

Accessible Care • Affordable Prices



THEBEMED
MEDICAL AID SCHEME



ENERGYPLAN

2018

Private hospital cover
Comprehensive primary care
Choice of designated service provider
Choice of benefits to suit your needs

In Hospital Benefits

All benefits are subject to pre-authorisation and PMB*, please contact 0861 84 32 36

Benefits	Limits 2018
 HOSPITALISATION (Including accommodation, theatre, materials and all related services)	UNLIMITED 100% of Negotiated Tariff. Based on internal protocols. Subject to PMB's Based on the Clinical Outcomes and Tariff Negotiations. The Scheme has the right to channel cases to the most competitive network.
 "TO TAKE OUT" MEDICATION	7 Days supply (after hospitalisation)
 DIAGNOSTIC INVESTIGATIONS Pathology and Radiology	100% of Negotiated Tariff PMB* based on internal protocols
MRI / PET / CAT Scans	2 MRI or CT Scans/beneficiary/year (In/Out of Hospital) 100% of Negotiated Tariff. PMB* based on internal protocols. Subject to pre-authorisation
 AUXILIARY, ALTERNATIVE HEALTH-CARE AND PHYSIOTHERAPIST PRACTITIONERS (Includes Dieticians, Occupational Therapists, Physiotherapist and Speech Therapists) (The primary treating GP/Specialist may request treatment from Auxiliary service providers, these services must be pre-authorised for each Auxiliary Service Provider individually with the Managed Care Company)	100% of Negotiated Tariff PMB* based on internal protocols Treatment Plan and Progress Report should be submitted during the hospital event to managed the clinical outcome.
 ONCOLOGY (Radiotherapy, Chemotherapy and related materials)	100% of Negotiated Tariff PMB* based on internal protocols
 BLOOD TRANSFUSIONS	100% of Negotiated Tariff PMB* based on internal protocols
 NEO-NATAL INTENSIVE CARE UNIT	100% of Negotiated Tariff PMB* based on Department of Health protocols
 ORGAN TRANSPLANTS	100% of Negotiated Tariff PMB* based on Department of Health protocols
 RENAL DIALYSIS (Including immune suppressive medication)	100% of Negotiated Tariff PMB* based on internal protocols
 INTERNAL PROSTHESIS	Limited to R25 000 / beneficiary / year 100% of Negotiated Tariff based on internal protocols & PMB's
 EXTERNAL PROSTHESIS	Limited to R10 000 / family / year 100% of Negotiated Tariff based on internal protocols & PMB's
 STEP DOWN FACILITIES, SUB ACUTE FACILITIES & REHABILITATION (Rehabilitation – In Lieu of Hospitalisation)	100% of Negotiated Tariff PMB* based on internal protocols
 MENTAL HEALTH (Psychiatric Treatment In and Out of Hospital) Appropriate referral by GP / Specialist, failing to do so will result in no payment. Subject to Pre-authorisation for in and out of hospital, Treatment Plan Submission & Progress Report from the provider	Limited to R15 000 / family / year 100% of Negotiated Tariff. PMB* 21 Days based on internal protocols. Appropriate referral by GP / Specialist, failing to do so will result in no payment. Subject to Treatment Plan Submission & Progress Report from the provider. Payment up to 3 days for Psychologist charging therapy sessions with Psychiatrist in the same admission, thereafter pre-authorisation required with treatment plan and progress report.
 DELIVERY / BIRTHS	Normal & Caesarean Birth in Hospital 100% of Negotiated Tariff. PMB* based on internal protocols. Home Delivery (By registered Midwife) Limited to R6 000 / pregnancy
 PLANNED HOSPITAL PROCEDURES	R2 000 Co-payment for these planned procedures: Colonoscopy, Cystoscopy, Gastroscopy, Myringotomy, Sigmoidoscopy, Laparoscopy, Arthroscopy, Hysterectomy and Nissen Fundoplication (Reflux Surgery), Spinal Surgery and Joint replacements eg. Hip & Knee. Subject to PMB's
 DRUG & ALCOHOL REHABILITATION (Account will only be paid if the full course of treatment has been completed)	Limited to R20 000 / family / year 100% of Negotiated Tariff PMB* Based on internal protocols
 MEDICAL RESCUE (Ambulance, Medical Emergency Evacuation Transport to Advisory Services)	100% Negotiated Tariff at DSP* Subject to Pre-authorisation with Preferred Provider Netcare 911

All benefits will be pro-rated for members admitted during the benefit year. All costs payable at 100% of Negotiated Tariff. Subject to Prescribed Minimum Benefits (PMB's).

