RAND WATER
MEDICAL SCHEME

MEDICAL SCHEME BROCHURE 2025

LOOKING AFTER YOU AND YOUR FAMILY

POPI Act

PROTECTION OF PERSONAL INFORMATION ACT

The Rand Water Medical Scheme ("the Scheme") values your privacy and wants to be transparent on how Personal Information will be processed when interacting with you. With this Privacy Notice, the Scheme informs you and provides you with an overview of how it will process Personal Information and by doing so the Scheme is fulfilling its notification obligation in terms of the Protection of Personal Information Act 4 of 2013 ("POPI Act")

The Scheme is committed to manage and process your Person Information in accordance with its Data Protection and Privacy Policy and he applicable privacy and information protection law provisions, which specifically provides for the lawful, fair and transparent processing of your Personal Information for specified, explicit and legitimate purposes in a reasonable manner that does not infringe on your right to privacy.

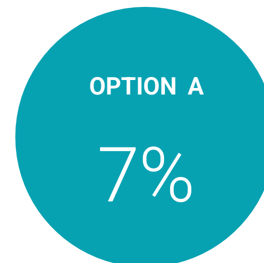
Glossary

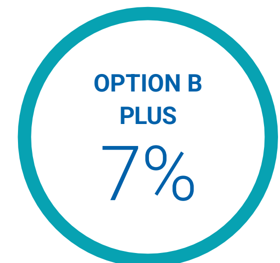
CDL	Chronic Disease List
CMS	Council for Medical Schemes
DSP	Designated Service Provider
GP	General Practitioner
MMAP	Maximum Medical Aid Price
OAL	Overall Annual Limit
OTC	Over the Counter
PDF	Pharmacy Dispensing Fee
PMB	Prescribed Minimum Benefits
SAOA	South African Optometric Association
SEP	Single Exit Price
TTO	Treatment to Take Out

Summary of Contribution Increase for 2025

The Trustees have adopted a change to the pricing philosophy applied historically.

The pricing philosophy adopted for the 2025 benefit year is to break even before investment income. The following contribution increases effective 1 January 2025 and was approved as such by the Council for Medical Schemes:





IMPORTANT INFORMATION

1. The Scheme does not cover medical expenses incurred outside the boarders of South Africa.
2. All hospital claims are paid subject to pre-authorisation and clinical protocols, out of hospital claims are paid subject to available benefits and confirmation.
3. The Scheme Portal is available for your convenience to track claims, view payments, download remittance advice/statements, membership confirmation and Tax Certificates etc.

   Kindly register by using this link: https://hosting.cumulusis.com/Randwater/home/login.asp
4. We encourage you to share the content of this brochure with your family members who are members of the Scheme. Scheme will cover two (2) Covid-19 tests. For 3 or more tests Medical Motivation will be required.

Registered Nurses Clinic Attached to Pharmacies

We are excited to offer our members the option to receive adequate and appropriate treatment where it is most convenient.

MEDICAL	SERVICE DESCRIPTION
1	Immunisation (15 min)
2	Administration of Injection
3	Administration of Vaccine
4	Pap Smear Including Breast Exam (30 min)
5	Minor Ailment Consult (0-15 min)
6	Minor Ailment Consult (16-30 min)
7	Minor Ailment Consult (30 min)
8	Well Baby Immunisation W Consult (30 min)
9	Blood Pressure Test
10	Glucose Test with Consult (15 min)
11	Cholesterol Test and Cons (15 min)
12	Family Plan Consult Return (10 min)
13	Pregnancy Urine Test + Consultation (Inc C/O Test)
14	Urine Test (15 min)
15	Nebulisation (15 min)
16	HIV Screening (Pre/Post Test)
17	Wound Care Simple/Dressing Only
18	Wellness Screening (GLUC/BP/BMI/CHOL)
19	Observation: Temp, Pulse, Respiratory
20	Prostate Test and Discussion
21	PCDT Pharmacist Consultation
22	Fixed Fee Minor Ailment
23	Fixed Fee Visit Referral
24	Doctor fee component for video-medicine enabled multidisciplinary intervention
25	Nurse fee component for video-medicine enabled multidisciplinary intervention

What are the Medical Benefits for Registered Nurses?

CONVENIENCE FOR MEMBERS AND THEIR BENEFICIARIES:

- Better trading hours
- You only go to 1 place for a consultation and medicine
- Shorter waiting duration
- Both Nurse and Doctor video consultation cost less than 1 GP consultation

ANNUAL MEDICAL SCREENING

- Full medical history;
- Clinical examination;
- Body mass index;
- Cholesterol (random);
- Glucose (random);
- Blood pressure;
- Temperature;
- Pulse;
- Oxygen saturation.

* *Subject to CMS approval*

1. Membership Contributions

OPTION A

RAND WATER 2024 & 2025 CONTRIBUTIONS TABLE OPTION A										
OPTION A	Below R 9,700		R 9,701 to R 16,100		R 16,101 to R 22,900		R 22,901 to R 29,500		Above R 29,501	
	2024	2025	2024	2025	2024	2025	2024	2025	2024	2025
Member	3 291	3 522	3 837	4 107	4 353	4 659	4 908	5 253	5 238	5 604
Per Adult Dependant	2 130	2 280	2 496	2 670	2 835	3 033	3 198	3 423	3 399	3 636
Per Child Dependant	561	600	648	693	738	789	828	885	894	957

