REMEDI
MEDICAL AID SCHEME
YOUR HEALTH • YOUR FUTURE • YOUR FUND

Administered by Discovery Health

Remedi Medical Aid Scheme

Benefit Brochure 2014

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Contents

Please note that this brochure does not replace the Remedi Rules. The registered Remedi Rules are legally binding and always take precedence.

Quick A to Z

Benefit Option

The ***Benefit Option*** is the cover you choose to buy from Remedi. Remedi gives you a choice of three benefit options: Remedi Comprehensive Option, Remedi Classic Option and Remedi Standard Option.

Benefit entry criteria

For certain illnesses, we set ***benefit entry criteria*** which the member needs to meet in order for the medical expenses to be considered for funding. This also means that we need certain details from you and your doctor before we can consider paying for the treatment.

Co-payment

This is the amount you may be asked to pay in addition to what we pay to cover your medical expenses. For example, if you see a non-network doctor who charges more than the Remedi Rate, Remedi will pay you for the visit at the Remedi Rate and you will have to pay the extra amount from your own pocket. Another example is if you see an optician who is not on the PPN Network, Remedi will only pay your optician at the non-network rate and you will have to pay the difference from your own pocket or, if you are on the Comprehensive Option, from your available Personal Medical Savings Account.

Read more: ***preauthorisation***

Designated service provider (DSP)

This is a doctor, specialist or other healthcare provider who Remedi reached an agreement with about payment and rates for the purpose of Prescribed Minimum Benefits (PMBs).

When you use the services of a designated service provider, we pay the provider directly at the agreed Remedi Rate. We pay participating specialists at the Premier, Classic Direct or KeyCare rates for claims. We also pay participating general practitioners at the GP rate for all consultations. You will not have to pay extra from your own pocket for providers who participate in the Premier and KeyCare arrangements but may have a co-payment for Out-of-Hospital visits to specialists on the Classic Direct Payment Arrangement.

Direct Payment Arrangements (DPA)

Remedi has agreed rates with certain general practitioners and specialists so you can get full cover and reduce the risk of co-payments. Remedi pays these doctors and specialists directly at these agreed rates.

Exclusions

There are certain expenses that are not covered by Remedi. These are called ***exclusions***. They are listed on page 14 of the brochure.

Hospital Benefit

These claims are paid from the Risk Benefit by Remedi. The Hospital Benefit covers your expenses for serious illness and high-cost care while you are in hospital, if we have confirmed you have cover for your admission. Examples of expenses covered are theatre and ward fees, x-rays, blood tests and the medicine you use while you are in hospital.

Medical emergency	This is a condition that develops quickly, or occurs from an accident, and you need immediate medical treatment or an operation. In a medical emergency, your life could be in danger if you are not treated, or you could lose a limb or organ. Not all urgent medical treatment falls within the definition of a Prescribed Minimum Benefit.
Preauthorisation	You have to let us know if you plan to be admitted to hospital. Please phone us on 0860 116 116 for ***preauthorisation***, so we can confirm your membership and available benefits. Without preauthorisation, you may have to make a ***co-payment***. There are some procedures or treatments that your doctor could do in his rooms for which you also have to get preauthorisation. Examples of these are endoscopies and scans. If you are admitted to hospital in an emergency, Remedi must be notified as soon as possible so that we can authorise payment of your medical expenses. We make use of certain clinical policies and protocols when we decide whether to approve hospital admissions. These give us guidance about what is expected to happen when someone is treated for a specific condition. They are based on scientific evidence and research. Read more: ***co-payment***
Prescribed Minimum Benefits (PMBs)	These are a list or a set of defined benefits determined in the Medical Schemes Act, that all medical schemes have to give to their members.
Related accounts	This type of account is separate from the hospital account when you are admitted to hospital. ***Related accounts*** include the accounts from doctors or other healthcare professionals, like that of the anaesthetist and for pathology or radiology tests when you are treated in hospital.
Remedi Rate	This is the rate at which we pay your medical claims. The ***Remedi Rate*** is based on the Discovery Health Rate or on specific rates that we negotiated with healthcare service providers. Unless we state differently in this brochure, claims are paid at 100% of the Remedi Rate. If your doctor charges more than the Remedi Rate, we will pay available benefits to you at the Remedi Rate and you will have to pay the provider.

