# SUREMED HEALTH BENEFITS AND CONTRIBUTIONS

# Welcome to Suremed Health,

administered by PROVIDENCE Healthcare Risk Managers

## GENERAL INFORMATION

### GETTING STARTED:

Before we begin, there are a few important things for you to do to ensure a smooth, happy and healthy journey with us:

1. Check your membership card to ensure that all the details are correct. Please let us know immediately if you require any corrections. You can let us know by calling 0860 080 888 or by sending an email to suremed@providence.co.za.

2. Keep your membership card in a safe place. Keep a copy of your card in your motor vehicle's cubby-hole so that it is readily available in the case of an accident. You may request more cards if you have children studying away from home.

3. Display the ER24 sticker on your motor vehicle and save the ER24 emergency number on your cell phone (084 124). You can also stick the telephone sticker on your home phone for easy access to the number in the case of an emergency.

4. Register on the Scheme's website - www.suremedhealth.co.za. If you would like to receive your communication from the Scheme via e-mail, go to the login tab and enter your details. We will send you a confirmation e-mail and, once activated, you will also be able to view your benefits and remittances. You may also obtain information via our call centre on 0860 080 888 or via your registered postal address.

Keep this benefit guide so that you can refer to the benefits and processes and avoid paying unnecessary amounts from your own pocket.

### WAITING PERIODS

Please take note of your "benefit date" as indicated on your membership card. This is the date from which you qualify for benefits from Suremed Health.

### MEMBERSHIP

- Please ensure that your details and those of your dependants listed on your membership card are correct.
- Should you require any amendments to your card, contact your broker or PROVIDENCE Healthcare Risk Managers (PROVIDENCE) for the relevant form.
- When a child is born and registered on the Scheme, the contributions for membership will be due from the first day of the following month after which the child is born. The same procedure will apply in the case of an adopted child.
- Students studying at a recognised institution may continue up to the age of 25 as a child dependant, provided that documentation certifying their age and status is produced each year.
- All other children over the age of 21 may remain on the Scheme if financial dependency on the main member is provided, but they will be charged at the same rate as an adult dependant.

### HOW DO YOU CLAIM?

Your doctor or service provider will more than likely process your claim on your behalf. The service provider will send the claim to PROVIDENCE for processing and approach you for any member portion due.

If you have paid the amount directly to the service provider, please forward the proof of payment as well as the service provider's original invoice to PROVIDENCE for processing and reimbursement to you. Please submit your claim making sure that your membership details are reflected and are correct.

**Please submit all claims to:**
PROVIDENCE Healthcare Risk Managers
P.O. Box 1672, Port Elizabeth, 6000.
Customer Care: 0860 08 08 88 or 041 - 395 4545
Fax number : 086 743 0677
Email address: suremed@providence.co.za

**IMPORTANT: You need to submit your claim within a four month period - starting from the date of treatment. It is YOUR responsibility to ensure that your doctor / service provider submits the claim in time with the correct information reflected. The best way of checking is to refer to your claims statement.**

### TERMINATION OF MEMBERSHIP

Members are advised that unless they terminate their membership in writing, before the last working day of the month, prior to the month of termination, they will remain liable for the contribution for that month. Therefore it is in your best interest for you to confirm that such termination has been received by the Scheme. The notice period required is stipulated in the Scheme's rules.

### VITAL INFORMATION

Following are a few important quick references relating to Suremed Health and the services provided.

### Scheme ADMINISTRATOR

Suremed Health's administration is contracted to PROVIDENCE Healthcare Risk Managers. The staff and management team at PROVIDENCE have extensive experience in the industry. The procedures and systems offered by our administrator not only comply with the required financial management and reporting standards, as prescribed by the Registrar's office, but are also geared to offer the information and high service support requirements of the Scheme on behalf of its service providers and members alike.

## EMERGENCY SERVICES

**ER24 - This service only applies to emergency situations.**

Suremed Health offers you the nation-wide services of the ER24 emergency medical service, providing full cover for you and all of your registered dependants. With a 24-hour communication centre, staffed by a team of qualified nursing sisters, paramedics and registered doctors, you are guaranteed the best in emergency support.

Once the initial call is made, ER24 will assess your medical condition and, if necessary, dispatch the appropriate vehicle (ground or air), staff and equipment directly to your location. They will transport and arrange admission to the nearest hospital.