TOTAL CONTRIBUTIONS 2023 & 2024 (IF NO SUBSIDY APPLIES)										
FAMILY SIZE	Below R 9,700		R 9,701 to R 16,100		R 16,101 to R 22,900		R 22,901 to R 29,500		Above R 29,501	
	2024	2025	2024	2025	2024	2025	2024	2025	2024	2025
Member	3 291	3 522	3 837	4 107	4 353	4 659	4 908	5 253	5 238	5 604
Member, Adult	5 421	5 802	6 333	6 777	7 188	7 692	8 106	8 676	8 637	9 240
Member, Adult, 1 Child	5 982	6 402	6 981	7 470	7 926	8 481	8 934	9 561	9 531	10 197
Member, Adult, 2 Children	6 543	7 002	7 629	8 163	8 664	9 270	9 762	10 446	10 425	11 154
Member, Adult, 3 Children	7 104	7 602	8 277	8 856	9 402	10 059	10 590	11 331	11 319	12 111
Member, Adult, 4 Children	7 665	8 202	8 925	9 549	10 140	10 848	11 418	12 216	12 213	13 068
Member, Adult, 5 Children	8 226	8 802	9 573	10 242	10 878	11 637	12 246	13 101	13 107	14 025
Member, 1 Child	3 852	4 122	4 485	4 800	5 091	5 448	5 736	6 138	6 132	6 561
Member, 2 Children	4 413	4 722	5 133	5 493	5 829	6 237	6 564	7 023	7 026	7 518
Member, 3 Children	4 974	5 322	5 781	6 186	6 567	7 026	7 392	7 908	7 920	8 475
Member, 4 Children	5 535	5 922	6 429	6 879	7 305	7 815	8 220	8 793	8 814	9 432
Member, 5 Children	6 096	6 522	7 077	7 572	8 043	8 604	9 048	9 678	9 708	10 389
Member, 2 Adults	7 551	8 082	8 829	9 447	10 023	10 725	11 304	12 099	12 036	12 876
Member, 3 Adults	9 681	10 362	11 325	12 117	12 858	13 758	14 502	15 522	15 435	16 512
Member, 2 Adults, 1 Child	8 112	8 682	9 477	10 140	10 761	11 514	12 132	12 984	12 930	13 833
Member, 2 Adults, 2 Children	8 673	9 282	10 125	10 833	11 499	12 303	12 960	13 869	13 824	14 790
Member, 2 Adults, 3 Children	9 234	9 882	10 773	11 526	12 237	13 092	13 788	14 754	14 718	15 747
Member, 2 Adults, 4 Children	9 795	10 482	11 421	12 219	12 975	13 881	14 616	15 639	15 612	16 704
Member, 2 Adults, 5 Children	10 356	11 082	12 069	12 912	13 713	14 670	15 444	16 524	16 506	17 661
Member, 3 Adults, 1 Child	10 242	10 962	11 973	12 810	13 596	14 547	15 330	16 407	16 329	17 469
Member, 3 Adults, 2 Children	10 803	11 562	12 621	13 503	14 334	15 336	16 158	17 292	17 223	18 426
Member, 3 Adults, 3 Children	11 364	12 162	13 269	14 196	15 072	16 125	16 986	18 177	18 117	19 383
Member, 3 Adults, 4 Children	11 925	12 762	13 917	14 889	15 810	16 914	17 814	19 062	19 011	20 340
Member, 3 Adults, 5 Children	12 486	13 362	14 565	15 582	16 548	17 703	18 642	19 947	19 905	21 297

* *Subject to CMS approval*

OPTION B

RAND WATER 2024 & 2025 CONTRIBUTIONS TABLE OPTION B+						
OPTION B	Below R16,100		R16,101 to R22,900		Above R22,901	
	2024	2025	2024	2025	2024	2025
Member	2 361	2 526	2 523	2 700	3 471	3 714
Per Adult Dependant	1 650	1 767	1 767	1 890	2 424	2 595
Per Child Dependant	375	402	396	423	546	585

TOTAL CONTRIBUTIONS 2024 & 2025 (IF NO SUBSIDY APPLIES)						
FAMILY SIZE	Below R16,100		R16,101 to R22,900		Above R22,901	
	2024	2025	2024	2025	2024	2025
Member	2 361	2 526	2 523	2 700	3 471	3 714
Member, Adult	4 011	4 293	4 290	4 590	5 895	6 309
Member, Adult, 1 Child	4 386	4 695	4 686	5 013	6 441	6 894
Member, Adult, 2 Children	4 761	5 097	5 082	5 436	6 987	7 479
Member, Adult, 3 Children	5 136	5 499	5 478	5 859	7 533	8 064
Member, Adult, 4 Children	5 511	5 901	5 874	6 282	8 079	8 649
Member, Adult, 5 Children	5 886	6 303	6 270	6 705	8 625	9 234
Member, 1 Child	2 736	2 928	2 919	3 123	4 017	4 299
Member, 2 Children	3 111	3 330	3 315	3 546	4 563	4 884
Member, 3 Children	3 486	3 732	3 711	3 969	5 109	5 469
Member, 4 Children	3 861	4 134	4 107	4 392	5 655	6 054
Member, 5 Children	4 236	4 536	4 503	4 815	6 201	6 639
Member, 2 Adults	5 661	6 060	6 057	6 480	8 319	8 904
Member, 3 Adults	7 311	7 827	7 824	8 370	10 743	11 499
Member, 2 Adults, 1 Child	6 036	6 462	6 453	6 903	8 865	9 489
Member, 2 Adults, 2 Children	6 411	6 864	6 849	7 326	9 411	10 074
Member, 2 Adults, 3 Children	6 786	7 266	7 245	7 749	9 957	10 659
Member, 2 Adults, 4 Children	7 161	7 668	7 641	8 172	10 503	11 244
Member, 2 Adults, 5 Children	7 536	8 070	8 037	8 595	11 049	11 829
Member, 3 Adults, 1 Child	7 686	8 229	8 220	8 793	11 289	12 084
Member, 3 Adults, 2 Children	8 061	8 631	8 616	9 216	11 835	12 669
Member, 3 Adults, 3 Children	8 436	9 033	9 012	9 639	12 381	13 254
Member, 3 Adults, 4 Children	8 811	9 435	9 408	10 062	12 927	13 839
Member, 3 Adults, 5 Children	9 186	9 837	9 804	10 485	13 473	14 424

* *Limits and sub-limits do not apply to PMBs*

OPTION A

	2025
	In-Hospital Limit
	Private Hospital
General ward **Subject to pre-authorisation*	100% of the Scheme tariff in a general ward Limited to R2,621,780 per family per annum
	Related Hospital
Medical tests in hospital *Includes Radiology and Pathology in hospital*	100% of the Scheme tariff. Subject to overall hospital limit.
Specialised Radiology *(MRI and CT scans) (In- and Out-of-Hospital)*	Out of hospital Sub-limit of R21,180 per family, subject to pre-authorisation, except for PMBs. In hospital subject to overall annual limit and pre-authorisation, except for PMBs
Blood Transfusions	100% of cost Subject to overall hospital limit
Internal Prosthesis	100% of the Scheme tariff Subject to pre-authorisation Subject to limit of R83,770 per beneficiary per annum, except for PMB's 100% of the Scheme tariff Subject to pre-authorsation, included in the overall hospital limit
Oncology	Limited to R483,850 per family per annum Included in the overall annual limit Subject to pre-authorisation & state protocols Out of hospital Sub-limit of R21,180 per family, subject to pre-authorisation, except for PMBs. In hospital subject to overall annual limit and pre-authorisation, except for PMBs
Renal Dialysis	100% of cost Subject to overall hospital limit
Maternity **Includes Confinement, Foetal scans in hospital & midwife confinement*	100% of the Scheme tariff Maternity scans paid at 100% Scheme tariff limited to a maximum of three (3) scans per pregnancy per annum. Subject to overall hospital limit
Step-down facilities **Subject to referral by a medical practitioner*	100% of Scheme tariff. Limited to R62,220 per beneficiary Benefit usage in lieu of hospitalisation. ***(subject to pre-authorisation)***
	Disease Management Programmes
HIV/ AIDS *Subject to registration on the HIV/AIDS benefit programme*	100% of cost for PMB treatment in line with prescribed minimum benefit (PMB) protocols.
Diabetes *Subject to registration on CDE Programme*	100% of the Scheme tariff. Subject to registration on Disease Management Programme.
	Day-to-Day
GPs, Homeopaths and Specialist Consultations	100% of the Scheme tariff. Combined limit. **Limited to:** M0 = R12,210 M1 = R16,450 M2 = R20,920
	Dentistry
Basic Dentistry *Examinations; X-rays; extractions; ordinary fillings; gold fillings; root treatment; prophylaxis*	100% of the Scheme tariff. Consultations for dental visits relating to polishing and oral examinations limited to 1 visit per beneficiary every 6 months. **Limited to:** M0 = R6,090 M1 = R7,840 M2 = R9,590 M3 = R11,040 M4 = R12,590

