

CMAAC
HEALTHCARE CONSULTING
Healthcare solutions... expect more!

Dr. Pikkie Kok

(HED B.A., B.Ed., MEd., Ph.D.)

FINANCIAL & HEALTHCARE ADVISOR

145 Dr. Yusuf Dadoo Ave. (Old Brady Ave.) La Hoff, KLERKSDORP 2570
P.O. Box 10710, KLERKSDORP 2570
Tel: (018) 468 7402 CELL: 082 226 5961 Fax: 0866522770 / (018) 468 8153
E-mail: cmaacnw@mwob.co.za

Council of Medical Schemes Accreditation No: 2021 P&P No: 17112/17137/19385



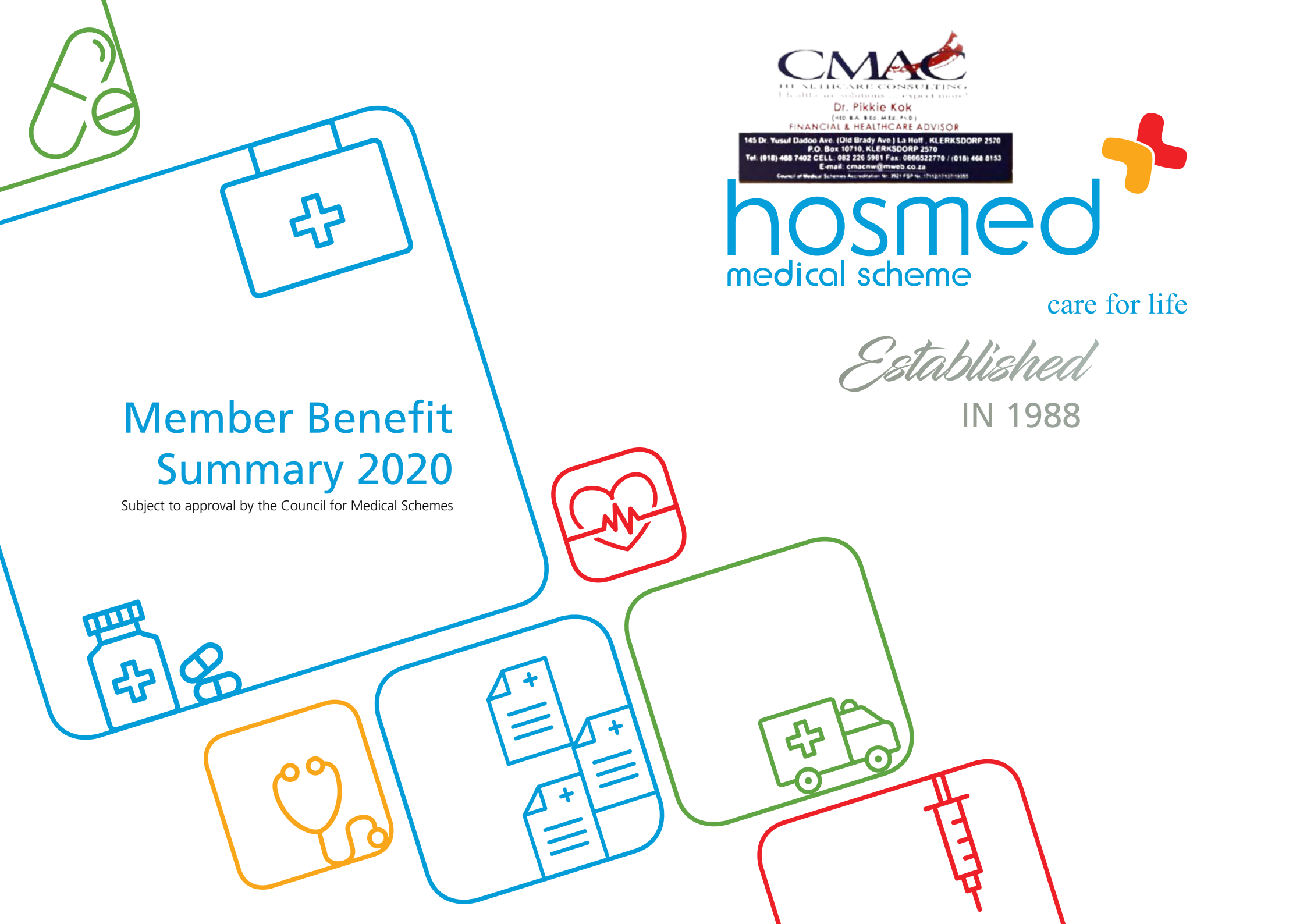
hosmed
medical scheme

care for life

Established
IN 1988

Member Benefit Summary 2020

Subject to approval by the Council for Medical Schemes



Proud Winner of the BHF 2019 Titanium Awards

Hosmed Medical Scheme is the recipient of the Titanium Award in the category of Service to Membership in the Open, Closed and Self-Administered Medical Schemes, Administrators and Managed Care Organisations for 2019.

Care for Life!





QUICK FACTS AND ENHANCEMENTS TO OUR BENEFITS



HOW DEPENDABLE IS HOSMED? HERE ARE SOME FACTS TO REASSURE YOU:

- Hosmed has been in existence for over 30 years
- Solvency ratio of 32.4% as at 31 December 2018
- Low pensioner ratio of 4.9% as at 31 December 2018
- The average size of families on the Scheme is 2.7%
- Average number of beneficiaries is 61739
- Sustained Global Credit Rating of A- for the past 5 years
- Non-Healthcare Expenditure maintained below 10%

HOW HAVE WE ENHANCED OUR BENEFITS? THE FOLLOWING CHANGES HAVE BEEN MADE:

- **New in 2020:** Introduction of an Efficiency Discount Option (**Value Core**)
- Rand sub limits increased by 5% across all options
- Reference to State Hospitals as DSP removed on all options
- Sterilisation limit increased to R16 000 on Plus, Value and Access
- Vasectomy co-payment on all options removed
- Insulin pump benefit on all options moved to the appliances benefit
- Hyperbaric Oxygen Therapy removed from the exclusion list on all options
- 30% co-payment on accommodation, medicines, consultations and procedures for back surgery removed on Plus and Value
- Limits for medication for age related macular degeneration on all options removed
- Introduction of conscious sedation for children up to the age 12 for basic dentistry on all options
- Introduction of implants benefit of R15000 per family every 5 years for Plus and Value
- Per beneficiary limit for contraceptives removed on Plus and Value
- Mothers qualify for the BAMBINO maternity bag at 24 weeks of pregnancy

HOSMED PRODUCT OFFERING FOR 2020

PLUS OPTION	NEW! VALUE CORE OPTION	VALUE OPTION	ACCESS OPTION	ESSENTIAL OPTION
<p>Designed for families that want comprehensive healthcare cover that affords them total peace of mind</p> <p>HOSPITAL BENEFIT Unlimited at any hospital</p> <p>DAY-TO-DAY BENEFITS Traditional cover with sub-limits applicable</p>	<p>Contribution discounted option with substantial healthcare cover</p> <p>HOSPITAL BENEFIT Within a designated provider network</p> <p>DAY-TO-DAY BENEFITS Traditional cover with sub-limits applicable</p>	<p>Designed for families that want to be assured of substantial healthcare cover</p> <p>HOSPITAL BENEFIT Unlimited at any hospital</p> <p>DAY-TO-DAY BENEFITS Traditional cover with sub-limits applicable</p>	<p>A new generation option for young families, assuring adequate healthcare cover</p> <p>HOSPITAL BENEFIT Unlimited at hospital network</p> <p>DAY-TO-DAY BENEFITS Medical Savings Account (as from 1 Jan 2018)</p>	<p>Suitable for families looking for essential cover</p> <p>HOSPITAL BENEFIT Unlimited at hospital network for PMB conditions ONLY</p> <p>DAY-TO-DAY BENEFITS Unlimited GP visits at network provider</p>
<p>HOSMED – WE CARE ADDITIONAL BENEFITS PROVIDED</p> <ul style="list-style-type: none"> ✓ Maternity Benefits ✓ Chronic Condition Benefits ✓ Wellness Benefit 	<p>HOSMED – WE CARE ADDITIONAL BENEFITS PROVIDED</p> <ul style="list-style-type: none"> ✓ Maternity Benefits ✓ Chronic Condition Benefits ✓ Wellness Benefit 	<p>HOSMED – WE CARE ADDITIONAL BENEFITS PROVIDED</p> <ul style="list-style-type: none"> ✓ Maternity Benefits ✓ Chronic Condition Benefits ✓ Wellness Benefit 	<p>HOSMED – WE CARE ADDITIONAL BENEFITS PROVIDED</p> <ul style="list-style-type: none"> ✓ Maternity Benefits ✓ Chronic Condition Benefits ✓ Wellness Benefit 	<p>HOSMED – WE CARE ADDITIONAL BENEFITS PROVIDED</p> <ul style="list-style-type: none"> ✓ Maternity Benefits ✓ Chronic Condition Benefits ✓ Wellness Benefit

