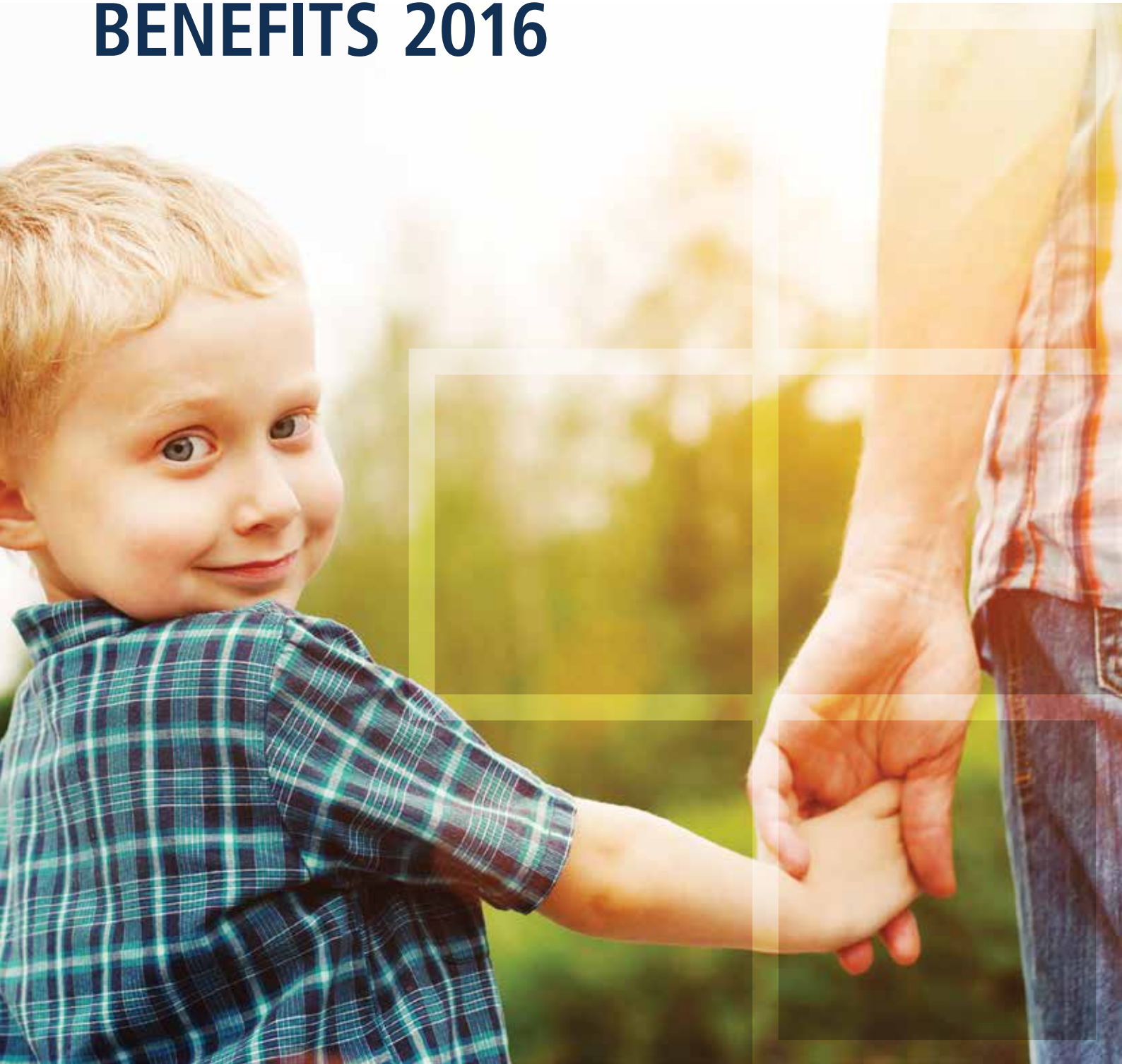




Administered by Discovery Health

REMedi MEDICAL AID SCHEME

BENEFITS 2016



QUICK CONTACT REFERENCES

FOR AMBULANCE AND OTHER EMERGENCY SERVICES

Call **ER24** on **084 124**

GENERAL QUERIES

service@discovery.co.za

Call centre **0860 116 116**

TO SEND CLAIMS

Email **claims@discovery.co.za**

Fax it to **0860 329 252**

Drop off your claim in any blue Discovery Health claims box, or post it to PO Box 652509 Benmore 2010 or take a photo and submit your claim using the Discovery app as set out in this Benefit Brochure on page 15. The Discovery app can be downloaded at the Apple iStore and Google Playstore.

OTHER SERVICES

Oncology service centre **0860 116 116**

HIVCare Programme **0860 116 116**

Internet queries **0860 100 696**

Preferred Provider Network (PPN)

Contact number **086 110 3529**

Centre for Diabetes and Endocrinology (CDE)

Contact number **011 712 6000**

Additional information is available on our website

www.yourremedi.co.za

Access your Remedi information through the Discovery Health App that is available on either the Google Playstore or the Apple iStore.

REPORT FRAUD

If you even slightly suspect someone of committing fraud, report all information to the Discovery fraud hotline: **forensics@discovery.co.za** directly.

You may remain anonymous if you prefer:

Toll-free phone **0800 004500**

SMS **43477** and include the description of the alleged fraud.

Toll-free fax **0800 007788**

Email **discovery@tip-offs.com**

Post **Freepost DN298, Umhlanga Rocks 4320**

PREAUTHORISATION

Email **preauthorisations@discovery.co.za**

Contact us on **0860 116 116**

WALK-IN CENTRES

You are also welcome to visit one of our walk-in centres at:

- Knowledge Park, Heron Crescent, Century City, Cape Town
- 16 Fredman Drive, Sandton
- 41 Imvubu Park Place, Riverhouse Valley Business Estate, Nandi Drive, Durban
- Corner of Oak and Tegel Avenues, Highveld Techno Park, Centurion
- BPO Building Zone 4 – IDZ Coega, Port Elizabeth

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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 that you need 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 on page 12

DESIGNATED SERVICE PROVIDER (DSP)

This is a doctor, specialist or other healthcare provider Remedi has 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 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.

EXCLUSIONS

There are certain expenses that are not covered by Remedi. These are called exclusions. **They are listed on page 22 of this Benefit Brochure.**

HEALTHCARE PROFESSIONALS WHO WE HAVE A PAYMENT ARRANGEMENT WITH

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. **Read more: MaPS page 19**

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

These benefits 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 EMERGENCIES

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 PMB. If you or any members of your family visit an after hours emergency facility at the hospital, it will only be considered as an emergency and covered as a PMB if the doctor diagnoses 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 for each admission. **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.** We advise members to talk to their treating doctor so they know whether or not they will be responsible for out of pocket expenses, when they preauthorise their treatment.

There are some procedures or treatments your doctor can do in their rooms. For these procedures 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 use 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 on page 12**

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. **Read more on page 13**

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, such as the anaesthetist accounts and for pathology or radiology tests when you are treated in hospital.

REMEDI RATE

This is the Rate at which we pay for your medical claims. The Remedi Rate is based on the Discovery Health Rate or on specific rates that we negotiate with healthcare service providers. Unless we state differently in this Benefit Brochure, we pay for claims 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 healthcare provider.