Welcome to Remedi

Remedi is a closed medical scheme. This means only employees of the Remgro Limited group of associated or subsidiary companies, including previously associated or subsidiary companies, can join Remedi.

Our mission is to provide cost-effective healthcare benefits which meet your needs, supported by efficient administrative processes ensuring that you have peace of mind regarding major medical expenses. Remedi provides you with all the tools you need to make the most of your cover. We look forward to giving you certainty of cover, added value and access to unique benefits and services.

Remedi's three options at a glance

Our three benefit options provide you with peace of mind, a wide range of cover and stability.

Benefit Option	Remedi Comprehensive	Remedi Classic	Remedi Standard
Risk Benefit For major medical care, including in-hospital and other defined high-cost care	☑ R5 million Overall annual limit for families	☑ R1 million Overall annual limit for families	☑ R425 000 Overall annual limit for families* *Single member limit is R305 000
Insured Out-of-Hospital Benefit (IOH) Specific limits apply	☑ Benefits are first paid from the IOH benefit and thereafter from available PMSA	☑ Once the IOH limits are exhausted, further expenses are for your own pocket	☑ Certain benefits only provided by Remedi's appointed DSP – CareCross
Additional GP visits Defined number of additional GP visits once IOH and PMSA exhausted for that year	☑	☒	☒
Personal Medical Savings Account (PMSA) For benefits not covered from risk and when IOH benefit exhausted	☑	☒	☒
Contributions	**High**	**Medium**	**Low**

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How the Risk Benefit works

The Risk Benefit covers medical expenses when you are in hospital. It also covers certain Out-of-Hospital procedures, chronic medicine and other expensive care, depending on your benefit option. You must let Remedi know if you plan to be admitted to hospital or have procedures performed by your doctor in his rooms. This is called preauthorisation. If you have been admitted to hospital in an emergency, you must let Remedi know as soon as possible so that we can authorise payment of your medical expenses.

If you end up in a medical emergency

Emergency services by ER24

In a medical emergency, you can call ER24 on 084 124, at any time of the day or night to obtain authorisation for emergency transportation.

Highly qualified emergency personnel from ER24 manage the service. They will send an ambulance or helicopter when you've been in an accident or other emergency. This emergency medical transport is covered from your Risk Benefit, whether you are admitted to hospital or not, only if you get authorisation from ER24.

Otherwise, go straight to the emergency room yourself – but get someone to call us within 24 hours if you are admitted to hospital. Your emergency treatment in hospital will be covered according to your Option's benefits.

You have full emergency cover

There are times when you may not have access to cover on your benefit option, for example when you have run out of benefits or you reach a benefit limit or when you are in a waiting period. If you are covered for Prescribed Minimum Benefits, you will still be covered for a life-threatening emergency. Please remember that not all emergencies are part of your Prescribed Minimum Benefits, and where possible you should use designated service providers to receive payment in full.

Cover for going to casualty

If you go to casualty or the emergency room and are admitted to hospital from there, we will cover the costs of the casualty visit from your Hospital Benefit, if you have phoned us for authorisation within 24 hours of being admitted.

If you go to casualty or the emergency room but you are not admitted to hospital, we will pay the casualty visit's cost from your Insured Out-of-Hospital Benefit. We also cover the facility fee some casualty wards charge.

How we care for you if you have experienced trauma

We have designed the **Trauma Recovery Benefit** to help you if you are affected by certain traumatic events. If you or your family experience severe trauma, some of the medical expenses caused by the trauma are paid from the Trauma Recovery Benefit for the rest of the calendar year in which the trauma happened.