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Out of Hospital Benefits

All benefits are payable at Designated Service Provider (DSP)*, Pre-authorisation, and PMB*

Benefits	Limits 2018
 GP CONSULTATIONS If Non-DSP* GP utilised voluntarily: 25% co-payment payable by member per visit	UNLIMITED 100% of Negotiated Tariff.
 SPECIALIST CONSULTATIONS (Subject to Pre-authorisation and on appropriate referral by GP, failing to do so will result in no payment)	M = 3 M+2 = 5 M+3+ = 7
 CIRCUMCISIONS (In General Practitioners and Specialist rooms only)	Limited to R970 / Beneficiary. 100% of Negotiated Tariff. Internal protocols apply
 ACUTE MEDICATION (Medication, Injection and Material)	M = R4 020 M+2 = R7 250 M+1 = R5 760 M+3+ = R9 200 100% of cost at Single Exit Price and Regulated Dispensing Fee Subject to Generic & Schemes Formulary
 PHARMACY ADVISED THERAPY (Over the counter medicines in consultation with pharmacist, restricted to registered Schedule 0, 1 and 2 medicines.	Limited to R120 / Script. Subject to Limit of R620 / family / year. 100 % Cost at Single Exit Price and Regulated Dispensing Fee
 CHRONIC MEDICATION Subject to renewal of prescription every six (6) months.	NON-CDL* & CDL* Limited to R12 000 per family / R4 000 per beneficiary / year Based on internal protocols & PMB's. 100% of Cost at Single Exit Price & Regulated Dispensing Fee Subject to Generic & Scheme Formulary Services provided by DSP*
 CONSERVATIVE DENTISTRY (Consultations, Fillings and Extractions, Scaling, Polishing and X-rays)	UNLIMITED Subject to Pre-authorisation. 100% of Thebemed Dental Rates. Based on DENIS* clinical protocols
 SPECIALISED DENTISTRY (Crown and Orthodontics)	Limit R2 500 per person limited to R5 000 per family per annum. Subject to Pre-authorisation 100% of Thebemed Dental Rates . Based on DENIS* clinical protocols.
 HOSPITAL AND ANAESTHETICS	Impacted teeth only. Subject to Pre-authorisation. Based on admission protocols
 OPTOMETRY (Frames, Lenses, Readers, Contact Lenses and Disposable Contact Lenses) Subject to pre-authorisation	1 pair of frames limited to R650 / Beneficiary / 2 years. Contact Lenses Limited to R1 120 / Beneficiary/ 2 years No benefit for Contact Lenses if Frames are purchased
 REFRACTION TESTS	1 Test / beneficiary / 2 years. 100% of Negotiated Tariff. Managed by PPN*
 PHYSIOTHERAPY	IN HOSPITAL Subject to Hospitalisation benefits Subject to referral from Admitting Doctor; no referral will result in no payment. OUT OF HOSPITAL Limited to R2 325 / family / year. Appropriate referral by GP / Specialist, failing to do so will result in no payment. 100% of Negotiated Tariff. PMB* based on internal protocols.
 RADIOLOGY Including Radiology, Specialised Radiography and Angiography)	IN HOSPITAL Subject to Hospitalisation benefits OUT OF HOSPITAL Limited to R3 170 / family / year. Managed by Request Form as prescribed by the GP and Authorised Specialist.
 MRI / CT SCANS (Subject to Pre-authorisation)	2 MRI or CT Scans / beneficiary / year (In or Out of Hospital) 100% of Negotiated Tariff. PMB* based on internal protocols
 EXTERNAL APPLIANCES (Wheelchairs, Hearing Aids etc.) Subject to Pre-authorisation)	Limited to R8 000 / family / year 100% Negotiated Tariff. PMB* based on internal protocols
 PATHOLOGY	OUT OF HOSPITAL. UNLIMITED Managed by Request Form as prescribed by the GP and Authorised Specialist 100% of Negotiated Tariff. PMB* based on internal protocols
 AUXILIARY AND ALTERNATIVE HEALTHCARE PRACTITIONERS (Includes Chiropractors, Homeopaths, Podiatry, Hearing Aid Acousticians, Audiology, Dieticians, Occupational Therapists, Orthotics and Speech Therapists, Registered Nursing Services and Psychologist)	OUT OF HOSPITAL: Collective Limit of R4 000/family/year Appropriate referral by GP / Specialist, failing to do so will result in no payment Subject to Treatment Plan and Progress Report from the provider 100% of Negotiated Tariff PMB* based on internal protocols

