EXPLORER

2027 Benefits & Contributions

IN HOSPITAL BENEFITS INCLUDING ALL MAJOR MEDICAL BENEFITS:

CATEGORY	LIMIT	Benefit Parameters
Hospitalisation	Unlimited at Preferred Provider. Prescribed Minimum Benefits (PMB's) are unlimited at the scheme's Designated Service Provider.	**Pre-authorisation** required prior to admission, failing which a co-payment of R500 per admission will be payable. Intensive care/ High care unit is limited to 15 days. Including accommodation, medication, materials and operating theatres.
Emergency Services	Unlimited	Emergency transport only. **Pre-authorisation** required by phoning ER24 on 084 124.
Hospitalisation Alternatives	R13 782 PMF	**Pre-authorisation** required prior to treatment. Private nursing and Step-down facilities.
GP's and Specialists	Unlimited at Preferred Provider only. Specialist services limited to R22 050 PMF unless PMB's apply.	Consultations and Procedures.
Maternity	Unlimited at Preferred Provider only.	**Pre-authorisation** required prior to admission. Confinements including accommodation, medication, materials.
In Hospital Dentistry	No benefit	No benefit
Radiology and Pathology *Basic*	Unlimited at Preferred Provider only. Pathology limited to R23 704 PMF unless PMB's apply.	Blood tests, x-rays, etc.
Physiotheraphy	Preferred Provider only. Limited to R3 914 PMF unless PMB's apply.	Treatment in hospital only.
Prosthesis	Prescribed Minimum Benefits.	Pre-authorisation required prior to admission. Unlimited at DSP. Scheme protocols apply.
To-Take-Out Medication (TTO)	R300 PB per event.	Subject to formulary. Medicine on discharge (TTO's) R300 PB per event.
Compassionate Care Benefit	R22 050 PMF for clinically appropriate medical care. PMB's unlimited at a DSP	Included in hospital limit for non-PMBs. **Pre-authorisation** required. Patient must provide letter from doctor confirming end of life treatment required.

MAJOR MEDICAL BENEFITS

CATEGORY	LIMIT	Benefit Parameters
Medical Equipment *(In-and-out of hospital)*	R4 410 PMF at Preferred Provider only.	Including wheelchairs, oxygen and cylinders. **Pre-authorisation** required through Momentum TYB 0860 08 08 88 or (041) 395 4545. Out of hospital benefits are only applicable to PMB's.
Chronic Medication	Unlimited at Preferred Provider only.	Subject to **Pre-authorisation** formulary and managed care protocols.
Dialysis	Unlimited at Preferred Provider for Prescribed Minimum Benefits.	**Pre-authorisation** / case and treatment management required. All services In-and-Out of hospital, including medication and materials. Subject to PMB's. **Pre-Authorisation** required through Momentum TYB 0860 08 08 88 or (041) 395 4545.
HIV/AIDS	Unlimited	Subject to managed care protocols.
Oncology	Unlimited at Preferred Provider for Prescribed Minimum Benefits.	**Pre-authorisation** and enrolment on the Programme required. All services In-and-Out of hospital including medication and materials. **Pre-Authorisation** required through Momentum TYB 0860 08 08 88 or (041) 395 4545.
Specialised Radiology & Pathology In-hospital *Referred by Specialist*	2 Scans limited to R15 750 PMF. In-and-Out of hospital	Includes Specialised Radiology (MRI, CT Scan) In-and-Out of hospital at Preferred Provider only. Included in Hospitalisation Limit. Services rendered in hospital, Subject to Hospitalisation Limit. **Pre-Authorisation** required through Momentum TYB 0860 08 08 88 or (041) 395 4545.

PB = Per Beneficiary PMF = Per Member Family PMB = Prescribed Minimum Benefits

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 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 CMS.

