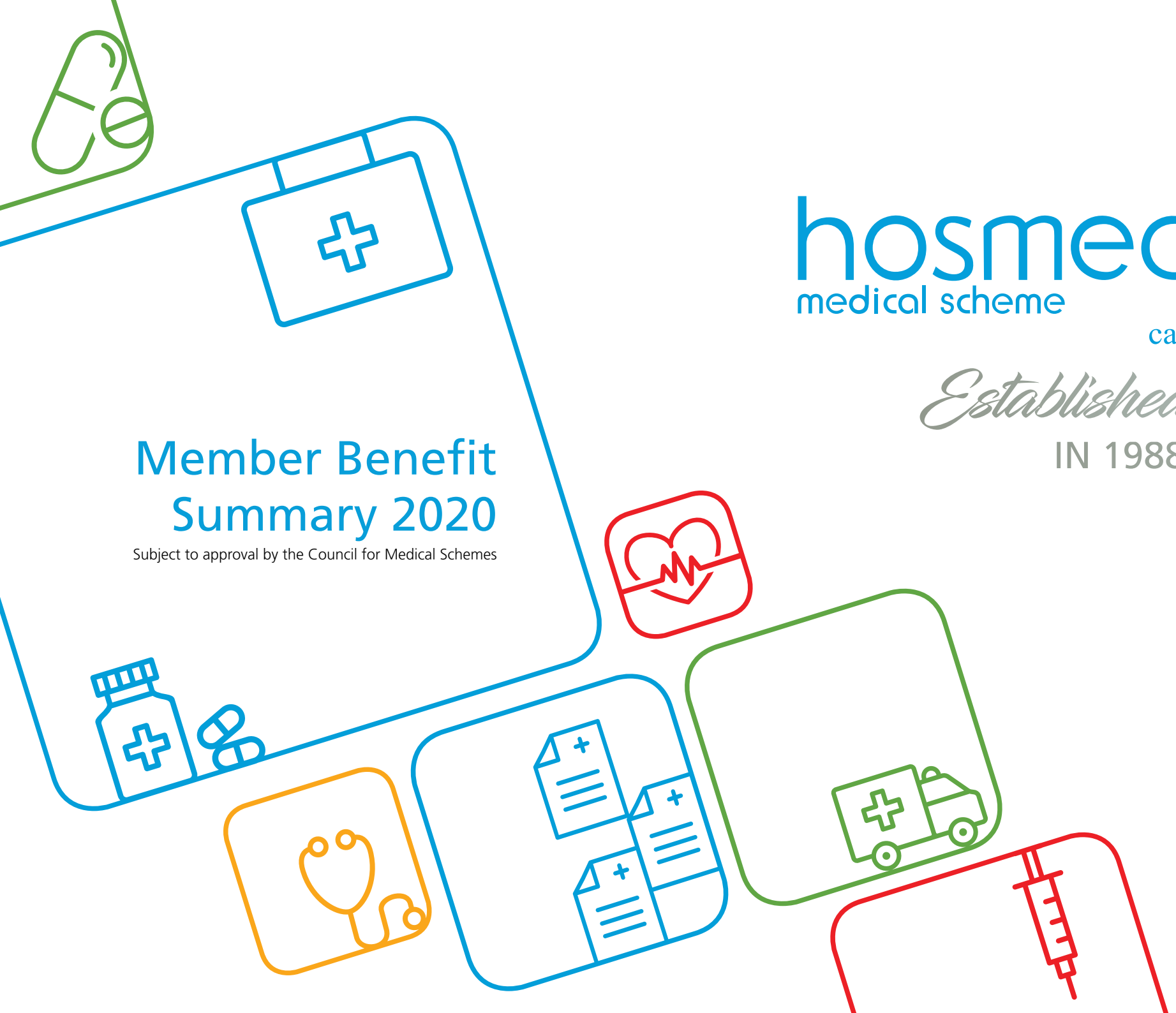
hosmed
medical scheme

care for life

Established
IN 1988

Member Benefit Summary 2020

Subject to approval by the Council for Medical Schemes



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IN 1988

Proud Winner of the BHF 2019 Titanium Awards

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

Care for Life!

TITANIUM AWARDS
Recognising Excellence in Healthcare

Sustained excellence.
Personalised service.

QUICK FACTS AND ENHANCEMENTS TO OUR BENEFITS

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

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

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

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

HOSMED PRODUCT OFFERING FOR 2020

PLUS OPTION

Designed for families that want comprehensive healthcare cover that affords them total peace of mind

HOSPITAL BENEFIT
Unlimited at any hospital

DAY-TO-DAY BENEFITS
Traditional cover with sub-limits applicable

HOSMED – WE CARE ADDITIONAL BENEFITS PROVIDED

- Maternity Benefits
- Chronic Condition Benefits
- Wellness Benefit

VALUE CORE OPTION

NEW!

Contribution discounted option with substantial healthcare cover

HOSPITAL BENEFIT
Within a designated provider network

DAY-TO-DAY BENEFITS
Traditional cover with sub-limits applicable

HOSMED – WE CARE ADDITIONAL BENEFITS PROVIDED

- Maternity Benefits
- Chronic Condition Benefits
- Wellness Benefit

VALUE OPTION

Designed for families that want to be assured of substantial healthcare cover

HOSPITAL BENEFIT
Unlimited at any hospital

DAY-TO-DAY BENEFITS
Traditional cover with sub-limits applicable

HOSMED – WE CARE ADDITIONAL BENEFITS PROVIDED

- Maternity Benefits
- Chronic Condition Benefits
- Wellness Benefit

ACCESS OPTION

A new generation option for young families, assuring adequate healthcare cover

HOSPITAL BENEFIT
Unlimited at hospital network

DAY-TO-DAY BENEFITS
Medical Savings Account (as from 1 Jan 2018)

HOSMED – WE CARE ADDITIONAL BENEFITS PROVIDED

- Maternity Benefits
- Chronic Condition Benefits
- Wellness Benefit

ESSENTIAL OPTION

Suitable for families looking for essential cover

HOSPITAL BENEFIT
Unlimited at hospital network for PMB conditions ONLY

DAY-TO-DAY BENEFITS
Unlimited GP visits at network provider

HOSMED – WE CARE ADDITIONAL BENEFITS PROVIDED

- Maternity Benefits
- Chronic Condition Benefits
- Wellness Benefit

IN

NEW IN 2020 - IN HOSPITAL BENEFITS

NEW!