Out of Hospital Benefits

All benefits are payable at Designated Service Provider (DSP)*, Pre-authorisation, and PMB*

Benefits

Limits 2018



3 Sonar's/Pregnancy
2 Additional Visits at a Gynecologist per Pregnancy
100% of Negotiated Tariff
PMB* based on internal protocols

Additional Benefits

All benefits are payable at Designated Service Provider (DSP)*, Pre-authorisation, and PMB*



Limited to Appropriate Referral from DSP* GP & Authorised Specialist. 100% of Negotiated Tariff (Test To Be Done At DSP Pathologist)

Benefits

Limits 2018



Health Risk Assessment Test (Cholesterol, Blood Pressure, Body Mass Index (BMI), Lifestyle assessment)
1 Test/beneficiary/year over 18 years
1 Flu Vaccine/beneficiary/year
1 Pap Smear for Females over 18 years/beneficiary/year
1 Mammogram for females over 40 years/beneficiary/2 years
1 Free PSA for males over 40 years/beneficiary/2 years
1 Free Glucose Test over 15 years/beneficiary/ year
1 Colon Cancer Blood Test over 50 years/beneficiary/year. 100% of Negotiated Tariff
2 Dietician Consultations for BMI above 35 and over 12 years/beneficiary/every 6 months limited to R1 200. After consultation at Dietician as required protocols
1 Biokinetic Consultation to provide home exercise programme limited to R300 beneficiary/year Subject to Dietician consultation first and submission of health indicators and outcomes to the Scheme



2 Free sessions for beneficiaries 12-17 years/beneficiary/year at registered social worker or psychologist. Limited to R1 200/beneficiary. 100% of Negotiated Tariff.
Thebemed cares about the social ills such as drug and alcohol abuse, teenage pregnancies and induced abortions that impacts the youth in our communities, and designed a programme that will assist in moderating these challenges.
Thebemed's youth programme is aimed at influencing young people's attitudes and behaviours with a view to creating conditions for positive social change. The objective of the programme is to empower the youth with tools to resolve conflicts, make informed decisions and solve problems that impact their health. programme is to empower the youth with tools to resolve conflicts, make informed decisions and solve problems that impact their health.



**1 Free HIV test/beneficiary/year.
Pre and post counselling provided.**

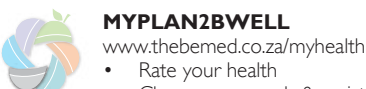


Thebemed offers its members specific case programmes to help manage various chronic diseases. The Disease Management Programme includes: Healthcare advice and support, education and assistance to comply with the treatment protocol for your conditions.



**Unlimited. Trauma 24 hours a day/ 7 days a week
Unlimited. Monday – Friday : 08h00 to 16h00**

Short Term Counselling
(Relationship counselling, Family counselling,
Health advice, Stress, Lifestyle coaching)



**1 Membership/beneficiary/year.
Age over 18 years. Subject to online registration.**

- www.thebemed.co.za/myhealth
- Rate your health
 - Choose your goals & register for e-coaching
 - Personalise your meal
 - Design your fitness plan
 - Track your results

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ENERGY PLAN CONTRIBUTION RATES

CHOICE OF NETWORKS

Select the network option to suit your needs, or pay less and stay with one doctor.

Contributions will be charged according to the Network selection.

Members are not allowed to change networks during the year; however members may change their Primary Care Provider by contacting the Call Centre. The choice of Network is based on member level and not beneficiary level e.g. the main member will select a network and all the family dependants must choose one Primary Care Provider from that specific network.

