NETCARE
NETCARE MEDICAL SCHEME
Administered by Discovery Health

Netcare Medical Scheme Guide to Prescribed Minimum Benefits (PMBs) 2019

Who we are

Netcare Medical Scheme registration number 1584, is registered with the Council for Medical Schemes. Discovery Health (Pty) Ltd (referred to as "the administrator") is a separate company and an authorised financial services provider (registration number 1997/013480/07), which takes care of the administration of your membership of Netcare Medical Scheme.

Contact us

You can call us on 0861 638 633 or visit www.netcaremedicalscheme.co.za for more information.

About this document

This document tells you how Netcare Medical Scheme ("Scheme") covers each of its members for a list of conditions called Prescribed Minimum Benefits ("PMBs").

Here are some terminologies you need to know.

Terminology	Description
Prescribed Minimum Benefits (PMBs)	A set of minimum benefits that, by law, must be provided to all medical scheme members. The cover it gives includes the diagnosis, treatment and cost of ongoing care for a list of conditions.
Shortfall	Netcare Medical Scheme pays Service Providers at a set rate, known as the Scheme rate. If the Service Providers charge higher fees than this rate, you will have to pay the difference between the Scheme rate and what the providers charged, from your pocket.
Waiting period	A waiting period can be general or condition-specific and means that you or one of your dependants have to wait for a set time before Netcare Medical Scheme will provide benefits for your medical expenses.
Chronic Drug Amount (CDA)	The CDA is a maximum monthly amount we pay up to, for a medicine class. This applies to medicine that is not listed on the medicine list (formulary). The Chronic Drug Amount includes VAT and the dispensing fee.
Diagnostic Treatment Pairs Prescribed Minimum Benefit (DTP PMB)	Links a specific diagnosis to a treatment and broadly indicates how each of the PMB conditions should be treated.
Designated Service Provider	A healthcare provider (for example doctor, specialist, pharmacist or hospital) who we have an agreement with to provide treatment or services at a contracted rate.

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Understanding Prescribed Minimum Benefits

What are Prescribed Minimum Benefits (PMBs)?

According to the Medical Schemes Act 131 of 1998 and its Regulations, all medical schemes have to cover the costs related to the diagnosis, treatment and care of:

- A life-threatening emergency medical conditions
- A defined list of 270 diagnoses
- A defined list of 27 chronic conditions (Chronic Disease List conditions).

Please refer to the Council for Medical Schemes website (www.medicalschemes.com) for a full list of the diagnoses and chronic conditions.

All medical schemes in South Africa have to include the Prescribed Minimum Benefits in the membership they offer to their members.

How Netcare Medical Scheme pays claims for PMBs and non-PMB benefits

We pay for PMBs in full from the Risk Benefits if you receive treatment from a Designated Service Provider (DSP). Treatment received from a non-DSP may be subject to a co-payment if the healthcare provider charges more than what we pay. We pay for benefits not included in the PMBs from your day-to-day benefits, according to the rules and benefits of your membership.

Requirements you must meet to benefit from PMBs

There are certain requirements before you can benefit from the Prescribed Minimum Benefits. The requirements are:

1. The condition must qualify for cover and be on the list of defined PMB conditions.
2. The treatment needed must match the treatments in the published defined benefits on the PMB list.
3. You must use the Scheme's Designated Service Providers. This does not apply in life-threatening emergencies. However even in these cases, where appropriate and according to the rules of the Scheme, you may be transferred to a Designated Service Provider or facility.

If the treatment does not meet the above criteria, we will pay the claims up to the Netcare Medical Scheme rate, which is a set rate at which the Scheme pays service providers. If the service provider charges above this rate, you will have to pay the outstanding amount from your pocket. This amount you have to pay is called a co-payment.

Netcare Medical Scheme membership offers benefits richer than that of the Prescribed Minimum Benefits

Netcare Medical Scheme covers more than just the minimum benefits required by law.

Netcare Medical Scheme claims being paid as a Prescribed Minimum Benefit

This happens when you are on a waiting period or when you have treatments linked to conditions that are excluded on your membership. This can be a general three-month waiting period or a 12-month condition-specific waiting period. But you can still have cover in full, if you meet the requirements stipulated by the Prescribed Minimum Benefit regulations.

No cover under Prescribed Minimum Benefits

In some circumstances you might not have cover for the Prescribed Minimum Benefits. This can happen when you join a medical scheme for the first time and have never belonged to one.

It can also happen if you join a medical scheme more than 90 days after leaving your previous medical scheme. In both these cases, the Scheme would impose a waiting period, during which you and your dependents will not have access to the Prescribed Minimum Benefits, no matter what conditions you might have.

