

# MEMBER GUIDE 2010



*Your benefits  
explained ...*



# Contact details

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CUSTOMER CARE	0860 102 493
HOSPITAL PRE-AUTHORISATION	0800 002 449
EMERGENCY EVACUATION	082 911
HEALTH ADVICE LINE	0800 002 449
CHRONIC MEDICATION & DISEASE MANAGEMENT	0800 002 449
EMERGENCY GP/SPECIALIST AUTHORISATION	0800 002 449
PRIMECURE <a href="http://WWW.PRIMECURE.CO.ZA">WWW.PRIMECURE.CO.ZA</a>	0861 665 665
CARECROSS <a href="http://WWW.CARECROSS.CO.ZA">WWW.CARECROSS.CO.ZA</a>	0860 101 159
FIGHTING FRAUD	0800 737 678

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[WWW.INGWEHEALTH.CO.ZA](http://WWW.INGWEHEALTH.CO.ZA)



Administered  
by Momentum Medical  
Scheme Administrators

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# 1 OVERVIEW

## 1.1 BENEFIT YEAR

The benefit year of Ingwe Health Plan runs from 1 January to 31 December. This means that if you join Ingwe from 1 January, you are entitled to the full allocation of benefits as defined in your chosen option. If you join Ingwe any time after 1 January through the year, for example from 1 February, you are only entitled to pro-rata benefits, i.e. a portion of the benefit allocation, in line with the remaining months of the year. You may only change options once a year, in January.

## 1.2 INFORMATION ON OPTION CHOICES

You never know when you or one of your family members may be in need of healthcare benefits. These benefits can be very costly, but Ingwe Health plan will take care of these financial concerns for you while offering you a wide range of options to suit your healthcare needs.

We strive to ensure that members always receive the best possible healthcare cover. In doing so, we will make every effort to monitor the trends of the medical scheme industry, while addressing the needs of our members.

## 1.3 YOUR RESPONSIBILITIES AS AN INGWE HEALTH PLAN MEMBER

- Understand how Ingwe and your specific healthcare option works.
- Keep Ingwe up to date of any changes to your personal details.
- Check all accounts from healthcare service providers (doctors) as well as claim statements from Ingwe.
- Inform Ingwe before you or any of your dependants are admitted to hospital and obtain a pre-authorisation number. Please refer to your chosen option for other benefits that require pre-authorisation.
- Keep your membership card in a safe place to ensure that no one else can use it fraudulently and ensure that it is presented to service providers during each visit.
- Read all correspondence from Ingwe.

## 1.4 MEDICAL EXPENSES COVERED BY INGWE HEALTH PLAN

**Hospital and related expenses** - These are costs associated with medically necessary hospitalisation. Generally, these costs are not frequently incurred, however, it could add up to an amount that falls outside the financial means of many individuals, if not supported by a medical scheme.

**Day-to-day benefits** - Day-to-day medical expenses refer to medical treatment received out of hospital (or in the casualty rooms of a hospital). These generally include services from doctors, dentists, radiologists and pathologists, as well as prescribed medicine.

**Chronic medicine** - A chronic illness is a serious condition that requires ongoing medical treatment.

## 1.5 MEDICAL SCHEME TERMINOLOGY – RATES AND TARIFFS CHARGED BY SERVICE PROVIDERS

The benefits are covered at National Health Reference Price List (NHRPL) rates, which is the medical aid rate recommended by the Council for Medical Schemes.

The most important reason why the NHRPL is so important to medical schemes and their members is the fact that it will create an average reference price for doctors and specialists and therefore an overall pricing guideline for patients.

To ensure that your medical benefits remain attractive and that your medical scheme contributions are not unnecessarily increased, we actively encourage medical scheme members to shop around and to compare rates prior to selecting a provider.

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## 2 MAJOR MEDICAL BENEFITS

Please note:

Any admission to hospital, day-clinic or rehabilitation centre is subject to pre-authorisation.

See section 3 for further information on page 10

### 2.1 PRESCRIBED MINIMUM BENEFITS

#### 2.1.1 DEFINITION OF PRESCRIBED MINIMUM BENEFITS

"Prescribed Minimum Benefits (PMB)" refer to benefits for which all medical schemes are obliged to pay for the treatment of selected conditions as determined by the South African Government and by the Medical Schemes Act. The list covers about 300 conditions, for example meningitis, various cancers, menopausal management, cardiac high blood pressure treatment and many others.

Claims for PMB services will be paid from your "Hospital and Related Benefits" limit and will be funded by Ingwe. This limit and specified treatment facility differ with each option. Should the limit be exceeded, while the member still needs extensive treatment, Ingwe will continue to pay for these services in a public hospital. If a member is admitted to a private hospital for treatment (subject to the chosen option's benefit structure) and the hospital limit is reached, the member could be transferred to a public hospital. Ingwe will pay for the continued treatment once authorisation is granted. Should the member choose to stay in the private facility, he/she will then be responsible for the shortfall between the private and public rate.

The list of PMB's has been extended to include chronic diseases (CDL – Chronic Disease List). Specific medication guidelines exist for each chronic condition to ensure quality treatment. Members need to be authorised for these conditions and medication in order to gain access to these benefits.

Ingwe Health Plan conforms to the above as all our options cater for both the PMB and CDL conditions.

### 2.2 HOSPITAL AND RELATED BENEFITS

#### 2.2.1 HOSPITAL BENEFITS

##### 2.2.1.1 HOSPITALISATION

When you are admitted to hospital for medically necessary treatment, Ingwe will cover the cost, provided that you follow the pre-authorisation process. The hospital will assist in obtaining the pre authorisation number but it stays the responsibility of the member to ensure that such approval has been granted. It is important to note that certain procedures do have benefit limitations and it is imperative that you are aware of the benefits applicable to your option.

**Please note:**

Please note that Ingwe Health Plan will cover the cost up to 100% of the Agreed Tariff. Some healthcare providers do charge fees in excess of the Agreed Tariff and this will lead to a shortfall between what Ingwe Health Plan will pay and the fee charged. This shortfall will be for the member's account / payable by the member.

### 2.2.1.2 MEDICATION BENEFIT IN HOSPITAL

Medication will be covered during your hospital stay, provided that it is part of your hospitalisation treatment. On discharge, a seven-day supply of prescribed medicine will be covered. This medication (TTO – “to take out” medication) must form part of the medication that you received during hospitalisation.

**Please note:**

- Vitamin Supplements are not covered as a TTO
- No clinical trial medications will be paid for.

### 2.2.1.3 EXCLUSIONS ON HOSPITAL EXPENSES

Ingwe may decline to pay for your medical expenses if:

- you are still within the general waiting period;
- the medical condition for which you are being admitted to hospital is subject to a condition-specific waiting period imposed upon entry to Ingwe;
- your treatment is not covered by your benefits in terms of the option you have chosen;
- your treatment is not medically necessary (e.g. treatment of a cosmetic nature) and diagnostic tests;
- the medical condition for which you are being admitted to hospital existed prior to joining Ingwe and was not disclosed on your application form;
- Ingwe suspects that you are being treated for a condition or service that falls under the exclusions, unless you can prove the opposite.
- where you have, without justification, refused or neglected to join Ingwe's Disease Management programme

Should any of the above information become available after pre-authorisation, the pre-authorisation will then be reviewed and may be cancelled.

### 2.2.1.4 LIMITATIONS ON IN-HOSPITAL BENEFITS

Ingwe Health Plan may request you to pay a portion of your medical expenses on:

- Maternity Benefits - Member to pay the difference if non-Designated Service Provider (DSP) is chosen. A minimum co-payment of 15% of the non-DSP account will apply
- Specialised Radiology (MRI / CT Scans) - Co-payment of R660 will apply if diagnostic tests do not result in the confirmation of a PMB diagnosis

### 2.2.1.5 ACUTE PSYCHIATRIC TREATMENT OR DRUG/ALCOHOL DEPENDENCY

Acute psychiatric treatment is subject to the Prescribed Minimum Benefits in terms of the Pioneer, Hospital Plus, Capitation and Medicare options. A limit of seven (7) days per beneficiary per annum applies, plus 14 days at provincial rates as per PMB guidelines.

Members, who need to be hospitalised as a result of an acute psychiatric condition or as a result of drug or alcohol dependency, are required to obtain a pre-authorisation number before being admitted into a treatment centre. (Refer to "Hospital pre-authorisation"). The drug or alcohol rehabilitation benefit is limited to a maximum of 21 days at PMB rates. This benefit will only be granted once in a lifetime.

### 2.2.2 DENTAL SURGERY OR MAJOR DENTAL TREATMENT

If you need to be hospitalised for a specialised dental procedure, or if you need to receive any major dental treatment, you must contact Ingwe before being admitted to hospital.

