

RISE



COVERED FROM EVERY ANGLE

**HEALTH
SQUARED**

BENEFIT SCHEDULE 2021

RISE

Key Features

SPECIALIST FEES

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

DAY-TO-DAY BENEFITS

PMB cover for all your related healthcare needs

UNLIMITED HOSPITALISATION

At any of our Designated Service Providers (DSP's) private hospital + unlimited in-hospital GP visits + 7 days take-home medicine

OTHER BENEFITS

Including oncology + unlimited in-hospital HIV benefit at network providers + Specialised Radiology + external medical appliances

DENTAL SURGERY

In-hospital benefit for wisdom teeth surgery and dental hospitalisation *

EXTRA PREVENTATIVE CARE BENEFITS

Including 'flu vaccinations, child immunisations and oral contraception

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's)
4. Co-payments, sub-limits and PMB's



SCHEME RULES AND 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 Woodmead or get in touch with our Client Services team on **0861 796 6400** or clientservices@healthquared.co.za.

Scheme rules are non-negotiable and cannot be changed. For example, **HEALTH SQUARED's** rules state that the Scheme will not fund cosmetic surgery. Because **HEALTH SQUARED** 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, 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@healthquared.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 AND SUB-LIMITS

Co-payments and sub-limits are applied to a defined list of procedures. For a detailed overview, please refer to **page 14** (co-payments) and **page 16** (sub-limits)



DESIGNATED SERVICE PROVIDERS (DSP'S)

HEALTH SQUARED has an extensive network of DSP's 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 designated provider network simply visit www.healthquared.co.za, get in touch with our call centre on **0861 796 6400** or email clientservices@healthquared.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. **HEALTH SQUARED** 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 PMB's, 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 **HEALTH SQUARED**, we're 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 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 result in extreme health events if left unmanaged and, in most cases, require 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.

HEALTH SQUARED 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 suffer 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 pdc@healthsquared.co.za.

YOUR IN-HOSPITAL COVER



YOUR IN-HOSPITAL BENEFITS

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

100%
SCHEME
RATE

As a Rise option member, you have unlimited private hospital cover at any of our DSP hospitals that includes:

- » Surgical Operations and Procedures
- » Theatre Fees
- » Labour and Recovery Wards
- » Ward Accommodation
- » Intensive Care and High Care Units
- » X-rays and Pathology
- » Psychology
- » Ultrasound Scans (other than for pregnancy)
- » Blood Transfusions

REMEMBER that a **30% (minimum of R7 000)** co-payment will be applied should you make use of a non-DSP hospital. Also note that Laparoscopic and similar Endoscopic procedures require a separate authorisation and that co-payments may apply to certain procedures (refer to **page 12**).



GP's
Unlimited
In-Hospital



Up to
100%
FOR SPECIALIST
VISITS

IN-HOSPITAL PROVIDER FEES

As a **Rise** option 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 on the road to recovery, your **Rise** 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 medication or prescriptions that exceed than 7 days.

YOUR IN-HOSPITAL COVER

MATERNITY CARE



Normal delivery
3 days and 2 nights



Caesarean section
4 days and 3 nights

Welcoming a little one to the family is one of the happiest times of your life. As a **Rise** member, you can rest assured that mom and baby, are covered from every angle.

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@healthquared.co.za.

Your option includes 2 x 2D scans throughout your pregnancy with 2 GP or Gynaecologist visits included as part of your benefits. You even get **R559** to spend on Antenatal classes.

Your confinement benefit includes normal deliveries as well as elective and emergency caesarean sections. A reminder to obtain pre-authorisation for your elective C-section otherwise a limit of **R11 740** will apply

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 newborn 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 Dependents Form (available on www.healthquared.co.za) and email a signed copy to amend@healthquared.co.za or fax to **086 513 1438** along with a copy of the birth certificate or registration. The monthly child dependent 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 Regulation 8(3) of the Act
- » **Internal prostheses:** Subject to PMB's and Scheme protocols
- » **Psychology Benefit:** Limited to non-PMB



PRE-AUTHORISATION

When it comes to non-emergencies, it's important to obtain pre-authorisation 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-authorisation request. We've included a handy pre-authorisation checklist 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-authorisation 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-authorisation needs, simply dial **0861 111 778** or send an email to preauth@healthquared.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@healthsquared.co.za**. Also keep in mind that Scheme rules and protocols always apply.



