



Administered by Discovery Health



Matters of Principle

Dear Remedi members

Perhaps the most complex challenge for the South African Healthcare industry is ensuring the sustainability of access to private healthcare – one of South Africa's "best and most respected assets".

The pressures of:

- medical inflation above CPI
- aging medical scheme memberships
- improved and more expensive technology and medicines

have and will no doubt continue to put a huge burden on the sustainability of medical schemes.

It is not surprising that there has been widespread consolidation with smaller medical schemes seeking possible partners for amalgamation and merger.

I am pleased to be able to report that Remedi is in an excellent state of health and growing from strength to strength.

This is reflected in:

- the superb 2010 financial performance and improved reserves position
- the significant improvement in the overall service delivery through Discovery Health's continuing focus and commitment to:
 - understanding the Remedi culture and "way"
 - assuring that Remedi benefits from the Discovery Health world-class and innovative approach to administration, managed health care and wellness
 - expanding the Discovery Health service team for the benefit of all members
 - communicating the need for members to address their requests and/or queries through the proper channels to avoid delays and disappointment.

HEALTH – the way to real wealth!

We owe it not only to ourselves but also to our families to look after our health.

But do we really do all that we can to get and remain healthy? I encourage you to use your screening benefit and to join Remedi's health and wellness initiatives such as the HealthyFood and Vitality programmes.

CLAIMS – of rules and rights

Last year we advised that the switch in administrators would not lead to a reduction in benefits. We took steps to ensure that members received the same benefits that they previously enjoyed.

Claims can be paid from available insured benefits, savings, or from of your own pocket and are processed according to the codes that are reflected on accounts. Wrong codes may lead to wrong or no benefit allocation.

Administrators and managed healthcare providers have introduced protocols that determine whether the treatment claimed for should be funded from the available benefit.

By assuring that your provider uses the right codes and fully understands the Remedi rules, you will maximise your benefits.

We welcome your feedback on ways in which we could improve Remedi.

Yours in HEALTH

John

Get your claims paid in full by using our network

This year Remedi has introduced networks of specialists and general practitioners (GPs) within the Classic and Comprehensive Options, with a specialist network for the Standard Option.

Thanks to the direct payment arrangements (through Discovery Health) with these network providers:

Remedi and your medical cover are sustainable in the long run. In return for limiting the fees they charge for in- and out-of-hospital services, the network providers are paid directly at an agreed higher rate.

The network providers are available as Remedi's designated service providers (DSPs) for all treatment related to the Prescribed Minimum Benefits (PMBs).

Members who choose to use the service of network providers will seldom make any co-payments (out-of-pocket expenses). Specialists on the Classic Direct Network may charge a co-payment for out-of-hospital consultations.

Members on the Comprehensive Option have access to specialists on Classic Direct and Premier Networks; Classic Option members have access to Premier Network specialists and Standard Option members have access to the Keycare specialist network.

Providers outside the network

If you don't use these network providers and a rate above the Remedi Rate is charged:

- 1 you may be liable for co-payments for charges above the Remedi Rate. Please note that the in-hospital rate for non-network specialists in 2011 is **100% of the Remedi Rate and not 200% as in previous years.**
- 2 Remedi will pay any benefit to you instead of the provider.

Medical situations out of your control

Members won't have to make co-payments in cases where they had no choice but to use a medical provider other than the designated service provider. This "involuntarily use" applies when:

- it is an emergency and you need to be admitted to hospital
- the service was not available from the designated service provider or would have been subject to an unreasonable delay
- there was no designated service provider within a reasonable distance from your place of business or residence.

Designated service providers for PMB conditions

Remedi's designated service providers for the diagnosis, treatment and care costs (which may include medicine) for Prescribed Minimum Benefit (PMB) conditions are:

- Medi-Clinic Hospital Group
- The state/public health system (all related services)
- CareCross Health (for Insured Out-of-Hospital benefits on the Standard Option)
- Other service providers, as selected by the Scheme from time to time.