Benefit	Details
Specialised Dentistry *Maxillo Facial; Oral Surgery; Orthodontics; Dentures; Crowns & Bridge work; Repair of dentures; implants and augmentations*	100% of the Scheme tariff, subject to pre-authorisation.
	Limited to: M0 = R10,500 M1 = R13,260 M2 = R16,440 M3 = R19,730 M4 = R22,910
Acute Medication *Dispensing fees paid in line with the applicable legislation*	100% of SEP plus PDF.
	Limited to: M0 = R13,170 M1 = R19,100 M2 = R20,040 M3 = R21,500 M4 = R22,360 Subject to 100% of MMAP tariffs.
	OTC Medication: R 270 per script within a seven-day period, subject to the Acute Medication benefit limits and the following sub-limits: M0 = R1,570 M1 = R2,270 M2 = R2,390 M3 = R2,560 M4 = R2,660
Chronic Medication *Subject to registration & approval for non-PMB chronic conditions*	100% of the SEP.
	Limited to: R 17,970 per beneficiary for non-PMBs *Unlimited for PMB chronic conditions.*
	Optical
Eye Test	100% of SAOA tariff.
	Limited to one test per beneficiary per annum.
Lenses and Contact Lenses	100% of SAOA tariff.
	Limited to: R 3,890 per beneficiary per annum.
Frames	100% of SAOA tariff.
	Subject to a sub-limit of R 2,170 per beneficiary every two years.
Refractive Surgery and Intraocular Lenses	100% of the Scheme tariff (Refractive surgery subject to pre-authorisation and clinical protocols).
	Limited to: R 14,530 per member family.
Radiology and Pathological Services	100% of the Scheme tariff.
	Sub-limit of R 14,440 per beneficiary per annum for Radiotherapy and Pathological services.
	Combined limit of R 57,700 per family.
Auxillary Services *Includes: Occupational Therapy; Chiropractor; Physiotherapy; Orthoptist; Audiometry; Psychology; Podiatry; Dietician; Speech Therapy*	100% of Scheme tariff.
	Limited to R 13,920 per beneficiary per annum.
	Subject to sub-limit of R 9,320 per discipline.
Occupational Therapy	See combined Auxillary Services.
Chiropractor and Physiotherapist	See combined Auxillary Services.
Orthoptists and Audiometry	See combined Auxillary Services.
Psychologist	See combined Auxillary Services.
Ambulances	100% of cost.
	Provided by ER24 and Netcare 911
External Appliances *Includes oxygen equipment; hearing aids; artificial limb; wheelchairs & other equipment*	100% of the Scheme tariff.
	Limited to R 56,650 per family.
	Repairs to be considered up to overall limit.
	Subject to protocols.

* Limits and sub-limits do not apply to PMBs

OPTION B+

	2025
Hospitalisation	Overall limit R1,283,060 per family.
Surgical and non-Surgical procedures	Subject to overall hospital limit.
Materials and medicine	Subject to overall annual hospital limit.
Physiotherapy	Limited to R12,510 per family per annum.
Basic Radiology, Basic Pathology and Medical Technology	Limited to R38,530 per family per annum.
	Sub-limit of R11,420 per beneficiary per annum for Radiotherapy and Pathological claims.
Maxillofacial Surgery	Limited to R20,780 per family per annum, subject to pre-authorisation
Specialised Radiology *MRI &CT scan*	Out of hospital sub-limit of R15,420 per family per annum, subject to pre-authorisation.
	In hospital subject to overall limit, subject to pre-authorisation.
Surgical and Orthopaedic appliances	Limited to R12,510 per family per annum.
Oxygen	Subject to overall hospital limit.
Maternity	Subject to overall hospital limit.
Treatment of Mental Health	All Public Hospitals and limited Private Hospitals.
	Limited to PMB only.
Renal Dialysis *(acute and chronic)*	All Public Hospitals and limited Private Hospitals.
	Limited to PMB’s only.
Oncology	All Public Hospitals and limited Private Hospitals.
	Limited to PMB’s only.
Internal Prosthesis	Limited to R38,530 per family per annum.
Organ Transplants	Limited to PMB’s only.
Neonates	Limited to PMB’s only.
External Prosthesis	Subject to Surgical and Orthopaedic appliances.
Emergency Transport	"100% of cost
	Provided by ER24 and Netcare 911
Blood Transfusion	Limited to R28,100 per family per annum.
	Includes transport costs.
Dental Services	Hospitalisation only for trauma and impacted 3rd molars. Only children aged under 7 years. Subject to pre-authorisation
	Day Theatres and DSPN hospitals only.
Clinical Technologists	Limited to R28,100 per family per annum.
Alternatives to Hospitalisation *(Step Down and Home Nursing)*	Limited to R28,490 per family per annum.

	2025
GP Consultations	100% of the Scheme tariff.
	Combined limit.
	Limited to: M0 = R3,670 M1 = R5,630 M2 = R7,450
Emergency Visits	Unlimited without co-payment provided the episode meets the requirements of the definition on an emergency medical condition.
	Any registered emergency medical facility. Excluding facility fees.
Specialist Consultations *(including Physiotherapists and Occupational Therapists)*	Limited to 3 visits or R 4,170 per beneficiary and 5 visits or R 5,820 per family. No benefit where member self-refers without consulting a general practitioner first.
	Unlimited consultations for PMB conditions.
	Pre-Authorisation required for each visit and any other referrals or procedures.
	2 additional Gynecology visits per beneficiary per pregnancy per annum.
Acute Medication	100% of SEP plus PDF.
	Limited to: M0 = R2,960 M1 = R5,050 M2 = R7,070 Subject to MMAP tariffs.
	OTC Medication: R 260 per script within a seven-day period, subject to the Acute Medication benefit limits and the following sub-limits: M0 = R1,400 M1 = R2,390 M2 = R2,770
Chronic Medication	Chronic Medication for the treatment of 26 PMB CDL conditions only.
Other Auxiliary Services	All other auxiliary services only covered on pre-authorisation and if a PMB.
Basic Radiology, Specialised Radiology (MRI and CT scan) and Pathology	Combined limit for in and out-of-hospital limited to R 45,640 per family per annum.
	Sub-limit of R 12,560 per beneficiary per annum for Radiotherapy and Pathology.
Optical Services	Limited to R 1,900 per beneficiary per annum.
Surgical Appliances and External Prosthesis	100% of the Scheme tariff.
	Subject to limit of R 13,310 per family per annum, except for PMB's.
Dental Services *(Basic and Specialised)* *Specialised dentistry subject to pre-authorisation*	100% of the Scheme tariff.
	No limit, subject to management by dental manageed care provider.
	Limited to basic dentistry.
HIV / Aids	100% of cost.
	Case managed in line with prescribed minimum benefit (PMB) protocols.
	Subject to registration on the HIV/AIDS benefit programme.

