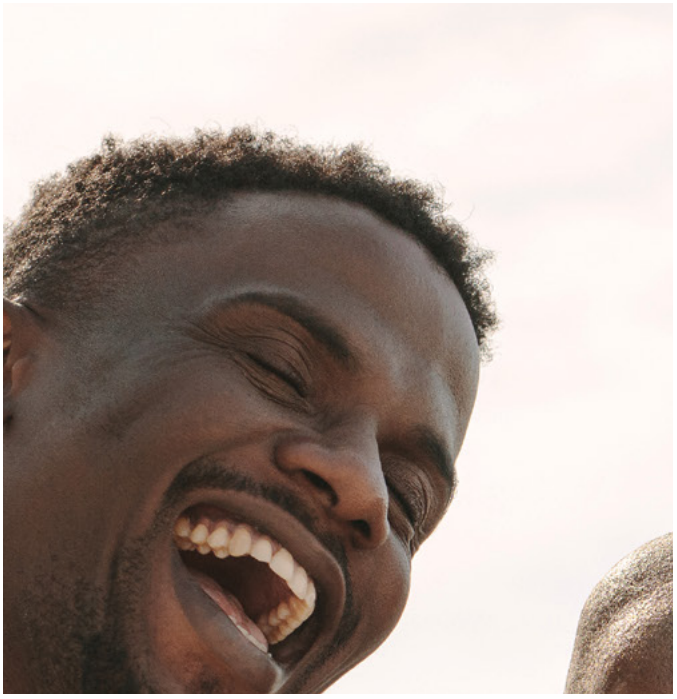

REMEDI

Administered by Discovery Health

REMEDI MEDICAL AID SCHEME

BENEFITS 2020

This Benefit Brochure is a summary of the benefits and features of Remedi Medical Aid Scheme, pending formal approval from the Council for Medical Schemes and does not replace the Remedi Rules. The registered Remedi Rules are legally binding and always take precedence.

WELCOME TO **REMEDI**

Remedi Medical Aid Scheme (Remedi) 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 Option 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 (DSPs). 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.

QUICK CONTACT **REFERENCES**

For ambulance and other emergency services

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

General queries

service@yourremedi.co.za
Call centre **0860 116 116**

To send claims

Email **claims@yourremedi.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 Remedi App. The Remedi App can be downloaded at the Apple iStore and Google Playstore.

Other services

Oncology service centre **0860 116 116**
HIV*Care* Programme **0860 116 116**
Internet queries **0860 100 696**

For Optical queries

Preferred Provider Network (PPN)
Contact number **0861 103 529**

Centre for Diabetes and Endocrinology (CDE)
Contact number **011 053 4400**

Additional information is available on our website **www.yourremedi.co.za**

Access your Remedi information through the Remedi 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@yourremedi.co.za** directly.

You may remain anonymous if you prefer:

Toll-free phone **0800 004 500**

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

Toll-free fax **0800 007 788**

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

Post **Freepost DN298, Umhlanga Rocks 4320**

Preauthorisation

Contact us on **0860 116 116**

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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, Remedi Classic and Remedi Standard.
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. We will pay non-network doctors directly, up to the Remedi Rate, even if they charge more than the Remedi Rate, if you are on the Standard Option. **Read more: Preauthorisation on page 7.**
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 11 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.
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: Preauthorisation on page 7.**
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: PMB and DTPPMB on page 15.**
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 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. We will pay your service provider directly, up to 100% of the Remedi Rate, even if they charge more than the negotiated Rate, if you are on the Standard Option.

OPERATIONS, HOSPITAL VISITS AND PREAUTHORISATION

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 by 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 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 EMERGENCY ROOMS

If you visit the emergency rooms at any hospital, and are admitted to hospital from there, we will cover the costs of the visit from your Hospital Benefit, if you have phoned us for authorisation within 24 hours of being admitted.

If you go to the emergency rooms but you are not admitted to hospital, we will pay the cost of the visit from your Insured Out-of-Hospital Benefit. We also cover the facility fee in some instances.

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 when 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.

CHRONIC ILLNESS BENEFIT (CIB)
CANCER TREATMENT AND HOME CARE

Remedi provides cover for chronic illness, cancer treatment, home care and more. Details of the specific benefit provided on each Option can be found by visiting the Remedi website, ***www.yourremedi.co.za.***

Chronic Illness Benefit (CIB) and cover for your chronic conditions

You have cover for approved medicine for the 26 Prescribed Minimum Benefits (PMB) Chronic Disease List (CDL) conditions. We need to approve your application before we cover your condition from the Chronic Illness Benefit (CIB).

