

# 2022



## Surement Health

### What is the Suremed Shuttle Plan?

This plan is designed for members who require comprehensive Benefits that can be accessed digitally through the Member mobile app 24/7.

#### Benefits:

- Statutory Prescribed Minimum Benefits
- Hospitalisation
- Specialist Services
- Out-of-Hospital Services - Specialist Services Radiology and Pathology Requested by Specialist
- General Practitioner (GP) and Nursing Services
- Clinical Technologists
- Dental Services
- Prescribed Medication and Injection Material
- Radiology
- Pathology and Medical Technology
- Chemotherapy and Radiotherapy
- Renal Dialysis
- Physiotherapy
- Clinical Psychology
- Blood Transfusions
- Ambulance Services and Emergency Transport Services
- After Hours Emergency Care
- Auxiliary Services
- Internal Surgical Implants
- Other Medical and Surgical Implants
- Optical
- Pregnancy Tests, Antenatal Care and Post Natal Care
- HIV / AIDS
- Organ Transplant
- Exclusions

This information is a guide only and does not replace the rules of the Scheme. In the event of any discrepancy between the summary and the rules, the rules will prevail. All Benefits are covered at the Kaelo Prime Cure tariff based on the National Health Reference Price List (NHRPL) unless otherwise stated. All Benefits are annualised unless specified and pro-rated according to joining date. Subject to final Board approval and registration by the Council of Medical Schemes (CMS). CMS Registration No.: 1464.

The Suremed Shuttle Plan is administered by Kaelo Prime Cure (Pty) Ltd Reg no 1997/017429/07.

We are continuously improving our communications and content. The latest version of this document is available on [www.kaelo.co.za](http://www.kaelo.co.za).

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## Statutory Prescribed Minimum Benefits

Health Service	Benefit	Limit and/or Feature
<b>Statutory Prescribed Minimum Benefits (PMB)</b>	<ul style="list-style-type: none"> <li>Services rendered by Public Hospitals or any Designated Service Provider (DSP).</li> <li>Prime Cure Protocols Apply.</li> <li>All services to be delivered at Designated Service Provider only, alternatively through referral by a Prime Cure DSP/DSPN to a Prime Cure approved Non-Designated Service Provider (DSP) provider subject to pre-authorisation of all referrals through the Prime Cure Call Centre.</li> <li>Benefit: <b>100%</b> of cost.</li> </ul>	Annual limits: <b>No Limits.</b>

## Hospitalisation

Health Service	Benefit	Limit and/or Feature
<p><b>Pre-authorisation</b> is required, a co-payment of <b>R5 000</b> is applicable for elective admissions without authorisation.</p> <p>Co-payments may apply for certain procedures or surgeries that are not performed in a Day Clinic.</p> <p>A co-payment of <b>R2 000</b> is required if the listed procedures are not done in a Day Clinic or Free Standing contracted theatres.</p> <p>Listed procedures include: Gastrosopes, Colonoscopies, Cystoscopies, Hysteroscopies, Arthroscopies, Sigmoidoscopies, Tonsils and adenoidectomies in children, Grommets and Wisdom teeth.</p> <p>A co-payment of <b>R2 500</b> will apply for all laproscopic and arthroscopy surgery performed in hospital (57 and 58 Hospitals) instead of a Day Clinic.</p> <p>ICU and High Care are limited to <b>ten days</b> per admission, Prime Cure will cover the cost of a Private ward if required for medical reasons, pre-authorisation is required.</p>		

<b>Emergency Care</b>	<ul style="list-style-type: none"> <li>In the event of an emergency, members have access to any private or public Hospital for emergency medical care.</li> <li>Once stabilised, the member will be transferred to a DSP/DSPN hospital.</li> </ul>	
<b>Private and Public Hospitals, Registered Unattached Operating Theatres and Day Clinics.</b>	<ul style="list-style-type: none"> <li>Accommodation in a general ward, high care ward and intensive care unit.</li> <li>Theatre fees.</li> <li>Medicines, materials and hospital equipment. Visits by medical practitioners.</li> <li>Confinement and midwives.</li> <li><b>100%</b> of the Prime Cure agreed tariff at a Designated Service Provider Network.</li> </ul>	Preferred Provider Network <b>100%</b> .  <b>Unlimited.</b>  ICU and High Care are limited to <b>ten days</b> per admission, Prime Cure will cover the cost of a private ward if required for medical reasons, pre-authorisation is required.
<b>Secondary Facilities</b>	<p>All services rendered by sub-acute facilities, hospice and rehabilitation facilities.</p> <p>All services rendered by nursing services and private nurse practitioners, including psychiatric nursing but excluding midwife services.</p>	<b>R11 000</b> per Family and subject to Network Provider Agreed Rates.

