

# EXPLORER 201 BENEFITS

NO OVERALL ANNUAL LIMIT (PREFERRED PROVIDER ONLY)

## IN-HOSPITAL BENEFITS

CATEGORY	LIMIT	Benefit Parameters
<b>Hospitalisation</b>	R500 000 per family unless PMB's apply at Designated Service 100% negotiated tariff	<b>Pre-authorisation</b> required prior to admission. Provider including accommodation, medication, materials and operating theatres.
<b>Hospitalisation Alternatives</b>	R12 500 per family Included in Hospitalisation Limit	<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 Included in Hospitalisation Limit	Consultations and procedures.
<b>Maternity</b>	Unlimited at Preferred Provider only Included in Hospitalisation Limit	<b>Pre-authorisation</b> required prior to admission. Confinements including accommodation, medication, materials, anaesthetist, gynaecologist and pediatrician.
<b>Radiology and Pathology</b> - General	Unlimited at Preferred Provider only Included in Hospitalisation Limit	Blood tests, x-rays, e
<b>Physiotherapy</b>	Preferred Provider only Included in Hospitalisation Limit.	Treatment in hospital only.
<b>Prosthesis (Surgical)</b>	R14 700 PMF at Preferred Provider only Included in Hospital Limit.	<b>Pre-authorisation</b> required prior to admission.
<b>To-Take-Out Medication (TTO)</b>	R300 limit per event Included in Hospitalisation Limit	Subject to formulary.

## MAJOR MEDICAL EXPENSES

CATEGORY	LIMIT	Benefit Parameter
<b>Appliances</b>	R3 675 PMF at Preferred Provider only	Including wheelchairs, oxygen and cylinders. <b>Pre-authorisation</b> required and only part of in hospital benefit.
<b>Chronic Medication</b>	Unlimited at Preferred Provider only	Subject to <b>Pre-authorisation</b> , formulary and compliance with Preferred Provider Disease Management Programme.
<b>Dialysis</b>	Unlimited at Preferred Provider only	<b>Pre-authorisation</b> / case treatment management required. All services In-and-Out of hospital, including medication and chemicals.
<b>HIV/AIDS</b>	Unlimited	Subject to enrolment and compliance with Preferred Provider Disease Management Programme.
<b>Oncology</b>	R23 100 PMF at Preferred Provider only	<b>Pre-authorisation</b> and enrolment on the Disease Management Programme. All services In-and-Out of hospital including medication and chemicals.
<b>Radiology and Pathology</b> - Referred by specialist	Subject to an overall limit of R14 700 PMF	Included Specialist (MRI, CT Scan) In-and-Out of hospital at Preferred Provider only. Included in Hospitalisation Limit. Services rendered in hospital, Subject to Hospitalisation Limit.

• PB = Per Beneficiary

• PMF = Per Member Family

This information is a guide only and does not replace the rules of the Scheme.

All benefits are covered at the Suremed Scheme Tariff based on the National Health Reference Price List unless otherwise stated.

All benefits are annualised unless specified and pro-rated according to joining date.

## DAY-TO-DAY EXPENSES Subject to category limits and use of Preferred Provider (Prime Cure accredited)

CATEGORY	LIMIT	Benefit Parameters
<b>Acute Medication</b>	Unlimited only if prescribed by Preferred Provider	Subject to Formulary. Submit claims to Prime Cure.
<b>Ambulance Services</b>	Unlimited if ER24 is used	
<b>Dentistry (General)</b>	Unlimited Preferred Provider only	Preventative treatments, fillings, extractions etc. Submit claims to Prime Cure.
<b>Dentistry (Specialised)</b>	No benefit	
<b>Dentures</b>	One set PMF every 2 years Subject to authorisation by Prime Cure (20% co-payment applies)	Authorisation is required for dentu Tel 0861665665 One set of Acrylic dentures 2PMF per cycle. Benefit applicable to members over the age of 21 years only. According to a Prime Cure list of approved codes. Submit claims to Prime Cure.
<b>Emergency Dental Visit</b>	Limited to one event PB per year.	Emergency pain and dentures and extractions. Any additional treatment outside the network requires self-funding by beneficiary. Submit claims to Prime Cure.
<b>GP's</b>	Unlimited at Preferred Provider only	Consultations and visits. Submit claims to Prime Cure.
<b>Specialists</b>	8 visits PMF	Subject to authorisation by PROVIDENCE 0860 08 08 88
<b>Maternity</b>	Unlimited at Preferred Provider only	2 ultrasound scans per pregnancy. Submit claims to Prime Cure.
<b>Optical</b>	Unlimited at Preferred Provider only	One eye test PB and one set of spectacles every 2 years at Preferred Provider only. Submit claims to Prime Cure.
<b>Radiology and Pathology (Primary Healthcare)</b>	Unlimited according to Preferred Provider treatment protocols	Subject to approved list of tests and referral by Preferred Provider. Submit claims to Prime Cure.

• **PB = Per Beneficiary**

• **PMF = Per Member Family**

Welcome to Suremed Health where 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. important information of which you should read through and keep on hand for easy reference.

To make the task of clearly understanding the procedures and benefits as easy as possible we have selected a number of very experienced that your association with the scheme is a long, health

## ABOUT SUREMED EXPLORER

Suremed Health Explorer is a unique plan which answers the call for medical aid cover and offers cover for both in-hospital and out-hospital healthcare benefits. The Suremed Health Explorer Plan delivers these services through a network of accredited Prime Cure Centres, doctors and preferred provider hospitals. A list of the current network providers can be obtained from your broker. (Tel: 086 166 5665, Website: [www.primecure.co.za](http://www.primecure.co.za)), the Administrator PROVIDENCE Healthcare Risk Managers (PROVIDENCE) and your broker.