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. **Members on this Option must obtain their medicine from a network pharmacy to avoid a co-payment of 20%.**

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 26 Chronic Disease List conditions 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. We fund approved medicine, as in the medicine list, for these conditions up to specific monthly limits for each option.

Cancer treatment

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.

Your Oncology Benefit is made available to you over a 12 month rolling period from date of diagnosis.

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 if your treatment is 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.

Advanced Illness Benefit

End-of-life care for members diagnosed with oncology-related conditions are funded from the unlimited Advanced Illness Benefit (AIB) and members have access to a comprehensive palliative care programme on all Options. This programme offers unlimited cover for approved care in the comfort of your home, with minimum disruption to your normal routine and family life. The palliative care is provided by a multidisciplinary team, including trained doctors and nurses, in partnership with the Hospice Palliative Care Association of South Africa. To register, your doctor needs to complete the Advanced Illness Benefit application form and email it to **AIB@yourremedi.co.za**.

End-of-life care for members who require frail care nursing for other conditions continues to be funded from the frailcare and nursing benefits as set out in this Brochure from **page 17**.

Home Care

Remedi introduced an added home-based service to members with effect from 1 January 2020.

The introduction of this service allows for management of patients who normally would need to receive IV infusions (drips), wound care and postnatal care in an acute in-hospital setting from the comfort of their home. These services are available to all members on all Options and is provided by accredited nurses or care workers, funded from your Hospital Benefit, if funding is approved.

Visit our website at **www.yourremedi.co.za** for more information regarding these benefits.

REMEDI PATIENT MANAGEMENT PROGRAMMES

Remedi Cardio Care

The Cardio Care Programme enables your Premier Plus GP to diagnose and initiate appropriate treatment while managing your risk factors with the support of a high functioning multidisciplinary care team.

ABOUT JOINING THE CARDIO CARE PROGRAMME

To have access to the Cardio Care Programme, you must consult with a Premier Plus GP and be registered on the Chronic Illness Benefit (CIB) for one or more of the following conditions:

- Hypertension
- Ischemic heart disease
- Hyperlipidemia.

Your Premier Plus GP can apply for registration on the programme through HealthID if you have given consent.

Remedi Diabetes Care

The Diabetes Care Programme, together with your Premier Plus GP, will help you actively manage your diabetes. The programme gives you and your Premier Plus GP access to various tools to monitor and manage your condition and to ensure you get high quality coordinated healthcare and the best outcomes.

You and your GP can track progress on a personalised dashboard displaying your unique Diabetes Management Score. This will help to identify the steps you should take to manage your condition and stay healthy over time.

The programme also unlocks cover for valuable healthcare services from healthcare providers like dietitians and biokineticists.

REGISTERING FOR THE DIABETES CARE PROGRAMME

Any Remedi member registered on the Chronic Illness Benefit (CIB) for diabetes can join the Diabetes Care Programme.

Remedi has partnered with the Centre for Diabetes and Endocrinology (CDE) to manage diabetes for members on the Comprehensive Option. If your Premier Plus GP is affiliated to the CDE then your Diabetes Care Programme will be facilitated through the CDE if you are on the Comprehensive Option.

Remedi HIV Care

The HIV Care Programme, together with your Premier Plus GP, will help you actively manage your condition. The programme gives you and your Premier Plus GP access to various tools to monitor and manage your condition and to ensure you get high-quality coordinated healthcare and the best outcomes.

A Premier Plus GP is a network GP who has contracted with us to provide you with high quality healthcare for your condition.

When you register for our HIV Care Programme and choose a Premier Plus GP to manage your condition, you are covered for the care you need, which includes additional cover for social workers.

To register on the Remedi HIV Care Programme:

Call us on **0860 116 116**
email: **HIV@yourremedi.co.za**

Remedi Mental Health Care

Remedi has approved that in 2020, members diagnosed with Major Depression, will have access to the Premier Plus GP led Mental Health Care Programme.

This Programme promotes the diagnosis and initiation of treatment of Major Depression by General Practitioners (GPs), to reduce the fragmented care between mental and physical health, allowing for faster diagnosis and initiation of treatment.