## Hospitalisation

Health Service	Benefit	Limit and/or Feature
Psychiatric Hospitalisation		Prescribed Minimum Benefits (PMB) only.
Maxillo-facial		Limited to R17 000 per Family.
In-Hospital Dental		Limited to trauma, less than seven years and impacted third molars.

## Specialist Services

Health Service	Benefit	Limit and/or Feature
In-Hospital Services	All services including confinements, surgical procedures and operations, the cost of In-Hospital anaesthetics and assistance at surgical procedures and operations performed In-Hospital.	Unlimited.
In-Hospital Services - General Practitioner and Nursing Services	All services including confinements, surgical procedures and operations, the cost of In-Hospital anaesthetics and assistance at surgical procedures and operations performed In-Hospital.	Unlimited.
Out-of-Hospital Services	<p>Consultations and visits.</p> <p>Procedures performed in provider's rooms and all other services, including material supplied for injections, pathology and radiology unless stated otherwise in this Benefit Guide.</p> <p>Kaelo Prime Cure tariff In case of involuntary use of Non-DSP specialist for PMB conditions and a 30% co-payment will apply if no pre-authorization obtained in the case of Non-emergencies.</p> <p>Unlimited consultations for PMB conditions, managed according to Prime Cure Protocol.</p> <p>30% co-payment by Member on the Prime Cure Agreed Rate if the Members fail to obtain a pre-authorization for a PMB condition.</p> <p>Pre-authorization required for each visit and any other referrals or procedures by provider or Member Prime Cure contracted General Practitioner has to refer a patient.</p>	<p>Five consultations per Family per year, maximum three per beneficiary for Non-Chronic Disease List (CDL), Non-Prescribed Minimum Benefits (PMB) conditions.</p> <p>Limits for Non-PMB visits: R7 150 per Family and R3 575 per beneficiary per annum. Unless additional Benefits are pre-authorized by Kaelo Prime Cure.</p> <p>Visits for PMB conditions will accumulate to limit.</p>
Specialist Services Out-of-Hospital Services	<p>Specialist referral form must be completed by the nominated Kaelo Prime Cure contracted General Practitioner.</p> <p>Authorisation number must be included in the Specialist Referral Form completed by the General Practitioner.</p> <p>Beneficiary to produce the Specialist Referral Form at Specialist consultation. Medication prescribed by a Specialist Out-of-Hospital is to be dispensed by approved Kaelo Prime Cure Pharmacy according to the Kaelo Prime Cure approved Formulary only.</p>	

## Out-of-Hospital Services - Specialist Services Radiology and Pathology Requested by Specialist

Health Service	Benefit	Limit and/or Feature
<b>Radiology</b>	Kaelo Prime Cure agreed tariff.	Refer to Radiology Benefits.
<b>Pathology</b>	Kaelo Prime Cure agreed tariff.	Included in Specialist Limit Applicable only if Specialist Services are contracted to Kaelo Prime Cure.
<b>Out-of-Hospital Services - Prescribed Minimum Benefits</b>	<p>All Specialist services for Prescribed Minimum Benefit (PMB) through a Designated Service Provider (DSP) only, subject to referral by a Kaelo Prime Cure contracted General Practitioner.</p> <p>The list of conditions as published by the Registrar of Medical Schemes and for which a treatment algorithm has been published, will be covered where Out-of-Hospital treatment is appropriate. In-Hospital Benefits are covered under Kaelo Prime Cure Hospital Benefits.</p> <p>Each condition has a Condition Protocol on which treatment in its totality is based.</p> <p>Only conditions once confirmed and once diagnosed as such qualify for Prescribed Minimum Benefit (PMB) cover.</p> <p>Unlimited when clinically appropriate and subject to case management and authorisation protocol.</p>	
<b>Out-of-Hospital Services - Specialist Services Exclusions</b>	<p>Consultations relating to impotence, infertility (except PMB), libido problems or sexual dysfunction.</p> <p>Any cosmetic procedures.</p> <p>Consultations where pre-authorisation is not obtained for non Prescribed Minimum Benefit (PMB) conditions.</p> <p>Specialist fees are limited to the Kaelo Prime Cure rates.</p>	

## General Practitioner (GP) and Nursing Services

Health Service	Benefit	Limit and/or Feature
<b>Out-of-Hospital Services</b>	<p>Consultations and visits.</p> <p>Procedures performed in provider's rooms and all other services, including material supplied for injections, pathology and radiology unless stated otherwise in this Benefit Guide.</p>	Unlimited through Designated Service Provider.