WELCOME TO REMEDI

REMEMI MEDICAL AID SCHEME (REMEMI) IS A RESTRICTED MEDICAL SCHEME REGISTERED AND REGULATED BY THE COUNCIL FOR MEDICAL SCHEMES (CMS).

Our mission is to provide cost-effective healthcare benefits that meet your needs, supported by efficient administrative processes ensuring that you have peace of mind regarding major medical expenses.

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

The Scheme offers members three Benefit Options to choose from. Each Benefit Options was designed to meet the specific needs of employees of the participating employers.

Remedi's **Comprehensive Option** provides members with a Personal Medical Savings Account (PMSA) for benefits not covered from risk and when the Insured Out-of-Hospital (IOH) benefits are exhausted, it also allows for additional general practitioner (GP) visits once the IOH and PMSA are used up for the year.

The **Classic Option** contributions are slightly lower than the Comprehensive Option, however, members do not have access to a PMSA and benefit limits are lower than what is available on the Comprehensive Option.

The **Standard Option** provides limited benefits and certain limits are only provided by Remedi's appointed designated service providers (DSP). Members are referred by their GP to a healthcare professional in the network. If a member visits a GP not in the network, limited Out-of-Area (OOA) benefits are available.

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 them and their family. This ensures that members can enjoy the appropriate healthcare at an affordable price.

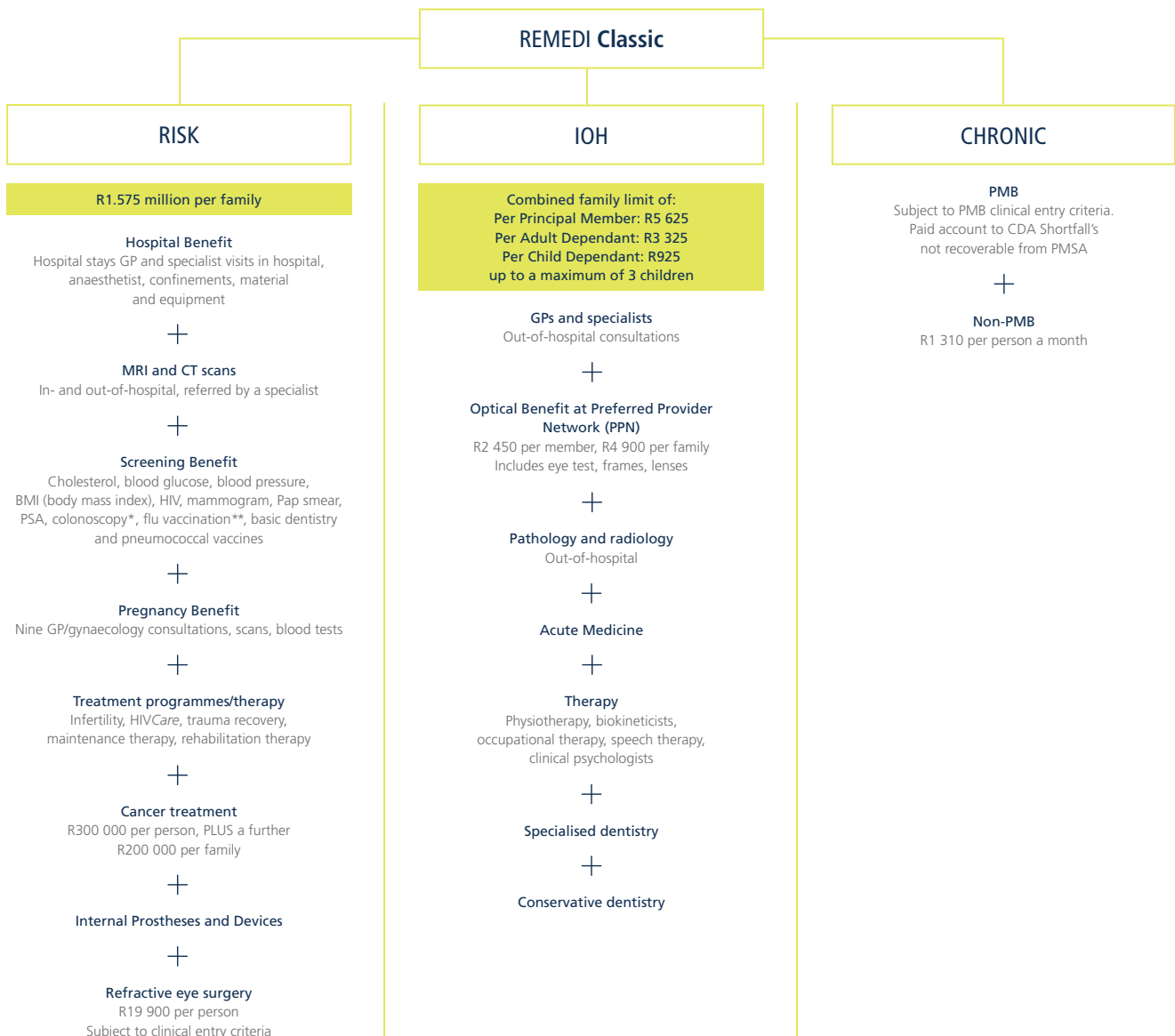
A snapshot of the key benefits available for each of these three benefits options is reflected below:

REMEMI'S KEY BENEFITS AT A GLANCE

OUR THREE BENEFIT OPTIONS PROVIDE YOU WITH PEACE OF MIND, A WIDE RANGE OF COVER AND STABILITY

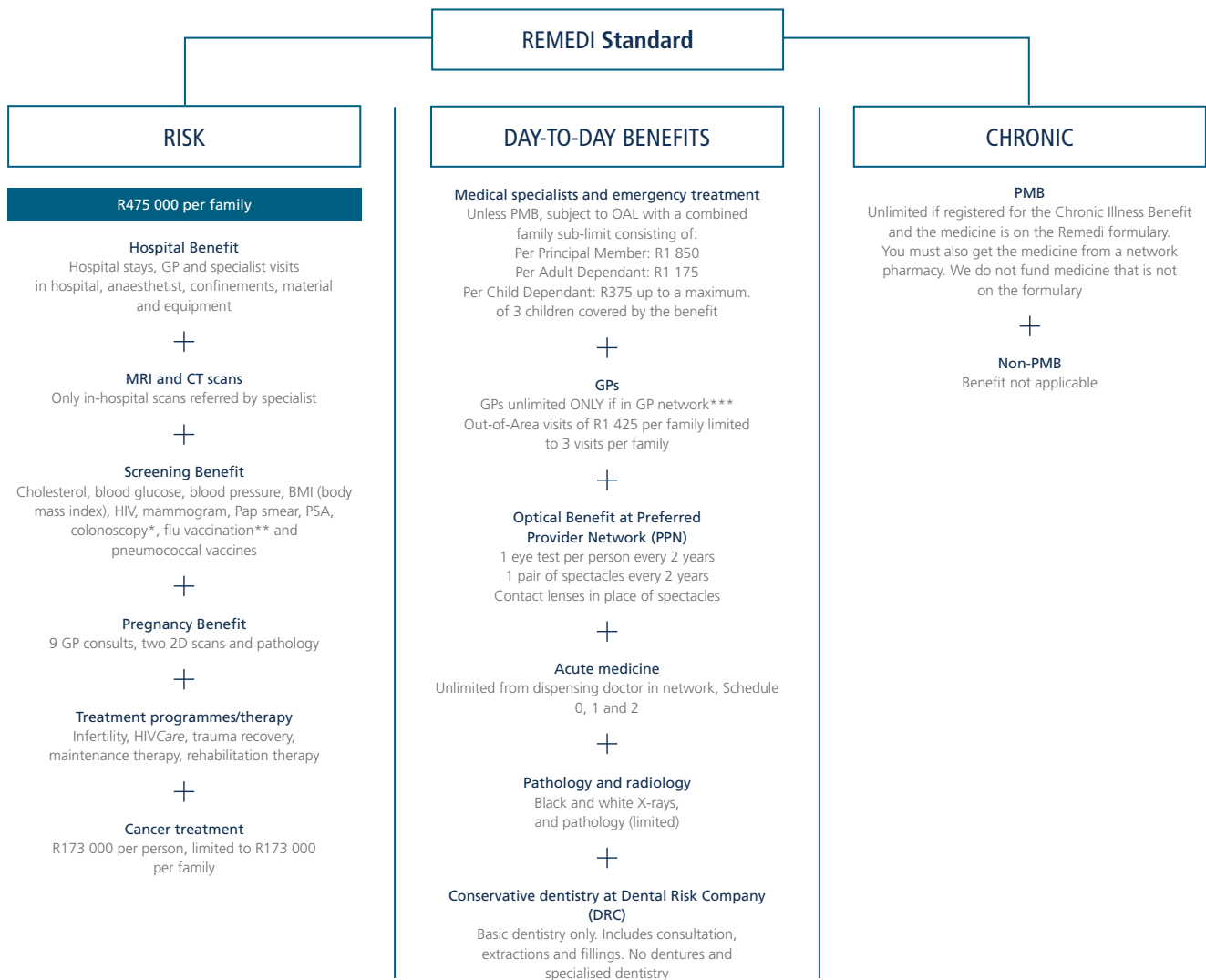
BENEFIT OPTION	REMEMI COMPREHENSIVE	REMEMI CLASSIC	REMEMI STANDARD
RISK BENEFIT For major medical care, including in-hospital and other defined high-cost care	 Unlimited Overall annual limit for families	 R1.575 million Overall annual limit for families	 R475 000 Overall annual limit for families
INSURED OUT-OF-HOSPITAL BENEFIT (IOH) Specific limits apply	 Benefits are first paid from the IOH benefit and thereafter from available PMSA	 Once you reach the IOH limit, you will have to cover further expenses	 Certain benefits only provided by Remedi's appointed DSP – Remedi Standard Option Network healthcare providers
ADDITIONAL GP VISITS Defined number of additional GP visits once IOH and PMSA used up for that year	 	 	
PERSONAL MEDICAL SAVINGS ACCOUNT (PMSA) For benefits not covered from the Hospital Benefit and when IOH benefit is used up	 	 	

For more information about each of these Benefit Options, please turn to pages 7 to 9.



* Colonoscopy as part of the Screening Benefit is one test every 10 years for members older than 55, performed in a doctor's room.

** One flu vaccine each year, for high-risk members over the age of 65.



* Colonoscopy as part of the Screening Benefit is one test every 10 years for members older than 55, performed in a doctor's room.

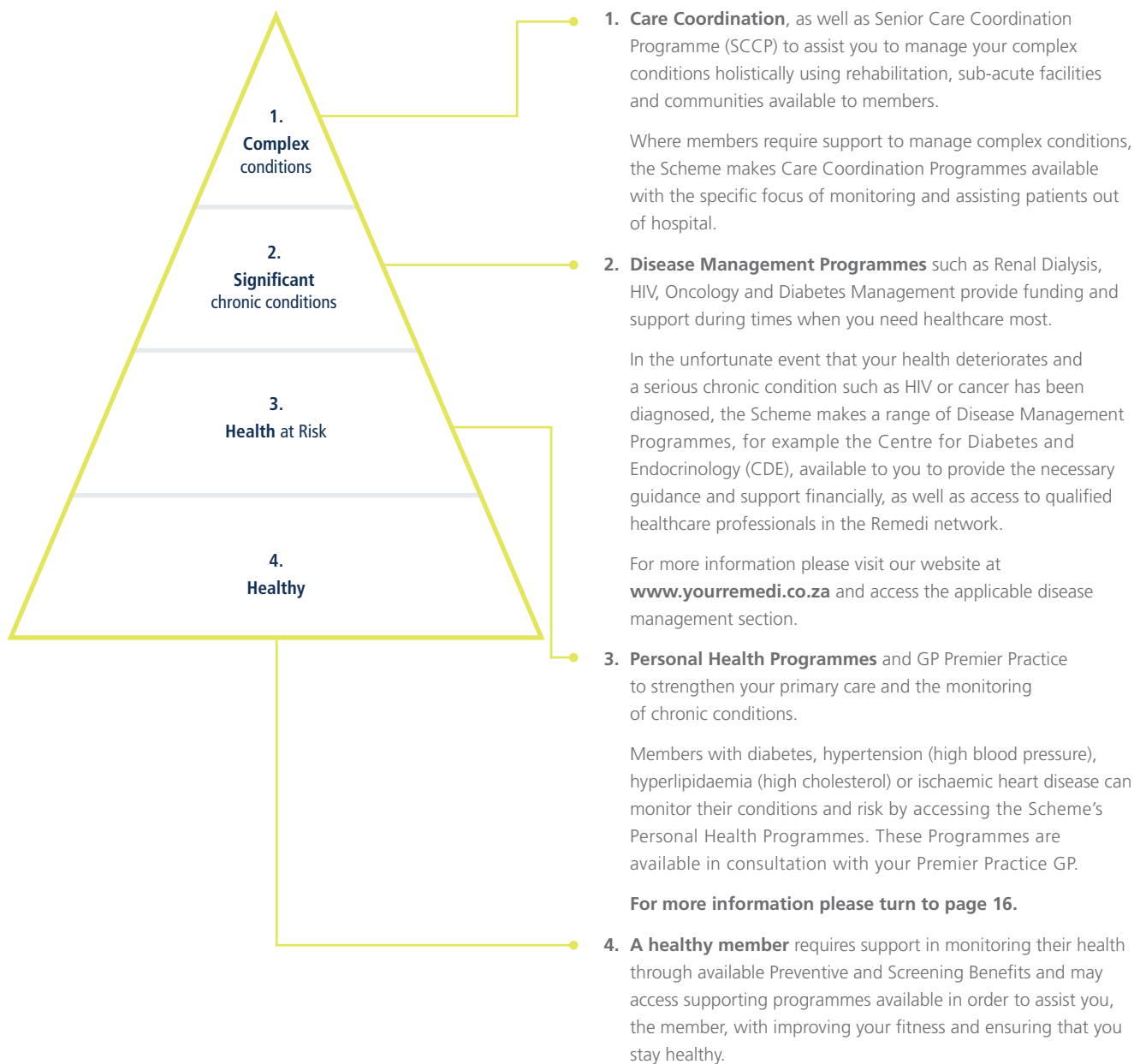
** One flu vaccine each year, for high-risk members over the age of 65.

