

2020

Accessible Care • Affordable Prices



THEBEMED
MEDICAL AID SCHEME



Comprehensive
Care

ENERGYPLAN

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

Subject to approval from the Council for Medical Schemes

OUT OF HOSPITAL BENEFITS 2020

ALL BENEFITS ARE PAYABLE AT DESIGNATED SERVICE PROVIDER (DSP)*. SCHEME RULES, FORMULARY, INTERNAL PROTOCOLS AND PMB'S WILL BE APPLIED WHERE APPLICABLE.

 <p>GP CONSULTATIONS (If Non-DSP* GP is used voluntarily: 25% co-payment is payable by the member / visit)</p> <ul style="list-style-type: none"> • UNLIMITED • 100% OF Negotiated Tariff (Energy Core and Energy Medium) • 100% of Scheme Tariff (Energy Open) 	 <p>SPECIALIST CONSULTATIONS (Subject to appropriate referral by GP)</p> <p>M = 3 M+2 = 5 M+3+ = 7</p> <ul style="list-style-type: none"> • Limited to 3 visits/beneficiary/year 	 <p>ACUTE MEDICATION (Medication, Injection & Material)</p> <p>M = R4 440 M+1 = R6 355 M+2 = R8 000 M+3+ = R10 145</p> <ul style="list-style-type: none"> • Limited to R4 440/beneficiary/year • 100% of cost at Single Exit Price and Regulated Dispensing Fee • Subject to Generic & Schemes Formulary 	 <p>PHARMACY ADVISED THERAPY (Over the counter medicines in consultation with pharmacist, restricted to Schedule 0, 1 and 2 medicines)</p> <ul style="list-style-type: none"> • Limited to R150/Script • Subject to Limit of R838/family/year • 100% Cost at Single Exit Price and Regulated Dispensing Fee
 <p>PHYSIOTHERAPY (Appropriate referral by GP / Specialist)</p> <ul style="list-style-type: none"> • IN HOSPITAL Subject to Admitting GP/Specialist Payment up to 3 days, thereafter treatment plan and progress report required • OUT OF HOSPITAL Limited to R2 568/family/year 100% of Negotiated tariff PMB* based on internal protocols 	 <p>CIRCUMCISIONS (In DSP GP and Specialist rooms only)</p> <ul style="list-style-type: none"> • Limited to R1 100/beneficiary • 100% of Negotiated Tariff • Internal protocols apply 	 <p>CHRONIC MEDICATION (Subject to Registration; Pre-authorization; Internal Treatment Protocols & Medicine Formulary; PMB* and renewal of prescription every 6 months)</p> <ul style="list-style-type: none"> • 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 R12 000/ family and R4 000/beneficiary/year • CDL/PMB Chronic Disease List medicine: Unlimited Payable first from Other Chronic Medicine 	 <p>CONSERVATIVE DENTISTRY (Consultations, Fillings and Extractions, Scaling, Polishing and X-rays)</p> <ul style="list-style-type: none"> • Subject to Pre-authorization • 100% of Thebemed Dental Rates • Based on DENIS* clinical protocols
 <p>OPTOMETRY (Frames, Lenses, Readers, Contact Lenses and Disposable Contact Lenses. Subject to pre-authorization)</p> <ul style="list-style-type: none"> • 1 Pair of frames limited to R813/beneficiary/2 years • Single, Bifocal and Multifocal lenses covered at 100% at DSP* Negotiated rate • Contact Lenses Limited to R1 235/beneficiary/2 years • No benefit for Contact Lenses if Frames are purchased 	 <p>REFRACTION TESTS</p> <ul style="list-style-type: none"> • 1 Test / beneficiary / 2 years • 100% of Negotiated Tariff • Managed by PPN* 	 <p>AUXILIARY, 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)</p> <ul style="list-style-type: none"> • OUT OF HOSPITAL: • Collective Limited of R4 000 / family / year • 100% of Negotiated Tariff • PMB* based on internal protocols 	 <p>SPECIALISED DENTISTRY (Crown and Orthodontics)</p> <ul style="list-style-type: none"> • Limit R2 500/person limited to R5 000/family/year • Subject to Pre-authorization • 100% of Thebemed Dental Rates. • Based on DENIS* clinical protocols
 <p>MEDICAL AND ORTHOPAEDIC APPLIANCES (Services In/Out of Hospital Subject to Pre-authorization and GP/Specialist referral. PMB* based on internal protocols)</p> <ul style="list-style-type: none"> • Limited to an overall R8 000/family/year • 100% Negotiated Tariff <p>The following Appliance sub-limits are applicable:</p> <ul style="list-style-type: none"> • Wheelchair: One every 3-year cycle/beneficiary • Speech and Hearing Aid: One every 3-year cycle/beneficiary 	 <p>RADIOLOGY (Including Radiography, Specialised Radiology and Angiography. Managed by Request Form as prescribed by the GP and referred Specialist)</p> <ul style="list-style-type: none"> • IN HOSPITAL Subject to Hospitalisation benefits • OUT OF HOSPITAL Limited to R3 497/family/year 	 <p>MRI / PET / CAT SCANS (Subject to Pre-authorization)</p> <ul style="list-style-type: none"> • 2 MRI or CT Scans / beneficiary / year (In or Out of Hospital). • 100% of Negotiated Tariff. • PMB* based on internal protocols. 	<p>HOSPITAL & ANAESTHETICS</p> <ul style="list-style-type: none"> • Impacted teeth only • Subject to Pre-authorization • Based on admission protocols
			 <p>PATHOLOGY (Managed by Request Form as prescribed by the GP and referred Specialist)</p> <ul style="list-style-type: none"> • UNLIMITED • 100% of Negotiated Tariff • PMB* based on internal protocols