CANCER CARE

As a **Rise** option member you enjoy exceptional cover for PMB oncology conditions at network providers. If you choose to use an out-of-network provider, a 40% co-payment will apply. Your investigative workups will form part of your out-of-hospital benefits and, thereafter, will be covered as a PMB condition. Please note: Generic Reference Pricing (GRP) is applied to cancer-related medicines.



HIV CARE

HEALTH SQUARED 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** or send an email to **care@healthsquared.co.za**.

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 to chat to you during office hours. 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

Taking extra care of your health, your **Rise** option benefit for external medical appliances is subject to PMB's.



EMERGENCY SITUATIONS

Your **Rise** 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. You will need to get pre-authorisation from us before making use of this benefit and keep in mind that cover is only for PMB conditions, and at a network provider.



OTHER CARE























- » **Home nursing:** In lieu of hospitalisation
- » **Rehab and sub-acute facility:** In lieu of in-hospital care
- » **Dialysis:** PMB cover via extensive preferred provider network (subject to Scheme protocols and pre-authorisation)



CASUALTY BENEFIT

Emergency Room visit (Trauma & PMB): Unlimited – verification of pre-authorisation within 72 hours of the event.

GETTING THE MOST OUT OF YOUR IN-HOSPITAL COVER

DO	OR YOU MAY
 Give us 14 days notice prior to your elective in-hospital procedure	 Have to postpone your procedure if we have any queries or have 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.healthsquared.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 lists on pages 12 & 14	 Not be aware of applicable out-of-pocket expenses or benefit limits
 Register for HEALTH SQUARED'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 newborn baby or adopted dependent within 30 days of birth or adoption	 Find that their benefits are only 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 make a co-payment towards your treatment

CHRONIC MEDICATION



Your **Rise** option includes a medication benefit for the 29 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@healthquared.co.za**. Please advise your doctor or pharmacy 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 MOOD DISORDER
4. BRONCHIECTASIS
5. CARDIAC DYSRHYTHMIAS
6. CARDIAC FAILURE
7. CARDIOMYOPATHY
8. COPD
9. CROHN'S DISEASE
10. CHRONIC RENAL FAILURE
11. CORONARY ARTERY DISEASE
12. DIABETES INSIPIDUS
13. DIABETES MELLITUS TYPE 1
14. DIABETES MELLITUS TYPE 2
15. EPILEPSY
16. GLAUCOMA
17. HAEMOPHILIA
18. HIV
19. HYPERLIPIDAEMIA
20. HYPERTENSION
21. HYPOTHYROIDISM
22. MULTIPLE SCLEROSIS
23. PARKINSON'S DISEASE
24. RHEUMATOID ARTHRITIS
25. SCHIZOPHRENIA
26. SLE
27. ULCERATIVE COLITIS

DTP PMB CHRONIC CONDITIONS

1. BENIGN PROSTATIC HYPERTROPHY
2. HORMONE REPLACEMENT THERAPY

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.healthquared.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.healthquared.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 it does not correlate with your diagnosis</p>
 <p>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

as a **Rise** option member, you have access to GP visits for PMB conditions paid at 100% of the Scheme Rate.



SPECIALIST VISITS

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



PSYCHOLOGY AND Psychiatric TREATMENT

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



RADIOLOGY AND PATHOLOGY

Your Radiology and pathology benefit is limited to PMB conditions with your Specialised Radiology needs covered separately via your in-hospital benefit cluster, at DSP's.



PREVENTATIVE CARE

As a Rise member you have access to an allocated number of clinic nurse visits if you are on the **Patient Driven Care™ (PDC)™** programme. Read more about the programme on page 5.



