Makoti Medical Scheme 2016
Clinically administered by Enablemed (Pty) Ltd

Member Information

1. BACKGROUND TO MAKOTI

The Makoti Medical Scheme was developed with the following in mind:
• To provide high quality medical care at an affordable cost.
• To introduce control measures to sustain the plan for a long period.
• To prevent illness wherever possible, by dealing with healthcare issues in the communities we serve.

2. BENEFITS YOU ARE ENTITLED TO

Makoti offers two benefit options. It is in your own best interests to choose the option that: You can afford and that suits your healthcare needs.

2.1 OPTION 1: PRIMARY OPTION
General practitioner services, medication and statutory prescribed minimum benefits
All benefits are subject to pre-authorisation and include:
• Unlimited primary healthcare from your chosen general practitioner.
• Medication as per formulary – acute and chronic.
• Basic pathology and radiology as authorised (Radiology: Chest Roentgenogram (CXR)), suspected fractures of extremities and two obstetric sonars per pregnancy, Pathology: PAP smear single slide, Glucose, Haemoglobin, HbA1c (for Diabetes), White Cell Count (WCC), Platelets, Rapid Plasma Reagin (RPR), Blood Group.
• Ambulance services for medical emergencies. (Contact LifeMed Ambulance Service on 0861 086 911).
• Optometry and primary care dentistry benefits are provided by accredited providers, subject to authorisation and limits.

Statutory prescribed minimum benefits (PMBs) as authorised, in respect of the relevant health services as described in terms of section 67(1)(g) of the Medical Schemes Act, are provided in State hospitals.

Experienced risk managers review all hospital admissions to optimise care and expenditure.

Optometry
Spectacles that are necessary for the correction of significant visual impairment must be obtained from an accredited optometrist and be authorised via the Enablemed Call Centre on 0860 002 400.

Limitations:
Lenses: One set of lenses per beneficiary every 24 months.
Frames: One frame per beneficiary every 24 months.

The cost of single lenses is covered, subject to the following conditions:
• The refraction error must be equal to, or more than, 0.5 dioptrre.
• The total cost, including testing and spectacles, is limited to R700 per beneficiary, per 24 months.

The following is not covered by the scheme:
• Multifocal lenses.
• Contact lenses.
• Replacement of lost spectacles.
**Dentistry**
All dentistry must be provided by an accredited dentist or dental therapist, who must first obtain authorisation from Dental Information Systems (Pty) Ltd on **0860 104 925**.

The following conservative dentistry is fully covered within managed care protocols:
- Consultations.
- Fillings (pre-authorisation applies).
- Extractions (pre-authorisation applies).
- Prevention (pre-authorisation applies).

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**Emergencies:**
In case of an emergency, contact Enablemed 24-hour Call Centre on **0860 002 400** or Lifemed Ambulance Services on **0861 086 911**.

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**2.2 OPTION 2: COMPREHENSIVE OPTION**
General practitioner services, medication and statutory prescribed minimum benefits

All benefits are subject to **pre-authorisation** and include:
- Unlimited primary healthcare from your chosen general practitioner.
- Medication as per formulary – acute and chronic.
- Hospitalisation, including step down care as appropriate, subject to pre-authorisation and PMBs.
- Specialist services – subject to pre-authorisation (for items excluded see 2.3).
- Pathology and radiology services are available, provided they are pre-authorised, subject to standard treatment protocols.
- Ambulance services for medical emergencies via LifeMed Ambulance Services (**0861 086 911**).
- Statutory PMBs as authorised, in respect of the relevant health services, as described in terms of Section 67(1) (g) of the Medical Schemes Act. The purpose of specifying PMBs is to avoid incidents where individuals lose their medical scheme cover in the event of serious illness.

The following benefits are provided by accredited providers, subject to limits:
- Optometry.
- Dentistry.
- Other services e.g. Ambulance for medical emergencies, clinical psychologist etc, see benefit summary for details.

**Optometry**
Spectacles that are necessary for the correction of significant visual impairment must be obtained from an accredited optometrist and authorised via the Enablemed Call Centre on **0860 002 400**.

**Limitations:**
- **Lenses:** One set of lenses per beneficiary every 24 months.
- **Frames:** One frame per beneficiary every 24 months.

The cost of single lenses is covered subject to the following conditions:
- The refraction error must be equal to, or more than, 0.5 dioptre.
- The total cost, including testing and spectacles, is limited to **R1 850** per beneficiary, per 24 months.
- Multifocal and contact lenses are covered within the limit above.

The following is not covered by the scheme:
- Replacement of lost spectacles.
**Dentistry**
All dentistry must be provided by an accredited dentist or dental therapist, who must first obtain authorisation from Dental Information Systems (Pty) Ltd on 0860 104 925.

