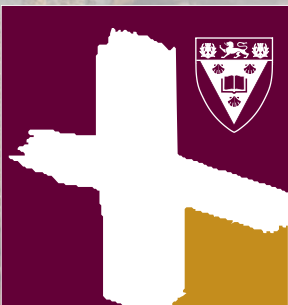




RUMed



Rhodes University Medical Scheme  
2018



# Why RUMed?

RUMed is a restricted Scheme for employees, dependants and former employees of Rhodes University only

## As a restricted medical scheme we are able:

- ✓ To focus on your needs
- ✓ Invest more interest in your health and wellbeing



You can go to any doctor



Low contribution increases



Hassle free claim payments



Unlimited hospital cover



Reserve levels are high



Locally based administrator



A personal touch

We have compiled this member guide to help you understand your medical aid. Please review the contents and keep as a reference guide throughout your membership.





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# RUMed Membership

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RUMed provides accessible, quality, affordable and comprehensive medical scheme benefits to suit your individual needs and health care requirements.



## How to Join

Please contact the Rhodes University HR department for an application form, or you can download it from the website ([www.rumed.co.za](http://www.rumed.co.za)). A reminder that all applications forms must be handed into the HR department with all relevant documentation and they will submit the form to us for processing.

## The following dependants are eligible for membership:

- Your spouse or common law spouse (please provide a marriage certificate or an affidavit confirming the relationship) .
- Your biological children, step children (where there is a marriage in place) or legally adopted children or children legally placed in your foster care.
- Immediate and extended family that are financially dependent on you.
- When your child turns 21, please provide us with proof of full time study at a recognized educational institution. We cover child dependants over the age of 21 at child dependant rates until the age of 27, providing annual proof of study, as per above, is provided to the Scheme.

## You are requested to notify the Scheme within 30 days of the following:

- Death of a registered dependant (please attach the death certificate)
- Birth or legal adoption of a child (please attach birth certificate and/or adoption papers)
- Marriage or Divorce (please attach the marriage certificate or divorce decree)
- Change of postal and/or residential address
- Change of telephone and/or cellular number
- Change of email address

*NB! Please note that changes to dependants made after the 30 day period may result in waiting periods being imposed on the dependant*

# RUMed Underwriting



## Waiting periods and late joiner penalty fees

It is important to note that in certain cases underwriting may be imposed on your membership. The Board of Trustees have approved an underwriting protocol in accordance with the Scheme rules and the Medical Schemes Act. Please refer to this document (available at the HR department) should you wish to view the underwriting criteria.

### 3 Month General Waiting Period

During a general 3 month waiting period you will pay contributions but will not be able to claim benefits.

### 12 Month General Waiting Period

A 12 month pre-existing condition specific waiting period means that any condition for which medical advice, diagnosis, care or treatment was received in the 12 month period prior to joining RUMed, may be excluded for a period of 12 months (i.e. all benefits relating to this condition will not be covered during the waiting period). This includes benefits for optometry and specialised dentistry.

### Late Joiner Penalty Fee

RUMed may impose a late joiner penalty fee on any extended family member added as a dependant who is 35 years or older if they have not had previous medical aid cover. The late joiner penalty is calculated by taking the member's age less their credible cover on previous medical schemes and applying the outcome to a table which determines the percentage to be added to the on-going monthly contribution.

Years with no credible cover	% added to the monthly contribution
5 - 9 years	5%
10 - 19 years	25%
20 - 29 years	50%
30+ years	75%



### IT IS IMPORTANT TO DISCLOSE ALL MEDICAL CONDITIONS AS REQUIRED ON THE APPLICATION FORM.

Failure to disclosure information may result in claims for that condition not being paid. Please remember that benefits are available from the beginning of January to the end of December of each year. If you join RUMed during the course of the year, your annual limits will be pro-rated.

# Pre-Authorisations

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Pre-authorisation is necessary for all planned hospital admissions by contacting our Clinical Risk Management team, 48 hours prior to an admission, on 041 395 4481 or [crm@providence.co.za](mailto:crm@providence.co.za). Please remember to confirm the rate your specialist provider is charging prior to admission. RUMed pays at Scheme approved rates which may differ from the rate charged by the provider.



