



CHOOSE THE OPTION THAT IS RIGHT FOR YOU

UNIVERSAL PLAN & UNIVERSAL EDO (Efficiency Discount Option)

Comprehensive Primary Care

- Designed for families looking for Cost Effective Healthcare cover at choice of Designated Service Provider (DSP*).
- Hospital Cover is at DSP* Private Hospital Groups.
- Primary Care is allowed at 2 Nominated GP's of choice per beneficiary.
- Full cover for chronic medicine for all Chronic Disease List (CDL) conditions.
- Cover for comprehensive healthcare services for maternity.
- Preventative Care tailored for families.
- Contributions are discounted with the Universal EDO Plan at limited DSP* healthcare providers and hospitals.

FANTASY PLAN

Comprehensive Primary Care & Savings

- Designed for Single and Young Couples with healthy lifestyles.
- Unlimited Private Hospital Cover.
- The Medical Savings Account (MSA) provides additional funds to top up some scheme benefits and also cover for additional medical expenses not covered through risk.
- Full cover for chronic medicine for all Chronic Disease List (CDL) conditions plus some additional chronic conditions from a Non-CDL benefit.
- Cover for comprehensive healthcare services for maternity.
- Preventative Care designed to promote healthy lifestyles.

ENERGY PLAN

Comprehensive Care

- Designed for families needing Comprehensive Healthcare Cover.
- Unlimited Private Hospital cover at network hospitals.
- Comprehensive Healthcare services out of hospital.
- Full cover for chronic medicine for all Chronic Disease List (CDL) conditions including non-CDL benefit for additional chronic conditions.
- Cover for comprehensive healthcare services for maternity.
- Preventative Care tailored for families.

PRIVATE HOSPITAL COVER • CHOICE OF DESIGNATED SERVICE PROVIDER • CHOICE OF BENEFITS TO SUIT YOUR NEEDS

Thebemed Medical Aid Scheme is inspired by the vision of the pioneering black-owned Thebe Investment Corporation. The sole shareholder at the time was Batho Batho Trust, a community-based trust which included Nelson Mandela (Chairman), Walter Sisulu and Reverend Beyers Naude as original Trustees and Dr Enos Mabuza as the first Chairman of Thebe. Thebe is driven by a commitment to serve the broader interests of communities at large.

Thebemed Medical Aid Scheme was established on the 12th of September 2002 and is focused primarily on providing healthcare to beneficiaries previously excluded from cover. The Scheme is providing healthcare predominately in the mining, logistics and agricultural industries. Thebemed is driven by a commitment to serve the broader interests of communities at large to provide quality healthcare solutions at affordable and sustainable manner.

UNIVERSAL 2024

CHOOSING YOUR DESIGNATED SERVICE PROVIDER (DSP*)

Each Family Dependant can select their own DSP* Primary Care Provider at the start of the year.



1

Call the Thebemed Call Centre

0861 84 32 36 An agent will guide you and register your DSP*, or send a **WhatsApp** to **0861 84 32 36** with your member number. (Please provide the DSP GP Name and Practice number that must be linked to the family dependants (Name and date of birth).)

2

Log onto www.thebemed.co.za

and follow the "Providers" then the "Designated Provider" link to select a DSP*.

3

Supply your own family doctor's details

to the Thebemed Call Centre. They will contract them into the Thebemed Doctor Network.

UNIVERSAL PLAN CONTRIBUTION RATES

Hospital Network:

Mediclinic, Life Healthcare, National Hospital Network (NHN), Netcare and Lenmed.

Pathology Network:

Medilab, Ampath, Lancet and Vermaak, Target Lab, Pelo Laboratory, Stern Path and Hamadi.



Premium penalties for persons joining late in life:

Applied in respect of persons over the age of 35 years, who were without medical scheme cover for the period indicated hereunder after the age of 35 years as follows:

- 1 - 4 years @ 0.05 multiplied by the relevant contribution
- 5 - 14 years @ 0.25 multiplied by the relevant contribution
- 15 - 24 years @ 0.50 multiplied by the relevant contribution
- 25 + years @ 0.75 multiplied by the relevant contribution

"creditable coverage" means any period of verifiable medical scheme membership of the applicant or his or her dependant, but excluding membership as a child dependant, terminating two years or more before the date of the latest application for membership. Any years of creditable coverage which can be demonstrated by the applicant or his or her dependant shall be subtracted from his or her current age in determining the applicable penalty.

INCOME

PER MEMBER PER MONTH

	0 - R500	R692
	R501 - R2 500	R1 723
	R2 501 - R7 500	R1 889
	R7 501+	R2 661
	0 - R500	R692
	R501 - R2 500	R1 479
	R2 501 - R7 500	R1 621
	R7 501+	R2 509
	0 - R500	R692
	R501 - R2 500	R809
	R2 501 - R7 500	R887
	R7 501+	R1 032

ALL BENEFITS WILL BE PRO-RATED FOR MEMBERS ADMITTED DURING THE BENEFIT YEAR. ALL COSTS PAYABLE AT 100% OF NEGOTIATED TARIFF.

* Maximum 2 children per family charged

OUT OF HOSPITAL BENEFITS

ALL BENEFITS ARE PAYABLE AT DESIGNATED SERVICE PROVIDER (DSP)*, PRE-AUTHORISATION AND PMB*.



GP CONSULTATIONS

(If Non-DSP* GP is used voluntarily;
25% Co-payment is payable
by the member / visit)

- UNLIMITED, but managed
- 100% of Negotiated Tariff at DSP*
- PMB* based on internal protocols
- After the 10th visit / beneficiary pre-authorisation is required.
- Member to choose and consult two DSP GPs as primary providers / beneficiary
- 2 Out of Area Emergency Visits / beneficiary / year

HELLO DOCTOR CONSULTATIONS

- UNLIMITED
- Alternative to face-to-face GP consultations
- Access to Medical Scripts
- Available 24 hours a day
- Available via text, call or on-line



SPECIALIST CONSULTATIONS

(Subject to referral by GP)

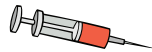
- Limited to 3 visits / family / year
- 100% of Negotiated Tariff at DSP*
- PMB based on internal protocols



DIAGNOSTIC PROCEDURES

(Pathology and Radiology
Managed by Request Form as prescribed
by the GP and referred Specialist)

- UNLIMITED
- 100% of Negotiated Tariff at DSP*



ACUTE MEDICATION

(Medication, Injection & Material)

- UNLIMITED
- 100% of Negotiated Tariff at DSP* based on generic substitute and Schemes formulary