BENEFITS FOR PREVENTATIVE CARE (OPTION A AND B PLUS)

#	Category	Benefit	Options
1	**Preventative Care**	**PSA Screening** *(once a year for men)*	Option A Option B Plus
		COVID-19 – members have a preventative benefit for vitamins available to them from day to day	Option A Option B Plus
		Pap Smear *(once a year)*	Option A Option B Plus
		HPV Vaccine *(for young girls between the ages of 12-16 years)*	Option A Option B Plus
2	**OH Auxiliary**	**Includes a Dieticians Benefit** for chronic conditions *(Diabetes Mellitus both type 1&2, Hypertension and Hyperlipidaemia)*	Option A Option B Plus
3	**OH Contraceptives** **Access to Pharmacy Clinic**	**Merina Device** will be covered subject to Clinical Protocol **Oral Contraceptives and Injectable** may be purchased over the counter	Option A Option B Plus
4	**OH Maternity**	**Offers 3 Scans** of which 1 is a 3D scan per pregnancy, should the pregnancy present with complications, Drs motivation letter is required **6 Ante-natal Classes** per pregnancy per annum	Option A Option B Plus
5	**OH Auxiliary**	**Sports Physiotherapy** *(sublimit of Physiotherapy benefit limit)* **Physiotherapy**	Option A Option B Plus
6	**OH Auxiliary**	**Educational Psychologist** *(sublimit of Psychology benefit)* Virtual Consults	Option A
7	**OH Optometry**	**Optical benefit for Albinism** *(separate from benefit limit)* **Frame 2-year cycle**, yearly eye test	Option A
8	**Compulsory Health Care Screening - access to Clinics Pharmacies**	A seasonal **Pneumococcal Vaccine** and **one Health Screening** covering Blood Pressure, Blood Glucose, Cholesterol, HIV / AIDS (per beneficiary), as well as Child Immunisations	Option A Option B Plus

Note: OH (Out of Hospital)

Benefit Exclusions For Option A and Option B Plus

With due regard to the prescribed minimum benefits the following treatments and services are excluded from the benefits provided in terms of this option

1. All slimming preparations and preparations used to treat obesity.
2. Contact lens solutions.
3. Food supplements including baby food and special milk preparations ***(except for HIV/AIDS up to six (6) months)***.
4. Homeopathic and herbal medicines and household remedies or other miscellaneous household products of a medical nature.
5. Medicines to specifically treat infertility ***(except for PMBs)***
6. Medicines used to specifically treat alcoholism and habit-forming substances ***(except for PMBs)***
7. Anabolic steroids.
8. Anti-Malaria used for prophylaxis against malaria.
9. Diabetes test strips ***(except for PMBs)***
10. Non-Medical essential treatment.
11. Willfully self-inflicted injuries, e.g.: attempted suicide ***(except for PMBs)***
12. Ptosis
13. Frail Care Facilities or Old Age Home
14. Syringes and Needles – only on prescription ***(except for PMBs prescriptions)***
15. Aphrodisiacs
16. Cosmetic preparations medicated or otherwise
17. Immunosuppressive ***(pre-authorisation required)***
18. Stimulant laxatives ***(except for Paraplegics and Quadriplegics)***
19. Anti-diarrheal micro-organisms ***(only on prescription)***
20. Immune sera and immunoglobulins ***(pre-authorisation required)***
21. Haematinics (iron supplements) ***(pre-authorisation required)***
22. Vitamin products ***(except for HIV, COVID-19+ve, Pregnancy and Menopause)***
23. Essentially fatty acid preparations and combinations ***(only on prescription)***
24. Over the counter reading glasses
25. Stoma therapy products ***(pre-authorisation required)***
26. Botox injections ***(pre-authorisation required based on Clinically appropriate for dropping eye/s)***
27. Gold fillings and gold teeth
28. Jaw Reconstruction ***(except for PMBs)***
29. Facility Fee ***(except for PMBs and life threatening Medical/ surgical condition)***

Exclusions from the Chronic Disease Benefit

1. Except for Vitamins and Mineral preparations (subject to approval for HIV/Aids; Oncology; Maternity i.e., during Pregnancy ONLY; COVID-19+ve Post Menopause; Hypoparathyroidism and Chronic Renal Disease)
2. Homeopathic Medication
3. Hypnotics and Anxiolytics
4. Mucolytic and Decongestants

NB: Specialist and Anesthesiologist bill Private Rates (i.e., above Scheme Rates, Members are advised to negotiate upfront for Scheme Rates.

2. Benefits and Limits

OPTION A

The Scheme Tariff (ST) refers to the fee or rate set by the Scheme or agreed between the Scheme and the relevant health care provider/s for the reimbursement of benefit claims. Subject to the limitations and exclusions of benefits as stipulated in Scheme Rules paragraph 16.7 to 16.10 and in Annexure C, a member who receives benefits under this section of the Scheme Rules his and or her dependents shall be entitled to the following benefits:

Any stipulated benefit limits or sub-limits do not apply to Prescribed Minimum Benefits (PMB). These are covered at cost when treatment is provided through any Service Provider (Scheme has no Designated Service Provider's (DSP's).

General Practitioner, Homeopath and Specialist Benefits

a) 100% (one hundred per cent) of the Scheme Tariff (ST) for general practitioner, homeopath, and specialist consultations.

b) 100% (one hundred per cent) of the Scheme Tariff (ST) for all other services and procedures rendered by a general practitioner, homeopath, and specialist. The maximum benefit is subject to the overall General Practitioner, Homeopath and Specialist limit.

NB: Consultations may be done through Telehealth/ Virtual Consultations (GP 's, Specialist Physicians and Psychologist Consultation).

Optical Benefits

a) 100% (one hundred per cent) of the negotiated SAOA tariff for Optical testing to the value R 757 by a registered optometrist or an ophthalmologist, not exceeding one (1) optical test per annum per beneficiary.

b) 100% (one hundred per cent) of the negotiated SAOA tariff, on the production of a receipted account from a spectacle maker, of the benefit limit for frames, lenses and contact lenses as prescribed.

c) No benefit for tinting of lenses.

d) Albinism benefit - Optical testing to the value R 757 and a maximum benefit limit of R 10,573 for high power prescription lenses including tinting, per beneficiary per annum subject to clinical protocols.

e) One set of frames subject to available maximum benefit limit per beneficiary every two (2) years cycle/anniversary.