VALUE CORE OPTION

Private Hospitals	Diagnostic Investigations	Oncology	Organ Transplants
• 100% of Scheme Tariff* • Unlimited subject to pre-authorisation, use of the Netcare Hospital Group (DSP*), clinical protocols and formulary* • Subject to sub-limits not being exceeded	• 100% of Scheme Tariff*	• 100% of DSP Tariff* • Limited to **R287 842** per beneficiary per annum • PMB & Non-PMB Oncology treatment based on DSP* ICON* Standard Protocols	• 100% of Scheme Tariff* • PMB based on Department of Health Protocols, Unlimited

Internal and External Prosthesis	Psychiatric Treatment including Clinical Psychology	Sterilisation/Vasectomy	Circumcision
• 100% of Negotiated Tariff* • Limited to **R47 990** per family per annum	• 100% of Scheme Tariff* • Subject to 21 Days per beneficiary or up to 15 out-patient contacts per annum (Subject to PMB's) • Non PMB's – 14 days per family subject to a limit of **R20 511** • Payment up to 3 days for Psychologist charging therapy sessions with Psychiatrist in the same admission, thereafter pre-authorisation required with treatment plan	• 100% of Scheme Tariff* • Sterilisation limited to **R16 000** per beneficiary per annum	• 100% of Scheme Tariff* • In and Out of hospital

OUT OF HOSPITAL BENEFITS

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OUT

General Practitioner and Specialist Consultations

- 100% of Scheme Tariff*
- **General Practitioner Consultations:**
  - **10** GP Visits per Beneficiary
  - Limited to **20** GP Visits per Family per annum
- **Specialist Consultations:**
  - Member: **3** Visits I Member + 1 = **5** Visits I Member + 2 + = **7** Visits

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

Acute Medicines

- 100% of Reference Price*
- Limited to **R5 442** per beneficiary and **R11 046** per family per annum

Subject to medicine formulary and Protocols, including Materials*

- Homeopathic Medication excluded
- Network Provider ONLY

Pharmacy Advised Treatment (PAT)

- 100% of Reference Price*

Over the counter medication

- Limited to **R2 021** per family per annum
- Maximum **R156** per script
  Included in acute medicines benefit
- Network Provider ONLY

NEW!

VALUE CORE OPTION

Chronic Medication

- 100% of Reference Price*
- PMB Chronic Disease List Medicines: Unlimited
- Other Chronic (Non CDL) Medicines:
  Limited to **R6 917** per beneficiary
  Limited to **R13 960** per family per annum

*Subject to pre-authorisation, treatment protocols and medicine formulary**

Contraceptive benefit

- 100% of Reference Price*
- Limited to **R1 399** per family per annum. Subject to oral, injectable and patch contraceptives only

*Subject to the contraceptive formulary**

- Network Provider Only

Pathology

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

Radiology

- 100% of Scheme Tariff*
- Limited to **R2 162** per beneficiary per annum

Specialised Radiology:

- **MRI/PET/CAT scans:** Limited to **2** scans per beneficiary per annum

Subject to pre-authorisation

OUT

OUT OF HOSPITAL BENEFITS (continued)

NEW!

VALUE CORE OPTION

Appliances

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

Conservative Dentistry

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

Organ Transplants

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

Advanced Dentistry

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

Psychology and Psychiatry Treatment

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

Air/Road Ambulance and Emergency Services

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

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OUT

Optometry - Network Only

- 100% of DSP* Tariff
- **Eye Tests:** 100% of DSP* Tariff, One comprehensive consultation per beneficiary every 24 months

Frames/Lens Enhancements: R795 per beneficiary
R185 per lens – clear single vision **R420** per lens – clear bifocal **R420** per lens – base multifocal
Contact Lenses: R 1 810 per beneficiary every 24 months
(No simultaneous benefit for contact lenses and spectacles)

Auxiliary Benefit

- 100% of Scheme Tariff*

Alternative Services: e.g Chiropractor, Podiatry, etc

- Collectively limited to **R3 753** per family per annum

Remedial and Other Therapies: e.g Audiology, Dieticians, etc

- Collectively limited to **R3 625** per family per annum

Physiotherapy Out of Hospital: e.g Biokinetics & Physiotherapy

- **R1 701** per beneficiary limited to **R2 820** per family per annum

NEW!

VALUE CORE OPTION

2020 CONTRIBUTIONS

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

* Member pays for the first three children only

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IN HOSPITAL BENEFITS

Private Hospitals	Diagnostic Investigations	Oncology	
• 100% of Scheme Tariff* • Unlimited benefits subject to pre-authorisation, clinical protocols and formulary*	• 100% of Scheme Tariff*	• 100% of DSP* Tariff* • Limited to **R622 298** per beneficiary per annum • Based on *ICON* Enhanced Protocols	**PLUS OPTION**
• 100% of Scheme Tariff* • Unlimited benefits subject to pre-authorisation, clinical protocols and formulary*	• 100% of Scheme Tariff*	• 100% of DSP Tariff* • Limited to **R287 842** per beneficiary per annum • Based on DSP* ICON* Standard Protocols	**VALUE OPTION**
• Private and Unlimited benefits for PMB conditions subject to pre-authorisation and use of a Designated Service Provider (DSP*) hospital network and prevailing public hospital protocols • Subject to 100% of DSP Tariff* and clinical protocols • Failure to comply utilising a DSP* provider will result in a 10% co-payment* per admission except for emergency admissions	• 100% of Scheme Tariff* • Subject to Clinical protocols and PMB's • Pathology unlimited • Radiology unlimited *Specialised Radiology:* • MRI/PET/CAT Scans Limited to **2** per beneficiary per annum for In and Out Hospital	• 100% of DSP Tariff* • Limited to PMB conditions only and subject to DSP* ICON* Standard protocols	**ACCESS OPTION**
• Unlimited benefits for PMB conditions subject to pre-authorisation and use of a Designated Service Provider (DSP*) hospital network and prevailing public hospital protocols • Subject to 100% of DSP Tariff* and clinical protocols • Limited to PMB conditions only • Failure to comply utilising a DSP* provider will result in a 10% co-payment* per admission except for emergency admissions	• 100% of Scheme Tariff* • Subject to Clinical protocols and PMB's • Limited to PMB conditions only • Combined limited of **R6 177** per beneficiary per annum Pathology and Radiology: Network Provider Only. Limited to PMB conditions only *Specialised Radiology:* • MRI/PET/CAT Scans Limited to **2** per beneficiary per annum for In and Out Hospital • Limited to PMB conditions only	• 100 % of DSP Tariff* • Limited to PMB conditions only and subject to DSP* ICON* Standard protocols	**ESSENTIAL OPTION**

** Refer to page 22 for definitions*

IN

IN HOSPITAL BENEFITS (continued)