If you make use of a different service provider in the case of an emergency, please notify ER24 within 48 hours. Upon hospitalisation, please inform the hospital of this preferred arrangement with ER24, in case of a transfer between hospitals.

## HIV AND AIDS MANAGEMENT PROGRAMME

Suremed Health contracts to a HIV and AIDS management programme. This programme is managed by medical doctors and covers both the clinical and funding aspects of HIV and AIDS treatment. Members may contact PROVIDENCE for information and advice on HIV/AIDS at any time. Confidentiality is guaranteed and the programme is designed to help you cope with all aspects of this condition including preventative measures you should take to avoid the condition affecting either your partner or children.

Hospitalisation: Should a member require hospitalisation for HIV and AIDS related admissions, authorisation must be obtained prior to admission by contacting the Clinical Risk Management team.

Follow up management: The HIV and AIDS management programme will approve payment for authorised medication, consultations and tests as per the stated benefits. In order to obtain the benefits relating to HIV and AIDS, the member is required to register with the Disease Management programme.

## HOSPITAL BENEFIT MANAGEMENT

### WHAT IS HOSPITAL PRE-AUTHORISATION?

Pre-authorisation is necessary for all planned hospital admissions by contacting our Clinical Risk Management team, 48 hours prior to an admission, on 0860 0808 88. Please remember to confirm the rate your specialist provider is charging prior to admission. Suremed Health pays at Scheme approved rates which may differ from the rate charged by the provider.

### INFORMATION YOU MUST HAVE READY FOR PRE-AUTHORISATION

- Patient's membership number
- The patient's full name, age and dependant number
- Surname and initials of the attending doctor (plus practice number if available)
- Date and time of admission to hospital
- The reason for admission to hospital
- The associated medical diagnosis (ICD10 code)
- The planned procedures as well as the tariff codes that the doctor intends to use

Your doctor will assist in providing the above information.

### WHAT HAPPENS IN THE EVENT OF AN EMERGENCY HOSPITAL ADMISSION?

In the event of an emergency, admission over a weekend or on a public holiday, PROVIDENCE must be notified of admission to hospital on the first working day after admission.

## CHRONIC MEDICATION MANAGEMENT

A chronic condition is usually long-term and progressive by nature, and requires treatment with chronic medication on a regular basis in order to maintain and even improve quality of life. Not all medication that is taken for a long period of time will be paid as chronic. For the Scheme to cover a medication as chronic, it needs to be approved as part of the Chronic medication benefit in terms of the Scheme's Protocols and must also be in line with the Chronic Disease List, applicable to your plan.

### HOW DO YOU APPLY FOR CHRONIC MEDICATION?

A completed chronic application form needs to be submitted to PROVIDENCE for approval. Application forms can be obtained from your broker, the website or from PROVIDENCE. Ask your doctor for assistance in completing the form. Please ensure that your membership number is filled in on the form and that you and your doctor have signed the form. Please also ensure that all requested clinical information is included with your application. It is essential that you submit all required information correctly as incomplete forms will not be processed.

### HOW WILL YOU KNOW THAT YOUR CHRONIC MEDICATION HAS BEEN APPROVED?

You will receive a letter detailing the medication that has been approved, once the clinical team has assessed the application. The approval letter should be given to your pharmacy with a matching valid prescription. Only medication that has been approved by PROVIDENCE will be paid for from the chronic benefit.

## CHRONIC DISEASE LIST

The Suremed Chronic Medication Benefit for all options includes cover for medication to treat the chronic conditions listed on the Chronic Disease List (CDL):

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|---|---|
| Addison's Disease | Epilepsy |
| Asthma | Glaucoma |
| Bipolar Mood Disorder | Haemophilia |
| Bronchiectasis | Hyperlipidaemia |
| Cardiac Failure | Hypertension |
| Cardiomyopathy | Hypothyroidism |
| Chronic Obstructive Pulmonary Disease | Multiple Sclerosis |
| Chronic Renal Failure | Parkinson's Disease |
| Coronary Artery Disease | Rheumatoid Arthritis |
| Crohn's Disease | Schizophrenia |
| Diabetes Insipidus | Systemic Lupus Erythematosus |
| Diabetes Mellitus Type I | Ulcerative Colitis |
| Diabetes Mellitus Type II | HIV/AIDS |
| Dysrhythmias | |

Suremed Challenger option also provides additional cover for the following Non-Chronic Disease List conditions (Non-CDL):

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|---|---|
| Ankylosing spondylitis | Obsessive compulsive disorder |
| Scleroderma | Organ transplantation |
| Dermatomyositis | Paget's disease |
| Huntington's disease | Psoriasis |
| Major depression | Osteoporosis |
| Myasthenia gravis | Severe Osteopenia with risk factors |
| Narcolepsy | Psychosis |

The Scheme pays for this medication in accordance with treatment guidelines and protocols. Chronic medication for ailments not on the CDL is covered by your acute medication benefit.