## You will need the following information to obtain an authorisation:

- Patients membership number
- Patients full name, age and dependant number
- Surname and initials of attending doctor and practice number
- the reason for admission to hospital
- Hospital practice number
- ICD 10 code
- Procedure codes

*Your doctor will be able to provide you with all this information*

# Chronic Medication

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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. The Chronic medication benefit includes cover for medication to treat the 27 chronic conditions listed on the Chronic Disease List (CDL). RUMed also has an additional Extended Chronic medication benefit for certain other chronic conditions not included in the CDL.



## So how do you apply?

A completed chronic application form needs to be submitted to **PROVIDENCE** for approval. Application forms can be obtained from HR, 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. Forms can be submitted to [pbm@providence.co.za](mailto:pbm@providence.co.za).

## What is 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 and can be accessed by your pharmacist through the normal claiming process.

## 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 or email a copy of the new prescription, indicating the changes as well as the diagnosis, to **PROVIDENCE**. Please complete a chronic application should you be diagnosed with a new chronic condition.

# Chronic Disease List (CDL)

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



# Extended Chronic Disease List

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*(For non-PMB conditions or PMB conditions where treatment fall outside of the treatment algorithm)*



1. Allergic rhinitis
2. Alzheimer's disease
3. Anaemia
4. Ankylosing spondylitis
5. Anxiety disorders (no benzodiazepines)
6. Attention deficit hyperactivity disorder
7. Benign prostatic hypertrophy
8. Bladder dysfunction
9. Chronic urinary tract infections
10. Cushing's disease
11. Cystic fibrosis
12. Depression
13. Dermatitis/Eczema
14. Gastro-Oesophageal reflux disorder
15. Gout prophylaxis
16. Hirsutism
17. Huntington's disease
18. Hypoparathyroidism
19. Irritable bowel syndrome
20. Meniere's syndrome
21. Menopause
22. Migraine prophylaxis
23. Myasthenia gravis
24. Narcolepsy
25. Obsessive compulsive disorder
26. Oedema
27. Osteoarthritis
28. Osteoporosis & Severe Osteopenia with risk factors
29. Paget's disease
30. Panic disorder
31. Pemphigus
32. Peripheral neuropathies
33. Post traumatic stress syndrome
34. Psoriasis
35. Restless Legs Syndrome
36. Senile dementia
37. System Connective Tissue Disorders (including Scleroderma and Dermatomyositis)
38. Tic disorder
39. Tourette's syndrome
40. Urinary incontinence

# Claims



## How to 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 within 4 months to avoid it being rejected as stale.

Claims can be submitted to [rumedclaims@providence.co.za](mailto:rumedclaims@providence.co.za) or at the drop box at HR on campus.

## All claims need to be submitted with the following information:

- The provider's name and practice number
- The member's name, initials, address and medical aid number
- The patient's name
- The service date
- A diagnosis code (ICD-10 code)
- Tariff codes for services provided
- NAPPI codes for medication dispensed
- The amount charged on each line item

**RUMed Scheme Tariff:** RUMed pays service providers up to the RUMed Scheme Tariff. As some service providers may charge above the RUMed Scheme Tariff, please remember to:

- Ask your doctor or dentist to charge at the RUMed Scheme Tariff. If your doctor or dentist charges above the RUMed Scheme Tariff, verify how much above the tariff they charge so you know what your portion of the cost will be.
- If you are referred to a specialist, verify beforehand whether the specialist charges in accordance to the RUMed Scheme Tariff.

If you require any information regarding the RUMed Scheme Tariff, please contact our Customer Care Team.

# Preventative Care

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RUMed provides all registered members and their dependants access to the valuable Preventative Care Benefit which encourages you to take care of your health by identifying risks proactively so that they can be treated appropriately. (An additional benefit to your normal day-to-day benefits paid at 100% of RUMed Tariff)

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## **This benefit includes:**

- mammograms,
- immunisations,
- prostate screening,
- cholesterol,
- blood sugar,
- glaucoma tests

*(subject to benefit limits)*

**A Compassionate Care Benefit** has been introduced. The benefit is a once-off lifetime benefit which provides palliative care for terminally ill beneficiaries and will include the following benefits:

- Family practitioner home visits (max 6)
- Approved drugs for symptom or pain control
- Medical Supplies (eg bandages, catheters – subject to a defined list)
- Home nursing care
- Social worker services
- Dietary counselling
- Grief and loss counselling.