Should you fail to contact Ingwe beforehand to find out what services are covered, you may be held liable for full or partial payment of the provider's account.

Please note:

Dental pre-authorisation is subject to a 72-hours turnaround time.

### 2.2.3 SECONDARY SERVICES

#### 2.2.3.1 PRIVATE NURSING, STEP DOWN FACILITIES OR REHABILITATION CENTRE

These services are part of Ingwe's case management process while you are hospitalised. Following your discharge from hospital, you will only be covered if you submit a special application in writing, supported by a doctor's medical report and subject to approval by Ingwe. A sub-limit of R24 000 per family per annum is applicable on all options, except on the Pioneer Option, where a sub-limit of R12 800 per family per annum applies.

The benefits payable relate only to acute care. In other words, the benefit covers treatment for a limited period of care. This type of care is available to assist the patient's full recovery. To find out whether you qualify for these services, it is necessary to contact Ingwe on 0800 002 449 before obtaining these services.

#### 2.2.3.2 EXCLUDED SERVICES

The following services are not covered:

Long-term care which includes health, social, and/or personal care services required on an extended basis by persons with chronic illnesses.

Old age and/or associated frail care, or care in respect of a disability or mental retardation, or supervising someone in the completion of tasks or reminding him/her to complete tasks.

## 2.2.4 EXTERNAL APPLIANCES

The following appliances are covered following a hospital related procedure and subject to defined option limit. It is important to note that you do have benefit limitations. Please refer to your chosen option for benefit limits.

- Back-, leg-, arm- and neck supports
- Crutches
- Surgical footwear (excluding health footwear)
- Elastic stockings
- Stoma aids continually essential for the medical treatment of the patient
- Wheel chairs (a motivation and quotation is required by Ingwe)
- Medical apparatus continually essential for the medical treatment of the patient (a motivation and quotation is required by Ingwe)

Please note:

Pre-authorisation is required on these benefits. Ingwe may request a motivation letter and quotation.

## 2.2.5 MEDICAL EMERGENCY BENEFITS

### 2.2.5.1 MEDICAL EMERGENCY EVACUATION

What constitutes an emergency?

- Any life-threatening situation that requires immediate medical attention.

Procedures to be followed:

- Call Netcare911 (082 911) for immediate paramedic assistance.

Depending on the situation:

- Proceed to your nearest emergency medical facility/ hospital.

If time allows:

- Call your network doctor for advice.
- Call the Ingwe Health Advice Line for advice/assistance and obtain a pre-authorisation number.

Netcare911 is Ingwe's preferred service provider for medical emergency benefits. The benefits include:

- emergency medical response by road or air to the scene of a medical emergency.
- transfer by road or air to the closest, most appropriate medical facility.
- ambulance transfers to special care centres.
- medically justified ambulance or inter-hospital transfers.
- transfer of life-saving medication and emergency blood.
- companionship and/or care of stranded minors.
- repatriation of patient if hospitalised far from home.

- repatriation of mortal remains (to deceased's permanent place of residence).
- emotional support and tele-counseling.
- access to Rape Crisis Centres.
- specialised travel advice through SAA/British Airways Netcare Travel Clinics

#### 2.2.5.2 EMERGENCY EVACUATION CONTACT CENTRE

By dialing 082 911 you will go through to the Netcare911 communication centre. It is the most advanced medical call centre in our country and has highly trained, dedicated operators who are able to make informed decisions about the nature and extent of the emergency at hand. A medical doctor – experienced in trauma and emergency medicine – is stationed at the call centre 24 hours a day.

**Please note:**

You will need your medical scheme membership number to obtain pre-authorisation for all Netcare911 services.

#### 2.2.5.3 PROCEDURE TO FOLLOW IN CASE OF AN EMERGENCY EVACUATION

If you have been taken to hospital by an alternative service provider (i.e. other than Netcare911) in the case of an emergency - it is important that the Netcare911 call centre is advised immediately.

Netcare911 will then be in a position to take over the management of the incident by assessing the appropriateness of the medical facility and treatment received, and should it be necessary, render additional services e.g. transfer to a more suitable medical facility.

If Netcare911 is not contacted within 48 hours of being assisted by the alternative service provider, you will be responsible for the settlement of the alternative service provider's account.

#### 2.2.5.4 CELL PHONE AND IN CASE OF EMERGENCY (I.C.E.) BENEFIT

When involved in an accident, paramedics often battle to identify a patient, particularly when the patient is unconscious. The identification of a patient is vital for two reasons, mainly to notify the patient's loved ones of the accident and secondly to decide which hospital to take the patient to.

All you need to do is to add an entry to your contact list on your cell phone titled - I.C.E. Add the name and number of the contact person and emergency services number 082 911.

It is simple and makes an emergency situation much easier to deal with.

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## 3 PRE-AUTHORISATION

### 3.1 DEFINITION: PRE-AUTHORISATION

Pre-authorisation is the process whereby you notify Ingwe that you are about to be hospitalised. This means that you need to contact our pre-authorisation toll-free number - 0800 002 449 to confirm a planned hospital stay.

### 3.2 HOSPITAL AND RELATED PROCEDURES

#### 3.2.1 PROCESS TO FOLLOW TO OBTAIN A PRE-AUTHORISATION NUMBER

Step 1	Step 2	Step 3
Phone Ingwe Health Plan's Hospital pre-authorisation department at least three working days before you are admitted to hospital.	The hospital pre-authorisation department will confirm your benefits and give you a pre-authorisation number.	Once you have pre-authorised your treatment, a case manager will monitor your progress in hospital.
Contact Hospital pre-authorisation on: 0800 002 449	You must give this number to the hospital and all relevant service providers when you are admitted.	The case manager will communicate with your treating doctor or specialist to ensure that you receive appropriate and cost-effective medical care.
You must provide the following information:  Membership number  Doctors details  Hospital's details  Proposed treatment/procedure  Date of admission		

#### What about emergencies?

If you are admitted directly to hospital as a result of an emergency, a member of your family or the hospital must notify Ingwe's hospital pre-authorisation on the first working day after admission.

#### What about extended stays?

The hospital must get approval from Ingwe for extended length of stay.

#### What about intensive and high care?

Intensive care and high care is limited to ten (10) days per admission, subject to case management.

#### Please note:

You need to pre-authorise three (3) working days prior to admission, or within 24 hours after an emergency admission (your family members, friends or hospital can call on your behalf if you are unable to).

You need to phone Ingwe's hospital pre-authorisation department on each hospital admission, to obtain an authorisation number.

### 3.3 SERVICES/TREATMENT THAT REQUIRE PRE-AUTHORISATION

- Any hospital admission
- Procedures in doctor's rooms
- Rehabilitation
- Confinements (birth of baby)
- CAT-/MRI scans and radio isotope studies
- Dental surgery and specialised dentistry
- Basic dentistry in hospital for children under the age of seven
- Out-of-network general practitioner, specialist and physiotherapy consultations for members on the Capitation, Medicare and Hospital Plus options
- Registration on specific programmes eg. Maternity and HIV programmes

### 3.4 SPECIAL PRE-AUTHORISATION

#### 3.4.1 PROCEDURES THAT REQUIRE SPECIAL PRE-AUTHORISATION BUT NOT LIMITED TO THESE

Some procedures performed during your admission to hospital may require special authorisation. To have these covered, you need to apply for Ingwe's approval in writing. A motivation from the referring doctor and / or quotation for the procedure(s) must accompany the application. Please note that no benefit shall be payable unless prior approval from Ingwe has been obtained.

Contact the Ingwe pre-authorisation department at: 0800 002 449.

#### 3.4.1.1 EXAMPLES OF SPECIAL AUTHORISATION PROCEDURES (BUT NOT LIMITED TO)

- Hip and knee replacements
- Spinal surgery
- Heart-valve replacements
- Organ transplants
- Medical and surgical appliances
- Radial keratotomy / eximer laser / holmium / intra corneal ring, phakic lens procedures
- Radiotherapy and chemotherapy

Send motivation to:

Ingwe Health Plan  
Pre-authorisation Department  
Private Bag X150  
Halfway House  
1685

Or fax to: 031 580 0742 / 0860 111 391

### 3.5 OUT-OF-NETWORK/EMERGENCY BENEFIT AND SPECIALIST PRE-AUTHORISATION

Members on the Pioneer (Specialist benefit only) Capitation, Hospital Plus and Medicare options need to contact the pre-authorisation toll-free number - 0800 002 449 and obtain a pre-authorisation number.

Please note:

- Ingwe Out-of-network general practitioners and emergency consultations - Authorisations are valid for 3 days only.
- Ingwe Specialist or Physiotherapy benefit- Authorisations are given on receipt of a referral letter from your preferred provider and are only valid for 3 days.