ALL BENEFITS WILL BE PRO-RATED FOR MEMBERS ADMITTED DURING THE BENEFIT YEAR.

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IN HOSPITAL BENEFITS 2020

ALL BENEFITS AND SERVICES 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.



HOSPITALISATION

(Including accommodation, neonatal intensive care, 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



DIAGNOSTIC INVESTIGATIONS

(Pathology and Radiology)
Subject to GP/ Specialist referral

- 100% of Negotiated Tariff
- PMB* based on internal protocols



BLOOD TRANSFUSIONS & BLOOD REPLACEMENT PRODUCTS

- 100% of Negotiated Tariff.
- PMB* based on internal protocols



RENAL DIALYSIS

(Including Immune Suppressive Medication)

- 100% of Negotiated Tariff.
- PMB* based on internal protocols and Treatment Plan



TAKE HOME MEDICATION

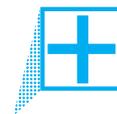
- 7 Days supply/beneficiary/hospital stay



AUXILIARY, ALTERNATIVE HEALTHCARE 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.



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 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 R15 000/family/year
- 100% of Negotiated Tariff
- PMB* 21 Days based on internal protocols
- 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



ONCOLOGY

(Radiotherapy, Chemotherapy and related materials)

- 100% of Negotiated Tariff.
- PMB* based on internal protocols.



ORGAN TRANSPLANTS

- 100% of Negotiated Tariff.
- PMB* based on Department of Health protocols



MATERNITY

(Home Delivery: By Registered Midwife)

- UNLIMITED
- **Normal, Caesarean & Home Delivery**
- 100% of Negotiated Tariff.
- PMB* based on internal protocols
- 2 Maternity Sonars



With registration on the Thebe Bambino Programme

- 1 Additional Sonar
- 2 Additional gynae visits / pregnancy
- 3 Post Natal Midwife Consultations
- Maternity Bag at 7 months - Mother and baby essentials to get you started on your journey to motherhood



PLANNED HOSPITAL PROCEDURES

- 100% of Negotiated Tariff.
- R1 000 Co-payment for the planned procedure: Removal of skin lesions
- R1 500 Co-payment for these planned procedures: Tonsillectomy, Adenoidectomy, Vasectomy, Functional endoscopic sinus surgery.
- R3 500 Co-payment for these planned procedures: Back and neck pain without neurological symptoms, Arthroscopy, Colonoscopy, Gastroscopy, Hysterectomy, Laparoscopy, Nissen Fundoplication (Reflux Surgery)
- R8 000 Co-payment for these planned procedures: 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 is 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% of Negotiated Tariff at DSP*
- Subject to Pre-authorisation



INTERNAL & EXTERNAL PROSTHESIS

- Limited to an overall R50 000/ family/year
- Prosthesis sub-limits are applicable:
 - Vascular: R20 000
 - Joint replacement R35 000
 - Functional: R20 000;
 - Major Musculoskeletal: R15 000
- 100% of Negotiated Tariff and based on internal protocols



MAXILLOFACIAL SURGERY

- 100% of Negotiated Tariff
- PMB* based on Department of Health protocols

ALL BENEFITS WILL BE PRO-RATED FOR MEMBERS ADMITTED DURING THE BENEFIT YEAR.

Premium penalties for persons joining late in life: Applied in respect of persons over the age of 35 years, who were without medical scheme cover for the period indicated hereunder after the age of 35 years as follows:

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



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CHOICE OF NETWORKS

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

A CHOICE OF ONE PRIMARY CARE PROVIDER

Hospital Network: Mediclinic, Life Healthcare, National Hospital Network (NHN) and Amcoal Highveld Hospital.

Pathology Network: Medilab, Ampath, Lancet and Vermark.

MEDIUM

A CHOICE OF TWO PRIMARY CARE PROVIDERS

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

Pathology Network: Medilab, Ampath, Lancet, Vermark and Togolab.

OPEN

A CHOICE OF ANY PRIMARY CARE PROVIDER

Hospital Network: Mediclinic, Life Healthcare, National Hospital Network (NHN), Amcoal Highveld Hospital, Netcare, Melomed, Clinix and JMH.