ABOUT JOINING THE MENTAL HEALTH CARE PROGRAMME

The Mental Health Care Programme, together with your Premier Plus GP, will help you actively manage episodes of Major Depression. This programme gives you and your Premier Plus GP access to tools and benefits to monitor and manage your condition and ensure you get high quality coordinated healthcare and the best outcomes.

HOW TO JOIN THE MENTAL HEALTH CARE PROGRAMME

To access the Mental Health Care Programme, you must consult with a Premier Plus GP and meet certain criteria.

Your Premier Plus GP can enroll you on the Programme through HealthID if you have given consent.

THE BENEFITS OFFERED BY THE MENTAL HEALTH PROGRAMME

The Mental Health Care Programme runs over a six-month period. Members who are eligible to join will have access to the following benefits in that six-month period:

- Three consultations with your Premier Plus GP
- An initial psychotherapy session if referred by your Premier Plus GP
- Anti-depressant medicine.

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 Personal 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 the money to you.

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
- 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 most out 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.

Members on the Comprehensive and Classic Options 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.

Members on the Standard Option only receive benefits if services are obtained at a PPN optometrist.

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 you 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.

> 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, WHERE TO OBTAIN THE REMEDI RULES AND HOW TO MAKE BENEFIT OPTION CHANGES

Remedi does not cover the following 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. The following is a list of costs not covered by the Scheme:

- All costs in respect of injuries arising from professional sport, speed contests and speed trials, unless PMB.
- All costs for operations, medicines, treatment and procedures for cosmetic purposes.
- All costs for Mammoplastics, i.e. Breast Reductions, unless medically necessary.
- All costs for the treatment of infertility, except for PMB.
- The artificial insemination of a person as defined in the Human Tissue Act, 1983 (Act of 1983).
- Holidays for recuperative purposes.
- Purchase of:
  - Medicines not registered with the Medicines Control Council and proprietary preparations;
  - Applicators, toiletries, beauty preparations, soaps, shampoos and other topical applications;
  - Cosmetics, emollients and moisturizers, including sun-tan lotions namely; sunscreens and tanning agents;
  - Bandages, cotton wool, dressings and other consumable items;
  - Food/nutritional supplements and patented foods, including baby foods;
  - Tonics, slimming preparations used to treat or prevent obesity and drugs as advertised to the public; and
  - Household and biochemical remedies;
  - Diagnostic agents;
  - Aphrodisiacs;
  - Anabolic steroids;
  - Household remedies or preparations of the type advertised to the public.
- The purchase of medicines not included in a prescription from a person legally entitled to prescribe medicine.
- Unless PMB, all costs that are more than the benefit to which a member is entitled in terms of the Scheme Rules, unless otherwise agreed to by the Board.
- Charges for appointments which a member or dependant of a member fails to keep.
- Costs for services rendered by persons not registered with a recognised professional body constituted in terms of any law; or any organisation, clinic, institution, nursing home or similar institution except a state or provincial hospital not registered in terms of any law.
- All costs related to the treatment of erectile dysfunction, unless approved by the Scheme.
- All costs related to gender re-alignment for personal reasons and not directly caused by or related to illness, accident or disorder.
- Section 21 medicines not approved and registered with the South African Medicines Control Council.
- All costs for use of gold in dentures or the cost of gold as an alternative to non-precious metal in crowns, inlays and bridges.
- All optical devices which are not regarded by the South African Optometric Association as clinically essential or clinically desirable, including sunglasses and spectacle cases or solution kits for contact lenses.
- Appliances: the purchase or hire of special beds, chairs, cushions, commodes, sheepskin, waterproof sheets for beds, bedpans, special toilet seats or repairs of or adjustments to sick room or convalescing equipment, with the exception of the hire of oxygen cylinders where the Scheme has provided prior written approval for the purchase of these and other appliances as PMB level of care.
- Motherhood: charges for ante-and post-natal exercise classes, mothercraft or breastfeeding instructions.
- War: injury or disablement fur to war, invasion or civil war, except for PMB.

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.

It is advisable to consult the **Rules of the Scheme** available on the website **www.yourremedi.co.za** to obtain a detailed list of the exclusions of the Scheme at all times.

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, guided by an approved *ex gratia* Policy and Mandate.