NEW IN 2020 - IN HOSPITAL BENEFITS

NEW!

VALUE CORE OPTION



Private Hospitals

- 100% of Scheme Tariff*
- Unlimited subject to pre-authorization, use of the Netcare Hospital Group (DSP*), clinical protocols and formulary*
- Subject to sub-limits not being exceeded



Diagnostic Investigations

- 100% of Scheme Tariff*



Oncology

- 100% of DSP Tariff*
- Limited to **R287 842** per beneficiary per annum
- PMB & Non-PMB Oncology treatment based on DSP* ICON* Standard Protocols



Organ Transplants

- 100% of Scheme Tariff*
- PMB based on Department of Health Protocols, Unlimited



Internal and External Prosthesis

- 100% of Negotiated Tariff*
- Limited to **R47 990** per family per annum



Psychiatric Treatment including Clinical Psychology

- 100% of Scheme Tariff*
- Subject to 21 Days per beneficiary or up to 15 out-patient contacts per annum (Subject to PMB's)
- Non PMB's – 14 days per family subject to a limit of **R20 511**
- Payment up to 3 days for Psychologist charging therapy sessions with Psychiatrist in the same admission, thereafter pre-authorization required with treatment plan



Sterilisation/Vasectomy

- 100% of Scheme Tariff*
- Sterilisation limited to **R16 000** per beneficiary per annum



Circumcision

- 100% of Scheme Tariff*
- In and Out of hospital

OUT OF HOSPITAL BENEFITS



General Practitioner and Specialist Consultations

- 100% of Scheme Tariff*
 - **General Practitioner Consultations:**
 - **10** GP Visits per Beneficiary
 - Limited to **20** GP Visits per Family per annum
 - **Specialist Consultations:**
 - Member: **3** Visits | Member + 1 = **5** Visits | Member + 2 + = **7** Visits
- Specialist consultations require GP referral or payment will be made at GP rates, except for: Paediatricians and Gynaecologists*



Acute Medicines

- 100% of Reference Price*
 - Limited to **R5 442** per beneficiary and **R11 046** per family per annum
- Subject to medicine formulary* and Protocols, including Materials*
- Homeopathic Medication excluded
 - Network Provider ONLY



Pharmacy Advised Treatment (PAT)

- 100% of Reference Price*
- **Over the counter medication**
- Limited to **R2 021** per family per annum
- Maximum **R156** per script
- Included in acute medicines benefit
- Network Provider ONLY



Chronic Medication

- 100% of Reference Price*
 - PMB Chronic Disease List Medicines: Unlimited
 - Other Chronic (Non CDL) Medicines: Limited to **R6 917** per beneficiary
 - Limited to **R13 960** per family per annum
- Subject to pre-authorization, treatment protocols and medicine formulary**



Contraceptive benefit

- 100% of Reference Price*
 - Limited to **R1 399** per family per annum. Subject to oral, injectable and patch contraceptives only
- Subject to the contraceptive formulary**
- Network Provider Only



Pathology

- 100% of Scheme Tariff*
- Limited to **R2 779** per beneficiary per annum



Radiology

- 100% of Scheme Tariff*
 - Limited to **R2 162** per beneficiary per annum
- Specialised Radiology:**
- **MRI/PET/CAT scans:** Limited to **2** scans per beneficiary per annum
- Subject to pre-authorization*



VALUE CORE OPTION

OUT OF HOSPITAL BENEFITS (continued)



Appliances

- 100% of Negotiated Tariff*
- Limited to **R14 007** per family per annum
- Stoma Care – Subject to a sub limit of **R7 225** per family per annum
- Wheelchairs – one claim per Beneficiary every **36** months subject to pre-authorisation
- Hearing aids – one claim per beneficiary every **24** months subject to pre-authorisation
- Blood pressure monitors-Subject to a sub limit of **R550** for beneficiaries registered for Hypertension



Conservative Dentistry

- 100% of Scheme Tariff*
- Unlimited
- Consultations, Fillings, Extractions
- Root canal treatment two (2) RCT per family per year, preventative scale and polish
- Fluoride treatment limited to beneficiaries below the age of 12 years
- Conscious sedation for children up to the age of 12 years



Organ Transplants

- 100% of Scheme Tariff*
- PMB based on Department of Health Protocols, Unlimited



Advanced Dentistry

- 100% of Scheme Tariff*
- **R4 452** per beneficiary limited to **R6 363** per family per annum
- Crowns, Impacted wisdoms and Orthodontics
- **Acrylic (Plastic) Dentures:** Subject to above available limit Limited to 1 per beneficiary every 4 years
- **Partial Metal Frame Dentures:** Subject to above available limit Limited to 1 set per beneficiary every 5 years Contracted Network Provider Only



Psychology and Psychiatry Treatment

- 100% of Scheme Tariff*
- **R2 948** per beneficiary, Limited to **R7 412** per Family



Air/Road Ambulance and Emergency Services

- 100% of Scheme Tariff*
- 24-hour access to Call Centre including telephonic Nurse advise line

NEW!

VALUE CORE OPTION



Optometry - Network Only

- 100% of DSP* Tariff
- **Eye Tests:** 100% of DSP* Tariff, One comprehensive consultation per beneficiary every 24 months
- **Frames/Lens Enhancements: R795** per beneficiary
- **R185** per lens – clear single vision **R420** per lens – clear bifocal **R420** per lens – base multifocal
- **Contact Lenses: R 1 810** per beneficiary every 24 months (No simultaneous benefit for contact lenses and spectacles)






Auxiliary Benefit

- 100% of Scheme Tariff*
- **Alternative Services:** e.g Chiropractor, Podiatry, etc
- Collectively limited to **R3 753** per family per annum
- **Remedial and Other Therapies:** e.g Audiology, Dieticians, etc
- Collectively limited to **R3 625** per family per annum
- **Physiotherapy Out of Hospital:** e.g Biokinetics & Physiotherapy
- **R1 701** per beneficiary limited to **R2 820** per family per annum



2020 CONTRIBUTIONS

		PLUS OPTION	VALUE CORE OPTION	VALUE OPTION	ACCESS OPTION			ESSENTIAL OPTION		
Monthly Income		R0+	R0+	R0+	R0+	R0+	R0+	R0-R8 500	R8 501-R13 000	R13 001+
					Risk	Savings	Total			
	Member	R5 438	R3 214	R3 493	R1 960	R490	R 2 450	R1 396	R1 705	R2 131
	Adult	R4 155	R2 350	R2 554	R1 688	R422	R 2 110	R1 328	R1 621	R2 027
	Child*	R931	R547	R594	R381	R95	R 476	R479	R623	R825

