REMEDI

Administered by Discovery Health

2015 Remedi Medical Aid Scheme BENEFIT BROCHURE

Remedi
Medical Aid
Scheme

Your **Remedi Benefits 2015**

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

Remedi
Medical Aid
Scheme

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 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 (PMB).

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 Remedi rate for claims. We also pay participating general practitioners at the contracted GP rate for all consultations. You will not have to pay extra from your own pocket for providers who participate in the Premier and Remedi network 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 16 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.

Managed Benefits

Those benefits which are managed to facilitate appropriateness and cost-effectiveness of relevant health services within the constraints of what is affordable, using rules-based and clinical management-based programmes.

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. If you or any members of your family visit an after hours emergency / casualty facility at the hospital it will only be considered an emergency and covered as a PMB if the doctor diagnose the condition as a PMB.

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 of R1 000 per case.
Preauthorisation is not a guarantee of payment as it only aims to confirm that the treatment to be received in hospital is clinically appropriate and aligned with the benefits available. Members are advised to enquire with their treating doctor and upon obtaining preauthorisation whether co-payments may be applicable.

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 (PMB)

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 or negotiated contracted fees.

If your doctor charges more than the Remedi Rate or negotiated fees we will pay available benefits to you at the Remedi Rate or negotiated rates and you will have to pay the provider.

Welcome to **Remedi**

Remedi Medical Aid Scheme (Remedi) is a restricted medical scheme registered and regulated by the Council for Medical Schemes (CMS).

Membership is open to all employees who are employed at Remgro Limited and its associated or formally associated companies.

As such the Scheme aims to offer its members 3 (three) benefit options to choose from, which were designed to meet the specific needs with regard to medical scheme cover for the employees of the participating employers.

Members of Remedi are therefore in a position to enjoy the benefits of a restricted medical scheme, while also being allowed choices that better suit the member and his/her family ensuring that the member can enjoy the appropriate healthcare at an affordable price.

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's **key benefits** 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	✓ R5.5 million Overall annual limit for families	✓ R1.5 million Overall annual limit for families	✓ R450 000 Overall annual limit for families
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 – Remedi Standard Option Network contracted healthcare providers
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

10 good reasons why you belong to **Remedi Medical Aid Scheme**

A range of benefit options to cover various needs with the choice of full cover

We offer a range of benefit options. You should be able to select an option that is suitable for you and your family's healthcare needs.

Our extensive network of healthcare providers combined with our unique tools mean you have a way of avoiding co-payments by opting for the Full Cover Choice when visiting a specialist or GP, on day-to-day generic medicine, blood tests or going to hospital. Look out for the Full Cover Choice stamp on our website or phone the Remedi Service center (0860 116 116) to point you in the zero co-payment direction.

Our technology unlocks the best of care

We believe in giving our members every opportunity to engage and interact with their health plan, and to get the most out of it. Our smartphone application for members and our website have both been purposely built to do exactly that.

Discovery HealthID, our iPad application for doctors allows your doctor to digitally access your health records, after you have given permission. They can gain insight into your benefits, study your blood test results and write electronic prescriptions all with the touch of a finger.

Competitive contributions and financial stability

Overall the Remedi contributions compare extremely favorable to comparable schemes and options.

Over the last 5 years Remedi contribution increases were 25% lower than comparable schemes on a cumulative basis.

Remedi has financial reserves well in excess to the minimum legal requirement to ensure the long term sustainability of the scheme.

We give you access to the most advanced medicine and technology

Our members receive some of the best cover among South African medical schemes for cancer treatment. This includes cover for new and expensive medicines.

Your restricted scheme with advantages of scale

Whilst Remedi continues to offer the benefits of a restricted scheme such as lower non-healthcare spent, less anti-selection, more involvement by members and employers as well as the appropriate use of ex gratia benefits, members have access to benefits provided by the administrator as well as the stability of a substantial risk pool.

We help you stay healthy

We believe that prevention is better than cure, and so we actively encourage our members to detect and treat any illnesses as early as possible. That's why we cover a range of preventative tests from cholesterol to HIV screening without using the money in your PMSA (Personal Medical Savings Account).

Remedi Medical Aid Scheme's Administrator has the highest credit rating

Global Credit Ratings has continually given Discovery Health the highest possible rating (AA+) for the ability to pay members' claims timeously and effectively.

We provide life-saving emergency support

In unfortunate cases of emergency Remedi provides members with a comprehensive emergency transport service through ER24.

We help you save 25% on self-medication and chronic care items

Remedi offers you 25% cash-back on self-medication at Clicks and essential chronic items at Dis-Chem.

Vitality

By being a Remedi Medical Scheme member you have the opportunity to join Vitality the world's leading wellness programme that both encourages and rewards healthy behaviour.

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 as is deemed medically necessary when you've been in an accident or other emergency. This emergency medical transport is covered from your Risk Benefit, if medically justified 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.

International emergency evacuation services

It is important to note that the Scheme does not make provision for international emergency evacuation services. Members are required to make provision in their personal capacity for international emergency evacuation services, should the need arise while travelling or living outside the borders of the Republic of South Africa.

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.

Hospital visits and 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 of R1 000 per admission.

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	✓	✓	✗
Remedi Standard Option 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	✓	✓	✓
Optical management by PPN	✓	✓	✓
Mediclinic International	✓	✓	✓
Department of Health – Western Cape	✓	✓	✓
Dental management by DRC	✗	✗	✓

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 (PMB) 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.

The Chronic Illness Benefit (CIB)

The Chronic Illness Benefit covers approved medicine for the 27 PMB 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. Members on the Remedi Standard benefit option have access to medicine on the Remedi medical aid scheme medicine list (formulary). Members on this benefit option must pay for medicine not on the medicine list themselves.

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 from 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

Premier practice GP benefit

During 2015 members diagnosed with common chronic conditions are able to access innovative new benefits to successfully manage their care. Where a GP practice has joined the Remedi GP Premier Practice arrangement, a member will be entitled to an extended duration consultation once per year, provided the member is registered on the Chronic Illness benefit one of the following conditions:

- Diabetes
- Hypertension
- Ischaemic Heart Disease
- Hyperlipidaemia

Following the consultation you will be able to choose to follow a Personal Health Programme with your GP to provide you with holistic coordinated healthcare ensuring your health condition(s) are best managed and improved.