EXPLORER

2027 Benefits & Contributions

DAY-TO-DAY BENEFITS

CATEGORY	LIMIT	Benefit Parameters
Acute Medication	Unlimited - Prescribed by network GP. Medication is paid in accordance with a medication formulary. Over the counter medication (OTC) limited to R386 PB per year and up to R468 PMF.	According to formulary to a maximum of R126 per event through MomentumTYB.
Contraceptives	R2 340 PMF.	Limited to R180 script limit PMF.
Chronic Medication	Unlimited Chronic Disease List (CDL) (Refer to list on website).	Subject to **Pre-authorisation** formulary and managed care protocols.
Dentistry - General	Unlimited through Primary Care Network.	Primary Care Network approved dental codes. One preventative consultation PB per year.
Dentistry - Specialised	No benefit	No benefit
Dentures	1 set of Acrylic dentures PMF per 24 month cycle up to R4 730 per family paid at 80%.	Members over 21 only. Momentum approved list of codes. Submit claims to Momentum TYB.
GP's	12 Consultations per beneficiary.	**Authorisation is required after the 12th consultation** in order to access the unlimited PMB benefit.
Out of network visits	1 PB / 2 PMF Limited to R1 323 per event.	Including acute medication in accordance with the acute medication formulary.
Flu Immunization	1 PB per year (high risk patients only).	Flu injections.
Specialist Services	Limited to R3 745 PB.	**Pre-Authorisation** required through Momentum TYB 0860 08 08 88 or (041) 395 4545.
Maternity benefit	Subject to registration on maternity programme through Momentum TYB 0860 08 08 88 or (041) 395 4545.	2 x 2D scans per pregnancy. Limited to 2 visits (GP or Gynae) and 1 paediatrician visit / Ante-natal Vitamins: R126 per month for 9 months.
Optometry	Unlimited at any Primary Care Network Optometrist	1 Eye test PB per year. Frame from selected range. 1 Pair of spectacles PB per 24 month cycle. Lenses limited to R2 625 PB. Contact Lenses - no benefit. Frames range up to the value of R882. Any frames selected.
Basic Radiology and Pathology	Unlimited. On referral from network provider.	Covered at 100% of scheme rates.

Contact Numbers:

CUSTOMER CARE

Telephone	041 395 4545 086 008 0888
WhatsApp	086 008 0888
Fax	086 743 0677
E-mail	info@suremedhealth.co.za
Member Claims Submissions	claims@suremedhealth.co.za
Provider Claims Submissions	providerclaims@suremedhealth.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

PHARMACY BENEFIT MANAGEMENT (PBM)

(CHRONIC MEDICATION AUTHORISATION)

Telephone	041 395 4482
Fax	086 680 8855
E-mail	chronic@suremedhealth.co.za

CLINICAL RISK MANAGEMENT (CRM)

(PRE-AUTHORISATION)

Telephone	041 395 4545 086 008 0888
Fax	086 686 5503
E-mail	specauth@suremedhealth.co.za hospauth@suremedhealth.co.za

DISEASE MANAGEMENT/HIV AND AIDS AND WELL BEING TEAM

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

EMERGENCY TRANSPORT

ER24	084 124

At Suremed Health our focus is on providing our members with clinical and financial solutions to ensure that you receive the most efficient and cost effective medical care possible. To make the task of clearly understanding the procedures and benefits as easy as possible we have selected a number of very important pieces of information which you should read through and keep on hand for easy reference.

If there is any aspect you do not understand please refer to your broker or to the Scheme's administrators. We would like to ensure that your association with the Scheme is a long, healthy and pleasant experience.

Complaints and Disputes

Members should inform the Scheme at info@suremedhealth.co.za or the scheme's administrator, escalations@suremedhealth.co.za in writing of any complaints or disputes. Members may also report any dispute with the Scheme to the Council for Medical Schemes at: share call 0861 123 267, email complaints@medicalschemes.com, www.medicalschemes.com or at their postal address: Block, Eco Glades 2 Office Park, 420 Witch-Hazel Street, Centurion, 0157.

CONTRIBUTIONS 2027

Monthly Income	Principal Member	Adult Dependant	Child Dependant
R501 - R8 500	R2 115	R1 870	R975
R8 501 - R13 000	R2 665	R2 360	R1 185
R13 001 - R17 000	R4 235	R4 235	R1 230
R17 001 Plus	R5 280	R5 280	R1 640

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