CONSERVATIVE DENTISTRY

(Set list of codes, including consultations, X-rays, scale and polish, root canal therapy, extractions, fillings & plastic dentures)

- Subject to pre-determined list of conservative dentistry codes.
- 100% of Thebemed Dental Rates
- Based on DENIS* managed care protocols



REFRACTION/EYE TESTS

- 1 Test / beneficiary / 2 years
- 100% of Negotiated Tariff
- Managed by PPN*



OPTOMETRY

(Frames, Lenses, Readers, Contact Lenses and Disposable Contact Lenses. Subject to pre-authorisation)

- 1 Pair of frames limited to R825 / beneficiary / 2 years
- Single and Bifocal lenses covered at 100% at DSP* Negotiated rate
- Contact Lenses Limited to R1 380 / beneficiary / 2 years
- No benefit for Contact Lenses if Frames are purchased



MEDICAL AND ORTHOPAEDIC APPLIANCES

(Services In / Out of Hospital.
Subject to Pre-authorisation and
GP / Specialist referral.
PMB* based on internal protocols)

- Limited to an overall R5 830 / family / year
 - 100% Negotiated Tariff
- The following Appliance sub-limits are applicable:
- **Wheelchair:**
One every 3-year cycle / beneficiary
 - **Speech and Hearing Aid:**
One every 3-year cycle / beneficiary



CHRONIC MEDICATION

(Subject to Registration; Pre-authorisation; Internal Treatment Protocols & Medicine Formulary; PMB* and renewal of prescription every 6 months)

- UNLIMITED
- Based on internal protocols
- Subject to generic substitute and Schemes Formulary
- PMB* based on internal protocols



PHARMACY ADVISED THERAPY

(Over the counter medicines in consultation with pharmacist, restricted to Schedule 0, 1 and 2 medicines)

- Limited to R183 / Script
- Subject to Limit of R594 / family / year
- 100% Cost at Single Exit Price and Regulated Dispensing Fee
- Not chargeable with Acute Script on Same Day

IN HOSPITAL BENEFITS

ALL BENEFITS AND SERVICES MUST BE PRE-AUTHORISED PRIOR TO ADMISSION, BY THE RELEVANT MANAGED HEALTHCARE COMPANY ON 0861 84 32 36. PRE-AUTHORISATION IS NOT A GUARANTEE OF PAYMENT. SCHEME RULES, FORMULARY, INTERNAL PROTOCOLS AND PMB'S WILL BE APPLIED WHERE APPLICABLE.



HOSPITALISATION

(Including accommodation, neonatal intensive care, medical and surgical procedures, medication, consumables and treating specialist costs)

- **UNLIMITED** at DSP network for EDO option, hospitals under Life Healthcare, Mediclinic & Netcare group
- A co-payment of R1 000 applicable for use on Non-DSP
- 100% of Negotiated Tariff at DSP*
- Based on internal and Department of Health protocols
- Based on the Clinical Outcomes and Tariff Negotiations
- The Scheme has the right to channel cases to the most competitive network
- Associated Providers must contact the Scheme for authorisation. Failure to do so will result in payment for only the first 3 days
- Subject to internal protocols



RENAL DIALYSIS

(Including Immune Suppressive Medication)

- 100% of Negotiated Tariff
- PMB* based on internal protocols and Treatment Plan
- Subject to PMB's*



PLANNED HOSPITAL PROCEDURES

- 100% of Negotiated Tariff.
- **R1 000** Co-payment for the planned procedure: Removal of skin lesions
- **R1 500** Co-payment for these planned procedures: Tonsillectomy, Adenoidectomy, Vasectomy, Functional endoscopic sinus surgery.
- **R3 500** Co-payment for these planned procedures: Back and neck pain without neurological symptoms, Arthroscopy, Colonoscopy, Gastroscopy, Hysterectomy, Laparoscopy, Nissen Fundoplication (Reflux Surgery)
- **R8 000** Co-payment for these planned procedures: Spinal Surgery and Joint replacements.
- Subject to PMB's and internal protocols



TAKE HOME MEDICATION

- 7 Days supply / beneficiary / hospital stay



BLOOD TRANSFUSIONS & BLOOD REPLACEMENT PRODUCTS

- 100% of Negotiated Tariff
- PMB* based on internal protocols



MATERNITY

(Home Delivery: By Registered Midwife)

- **UNLIMITED**
- **Normal, Caesarean & Home Delivery**
- 100% of Negotiated Tariff
- PMB* based on internal protocols
- 2 Maternity Sonars
- Maternity Vitamins. Limited to R100 / month / female beneficiary based on generic substitute and Schemes formulary



DIAGNOSTIC INVESTIGATIONS

(Pathology and Radiology Subject to GP / Specialist referral)

- 100% of Negotiated Tariff
- PMB* based on internal protocols



DRUG & ALCOHOL REHABILITATION

(Account will only be paid if the full course of treatment is completed)

- Limited to 21 days / beneficiary / year
- 100% of Negotiated Tariff
- PMB* based on internal protocols
- Subject to Contracted Private Facility



AUXILIARY, ALTERNATIVE HEALTHCARE AND PHYSIOTHERAPIST PRACTITIONERS

(Includes Dietitians, Occupational Therapists, Physiotherapist and Speech Therapists. Referred by treating doctor)

- 100% of Negotiated Tariff
- PMB* based on internal protocols
- Treatment Plan and Progress Report should be submitted during the hospital event to manage the clinical outcome



With registration on the Thebe Bambino Programme

- 1 Additional Sonar
- 2 Additional Gynaecology visits / pregnancy
- 3 Pre or Post-natal Midwife Consultations
- Maternity Bag at 7 months - Mother and baby essentials to get you started on your journey to motherhood
- 100% of Negotiated Tariff
- PMB* based on internal protocols

MRI / PET / CAT SCANS

(Subject to Pre-authorisation and Specialist referral)

- 2 MRI or CT Scans / beneficiary / year (In/Out of Hospital)
- 100% of Negotiated Tariff
- PMB* based on internal protocols

IN HOSPITAL BENEFITS



MENTAL HEALTH

(Psychiatric Treatment including Clinical Psychology. Appropriate referral by DSP* GP/ Specialist. Subject to Pre-authorisation for In and Out of Hospital, Treatment Plan Submission & Progress Report)

- PMB Conditions Only
- 100% of Negotiated Tariff
- Payment up to 3 days for Psychologist therapy sessions with or without a Psychiatrist in the same admission, thereafter pre-authorisation is required with treatment plan and progress report



INTERNAL & EXTERNAL PROSTHESIS

(Subject to PMB conditions only)

- Limited to an overall R55 438 / family / year
- 100% of Negotiated Tariff and based on internal protocols



HOME BASED CARE

- In lieu of hospitalisation
- Subject to clinical indication and pre-authorisation



ALTERNATIVES TO HOSPITALISATION

(Subject to Pre-authorisation & Case Management.)