*The above benefits are subject to a limit per family (please refer the benefit guide), sub-limits and defined clinical protocols, and requires an authorisation prior to treatment.*



# Prescribed Minimum Benefits (PMB's)

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The Prescribed Minimum Benefits (PMBs) are a set of defined benefits in the Medical Schemes Act (The Act). They are aimed at ensuring beneficiaries have access to health services related to the diagnosis, treatment and care of the listed PMB conditions. These PMB conditions are defined in The Act and can be viewed on the Council for Medical Schemes website ([www.medicalschemes.com](http://www.medicalschemes.com)).



## **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](http://www.medicalschemes.com)). Should you require information on the location of the nearest DSP, please contact the Clinical Risk Management team.

# Prescribed Minimum Benefits (PMB's)

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## **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, 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 any applicable co-payments will apply and the claims will be paid strictly at the scheme-approved RUMed Tariff, so you may be liable for a co-payment if a provider overcharges. That is why it is important to negotiate your providers' fees with them prior to any procedure.

## **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 allowed a break in membership of more than 90 days are not eligible for unlimited cover of PMB's during either a 3-month general waiting period and/or a 12-month waiting period on pre-existing conditions. This includes emergency admissions during the 3-month general waiting period.

# Emergency Services ER24



**ER24** is the premier private emergency medical care provider in South Africa that has been providing a range of quality emergency response and pre-hospital care since 2000.

**ER24** Operates from 50 bases throughout South Africa to provide **real help real fast**. Backed by a strong footprint in all major metropolitan areas and towns, ER 24 offer extensive support to both private and public hospitals throughout the country.

## **What to do in the event of a medical emergency:**

Always call **084 124**. **ER24** has immediate access to all available emergency resources where RUMed members reside (and country-wide) and will immediately dispatch the closest appropriate resource to the incident.

If someone is calling on your behalf, please tell him/her to call **084 124**.

Tell the **ER24** operator that you are a RUMed member. They will prompt you or the caller through all of the information they require to help you and we will provide **real fast help real**.



## **International Cover through Bryte Insurance Company Limited in conjunction with ER24**

All active beneficiaries on RUMed from the age of 3 months up to and including 84 years old at the date of the event qualify for International Travel Insurance underwritten by Bryte Insurance Company Limited.

Cover is provided is **limited to R1 million per person** and provides cover for **up to 90 days per trip**, irrespective of the number of trips made during the year. It is important that you read the policy document thoroughly in order to familiarise yourself with the terms and conditions of the policy.

## **4 Easy steps to follow to ensure that you are covered when travelling:**

- 1.** Contact **0860 329 329 /travel@er24.co.za** or **010 205 3100** to activate your international travel cover when you are planning to travel. Please note that the turnaround time for receipt of policy documents is 24 working hours.
- 2.** Read the policy document carefully to ensure that you understand all the terms and conditions. This will be available on the RUMed website (**www.rumed.co.za**) or from the RUMed customer care team.
- 3.** Obtain additional insurance if required by following the steps below.
- 4.** Keep all your insurance documents safely with you at all times whilst travelling.



# Glossary

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## **Administrator**

Organisation contracted by a medical scheme to provide administration services on behalf of the scheme for the members and has been accredited by the Council for Medical Schemes in terms of sec 58 of the Act (Sec 1 of the Act).

## **Chronic Disease List (CDL)**

Chronic conditions listed in terms of Annexure B of the regulations to the Medical Schemes Act. The regulations list consist of 27 chronic conditions that makes up the chronic disease list. Medical schemes may add on top of the 27 CDL conditions.

## **Chronic diseases**

These are illnesses or diseases requiring medicine for prolonged periods of time. The Medical Schemes Act provides a PMB (Prescribed Minimum Benefit) listing the minimum chronic conditions your medical scheme should cover under law. With reference to this list, your medical scheme compiles its own list of approved chronic diseases that it will cover – for example high blood pressure, diabetes or cholesterol. [See "Chronic medicine" and "Chronic medicine benefit"].

## **Dependant**

The Spouse or Partner, Dependant Children or other members of the Member's immediate family in respect of whom the Member is liable for family care and support or any other person who, under the rules of a medical scheme, is recognised as a dependant of a member (Sec 1 of the Act).