YOUR MONTHLY CONTRIBUTIONS

MEMBER	ADULT DEPENDENT	CHILD DEPENDENT
R1 668	R1 509	R570

Please be advised that contributions are payable monthly in either arrears or advance, depending on your selected billing method and by no later than the 5th day of every month. 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@healthsquared.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.

YOUR MONTHLY CONTRIBUTIONS

DO



Ensure that we receive your monthly contributions by no later than the 5th of every month



Notify us if you've made a late payment so that we can make a note on our system



Settle arrear amounts as quickly as possible

OR YOU MAY



Run the risk of having your benefits suspended or membership cancelled



Receive regular payment reminders and follow-up messages



Not have access to your benefits with your membership eventually cancelled

CO-PAYMENTS

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

Cystoscopy, Excision nail bed, Skin lesions, Tympanoplasty, Specialised Radiology (MRI, CT, PET scans)	R3 612
Tonsillectomy, Adenoidectomy	R3 000
Myringotomy	R3 134
Circumcision, Vasectomy, Colonoscopy, Dental admissions	R3 762
Arthroscopy	R4 800
Endometrial ablation, Laparoscopic Procedures, Urinary Incontinence Repair	R8 660
Gastroscopy, Hernia Repair	R7 524
Nasal Surgery (including Endoscopy), Varicose veins	R7 524
Hysteroscopy, Hysterectomy	R10 032
Rotator Cuff Surgery	R15 048
Reflux Surgery	R15 048
Use of non-DSP hospitals	30% (Minimum R 7 000)

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.

CLAIMS PROCEDURE CHECKLIST

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



clientservices@healthsquared.co.za



HEALTH SQUARED
PO Box 1555
Fontainebleau 2032

Please use the checklist 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.

HEALTH SQUARED 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 re-submit 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.healthsquared.co.za or call our friendly call centre on **0861 796 6400** to obtain a detailed list of applicable Scheme exclusions.

PRE-AUTHORISATION CHECKLIST

Getting pre-authorisation from the Scheme is a quick and easy process, especially if you use our rather handy checklist 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@healthsquared.co.za



0861 111 778



- Member number
- Dependent code or date of birth
- Referring provider practice number
- Treating provider practice number
- Facility practice number (hospital or clinic rooms procedure)
- Diagnosis code, ICD10 code or reason for admission
- Co-morbidities or pre-existing medical condition
- Tariffs for proposed procedure
- Date of service
- Relevant clinical information, motivation, previous treatment history, x-rays, Radiology reports or injury report where indicated

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 **HEALTH SQUARED** 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.healthsquared.co.za) or from our friendly Call Centre consultants on **0861 796 6400**). If you are planning on changing options for 2021, please complete an **Option Change Form** and send back to the Scheme before, or on, **11 December 2020** to:

- » Online: www.healthsquared.co.za
- » By email: optionchanges@healthsquared.co.za
- » By post: **HEALTH SQUARED**, PO Box 1555, Fontainebleau, 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 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 **HEALTH SQUARED** will fund up to your option's benefit rate limit (including PMB's) 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@healthsquared.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 AND YOUR MEMBERSHIP



MEMBERSHIP CARDS

Your **HEALTH SQUARED** 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 **HEALTH SQUARED**. **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@healthquared.co.za
- » Calling: **0861 796 6400**
- » Visiting: www.healthquared.co.za to download the necessary form



DEPENDENTS

To be a dependent 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 dependent 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 **HEALTH SQUARED** 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 onto your member portal on www.healthquared.co.za and update your details
- » Give us a call on **0861 796 6400**

YOU AND YOUR MEMBERSHIP



ADDING AND REMOVING DEPENDENTS

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

NEWBORNS 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 documents detailed below can be **sent to amend@healthsquared.co.za** or **faxed to 086 513 1438**.