You can apply for the Trauma Recovery Benefit if you have experienced:

- Crime related injuries
- Conditions resulting from a near drowning
- Poisoning
- Paraplegia
- Quadriplegia
- Severe anaphylactic (allergic) reaction
- Severe burns
- External and internal head injuries

If you need an operation or hospital treatment

For planned hospital stays, you have to call us for preauthorisation at least 48 hours before going to hospital. Remedi covers you for planned hospitalisation up to the overall annual limit for your Option. We pay your hospital accounts at the rate we agreed on with the hospital. This benefit covers expenses that occur while you are in hospital, if you have preauthorised your admission. Examples of the expenses we cover are theatre and ward fees, x-rays, blood tests and the medicine you have to take while you are in hospital.

Preauthorisation

Before you go to hospital for a planned procedure, remember to get authorisation first. You have to:

- Visit your doctor so that he or she can decide if it is necessary for you to be admitted to hospital.
- Find out which doctor is going to admit you to hospital. Sometimes, your own doctor will refer you to another doctor or specialist.
- Choose the hospital you want to be admitted to, but remember that not all procedures are done in all hospitals. Your doctor can advise you on this.
- Phone us to find out how we cover healthcare professionals, like anaesthetists, so that you can reduce the risk of a co-payment.
- Preauthorise your hospital admission by calling us on 0860 116 116 at least 48 hours before you go to hospital. We will give you information that is relevant to how we will pay for your hospital stay. If you do not confirm your admission and the costs that we would normally cover, you may have to make a co-payment.

Remember, the hospital benefit only covers you for admission to a general ward, not a private ward.

Direct payment arrangements

You can lower the chance of a co-payment by using a doctor whom we have a payment arrangement with. You can find an updated list of providers who are on these payment arrangements by using the Medical and Provider Search (MaPS) tool on our website (www.yourremedi.co.za) or by calling the Remedi call centre on 0860 116 116. We normally fully cover authorised hospital procedures and consultations with doctors who have such a payment arrangement with us. Doctors who participate in our payment arrangements are also the designated service providers for Prescribed Minimum Benefits.

If you decide to use a specialist who did not agree to our payment arrangement for **In-Hospital treatment**, we will cover your account up to a maximum of 100% of Remedi Rate if you are on the Classic and Standard Options and up to a maximum of 150% of the Remedi Rate if you are on the Comprehensive Option.

Please note that this only applies to planned procedures. In emergency situations you will always be treated at the nearest and most appropriate hospital.

How to use the MaPS tool on our website

Go to the www.yourremedi.co.za website and log in with your username and password. If you are looking for the nearest doctor or hospital, go to "Your Details" on the left of the screen and click on "Remedi Medical Aid" where you can click on "MaPS (Medical and Provider Search)".

There are three sections:

1. **Plan**: Here you will be able to see your Option, for example, Remedi Comprehensive.
2. **Provider**: This section gives you two choices. You have to select the category of provider you are looking for. This can be "Doctors", "Private Hospitals" or "Provincial Hospitals". If you are looking for a doctor, you will have to indicate what type of doctor you need, for example, "Psychiatrist". If you are looking for a private hospital, you will have to indicate in the next field if you need a private hospital with less than 100 beds or more than 100 beds.
3. **Location**: Here you will find three fields for region or province, city and suburb respectively.

Once you have filled in all your requirements, click on "Search", to see a list of all the available healthcare providers in your area. The doctor's details will include the practice name, practice number, physical address and even GPS coordinates.

The colours green or grey will explain exactly how we will cover you and what rate the doctor is charging. It will also warn you of possible co-payments.

Designated service providers

Here is a list of Remedi's designated service providers for the diagnosis, treatment and care costs (which may include medicine) for Prescribed Minimum Benefits conditions:

Benefit Option	Remedi Comprehensive	Remedi Classic	Remedi Standard
SANCA, RAMOT or Nishtara for drug and alcohol rehabilitation	☑	☑	☑
The Discovery GP Network	☑	☑	☒
The CareCross GP Network	☒	☒	☑
The Classic Direct Specialist Direct Payment Arrangement	☑	☑	☒
The Premier A and B Specialist Direct Payment Arrangements	☑	☑	☒
The KeyCare Specialist Direct Payment Arrangement	☒	☒	☑
Pharmacies dispensing at Remedi Medicine Rates	☑	☑	☒
CareCross contracted pharmacies	☒	☒	☑
PPN	☑	☑	☑
Mediclinic International	☑	☑	☑
Department of Health – Western Cape	☑	☑	☑

Remedi is always on the lookout for healthcare providers who can give our members quality care at affordable rates. We will add more designated service providers and networks to this list as they become available.

