



Resolution
Health Medical Scheme

HOSPITAL

BENEFIT SCHEDULE

2 0 1 8

DAY-TO-DAY BENEFITS

2x GP visits per annum as well as cover for your PMB-related conditions like GP & Specialist visits + psychology & psychiatric treatment + in and out of hospital specialised radiology, pathology + dental surgery & hospitalisation

UNLIMITED HOSPITALISATION

At any private hospital + unlimited in-hospital GP visits + 7 days take-home medicine

SPECIALIST FEES

Quality cover for your in-hospital specialist needs at 100% of Scheme Rate

PREVENTATIVE CARE

A handy R2 493 per family benefit for pap smears + prostate tests + Flu vaccines + oral contraception

HOSPITAL

Key Features

INTERNATIONAL TRAVEL COVER

Complete peace of healthcare mind, regardless of where you are

ADDITIONAL COVER

Including oncology + unlimited in-hospital HIV benefit + specialised radiology + external medical appliances + home nursing

WELLBEING & REWARDS

Free **Zurreal** membership OR upgrade to **Zurreal Platinum** for even more benefits & cash rewards

QUALITY CHRONIC CARE

For 28 chronic conditions including Asthma, Diabetes, HIV and Hypertension

THINGS TO KEEP IN MIND WHEN READING YOUR BENEFIT SCHEDULE

To ensure that you get maximum bang for your benefit buck, we have summarised 4 key areas that may influence your benefit entitlement

1. Scheme protocols, rules and policies
2. Pre-authorisation
3. Designated Service Providers (DSP)
4. Co-payments and sub-limits; and PMBs



SCHEME RULES & PROTOCOLS

All benefits and the use of each are subject to Scheme protocols, rules and policies. It's very important that you familiarise yourself with your option's applicable rules, policies and protocols to make sure that you fully understand how your option works, what your benefit entitlements are and whether any criteria apply when you make use of your cover.

Because these protocols, rules and policies are influenced by various factors and are quite tricky to understand, we prefer to discuss them with our members and provide detailed information on how they will be applied to each unique case. If you have any questions, you can either visit us at the Scheme's head office in Randburg or get in touch with our Client Services team on **0861 796 6400** or clientservices@resomed.co.za.

Scheme rules are non-negotiable rules that cannot be changed. For example, Resolution Health's rules state that the Scheme will not fund cosmetic surgery. Because Resolution Health is wholeheartedly committed to the overall wellbeing of our members, your health and disease severity will, to a large extent, determine your benefit access and entitlement, the protocols applied as well as your unique care path (refer to the *Patient Driven Care* section on page 5). In these instances, make sure that you discuss your individual needs with your Personal Health Coordinator who is like your very own personal banker for your wellbeing, to enjoy the maximum level of cover and benefits.



PRE-AUTHORISATION

Getting pre-authorisation from the Scheme is probably one of the easiest ways to gain seamless access to your benefits and avoid unnecessary delays. Because we like to empower our members and make it as effortless as possible for you to gain access to your benefits, our pre-authorisation call centre is available 24 hours a day, 7 days a week, 365 days a year.

It really is as simple as calling **0861 111 778** or sending an email to preauth@resomed.co.za. If you're unsure whether pre-authorisation applies to any of your benefits, rather get in touch with the team to double check.

MAKE SURE THAT YOU:

- » Get in touch with our pre-authorisation team 14 days before an elective procedure
- » Let the same team know within 48 hours after an emergency procedure
- » There is a 20% co-payment on late authorisations

REMEMBER that the Scheme will only fund those procedures that were pre-authorised so make sure that you ask your doctor if any additional items need to be added afterwards. If so, keep in mind that you have to let us know within 48 hours.



CO-PAYMENTS & SUB-LIMITS

Co-payments and sub-limits are applied to a defined list of procedures. For a detailed overview, please refer to **page 12** (co-payments) and **page 14** (sub-limits)



DESIGNATED SERVICE PROVIDER (DSP)

Resolution Health has an extensive network of DSPs that includes private hospitals and medical doctors.

Our network spans all 9 provinces and is one of the industry's most impressive.

For a list of your option's network, simply visit www.resomed.co.za, get in touch with our call centre on **0861 796 6400** or email clientservices@resomed.co.za.

WHY SHOULD YOU MAKE USE OF YOUR OPTION'S DSP NETWORK?

We have special arrangements with each of these facilities to make sure that our members get maximum bang for their benefit buck. Resolution Health always suggests that you make use of this network when it comes to your healthcare needs to limit out-of-pocket expenses or avoid them altogether!

PRESCRIBED MINIMUM BENEFITS

WHAT ARE PRESCRIBED MINIMUM BENEFITS?

Prescribed Minimum Benefits, also known as PMBs, are a list of diseases or conditions that a medical scheme is required to fund. A detailed list can be found on the Council for Medical Schemes' website (www.medicalschemes.com).



FUNDING OF YOUR PMB CONDITION

Your PMB cover will be funded from your option's existing benefits first. Thereafter, your condition will be funded by the Scheme's risk pool and we'll require the following for you to enjoy extended cover from your treating provider:

- » Confirmation of the clinical condition
- » Relevant ICD10 code
- » Supporting documentation
- » Motivation from your doctor
- » Applicable medical reports
- » Any additional information requested by the Scheme



STRETCHING YOUR PMB COVER

The first thing you should do after being diagnosed is to get in touch with your Personal Health Coordinator to discuss your disease-specific care path (refer to **page 5** for more information). You can also substantially stretch your PMB benefits by making use of a hospital, doctor, specialist or any other healthcare professional that the Scheme has an agreement with. However, in a life threatening situation, you may go to any hospital, doctor or specialist but, as soon as you are able to access one of our network providers, you must do so to continue enjoying full cover for your condition.