## General Practitioner (GP) and Nursing Services

Health Service	Benefit	Limit and/or Feature
<b>Out-of-Hospital Services</b>	<p>Subject to Prime Cure protocol.</p> <p>Members are required to complete the <b>symptom checker</b> via the <b>Suremed Mobile App</b> prior to accessing Benefit for Non-emergency conditions.</p> <p>The Member will then be provided an <b>authorisation</b> for a nurse visit, Over-The-Counter Pharmacy medication for Non-emergencies or a General Practitioner consultation.</p> <p>Non PMB's - failure to complete the symptom checker and obtain an authorisation to the appropriate level of care (Nurse, General Practitioner or Specialist) will result in the Member being responsible for a <b>30%</b> co-payment for the account and all associated accounts, for example, pathology, radiology, acute medication - except in the case of a medical emergency.</p> <p>All Out-of-Hospital General Practitioner consultations, including small in-room procedures at Prime Cure approved Designated Service Provider (DSP) Network providers, provided such consultations are medically indicated and subject to Prime Cure's pre-authorisation procedures.</p> <p>Members will be required to nominate <b>two</b> General Practitioners from the list of contracted Prime Cure providers.</p> <p>Should a member visit a Non-nominated General Practitioner without a pre-authorisation or a Non-contracted General Practitioner the claim will be rejected if a non-PMB.</p> <p>A <b>30%</b> co-payment will be applied for consultations related to a Prescribed Minimum Benefit (PMB) condition.</p> <p>Members may change their nominated General Practitioners on the Suremed mobile App.</p>	
<b>Nurse Consultation</b>	Unlimited consultations at a contracted Kaelo Prime Cure Pharmacy wellness clinic provided a pre-authorisation is obtained via the Member completing the symptom checker.	<b>Unlimited</b> through Designated Service Provider.

## Clinical Technologists

Health Service	Benefit	Limit and/or Feature
<b>Services provided In-Hospital</b>	<b>100%</b> of the Prime Cure agreed tariff.	Preferred Provider Network at <b>100%</b> of Agreed Rates subject to pre-authorisation.

## Dental Services

Health Service	Benefit	Limit and/or Feature
<b>Conservative Dentistry</b>	<p>Preventative treatments – one treatment per beneficiary per annum.</p> <p>Includes Fluoride Treatment for children under 12 years of age, Cleaning, Scaling and Polishing one treatment per year according to Kaelo Prime Cure treatment Protocols.</p> <ul style="list-style-type: none"> <li>• Fillings (White or Amalgam according to Kaelo Prime Cure Protocols). Pre-authorisation required for 4/more restorations or 5/more Composite fillings (only anterior covered).</li> <li>• Pain and sepsis.</li> <li>• Infection Control.</li> <li>• Oral Hygiene Instruction.</li> <li>• Extractions (Only if clinically necessary). Pre-authorisation required for 5/more extractions.</li> <li>• Local Anaesthetic.</li> <li>• Intra Oral Radiograph (X-Rays as per the Kaelo Prime Cure approved dental list of codes). Pre-authorisation for 3/more x-rays (maximum 4).</li> </ul> <p>Kaelo Prime Cure Designated Service Providers only.</p> <p>Emergency Root Canal only Subject to case management.</p>	<p>Unlimited when clinically appropriate, subject to Prime Cure Protocols Fluoride treatment only covered for Children under 12 years.</p>
<b>Dentistry Emergency Visits</b>	<p>Out of preferred provider's contracted dental network according to a list of approved codes.</p>	<p>Emergency pain and sepsis treatment and extractions only, one per beneficiary per year.</p>
<b>Dentistry Acute Medication</b>	<p>Kaelo Prime Cure agreed tariff.</p> <p>Unlimited when clinically appropriate.</p> <p>Limited to a Kaelo Prime Cure Dental Formulary.</p> <p>Prescribed or dispensed by an approved Kaelo Prime Cure Designated Service Provider. (General Practitioner or Dentist).</p>	<p>Unlimited and managed.</p>
<b>Other Dentistry and Specialised Dentistry</b>	<p>Other Dentistry and Specialised Dentistry (including Maxillo-Facial Benefits) and Dentures are not included as Benefits.</p>	