	Organ Transplants	Internal and External Prosthesis	Psychiatric Treatment including Clinical Psychology	Sterilisation/Vasectomy	Circumcision
PLUS OPTION	• 100% of Scheme Tariff*	• 100% of Negotiated Tariff* • Limited to **R68 989** per family per annum	• 100% of Scheme Tariff* • Subject to 21 Days per beneficiary or up to 15 out-patient contacts per annum (Subject to PMB's) • Non PMB's – 14 days per family subject to a limit of **R23 074**	• 100% of Scheme Tariff* • Sterilisation limited to **R16 000** per beneficiary per annum	• 100% of Scheme Tariff* • In and Out of hospital
VALUE OPTION	• 100% of Scheme Tariff* • PMB based on Department of Health Protocols, Unlimited	• 100% of Negotiated Tariff* • Limited to **R47 990** per family per annum	• 100% of Scheme Tariff* • Subject to 21 Days per beneficiary or up to 15 out-patient contacts per annum (Subject to PMB's) • Non PMB's – 14 days per family subject to a limit of **R20 511**	• 100% of Scheme Tariff* • Sterilisation limited to **R16 000** per beneficiary per annum	• 100% of Scheme Tariff* • In and Out of hospital
ACCESS OPTION	• 100% Scheme Tariff* • PMB based on Department of Health Protocols, Unlimited	• 100% of Negotiated Tariff* • Limited to **R30 883** per family per annum *Subject to PMB*	• 100% of Scheme Tariff* • Subject to PMB conditions • Subject to 21 Days per beneficiary or up to 15 out-patient contacts per annum	• 100% of Scheme Tariff* • Sterilisation limited to **R16 000** per beneficiary per annum	• 100% of Scheme Tariff*
ESSENTIAL OPTION	• 100% Scheme Tariff* • PMB based on Department of Health Protocols • Limited to PMB conditions only	• 100% of Negotiated Tariff* • Limited to **R19 641** per family per annum *Limited to PMB conditions only*	• 100% of Scheme Tariff* • Limited to PMB conditions only • Subject to 21 Days per beneficiary or up to 15 out-patient contacts per annum	• 100% of Scheme Tariff* • Limited to PMB conditions only	• 100% of DSP Tariff* *Limited to PMB conditions only*

* Refer to page 22 for definitions

OUT OF HOSPITAL BENEFITS

General Practitioner and Specialist Consultations	Acute Medicines	
• 100% of Scheme Tariff* • **16** Visits per Beneficiary limited to **26** Visits per Family per annum *No referral required for Specialist Consultations*	• 100% of Reference Price* • Limited to **R9 025** per beneficiary and **R17 674** per family per annum *Subject to Medicine formulary* and protocols, including materials and Homeopathic Medicine*	**PLUS OPTION**

• 100% of Scheme Tariff*
• **General Practitioner Consultations:**
  • **10** GP Visits per Beneficiary
  • Limited to **20** GP Visits per Family per annum
• **Specialist Consultations:**
  • Member: **3** Visits I Member + 1 = **5** Visits I Member + 2 + = **7** Visits
Specialist consultations require GP referral or payment will be made at GP rates, except for: Paediatricians and Gynaecologists
	• 100% of Reference Price*
	• Limited to **R5 442** per beneficiary and **R11 046** per family per annum
	Subject to medicine formulary and Protocols, including Materials*
		VALUE OPTION

• 100% Scheme Tariff*
• **General Practitioner Consultations:**
  • Paid from MSA*
  • **6** Additional GP Visits per Family once MSA* depleted
• **Specialist Consultations:**
  • Paid from MSA*
Specialist consultations requires GP referral or payment will be made at GP rates
	• 100% of Reference Price*
	• Paid from MSA*
	Subject to Medicine formulary and Protocols, Including Materials. Homeopathic Medication excluded*
		ACCESS OPTION

• 100% of DSP Tariff*
• **General Practitioners Consultations:**
  • DSP* GP
  • Unlimited visits & acute medication from any GP within the DSP* Network at 100% of DSP Tariff*
• **Specialist Consultations:**
  • Limited to 3 Visits per family per annum only on referral from DSP* GP
  • Subject to pre-authorisation
  • Limited to PMB conditions only
	• 100% of Reference Price*
	• DSP* GP
	  • Unlimited Acute Medication dispensed by the DSP* GP
	Subject to Medicine formulary and Protocols, Including Materials. Homeopathic Medication excluded*
	• **R1 266** per beneficiary limited to **R3 534** per family per annum
		ESSENTIAL OPTION

* *Refer to page 22 for definitions*

OUT

OUT OF HOSPITAL BENEFITS (continued)

	Pharmacy Advised Treatment (PAT)	Chronic Medication including Non CDL
PLUS OPTION	• 100% of Reference Price* **Over the counter medication** • Limited to **R3 204** per family per annum • Maximum **R226** per script • Included in acute medicines benefit	• 100% of Reference Price* • PMB Chronic Disease List Medicines: Unlimited • Other Chronic (Non CDL) Medicines: Limited to **R14 683** per beneficiary Limited to **R28 083** per family per annum *Subject to pre-authorisation, treatment protocols and medicine formulary**
VALUE OPTION	• 100% of Reference Price* **Over the counter medication** • Limited to **R2 021** per family per annum • Maximum **R156** per script • Included in acute medicines benefit	• 100% of Reference Price* • PMB Chronic Disease List Medicines: Unlimited • Other Chronic (Non CDL) Medicines: Limited to **R6 917** per beneficiary Limited to **R13 960** per family per annum *Subject to pre-authorisation, treatment protocols and medicine formulary**
ACCESS OPTION	• 100% of Reference Price **Over the counter medication** • Paid from MSA* *Subject to funds available in the MSA*	• 100% of Reference Price* • PMB Chronic Disease List Medicines: Unlimited *Subject to pre-authorisation, Treatment Protocols, Medicine formulary* and Registration of the Chronic Medicine by GP* • Other Chronic (Non CDL) Medicines: Paid from MSA* *Subject to funds available in the MSA*
ESSENTIAL OPTION	• 100% of Reference Price* **Over the counter medication** • Limited to **R646** per Family per annum • Maximum **R95** per script. Subject to acute medicines benefit *Subject to Formulary** • Cost at Single Exit Price and Regulated Dispensing Fee • PAT Not chargeable with Acute Script on the Same Day • Network Provider Only	• 100% of Reference Price* • PMB Chronic Disease List Medicines: Unlimited *Subject to pre-authorisation by Designated Service Provider, Treatment Protocols, Medicine Formulary* and Registration of the Chronic Medicine by the DSP* GP*