REGISTRATION OF DEPENDENT

- » Birth certificate
- » Children over 21

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

- Registration of Dependent 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 dependent is financially dependent on the main member
- Handicapped children: Physician report to confirm disability

REMOVING A DEPENDENT

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

The document detailed below can be **sent to resignations@healthsquared.co.za** or **faxed to 086 513 1438**

- » Deregistration of Dependents Form
- » 1 Calendar month's written notice

ENDING YOUR MEMBERSHIP

Your **HEALTH SQUARED** 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. Membership and benefits end on the date of resignation, unless you decide to continue as a HEALTH SQUARED member in your private capacity.
Failure to pay contributions	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 HEALTH SQUARED 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 dependent(s) from benefits, for any abuse of the benefits, fraud or non-disclosure of information.

EXCLUSIONS

HEALTH SQUARED MEDICAL SCHEME EXCLUSIONS

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. Expenses in connection with any of the following shall not be paid by the Scheme:

1. Compensation for pain, damages, suffering, loss of income or funeral expenses.
2. All costs which, in the opinion of the Scheme's and its Clinical panel, are not –
 - a. Medically necessary and appropriate in terms of Managed Healthcare Principles, or that are not life-saving, life-sustaining or life-supporting to meet the health care needs of the Beneficiary, The Scheme reserves the right to determine such instances in general or for specific instances at any time, at its discretion.,
 - b. Consistent with the diagnosis, condition or treatment.
 - c. Rendered in a cost effective manner in a setting appropriate to the service for medical purposes other than comfort or convenience, including recuperative or convalescent holidays.
3. Any health benefit not included in the list of Prescribed Minimum Benefits ("PMB's") (including newly developed interventions or technologies) shall be deemed to be excluded from the benefits until and unless the benefits are revised in terms of the Act to include it;
4. The following conditions, procedures, treatment and apparatus will specifically be excluded:
 - a. 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.
 - b. Gynecomastia;
 - c. Eximer laser and radial keratotomy; Phakic implants, lenses implanted for presbyopia without cataracts, and for cataracts where the best corrected visual acuity is better than 6/9;
 - d. Bariatric surgery and all other treatments, services or charges for or related to obesity;
 - e. Dynamic spinal devices;
 - f. CT, MRI, Bone Density, Radioisotope and PET scans unless the practitioner is duly registered as a Radiologist with the relevant authority, CT or virtual colonoscopy
 - g. Change of sex operations and procedures;
 - h. All costs related to the treatment of erectile dysfunction and loss of libido
 - i. Growth hormone;
 - j. Sleep, hypnosis and narcoanalysis therapy
 - k. Elective Caesarean section (except Ultimate Option);
 - l. Cancer treatment outside network protocols;
 - m. Medicines not registered with or used outside their Medicines Control Council registration or proprietary preparations;
 - n. Medication outside the formulary; subject to Regulation 15 I C
 - o. Pre-hospital admissions;
 - p. Cosmetic procedures e.g. Nasal reconstruction / Rhinoplasty / Genioplasty; otoplasty; skin blemishes; keloid and scar revision; abdominoplasty / lipectomy / liposuction; face-lift and eyelid procedures; hyperhidrosis therapies, etc.
 - q. Hyperbaric oxygen therapy
5. Exercise programmes, including pre- and post-natal, weight reduction courses, health spas.
6. Travelling expenses except for ambulance services and practitioners for an emergency of more than 15 kms in total.
7. Examinations and tests 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.
8. All costs related to research
9. Charges for appointments not kept or writing of scripts.
10. Accommodation in convalescent, old age homes, frail care or similar institutions, and home assistance unless provided for in a benefit option
11. Costs associated with Vocational Guidance, Child Guidance, Marriage Guidance, School Therapy or attendance at Remedial Education Schools or Clinics, aptitude tests, IQ tests, school readiness tests, questionnaires, learning problems, behavioral problems
12. Purchase of:
 - a. Applications, toiletries, sunglasses and/or lenses for sunglasses and beauty preparations, contact lens solutions, sunscreen and suntanning lotions, soaps and shampoos
 - b. Wound dressings unless prescribed, and approved by the Scheme
 - c. Patented foods/medicines, special foods and nutritional supplements including baby foods,
 - d. Tonics, slimming preparations, appetite suppressants and drugs as advertised to the public for the specific treatment of obesity.
 - e. Diagnostic home kits, including blood pressure appliances not related to PMB/CDL;
 - f. Pain control devices, apnoea monitors and household appliances, e.g. toilet seat raisers, shower and bath rails etc.;
 - g. Household and biochemical remedies including complementary and alternative medication, which are not registered, prescribed or promoted by the medical profession with or without evidence to support benefit (Scheme protocols and assessment will apply). except as provided for under the Pharmacist Advised Therapy benefit