* Member pays for the first three children only

IN HOSPITAL BENEFITS



Private Hospitals



Diagnostic Investigations








Oncology

<ul style="list-style-type: none"> • 100% of Scheme Tariff* • Unlimited benefits subject to pre-authorization, clinical protocols and formulary* 	<ul style="list-style-type: none"> • 100% of Scheme Tariff* 	<ul style="list-style-type: none"> • 100% of DSP* Tariff* • Limited to R622 298 per beneficiary per annum • Based on *ICON* Enhanced Protocols 	<p>PLUS OPTION</p>
<ul style="list-style-type: none"> • 100% of Scheme Tariff* • Unlimited benefits subject to pre-authorization, clinical protocols and formulary* 	<ul style="list-style-type: none"> • 100% of Scheme Tariff* 	<ul style="list-style-type: none"> • 100% of DSP Tariff* • Limited to R287 842 per beneficiary per annum • Based on DSP* ICON* Standard Protocols 	<p>VALUE OPTION</p>
<ul style="list-style-type: none"> • Private and Unlimited benefits for PMB conditions subject to pre-authorization and use of a Designated Service Provider (DSP*) hospital network and prevailing public hospital protocols • Subject to 100% of DSP Tariff* and clinical protocols • Failure to comply utilising a DSP* provider will result in a 10% co-payment* per admission except for emergency admissions 	<ul style="list-style-type: none"> • 100% of Scheme Tariff* • Subject to Clinical protocols and PMB's • Pathology unlimited • Radiology unlimited <i>Specialised Radiology:</i> • MRI/PET/CAT Scans Limited to 2 per beneficiary per annum for In and Out Hospital 	<ul style="list-style-type: none"> • 100% of DSP Tariff* • Limited to PMB conditions only and subject to DSP* ICON* Standard protocols 	<p>ACCESS OPTION</p>
<ul style="list-style-type: none"> • Unlimited benefits for PMB conditions subject to pre-authorization and use of a Designated Service Provider (DSP*) hospital network and prevailing public hospital protocols • Subject to 100% of DSP Tariff* and clinical protocols • Limited to PMB conditions only • Failure to comply utilising a DSP* provider will result in a 10% co-payment* per admission except for emergency admissions 	<ul style="list-style-type: none"> • 100% of Scheme Tariff* • Subject to Clinical protocols and PMB's • Limited to PMB conditions only • Combined limited of R6 177 per beneficiary per annum Pathology and Radiology: Network Provider Only. Limited to PMB conditions only <i>Specialised Radiology:</i> • MRI/PET/CAT Scans Limited to 2 per beneficiary per annum for In and Out Hospital • Limited to PMB conditions only 	<ul style="list-style-type: none"> • 100 % of DSP Tariff* • Limited to PMB conditions only and subject to DSP* ICON* Standard protocols 	<p>ESSENTIAL OPTION</p>

* Refer to page 22 for definitions

IN HOSPITAL BENEFITS (continued)

	 Organ Transplants	 Internal and External Prosthesis	 Psychiatric Treatment including Clinical Psychology	 Sterilisation/Vasectomy	 Circumcision
PLUS OPTION	<ul style="list-style-type: none"> 100% of Scheme Tariff* 	<ul style="list-style-type: none"> 100% of Negotiated Tariff* Limited to R68 989 per family per annum 	<ul style="list-style-type: none"> 100% of Scheme Tariff* Subject to 21 Days per beneficiary or up to 15 out-patient contacts per annum (Subject to PMB's) Non PMB's – 14 days per family subject to a limit of R23 074 	<ul style="list-style-type: none"> 100% of Scheme Tariff* Sterilisation limited to R16 000 per beneficiary per annum 	<ul style="list-style-type: none"> 100% of Scheme Tariff* In and Out of hospital
VALUE OPTION	<ul style="list-style-type: none"> 100% of Scheme Tariff* PMB based on Department of Health Protocols, Unlimited 	<ul style="list-style-type: none"> 100% of Negotiated Tariff* Limited to R47 990 per family per annum 	<ul style="list-style-type: none"> 100% of Scheme Tariff* Subject to 21 Days per beneficiary or up to 15 out-patient contacts per annum (Subject to PMB's) Non PMB's – 14 days per family subject to a limit of R20 511 	<ul style="list-style-type: none"> 100% of Scheme Tariff* Sterilisation limited to R16 000 per beneficiary per annum 	<ul style="list-style-type: none"> 100% of Scheme Tariff* In and Out of hospital
ACCESS OPTION	<ul style="list-style-type: none"> 100% Scheme Tariff* PMB based on Department of Health Protocols, Unlimited 	<ul style="list-style-type: none"> 100% of Negotiated Tariff* Limited to R30 883 per family per annum <i>Subject to PMB</i> 	<ul style="list-style-type: none"> 100% of Scheme Tariff* Subject to PMB conditions Subject to 21 Days per beneficiary or up to 15 out-patient contacts per annum 	<ul style="list-style-type: none"> 100% of Scheme Tariff* Sterilisation limited to R16 000 per beneficiary per annum 	<ul style="list-style-type: none"> 100% of Scheme Tariff*
ESSENTIAL OPTION	<ul style="list-style-type: none"> 100% Scheme Tariff* PMB based on Department of Health Protocols Limited to PMB conditions only 	<ul style="list-style-type: none"> 100% of Negotiated Tariff* Limited to R19 641 per family per annum <i>Limited to PMB conditions only</i> 	<ul style="list-style-type: none"> 100% of Scheme Tariff* Limited to PMB conditions only Subject to 21 Days per beneficiary or up to 15 out-patient contacts per annum 	<ul style="list-style-type: none"> 100% of Scheme Tariff* Limited to PMB conditions only 	<ul style="list-style-type: none"> 100% of DSP Tariff* <i>Limited to PMB conditions only</i>

OUT OF HOSPITAL BENEFITS



General Practitioner and Specialist Consultations



Acute Medicines

- 100% of Scheme Tariff*
- **16** Visits per Beneficiary limited to **26** Visits per Family per annum
No referral required for Specialist Consultations

- 100% of Scheme Tariff*
- **General Practitioner Consultations:**
 - **10** GP Visits per Beneficiary
 - Limited to **20** GP Visits per Family per annum

- **Specialist Consultations:**
 - Member: **3** Visits | Member + 1 = **5** Visits | Member + 2 + = **7** Visits

Specialist consultations require GP referral or payment will be made at GP rates, except for: Paediatricians and Gynaecologists

- 100% Scheme Tariff*
- **General Practitioner Consultations:**
 - Paid from MSA*
 - **6** Additional GP Visits per Family once MSA* depleted
- **Specialist Consultations:**
 - Paid from MSA*

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

- 100% of DSP Tariff*
- **General Practitioners Consultations:**
 - DSP* GP
 - Unlimited visits & acute medication from any GP within the DSP* Network at 100% of DSP Tariff*
- **Specialist Consultations:**
 - Limited to 3 Visits per family per annum only on referral from DSP* GP
 - Subject to pre-authorisation
 - Limited to PMB conditions only

- 100% of Reference Price*
- Limited to **R9 025** per beneficiary and **R17 674** per family per annum
Subject to Medicine formulary and protocols, including materials and Homeopathic Medicine*

- 100% of Reference Price*
- Limited to **R5 442** per beneficiary and **R11 046** per family per annum
Subject to medicine formulary and Protocols, including Materials*

- 100% of Reference Price*
- Paid from MSA*
- Subject to Medicine formulary* and Protocols, Including Materials. Homeopathic Medication excluded*

- 100% of Reference Price*
- DSP* GP
 - Unlimited Acute Medication dispensed by the DSP* GP
- Subject to Medicine formulary* and Protocols, Including Materials. Homeopathic Medication excluded*
- **R1 266** per beneficiary limited to **R3 534** per family per annum