Centre for Diabetes and Endocrinology (CDE)

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.

The **HIV*Care* Programme**

You have access to complete and cost-effective treatment on our HIVCare 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 HIVCare 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 HIVCare 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 HIVCare Programme for this preventive treatment.

You have to register on the Discovery HIVCare Programme to get the benefits available on the Discovery HIVCare 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 HIVCare 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

Prescribed Minimum Benefit conditions for diagnosis and treatment (DTPPMB)

All medical schemes have to provide cover for a list of 270 PMB related medical conditions which are linked to a specific diagnosis and treatment guideline known as Diagnosis and Treatment Pairs PMB. Many of these DTPPMB 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 R164 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.

Managing your benefit option online is now more convenient than ever.

Everything from simply checking your benefits to authorising a hospital admission is now even easier than picking up the phone.

A website that responds to your device

Our website has been designed to work on a variety of different digital devices – your computer, your tablet and your cellphone. No matter what size the screen, the information will always be customised to your particular device making it easy to read.

Keeping track of your benefits

You can keep track of your available benefits online. If you have a plan with a Personal Medical Savings Account, you can see how much you have spend and what is left of your PMSA. You can access all important benefit information about your plan.

Finding a healthcare professional

You can use our Medical and Provider Search tool to find a healthcare professional, you can also find one who we cover in full so that you don't have a co-payment on your consultation. You can even filter your search by speciality and area and the results will be tailored to your requirements.

Keep track of your claims

We have securely stored information about your claims. You can submit your claim online, view your claims statement, do a claims search if you are looking for a specific claim, see a summary of your hospital claims and even view your claims transaction history.

Accessing important documents

We have securely stored documents so that they are available when you need them most. If you are looking for your tax certificate, membership certificate or simply looking for an application form. We have them all stored on our website.

The Discovery smartphone application available to Remedi members puts you fully in touch with your benefits no matter where you are. If your mobile device is with you, so is your benefit option.

Electronic membership card

View your electronic membership card with your membership number and tap on the emergency medical numbers on your card to call for emergency assistance.

Submit and track your claims

Submit claims by taking a photo of your claims using your smartphone camera and submit. You can also view a detailed history of your claims history.

Track your day-to-day medical spend and benefits

Access important benefit information about your specific plan. If your plan has a Personal Medical Savings Account (PMSA) you can view your PMSA balance. You can also keep track of your available benefits.

Access your health records

View a full medical record of all doctor visits, health metrics, past medicines, hospital visits and dates of x-rays or blood tests. It is all stored in an organised timeline that is easy and convenient to use.

Give consent to your doctor accessing your medical records

Give consent to your doctor to get access to your medical records on HealthID. This information will help you doctor understand your medical history and assist you during a consultation.

Find a healthcare provider

Find your closest healthcare providers who we have a payment arrangement with such as pharmacies and hospitals, specialists or GPs and be covered in full.

Request a document

Need a copy of your membership certificate, latest tax certificate or other important medical scheme documents? Request it on our app and it will be emailed directly to you.

Access the procedure library

View information of hospital procedures in our comprehensive series of medical procedure guides. You can also view a list of your approved planned hospital admissions.

Update your emergency details

Update your blood type, allergies and emergency contact information.

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 320 for families and specialised dentistry from the Specialised Dentistry Benefit up to an annual sub-limit of R15 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 Remedi Standard Option Network contracted General Practitioners (GPs) and other healthcare providers to get cover for certain daily medical expenses, such as those for GP consultations, 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.

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. **Remember to tell the PPN optometrist of your Remedi membership to qualify for the negotiated rates.**

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 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.

Members on the Standard Option has limited optical benefits available through the Scheme preferred provider, PPN. Please consult the limits and benefits as set out in this Benefit Brochure for more information. Please note that all claims must be submitted directly to PPN for processing and payment.

Preventative care and Screening benefits

Preventative 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 Prevention and Screening 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 limited amount 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 doctor's rooms funded from this benefit, once every 10 years as a preventive measure. With effect from 1 January 2015 identified high risk members will now also have access to the Pneumococcal vaccine as part of the preventative care benefits of the Scheme. One preventative dental examination per annum, which include the oral examination, infection control, prophylaxis, polishing and fluoride for adults and children will be available for members on the Comprehensive and Classic Option. Members on the Standard Option need to consult with the preferred healthcare provider for further information regarding preventative dental care.

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 and some appliances not funded from available benefits, as applicable.
- Preventive medicine for malaria
- Immunisations, except those covered from the Prevention and Screening Benefit.

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.