CORE

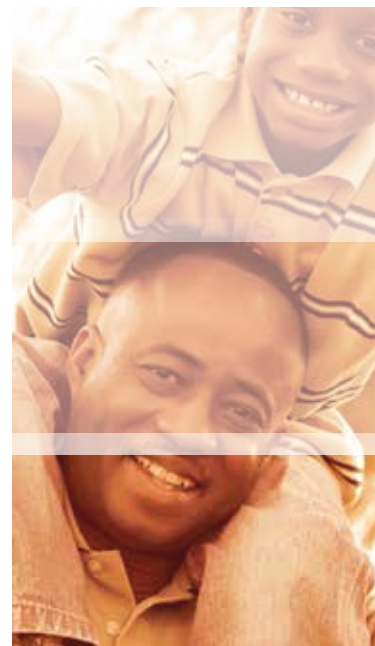
Members selecting Energy Core will only be allowed to consult ONE Primary Care Provider in the Core Network, failing to do so will result in a 25% co-payment.

MEDIUM




Members selecting Medium will have a choice of up to THREE Primary Care Providers in the Medium Network.

OPEN

Members selecting Open will be allowed to consult ANY Primary Care Provider in or out of the Network.



2018 RATES PER MEMBER PER MONTH

INCOME CATEGORY	MEMBER 	MEMBER +1 	* MEMBER +2 
0 - R4 000	R1 427	R2 473	R2 615
R4 001 - R7 500	R2 210	R3 162	R3 339
R7 501 - R10 000	R3 487	R4 706	R4 974
R10 001 +	R3 906	R5 068	R5 354
0 - R4 000	R1 782	R3 092	R3 267
R4 001 - R7 500	R2 455	R3 512	R3 711
R7 501 - R10 000	R3 771	R5 090	R5 377
R10 001 +	R4 109	R5 334	R5 636
0 - R4 000	R2 007	R3 480	R3 710
R4 001 - R7 500	R2 887	R4 126	R4 360
R7 501 - R10 000	R4 523	R6 108	R6 454
R10 001 +	R5 137	R6 667	R7 045

VITAL INFORMATION

CLAIMS MANAGEMENT

Thebemed strives to pay all valid claims timeously. It is therefore important to ensure that Thebemed receives every claim as soon as possible after the consultation. In most instances the provider will forward the claim to the Scheme. We suggest that you confirm with your provider at the time of consultation how the claim will be submitted. Please note it is the member's responsibility to ensure that the claims are submitted to and received by the Scheme within 120 days of the consultation.

Please ensure that all claims from providers have the following information, so that payment of claims can be made:

- Medical Aid number
- Member names
- Patient name
- Date of birth
- Dependant number
- Doctor practice number
- Diagnosis and procedure name
- ICD 10 Code
- Reference or account number
- Tariff Code and amount charged
- Referring Provider practice name and practice number
- If accounts have been paid by the member

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Your Shield for Health

THEBE
Bambino



This program assists Thebemed's mothers in waiting by providing advice and benefits.

100% of Negotiated Tariff

HOSPITAL CONFINEMENT

PMB* based on internal protocols

HOME DELIVERY

Limited to R6 000 / pregnancy (By registered Midwife)

MATERNITY SONARS

Limited to 3 Sonar's per pregnancy.

MATERNITY VISITS

2 Antenatal visits per pregnancy

HOW TO REGISTER:

0861 84 32 36 | callcentre@thebemed.co.za | www.thebemed.co.za

At 7 months, you will receive a free maternity bag containing mother and baby essentials to get you started on your journey to motherhood. Subject to registration on Thebe Bambino Programme to qualify for free maternity bag.



myHealth

POWERED BY

phela
WELLNESS

Thebemed cares and wants you to be healthy and well!