## Prescribed Medication and Injection Material

Health Service	Benefit	Limit and/or Feature
<b>Medication</b>	<p>Kaelo Prime Cure agreed tariff.</p> <p>Unlimited provided an authorisation is obtained for the referrer of the service and must be prescribed by the members nominated or allocated contracted General Practitioner.</p> <p>Medication not prescribed by a nominated General Practitioner if on Formulary will incur a 30% co-payment.</p> <p>Only Medication on the Kaelo Prime Cure Acute Medicine Formulary will be covered. The Medication will be provided as part of the acute consultation (when dispensed by a nominated dispensing practitioner) or by a contracted service provider/Pharmacy if prescribed by a Non-dispensing practitioner.</p> <p>Acute Medication prescribed by a Specialist Out-of-Hospital is covered 100% of Agreed Rate if the member was referred by a Prime Cure contracted General Practitioner and an authorisation was obtained for the Specialist visit (Non PMB'S). If no authorisation obtained the member will be liable for a 30% co-payment.</p> <p>Standard Formulary medication is available without co-payment, subject to Drug Utilisation Review and Pharmacy Benefit Management.</p>	
<b>Acute Medication</b>	100% of the Prime Cure agreed tariff.	Unlimited provided an authorisation is obtained for the referrer of the service.
<b>Chronic Medication</b>	100% of the Prime Cure agreed tariff.	<p>Subject to scheme list of chronic conditions including Prescribed Minimum Benefits.</p> <p>Medication for the treatment of CDL-PMB chronic conditions only.</p> <p>Unlimited Chronic Medication but according to a fixed Kaelo Prime Cure Medication Formulary only.</p> <p>Members must complete the Chronic Application Form.</p> <p>Nominated Kaelo Prime Cure General Practitioner to complete the Kaelo Prime Cure Chronic Application Form and submit to Kaelo Prime Cure, in accordance with Kaelo Prime Cure Protocol, as amended from time to time.</p> <p>Only Medication prescribed by a Kaelo Prime Cure contracted General Practitioner will be covered at 100%. Non-contracted providers will incur a 30% co-payment.</p> <p>Chronic Medication prescribed by a specialist Out-of-Hospital will only be covered at 100% if the Member obtained an authorisation and was referred by a Kaelo Prime Cure nominated General Practitioner and the Medication is within the Kaelo Prime Cure Formulary, and such Medication is dispensed by a Kaelo Prime Cure contracted Pharmacy, once approved by Kaelo Prime Cure.</p>

## Prescribed Medication and Injection Material

Health Service	Benefit	Limit and/or Feature
<b>To-Take-Out (TTO) Medication</b>	Subject to a Prime Cure Medicines Formulary. Must be obtained at the hospital pharmacy.	Limited to <b>seven days</b> post hospital supply.
<b>Non-Formulary Medication</b>	<p>Excluded from cover, unless clinical motivation obtained from Kaelo Prime Cure approved specialist, for Prescribed Minimum Benefit (PMB) or Chronic Disease List (CDL) condition in instances where the Chronic condition cannot be controlled by a Formulary item.</p> <p>Subject to approval by the Kaelo Prime Cure Medical Advisor.</p>	
<b>Prescribed Minimum Benefits</b>	<p><b>100%</b> of cost.</p> <p>Benefits are as per treatment Protocol for each condition and linked to the Kaelo Prime Cure Protocol.</p> <p>All services to be delivered by Designated Service Provider (DSP) only.</p> <p>Services that form part of the diagnostic process are covered under this agreement in terms of the ordinary day-to-day Benefits as outlined above, but are subject to limits, restrictions and exclusions, until the Prescribed Minimum Benefits (PMB) diagnosis has been confirmed, and the member has been registered for the applicable Chronic Medication or Chronic Disease List (CDL)-Prescribed Minimum Benefit (PMB).</p>	
<b>Exclusions</b>	<p>The following medicines are specifically excluded from cover in respect of Chronic Disease List (CDL) conditions and do not appear on the Kaelo Prime Cure Medicines Formulary:</p> <p>Erythropoietin (unless the beneficiary is eligible for renal transplantation according to PMB protocols) Infliximab and related biologicals (for inflammatory bowel disease and rheumatoid arthritis).</p> <p>B-interferon (inter alia for multiple sclerosis).</p>	
<b>Self-Medication Benefit ("OTC" Pharmacy)</b>	<b>100%</b> of the Prime Cure agreed tariff.	<p>Over-The-Counter (OTC) Pharmacy Benefit.</p> <p><b>R360 per beneficiary per annum</b>, maximum of <b>R120 per event</b> (a maximum of <b>three events</b> per beneficiary per annum).</p> <p>Limited to the fixed Kaelo Prime Cure Medicine Formulary for OTC medication only.</p> <p>Self-Medication items for the treatment of day-to-day ailments.</p> <p>Medication dispensed by Kaelo Prime Cure contracted service provider only.</p>