* Refer to page 22 for definitions

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Contraceptive benefit	Pathology	Radiology	
• 100% of Reference Price* • Limited to **R1 678** per family per annum. Subject to oral, injectable and patch contraceptives only *Subject to the contraceptive formulary**	• 100% of Scheme Tariff* • Limited to **R5 081** per beneficiary per annum	• 100% of Scheme Tariff* • Limited to **R3 713** per beneficiary per annum **Specialised Radiology:** • **MRI/PET/CAT scans:** Limited to **2** scans per beneficiary per annum *Subject to pre-authorisation*	**PLUS OPTION**
• 100% of Reference Price* • Limited to **R1 399** per family per annum. Subject to oral, injectable and patch contraceptives only *Subject to the contraceptive formulary**	• 100% of Scheme Tariff* • Limited to **R2 779** per beneficiary per annum	• 100% of Scheme Tariff* • Limited to **R2 162** per beneficiary per annum **Specialised Radiology:** • **MRI/PET/CAT scans:** Limited to **2** scans per beneficiary per annum *Subject to pre-authorisation*	**VALUE OPTION**
• 100% of Reference Price • Paid from MSA* *Subject to funds available in the MSA*	• 100% of DSP Tariff* • Paid from MSA* *Subject to PMB's*	• 100% of DSP Tariff* • Paid from MSA* *Subject to PMB's* **Specialised Radiology:** • **MRI/PET/CAT scans:** Limited to **2** scans per beneficiary per annum. In & Out of Hospital *Subject to pre-authorisation*	**ACCESS OPTION**
• 100% of Reference Price* • Limited to **R64** per beneficiary per month, subject to **R767** per family per annum *Subject to the contraceptive formulary**	• 100% of DSP* Tariff* • Limited to **R863** per beneficiary per annum • Network Provider ONLY • Limited to PMB conditions ONLY	• 100% of DSP* Tariff* • Limited to **R863** per beneficiary per annum • Referral by Network Provider ONLY. Limited to PMB conditions ONLY **Specialised Radiology:** • **MRI/PET/CAT scans:** Limited to **2** scans per beneficiary per annum and Limited to Diagnostic Investigations *Subject to pre-authorisation* • Referral by Network Provider ONLY. Limited to PMB conditions ONLY	**ESSENTIAL OPTION**

* *Refer to page 22 for definitions*

OUT

OUT OF HOSPITAL BENEFITS (continued)

	Appliances	Conservative Dentistry
PLUS OPTION	• 100% of Negotiated Tariff* • Limited to **R14 740** per family per annum • Stoma Care – Subject to a sub limit of **R7 576** per family per annum • Wheelchairs – one claim per Beneficiary every **36** months subject to pre-authorisation • Hearing aids – one claim per beneficiary every **24** months subject to pre-authorisation • Blood Pressure Monitors – Subject to a sub-limit of **R550** for beneficiaries registered for Hypertension	• 100% of Scheme Tariff* • Unlimited • Consultations, Fillings, Extractions, Root canal treatment two (2) RCT family per year, Preventative scale and polish. • Fluoride treatment limited to beneficiaries below the age of 12 years • Conscious sedation for children up to the age of 12 years *Subject to dental treatment protocols and pre-authorisation for extensive treatment*
VALUE OPTION	• 100% of Negotiated Tariff* • Limited to **R14 007** per family per annum • Stoma Care – Subject to a sub limit of **R7 225** per family per annum • Wheelchairs – one claim per Beneficiary every **36** months subject to pre-authorisation • Hearing aids – one claim per beneficiary every **24** months subject to pre-authorisation • Blood Pressure Monitors – Subject to a sub-limit of **R550** for beneficiaries registered for Hypertension	• 100% of Scheme Tariff* • Unlimited • Consultations, Fillings, Extractions, Root canal treatment two (2) RCT per family per year, Preventative scale and polish • Fluoride treatment limited to beneficiaries below the age of 12 years • Conscious sedation for children up to the age of 12 years *Subject to treatment protocols and pre-authorisation for extensive treatment*
ACCESS OPTION	• 100% of Negotiated Tariff* • Limited to **R6 526** per family per annum • Paid from Risk Pool subject to sub limit • In and Out of Hospital • Blood Pressure Monitors – Subject to a sub-limit of **R550** for beneficiaries registered for Hypertension	• 100% of Scheme Tariff* • Paid from Risk Pool • Consultations, Fillings, Extractions • Preventative scale and polish • Fluoride treatment limited to beneficiaries below the age of 12 years • Conscious sedation for children up to 12 years of age *Dental protocols apply and pre-authorisation required for extensive treatment plans*
ESSENTIAL OPTION	• 100% of Negotiated Tariff* • Limited to **R2 914** per family per annum • In and Out of Hospital • Limited to PMB conditions only • Blood Pressure Monitors – Subject to a sub-limit of **R550** for beneficiaries registered for Hypertension	• 100% of Scheme Tariff* • Consultations, Fillings, Extractions • Preventative scale and polish • Fluoride treatment limited to beneficiaries below the age of 12 years • Conscious Sedation for children up to the age of 12 years *Dental protocols apply and pre-authorisation required for extensive treatment plans*

* Refer to page 22 for definitions

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OUT

Advanced Dentistry	Psychology and Psychiatry Treatment	Air/Road Ambulance and Emergency Services	
• 100% of Scheme Tariff* • **R6 805** per beneficiary limited to **R8 577** per family per annum • Crowns and Bridges, Impacted wisdoms and Orthodontics • **Dental Implants: R15 000** per family once every five years per beneficiary • **Partial Metal Frame Dentures:** Subject to the above available limit per beneficiary every 5 years • **Acrylic (Plastic) Dentures:** Subject to above available limit per beneficiary every 4 years	• 100% of Scheme Tariff* • **R4 779** per beneficiary, Limited to **R9 556** per Family	• 100% of Scheme Tariff* • 24-hour access to Call Centre including telephonic Nurse advise line	**PLUS OPTION**
• 100% of Scheme Tariff* • **R4 452** per beneficiary limited to **R6 363** per family per annum • Crowns and Bridges, Impacted wisdoms and Orthodontics • **Dental Implants: R15 000** per family once every five years per beneficiary • **Partial Metal Frame Dentures:** Subject to the above limit per beneficiary every 5 years • **Acrylic (Plastic) Dentures:** Subject to above available limit per beneficiary every 4 years	• 100% of Scheme Tariff* • **R2 948** per beneficiary, Limited to **R7 412** per Family	• 100% of Scheme Tariff* • 24-hour access to Call Centre including telephonic Nurse advise line	**VALUE OPTION**

• Non-PMB's Paid from MSA*
• **Acrylic (Plastic) Dentures**
  • All clinically valid specialised dental treatment covered from MSA* including 1 set of Acrylic (plastic) denture per beneficiary every 4 years
  • Cover available for realigning and repairing every 12 months
  • Including Repairs of Dentures
Subject to PMB conditions only
	• 100% of Scheme Tariff*
	• *Subject to PMB conditions ONLY*
	• Non-PMB's paid from MSA*
		• 100% of Scheme Tariff*
		• 24-hour access to Call Centre including telephonic Nurse advise line
			ACCESS OPTION

• Limited to PMB conditions only
• **Acrylic (Plastic) Dentures**
  • 1 set of Acrylic/plastic dentures per beneficiary every 4 years Cover available for realigning and repairing every 12 months
  • Including Repairs of Denture
	• Limited to PMB conditions ONLY	• 100% of Scheme Tariff*
		• 24-hour access to Call Centre including telephonic Nurse advise line
			ESSENTIAL OPTION

* *Refer to page 22 for definitions*

OUT

OUT OF HOSPITAL BENEFITS (continued)