- UNLIMITED
- **At Step Down, Sub-acute & Terminal Care Facilities**
- 100% of Negotiated Tariff.
- PMB* based on internal protocols



MEDICAL RESCUE

(Ambulance, Medical Emergency Evacuation Transport to Advisory Services)

- 100% of Negotiated Tariff at DSP*
- Subject to Pre-authorisation



MAXILLOFACIAL SURGERY

- 100% of Negotiated Tariff
- PMB* based on Department of Health protocols

UNIVERSAL EDO (Efficiency Discount Option)

The Universal Efficiency-discounted option (EDO) is a sub-option of the Universal plan. An EDO option is designed around members' willingness to limit their choice of provider(s) in a restricted network.

Members selecting Universal EDO agree to pay lower contributions (relative to the Universal plan) in return for having their choice of hospitals and doctors restricted when they are treated for all medical treatment.

Unlimited at DSP network for EDO option, hospitals under Life Healthcare, Mediclinic & Netcare group. A co-payment of R1 000 applicable for use on Non-DSP.

The main Universal plan's DSP* network list is broader with a national footprint compared to the Universal EDO.

UNIVERSAL EDO PLAN CONTRIBUTION RATES

		PER MEMBER PER MONTH
		UNIVERSAL EDO
INCOME		
	0 - R500	R574
	R501 - R2 500	R1 420
	R2 501 - R7 500	R1 578
	R7 501 +	R1 808
	0 - R500	R574
	R501 - R2 500	R1 262
	R2 501 - R7 500	R1 403
	R7 501 +	R1 553
	0 - R500	R574
	R501 - R2 500	R706
	R2 501 - R7 500	R784
	R7 501 +	R848

ALL BENEFITS WILL BE PRO-RATED FOR MEMBERS ADMITTED DURING THE BENEFIT YEAR. ALL COSTS PAYABLE AT 100% OF NEGOTIATED TARIFF.

* Maximum 2 children per family charged

FANTASY 2024

CHOOSING YOUR DESIGNATED SERVICE PROVIDER (DSP*)

Each Family Dependant can select their own DSP* Primary Care Provider at the start of the year.



1

Call the Thebemed Call Centre

0861 84 32 36 An agent will guide you and register your DSP*, or send a **WhatsApp** to **0861 84 32 36** with your member number.

(Please provide the DSP GP Name and Practice number that must be linked to the family dependants (Name and date of birth).

2

Log onto www.thebemed.co.za

and follow the "Providers" then the "Designated Provider" link to select a DSP*.

3

Supply your own family doctor's details

to the Thebemed Call Centre. They will contract them into the Thebemed Doctor Network.



FANTASY PLAN CONTRIBUTION RATES

Hospital Network:

Mediclinic, Life Healthcare, National Hospital Network (NHN), Netcare and Lenmed.

Pathology Network:




Medilab, Ampath, Lancet and Vermaak, Target Lab, Pelo Laboratory, Stern Path and Hamadi.

Premium penalties for persons joining late in life:

Applied in respect of persons over the age of 35 years, who were without medical scheme cover for the period indicated hereunder after the age of 35 years as follows:

- 1 - 4 years @ 0.05 multiplied by the relevant contribution
- 5 - 14 years @ 0.25 multiplied by the relevant contribution
- 15 - 24 years @ 0.50 multiplied by the relevant contribution
- 25 + years @ 0.75 multiplied by the relevant contribution

"**credible coverage**" means any period of verifiable medical scheme membership of the applicant or his or her dependant, but excluding membership as a child dependant, terminating two years or more before the date of the latest application for membership. Any years of credible coverage which can be demonstrated by the applicant or his or her dependant shall be subtracted from his or her current age in determining the applicable penalty.

	INCOME	PER MEMBER PER MONTH
	0 + Risk Savings	R2 147 R1 932 R215
	0 + Risk Savings	R1 757 R1 581 R176
	0 + Risk Savings	R884 R796 R88

ALL BENEFITS WILL BE PRO-RATED FOR MEMBERS ADMITTED DURING THE BENEFIT YEAR. ALL COSTS PAYABLE AT 100% OF NEGOTIATED TARIFF.

* Maximum 2 children per family charged

OUT OF HOSPITAL BENEFITS

ALL BENEFITS ARE PAYABLE AT DESIGNATED SERVICE PROVIDER (DSP)*. PRE-AUTHORISATION AND PMB*.



GP CONSULTATIONS

- UNLIMITED but managed
- 100% of Negotiated Tariff at DSP* Network
- After the 10th visit / beneficiary pre-authorization is required.
- Member to choose and consult two (2) DSP GPs as primary provider / beneficiary.
- 2 Out of Area Emergency Visit Beneficiary / year
- Non-emergency services obtained from a Non-DSP Network provider is subject to Savings

HELLO DOCTOR CONSULTATIONS

- UNLIMITED
- Alternative to face-to-face GP consultations
- Access to Medical Scripts
- Available 24 hours a day
- Available via text, call or on-line



DIAGNOSTIC PROCEDURES

(Pathology and Radiology Managed by Request Form as prescribed by the GP and referred Specialist)

- 100% of Negotiated Tariff at DSP*



SPECIALIST CONSULTATIONS

(Subject to referral by GP)

- Limited to 5 visits / family / year.



MEDICAL AND ORTHOPAEDIC APPLIANCES

(Services In / Out of Hospital Subject to Pre-authorization and GP / Specialist referral.

PMB* based on internal protocols)

- Limited to an overall R6 750 / family / year.
- 100% Negotiated Tariff.

The following Appliance sub-limits are applicable:

- **Wheelchair:** One every 3-year cycle / beneficiary;
- **Speech and Hearing Aid:** One every 3-year cycle / beneficiary.



REFRACTION/EYE TESTS

- 1 Test / beneficiary / 2 years.
- 100% of Negotiated Tariff.
- Managed by PPN*



ACUTE MEDICATION

(Medication, Injection & Material)

- M+: R5 814 / family / year
- 100% of Negotiated Tariff at DSP* based on generic substitute and Schemes formulary
- 100% of cost at Single Exit Price and Regulated Dispensing Fee



CHRONIC MEDICATION

(Subject to Registration; Pre-authorization; Internal Treatment Protocols & Medicine Formulary; PMB* and renewal of prescription every 6 months)

- 100% of Cost at Single Exit Price & Regulated Dispensing Fee.
- Subject to Generic and Scheme Formulary Services provided by DSP*

• Other chronic (NON-CDL) medicine:

Limited to R12 156 / family and R4 228 / beneficiary / year.