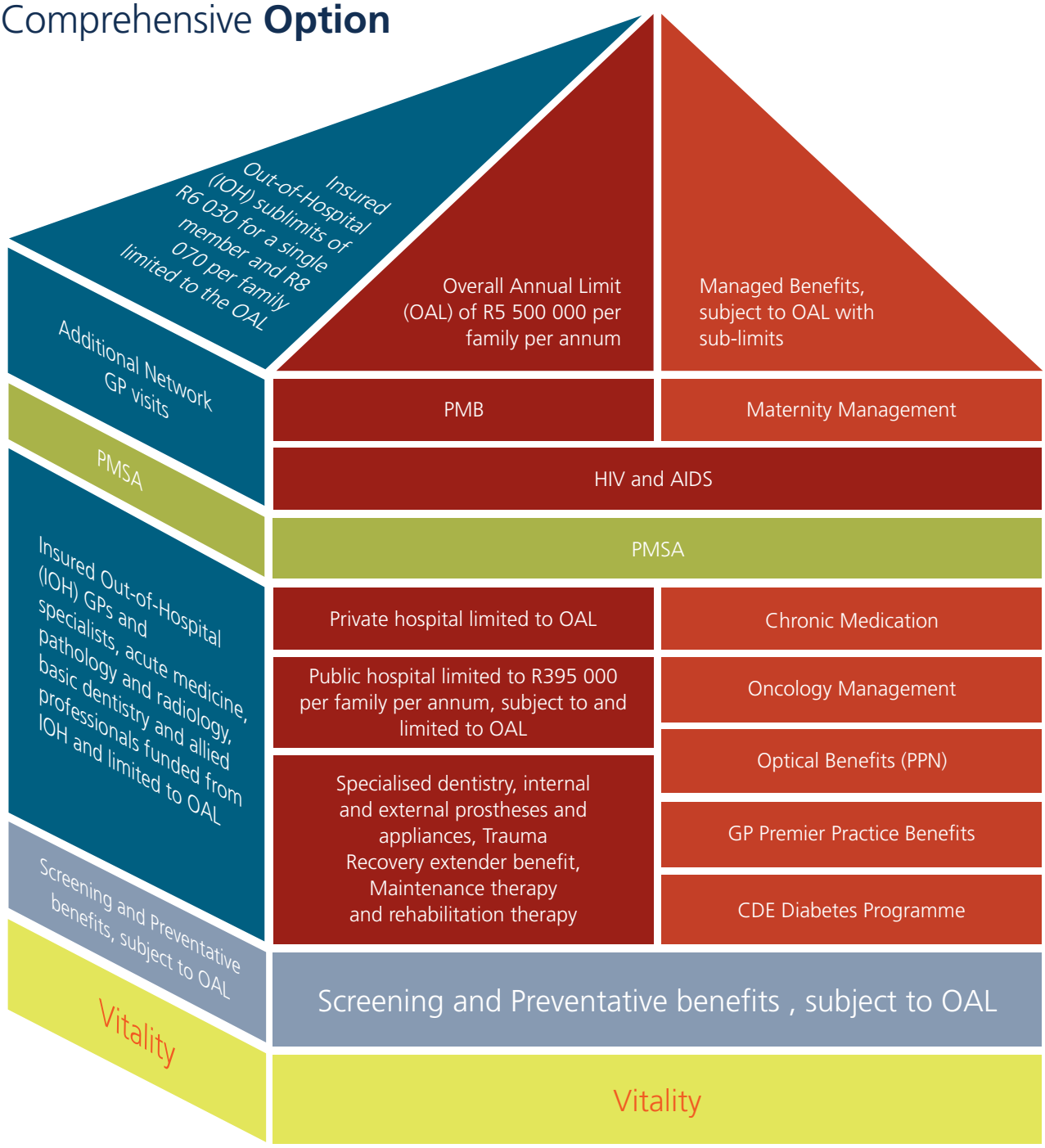
If you want to **change your Benefit Option**

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.**

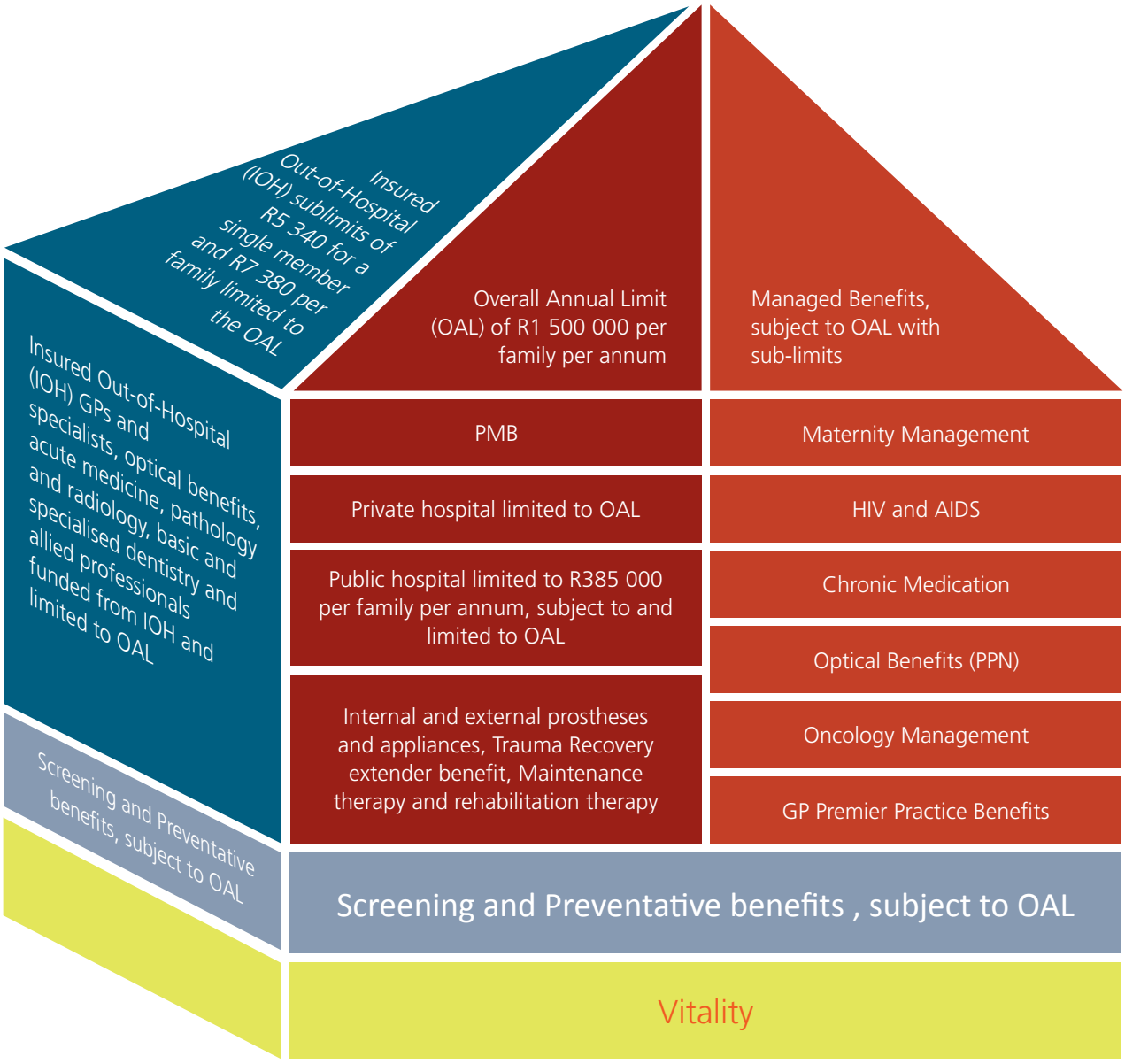
How the **Risk Benefit works**

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. Read more: preauthorisation.