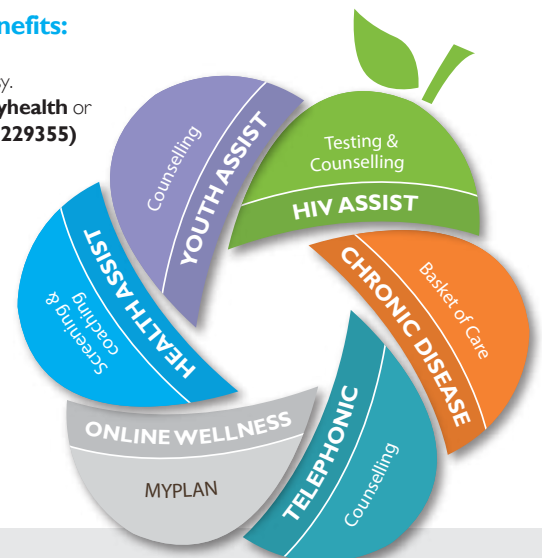
myHealth is designed to identify and inform you of potential health risks when you complete your annual health screening at a wellness day, your nominated doctor or pharmacy clinic.

A basket of care is provided through the myHealth disease management programme to support and educate you should you be diagnosed with a chronic condition.

How you live now has a big impact on your quality of life in the future. Our goal is to support you with motivation, coaching, advice, resources and tools that will help you achieve your goals.

Enjoy your world of benefits:

REGISTER NOW. It's fast and easy.
Visit www.thebemed.co.za/myhealth or call us on **08002BWELL (0800229355)**



EDUCATE

IDENTIFY

DIAGNOSE

TREAT

SUPPORT

0861 84 32 36 | callcentre@thebemed.co.za | www.thebemed.co.za

THEBEMED
MEDICAL AID SCHEME

Your Shield for Health

Why Choose Thebemed Medical Aid?



UNLIMITED GP CONSULTATIONS AND PRIVATE HOSPITALISATION

- Free choice of DSP network doctors
- Unlimited hospitalisation at contracted facilities

myHealth WELLNESS PROGRAMME ON ALL OPTIONS

- Counselling
- HIV testing
- Health risk assessment
- Health advisor
- MyPlan- online wellness programme
- Basket of care for chronic conditions

ONSITE SUPPORT THROUGH SERVICING CONSULTANTS

- Education and training
- Member induction
- Resolution of queries coach

**R55
FREE
AIRTIME**



FREE AIRTIME

Upon signing up with Thebemed Medical Aid, you will receive a sim card. This provides easy communication with consultants and you receive R55 airtime monthly.

THEBEMED
Bambino



BAMBINO PROGRAMME

Register on the Maternity Programme and at 7 months and you will receive a free maternity bag. The bag contains mother and baby essentials to get you started on your journey to motherhood. Maternity benefits include:

- 2 Antenatal visits per pregnancy and
- 3 Sonars per pregnancy

**5
Good
reasons
to join...**

For more information regarding this cover, contact us
+27 11 544 8000 | email to: info@thebemed.co.za

EXCLUSIONS

Subject to the provisions of Regulation 8 of the act, the Scheme shall pay in full, without co-payment or use of deductibles, the diagnosis, treatment and care costs of the prescribed minimum benefit conditions, as defined in Regulation 7 of the Act.