It is likely that Remedi will from time to time contract with and appoint more designated service providers, and particularly provider networks, in our ongoing efforts to control and reduce costs for you, our members.

You can ask your treating GP or specialist if they are part of the direct payment arrangement with Discovery Health. You can also get more information about participating service providers by contacting the Remedi call centre at 0860 116 116 or by visiting the website at www.yourremedi.co.za.

The Remedi designated service providers and preferred providers are also listed in the 2011 Benefit Guide.

How to claim

At Remedi we want to ensure that the claiming process is easy for the convenience of our members.

You may therefore choose from the following ways to send us your claim:

- Send your claim by email to claims@discovery.co.za or fax to 0860 329 252.
- Drop off your claim at Discovery Health's offices or at any other assigned Discovery Health claims box. You can find these boxes

at Virgin Active or Planet Fitness gyms, Dis-Chem or at most private hospitals and possibly at your place of work.

- Post your claim to Remedi at PO Box 652509, Benmore, 2010, or Postnet Suite 116, Private Bag X19, Milnerton, 7435.

Before you send us your claim, please make sure your healthcare provider has not yet sent it to Remedi, in which case you do not have to re-send the claim.

How to get the most out of your claim statement

Every time you submit a claim to Remedi, you will receive a claim notice by email, which tells you how we have processed your claim.

You also get a claim statement each time there is any activity or movement relating to your chosen option benefits or Personal Medical Savings Account. Your claim statement gives you more details of how we have paid your claims and what your available benefits are.

There are three main sections:

1. Summary statement

Statement Number: 13
03 September 2011

Your Option details:
Member: Gebmij@Arbmi@jib
Membership number: 320 482 580
Benefit option: REMEDI COMPREHENSIVE OPTION
Validity: Not Activated

Personal Medical Savings Account (PMSA) balance as at 01 September 2011: R 3,105.00
Insured Out of Hospital Limit (IOH) balance as at 01 September 2011: R 3,842.00

SUMMARY STATEMENT	
Total claims:	16,833.30
Claims payable:	8,833.30
- To you by the Scheme	3,828.40
- To Service Providers	5,004.90
- To you from your Medical Savings Booster(MSB)*	0.00
Claims not paid by the Scheme:	2,000.00
- For your own account - please reimburse your Service Provider	2,000.00
Claims paid from:	8,833.30
- Your Personal Medical Savings Account (PMSA)	471.00
- The Medical Scheme*	6,304.30
- Your Medical Savings Booster(MSB)*	0.00
- Your Insured Out of Hospital Benefit	2,058.00

IMPORTANT INFORMATION

On the first page, you'll see an overview of your Benefit Option details. You'll also see a summary of your statement, showing a total value of the claims paid, or not paid, to you or your provider.

2. Detailed statement

DETAILED STATEMENT
This page shows you the details of your claims.

Transaction Date	Patient Information	Provider	Service Code	Service Date	PMSA*	IOH**	MSB**	Medical	Out of Pocket	Out of Pocket	Out of Pocket	IOH	MSB	Medical	Out of Pocket	IOH	MSB	Medical
14/08/11	George, Chris J	8800	110010	110010	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
14/08/11	George, Chris J	8800	110010	110010	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
14/08/11	George, Chris J	8800	110010	110010	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
14/08/11	George, Chris J	8800	110010	110010	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
14/08/11	George, Helen (Southwicks)	8800	2000	2000	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
14/08/11	George, Michael J	8800	110010	110010	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
14/08/11	George, Michael J	8800	110010	110010	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
14/08/11	George, Thea De Soy C	8800	110010	110010	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
14/08/11	George, Thea De Soy C	8800	110010	110010	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Here you are given a breakdown of what claims were paid in full (at the Remedi Rate), in part or not paid, along with reasons. The second page is a detailed statement in one table, showing all your claims for each service provider and the name of the patient/dependant to whom such claim relates.

3. Your transactions so far this year

YOUR TRANSACTIONS SO FAR THIS YEAR
This page shows you the total of all your transactions to date.