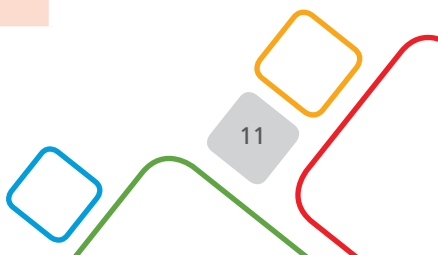
PLUS OPTION

VALUE OPTION

ACCESS OPTION

ESSENTIAL OPTION

* Refer to page 22 for definitions



OUT OF HOSPITAL BENEFITS (continued)



Pharmacy Advised Treatment (PAT)



Chronic Medication including Non CDL

PLUS OPTION

- 100% of Reference Price*
- Over the counter medication**
- Limited to **R3 204** per family per annum
- Maximum **R226** per script
- Included in acute medicines benefit

- 100% of Reference Price*
 - PMB Chronic Disease List Medicines: Unlimited
 - Other Chronic (Non CDL) Medicines: Limited to **R14 683** per beneficiary Limited to **R28 083** per family per annum
- Subject to pre-authorisation, treatment protocols and medicine formulary**

VALUE OPTION

- 100% of Reference Price*
- Over the counter medication**
- Limited to **R2 021** per family per annum
- Maximum **R156** per script
- Included in acute medicines benefit

- 100% of Reference Price*
 - PMB Chronic Disease List Medicines: Unlimited
 - Other Chronic (Non CDL) Medicines: Limited to **R6 917** per beneficiary Limited to **R13 960** per family per annum
- Subject to pre-authorisation, treatment protocols and medicine formulary**

ACCESS OPTION

- 100% of Reference Price
 - Over the counter medication**
 - Paid from MSA*
- Subject to funds available in the MSA*

- 100% of Reference Price*
 - PMB Chronic Disease List Medicines: Unlimited
- Subject to pre-authorisation, Treatment Protocols, Medicine formulary* and Registration of the Chronic Medicine by GP*
- Other Chronic (Non CDL) Medicines: Paid from MSA*
- Subject to funds available in the MSA*

ESSENTIAL OPTION

- 100% of Reference Price*
 - Over the counter medication**
 - Limited to **R646** per Family per annum
 - Maximum **R95** per script. Subject to acute medicines benefit
- Subject to Formulary**
- Cost at Single Exit Price and Regulated Dispensing Fee
 - PAT Not chargeable with Acute Script on the Same Day
 - Network Provider Only

- 100% of Reference Price*
 - PMB Chronic Disease List Medicines: Unlimited
- Subject to pre-authorisation by Designated Service Provider, Treatment Protocols, Medicine Formulary* and Registration of the Chronic Medicine by the DSP* GP*



Contraceptive benefit

Pathology

Radiology

<ul style="list-style-type: none"> 100% of Reference Price* Limited to R1 678 per family per annum. Subject to oral, injectable and patch contraceptives only <p><i>Subject to the contraceptive formulary*</i></p>	<ul style="list-style-type: none"> 100% of Scheme Tariff* Limited to R5 081 per beneficiary per annum 	<ul style="list-style-type: none"> 100% of Scheme Tariff* Limited to R3 713 per beneficiary per annum <p>Specialised Radiology:</p> <ul style="list-style-type: none"> MRI/PET/CAT scans: Limited to 2 scans per beneficiary per annum <p><i>Subject to pre-authorisation</i></p>	<p>PLUS OPTION</p>
<ul style="list-style-type: none"> 100% of Reference Price* Limited to R1 399 per family per annum. Subject to oral, injectable and patch contraceptives only <p><i>Subject to the contraceptive formulary*</i></p>	<ul style="list-style-type: none"> 100% of Scheme Tariff* Limited to R2 779 per beneficiary per annum 	<ul style="list-style-type: none"> 100% of Scheme Tariff* Limited to R2 162 per beneficiary per annum <p>Specialised Radiology:</p> <ul style="list-style-type: none"> MRI/PET/CAT scans: Limited to 2 scans per beneficiary per annum <p><i>Subject to pre-authorisation</i></p>	<p>VALUE OPTION</p>
<ul style="list-style-type: none"> 100% of Reference Price Paid from MSA* <p><i>Subject to funds available in the MSA</i></p>	<ul style="list-style-type: none"> 100% of DSP Tariff* Paid from MSA* <p><i>Subject to PMB's</i></p>	<ul style="list-style-type: none"> 100% of DSP Tariff* Paid from MSA* <p><i>Subject to PMB's</i></p> <p>Specialised Radiology:</p> <ul style="list-style-type: none"> MRI/PET/CAT scans: Limited to 2 scans per beneficiary per annum. In & Out of Hospital <p><i>Subject to pre-authorisation</i></p>	<p>ACCESS OPTION</p>
<ul style="list-style-type: none"> 100% of Reference Price* Limited to R64 per beneficiary per month, subject to R767 per family per annum <p><i>Subject to the contraceptive formulary*</i></p>	<ul style="list-style-type: none"> 100% of DSP* Tariff* Limited to R863 per beneficiary per annum Network Provider ONLY Limited to PMB conditions ONLY 	<ul style="list-style-type: none"> 100% of DSP* Tariff* Limited to R863 per beneficiary per annum Referral by Network Provider ONLY. Limited to PMB conditions ONLY <p>Specialised Radiology:</p> <ul style="list-style-type: none"> MRI/PET/CAT scans: Limited to 2 scans per beneficiary per annum and Limited to Diagnostic Investigations <p><i>Subject to pre-authorisation</i></p> <ul style="list-style-type: none"> Referral by Network Provider ONLY. Limited to PMB conditions ONLY 	<p>ESSENTIAL OPTION</p>

* Refer to page 22 for definitions

OUT OF HOSPITAL BENEFITS (continued)



Appliances



Conservative Dentistry

PLUS OPTION

- 100% of Negotiated Tariff*
- Limited to **R14 740** per family per annum
- Stoma Care – Subject to a sub limit of **R7 576** per family per annum
- Wheelchairs – one claim per Beneficiary every **36** months subject to pre-authorisation
- Hearing aids – one claim per beneficiary every **24** months subject to pre-authorisation
- Blood Pressure Monitors – Subject to a sub-limit of **R550** for beneficiaries registered for Hypertension

- 100% of Scheme Tariff*
 - Unlimited
 - Consultations, Fillings, Extractions, Root canal treatment two (2) RCT family per year, Preventative scale and polish.
 - Fluoride treatment limited to beneficiaries below the age of 12 years
 - Conscious sedation for children up to the age of 12 years
- Subject to dental treatment protocols and pre-authorisation for extensive treatment*

VALUE OPTION

- 100% of Negotiated Tariff*
- Limited to **R14 007** per family per annum
- Stoma Care – Subject to a sub limit of **R7 225** per family per annum
- Wheelchairs – one claim per Beneficiary every **36** months subject to pre-authorisation
- Hearing aids – one claim per beneficiary every **24** months subject to pre-authorisation
- Blood Pressure Monitors – Subject to a sub-limit of **R550** for beneficiaries registered for Hypertension

- 100% of Scheme Tariff*
 - Unlimited
 - Consultations, Fillings, Extractions, Root canal treatment two (2) RCT per family per year, Preventative scale and polish
 - Fluoride treatment limited to beneficiaries below the age of 12 years
 - Conscious sedation for children up to the age of 12 years
- Subject to treatment protocols and pre-authorisation for extensive treatment*

ACCESS OPTION

- 100% of Negotiated Tariff*
- Limited to **R6 526** per family per annum
- Paid from Risk Pool subject to sub limit
- In and Out of Hospital
- Blood Pressure Monitors – Subject to a sub-limit of **R550** for beneficiaries registered for Hypertension

- 100% of Scheme Tariff*
 - Paid from Risk Pool
 - Consultations, Fillings, Extractions
 - Preventative scale and polish
 - Fluoride treatment limited to beneficiaries below the age of 12 years
 - Conscious sedation for children up to 12 years of age
- Dental protocols apply and pre-authorisation required for extensive treatment plans*