### 3.6 FAILURE TO PRE-AUTHORISE

If you do not pre-authorise before being admitted to hospital or within 24 hours following the event – Ingwe may charge a penalty/co-payment of 20% up to a maximum of R580 on Pioneer, Hospital Plus, Capitation and Medicare Options. If you do not pre-authorise for out of network/ emergency GP visits and specialists, you can be liable for a co-payment of R 55 per event.

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## 4 DAY-TO-DAY BENEFITS

### 4.1 DEFINITION: DAY-TO-DAY MEDICAL BENEFITS

Day-to-day medical expenses refer to medical treatment received out of hospital. These services include consultations/ visits to doctors and other registered medical practitioners (for example radiologists and pathologists, physiotherapists, psychologists, dentists and specialists). Costs relating to treatment rendered in hospital casualty units or centers of treatment where treatment is given on an outpatient basis, as well as prescribed medication used, are all subject to the benefits of your option's day-to-day benefits.

Day-to-day benefits on the Capitation, Medicare, Hospital Plus and Pioneer options are provided by Ingwe's network of contracted healthcare providers (doctors).

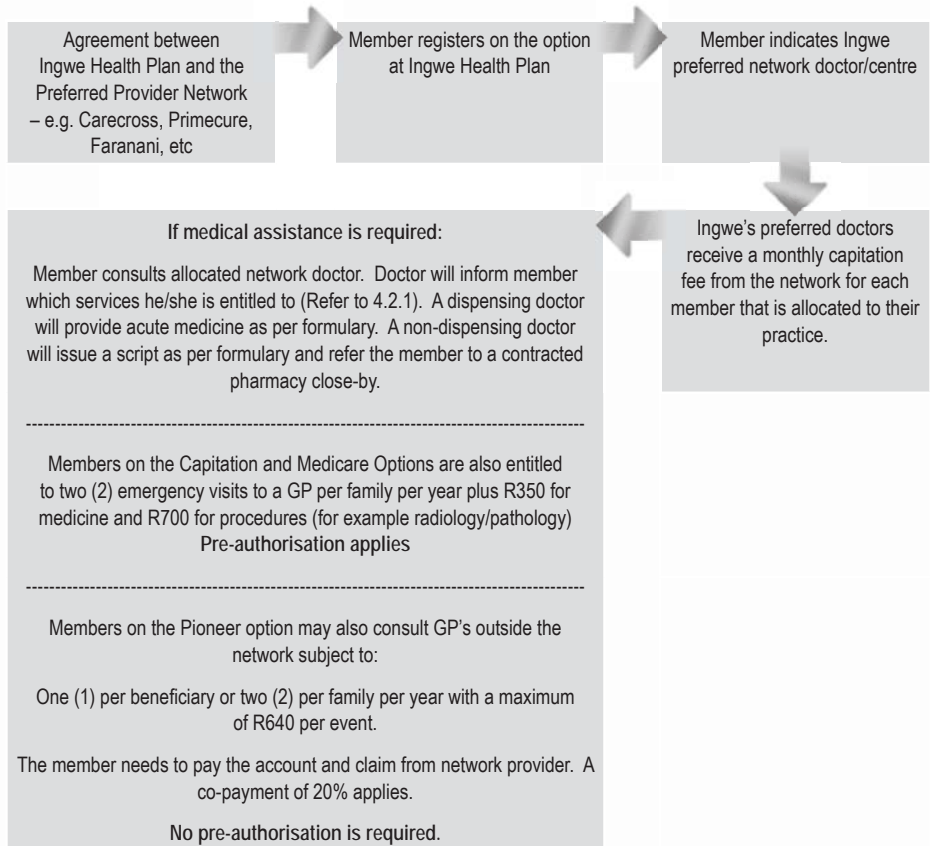
### 4.2 ALL OPTIONS

Hospital Plus, Capitation, Medicare and Pioneer are the four managed care products, which were developed in co-operation with Ingwe's preferred provider network for general practitioners.

(See benefit summary from pages 28 to 35)

Below is an illustration of how the managed care (Capitation) products work in practice:

## General practitioners



## Specialists / Physiotherapy Benefit

Members must be referred by their network doctor to a specialist and all benefits are subject to pre-authorisation - 0800 002 499

### Capitation Option:

2 Specialist benefits or 1 Specialist and 1 Physiotherapy treatment plan  
 Consultations / procedures limited at R700 per event  
 Medication limited at R350 per event  
 Physiotherapy limited to R700 per treatment plan per annum

### Hospital Plus Option:

Members are entitled to use the R700 per family per annum benefit to consult a specialist, physiotherapist or GP in case of emergency.

**Medicare Option:**  
 3 Specialist benefits or 2 Specialist and 1 Physiotherapy treatment plan  
 Consultations / procedures limited at R700 per event  
 Medication limited at R350 per event  
 Physiotherapy limited to R820 per treatment plan

**Pioneer Option:**  
 One specialist consultation and treatment limited to R1 000 per event with a co-payment of 10%

## Other services

**Dentistry:**  
 No referral is needed from an Ingwe preferred network doctor. Contact Ingwe for a list of service providers in your area.

**Optometry:**  
 No referral is needed from an Ingwe preferred network doctor. Contact Ingwe for service providers in your area on 0860 102 493.

**Maternity Benefit**  
 Members may also obtain two (2) additional gynaecologist visits including sonars by registering on the maternity programme.

Pioneer members - please contact your chosen network provider:

Prime Cure 0861 665 665  
 CareCross 0860 101 159

The programme is NOT available to Pioneer members

### 4.2.1 SERVICES RENDERED WITHIN THE NETWORK

- **GP consultations:** All out-of-hospital GP consultations (diagnosis and treatment) and dispensing of acute medication as per relevant network formulary (medicine list)
- **Chronic medication:** Registration for chronic medication is necessary and you can coordinate delivery via your selected network provider
- **Basic blood tests:** All out-of-hospital blood tests (as recommended and coordinated by network doctor)
- **Basic x-rays:** All out-of-hospital x-rays (as recommended and coordinated by network doctor)
- **Dentistry:** Benefit includes "basic" dental treatment (preventative treatment, hygiene, extractions under local anesthetic, fillings). Your benefits do not cover specialised dentistry like crowns or bridges and dentures.
- **Optometry:** Ingwe Optometry network provides the benefits except on Pioneer and the benefit include:
  - Comprehensive eye test;
  - White lenses for single vision or bifocal needs;
  - Frame as per formulary or R400 - Hospital Plus and Capitation and R600 on Medicare option;
  - Contact lenses to a maximum of R600 (No benefit on Pioneer Option);
  - Benefit available per beneficiary every 24 months.
  - Pioneer members - please contact your chosen network provider to confirm you're the benefit available to you as it might differ based on your location

Prime Cure 0861 665 665  
 CareCross 0860 101 159

- **ECG tests:** Recommended and coordinated by network doctor.

- **Pregnancy:** Tests by network doctor.
- **Antenatal and Postnatal care:** As defined per attending network doctor.
- **Minor trauma treatment:** As per attending network doctor.

Please note:

Day-to-day benefits are only available when you utilize the services of your chosen Ingwe preferred provider.

Please note international students:

Please note a waiting period of twelve (12) months applies in terms of pregnancy, confinement and related cost as well as HIV / AIDS and related treatment.

## CareCross, Prime Cure and Faranani networks

Members need to select a participating preferred provider in the respective networks.

If you selected the Prime Cure network and your selected provider and he/she is not available, you may consult any other provider in the same network.

If you selected CareCross as network provider – you may only visit your chosen CareCross provider

### 4.2.2 HOW TO CHANGE NETWORK PROVIDERS

Voluntary:

- **Member is dissatisfied with GP selected and wishes to change provider within network:**  
Member needs to identify the “new” doctor and submit a motivation for such a request.
- **Member wishes to change from network:**  
Such requests may only be exercised annually at the beginning of the new calendar year.
- **No network representation:**  
In the event of a member moving to another town (business or personal reasons), where the network he/she is currently allocated to is not represented, Ingwe will assist and accept a change to another network provider.

Termination of Provider contract:

- **Provider terminates his/her contractual agreement as network provider:**  
In this event Ingwe shall inform the member of such a development, and provide a list of alternative providers available in that particular area, from which the member may select. If no other choices, Ingwe will transfer allocation to the substitute provider. Ingwe shall confirm the changes in writing, and where applicable, issue a new membership card.
- Members should contact Ingwe Client Services - 0860 102 493 for any advice and assistance.
- Ingwe will always ensure the availability and accessibility of providers. Any change in provider status will be communicated to affected members.