Limits, clinical guidelines and policies apply to some healthcare services and procedures. Please check the Benefit Option tables with benefits and limits in this brochure for more information.

What are Prescribed Minimum Benefits

The Prescribed Minimum Benefits (PMBs) are a set of defined benefits determined in the Medical Schemes Act, that all medical schemes have to give to their members. This compulsory cover is designed to:

- make sure all medical scheme members can get access to the same level of care, no matter which Benefit Option they are on;
- give medical scheme members access to healthcare that they can afford; and
- to help people to stay healthy

All medical schemes have to cover the costs related to the diagnosis, treatment and care of emergency medical conditions, a limited set of medical conditions and certain chronic conditions. As part of this, we cover you for these listed conditions to be diagnosed, treated and taken care of – as long as your tests, investigations and results match all the rules and requirements for cover under Prescribed Minimum Benefits. We also cover you fully when you are admitted to any hospital for a medical emergency.

It is important to note that even if your doctor says it is a PMB, only the condition ICD-10 codes that your doctor submits, and the rules will determine whether it is covered or not.

Chronic Illness Benefit

The Chronic Illness Benefit covers approved medicine for the 27 Chronic Disease List (CDL) conditions, including HIV and AIDS. We will pay your approved chronic medicine in full up to the scheme rate for medicine if it is on the Remedi medical aid scheme medicine list (formulary). If your approved chronic medicine is not on the medicine list, we will pay your chronic medicine up to a set monthly amount (Chronic Drug Amount) for each medicine category.

If you use a combination of medicine in the same medicine category, where one medicine is on the medicine list and the other is not, we will pay for the medicines up to the one monthly Chronic Drug amount for that medicine category.

For a condition to be covered from the Chronic Illness Benefit, there are certain criteria that the member needs to meet.

If your condition is approved by the Chronic Illness Benefit, the Chronic Illness Benefit will cover certain procedures, tests and consultations for the diagnosis and ongoing management of the 27 Chronic Disease List conditions (including HIV and AIDS) in line with Prescribed Minimum Benefits.

Here is the list of 27 Chronic Disease List conditions that are covered under the Chronic Illness Benefit on all three benefit options:

Addison's disease	Crohn's disease	Hyperlipidaemia
Asthma	Diabetes insipidus	Hypertension
Bipolar mood disorder	Diabetes mellitus type 1	Hypothyroidism
Bronchiectasis	Diabetes mellitus type 2	Multiple sclerosis
Cardiac failure	Dysrhythmia	Parkinson's disease
Cardiomyopathy	Epilepsy	Rheumatoid arthritis
Chronic obstructive pulmonary disease	Glaucoma	Schizophrenia
Chronic renal disease	Haemophilia	Systemic lupus erythematosus
Coronary artery disease	HIV/Aids	Ulcerative colitis

If your treating doctor tells you that you need additional treatment for a PMB condition, you may apply to Remedi for additional benefits with motivation from your doctor.

Non-PMB chronic conditions covered on Remedi Comprehensive and Remedi Classic Options

On the Remedi Comprehensive and Remedi Classic Option, you also have cover for certain additional life-threatening or degenerative chronic conditions, which are not Prescribed Minimum Benefits. Remedi has decided to fund these conditions after looking at our clinical and actuarial rules. There is no medicine list (formulary) for these conditions. We pay approved medicine for these conditions up to specific monthly limits for each option. You will find more information about these limits in the option-specific benefit schedule in this brochure.