Radiology		
Health Service	Benefit	Limit and/or Feature
<b>Specialised Radiology</b>	<p>MRI, CAT and/or GALLIUM SCANS and/or RADIOISOTOPES.</p> <p>100% of the Prime Cure agreed tariff at a Designated Service Provider (DSP).</p>	<p>Unlimited provided an authorisation is obtained for the referrer of the service.</p> <p>Preferred Provider 100% Prime Cure Tariff Specialised Radiology R20 000 per Family per annum and R9 500 per beneficiary per annum.</p> <p>This is a combined limit for limit for In and Out-of-Hospital Specialised Radiology including CT and MRI scans, unless it is a PMB condition according to Kaelo Prime Cure Protocols, the Benefit is paid at the lower of agreed Designated Service Provider (DSP) tariff or NHRPL fees.</p> <p>Subject to pre-authorisation and case management.</p> <p>Subject to Prime Cure Protocols.</p>
<b>Basic Radiology</b>	<p>In-Hospital and Out-of-Hospital are covered at 100% of the Prime Cure agreed tariff.</p> <p>Limited to the list of codes for Radiology, as set out below:</p> <p>Soft Tissue Ultrasounds and Black and White x-rays according to a list of Kaelo Prime Cure approved codes.</p> <p>Radiology tests requested by Specialists are only covered if the member was referred by a Kaelo Prime Cure Designated Service Provider (DSP) and authorisation was obtained for the Specialist consultation .</p> <p>Pre-authorisation is required from Kaelo Prime Cure Call Centre for certain Radiology tests by the attending doctor, as stipulated on the Kaelo Prime Cure Radiology Request Form, which is available on request.</p> <p>This Benefit is subject to case management.</p>	<p>Unlimited, subject to an authorisation being obtained for the referral.</p>

## Radiology

Health Service	Benefit
<b>Prescribed Minimum Benefits</b>	<p>Only Prescribed Minimum Benefit (PMB) conditions and conditions listed in the Chronic Disease List (CDL) of the Council for Medical Schemes are covered.</p> <p>Benefits are as per treatment protocol for each condition and linked to the Kaelo Prime Cure Protocol.</p> <p>All services to be delivered at a Designated Service Provider (DSP) only unless involuntary obtained.</p>
<b>Exclusions and Limitations</b>	<p>Foetal/Maternal ultrasound scans are limited to <b>two</b> scans per pregnancy.</p> <p>3D scans are paid as for 2D scans Agreed Rate.</p> <p>Advanced Radiology (e.g. MRI, CAT scans, angiography, etc.) are subject to the In-Hospital Radiology limit for MRI and CT scans.</p> <p>PET Scans are not covered.</p>

## Pathology and Medical Technology

Health Service	Benefit	Limit and/or Feature
<b>Pathology</b>	<p>100% of the Prime Cure agreed tariff at a Designated Service Provider.</p>	<p><b>Unlimited</b>, provided an authorisation is obtained for the referrer of the service.</p> <p>At Kaelo Prime Cure Designated Service Provider (DSP), according to Kaelo Prime Cure Protocol.</p> <p>Pathology tests requested by Specialists are only covered if the member was referred by a Kaelo Prime Cure contracted service provider and authorisation was obtained for the Specialist consultation.</p> <p>Pre-authorisation is required from Kaelo Prime Cure Call Centre for certain specified Pathology investigations requested by the Kaelo Prime Cure Designated Service Provider (DSP), as stipulated on the Kaelo Prime Cure Pathology Request Form, which is available on request.</p> <p>Benefit is subject to case management.</p>

### Pathology and Medical Technology

Health Service	Benefit	Limit and/or Feature
<b>Prescribed Minimum Benefits</b>	<p>100% of cost.</p> <p>Prescribed Minimum Benefits (PMBs) are covered within Designated Service Provider (DSP) network only, unless the service is provided on an involuntary basis.</p>	<p>Unlimited, and subject to case management</p> <p>Only Chronic conditions listed in the Chronic Disease List (CDL) and Prescribed Minimum Benefit (PMB) list of the Council of Medical Schemes from time to time are included, subject to pre-authorisation and registration.</p> <p>Services that form part of the diagnostic process until the Prescribed Minimum Benefit (PMB) or Chronic Disease List (CDL) - Prescribed Minimum Benefit (PMB) diagnosis is confirmed, are covered subject to Kaelo Prime Cure treatment Protocol, and limits, restrictions and exclusions apply in accordance with the Protocol for each condition.</p>

### Chemotherapy and Radiotherapy

Health Service	Benefit	Limit and/or Feature
<b>Chemotherapy and Radiotherapy</b>	100% of the Prime Cure agreed tariff at a Designated Service Provider.	Prescribed Minimum Benefits only.