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**

REMEDI 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.
2. If your query is not resolved, you may request that your complaint be escalated 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 as and when necessary.
3. 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.
4. 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

REMEDI **KEY BENEFITS** AT A GLANCE

Our three Benefit Options provide you with peace of mind, a wide range of cover and stability.

BENEFIT OPTION	REMEDI COMPREHENSIVE	REMEDI CLASSIC	REMEDI STANDARD
RISK BENEFIT For major medical care, including in-hospital and other defined high-cost care	✓ Unlimited Overall annual limit for families	✓ R 1.975 million Overall annual limit for families	✓ R575 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 and Remedi Standard Option GP 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	✓	✗	✗
OVER-THE-COUNTER MEDICINE (OTC)	✓	✓	✓

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	REMEDI COMPREHENSIVE	REMEDI CLASSIC	REMEDI STANDARD
SANCA, RAMOT or Nishtara for drug and alcohol, detoxification and rehabilitation	✓	✓	✓
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	✓	✓	✓
Private hospitals as contracted (See MaPS tool)	✓	✓	✓
Dental management by DRC	✗	✗	✓
Emergency Services (ER24)	✓	✓	✓

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.

PRESCRIBED MINIMUM BENEFITS (PMB) AND DIAGNOSIS AND TREATMENT PAIRS (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.

YOUR BENEFITS FOR 2020

1. Hospital and Risk Benefit

BENEFITS	RATE	REMEDI COMPREHENSIVE	REMEDI CLASSIC	REMEDI STANDARD
Private hospitals	100% of Remedi Rate	Subject to an unlimited overall annual limit per family Da Vinci Robotic Assisted Prostatectomy at negotiated rates where pre-approved	Subject to an overall annual limit of R1 975 000 per family Da Vinci Robotic Assisted Prostatectomy at 100% of Remedi Rate provided pre-approved and limited to R108 000 per person per year	Subject to an overall annual limit of R575 000 per family Da Vinci Robotic Assisted Prostatectomy at 100% of Remedi Rate provided pre-approved and limited to R108 000 per person per year
State hospitals	100% of Remedi Rate	Limited to R520 000 per family	Limited to R505 000 per family	Limited to R240 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 R620 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		No benefit
Refractive eye surgery	100% of Remedi Rate	Subject to clinical entry criteria, the overall annual limit and a sub-limit of R27 500 a person each year. Includes funding of corneal cross-linking	Subject to clinical entry criteria, the overall annual limit and a sub-limit of R24 600 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. Members diagnosed for Major Depression by their GP will have access to enroll on the Remedi Mental Health Care Programme as set out in more detail in this Brochure on **page 9**.		

YOUR BENEFITS FOR 2020

1. Hospital and Risk Benefit (continued)

BENEFITS	RATE	REMEDI COMPREHENSIVE	REMEDI CLASSIC	REMEDI STANDARD
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 (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		R48 100	R41 300	R36 400
▪ Revision hip		R56 900	R48 700	R43 100
▪ Knee replacement		R37 900	R32 400	R28 700
▪ Revision knee		R48 100	R41 300	R36 400
▪ Shoulder replacement		R44 200	R37 900	R33 500
▪ Pacemaker with leads		R80 200	R68 000	R60 300
▪ Pacemaker with biventricular		R103 400	R87 600	R77 500
▪ Cardiac valves each		R53 700	R45 400	R39 200
▪ Below knee artifical limbs		R30 900	R26 500	R23 600
▪ Above knee artificial limbs		R56 900	R48 500	R42 900
▪ Artifical eyes		R29 200	R24 800	R22 100
▪ All other internal prostheses and devices	per person	R24 800	R21 300	R18 800
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
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 R37 800 per person	Subject to the overall annual limit with a sub-limit of R36 000 per person	Subject to the overall annual limit with a sub-limit of R13 250 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 2020