Hospitalisation

100% (one hundred per cent) of the negotiated Scheme Tariff (ST).

Prescribed Minimum Benefits (PMB) are payable at cost subject to clinical protocols.

Hospitalisation for PMB is covered at cost. Pre-authorisation must be obtained from the Scheme's Managed Healthcare Provider.

Oncology Disease Management Programme

Oncology Benefit is limited to R 483,850 per family per annum, except for PMB's payable at cost subject to clinical protocols.

Pre-authorisation must be obtained from the Scheme's Managed Healthcare Provider for the above.

Theatre Fees

100% (one hundred per cent) of the negotiated Scheme Tariff (ST) for theatre fees.

The maximum benefit limit for theatre fees is included in the hospitalisation benefit.

Internal Prosthesis

100% (one hundred per cent) of the negotiated Scheme Tariff (ST) for internal prosthesis subject to R 83,770 except for Prescribed Minimum Benefits (PMB) and Clinical Protocols per beneficiary per annum and Pre-authorisation required.

The Prescribed Minimum Benefit (PMB) chronic conditions are detailed in TABLE 1 below and non-PMB chronic conditions in TABLE 2.

TABLE 1: PRESCRIBED MINIMUM BENEFIT (PMB) CHRONIC DISEASE LIST (CDL)

1. Addison's Disease	14. Epilepsy
2. Asthma	15. Glaucoma
3. Bronchiectasis	16. Haemophilia
4. Bipolar Mood Disorder	17. Hyperlipidaemia
5. Cardiomyopathy Disease	18. Hypertension
6. Chronic Renal Disease	19. Hypothyroidism
7. Cardiac Failure	20. Multiple Sclerosis
8. Coronary Artery Disease	21. Parkinson's Disease
9. Crohn's Disease	22. Rheumatoid Arthritis
10. Chronic Obstructive Pulmonary Disorder	23. Schizophrenia
11. Diabetes Insipidus	24. Systemic Lupus Erythematosus
12. Diabetes Mellitus Type 1 and 2	25. Ulcerative colitis
13. Dysrhythmias	26. HIV/Aids

TABLE 2: NON-PRESCRIBED MINIMUM BENEFIT (PMB) CHRONIC DISEASE LIST (CDL) (↓↙)

1. Acne*	**14.** Iron Deficiency Anaemia*
2. Allergic Rhinitis**	**15.** Major Depression*
3. Alzheimer's Disease*	**16.** Meniere's Disease*
4. Ankylosing Spondylitis	**17.** Menopausal Disorder*
5. Benign Prostatic Hypertrophy	**18.** Migraine
6. Cushing's Disease*	**19.** Myasthenia Gravis*
7. Cystic Fibrosis	**20.** Osteoporosis•
8. Gastro-oesophageal Reflux Disorder•	**21.** Paraplegia, quadriplegia••*
9. Gout***	**22.** Peripheral Vascular Disease*
10. Hyperkinesia (Attention Deficit Disorder) *	**23.** Osteoarthritis
11. Hyperparathyroidism	**24.** Urinary Incontinence
12. Hyperthyroidism	**25.** Stroke/Cerebrovascular Accident
13. Interstitial Fibrosis	**26.** Deep Vein Thrombosis

Included in addition to the tables:

- **Cancer:** Stage 1 to stage 3 is a PMB, Stage 4 is non-PMB Metastases and is un-treatable
- **Organ Transplant** including work up treatment, subject to overall annual limit per family per annum

NB: For non-PMB Chronic Medicine payment is subject to the available chronic benefit limit.

Chronic medication approval will be subject to clinical protocols

Chronic medication requests for certain conditions (*) will only be considered if prescribed and motivated by an appropriate specialist e.g.:

- A **Dermatologist** prescription and motivation is required for chronic medication for Acne and Psoriasis.
- An **ENT or Neurologist** prescription and motivation is required for chronic medication for Meniere's Disease
- A **Neurologist or Psychiatrist** prescription and motivation is required for chronic medication for Alzheimer's disease
- For **Attention Deficit Disorder (ADD)**, applications will only be considered if prescribed and motivated by a **Paediatrician, Neurologist or Psychiatrist**

Chronic medication for **Allergic Rhinitis (**)** will only be considered if prescribed and motivated by a Specialist (ENT, Paediatrician or Physician).

Medication for Gastro-Oesophageal Reflux Disease (GORD) (•) will only be considered if prescribed and motivated by a gastroenterologist, physician, or general surgeon.

For **Gout (***)** only allopurinol and probenecid-containing products may be considered.

Chronic medication for **Osteoporosis (·)** may only be considered on submission of a Bone Mineral Density (BMD) scan report.

Chronic medication for **Paraplegics and Quadriplegics (··)** may be considered for urinary and bowel complications.

Dental Services

100% (one hundred per cent) of the Scheme Tariff (ST) for dental services in respect of:

a) Ordinary fillings (such as cement, silicate, silver-alloy)

b) Examinations, scaling and polishing, extractions, root treatment and X-rays.

c) Dentures, repair of dentures, crowns, bridge work and dental implants.

d) Orthodontics and Maxillo-Facial and Oral surgery, unless for a PMB condition subject to pre-authorisation.

NB: Pre-Authorisation is required for Specialized Denitrify - Removal of Impacted Wisdom teeth and 3rd Molars as well as children under the age of 7.

Consultations for dental visits relating to polishing and oral examinations are limited to one visit per beneficiary every 6 months.

Dentures are limited to beneficiaries 16 years of age and above.

Biological Drugs (Scheme Exclusion)

The treatments are subject to clinical protocols, paid subject to available medicine benefit limit (i.e., Acute, and chronic Benefit allocated per family per annum, balance to be paid by Member)

Prescribed Medication Non-PMB

1. Acute Medication

100% (one hundred per cent) of the legislated Single Exit Price (SEP) subject to Maximum Medical Aid Price (MMAP) plus the relevant dispensing fee.

To-Take-Out (TTO) medication prescribed on discharge from hospital will be limited to a seven (7) day supply only.

2. Over the Counter (OTC) Medication (out of hospital)

R 270 per script within a seven (7) day period, subject to the Acute Medication benefit limits with sub-limits.

3. Chronic Medicine Benefit Limit

100% (one hundred per cent) of the legislated Single Exit Price (SEP) prescribed chronic medicine up to a maximum benefit of R 17,970 per annum per beneficiary, plus the relevant dispensing fee.

NB: Prescribed Minimum Benefits are subject to available chronic benefit limit and Clinical Protocols once the chronic limit is reached, will pay from Risk.

Diabetes Disease Management Programmes
(both Type 1 and Type 2)

100% (one hundred per cent) of the Scheme Tariffs (ST) subject to registration on the Scheme's diabetes disease management programme.

Maternity Scans

100% (one hundred per cent) of the Scheme Tariff (ST) limited to a maximum of three (3) scans per pregnancy of which a maximum of one (1) scan can be a 3D scan. Motivation from the attending healthcare practitioner is required for additional scans subject to Clinical Protocols.