You and your dependents must register to get cover for PMB conditions

How to register your PMB condition to get cover from the risk benefits

There are different types of claims for Prescribed Minimum Benefits. There are claims for hospital admissions, chronic conditions and other conditions treated out of hospital.

If you want to apply for out-of-hospital Prescribed Minimum Benefits cover, you must complete a Prescribed Minimum Benefit application form.

- Forms are available to download and print from www.netcaremedicalscheme.co.za Log on to the website using your username and password. Go to Find a document and click on Application forms.
- You can also call 0861 638 633 to request any of the above forms.

We will also let you know about the outcome of the application. We will send you a letter confirming your cover for that condition.

If your application meets the requirements to benefit from Prescribed Minimum Benefits, we will automatically pay the associated approved medicine for that condition from the risk benefits (not from your available day-to-day benefits).

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If you want to apply for in-hospital Prescribed Minimum Benefit cover, you must call us on 0861 638 633 to request an authorisation.

The individual with the PMB condition, must complete the application form with the help of the treating doctor. The main member must complete and sign the form if the patient is a minor (younger than 18 years).

The main member and all dependents with PMB conditions must register. Each individual must register their specific conditions.

You only have to register once for your condition. If your medicine changes, your doctor can just let us know about the changes.

For new conditions, you have to register for each new condition before we will cover the medicine from the risk benefits and not from your day-to-day benefits.

Where you must send the completed registration form

You can send the completed **PMB application form**:

- By fax to: 011 539 2780
- By email to: PMB_APP_FORMS@netcaremedicalscheme.co.za
- By post to: Netcare Medical Scheme, PMB Department, PO Box 652509, Benmore, 2010.

Pre-authorisation for hospitalisation and other procedures

What pre-authorisation is and what it means

Pre-authorisation is the approval of certain procedures and any planned admission to a hospital before the procedure or admission takes place. It includes associated treatment or procedures performed during hospitalisation.

You also need specific pre-authorisation for MRI and CT scans, radio-isotope studies, and for certain endoscopic procedures, whether during hospitalisation or not.

Whenever your doctor plans a hospital admission for you, you must let us know 48 hours before you go to hospital.

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Benefits that require pre-authorisation

You need to get pre-authorisation from us for:

- Hospitalisation
- Day-clinic admissions
- Special procedures (like a scopes, MRI and CT scans).

Who you must contact for pre-authorisation

Call us on 0861 638 633 to get pre-authorisation. We will give you an authorisation number. Please give the authorisation number to the relevant healthcare provider and ask them to include it when they submit their claim.

You can also log in to www.netcaremedicalscheme.co.za and read the important information that tells you how we will pay for your hospital stay. *Please make sure you understand what is included in the authorisation and how we will pay the claims.*

We will ask for the following information when you request pre-authorisation

- Your membership number
- Details of the patient (name and surname, ID number)
- Reason for the procedure or hospitalisation
- Diagnostic codes (ICD-10 codes), tariff codes and procedure codes (you must get these from your treating doctor).

Pre-authorisation does not guarantee payment of all claims

Your hospital cover is made up of:

- Cover for the account from the hospital (the ward and theatre fees) at the Netcare Medical Scheme rate
- Cover for the accounts from your treating healthcare professionals (such as the admitting doctor, anaesthetist and any approved healthcare expenses like radiology or pathology), which are separate from the hospital account and are called related accounts.

Remember

Limits, clinical guidelines and policies apply to some healthcare services and procedures in hospital.

There are some expenses you may incur while you are in hospital that we don't cover. Also, certain procedures, medicines or new technologies need separate approval. Please discuss this with your doctor or the hospital.

Find out more about our clinical rules and policies for cover by contacting us on 0861 638 633.

What happens once you are admitted to hospital

Your cover is subject to the Scheme rules, funding guidelines and clinical rules. There are some expenses you may have in hospital as part of a planned admission that your Hospital Benefit does not cover.

Complaint process

You may lodge a complaint or query with Netcare Medical Scheme directly on 0861 638 633 address a complaint in writing to the Principal Officer at the Scheme's registered address. Should your complaint remain unresolved, you may lodge a formal dispute by following the Netcare Medical Scheme internal disputes process.

You may, as a last resort, approach the Council for Medical Schemes on the following details for assistance.

Physical address: Council for Medical Schemes Complaints Unit, Block A, Eco Glades 2 Office Park, 420 Witch-Hazel Avenue, Eco Park, Centurion, 0157
Telephone: 0861 123 267
Email: complaints@medicalschemes.com