



Administered by Discovery Health



Remedi Medical Aid Scheme
Benefit Schedule
2013

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 Option	Remedi Classic Option	Remedi Standard Option
Private hospitals	100% of Remedi Rate	Subject to an overall annual limit of R5 000 000 per family	Subject to an overall annual limit of R1 000 000 per family	Subject to an overall annual limit of R290 000 per member and R400 000 per family
State hospitals	100% of Remedi Rate	Subject to an overall annual limit of R350 000 per family	Subject to an overall annual limit of R340 000 per family	Subject to an overall annual limit of R170 000 per family
Operations, procedures and surgery	100% of Remedi Rate	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		
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		
Cancer Treatment	100% of Remedi Rate	Subject to the overall annual limit with a sub-limit of R300 000 per beneficiary and the requirements for Prescribed Minimum Benefits	Subject to the overall annual limit with a sub-limit of R300 000 per beneficiary and the requirements for Prescribed Minimum Benefits	Subject to the overall annual limit with a sub-limit of R145 000 per beneficiary 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 R18 600 per beneficiary per year	Subject to clinical entry criteria, the overall annual limit and a sub-limit of R16 600 per beneficiary per year	No benefit

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1. Hospital Benefit (continued)

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Benefits	Rate	Remedi Comprehensive Option	Remedi Classic Option	Remedi Standard Option
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 or RAMOT.		
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.
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		R41 400	R35 200	R31 100
Revision hip		R49 000	R41 600	R36 800
Knee replacement		R32 700	R27 700	R24 500
Revision knee		R41 400	R35 200	R31 100
Shoulder replacement		R38 100	R32 400	R28 600
Spinal Benefit	Per level limit subject to clinical protocols. Limited to once procedure per year. - R23 000 for the first level - R46 000 for two or more levels			

1. Hospital Benefit (continued)

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 Option	Remedi Classic Option	Remedi Standard Option
Bare metal cardiac stents		R9 600 per stent. Maximum three per year.		
Drug-eluting cardiac stents		R15 200 per stent. Maximum three per year.		
Pacemaker with leads		R54 900	R46 600	R41 200
Pacemaker biventricular		R70 800	R60 100	R53 100
Cardiac valves		R36 700 per valve	R31 100 per valve	R26 800 per valve
Below knee artificial limbs		R21 200	R18 200	R16 100
Above knee artificial limbs		R39 000	R33 200	R29 400
Artificial eyes		R20 100	R17 000	R15 100
All other internal prostheses and devices		R17 000 per beneficiary	R14 500 per beneficiary	R12 900 per beneficiary
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 R25 550 per beneficiary	Subject to the overall annual limit with a sub-limit of R24 350 per beneficiary	Subject to the overall annual limit with a sub-limit of R8 900 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.		

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2. Chronic medicine

Chronic Medicine Benefits	Rate	Remedi Comprehensive Option	Remedi Classic Option	Remedi Standard Option
Prescribed Minimum Benefits	100% of Remedi Medicine Rate	<p>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.</p> <p>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.</p>	<p>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.</p> <p>We pay for non-formulary medicine up to the Chronic Drug Amount for a registered medicine class.</p>	<p>Unlimited if registered for Chronic Illness Benefit with CareCross. The medicine must be on the CareCross formulary and you must get it from a CareCross provider.</p>
Non-Prescribed Minimum Benefit conditions	100% of Remedi Medicine Rate	<p>Subject to clinical entry criteria and Remedi's list of excluded conditions</p> <hr/> <p>Limited to R1 295 per beneficiary per month.</p> <p>Subject to registration on the Chronic Illness Benefit.</p>	<p>Subject to clinical entry criteria and Remedi's list of excluded conditions</p> <hr/> <p>Limited to R1 075 per beneficiary per month.</p> <p>Subject to registration on the Chronic Illness Benefit.</p>	<p>Unlimited if registered for Chronic Illness Benefit with CareCross. The medicine must be on the CareCross formulary and you must get it from a CareCross provider.</p>

