

2019

Accessible Care • Affordable Prices



THEBEMED
MEDICAL AID SCHEME



Comprehensive
Primary Care &
Savings
















FANTASYPLAN

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

In Hospital Benefits

Cover for major medical events that result in an admission into hospital.

All benefits and services are subject to Pre-authorisation and must be pre-authorised prior to admission, by the relevant Managed Healthcare Company on 0861 84 32 36. Pre-authorisation is not a guarantee of payment. Scheme rules, formulary, internal protocols and PMB's will be applied where applicable.

Benefits	Limits 2019
 HOSPITALISATION (Your cover for hospitalisation includes accommodation, neonatal intensive care, theatre costs, ward and theater drugs, hospital equipment and surgical items)	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.
 TAKE-HOME MEDICATION	7 Days supply / beneficiary / hospital stay.
 DIAGNOSTIC INVESTIGATIONS Pathology and Radiology	100% of Negotiated Tariff. PMB* based on internal protocols. Subject to PMB's.
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) (Referred by treating doctor)	100% of Negotiated Tariff. PMB* based on internal protocols. Treatment Plan and Progress Report should be submitted during the hospital event to manage the clinical outcome.
 ONCOLOGY (Radiotherapy, Chemotherapy and related materials)	100% of Negotiated Tariff. PMB* based on internal protocols.
 BLOOD TRANSFUSIONS & BLOOD REPLACEMENT PRODUCTS	100% of Negotiated Tariff. PMB* based on internal protocols.
 ORGAN TRANSPLANTS	100% of Negotiated Tariff. PMB* based on Department of Health protocols.
 RENAL DIALYSIS (Including immune suppressive medication)	100% of Negotiated Tariff. Based on internal protocols and Treatment Plan. Subject to PMB's.
 INTERNAL & EXTERNAL PROSTHESIS (Subject to PMB Conditions Only)	Limited to an overall R50 000 / family / year. The following Prosthesis sub-limits are applicable: <ul style="list-style-type: none"> • Vascular: R20 000 • Joint replacement R35 000 • Functional: R20 000; • Major Musculoskeletal: R15 000 100% of Negotiated Tariff and based on internal protocols.
 ALTERNATIVES TO HOSPITALISATION Subject to Pre-authorisation & Case Management PMB* based on internal protocols	UNLIMITED At Step Down, Sub-acute & Terminal Care Facilities. 100% of Negotiated Tariff. PMB* based on internal protocols.
 MENTAL HEALTH (Psychiatric Treatment including Clinical Psychology) Appropriate referral by GP/Specialist, failing to do so will result in a 25% co-payment. Subject to Pre-authorisation for In and Out of Hospital, Treatment Plan Submission & Progress Report	PMB Conditions Only. 100% of Negotiated Tariff. Payment up to 3 days for Psychologist charging therapy sessions with or without a Psychiatrist in the same admission, thereafter pre-authorisation required with treatment plan and progress report.
 DELIVERY / BIRTHS	Normal, Caesarean & Home Delivery: 100% of Negotiated Tariff. PMB* based on internal protocols.
 PLANNED HOSPITAL PROCEDURES	Covered, at 100% Negotiated Tariff. Colonoscopy, Cystoscopy, Gastroscopy, Myringotomy, Sigmoidoscopy, Laparoscopy, Arthroscopy.
<td data-bbox="603 1691 1517 1787"> R3 500 Co-payment for these planned procedures: Hysterectomy and Nissen Fundoplication (Reflux Surgery), Spinal Surgery and Joint Replacements. Subject to PMB's and internal protocols. </td>	R3 500 Co-payment for these planned procedures: Hysterectomy and Nissen Fundoplication (Reflux Surgery), Spinal Surgery and Joint Replacements. Subject to PMB's and internal protocols.
 DRUG & ALCOHOL REHABILITATION (Account will only be paid if the full course of treatment has been completed)	Limited to 21 days / beneficiary / year. 100% of Negotiated Tariff. PMB* based on internal protocols. Subject to Contracted Private Facility.
 MEDICAL RESCUE (Ambulance, Medical Emergency Evacuation Transport to Advisory Services)	100% Negotiated Tariff at DSP* Subject to Pre-authorisation.