Pathology Network: All providers

ENERGY PLAN CONTRIBUTION RATES

2020 RATES PER MEMBER PER MONTH

INCOME CATEGORY	MEMBER	MEMBER +1	* MEMBER +2+	ADULT RATE
0 - R4 000	R1 655	R2 868	R3 034	R1 213
R4 001 - R7 500	R2 563	R3 667	R3 873	R1 104
R7 501 - R10 000	R4 043	R5 457	R5 768	R1 414
R10 001 +	R4 529	R5 877	R6 208	R1 348
0 - R4 000	R2 067	R3 586	R3 790	R1 519
R4 001 - R7 500	R2 847	R4 072	R4 303	R1 225
R7 501 - R10 000	R4 373	R5 902	R6 235	R1 529
R10 001 +	R4 765	R6 187	R6 537	R1 422
0 - R4 000	R2 327	R4 035	R4 302	R1 708
R4 001 - R7 500	R3 348	R4 784	R5 055	R1 436
R7 501 - R10 000	R5 245	R7 083	R7 484	R1 838
R10 001 +	R5 957	R7 731	R8 170	R1 774

* 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

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

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

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, 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:

- 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.
- Treatment for obesity including Liposuction, tummy tuck, Bariatric Surgery, etc.
- Cosmetic breast reduction and reconstruction, refractive surgery and human growth hormones
- Treatment for infertility or artificial insemination limited to Prescribed Minimum Benefits in State Hospitals
- Holidays for recuperative purposes
- Services rendered by persons not registered with a recognised body in South Africa constituted in terms of in terms of any law
- 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
- Examinations for insurance, visas, employment, school camps and similar purposes
- Services rendered during any waiting periods that are imposed on the member or any dependant joining the scheme
- Travel costs other than in an ambulance for emergency service to hospital only
- Appointments not kept and fees for writing prescriptions
- Telephonic consultations including after-hours consultations / fees except in emergency situations
- 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
- Convalescent or recuperative homes or clinics for the aged and chronically ill including frail care
- Loss of libido, including Viagra and Caverject
- Acupuncture, reflexology and aromatherapy
- Ante- and Postnatal exercise, except under Prescribed minimum Benefits and Post-natal visits at registered nurse once registered on the Bambino Programme
- Osseo-integrated tooth implants
- X-rays performed by anyone other than a registered Radiologist, Radiographer, Registered Radiographer Assistant or Dentist
- 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
- Complications arising from procedures or / and condition which is a scheme exclusion
- Revision of scars Keloid removal except for burns and functional impairment
- All expenses incurred due to elective Caesarean surgery are not covered by the Scheme
- 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.
- Erythropoietin unless pre-authorised
- Gender re-alignment
- Uvulopalatopharyngoplasty
- Hyperbaric oxygen treatment except for Prescribed Minimum Benefits
- Organ donations to anyone other than a member or dependent of the scheme
- Exclusions listed under "Dental Benefit Exclusions Summary", available on request from Scheme
- Positron Emission Tomography (PET) scans where applicable
- Alternative Health Practitioners (Osteopathy; Registered Counsellors; Reflexology; Phytotherapy; Therapeutic massage therapy)
- 3D and 4D Maternity scans
- MRI scans ordered by a general practitioner, unless there is no reasonable access to a specialist
- X-rays performed by chiropractors
- Chiropractor and Podiatry benefits in hospital
- Sleep therapy
- Bilateral gynaecomastia
- Stethoscopes and sphygmomanometers (blood pressure monitors)
- CT colonography (virtual colonoscopy) for screening
- MDCT Coronary Angiography for screening
- Epilation – treatment for hair removal
- Facet joint injections and percutaneous radiofrequency ablations
- Organs and haemopoietic stem cell (bone marrow) donations to any person other than to a member or dependent of a member on this Fund
- Counselling by Registered Councillors and/or Art. Therapist. Subject to Prescribed Minimum Benefits
- Allergy screening panels and/or desensitisation
- Arch supports and chair seats
- Beds and mattresses
- Insulin pumps except for children 7 years or younger with frequent documented events of hypo and hyperglycemia
- Blepharoplasties unless causing demonstrated functional visual impairment and pre-authorised
- Persons attending on behalf of another registered beneficiary or main member at a registered healthcare services provider
- Visiting a healthcare service provider with the sole purpose of obtaining a sick certificate without any treatment received
- Maternity Bag is not available for mothers after birth, that did not register on the Bambino Programme
- Biokinetics in and out of hospital, except under Health Assist benefit and protocol rule or when authorised under the Back treatment protocol

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

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



COMPLAINTS

complaints@thebemed.co.za



THEBEMED TIP OFF FRAUD LINE

0861 666 996



Ground Floor, Old Trafford 4, Isle of Houghton,
Corner 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.

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.