GETTING THE MOST OUT OF YOUR PMB COVER

DO



Always make use of our extensive provider and hospital networks



Ask whether your PMB cover is subject to a waiting period



Understand the level of cover your option provides for your PMB condition



Understand the applicable Scheme rules, protocols and level of care that applies to your option and how it covers your PMB condition

OR YOU MAY

Have unforeseen out-of-pocket expenses

Not be covered for your PMB condition

Not be covered at all

Misunderstand your level of cover

PATIENT DRIVEN CARE™

A HELPING HAND FOR OUR HIGH-RISK MEMBERS

At Resolution Health, we're pretty much solely dedicated to helping our members stay as healthy as possible. So we developed the industry first **Patient Driven Care™ (PDC™)** programme, our unique way of offering additional support to those members who sometimes need a helping hand when it comes to taking care of their health.



WHAT IS **PATIENT DRIVEN CARE™**?

PDC™ is our unique way of helping our at-risk members to manage their health and benefits better so that they're always able to get the care they need when they need it most. These members will firstly be assigned a Personal Health Coordinator (PHC) who is like a personal banker for your wellbeing. Your PHC will help you along every step of the way, from developing a tailor-made care path based on your unique healthcare needs to giving you access to benefits that will help you stay as healthy as possible, for as long as possible.



WHAT IS A HEALTH EVENT?

Let's say you have high blood pressure or cholesterol. In this case, an example of a health event would be a heart attack. Similarly, various other chronic conditions can have extreme health events if left unmanaged and, in most cases, result in hospitalisation.



WHO QUALIFIES FOR THE **PDC™** PROGRAMME?

It's important to keep in mind that **PDC™** is a health management programme and not a medical scheme benefit. We have a sophisticated process, based on our advanced managed care principles and protocols, that quickly identifies members who could benefit from the helping hand the programme offers. Once identified, we start helping you to use your specific option's benefits better.



In some cases, we'll even unlock extra benefits that assist you to stay as healthy as possible, for as long as possible.

Resolution Health members who would ideally use the **PDC™ programme include:**

- » Chronic patients (depending on the severity of your condition)
- » Patients with an increased risk of having an adverse health event that may, for example, result in hospitalisation
- » Patients who have had severe in-hospital or other acute health events
- » Patients with rare diseases who need constant monitoring



HOW TO REGISTER FOR THE PROGRAMME

Registering for the **PDC™ programme takes place in two ways:**

- » Our progressive clinical systems continuously monitor our members' claims patterns to quickly identify high risk patients. Should you be flagged as high risk on our system, you will be contacted by our friendly **PDC™** team who will discuss the programme with you and take you through the registration process.
- » If you are suffering from a severe chronic disease, you can apply for registration on the programme. The application process is quick and easy and you can either call or email us by using the details below.

For more info, get in touch with our efficient team on **0861 796 6400** or e-mail pdcc@resomed.co.za.

YOUR IN-HOSPITAL COVER



YOUR IN-HOSPITAL BENEFIT

REMEMBER to always get pre-authorization for these benefits and that Scheme protocols, rules and policies always apply.



As a Hospital member, you have unlimited private hospital cover that includes:

- » Surgical operations & procedures
- » Theatre fees
- » Labour & recovery wards
- » Ward accommodation
- » Intensive care & high care units
- » X-rays and pathology
- » Physiotherapy
- » Ultrasound scans (other than for pregnancy)
- » Blood transfusions

It's important to note that laparoscopic and similar endoscopic procedures require a separate authorisation. Also, **REMEMBER** to refer to **page 12** for applicable co-payments.



GPs
Unlimited
In-Hospital



Up to
100%
SPECIALIST
VISITS

IN-HOSPITAL PROVIDER'S FEES

As a **Hospital** member, you have an unlimited in-hospital GP benefit via our extensive DSP network that covers both consultations and procedures. Should you require the expert skills of a specialist, you can rest assured that you are more than covered at up to 100% of Scheme Rate.



MEDICINES

To help you along the road of recovery, your **Hospital** option will not only pay for the medicines dispensed and used in-hospital, but it will also cover a 7-day supply of medicines received when you are discharged from the hospital. **REMEMBER** that you need to get authorisation from the Scheme for all chronic medications or prescriptions that are for longer than 7 days.

YOUR IN-HOSPITAL COVER



Normal delivery
3 days & 2 nights



Caesarean section
4 days & 3 nights

MATERNITY CARE

Welcoming a little one to the family is one of the happiest times of your life. As a **Hospital** member, you can rest assured that mum, and baby's, every in-hospital healthcare need is more than taken care of.

Share your happy news with us as soon as your pregnancy has been confirmed via a blood test and we'll register you on our Maternity Programme. Simply get in touch with the team on **0861 111 778** or email maternity@resomed.co.za.

Your option includes 2x 2D scans throughout your pregnancy with GP, midwife or specialist consultations subject to Scheme protocols and PMBs.

Your confinement benefit includes normal deliveries as well as emergency caesarean sections. A neonatal intensive care benefit is also included should your little one require it.

ADDING BABY TO YOUR MEDICAL SCHEME COVER

Please **REMEMBER** to add your new-born or adopted baby to your medical scheme cover within 30 days of birth or adoption to ensure that their health is as well taken care of as yours. Simply complete the Registration of Additional Dependants form (available on www.resomed.co.za) and email a signed copy to amend@resomed.co.za or fax to **086 513 1438** along with a copy of the birth certificate or registration. The monthly child dependant premium will automatically be added to your next payment, no stress, no fuss.



OTHER IN-HOSPITAL BENEFITS

- » **Organ transplants:** Unlimited cover at a provincial hospital and in accordance with Public Sector Protocols, waiting lists and Regulations 8(3) of the Act
- » **Internal prostheses:** **R37 685** per family per annum (note that this benefit does not include joint replacements and spinal procedures that are not classified as PMBs and REMEMBER to check the sub-limits on page 14)
- » **Psychiatric disorders:** Cover for PMB conditions via DSP network



PRE-AUTHORISATION

When it comes to non-emergencies, it's important to obtain pre-authorization from us 14 days prior to your in-hospital procedure. This gives us, and you, enough time to request and submit any additional information that we may need.