All benefits will be pro-rated for members admitted during the benefit year.

Out of Hospital Benefits

All benefits are payable at Designated Service Provider (DSP)*. Scheme rules, formulary, internal protocols and PMB's will be applied where applicable.


Benefits	Limits 2019
 GP CONSULTATIONS	UNLIMITED 100% of Scheme Tariff at DSP* Network. Out of Area Emergency Visit / beneficiary / year.
 CASUALTY / EMERGENCY VISITS (Facility fee and Consultations)	100% of Negotiated Tariff. Cover for trauma and emergencies, any event outside trauma emergencies covered from Savings.
 SPECIALIST CONSULTATIONS (Subject to referral by GP, failing to do so will result in a 25% co-payment)	Limited to 5 visits / family / year.
 CIRCUMCISIONS (In General Practitioners and Specialist rooms only)	Limited to R1 022 / beneficiary. 100% of Negotiated Tariff. Internal protocols applicable.
 ACUTE MEDICATION (Medication, Injection and Material)	UNLIMITED 100% of Negotiated Tariff at DSP* based on generic substitute and Schemes formulary. 100% of cost at Single Exit Price and Regulated Dispensing Fee. Non-formulary medication cost difference is Subject to Savings.
 PHARMACY ADVISED THERAPY (Over the counter medicines in consultation with pharmacist, restricted to registered Schedule 0, 1 and 2 medicines)	Limited to R150 / Script. R800 from the Risk benefit, thereafter R420 is Subject to Savings. 100% of Cost at Single Exit Price & Regulated Dispensing Fee.
 CHRONIC MEDICATION (Subject to Pre-authorisation; Internal Treatment Protocols & Medicine Formulary; PMB* and renewal of prescription every six months)	100% of Cost at Single Exit Price & Regulated Dispensing Fee. Subject to Generic and Scheme Formulary Services provided by DSP*. Other chronic (NON-CDL) medicine: Limited to R11 500 / family and R4 000 / beneficiary / year. CDL/PMB Chronic Disease List medicine: Unlimited. Payable first from Other Chronic Medicine.
 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.
 DIAGNOSTIC INVESTIGATIONS (Radiology and Pathology)	100% of Negotiated Tariff at DSP*. Limited to appropriate Referral and Request Form by GP & Authorised Specialist, failing to do so will result in a 25% co-payment.
 SPECIALISED DENTISTRY	Limited R2 500 family/year. Subject to Savings. 100% of Thebemed Dental Rates. Based on DENIS* clinical protocols.
 OPTOMETRY (Frames, Lenses, Readers, Contact Lenses and Disposable Contact Lenses) Subject to pre-authorisation	1 Pair of frames limited to R750 / beneficiary / 2 years. Single, Bifocal and Multifocal lenses covered at 100% at DSP* Negotiated rate. Contact Lenses Limited to R1 185 / beneficiary / 2 years. No benefit for Contact Lenses if Frames are purchased.
 REFRACTION TESTS	1 Test / beneficiary / 2 years. 100% of Negotiated Tariff.
 MEDICAL AND ORTHOPAEDIC APPLIANCES Services In / Out of Hospital Subject to Pre-authorisation and GP / Specialist Referral PMB* based on internal protocols	Limited to an overall R6 750 / family / year. 100% Negotiated Tariff. The following Appliance sub-limits are applicable: Wheelchair: One every 3-year cycle / beneficiary; Speech and Hearing Aid: One every 3-year cycle / beneficiary.
 AUXILIARY, ALTERNATIVE HEALTH-CARE AND PHYSIOTHERAPIST PRACTITIONERS (Limited to Chiropractors, Podiatry, Hearing Aid Acousticians, Audiology, Dieticians, Occupational Therapists, Physiotherapist and Speech Therapists) (Appropriate referral by GP or Authorised Specialist required, failing to do so will result in a 25% co-payment)	Limited to R1 050 / family / year. Subject to Savings. 100% of Negotiated Tariff.