### HOW DO YOU UPDATE YOUR CHRONIC MEDICATION?

If your doctor changes your chronic medication, or if your chronic medication authorisation expires, your doctor or pharmacist may fax a copy of the new prescription, indicating the changes as well as the diagnosis, to PROVIDENCE

### OVER THE COUNTER MEDICATION (OTC)

You may buy certain medication directly from a pharmacy without a prescription from a doctor. This is medication that is classified as Schedule 0, 1 and 2 medication. It is always advisable to obtain your pharmacist's advice on what medication to take for your condition. This benefit is included in your acute medication benefits and can be accessed by your pharmacist through the normal claiming process.

### HOW DO YOU CONTACT THE PROVIDENCE PHARMACY BENEFIT TEAM?

Telephone: 041 395 4482 Fax: 086 680 8855 E-mail: pbm@providence.co.za

Be assured that the Scheme assesses every request individually, taking into consideration all the relevant information, against the chronic benefit guidelines. These guidelines are applied in a fair and consistent way to help with the assessment and allocation of benefits for chronic conditions. PROVIDENCE will consult with your doctor, where possible, to confirm these decisions. Should we require further information to enable us to allocate your medication to the correct benefit, we will notify you or the prescribing doctor.

## PRESCRIBED MINIMUM BENEFITS (PMB's)

### WHAT ARE PMB's?

PMB's are a set of defined benefits in the Medical Schemes Act (The Act) aimed at ensuring that all medical Scheme members have access to certain minimum health services. They ensure cover for costs related to the diagnosis, treatment and care of a medical condition which meets the Act's definition of an emergency, a limited set of medical and chronic conditions defined in the Chronic Disease List (CDL).

### ARE THERE ANY LIMITATIONS THAT CAN BE APPLIED TO PMB's?

Although no limit can be applied to the management of PMB's, a medical Scheme can manage the costs of PMB's with certain mechanisms:

Schemes can ensure the provision of services for PMB's take place at specific providers known as Designated Service Providers (DSP's). Schemes can implement risk management tools such as formularies for medication or clinical protocols that include clinical entry criteria (diagnostic or laboratory tests confirming the diagnosis). Members who have never belonged to a medical Scheme or have had a break in membership of more than 90 days are not eligible for unlimited cover of PMB's during either a 3-month waiting period and/or 12-month waiting period on pre-existing conditions. This includes emergency admissions during the 3-month general waiting period.

### WHAT ARE DESIGNATED SERVICE PROVIDERS (DSP's)?

A Scheme can appoint DSP's for the management of PMB conditions. In terms of The Act the DSP must include public hospitals. The Scheme must ensure that the DSP is able to provide the required service. If not, then the Scheme must make arrangements for an alternative provider. If you elect not to make use of the Scheme's elected DSP, you are still entitled to the service for the PMB condition, but funding will be subject to the normal Scheme rules which means that all applicable co-payments will apply and the claims will be paid strictly at the Scheme-approved Suremed Tariff. Please note that in this situation you may be liable for a co-payment if a provider overcharges. That is why it is important to discuss your providers' fees prior to any procedure.

### HOW DO I APPLY FOR COVER FOR PMB's?

Identifying valid PMB conditions on diagnosis information alone is not always appropriate, therefore there is an application/authorisation process that is required. This can either be done before a single event or recurring events (like chronic medication) or after an event such as an emergency. There is also an appeals process for members to query the funding of PMB claims. The appeals committee reviews each case and will contact the member with feedback.

Information on PMB's is also available on the Council for Medical Schemes website (www.medicalschemes.com). Should you require information on the location of the nearest DSP, please contact the Clinical Risk Management team.

### Schemes EXCLUSIONS LIST

Suremed Health does not provide cover for certain exclusions. A list of these conditions and procedures is available from the Scheme.