Please ensure that you include the relevant documentation when you submit your pre-authorization request. We've included a handy pre-authorization check list on **page 13** to make the process as easy and stress free as possible!

In emergency situations, it's not always possible to obtain pre-authorization first so, in these instances, we need you to get in touch with us within 48 hours or on the first working day after your admission. REMEMBER There is a 20% co-payment on all late authorisations.

For all your pre-authorization needs, simply dial **0861 111 778** or send an email to preauth@resomed.co.za. To ensure that you are always able to take care of your health, our call centre team is available 24 hours a day, 7 days a week, 365 days a year.

ADDITIONAL COVER

Before accessing any of the benefits included on this page, get in touch with our super-efficient pre-authorisation department on **0861 111 778** or preauth@resomed.co.za. Also keep in mind that Scheme rules and protocols always apply.



CANCER CARE

As a **Hospital** member, you have an annual **R180 081** oncology benefit per family which includes anything from oncologists and chemotherapy to radiotherapy and cancer related blood tests via our extensive DSP network. Your cover also includes a generous 10 day hospice benefit per family per annum. Your investigative workups will form part of your out-of-hospital benefits and, thereafter, will be covered as a PMB condition. Generic Reference Pricing (GRP) is applied to oncology-related medicines.



HIV CARE

Resolution Health has an advanced HIV Management Programme available to all members who are HIV positive which includes in-hospital care via our extensive hospital network. The programme includes consultations, blood tests, counselling and medication if you are HIV positive. To register, simply call **0861 111 778**, send an email to care@resomed.co.za or fax to **086 556 3855**.

If you are HIV positive, it's very important that you register for the programme to ensure that you gain access to the maximum amount of benefits.

Because we like to make your healthcare access as easy and stress free as possible, our HIV Management Programme includes a unique **Please Call Me** service manned by our dedicated HIV Helpline Consultant team who are available 24 hours a day, 7 days a week, 365 days a year. Simply send a **Please Call Me** to **082 584 0588** and we'll phone you right back. Taking care of your health has really never been this easy!



EXTERNAL MEDICAL APPLIANCES

Your **R4 122** per family per annum benefit for external medical appliances is subject to PMBs and the appliance sub-limits on **page 14**.



EMERGENCY SITUATIONS

Your **Hospital** option includes an emergency evacuation and ambulance service benefit that is covered at 100% of Scheme Rate and provided by Netcare 911. Make sure that you save their number, **0861 112 162** for quick and easy access when you need it. The service is available anywhere in South Africa with 24/7/365 access to emergency medical assistance. Your medical evacuation benefit includes:

- » Emergency telephonic medical advice
- » Dispatch of ambulances and flights
- » Arrangements for compassionate visits by a family member
- » Arrangements for the escorted return of minors after an accident
- » Repatriation to appropriate facility in your area of residence after an accident
- » Referrals to doctors and other medical facilities
- » The relaying of information to a family member or acquaintance
- » Telephonic trauma counselling



SPECIALISED RADIOLOGY

Your radiology benefit includes CT, MRI, PET and Nuclear Medicine scans with a **R7 915** benefit per family per annum. You will need to get pre-authorisation from us before making use of this benefit and keep in mind that a **R1 996** co-payment per incident applies.



OTHER CARE












- » **Home nursing:** In lieu of hospitalisation
- » **Rehab and sub-acute facility:** 10 Days per family per annum which includes accommodation and visits by a medical practitioner or as authorised (condition specific and protocol driven)
- » **Dialysis:** PMB cover via extensive preferred provider network (subject to Scheme protocols and pre-authorisation is required)



INTERNATIONAL TRAVEL COVER

Because Resolution Health is truly committed to your overall wellbeing, you can rest assured that we have you covered not only in South Africa, but beyond its borders as well via a comprehensive International Travel Cover benefit. Your cover will not only take care of medical emergencies and related expenses, but also offers a variety of personal assistance services. To activate your benefit, simply get in touch with our friendly Client Services team on **0861 796 6400** or clientservices@resomed.co.za before you'll be travelling abroad and they'll provide you with all the relevant forms, documents and information.

GETTING THE MOST OUT OF YOUR IN-HOSPITAL COVER

DO		OR YOU MAY	
	Give us a 14 day head's up prior to your elective in-hospital procedure	➤	Have to postpone your procedure if we have any queries or received incomplete information
	Ask your doctor to give you the relevant ICD10 or tariff codes and ensure that all treatments are included and authorised by the Scheme	➤	Have unpaid bills later on as the Scheme will only pay for those ICD10 codes and treatments that were authorised
	Ask about the applicable Scheme rules, protocols and policies that may apply to your benefits	➤	Misunderstand your level of cover
	Make use of our DSP hospitals and providers as far as possible to enjoy the maximum cover (available on www.resomed.co.za or from our Client Services team)	➤	Only be covered at 100% of Scheme Rate or face out-of-pocket expenses
	Ask for generic medicine options as far as possible	➤	Be required to pay a portion of your medicine bill
	Check the co-payment and sub-limit list on pages 12 & 14	➤	Not be aware of applicable out-of-pocket expenses or benefit limits
	Register for Resolution Health's maternity or HIV programmes (if relevant)	➤	Not gain access to the maximum amount of benefits available for your condition or have to receive treatment at a provincial facility (HIV)
	Register your new-born baby or adopted dependant within 30 days of birth or adoption	➤	Find that their benefits are only made available from the date of registration and not retrospectively from the date of birth or adoption
	Take good care of your external medical appliances	➤	Be left without cover in the 3-year benefit cycle
	REMEMBER that it is your responsibility to take good care of your external appliances and to consider getting additional, private insurance to cover any maintenance, spares or accessories costs	➤	Be out of pocket when expensive repairs or replacements are required as these costs are excluded from this benefit category
	Make use of our leading ICON network for your oncology needs	➤	Be required to pay a co-payment towards your treatment