2. Managed Benefits

BENEFITS	RATE	REMEDI COMPREHENSIVE	REMEDI CLASSIC	REMEDI STANDARD
Chronic medicine				
Prescribed Minimum Benefits	100% of Remedi Medicine Rate	Unlimited if registered for Chronic Illness Benefit and the medicine is on the Remedi medicine list (formulary). You must also get the medicine from a network pharmacy. 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 Account	Unlimited if registered for Chronic Illness Benefit and the medicine is on the Remedi medicine list (formulary). You must also get the medicine from a network pharmacy. We pay for non-formulary medicine (medicine not found on our medicine list) up to the Chronic Drug Amount for a registered medicine class	**PMB for Remedi Standard** Unlimited if registered for Chronic Illness Benefit and the medicine is on the Remedi medicine list (formulary). **To avoid a co-payment of 20%, you must also get the medicine from a network pharmacy**. We do not fund medicine that is not on the formulary
Non-Prescribed Minimum Benefit conditions	100% of Remedi Medicine Rate	Subject to clinical entry criteria and Remedi's list of excluded conditions Limited to R1 980 per month per person Subject to registration on the Chronic Illness Benefit	Subject to clinical entry criteria and Remedi's list of excluded conditions Limited to R1 650 per month per person Subject to registration on the Chronic Illness Benefit	**Non-PMB for Remedi Standard** Benefit not applicable
Specialised Medicine Benefit	90% of Remedi Rate	Limited to R210 000 per person per year, subject to clinical protocols and preauthorisation	No benefit	No benefit
HIVCare Management Programme	100% of Remedi Rate	Subject to clinical protocols If you are registered on the programme you can obtain services for treatment from your Premier Practice GP and gain access to one social worker consultation in addition to the benefits available in the 'baskets of care'		
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 If you are registered for diabetes on the Chronic Illness Benefits and your Premier Practice GP has registered you, you also have access to the Diabetes Programme managed by Discovery Health for certain Primary Care benefits	If you are registered for diabetes on the Chronic Illness Benefits and your Premier Practice GP has registered you, you have access to the Diabetes Programme managed by Discovery Health for certain Primary Care benefits	If you are registered for diabetes on the Chronic Illness Benefits and your Premier Practice GP has registered you, you have access to the Diabetes Programme managed by Discovery Health for certain Primary Care benefits. Please note: If your doctor is not a Premier Practice Network doctor, he cannot register you on this benefit.

YOUR BENEFITS FOR 2020

2. Managed Benefits (continued)

BENEFITS	RATE	REMEDI COMPREHENSIVE	REMEDI CLASSIC	REMEDI STANDARD
Cancer treatment	100% of Remedi Rate up to benefit limit. Thereafter 80% of Remedi Rate if non-PMB treatment on Comprehensive and Classic Options	R930 000 per family per 12 month rolling period, of which the first R375 000 per person is covered at 100% of the Remedi Rate per person and the remaining R555 000 at 80% of the Remedi 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	R620 000 per family per 12 month rolling period, of which the first R375 000 per person is covered at 100% of the Remedi Rate per person and the remaining R245 000 at 80% of the Remedi 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	R215 000 per family per 12 month rolling period, and further limited to R215 000 for any one family member. The requirements for Prescribed Minimum Benefits are applicable and benefits will only be increased above the limit for PMB level of care
Advanced Illness Benefit		Advanced Illness Benefit (AIB). Members with advanced cancer and who are registered on the programme will receive enhanced funding and delivery of optimal palliative care. Once authorised, access to AIB is granted on a voluntarily basis subject to clinical entry criteria. The benefit is made available to members that require end-of-life management in a palliative care setting.		
Maternity Management Benefit	100% of Remedi Rate	Includes two 2D scans, an extensive list of pregnancy-related pathology tests and nine antenatal consultations with a gynaecologist or midwife (limited to your IOH) or your GP, as well as nine urine dipstick tests and two glucose strip tests.		Includes two 2D scans performed by your chosen GP, a specified range of pregnancy-related pathology tests and nine antenatal consultations with your chosen Standard Option Network GP, midwife or gynaecologist, as well as nine urine dipstick tests and two glucose strip tests
		Subject to overall annual limit and the Prescribed Minimum Benefit requirements		
Optical Benefit		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:
Beneficiary sub-limit		R3 511	R3 083	No benefit
Family sub-limit		R7 022	R6 166	No benefit
Consultations				
PPN Provider		R675	R675	R675. A composite consultation inclusive of refraction, tonometry and visual field screening at PPN provider **every twenty four months** per person
Non PPN Provider		R365	R365	No benefit