How to get cover under the Chronic Illness Benefit

If you would like to use the Chronic Illness Benefit, you must apply for it by completing a chronic application form with your doctor and submitting it for review. You can get the latest application form on the website at www.yourremedi.co.za or call 0860 116 116.
For a condition to be covered form the Chronic Illness Benefit, there are certain benefit entry criteria that the member needs to meet. If necessary, you or your doctor may have to give extra motivation or copies of certain documents to Remedi to finalise your application. If your condition is not approved for cover under the Chronic Illness Benefit, the medication and treatment can be paid from the Insured Out of Hospital Benefit or the Personal Medical Savings Account – depending on your Option's benefits.

Remember if you leave out any information or do not provide the medical tests or documents needed with the application form, cover will only start from the date we get the outstanding documents.

What Remedi does not cover from the Chronic Illness Benefit

- Acute bacterial and viral infections like oral and vaginal thrush or fever blisters
- Alcoholic liver cirrhosis
- Alopecia
- Bowel disorders like irritable bowel syndrome, flatulence, haemorrhoids, diarrhoea and constipation – unless diagnosis is diverticular disease or as a consequence of chemotherapy
- Conjunctiva disorders
- Contraception
- Skin conditions like dermatophytes, onychomycosis, dermatophytic onychia, athlete's foot, superficial fungal infections, dandruff, seborrhoea, folliculitis, solar keratosis, hirsutism or urticaria
- Dysmenorrhoea / menorrhagia
- Dysuria
- Erectile dysfunction
- Folate deficiency
- Gastric disorders like dyspepsia, hyperacidity or indigestion
- Halitosis
- Hepatic (liver) failure
- Hypotension (low blood pressure)
- Insomnia
- Mastalgia
- Obesity
- Oedema, except for cardiovascular conditions
- Non-specific pain like arthralgia, backache, fibromyalgia, fibrositis, myalgia and non-specific headaches
- Restless legs / cramps
- Senile dementia / cognitive dysfunction
- Sinusitis
- Unspecified cough
- Varicose veins

Centre for Diabetes and Endocrinology

This is an optional benefit, available to members on the Remedi Comprehensive Option who meet the benefit entry criteria of the programme, who are registered on the Scheme's Chronic Illness Benefit for Diabetes. The Centre for Diabetes and Endocrinology provides the following services:

- Ongoing education and information about diabetes
- One podiatrist's visit a year
- One optometrist's visit a year
- Access to the services of a specialised dietitian
- Access to the services of a GP who specialises in diabetes care
- Continuous medical care and advice
- Active managed care during hospitalisation.

The programme is aimed at controlling the disease to improve quality of life. We recommend registration if you have been diagnosed. Members may get more information about these providers on www.cdecentre.co.za or call 011 712 6000 for assistance.

Prescribed Minimum Benefits conditions for diagnosis and treatment (DTPPMBs)

All medical schemes have to provide cover for a list of 270 PMB medical conditions which are linked to a specific diagnosis and treatment guideline known as Diagnosis and Treatment Pairs PMBs. Many of these DTPPMBs are also chronic conditions, for example, depression. If you would like cover for DTPPMB conditions, you must apply for it. You can get the latest application form on the website at www.yourremedi.co.za or call 0860 116 116.

For a complete list of the DTPPMB conditions, please visit www.medicalschemes.com. The following DTPPMB conditions are also covered from risk on all Benefit Options, subject to certain benefit entry criteria.

Anticoagulant therapy	Paraplegia
Cushing's disease	Pemphigus (dermatologist must motivate)
Depression	Peripheral arteriosclerotic disease
Haematological disorders, like thalassaemia	Pituitary disorders
Hyperthyroidism	Quadriplegia
Hypoparathyroidism	Stroke (cerebro-vascular accident)
Lipidoses and other lipid storage disorders	Thrombocytopenic purpura
Major psychiatric disorders, like bipolar disorder (psychiatrist must motivate)	Valvular heart disease
Organ transplants	

What Remedi does if you are diagnosed with cancer

The Oncology Programme

We have set up a special cancer care programme, called the Oncology Programme, to help our members who are diagnosed with cancer. We work with the patient and the doctor to make sure that the treatment is affordable and works as it should. We pay most claims for treating cancer from the Risk Benefit, and some claims from the Insured Out-of-Hospital Benefit.

