



# SHUTTLE

## 2023 FAQs

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

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.

**kaelo**  
**primecure**



# SHUTTLE

## 2023 FAQs

The Suremed Shuttle Plan is managed by Prime Cure. The Prime Cure Network is the Designated Service Provider (DSP) for all healthcare services, unless otherwise indicated. This includes an extensive network of doctors, pharmacies, dentists, optometrists and hospitals. When you visit a healthcare provider in the Prime Cure Network, you can display your digital membership card, which also contains the Prime Cure logo. You must use a provider in the Prime Cure Network to avoid co-payments and claim rejections. In an emergency, you can go to any registered emergency medical facility. Once stabilised, you will be transferred to a Prime Cure Network hospital. To find a provider in the Prime Cure Network, login to the Suremed Shuttle App or visit [www.primecure.co.za](http://www.primecure.co.za)

### What is my GP consultation benefit?

GP visits in the Prime Cure Network are unlimited and covered at 100% of the Agreed Rate if you:

- Visit a nominated GP in the Prime Cure Network
- Pre-authorise the visit in the Suremed Shuttle app by completing the Symptom Checker

You must nominate up to two GPs in the Prime Cure Network on the Suremed Shuttle App before you can request pre-authorisation for a GP visit. You can change your nominated GP in the Suremed Shuttle App.

If you do not pre-authorise the visit, or if you visit a non-nominated GP, you will be responsible for:

- The full account for non-Prescribed Minimum Benefit conditions.
- A 30% co-payment on the account for Prescribed Minimum Benefit conditions.

### What is a Network GP?

Suremed Shuttle uses contracted Doctors (GPs) in the Prime Cure Network. You must nominate up to two GPs in the Prime Cure Network in the Suremed Shuttle app in order for your consultations and any additional referrals for medicine, blood tests or X-rays to be covered.

### How do I locate a Network GP in my area?

To find a Prime Cure Network GP, log in to the Suremed Shuttle Plan app and navigate to Find a Provider or visit [www.primecure.co.za](http://www.primecure.co.za) to search for a provider close to you.

### Can I use a Non-Network GP?

You have access to one visit to a non-network GP. You can also access a Prime Cure Network GP after hours, limited to two per family per year at any registered emergency medical facility. The consultation will be paid at cost, including any related accounts such as medicine, blood tests or X-rays, up to a limit of R1 145 per event.

Authorisation must be obtained in the app within 72 hours of the visit. Following the consultation, please submit your claim and proof of payment. You can submit the required documentation by going to the Submit a Claim tab in the Suremed Shuttle app.

### Can I visit a Pharmacy Wellness Clinic?

Yes, you have unlimited visits to a nurse in a Clicks or Dis-Chem Pharmacy Clinic for the Treatment of minor Illnesses such as coughs and colds. No pre-authorisation is needed to visit a clinic nurse.

### What is my Specialist Benefit?

Specialist visits for Prescribed Minimum Benefit (PMB) conditions are unlimited when clinically indicated and covered at 100% of the Agreed Rate.

Visits for non-PMB conditions are covered at 100% of the Agreed Rate and limited to R3 715 per beneficiary or R7 435 per family per year. This includes the consultation, any procedures performed in the specialist's rooms, and any referrals for X-rays, blood tests or other medical services.

You can visit any specialist, but pre-authorisation must be obtained in the Suremed Shuttle app before each visit. If you do not get pre-authorisation for a visit, the following applies:

- You will be responsible for a 30% co-payment on the full account for PMB conditions.
- You will be responsible for the full account for non-PMB conditions.

Any medicine prescribed by a specialist must be on the Prime Cure Medicine Formulary and must be collected from a Prime Cure Network pharmacy to be covered.

### What is Over-the-Counter (OTC) Medicine?

Over-the-counter medicine is medicine that you can get without a prescription from a doctor. For example, cold and flu medicine or headache tablets.

### Do I have a benefit for Over-the-Counter Medicine?

Over-the-Counter (OTC) medicine on the Prime Cure Over-the-Counter (OTC) formulary is covered at 100% of the Agreed Rate when collected at a Prime Cure Network pharmacy. There is an annual limit of R450 per beneficiary. Medicine is paid up to a maximum of R150 per event with a maximum of three events per year.

### Which Pharmacy can I use?

You must use a Prime Cure Network pharmacy for your medicine to be covered. To find a list of pharmacies, go to [www.primecure.co.za](http://www.primecure.co.za) or log in to the Suremed Shuttle app.

### What is Acute Medicine?

Acute Medicine is scripted by a doctor and is taken for short intervals, such as pain medicines and antibiotics.

### How can I access Acute Medicine?

Acute Medicine will either be dispensed (given to you) by your nominated Prime Cure Network GP, if they are a dispensing practice or by a Prime Cure Network pharmacy if your nominated GP is a non-dispensing provider.

### What is Chronic Medicine?

Chronic Medicine is medicine which is prescribed by a doctor for a diagnosed condition, such as diabetes, or high blood pressure. Your chronic condition must be on the list of chronic conditions that we cover in order to apply for the benefit.

### How do I register for Chronic Medicine?

To register, you must complete a Chronic Medicine Benefit Application form with your nominated Prime Cure Network GP, or allocated provider. Your doctor must prescribe medicine that is on the Chronic Medicine formulary. To view the formulary, you can go to [www.primecure.co.za](http://www.primecure.co.za) and navigate to Members > Medicine Management. If you are in a general or condition specific waiting period for a pre-existing condition, you will not be able to apply for cover for your chronic condition until your waiting period is over.