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

Benefits	Rate	Remedi Comprehensive Option	Remedi Classic Option	Remedi Standard Option
Benefits for infertility	100% of Remedi Rate	Cover in line with the Prescribed Minimum Benefits requirements.		
Specialised dentistry	100% of Remedi Rate	<p>Subject to the overall annual limit with the following sub-limits:</p> <ul style="list-style-type: none"> - Member only: R7 100 - Family: R13 850 <p>Basic dental codes are subject to available Insured Out-of-Hospital Benefit.</p>	Subject to available Insured Out-of-Hospital Benefit	No benefit
HIVCare Programme	100% of Remedi Rate	Subject to clinical protocols		

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

Benefits	Rate	Remedi Comprehensive Option	Remedi Classic Option	Remedi Standard Option
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	R17 450 per beneficiary	R17 450 per beneficiary	R9 050 per beneficiary
Hearing aids		R16 150 per beneficiary	R16 150 per beneficiary	R11 650 per beneficiary
Oxygen appliances (monthly limit)		R1 310 per beneficiary	R1 310 per beneficiary	R1 305 per beneficiary
Wheelchairs		R10 100 per beneficiary	R8 100 per beneficiary	R7 550 per beneficiary
All other external prostheses and appliances		R3 800 per beneficiary	R3 800 per beneficiary	R2 100 per beneficiary
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		R56 000	R56 000	R56 000
Private nursing		R7 050	R7 050	R7 050
Prescribed medication	Member	R18 350	R8 450	R8 450
	Member +1	R21 550	R10 000	R10 000
	Member +2	R25 050	R11 900	R11 900
	Member +3 or more	R28 550	R14 400	R14 400
External medical items		R45 750	R20 500	R20 500
Hearing aids		R16 700	R9 600	R9 600
Mental Health Benefit		R17 100	R12 700	R12 700
Maintenance therapy after rehabilitation or congenital defect (mental or physical)	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 R9 220 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 R8 750 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 600 per family.

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

Benefits	Rate	Remedi Comprehensive Option	Remedi Classic Option	Remedi Standard Option
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 600 per family and approval of a treatment plan. Treatment must start within two weeks of discharge from hospital.
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
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
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	One test per year	
		Colonoscopy	One test every 10 years. Only for members over the age of 50 if performed in the doctors rooms.	
		Flu vaccination	One vaccination per year. Only for high-risk members and members over the age of 65.	

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

Benefits	Rate	Remedi Comprehensive Option	Remedi Classic Option	Remedi Standard Option
Maternity Benefit	100% of Remedi Rate	Includes two 2D scans, pregnancy-related pathology tests and nine antenatal consultations with a gynaecologist, GP or midwife Subject to overall annual limit and the Prescribed Minimum Benefit requirements.	Subject to overall annual limit and the Prescribed Minimum Benefit requirements.	CareCross provides GP consultations, two 2D scans and pathology tests. The CareCross GP must refer you to a specialist.
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:	The benefit is managed by CareCross. They have contracted a Designated Service Provider(DSP) for these services.
Member sub-limit		R2 350	R2 050	
Family sub-limit		R4 700	R4 090	
DSP provider eye test		R400	R400	One test per member every two years
Non-DSP provider eye test		R270	R270	No benefit
Frame from DSP provider		Subject to available member or family sub-limit. R150 PPN frame plus up to R735 of lens enhancement or R885 towards an alternative frame and/or lens enhancements.	Subject to available member or family sub-limit. R150 PPN frame plus up to R620 of lens enhancement or R770 towards an alternative frame and/or lens	One DSP frame every two years
Frame from Non-DSP provider		R885 towards a frame and/or lens enhancement	R770 towards a frame and/or lens enhancement	R150 towards a frame
Single-vision clear acuity lenses		R175 per lens	R175 per lens	
Bifocal clear acuity lenses		R400 per lens	R400 per lens	One pair of clear standard mono- or bi-focal lenses for each beneficiary every two years
Multifocal clear acuity lenses		R700 per lens	R700 per lens	
Contact lenses		R1 880	R1 635	One pair every two years, instead of glasses, up to the value of R395