## 4.3 CAPITATION OPTION ONLY

### 4.3.1 OUT-OF-NETWORK/ EMERGENCY BENEFITS – GENERAL PRACTITIONER

If you are a Capitation option member you are entitled to the following benefits, once you have followed the pre-authorisation process:

CareCross, Primecure and Faranani - Maximum of Two (2) consultations per family per annum, plus R350 for medicine and R700 for test and procedures per authorised consultation

### 4.3.2 SPECIALIST BENEFITS

If you are a Capitation option member you are entitled to the following benefits, once you have followed the pre-authorisation process:

- A maximum of two (2) consultations per family per annum, plus R350 for medicine and R700 for test and procedures OR
- one (1) Specialist Consultation and one (1) physiotherapy treatment plan to the value of R700 per family per annum

## 4.4 MEDICARE OPTION

### 4.4.1 OUT-OF-NETWORK/ EMERGENCY BENEFITS – GENERAL PRACTITIONER

If you are a Medicare option member you are entitled to the following benefits, once you have followed the pre-authorisation process:

- Maximum of Two (2) Consultations per family per annum Plus R 350 for medicine and R700 for test and procedures

### 4.4.2 SPECIALIST BENEFITS

If you are a Medicare option member you are entitled to the following benefits, once you have followed the pre-authorisation process:

- A maximum of three (3) consultations per family per annum Plus R350 for medicine and R700 for procedures OR
- Two(2) Specialist Consultation and one (1) physiotherapy treatment plan to the value of R820 per family per annum

### 4.5 PHARMACY PROCEDURE FOR INGWE CAPITATION AND MEDICARE MEMBERS USING OUT-OF-NETWORK EMERGENCY OR SPECIALIST BENEFITS

Out-of-network emergency doctor prescriptions

- If the member is using an out-of-network clinic or doctor he/she must obtain a pre-authorisation number from Ingwe Health Plan by phoning 0800 002 449.
- Medicine may be dispensed by the doctor or any retail pharmacy.

- Note: The authorisation number must be given to the pharmacist as a reference validation 3 days from obtaining the authorisation
- The pharmacy must use Mediscor code: MDS 0047
- The script value is R350 per authorisation.
- If the value of the script exceeds R350 the patient must pay the difference.
- Any patient without an authorisation number needs to pay cash for both the doctor's visit and medication.

## Specialist prescriptions

- In the case of a referral to a specialist the member must obtain a pre-authorisation number, as is the case with an out-of-network emergency consultation.
- Please ensure that you are referred by your Ingwe network provider and that you take a copy of the chronic medicine formulary with you, so that chronic medication can be prescribed according to the formulary.
- Note: The authorisation number must be given to the pharmacist as a reference validation 3 days from obtaining the authorisation
- The pharmacy must use Mediscor code: MDS 0047
- The script value is R350 per authorisation.
- If the value of the script exceeds R350 the patient must pay the difference.
- Any patient without an authorisation number needs to pay cash for both the doctor's visit and medication.
- Chronic medication must be prescribed according to the relevant Capitation medicine formulary and must be obtained through the Network Provider

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**Please note:**

The pharmacy can contact the Mediscor call centre on 012 674 8000 for technical support.

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## 5 CHRONIC BENEFITS

### 5.1 DEFINITION: CHRONIC CONDITION

A chronic illness is a serious condition, which requires ongoing medical treatment or which, untreated, will result in the deterioration of your health status.

All options cover the Prescribed Minimum Benefit chronic conditions, known as the CDL (Chronic Disease List), in full in line with established protocols.

### 5.2 PROCEDURE TO APPLY FOR CHRONIC MEDICINE

The application process for Chronic Medicine differs per option. Please refer to the section dealing with your chosen option:

## 5.2.1 HOSPITAL PLUS, CAPITATION, MEDICARE AND PIONEER OPTIONS

Please follow these easy steps to ensure that you receive the appropriate treatment:

Step 1	Step 2	Step 3
Make an appointment with your selected healthcare provider, contracted to Ingwe Health Plan.	Make an appointment with your selected healthcare provider, contracted to Ingwe Health Plan.	A specific medicine list (formulary) applies to your option. Only medicines on this list will be covered and the list of medicines may differ per network provider.

Please note:

If you or any of your doctors request medicines that are not covered on the formulary, you will be liable for the cost. Chronic medicine may only be obtained from your chosen network provider.

## 6 HIV/AIDS - WELLNESS PROGRAMME

### HIV - Wellness

- Members who register on this programme receive regular counselling, support and education through telephonic contact, as well as an information booklet, to help them cope with their condition.
- These include guidance and advice on lifestyle management, diet, sexual behaviour, the nature of the disease etc, to optimise the patient's health and prevent deterioration of their condition.

### HIV – Anti-retroviral treatment (ART)

HIV positive members have access to anti-retroviral treatment as per Ingwe's defined protocol.

- Other benefits include telephonic support and counseling and educational material. The programme also offers treatment for pregnant women and occupational / accidental exposure to the disease.

## 6.1 HOW TO ENROL ON PROGRAMME

Step 1	You or your doctor can call 0800 002 449 or 24-hour Health Advice line at 0860 010 9793 (Ingwe Health Plan Disease Management). Please note: All calls are treated with the utmost confidentiality.
Step 2	Provide us with surname, date of birth and membership number for verification.
Step 3	Ingwe Disease Management Department will provide an application form which you and your doctor need to complete and return to the Ingwe Disease Management Department on fax 012 675 3848
Step 4	Your doctor will be contacted to discuss the treatment plan once you are enrolled on the programme.
Step 5	The case manager will call you to confirm the details of the programme.

Members who require medication can choose to collect it at the following area that is convenient to them:

- Any post office counter
- Doctor's rooms.

## Alternative Numbers

- Members can call the Ingwe HIV Department on 0860 010 9793.
- Calls will be returned by the HIV Risk Manager

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### Please note:

We encourage members to join the Programme as soon as possible to ensure optimal management. HIV is a chronic condition that can be managed.

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## 6.2 ADHERING TO CONDITIONS OF PROGRAMME AND TREATMENT PLAN

Should the member not conform to the Wellness Programme protocols (conditions of plan), or choose not to join the Programme, the Scheme does not need to pay for further benefits for this condition. Any related treatment thereafter will thus only be covered in the public sector in accordance with the Prescribed Minimum Benefits.

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## 7 MEMBERSHIP

### 7.1 CONTRIBUTIONS

#### 7.1.1 CALCULATION OF MEMBERSHIP CONTRIBUTIONS

Find out how much you get subsidised and how much your company contributes for ordinary and special dependants. Your option selection, income category and number of dependants are important and can influence your deductions. The contribution for a main member, adult dependant and child dependant differs – please refer to section nine for more details on dependants.

#### 7.1.2 PAYMENT OF CONTRIBUTIONS

Premiums are charged in advance and paid over to the scheme by the third of each month unless otherwise specified by your employer. Government payroll members' contributions (Q-link) are payable in arrears. Debit orders will be processed electronically on the 1st working day of every month.

#### 7.1.3 NON-PAYMENT OF CONTRIBUTIONS

Ingwe's billing department will send a "probable suspensions" list to your employer. If you are an individual member, you will be notified in writing. You or your employer needs to indicate how arrears will be settled. If no payment is received benefits will be suspended. The suspension will be followed by termination if no payment of arrears is received within 14 days following suspension notification.

The suspension will be communicated in writing.

#### 7.1.4 ADJUSTMENTS OF CONTRIBUTIONS

Your contribution can change when you add or remove dependants; with your normal yearly increase; or if you change your option.

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### Please note:

Changes to your option or network provider are allowed once a year, in January.

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## 7.2 MEMBERSHIP DETAILS

### 7.2.1 MEMBERSHIP NUMBER

Your membership number is shown on the front side of your membership card. You need to quote the full number in all correspondence on claims you or the service provider sends to us.

### 7.2.2 CHANGE OF PERSONAL DETAILS

You will be required to complete a "Member detail amendment and dependant registration form" (which you can obtain from Ingwe or from [www.ingwehealth.co.za](http://www.ingwehealth.co.za)) within 30 days of any of the following events:

- When additional dependants become eligible, for example through marriage or the birth of a child.
- Cancellation of dependants requires one calendar month's notice in advance.
- Option change or change in provider network – only allowed once per year – in January.
- A change in address and/or contact details
- A change in banking details.

Please send the completed form to:

Ingwe Health Plan – Membership Department  
Private Bag X150  
Halfway House  
1685

Please remember to quote your name, surname and membership number on your form and ensure that certified copies of your birth, adoption, marriage, death certificates (as may be applicable) are included.

Please contact your human resources department, your intermediary or Ingwe to find out how your contributions and limits will be affected by any changes to your membership status.