Diagnostic Benefits

100% (one hundred per cent) of the Scheme Tariff (ST) for basic Radiology, Pathology, Specialised Radiology i.e. (PET, MRI, and CT scans), and Clinical Technologist services.

1. Out of Hospital Basic Radiology and Pathology are subject to the following benefit limits:
    - The maximum combined benefit is R 57,700 per annum per family subject to PMB.
    - A sub-limit of R 14,440 per beneficiary per annum applies.
2. Specialised Radiology (PET, MRI & CT scans) is subject to a limit of R 21,180 per per family per annum, which is for out -of-hospital benefits limit. In hospital MRI and CT scans are not included in this limit and are paid from the overall hospital limit.

    Benefits for Specialised Radiology including PET, MRI, and CT scans both in and out of hospital are made available upon confirmation of pre-authorisation obtained from the Scheme's Preferred Managed Healthcare Provider.
3. Annual Preventative Wellness Benefits (from Scheme Risk Benefits)
    - See Preventative Care Benefits page 11.

Blood Products

100% (one hundred per cent) of the negotiated Scheme Tariff (ST) of blood transfusions (cost of material, apparatus, and operator's fees). The maximum benefit is subject to the overall hospital limit per annum.

Nursing and Step-Down Facilities in lieu of Hospitalisation

100% (one hundred per cent) of the negotiated Scheme Tariff (ST) for nursing in lieu of hospitalisation and step-down facilities prescribed by a medical practitioner, for a registered nurse or enrolled auxiliary nurse with a maximum collective benefit of R 62,220 per beneficiary per annum.

***Pre-authorisation must be obtained**

Auxiliary Consultation and Procedures

100% (one hundred per cent) of the Scheme Tariff (ST) limited to R 13,230. per beneficiary per annum with a sub-limit of R 9,320 per discipline for the following services:

- Physiotherapy ***(including Sports Physiotherapy and Bio Kinetics)***
- Occupational Therapy
- Audiometry ***(must be referred by ENT Specialist, for appliances 3 quotations from different suppliers)***
- Psychological Treatment ***(includes Educational Psychologist for children):*** Virtual Consultation
- Orthoptist ***(must be referred by a GP or a Specialist)***
- Chiropractic treatment by a chiropractor
- Podiatry
- Dietician ***(includes Diabetes Mellitus both type 1 and 2, Hypertension and Hyperlipidaemia)***
- Speech Therapy

External Appliances

a) 100% (one hundred per cent) of the Scheme Tariff (ST) for all Orthopaedic appliances prescribed by a medical practitioner subject to benefit available.

b) 100% (one hundred per cent) of the Scheme Tariff (ST)) for hearing aids and artificial limb(s), Wheelchairs and other Large Orthopaedic Appliances prescribed by an appropriate medical practitioner, subject to authorisation.

Hearing Aids One (1) set every two (2) years (ENT referral required and 3 quotations from different suppliers)

Wheelchairs One (1) every four (4) years; 3 quotations from different suppliers)

Artificial Limbs One (1) every five (5) years; 3 quotations from different suppliers)

The maximum annual collective benefit per family per annum in respect of (a) and (b) is R56,650. The cost of repairs to appliances will be subject to the Warranty of the Device/ Appliance.

Emergency Transport Services

100% (one hundred per cent) of the Scheme Tariff (ST) for emergency services. Ambulance services are paid at fee-for-service using ER24 or Netcare 91 Service Provider.

Prescribed Minimum Benefits (PMB)

Any stipulated benefit limits or sub-limits do not apply to Prescribed Minimum Benefits (PMB). These are covered at cost subject to clinical protocols, when treatment is provided by any service provider (i.e., the Scheme does not have a contracted/designated service provider for PMB

2. Benefits and Limits

OPTION B PLUS

The Scheme Tariff (ST) refers to the fee or rate set by the Scheme or agreed between the Scheme and the relevant health care provider/s for the reimbursement of benefit claims. Subject to the limitations and exclusions of benefits as stipulated in Rules 16.7 to 16.10 and in Annexure C, a member who receives benefits under this section of the Rules and his/her dependents shall be entitled to the following benefits.

Any stipulated benefit limits or sub-limits do not apply to Prescribed Minimum Benefits (PMB). These are covered at cost when treatment is provided through any Service Provider (Scheme has no Designated Service Provider's (DSP's).

General Practitioner Benefits

a) 100% (100 hundred present) of the Scheme Tariff (ST) for general practitioner consultations subject to the limit.

b) 100% (one hundred per cent) of the Scheme Tariff (ST) for other services and procedures rendered by a general practitioner.

NB: Consultations may be done through Telehealth/ Virtual Consultations (GP 'S, Specialist TO BE referred by GP, Physicians and Psychologist Consultation).

Specialists Benefits

(including Physiotherapists and Occupational Therapists)

100% (one hundred per cent) of the Scheme Tariff (ST) for Specialist, Physiotherapist and Occupational Therapist consultations limited to three (3) visits or R 4,170 per beneficiary per annum and five (5) visits or R 5,820 per family per annum.

a) No benefit is payable where the member self-refers to a specialist, without consulting a general practitioner first.

b) Pre-authorisation from the Scheme's Managed Healthcare Provider is required for each visit and for any other referrals or procedures.

c) Subject to pre-authorisation the Scheme's Managed Healthcare Provider, 2 additional Gynaecologist visits are provided per beneficiary per pregnancy per annum.

d) In-hospital physiotherapy is limited to R 12,510 per family per annum.

NB: Specialist and Anaesthesiologist bill Private Rates (i.e., above Scheme Rates, Members are advised to negotiate upfront for Scheme Rates

Optical Benefits

a) 100% (one hundred per cent) of the negotiated Scheme Tariff (ST), for Optical Testing by a registered Ophthalmologist or, in the case of eye testing by an optometrist, 100% (one hundred per cent) of the guide to fees of the Optometric Association of South Africa, not exceeding one Optical test per financial year per beneficiary.

b) 100% (one hundred per cent) of the SAOA tariff, on production of a receipted account from a spectacle maker, of the cost of frames, lenses and contact lenses prescribed at a test paid for in terms of (a) above. Tinting not covered by the Scheme.

c) The maximum collective benefit for frames, lenses and contact lenses is R 1,900 per beneficiary per annum.
   - Albinism benefit - Optical testing to the value R757.00 and a maximum benefit limit of R 10,583. for high power prescription lenses including tinting, per beneficiary per annum subject to clinical protocols.
   - One set of frames subject to available maximum benefit per beneficiary per annum as per point above (Albinism Benefit)

Internal Prosthesis

100% (one hundred per cent) of the Scheme Tariff (ST) for internal prosthesis, subject to a maximum annual benefit limit of R 38,530 per family per annum except for PMBs.