*** Remedi Standard Option GP Network.

REMEDI MEDICAL AID SCHEME

DISEASE MANAGEMENT FRAMEWORK

Remedi uses an integrated approach to reach all members with its focus shifting between the levels of healthcare needs that members may require, as demonstrated below:



REASONS TO BELONG TO REMEDI



1. A RANGE OF BENEFIT OPTIONS TO COVER VARIOUS NEEDS WITH THE CHOICE OF FULL COVER

We offer a wide range of Benefit Options. You will be able to select a Benefit Option that is suitable for you and your family's healthcare needs. Our extensive network of healthcare providers combined with our unique tools, means 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 when going to hospital. Look out for the Full Cover Choice stamp on our website, or phone the Remedi service centre 0860 116 116 to find out more about the Full Cover Choice.



2. OUR TECHNOLOGY UNLOCKS THE BEST OF CARE

We believe in giving our members every opportunity to engage and interact with their Benefit Option, 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.



3. COMPETITIVE CONTRIBUTIONS AND FINANCIAL STABILITY

Overall, the Remedi contributions compare well against similar schemes and options. Over the last five years Remedi contribution increases were 22% lower than the industry average increase. Remedi has financial reserves well in excess of the minimum legal requirement to ensure the long term sustainability of the Scheme.



4. 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 medicine on the Comprehensive and Classic plans.



5. YOUR RESTRICTED SCHEME WITH ADVANTAGES OF SCALE

While Remedi continues to offer the benefits of a restricted medical 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 non-healthcare benefits such as Vitality provided by the administrator, as well as the stability of a substantial risk pool.



6. 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 preventive tests from cholesterol to HIV screenings without using money from your day-to-day benefits.



7. 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.



8. WE PROVIDE LIFE-SAVING EMERGENCY SUPPORT

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



9. WE HELP YOU SAVE UP TO A MAXIMUM OF 25% ON SELF-MEDICATION AND CHRONIC CARE ITEMS

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



10. VITALITY

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

OPERATIONS, HOSPITAL VISITS AND PREAUTHORISATION

IF YOU END UP IN A MEDICAL EMERGENCY, PHONE ER24 ON 084 124

EMERGENCY SERVICES BY ER24

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

Highly-qualified emergency personnel from ER24 manage the service. They will send an ambulance or helicopter, if 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 need to 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, if the need arises while travelling or living outside the borders of the Republic of South Africa.

HOW WE CARE FOR YOU IF YOU HAVE EXPERIENCED TRAUMA

We designed the Trauma Recovery Benefit to help you if you are affected by certain traumatic events. If you or your family experiences 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 experience:

- Crime-related injuries
- Quadriplegia
- Conditions resulting from a near drowning
- Severe anaphylactic (allergic) reaction
- Poisoning
- Severe burns
- Paraplegia
- 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 for the admission.**

Remember, the Hospital Benefit only covers you for admission to a general ward, not a private ward.

PRESCRIBED MINIMUM BENEFITS (PMB) AND DIAGNOSIS AND TREATMENT PMB (DTPPMB)

WHAT ARE PRESCRIBED MINIMUM BENEFITS?

The Prescribed Minimum Benefits (PMB) are a set of defined benefits determined by 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
- 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 a list of 270 PMB conditions that 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 need 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	

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 as PMB or not.

CHRONIC ILLNESS BENEFIT (CIB), CANCER, DIABETES AND HIV COVER

Remedi provides cover for chronic illness, diabetes, cancer and HIV on all Options and more details of the specific benefit provided on each Option can be found from page 24 of this Benefit Brochure.

The Remedi website, www.yourremedi.co.za contains more information relating to each of these conditions and what you need to know about the cover provided by the Scheme.

COVER FOR CHRONIC CONDITIONS

You have cover for approved medicine for the 27 PMB Chronic Disease List (CDL) conditions, including HIV and AIDS. We need to approve your application before we cover your condition from the Chronic Illness Benefit (CIB).

If you are registered on the CIB for diabetes and a defined list of heart-related conditions you can access our Personal Health Programmes to help better manage your conditions.

MEDICINE COVER FOR THE CHRONIC DISEASE LIST

We will pay your approved chronic medicine in full up to the Remedi rate for medicine if it is on the Remedi 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.

Members on the Remedi Standard benefit option have access to medicine on the Remedi 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 CIB, the CIB 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.

NON-PMB CHRONIC DISEASE LIST CONDITIONS COVERED ON REMEDI COMPREHENSIVE AND CLASSIC OPTIONS

On the Remedi Comprehensive and Remedi Classic Options, we also cover you for certain additional chronic conditions, which are not PMB. There is no medicine list (formulary) for these conditions. We fund approved medicine for these conditions up to specific monthly limits for each option.

COVER FOR DIABETES

Remedi has partnered with the Centre for Diabetes and Endocrinology (CDE) to manage diabetes for members on the Comprehensive Option. All members on the Scheme with diabetes receives cover for an approved Bluetooth-

enabled glucose monitoring device and test strips that can assist members with diabetes and their treating doctors with real-time management of their condition.

Please see the Remedi website, www.yourremedi.co.za for more information.

COVER FOR CANCER

If you're diagnosed with cancer, we cover you from the Remedi Oncology Programme once we have approved your cancer treatment. Your cancer treatment costs are limited up to the benefit limit of your chosen Option, unless your treating doctor prescribes PMB level of care and treatment. Once your benefit limit has been reached, only 80% of the Remedi Rate will be covered and you must therefore consult with your treating doctor to determine the most cost effective treatment available to ensure your co-payments are limited. With effect from 1 January 2016, your Oncology Benefit is made available to you over a 12 month rolling period from 1 January 2016 or date of diagnosis.

Your Oncology limit is subject to the Overall Annual limit as per your plan type.

All cancer-related healthcare services are covered up to 100% of the Remedi Rate where PMB level of care and treatment is prescribed and you will continue to receive cover in addition to the benefit limits made available for you should your treatment be aligned with PMB level of care. Please visit the Remedi website, www.yourremedi.co.za and access the applicable disease management section to obtain more information about the cover you will receive in the unfortunate event that you are diagnosed with cancer or contact us on **0860 116 116** for more information or assistance.

COVER FOR HIV AND AIDS

When you register on the HIVCare Programme you are covered for the all-inclusive care that you need. You get access to clinically sound and cost-effective treatment and you can be assured of confidentiality at all times. Approved medicine on our medicine list is covered in full. Medicine not on our list is covered up to a set monthly amount. You will need to get your medicine from a designated service provider to avoid a 20% co-payment.

WE ANSWER YOUR QUESTIONS "HOW TO?"

HOW TO MANAGE YOUR BENEFIT OPTION ONLINE

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 spent and what is left of your PMSA. You can access all important benefit information about your plan.

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.

BENEFIT OPTION AT YOUR FINGERTIPS



www.yourremedi.co.za

FINDING A HEALTHCARE PROFESSIONAL

You can use our Medical and Provider Search tool to find a healthcare professional. You can also find one 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 claims 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.