• CDL/PMB Chronic Disease List medicine:

Unlimited.
Payable first from Other Chronic Medicine.



PHARMACY ADVISED THERAPY

(Over the counter medicines in consultation with pharmacist, restricted to Schedule 0, 1 and 2 medicines)

- Limited to R193 / Script
- R850 from the Savings benefit, thereafter R464 is Subject to Risk
- 100% Cost at Single Exit Price and Regulated Dispensing Fee



OPTOMETRY

(Frames, Lenses, Readers, Contact Lenses and Disposable Contact Lenses) (Subject to pre-authorization)

- 1 Pair of frames limited to R825 / beneficiary / 2 years.
- Single and Bifocal and Multifocal lenses covered at 100% at DSP* Negotiated rate.
- Contact Lenses Limited to R1 380 / beneficiary / 2 years.
- No benefit for Contact Lenses if Frames are purchased.



EMERGENCY VISITS

(Facility Fee & Consultations)

- 100% of Negotiated Tariff.
- Cover for trauma and emergencies, any other event covered from Savings.

OUT OF HOSPITAL BENEFITS



AUXILIARY, ALTERNATIVE HEALTHCARE AND PHYSIOTHERAPIST PRACTITIONERS

(Limited to Chiropractors, Podiatry, Hearing Aid Acousticians, Audiology, Dieticians, Occupational Therapists, Physiotherapist and Speech Therapists)
(Appropriate referral by GP or Authorised Specialist)

- Limited to R1 050 / family / year.
- Subject to Savings.
- 100% of Negotiated Tariff.



CONSERVATIVE DENTISTRY

(Set list of codes, including consultations, X-rays, scale and polish, root canal therapy, extractions, fillings & plastic dentures)

- Subject to Pre-authorisation.
- 100% of Thebemed Dental Rates.
- Based on DENIS* managed care protocols.



SPECIALISED DENTISTRY

(Partial Chrome Cobalt Frame Dentures, Crowns and Periodontics)

- Limited R2 500 family / year.
- Subject to Savings.
- 100% of Thebemed Dental Rates.
- Based on DENIS* managed care protocols.

IN HOSPITAL BENEFITS

ALL BENEFITS AND SERVICES MUST BE PRE-AUTHORISED PRIOR TO ADMISSION, BY THE RELEVANT MANAGED HEALTHCARE COMPANY ON 0861 84 32 36. PRE-AUTHORISATION IS NOT A GUARANTEE OF PAYMENT. SCHEME RULES, FORMULARY, INTERNAL PROTOCOLS AND PMB'S WILL BE APPLIED WHERE APPLICABLE.



HOSPITALISATION

(Including accommodation, neonatal intensive care, theatre, materials and all related services)

- UNLIMITED
- 100% of Negotiated Tariff.
- Based on internal protocols
- Subject to PMB's
- Based on the Clinical protocols and Tariff Negotiations.
- The Scheme has the right to channel cases to the most competitive network



DIAGNOSTIC INVESTIGATIONS

(Pathology and Radiology
Subject to GP / Specialist referral)

- 100% of Negotiated Tariff
- PMB* based on internal protocols

MRI / PET / CAT SCANS

(Subject to Pre-authorisation and Specialist referral)

- 2 MRI or CT Scans/beneficiary / year (In / Out of Hospital).
- 100% of Negotiated Tariff.
PMB* based on internal protocols.



TAKE HOME MEDICATION

- 7 Days supply / beneficiary / hospital stay



MATERNITY

(Home Delivery: By Registered Midwife)

- UNLIMITED
- **Normal, Caesarean & Home Delivery**
- 100% of Negotiated Tariff.
- PMB* based on internal protocols
- 2 Maternity Sonars
- Maternity Vitamins. Limited to R100 / month / female beneficiary based on generic substitute and Schemes formulary



With registration on the Thebe Bambino Programme

- 1 Additional Sonar
- 2 Additional Gynaecology visits / pregnancy
- 3 Pre or Post-natal Midwife Consultations
- Maternity Bag at 7 months - Mother and baby essentials to get you started on your journey to motherhood



ONCOLOGY

(Radiotherapy, Chemotherapy and related materials)

- 100% of Negotiated Tariff.
- PMB* based on internal protocols.

IN HOSPITAL BENEFITS



PLANNED HOSPITAL PROCEDURES

- 100% of Negotiated Tariff.
- **R1 000** Co-payment for the planned procedure:
Removal of skin lesions
- **R1 500** Co-payment for these planned procedures:
Tonsillectomy, Adenoidectomy, Vasectomy, Functional endoscopic sinus surgery.
- **R3 500** Co-payment for these planned procedures:
Back and neck pain without neurological symptoms, Arthroscopy, Colonoscopy, Gastrosocopy, Hysterectomy, Laparoscopy, Nissen Fundoplication (Reflux Surgery)
- **R8 000** Co-payment for these planned procedures:
Spinal Surgery and Joint Replacements.
- Subject to PMB's and internal protocols



BLOOD TRANSFUSIONS & BLOOD REPLACEMENT PRODUCTS

- 100% of Negotiated Tariff.
- PMB* based on internal protocols



RENAL DIALYSIS

(Including Immune Suppressive Medication)

- 100% of Negotiated Tariff.
- PMB* based on internal protocols and Treatment Plan
- Subject to PMB's



ORGAN TRANSPLANTS

- 100% of Negotiated Tariff.
- PMB* based on Department of Health protocols



DRUG & ALCOHOL REHABILITATION

(Account will only be paid if the full course of treatment is completed)

- Limited to 21 days / beneficiary / year
- 100% of Negotiated Tariff.
- PMB* based on internal protocols
- Subject to Contracted Private Facility



AUXILIARY, ALTERNATIVE HEALTHCARE AND PHYSIOTHERAPIST PRACTITIONERS

(Includes Dieticians, Occupational Therapists, Physiotherapist and Speech Therapists)
(Referred by treating doctor)

- 100% of Negotiated Tariff.
- PMB* based on internal protocols.
- Treatment Plan and Progress Report should be submitted during the hospital event to manage the clinical outcome.