	Optometry - Network Only	Auxiliary Benefit
PLUS OPTION	• 100% of DSP* Tariff • **Eye Tests:** 100% of DSP* Tariff, One comprehensive consultation per beneficiary every 24 months **Frames/Lens Enhancements: R1 230** per beneficiary **R185** per lens – clear single vision **R420** per lens – clear bifocal **R745** per lens – base multifocal **Contact Lenses: R2 915** per beneficiary every 24 months (No simultaneous benefit for contact spectacles)	100% of Scheme Tariff* **Alternative Services:** e.g Chiropractor, Podiatry, etc Collectively limited to **R4 073** per family per annum **Remedial and Other Therapies:** e.g Audiology, Dieticians, etc Collectively limited to **R5 163** per family per annum **Physiotherapy Out of Hospital:** e.g Biokinetics & Physiotherapy **R2 727** per beneficiary limited to **R4 370** per family per annum
VALUE OPTION	• 100% of DSP Tariff* • **Eye Tests:** 100% of DSP* Tariff, One comprehensive consultation per beneficiary every 24 months **Frames/Lens Enhancements: R795** per beneficiary **R185** per lens – clear single vision **R420** per lens – clear bifocal **R420** per lens – base multifocal **Contact Lenses: R1 810** per beneficiary every 24 months (No simultaneous benefit for contact lenses and spectacles)	100% of Scheme Tariff* **Alternative Services:** e.g Chiropractor, Podiatry, etc Collectively limited to **R3 753** per family per annum **Remedial and Other Therapies:** e.g Audiology, Dieticians, etc Collectively limited to **R3 625** per family per annum **Physiotherapy Out of Hospital:** e.g Biokinetics & Physiotherapy **R1 701** per beneficiary limited to **R2 820** per family per annum
ACCESS OPTION	• 100% of DSP* Tariff • **Eye Tests:** Paid from Risk Pool. One comprehensive consultation per beneficiary every 24 months **Frames/Lens Enhancements:** Paid from Risk Pool, **R548** per Frame **R185** per lens – clear single vision **R420** per lens – clear bifocal **R420** per lens – base multifocal **Contact Lenses:** Paid from Risk Pool. **R950** per beneficiary every 24 months (No benefit for contact lenses if spectacles purchased)	100% of Scheme Tariff* **Alternative Services:** e.g Chiropractor, Podiatry, etc Non-PMB's paid from MSA* **Remedial and Other Therapies:** e.g Audiology, Dieticians, etc Subject to PMB conditions and clinical protocols **Physiotherapy Out of Hospital:** e.g Biokinetics & Physiotherapy Subject to PMB conditions and clinical protocols
ESSENTIAL OPTION	• 100% of DSP* Tariff • **Eye Tests:** 100% of DSP* Tariff, One comprehensive consultation per beneficiary every 24 months **Frames/Lens Enhancements: R300** per beneficiary **R185** per lens – clear single vision **R420** per lens – clear bifocal **R420** per lens – base multifocal **Contact Lenses: R615** per beneficiary every 24 months (No simultaneous benefit for contact spectacles)	**Remedial and Other Therapies:** Limited to PMB conditions ONLY **Physiotherapy Out of Hospital:** Limited to PMB conditions ONLY and clinical protocols

** Refer to page 22 for definitions*

CHRONIC DISEASE MANAGEMENT PROGRAMME

chronic disease management

Diagnosed with a CDL Chronic Condition (including HIV, Diabetes, Asthma and other PMB conditions)

Does Hosmed offer additional benefits?

YES!
At Hosmed, we
Care for Life

How to Register:
Contact PHA on
0860 00 00 48

A Professional Nurse will take the call and provide confidential assistance

Patient will receive a treatment plan that will be paid from RISK Patient to keep copy safe as all the authorised treatment will be listed for the year

If member is not registered, benefits will be paid from available Day-to-Day benefits

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

medscheme

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

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

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

Care for Life!

CHRONIC DISEASE LIST 2020

The CDL list consists of the chronic conditions listed below:

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

EXCLUSIONS AND LIMITATIONS OF BENEFITS 2020

1. PRESCRIBED MINIMUM BENEFITS

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

2. LIMITATIONS AND RESTRICTIONS OF BENEFITS

2.1. The Scheme may require a second opinion in respect of proposed treatment or medication which may result in a claim for benefits and for that purpose the relevant beneficiary shall consult a dental or medical practitioner nominated by the Scheme and at the cost of the Scheme. The procedure to be followed in obtaining a second opinion is outlined in the relevant Scheme protocol (Protocol Regarding Requests for Second Opinions).

2.2. In cases where a specialist is consulted without the recommendation of a general practitioner, the benefit allowed by the Scheme may, at its discretion, be limited to the amount that would have been paid to the general practitioner for the same service.

2.3. Unless otherwise decided by the Scheme, benefits in respect of medicines obtained on a prescription are limited to one month's supply (or to the nearest unbroken pack) for every such prescription or repeat thereof.

2.4. If the Scheme or its managed healthcare organisation has evidence-based funding guidelines or protocols in respect of covered services and supplies, beneficiaries will only qualify for benefits in respect of those services and supplies with reference to the available funding guidelines and protocols irrespective of clinical guidelines that are not consistent with the scheme protocols and benefits.

2.5. The Scheme reserves the right not to pay for any new technology. Coverage of new technology will be assessed by the Scheme with due consideration given to:

- 2.5.1. medical necessity;
- 2.5.2. clinical evidence of its use in clinical medicine including outcome studies;
- 2.5.3. its cost-effectiveness;
- 2.5.4. its affordability;
- 2.5.5. its value relative to existing services or supplies;
- 2.5.6. its safety.

New technology is defined as any clinical intervention of a novel nature as well as those that the Scheme has not had previous experience with.

2.6. A 10% co-payment will be applied on the following procedure codes:

- 2.6.1. 1034 - Autogenous nasal bone transplant: Bone removal included;
- 2.6.2. 1035 - Functional endoscopic sinus surgery: Unilateral;
- 2.6.3. 1036 - Functional endoscopic sinus surgery: Bilateral;
- 2.6.4. 1087 - Sub-total reconstruction consisting of any two of the following:
- 2.6.4.1. Septum plasty, nasal osteotomy, nasal tip reconstruction
- 2.6.5. 1085 – Total reconstruction of the nose:
- 2.6.5.1. including reconstruction of nasal septum (septum plasty), nasal pyramid (osteotomy) and nasal tip

2.7. Mirena device Fund according to scheme protocol:

- 2.7.1. 40 years of age. Not covered if used for contraception. Cover for abnormal uterine bleeding.
- 2.7.2. Insertion in rooms no co-payment applicable
- 2.7.3. Insertion in theatre – co-payment R 800.00 even if done in conjunction with another procedure
- 2.7.4. Mirena device – cost from acute medicine benefit on Plus and Value Option only.

2.8. The Scheme reserves the right to impose and apply exclusions and limits to the benefits that will be paid for medicines/procedures/interventions which have been accepted into the practice of clinical medicine through a process of health technology assessment/evaluation;

2.9. Benefits in respect of the cost of emergency medical treatment, as defined in the Medical Schemes Act, whilst abroad, are covered at the applicable Scheme tariff rates and RSA currency; Limited to the benefit entitlement and PMB protocols that would have applied in South Africa.