 - h. Cosmetic products, (medicinal or otherwise)
 - i. Anti habit-forming products, vitamins unless prescribed by a person legally entitled to prescribe and for a specific diagnosis registered and authorised by the Scheme, subject to PMB's
 - j. Remedies for body-building purposes or exercise and sport specific enhancers
 - k. Aphrodisiacs
13. Infertility, sterility, artificial insemination of a person as defined in the Human Tissue Act, (Act 65 of 1983), as well as reversal of sterilisation procedures, subject to Prescribed Minimum Benefits
14. Diagnostic tests and examinations that do not result in confirmation of a Prescribed Minimum Benefit (PMB) condition, unless such condition qualifies as a bona-fide emergency Diagnostic tests will only be funded up to and inclusive of the minimum tests required to exclude a PMB condition.
15. Repair of hearing aids, spectacle frames or lenses and medical apparatus.
16. Experimental, unproven or unregistered treatment or practices,
17. All costs related to conditions that were specifically excluded from benefits for twelve months from the date of inception
18. Interest and legal costs on outstanding accounts.
19. Dental-related exclusions including surgery – All procedures that are contradictory to the published procedures and descriptions or guidelines of the SA Dental Association
 - a. Bone augmentations
 - b. Sinus lifts
 - c. Bone and tissue regeneration
 - d. Gingivectomies
 - e. Surgical procedures associated with dental implantology
 - f. Oral hygiene instructions and oral hygiene follow-up visits
 - g. Professionally applied topical fluoride in adults
 - h. Nutritional, tobacco counselling and behavior management
 - i. Root canal treatment on third molars (wisdom teeth) and primary teeth
 - j. Ozone therapy
 - k. Soft base to new dentures
 - l. Resin bonding for restorations
 - m. Direct or indirect pulp capping
 - n. Cosmetic procedures (e.g. tooth bleaching, denture gold plating, gold coloured clasps/inlays/onlays/crowns/false teeth/gem stones
 - o. Periodontal surgery and tissue grafting
 - p. Orthognathic (jaw corrective surgery) and related costs
 - q. Hospitalisation for Apicectomies
 - r. Gum guards for sports purposes, snoring appliances
20. Subject to the Prescribed Minimum Benefits the Foundation, Rise and Aspire options have the following additional condition and procedure exclusions:
 - a. Joint Replacements
 - b. Back and neck surgery and conservative treatment including rhizotomies
21. Subject to the Prescribed Minimum Benefits the Rise, Aspire, and Prosper options have the following additional condition and procedure exclusions:
 - a. Admissions for skin lesions;
 - b. Cochlear implants;
 - c. Implanted neurological devices, including but not limited to nerve stimulators, processors and procedures;
 - d. Neonatal Respiratory Syncytial Virus prophylaxis;
22. Subject to the Prescribed Minimum Benefits the Foundation Option has the following additional condition and procedure exclusions:
 - a. Dental hospitalisation;
 - b. Rotator Cuff Surgery;
 - c. Gastro-oesophageal reflux and hiatal hernia surgery and treatment;
 - d. Functional nasal surgery;
 - e. External abdominal hernias;
 - f. Bunion and in-grown toenail surgery;
 - g. Entropion, ectropion, eyelid, pterygium and strabismus surgery;
 - h. Corneal cross-linking;
 - i. Polysomnogram;
 - j. Admissions for skin lesions;
 - k. Cochlear implants;
 - l. Implanted neurological devices, processors and procedures;
 - m. Laparoscopies;
 - n. Hyperbaric oxygen;
 - o. Neonatal Respiratory Syncytial Virus prophylaxis;
 - p. The costs related to any complication or review of these conditions and treatments;
 - q. No other benefits for any other confirmed conditions not listed in the Council for Medical Schemes' PMB ICD10 list (Publication 2014) or treatments not available in the Public Care System
23. The following procedures will only be covered in a Day Clinic if included in benefit entitlement for Foundation, HealthSure, Rise, Aspire, Flex and Prosper:
 - a. Tonsillectomy and/or Adenoidectomy
 - b. Simple procedures for nose bleed
 - c. Middle ear procedures (Tympanoplasty, Mastoidectomy, Myringoplasty, Myringotomy and/or Grommets)
 - d. Cataract surgery
 - e. Treatment of Glaucoma
 - f. Other eye procedures (removal of foreign body, Conjunctival surgery (repair laceration, Pterygium), probing and repair of tear ducts, Vitrectomy, Retinal surgery, eyelid surgery, Strabismus repair
 - g. Ganglionectomy
 - h. Anorectal procedures (treatment of haemorrhoids, fissure, fistula)
 - i. Diagnostic Dilatation and Curettage
 - j. Endometrial ablation
 - k. Diagnostic Hysteroscopy
 - l. Tendon and/or ligament repair, muscle debridement, fascia procedures (Tenotomy, Tenodesis, Tenolysis, repair/reconstruction, Capsulotomy, Capsulectomy, Synovectomy, excision tendon sheath lesion, Fasciotomy, Fasciectomy). Subject to individual case review
 - m. Treatment of simple closed fractures and/or dislocations, removal of pins and plates. Subject to individual case review
 - n. Subcutaneous tissue, muscle, external auditory canal under general anaesthesia
 - o. Simple superficial Lymphadenectomy
 - p. Skin Procedures - Debridement (simple repair of superficial wounds)
 - r. Male genital procedures (circumcision, repair of penis, exploration of testes and scrotum, Orchietomy, Epididymectomy, excision hydrocoele, excision varicocele, Vasectomy)
 - s. Gastroscopy
 - t. Colonoscopy
 - u. Approved in-hospital dental procedures