MENTAL HEALTH

(Psychiatric Treatment including Clinical Psychology)

Appropriate referral by GP / Specialist. Subject to Pre-authorization for In and Out of hospital, Treatment Plan Submission & Progress Report

- PMB Conditions Only.
- 100% of Negotiated Tariff.
- Payment up to 3 days for Psychologist therapy sessions with or without a Psychiatrist in the same admission, thereafter pre-authorization is required with treatment plan and progress report



INTERNAL & EXTERNAL PROSTHESIS

(Subject to PMB Conditions only)

- Limited to an overall R53 000 / family / year
- 100% of Negotiated Tariff and based on internal protocols



MAXILLOFACIAL SURGERY

- 100% of Negotiated Tariff
- PMB* based on Department of Health protocols



HOME BASED CARE

- In lieu of hospitalisation
- Subject to clinical indication and pre-authorization



ALTERNATIVES TO HOSPITALISATION

(Subject to Pre-authorization & Case Management.)

- UNLIMITED
- **At Step Down, Sub-acute & Terminal Care Facilities**
- 100% of Negotiated Tariff.
- PMB* based on internal protocols



MEDICAL RESCUE

(Ambulance, Medical Emergency Evacuation Transport to Advisory Services)

- 100% of Negotiated Tariff at DSP*
- Subject to Pre-authorization

ENERGY 2024



Each Family Dependant can select their own DSP* Primary Care Provider at the start of the year. Members are not allowed to change networks during the year.

Premium penalties for persons joining late in life:

Applied in respect of persons over the age of 35 years, who were without medical scheme cover for the period indicated hereunder after the age of 35 years as follows:

- 1 - 4 years @ 0.05 multiplied by the relevant contribution
- 5 - 14 years @ 0.25 multiplied by the relevant contribution
- 15 - 24 years @ 0.50 multiplied by the relevant contribution
- 25 + years @ 0.75 multiplied by the relevant contribution

“creditable coverage” means any period of verifiable medical scheme membership of the applicant or his or her dependant, but excluding membership as a child dependant, terminating two years or more before the date of the latest application for membership. Any years of creditable coverage which can be demonstrated by the applicant or his or her dependant shall be subtracted from his or her current age in determining the applicable penalty.

ENERGY PLAN CONTRIBUTION RATES

ACCESS TO ANY GP
WITHIN THE
THEBEMED NETWORK



R2 943



R2 787



R491

ALL BENEFITS WILL BE PRO-RATED FOR MEMBERS ADMITTED DURING THE BENEFIT YEAR. ALL COSTS PAYABLE AT 100% OF NEGOTIATED TARIFF.

* Additional child dependants above M+2 included free of charge. Additional adult dependants charged at adult rate. Please refer to the rules for definition of dependants

OUT OF HOSPITAL BENEFITS

ALL BENEFITS ARE PAYABLE AT DESIGNATED SERVICE PROVIDER (DSP)*.

SCHEME RULES, FORMULARY, INTERNAL PROTOCOLS AND PMB'S WILL BE APPLIED WHERE APPLICABLE.



GP CONSULTATIONS

(If Non-DSP* GP is used voluntarily: 25% co-payment is payable by the member / visit)

- **UNLIMITED** access to any GP within the Thebemed network
- 100% of Negotiated Tariff
- 100% of Scheme Tariff
- 1 Out of Area Emergency Visit / beneficiary / year

HELLO DOCTOR CONSULTATIONS

- **UNLIMITED**
- Alternative to face-to-face GP consultations
- Access to Medical Scripts
- Available 24 hours a day
- Available via text, call or on-line



MEDICAL AND ORTHOPAEDIC APPLIANCES

(Services In/Out of Hospital Subject to Pre-authorisation and GP/Specialist referral. PMB* based on internal protocols)

- Limited to an overall R8 000 / family / year
 - 100% Negotiated Tariff
- The following Appliance sub-limits are applicable:
- **Wheelchair:** One every 3-year cycle / beneficiary
 - **Speech and Hearing Aid:** One every 3-year cycle / beneficiary

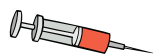


SPECIALIST CONSULTATIONS

(Subject to appropriate referral by GP)

M = 4
M+2 = 6
M+3+ = 8

- Limited to 4 visits / beneficiary / year



ACUTE MEDICATION

(Medication, Injection & Matenal)

M = R4 909
M+1 = R7 026
M+2 = R8 845
M+3+ = R11 217

- Per family / year
- 100% of cost at Single Exit Price and Regulated Dispensing Fee



OPTOMETRY

(Frames, Lenses, Readers, Contact Lenses and Disposable Contact Lenses. Subject to pre-authorisation)

- 1 Pair of frames limited to R894 / beneficiary / 2 years
- Single, Bifocal and base multifocal lenses covered at 100% at DSP* Negotiated rate
- Contact Lenses Limited to R1 843 / beneficiary / 2 years
- No benefit for Contact Lenses if Frames are purchased



CHRONIC MEDICATION

(Subject to Registration; Pre-authorisation; Internal Treatment Protocols & Medicine Formulary; PMB* and renewal of prescription every 6 months)

- 100% of Cost at Single Exit Price & Regulated Dispensing Fee
- Subject to Generic and Scheme Formulary Services provided by DSP*
- **Other chronic (NON-CDL) medicine:** Limited to R12 684 / family and R4 228 / beneficiary / year
- **CDL/PMB Chronic Disease List medicine:** Unlimited Payable first from Other Chronic Medicine



AUXILIARY, ALTERNATIVE HEALTHCARE PRACTITIONERS

(Includes Chiropractors, Homeopaths, Podiatry, Hearing Aid Acousticians, Audiology, Dieticians, Occupational Therapists, Orthotics and Speech Therapists, Registered Nursing Services and Psychologist)

Appropriate referral by GP / Specialist Subject to Treatment Plan and Progress Report from the provider after the 3rd visit)

- **OUT OF HOSPITAL:**
- Collective Limit of R4 228 / family / year
- 100% of Negotiated Tariff
- PMB* based on internal protocols



PHARMACY ADVISED THERAPY

(Over the counter medicines in consultation with pharmacist, restricted to Schedule 0, 1 and 2 medicines)

- Limited to R207 / Script
- Subject to Limit of R1 006 / family / year
- 100% Cost at Single Exit Price and Regulated Dispensing Fee



CONSERVATIVE DENTISTRY

(Consultations, X-rays, Preventative Care, Fillings, Root Canal Therapy, Extractions, and Plastic Dentures)

- Subject to Pre-authorisation
- 100% of Thebemed Dental Rates
- Based on DENIS* managed care protocols



SPECIALISED DENTISTRY

(Crown and Orthodontics)

- Limit R2 500 / person limited to R5 000 / family / year
- Subject to Pre-authorisation
- 100% of Thebemed Dental Rates.
- Based on DENIS* managed care protocols

HOSPITAL & ANAESTHETICS

- After Impacted teeth
- Subject to Pre-authorisation
- Based on admission protocols
- Extensive conservative treatment for children under the age of 5 years AND Impacted teeth

OUT OF HOSPITAL BENEFITS



RADIOLOGY

(Including Radiography, Specialised Radiology and Angiography, Managed by Request Form as prescribed by the GP and referred Specialist)

- **IN HOSPITAL**
Subject to Hospitalisation benefits
- **OUT OF HOSPITAL**
Limited to R3 865 / family / year



PATHOLOGY

(Managed by Request Form as prescribed by the GP and referred Specialist)

- **UNLIMITED**
- 100% of Negotiated Tariff
- PMB* based on internal protocols



MRI / PET / CAT SCANS

(Subject to Pre-authorization)

- 2 MRI or CT Scans / beneficiary / year (In or Out of Hospital).
- 100% of Negotiated Tariff.
- PMB* based on internal protocols.



