and regulated in terms of the Act and the Rules

Negotiated Tariff A tariff which is different from the Scheme Tariff, that is negotiated and agreed ad hoc between the Scheme and a healthcare service provider for services rendered by the relevant service provider to the Scheme or to beneficiaries

PMB/s Prescribed Minimum Benefit/s

PPN Preferred Provider Network

Reference Price The maximum reimbursable price for a list of generically similar or therapeutically equivalent products with a cost lower than that of the original medicine

Scheme Tariff The tariff determined or adopted by the Board in respect of the payment for healthcare services rendered to beneficiaries by service providers who are not subject to a DSP Tariff or a Negotiated Tariff, determined using the 2006 National Health Reference Price List (NHRPL), with the application of a year-on-year inflationary increase, as contemplated in Rule 15.11

TTO To Take Out – Medicines given to patients to take home after hospital stay

GENERAL INFORMATION - CONTACT MATRIX



General Administration

Medscheme

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

Pharmaceutical Benefit Management

Mediscor PBM

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

Hospital, Disease and Maternity Management

Private Healthcare Administrators (PHA)

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

Dental Benefit Management

Dental Risk Company (DRC)

General enquiries: hosmedenquiries@dentalrisk.com
Pre-authorisation: auth@dentalrisk.com
Claims enquiries: claims@dentalrisk.com
Website: www.dentalrisk.com

Optical Benefit Management

Preferred Provider Network Negotiators (PPN)

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

Air/Road Ambulance & Emergency Services:

Netcare911

Claims queries: Netcare911.CustomerService@netcare.co.za
010 209 8911

GP and Diagnostic Benefit Management

Hosmed Provider Network

Medscheme

General network queries (Access and Essential Options) 0860 000 048

- GP network GPNetwork@hosmed.co.za
- Pathology and radiology Diagnostics@hosmed.co.za

Claim submissions NetworkClaims@hosmed.co.za
Including pathology and radiology

Premium Penalties for Persons Joining Late in Life

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

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

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

Terms and Conditions of Membership

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

Disclaimer

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

Please refer to full Member Guide / Website for the complete approved Benefit information





CALL CENTRE
0860 00 00 48

www.hosmed.co.za