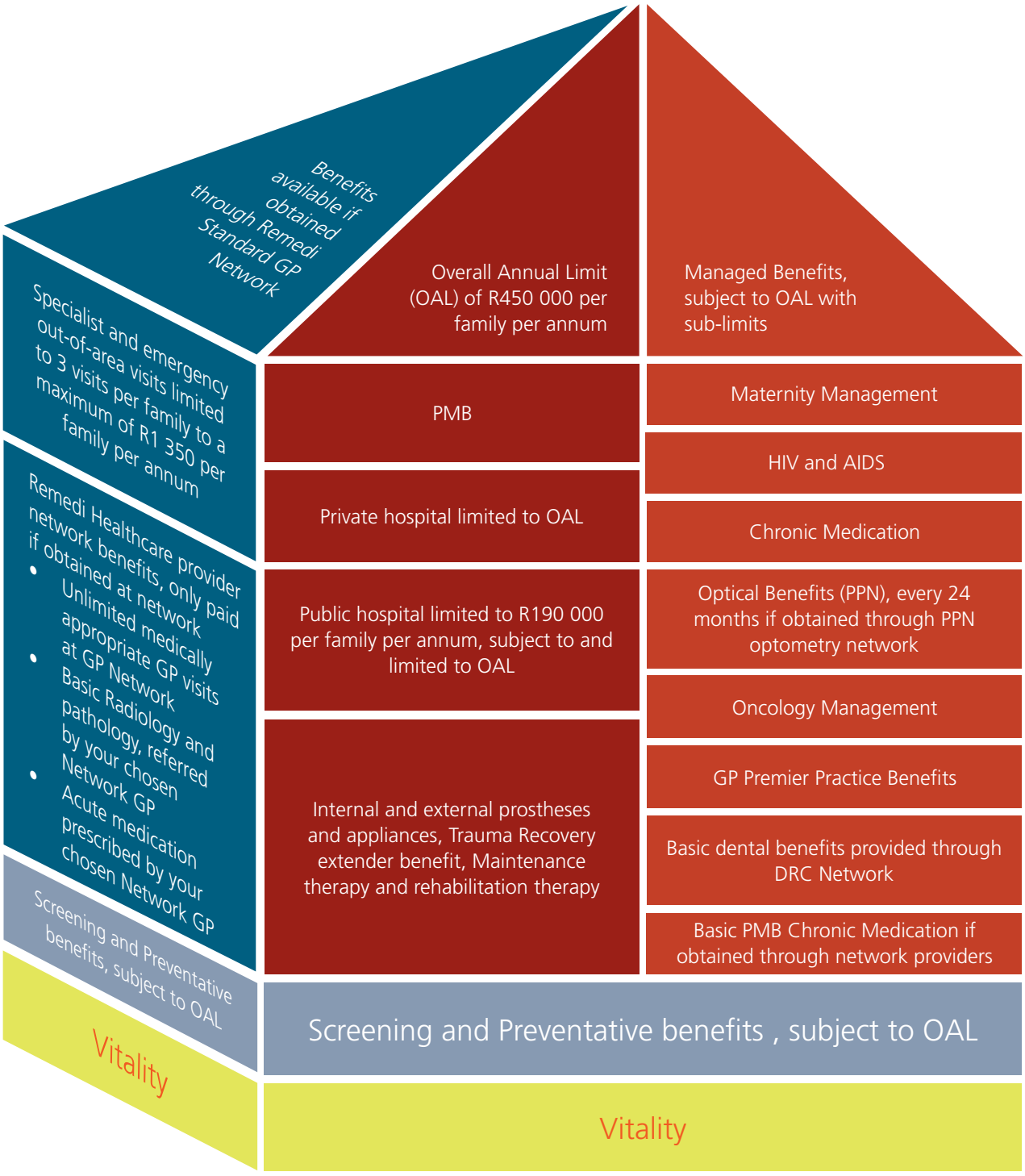
Comprehensive **Option**



Classic **Option**



Standard **Option**



1. Hospital Benefit

You will have a R1 000 co-payment if you do not get preauthorisation at least 48 hours before you go to hospital. You must authorise emergency admissions on the first working day after the admission. You cannot use this benefit if you do not get authorisation.

Benefits	Rate	Remedi **Comprehensive**	Remedi **Classic**	Remedi **Standard**
Private hospitals	100% of Remedi Rate	Subject to an overall annual limit of R5 500 000 per family	Subject to an overall annual limit of R1 500 000 per family	R450 000 per family
State hospitals	100% of Remedi Rate	Subject to an overall annual limit of R395 000 per family	Subject to an overall annual limit of R385 000 per family	Subject to an overall annual limit of R190 000 per family
Operations, procedures and surgery		Payment will be in full to Designated Service Providers and at 150% of the Remedi Rate if you use non-network specialists	Payment will be in full to Designated Service Providers and at 100% of the Remedi Rate if you use non-network specialists	Payment will be in full to Designated Service Providers and at 100% of the Remedi Rate if you use non-network specialists
Ward and theatre fees	100% of Remedi Rate	Includes cover for general ward, maternity ward, theatre recovery and intensive care unit subject to overall annual limit		
Confinements	100% of Remedi Rate	Subject to the overall annual limit		
Blood transfusions	100% of Remedi Rate	Subject to the overall annual limit		
Organ transplants	100% of Remedi Rate	Subject to the overall annual limit and the requirements for Prescribed Minimum Benefits		
Renal dialysis	100% of Remedi Rate	Subject to the overall annual limit and the requirements for Prescribed Minimum Benefits		
Conservative dentistry **Under anaesthesia for patients younger than 7 years**	100% of Remedi Rate	**Anaesthetic and hospitalisation** subject to the overall annual limit. **Dental claim** subject to Insured Out-of-Hospital Benefit limits.	**Anaesthetic and hospitalisation** subject to the overall annual limit. **Dental claim** subject to Insured Out-of-Hospital Benefit limits.	No benefit
Refractive eye surgery	100% of Remedi Rate	Subject to clinical entry criteria, the overall annual limit and a sub-limit of R21 000 per person per year. Includes funding of Corneal-Cross Linking if authorised	Subject to clinical entry criteria, the overall annual limit and a sub-limit of R18 800 per person per year. Includes funding for Corneal-Cross Linking if authorised	No benefit
Mental health	100% of Remedi Rate	Subject to the overall annual limit, limited to 21 days a year and the requirements for Prescribed Minimum Benefits. Includes the treatment of alcoholism and drug dependency at SANCA, RAMOT or Nishtara.		
Radiology and pathology	100% of Remedi Rate	Subject to the overall annual limit		

