



20
27

Benefits

Accessible Care • Affordable Prices

Subject to CMS approval.

THEBEMED BACKGROUND

Thebemed Medical Aid Scheme is inspired by the vision of the pioneering black-owned Thebe Investment Corporation. The sole shareholder at the time was Batho Batho Trust, a community-based trust which included Nelson Mandela (Chairman), Walter Sisulu and Reverend Beyers Naude as original Trustees and Dr Enos Mabuza as the first Chairman of Thebe. Thebe is driven by a commitment to serve the broader interests of communities at large.

Thebemed Medical Aid Scheme was established on the 12th of September 2002 and is focused primarily on providing healthcare to beneficiaries previously excluded from cover. The Scheme is providing healthcare predominately in the mining, logistics and agricultural industries. Thebemed is driven by a commitment to serve the broader interests of communities at large to provide quality healthcare solutions at affordable and sustainable manner. We provide affordable, accessible, quality medical cover to our low and middle income working class.

We strive to eliminate co-payments and out of pocket payments, while ensuring that necessary benefits are available for the full year and our members do not experience benefit exhaustion before the year end.

We have a high-quality network of contracted healthcare providers with the General Practitioner (GP) being the primary coordinator of care.

Thebemed continues on its growth trajectory with a healthy mix of members. Financially, Thebemed shows a positive net financial result despite some of the high costs cases observed, with our solvency remaining comfortably above the statutory requirement of 25%.

CHOOSE THE OPTION THAT IS RIGHT FOR YOU

• PRIVATE HOSPITAL COVER • CHOICE OF DESIGNATED SERVICE PROVIDER • CHOICE OF BENEFITS TO SUIT YOUR NEEDS

COMPREHENSIVE
PRIMARY CARE

**UNIVERSAL &
UNIVERSAL EDO**
(Efficiency Discount Option)
PLANS

- Designed for families looking for Cost Effective Healthcare cover at choice of Designated Service Provider (DSP*).
- Hospital Cover is at DSP* Private Groups.
- Primary Care is allowed at 2 Nominated GP's of choice per beneficiary.
- Full cover for chronic medicine for all Chronic Disease List (CDL) conditions.
- Cover for comprehensive healthcare services for maternity.
- Preventative Care tailored for families.
- Contributions are discounted with the Universal EDO Plan at limited DSP* healthcare providers and hospitals.

COMPREHENSIVE
PRIMARY CARE &
SAVINGS

**FANTASY
PLAN**

- Designed for Single and Young Couples with healthy lifestyles.
- Unlimited Private Hospital Cover.
- Primary Care is allowed at 2 Nominated GP's of choice per beneficiary.
- The Medical Savings Account (MSA) provides additional funds to top up some scheme benefits and also cover for additional medical expenses not covered through risk.
- Full cover for chronic medicine for all Chronic Disease List (CDL) conditions plus some additional chronic conditions from Non-CDL benefit.
- Cover for comprehensive healthcare services for maternity.
- Preventative Care designed to promote healthy lifestyles.

COMPREHENSIVE
CARE

**ENERGY
PLAN**

- Designed for families needing Comprehensive Healthcare Cover.
- Unlimited Private Hospital Cover.
- Comprehensive Healthcare services out of hospital.
- Full cover for chronic medicine for all Chronic Disease List (CDL) conditions including non-CDL benefit for additional chronic conditions.
- Cover for comprehensive healthcare services for maternity.
- Preventative Care tailored for families.

*Please visit our website for a full list of our designated service providers.

UNIVERSAL

2027

CHOOSING YOUR DESIGNATED SERVICE PROVIDER (DSP*)

Each Family Dependant can select their own DSP* Primary Care Provider at the start of the year.



Hospital Network: Mediclinic, Life Healthcare, National Hospital Network (NHN), Netcare and Lenmed.



Pathology Network: Medilab, Ampath, Lancet and Vermaak, Target Lab, Pelo Laboratory, Sterm Path and Hamadi.

1

Call the Thebemed Call Centre

0861 84 32 36 An agent will guide you and register your DSP*, or send a WhatsApp to **0861 84 32 36** "Hi".

Please provide the DSP GP Name and Practice number that must be linked to the family dependants (Name and date of birth).

2

Log onto www.thebemed.co.za

Navigate to "Products" then select your option. Scroll down to choose a DSP*

3

Supply your own family doctor's details

to the Thebemed Call Centre. They will contract them into the Thebemed Doctor Network.

WHAT YOU PAY

BENEFIT OPTION	INCOME BAND	MAIN MEMBER	ADULT DEPENDANT	CHILD DEPENDANT*
UNIVERSAL	R0 - R500	R880	R880	R880
	R501 - R2 500	R2 195	R1 880	R1 030
	R2 501 - R7 500	R2 410	R2 065	R1 130
	R7 501 +	R3 390	R3 195	R1 320

PREMIUM PENALTIES FOR PERSONS JOINING LATE IN LIFE.

These shall be applied only to that portion of the contribution relative to the late joiner according to the following formulas and shall not exceed:

- 1 - 4 years @ 0.05 x contribution
- 5 - 14 years @ 0.25 x contribution
- 15 - 24 years @ 0.50 x contribution
- 25 + years @ 0.75 x contribution

$$A = B \text{ minus } (35 + C)$$

where:

- A** = number of years to determine appropriate penalty band
- B** = late joiner age at time of application
- C** = number of years of demonstrated creditable coverage**

- Should a late joiner penalty already have been imposed and evidence of creditable coverage is produced thereafter, the penalty shall be re-calculated and such revised penalty shall be applied from the time that such evidence was provided.
- If an applicant is unable to obtain documentary proof to substantiate periods of creditable coverage, he/she shall be entitled to produce a sworn affidavit declaring such detailed information and that reasonable efforts to obtain documentary evidence of such periods of creditable coverage were unsuccessful.

ALL BENEFITS WILL BE PRO-RATED FOR MEMBERS ADMITTED DURING THE BENEFIT YEAR. ALL COSTS PAYABLE AT 100% OF NEGOTIATED TARIFF.

* Maximum 2 children per family charged

** Credible 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.

OUT-OF-HOSPITAL BENEFITS

All benefits are payable at Designated Service Provider (DSP)* and pre-authorisation.