If you are diagnosed with cancer, you have to register for the Oncology Programme to get these benefits

If you are diagnosed with cancer, you need to register on Remedi's Oncology Programme to have access to the Oncology Benefit. To register, you or your treating doctor must send us details of your histology results that confirm your diagnosis. Your cancer specialist must send us your treatment plan for approval before starting with the treatment. We will only fund your cancer treatment from the Oncology Benefit if your treatment plan has been approved and meets the terms and conditions of the Scheme.

All accounts for your cancer treatment must have the relevant and correct ICD-10 code for us to pay it from the Oncology Benefit. To avoid a delay in paying your doctor's accounts, it would be helpful if you double check to make sure that your doctor has included the ICD-10 codes.

Oncology treatment that is part of the Prescribed Minimum Benefits is always covered in full, with no co-payment if you use a designated service provider. You may have a co-payment if your health care professional charges more than the Scheme Rate.

You are covered for the Oncology Programme according to your option's benefits:

- For **Remedi Comprehensive** and **Remedi Classic**, we cover R300 000 of your approved cancer treatment. This is a yearly limit. This limit is pro-rated.
- On the **Remedi Standard Option**, we cover R154 000 of your approved cancer treatment. This is a yearly limit. This limit is pro-rated.

We also cover the radiology and pathology tests that are approved for your cancer treatment.

PET scans

PET scans are covered up to the limit for oncology benefits for 12 months from the first treatment. You have to get preauthorisation and use one of our designated service providers; otherwise you will have to make a co-payment of R2 900.

Stem-cell transplants

This benefit is covered in full, up to the overall annual limit if you have registered on the Oncology Programme and use our designated service providers. If you choose to use a provider that is not one of our designated service providers, we will only fund the stem-cell transplant at the Remedi Rate up to the overall annual limit. You have access to local and international bone marrow donor searches and approved transplant treatment within our Centres. If you choose not to use our Centres, your overall yearly limit will apply to all costs related to the bone marrow transplant.

The HIVCare Programme

You have access to complete and cost-effective treatment on our HIV*Care* Programme. You can be sure we will deal with each case with the highest confidentiality. HIV and AIDS is a sensitive matter, whether you have the condition or not. Our HIV healthcare team respects your right to privacy and will always deal with any HIV- and AIDS-related query or case with complete confidentiality.

Register on the HIV*Care* Programme to access comprehensive HIV benefits

You have to register on the Discovery HIV*Care* Programme to access these benefits. Call us on 0860 116 116 or send an email to DCO_HIV_CASEMANAGERS@discovery.co.za to register.

Discovery Health's HIV*Care* team will only speak to you as the patient or your treating doctor about any HIV-related query.

If your condition meets our requirements (benefit entry criteria) for cover, you have cover for antiretroviral medicine. This includes supportive medicine and medicine for prevention of mother-to-child transmission, treatment of sexually transmitted infections and HIV-related (or AIDS-defining) infections that are on our HIV medicine list (formulary). Our case managers will coordinate HIV medicine applications and monitor your use of antiretroviral treatment to make sure the treatment is effective.

For preventive treatment in case of sexual assault, mother-to-child transmission, trauma or workman's compensation, any HIV waiting periods do not apply to preventive medicine. Cover is subject to national treatment guidelines and benefit confirmation. You do not have to register on the HIV*Care* Programme for this preventive treatment.

You have to register on the Discovery HIV*Care* Programme to get the benefits available on the Discovery HIV*Care* Programme. Call us on 0860 116 116, fax 011 539 3151 or send an email to DCO_HIV_CASEMANAGERS@discovery.co.za to register.

Optipharm is the only Designated Service Provider (DSP) for dispensing antiretroviral medicines. Members who do not use the DSP will have to pay a 20% co-payment on their monthly antiretroviral medicines.

We will only fund your HIV treatment if Remedi has approved it and you stay on your treatment plan. Once you've registered on the HIV*Care* Programme, you'll need to send us follow-up tests, when we ask for them, for us to help you with the ongoing management of your condition.