### 7.2.3 RETIREMENT / PENSION

Should you retire from employment, you may opt to remain a member of the Scheme (in your individual capacity). In this instance you must supply Ingwe with your personal banking details to facilitate payment of your monthly contributions.

### 7.2.4 CHANGING OPTIONS

Option changes can only be done during the first three months of joining Ingwe. Thereafter, you may only change your option in January of each year.

## 7.2.5 TERMINATION OF MEMBERSHIP

Your membership will be terminated:

- If your contributions or shortfalls are not paid and the scheme exercises its right to terminate your membership;
  - If Ingwe receives notice of cancellation of group participation from your employer.
  - If Ingwe receives one calendar month's notice of cancellation from you in the case of individual members. For members in employer groups, this notification should be sent via the employer;
  - If Ingwe has evidence of abuse of the privileges offered to you as a member e.g. fraud, submission of false claims, misrepresentation or non-disclosure of medical information;
  - In the event of your death.
- 

## 8 DEPENDANTS

### 8.1 WHO QUALIFIES TO BE REGISTERED AS A DEPENDANT AND HOW DO I ADD MY DEPENDANTS?

The following members of your family will qualify, provided that they are not members or dependants of any other medical scheme:

- Your spouse to whom you are married in terms of any law or custom.
- Your partner with whom you have a commitment and serious relationship akin to a marriage based on objective criteria of mutual dependency and a shared and common household, irrespective of the gender of either party. (Special dependant application form is required).
- Any other member of your immediate family (i.e. your parents, brothers, sisters) in respect of whom you are liable for family care and support (Special dependant application form is required).

You can obtain the necessary forms that need to be completed from Ingwe's customer care centre on 0860 102 493, or you can access the forms from our website on [www.ingwehealth.co.za](http://www.ingwehealth.co.za).

In terms of the rules of Ingwe, you are required to submit satisfactory evidence that any dependant, other than a spouse or partner or child under the age of 21, is dependent on you and that you have a legal liability to support and maintain such dependants. This evidence is required annually and will be used to determine whether the dependant qualifies to remain on Ingwe as your dependant.

### OVER-AGE DEPENDANTS

Three (3) months prior to dependant turning 21, a letter is sent to inform member that dependant can only remain on the scheme if the following conditions are met:

- student proof for the current year
- dependant unemployment affidavit

Please note:

Please note that student proof should be submitted annually

Please note that if proof of dependency is not supplied annually, (i.e. before the end of the benefit year of the persons involved), such dependants' membership will be cancelled at the end of the month in which they were born.

You will then need to re-apply to have these dependants added to your membership and normal underwriting and waiting periods will apply.

## 8.2 REGISTRATION OF DEPENDANTS

- Newborn babies must be registered within 30 days of birth, by supplying a copy of the birth certificate or birth notification.
- If registration takes place more than 30 days from birth, you will be required to complete a dependant registration form and Ingwe can place waiting periods on the dependant as allowed in terms of the Medical Schemes Act.
- In the case of late registration (90 days), the newborn will be loaded from date of birth and you will be required to pay all arrears incurred.
- Similarly, newlyweds must also register their spouses within 30 days of marriage. All of the above also apply in cases where the spouse is registered more than 30 days after marriage.

## 8.3 LATE REGISTRATION OF DEPENDANTS

- You do not have to register all your dependants when you join. However, non-registered dependants will not be covered.
- Should you later wish to have them covered, you must complete a "Member Detail Amendment and Dependant Registration" Form.
- These dependants are subject to the restrictions/waiting periods as set out in the section 9.1 and as allowed in terms of the Medical Schemes Act.

## 8.4 DEPENDANTS' BENEFITS IN THE CASE OF DEATH

- In the event of your death while still a member of Ingwe, your surviving spouse and other registered dependants need not terminate their membership.
- Any of your surviving dependants may be nominated to continue the membership as principal member in your place.
- Your surviving dependants may contact Ingwe to obtain the necessary documentation and to arrange their continuation of the membership.

The membership will be terminated if:

- a request for the continuation of the membership is not received within 60 days of the event,
- your surviving dependants become members or dependants on another scheme,
- they terminate membership,
- monthly contributions are not paid.

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## 9 CLAIMS AND MEMBERSHIP ADMINISTRATION

### 9.1 CLAIMS

#### 9.1.1 COMMENCEMENT OF BENEFITS

There may be a waiting period before you and/or a dependant will be covered for full benefits.

In general, depending on your membership/registration as a dependant on a previous scheme, the waiting periods that may be applied are:

- Three months for all medical services, or
- Twelve (12) months for pre-existing medical conditions (including pregnancy).

These waiting periods are generally not applied to Prescribed Minimum Benefits, unless stipulated by Ingwe.

#### 9.1.2 WHEN TO SUBMIT CLAIMS

If you are required to submit the claim yourself, you should submit the claim as soon as possible. If you or the service provider submits a claim later than the last day of the fourth month after the date on which the medical treatment was provided, your claim will not be paid.

#### 9.1.3 CLAIMS PROCESS

Pharmacies and medical practitioners usually submit their accounts electronically to Ingwe. If you prefer, you may pay cash and submit the original specified claim with your receipt. The advantage in doing this is that many suppliers offer cash discounts, which can help you get maximum value from your benefits, to stretch them even further.

#### 9.1.4 PAYING OF CLAIM BY YOURSELF

Step 1	Step 2
Write "Account Paid" clearly on the account.	Attach the receipt and mail the account to Ingwe. Originals must be sent but we strongly recommend that you keep a copy for your own records.

Please note:

**DO NOT SUBMIT RECEIPTS WITHOUT THE RELEVANT ACCOUNTS, AS THESE CANNOT BE PROCESSED.**

Direct payment into your bank account is to your advantage.

Please ensure that we have your correct banking details or contact 0860 102 493 to update your information.

#### 9.1.5 MINIMUM INFORMATION REQUIRED ON ACCOUNT

Before you submit a claim, please check that the following information is indicated on the account:

- Your membership number
- Name of option
- Surname, initials and postal address of main member

- Your receipt (if you have already paid the account)
- The patient's full names as indicated on the membership card and/ or birth certificate
- The name, practice number and address of the service provider
- Date of service and treatment.
- The tariff code, nature and costs of every service (where applicable)
- Duration of operation (where applicable)
- Name, quantity and price for each supply of medicine (where relevant)
- ICD10 Code (specifying the diagnosis)
- Signature of main member

**Please note:**

If your claim does not include all the necessary information, it will be returned to you. This will cause a delay in the payment of your claim.

### 9.1.6 ELECTRONIC CLAIMS

Most suppliers of medical services and medication have an electronic link to Ingwe and this facility allows for direct submission of claims. In such a case you are entitled to receive a copy of the account from the supplier, which you should use together with your statements to check the processing of these claims.

It is still your responsibility to check if your account is paid within four months. If you do not check the payment of the claim on time, you may lose your benefits.

### 9.1.7 PAPER CLAIMS

No claim form is necessary; simply follow these steps:

Step 1	Step 2	Step 3
Check the details on your account. Refer to section 10.1.5	Sign it if it is correct.	Send the account to:  Ingwe Health Plan Claims Department Private Bag X 150 HALFWAY HOUSE 1685

### ONLY LEGIBLE FAXED CLAIMS WILL ONLY BE PROCESSED

### 9.1.8 OUTSTANDING CLAIMS FOLLOWING MEMBERSHIP TERMINATION

- Claims for expenses incurred during your membership of Ingwe will be accepted up to four months after treatment as long as the rendering of service/treatment was on or before the date membership ended subject to all premiums paid up to date.
- Any amounts paid by Ingwe in error that exceed the benefits you are entitled to, will be recovered from you/ your estate or supplier payments will be reversed and you will be liable for settling the account directly with the supplier.

### 9.1.9 THIRD PARTY CLAIMS

If you require medical treatment as a result of the actions of a third party who may be held liable for such costs (workman's compensation, etc), Ingwe will not be liable for the settlement of these medical costs.

You may claim for the treatment of injuries where a third party was not involved. You are required to submit a statement of how the injuries were sustained and the fact that no third party was involved.

### 9.1.10 WHAT PROCESS MUST BE FOLLOWED IF YOU ARE INVOLVED IN A MOTOR VEHICLE ACCIDENT AND NEED TO CLAIM FROM THE ROAD ACCIDENT FUND (RAF)

- Road Accident Fund (RAF) claims have certain procedures, which must be strictly adhered to.
- If you have been involved in an accident where a third party is liable, you must inform Ingwe as soon as possible.
- All accounts will be put on hold until you appoint an attorney to handle your claim from the Road Accident Fund (RAF).
- The attorney must submit a written undertaking that Ingwe will be refunded to the extent that monies are recovered from the RAF.
- Ingwe will then release the claims for payment to the service providers (such as the hospitals and doctors concerned).
- Any delay in lodging a claim or appointing an attorney will delay payment of claims.
- Cases that are rejected by the RAF will be covered by Ingwe up to the benefit limits available. However, a letter will be required from the RAF stating that the claim has been rejected.