Hospitalisation

100% (one hundred per cent) of the Scheme Tariff (ST) for hospital and nursing home fees at a general ward high care and ICU rate as appropriate. The maximum benefit limit for hospitalisation is R 1,283.060 per annum per family. Hospitalisation for PMB including Oncology and Renal Dialysis is covered at 100% of cost all public hospitals and private hospitals.

Pre-authorisation must be obtained from the Schemes Managed Health Care Provider.

Theatre Fees

100% (one hundred per cent) of the Scheme Tariff (ST) for theatre fees including anaesthetics, disinfectants, bandages, and materials applied in the theatre. The maximum benefits for Theatre fees are included in the hospitalisation benefit of R 1,283,060 per annum per family.

NB: Specialist and Anesthesiologist bill Private Rates (i.e., above Scheme Rates, Members are advised to negotiate upfront for Scheme Rates.

Dental Services

100% (one hundred per cent) of the Scheme Tariff (ST) for Dental Services in respect of:

a) Ordinary fillings (such as cement, silicate, silver-alloy) and root canal treatment

b) Examinations, prophylaxis, restorations, extractions, X-rays

c) Dentures (16 years and above), repair of dentures, crown, bridge work

d) Dental Implants, subject to PMB only and Pre-authorisation.

e) Orthodontics, Maxillo-Facial and Oral Surgery, unless for a PMB condition and subject to Pre-authorisation

f) Dental X-rays

NB: The benefit for (b) does not have an amount limit subject to Overall Annual Limit once in six months (anniversary of the first claim or benefit for basic dentistry).

- Consultations for dental visits relating to scaling and polishing and oral examinations are limited to one visit per beneficiary every 6-month cycle/anniversary.
- Maxillo-Facial Surgery is limited to R 19 750 per family, per annum subject to the Overall Hospital limit.
- Hospitalisation for dental services is limited to only trauma cases, treatment of impacted 3rd molars for children under 7 (seven) years of age at day theatres and all public and private hospitals.

NB: Pre-Authorisation is required from the Schemes Managed Healthcare Provider.

Blood Products

100% of the negotiated (ST) for blood transfusions limited to R 28,100 per family per annum, except for PMB's and clinical Protocols. Transportation costs are included in the limit.

Prescribed Medication Non-PMB

a) 100% (one hundred percent) of the Single Exit Price (SEP) subject to MMAP (Maximum Medical Scheme Price) for non-PMB medicines, Pharmacy supplies and materials for injections in a hospital or nursing home.

100% (one hundred percent) of the Single Exit Price (SEP) subject to MMAP (Maximum Medical Aid Price) for non PMB prescribed acute medicine plus the relevant dispensing fee.

b) Over the Counter (OTC)Medication:

R 260 per script within a seven (7) day period subject to the Acute Medication benefit limits and sub-limits.

c) 100% (one hundred per cent) of the Single Exit Price (SEP) for PMB prescribed chronic medicine plus the relevant dispensing fee, subject to MMAP tariffs.

Prescribed Minimum Benefits

The diagnosis, treatment, and care cost of the Prescribed Minimum Benefits (PMB's) rendered by a Public Hospital, Private Hospital, or any Service Provider, shall be covered as the Scheme does not have a Designated Service Provider.

HIV/AIDS Disease Management Programme

HIV/AIDS costs relating to an HIV/AIDS programme, will be covered, at 100% of cost for PMB related service according to a formulary and clinical protocols. Subject to registration.

Diagnostic Benefits

100% (One Hundred per Cent) of the Scheme Tariff (ST) for Basic Radiology, Pathology, Specialised Radiology (including PET, MRI and CT scans) and Medical Technology services. This benefit is subject to a combined limit of R 45,640 per family per annum (subject to PMB's and clinical protocols) which is shared for in-hospital and out-of-hospital benefits.

The following sub-limits also apply:

- Basic Radiology and Pathology Services (in-hospital and out-of-hospital) are subject to a combined sub-limit of R 12,560 per beneficiary per annum

- Specialised Radiology (in-hospital and out-of-hospital) is limited to R 15,420 per family per annum, subject to Pre-authorisation (PET, MRI, CT, and Radio Isotope scans). In hospital MRI and CT scans are not included in this sublimit and are paid from the overall hospital limit.

  Once these sub-limits are reached, benefits are limited to Medical Technology services up to the combined limit of R 45,594. per family per annum. Except for PMB's subject to Clinical Protocols
- Annual Preventative Wellness Benefits (from Scheme Risk Benefits ONE Consultation per annum). See Preventative Care Benefits page 12.

Clinical Technologists

100% of the negotiated (ST) limited to R 28,100 per family per annum.

Nursing and Step-Down Facilities in lieu of Hospitalisation

100% of the (ST) Step-Down Facilities & Nursing in Lieu of hospitalisation prescribed by a Medical Practitioner, for a Registered Nurse or Enrolled Auxiliary nurse with a maximum collective benefit Limited to R 28,490 per family per annum. Pre-authorisation must be obtained from the Scheme's Managed Healthcare Provider.

Surgical Appliances and External Prosthesis

100% of the Scheme Tariff (ST) for surgical, orthopaedic appliances and external prosthesis. The maximum annual benefit is R12,510 per family per annum.

100% of the (ST)) for hearing aids and artificial limb(s), wheelchairs and other large orthopaedic appliances prescribed by an appropriate medical practitioner, subject to authorisation.

The number of applications per beneficiary is limited in terms of cycles:

Hearing aids: One (1) set every two (2) years (ENT referral required for all new requests)

Wheelchairs: One (1) every four (4) years

Artificial limbs: One (1) every five (5) years

The cost of repairs to appliances is subject to the Warranty of the Device/ Appliance.

NB: Three (3) different quotations required with motivation.

ANNEXURE C

PRESCRIBED MINIMUM BENEFITS

1. Designation of service providers

The medical scheme contracts with service provider(s) for the delivery of Prescribed Minimum Benefits in the following categories for both Option A and Option B Plus:

a) Hospitalisation: Schemes Managed Health Provider.

b) Out of hospital services: No DSP

c) Medicine benefit management (both chronic and acute): Medikredit

d) Medical Advisory Services Management: Schemes Managed Health Provider.

e) Diabetes Mellitus (Type 1 and Type 2): Schemes Managed Health Provider - chronic disease management programme

f) HIV/AIDS: Schemes Managed Health Provider - chronic disease management programme

g) Oncology: Schemes Managed Health Provider - Chronic disease management programme

h) Dental Risk Company (DRC) - dental health management both in and out of hospital

i) Net Care 911 (24 Hour Emergency Health Care Services)

2. Prescribed minimum benefits obtained from designated service providers

The scheme covers for diagnosis, treatment and care costs of Prescribed Minimum Benefit conditions, subject to clinical protocols and medical appropriateness, if those services are obtained from any service provider, i.e. there is no designated service provider for Prescribed Minimum Benefits.