YOUR BENEFITS FOR 2020

2. Managed Benefits (continued)

BENEFITS	RATE	REMEDI COMPREHENSIVE	REMEDI CLASSIC	REMEDI STANDARD
WITH EITHER				
Spectacles:				
Frames: PPN Provider		PPN Frame or lens enhancements to the value of R1 688	PPN Frame or lens enhancements to the value of R1 065	PPN Frame to the value of R300 per person **every twenty four months**
Frames: Non PPN Provider		R1 182 towards a frame and/or lens enhancement	R1 065 towards a frame and/or lens enhancement	No benefit
Clear Aquity lens limits:		Clear Single vision lenses at a PPN provider and Non PPN provider limited to R185 per lens	Clear Single vision lenses at a PPN provider and Non PPN provider limited to R185 per lens	Clear Single vision lenses at a PPN provider limited to R185 per lens per person **every twenty four months**
		Clear Bifocal lenses at a PPN provider and Non PPN provider limited to R420 per lens	Clear Bifocal lenses at a PPN provider and Non PPN provider limited to R420 per lens	Clear Bifocal lenses at a PPN provider limited to R420 per lens per person **every twenty four months**
		Base Multifocal lenses at a PPN provider and a Non PPN provider limited to R745 per lens	Base Multifocal lenses at a PPN provider and a Non PPN provider limited to R745 per lens	Base Multifocal lenses at a PPN provider limited to R420 per lens per person **every twenty four months**
OR				
Contact Lenses:				
Beneficiary sub-limit		R2 225	R1 930	R550 per person **every twenty four months** at a PPN Provider

3. Treatment performed out-of-hospital that we pay for from the Risk Benefit

BENEFITS	RATE	REMEDI COMPREHENSIVE	REMEDI CLASSIC	REMEDI STANDARD
Specialised dentistry	100% of Remedi Rate	Standalone benefit Subject to the overall annual limit with the following sub-limits: ▪ Member only: R20 350 ▪ Family: R40 750 Basic dental codes are subject to available Insured out-of-Hospital Benefit	Subject to available Insured Out-of-Hospital Benefit	No benefit
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	per person	R25 550	R25 550	R13 250
▪ Hearing aids	per person	R23 550	R23 550	R17 050

YOUR BENEFITS FOR 2020

3. Treatment performed out-of-hospital that we pay for from the Risk Benefit (continued)

BENEFITS	RATE	REMEDI COMPREHENSIVE	REMEDI CLASSIC	REMEDI STANDARD
▪ Oxygen appliances (monthly limit)	per person	R1 920	R1 920	R1 920
▪ Wheelchairs	per person	R17 600	R14 750	R11 700
▪ All other external prostheses and appliances	per person	R6 650	R5 550	R3 150
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	R82 500	R82 500	R82 500
▪ Private nursing	per person	R10 350	R10 350	R10 350
▪ Prescribed medication	Member	R28 100	R13 000	R13 000
	Member + 1	R32 950	R15 300	R15 300
	Member + 2	R38 400	R18 250	R18 250
	Member + 3 or more	R43 650	R22 050	R22 050
▪ External medical items	per person	R68 000	R30 250	R30 250
▪ Hearing aids	per person	R24 800	R14 300	R14 300
▪ Mental Health Benefit	per person	R25 100	R18 700	R18 700
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 R13 530 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 R12 860 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 820 per family
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 R3 820 for family and approval of a treatment plan. Treatment must start within two weeks of discharge from hospital
Benefits for infertility	100% of Remedi Rate	Cover in line with the Prescribed Minimum Benefits requirements		

YOUR BENEFITS FOR 2020

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	REMEDI COMPREHENSIVE	REMEDI CLASSIC	REMEDI STANDARD
Annual IOH sub-limits	100% of Remedi Rate or 100% of cost at DSP	**Combined family limit of:** Per Principal Member: R8 640 Per Adult Dependant: R5 100 Per Child Dependant: R1 430 up to a maximum of three children. 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. Facility fees will be covered where applicable	**Combined family limit of:** Per Principal Member: R7 660 Per Adult Dependant: R4 520 Per Child Dependant: R1 270 up to a maximum of three children. 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	**Combined family limit of:** Per Principal Member: R2 520 Per Adult Dependant: R1 600 Per Child Dependant: R510 up to a maximum of three children. 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. Once depleted it will be paid from your Personal Medical Savings Account This benefit includes cover for a consultation with a gynaecologist for insertion of a Mirena contraceptive device, provided pre-approval was obtained from the Scheme in line with clinical protocols and guidelines	Subject to available Insured Out- of-Hospital Benefit limits and the overall annual limit. This benefit includes cover for a consultation with a gynaecologist for insertion of a Mirena contraceptive device, provided pre-approval was obtained from the Scheme in line with clinical protocols and guidelines	Medically appropriate GP consultations and minor procedures, unlimited at member's chosen Remedi Standard Option Network GPs. The **Out-of-area (OOA) Benefit** consists of three visits up to a limit of **R1 725** per family. Medical specialist visits are limited to annual IOH sub-limits. See also under item 4 This benefit includes cover for a consultation with a gynaecologist for insertion of a Mirena contraceptive device, provided pre-approval was obtained from the Scheme in line with clinical protocols and guidelines
Network GP Benefit	100% of Remedi Rate	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 ▪ 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