All benefits will be pro-rated for members admitted during the benefit year.

Additional Benefits

All benefits are payable at Designated Service Provider (DSP)*. Scheme rules, formulary, internal protocols and PMB's will be applied where applicable.

Benefits	Limits 2019
<p>HEALTH ASSIST</p> <p>Limited to Appropriate Referral from DSP* GP & Authorised Specialist.</p> <p>100% of Negotiated Tariff</p> <p>(Test to be done at DSP Pathologist)</p>	<p>Health Risk Assessment Test (Cholesterol, Blood Pressure, Body Mass Index (BMI), Lifestyle assessment)</p> <p>1 Test / beneficiary / year (over 18 years)</p> <p>1 Flu Vaccine / beneficiary / year</p> <p>1 Free PSA for males over 40 years / beneficiary / 2 years</p> <p>1 Free Blood Sugar Test over 15 years / beneficiary / year</p> <p>1 Colon Cancer Blood Test over 50 years / beneficiary / year</p> <p>1 Free HIV test / beneficiary / year</p> <p>1 Bone Density Scan over 50 years / beneficiary / year. Limited to R1 800</p> <p>1 Dental Checkup / beneficiary / year. 100% Thebemed Dental Rates. Based on DENIS* clinical protocols</p> <p>2 Dietician Consultations for BMI above 35 and over 12 years / beneficiary / every 6 months limited to R1 200. After consultation of Dietician as required protocols</p> <p>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</p>
<p>YOUTH ASSIST</p> <p>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.</p> <p>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</p> <p>programme is to empower the youth with tools to resolve conflicts, make informed decisions and solve problems that impact their health.</p>	<p>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</p>
<p>HIV ASSIST</p>	<p>100% of Negotiated Tariff. Subject to PMB's.</p> <p>This benefit includes relevant consultations, counseling, medication and the cost of pathology test. Pre-exposure prophylaxis included in the HIV Assist.</p> <p>Members are encouraged to register on the HIV/AIDS Management Programme.</p>
<p>CHRONIC DISEASE</p> <p>Disease Management Basket of Care</p>	<p>Subject to Disease Management protocols and to registration on the Disease Management Programme</p>





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

HOSPITAL CONFINEMENT - PMB* based on internal protocols


MATERNITY SONARS - Limited to 3 Sonar's / pregnancy


MATERNITY VISITS - 3 Antenatal visits / pregnancy

POST NATAL CONSULTATIONS - 3 Post Natal Midwife Consultations / pregnancy

MATERNITY BAG - 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 the Thebe Bambino Programme to qualify.

All benefits are payable at DSP*





PAP SMEAR - 1 for females over 18 years / beneficiary / year

MAMMOGRAMME - 1 for females over 40 years / beneficiary / 2 years

CONTRACEPTIVE BENEFIT - Subject to Oral, injectable and patch contraceptives only. Limited to R120 / script / month

HOW TO REGISTER: **THEBE BAMBINO REGISTRATION:**
[0861 84 32 36](tel:0861843236) | wellbeing@thebemed.co.za | www.thebemed.co.za

Additional Benefits

All benefits are payable at Designated Service Provider (DSP)*. Scheme rules, formulary, internal protocols and PMB's will be applied where applicable.

myHealth

POWERED BY **phela**
WELLNESS

Health and Wellness Management Programme



Thebemed cares and wants you 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.