1. Hospital Benefit (continued)

Benefits	Rate	Remedi **Comprehensive**	Remedi **Classic**	Remedi **Standard**
MRI and CT scans	100% of Remedi Rate	Subject to the overall annual limit and referral by a specialist. Covers in-and out-of-hospital scans. Consumables (disposable medical items) are funded from the Insured Out-of-Hospital Benefit.	Subject to the overall annual limit and referral by a specialist. Covers in-and out-of-hospital scans. Consumables (disposable medical items) are funded from the Insured Out-of-Hospital Benefit.	Subject to the overall annual limit and referral by a specialist. Covers In-Hospital scans only. There is no benefit for Out-of-Hospital scans.
Medicine given on discharge (TTO's - take out medicines)	100% of Remedi Rate	Limited to five days' supply		
Internal prostheses and devices	100% of Remedi Rate	Subject to the overall annual limit, **with the following sub-limits for each prosthesis.** Thereafter from Personal Medical Savings Account.	Subject to the overall annual limit, **with the following sub-limits for each prosthesis.**	Subject to the overall annual limit, **with the following sub-limits for each prosthesis.**
- Hip replacement		R45 800	R39 300	R34 700
- Revision hip		R54 200	R46 400	R41 000
- Knee replacement		R36 100	R30 900	R27 300
- Revision knee		R45 800	R39 300	R34 700
- Shoulder replacement		R42 100	R36 100	R31 900
- Spinal Benefit		Per level limit subject to clinical protocols. Limited to one procedure per year. - R25 500 for the first level - R51 000 for two or more levels		
- Bare metal cardiac stents		Maximum of R10 300 per stent and maximum three per year. Negotiated reference price is applicable.		
- Drug-eluting cardiac stents		Maximum of R16 300 per stent and maximum three per year. Negotiated reference price is applicable.		
- Pacemaker with leads		R61 800	R52 500	R46 400
- Pacemaker biventricular		R79 700	R67 600	R59 800
- Cardiac valves		R41 300 per valve	R35 000 per valve	R30 200 per valve
- Above knee artificial limbs		R43 900	R37 400	R33 100
- Below knee artificial limbs		R23 900	R20 500	R18 200
- Artificial eyes		R22 600	R19 100	R17 000
- All other internal prostheses and devices		R19 100 per person	R16 400 per person	R14 500 per person
Sub-acute facilities	100% of Remedi Rate	Subject to the overall annual limit	Subject to the overall annual limit	Subject to the overall annual limit
Hospice, frail care and private nursing as an alternative to hospitalisation	100% of Remedi Rate	Subject to the overall annual limit with a sub-limit of R28 900 per beneficiary	Subject to the overall annual limit with a sub-limit of R27 550 per beneficiary	Subject to the overall annual limit with a sub-limit of R10 100 per beneficiary
Ambulance	100% of Remedi Rate	Subject to use of ER24 Emergency Response Service. Transfers between hospitals during an admission are subject to medical justification. International cover excluded.		

2. Managed Benefits

Benefits	Rate	Remedi **Comprehensive**	Remedi **Classic**	Remedi **Standard**
2.1 Chronic Medicine				
Prescribed Minimum Benefits	100% of Remedi Medicine Rate	Unlimited if registered for Chronic Illness Benefit and the medicine is on the Remedi formulary. You must also get the medicine from a network pharmacy. We pay for non-formulary medicine up to the Chronic Drug Amount for a registered medicine class. Co-payments may not be funded from available funds in your Personal Medical Savings Account.	Unlimited if registered for Chronic Illness Benefit and the medicine is on the Remedi formulary. You must also get the medicine from a network pharmacy. We pay for non-formulary medicine up to the Chronic Drug Amount for a registered medicine class.	Unlimited if registered for Chronic Illness Benefit and the medicine is on the Remedi formulary. You must also get the medicine from a network pharmacy. We pay for non-formulary medicine up to the Chronic Drug Amount for a registered medicine class. formulary and you must get it from a Remedi Standard Option Network provider.
Non-Prescribed Minimum Benefit conditions	100% of Remedi Medicine Rate	Subject to clinical entry criteria and Remedi's list of excluded conditions Limited to R1 490 per beneficiary per month. Subject to registration on the Chronic Illness Benefit.	Subject to clinical entry criteria and Remedi's list of excluded conditions Limited to R1 240 per beneficiary per month. Subject to registration on the Chronic Illness Benefit.	Subject to clinical entry criteria and Remedi Standard Option Network formulary, unlimited if registered for Chronic Illness Benefit. You must get it from a Remedi Standard Option Network provider.
2.2 HIVCare Management Programme	100% of Remedi Rate	Subject to clinical protocols	Subject to clinical protocols	Subject to clinical protocols
2.3 Diabetes Management Programme	100% of Remedi Rate	Access to support and benefits is offered through the Centre for Diabetes and Endocrinology. Subject to registration on the Chronic Illness Benefit for either diabetes mellitus type 1 or 2.	No benefit	No benefit
2.4 Maternity Management Benefit	100% of Remedi Rate	Includes two 2D scans, an extensive list of pregnancy-related pathology tests and nine antenatal consultations with a gynaecologist or midwife (limited to your IOH) or your GP, as well as nine urine dipstick tests and two glucose strip tests.		Includes two 2D scans, a specified range of pregnancy-related pathology tests and nine antenatal consultations with a gynaecologist or midwife (limited to your IOH) or your GP, as well as nine urine dipstick tests.
		Subject to overall annual limit and the Prescribed Minimum Benefit requirements.		
2.5 Optical Benefit	100% of Remedi Rate	Includes frames and lenses or contact lenses.		
		Subject to confirmation of benefit by the Preferred Provider Network (PPN). You can choose to cover any shortfall from your available savings. **All benefits are subject to the overall annual limit and the following sub-limits:**	**Subject to confirmation of benefit by Preferred Provider Network (PPN).** **All benefits are subject to Insured Out-of-Hospital Benefit limits and the following sub-limits:**	Subject to confirmation of benefit by the Preferred Provider Network (PPN). **All benefits are subject to the overall annual limit and the following sub-limits:**
Member sub-limit		R2 660	R2 315	–
Family sub-limit		R5 320	R4 630	–
DSP provider eye test		R460	R460	One test per person every two years
Non-DSP provider eye test		R310	R310	No benefit