YOUR BENEFITS FOR 2020

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

BENEFITS	RATE	REMEDI COMPREHENSIVE	REMEDI CLASSIC	REMEDI STANDARD
Acute medicine and Schedule 0,1 and 2 medicine that can be bought over the counter without a doctor's prescription	100% of Remedi Medicine Rate	Subject to available Insured Out-of-Hospital (IOH) Benefit limits and the overall annual limit. Once depleted it will be paid from your Personal Medical Savings Account. Oral contraceptives are covered up to R150.00 per female beneficiary, subject to the IOH.	Subject to available Insured Out- of-Hospital Benefit limits and the overall annual limit. Oral contraceptives are covered up to R150.00 per female beneficiary, subject to the IOH.	Schedule 0,1 and 2 medicine: An over the counter benefit of R150.00 per script and R300.00 per person per year payable from the Risk benefit. Acute medicine: Subject to the Remedi Standard Option Network medicine list Unlimited if you get the medicine from your chosen Remedi Standard Option GP. Oral contraceptives are covered up to R150.00 per female beneficiary from Risk.
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 f rom 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 your Network GP, are covered at Remedi Standard Option Network healthcare providers
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
Specialised dentistry	100% of Remedi Rate	Standalone benefit. Not funded from the Insured Out-of-Hospital Benefit See detailed benefits in item 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
Optical Benefit	100% of Remedi Rate	Standalone benefit. Not funded from the Insured Out-of-Hospital Benefit. See also under item 2	Subject to available Insured Out-of-Hospital Benefit limits and the overall annual limit. See also under item 2	Benefit only available through the Preferred Provider Network (PPN). See also under item 2
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 2020

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
Other healthcare services, which include: chiropractic treatment, dietetics, homeopathy, or herbalists, preventive medicine for malaria. Immunisations, except influenza and pneumococcal vaccines where clinically indicated, and Human Pappilomavirus (HPV) vaccines which are 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. SUMMARY OF REMEDI DENTAL BENEFITS

The Comprehensive Option has a standalone benefit for Specialised Dentistry Benefits, while Classic members' specialised dentistry is subject to the available Insured Out-of-Hospital Benefit (IOH). Members on the Standard Option do not have any specialised dentistry benefits available. Conservative dentistry is funded from the IOH on Comprehensive Option before it will pay from your Personal Medical Savings Account.

BENEFITS	RATE	REMEDI COMPREHENSIVE	REMEDI CLASSIC	REMEDI STANDARD
Specialised dentistry	100% of Remedi Rate	Standalone benefit Subject to the overall annual limit with the following sub-limits: ■ Member only: R20 350 ■ Family: R40 750 Basic dental codes are subject to available Insured out-of-Hospital Benefit	Subject to available Insured Out-of-Hospital Benefit. See also under item 4	No benefit
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. See also under item 4	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
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 the Insured Out-of-Hospital Benefit limits.		No benefit
Preventive dentistry	100% of Remedi Rate	One preventive dental examination per person every 12 months including the oral examination, infection control, prophylaxis, polishing and fluoride of adults and children. **On the Standard Option, preventive dentistry is provided through a Network provider (DRC)**		