HOW TO BE FULLY IN TOUCH WITH YOUR BENEFITS NO MATTER WHERE YOU ARE

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. 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.

YOUR BENEFIT OPTION ON THE GO



UPDATE YOUR EMERGENCY DETAILS

Update your blood type, allergies and emergency contact information.

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 your doctor understand your medical history and assist you during a consultation.

FIND A HEALTHCARE PROVIDER

Find your closest healthcare providers 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.

HOW TO MANAGE YOUR CHRONIC CONDITIONS AND MEDICAL INFORMATION

HOW TO GET ACCESS TO THE REMEDI PERSONAL HEALTH PROGRAMMES

The Remedi Personal Health Programmes are a set of unique lifestyle programmes that will assist – with the help of their Premier Practice GP – in actively managing your chronic condition to make you healthier.

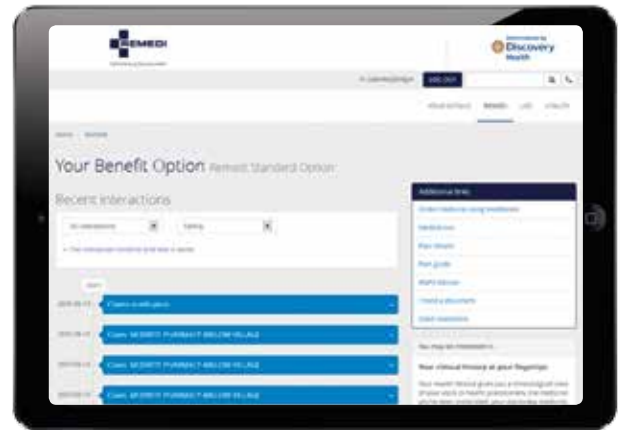
If your GP belongs to the Remedi Premier Practice Network, they can enrol you if you are registered on the chronic illness benefit (CIB) for diabetes, hypertension, hyperlipidaemia or ischaemic heart disease onto the Remedi Personal Health Programme.

If your Premier Practice GP enrolls you in the programme, he or she will prescribe a chronic disease management lifestyle programme for you to adhere to.

The Personal Health Programmes are based on clinical and lifestyle guidelines and give you and your GP the tools to better monitor and manage your condition. In addition, the programme unlocks valuable healthcare services such as dietitians and biokineticists that you may require as part of the programme.

The Personal Health Programmes will:

- Guide you on what to do to improve your health
- Provide you with a Premier Practice GP who will be your dedicated partner on your journey and will monitor you throughout the programme
- Give you access to your Premier Practice GP to track and monitor your progress in real time by viewing your health metrics such as fitness and blood glucose levels, weight management, nutrition and medicine intake
- Allows you to monitor your own progress at any time, through relevant alerts and reminders
- In addition, provided you are a Vitality member, allow you to earn points and unlock additional rewards to help you to live well.



HOW TO GIVE YOUR DOCTOR CONSENT TO ACCESS YOUR HEALTH RECORDS ONLINE

HealthID is the first electronic health record application of its kind in South Africa. It puts all your health records in your doctor's hands so you won't have to try and remember everything. It also assists your doctor in interacting with your medical scheme.

With the Discovery HealthID app doctors can:

- **ACCESS YOUR MEDICAL HISTORY AND ELECTRONIC HEALTH RECORDS**

The doctor can go into your electronic health record and access your health information to see your medical history. If you are having trouble remembering particular medicines you've taken, the information is available to your doctor immediately. You can save time and money by not having to repeat tests and investigations, because the results of the previous tests are available for your doctor to see.

- **APPLY FOR CHRONIC COVER**

If you are diagnosed with a chronic condition, your doctor can complete an electronic Chronic Illness Benefit (CIB) application using HealthID. This application is easy and convenient, because your doctor gets the information they need for your specific condition when completing the application and can get immediate approval for certain conditions.

- **WRITE ELECTRONIC SCRIPTS**

During the consultation, your doctor can prescribe medicine using electronic scripting. You can therefore find ways to reduce or even avoid co-payments on your medicine before you even reach the pharmacy, because your doctor can also see medicine on the Remedi approved medicine list, as well as the cost of those medicines, before finalising the prescription.

- **VIEW YOUR BENEFIT INFORMATION**

Your doctor has instant access to your health benefit information to help you get the most out of your benefits. All these functions are designed to make your visit to your doctor easier and more productive.



HOW TO ALLOCATE A GP ON THE STANDARD BENEFIT OPTION

SIMPLE STEPS TO FINDING AND ALLOCATING A REMEDI STANDARD NETWORK GP

If you're a Remedi Standard Option member, simply select a network GP for each dependant in order to get certain day-to-day benefits. There are three easy ways to find a network GP. Let's look at the options.

WEBSITE ACTIVATION

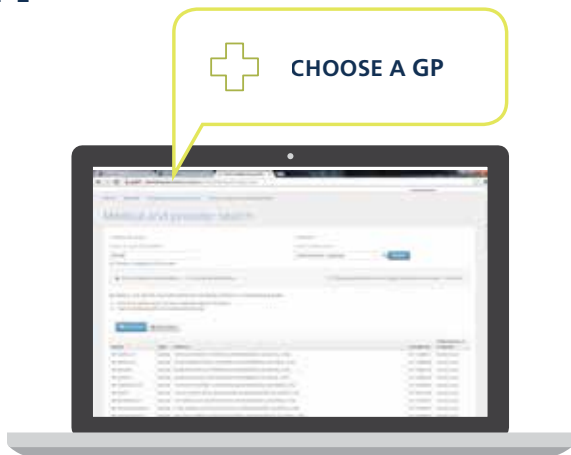
STEP 1



Visit www.yourremedi.co.za to find the GP network list.

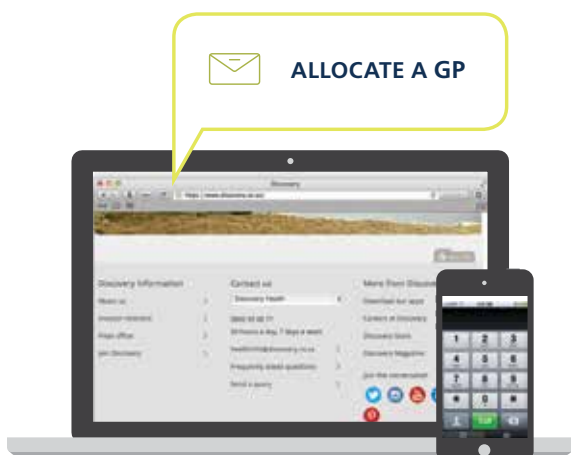
Log in to the website or on the Discovery app using your username and password and make use of the MaPS tool to look for GPs in your area. Look under hospital and doctor visits and click on "find a healthcare professional". Remember that the full cover GPs make up the network providers.

STEP 2



The page will open in the MaPS Medical and Provider search functionality. Select doctor. Select your primary and secondary GPs from the Remedi Standard Option GP Network.

CALL CENTRE ACTIVATION



Choose a GP: Call the call centre on **0860 116 116**. Members can email service@discovery.co.za to indicate their chosen primary or secondary GP. GPs will always be allocated from the first of the next month.