TELEPHONIC SUPPORT 08002BWELL (0800 229 355)

Trauma Counselling

Unlimited.
Trauma 24 hours a day/ 7 days a week

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

Unlimited.
Monday – Friday : 08h00 to 16h00

MYPLAN2BWELL www.thebemed.co.za/myhealth.

- Rate your health
- Choose your goal & register for e-coaching
- Personalise your meal
- Design your fitness plan
- Track your results

1 Membership / beneficiary / year
for beneficiaries over 18 years
Subject to online registration

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

FANTASY PLAN CONTRIBUTION RATES

2019 RATES PER MEMBER PER MONTH

INCOME CATEGORY	MEMBER 	ADULT DEPENDANT 	*CHILD DEPENDANT 
0 +	R1 470	R1 181	R 604
Risk	R1 176	R 945	R 483
Savings	R 294	R 236	R 121

* Maximum 2 children per family charged

All benefits will be pro-rated for members admitted during the benefit year. All costs payable at 100% of Negotiated Tariff.

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



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



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.



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:

- 3 Antenatal visits per pregnancy
- 3 Sonars per pregnancy and
- 3 Post Natal Midwife consultations per pregnancy

5
Good
reasons
to join...

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

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
- Allergic Rhinitis
- Asthma
- Bipolar Mood Disorder
- Bronchiectasis
- Cardiac Failure
- Cardiomyopathy
- Chronic Renal Disease
- Chronic Obstructive Pulmonary Disease
- Coronary Artery Disease
- Crohn's Disease
- Depression
- Diabetes Insipidus
- Diabetes Mellitus Type I
- Diabetes Mellitus Type II
- Epilepsy
- Glaucoma
- Gout
- Haemophilia
- Hyperlipidaemia
- Hypothyroidism
- Multiple Sclerosis
- Osteoarthritis
- Parkinson's Disease
- Rheumatoid Arthritis
- Schizophrenia
- Systemic Lupus Erythematosus
- Ulcerative Colitis

CHOOSING YOUR DESIGNATED SERVICE PROVIDER (DSP*)



There are a number of ways this choice can be made:

1. The simplest way is for the member to call Thebemed Call Centre, where an agent will then guide the member through the options and register a DSP* for the member.
2. Members can also log onto www.thebemed.co.za and follow the "Providers" then the "Designated Provider" link to select a DSP*.
3. Where the member has a family doctor, they can call the Call Centre and provide Thebemed with the doctor's name and contact details. If the doctor is not on the Thebemed network, we will contact the doctor in an attempt to contract them into the Thebemed Doctor network.

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

COMPLAINTS

Should you not be satisfied with the outcome of a query, you can send to complaints@thebemed.co.za

THEBEMED TIP OFF FRAUD LINE

0861 666 996

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EXCLUSIONS & LIMITATIONS

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.

Expenses incurred with any of the following will not be paid by the scheme, except where included as Prescribed Minimum Benefits:

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-authorised
26. Gender re-alignment
27. Uvulopalatopharyngoplasty
28. Hyperbaric oxygen treatment except for PMB's
29. Organ donations to anyone other than a member or dependent of the scheme
30. Exclusions listed under "Dental Benefit Exclusions Summary", available on request from Scheme
31. Positron Emission Tomography (PET) scans where applicable
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
44. Organs and haemopoietic stem cell (bone marrow) donations to any person other than to a member or dependent of a member on this Fund
45. Counselling by Registered Councillors and/or Art Therapist. Subject to prescribed minimum benefits
46. Allergy screening panels and/or desensitisation
47. Arch supports and chair seats
48. Beds and mattresses
49. Insulin pumps except for children 7 years or younger with frequent documented events of hypo and hyperglycemia

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



Ground Floor, Old Trafford 4, Isle of Houghton,
Comer Boundary & Carse O'Gowrie Roads, Houghton, Johannesburg
PO Box 4709, Johannesburg, 2000
Website: www.thebemed.co.za | Call Centre: 0861 84 32 36

Thebemed is administered by Momentum TYB.

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