2.10. Optical Benefits payable as per managed care protocols.

2.11. hyperbaric oxygen therapy subject to PMB regulations and Scheme protocols;

2.12. infertility treatment, subject to PMB regulations; and

2.13. consultation and treatment by registered councillors, subject to prescribed minimum benefits.

WELLNESS PROGRAMME

Pap smear

Female beneficiaries over 18 years

Mammogram

Female beneficiaries over 40 years

HPV Vaccination

All beneficiaries between 9 and 12 years

Prostate Specific Antigen (PSA)

Male beneficiaries over 40 years

HIV Testing Benefit

Free HIV Test per beneficiary per annum

Members qualify for the following additional benefits (only 1 per member per annum paid from risk)

Wellness testing provided at an Employee Wellness Event will be claimed from this benefit

Cholesterol Test

All beneficiaries over 20 years

Blood Sugar Test

All beneficiaries over 15 years

Blood Pressure Check

All beneficiaries Reimbursement of Blood Pressure Monitors on all Options

Flu Vaccination

All beneficiaries

Pneumococcal Vaccination

One free Pneumococcal Vaccination perbeneficiary over 65 years per annum

BAMBINO PROGRAMME

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

	Maternity Visit(s)	Maternity Ultrasound(s)	Home Delivery	Hospital Confinement	Immunisation benefit	Antenatal Classes
PLUS OPTION	• Additional **6** GP consultations and **3** specialist consultations per pregnancy (Once these limits have been reached further ante-natal consultations will be paid from the day-to-day benefit)	• Limited to **3** 2D ultrasounds per pregnancy for In and Out of Hospital	• Limited to **R6 992** /pregnancy. • 100% of Negotiated Tariff*	• NVD – Limited to **3** days • Caesarean – Limited to **4** days	• Immunisation as per the Immunisation schedule by the Department of Health up to **12** months of age	• Limited to **R555** per mother per Annum
VALUE CORE OPTION (NEW!)	• Additional **6** GP consultations and **3** specialist consultations per Pregnancy at GP or Specialist (in addition to normal consultation limit)	• Limited to **2** 2D ultrasounds per pregnancy for In and Out of Hospital	• Limited to **R5 826** / pregnancy. • 100% of Negotiated Tariff*	• NVD – Limited to **2** days • Caesarean – Limited to **3** days	• Immunisation as per the Immunisation schedule by the Department of Health up to **12** months of age	• *No Benefit*
VALUE OPTION	• Additional **6** GP consultations and **3** specialist consultations per Pregnancy at GP or Specialist (in addition to normal consultation limit)	• Limited to **2** 2D ultrasounds per pregnancy for In and Out of Hospital	• Limited to **R5 826** / pregnancy. • 100% of Negotiated Tariff*	• NVD – Limited to **2** days • Caesarean – Limited to **3** days	• Immunisation as per the Immunisation schedule by the Department of Health up to **12** months of age	• *No Benefit*
ACCESS OPTION	• Additional **7** GP consultations and **2** specialist consultations per Pregnancy at GP or Specialist (Once these limits have been reached further ante-natal consultations will be paid from the day-to-day benefit)	• Limited to **2** 2D ultrasounds per pregnancy for In and Out of Hospital	• Limited to **R4 661** / pregnancy. • 100% of Negotiated Tariff	• NVD – Limited to **2** days • Caesarean – Limited to **3** days	• Immunisation as per the Immunisation schedule by the Department of Health up to **12** months of age	• *No Benefit*
ESSENTIAL OPTION	• 100% of Scheme Tariff* • Subject to DSP* GP and Specialist consultation limit as per Consultations	• Limited to **2** 2D ultrasounds per pregnancy for In and Out of Hospital	• Limited to **R4 661** / pregnancy. • 100% of Negotiated Tariff*	• NVD – Limited to **2** days • Caesarean – Limited to **3** days	• Immunisation as per the Immunisation schedule by the Department of Health up to **12** months of age	• *No Benefit*

DEFINITIONS

Scheme Tariff*: As defined in Rule 4.9.68
"The tariff determined or adopted by the Board in respect of the payment for healthcare services rendered to Beneficiaries by service providers who are not subject to a DSP tariff or a Negotiated tariff, determined using the 2006 National Health Reference Price List (NHRPL) with the application of a year on year inflationary increase, as contemplated in Rule 15.11"

DSP*: As defined in Rule 4.9.28
"Designated Service Provider"

DSP Tariff*: As defined in Rule 4.9.29
"The fee determined in terms of an agreement between the Scheme and a service provider or a group of service providers in respect of the payment for the relevant health services"

Negotiated Tariff*: As defined in Rule 4.9.54
"A tariff negotiated and agreed ad hoc for services rendered between the Scheme and a healthcare service provider for services rendered by the relevant service provider to the Scheme or to Beneficiaries and which is different from the Scheme tariff"

Reference Price*: As defined in Rule 4.9.66
"The maximum reimbursable price for a list of generically similar or therapeutically equivalent products with a cost lower than that of the original medicine"

Formulary*: As defined in Rule 4.9.38
"A list of medicines that the Scheme will pay for the treatment of acute and chronic conditions as per the benefit option the member has selected"

Co-payment*: As defined in Rule 4.9.21
"A specified rand amount a beneficiary will be liable to self-fund for the cost of a specified medical treatment as stipulated in the benefits per option"

Deductible*: As defined in Rule 4.9.26
"A specific percentage or rand amount of the total hospital account related to a specific procedure as stipulated in the benefits per option that the beneficiary is liable for"

ICON*: Independent Clinical Oncology Network

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

GENERAL INFORMATION

GENERAL ADMINISTRATION
Medscheme

Hosmed Call Centre: 0860 00 00 48
General Enquiries: enquiries@hosmed.co.za
Membership Enquiries: membership@hosmed.co.za
New Applications: newapp@hosmed.co.za
Membership Cards: cards@hosmed.co.za
Claim submissions: claims@hosmed.co.za
Financial Enquiries: finance@hosmed.co.za
Clinical Enquiries: clinical@hosmed.co.za
Complaints: complaints@hosmed.co.za

PHARMACEUTICAL BENEFIT MANAGEMENT
Medscheme PBM

Claim queries: hosmedcmm@hosmed.coza

HOSPITAL, DISEASE AND MATERNITY MANAGEMENT
Private Healthcare Administrators (PHA)

Hospital Pre-authorisation: preauth@HosmedAuth.co.za
HIV/Aids Management: care@HosmedAuth.co.za
Chronic Disease Management Programme: chronic@HosmedAuth.co.za
Oncology Programme: oncology@HosmedAuth.co.za
Bambino Maternity Programme: bambino@HosmedAuth.co.za
Website: www.pha.co.za

DENTAL BENEFIT MANAGEMENT
Dental Risk Company (DRC)