REFRACTION/EYE TESTS

- 1 Test / beneficiary / 2 years
- 100% of Negotiated Tariff
- Managed by PPN*



PHYSIOTHERAPY

(Appropriate referral by GP / Specialist)

- **IN HOSPITAL**
Payment up to 3 days, thereafter treatment plan and progress report required
- **OUT OF HOSPITAL**
Limited to R3 880 / family / year
100% of Negotiated tariff
PMB* based on internal protocols

IN HOSPITAL BENEFITS

ALL BENEFITS AND SERVICES MUST BE PRE-AUTHORISED PRIOR TO ADMISSION, BY THE RELEVANT MANAGED HEALTHCARE COMPANY ON 0861 84 32 36. PRE-AUTHORISATION IS NOT A GUARANTEE OF PAYMENT. SCHEME RULES, FORMULARY, INTERNAL PROTOCOLS AND PMB'S WILL BE APPLIED WHERE APPLICABLE.



HOSPITALISATION

(Including accommodation, neonatal intensive care, theatre, materials and all related services)

- **UNLIMITED**
- 100% of Negotiated Tariff.
- Based on internal protocols
- Subject to PMB's
- Based on the Clinical protocols and Tariff Negotiations.
- The Scheme has the right to channel cases to the most competitive network



DIAGNOSTIC INVESTIGATIONS

(Pathology and Radiology)

Subject to GP / Specialist referral

- 100% of Negotiated Tariff
- PMB* based on internal protocols

MRI / PET / CAT SCANS

(Subject to Pre-authorization and Specialist referral)

PMB* based on internal protocols)

- 2 MRI or CT Scans / beneficiary / year (In/Out of Hospital).
- 100% of Negotiated Tariff.



PLANNED HOSPITAL PROCEDURES

- 100% of Negotiated Tariff.
- **R1 000** Co-payment for the planned procedure: Removal of skin lesions
- **R1 500** Co-payment for these planned procedures:
Tonsillectomy, Adenoidectomy, Vasectomy, Functional endoscopic sinus surgery.
- **R3 500** Co-payment for these planned procedures:
Back and neck pain without neurological symptoms, Arthroscopy, Colonoscopy, Gastrosocopy, Hysterectomy, Laparoscopy, Nissen Fundoplication (Reflux Surgery)
- **R8 000** Co-payment for these planned procedures:
Spinal Surgery and Joint Replacements.
- Subject to PMB's and internal protocols



AUXILIARY, ALTERNATIVE HEALTHCARE AND PHYSIOTHERAPIST PRACTITIONERS

(Includes Dieticians, Occupational Therapists, Physiotherapist and Speech Therapists)

(Referred by treating doctor)

- 100% of Negotiated Tariff.
- PMB* based on internal protocols.
- Treatment Plan and Progress Report should be submitted during the hospital event to manage the clinical outcome.

IN HOSPITAL BENEFITS



TAKE HOME MEDICATION

- 7 Days supply / beneficiary / hospital stay



RENAL DIALYSIS

(Including Immune Suppressive Medication)

- 100% of Negotiated Tariff.
- PMB* based on internal protocols and Treatment Plan



BLOOD TRANSFUSIONS & BLOOD REPLACEMENT PRODUCTS

- 100% of Negotiated Tariff
- PMB* based on internal protocols



ONCOLOGY

(Radiotherapy, Chemotherapy and related materials)

- 100% of Negotiated Tariff
- PMB* based on internal protocols



ALTERNATIVES TO HOSPITALISATION

(Subject to Pre-authorization & Case Management)

- UNLIMITED
- **At Step Down, Sub-acute & Terminal Care Facilities**
- 100% of Negotiated Tariff.
- PMB* based on internal protocols



ORGAN TRANSPLANTS

- 100% of Negotiated Tariff.
- PMB* based on Department of Health protocols



MENTAL HEALTH

(Psychiatric Treatment In and Out of Hospital). Appropriate referral by GP/ Specialist. Subject to Pre-authorization for In and Out of Hospital, Treatment Plan Submission & Progress Report from the Provider

- Limited to R18 243 / family / year
- 100% of Negotiated Tariff
- PMB* 21 Days based on internal protocols
- Payment up to 3 days for Psychologist therapy sessions with or without a Psychiatrist in the same admission, thereafter pre-authorization is required with treatment plan and progress report



MATERNITY

(Home Delivery: By Registered Midwife)

- UNLIMITED
- **Normal, Caesarean & Home Delivery**
- 100% of Negotiated Tariff
- Maternity Vitamins limited to R100 / month / female beneficiary based on generic substitute and Schemes formulary.
- PMB* based on internal protocols
- 2 Maternity Sonars



With registration on the Thebe Bambino Programme

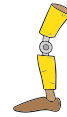
- 1 Additional Sonar
- 2 Additional Gynaecology visits / pregnancy
- 3 Pre or Post-natal Midwife Consultations
- Maternity Bag at 7 months - Mother and baby essentials to get you started on your journey to motherhood



DRUG & ALCOHOL REHABILITATION

(Account will only be paid if the full course of treatment is completed)

- Limited to 21 days / beneficiary / year
- 100% of Negotiated Tariff.
- PMB* based on internal protocols
- Subject to Contracted Private Facilities



INTERNAL & EXTERNAL PROSTHESIS

- Limited to an overall R63 250 / family / year
- 100% of Negotiated Tariff and based on internal protocols



MAXILLOFACIAL SURGERY

- 100% of Negotiated Tariff
- PMB* based on Department of Health protocols



HOME BASED CARE

- In lieu of hospitalisation
- Subject to clinical indication and pre-authorization



MEDICAL RESCUE

(Ambulance, Medical Emergency Evacuation Transport to Advisory Services)

- 100% of Negotiated Tariff at DSP*
- Subject to Pre-authorization

- INFORMS MEMBERS OF POTENTIAL HEALTH RISKS
- SUPPLIES A **BASKET OF CARE** FOR THOSE DIAGNOSED WITH A CHRONIC CONDITION.
- SUPPORTS MEMBERS WITH MOTIVATION, COACHING, ADVICE, RESOURCES AND TOOLS TO HELP THEM ACHIEVE THEIR GOALS.