1. Treatment or operations for cosmetic purposes including Blepharoplasties, Genioplasties, Rhinoplasties, Otoplasties, removal of tattoos, Labial frenectomies for patients over the age of 8 years old, etc.
2. Treatment for obesity including Liposuction, tummy tuck, Bariatric surgery, etc.
3. Cosmetic breast reduction and reconstruction, refractive surgery and human growth hormones
4. Treatment for infertility or artificial insemination limited to Prescribed Minimum Benefits in State Hospitals
5. Holidays for recuperative purposes
6. Services rendered by persons not registered with a recognised body in South Africa constituted in terms of in terms of any law
7. Purchase of medicines and proprietary preparations, including but limited to:
 - Bandages and aids
 - Nutritional / food supplements including patented baby foods and special formulae
 - Acne treatment including Roaccutane and Diane, refer to Scheme
 - Contraceptives available from state institutions
 - Toning and slimming products
 - Domestic and biochemical remedies
 - Vitamins except when prescribed for prenatal conditions, children under 12 years. Including people living with HIV/AIDS and registered on the programme
 - Aphrodisiacs
 - All soaps and shampoo (medicated or otherwise)
 - Anabolic steroids
 - Contact lenses preparations
 - Medicines and preparations advertised to the public and readily available without prescription, except where indicated in relevant benefit option
8. Examinations for insurance, visas, employment, school camps and similar purposes
9. Services rendered during any waiting periods that are imposed on the member or any dependant joining the scheme
10. Travel costs other than in an ambulance for emergency service to hospital only
11. Appointments not kept and fees for writing prescriptions
12. Telephonic consultations including after-hours consultation / fees except in emergency situations
13. Non-PMB claims resulting from war, invasion, act of foreign enemy, hostilities, warlike operations (whether war be declared or not) civil war, rebellion, revolution, insurrection, military or usurped power, wherever a member has been participating
14. Convalescent or recuperative homes or clinics for the aged and chronically ill including frail care
15. Loss of libido, including Viagra and Caverject
16. Acupuncture, reflexology and aromatherapy
17. Ante- and Postnatal exercise, except under PMB's
18. Osseo-integrated tooth implants
19. X-rays performed by anyone other than a registered Radiologist, Radiographer, Registered Radiographer Assistant or Dentist
20. Benefits in respect of the cost of medical expenses incurred whilst overseas are subject to approval by the Board of Trustees, if approved, cover will be at the applicable South African tariff
21. Complications arising from procedures or / and condition which is a scheme exclusion
22. Revision of scars Keloid removal except for burns and functional impairment
23. All expenses incurred due to elective Caesarean surgery not covered by the Scheme
24. Purchase or hire of medical, surgical or other appliances or devices not provided for in the rules or protocols or not scientifically proven, including appliances to treat headaches, autopsies, back rests and chair seats, beds and mattresses, blood pressure monitors, electronic tooth brushes, humidifiers, pain relieving machines (e.g. TENS and APS), etc.
25. Erythropoietin unless pre-authorized
26. Gender re-alignment
27. Uvulopalatopharyngoplasty
28. Hyperbaric oxygen treatment except for PMB's
29. Exclusions listed under "Dental Benefit Exclusions Summary", available on request from the Scheme
30. Positron Emission Tomography (PET) scans where applicable
31. Blood collections from medical practitioners and specialists
32. Alternative Health Practitioners (Osteopathy; Registered Counsellors; Reflexology; Phytotherapy; Therapeutic massage therapy)
33. 3D and 4D Maternity scans
34. MRI scans ordered by a general practitioner, unless there is no reasonable access to a specialist
35. X-rays performed by chiropractors
36. Chiropractor and Podiatry benefits in hospital
37. Sleep therapy
38. Bilateral gynaecomastia
39. Stethoscopes and sphygmomanometers (blood pressure monitors)
40. CT colonography (virtual colonoscopy) for screening
41. MDCT Coronary Angiography for screening
42. Epilation – treatment for hair removal
43. Facet joint injections and percutaneous radiofrequency ablations

ABBREVIATIONS

BHF	- Board of Healthcare Funders
BMI	- Body Mass Index
DSP	- Designated Service Provider
NON-DSP	- Service Providers that fall outside of the DSP List
CO-PAYMENT	- Payment that needs to be made to service providers that are not on the DSP* list, including certain planned hospital procedures and services to specialists not referred
CDL	- Chronic Disease List
DENIS	- Dental Information Systems
GP	- General Practitioner
ICD10	- International Statistical Classification of Disease and Related Health Problems
PMB	- Prescribed Minimum Benefits
PPN	- Preferred Provider Negotiators
SEP	- Single Exit Price
THEBE BAMBINO PROGRAMME	- Thebemed's Maternity Programme
VCT	- Voluntary Counselling and Treatment

CHRONIC DISEASE LISTINGS

Chronic medication for the following disease listing is considered as Prescribed Minimum Benefits (PMBs)*.

- 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

Preferred Service providers

Emergency Service for Netcare 911: **082 911 and 0860 638 2273**
 Optical authorisation for PPN: **0861 10 35 29**
 Dental authorisation for DENIS: **0860 10 49 33**



PROUDLY ADMINISTERED BY
THEBE YA BOPHELO
ADMINISTRATORS

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Comer Boundary & Carse O'Gowrie Roads, Houghton, Johannesburg
PO Box 4709, Johannesburg, 2000
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Thebemed is administered by Thebe Ya Bophelo Administrators, a division of the Thebe Investment Corporation, one of South Africa's leading empowerment companies

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