HOW TO USE THE MaPS TOOL ON OUR WEBSITE

HEALTHCARE PROFESSIONALS THAT WE HAVE A DIRECT PAYMENT ARRANGEMENT (DPA) WITH

You can lower the chance of a co-payment by using a doctor 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 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 the 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.

Go to www.yourremedi.co.za and log in with your username and password

STEP 1

If you are looking for the nearest doctor or hospital, click on the **Remedi** tab. Look under hospital and doctor visits and click on "find a healthcare professional".



STEP 2

The page will open in the MaPs Medical and Provider Search functionality.



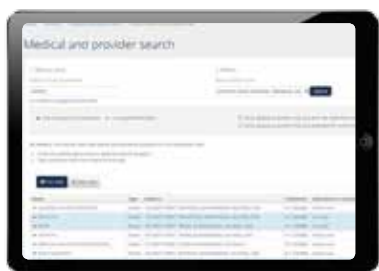
THERE ARE TWO SECTIONS:

1. Provider (Who or What)
2. Location (Where)



The "**Provider**" section gives you two options. 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 healthcare provider (doctor) you need, for example, "**Dentist**".

STEP 3



Next to “**Provider**” is the location field for location, (province, city or suburb). After filling in all your requirements, for example:

Provider > Dentist > Rosslyn

and then clicking on “**Search**”, you will be able to see a list of all the available network dentists in your area.

All registered doctors’ information will be displayed and you can select one.

The doctor’s details will include the practice name, practice number, physical address and even GPS coordinates.

DESIGNATED SERVICE PROVIDERS (DSPs)

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

BENEFIT OPTION	REMEDY COMPREHENSIVE	REMEDY CLASSIC	REMEDY STANDARD
SANCA, RAMOT or Nishtara for drug and alcohol, detoxification and 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 the Remedi Rate for Medicine	✓	✓	✓
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 Benefit Brochure for more information.

HOW TO USE YOUR PERSONAL MEDICAL SAVINGS ACCOUNT (PMSA)

The Personal Medical Savings Account gives 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 four months after transfer. We follow the requirements found in the Medical Schemes Act when we refund.

WE PAY FOR THESE FROM THE IOH BENEFIT BEFORE USING FUNDS 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.

WE COVER THESE FROM THE PMSA ONLY

- Chiropractor, homeopath, osteopath, herbalist, naturopath or dietitian
- 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.

HOW TO ACCESS YOUR OPTICAL AND DENTAL BENEFITS

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 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.

MAKING THE MOST OF YOUR DENTAL BENEFITS

Remedi Standard Option members receive dental management from the Dental Risk Company (DRC) and can contact them on 012-741 5101 or 086 137 2343 to confirm dental benefits available on the Standard Option.

Members on the Classic and Comprehensive options have access to conservative dental benefits which is subject to the available Insured Out-of-Hospital benefit limits and the overall annual limit. Comprehensive members' conservative dental claims will be funded from the available Personal Medical Savings Account (PMSA) once the conservative dental benefits are used up.

The Comprehensive Option makes specialised dentistry benefits available to members on this option, while Classic members' specialised dentistry is subject to the available Insured Out-of-Hospital benefit. Members on the Standard option do not have any specialised dentistry benefits available.

Certain dental procedures will require a preauthorisation and members need to contact the Remedi call centre on 0860 116 116 to confirm dental benefits available before visiting your dentist.

Members on the Standard Option have 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.

EXCLUSIONS, RULES, *EX GRATIA* POLICY AND BENEFIT OPTION CHANGES

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 in 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, 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.

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.

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 and this Committee is tasked to act on behalf of the Board in making decisions in this regard.

The Board of Trustees review the benefits of the Scheme annually and the Benefit Schedule included in this Benefit 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. If there is any difference between the Benefit Brochure and Rules, the Rules of Remedi will always apply. If you want to refer to the full set of Rules, please visit our website, www.yourremedi.co.za or email compliance@discovery.co.za



REMEMI DISPUTES PROCESS

REMEMI DISPUTES PROCESS

You have a right to lodge a complaint or to request that your query be attended to by our consultants who are available to help you with your questions. To streamline the process and ensure that each query is resolved appropriately and efficiently, there is a process you can follow.

STEPS TO HAVE YOUR QUERY RESOLVED BY REMEDI

1. Contact us on 0860 116 116 and speak to a consultant. Get a reference number for your request. Members living or working in the vicinity of a "Walk-in" member support centre can also visit one of these centres in Cape Town, Johannesburg, Durban, Centurion or Port Elizabeth.
2. If your query is not resolved, contact your nearest HR office and request that your complaint be submitted to the Customer Relationship Manager (CRM).
3. After this, you can escalate your request to the Remedi Fund Manager and then the Principal Officer. **The Principal Officer will need your reference number or names of the consultants who assisted you.** We may refer the query to a medical panel for consideration at this point.
4. The medical panel may request that you submit a motivation and clinical evidence for your request. You may use the Scheme contact details for this submission or to follow-up on your enquiry or complaint lodged.
5. If you are not satisfied with the outcome, you can ask that the Scheme's Board of Trustees review the outcome of any decisions made.

If you need to take a matter further Remedi has a Disputes Committee. This Committee is an independent body that can review decisions taken by the Scheme's Board of Trustees and rule whether the decision aligned with the Scheme Rules and policies of the Scheme. If you are not satisfied with their decision, you can file a formal complaint with the Council for Medical Schemes (CMS). They will make a final decision. It is important to note that CMS requires that you first exhaust all avenues and communication channels available to you as a member, prior to submission of a complaint to CMS.

The Council for Medical Schemes contact details are as follows:

- Physical address: Block A, Eco Glades 2 Office Park, 420 Witch-Hazel Avenue, Eco Park, Centurion 0157
- Postal address: Private Bag X34, Hatfield 0028
- Phone number: 0861 123 267
- Fax number: 012 431 7644
- Email: complaints@medicalschemes.com

YOUR BENEFITS FOR 2016

1. HOSPITAL BENEFIT

BENEFITS	RATE	REMEDI COMPREHENSIVE	REMEDI CLASSIC	REMEDI STANDARD
Private hospitals	100% of Remedi Rate	Subject to an unlimited overall annual limit per family	Subject to an overall annual limit of R1 575 000 per family	Subject to an overall annual limit of R475 000 per family
State hospitals	100% of Remedi Rate	Limited to R420 000 per family	Limited to R405 000 per family	Limited to R200 000 per family
International second opinion services (Cleveland Clinic)	50% of cost	The cost of a second opinion consultation obtained from Cleveland Clinic, limited to one consultation per person per year, if preauthorised. Travelling costs not covered	No benefit	No benefit
Overseas Treatment Benefit	80% of cost	The cost of the claim covered up to R500 000 per person per year, if preauthorised. Travelling costs not covered	No benefit	No benefit
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 seven 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 R22 200 a person each year. Includes funding of corneal cross-linking	Subject to clinical entry criteria, the overall annual limit and a sub-limit of R19 900 a person each year. Includes funding for corneal cross-linking	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		
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