MYPLAN2B WELL

www.thebemed.co.za/myhealth

- Rate your health
- Choose your goal & register for e-coaching
- Personalise your meal
- Design your fitness plan
- Track your results
- 1 Membership / beneficiary / year for beneficiaries over 18 years
- Subject to online registration



HEALTH ASSIST

Limited to referral from DSP* GP & Specialist
100% of Negotiated Tariff.

(Test to be done at DSP Pathologist)

- 1 Health Risk Assessment Test (over 18yrs) / beneficiary / year. Available at DSP* Pharmacy without a DSP* GP referral
- 1 Flu Vaccine (over 12 yrs) / beneficiary / year
- 1 Blood Sugar/Glucose Test (over 15 yrs) / beneficiary / year
- 1 Colon Cancer Test (over 50 yrs) / beneficiary / year
- 1 Bone Density Scan (over 50 yrs) / beneficiary / year. Limited to R1 800
- 2 Dietician Consultations for BMI 35+ / beneficiary / 6 months. Limited to R1 200 (over 12 yrs)
- 1 Biokinetic Consultation / beneficiary / year Subject to Dietician Consultations for BMI 35+ and Limited to R300 (over 12 yrs)



THEBEMED MOSADI

All benefits payable at DSP*

- 100% of Negotiated Tariff at DSP*
- 1 Pap Smear / beneficiary / year (females 18yrs+)
- 1 Mammogramme / beneficiary / 2 years (females 40yrs+)
- Contraceptives - Oral, injectable and patch only Limited to: Energy - R199 / script / month or R2 388 / annum. Universal and Fantasy - R166 / script / month
- IUD (only on Fantasy and Energy)



TELEPHONIC SUPPORT

08002B WELL (0800 229 355)

Trauma & Short Term (Relationship, Family, Health, Lifestyle) Counselling
24 hours a day / 7 days a week

- UNLIMITED



THEBEMED MONNA

All benefits payable at DSP*

- 100% of Negotiated Tariff at DSP*
- 1 Men's Health Consultation (males over 18 yrs)
- Circumcision - Limited to R1 524 / beneficiary
- 1 PSA (males over 40 yrs) / beneficiary / 2 years
- Internal protocols applicable



YOUTH ASSIST

Designed to help the youth deal with conflict, drug and alcohol abuse, teenage pregnancies and abortions.

- 2 Free sessions at registered social worker or psychologist for beneficiaries 12-21 years / beneficiary / year
- Limited to R1 200 / beneficiary
- 100% of Negotiated Tariff
- Contraceptives - Oral injectable and patch only. Limited to: Energy - R199 / script / month or R2 388 / annum. Universal/Fantasy - R166 / script/ month
- IUD (only on Fantasy and Energy)



HIV ASSIST

Includes Consultations, Counselling, Medication and Pathology Tests. Members encouraged to register on the HIV/AIDS Management Programme

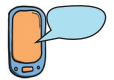
- 100% of Negotiated Tariff. Subject to PMB's
- Pre- and post-exposure prophylaxis included



CHRONIC DISEASE

Subject to Registration on the Disease Management Programme

- Subject to Disease Management protocols
- Basket of Care provided



FREE AIRTIME

Sign up with Thebemed and receive a FREE SIM CARD. This provides easy communication with consultants and you receive R55 airtime monthly.



EDUCATE



IDENTIFY



DIAGNOSE



TREAT



SUPPORT



Available in all official South African languages



Hello Doctor lets you talk to a doctor on your phone, anytime, anywhere.

Just request a call, or send your question via text



Download the app



Log in via our website

hellodoctor.co.za



Request a call

from your phone and follow the prompts to request a call.

Works on all phones

- Expert advice from qualified doctors FREE for Thebemed Medical Aid Scheme members.
- Send a Call Back request from the Hello Doctor App, and a doctor will call you back within an hour.
- Check your symptoms on the App to get an idea of what's wrong.
- Get daily tips from a doctor to stay healthy.

ABBREVIATIONS

BHF	- Board of Healthcare Funders
BMI	- Body Mass Index
DSP	- Designated Service Provider
NON-DSP	- Service Providers that fall outside of the DSP List
CO-PAYMENT	- Payment that needs to be made to service providers that are not on the DSP* list, including certain planned hospital procedures and services to specialists not referred
CDL	- Chronic Disease List
DENIS	- Dental Information Systems
GP	- General Practitioner
ICD10	- International Statistical Classification of Disease and Related Health Problems
PMB	- Prescribed Minimum Benefits
PPN	- Preferred Provider Negotiators
SEP	- Single Exit Price
THEBE BAMBINO PROGRAMME	- Thebemed's Maternity Programme
VCT	- Voluntary Counselling and Treatment

CHRONIC DISEASE LISTING

Chronic medication for the following disease listing is considered as Prescribed Minimum Benefits (PMBs)*.

- Addison's Disease
- ADHD
- Allergic Rhinitis
- Asthma
- Bipolar Mood Disorder
- Bronchiectasis
- Cardiac Failure
- Cardiomyopathy
- Chronic Renal Disease
- Chronic Obstructive Pulmonary Disease
- Coronary Artery Disease
- Crohn's Disease
- Depression
- Diabetes Insipidus
- Diabetes Mellitus Type I
- Diabetes Mellitus Type II
- Dysrhythmias
- Epilepsy
- Erythematosis
- Gastro-oesophageal reflux disease
- Glaucoma
- Gout
- Haemophilia
- Hyperlipidaemia
- Hypothyroidism
- Hypertension
- Incontinence
- Multiple Sclerosis
- Osteoarthritis
- Parkinson's Disease
- Psoriasis
- Rheumatoid Arthritis
- Schizophrenia
- Systemic Lupus
- Ulcerative Colitis

EXCLUSIONS & LIMITATIONS

The scheme will pay in full, without co-payment or use of deductibles, the diagnosis, treatment and care costs of the prescribed minimum benefits as per regulation 8 of the Act. Furthermore, where a protocol or a formulary drug preferred by the scheme has been ineffective or would cause harm to a beneficiary, the scheme will fund the cost of the appropriate substitution treatment without a penalty to the beneficiary, the scheme will fund the cost of the appropriate substitution treatment without a penalty to the beneficiary as required by regulation 15H and 15I of the Act.