2. Managed benefits (Continued)

Management	Rate	Remedi **Comprehensive**	Remedi **Classic**	Remedi **Standard**
2.5 Optical Benefit continues				
Frame from DSP provider		Subject to available member or family sub-limit. R160 PPN frame plus up to R840 of lens enhancement or R1 000 towards an alternative frame and/or lens enhancement	Subject to available member or family sub-limit. R160 PPN frame plus up to R715 toward lens enhancement or R875 towards an alternative frame and/or lens enhancement	One standard frame every two years and/or lens enhancements up to R160 per beneficiary every two years.
Frame from Non-DSP provider		R1 000 towards a frame and/or lens enhancement	R875 towards a frame and/or lens enhancement	R160 towards a frame
Single-vision clear acuity lenses		R185 per lens	R185 per lens	One pair of clear aquity single or bifocal- or bi-focal lenses for each beneficiary every two years. Clear aquity multifocal lenses covered up to the cost of bifocal lenses.
Bifocal clear aquity lenses		R430 per lens	R430 per lens	
Multifocal clear acuity lenses		R750 per lens	R750 per lens	
Alternatively: Contact lenses		R2 120	R1 840	One pair every two years, instead of glasses, up to the value of R400
2.6 Cancer Treatment	100% of Remedi Rate	R300 000 per person per annum. Once this limit is depleted, then access only for PMB conditions	R300 000 per person per annum. Once this limit is depleted, then access only for PMB conditions	Subject to the overall annual limit with a sub-limit of R164 000 per person and the requirements for Prescribed Minimum Benefits

3. Treatment performed out of hospital, but paid from Risk Benefit

Benefits	Rate	Remedi **Comprehensive**	Remedi **Classic**	Remedi **Standard**
3.1 Benefits for infertility	100% of Remedi Rate	Cover in line with the Prescribed Minimum Benefits requirements.		
3.2 Specialised dentistry	100% of Remedi Rate	Subject to the overall annual limit with the following sub-limits: - Member only: R8 050 - Family: R15 700 Basic dental codes are subject to available Insured Out-of-Hospital Benefit.	Subject to available Insured Out-of-Hospital Benefit	No benefit
3.3 External prostheses and appliances	100% of Remedi Rate	Subject to the overall annual limit, **with the following sub-limits for each prosthesis.** (Thereafter from Personal Medical Savings Account.)	Subject to the overall annual limit, **with the following sub-limits for each prosthesis:**	Subject to the overall annual limit, **with the following sub-limits for each prosthesis:**
- Colostomy equipment	100% of Remedi Rate	R19 650 per person	R19 650 per person	R10 200 per person
- Hearing aids		R18 150 per person	R18 150 per person	R13 100 per person

3. Treatment performed out of hospital, but paid from Risk Benefit (Continued)

Benefits	Rate	Remedi **Comprehensive**	Remedi **Classic**	Remedi **Standard**
- Oxygen appliances (monthly limit)		R1 475 per person (includes oxygen)	R1 475 per person (includes oxygen)	R1 475 per person (includes oxygen)
- Wheelchairs		R11 350 per person	R9 150 per person	R8 500 per person
- All other external prostheses and appliances		R4 300 per person	R4 300 per person	R2 400 per person
3.4 Trauma Recovery Extender Benefit	100% of Remedi Rate	Cover for certain Out-of-Hospital claims for your recovery after certain traumatic events, without using the Insured Out-of-Hospital Benefit. **Subject to clinical entry criteria, the overall annual limit and the following sub-limits:**		
- Loss of limb per family		R63 500	R63 500	R63 500
- Private nursing		R7 950	R7 950	R7 950
- Prescribed medication	Member	R21 150	R9 750	R9 750
	Member +1	R24 800	R11 500	R11 500
	Member +2	R28 900	R13 700	R13 700
	Member +3 or more	R32 900	R16 600	R16 600
- External medical items		R51 500	R23 000	R23 000
- Hearing aids		R18 800	R10 800	R10 800
- Mental Health Benefit		R19 300	R14 400	R14 400
3.5 Maintenance therapy after rehabilitation or congenital defect (mental or physical) (In-and out-of-hospital)	100% of Remedi Rate	Extended physiotherapy, occupational therapy, speech therapy and biokinetics of a conservative nature. Subject to approval of a treatment plan and the overall annual limit with a sub-limit of R10 420 per family.	Extended physiotherapy, occupational therapy, speech therapy and biokinetics of a conservative nature. Subject to approval of a treatment plan and the overall annual limit with a sub-limit of R9 900 per family.	Extended physiotherapy, occupational therapy, speech therapy and biokinetics of a conservative nature. Subject to approval of a treatment plan and the overall annual limit with a sub-limit of R2 940 per family.
3.6 Rehabilitation therapy after hospitalisation	100% of Remedi Rate	Extended physiotherapy, occupational therapy, speech therapy and biokinetics. Subject to the overall annual limit and approval of a treatment plan. Treatment must start within two weeks of discharge from hospital.	Extended physiotherapy, occupational therapy, speech therapy and biokinetics. Subject to the overall annual limit and approval of a treatment plan. Treatment must start within two weeks of discharge from hospital.	Extended physiotherapy, occupational therapy, speech therapy and biokinetics. Subject to the overall annual limit, with a sub-limit of R2 940 per family and approval of a treatment plan. Treatment must start within two weeks of discharge from hospital.