Member Number: 320 482 580
Statement Date: 03 September 2011

Personal Medical Savings Account (PMSA)	
Opening PMSA balance for this statement	3,105.00
Less: Claims paid from your PMSA reflected on this statement	- 471.00
Plus: Interest earned	0.00
Plus: Change to your PMSA	471.00
PMSA balance as at 01 September 2011	3,105.00

Benefit usage	Patient	Accumulated to date	Annual limit
REMEDY Overall Risk Limit	Family*	8,362.30	1,000,000.00
REMEDY Insured Benefit Limit	Family*	2,058.00	5,900.00

Notes relevant to your transactions so far this year:
*This limit applies to the whole family and is not specific to individual dependants with cover from your plan. Remember that other day-to-day limits apply in respect of particular benefits and you must consult your Fact File to see what these are.

The final section shows an overview of your non-hospital claims and benefit-related financial transactions to the date of the statement, if applicable. It also shows:

- all activity in your Personal Medical Savings Account since the beginning of the year
- what claims have been paid from and accumulated against your Insured Out-of-Hospital (day-to-day) benefit. This further detail ensures that you are better able to manage your benefits.

Prevention is better than cure

There is more to healthcare than just caring for your health when things go wrong.

By putting a strong focus on prevention and healthy living, Remedi encourages members to take responsibility for their health so they may enjoy the benefits and rewards of getting well and staying well.

One way of nipping a possible health problem in the bud, is by going for regular preventive medical tests.

Your Preventative/Screening Benefit allows for blood glucose, blood pressure, body mass index (BMI), cholesterol and HIV tests at a designated service provider at 100% of the Remedi Rate.

Use of the PPN network for your optical cover

To enhance and ensure the best use of your optical benefit on the Classic and Comprehensive Options, Remedi has concluded an agreement with the Preferred Provider Negotiators (PPN) network.

Optometrist contracted to PPN charge cost-effective rates

Optometrists contracted to PPN charge cost-effective rates for clear lenses in return for better professional fees – without compromising on professional standards or the quality of the product.

PPN tariffs are up to 67% lower for certain lens prescriptions when compared with tariffs charged by non-PPN optometrists. By being a Comprehensive or Classic Option member, you automatically qualify for these cost-saving rates. Remember to tell the PPN optometrist of your Remedi membership to qualify.

Avoid co-payments

You can visit a non-PPN optometrist, but he or she may charge you a higher rate, which means that the full price might not be covered. If

you want to avoid possible co-payments on clear lenses, make sure the optometrist you visit belongs to the PPN network.

Your Optical Cover on Comprehensive and Classic Options

For members on the Comprehensive Option, optical benefits are a separate benefit category paid from the overall annual limit, subject to the optical benefit limit and specific sub-limits set out below, as well as any applicable Prescribed Minimum Benefit (PMB) requirements.

Members on the Classic Option do not have a separate benefit category for optical benefits. These are paid from the available Out-of-Hospital Benefit subject to the optical benefit limit and specific sub-limits set out below, as well as the overall annual limit.

The optical benefit limits of R1 800 per beneficiary and R3 600 per family, as well as the following sub-limits, will apply to both Comprehensive and Classic Options during 2011:

For each beneficiary each year	
Eye test	R470 at the preferred provider
	R235 at a non-preferred provider
Spectacles	
Frames	
PPN frame, or	R150
Alternative frame and/or lens enhancements	R560
Lenses	
Single vision	R150 per lens
Bifocal	R350 per lens
Multifocal	R620 per lens
OR	
Contact lenses (instead of a pair of spectacles)	R1 330

Members on the Comprehensive and Classic Options can choose between a pair of spectacles or contact lenses in every 12-month cycle.

All benefits, if obtained from a non-preferred provider, are subject to confirmation of the available benefit by PPN. Your claims must also be submitted to PPN and not Discovery Health for payment.