**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 Suremed Scheme tariff unless otherwise stated.**

# Contact Numbers:

### CUSTOMER CARE

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|---|---|
| Telephone | 041 395 4545<br>086 008 0888 |
| Fax | 086 743 0677 |
| E-mail | suremed@providence.co.za |
| Website | www.suremedhealth.co.za |
| Physical Address | 7 Lutman Street, Richmond Hill, Port Elizabeth |
| Postal Address | P.O. Box 1672, Port Elizabeth, 6000 |

### PRIMECURE CUSTOMER CARE

| | |
|---|---|
| Telephone | 086 166 5665 |

### PHARMACY BENEFIT MANAGEMENT (PBM)

(CHRONIC MEDICATION AUTHORISATION)

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|---|---|
| Telephone | 041 395 4482 |
| Fax | 086 680 8855 |
| E-mail | pbm@providence.co.za |

### CLINICAL RISK MANAGEMENT (CRM)

(ALL PRE-AUTHORISATION)

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|---|---|
| Telephone | 041 395 4545<br>086 008 0888 |
| Fax | 086 686 5503 |
| E-mail | crm@providence.co.za |

### DISEASE MANAGEMENT/HIV AND AIDS AND WELL-BEING TEAM

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|---|---|
| Telephone | 086 010 3228 |
| Fax | 086 599 4511 |
| E-mail | wellbeing@providence.co.za |

### EMERGENCY TRANSPORT

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|---|---|
| ER24 | 084 124 |

www.suremedhealth.co.za

*Registration number 1464*

## SUREMED HEALTH DOES NOT PROVIDE FOR CERTAIN EXCLUSIONS

Please note that this list is not exhaustive and is subject to change, please contact the Scheme to confirm cover.

- All costs exceeding the annual or biennial maximums as set out in Annexure B in terms of the rules;
- All costs for operations, medicines, treatments and procedures for cosmetic purposes or for personal reasons;
- Any health care service that is not appropriate and necessary for the symptoms, diagnosis or treatment of the medical condition at an affordable level of service and cost;
- All costs for treatment, if the efficacy and safety of such treatment cannot be scientifically proved;
- Injuries sustained while voluntarily participating in a riot, civil commotion, war, invasion, act of foreign enemy, hostilities whether war is declared or not, and civil war: or injuries arising from professional sport, speed contests and speed trials, motor sports, paragliding, hang gliding, scuba diving, skydiving, mountaineering, motor cross, quad biking. Benefits limited to PMB's;
- All costs incurred for treatment of any sickness condition sustained by a member or dependant of a member where such sickness condition is directly attributable to failure to carry out the instructions of a medical practitioner, unless if the sickness condition is a PMB, where upon relevant provisions will apply;
- The Scheme shall not be liable for the payment of any costs incurred by a member, which arose or may have arisen, as a result of the actions or omissions of another party including legal fees or deductions incurred by the member;
- Procedures listed on Suremeds procedure exclusion list, contact the scheme to find out if your procedure is covered;
- All claims related to items noted in 3.10 of Annexure C of the Scheme rules;
- Accommodation and services provided in a geriatric hospital, old age home, frail care facility or the like (unless specifically provided for in Annexure B);
- Acupuncture;
- Medication listed on Suremed medication exclusion list, contact the scheme to find out if your medication is covered;
- Appointments which a beneficiary fails to keep;
- Appliances, devices and procedures not scientifically proven or appropriate;
- Dental procedures or devices which are not regarded by the relevant managed health care programme as clinically appropriate (as listed in 3.33 of Annexure C);
- Alternative providers not specifically listed for cover in the Suremed benefits and rules;
- Medical, surgical and orthopaedic appliances, devices and products, including oxygen hire or purchase and attachments (unless specifically provided for in Annexure B);
- Medicines not included in a prescription from a medical practitioner or other healthcare professional who is legally entitled to prescribe such medicines (except for schedule 0, 1 and 2 medicines supplied by a registered pharmacist);
- Medicines not approved by the Medicine Control Council;
- MRI scans ordered by a general practitioner, except in emergencies;
- Specialist (same speciality) referral for second opinions unless authorized by the scheme;
- Organ and tissue donations to any other person than to a member or dependant of a member;
- Medical examinations for employers or employment and / or insurance / and / or school readiness and / or legal purposes;
- Hire of medical, surgical and other appliances, unless PMB or authorized by schemes' designated agent;
- Accommodation in a private room of a hospital, unless clinically indicated and prescribed by medical practioner and authorized by the scheme.