BENEFITS/SERVICES

 GP CONSULTATIONS If Non-DSP* GP is used voluntarily; 25% Co-payment is payable by the member/visit.	UNLIMITED After the 10th visit/pre-authorisation is required. Member to choose and consult two DSP GP(s) as primary provider/beneficiary. 100% of Negotiated Tariff at DSP* Based on internal protocols. 2 Out of Area visits/beneficiary/year
 HELLO DOCTOR CONSULTATIONS	UNLIMITED • Alternative to face-to-face GP consultations • Telephonic consultation access • Access to medical scripts • Available 24 hours a day Request a call back via Thebemed App or USSD *120*1019#
 CASUALTY/EMERGENCY VISITS (Facility fee and Consultations)	100% of Negotiated Tariff, cover for trauma and emergencies. Any event outside trauma and emergencies covered subject to a limit of R1420/beneficiary/year/first visit.
 SPECIALIST CONSULTATIONS (Subject to appropriate referral by GP)	4 visits/family/annum. 100% of Negotiated Tariff at DSP*. Based on internal protocols 1 Additional paediatrician consultation for children up to 1 year old without a GP referral Children up to 12 years old can consult a paediatrician without a GP referral Subject to the annual family limit available NEW Reports written by specialist are covered subject to internal protocols and pre-authorisation required.
 ACUTE MEDICATION (Medication, Injection and Material)	UNLIMITED 100% of Negotiated Tariff at DSP* based on generic substitute and Schemes formulary
 PHARMACY ADVISED THERAPY (Over the counter medicines in consultation with pharmacist, restricted to registered Schedule 0, 1 and 2 medicines)	Limited to R210/script Subject to Limit of R707/family/year 100% of Negotiated Tariff at DSP* based on generic substitute and Schemes formulary. Not chargeable with Acute Script on the Same Day.
 CHRONIC MEDICATION Subject to: • Registration • Pre-authorisation • Internal Treatment Protocols & Medicine Formulary • Renewal of prescription every six months	UNLIMITED Subject to Generic substitute and Schemes Formulary 100% of Negotiated Tariff at DSP* based on generic substitute and Schemes formulary PMB* Based on internal protocols
 DIAGNOSTIC PROCEDURES Pathology Radiology Managed by Request Form as prescribed by the GP and referred Specialist	100% of Negotiated Tariff at DSP*
 MEDICAL & ORTHOPAEDIC APPLIANCES Services In and Out Hospital Subject to: • Pre-authorisation • GP/Specialist Referral • Based on internal protocols	Limited to an overall R6 365/family/year 100% Negotiated Tariff The following Appliance sub-limits are applicable: • Wheelchair: One every 3-year cycle/beneficiary/year • Speech and Hearing Aid: One every 3-year cycle/beneficiary/year

OUT-OF-HOSPITAL BENEFITS

All benefits are payable at Designated Service Provider (DSP)* and pre-authorisation.

BENEFITS/SERVICES

	AUXILIARY, ALTERNATIVE HEALTHCARE AND PHYSIOTHERAPIST PRACTITIONERS Limited to Chiropractors, Homeopaths, Podiatry, Hearing Aid Acousticians, Audiology, Dieticians, Occupational Therapists, Orthotics, Physiotherapist and Speech Therapists, Registered Nursing Services and Psychologist (Appropriate referral by GP or Authorised Specialist)	R2 500/family/year 100% of Negotiated Tariff Based on internal protocols 1 audiology consultation benefit for beneficiaries 12 years and below		
	OPTOMETRY	Eye Tests, Spectacles or contact lenses are available once every 2 years (based on the date of your previous claim) Benefits are subject to clinical protocols		
	EYE TESTS	1 composite consultation per beneficiary, at a network provider	OR	R433 per beneficiary for an eye examination at a non-network provider
	SINGLE VISION LENSES (CLEAR) OR	100% towards the cost of lenses at network rates		R230 per lens, per beneficiary, out of network
	BIFOCAL LENSES (CLEAR) OR	100% towards the cost of lenses at network rates		R502 per lens, per beneficiary, out of network
	MULTIFOCAL LENSES	100% towards the cost of base lenses at network rates		R880 per beneficiary at a nonnetwork provider
	FRAMES	R1 005 per beneficiary at a network provider	OR	R804 per beneficiary at non-network provider
	CONTACT LENSES	R1 540 per beneficiary. No benefit for Contact Lenses if spectacles are purchased		
	UNIVERSAL AND UNIVERSAL EDO, BASIC DENTISTRY OUT OF HOSPITAL	You must use a Designated Service Provider (DSP) on the DENIS dental network on the Universal and the Universal EDO Plans.		Covered at the Thebemed Dental Tariff To avoid unnecessary co-payments members can request telephonic or written benefit confirmation prior to treatment.
		Managed Care protocols apply to all benefit categories below		
	ORAL EXAMINATION	1 consultation per beneficiary per year		
	SPECIFIC ORAL EXAMINATION	Managed Care protocols apply		
	GLOVES, MASKS & STERILISED INSTRUMENTS	1 set per beneficiary per visit		
	X-RAYS: INTRA-ORAL	4 x-rays per beneficiary per year; No benefit for extra-oral x-rays		
	SCALING AND POLISHING	1 scaling and polishing per beneficiary per year	OR	1 polish per beneficiary per year
	PREVENTATIVE CARE	Benefit for fissure sealants: Limited to beneficiaries younger than 16 years of age		
	DENTAL FILLINGS	4 fillings per beneficiary per year		Benefit for fillings granted once per tooth, every 3 years
	EXTRACTIONS	Managed Care protocols apply		Includes the surgical removal of impacted teeth in the dental chair
	EMERGENCY PULP REMOVAL FOR THE RELIEF OF ACUTE PAIN PRIOR TO ROOT CANAL TREATMENT AND ROOT CANAL TREATMENT	Managed Care protocols apply		
	PLASTIC DENTURES	PRE-AUTHORISATION REQUIRED 1 set of plastic dentures (an upper and a lower) per beneficiary in a 4-year period		
	LOCAL ANAESTHETIC	1 per beneficiary per visit		
	PERIODONTICS	Beneficiary must be registered on the Periodontal Programme		

IN HOSPITAL BENEFITS

All benefits and services are subject to pre-authorisation (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/SERVICES

 HOSPITALISATION (Including accommodation, neonatal intensive care, medical and surgical procedures, medication, consumables and treating specialist costs)	• UNLIMITED at DSP network for EDO option, hospitals under Life Healthcare, Mediclinic & Netcare group • A co-payment of R1 000 applicable for use of Non-DSP • 100% of Negotiated Tariff at DSP* • Based on the Clinical Outcomes and Tariff Negotiations • The Scheme has the right to channel cases to the most competitive network Subject to internal protocols
 TAKE-HOME MEDICATION	7 day's supply per beneficiary per hospital stay
 BLOOD TRANSFUSION & BLOOD REPLACEMENT PRODUCTS	100% of Negotiated Tariff PMB* based on internal protocols
 RENAL DIALYSIS (Including immune suppressive medication)	100% of Negotiated Tariff Based on internal protocols and treatment plan. Subject to PMB's*
 ONCOLOGY (Radiotherapy, Chemotherapy, and related materials)	100% of Negotiated Tariff PMB* based on internal protocols.
 DIAGNOSTIC INVESTIGATIONS Pathology and Radiology (Subject to GP/ Specialist referral)	100% of Negotiated Tariff PMB* based on internal protocols Allergy tests
 MRI/PET/CAT SCANS Subject to pre-authorisation and Specialist referral required.	2 MRI or CT scans/beneficiary/year (In/Out of Hospital) 100% of Negotiated Tariff PMB* based on internal protocols
AUXILIARY, ALTERNATIVE HEALTHCARE AND PHYSIOTHERAPIST PRACTITIONERS Includes Dietitians, Occupational Therapists, Physiotherapists, Orthotics and Speech Therapists, (Referred by treating doctor)	100% of Negotiated Tariff Based on internal protocols. Treatment Plan and Progress Report should be submitted during the hospital event to manage the clinical outcome.