## **Emergency Medical Condition**

The sudden and, at the time, unexpected onset of a health condition that requires immediate medical or surgical treatment, where failure to provide medical or surgical treatment would result in serious impairment to

bodily functions or serious dysfunction of a bodily organ or part, or would place the person's life in serious jeopardy (Reg. 7 of the Act).

## **Exclusions**

Medical treatment and/or care not covered by the scheme [Also See "Waiting period (condition specific)"] General Waiting Period A period in which a Beneficiary is not entitled to claim any benefits. (CMS model rules).

## **ICD codes**

Inclusion of ICD 10 codes on claims from health care providers to medical schemes is a mandatory requirement since 1 January 2005. Every medical condition and diagnosis has a specific code, called the ICD 10 code. These codes are used primarily to enable medical schemes to accurately identify the conditions for which a member sought health care services. This coding system then ensures that member's claims for specific illnesses are paid out of the correct benefit and that healthcare providers are appropriately reimbursed for the services they rendered. It stands for "International Classification of Diseases and related problems".

## **Late joiner penalty**

(LJP) A penalty which is imposed on an applicant or adult dependant who, at the date of application for membership or admission as a dependant, as the case may be, is 35 years of age or older but excludes any beneficiary who enjoyed coverage with one or more medical schemes as from a date preceding 1 April 2001, without break in coverage exceeding 3 consecutive months since 1 April 2001;

## **Levy**

A percentage of the allowed amount as specified in the rules to be paid by the member.

### **Nappi Code**

#### **(National Pharmaceutical Product Index)**

A globally unique national coding system, owned by MediKredit, for all pharmaceutical, surgical and healthcare consumable products in RSA, NAPPI codes enable the provider to claim for products via a unique, scheme-recognised, code. MediKredit has over the years undertaken to facilitate the adoption of NAPPI (National Pharmaceutical Product Interface) as a national electronic standard on behalf of the South African healthcare industry.

### **Over the Counter Drugs (OTC)**

Medication obtained without a prescription at a pharmacy. This includes S0, S1 and S2 medicines ("S" stands for schedule).

### **Prescribed Minimum Benefit (PMB)**

The benefits contemplated in Section 29(1)(o) of the Act which consists of the provision of the diagnosis, treatment and care costs of:

- Conditions listed in Annexure A of the regulations specified therein; and
- Any emergency medical condition.

### **Underwriting**

Depending on members' previous medical scheme history, members' new medical scheme can apply underwriting on your new membership. This means that according to regulation, they are allowed to impose a three-month general waiting period and/or a twelve-month waiting period on an existing illness condition. A Late Joiner Penalty can also be placed. [See "Waiting period (condition specific)", "Waiting period (general)" and "Late joiner"].

### **Waiting period (condition specific)**

Depending on members' previous medical scheme history, a scheme may impose a waiting period of up to 12 months from the inception date of their membership, for any pre-existing conditions. No benefits will be paid for any costs involved in this condition.





### **Waiting period (general)**

A scheme will probably have a three-month general waiting period on benefits for new members. No benefits are paid during this period, not even from a MSA (medical savings account), except for some procedures that are covered within the PMB (Prescribed Minimum Benefit) as prescribed by the Medical Schemes Act.

**Note:** *Please note that the above summary of definitions is a generic guideline. If there is any uncertainty please refer to the scheme rules and the Medical Schemes Act and Regulations*

# RUMed Benefit Guide

All benefits are paid up to the Rhodes University Medical Scheme Tariff (RUMed Tariff) up to the limit specified by the Rules of the Scheme.

RATES - 2018						
INCOME CATEGORY	ADULT	CHILD	INCOME CATEGORY	ADULT	CHILD	
Under R6 000	R1 840	R330	R15 001 to R20 000	R2 340	R400	
R6 001 to R8 000	R1 960	R350	R20 001 to R25 000	R2 420	R410	
R8 001 to R10 000	R2 110	R370	R25 001 plus	R2 450	R420	
R10 001 to R15 000	R2 280	R390				

\* This pamphlet is for information purposes only and does not supersede the Rules of the Scheme.