3. Prescribed minimum benefits voluntarily obtained from other providers

If a beneficiary voluntarily obtains diagnosis, treatment, and care in respect of a Prescribed Minimum Benefit condition subject to clinical protocols and medical appropriateness, from any service provider the benefit payable in respect of such service is subject to:

No co-payment: benefits are payable subject to clinical protocols.

4. Prescribed minimum benefits involuntarily obtained from other providers

a) If a beneficiary involuntarily obtains diagnosis, treatment, and care in respect of a Prescribed Minimum Benefit condition from any service provider, the medical scheme will cover the cost subject to clinical protocols and medically appropriate.

b) For the purposes of paragraph (a,) a beneficiary will not be deemed to have involuntarily obtained a service from any service provider, no co-payment applies (i.e. Scheme do not have a designated service provider for Prescribed Minimum Benefits (PMBs).

c) Except in the case of an Emergency Medical/Surgical condition, pre-authorisation shall be obtained by a member prior to voluntarily and or involuntarily obtaining a service from a provider to enable the Scheme to confirm that the circumstances contemplated in paragraphs 2 and 3 are applicable.

5. Medication

a) Where a Prescribed Minimum Benefit includes medication, the Scheme will pay 100% of the Single Exit Price (SEP) of that medication plus relevant dispensing fee if that medication is obtained from a service provider voluntarily or involuntarily.

b) Where a Prescribed Minimum Benefit includes medication, and that medication is voluntarily obtained from a provider. A Single Exit Price plus relevant dispensing fee will apply.

EXCLUSIONS AND LIMITATIONS OF BENEFITS

1. Exclusions

Unless otherwise decided by the Board, expenses incurred by a member or dependent in terms of Rule 16.8 as well as in connection with any of the following, but excluding any prescribed minimum benefits, or preferred provider benefits which are described in Annexure B of the Rules, shall not be paid by the Scheme:

1.1 All costs of whatsoever nature incurred for treatment of sickness conditions or injuries sustained by a member or a dependent and for which any other party is liable. The member is however entitled to such benefits as would have applied under normal conditions, provided that on receipt of payment, in respect of medical expenses, the member will reimburse the Scheme any money paid by the Scheme in respect of this benefit.

1.2 The testing of eyes except when undertaken by a medical practitioner or registered ophthalmologist or optometrist.

1.3 Treatment for willful self-injury, illness or injury resulting from attempted suicide, or injury sustained during participation in a strike, during illegal picketing or riot except for PMB.

1.4 Treatment for illness or injury resulting from participation in sport for monetary reward or prize money except for PMB.

1.5 Treatment for illness or injury resulting from participation in any contest of speed, excluding amateur athletics except for PMB.

1.6 Purchase or hire of medical, surgical or other appliance except as provided for in Annexure B.

1.7 Purchase of medicine, bandages, dressings, and other similar aids not included in a prescription from a medical practitioner or a dentist.

1.8 Operations, procedures and treatment performed upon and at the desire of the member or dependent in respect of whom the claim is made but which are not essential, in the opinion of the medical practitioner nominated by the Scheme and such member's or dependent's medical practitioner in consultation, for the treatment of the illness in respect of which the claim is made.

1.9 Prescription sunglasses.

2. Limitation of Benefits

The limitations below apply to members to whom Option A and Option B Plus benefits apply, but do not apply to the prescribed minimum benefits in respect of services provided at any public hospital or designated service provider.

2.1 In a case of illness of a protracted nature, the Board shall have the right to insist upon a member or dependent consulting a specialist whom the Board may nominate in consultation with the attending medical practitioner. If such a specialist's advice is not acted upon, no further benefits shall be granted in respect of such illness.

2.2 In a case where a specialist is consulted without the recommendation of a general practitioner, the benefit may be limited to the amount that would have been paid to a general practitioner for the same service: provided that an Ophthalmologist, Optometrist all Specialist may be consulted without the recommendation of a general practitioner except for Option B Plus.

2.3 In a case where major Osteo-surgery is required i.e. Joint Replacements or Spinal Fusions, the Board shall have the right to insist upon a member or dependent having to obtain a second medical opinion.

2.4 Participation in the Diabetic, Oncology programme is subject to pre-registration.

2.5 Should a beneficiary suffer from any of the chronic conditions listed under Paragraph 8 of Annexure B and wishes to obtain the relevant benefits, he/she will be obliged to participate in the Chronic Disease Management Programme provided by the Scheme.

SCHEME CONTACT DETAILS

Telephone Number	086 111 4476
Email:	
General Enquiries & Claim Queries	rdw.claimsqueries@afrocentric-ics.com
Membership	rdw.membership@afrocentric-ics.com
Contributions	rdw.contributions@afrocentric-ics.com
Benefits for Appliance	rdw.benefitappliance@afrocentric-ics.com
Provider's Banking Details Update	providers@afrocentric-ics.com
Website	https://hosting.cumulusis.com/Randwater/home/login.asp
Postal Address	P O Box 1127 Johannesburg 2000

AFROCENTRIC INTEGRATED SOLUTIONS

Department	E-mail Address	Telephone Number
Hospital Pre-authorisation	rdw.preauth@afrocentric-ics.com	086 111 4476 (Option 1)
Chronic Disease Management Programmes	rdw.oncology@afrocentric-ics.com rdw.hiv@afrocentric-ics.com rdw.diabetes@afrocentric-ics.com	086 111 4475 (Option 3)

DENTAL RISK COMPANY

Dental Department	E-mail Address	Telephone Number
Pre-authorisation	auth@dentalrisk.com	087 943 9611
Dental Enquiries	enquiries@dentalrisk.com	087 943 9611
Dental Claims	claims@dentalrisk.com	087 943 9611
Dental Provider Queries	network@dentalrisk.com	087 943 9611

MEDIKREDIT

Medicine Department	E-mail Address	Number for Members	Number for Providers
Chronic Medicine Authorisation	chronic@medikredit.co.za	0800 132 345	086 093 2273

EMERGENCY SERVICES

ER 24	084 124
Netcare 911	082 911

Escalation Process

First Level	Contact us on 086 111 4476 or send an email to rdw.claimsqueries@afrocentric-ics.com and request for a supervisor
Second Level	Contact our Client Liaison Officers based at Head Office in Rietvlei
Third Level	Contact the Medical Scheme Manger @ kmadiba@randwater.co.za
Forth Level	Contact the Principal Officer of the Scheme
Fifth Level	Contact the Independent Dispute Committee appointed by the Scheme before contacting lodging a formal complaint with the regulatory. Please contact the contact center 086 111 4476 for more information
Sixth Level	Council for Medical Scheme (CMS) – Should all the above not be satisfactory please contact CMS on the below details

COUNCIL FOR MEDICAL SCHEMES CONTACT DETAILS

Postal Address	Private Bag X34, Hatfield, 0028
Telephone Number	0861 123 267
Email Address	complaints@medicalschemes.com
Website	www.medicalschemes.com