ESSENTIAL OPTION

- 100% of Negotiated Tariff*
- Limited to **R2 914** per family per annum
- In and Out of Hospital
- Limited to PMB conditions only
- Blood Pressure Monitors – Subject to a sub-limit of **R550** for beneficiaries registered for Hypertension

- 100% of Scheme Tariff*
 - Consultations, Fillings, Extractions
 - Preventative scale and polish
 - Fluoride treatment limited to beneficiaries below the age of 12 years
 - Conscious Sedation for children up to the age of 12 years
- Dental protocols apply and pre-authorisation required for extensive treatment plans*



Advanced Dentistry



Psychology and Psychiatry Treatment



Air/Road Ambulance and Emergency Services

<ul style="list-style-type: none"> • 100% of Scheme Tariff* • R6 805 per beneficiary limited to R8 577 per family per annum • Crowns and Bridges, Impacted wisdoms and Orthodontics • Dental Implants: R15 000 per family once every five years per beneficiary • Partial Metal Frame Dentures: Subject to the above available limit per beneficiary every 5 years • Acrylic (Plastic) Dentures: Subject to above available limit per beneficiary every 4 years 	<ul style="list-style-type: none"> • 100% of Scheme Tariff* • R4 779 per beneficiary, Limited to R9 556 per Family 	<ul style="list-style-type: none"> • 100% of Scheme Tariff* • 24-hour access to Call Centre including telephonic Nurse advise line 	<p>PLUS OPTION</p>
<ul style="list-style-type: none"> • 100% of Scheme Tariff* • R4 452 per beneficiary limited to R6 363 per family per annum • Crowns and Bridges, Impacted wisdoms and Orthodontics • Dental Implants: R15 000 per family once every five years per beneficiary • Partial Metal Frame Dentures: Subject to the above limit per beneficiary every 5 years • Acrylic (Plastic) Dentures: Subject to above available limit per beneficiary every 4 years 	<ul style="list-style-type: none"> • 100% of Scheme Tariff* • R2 948 per beneficiary, Limited to R7 412 per Family 	<ul style="list-style-type: none"> • 100% of Scheme Tariff* • 24-hour access to Call Centre including telephonic Nurse advise line 	<p>VALUE OPTION</p>
<ul style="list-style-type: none"> • Non-PMB's Paid from MSA* • Acrylic (Plastic) Dentures <ul style="list-style-type: none"> • All clinically valid specialised dental treatment covered from MSA* including 1 set of Acrylic (plastic) denture per beneficiary every 4 years • Cover available for realigning and repairing every 12 months • Including Repairs of Dentures <p><i>Subject to PMB conditions only</i></p>	<ul style="list-style-type: none"> • 100% of Scheme Tariff* • <i>Subject to PMB conditions ONLY</i> • Non-PMB's paid from MSA* 	<ul style="list-style-type: none"> • 100% of Scheme Tariff* • 24-hour access to Call Centre including telephonic Nurse advise line 	<p>ACCESS OPTION</p>
<ul style="list-style-type: none"> • Limited to PMB conditions only • Acrylic (Plastic) Dentures <ul style="list-style-type: none"> • 1 set of Acrylic/plastic dentures per beneficiary every 4 years • Cover available for realigning and repairing every 12 months • Including Repairs of Denture 	<ul style="list-style-type: none"> • Limited to PMB conditions ONLY 	<ul style="list-style-type: none"> • 100% of Scheme Tariff* • 24-hour access to Call Centre including telephonic Nurse advise line 	<p>ESSENTIAL OPTION</p>

* Refer to page 22 for definitions

OUT OF HOSPITAL BENEFITS (continued)



Optometry - Network Only



Auxiliary Benefit

PLUS OPTION

- 100% of DSP* Tariff
- **Eye Tests:** 100% of DSP* Tariff, One comprehensive consultation per beneficiary every 24 months
- **Frames/Lens Enhancements:** **R1 230** per beneficiary
- **R185** per lens – clear single vision **R420** per lens – clear bifocal **R745** per lens – base multifocal
- **Contact Lenses:** **R2 915** per beneficiary every 24 months
(No simultaneous benefit for contact spectacles)

100% of Scheme Tariff*

Alternative Services: e.g Chiropractor, Podiatry, etc
Collectively limited to **R4 073** per family per annum
Remedial and Other Therapies: e.g Audiology, Dieticians, etc
Collectively limited to **R5 163** per family per annum
Physiotherapy Out of Hospital: e.g Biokinetics & Physiotherapy
R2 727 per beneficiary limited to **R4 370** per family per annum

VALUE OPTION

- 100% of DSP Tariff*
- **Eye Tests:** 100% of DSP* Tariff, One comprehensive consultation per beneficiary every 24 months
- **Frames/Lens Enhancements:** **R795** per beneficiary
- **R185** per lens – clear single vision **R420** per lens – clear bifocal **R420** per lens – base multifocal
- **Contact Lenses:** **R1 810** per beneficiary every 24 months
(No simultaneous benefit for contact lenses and spectacles)

100% of Scheme Tariff*

Alternative Services: e.g Chiropractor, Podiatry, etc
Collectively limited to **R3 753** per family per annum
Remedial and Other Therapies: e.g Audiology, Dieticians, etc
Collectively limited to **R3 625** per family per annum
Physiotherapy Out of Hospital: e.g Biokinetics & Physiotherapy
R1 701 per beneficiary limited to **R2 820** per family per annum

ACCESS OPTION

- 100% of DSP* Tariff
- **Eye Tests:** Paid from Risk Pool. One comprehensive consultation per beneficiary every 24 months
- **Frames/Lens Enhancements:** Paid from Risk Pool, **R548** per Frame
- **R185** per lens – clear single vision **R420** per lens – clear bifocal **R420** per lens – base multifocal
- **Contact Lenses:** Paid from Risk Pool. **R950** per beneficiary every 24 months
(No benefit for contact lenses if spectacles purchased)

100% of Scheme Tariff*

Alternative Services: e.g Chiropractor, Podiatry, etc
Non-PMB's paid from MSA*
Remedial and Other Therapies: e.g Audiology, Dieticians, etc
Subject to PMB conditions and clinical protocols
Physiotherapy Out of Hospital: e.g Biokinetics & Physiotherapy
Subject to PMB conditions and clinical protocols

ESSENTIAL OPTION

- 100% of DSP* Tariff
- **Eye Tests:** 100% of DSP* Tariff, One comprehensive consultation per beneficiary every 24 months
- **Frames/Lens Enhancements:** **R300** per beneficiary
- **R185** per lens – clear single vision **R420** per lens – clear bifocal **R420** per lens – base multifocal
- **Contact Lenses:** **R615** per beneficiary every 24 months
(No simultaneous benefit for contact spectacles)