IN HOSPITAL BENEFITS

All benefits and services are subject to pre-authorisation (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/SERVICES

 PLANNED HOSPITAL PROCEDURES	Covered, at 100% Negotiated Tariff R5,000 Co-payment for Spinal Surgery. Joint replacements no co-payments at a DSP provider. Subject to internal protocols.
 MENTAL HEALTH (Psychiatric Treatment including Clinical Psychology) Appropriate referral by GP/Specialist. 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-authorization required with treatment plan and progress report.
 MATERNITY (Home Delivery; By Registered Midwife)	• Normal, Caesarean & Home Delivery • 100% of Negotiated Tariff • PMB* based on internal protocols Please refer to the maternity programme on myHealth for additional benefits
 DRUG AND 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
 INTERNAL PROSTHESIS & EXTERNAL PROSTHESIS	Limited to an overall R63 263/family/year 100% of Negotiated Tariff and based on internal protocols.
 ALTERNATIVES TO HOSPITALISATION Subject to: • Pre-authorisation • Case management	AT STEP DOWN, SUB ACUTE & TERMINAL CARE FACILITIES UNLIMITED 100% of Negotiated Tariff PMB* based on internal protocols
 MAXILLO-FACIAL SURGERY	100% of Negotiated Tariff PMB* Based on Department of Health protocols
 MEDICAL RESCUE (Ambulance, Medical Emergency Evacuation Transport to Advisory Services)	100% Negotiated Tariff at DSP* Subject to Pre-authorisation
 HOME BASED CARE	In lieu of hospitalisation, Subject to clinical indication and pre-authorisation

UNIVERSAL EDO

(Efficiency Discount Option)

The Universal Efficiency-discounted option (EDO) is a sub-option of the Universal Plan. An EDO option is designed around member's willingness to limit their choice of provider(s) in a restricted network.

Members selecting Universal EDO agree to pay lower contributions (relative to the Universal plan) in return for having their choice of hospitals and doctors restricted when they are treated for all medical treatment.

Unlimited at DSP network for EDO option, hospitals under Life Healthcare, Mediclinic & Netcare group.

A co-payment of R1 000 applicable for use on Non-DSP.

The main Universal plan's DSP* network list is broader with a national footprint compared to the Universal EDO.

WHAT YOU PAY

BENEFIT OPTION	INCOME BAND	MAIN MEMBER	ADULT DEPENDANT	CHILD DEPENDANT*
UNIVERSAL EDO	R0 - R500	R730	R730	R730
	R501 - R2 500	R1 805	R1 610	R905
	R2 501 - R7 500	R2 010	R1 790	R995
	R7 501 +	R2 305	R1 980	R1 080

ALL BENEFITS WILL BE PRO-RATED FOR MEMBERS ADMITTED DURING THE BENEFIT YEAR. ALL COSTS PAYABLE AT 100% OF NEGOTIATED TARIFF.

*Maximum 2 children per family charged

FANTASY

2027

CHOOSING YOUR DESIGNATED SERVICE PROVIDER (DSP*)

Each Family Dependant can select their own DSP* Primary Care Provider at the start of the year.



Hospital Network: Mediclinic, Life Healthcare, National Hospital Network (NHN), Netcare and Lenmed.



Pathology Network: Medilab, Ampath, Lancet and Vermaak, Target Lab, Pelo Laboratory, Sterm Path and Hamadi.

1

Call the Thebemed Call Centre

0861 84 32 36 An agent will guide you and register your DSP*, or send a WhatsApp to **0861 84 32 36** "Hi".

Please provide the DSP GP Name and Practice number that must be linked to the family dependants (Name and date of birth).

2

Log onto www.thebemed.co.za

Navigate to "Products" then select your option. Scroll down to choose a DSP*

3

Supply your own family doctor's details

to the Thebemed Call Centre. They will contract them into the Thebemed Doctor Network.

WHAT YOU PAY

BENEFIT OPTION	INCOME BAND	MAIN MEMBER	ADULT DEPENDANT	CHILD DEPENDANT*
FANTASY	R0+	R2 735	R2 235	R1 125
	Risk	R2 460	R2 010	R1 010
	Savings	R275	R225	R1 15

PREMIUM PENALTIES FOR PERSONS JOINING LATE IN LIFE.

These shall be applied only to that portion of the contribution relative to the late joiner according to the following formulas and shall not exceed:

- 1 - 4 years @ 0.05 x contribution
- 5 - 14 years @ 0.25 x contribution
- 15 - 24 years @ 0.50 x contribution
- 25 + years @ 0.75 x contribution

$$A = B \text{ minus } (35 + C)$$

where:

- A = number of years to determine appropriate penalty band
- B = late joiner age at time of application
- C = number of years of demonstrated creditable coverage**

- Should a late joiner penalty already have been imposed and evidence of creditable coverage is produced thereafter, the penalty shall be re-calculated and such revised penalty shall be applied from the time that such evidence was provided.
- If an applicant is unable to obtain documentary proof to substantiate periods of creditable coverage, he/she shall be entitled to produce a sworn affidavit declaring such detailed information and that reasonable efforts to obtain documentary evidence of such periods of creditable coverage were unsuccessful.

ALL BENEFITS WILL BE PRO-RATED FOR MEMBERS ADMITTED DURING THE BENEFIT YEAR. ALL COSTS PAYABLE AT 100% OF NEGOTIATED TARIFF.

* Maximum 2 children per family charged

** Credible 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.

OUT-OF-HOSPITAL BENEFITS

All benefits are payable at Designated Service Provider (DSP)* and pre-authorisation.