4. Insured Out-of-Hospital Benefit

The following day-to-day benefits are paid from Risk and are subject to available Insured Out-of-Hospital Benefit limits and the overall annual limit for each Option.

Benefits	Rate	Remedi **Comprehensive**	Remedi **Classic**	Remedi **Standard**
4.1 Annual sub-limits		Member: R6 030 Family: R8 070 If you exceed the sub-limit, non-Prescribed Minimum Benefit expenses will be paid from your Personal Medical Savings Account, subject to available funds. The sub-limit excludes Specialised dentistry and optical claims, but it includes facility fees. From 1 January 2015 this benefit includes your consultation with a gynaecologist for insertion of a Mirena contraceptive device in the gynaecologist's rooms, provided pre-approval was obtained from the Scheme in line with clinical protocols and guidelines.	Member: R5 340 Family: R7 380 If you exceed the sub-limit, you have to pay non-Prescribed Minimum Benefit expenses from your own pocket. The sub-limit includes Specialised dentistry, optical claims and facility fees. From 1 January 2015 this benefit includes your consultation with a gynaecologist for insertion of a Mirena contraceptive device in the gynaecologist's rooms, provided pre-approval was obtained from the Scheme in line with clinical protocols and guidelines.	Member: R1 780 Family: R2 530 These sub-limits are for medical specialists (excluding clinical psychologists and social workers), and emergency treatment. Includes facility fees. From 1 January 2015 this benefit includes your consultation with a gynaecologist for insertion of a Mirena contraceptive device in the gynaecologist's rooms, provided pre-approval was obtained from the Scheme in line with clinical protocols and guidelines.
4.2 GPs and specialists	100% of Remedi Rate	Subject to available Insured Out-of-Hospital Benefit limits and the overall annual limit. Once depleted it will pay from your Personal Medical Savings account.	Subject to available Insured Out-of-Hospital Benefit limits and the overall annual limit.	Medically appropriate GP consultations and minor procedures, unlimited at Remedi Standard Option Network GPs. Out-of-area visits to non-Remedi Standard Option Network GPs are limited to R1 350 per family per year. Medical specialists, subject to referral by chosen Network GP, and annual sub-limit set out above and overall annual limit.
4.3 Network GP Benefit	100% of Remedi Rate	A defined number of extra GP consultations are paid from Risk once your Insured Out-of-Hospital Benefit limits and Personal Medical Savings Account funds are exhausted. - Member: Three GP visits - Family: Six GP visits We will only fund visits to a Network GP from Risk, and pathology is excluded.	No benefit	No benefit
4.4 Acute medicine	100% of Remedi Rate	Schedule 0, 1 and 2 medicine that can be bought over the counter without a doctor's prescription		No benefit
		Subject to available Insured Out-of-Hospital Benefit limits and the overall annual limit. Once depleted it will pay from your Personal Medical Savings account.	Subject to available Insured Out-of-Hospital Benefit limits and the overall annual limit	Subject to the Remedi Standard Option Network formulary. Unlimited if you get the medicine from a Remedi Standard Option Network provider.

4. Insured Out-of-Hospital Benefit (Continued)

The following day-to-day benefits are paid from Risk and are subject to available Insured Out-of-Hospital Benefit limits and the overall overall annual limit for each Option.

Benefits	Rate	Remedi **Comprehensive**	Remedi **Classic**	Remedi **Standard**
4.5 Pathology and Radiology (excluding MRI and CT scans)	100% of Remedi Rate	Subject to available Insured Out-of-Hospital Benefit limits and the overall annual limit. Once depleted it will pay from your PMSA.	Subject to available Insured Out-of-Hospital Benefit limits and the overall annual limit.	Basic x-rays (black and white x-rays of chest, abdomen, pelvis and limbs) and limited pathology tests, subject to formulary and as referred by chosen Network GP, are covered at Remedi Standard Option Network healthcare providers.
4.6 Conservative dentistry		Subject to available Insured Out-of-Hospital Benefit limits and the overall annual limit. Once depleted it will pay from your PMSA.	Subject to available Insured Out-of-Hospital Benefit limits and the overall annual limit.	Basic dentistry only, such as consultations, extractions and fillings, including resin fillings; up to three surface fillings a tooth. The benefit excludes dentures and Specialised dentistry. Services to be obtained from the DRC dental management preferred provider network.
4.7 Specialised dentistry		Stand-alone benefit. Not funded from the Insured Out-of-Hospital Benefit. See detailed benefits in Section 3 above. This will be covered from your PMSA once the specialised dentistry limit is depleted.	Subject to available Insured Out-of-Hospital Benefit limits and the overall annual limit.	No benefit
4.8 Optical Benefit (see detailed benefits in Section 2.5 above)		Stand-alone benefit. Not funded from the Insured Out-of-Hospital Benefit.	Subject to available Insured Out-of-Hospital Benefit limits and the overall annual limit.	Subject to confirmation of benefit by the Preferred Provider Network (PPN). **All benefits are subject to the overall annual limit and the following sub-limits:**
4.9 Allied professionals (Physiotherapy, Biokinetics, Occupational Therapy, Speech Therapy, Audiology, Audiometry, Clinical Psychology and Social work)		Subject to available Insured Out-of-Hospital Benefit limits and the overall annual limit.	Subject to available Insured Out-of-Hospital Benefit limits and the overall annual limit.	No benefit

5. Personal Medical Savings Account

On the Comprehensive Option, certain non-Prescribed Minimum Benefit medical costs that are more than the available benefit may be funded from the Personal Medical Savings Account. You must give a yearly instruction for this. This benefit is not available on the Classic and Standard Options.