### What is my HIV / AIDS Benefit?

Once diagnosed and registered on the Chronic Disease Management Programme for HIV, you have cover for a basket of benefits according to the Prime Cure HIV Formulary and Treatment Guidelines including:

- Voluntary counselling and testing
- Blood tests for monitoring of your condition including CD4, viral load, liver enzymes, cholesterol, glucose and urine tests
- Antiretroviral (ARV) medicine
- Post-exposure prophylaxis (PEP)
- Prophylactic antibiotics and supplements

Treatment of opportunistic infections

- Treatment support from clinical case managers, including counselling and compliance monitoring.

You must register by completing an HIV Disease Management Programme Registration form with your Prime Cure Network GP. The HIV Disease Management Programme Application form can be found at [www.primecure.co.za](http://www.primecure.co.za).

### What is my Dentistry Benefit?

You are covered for basic dentistry including:

#### Dental examinations

One consultation with a Prime Cure Network Dentist for a full mouth examination per beneficiary per year. No Pre-authorization is needed for a consultation. According to Prime Cure list of approved codes.

#### Preventative treatments

One preventative treatment which includes cleaning, scaling and polishing. Flouride treatment is also covered for children under the age of 7.

#### Restorations, fillings and X-rays

Additional consultations are unlimited, when clinically necessary and according to Prime Cure's list of approved codes. Pre-authorization is needed for certain procedures:

- Restorations (only front/anterior teeth are covered) – pre-authorization is needed for 4 or more restorations.
- Fillings – white or amalgam fillings according to Prime Cure protocols. Pre-authorization is needed for 5 or more composite fillings.
- Extractions (where clinically necessary) – pre-authorization is needed for 5 or more extractions.
- X-rays – pre-authorization is required for 3 or more X-rays, up to a maximum of 4 per beneficiary per year.

### Am I covered for Optometry?

You are covered for one eye test per beneficiary per year. The optometrist will show you a range of frames to choose from. Any extras, for example, tinting will be for your account.

### Am I covered for basic X-Rays?

As long as your nominated Prime Cure Network GP has referred you for an X-ray or ultrasound and the X-ray or ultrasound is on our Radiology formulary, we will cover the screening.

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### Do I have a Benefit for Specialised Radiology?

Specialised radiology, such as MRI scans are covered at 100% of the Agreed Rate with a combined in- and out-of-hospital limit of R9 800 per beneficiary or R20 800 per family per year. In the case of out-of-hospital referrals for specialised radiology, pre-authorisation is needed for the referring Healthcare Provider consultation. Pre-authorisation is also needed for certain radiology tests by the attending doctor, as stipulated on the Kaelo Prime Cure Radiology Referral form, which is available at [www.primecure.co.za](http://www.primecure.co.za).

### Am I covered for blood tests?

Blood tests are unlimited and covered at 100% of the Agreed Rate at a Prime Cure Network pathology lab when requested by a nominated Prime Cure Network GP or specialist, where the referring doctor consultation has been pre-authorised. We cover a list of approved pathology codes.

### What is my Benefit for allied services?

Consultations with allied healthcare professionals, such as physiotherapy and occupational therapy are covered at 100% of the Agreed Rate for Prescribed Minimum Benefits (PMBs), authorised by Prime Cure. There is no cover for non-PMBs.

### How am I covered if I fall pregnant?

You must register on the mobile app for the Maternity Benefit to access your benefits.

You are covered for up to 8 visits at your gynaecologist, GP or midwife of up to 100% of the Agreed Rate.

Antenatal vitamins on the Prime Cure formulary are covered per month for a maximum of 9 months.

You are entitled to 2 x 2D sonar scans. 3D and 4D scans are covered at 2D sonar scan rates.

You have access to a defined basket of blood tests per pregnancy from the Maternity Programme.

These tests include: Qualitative bHCG (to confirm pregnancy), Glucose, HIV Elisa, Blood crossmatching (Rh Antigen), Blood group (A, B and O antigen), and Hepatitis B.

#### Delivery

You have cover for a normal vaginal delivery or emergency caesarian section in a Prime Cure Network maternity hospital. An elective caesarean section must be pre-authorised and is subject to case management and second opinion, if required, by Prime Cure.

Post-natal consultation: You are covered for one post-birth six-week follow-up consultation with a midwife, GP or gynaecologist post-delivery.

### What is my hospital Benefit?

You have cover for planned procedures, as well as emergency treatment in hospital. Hospitalisation in a general ward, high care ward or intensive care unit (ICU) is unlimited and covered at 100% of the Prime Cure Agreed Rate at a Prime Cure Network Hospital. The Prime Cure Network of hospitals includes Netcare, Mediclinic and Life hospitals and an extensive list of independent hospitals.

This includes services related to your hospitalisation, including Healthcare Providers, materials and medicine, hospital equipment and theatre fees. If you use Healthcare Providers we have a payment arrangement with, we will pay for these services in full. We pay 100% of the Agreed Rate for other Healthcare Providers. Pre-authorisation is needed before admission for all non-emergency cases. For medical emergencies, pre-authorisation is needed within 72 hours of admission. A co-payment of R5 000 is applicable to elective (planned) admissions without pre-authorisation. A co-payment may also apply to certain procedures performed in hospital instead of in a day clinic. Contact the call centre for more information on how your procedure will be covered.

### Voluntary use of non-DSP.

If you choose to make use of a non-Prime Cure Network healthcare provider, you will be responsible for the difference in cost between what we cover (100% of the Prime Cure Agreed Rate) and what the healthcare provider charges.

### How do I submit a query?

Go to the query tab on the Tools menu on the Suremed Shuttle app.

### How do I contact you telephonically?

Always utilise the app where possible but if you require telephonic assistance you can contact us on 0861 665 665.