## HOSPITALISATION (PRIVATE AND PUBLIC)

### Benefit

Accommodation in a general ward, HCW and ICU  
 Theatre fees  
 Medication and equipment  
 Annual Limit  
 Pre-authorisation required

100% of RUMed Tariff

### No Limit

**Yes**, within 24 hours in the case of an emergency, failing which, a penalty of **R500** per admission will be levied



## AMBULANCE

No limit if authorised through ER24



## IN-HOSPITAL BENEFITS

### Step-down Facilities

Annual limit (in lieu of hospitalisation)  
 Pre-authorisation required

100% of RUMed Tariff  
**R8 000** per beneficiary  
**Yes**

### Internal Surgical Implants

Annual limit  
 Pre-authorisation required

100% of RUMed Tariff  
**R40 000** per beneficiary  
**Yes**, failing which, a co-payment of **R500** will apply

### External Prosthesis

Annual limit  
 Pre-authorisation required

100% of RUMed Tariff  
**R6 000** per beneficiary  
**Yes**, failing which, a **20%** co-payment will apply

### In-hospital Auxiliary Services

Annual limit  
 Pre-authorisation required

100% of RUMed Tariff  
**R3 600** per family  
 Separate pre-authorisation required

### Psychiatric Hospitalisation

Annual limit  
 Pre-authorisation required

100% of RUMed Tariff  
**R10 000** per family  
*(Includes psychiatric visits in hospital)*  
**Yes**

## MAJOR MEDICAL EXPENSES



### ORGAN TRANSPLANT

Annual limit  
Pre-authorisation required

100% of RUMed Tariff  
**R100 000** per family  
**Yes**



### KIDNEY DIALYSIS

Annual limit  
Pre-authorisation required

**R100 000** per family  
**Yes**



### ONCOLOGY

**Benefit**  
Annual limit  
Pre-authorisation required

100% of RUMed Tariff  
**R200 000** per family  
**Yes**



### HIV/AIDS

Limit  
Benefit Parameters

**Unlimited**  
Subject to managed care protocols



### AUXILIARY SERVICES

#### **Benefit**

*(Includes audiologist, homeopath, chiropractor, dietician, acupuncturist, clinical- and counselling psychologist). Refer to the full list of providers on [www.rumed.co.za](http://www.rumed.co.za) - subject to protocols.*

Annual limit

80% of RUMed Tariff

**R3 800** per beneficiary, with a maximum of **R7 000** per family.

The psychology benefit can be utilised up to the family limit of **R7 000**



## GP'S AND SPECIALISTS

### In-hospital Consultations

100% of RUMed Tariff

### Out-of-Hospital Consultations

Annual limit

The first **R2 000** per beneficiary paid at **100%** thereafter at **80%** to a max of **R4 000** per beneficiary with a maximum limit of **R10 000** per family.



## MEDICATION

Subject to reference price list and exclusions

### Acute

Annual limit

The first **R1 400** per beneficiary paid at **100%** thereafter at **80%** to a max of **R 3 800** per beneficiary with a maximum of **R10 000** per family

### Chronic

26 CDL (Chronic Disease List) Conditions  
*(in accordance with the PMB regulations)*

100% of RUMed Tariff

### Extended chronic list

Pre-authorisation required

No limit **90%** of RUMed Tariff, to a maximum of **R100** per item

### To Take Out (TTO)

Limited to **R500** per admission, from hospital limit, thereafter from the Acute Medication limit

### Over the Counter (OTC)

100% of RUMed Tariff

Subject to a maximum of **R140** per script with a limit of **R1 400** per family per year, included in the Acute Medication limit



## DENTISTRY

### Conservative Dentistry

Annual limit

The first **R1 000** paid at **100%** thereafter at **80%** unlimited

### Specialised Dentistry

Annual limit

**R5 800** per beneficiary at **80%** of RUMed Tariff. The specialised dentistry benefit can be utilised up to the family limit of **R11 000** at **70%** of RUMed Tariffs.