Benefit **Option**	**Rate**	Remedi **Comprehensive**
Other healthcare services which include: chiropractic treatment, dietetics, homeopathy, or herbalists, contraceptives, preventative medication for malaria, excluding the Mirena contraceptive device which is covered from the other appliances benefit limit. Immunisations, except influenza and pneumococcal vaccines where clinically indicated which is funded from the Preventative and Screening benefit.	100% of cost	Payment will only be made from the Personal Medical Savings Account subject to available funds.

6. Preventative and Screening benefit

Benefits	Rate	Remedi **Comprehensive**	Remedi **Classic**	Remedi **Standard**
Screening Benefit	100% of Remedi Rate	Includes the following screening tests at a Designated Service Provider. Consultations and extra tests are covered from available Insured Out-of-Hospital Benefit limits.		
- Random blood glucose		One test per year		
- Blood pressure		One test per year		
- Body mass index		One test per year		
- Random cholesterol		One test per year		
- HIV test		Unlimited number of tests		
- Mammogram		One test per year		
- Pap smear		One test per year		
- Prostate-specific antigen (PSA)		One test per year		
- Colonoscopy		One test every 10 years. Only for members over the age of 55 if performed in the doctors rooms.		
- Flu vaccination		One vaccination per year. Only for high-risk members and members over the age of 65.		
- Amniocentesis		Funded from your Remedi Insured Benefit – subject to clinical entry criteria and preauthorisation		
- Pneumococcal vaccine		One vaccination per year for high-risk members if clinically appropriate		
- Preventative dentistry		One preventative dental examination per beneficiary per annum, including the oral examination, infection control, prophylaxis, polishing and fluoride of adults and children.		Preventative dentistry is provided through the contracted Designated Service Provider.

7. Contributions for 2015

	Remedi **Comprehensive**			Remedi **Classic (**)**			Remedi **Standard (**)**		
Income Bands	**Principal**	**Adult or spouse**	**Child (*)**	**Principal**	**Adult or spouse**	**Child (*)**	**Principal**	**Adult or spouse**	**Child (*)**
R0 – R3 999	R2 207	R1 305	R322	R1 798	R956	R248	R1 089	R550	R132
R4 000 – R5 499	R2 328	R1 395	R342	R1 902	R1 024	R276	R1 142	R586	R151
R5 500 – R6 999	R2 461	R1 486	R375	R2 004	R1 090	R295	R1 198	R664	R191
R7 000 – R7 999	R2 589	R1 528	R409	R2 108	R1 120	R322	R1 286	R808	R257
R8 000 – R8 999	R2 722	R1 613	R428	R2 222	R1 181	R343			
R9 000 – R9 999	R2 873	R1 691	R449	R2 336	R1 241	R357			
R10 000 – R10 999	R3 017	R1 775	R489	R2 461	R1 307	R390			
R11 000+	R3 180	R1 872	R516	R2 587	R1 375	R403			

Contributions set at a maximum of 10% are inclusive of the PMSA on the Comprehensive Option (*) Contribution rates for children are applied on the first three (3) children. (**) No provision is made for contribution towards a Personal Medical Savings Account.

Savings (PMSA) portion of contributions on the Comprehensive Option			
Income Bands	**Principal**	**Adult or spouse**	**Child**
R0 – R3 999	R221	R131	R32
R4 000 – R5 499	R233	R140	R34
R5 500 – R6 999	R246	R149	R38
R7 000 – R7 999	R259	R153	R41
R8 000 – R8 999	R272	R161	R43
R9 000 – R9 999	R287	R169	R45
R10 000 – R10 999	R302	R178	R49
R11 000+	R318	R187	R52

8. Subsidies for 2015

	Remedi **Comprehensive**			Remedi **Classic**			Remedi **Standard**		
Income Bands	**Principal**	**Adult or spouse**	**Child**	**Principal**	**Adult or spouse**	**Child**	**Principal**	**Adult or spouse**	**Child**
R0 – R3 999	R1 390	R262	R157	R1 351	R259	R151	R947	R390	R68
R4 000 – R5 499	R1 471	R281	R164	R1 429	R280	R160	R1000	R414	R75
R5 500 – R6 999	R1 545	R301	R180	R1 503	R299	R175	R1 051	R468	R97
R7 000 – R7 999	R1 636	R307	R195	R1 588	R305	R190	R1 116	R570	R127
R8 000 – R8 999	R1 722	R327	R204	R1 673	R326	R190			
R9 000 – R9 999	R1 808	R339	R220	R1 758	R339	R206			
R10 000 – R10 999	R1 912	R352	R235	R1 855	R353	R220			
R11 000+	R2 009	R378	R251	R1 952	R379	R235			

Ex gratia policy

Ex gratia is defined by the Council for Medical Schemes (CMS) as "a discretionary benefit which a medical aid scheme may consider to fund in addition to the benefits as per the registered Rules of a medical scheme. Schemes are not obliged to make provision therefore in the rules and members have no statutory rights thereto".

The board of trustees may in its absolute discretion increase the amount payable in terms of the Rules of the Scheme as an *ex gratia* award.

As *ex gratia* awards are not registered benefits, but are awarded at the discretion of the Board of Trustees, the Board has appointed a Medical Advisory Committee (MAC) who review *ex gratia* applications received and this Committee is mandated to act on behalf of the Board in making decisions regarding ex gratia applications.

The Board of Trustees review the benefits of the Scheme annually and the Benefit Schedule included with this Brochure is a summary of the benefits of the Remedi Medical Aid Scheme, pending formal approval from CMS.

The Rules of the Scheme apply to our benefits and this benefit guide do not supercede the registered Rules of the Scheme. If you want to refer to the full set of Rules, please visit our website or email compliance@discovery.co.za.

Notes

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