BENEFITS/SERVICES

 GP CONSULTATIONS	UNLIMITED After the 10th visit pre-authorisation is required. 100% of Negotiated Tariff at DSP* Network Member to choose and consult two DSP GP's as primary provider/beneficiary Based on internal protocols 2 Out of Area Visits/beneficiary year Non-emergency services obtained from a Non-DSP Network provider is subject to Savings
 HELLO DOCTOR CONSULTATIONS	UNLIMITED • Alternative to face-to-face GP consultations • Telephonic consultation access • Access to medical scripts • Available 24 hours a day Request a call back via Thebemed App or USSD *120*1019#
 CASUALTY/EMERGENCY VISITS (Facility fee and Consultations)	100% of Negotiated Tariff Cover for trauma and emergencies, any event outside trauma and emergencies covered from Savings
 SPECIALIST CONSULTATIONS (Subject to appropriate referral by GP)	Limited to 5 visits/family/year. 100% of Negotiated Tariff at DSP*. Based on internal protocols. 1 Additional paediatrician consultation for children up to 1 year old without a GP referral Children up to 12 years old can consult a paediatrician without a GP referral Subject to the annual family limit available NEW Reports written by specialist are covered subject to internal protocols and pre-authorisation required.
 ACUTE MEDICATION (Medication, Injection and Material)	R6 635 per family/ year and then subject to savings once limit exhausted 100% of Negotiated Tariff at DSP* based on generic substitute and Schemes formulary
 PHARMACY ADVISED THERAPY (Over the counter medicines in consultation with pharmacist, restricted to registered Schedule 0, 1 and 2 medicines)	Limited to R220 Script R1 320 from the Savings benefit, thereafter R556 is Subject to Risk 100% of Negotiated Tariff at DSP* based on generic substitute and Schemes formulary
 CHRONIC MEDICATION Subject to: • Registration • Pre-authorisation • Internal Treatment Protocols & Medicine Formulary • PMB* • Renewal of prescription every six months	100% of Negotiated Tariff at DSP* based on generic substitute and Schemes formulary OTHER CHRONIC (NON-CDL) MEDICINE Limited to R13 270 per family/R4 836 per beneficiary/year CDL/PMB CHRONIC DISEASE LIST MEDICINE UNLIMITED Payable first from Other Chronic Medicine
 DIAGNOSTIC PROCEDURES Pathology Radiology Managed by Request Form as prescribed by the GP and referred Specialist	100% of Negotiated Tariff at DSP*
 MEDICAL & ORTHOPAEDIC APPLIANCES Services In and Out of Hospital Subject to: • Pre-authorisation • GP/Specialist Referral • Based on internal protocols	Limited to an overall R7 374 /family/year 100% Negotiated Tariff The following Appliance sub-limits are applicable: • Wheelchair: One every 3-year cycle/beneficiary/year • Speech and Hearing Aid: One every 3-year cycle/beneficiary/year

OUT-OF-HOSPITAL BENEFITS

All benefits are payable at Designated Service Provider (DSP)* and pre-authorisation.

BENEFITS/SERVICES

	AUXILIARY, ALTERNATIVE HEALTHCARE AND PHYSIOTHERAPIST PRACTITIONERS Limited to Chiropractors, Homeopaths, Podiatry, Hearing Aids, Acousticians, Audiology, Dieticians, Occupational Therapists, Orthotics, Physiotherapist and Speech Therapists, Registered Nursing Services and Psychologists (Appropriate referral by GP or Authorised Specialist.)	First 2 physiotherapists visits limited to R2 000/family/year from risk. First 1 psychologist visit limited to R 1 500 /family/year from risk 1 audiology consultation benefit for beneficiaries 12 years and below paid from risk Additional visits are subject to available savings Limited to R1 425/family/year Subject to Savings 100% of Negotiated Tariff		
	OPTOMETRY	Eye Tests, Spectacles or contact lenses are available once every 2 years (based on the date of your previous claim) Benefits are subject to clinical protocols.		
	EYE TESTS	1 composite consultation per beneficiary, at a network provider	OR	R433 per beneficiary for an eye examination, at a non-network provider
	SINGLE VISION LENSES (CLEAR) OR	100% of the cost of lenses at network rates		R230 per lens, per beneficiary, out of network
	BIFOCAL LENSES (CLEAR) OR	100% of the cost of lenses at network rates		R502 per lens, per beneficiary, out of network
	MULTIFOCAL LENSES	100% of the cost of base lenses at network rates		R880 per lens, per beneficiary, out of network
	FRAMES	R1 005 per beneficiary at a network provider	OR	R804 per beneficiary at a non-network provider
	CONTACT LENSES	R1 540 per beneficiary. No benefit for Contact Lenses if spectacles are purchased		
	FANTASY BASIC DENTISTRY OUT OF HOSPITAL	You can visit any registered dentist of your choice on the Fantasy Plan. Covered at the Thebemed Dental Tariff Managed Care protocols apply to all benefit categories below		
	ORAL EXAMINATION	1 consultation per beneficiary per year		
	SPECIFIC ORAL EXAMINATION	Managed Care protocols apply		
	GLOVES, MASKS & STERILISED INSTRUMENTS	1 set per beneficiary per visit		
	X-RAYS: INTRA-ORAL	4 x-rays per beneficiary per year; No benefit for extra-oral x-rays		
	SCALING AND POLISHING	1 scaling and polishing per beneficiary per year	OR	1 polish per beneficiary per year
	PREVENTATIVE CARE	Benefit for fissure sealants. Limited to beneficiaries younger than 16 years of age		
	DENTAL FILLINGS	4 fillings per beneficiary per year		Benefit for fillings granted once per tooth, every 3 years
	EXTRACTIONS	Managed Care protocols apply		Includes the surgical removal of impacted teeth in the dental chair
	EMERGENCY PULP REMOVAL FOR THE RELIEF OF ACUTE PAIN PRIOR TO ROOT CANAL TREATMENT AND ROOT CANAL TREATMENT	Managed Care protocols apply		
	PLASTIC DENTURES	PRE-AUTHORISATION REQUIRED 1 set of plastic dentures (an upper and a lower) per beneficiary in a 4-year period		
	LOCAL ANAESTHETIC	1 per beneficiary per visit.		
	MAXILLO-FACIAL SURGERY IN THE DENTAL CHAIR AND INHALATION SEDATION IN DENTAL ROOMS	PRE-AUTHORISATION REQUIRED Managed Care protocols apply		

OUT-OF-HOSPITAL BENEFITS

All benefits are payable at Designated Service Provider (DSP)* and pre-authorisation.