YOUR BENEFITS FOR 2016

BENEFITS	RATE	REMEDI COMPREHENSIVE	REMEDI CLASSIC	REMEDI STANDARD
Medicine given on discharge (TTOs – 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
- Pacemaker with leads		R65 200	R55 400	R49 000
- Pacemaker with biventricular		R84 100	R71 300	R63 100
- Cardiac valves		R43 600 per valve	R36 900 per valve	R31 900 per valve
- Above knee artificial limbs		R46 300	R39 500	R34 900
- Below knee artificial limbs		R25 200	R21 600	R19 200
- Artificial eyes		R23 800	R20 200	R17 900
- All other internal prostheses and devices		R20 200 per person	R17 300 per person	R15 300 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 R30 600 per person	Subject to the overall annual limit with a sub-limit of R29 150 per person	Subject to the overall annual limit with a sub-limit of R10 700 per person
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		

YOUR BENEFITS FOR 2016

2. MANAGED BENEFITS

BENEFITS	RATE	REMEDY COMPREHENSIVE	REMEDY CLASSIC	REMEDY STANDARD
2.1 Chronic medicine				
Prescribed Minimum Benefits	100% of Remedy Medicine Rate	<p>Unlimited if registered for Chronic Illness Benefit and the medicine is on the Remedy formulary. You must also get the medicine from a network pharmacy</p> <p>We pay for non-formulary medicine (medicine not found on our medicine list) 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</p>	<p>Unlimited if registered for Chronic Illness Benefit and the medicine is on the Remedy formulary. You must also get the medicine from a network pharmacy</p> <p>We pay for non-formulary medicine (medicine not found on our medicine list) up to the Chronic Drug Amount for a registered medicine class</p>	<p>PMB for Remedy Standard</p> <p>Unlimited if registered for Chronic Illness Benefit and the medicine is on the Remedy formulary. You must also get the medicine from a network pharmacy. We do not fund medicine that is not on the formulary</p>
Non-Prescribed Minimum Benefit conditions	100% of Remedy Medicine Rate	<p>Subject to clinical entry criteria and Remedy's list of excluded conditions</p> <p>Limited to R1 570 per month per person</p> <p>Subject to registration on the Chronic Illness Benefit</p>	<p>Subject to clinical entry criteria and Remedy's list of excluded conditions</p> <p>Limited to R1 310 per month per person</p> <p>Subject to registration on the Chronic Illness Benefit</p>	<p>Non-PMB for Remedy Standard</p> <p>Benefit not applicable</p>
2.2 HIVCare Management Programme	100% of Remedy Rate	Subject to clinical protocols	Subject to clinical protocols	Subject to clinical protocols
2.3 Diabetes Management Programme	100% of Remedy Rate	<p>Access to support and benefits is offered through the Centre for Diabetes and Endocrinology</p> <p>Subject to registration on the Chronic Illness Benefit for either diabetes mellitus type 1</p>	No benefit	No benefit
2.4 Cancer treatment	100% of Remedy Rate up to benefit limit. There after 80% of Remedy Rate if non-PMB treatment on Comprehensive and Classic Options.	R750 000 per family per 12 month rolling period, of which the first R300 000 per person is covered at 100% of the Remedy Rate per person and the remaining R450 000 at 80% of the Remedy Rate per person. The requirements for Prescribed Minimum Benefits are applicable and only PMB level of care will be funded at cost through the benefit limits	R500 000 per family per 12 month rolling period, of which the first R300 000 per person is covered at 100% of the Remedy Rate per person and the remaining R200 000 at 80% of the Remedy Rate per person. The requirements for Prescribed Minimum Benefits are applicable and only PMB level of care will be funded at cost through the benefit limits	R173 000 per family per 12 month rolling period, of which the first person diagnosed is covered up to R173 000 per person. The requirements for Prescribed Minimum Benefits are applicable and benefits will only be increased above the limit for PMB level of care
2.5 Maternity Management Benefit	100% of Remedy 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		

YOUR BENEFITS FOR 2016

BENEFITS	RATE	REMEDI COMPREHENSIVE	REMEDI CLASSIC	REMEDI STANDARD
2.6 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 as set out below:
Member sub-limit		R2 820	R2 450	No benefit
Family sub-limit		R5 640	R4 900	No benefit
DSP provider eye test		R495	R495	One test per person every two years.
Non-DSP provider eye test		R330	R330	No benefit.
Frame from DSP provider		Subject to available member or family sub-limit. R200 PPN frame plus up to R860 of lens enhancement or R1 060 towards an alternative frame or lens enhancement	Subject to available member or family sub-limit. R200 PPN frame plus up to R725 of lens enhancement or R925 towards an alternative frame or lens enhancement	One standard frame every two years or lens enhancements up to R200 per person every two years
Frame from Non-DSP provider		R1 060 towards a frame or lens enhancement	R925 towards a frame or lens enhancement	R200 towards a frame
Single-vision clear acuity lenses		R185 for each lens	R185 for each lens	One pair of clear acuity single or bifocal lenses for each person every two years
Bifocal clear acuity lenses		R430 for each lens	R430 for each lens	Clear acuity multifocal lenses covered up to the cost of bifocal lenses
Multifocal clear acuity lenses		R750 for each lens	R750 for each lens	
Alternatively: Contact lenses		R2 120	R1 840	One pair every two years, instead of glasses, up to the value of R450

3. TREATMENT PERFORMED OUT OF HOSPITAL THAT WE PAY FOR FROM THE RISK BENEFIT

BENEFITS	RATE	REMEDI COMPREHENSIVE	REMEDI CLASSIC	REMEDI STANDARD
3.1 Specialised dentistry	100% of Remedi Rate	Subject to the overall annual limit with the following sub-limits: - Member only: R16 500 - Family: R33 000 Basic dental codes are subject to available Insured Out-of-Hospital Benefit	Subject to available Insured Out-of-Hospital Benefit	No benefit

YOUR BENEFITS FOR 2016

BENEFITS	RATE	REMEDI COMPREHENSIVE	REMEDI CLASSIC	REMEDI STANDARD
3.2 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	R20 750 per person	R20 750 per person	R10 750 per person
- Hearing aids	100% of Remedi Rate	R19 150 per person	R19 150 per person	R13 800 per person
- Oxygen appliances (monthly limit)	100% of Remedi Rate	R1 555 per person (includes oxygen)	R1 555 per person (includes oxygen)	R1 555 per person (includes oxygen)
- Wheelchairs	100% of Remedi Rate	R15 000 per person	R12 600 per person	R10 000 per person
- All other external prostheses and appliances	100% of Remedi Rate	R4 550 per person	R4 550 per person	R2 550 per person
3.3 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 for a family		R67 000	R67 000	R67 000
- Private nursing		R 8 400	R 8 400	R 8 400
- Prescribed medication	Member	R22 300	R10 300	R10 300
	Member +1	R26 150	R12 150	R12 150
	Member +2	R30 500	R14 450	R14 450
	Member +3 or more	R34 700	R17 500	R17 500
- External medical Items		R54 250	R24 250	R24 250
- Hearing aids		R19 800	R11 400	R11 400
- Mental Health Benefit		R20 400	R15 200	R15 200
3.4 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 990 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 R10 440 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 R3 100 per family
3.5 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 for family and approval of a treatment plan. Treatment must start within two weeks of discharge from hospital
3.6 Benefits for infertility	100% of Remedi Rate	Cover in line with the Prescribed Minimum Benefits requirements		