### Renal Dialysis

Health Service	Benefit	Limit and/or Feature
<b>Renal Dialysis</b>	100% of the Prime Cure agreed tariff.	Prescribed Minimum Benefits only.

### Physiotherapy

Health Service	Benefit	Limit and/or Feature
<b>Physiotherapy</b>	<p>In-Hospital services.</p> <p>100% of the Prime Cure agreed tariff at a Designated Service Provider.</p>	<p>Subject to In-hospital authorisation DSP only.</p> <p>Subject to confirmation of PMB diagnosis.</p>

### Clinical Psychology

Health Service	Benefit	Limit and/or Feature
<b>Clinical Psychology</b>	100% of the Prime Cure agreed tariff.	Prescribed Minimum Benefits only.

### Blood Transfusions

Health Service	Benefit	Limit and/or Feature
Blood Transfusions	100% of the Prime Cure agreed tariff at a Designated Service Provider.	Unlimited.

### Ambulance Services and Emergency Transport Services

Health Service	Benefit	Limit and/or Feature
Road and Air	100% of the Prime Cure agreed tariff at a Designated Service Provider.	Unlimited.

### After Hours Emergency Care

Health Service	Benefit	Limit and/or Feature
General Practitioner Consultations and Outside Preferred Provider Network or Contracted Providers Consulted After Hours	100% of the Prime Cure agreed tariff.	<p>100% of Prime Cure tariff.</p> <p>Limited to <b>one</b> visit per beneficiary or <b>two</b> per Family. Limited to <b>R1 100</b> per event including all services and medication related to the visit, for example radiology and pathology.</p> <p>Excluding facility fees.</p> <p>Authorisation is required via the Member application within <b>72 hours</b> by Member or Provider.</p> <p>At any registered emergency medical facility.</p> <p>Excludes services provided by practitioners who are not registered with Health Professional Council of South Africa (HPCSA).</p>

### Prescribed Minimum Benefits

Prescribed Minimum Benefits (PMBs) at Primary Healthcare level are covered within the Designated Service Provider (DSP) network only, unless the service is provided on an involuntary basis.

Benefits based on a treatment protocol for each condition and linked to the Kaelo Prime Cure Protocol.

Services that form part of the diagnostic process until the Prescribed Minimum Benefit (PMB) or Chronic Disease List (CDL) - Prescribed Minimum Benefit (PMB) diagnosis is confirmed, are covered in terms of the ordinary day-to-day Benefits as outlined above, and are subject to limits, restrictions and exclusions.

Treatment guidelines and Protocols apply.

### After Hours Emergency Care

Health Service	Benefit	Limit and/or Feature
<b>Immunization</b>	<p>Flu Injection Benefit - <b>one</b> per beneficiary per annum if the beneficiary meets the following criteria:</p> <ul style="list-style-type: none"> <li>• Children between 6 months and 6 years</li> <li>• Pregnant women</li> <li>• Beneficiaries over 65 years of age</li> <li>• Beneficiaries who are actively registered on the chronic medication programme</li> <li>• At a Kaelo Prime Cure designated service provider or Pharmacy only</li> <li>• Subject to Kaelo Prime Cure Protocol and clinical necessity.</li> </ul>	
<b>Emergency Out of Preferred Provider Network Visits</b>	100% of the Prime Cure agreed tariff.	<p><b>Unlimited</b>, without co-payment provided the episode meets the requirements of the Kaelo Prime Cure definition on an emergency medical condition.</p> <p>At any registered emergency medical facility.</p> <p>Authorisation is required via the member application within <b>72 hours</b> by Member or Provider.</p>

### Auxiliary Services

Health Service	Benefit	Limit and/or Feature
<b>Statutory Prescribed Minimum Benefits</b>	<p>Speech, Occupational Therapy, Psychology and Physiotherapy.</p> <p>100% of the Prime Cure agreed tariff.</p>	<p>Prescribed Minimum Benefits only.</p> <p>No cover for non PMB's Pre-Authorisation required and beneficiary must be referred by their contracted General Practitioner or a specialist where the specialist consultation has been authorised. In cases where patients self-refer to providers or fails to obtain an authorisation that provide Additional Benefit Option services, the eligible Member will be held liable for 30% of the account</p>

### Internal Surgical Implants

Health Service	Benefit	Limit and/or Feature
<b>Internal Surgical Implants</b>	100% of cost.	100% PMB rules apply. Limited to <b>R29 500</b> per beneficiary unless a Prescribed Minimum Benefits.