BENEFITS/SERVICES

	SPECIALISED DENTISTRY OUT OF HOSPITAL	Subject to Savings and limited to R2 600/family/year	Covered at 100% of Thebemed Dental Rates
		Managed Care protocols apply to all benefit categories below	
	PARTIAL CHROME COBALT FRAME DENTURES	PRE-AUTHORISATION REQUIRED 1 partial frame (an upper OR a lower) per beneficiary in a 5-year period	
	CROWNS	PRE-AUTHORISATION REQUIRED 1 crown per family per year	Benefit for crowns granted once per tooth in a 5-year period
	PERIODONTICS	Subject to Pre-Authorisation Fissure sealants limited to beneficiaries' younger than 16 years of age	
	MAXILLO-FACIAL SURGERY	PRE-AUTHORISATION REQUIRED	Surgery in the dental chair only

Managed Care protocols apply to all benefit categories below

IN HOSPITAL BENEFITS

All benefits and services are subject to pre-authorisation (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/SERVICES

	HOSPITALISATION (Including accommodation, neo-natal intensive care, theatre, materials and all related services)	UNLIMITED 100% of Negotiated Tariff Based on internal protocols 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 day's supply per beneficiary per hospital stay
	BLOOD TRANSFUSION & BLOOD REPLACEMENT PRODUCTS	100% of Negotiated Tariff PMB* based on internal protocols
	RENAL DIALYSIS (Including immune suppressive medication)	100% of Negotiated Tariff Based on internal protocols and treatment plan. Subject to PMB's*
	ONCOLOGY (Radiotherapy, Chemotherapy, and related materials)	100% of Negotiated Tariff PMB* based on internal protocols
	DIAGNOSTIC INVESTIGATIONS Pathology and Radiology (Subject to GP/ Specialist referral)	100% of Negotiated Tariff PMB* based on internal protocols Allergy tests

IN HOSPITAL BENEFITS

All benefits and services are subject to pre-authorisation (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/SERVICES

	MRI/PET/CAT SCANS Subject to pre-authorisation and Specialist referral required.	2 MRI or CT scans/beneficiary/year (In/Out of Hospital) 100% of Negotiated Tariff PMB* based on internal protocols
	AUXILIARY, ALTERNATIVE HEALTHCARE AND PHYSIOTHERAPIST PRACTITIONERS Includes Dietitians, Occupational Therapists, Physiotherapists, Orthotics and Speech Therapists (Referred by treating doctor)	100% of Negotiated Tariff Based on internal protocols. Treatment Plan and Progress Report should be submitted during the hospital event to manage the clinical outcome.
	ORGAN TRANSPLANTS	100% of Negotiated Tariff Based on Department of Health protocols
	PLANNED HOSPITAL PROCEDURES	Covered, at 100% Negotiated Tariff R5 000 Co-payment for Spinal Surgery. Joint replacements no copayments at a DSP provider. Subject to internal protocols
	MENTAL HEALTH (Psychiatric Treatment including Clinical Psychology) Appropriate referral by GP/Specialist 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-authorization required with treatment plan and progress report.
	MATERNITY (Home Delivery: By Registered Midwife)	• Normal, Caesarean & Home Delivery • 100% of Negotiated Tariff • PMB* based on internal protocols Please refer to the maternity programme on myHealth for additional benefits
	DRUG AND 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
	INTERNAL PROSTHESIS & EXTERNAL PROSTHESIS	Limited to an overall R63 500 /family/year 100% of Negotiated Tariff and based on internal protocols
	ALTERNATIVES TO HOSPITALISATION Subject to: • Pre-authorisation • Case management	AT STEP DOWN, SUB ACUTE & TERMINAL CARE FACILITIES UNLIMITED 100% of Negotiated Tariff
	MAXILLO-FACIAL SURGERY	100% of Negotiated Tariff PMB* Based on Department of Health protocols
	MEDICAL RESCUE (Ambulance, Medical Emergency Evacuation Transport to Advisory Services)	100% Negotiated Tariff at DSP* Subject to Pre-authorisation
	HOME BASED CARE	In lieu of hospitalisation, Subject to clinical indication and pre-authorisation



WHAT YOU PAY

BENEFIT OPTION	INCOME BAND	MAIN MEMBER	ADULT DEPENDANT	CHILD DEPENDANT*
ENERGY	R0 +	R3 750	R3 550	R625

Each Family Dependant can select their own DSP* Primary Care Provider at the start of the year. Members are not allowed to change networks during the year.

PREMIUM PENALTIES FOR PERSONS JOINING LATE IN LIFE.

These shall be applied only to that portion of the contribution relative to the late joiner according to the following formulas and shall not exceed:

1 - 4 years @ 0.05 x contribution

5 - 14 years @ 0.25 x contribution

15 - 24 years @ 0.50 x contribution

25 + years @ 0.75 x contribution

A = B minus (35 + C)

where:

A = number of years to determine appropriate penalty band

B = late joiner age at time of application

C = number of years of demonstrated creditable coverage**

- a. Should a late joiner penalty already have been imposed and evidence of creditable coverage is produced thereafter, the penalty shall be re-calculated and such revised penalty shall be applied from the time that such evidence was provided.
- b. If an applicant is unable to obtain documentary proof to substantiate periods of creditable coverage, he/she shall be entitled to produce a sworn affidavit declaring such detailed information and that reasonable efforts to obtain documentary evidence of such periods of creditable coverage were unsuccessful.

ALL BENEFITS WILL BE PRO-RATED FOR MEMBERS ADMITTED DURING THE BENEFIT YEAR. ALL COSTS PAYABLE AT 100% OF NEGOTIATED TARIFF.

* Additional child dependants above M+2 included free of charge. Additional adult dependants charged at adult rate. Please refer to the rules for definition of dependants.

** Credible 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.

OUT-OF-HOSPITAL BENEFITS

All benefits are payable at Designated Service Provider (DSP)* and pre-authorisation.

BENEFITS/SERVICES

 GP CONSULTATIONS If Non-DSP* GP is used voluntarily; 25% Co-payment is payable by the member/visit. Based on internal protocols.	UNLIMITED Any GP within the Thebemed network 100% of Negotiated Tariff I Out of Area Visit/beneficiary/year
 HELLO DOCTOR CONSULTATIONS	UNLIMITED • Alternative to face-to-face GP consultations • Telephonic consultation access • Access to medical scripts • Available 24 hours a day Request a call back via Thebemed App or USSD *120*1019#
 CASUALTY/EMERGENCY VISITS (Facility fee and Consultations)	100% of Negotiated Tariff, cover for trauma and emergencies. Any event outside trauma and emergencies covered subject to a limit of R1 420 /beneficiary year/first visit.
 SPECIALIST CONSULTATIONS (Subject to appropriate referral by GP)	M = 5 M+2 = 6 M+3+ = 8 Limited to 5 visits/beneficiary/year. 2 Additional Pediatricians consultations for children up to 1 year old without a GP referral. Children up to 12 years old can consult a paediatrician without a GP referral Obstetrics and Gynaecologist consult allowed without a GP referral. Subject to the annual family limit available and clinical protocol. NEW Reports written by specialist are covered subject to internal protocols and pre-authorisation required.
 ACUTE MEDICATION (Medication, Injection and Material)	M = R5 866 M+1 = R 8 018 M+2 = R10 098 M+3+ = R12 802 Per family/year
 PHARMACY ADVISED THERAPY (Over the counter medicines in consultation with pharmacist, restricted to registered Schedule 0, 1 and 2 medicines)	Limited to R255/Script Subject to Limit of R1 950/family/year 100% of Negotiated Tariff at DSP* based on generic substitute and Schemes formulary
 CHRONIC MEDICATION Subject to: • Registration • Pre-authorisation • Internal Treatment Protocols & Medicine Formulary • PMB* • Renewal of prescription every six months	100% of Negotiated Tariff at DSP* based on generic substitute and Schemes formulary. Services provided by DSP* OTHER CHRONIC (NON-CDL) MEDICINE Limited to R13 853 per family/R4 836 per Beneficiary/year CDL/PMB CHRONIC DISEASE LIST MEDICINE UNLIMITED Payable first from Other Chronic Medicine.