YOUR BENEFITS FOR 2020

7. Preventive and Screening Benefit

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

TESTS	RATE	REMEDI COMPREHENSIVE	REMEDI CLASSIC	REMEDI STANDARD
Screening Benefit	100% of Remedi Rate	Includes the following screening tests at a designated service provider. **Consultations and extra tests are covered from available Insured Out-of-Hospital Benefit limits**		
▪ Random blood glucose		One test each year per person		
▪ Blood pressure		One test each year per person		
▪ Body mass index (BMI)		One test each year per person		
▪ Random cholesterol		One test each year per person		
▪ HIV test		Unlimited number of tests		
▪ Mammogram		One test each year per female beneficiary		
▪ Pap smear		One test each year per female beneficiary		
▪ Prostate-specific antigen (PSA)		One test each year per male beneficiary		
▪ Colonoscopy		One test every 10 years per person. Only for members over the age of 55 if performed in the doctors rooms		
▪ Flu vaccination		One vaccination each year per person. Only for high-risk members and members over the age of 65		
▪ Pneumococcal vaccine		One vaccination per person 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. **On Standard Option preventive dentistry is provided through a designated service provider (DRC)**.		
▪ Human Papillomavirus (HPV) vaccines		One vaccine per male dependant between the ages of 11 and 21 and one vaccine per female dependant between the ages of 11 and 26, as clinically appropriate per year		
▪ Colorectal Screening		1 Faecal Occult Blood Test/Faecal Immunochemical Test every 2 years for members 45-75 years of age. Colonoscopy Screening for high risk members or where a positive stool test.		

Members with high glucose readings are given the more clinically robust HbA1c test. The test is available at network pharmacies and HbA1c will be funded from your available day-to-day and pathology benefit limits and limited to one test per person per year.

YOUR CONTRIBUTIONS FOR 2020

1. Contributions for 2020

	REMEDI COMPREHENSIVE			REMEDI CLASSIC			REMEDI STANDARD		
Income bands	Principal	Adult or spouse	Child**	Principal	Adult or spouse	Child**	Principal	Adult or spouse	Child**
R0 – R3 999	R2 910	R2 204	R679	R2 284	R1 623	R548	R1 423	R947	R288
R4 000 – R5 499	R3 071	R2 353	R723	R2 417	R1 739	R608	R1 491	R997	R324
R5 500 – R6 999	R3 245	R2 507	R791	R2 547	R1 852	R651	R1 563	R1 117	R401
R7 000 – R7 999	R3 414	R2 578	R862	R2 679	R1 900	R712	R1 680	R1 339	R521
R8 000 – R8 999	R3 591	R2 722	R902	R2 824	R2 006	R758	R1 680	R1 339	R521
R9 000 – R9 999	R3 790	R2 852	R947	R2 969	R2 108	R789	R1 680	R1 339	R521
R10 000 – R10 999	R3 978	R2 995	R1 031	R3 128	R2 220	R860	R1 680	R1 339	R521
R11 000+	R4 193	R3 159	R1 089	R3 287	R2 335	R891	R1 685	R1 342	R522

Savings (PMSA) portion of contributions on the Comprehensive Option*

Income bands	Principal	Adult or spouse	Child**
R0 – R3 999	R291	R220	R68
R4 000 – R5 499	R307	R235	R72
R5 500 – R6 999	R325	R251	R79
R7 000 – R7 999	R341	R258	R86
R8 000 – R8 999	R359	R272	R90
R9 000 – R9 999	R379	R285	R95
R10 000 – R10 999	R398	R300	R103
R11 000+	R419	R316	R109

2. Contribution subsidies for 2020 (where applicable)

	REMEDI COMPREHENSIVE*			REMEDI CLASSIC			REMEDI STANDARD		
Income bands	Principal	Adult or spouse	Child**	Principal	Adult or spouse	Child**	Principal	Adult or spouse	Child**
R0 – R3 999	R1 721	R621	R429	R1 676	R569	R416	R1 217	R648	R194
R4 000 – R5 499	R1 823	R678	R454	R1 773	R614	R434	R1 284	R672	R223
R5 500 – R6 999	R1 914	R724	R501	R1 866	R664	R479	R1 348	R751	R275
R7 000 – R7 999	R2 026	R743	R543	R1 970	R678	R524	R1 432	R892	R352
R8 000 – R8 999	R2 133	R777	R566	R2 075	R708	R545	R1 432	R892	R352
R9 000 – R9 999	R2 239	R812	R590	R2 181	R740	R545	R1 432	R892	R352
R10 000 – R10 999	R2 368	R861	R637	R2 301	R787	R592	R1 432	R892	R352
R11 000+	R2 488	R909	R681	R2 422	R836	R633	R1 437	R895	R354

*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.

REMEDI

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