All information regarding the MVA must be sent to:

Ingwe Health Plan  
Third Party Claims  
Private Bag X 150  
HALFWAY HOUSE  
1685

### 9.1.11 MEDICAL EXPENSES INCURRED OVERSEAS

We recommend that if you take out some form of medical travel insurance, in the event of overseas travel as Ingwe does not cover these expenses abroad.

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## 10 INGWE HEALTH PLAN MANAGED CARE PROGRAMMES

### 10.1 MATERNITY PROGRAMME (MOM)

All expectant moms are encouraged to register on the programme. The programme aims to promote and maintain a healthy pregnancy, minimising the possibility of complications for both the pregnant mother and newborn.

Objectives:

- Ensuring that the patient receives individual and cost effective care in an appropriate setting.
- Empowering and educating members to make informed decisions pertaining to their health.
- Additional benefits provided once registered on MOM programme.
- Empowering the members in terms of their own health and responsibilities e.g. voluntary blood testing.
- Counselling of high risk pregnant moms via 24-hour health advice line on all aspects.
- Promoting deliveries by caesarean section for high-risk moms.
- Ensuring the provision of Anti-retroviral therapy for newborn for period of six weeks as from date of birth in case of HIV positive Moms as well as one month's Anti-Retroviral Treatment (ART) supply to HIV infected mothers as from 36 weeks gestation.

Please note:

This programme is not available to members on the Pioneer option

## 10.2 ONCOLOGY MANAGEMENT

Members with cancer can be assured of our best service by undertaking appropriate quality authorisation of all cancer associated treatment. Please contact our hospital benefit management department on 0800 002 449.

Objectives:

- Ensuring that the patient receives individual and cost effective care in an appropriate setting.
- Matching appropriate levels of care to the intensity of the illness.
- Empowering the members in terms of their own health and responsibilities.
- Providing 24-hour support/advice via the health advice line.
- Facilitating the use of available resources and co-ordinating the patients' rehabilitation e.g. step-down facilities.
- Evaluation and intervention strategies to ensure appropriate drug therapy is used e.g. all cases referred to Ingwe's Oncology Consultant.

## 10.3 HIV/AIDS MANAGEMENT

Refer to section 6 on page 18 for more details

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## 11 SPECIAL BENEFITS

### 11.1 HEALTH ADVICE LINE

This is a team of healthcare professionals who are at your service 24 hours a day to assist you. Ingwe's Health Advice line gives practical information, advice, and direct members to care that is cost effective, appropriate and of the highest quality. The team may be contacted on 0800 002 449.

### 11.2 GO! HEALTH REWARDS PROGRAMME

For more information – please refer to the enclosed brochure. It is important to follow the procedures and guidelines to ensure maximum benefits.

For more information – contact 0861 200 100



## 12 OVERVIEW OF BENEFIT OPTIONS

### PIONEER OPTION

Benefit Description	Benefit	Limit	Notes
Overall Annual Limit (OAL)	100% - IT	R800 000 per family per annum	For all in-hospital treatment pre-authorization is required – 0800 002 449
<b>In Hospital Benefits</b>			
Hospitalisation (Ward, theatre, consumables)	100% - IT	R800 000 per family per annum at private facilities. A specific list of private hospitals only	Benefits are subject to pre-authorization at least 48 hours prior to admission date. A co-payment of 20% to a maximum of R580 will apply with approved retrospective admissions
Dental	100% - IT	Subject to OAL	Pre-authorization required
Internal prosthesis	100% - IT	No benefit	
Take home medicine	100% - IT	Limited to 7 days supply per event	
Maternity benefit	100% - DSP	Subject to OAL	PMB at DSP only. Pre-authorization is required.
Radiology (Specialised - MRI / CT scans)	100% - IT	One scan per body region per beneficiary per annum	Co-payment of R660 will apply if diagnostic tests do not result in the confirmation of a PMB diagnosis
Pathology	100% - IT	100% of agreed tariff	Treatment received in-hospital
Psychiatric hospitalisation	100% - IT	Subject to OAL	PMB at DSP only. Pre-authorization is required.
Secondary facilities (nursing services & hospice)	100% - IT	R12 800 per family per annum	Pre-authorization required
External appliances	100% - IT	R2 600 per family per annum	R2 600 per family per annum
Organ Transplant	100% - DSP	Subject to OAL	PMB at DSP only. Pre-authorization is required.
Renal Dialysis	100% - DSP	Subject to OAL	PMB at DSP only. Pre-authorization is required.
Oncology / Chemotherapy	100% - DSP	Subject to OAL	PMB at DSP only. Pre-authorization is required.
<b>Medicines</b>			
Acute medication	100% - NP	Unlimited with consultation - no co-payments	Specific medicine list applies - Available from network provider as prescribed with consultation
Chronic medication	100% - NP	Unlimited with no-payments	Specific medicine list applies - Available from network provider
<b>Out-of-Hospital / Day-to-Day Benefits</b>			
General practitioners	100% - NP	Unlimited with no co-payments	Consultations and procedures at Scheme's network provider

Conservative dentistry	100% - NP	Unlimited with no co-payments	<ul style="list-style-type: none"> <li>• Consultations Examination – 2 x beneficiary per annum.</li> <li>• Preventative treatments – one treatment per beneficiary per year. Includes fluoride treatment, cleaning, scaling and polishing)</li> <li>• Fillings (White or Amalgam). Pre- authorisation required for 4/more restorations, or 4/more Composite fillings (only anterior covered).</li> <li>• Pain / sepsis and infection control</li> <li>• Oral Hygiene Instruction</li> <li>• Extractions . Pre-authorization required for 4+ extractions</li> <li>• Local Anaesthetic</li> <li>• Intra Oral Radiograph (X-Rays as per formulary). Pre-authorization for 3/more x-rays (maximum 4)</li> <li>• Emergency Root Canal</li> </ul>
Basic pair of spectacles	100% - NP	Network provider only	1 standard frame or pair of lenses as per formulary per member every 2 years of membership International students – A waiting period of 6 months apply for benefits
Lenses	100% - NP	Network provider only	1 Pair of clear standard or bi-focal lenses as per formulary
Eye examination	100% - NP	Network provider only	1 consultation per member every 2 years of membership Contact Prime Cure - 0861 665 665 Contact CareCross - 0860 101 159
Pathology (Blood tests)	100% - NP	Limited to specific list of tests	Available at Scheme's Network Provider
Radiology (X-rays)	100% - NP	Limited to specific list of black & white x-rays	Available at Scheme's Network Provider
<b>Additional or Special Benefits</b>			
Out-of-network GP visits	100% - NP	One (1) visit per beneficiary per year or two(2) per family per year. Limited to R 640 per event and co-payment of 20% applies.	Member needs to pay GP directly and claim from NP.
Out-of- Network Specialist visit	100% - IT	One (1) specialist consultation limited to R1 000 per event with co-payment of 10% (Including consultation, medication, test and procedures)	Pre-authorization is required
Maternity Benefits	100% - NP	2 X Ultrasounds plus 2 X gynae visits per pregnancy	Pre-authorization is required from NP
HIV / AIDS benefit	100% - IT	PMB's only	Members need to enroll on Programme Benefit includes: Lifestyle management, member education and anti-retroviral treatment

BOAL Overall Annual Limit per Beneficiary

AOL Overall Annual Limit

IT Ingwe Health Plan negotiated tariff (National Health Reference Price List or as negotiated with providers) or cost, whichever is the lesser