Services obtained from a non-preferred provider will be paid at 100% of the Remedi Rate, subject to the applicable limits and sub-limits. We pay shortfalls from the Personal Medical Savings Account (PMSA) for Comprehensive members only.

Please note that all claims must be submitted directly to PPN for processing and payment to one of the following:

- email to mailroom@ppn.co.za
- fax to 041 506 5750
- mail to PO Box 12450, Centrahil, Port Elizabeth, 6006.

Standard Option optical cover

If you are a member on the Standard Option, you'll only get optical cover for the following range of services at 100% of the cost at a provider contracted to PPN.

Eye test: one eye test for a beneficiary each year.

Spectacles: one pair of clear, standard, mono- or bifocal lenses and a standard frame per beneficiary every two years, restricted to a specific range of frames. Contact lenses instead of spectacles may be provided.

This benefit is managed by CareCross, who has contracted PPN for these services.

Please contact PPN on 0860 103 529 or visit www.ppn.co.za if you need to:

- confirm your optical benefit
- find a PPN optometrist in your area.

Save up to 15% on over 10 000 HealthyFood™ products at Pick n Pay

Remedi members have an exciting benefit from Vitality – without even having to join the Vitality programme! You can activate the HealthyFood™ benefit, which makes eating healthy extremely easy.

Enjoy a variety of HealthyFood™

HealthyFood™ includes vegetables, fruit, foods rich in carbs like pasta, protein-rich foods like chicken breasts, dairy and dairy alternatives like fat-free milk, lentils and legumes like baked beans, and healthy fats and oils like olive oil.

These help prevent chronic lifestyle diseases such as diabetes, heart disease and certain cancers. So, you can enjoy a variety of HealthyFood™ that promotes better health. You'll also enjoy great savings.

Activate the HealthyFood™ benefit

The HealthyFood™ benefit makes healthy eating easier by making healthy food more affordable and helping you identify healthy choices when you shop.

You can activate this benefit and save on over 10 000 HealthyFood™ items you buy at Pick n Pay. All you need to do to qualify for the saving of up to 10% is to make sure you (and your spouse if you are on a family policy) complete a Personal Health Review.

This saving increases to up to 15% if you (and your spouse, if he/she is also a member of Remedi) go for various health checks and an HIV test. The health checks involve testing your body mass index, glucose, blood pressure and cholesterol.

Remember the following:

- You'll get cash back on a maximum of R250 (for single members) and R500 (for family memberships) spent on HealthyFood™ a month. The amount of cash back you receive is a percentage of the amount you spend on HealthyFood™. If you spend R500 (and are on a family membership) in a month and qualify for 10% cash back, then you'll have R50 deposited into your bank account at the end of the month.
- To maintain the up to 10% saving, you and your spouse will need to complete your Personal Health Review every 12 months.

- To maintain the up to 15% saving, you and your spouse will need to do your health checks and HIV tests at the beginning of the year.

You automatically qualify

- 1 You automatically qualify for the HealthyFood™ benefit on your Benefit Option.
- 2 You can start enjoying great savings on HealthyFood™ by activating the HealthyFood™ benefit.
- 3 Make sure you are registered on www.yourremedi.co.za and are logged in.
- 4 Once you have logged in, activate the HealthyFood™ benefit by clicking on the link. You can also opt in by calling the Remedi call centre on 0860 116 116. Select option two for Vitality and speak to a call centre agent.

Enjoy the benefits

- Once you have activated the benefit, you will receive a welcome pack with your new HealthyFood™ card. If you have a Visa DiscoveryCard, your HealthyFood™ benefit will be activated on your DiscoveryCard.
- Swipe your HealthyFood™ card or DiscoveryCard before the cashier rings up your purchases and then pay as usual or with your DiscoveryCard if you have one (otherwise you won't get your points).
- Your HealthyFood™ saving is paid into your chosen bank account if you don't have a DiscoveryCard and into your DiscoveryCard if you do.