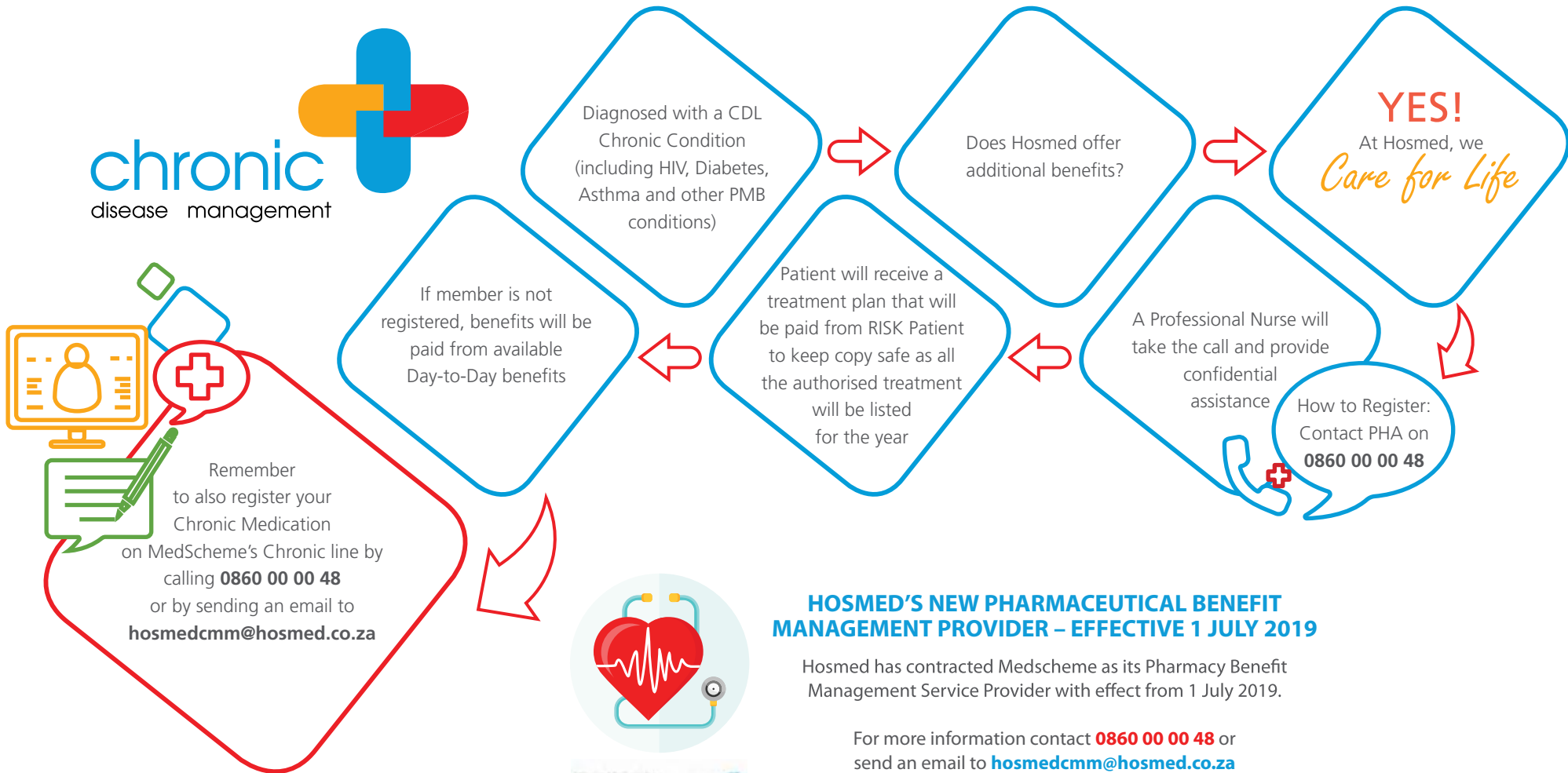
Remedial and Other Therapies:

Limited to PMB conditions ONLY

Physiotherapy Out of Hospital:

Limited to PMB conditions ONLY and clinical protocols

CHRONIC DISEASE MANAGEMENT PROGRAMME



Remember to also register your Chronic Medication on MedScheme's Chronic line by calling **0860 00 00 48** or by sending an email to **hosmedcmm@hosmed.co.za**



HOSMED'S NEW PHARMACEUTICAL BENEFIT MANAGEMENT PROVIDER – EFFECTIVE 1 JULY 2019

Hosmed has contracted Medscheme as its Pharmacy Benefit Management Service Provider with effect from 1 July 2019.

For more information contact **0860 00 00 48** or send an email to **hosmedcmm@hosmed.co.za**

Care for Life!

CHRONIC DISEASE LIST 2020

The CDL list consists of the chronic conditions listed below:

- Addison's Disease
- Asthma
- Bipolar Mood Disorder
- Bronchiectasis
- Cardiac Failure
- Cardiomyopathy
- Chronic Renal Disease
- Chronic Obstructive Pulmonary Disease
- Coronary Artery Disease
- Crohn's Disease
- Diabetes Insipidus
- Diabetes Mellitus Type I
- Diabetes Mellitus Type II
- Dysrhythmias
- Epilepsy
- Glaucoma
- Haemophilia
- HIV/AIDS
- Hyperlipidaemia
- Hypertension
- Hypothyroidism
- Multiple Sclerosis
- Parkinson's Disease
- Rheumatoid Arthritis
- Schizophrenia
- Systemic Lupus Erythematosus
- Ulcerative Colitis



EXCLUSIONS AND LIMITATIONS OF BENEFITS 2020

1. PRESCRIBED MINIMUM BENEFITS

The Scheme will pay in full, without co-payment or use of deductibles, the diagnosis, treatment and care costs of the prescribed minimum benefits as per Regulation 8 of the Act. Furthermore, where a protocol or a formulary drug preferred by the scheme has been ineffective or would cause harm to a beneficiary, the scheme will fund the cost of the appropriate substitution treatment without a penalty to the beneficiary as required by regulation 15H and 15I of the Act.

2. LIMITATIONS AND RESTRICTIONS OF BENEFITS

- 2.1. The Scheme may require a second opinion in respect of proposed treatment or medication which may result in a claim for benefits and for that purpose the relevant beneficiary shall consult a dental or medical practitioner nominated by the Scheme and at the cost of the Scheme. The procedure to be followed in obtaining a second opinion is outlined in the relevant Scheme protocol (Protocol Regarding Requests for Second Opinions).
- 2.2. In cases where a specialist is consulted without the recommendation of a general practitioner, the benefit allowed by the Scheme may, at its discretion, be limited to the amount that would have been paid to the general practitioner for the same service.
- 2.3. Unless otherwise decided by the Scheme, benefits in respect of medicines obtained on a prescription are limited to one month's supply (or to the nearest unbroken pack) for every such prescription or repeat thereof.
- 2.4. If the Scheme or its managed healthcare organisation has evidence-based funding guidelines or protocols in respect of covered services and supplies, beneficiaries

will only qualify for benefits in respect of those services and supplies with reference to the available funding guidelines and protocols irrespective of clinical guidelines that are not consistent with the scheme protocols and benefits.

- 2.5. The Scheme reserves the right not to pay for any new technology. Coverage of new technology will be assessed by the Scheme with due consideration given to:
 - 2.5.1. medical necessity;
 - 2.5.2. clinical evidence of its use in clinical medicine including outcome studies;
 - 2.5.3. its cost-effectiveness;
 - 2.5.4. its affordability;
 - 2.5.5. its value relative to existing services or supplies;
 - 2.5.6. its safety.New technology is defined as any clinical intervention of a novel nature as well as those that the Scheme has not had previous experience with.
- 2.6. A 10% co-payment will be applied on the following procedure codes:
 - 2.6.1. 1034 - Autogenous nasal bone transplant: Bone removal included;
 - 2.6.2. 1035 - Functional endoscopic sinus surgery: Unilateral;
 - 2.6.3. 1036 - Functional endoscopic sinus surgery: Bilateral;
 - 2.6.4. 1087 - Sub-total reconstruction consisting of any two of the following:
 - 2.6.4.1. Septum plasty, nasal osteotomy,

nasal tip reconstruction

- 2.6.5. 1085 – Total reconstruction of the nose:
 - 2.6.5.1. including reconstruction of nasal septum (septum plasty), nasal pyramid (osteotomy) and nasal tip
- 2.7. Mirena device Fund according to scheme protocol:
 - 2.7.1. 40 years of age. Not covered if used for contraception. Cover for abnormal uterine bleeding.
 - 2.7.2. Insertion in rooms no co-payment applicable
 - 2.7.3. Insertion in theatre – co-payment R 800.00 even if done in conjunction with another procedure
 - 2.7.4. Mirena device – cost from acute medicine benefit on Plus and Value Option only.
- 2.8. The Scheme reserves the right to impose and apply exclusions and limits to the benefits that will be paid for medicines/procedures/interventions which have been accepted into the practice of clinical medicine through a process of health technology assessment/evaluation;
- 2.9. Benefits in respect of the cost of emergency medical treatment, as defined in the Medical Schemes Act, whilst abroad, are covered at the applicable Scheme tariff rates and RSA currency; Limited to the benefit entitlement and PMB protocols that would have applied in South Africa.
- 2.10. Optical Benefits payable as per managed care protocols.
- 2.11. hyperbaric oxygen therapy subject to PMB regulations and Scheme protocols;
- 2.12. infertility treatment, subject to PMB regulations; and
- 2.13. consultation and treatment by registered councillors, subject to prescribed minimum benefits.

