

IN HOSPITAL BENEFITS INCLUDING ALL MAJOR MEDICAL BENEFITS:

CATEGORY	DESCRIPTIONS
Emergency Transportation	Transportation by ER24 to a Netcare hospital casualty for Medical Emergencies.
Hospitalisation	Unlimited, and covered at 100% of the scheme rates at any Netcare hospital. This includes all services such as the hospital stay, nursing services, surgical procedures and related accounts, such as anaesthetics and assistance during surgical procedures. Pre-authorisation is needed before admission for all non-emergency cases. Co-payments apply to certain procedures performed in hospital.
Planned procedures in a Day Clinic	Planned procedures are covered at 100% of the scheme rates and pre-authorisation is needed before the admission. You will pay an upfront payment of R2 000 for a list of planned procedures not done in a day clinic.
Hospitalisation alternatives (Step-down facilities and hospice)	R12 255 per dependant or per family per annum. Excludes frail care facilities.
Specialised Radiology	Specialised Radiology Combined in- and out-of-hospital radiology sub-limit of R 10 630 per beneficiary or R22 360 per family per annum. PET Scans are not covered. Pre-authorisation is required for certain radiology tests by the attending doctor.
Maxillofacial Surgery	Covered at 100% of the Agreed Rate and limited to Prescribed Minimum Benefit conditions only and subject to pre-authorisation . Surgery must be performed at a DSP hospital. Limited to R19 000 per family per annum.
Dental Surgery	Limited to removal of impacted third molars, and procedures related to sudden and unanticipated injury to teeth and mouth that requires urgent dental treatment after an accident or trauma for children under the age of 7 years. Subject to pre-authorisation through MomentumTYB. Co-payments apply to certain procedures performed in-hospital.
Private Ward Cover	We will cover the cost of a private ward in a Netcare hospital at 100% of the Agreed Rate if required for medical reasons.

MAJOR MEDICAL BENEFITS

CATEGORY	DESCRIPTIONS
GP Visits	Unlimited doctor (GP) visits in the Primary Care Network, covered at 100% of the scheme rate.
Out-of-Network and after-hours GP visits (Emergency Casualty Visits)	One visit per dependant, or two visits per family per annum at any registered emergency medical facility. Paid at cost, including the consultation and any related accounts such as X-rays, blood tests and medicine, up to a total limit of R1 230 per event.
Specialist Benefit	Specialist visits for Prescribed Minimum Benefit (PMB) conditions are unlimited when clinically indicated and covered at 100% of the Agreed Rate. Visits for non-PMB conditions are covered at 100% of the Agreed Rate and limited to R4 000 per dependant or R8 000 per family per annum, unless additional benefits are pre-authorised by MomentumTYB.
Nurse Visits	Unlimited visits to a nurse in a Primary Care Network pharmacy clinic for the Treatment of minor Illnesses such as coughs and colds. No pre-authorisation is needed to visit a clinic nurse.
Flu Vaccination	One flu vaccination per dependant per annum at a Momentum healthcare provider or pharmacy.

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

SHUTTLE

2024 Benefits & Contributions

DAY-TO-DAY BENEFITS

CATEGORY	DESCRIPTIONS
Virtual Consults	Administered through Hello Doctor. You have access to this benefit in your waiting period but no X-rays, blood tests or medicine will be covered. No Authorisation required.
Acute Medicine	R480 per dependant. Up to a maximum of R160 per event, with a maximum of three (3) events per year.
Chronic Medicine Benefit	Unlimited and covered at 100% of the Agreed Rate for prescribed medicine on the Chronic Medicine Formulary once registered on the Chronic Medicine Benefit.
HIV Programme	Unlimited cover, once registered on the HIV Disease Management Programme. Includes a basket of benefits such as Antiretroviral (ARV) medicine, blood tests, voluntary counselling and testing and treatment of opportunistic infections.
Basic Dentistry	One consultation with a Primary Care Dental Network dentist for a full mouth examination. No pre-authorisation is needed for a consultation. One preventative treatment which includes cleaning, scaling and polishing. Additional consultations, when needed for restorations, extractions and fillings are covered at 100% of the scheme rate.
Dentures	Cover for one set of plastic or acrylic dentures (beneficiaries over the age of 21 years) at a dentist in the Primary Care Dental Network. Upfront co-payment of 20% of the total account must be paid to the dentist and the laboratory.
Emergency Dentistry	Emergency pain and sepsis treatment and extractions only. Limited to one event per dependant per year.
Specialised Dentistry	Cover for removal of impacted third molars, paid at 100% of the scheme rate and limited to one event per dependant per year.
Eye Tests	One eye test per beneficiary per annum at a Primary Care Network optometrist. No pre-authorisation is needed before the visit.
Glasses and Lenses	One pair of glasses (one standard frame and one pair of single or bi-focal lenses) every 24-months. Single vision and bi-focal lenses are covered at 100% of the scheme rate. Multifocal lenses covered up to a limit of R2 500 per dependant every 24 months, inclusive of optometric examination, frame and pair of lenses. Frames can be obtained outside of the Primary Care Network and selection to the value of R800. Any amount above this will be paid out of pocket.
Allied Healthcare Professionals	Covered at 100% of the Agreed Rate for Prescribed Minimum Benefit Conditions only. No cover for non-PMBs.
X-Rays and Ultrasound Scans	Black and white X-rays and soft tissue ultrasounds are covered at 100% of the scheme rate.
Blood Tests	Blood tests are unlimited and covered at 100% of the scheme rate at a DSP pathology lab when requested by a GP a Specialist, where the Specialist consultation has been pre-authorised .
Maternity Benefit	Benefits are available upon registration into the Maternity Programme. Pre-authorisation is required through MomentumTYB. Includes cover for: <ul style="list-style-type: none"> - Up to eight visits to a gynaecologist, GP or midwife - Antenatal vitamins up to R115 per month for nine months - Two 2D ultrasound scans per pregnancy - Basket of blood tests - Delivery in a Netcare hospital - One six-week post-natal consultation

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
R0 - R9 000	R1 150	R1 150	R6 13
R9 001 - R13 000	R1 509	R1 509	R785
R13 001 - R17 000	R2 172	R2 172	R1 116
R17 001 - R30 000	R2 314	R2 314	R1 172
R30 000+	R2 465	R2 465	R1 263

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Certified

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

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A member of:

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Metropolitan**