OUT-OF-HOSPITAL BENEFITS

All benefits are payable at Designated Service Provider (DSP)* and pre-authorisation.

BENEFITS/SERVICES

 PHYSIOTHERAPY Appropriate referral by GP / Specialist.	IN HOSPITAL: Subject to Admitting GP/ Specialist. Payment up to 3 days, thereafter treatment plan and progress report required. OUT OF HOSPITAL: Limited to R4 233/family/year 100% of Negotiated Tariff Based on internal protocols
 RADIOLOGY (Including Radiography, Specialised Radiology and Angiography) Managed by Request Form as prescribed by the GP and referred Specialist	IN HOSPITAL: Subject to hospitalisation Benefits OUT OF HOSPITAL: UNLIMITED/family/year 100% of Negotiated Tariff*
 MRI/CT SCANS (Subject to Pre-authorisation)	2 MRI or CT scans/Beneficiary/year (In or Out of Hospital) 100% of Negotiated Tariff Based on internal protocols
 MEDICAL & ORTHOPAEDIC APPLIANCES Services In and Out Hospital Subject to: • Pre-authorisation • GP/Specialist Referral • Based on internal protocols	Limited to an overall R8 736/family/year 100% Negotiated Tariff The following Appliance sub-limits are applicable: • Wheelchair: One every 3-year cycle/Beneficiary/year • Speech and Hearing Aid: One every 3-year cycle/Beneficiary/year
 PATHOLOGY Managed by Request Form as prescribed by the GP and referred Specialist	OUT OF HOSPITAL: UNLIMITED 100% of Negotiated Tariff 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) Appropriate referral by GP / Specialist. Subject to Treatment Plan and Progress Report from the provider after the 3rd visit	OUT OF HOSPITAL: Collective Limit of R4 618 /family/year 100% of Negotiated Tariff Based on internal protocols 1 audiology consultation benefit for beneficiaries 12 years and below.

OUT-OF-HOSPITAL BENEFITS

All benefits are payable at Designated Service Provider (DSP)* and pre-authorisation.

BENEFITS/SERVICES

	OPTOMETRY	Eye Tests, Spectacles or contact lenses are available once every 2 years (based on the date of your previous claim) Benefits are subject to clinical protocols		
	EYE TESTS	1 composite consultation per beneficiary, at a network provider	OR R433 per beneficiary at a non-network provider	
	SINGLEVISION LENSES (CLEAR) OR	100% towards the cost of lenses at network rates	R230 per lens, per beneficiary, out of network	
	BIFOCAL LENSES (CLEAR) OR	100% towards the cost of lenses at network rates	R502 per lens, per beneficiary, out of network	
	MULTIFOCAL LENSES	100% towards the cost of base lenses plus group 1 branded lens add-on per multifocal lens. 100% cost of base lenses at a network provider	R930 per lens per beneficiary, inclusive of a branded lens add-on of R50 per lens, per beneficiary, out of network.	
	FRAMES	R1 085 per beneficiary at a network provider	OR R868 per beneficiary at non-network provider	
	CONTACT LENSES	R2 055 per beneficiary. No benefit for Contact Lenses if spectacles are purchased		
	BASIC DENTISTRY OUT OF HOSPITAL	You can visit any registered dentist of your choice on the Energy Plan. 100% of Thebemed Dental Rates	To avoid unnecessary co-payments, members can request telephonic or written benefit confirmation prior to treatment.	
		DENIS* Managed Care protocols apply to all benefit categories below		
	ORAL EXAMINATION	2 consultations per beneficiary per year (once every 6 months)		
	X-RAYS: INTRA-ORAL & EXTRA-ORAL	Managed Care protocols apply	Extra-oral x-ray: 1 per beneficiary in a 3-year period	
	PREVENTATIVE CARE	2 scaling and polishing treatments per beneficiary per year (once every 6 months) Benefit for fissure sealants: Limited to beneficiaries younger than 16 years of age Benefit for Fluoride: Limited to beneficiaries from age 5 and younger than 13 years of age		
	DENTAL FILLINGS	Managed Care protocols apply	Benefit for fillings granted once per tooth, every 3 years	
	EXTRACTIONS AND ROOT CANAL TREATMENT	Managed Care protocols apply		
	PLASTIC DENTURES	PRE-AUTHORISATION REQUIRED 1 set of plastic dentures (an upper and a lower) per beneficiary in a 4-year period		
	SPECIALISED DENTISTRY OUT OF HOSPITAL	Covered at the Thebemed Dental Tariff		
		Managed care protocols apply to all benefit categories below		
	PARTIAL CHROME COBALT FRAME DENTURES	PRE-AUTHORISATION REQUIRED 1 partial frame (an upper OR a lower) per beneficiary in a 5-year period		
	CROWNS & ORTHODONTICS	PRE-AUTHORISATION REQUIRED 1 crown per beneficiary per year. Benefit for crowns will be granted once per tooth in a 5 year period	Benefit for orthodontic treatment is granted once per beneficiary per lifetime up to a specified limit. Any family member may commence with treatment in a calendar year. No age restriction applies. On pre-authorisation, cases will be clinically assessed by using an orthodontic needs analysis. Benefit allocation is subject to the outcome of the needs analysis.	
	PERIODONTICS	PRE-AUTHORISATION REQUIRED Beneficiary must be registered on the Periodontal Programme Limited to conservative, non-surgical therapy only		
	MAXILLO-FACIAL SURGERY IN THE DENTAL CHAIR AND INHALATION SEDATION IN DENTAL ROOMS	Managed Care protocols apply		
	MODERATE/DEEP SEDATION IN DENTAL ROOMS	PRE-AUTHORISATION REQUIRED Limited to extensive dental treatment		