WELLNESS PROGRAMME

Pap smear →

Female beneficiaries over 18 years

Mammogram →

Female beneficiaries over 40 years

HPV Vaccination →

All beneficiaries between 9 and 12 years

Prostate Specific Antigen (PSA) →

Male beneficiaries over 40 years

HIV Testing Benefit →

Free HIV Test per beneficiary per annum



Members qualify for the following additional benefits (only 1 per member per annum paid from risk)
Wellness testing provided at an Employee Wellness Event will be claimed from this benefit

← **Cholesterol Test**

All beneficiaries over 20 years

← **Blood Sugar Test**

All beneficiaries over 15 years

← **Blood Pressure Check**

All beneficiaries Reimbursement of Blood Pressure Monitors on all Options

← **Flu Vaccination**

All beneficiaries

← **Pneumococcal Vaccination**

One free Pneumococcal Vaccination per beneficiary over 65 years per annum

BAMBINO PROGRAMME



Hosmed cares about its pregnant mothers. At 24 weeks of maternity, the Scheme offers a free maternity bag. Call **0860 00 00 48** to register.



Maternity Visit(s)



Maternity Ultrasound(s)



Home Delivery



Hospital Confinement



Immunisation benefit



Antenatal Classes

PLUS OPTION

- Additional **6** GP consultations and **3** specialist consultations per pregnancy (Once these limits have been reached further ante-natal consultations will be paid from the day-to-day benefit)

- Limited to **3** 2D ultrasounds per pregnancy for In and Out of Hospital

- Limited to **R6 992** /pregnancy.
- 100% of Negotiated Tariff*

- NVD – Limited to **3** days
- Caesarean – Limited to **4** days

- Immunisation as per the Immunisation schedule by the Department of Health up to **12** months of age

- Limited to **R555** per mother per Annum

NEW!

VALUE CORE OPTION

- Additional **6** GP consultations and **3** specialist consultations per Pregnancy at GP or Specialist (in addition to normal consultation limit)

- Limited to **2** 2D ultrasounds per pregnancy for In and Out of Hospital

- Limited to **R5 826** / pregnancy.
- 100% of Negotiated Tariff*

- NVD – Limited to **2** days
- Caesarean – Limited to **3** days

- Immunisation as per the Immunisation schedule by the Department of Health up to **12** months of age

- *No Benefit*

VALUE OPTION

- Additional **6** GP consultations and **3** specialist consultations per Pregnancy at GP or Specialist (in addition to normal consultation limit)

- Limited to **2** 2D ultrasounds per pregnancy for In and Out of Hospital

- Limited to **R5 826** / pregnancy.
- 100% of Negotiated Tariff*

- NVD – Limited to **2** days
- Caesarean – Limited to **3** days

- Immunisation as per the Immunisation schedule by the Department of Health up to **12** months of age

- *No Benefit*

ACCESS OPTION

- Additional **7** GP consultations and **2** specialist consultations per Pregnancy at GP or Specialist (Once these limits have been reached further ante-natal consultations will be paid from the day-to-day benefit)

- Limited to **2** 2D ultrasounds per pregnancy for In and Out of Hospital

- Limited to **R4 661** / pregnancy.
- 100% of Negotiated Tariff

- NVD – Limited to **2** days
- Caesarean – Limited to **3** days

- Immunisation as per the Immunisation schedule by the Department of Health up to **12** months of age

- *No Benefit*

ESSENTIAL OPTION

- 100% of Scheme Tariff*
- Subject to DSP* GP and Specialist consultation limit as per Consultations

- Limited to **2** 2D ultrasounds per pregnancy for In and Out of Hospital

- Limited to **R4 661** / pregnancy.
- 100% of Negotiated Tariff*

- NVD – Limited to **2** days
- Caesarean – Limited to **3** days

- Immunisation as per the Immunisation schedule by the Department of Health up to **12** months of age

- *No Benefit*

DEFINITIONS

Scheme Tariff*: As defined in Rule 4.9.68

"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"

DSP*: As defined in Rule 4.9.28

"Designated Service Provider"

DSP Tariff*: As defined in Rule 4.9.29

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

Negotiated Tariff*: As defined in Rule 4.9.54

"A tariff negotiated and agreed ad hoc for services rendered between the Scheme and a healthcare service provider for services rendered by the relevant service provider to the Scheme or to Beneficiaries and which is different from the Scheme tariff"

Reference Price*: As defined in Rule 4.9.66

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

Formulary*: As defined in Rule 4.9.38

"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"

Co-payment*: As defined in Rule 4.9.21

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

Deductible*: As defined in Rule 4.9.26

"A specific percentage or rand amount of the total hospital account related to a specific procedure as stipulated in the benefits per option that the beneficiary is liable for"

ICON*: Independent Clinical Oncology Network

Conscious Sedation*:

"Extensive dental treatment, (more than four fillings or extractions) subject to dental treatment protocols and pre-authorisations"

GENERAL INFORMATION

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

Medscheme PBM

Claim queries: hosmedcmm@hosmed.co.za

HOSPITAL, DISEASE AND MATERNITY MANAGEMENT

Private Healthcare Administrators (PHA)

Hospital Pre-authorization: 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: enquiries@dentalrisk.com

Pre-authorization: auths@dentalrisk.com

Claims enquiries: claims@dentalrisk.com

Website: www.dentalrisk.com

OPTICAL BENEFIT MANAGEMENT

Preferred Provider Network Negotiators (PPN)