Contact us

If you need more information on the HealthyFood™ benefit, please call 0860 116 116 or visit www.yourremedi.co.za



A big switch in July for users of chronic medicine

In July 2011, Remedi will be switching to the Discovery Health formulary and Chronic Drug Amount for the conditions on the Prescribed Minimum Benefit Chronic Disease List (PMB CDL).

Your cover for such conditions will still be unlimited, subject to this fixed formulary.

A formulary is an approved, restricted list of medicines considered to be clinically appropriate and cost effective for the treatment of a disease or illness.

The Chronic Drug Amount (CDA) is the maximum monthly amount which would be paid as a benefit for a particular class of medicine. This is applied to medicine that is not on the medicine list.

You may need to use a medicine that is not on the PMB formulary. You must apply for cover as an exception, if your doctor deems that the medicine is clinically appropriate and/or effective for the treatment of your Prescribed Minimum Benefit Condition.

If the Scheme approves your use of such a medicine, Remedi will cover it in full (as an exception).

However, if you use this medicine without the approval of the Scheme, Remedi will pay for the medicine to the monthly Chronic Drug Amount, and you may have to make co-payments.

Emergency support through ER24

You have access to ER24, a service that provides highly trained paramedics in response vehicles who will help you with all aspects of a medical emergency.

You can call ER24 on 084 124.

You need to get authorisation from ER24 for any medical emergency transportation. Neither ER24 nor the Scheme will be liable for the cost incurred if you fail to do this. In the case of a life-threatening emergency where you are unable to call anyone, for example a motor vehicle accident, this emergency transfer will be covered.

If you are at a hospital casualty facility and need to be transferred to another hospital, the referring hospital must please call ER24 on 084 124 to obtain authorisation for the transfer.



How to get to Gold Vitality status

Being a Gold Vitality member means you can enjoy better lifestyle, travel and shopping rewards – and you benefit from improving your wellness too!



Before you can reach Gold Vitality status, you need to do certain activities, find out more about your health and improve it:

- Complete online health assessments (up to 10 500 points)
- Learn about your health (up to 34 000 points)
- Get health checks (up to 11 000 points)
- Buy HealthyFood™ (up to 9 000 points a year and a maximum of 750 points a month)
- Get active (up to 15 000 points a year, plus up to 15 000 bonus points a year).

1 Complete online health assessments

Visit the **Know your health** section on Vitality's site at www.discovery.co.za

Activity	Earn points
Personal Health Review*	2 000
Non-smokers declaration*	5 000
Online Nutrition Assessment*	Up to 1 000
Online Stress Assessment*	Up to 2 500
Kids' Personal Health Review	2 000

* Every adult on Vitality can earn points for this activity.

In less than an hour, a single member can earn as many as 10 500 Vitality points. If you have children, you can add another 2 000 points per child.

2 Learn about your health

Go to Vitality accredited pharmacies, dietitians and biokineticists to have the assessments. In only a few hours, you can earn as many as 34 000 Vitality points.

Activity	Vitality points
Vitality Check*: blood glucose, blood pressure, cholesterol and weight assessment	Up to 14 000
Vitality Fitness Assessment*	7 500 and up to 7 500 bonus points based on how fit you are
Vitality Nutrition Assessment*	5 000

* Every adult on Vitality can earn points for this activity.

3 Health checks

Visit your GP or specialist for thorough health checks.

Activity	Ages to earn points	Points
HIV test* at certain pharmacies or your GP	Adults 18 years and older	5 000
Flu vaccination at a GP	All ages	1 000
Pap smear at a specialist	Females 16 years and older	2 500
Mammogram at a specialist	Females 35 years and older	2 500
Prostate screening at a specialist	Males 50 years and older	2 500
Vitality Child Health Assessment at a GP in the GP network	Children over the age of 2 but younger than 18	2 500
Dental check-up at any dentist	Children over the age of 2 but younger than 18	2 000

* Every adult on Vitality can earn points for this activity.

Female members can earn as many as 11 000 points for these tests, and male members 8 500 points! If you have children you can add another 4 500 points for each child.