### In-hospital Dental Procedures

Annual limit

100% of RUMed Tariff

**R12 000** per beneficiary

*(includes doctors cost and hospitalisation)*

Pre-authorisation required

**Yes**





## OPTOMETRY

Benefit is limited to either contact lenses once a year **OR** a pair of spectacles every two years for each beneficiary

### Benefit

100% of RUMed Tariff

### Eye Examination

One per beneficiary per year

### Lenses

Single Vision  
Bi-focal  
Multi-focal

Up to **R500** per beneficiary  
Up to **R1 200** per beneficiary  
Up to **R2 000** per beneficiary

### Frames

Should the frame benefit not be fully utilised, tints, hardening and non-reflective coatings can be claimed from this benefit

Up to **R750** per beneficiary

### Contact Lenses (annually)

Up to **R1 565** per beneficiary



## PHYSIOTHERAPY

### In-hospital

Annual limit  
Pre-authorisation required

100% of RUMed Tariff.

Combined limit with In-Hospital Auxiliary Services  
**Yes**

### Out-of-hospital

Annual limit

80% of RUMed Tariff

Included in Auxiliary Service limit



## PATHOLOGY

### In-hospital

Annual limit

100% of RUMed Tariff

**No limit**

### Out-of-hospital

Annual Limit

80% of RUMed Tariff

**No limit**



## RADIOLOGY

### In-hospital

Annual limit

100% of RUMed Tariff

**No limit**

### Out-of-hospital

Annual limit

80% of RUMed Tariff

**No limit**

Annual limit

CT, MRI, Radio-isotope Scans 100% of RUMed Tariff

**No limit**

Pre-authorisation required

**Yes**, failing which, a co-payment of **R500** per scan or test will apply



## MEDICAL APPLIANCES

### Benefit

*(Includes wheelchairs, hearing aids, nebulisers & glucometers)*

80% of RUMed Tariff

Annual limit

Combined limit of **R4 400** per family plus an additional **R18 000** for hearing aids paid at **90%** of RUMed Tariff per ear per 4 year period.

Pre-authorisation required

**Yes**



## OXYGEN

### Benefit

Annual limit

100% of RUMed Tariff

**R7 000** per family

## PREVENTATIVE CARE/HEALTH MAINTENANCE

### Benefit

*(An additional benefit to your normal day-to-day benefits paid at 100% of RUMed Tariff)*

100% of RUMed Tariff

**R1 500** per beneficiary with a maximum of R3 000 per family.

### Mammogram

Women aged 40 and older, every two years

### Prostate specific antigen test

Men aged 40-49 once every five years, 50-59 once every 3 years, 60-69 once every two years, over 70 once every year

### Cholesterol blood test

Men and women

### Blood sugar test

Men and women

### HIV test

Men and women

### Pap smear *(includes consultation)*

Women aged 15 years and older once every year

### Glaucoma test

Men and women aged 40-49 once every two years, older than 50 once every year

### Immunisations

Annual limit

An additional **R2 000** for child immunisation which does not accumulate to the family limit of R3 000 and is not pro-rated during a calendar year.

## COMPASSIONATE CARE BENEFIT

Limit

**R20 000** PMF. Unless a Prescribed Minimum Benefit

Benefit Parameters

Limited to Palliative care only. Pre authorisation required.



**Complaints and Disputes:** Members should inform the Scheme at [rumed@providence.co.za](mailto:rumed@providence.co.za) or the scheme's administrator, [info@providence.co.za](mailto:info@providence.co.za) in writing of any complaints or disputes who will forward the complaint to the Schemes Disputes Committee. Members may also report any dispute with the Scheme to the Council for Medical Schemes at: share call 086112326, email [complaints@medicalschemes.com](mailto:complaints@medicalschemes.com), [www.medicalschemes.com](http://www.medicalschemes.com) or at their postal address: Block , Eco Glades 2 Office Park, 420 Witch-Hazel Street, Centurion, 0157.

**Claims**

PO Box 1672  
Port Elizabeth  
6000

**Fax:** 041 395 4596

**Email:** [rumedclaims@providence.co.za](mailto:rumedclaims@providence.co.za)



A member of MMI Holdings



**Customer Care:**

041 395 4476  
[rumed@providence.co.za](mailto:rumed@providence.co.za)

**Chronic Medication:**

041 395 4482  
[pbm@providence.co.za](mailto:pbm@providence.co.za)

**Hospital Pre-Authorisation:**

041 395 4481 or 0860434003  
[crm@providence.co.za](mailto:crm@providence.co.za)

**PROVIDENCE**

**Healthcare:**  
041 395 4400

**Ambulance**

**Services :**  
084 124 (ER24)