Expenses incurred with any of the following will not be paid by the scheme, except where included as Prescribed Minimum Benefits:

1. Treatment or operations for cosmetic purposes including Blepharoplasties, Genioplasties, Rhinoplasties, Otoplasties, removal of tattoos, Labial frenectomies for patients over the age of 8 years old, etc.
2. Treatment for obesity including Liposuction, tummy tuck, Bariatric Surgery, etc.
3. Cosmetic breast reduction and reconstruction, refractive surgery and human growth hormones
4. Treatment for infertility or artificial insemination limited to Prescribed Minimum Benefits in State Hospitals
5. Holidays for recuperative purposes
6. Services rendered by persons not registered with a recognised body in South Africa constituted in terms of any law
7. Purchase of medicines and proprietary preparations, including but limited to:
 - Bandages and aids
 - Nutritional / food supplements including patented baby foods and special formulae
 - Acne treatment including Roaccutane and Diane, refer to Scheme
 - Toning and slimming products
 - Domestic and biochemical remedies
 - Vitamins except when prescribed for prenatal conditions, children under 12 years. Including people living with HIV/AIDS and registered on the programme
 - Aphrodisiacs
 - All soaps and shampoo (medicated or otherwise)
 - Anabolic steroids
 - Contact lenses preparations
 - Medicines and preparations advertised to the public and readily available without prescription, except where indicated in relevant benefit option
8. Examinations for insurance, visas, employment, school camps and similar purposes
9. Services rendered during any waiting periods that are imposed on the member or any dependant joining the scheme
10. Travel costs other than in an ambulance for emergency service to hospital only
11. Appointments not kept and fees for writing prescriptions
12. Non-PMB claims resulting from war; invasion, act of foreign enemy, hostilities, warlike operations (whether war be declared or not) civil war; rebellion, revolution, insurrection, military or usurped power; wherever a member has been participating
13. Convalescent or recuperative homes or clinics for the aged and chronically ill including frail care based on managed care protocols.
14. Loss of libido, including Viagra and Caverject
15. Acupuncture, reflexology and aromatherapy
16. Ante- and Postnatal exercise, except under Prescribed minimum Benefits and Post-natal visits at registered nurse once registered on the Bambino Programme
17. Osseo-integrated tooth implants
18. X-rays performed by anyone other than a registered Radiologist, Radiographer, Registered Radiographer Assistant or Dentist
19. Benefits in respect of the cost of medical expenses incurred whilst overseas are subject to approval by the Board of Trustees, if approved, cover will be at the applicable South African tariff
20. Complications arising from procedures or / and condition which is a scheme exclusion
21. Revision of scars Keloid removal except for burns and functional impairment
22. All expenses incurred due to elective Caesarean surgery out of protocol are not covered by the Scheme
23. Purchase or hire of medical, surgical or other appliances or devices not provided for in the rules or protocols or not scientifically proven. Including appliances to treat headaches, autopsies, back rests and chair seats, beds and mattresses, blood pressure monitors, electronic tooth brushes, humidifiers, pain relieving machines (e.g. TENS and APS),
24. Erythropoietin unless pre-authorised
25. Gender re-alignment
26. Uvulopalatopharyngoplasty
27. Hyperbaric oxygen treatment except for Prescribed Minimum Benefits
28. Organ donations to anyone other than a member or dependent of the scheme
29. Exclusions listed under "Dental Benefit Exclusions Summary", available on request from Scheme
30. Positron Emission Tomography (PET) scans where applicable
31. Alternative Health Practitioners (Osteopathy; Registered Counsellors; Reflexology; Phytotherapy; Therapeutic massage therapy)
32. 3D and 4D Maternity scans
33. MRI scans ordered by a general practitioner, unless there is no reasonable access to a specialist
34. X-rays performed by chiropractors
35. Chiropractor and Podiatry benefits in hospital
36. Sleep therapy
37. Bilateral gynaecomastia
38. Stethoscopes and sphygmomanometers (blood pressure monitors)
39. CT colonography (virtual colonoscopy) for screening
40. MDCT Coronary Angiography for screening
41. Epilation – treatment for hair removal
42. Facet joint injections and percutaneous radiofrequency ablations
43. Organs and haemopoietic stem cell (bone marrow) donations to any person other than to a member or dependent of a member on this Fund
44. Counselling by Registered Counsellors and/or Art Therapist. Subject to Prescribed Minimum Benefits
45. Allergy screening panels and/or desensitisation
46. Arch supports and chair seats
47. Beds and mattresses
48. Insulin pumps except for children 7 years or younger with frequent documented events of hypo and hyperglycemia
49. Blepharoplasties unless causing demonstrated functional visual impairment and pre-authorised
50. Persons attending on behalf of another registered beneficiary or main member at a registered healthcare services provider
51. Visiting a healthcare service provider with the sole purpose of obtaining a sick certificate without any treatment received
52. Maternity Bag is not available for mothers after birth, that did not register on the Bambino Programme
54. Biokinetics in and out of hospital, except under Health Assist benefit and protocol rule or when authorised under the Back treatment protocol



Thebemed is Live
on WhatsApp.

Chat to us on **0861 84 32 36**



CONFIRM BENEFITS



CLAIMS



GET PRE-AUTH



SEND A CLAIM



GET A DOCUMENT



THEBEMED
MEDICAL AID SCHEME

PREFERRED SERVICE PROVIDERS

Emergency Service for Netcare 911:

082 911 and **0860 63 82 27**

Optical authorisation for PPN:

0861 10 35 29

Dental authorisation for DENIS:

0860 10 49 33

COMPLAINTS



complaints@thebemed.co.za

THEBEMED TIP OFF FRAUD LINE

0861 666 996



Thebemed Medical Aid Scheme

Meersig Building, 269 West Ave, Centurion 0163

7 Lutman Street, Richmond Hill, Gqeberha, 6001.

Website: www.thebemed.co.za

Call Centre: 0861 84 32 36

Momentum Health

Meersig Building, 269 West Ave, Centurion 0163

Thebemed is administered by Momentum TYB.

momentum |  **TYB**

General Disclaimer

This brochure is a marketing aid. The registered Scheme Rules will always take precedence and available on request.

Note that Thebemed may specify certain principles relating to the use of your benefits.

In terms of the Medical Schemes Act, medical schemes may apply waiting periods and/or late joiner penalties to new members joining the Scheme. If we do apply a late joiner penalty to your membership, we will let you know before we activate your cover.



THEBEMED
MEDICAL AID SCHEME