PPN Call Centre: 0860 103 529

Claims submissions: mailroom@ppn.co.za / claims@ppn.co.za

Claim queries: info@ppn.co.za

Website: www.ppn.co.za

EMERGENCY MEDICAL PROVIDER

ER24

Call Centre: 084 124

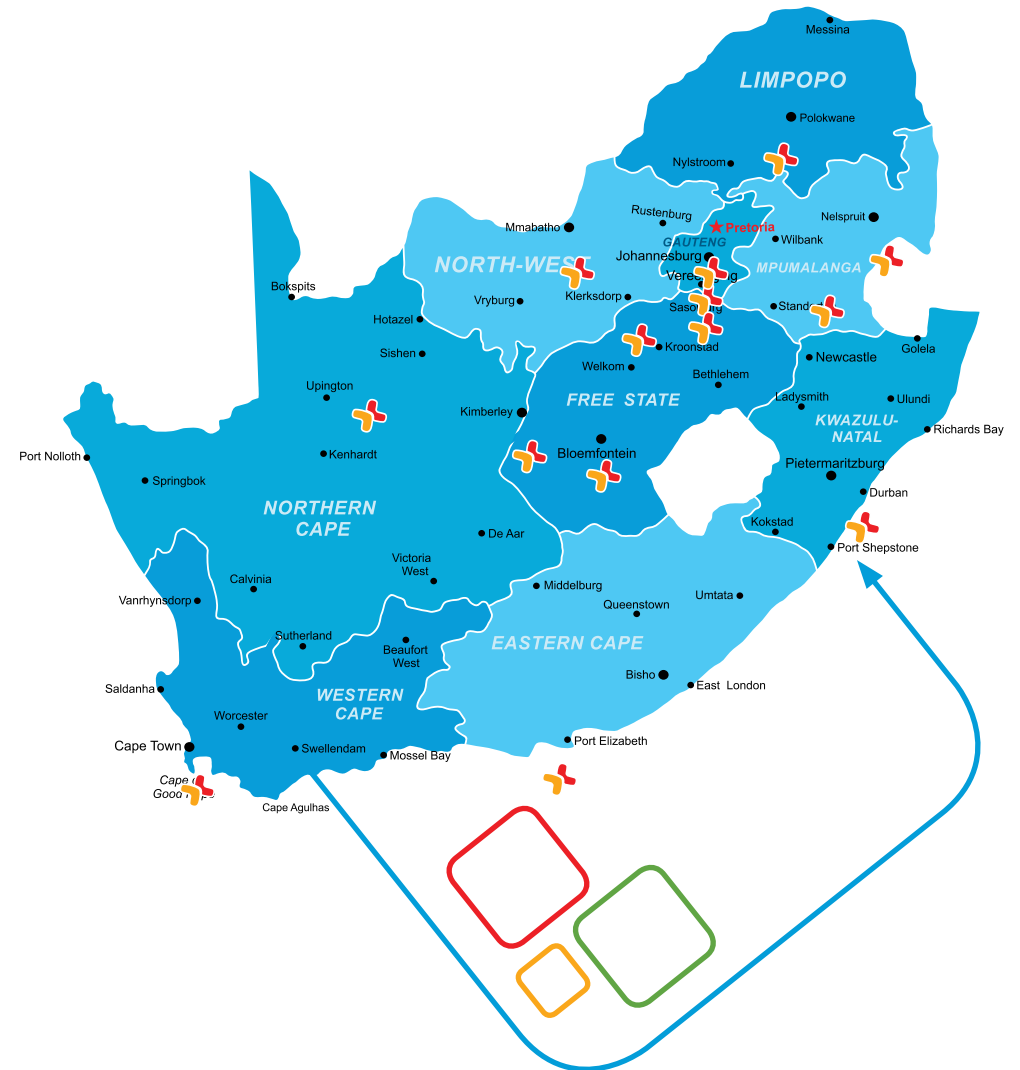
Website: www.er24.co.za



GENERAL INFORMATION (continued)

MEDSCHEME/HOSMED BRANCH NETWORKS

Region	Physical Address
Bloemfontein	Medical Suites 4 and 5, Middestad Medical Suites, 1st Floor, Middestad Centre, c/o Charles & West Burger Street
Cape Town	Icon Building, Ground Floor, c/o Lower Long Street and Hans Strijdom Avenue
Durban	102 Stephen Dlamini Road, Musgrave
Florida	Flora Centre – Entrance 2, Shop 21 & 22, Cnr Ontdekkers and Conrad Road, Florida North, Roodepoort
Katu	Shop18D, Kameeldoring Plein Building, Cnr Frikkie Meyer and Rooisand Road, Kameeldoring Plein, Katu
Klerksdorp	Medicover Building, Shop 11, 22 Knowles street, Witkoppies
Kimberley	Shop no 17, Southey Street
Lephalale	Bosveld Boulevard Park, Shop 6, Cnr of Chris Hani and Joe Slovo street, Onverwacht
Mafikeng	Mega City, Office 101A, 1st Floor, East Gallery
Nelspruit	Union Square Unit G2, 44 Mostert Street
Polokwane	Shoprite Checkers Centre, Shop2 Ground Floor, Cnr Hans van Rensburg Street & Grobler Street
Port Elizabeth	Block 6, Greenacres, Office Park, 2nd Avenue, Newton Park
Pretoria	Nedbank Plaza, Ground Floor, Shop 17, 361 Steve Biko Street, Arcadia
Rustenburg	Lifestyle Square, Shop No 23, Beyers Naude Drive
Secunda	Grand Palace, Unit A2, 2302 Heunis Street
Vereeniging	36 Merriman Avenue, Ground Floor



PREMIUM PENALTIES FOR PERSONS JOINING LATE IN LIFE

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

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

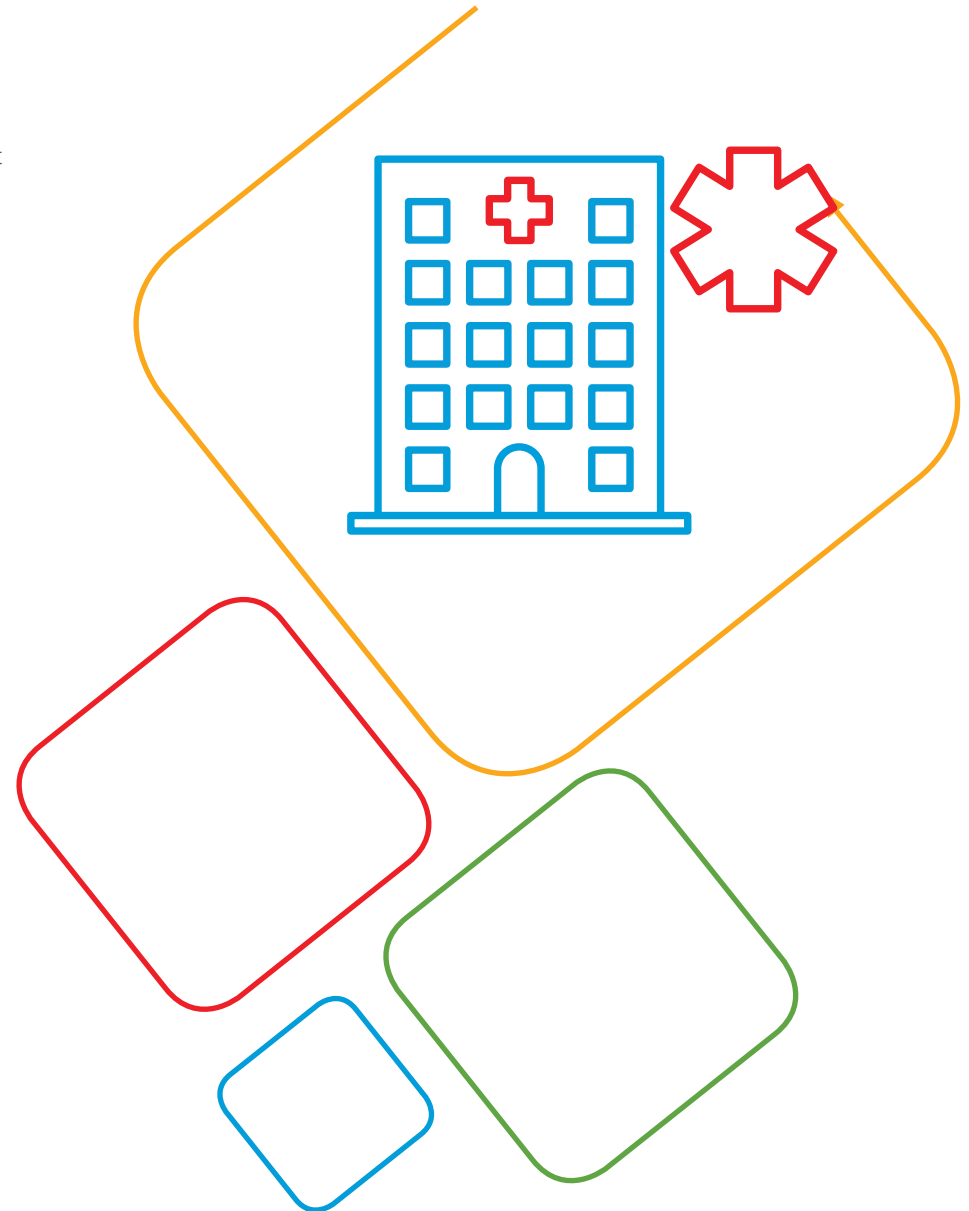
“creditable coverage” means any period of verifiable medical scheme membership of the applicant or his or her dependant, but excluding membership as a child dependant, terminating two years or more before the date of the latest application for membership. Any years of creditable coverage which can be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

TERMS AND CONDITIONS OF MEMBERSHIP

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

DISCLAIMER

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





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medical scheme
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CALL CENTRE
0860 00 00 48
www.hosmed.co.za