### Other Medical and Surgical Implants

Health Service	Benefit	Limit and/or Feature
Other Medical and Surgical Implants	100% of cost.	100% of cost. R4 000 per Family per annum. Prescribed Minimum Benefits rules apply.

### Optical

Health Service	Benefit	Limit and/or Feature
Eye Examinations	100% of the Prime Cure agreed tariff.	One Optometric examination per beneficiary per annum.  Includes a visual evaluation, tonometry screening and a diagnosis.
Spectacles	100% of the Prime Cure agreed tariff.	One pair of Spectacles per beneficiary per 24 month period.  Includes standard CR39 lenses (High quality clear plastic lenses).  Single Vision or Bi-focal lenses (Please refer to Qualifying norms).  Members are not entitled to any monetary value regarding the Benefit.
Frames	100% of the Prime Cure agreed tariff.	One Frame for Spectacles allowed per beneficiary every 24 months.  The choice of Frame is specified to be from a quality range of Kaelo Prime Cure approved range of frames.  An excess is payable by the member for any frame not from the specified Kaelo Prime Cure range.  Members are not entitled to any monetary value regarding the frame.

## Optical

Health Service	Benefit
<b>Optometry Acute Medication</b>	Optometrist to refer member to a Kaelo Prime Cure approved General Practitioner or Designated Service Provide (DSP).  Medication prescribed and dispensed according to the Kaelo Prime Cure Medicine Formulary.
<b>Optometry Exclusions</b>	<ul style="list-style-type: none"> <li>• Contact lenses.</li> <li>• Mirror or other graded Tinted lenses.</li> <li>• Accessories (e.g. Clip on sunglasses) or other enhancements.</li> <li>• Contact Lens Solutions.</li> </ul>

## Pregnancy Tests, Antenatal Care and Post Natal Care

Health Service	Benefit	Limit and/or Feature
<b>Pregnancy Tests, Antenatal Care and Post natal Care</b>	These benefits are available on registration on the Maternity programme - via the Suremed Shuttle Mobile App	<p>Antenatal consultations: You are covered for up to <b>8</b> visits at your gynaecologist, GP or midwife up to the Prime Cure rate.</p> <p>Antenatal Vitamins up to <b>R100</b> per month up to max of <b>9</b> months.</p> <p>Ultrasound scans and prenatal screening: You are covered for up to two 2D ultrasound scans. 3D and 4D scans are paid up to the rate we pay for 2D scans.</p> <p>You have cover for a defined basket of blood tests per pregnancy from the Maternity Programme. These tests include:</p> <ul style="list-style-type: none"> <li>• To confirm pregnancy (qualitative bHCG)</li> <li>• Glucose</li> <li>• HIV Elisa</li> <li>• Blood cross matching (Rh Antigen)</li> <li>• Blood group (A, B and O Antigen)</li> <li>• Hepatitis B</li> </ul> <p>Post-natal consultation: You are covered for one post-birth six-week follow-up consultation with a midwife, GP or gynaecologist post-delivery.</p>

## HIV / AIDS

Health Service	Benefit	Limit and/or Feature
<b>Out-of-Hospital Benefit</b>	<p>Ongoing care plan and anti-retroviral treatment subject to registration on the Kaelo Prime Cure HIV/AIDS Chronic programme and treatment according to an evidence-based treatment Protocol and Medicine Formulary.</p> <p>100% of the Prime Cure agreed tariff at a DSP.</p>	Unlimited.
	<p>Benefits are Subject to consent to record data on the Kaelo Prime Cure Disease Management Information System</p> <p>Benefit Includes:</p> <ul style="list-style-type: none"> <li>• Voluntary counselling and testing.</li> <li>• Antiretroviral therapy, prophylactic antibiotics and supplements according to Kaelo Prime Cure Protocol Treatment support.</li> <li>• Pathology and monitoring (incl. CD4, viral load, liver enzymes, cholesterol, glucose, urine tests) according to Protocols.</li> <li>• Treatment of opportunistic infections, according to Kaelo Prime Cure Formulary.</li> <li>• Available at selected service providers only (Members to contact Kaelo Prime Cure Call Centre for details).</li> </ul> <p>In-Hospital Treatment:</p> <ul style="list-style-type: none"> <li>• Designated Service Provider (DSP) only.</li> <li>• Refer to In-Hospital Benefits.</li> </ul>	

## Organ Transplant

Health Service	Benefit	Limit and/or Feature
<b>Organ Transplant</b>	100% of cost.	No limit - PMB rules apply.