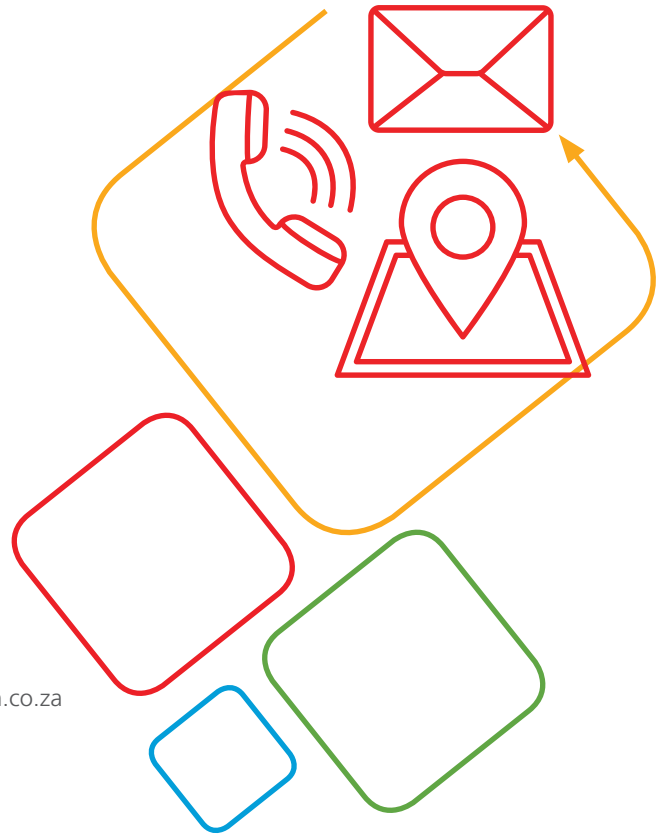
General enquiries: enquries@dentalrisk.com
Pre-authorisation: auths@dentalrisk.com
Claims enquiries: claims@dentalrisk.com
Website: www.dentalrisk.com

OPTICAL BENEFIT MANAGEMENT
Preferred Provider Network Negotiators (PPN)

PPN Call Centre: 0860 103 529
Claims submissions: mailroom@ppn.co.za / claims@ppn.co.za
Claim queries: info@ppn.co.za
Website: www.ppn.co.za

EMERGENCY MEDICAL PROVIDER
ER24

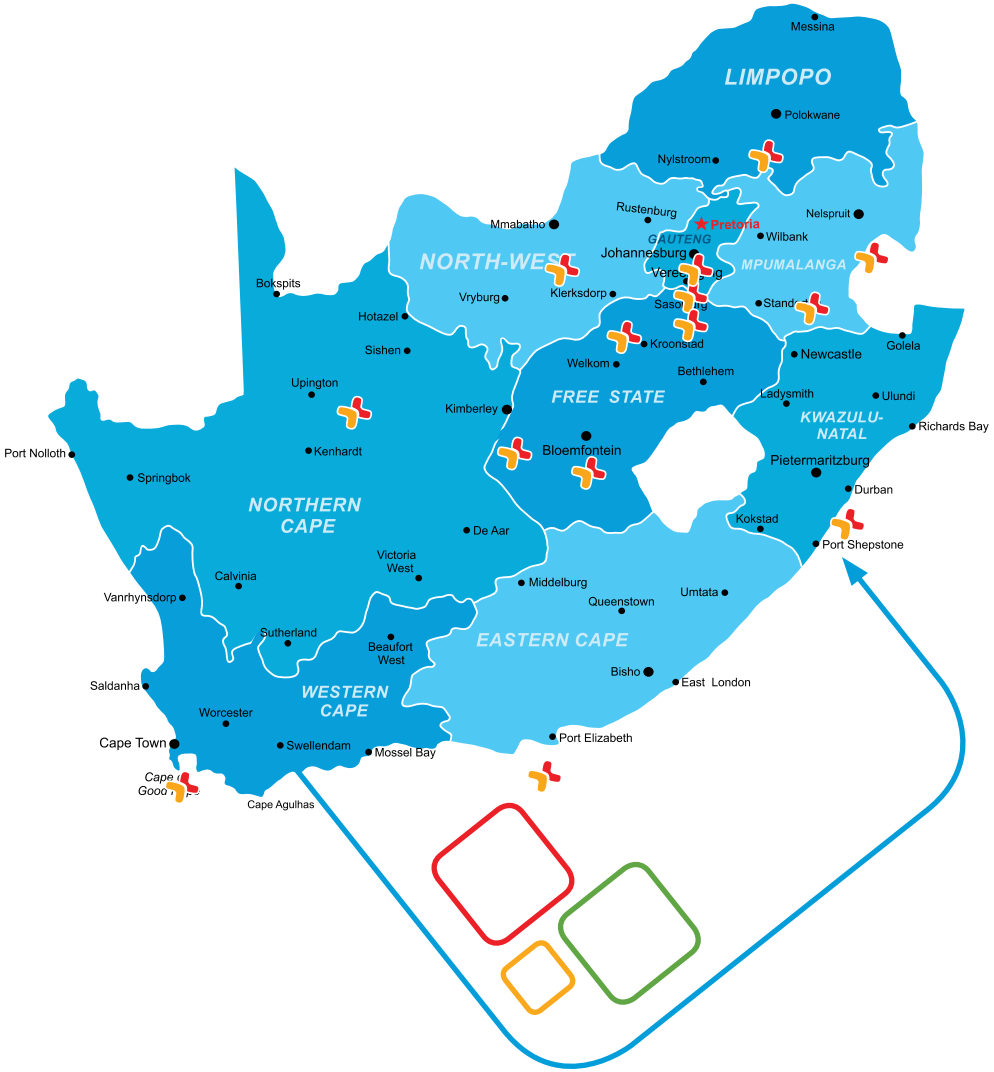
Call Centre: 084 124
Website: www.er24.co.za



GENERAL INFORMATION (continued)