CDL Ingwe Health Plan Chronic disease list

DSP Designated Service Provider = State facilities

NP Network Provider

PMB Prescribed Minimum Benefits

IP Ingwe Provider

## HOSPITAL PLUS OPTION

Benefit Description	Benefit	Limit	Notes
Overall Annual Limit (OAL)	100% - IT	No overall annual limit	For all in-hospital treatment pre-authorisation is required – 0800 002 449
<b>In Hospital Benefits</b>			
Hospitalisation (Ward, theatre, consumables)	100% - IT	R880 000 per beneficiary per annum (BOAL)	Benefits are subject to pre-authorisation at least 48 hours prior to admission date. A co-payment of 20% to a maximum of R580 will apply with approved retrospective admissions
Dental	100% - IT	Subject to OAL	Pre-authorisation required
Internal prosthesis	100% - IT	R25 000 per family per annum	Pre-authorisation required
Take home medicine	100% - IT	Limited to 7 days supply per event	
Maternity benefit	100% - DSP	Subject to OAL	Member to pay the difference if non-DSP is chosen. A minimum co-payment of 15% will apply of the non-DSP account
Radiology (Specialised - MRI / CT scans)	100% - IT	One scan per body region per beneficiary per annum	Co-payment of R660 will apply if diagnostic tests do not result in the confirmation of a PMB diagnosis
Pathology	100% - IT	100% of agreed tariff	Treatment received in-hospital
Psychiatric hospitalisation	100% - IT	Subject to BOAL	PMB at DSP only. Pre-authorisation is required.
Secondary facilities (nursing services & hospice)	100% - IT	R24 000 per family per annum	Pre-authorisation required
External appliances	100% - IT	R2 600 per family per annum	R2 600 per family per annum
Organ Transplant	100% - DSP	Subject to OAL	PMB at DSP only. Pre-authorisation is required.
Renal Dialysis	100% - DSP	Subject to OAL	PMB at DSP only. Pre-authorisation is required.
Oncology / Chemotherapy	100% - DSP	Subject to OAL	PMB at DSP only. Pre-authorisation is required.
<b>Medicines</b>			
Acute medication	100% - NP	Unlimited with consultation - no co-payments	Specific medicine list applies - Available from network provider Carecross
Chronic medication	100% - NP	Unlimited with no-payments	Specific medicine list applies - Available from network provider Carecross
<b>Optical Benefits</b>			
Spectacles / lenses	100% - IP	Optical tests, one pair of white standard mono or bi-focal lenses	Ingwe Preferred Network providers only – Available every 24 months per beneficiary International students – A waiting period of 6 months apply for benefits
Frames	100% - IP	R400 per frame	Network provider only
Contact lenses	100% - IP	R600 per beneficiary	Network provider only

Out-of-Hospital / Day-to-Day Benefits				
General practitioners	100% of NP	Member Member + 1 Member + 2	4 visits per annum 7 visits per annum 10 visits per annum	Available from network provider
Conservative dentistry	100% - NP	<ul style="list-style-type: none"> <li>• Consultations Examination – 2 x beneficiary per annum.</li> <li>• Preventative treatments – one treatment per beneficiary per year. Includes fluoride treatment, cleaning, scaling and polishing)</li> <li>• Fillings (White or Amalgam). Pre-authorisation required for 4/more restorations, or 4/more Composite fillings (only anterior covered).</li> <li>• Pain / sepsis and infection control</li> <li>• Oral Hygiene Instruction</li> <li>• Extractions . Pre-authorisation required for 4+ extractions</li> <li>• Local Anaesthetic</li> <li>• Intra Oral Radiograph (X-Rays as per formulary). Pre-authorisation for 3/more x-rays (maximum 4)</li> <li>• Emergency Root Canal</li> </ul>		Combined with general practitioner visits at Scheme's network provider Carecross
Pathology (Blood tests)	100% - NP	Specific list of tests		Available from Scheme's network provider
Radiology (X-rays)	100% - NP	Specific list of black & white x-rays		Available from Scheme's network provider
Additional or Special Benefits				
Emergency GP / Specialist or physiotherapy	100% - IT	R700 per family per annum		For test / procedures or treatment plan
Maternity Benefits	100% - IT	2 X Ultrasounds plus 2 X gynae visits per pregnancy		Includes consultations and sonars Mothers-to-be to register on Maternity Programme
HIV / AIDS benefit	100% - IT	Unlimited for members on Programme		Members need to enroll on Programme Benefit includes: Lifestyle management, member education and anti-retroviral treatment

BOAL	Overall Annual Limit per Beneficiary
AOL	Overall Annual Limit
IT	Ingwe Health Plan negotiated tariff (National Health Reference Price List or as negotiated with providers) or cost, whichever is the lesser
CDL	Ingwe Health Plan Chronic disease list
DSP	Designated Service Provider = State facilities
NP	Network Provider
PMB	Prescribed Minimum Benefits
IP	Ingwe Provider

## CAPITATION OPTION

Benefit Description	Benefit	Limit	Notes
Overall Annual Limit (OAL)	100% - IT	No overall annual limit	For all in-hospital treatment pre-authorization is required – 0800 002 449
<b>In Hospital Benefits</b>			
Hospitalisation (Ward, theatre, consumables)	100% - IT	Unlimited per beneficiary per annum (BOAL)	Benefits are subject to pre-authorization at least 48 hours prior to admission date. A co-payment of 20% to a maximum of R580 will apply with approved retrospective admissions
Dental	100% - IT	Unlimited	Pre-authorization required
Internal prosthesis	100% - IT	R25 000 per family per annum	Pre-authorization required
Take home medicine	100% - IT	Limited to 7 days supply per event	
Maternity benefit	100% - DSP	Unlimited	Member to pay the difference if non-DSP is chosen. A minimum co-payment of 15% will apply of the non-DSP account
Radiology (Specialised - MRI / CT scans)	100% - IT	One scan per body region per beneficiary per annum	Co-payment of R660 will apply if diagnostic tests do not result in the confirmation of a PMBdiagnosis
Pathology	100% - IT	100% of agreed tariff	Treatment received in-hospital
Psychiatric hospitalisation	100% - IT	7 days acute care per beneficiary per annum	PMB at State Facilities. Pre-authorization required.
Secondary facilities (nursing services & hospice)	100% - IT	R24 000 per family per annum	Pre-authorization required
External appliances	100% - IT	R2 900 per family per annum	Post surgery and related to hospitalization
Organ Transplant	100% - DSP	Unlimited	PMB at DSP only. Pre-authorization is required.
Renal Dialysis	100% - DSP	Unlimited	PMB at DSP only. Pre-authorization is required.
Oncology / Chemotherapy	100% - DSP	Unlimited	PMB at DSP only. Pre-authorization is required.
<b>Medicines</b>			
Acute medication	100% - NP	Unlimited with consultation - no co-payments	Specific medicine list applies - Available from network provider
Chronic medication	100% - NP	Unlimited with no-payments	Specific medicine list applies - Available from network provider

Optical Benefits			
Spectacles / lenses	100% - IP	Optical tests, one pair of white standard mono or bi-focal lenses	Optical tests, one pair of white standard mono or bi-focal lenses & a standard frame as per formulary per beneficiary International students – A waiting period of 6 months apply for benefits Every 24 months per beneficiary Ingwe Preferred Network Providers
Frames	100% - IP	R400 per frame	Network provider only
Contact lenses	100% - IP	R600 per beneficiary	Network provider only
Out-of-Hospital / Day-to-Day Benefits			
General practitioners	100% - NP	Unlimited with no co-payments	Consultations and procedures Members can choose one of the network providers CareCross, Faranani and Prime Cure
Conservative dentistry	100% - NP	Unlimited with no co-payments	<ul style="list-style-type: none"> <li>• Consultations Examination – 2 x beneficiary per annum.</li> <li>• Preventative treatments – one treatment per beneficiary per year. Includes fluoride treatment, cleaning, scaling and polishing)</li> <li>• Fillings (White or Amalgam). Pre-authorization required for 4/more restorations or 4/more Composite fillings (only anterior covered).</li> <li>• Pain / sepsis and infection control</li> <li>• Oral Hygiene Instruction</li> <li>• Extractions. Pre-authorization required for 4+ extractions</li> <li>• Local Anesthetic</li> <li>• Intra Oral Radiograph (X-Rays as per formulary). Pre-authorization for 3/more x-rays (maximum 4)</li> <li>• Emergency Root Canal</li> </ul>
Pathology (Blood tests)	100% - NP	Specific list of tests	Available from Scheme's network provider
Radiology (X-rays)	100% - NP	Specific list of black & white x-rays	Available from Scheme's network provider
Additional or Special Benefits			
Emergency GP / Specialist or physiotherapy	100% - IT	R5 100 per family per annum	Subject to pre-authorization: 2 GP benefits 2 Specialists benefits or 1 Specialist and 1 Physiotherapy treatment plan Test / procedures limited at R 700 per event Medication limited at R 350 per event Physiotherapy limited to R 700 per treatment plan*
Maternity Benefits	100% - IT	Two(2) at specialist of choice	Includes consultations and sonars Mothers-to-be to register on Maternity Programme
HIV / AIDS benefit	100% - IT	Unlimited for members on Programme	Members need to enroll on Programme Benefit includes: Lifestyle management, member education and anti-retroviral treatment

BOAL	Overall Annual Limit per Beneficiary
AOL	Overall Annual Limit
IT	Ingwe Health Plan negotiated tariff (National Health Reference Price List or as negotiated with providers) or cost, whichever is the lesser
CDL	Ingwe Health Plan Chronic disease list
DSP	Designated Service Provider = State facilities
NP	Network Provider
PMB	Prescribed Minimum Benefit
IP	Ingwe Provider