4 Buy HealthyFood™

Earn Vitality points for buying HealthyFood™ at Pick n Pay.

When you activate your HealthyFood™ benefit, you can earn up to 15 Vitality points for each HealthyFood™ item you buy, up to 750 points a month. This is based on the number of HealthyFood™ items you buy, compared to less desirable food choices. You will also save up to 25% on these HealthyFood™ items.

5 Get active

Earn Vitality points for getting active with Vitality's fitness partners.

Vitality gym partners	Vitality points	How to join
• Virgin Active	150 points a session	Visit your local branch
• Planet Fitness		
• Curves		

Remember, Vitality members can access these partners at reduced rates!

Vitality fitness partners	Vitality points	How to join
• Run/Walk For Life • Handicaps Network Africa	150 points a session	Visit your local Run/Walk For Life branch. Register on www.discovery.co.za for Handicaps Network Africa.
• sa-active	Earn up to 5 000 points per event and 5 000 bonus points for the fifth event in a year.	Register on sa-active.com
• Polar	Up to 200 points per session	Visit www.polarpersonaltrainer.com and register

Each member can earn a maximum of 15 000 Vitality points for fitness activities in a year. There is also a yearly maximum of 15 000 Vitality bonus fitness points.

You get fantastic rewards for looking after your health

You immediately qualify for travel, entertainment and shopping rewards as you improve your Vitality status. By doing healthy activities, the rewards increase! Here are just some of the rewards for Gold Vitality members:

- 15% in Cash-back Rewards at Clicks
- Fly for 30% less with kulula.com
- Save 25% on international flights with British Airways
- Stay for 45% less at Southern Sun

Vitality points needed to reach each status:

	Blue status	Bronze status	Silver status	Gold status	Diamond status
Single member	You start at Blue Vitality status	15 000	35 000	45 000	Reach Gold Vitality status for three consecutive years
Main member and one member 18 years and older		30 000	70 000	90 000	
For each additional member 18 years and older		10 000	20 000	30 000	

Find out more on how to access our partners, earn points and enjoy rewards on www.discovery.co.za

(Vitality HealthStyle (Pty) Ltd is an authorised financial services provider.)

Complete online health assessments
(up to 10 500 points)

Get the right care at the right price: use the MaPS tool on our website

If you have access to the internet, it is easy to find a doctor or hospital suitable to your needs. Don't be caught off guard with extra healthcare payments. With the MaPS tool, you'll know what you have to pay.

Go to the Remedi website and log in with your username and password.



If you are looking for the nearest doctor or hospital, go to Remedi Medical Aid in the menu on the left of your screen. Now you can click on MaPS (Medical and Provider Search).



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



There are three sections:

- 1 Plan
- 2 Provider
- 3 Location

Next to "Plan" you will be able to see your plan option, for example "Remedi Comprehensive Option".

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 "Psychiatrist".



If you are looking for a private hospital, you will have to indicate in the next field if you need a private hospital with fewer than 100 beds or more than 100 beds.



Next to "Location" you will find three fields for region/province, city and suburb respectively.

Fill in all your requirements, for example:

Doctors >> Psychiatrist >> Western Cape >> Cape Town >> Observatory.

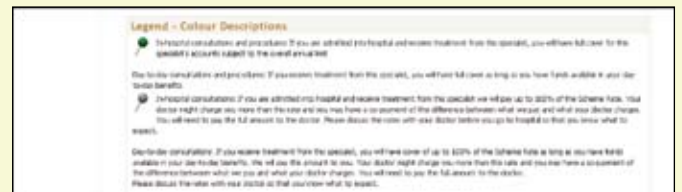


Then click on "Search" to get a list of all the available network psychiatrists in your area.

You will notice the doctor's details include the practice name, practice number, physical address and even GPS coordinates.



Remember to read the legend at the bottom of the screen.



The descriptions next to the green or gray symbols in the legend will explain exactly how we will cover you and what rate the doctor is charging. It will also warn you of possible co-payments.