CHRONIC MEDICATION

Your **Hospital** option includes a medication benefit for the 28 chronic conditions listed on the left of this page. It's important that you register your chronic condition with the Scheme so ask either your doctor or pharmacy to touch base with our pre-authorisation call centre on **0861 111 778** or **preauth@resomed.co.za**. Give them a heads' up that we'll need the relevant ICD10 codes and test results. **USE THE HANDY CLAIMS SUBMISSION GUIDE ON PAGE 13 TO HELP YOU SUBMIT YOUR CLAIM.**



CHRONIC
CONDITIONS
COVERED

CHRONIC DISEASE LIST (CDL)

1. Addison's Disease
2. Asthma
3. Bipolar Affective Mood
4. Disorder Bronchiectasis
5. Cardiac Dysrhythmia (Arrhythmia)
6. Cardiac Failure
7. Cardiomyopathy
8. Chronic Obstructive Pulmonary Disease (COPD)
9. Chronic Renal Disease
10. Crohn's Disease
11. Diabetes Insipidus
12. Diabetes Mellitus Type 1 & 2
13. Epilepsy
14. Glaucoma
15. Haemophilia
16. Hyperlipidaemia
17. Hypertension
18. Hypothyroidism
19. Ischaemic Heart Disease (Coronary Artery Disease)
20. Multiple Sclerosis
21. Parkinson's Disease
22. Rheumatoid Arthritis
23. Schizophrenia
24. Systemic Lupus Erythematosus
25. Ulcerative Colitis













ADDITIONAL CHRONIC CONDITIONS

1. Benign Prostatic Hypertrophy
2. HIV
3. Hormone Replacement Therapy

REMEMBER

AS A HOSPITAL MEMBER,
YOU WILL NEED TO PAY
UPFRONT FOR YOUR CHRONIC
MEDICATION AND THEN
SUBMIT YOUR RECEIPT TO US
FOR REIMBURSEMENT.

GETTING THE MOST OUT OF YOUR CHRONIC MEDICATION BENEFITS

DO	OR YOU MAY
 <p>Get your medication from one of our DSP pharmacies who charge special rates (available on www.resomed.co.za or from our Client Services team)</p>	 <p>Deplete your chronic medication benefit before the end of the year</p>
 <p>Enquire about your specific condition's chronic basket (available on www.resomed.co.za or from our Pharmacy Benefit Management team)</p>	 <p>Be required to contribute towards your medication cost</p>
 <p>Opt for generic versions of your medication as far as possible to stretch every benefit Rand</p>	 <p>Deplete your chronic medication benefit before the end of the year</p>
 <p>Double check that your doctor or pharmacy has registered your chronic condition with the Scheme</p>	 <p>Face out-of-pocket expenses</p>
 <p>Ensure that your treating doctor includes the ICD10 code on your prescription</p>	 <p>Have your medication declined as they do not correlate with your diagnosis</p>
 <p>Ensure that you ask about and understand the Reference Pricing and Generic Reference Pricing (GRP) that may be applied to the medicine product on your prescription</p>	 <p>Have unforeseen out-of-pocket expenses</p>

DAY-TO-DAY BENEFITS



GENERAL PRACTITIONERS

You have access to 2x GP visits per annum as well as unlimited access to General Practitioners for your PMB conditions with non-contracted providers covered at 100% of Scheme Rate and contracted providers at 100% of Contracted rate. **REMEMBER** that disease management protocols apply and that you need to obtain pre-authorisation from the Scheme prior to your visit.



SPECIALIST VISITS

This benefit includes both consultations and in-room procedures for PMB conditions only. To access this benefit, **REMEMBER** to get pre-authorisation first and to always make use of one of our DSPs.



SURGERY AND DENTAL HOSPITALISATION

Your **Hospital** option includes a **R4 616** (including hospital and anaesthetist. No Dentist Benefits) benefit for the removal of impacted wisdom teeth. **REMEMBER** to get in touch with our pre-authorisation team 14 days before your procedure and that a co-payment of **R2 643** applies. Go to **page 13** for our pre-authorisation check list and make sure that you tick all the boxes when submitting your request.



PSYCHOLOGY & PSYCHIATRIC TREATMENT

Your **Hospital** option includes a psychology and psychiatric treatment benefit for PMB conditions that can be accessed via our DSP network.



RADIOLOGY & PATHOLOGY

Your radiology and pathology benefit is limited to PMB conditions with your Specialised Radiology needs covered separately via your in-hospital benefit cluster.



PREVENTATIVE CARE

Resolution Health believes that prevention is better than cure. That is why we have included great preventative care benefits on the **Hospital** option to help you stay as healthy as possible, for as long as possible.

The **Hospital** option includes a **R2 493** benefit limit for:

- » 1 Pap smear per beneficiary per year (over the age of 45 years)
- » 1 PSA test per beneficiary per year (over the age of 45 years)
- » 1 Flu vaccination per beneficiary per year
- » Childhood immunisations as recommended by the Department of Health up to 18 months (**R1 875** limit)
- » A **R1 000** oral contraception benefit (**R83** per month)
- » Unlimited access to Nurse Helpline, including a Rape Crisis Centre (**086 111 2162**)

YOUR MONTHLY CONTRIBUTIONS

MEMBER	ADULT DEPENDANT	CHILD DEPENDANT
R1 720	R1 450	R640

***CHILD DEPENDANT DEFINITION:**

A dependant below the age of 21 is considered a Child Dependant. The definition of a child dependant excludes spouses and life partners.

***STUDENT DEPENDANT DEFINITION:**







A dependant who is aged between 21-25 who is studying at an accredited tertiary institution is considered a Student Dependant. To qualify for the child rate, proof of student status must be supplied annually.