YOUR BENEFITS FOR 2016

4. INSURED OUT-OF-HOSPITAL BENEFIT

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

BENEFITS	RATE	REMEMEDI COMPREHENSIVE	REMEMEDI CLASSIC	REMEMEDI STANDARD
4.1 Annual IOH sub-limits	100% of Remedi Rate or 100% of cost at DSP	<p>Combined family limit of:</p> <p>Per Principal Member: R6 350 Per Adult Dependant: R3 750 Per Child Dependant: R1 050 up to a maximum of 3 children.</p> <p>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</p> <p>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</p>	<p>Combined family limit of:</p> <p>Per Principal Member: R5 625 Per Adult Dependant: R3 325 Per Child Dependant: R925 up to a maximum of 3 children.</p> <p>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</p> <p>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</p>	<p>Combined family limit of:</p> <p>Per Principal Member: R1 850 Per Adult Dependant: R1 175 Per Child Dependant: R375 up to a maximum of 3 children.</p> <p>These sub-limits are for medical specialists (excluding clinical psychologists and social workers), and emergency treatment. Includes facility fees</p> <p>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</p>
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 be paid 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. Out-of-area benefit (OOA) are limited to R1 425 for a family a year to a maximum of 3 visits. 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	<p>A defined number of extra GP consultations are paid from the Risk Benefit once your Insured Out-of-Hospital Benefit limits and Personal Medical Savings Account funds are exhausted</p> <ul style="list-style-type: none"> - Member: Three GP visits - Family: Six GP visits <p>We will only fund visits to a Network GP from Risk, and pathology is excluded</p>	No benefit	No benefit
4.4 Acute medicine	100% of Remedi Rate	<p>Schedule 0, 1 and 2 medicine that can be bought over the counter without a doctor's prescription</p> <p>Subject to available Insured Out-of-Hospital Benefit limits and the overall annual limit. Once depleted it will be paid from your Personal Medical Savings Account</p>	<p>Subject to available Insured Out-of-Hospital Benefit limits and the overall annual limit</p>	<p>Unlimited from dispensing doctor in network, Schedule 0, 1 and 2</p> <p>Subject to the Remedi Standard Option Network medicine list</p> <p>Unlimited if you get the medicine from a Remedi Standard Option</p>

YOUR BENEFITS FOR 2016

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 be paid 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	100% of Remedi Rate	Subject to available Insured Out-of-Hospital Benefit limits and the overall annual limit. Once depleted it will be paid 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	100% of Remedi Rate	Standalone 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)	100% of Remedi Rate	Standalone benefit. Not funded from the Insured Out-of-Hospital Benefit	Subject to available Insured Out-of-Hospital Benefit limits and the overall annual limit	Benefit only available through the Preferred Provider Network (PPN)
4.9 Allied professionals (physiotherapy, biokinetics, occupational therapy, speech therapy, audiology, audiometry, clinical psychology and social work)	100% of Remedi Rate	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

YOUR BENEFITS FOR 2016

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.

BENEFITS	RATE	REMEDY COMPREHENSIVE
Other healthcare services, which include: chiropractic treatment, dietetics, homeopathy, or herbalists, contraceptives, preventive medicine 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 Preventive and Screening Benefit	100% of cost	Payment will only be made from the Personal Medical Savings Account subject to available funds

6. PREVENTIVE AND SCREENING BENEFIT

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

BENEFITS	RATE	REMEDY COMPREHENSIVE	REMEDY CLASSIC	REMEDY STANDARD
Screening benefit	100% of Remedy Rate or Remedy Medicine Rate, as applicable	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 each year		
- Blood pressure		One test each year		
- Body mass index (BMI)		One test each year		
- Random cholesterol		One test each year		
- HIV test		Unlimited number of tests		
- Mammogram		One test each year		
- Pap smear		One test each year		
- Prostate-specific antigen (PSA)		One test each 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 each year. Only for high-risk members and members over the age of 65		
- Amniocentesis		Funded from your Remedy Insured Out-of-Hospital Benefit – subject to clinical entry criteria and preauthorisation		
- Pneumococcal vaccine		One vaccination each year for high-risk members if clinically appropriate		
- Preventive dentistry		One preventive dental examination per person every 12 months including the oral examination, infection control, prophylaxis, polishing and fluoride of adults and children		Preventive dentistry is provided through a designated service provider (DRC)

YOUR CONTRIBUTIONS FOR 2016

1. CONTRIBUTIONS FOR 2016

Income bands	REMEDY COMPREHENSIVE*			REMEDY CLASSIC			REMEDY STANDARD		
	Principal	Adult or spouse	Child**	Principal	Adult or spouse	Child**	Principal	Adult or spouse	Child**
R0 – R3 999	R2 249	R1 449	R403	R1 798	R1 071	R319	R1 108	R633	R165
R4 000 – R5 499	R2 372	R1 548	R428	R1 902	R1 147	R355	R1 161	R668	R187
R5 500 – R6 999	R2 508	R1 649	R469	R2 004	R1 221	R379	R1 218	R749	R235
R7 000 – R7 999	R2 638	R1 696	R511	R2 108	R1 254	R414	R1 308	R898	R311
R8 000 – R8 999	R2 774	R1 790	R535	R2 222	R1 323	R441			
R9 000 – R9 999	R2 928	R1 877	R561	R2 336	R1 390	R459			
R10 000 – R10 999	R3 074	R1 970	R611	R2 461	R1 464	R501			
R11 000+	R3 240	R2 078	R645	R2 587	R1 540	R518			

* 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.

SAVINGS (PMSA) PORTION OF CONTRIBUTIONS ON THE COMPREHENSIVE OPTION*

Income bands	Principal	Adult or spouse	Child**
R0 – R3 999	R225	R145	R40
R4 000 – R5 499	R237	R155	R43
R5 500 – R6 999	R251	R165	R47
R7 000 – R7 999	R264	R170	R51
R8 000 – R8 999	R277	R179	R54
R9 000 – R9 999	R293	R188	R56
R10 000 – R10 999	R307	R197	R61
R11 000+	R324	R208	R65

2. CONTRIBUTION SUBSIDIES FOR 2016 (WHERE APPLICABLE)

Income bands	REMEDY COMPREHENSIVE*			REMEDY CLASSIC			REMEDY STANDARD		
	Principal	Adult or spouse	Child**	Principal	Adult or spouse	Child**	Principal	Adult or spouse	Child**
R0 – R3 999	R1 390	R307	R221	R1 351	R298	R216	R957	R418	R97
R4 000 – R5 499	R1 471	R334	R234	R1 429	R322	R225	R1 011	R433	R114
R5 500 – R6 999	R1 545	R358	R258	R1 503	R348	R249	R1 062	R484	R144
R7 000 – R7 999	R1 636	R367	R280	R1 588	R356	R272	R1 128	R575	R188
R8 000 – R8 999	R1 722	R384	R291	R1 673	R372	R283			
R9 000 – R9 999	R1 808	R401	R304	R1 758	R388	R283			
R10 000 – R10 999	R1 912	R425	R328	R1 855	R413	R307			
R11 000+	R2 009	R449	R351	R1 952	R439	R328			



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