How we take care of your daily medical expenses

Insured Out-of-Hospital Benefit includes cover for care of non-life-threatening conditions that normally happen outside of the hospital. Examples include visits to the doctor or a specialist like a dermatologist or psychiatrist, prescribed medicine, dentistry and other treatments that occur without the patient being admitted to hospital. Please view the benefit schedule for more detailed information on how these daily Out-of-Hospital expenses are covered.

We pay these daily medical expenses differently, depending on your benefit option:

- On the **Remedi Comprehensive Option**, we cover certain claims from the Risk Benefit up to specified sub-limits. For example, optical claims are paid from the Optical Benefit up to an annual sub-limit of R5 000 for families and specialised dentistry from the Specialised Dentistry Benefit up to an annual sub-limit of R14 700 for families. Claims for GPs, Specialists, Acute Medicine, Radiology, Pathology and Allied Professionals are funded from the Insured Out-of-Hospital (IOH) Benefit. When there are no funds left in the Insured Out-of-Hospital Benefit, claims will be paid from funds available in your Personal Medical Savings Account (PMSA). When your Personal Medical Savings Account for the year is exhausted, you will be covered from risk for a limited number of GP visits at a Network GP.
- On the **Remedi Classic Option** we cover Out-of-Hospital claims from the Insured Out-of-Hospital Benefit. Once the funds in the Insured Out-of-Hospital Benefit run out, you have to pay these expenses from your own pocket.
- On **Remedi Standard Option**. You have to use the CareCross network to get cover for certain daily medical expenses, such as those for GPs, radiology, pathology, dental and optical claims.

Making the most of your optical benefits

Remedi has a contract with the Preferred Provider Negotiators (PPN) network to make sure you get the best use of your Optical Benefit if you are on the Classic or Comprehensive Option.

PPN charge cost-effective rates for clear lenses in return for better professional fees, without compromising on professional standards or the quality of the product. PPN tariffs are up to 67% lower for certain lens prescriptions when compared with tariffs charged by non-PPN optometrists. If you are on the Comprehensive or Classic Option, you automatically qualify for these cost-saving rates. **Remember to tell the PPN optometrist of your Remedi membership to qualify.**

You can visit a non-PPN optometrist, but he or she may charge you a higher rate, which means that the full price might not be covered. If you want to avoid possible co-payments on clear lenses, make sure the optometrist you visit belongs to the PPN network.

Your Optical Cover on Comprehensive and Classic Options

On the Comprehensive Option, optical benefits are a separate benefit category paid from the overall annual limit.

On the Classic Option, you do not have a separate benefit category for optical benefits. These are paid from the available Insured Out-of-Hospital Benefit subject to the Optical Benefit sub-limits, as well as the overall annual limit.

Please note that all claims must be submitted directly to PPN for processing and payment.

Preventive care

Preventive screening is very important. You have to find out if you have any life-threatening medical conditions early, so we can give you the best care.

You have access to the Screening and Prevention Benefit. This benefit covers one mammogram, one Pap smear, one prostate-specific antigen (PSA) test a year, and unlimited HIV tests a year. You also have cover of up to a maximum of R145 for a group of tests called a Vitality Check at one of our network pharmacies.

You qualify for one seasonal flu vaccination each year if you are over the age of 65 or are registered for certain chronic conditions. These tests do not affect your day-to-day benefits or out-of-pocket expenses.

If you meet the clinical entry criteria and preauthorise the procedure, you can now have an amniocentesis funded from your Remedi Insured Benefit

If you are over the age of 55 you can have a colonoscopy done in the doctors rooms funded from this benefit, once every 10 years as a preventive measure.

How the Personal Medical Savings Account (PMSA) works

The Personal Medical Savings Account gives our members on the Comprehensive Option a way to save money for when they have to visit the doctor, buy medicine at the pharmacy or pay for other daily medical expenses. If you do not use all the funds in the Personal Medical Savings Account during the year, we add interest to the amount and carry it over to the next year.