Your monthly contributions are paid in advance and due on the 5th of every month. If we haven't received your contributions by this date, we'll send you a reminder via your preferred method of communication. Also, please let us know if you have made a late payment by either getting in touch with our Call Centre team or sending an email to contributions@resomed.co.za.

LATE PAYMENTS

REMEMBER that, should we not have received payment by the 15th of the month, you run the risk of having your benefits suspended or membership cancelled. Should we not receive payment by the next payment run, we may process a double debit to ensure your account is brought up to date and your benefits will immediately be reinstated the moment all premiums have been paid. Keep in mind that, during this time where your account reflects an arrear amount, you will not have access to your option's benefits.

ENSURING NO HICCUPS

DO	OR YOU MAY
 Ensure that we receive your monthly contributions by no later than the 5 th of every month	 Run the risk of having your benefits suspended or membership cancelled
 Notify us if you've made a late payment so that we can make a note on our system	 Receive regular payment reminders and follow up messages
 Settle arrear amounts as quickly as possible	 Not have access to your benefits with your membership eventually cancelled

CO-PAYMENTS

The **Hospital** option includes **minimal co-payments**, enabling you to always put your health first. Below a detailed overview of the co-payments applicable to **Hospital** members:

Excision nail bed, Skin lesions, Tympanoplasty	R1 984
Myringotomy , Tonsillectomy and Adenoidectomy	R2 313
Circumcision, Colonoscopy, Sigmoidoscopy, Proctoscopy, Cystoscopy, Dental Admissions, Gastroscopy	R2 642
Hysteroscopy	R2 971
Arthroscopy, Conservative Back / Spine Treatment, Endometrial Ablation, Hernia Repair, Hysterectomy, Laparoscopic Procedures, Urinary Incontinence Repair, Varicose Veins	R3 957
Nasal Surgery (including endoscopy)	R5 942
*Joint Replacements, Rotator Cuff Surgery	R7 550
*Spinal Surgery	R8 255
Reflux Surgery	R11 343

You will not be held liable for a co-payment if the procedure is performed out-of-hospital, except for specialised radiology. You will also not have to pay the co-payment if it's related to the only or most suitable treatment available for a PMB condition. If your procedure is subject to 2 related co-payments, you will only pay for the larger amount with the second co-payment falling away. However, if it's 2 unrelated co-payments, both will apply.

* Subject to PMB

CLAIMS PROCEDURE CHECKLIST

If your medical service provider prefers that you submit your claims directly to Resolution Health, simply send a copy of the signed claim form to:



clientservices@resomed.co.za



Resolution Health
PO Box 1555
Fountainebleau
2032

Please use the check list below to ensure that your submission is complete, making it all the easier for us to process the claim as quickly as possible:



- Membership number
- Option name
- Principal member's name and surname
- Patient's name and surname
- Practice number
- Doctor's individual registration number
- Date of doctor's visit
- Nature and cost of your visit
- Relevant diagnostic and tariff codes
- Original or copy of receipt

REMEMBER that your claim cannot be older than 4 months, so make sure that you submit the relevant documentation as soon as possible. If your claim is related to the treatment of injuries or expenses recovered from a 3rd party, please attach a statement with a detailed description of the event.

Resolution Health processes claims payments twice a month or at our discretion. You will receive a comprehensive claims statement after every payment run that will include a detailed description of any irregularities as and when relevant. You or your service provider will have 60 days to correct these irregularities and resubmit the claim to the Scheme for payment.

Also important to keep in mind is that all claims must correspond to Scheme rules so **REMEMBER** to confirm that your claim is in line with all other benefit schedule stipulations, protocols and policies to ensure a smooth and stress free claiming process. Visit www.resomed.co.za or call our friendly call centre on **0861 796 6400** to obtain a detailed list of applicable Scheme exclusions.

PRE-AUTHORISATION CHECK LIST

Getting pre-authorisation from the Scheme is a quick and easy process, especially if you use our rather handy check list below.

REMEMBER

- » Get in touch with our pre-authorisation team **14 days before an elective procedure**
- » Let the same team know within **48 hours after an emergency procedure**

REMEMBER that the Scheme will only fund those procedures that were pre-authorized so make sure that you ask your doctor if any additional items need to be added afterwards. If so, keep in mind that you have to let us know **within 48 hours**.



preauth@resomed.co.za



0861 111 778



- Member number
- Dependant code or date of birth
- Referring provider practice number
- Treating provider practice number
- Facility practice number (hospital or clinic rooms procedure)
- Diagnosis code, ICD 10 code or reason for admission
- Co-morbidities or pre-existing medical condition
- Tariffs or proposed procedure
- Date of service
- Relevant clinical information, motivation, previous treatment history, x-rays, radiology reports or injury report where indicated

*EXTERNAL MEDICAL APPLIANCES

Annual limit: **R4 122** per family

PROSTHESIS BENEFIT

Crutches (annual)	R775
Elastic stockings for control of varicose veins (annual)	R775
Leg, arm and neck supports (annual)	R775
Orthopaedic footwear (annual)	R775
Glucometers (3-year cycle)	R775
Nebulisers / humidifiers (3-year cycle)	R775
External breast prosthesis after mastectomy (annual)	R1 086
Back supports (annual)	R4 122
Wheelchairs (3-year cycle)	R4 122
CPAP Machine (3-year cycle only at DSPs)	R4 122
Artificial eyes (5-year cycle)	R4 122
Artificial larynx (5-year cycle)	R4 122
Artificial limbs (5-year cycle)	R4 122
Disposable bladder and intestinal excretion bags (annual)	R4 122
Hearing aids (annual, 3-year lifespan / appliance)	R4 122
Home oxygen (annual, only at DSPs)	R4 122
Sleep apnoea monitors (infants < 1-year and only at pharmacy, 1 / beneficiary / life)	R4 122

