

### IN HOSPITAL BENEFITS INCLUDING ALL MAJOR MEDICAL BENEFITS:

CATEGORY	LIMIT	Benefit Parameters
<b>Hospitalisation</b>	Unlimited at Preferred Provider. Prescribed Minimum Benefits (PMB's) are unlimited at the scheme's Designated Service Provider.	<b>Pre-authorisation</b> required prior to admission, failing which a co-payment of R500 per admission will be payable. Intensive care/ High care unit is limited to 15 days. Including accommodation, medication, materials and operating theatres.
<b>Emergency Services</b>	Unlimited	Emergency transport only. <b>Pre-authorisation</b> required by phoning ER24 on 084 124.
<b>Hospitalisation Alternatives</b>	R12 500 PMF	<b>Pre-authorisation</b> required prior to treatment. Private nursing and Step-down facilities.
<b>GP's and Specialists</b>	Unlimited at Preferred Provider only. Specialist services limited to R20 000 PMF unless PMB's apply.	Consultations and Procedures.
<b>Maternity</b>	Unlimited at Preferred Provider only.	<b>Pre-authorisation</b> required prior to admission. Confinements including accommodation, medication, materials.
<b>In Hospital Dentistry</b>	No benefit	No benefit
<b>Radiology and Pathology Basic</b>	Unlimited at Preferred Provider only. Pathology limited to R21 500 PMF unless PMB's apply.	Blood tests, x-rays, etc.
<b>Physiotherapy</b>	Preferred Provider only. Limited to R3 550 PMF unless PMB's apply.	Treatment in hospital only.
<b>Prosthesis</b>	Prescribed Minimum Benefits.	Pre-authorisation required prior to admission. Unlimited at DSP. Scheme protocols apply.
<b>To-Take-Out Medication (TTO)</b>	R300 PB per event.	Subject to formulary. Medicine on discharge (TTO's) R300 PB per event.
<b>Compassionate Care Benefit</b>	R20 000 PMF for clinically appropriate medical care. PMB's unlimited at a DSP	Included in hospital limit for non-PMBs. <b>Pre-authorisation</b> required. Patient must provide letter from doctor confirming end of life treatment required.

### MAJOR MEDICAL BENEFITS

CATEGORY	LIMIT	Benefit Parameters
<b>Medical Equipment</b> <i>(In-and-out of hospital)</i>	R4 000 PMF at Preferred Provider only.	Including wheelchairs, oxygen and cylinders. <b>Pre-authorisation</b> required through Momentum TYB 0860 08 08 88 or (041) 395 4545. Out of hospital benefits are only applicable to PMB's
<b>Chronic Medication</b>	Unlimited at Preferred Provider only.	Subject to <b>Pre-authorisation</b> formulary and managed care protocols.
<b>Dialysis</b>	Unlimited at Preferred Provider for Prescribed Minimum Benefits.	<b>Pre-authorisation</b> / case and treatment management required. All services In-and-Out of hospital, including medication and materials. Subject to PMB's. <b>Pre-Authorisation</b> required through Momentum TYB 0860 08 08 88 or (041) 395 4545.
<b>HIV/AIDS</b>	Unlimited	Subject to managed care protocols.
<b>Oncology</b>	Unlimited at Preferred Provider for Prescribed Minimum Benefits.	<b>Pre-authorisation</b> and enrolment on the Programme required. All services In-and-Out of hospital including medication and materials. <b>Pre-Authorisation</b> required through Momentum TYB 0860 08 08 88 or (041) 395 4545.
<b>Specialised Radiology &amp; Pathology In-hospital</b> <i>Referred by Specialist</i>	2 Scans PMF In-and-Out of hospital	Includes Specialised Radiology (MRI, CT Scan) In-and-Out of hospital at Preferred Provider only. Included in Hospitalisation Limit. Services rendered in hospital, Subject to Hospitalisation Limit. <b>Pre-Authorisation</b> required through Momentum TYB 0860 08 08 88 or (041) 395 4545

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

This information is a guide only and does not replace the rules of the Scheme. In the event of any discrepancy between the summary and the rules, the rules will prevail. All benefits are covered at the Suremed Scheme Tariff based on the National Health Reference Price List (NHRPL) unless otherwise stated. All benefits are annualised unless specified and pro-rated according to joining date. Subject to final Board approval and registration by the CMS.