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

Child: A member's natural child, stepchild, legally adopted child, a child in the process of being placed in foster care or being adopted, child for whom the member has a duty of support, child who has been placed in the custody of the member or his spouse or partner, and who is not a member or a registered dependent of a member of this or any other registered Scheme.

Child Dependent: A member's natural child, a stepchild, legally adopted child, a child in the process of being placed in foster care or being adopted, child for whom the member has a duty of support, child who has been placed in the custody of the member or his spouse or partner, and who is not a member or a registered dependent of a member of this or any other registered Scheme, who is:

- Between the age of 21 and 25; who is
- Financially dependent on the Principal Member;
- Is currently studying at an accredited institution; with annual proof of student status to be submitted.
- Those who are financially dependent on the Principal Member, are required to submit an affidavit and financial records to that effect on an annual basis.

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 PMB's

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

Dependent: 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 Flex members to cover certain treatments

HEALTH SQUARED Chronic Conditions: An additional list of chronic conditions which HEALTH SQUARED funds from the Chronic Medication benefit

ICD10 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

Internal Prosthesis: An artificial device implanted into the body

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 HEALTH SQUARED 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: Any of the benefit options of the Scheme

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 HEALTH SQUARED 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 HEALTH SQUARED before going for treatment, tests, etc.

DSP's: Doctors, pharmacies or hospitals who provide care to our members as per a contracted agreement. All members are advised to make use of DSP's 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 (PMB's): 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

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

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 HEALTH SQUARED 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

Student Dependent: A dependent who is between the age of 21 and 25 who is studying with a recognised Tertiary institution

Termination: Ending of agreement

NOTES



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