IN HOSPITAL BENEFITS

All benefits and services are subject to pre-authorisation (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/SERVICES

 HOSPITALISATION (Including accommodation, neonatal intensive care, medical and surgical procedures, medication, consumables and treating specialist costs)	UNLIMITED 100% of Negotiated Tariff Based on internal protocols Based on the Clinical Outcomes and Tariff Negotiations.
 TAKE-HOME MEDICATION	7 day's supply per beneficiary per hospital stay
 BLOOD TRANSFUSION & BLOOD REPLACEMENT PRODUCTS	100% of Negotiated Tariff PMB* based on internal protocols
 RENAL DIALYSIS (Including immune suppressive medication)	100% of Negotiated Tariff Based on internal protocols and treatment plan. Subject to PMB's*.
 ONCOLOGY (Radiotherapy, Chemotherapy, and related materials)	100% of Negotiated Tariff Based on internal protocols
 DIAGNOSTIC INVESTIGATIONS Pathology and Radiology (Subject to GP/ Specialist referral)	100% of Negotiated Tariff Based on internal protocols Allergy tests
 MRI/PET/CAT SCANS Subject to pre-authorisation and Specialist referral required. PMB* based on internal protocols	2 MRI or CT scans/beneficiary/year (In or Out of Hospital) 100% of Negotiated Tariff
 AUXILIARY, ALTERNATIVE HEALTHCARE AND PHYSIOTHERAPIST PRACTITIONERS (Includes Dietitians, Occupational Therapists, Physiotherapist and Speech Therapists) (Referred by treating doctor)	100% of Negotiated Tariff Based on internal protocols. Treatment Plan and Progress Report should be submitted during the hospital event to manage the clinical outcome.
 ORGAN TRANSPLANTS	100% of Negotiated Tariff PMB* based on Department of Health protocols
 PLANNED HOSPITAL PROCEDURES	Covered, at 100% Negotiated Tariff R5 000 Co-payment for Spinal Surgery Joint replacements no co-payments at a DSP provider Subject to internal protocols

IN HOSPITAL BENEFITS

All benefits and services are subject to pre-authorisation (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/SERVICES

	MENTAL HEALTH (Psychiatric Treatment in and out of Hospital) Appropriate referral by GP/Specialist. Subject to Pre-authorisation for In and Out of hospital, Treatment Plan Submission & Progress Report from the provider	Limited to R19 160 /family/year 100% of Negotiated Tariff PMB* 21 Days based on internal protocols. 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-authorization required with treatment plan and progress report.
	MATERNITY (Home Delivery: By Registered Midwife)	• Normal, Caesarean & Home Delivery • 100% of Negotiated Tariff • PMB* based on internal protocols Please refer to the maternity programme on myHealth for additional benefits
	DRUG AND 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
	INTERNAL PROSTHESIS & EXTERNAL PROSTHESIS	Limited to an overall R72 176/family/year 100% of Negotiated Tariff and based on internal protocols
	ALTERNATIVES TO HOSPITALISATION Subject to: • Pre-authorisation • Case management	AT STEP DOWN, SUB ACUTE & TERMINAL CARE FACILITIES UNLIMITED 100% of Negotiated Tariff PMB* based on internal protocols
	DENTAL HOSPITAL AND ANAESTHETICS	• Pre-authorisation required • Admission protocols apply • Benefit subject to managed care protocols • General anaesthetic benefit available for children under the age of 5 years for extensive dental treatment • General anaesthetic benefit available for the removal of impacted teeth
	MAXILLO-FACIAL SURGERY	100% of Negotiated Tariff PMB* Based on Department of Health protocols
	MEDICAL RESCUE (Ambulance, Medical Emergency Evacuation Transport to Advisory Services)	100% Negotiated Tariff at DSP* Subject to Pre-authorisation
	HOME BASED CARE	In lieu of hospitalisation, Subject to clinical indication and pre-authorisation

HEALTH ASSIST

POWERED BY **momentum**
wellness

Informs members of potential health risks

Supplies a basket of care for those diagnosed with a chronic condition.

Supports members with motivation, coaching, advice, resources and tools to help them achieve their goals.

BENEFITS/SERVICES

 YOUTH PROGRAMME 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.	2 additional sessions for beneficiaries 12-21 beneficiary/year at registered social worker or psychologist. No referral required Limited to R1 260/beneficiary. 100% of Negotiated Tariff. Contraceptive Benefit Subject to Oral, injectable, patch only contraceptives only Limited to Universal and Fantasy R179/ script/ month or R2 150 per annum Energy Limited to R215/ script/ month or R2 580 per annum IUD(only on Fantasy and Energy)	
 THEBEMED MOSADI (All benefits are payable at DSP*)	1 Pap Smear for Females over 18 years/ beneficiary/year Mammogram for females over 40 years/ beneficiary/2 years	Contraceptive Benefit Subject to Oral, injectable, patch only contraceptives only Limited to Universal and Fantasy R179/ script/ month or R2 150 per annum IUD (only on Fantasy and Energy) Energy Limited to R215/ script/ month or R2 580 per annum 100% of Negotiated Tariff at DSP*
 THEBEMED MONNA (All benefits are payable at DSP*)	Men's Health Consultation 1 Men's Health Annual Consultation at DSP* Nominated GP (males over 18 years). Circumcision Limited to R1 830/Beneficiary	Prostate-Specific Antigen (PSA) 1 PSA/beneficiary/2 years for beneficiaries over 40 years 100% of Negotiated Tariff Internal protocols applicable
 MATERNITY BENEFITS (Home Delivery: By Registered Midwife)	2 Maternity Sonars Maternity Vitamins limited to R100 per month/female beneficiary based on generic substitute and Schemes formulary. 100% of negotiated Tariff PMB* based on internal protocols.	With registration on the Thebe Bambino Programme: • 1 Additional Sonar • 2 Additional Gynaecology visits/pregnancy • 3 Pre or Post Natal Midwife Consultations
 HIV ASSIST Includes Consultations, Counselling, Medication and Pathology Tests. Members encouraged to register on the HIV/AIDS Management Programme	100% of Negotiated Tariff Subject to PMB's Pre-exposure prophylaxis included in the HIV Assist. Members are encouraged to register on the HIV/AIDS Management Programme.	



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SUPPORT

HEALTH ASSIST

Informs members of potential health risks

Supplies a basket of care for those diagnosed with a chronic condition.

Supports members with motivation, coaching, advice, resources and tools to help them achieve their goals.

