



Administered by Discovery Health



Remedi Medical Aid Scheme Benefit Schedule 2014

Remedi Medical Aid Scheme

Benefit schedule 2014

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 R305 000 per member and R425 000 per family
State hospitals	100% of Remedi Rate	Subject to an overall annual limit of R370 000 per family	Subject to an overall annual limit of R360 000 per family	Subject to an overall annual limit of R180 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 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		
Cancer Treatment	100% of Remedi Rate	R300 000 per person per annum. Once this limit is depleted, then access only for PMB conditions	R300 000 per person per annum. Once this limit is depleted, then access only for PMB conditions	Subject to the overall annual limit with a sub-limit of R154 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 R19 700 per beneficiary per year	Subject to clinical entry criteria, the overall annual limit and a sub-limit of R17 600 per beneficiary per year	No benefit

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		R43 100	R37 000	R32 700
Revision hip		R51 000	R43 700	R38 600
Knee replacement		R34 000	R29 100	R25 700
Revision knee		R43 100	R37 000	R32 700
Shoulder replacement		R39 600	R34 000	R30 000
Spinal Benefit		Per level limit subject to clinical protocols. Limited to one procedure per year. - R24 500 for the first level - R49 000 for two or more levels		

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Benefits	Rate	Remedi Comprehensive Option	Remedi Classic Option	Remedi Standard Option
Bare metal cardiac stents			R10 300 per stent. Maximum three per year.	
Drug-eluting cardiac stents			R16 300 per stent. Maximum three per year.	
Pacemaker with leads		R58 200	R49 400	R43 700
Pacemaker biventricular		R75 000	R63 700	R56 300
Cardiac valves		R38 900 per valve	R33 000 per valve	R28 400 per valve
Below knee artificial limbs		R22 500	R19 300	R17 100
Above knee artificial limbs		R41 300	R35 200	R31 200
Artificial eyes		R21 300	R18 000	R16 000
All other internal prostheses and devices		R18 000 per beneficiary	R15 400 per beneficiary	R13 700 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 R27 100 per beneficiary	Subject to the overall annual limit with a sub-limit of R25 800 per beneficiary	Subject to the overall annual limit with a sub-limit of R9 450 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.		

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 390 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 155 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 Hospital benefit

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 550 - Family: R14 700 <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		

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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
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	R18 500 per beneficiary	R18 500 per beneficiary	R9 600 per beneficiary
Hearing aids		R17 100 per beneficiary	R17 100 per beneficiary	R12 350 per beneficiary
Oxygen appliances (monthly limit)		R1 390 per beneficiary	R1 390 per beneficiary	R1 385 per beneficiary
Wheelchairs		R10 700 per beneficiary	R8 600 per beneficiary	R8 000 per beneficiary
All other external prostheses and appliances		R4 050 per beneficiary	R4 050 per beneficiary	R2 250 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		R59 500	R59 500	R59 500
Private nursing		R7 450	R7 450	R7 450
Prescribed medication	Member	R19 750	R9 100	R9 100
	Member +1	R23 150	R10 750	R10 750
	Member +2	R26 950	R12 800	R12 800
	Member +3 or more	R30 700	R15 500	R15 500
External medical items		R48 500	R21 750	R21 750
Hearing aids		R17 700	R10 200	R10 200
Mental Health Benefit		R18 100	R13 500	R13 500
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 770 per family.	Extended physiotherapy, occupational therapy, speech therapy and biokinetics of a conservative nature. Subject to approval of a treatment plan and the overall annual limit with a sub-limit of R9 280 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 760 per family.

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 750 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 55 if performed in the doctors rooms.	
		Flu vaccination	One vaccination per year. Only for high-risk members and members over the age of 65.	
		Amniocentesis	Funded from your Remedi Insured Benefit – subject to clinical entry criteria and preauthorisation	

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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
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 500	R2 175	–
Family sub-limit		R5 000	R4 350	–
DSP provider eye test		R430	R430	One test per member every two years
Non-DSP provider eye test		R290	R290	No benefit
Frame from DSP provider		Subject to available member or family sub-limit. R150 PPN frame plus up to R790 of lens enhancement or R940 towards an alternative frame and/or lens enhancement	Subject to available member or family sub-limit. R150 PPN frame plus up to R670 of lens enhancement or R820 towards an alternative frame and/or lens enhancement	One DSP frame every two years
Frame from Non-DSP provider		R940 towards a frame and/or lens enhancement	R820 towards a frame and/or lens enhancement	R150 towards a frame
Single-vision clear acuity lenses		R185 per lens	R185 per lens	
Bifocal clear acuity lenses		R430 per lens	R430 per lens	One pair of clear standard mono- or bi-focal lenses for each beneficiary every two years
Multifocal clear acuity lenses		R750 per lens	R750 per lens	
Contact lenses		R1 990	R1 735	One pair every two years, instead of glasses, up to the value of R395

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 650 Family: R7 560 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: R5 000 Family: R6 920 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 665 Family: R2 375 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 275 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

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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

6. Contributions for 2014

Income Bands	Comprehensive Option			Classic Option			Standard Option		
	Principal	Adult or spouse	Child	Principal	Adult or spouse	Child	Principal	Adult or spouse	Child
R0 – R3 999	R2 092	R1 186	R264	R1 721	R863	R202	R1 032	R505	R110
R4 000 – R5 499	R2 207	R1 268	R280	R1 820	R924	R224	R1 082	R538	R126
R5 500 – R6 999	R2 333	R1 351	R307	R1 918	R984	R240	R1 136	R609	R159
R7 000 – R7 999	R2 454	R1 389	R335	R2 017	R1 011	R262	R1 219	R741	R214
R8 000 – R8 999	R2 580	R1 466	R351	R2 126	R1 066	R279			
R9 000 – R9 999	R2 723	R1 537	R368	R2 235	R1 120	R290			
R10 000 – R10 999	R2 860	R1 614	R401	R2 355	R1 180	R317			
R11 000 +	R3 014	R1 702	R423	R2 476	R1 241	R328			

*Contributions are inclusive of the PMSA on the Comprehensive Option

Savings (PMSA) portion of contributions on the Comprehensive Option			
Income Bands	Principal Member	Adult or Spouse	Child
R0 – R3 999	R209	R119	R26
R4 000 – R5 499	R221	R127	R28
R5 500 – R6 999	R233	R135	R31
R7 000 – R7 999	R245	R139	R34
R8 000 – R8 999	R258	R147	R35
R9 000 – R9 999	R272	R154	R37
R10 000 – R10 999	R286	R161	R40
R11 000 +	R301	R170	R42

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7. Subsidies for 2014

Income Bands	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 334	R220	R110	R1 301	R213	R109	R900	R357	R50
R4 000 – R5 499	R1 411	R236	R115	R1 377	R230	R115	R950	R379	R55
R5 500 – R6 999	R1 482	R253	R126	R1 448	R246	R126	R999	R428	R71
R7 000 – R7 999	R1 570	R258	R137	R1 530	R251	R137	R1 060	R522	R93
R8 000 – R8 999	R1 652	R275	R143	R1 612	R268	R137			
R9 000 – R9 999	R1 735	R285	R154	R1 694	R279	R148			
R10 000 – R10 999	R1 834	R296	R165	R1 787	R290	R158			
R11 000 +	R1 927	R318	R176	R1 880	R312	R169			

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Notes



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