## Exclusions

Notwithstanding the statutory requirements regarding the Prescribed Minimum Benefits (PMBs), Kaelo Prime Cure shall not be obliged to provide any of the following services or Benefits as part of the Suremed Shuttle Benefit Option:

The treatment of medical conditions or injuries sustained by a beneficiary or co-insured Dependant not included in the Suremed Shuttle Option.

All services not obtained through a Kaelo Prime Cure Designated Service Provider (DSP), or referrals not pre-authorized, or not provided in terms of the Kaelo Prime Cure Protocol subject to Prescribed Minimum Benefit (PMB).

All surgical procedures or treatment for cosmetic purposes, reconstructive surgery, which shall, without limitation, include health care services related to obesity and related complications, portwine stains, otoplasty for bat ears, keloid scars (not impairing function), hair removal, blepharoplasties (eyelid surgery), nasal reconstruction (including septoplasties, osteotomies and nasal tip surgery). The Medical Advisory Committee shall have the sole discretion to determine whether a particular surgical procedure or treatment is cosmetic in nature and as such excluded.

Recuperative treatment of any nature at a non-registered facility.



## Exclusions

Health care services relating to:

Wilful self-inflicted illness or injury except for PMBs;

Health care services required as a consequence of, except for PMB:

Injuries sustained resulting from participation in wilful and material actions or omission in contravention of any statutory or Common law provision; Participation in acts of war; Participation in a terrorist activity; Injuries or medical conditions resulting from riot, civil commotion, rebellion or insurrection; Experimental, unproven or unregistered treatment; Injury or illness that occurred beyond the borders of the Republic of South Africa; Any complication that may arise from any exclusion listed under exclusions and limitations Frail care treatment. Surgery, treatment or items not medically indicated or essential.

Health care service required during any compulsory waiting period as applied by the Medical Scheme Medical examinations initiated by employers. Except for PMBs, treatment for injuries where another party is responsible for payment, the member is however entitled to such Benefits as would have applied, provided that on receipt of payment in respect of medical expenses, the Member will reimburse the fund and money paid out by the fund in respect of the Benefit. Dental extractions for non-medical purposes. The provision of gold inlays in dentures or gold crowns. The provision of medical, surgical or other appliances, unless specifically stated otherwise. The supply of any pharmaceuticals or consumables not on the Kaelo Prime Cure Formulary (PMB rules apply).

The following medicines are specifically excluded from cover by Kaelo Prime Cure in respect of CDL conditions (covered by Medical Scheme):

- Erythropoietin
- (unless the beneficiary is eligible for renal transplantation).
- Biologicals.
- PET scan procedures.
- Medicine classified as Biologicals unless part of approved treatment Protocols.
- Unregistered medications and off label usage of registered medications.
- Anabolic steroids.
- Appetite suppressants.
- Vitamins and mineral supplements in Non-PMB cases.
- Performance enhancers otherwise not specified.
- Infertility drugs not included in the PMB treatment plan.
- Deep Brain Stimulator devices for Parkinson's Disease and Epilepsy.
- Implant devices for chronic pain management.
- Iron chelating agents for chronic use.
- Human immunoglobulins for chronic use.
- Polysomnograms and CPAP titrations, except PMB.
- Refractive surgery.
- Audiometry.
- Professional/extreme sport injuries - Unless a PMB.

Limitations of Benefits	Benefits in respect of medicines obtained on prescription of a Designated Service Provider are limited to the prescribed quantities, but in any event to not more than one month's supply thereof.
Voluntary use of Non-DSP	Should a beneficiary voluntarily choose not to make use of a DSP, a co-payment equal to the difference between the Kaelo Prime Cure agreed tariff of the DSP and the tariff of the Non-DSP, will apply, and/or as per Medical Scheme rules.

### 2022 Contributions

Income Category	Principal Member	Adult dependant* See Note 1 below	Child dependant* See Note 2 below and paragraph 1.1 above
R	R	R	R
0 - 9 000	990	990	515
9 001 - 14 000	1 200	1 200	624
14 001 - 17 000	1 700	1 700	884
17 001 +	1 950	1 950	1 015

\*Note 1: "Adult dependant" means a dependant over age 21, excluding full-time registered students up to age 25 at a registered tertiary education institution.

\*Note 2: "Child dependant" means all biological and/or adopted child dependants under the age of 21 and full-time registered students up to age 25 at a registered tertiary education institution.