* Subject to PMB

Overall plan limit	R37 685	
Knee	R29 804	
Hip	R29 804	
Shoulder / Elbow / Ankle	R37 685	
External fixator	R37 685	
*Spinal Fusion	Cervical	Lumbar dorsal
1 Level	R21 026	R23 706
2 Levels	R32 315	R37 685
3 Levels	R37 685	R37 685
4 Or more levels	R37 685	R37 685
Coronary Stents		
1 Stent	R23 706	
2 Stents	R37 685	
Total	R37 685	
Pelvic floor	R7 828	
Hernia mesh	R7 828	
Intraocular lens (each)	R2 353	

* Subject to PMB

IMPORTANT INFORMATION ABOUT YOUR BENEFITS



CHANGING OPTIONS

It's important to look at your healthcare needs at the end of every year and decide which Resolution Health option is best suited to your evolving healthcare needs. Option changes can be made annually at the end of the year by completing an Option Change Form (available on www.resomed.co.za or from our friendly Call Centre consultants on **0861 796 6400**) and making sure we receive the completed form by no later than **08 December 2017**. Completed forms can be submitted:

- » Online: www.resomed.co.za
- » By email: optionchange2018@resomed.co.za
- » By post: Resolution Health, PO Box 1555, Fountainsbleau, 2032



BENEFITS THAT RUN IN CYCLES

Most of your option's benefits are annual, meaning that you can access these benefits over a calendar year. However, certain benefits run over an extended period like external medical appliances, orthodontics, optical benefits and cochlear implants and may only be available once in several years or once in a lifetime.



PRO-RATING OF BENEFITS

When joining the Scheme during the year, all benefits (except hospitalisation), including those that have Rand limits, are pro-rated in proportion to the period of membership for the year.



SERVICE PROVIDER RATES

Some service providers may charge rates that are more than your option's benefit rate, making it very important that you **confirm what your provider charges before making use of their services**. **REMEMBER** that Resolution Health will fund up to your option's benefit rate limit (including PMBs) and, if your provider charges over and above that rate, the outstanding amount will be for your personal account.

Also keep an eye on what you're being charged for. Some service providers charge members for additional procedure codes or the unbundling of service tariffs not approved by the Scheme. You can speak to our friendly pre-authorisation department on **0861 111 778** or email them on preauth@resomed.co.za for advice as you may not be liable for these additional costs.



BENEFITS THAT ARE DEPLETED

Once your benefits are depleted, you will only be covered for those conditions that are clinically proven to be a PMB. **REMEMBER** that Scheme protocols always apply and that pre-authorisation, as well as proof of PMB status, is required to confirm your cover.

YOU & YOUR MEMBERSHIP



MEMBERSHIP CARDS

Your Resolution Health membership card is used to identify you as a member of the Scheme and allows you to access your benefits when making use of a medical service provider. The card can only be used by you and while you are a member of Resolution Health. **REMEMBER**, it's illegal to let someone who is not a member use your card. The unauthorised use of a membership card is considered a fraudulent activity and will result in your membership being cancelled immediately.

You will be issued with **2 membership cards per family**, or one card if you are an individual member. If you need additional cards, please submit a request by:

- » Emailing cardrequest@resomed.co.za
- » Calling **0861 796 6400**
- » Visiting www.resomed.co.za to download the necessary form



DEPENDANTS

To be a dependant on your medical scheme cover, a person must:

- » Be an immediate family member and / or financially dependent on you
- » Not receive an income of more than the maximum social pension per month
- » Not belong to another medical scheme



DEATH OF A PRINCIPAL MEMBER

If you are a dependant and the Principal Member passes away, you can continue to pay the contributions and:

- » Retain your membership without any new restrictions, limitations or waiting periods
- » If orphaned (according to the definition in the Scheme's rules), remain a member until you become a member of the Scheme in your own right, or are accepted onto another medical scheme



CHANGING YOUR PERSONAL DETAILS

We want to stay in touch with you and make sure that you're always in the know when it comes to Resolution Health and your cover. Make sure that we always have your latest contact details on file to avoid missing important things like your statements, membership and option information as well as other news on your healthcare benefits. Please make sure we always have your latest:

- » E-mail address (note that statements are sent electronically to all members with email addresses)
- » Cell phone number for SMS notifications
- » Claims refund banking details
- » Contribution banking details

REMEMBER that it's up to you to make sure that we have your latest contact details and the Scheme cannot be held responsible if you do not receive information because your details are outdated.

HOW TO UPDATE YOUR DETAILS

It's quick and easy. Simply:

- » Log into your member portal on www.resomed.co.za and update your details
- » Give us a call on **0861 796 6400**



YOU & YOUR MEMBERSHIP

ADDING & REMOVING DEPENDANTS

You can register or deregister dependants at any time by visiting www.resomed.co.za to download the applicable form or call us on **0861 796 6400**. Use the handy check lists below of things we need to ensure a smooth and quick process.

NEW-BORNS AND ADOPTIONS

Once added, **REMEMBER** that contributions will be due from the first day of the month following the birth or adoption. **REMEMBER** to complete the registration process within 30 days of birth or adoption to avoid benefits only being available from the date of registration and not retrospectively from the date of birth or adoption. The below documents can be sent to amend@resomed.co.za or faxed to **086 513 1438**.

REGISTRATION OF DEPENDANT

- » Birth certificate
- » Children over 21

The required documents listed below can be sent to amend@resomed.co.za or faxed to **086 513 1438**.