MEDSCHEME\HOSMED BRANCH NETWORKS

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



PREMIUM PENALTIES FOR PERSONS JOINING LATE IN LIFE

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

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

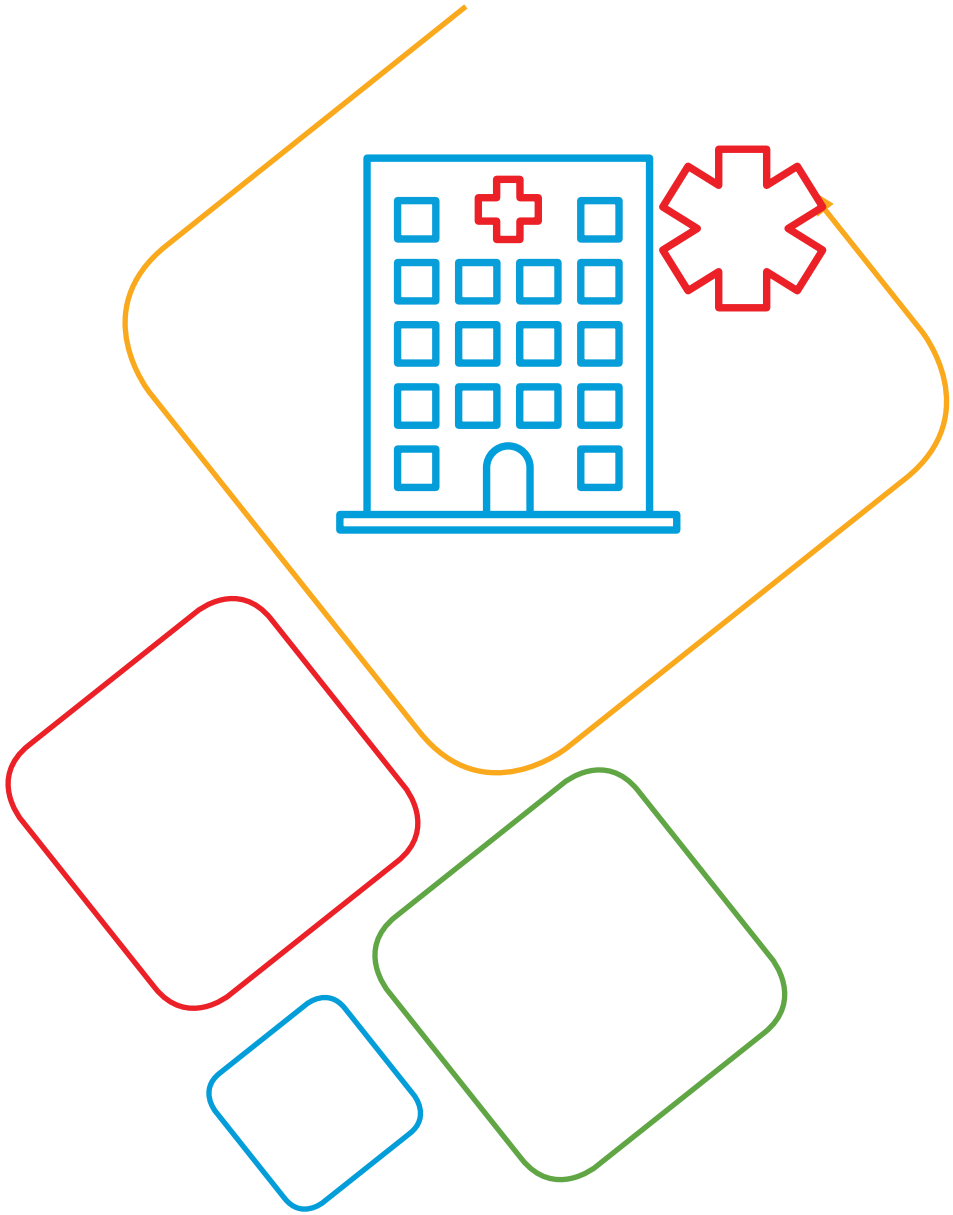
"creditable coverage" means any period of verifiable medical scheme membership of the applicant or his or her dependant, but excluding membership as a child dependant, terminating two years or more before the date of the latest application for membership. Any years of creditable coverage which can be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

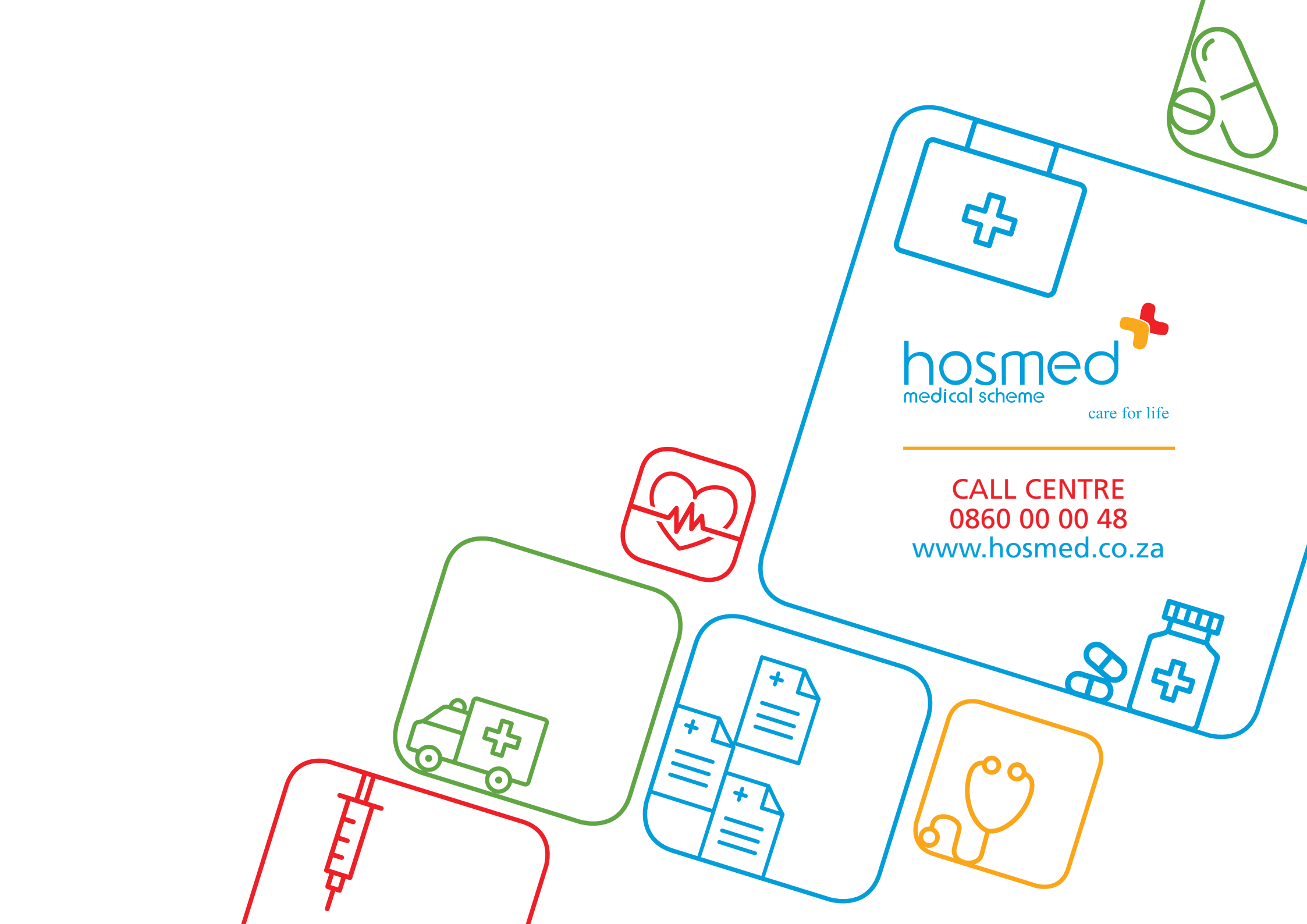
TERMS AND CONDITIONS OF MEMBERSHIP

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

DISCLAIMER

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

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