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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 Option	Remedi Classic Option	Remedi Standard Option
Annual sub-limits		Member: R5 320 Family: R7 130 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.	Member: R4 710 Family: R6 530 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.	Member: R1 570 Family: R2 240 These sub-limits are for medical specialists (excluding clinical psychologists and social workers), and emergency treatment. Includes facility fees.
GPs and specialists	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.	GP consultations and minor procedures, unlimited at CareCross GPs. Out-of-area visits to non-CareCross GPs managed by CareCross are limited to R1 200 per member per year. Medical specialists subject to the annual sub-limit and overall annual limit.
Acute medicine	100% of Remedi Rate	Schedule 0, 1 and 2 medicine that can be bought over the counter without a doctor's prescription 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	Subject to the CareCross formulary. Unlimited if you get the medicine from a CareCross provider.
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	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 are covered through CareCross
Conservative dentistry		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	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.
Specialised dentistry (see detailed benefits in Section 3 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	No benefit
Optical Benefit (see detailed benefits in Section 3 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	Benefit managed by CareCross

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 annual limit for each Option.

Benefits	Rate	Remedi Comprehensive Option	Remedi Classic Option	Remedi Standard Option
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.

Benefits	Rate	Remedi Comprehensive Option
Other healthcare services (Chinese medicine, acupuncture, therapeutic aromatherapy, ayurveda, podiatry, chiropractic treatment, dietetics, homeopathy, iridology, naturopathy, orthoptics, osteopathy, therapeutic reflexology, massage therapy, phytotherapy and traditional healing)	100% of cost	Payment will only be made from the Personal Medical Savings Account subject to available funds

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6. Contributions for 2013

Savings (PMSA) portion of contributions on the Comprehensive Option

Income Bands	Principal Member	Adult or Spouse	Child
R0 – R3 999	R191	R108	R24
R4 000 – R5 499	R201	R116	R26
R5 500 – R6 999	R213	R123	R28
R7 000 – R7 999	R224	R127	R31
R8 000 – R8 999	R235	R134	R32
R9 000 – R9 999	R248	R140	R34
R10 000 – R10 999	R261	R147	R37
R11 000 +	R275	R155	R39

Salary Band	Comprehensive Option			Classic Option			Standard Option		
	Principal	Adult or spouse	Child	Principal	Adult or spouse	Child	Principal	Adult or spouse	Child
R0 – R3 999	R1 905	R1 080	R240	R1 575	R 790	R185	R 940	R460	R100
R4 000 – R5 499	R2 010	R1 155	R255	R1 665	R 845	R205	R 985	R490	R115
R5 500 – R6 999	R2 125	R1 230	R280	R1 755	R 900	R220	R1 035	R555	R145
R7 000 – R7 999	R2 235	R1 265	R305	R1 845	R 925	R240	R1 110	R675	R195
R8 000 – R8 999	R2 350	R1 335	R320	R1 945	R 975	R255			
R9 000 – R9 999	R2 480	R1 400	R335	R2 045	R1 025	R265			
R10 000 – R10 999	R2 605	R1 470	R365	R2 155	R1 080	R290			
R11 000 +	R2 745	R1 550	R385	R2 265	R1 135	R300			

*Contributions are inclusive of the PMSA on the Comprehensive Option

7. Subsidies for 2013

Salary Band	Comprehensive Option			Classic Option			Standard Option		
	Principal	Spouse	Child	Principal	Spouse	Child	Principal	Spouse	Child
R0 – R3 999	R1 215	R200	R100	R1 190	R195	R100	R820	R325	R45
R4 000 – R5 499	R1 285	R215	R105	R1 260	R210	R105	R865	R345	R50
R5 500 – R6 999	R1 350	R230	R115	R1 325	R225	R115	R910	R390	R65
R7 000 – R7 999	R1 430	R235	R125	R1 400	R230	R125	R965	R475	R85
R8 000 – R8 999	R1 505	R250	R130	R1 475	R245	R125			
R9 000 – R9 999	R1 580	R260	R140	R1 550	R255	R135			
R10 000 – R10 999	R1 670	R270	R150	R1 635	R265	R145			
R11 000 +	R1 755	R290	R160	R1 720	R285	R155			



Administered by Discovery Health

Tel 0860 116 116
service@discovery.co.za
www.yourremedi.co.za