- Registration of Dependant form
- Proof of full-time student status from a registered institution (submitted annually up to maximum age of 25 years)
- An affidavit confirming that the dependant is financially dependent on the main member
- Handicapped children: Physician report to confirm disability

REMOVING A DEPENDANT

It's important to give us 1 calendar month's notice of any event that changes the status of a dependant which may result in them no longer being entitled to any benefits

The below documents can be sent to resignations@resomed.co.za or faxed to **086 513 1438**

- Deregistration of Dependants form
- 1 Calendar month's notice

ENDING YOUR MEMBERSHIP

Your Resolution Health membership can be ended for any of the following reasons:

Voluntary termination	By giving 1 calendar month's written notice
Death	By submitting a copy of the death certificate
Resignation from employment	If Scheme membership is a condition of employment you cannot resign without written consent from your employer
Failure to pay contributions	Membership and benefits end on the date of resignation, unless you decide to continue as a Resolution Health member in your private capacity. Members who do not pay all amounts due to the Scheme will have their membership ended in terms of the rules of the Scheme
Employer resignation from the Scheme	If your employer decides to resign from the Scheme they will need to give us 1 calendar month's written notice. If they do not join another scheme as an employer group, you will no longer be a member of Resolution Health from the date they resign, unless you decide to continue as a member in your private capacity
Abuse of privileges, fraud and non-disclosure of information	We will terminate the membership, or exclude a member or dependant(s) from benefits, for any abuse of the benefits, fraud or non-disclosure of information

EXCLUSIONS

THE FOLLOWING EXCLUSIONS ARE APPLICABLE TO THE HOSPITAL OPTION:

With due regard to the Prescribed Minimum Benefits in either a Public Care System or at the facilities of one of the Scheme's Designated or Preferred Service Providers, as contemplated in Regulation 8 of the Regulations promulgated in terms of the Act, or provided for in a Benefit Option, the Scheme's liability is limited to the cost of medical services as defined in the Act and provided for in the Rules of the Scheme and, further subject to the provisions of Rule 1.3 of Annexure B, expenses in connection with any of the following shall not be paid by the Scheme:

1. Compensation for pain and suffering, loss of income, funeral expenses or claims for damages.
2. Expenses incurred for recuperative or convalescent holidays.
3. Services not considered appropriate in terms of Managed Healthcare Principles, or that are not life saving, life sustaining or life supporting. The Scheme reserves the right to determine such instances in general or for specific instances at any time, at its discretion. The following conditions, procedures, treatment and apparatus will specifically be excluded:
 - 3.1 Any breast reduction or augmentation or breast reconstruction unless related to diagnosed malignancy in the affected breast (subject to Scheme protocols). Prophylactic mastectomy only considered for BRCA mutations. Reconstruction following prophylactic mastectomy will not be funded.
 - 3.2 Gynaecomastia;
 - 3.3 Hyperhidrosis;
 - 3.4 Eximer laser and radial keratotomy;
 - 3.5 Phakic implants;
 - 3.6 Bariatric surgery and other treatments, services or charges for or related to obesity;
 - 3.7 Keloid and scar revision and any other cosmetic procedures and treatments;
 - 3.8 Dynamic spinal devices;
 - 3.9 CT or virtual colonoscopy;
 - 3.10 Change of sex operations and procedures;
 - 3.11 Growth hormone;
 - 3.12 Sleep and hypnosis therapy;
 - 3.13 Elective Caesarean section (except Supreme Option);
 - 3.14 Cancer treatment outside network protocols;
 - 3.15 Medicines not registered with or used outside their Medicines Control Council registration or proprietary preparations;
 - 3.16 Medication outside the formulary;
 - 3.17 Pre-hospital admissions;
 - 3.18 Nasal reconstruction;
 - 3.19 Bat-ears;
 - 3.20 Removal of skin blemishes;
 - 3.21 Liposuction;
 - 3.22 Face-lift and eyelid procedures.
4. Exercise programmes.
5. Kilometre charges and travelling expenses with the exception of ambulance services.
6. Examinations and tests for the purpose of application for insurance policies, school camp, visa, employment, emigration or immigration, admission to schools or universities, medical court reports, as well as fitness examinations and tests.
7. Charges for appointments not kept or writing of scripts.
8. Accommodation in convalescent, old age homes, frail care or similar institutions.
9. Costs associated with Vocational Guidance, Child Guidance, Marriage Guidance, School Therapy or attendance at Remedial Education Schools or Clinics.
10. Purchase of:
 - 10.1 applicators, toiletries, sunglasses and/or lenses for sunglasses and beauty preparations
 - 10.2 patented foods/medicines, special foods and nutritional supplements including baby foods
 - 10.3 remedies for the treatment of infertility
 - 10.4 tonics, slimming preparations, appetite suppressants and drugs as advertised to the public for the specific treatment of obesity. Further all cost escalations and /or increases for any services accessioned by or in relation to obesity
 - 10.5 sunscreen and sun tanning lotions
 - 10.6 soaps and shampoos (medicinal or otherwise)
 - 10.7 household and biochemical remedies including complementary and alternative medications, which are not registered, prescribed or promoted by the medical profession with or without evidence to support benefit (Scheme protocols and assessment will apply).
 - 10.8 cosmetic products (medicinal or otherwise)
 - 10.9 anti-habit-forming products
 - 10.10 vitamins and multi-vitamins unless prescribed by a person legally entitled to prescribe and for a specific diagnoses registered and authorised by the scheme
 - 10.11 remedies for body building purposes or exercise and sport specific enhancers
 - 10.12 aphrodisiacs
 - 10.13 household bandages, cotton wool, dressings and similar aids.
11. Infertility, sterility, artificial insemination of a person as defined in the Human Tissue Act, (Act 65 of 1983), as well as vaso-vasostomies (reversal of sterilisation procedures), subject to Prescribed Minimum Benefits.
12. Diagnostic tests and examinations performed that do not result in confirmation of the diagnosis of a prescribed minimum benefit (PMB) condition, unless such condition qualifies as a bona-fide emergency medical condition. Diagnostic tests will only be funded up to and inclusive of the minimum tests required to exclude a PMB condition.
13. Repair of hearing aid and medical apparatus.
14. Experimental, unproven or unregistered treatment or practices.
15. Donor costs in respect of an organ transplant will not be covered by the Scheme unless the recipient is a member of the scheme for a PMB related transplant.
16. Interest and legal costs on outstanding accounts.
17. Oral contraception on Foundation and Hospital options.
18. Dental surgery exclusions
 - 18.1 Bone augmentations
 - 18.2 Sinus lifts
 - 18.3 Bone and tissue regeneration
 - 18.4 Gingivectomies
 - 18.5 Surgical procedures associated with dental implantology
 - 18.6 Oral hygiene instructions
 - 18.8 Professionally applied topical fluoride in adults
 - 18.8 Nutritional and tobacco counselling
 - 18.9 Root canal treatment on third molars (wisdom teeth) and primary teeth
 - 18.10 Ozone therapy
 - 18.11 Soft base to new dentures
 - 18.12 Apisectomies in-hospital
 - 18.13 Orthognathic surgery
19. Subject to the Prescribed Minimum Benefits the Hospital and Progressive Flex options have the following additional condition and procedure exclusions:
 - 19.1 Joint replacements;
 - 19.2 Back and neck surgery and conservative treatment including rhizotomies;
 - 19.3 Admissions for skin lesions;
 - 19.4 Cochlear implants;
 - 19.5 Implanted neurological devices, including but not limited to nerve stimulators, processors and procedures;
 - 19.6 Neonatal Respiratory Syncytial Virus prophylaxis;

