RUMed

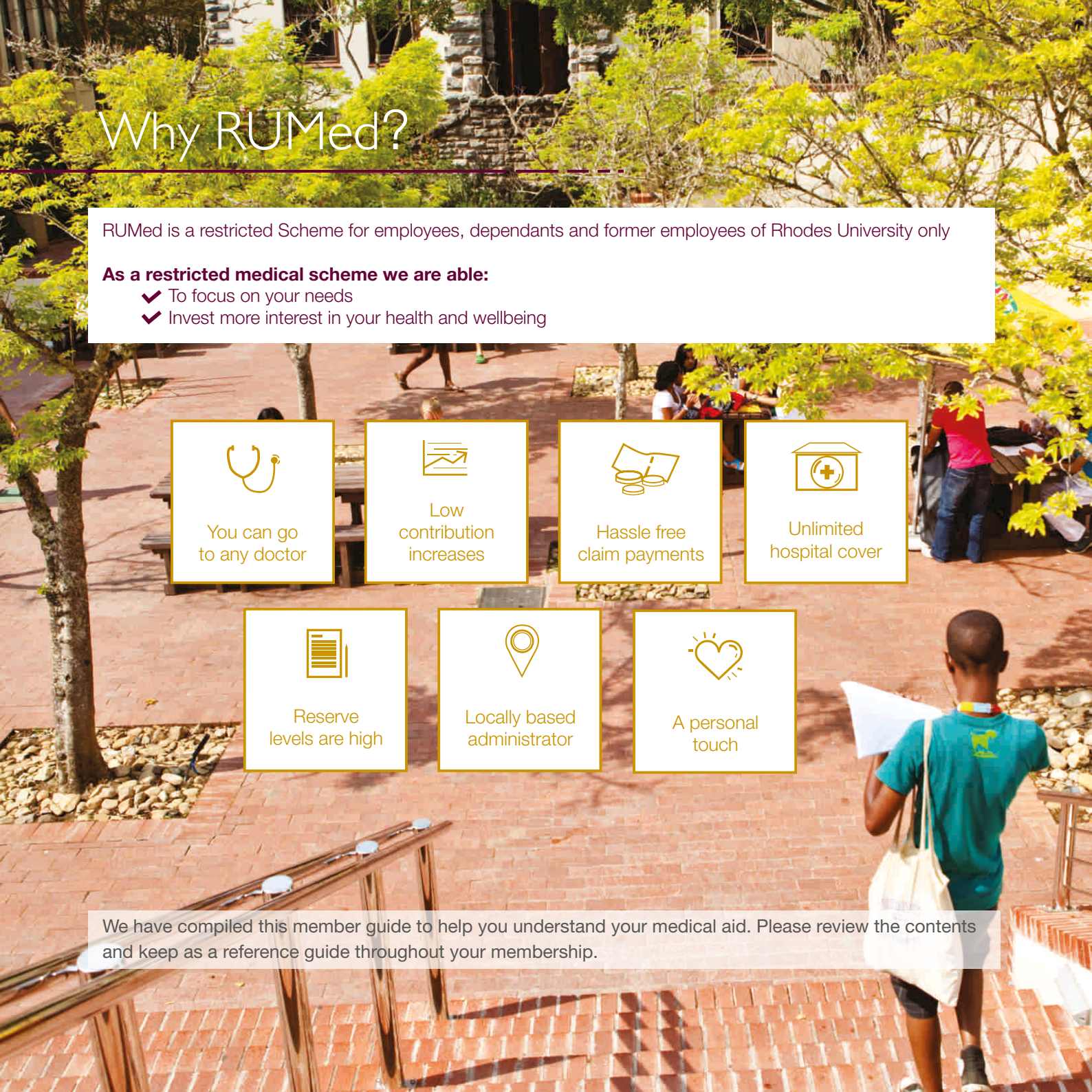
Rhodes University Medical Scheme 2021

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



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

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). 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
1 - 4 years	5%
5 - 14 years	25%
15 - 24 years	50%
25+ 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

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 **hospauth@rumed.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

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 Momentum TYB for approval. Application forms can be obtained from HR, the website or from Momentum TYB. 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 chronic@rumed.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 Momentum TYB . Please complete a chronic application should you be diagnosed with a new chronic condition.

Chronic Disease List (CDL)

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

(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 Dermatomysitis)
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 **Momentum TYB** 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 **Momentum TYB** 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 **claims@rumed.co.za / providerclaims@rumed.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 Tarrif, 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

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)

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)

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).

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.

Prescribed Minimum Benefits (PMB's)

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.**

Glossary

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"].