## MEDICARE OPTION

Benefit Description	Benefit	Limit	Notes
Overall Annual Limit (OAL)	100% - IT	No overall annual limit	For all in-hospital treatment pre-authorisation is required – 0800 002 449
<b>In Hospital Benefits</b>			
Hospitalisation (Ward, theatre, consumables)	100% - IT	R880 000 per beneficiary per annum (BOAL)	Benefits are subject to pre-authorisation at least 48 hours prior to admission date. A co-payment of 20% to a maximum of R580 will apply with approved retrospective admissions
Dental	100% - IT	Subject to BOAL	Pre-authorisation required
Internal prosthesis	100% - IT	R25 000 per family per annum	Pre-authorisation required
Take home medicine	100% - IT	Limited to 7 days supply per event	
Maternity benefit	100% - DSP	Subject to BOAL	Member to pay the difference if non-DSP is chosen. A minimum co-payment of 15% will apply of the non-DSP account
Radiology (Specialised - MRI / CT scans)	100% - IT	One scan per body region per beneficiary per annum	Co-payment of R660 will apply if diagnostic tests do not result in the confirmation of a PMB diagnosis
Pathology	100% - IT	100% of agreed tariff	Treatment received in-hospital
Psychiatric hospitalisation	100% - IT	21 days acute care per beneficiary per annum for non PMB conditions	Pre-authorisation required
Secondary facilities (nursing services & hospice)	100% - IT	R24 000 per family per annum	Pre-authorisation required
External appliances	100% - IT	R6 200 per family per annum	Post surgery and related to hospitalization
Organ Transplant	100% - DSP	Subject to BOAL	PMB at DSP only. Pre-authorisation is required.
Renal Dialysis	100% - DSP	Subject to BOAL	PMB at DSP only. Pre-authorisation is required.
Oncology / Chemotherapy	100% - DSP	Subject to BOAL	PMB at DSP only. Pre-authorisation is required.
<b>Medicines</b>			
Acute medication	100% - NP	Unlimited with no co-payments	Specific medicine list applies - Available from network provider
Chronic medication	100% - NP	Unlimited with no co-payments	Specific medicine list applies - Available from network provider

Optical Benefits			
Spectacles / lenses	100% - IP	Optical tests, one pair of white standard mono or bi-focal lenses	Optical tests, one pair of white standard mono or bi-focal lenses & a standard frame as per formulary per beneficiary International students – A waiting period of 6 months apply for benefits Every 24 months per beneficiary Ingwe Preferred Network Providers
Frames	100% - IP	R600 per frame	Network provider only
Contact lenses	100% - IP	R600 per beneficiary	Network provider only
Out-of-Hospital / Day-to-Day Benefits			
General practitioners	100% - NP	Unlimited with no co-payments	Consultations and procedures Members can choose one of the network providers CareCross, Faranani and Prime Cure
Conservative dentistry	100% - NP	Unlimited with no co-payments	<ul style="list-style-type: none"> <li>• Consultations Examination – 2 x beneficiary per annum.</li> <li>• Preventative treatments – one treatment per beneficiary per year. Includes fluoride treatment, cleaning, scaling and polishing)</li> <li>• Fillings (White or Amalgam). Pre-authorisation required for 4/more restorations or 4/more Composite fillings (only anterior covered).</li> <li>• Pain / sepsis and infection control</li> <li>• Oral Hygiene Instruction</li> <li>• Extractions. Pre-authorisation required for 4+ extractions</li> <li>• Local Anesthetic</li> <li>• Intra Oral Radiograph (X-Rays as per formulary). Pre-authorisation for 3/more x-rays (maximum 4)</li> <li>• Emergency Root Canal</li> </ul>
Pathology (Blood tests)	100% - NP	Specific list of tests	Available from Scheme's network provider
Radiology (X-rays)	100% - NP	Specific list of black & white x-rays	Available from Scheme's network provider
Additional or Special Benefits			
Emergency GP / Specialist or physiotherapy	100% - IT	R6 400 per family per annum	Subject to pre-authorisation: 2 GP benefits 3 Specialists benefits or 2 Specialist and 1 Physiotherapy treatment plan Test / procedures limited to R700 per event Medication limited at R 350 per event Physiotherapy limited to R820 per treatment plan*
Maternity Benefits	100% - IT	Two(2) at specialist of choice	Includes consultations and sonars Mothers-to-be to register on Maternity Programme
HIV / AIDS benefit	100% - IT	Unlimited for members on Programme	Members need to enroll on Programme Benefit includes: Lifestyle management, member education and anti-retroviral treatment

BOAL	Overall Annual Limit per Beneficiary
AOL	Overall Annual Limit
IT	Ingwe Health Plan negotiated tariff (National Health Reference Price List or as negotiated with providers) or cost, whichever is the lesser
CDL	Ingwe Health Plan Chronic disease list
DSP	Designated Service Provider = State facilities
NP	Network Provider
PMB	Prescribed Minimum Benefits
IP	Ingwe Provider

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## 13 EXCLUSIONS

- The exclusions per option may differ and the list below is merely an abbreviated version of the exclusions. The rules of the Scheme will apply in all instances.
- Travel expenses except as provided for in terms of the preferred provider Netcare911
- Surgical appliances, except as provided by your chosen option.
- Reports, examinations and tests requested for emigration, immigration, visas, insurance policies, employment, admission to schools or universities, court medical reports, muscle-function tests, fitness examinations and tests, adoption of children, and for retirement due to ill-health.
- Operations, treatment and procedures for cosmetic reasons.
- Accounts for services rendered by persons not registered with a recognised professional body constituted in terms of an Act of Parliament and any institution, nursing home or similar institution except a State or provincial hospital not registered in terms of any law.
- Accounts for appointments not kept by members or their dependants.
- Accounts in respect of:
  - conditions for which the costs are recoverable from another party,
  - a condition arising from willfully self-inflicted injuries, suicide or attempt to commit suicide, whether or not the person was criminally accountable,
  - injuries arising from professional sport and power-driven vehicle sport, scuba diving, bungee or parachute jumps,
  - appliances and medication to prevent injuries during sport and recreational activities,
  - injuries arising from actions on account of a criminal transgression for which the member or his dependants were found guilty.
- Accommodation in an old-age home or institution providing general care and nursing services to persons, e.g. the infirm, aged or chronically ill patients, or similar institutions.
- Examinations, test and treatment of impotence and infertility or artificial insemination of a person within or outside the human body as defined in the Human Tissue Act, 1983 (Act 65 of 1983). In the case of artificial insemination, no benefit will be granted in respect of the preparatory expenses, i.e. pre-insemination expenses or insemination outside the female body.
- Cost in excess of the annual maximum benefits to which the member is entitled under the rules of the Scheme.
- Accommodation in spa's, health resorts or places of rest.
- The cost of holidays for recuperation purposes.
- Complications resulting from the treatment of cosmetic or unauthorised procedures.
- Cost arising from any person's association with the Defense Force for which he/she is covered through the Defense Force.
- Benefits not mentioned in this schedule or services not rendered in terms of accepted protocol or not aimed at the treatment of an actual or supposed condition or deficiency, disadvantaging or endangering essential body functions.

- Mammary surgery and breast reconstruction except where this is related to carcinoma, tumors and abscesses.
- Refractive surgery outside the benefit schedule of your chosen option.
- Any cost charged by a provider of service for motivations or prior motivations.
- Breathing exercises.
- Obesity and overweight.
- Applicators, toilet preparations, cosmetics.
- Hyperbaric oxygen treatment.
- Telephone consultations.
- Services rendered by social workers.
- Costs for services rendered outside the borders of the Republic of South Africa.
- Elective maxillo-facial and oral surgery (non-elective if Prescribed Minimum Benefit: 100% in Public Sector).
- Acupuncture.
- Biokinetics.
- Tuberculosis (100% in Public Sector).
- Elective abortions (not at designated service provider (DSP).
- Injuries sustained during participation in strike, during illegal picketing or riot or any illegal act in contravention with the law.
- Organ transplants performed outside benefit schedule of chosen option.
- Renal dialysis performed outside benefit schedule of chosen option.
- Oncology and chemotherapy performed outside benefit schedule of chosen option.
- Intra-ocular lens implants performed outside benefit schedule of chosen option
- Breast reduction
- Sexually transmitted diseases
- Hospitalisation for orthodontic related surgery
- Periodontal surgery



# Regional contact details

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### Address

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and

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## CAPE TOWN

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## DISCLAIMER:

This brochure represents an abbreviation of the Benefits and Rules, and does not supersede the Rules. Interpretation will be based on the full set of Rules.