DEFINITIONS

Above Threshold Benefit (ATB): The benefits available to Millennium members once the MSA savings amount has been depleted and the Self Payment Gap (SPG) amount has been paid from the members own pocket

Acute condition: Illness that requires short-term treatment

Annual sub-limit: A set amount allocated to a benefit

Casualty Benefit: A benefit available on certain options which can be used to cover visits to the casualty ward

Chronic conditions: Illness that requires ongoing treatment

Chronic Disease List (CDL): A list of 25 conditions which all medical schemes must cover and form part of PMBs

Clinical motivation: A motivation from your doctor explaining why a certain medicine or procedure is required such as test results and x-rays

Chronic Medicines List (CML): A list of medicines to treat the 25 CDL conditions for each option or plan

Confinement: Having a baby

Contributions: Your medical scheme fees that you pay every month

Co-payment: An amount listed for certain treatments or procedures which are not covered by the medical scheme and which you will have to cover from your own pocket

Dependant: Family members who share your medical scheme

Designated Service Provider (DSP): A Provider who is part of our extensive network

Emergency services: The ambulance service (Netcare 911) that we use in case of a medical emergency

Flexi Benefit: An amount set aside for Progressive Flex members to cover certain treatments

ICD 10 code: A unique treatment code used by doctors or facilities when submitting a claim to the Scheme

ICON: Independent Clinical Oncology Network

Immunisation: Injections given to prevent illnesses

Late Joiner Penalties: An additional fee payable on top of your monthly contribution when you join a medical scheme late in life and have not been a member of a medical scheme before or for more than a year

Medical Savings Account (MSA): An allocated amount of your contributions on the Millennium option that is set aside for you to manage and use on health services as you require. The amount rolls over every year, earns interest and is transferred if you change medical schemes

Maximum Medical Aid Price (MMAP): The maximum amount Resolution Health will pay for a medicine as advertised by Medikredit (www.medikredit.co.za)

Network Providers: Service Providers working together and forming a group or network. Members on some options must use these network providers.

Non-disclosure: Not telling us something about your health condition

Option: Either the Hospital, Foundation, Progressive Flex, Millennium or Supreme plan

Over-The-Counter medicine (OTC): Medication you can get at your pharmacy without a prescription

Patient Driven Care™ (PDC™): A unique approach to treating at-risk Resolution Health patients that gives them appropriate access to the amount of care they need to stay healthier for longer

Practice Number: A unique identification number which your doctor or service provider has

Pre-authorisation: Permission from Resolution Health before going for treatment, tests, etc.

DSPs: Doctors, pharmacies or hospitals who provide care to our members as per a contracted agreement. All members are advised to make use of DSP as far as possible

Designated provider network: A network of healthcare providers who provide care to our members as per a contracted agreement

Prescribed Minimum Benefits (PMBs): A list of 271 conditions, including 27 chronic conditions, that all medical schemes have to cover

Preventative Care: Care that aims to stop you from getting sick or suffering an event like flu, a stroke, heart attack or hospitalisation

Principal Member: The main member of the Scheme who pays the monthly fees

Pro-rated benefits: The portion of benefits you are entitled to based on how long you have been a member of the Scheme during any benefit year

Prosthesis: An artificial device implanted into the body

Prostate-Specific Antigen (PSA): A blood test for men which determines possible prostate cancer risk

Resolution Health Chronic Conditions: An additional list of chronic conditions which Resolution Health funds from the Chronic Medication benefit

Scheme exclusions: A list of things the Scheme does not cover or pay for

Scheme Protocols: Guidelines that determine how we fund your care

Scheme Rate: The amount Resolution Health pays for a particular medicine or medical service

Scheme Rules: The rules of the medical scheme, including all policies, protocols and medicine lists

Service Provider: Doctor or healthcare facility

Self Payment Gap (SPG): The amount a Millennium option member needs to pay in between their MSA's available funds before they can access their Above Threshold Benefit (ATB)

Statement: A document which details the benefits you have used and payments processed by the Scheme

Termination: Ending of agreement

Zurreal: A free wellbeing and rewards programme available to all Resolution Health members and stakeholders that offers lifestyle benefits and aims to help individuals and families to live healthier, happier lives

Zurreal Platinum: The ultimate wellbeing and rewards programme available to Resolution Health members which includes all the benefits of *Zurreal* programme with added extras such as an Education Rebate, Gym Rebate and much more

CONTACT DETAILS

HEAD OFFICE

Boskruin Office Park
President Fouche Ave
Boskruin

www.resomed.co.za

PO Box 1075
Fontainbleau
2032

Chronic Medication Authorisation
(Doctors & Pharmacies only)
0861 796 6400

Evacuation & Ambulance Assistance
Netcare 0861 112 162

HIV / AIDS
0861 111 778

Pre-Authorisation
0861 111 778
preauth@resomed.co.za