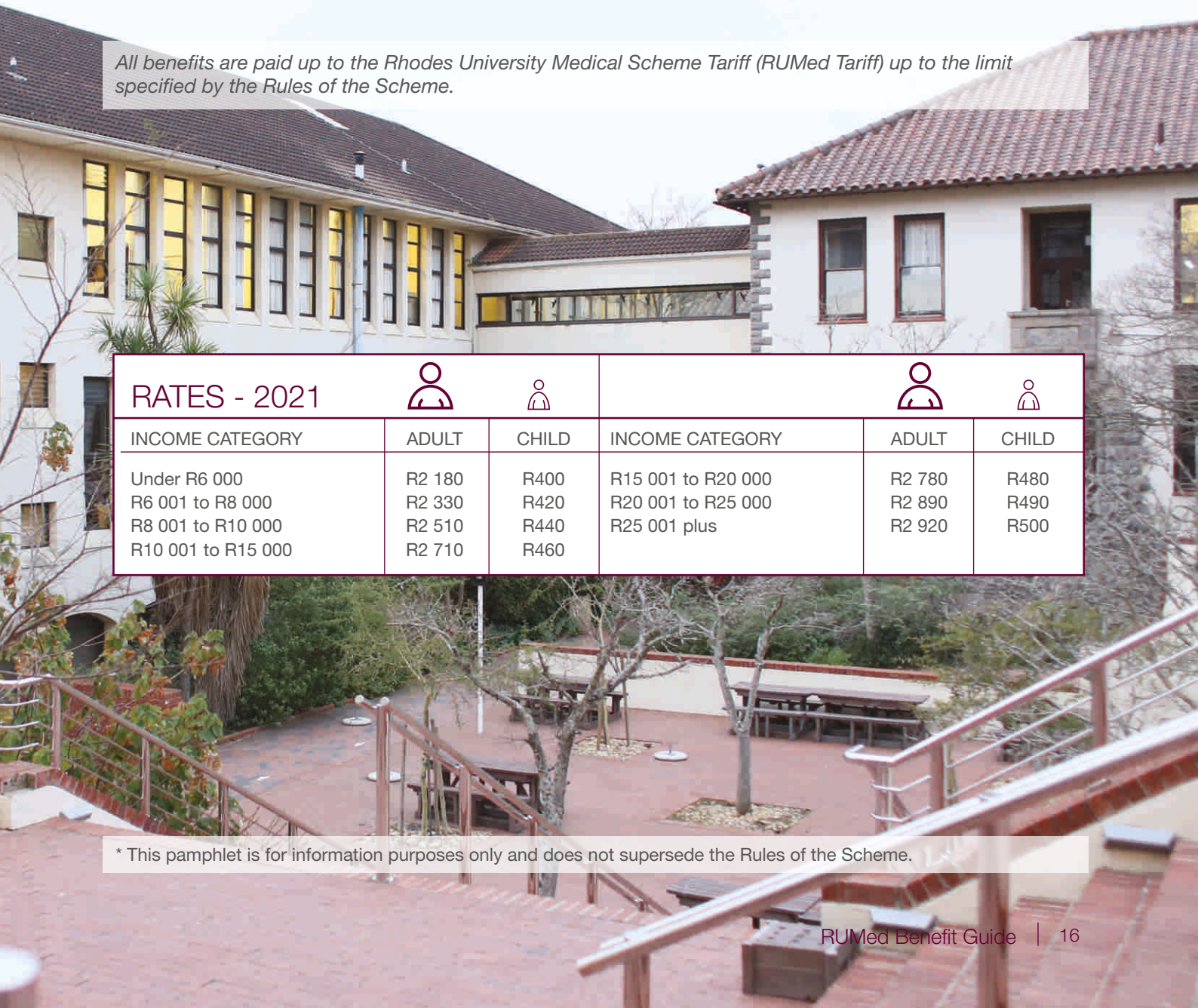
Waiting period (condition specific)
Depending on members' previous medical scheme history, a scheme may impose a waiting period of up to 12 months from the inception date of their membership, for any pre-existing conditions. No benefits will be paid for any costs involved in this condition.

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 - 2021					
INCOME CATEGORY	ADULT	CHILD	INCOME CATEGORY	ADULT	CHILD
Under R6 000	R2 180	R400	R15 001 to R20 000	R2 780	R480
R6 001 to R8 000	R2 330	R420	R20 001 to R25 000	R2 890	R490
R8 001 to R10 000	R2 510	R440	R25 001 plus	R2 920	R500
R10 001 to R15 000	R2 710	R460			

* 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	**100%** of RUMed Tariff
Annual Limit	**No Limit**
Pre-authorisation required	**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	**100%** of RUMed Tariff
Annual limit (in lieu of hospitalisation)	**R10 000** per beneficiary
Pre-authorisation required	**Yes**
Private Nursing Annual limit	Included in stepdown limit
Hospice	Included in private Nursing limit subject to a daily maximum accommodation limit of **R200**. Units in accordance with the prescribed Minimum Benefits.
Internal Surgical Implants	**100%** of RUMed Tariff
Annual limit	**R44 000** per beneficiary
Pre-authorisation required	**Yes**, failing which, a co-payment of **R500** will apply
External Prosthesis	**100%** of RUMed Tariff
Annual limit	**R6 000** per beneficiary
Pre-authorisation required	**Yes**, failing which, a **20%** co-payment will apply

IN-HOSPITAL BENEFITS *Continued*

In-hospital Auxiliary Services Annual limit	**100%** of RUMed Tariff **R4 000** per family
Psychiatric Hospitalisation Annual limit	**100%** of RUMed Tariff **R12 000** per family *(Includes psychiatric visits in hospital)*
Pre-authorisation required	**Yes**