If you resign from Remedi and still have funds in your Personal Medical Savings Account, we will transfer the money to your new Medical Scheme (if it has a Medical Savings Account on the Option you choose) or refund the money to you after four months after transfer. We follow the stipulations of the Medical Schemes Act for these refunds.

Benefits first payable from the IOH benefit and thereafter from the PMSA

- GPs
- Medical specialists
- Conservative dentistry
- Prescribed acute medicine and injection material
- Physiotherapy, speech therapy, and occupational therapy
- Clinical psychologists
- Social workers
- Eye tests, spectacles or contact lenses and refractive eye surgery
- Radiology: Out-of-Hospital (excluding MRI and CT scans)
- Pathology: Out-of-Hospital.

Paid from PMSA only

- Chiropractor, homeopath, osteopath, herbalist, naturopath or dietician
- Contraceptives such as the pill, emergency pill, condoms, appliances
- Preventive medicine for malaria
- Immunisations.

Remedi does not cover (exclusions)

Remedi will not cover the following procedures or the direct or indirect medical consequences of the following events, except if it is required by law as stated under the Prescribed Minimum Benefits:

- Injuries sustained during participation professional sport, speed contests and speed trials
- Wilful, self-inflicted illness or injury, like alcoholic liver cirrhosis
- Injuries sustained during wilful participation in war, terrorist activity, riot, civil commotion, rebellion or insurrection
- Cosmetic procedures, like ear surgery (otoplasty) for jug-ears, removal of port wine stains and eyelid surgery (blepharoplasty), treatment of alopecia
- Breast reductions unless medically necessary
- Artificial insemination
- Infertility
- Erectile dysfunction
- Gender realignment
- Holidays for recuperative purposes
- Experimental, unproven or unregistered treatments or practices
- Purchase of: unregistered medicines, household remedies, diagnostic agents, aphrodisiacs, anabolic steroids, toiletries, cosmetics, surgical items such as bandages, nutritional supplements, tonics and slimming preparations
- Treatment of obesity
- Frail care unless in place of hospitalisation
- Search and rescue events

All our rules are available on request

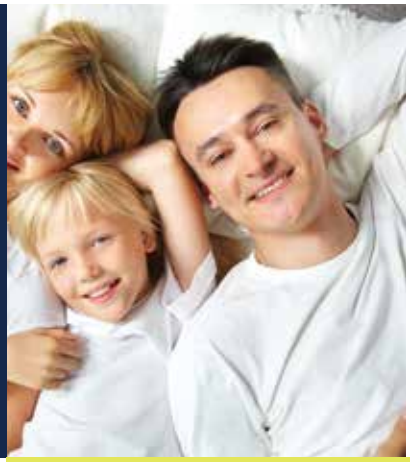
This brochure is only a summary of Remedi's benefits and procedures. If you want the full set of Rules, please download them from our website or email compliance@discovery.co.za for a copy, or ask for it at the call centre. If there is any difference between the brochure and rules, the rules of Remedi will always apply.

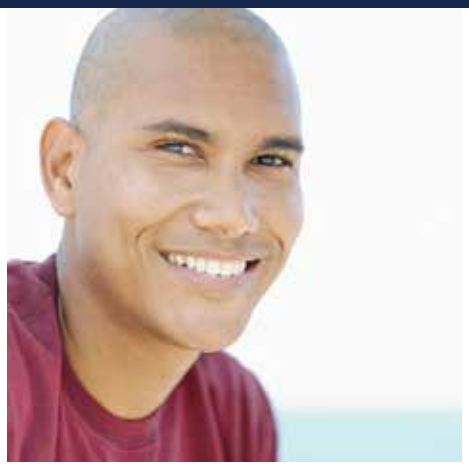
If you want to change your Benefit Option

You can change to another Remedi benefit option at the end of the year, to start from 1 January of the following year. You cannot change your benefit option during the year.

An apple a day really does keep the doctor away. Research shows that the best way to live healthy and not get sick is to make small changes to your lifestyle. Make sure that you get some exercise and eat healthy. Try to live a little bit healthier each day!

Notes





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