BENEFITS/SERVICES

 HEALTH ASSIST Limited to referral from a DSP* GP & Specialist 100% Of Negotiated Tariff. Test to be done at DSP Pathologist	Health Risk Assessment Test (Cholesterol, Blood Pressure, Body Mass Index (BMI), Lifestyle assessment: 1 Test/beneficiary/year (over 18 years). Available at DSP Pharmacy without a DSP GP referral.	
 GLUCOSE TEST	1 Test/beneficiary/year for beneficiaries over 12 years	
 FLU VACCINE	1 Vaccine/beneficiary/year for beneficiaries over 12 years	
 COLON CANCER BLOOD TEST	1 Test/beneficiary/year for beneficiaries over 50 years 100% of Negotiated tariff	
 PNEUMOCOCCAL VACCINATION	1 Pneumococcal Vaccination per beneficiary over 50 years and per beneficiary registered on the chronic programme once every 5 years.	
 BONE DENSITY	1 Bone Density scan over 50 years/beneficiary/year Limited to R1 800/beneficiary	
 DIETICIAN CONSULTATION	2 consultations/R1 200/beneficiary/every 6 months BMI: above 35 for beneficiaries over 12 years	
 BIOKINETIC CONSULTATION	1 consultation R300 per beneficiary/year Subject to Dietician consultation first and submission of health indicators and outcomes to the scheme BMI: above 35 for beneficiaries over 12 years	
 CHRONIC DISEASE Disease Management Basket of Care	Subject to Disease Management protocols and to register on the disease management programme	
 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
 TELEPHONIC SUPPORT 08002BWELL (0800 229 355)	UNLIMITED • Trauma & Short Term Counselling (Relationship, Family, Health, Lifestyle)	• 24 hours a day / 7 days a week



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ABBREVIATIONS AND DEFINITIONS

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
THEBE BAMBINO PROGRAMME	- Thebemed's Maternity Programme
VCT	- Voluntary Counselling and Treatment

CHRONIC DISEASE LISTING

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

- Addison's Disease
- ADHD
- 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
- Dysrhythmias
- Epilepsy
- Erythematosis
- Gastro-oesophageal reflux disease
- Glaucoma
- Gout
- Haemophilia
- Hyperlipidaemia
- Hypothyroidism
- Hypertension
- Incontinence
- Multiple Sclerosis
- Osteoarthritis
- Parkinson's Disease
- Psoriasis
- Rheumatoid Arthritis
- Schizophrenia
- Systemic Lupus
- Ulcerative Colitis

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 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
 - 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. 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
13. Convalescent or recuperative homes or clinics for the aged and chronically ill including frail care based on managed care protocols.
14. Loss of libido, including Viagra and Caverject
15. Acupuncture, reflexology and aromatherapy
16. Ante- and Postnatal exercise, except under Prescribed Minimum Benefits and Post-natal visits at registered nurse once registered on the Bambino Programme
17. Osseo-integrated tooth implants
18. X-rays performed by anyone other than a registered Radiologist, Radiographer, Registered Radiographer Assistant or Dentist
19. Benefits for medical expenses incurred outside the borders of South Africa is a scheme exclusion.
20. Complications arising from procedures or / and condition which is a scheme exclusion
21. Revision of scars Keloid removal except for burns and functional impairment
22. All expenses incurred due to elective Caesarean surgery out of protocol are not covered by the Scheme
23. 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 toothbrushes, humidifiers, pain relieving machines (e.g. TENS and APS)
24. Erythropoietin unless pre-authorised
25. Gender re-alignment
26. Uvulopalatopharyngoplasty
27. Hyperbaric oxygen treatment except for Prescribed Minimum Benefits
28. Organ donations to anyone other than a member or dependent of the scheme
29. Exclusions listed under "Dental Benefit Exclusions Summary", available on request from Scheme
30. Positron Emission Tomography (PET) scans where applicable
31. Alternative Health Practitioners (Osteopathy; Registered Counsellors; Reflexology; Phytotherapy; Therapeutic massage therapy)
32. 3D and 4D Maternity scans
33. MRI scans ordered by a general practitioner; unless there is no reasonable access to a specialist
34. X-rays performed by chiropractors
35. Chiropractor and Podiatry benefits in hospital
36. Sleep therapy
37. Bilateral gynaecomastia
38. Stethoscopes and sphygmomanometers (blood pressure monitors)
39. CT colonography (virtual colonoscopy) for screening
40. MDCT Coronary Angiography for screening
41. Epilation – treatment for hair removal
42. Facet joint injections and percutaneous radiofrequency ablations
43. Organs and haemopoietic stem cell (bone marrow) donations to any person other than to a member or dependent of a member on this Fund
44. Counselling by Registered Counsellors and/or Art Therapist. Subject to Prescribed Minimum Benefits
45. Allergy screening panels and/or desensitisation except when pre-authorised in-hospital and subject to managed care protocol.
46. Arch supports and chair seats
47. Beds and mattresses
48. Insulin pumps except for children 7 years or younger with frequent documented events of hypo and hyperglycemia
49. Blepharoplasties unless causing demonstrated functional visual impairment and pre-authorised
50. Persons attending on behalf of another registered beneficiary or main member at a registered healthcare services provider
51. Visiting a healthcare service provider with the sole purpose of obtaining a sick certificate without any treatment received
52. Maternity Bag is not available for mothers after birth, that did not register on the Bambino Programme
53. Biokinetics in and out of hospital, except under Health Assist benefit and protocol rule or when authorised under the Back treatment protocol

PREFERRED SERVICE PROVIDERS

	Call Centre	callcentre@thebemed.co.za 086 184 3236
	Hospital & Specialised Radiology Pre-Authorisation	hospauth@thebemed.co.za specauth@thebemed.co.za
	Wellbeing	wellbeing@thebemed.co.za
	Membership	Membership@thebemed.co.za
	Emergency Service for Netcare 911	086 063 8227
	Dental authorisation for DENIS	086 010 4933
	Call Centre WhatsApp	086 184 3236
	Chronic Medication	chronic@thebemed.co.za
	Complaints	complaints@thebemed.co.za
	Claims	claims@thebemed.co.za
	Optical authorisation for PPN	086 110 3529
	Thebemed Fraud Hotline	thebemed@tip-offs.com 080 000 0436



Thebemed is administered by Momentum TYB.

momentum | **TYB**

Thebemed Medical Aid Scheme | Meersig Building, 269 West Ave, Centurion 0163 | 7 Lutman Street, Richmond Hill, Gqeberha, 6001.
Website: www.thebemed.co.za | **Call Centre:** 0861 84 32 36
Momentum Health | Meersig Building, 269 West Ave, Centurion 0163

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General Disclaimer
This brochure is a marketing aid. The registered Scheme Rules will always take precedence and available on request.

Note that Thebemed may specify certain principles relating to the use of your benefits. In terms of the Medical Schemes Act, medical schemes may apply waiting periods and/or late joiner penalties to new members joining the Scheme. If we do apply a late joiner penalty to your membership, we will let you know before we activate your cover.