MAJOR MEDICAL EXPENSES

ORGAN TRANSPLANT

Annual limit	**100%** of RUMed Tariff **R100 000** per family unless in accordance with the Prescribed Minimum Benefits
Pre-authorisation required	**Yes**

KIDNEY DIALYSIS

Annual limit	**Unlimited** per family | subject to protocols
Pre-authorisation required	**Yes**

ONCOLOGY

Benefit Annual limit	**100%** of RUMed Tariff **R270 000** per family
Pre-authorisation required	**Yes**

HIV/AIDS

Limit	**Unlimited**
Benefit Parameters	Subject to managed care protocols

AUXILIARY SERVICES

Benefit	**80%** of RUMed Tariff
(Includes audiologist, homeopath, chiropractor, dietician, acupuncturist, clinical- and counselling psychologist). Refer to the full list of providers on *www.rumed.co.za - subject to protocols.*	**R4 000** per beneficiary, with a maximum of **R8 000** per family.
Annual limit	The psychology benefit can be utilised up to the family limit of **R8 000**

MEDICATION

Subject to reference price list and exclusions

Acute Annual limit	The first **R2 100** per beneficiary paid at **100%** thereafter at 80% to a max of **R4 200** 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 **R160** per script with a limit of **R1 700** per family per year, included in the Acute Medication limit

DENTISTRY

Conservative Dentistry Annual limit	The first **R1 200** paid at **100%** thereafter at **80%** unlimited
Specialised Dentistry Annual limit	**R6 200** per beneficiary at **80%** of RUMed Tariff. The specialised dentistry benefit can be utilised up to the family limit of **R12 000** at **70%** of RUMed Tariffs.
In-hospital Dental Procedures Annual limit	**100%** of RUMed Tariff **R13 000** per beneficiary *(includes doctors cost and hospitalisation)*
Pre-authorisation required	**Yes**

GP'S AND SPECIALISTS

In-hospital Consultations	**100%** of RUMed Tariff
Out-of-Hospital Consultations Annual limit	The first **R2 100** per beneficiary paid at **100%** thereafter at **80%** to a max of **R4 200** per beneficiary with a maximum limit of **R10 000** per family.

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	Up to **R550** per beneficiary
	Bi-focal	Up to **R1 300** per beneficiary
	Multi-focal	Up to **R2 200** 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 **R800** per beneficiary
Contact Lenses (annually)		Up to **R1 700** per beneficiary

PHYSIOTHERAPY

In-hospital Annual limit	**100%** of RUMed Tariff. **R4 000** PMF Combined limit with In-Hospital Auxiliary Services
Pre-authorisation required	**Yes**
Out-of-hospital Annual limit	**80%** of RUMed Tariff Included in Auxiliary Service 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 Scans100% of RUMed Tariff **No limit**
Pre-authorisation required	**Yes**, failing which, a co-payment of **R500** per scan or test will apply

PATHOLOGY

In-hospital	**100%** of RUMed Tariff
Annual limit	**No limit**
Out-of-hospital	**80%** of RUMed Tariff
Annual Limit	**No limit**

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**

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
Prostrate specific antigen test	
Cholesterol blood test	Men and women
Blood sugar test	Men and women
HIV test	Men and women
Pap smear *(includes consultation)*	
Glaucoma test	
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.

OXYGEN

Benefit	**100%** of RUMed Tariff
Annual limit	**R10 000** per family

COMPASSIONATE CARE BENEFIT

Limit	**R20 000** PMF. Unless a Prescribed Minimum Benefit
Benefit Parameters	Limited to End of Life care only. Pre authorisation required.

MATERNITY BENEFIT

Subject to registration on the maternity program

2 Visits GP/Gynaecologist	
Confinement fee 200%	
Antenatal vitamins	**R65 / for 9 months** (from acute benefit)
Home delivery	Limit **R3 000**
2 2D scans	
1 Paediatrician Visit	
Maternity Bag	

ALCOHOLISM AND DRUG DEPENDENCY

Limit	**R3 000** PMF - Benefit is subject to Beneficiary obtaining authorisation from the Scheme's designated agent through Wellness program. All services included in limit. Unless in accordance with the Prescribed Minimum Benefits

Complaints and Disputes: Members should inform the Scheme at info@rumed.co.za or the scheme's administrator, escalations@rumed.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 086 112 3267, email complaints@medicalschemes.com, www.medicalschemes.com or at their postal address: Private Bag X34, Hatfield, 0028.

RUMed

Claim Submissions
PO Box 1672
Port Elizabeth
6000
Fax: 041 395 4596
Email:
Member claims: claims@rumed.co.za
Provider claims: providerclaims@rumed.co.za

Customer Care:
086 172 7773
info@rumed.co.za

Chronic Medication:
041 395 4482
chronic@rumed.co.za

Hospital Pre-Authorisation:
041 395 4481 or 086 043 4003
specauth@rumed.co.za
hospauth@rumed.co.za

Ambulance Services :
084 124 (ER24)

Certified by: SABS ISO 9001

Administered by: momentum | TYB

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