# EXPLORER

## 2024 Benefits & Contributions

### DAY-TO-DAY BENEFITS

CATEGORY	LIMIT	Benefit Parameters
Acute Medication	Over the counter medication (OTC) limited to R350 PB per year and up to R425 PMF.	According to formulary to a maximum of R112 per event through MomentumTYB.
Chronic Medication	Unlimited Chronic Disease List (CDL) Including additional non-PMB conditions (Refer to list on website).	Subject to <b>Pre-authorisation</b> formulary and managed care protocols.
Dentistry - General	Unlimited through Primary Care Network.	Primary Care Network approved dental codes. One preventative consultation PB per year.
Dentistry - Specialised	No benefit	No benefit
Dentures	1 set of Acrylic dentures PMF per 24 month cycle up to R4 290 per family paid at 80%.	Members over 21 only. Momentum approved list of codes. Submit claims to Momentum TYB.
GP's	12 Consultations per beneficiary.	<b>Authorisation is required after the 12th consultation</b> in order to access the unlimited PMB benefit.
Virtual Consultations	Unlimited virtual consultations administered through Hello Doctor.	No pre-authorisation required. Consultation benefits accessible during waiting periods.
Out of network visits	1 PB / 2 PMF Limited to R1 200 per event. Including acute medication in accordance with the acute medication formulary.	<b>Authorisation</b> is required for each consultation within 72 hours of the visit. Through MomentumTYB 086 177 7660.
Flu Immunization	1 PB per year (high risk patients only).	Flu injections.
Specialist Services	Limited to R3 400 PB.	<b>Pre-Authorisation</b> required through Momentum TYB 0860 08 08 88 or (041) 395 4545
Maternity benefit	Subject to registration on maternity programme through Momentum TYB 0860 08 08 88 or (041) 395 4545.	2 x 2D scans per pregnancy. Limited to 2 visits (GP or Gynae) and 1 paediatrician visit / Ante-natal Vitamins: R68 per month for 9 months
Optometry	Unlimited at any Primary Care Network Optometrist	1 Eye test PB per year. Frame from selected range. 1 Pair of spectacles PB per 24 month cycle. Contact Lenses - no benefit. Frames range up to the value of R800. Any frames selected.
Basic Radiology and Pathology	Unlimited. On referral from your doctor.	Covered at 100% of scheme rates.

### Contact Numbers:

#### CUSTOMER CARE

Telephone	041 395 4545 086 008 0888
WhatsApp	086 008 0888
Fax	086 743 0677
E-mail	info@suremedhealth.co.za
Member Claims Submissions	claims@suremedhealth.co.za
Provider Claims Submissions	providerclaims@suremedhealth.co.za
Website	www.suremedhealth.co.za
Physical Address	7 Lutman Street, Richmond Hill, Port Elizabeth
Postal Address	P.O. Box 1672, Port Elizabeth, 6000

#### CLINICAL RISK MANAGEMENT (CRM)

(PRE-AUTHORISATION)	
Telephone	041 395 4545 086 008 0888
Fax	086 686 5503
E-mail	specauth@suremedhealth.co.za hospath@suremedhealth.co.za

#### DISEASE MANAGEMENT/HIV AND AIDS AND WELL BEING TEAM

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

#### PHARMACY BENEFIT MANAGEMENT (PBM)

##### (CHRONIC MEDICATION AUTHORISATION)

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

#### EMERGENCY TRANSPORT

ER24	084 124
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At Suremed Health our focus is on providing our members with clinical and financial solutions to ensure that you receive the most efficient and cost effective medical care possible. To make the task of clearly understanding the procedures and benefits as easy as possible we have selected a number of very important pieces of information which you should read through and keep on hand for easy reference.

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

#### Complaints and Disputes

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

### CONTRIBUTIONS 2024

Monthly Income	Principal Member	Adult Dependant	Child Dependant
R500 - R8 500	R1 405	R1 245	R649
R8 501 - R13 000	R1 775	R1 570	R790
R13 001 - R17 000	R2 815	R2 815	R820
R17 001 Plus	R3 510	R3 510	R1 090

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Administered by: **momentum** | **TYB**

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