The following conservative dentistry is fully covered within managed care protocols:
- Consultations.
- Fillings (pre-authorisation applies).
- Extractions (pre-authorisation applies).
- Prevention (pre-authorisation applies).
- Dentures are limited to one set of plastic dentures every four years.

Specialised dentistry is subject to an annual limit of R2 500 per family and includes root canal and all periodontal treatment.

**Specialist services**
All specialist services must be pre-authorised via the Enablemed National Call Line on 0860 002 400.

**Other services**
- Clinical psychology
  Limited to eight consultations per family per year, subject to pre-authorisation.
- Hearing aids
  Limited to R2 440 per beneficiary every four years, subject to pre-authorisation.
- External prostheses
  A maximum of R2 400 per member per annum for external orthopaedic prostheses, subject to pre-authorisation.
- Physiotherapy and occupational therapy
  A maximum of 20 treatments per family per annum, subject to pre-authorisation
- Ambulance services
  Ambulance services for medical emergencies are available 24 hours a day, subject to pre-authorisation by LifeMed Ambulance Services on 0861 086 911.
2.3 ITEMS NOT INCLUDED (EXCLUSIONS) ON BOTH OPTIONS
Subject to stipulations of the PMBs, Makoti Medical Scheme does NOT cover costs for any of the following:
- The treatment of obesity and its direct complications.
- Items or treatments that are not medically indicated.
- Willfully self-inflicted injuries (e.g. suicide attempts).
- Injuries arising from professional sport and speed contests.
- The hire of medical, surgical and other appliances.
- The cost of surgical stockings.
- Medical services provided by any person not registered with the Health Professions Council of South Africa, the South African Nursing Council or the Pharmacy Council.
- Recuperative holidays.
- Dental extractions for non-medical purposes.
- Gold inlays.
- Unproven or experimental treatment.
- Cosmetic and reconstructive surgery, treatment and appliances.
- Frail care and convalescence.
- Employee medical examinations initiated by an employer.
- Items or treatments which are not medically essential.
- Injuries where another party is responsible for the costs (e.g. Road Accident Fund or Workmen’s compensation claims).
- The treatment of drug, alcohol or any chemical substance dependency and the direct complications due to the abuse thereof.
- Roaccutaine and Retin A for the treatment of skin conditions.
- Podiatry, acupuncture, homeopathy, naturopathy and chiropractic treatments.
- Non-emergency visits to outpatient facilities at hospitals/casualties.

Third-party claims
If you are involved in a motor accident, your medical aid administrator may lodge a claim against the third party for medical expenses incurred. For the submission of such a claim, you or your dependant will be required to complete an Accident Report Form.
3. YOUR SERVICE PROVIDERS

**Your accredited general practitioner**
You should carefully consider who you would like to have as your regular doctor and make sure that he or she is easily accessible to you. Enabledmed will conclude an agreement with him or her to provide you with the services as covered by the scheme.

NB: It is important to understand that this will then be the only general practitioner you will be able to consult (except in emergencies). We believe that staying with one provider has many advantages; you will build a relationship of trust with your doctor and he or she will get to know you and your particular needs better. This will also eliminate the possibility of conflicting treatments and medication that can result from seeing different doctors.

If you wish to change your regular provider, you can do so through your Human Resources department by completing a New Doctor Choice Form. Dental service providers must be arranged through the Dental Call Centre on 0860 104 925.
4. MANAGED HEALTHCARE

The services rendered by members of the healthcare profession for the benefit of a patient.

Managed healthcare has the following aims:

- To provide you and your dependants with high-quality healthcare protocols that were developed by the scheme and that need to be followed to access your benefits.
- To keep healthcare affordable to as many people as possible.

Assistance with managed healthcare will be given through your doctor and the staff at the Call Centre.

**NB:** All services are subject to pre-authorisation, unless an arrangement has been made with your doctor. Please make sure your general practitioner, hospital or other healthcare provider is willing to provide you with the authorised service at the Makoti Medical Scheme tariff. For assistance in this regard, please call 0860 002 400.

In case of an emergency

contact Enablemed 24-hour Call Centre on:

0860 002 400

or Lifemed Ambulance Services on:

0861 086 911

Visiting your doctor

When visiting your doctor, please take your Makoti Membership Card and your ID document with you, for identification. Also take along your health records such as Baby Clinic or Family Planning Cards, to provide your doctor with a clear medical history.

Making appointments

Some doctors and practices see patients by appointment only. Scheduling your appointment in advance will also help you to **ensure that you are able to consult with your doctor of choice and minimise waiting time.**

Chronic Care Programme

We encourage you to join our Chronic Care Programme for care of any chronic illness by visiting your chosen doctor to register your condition. The registration process assists both your doctor and you as the patient to ensure that you receive optimal care with minimum administration. Our Chronic Care Programme covers all 27 chronic conditions that are on the Chronic Disease List (CDL) of the Council for Medical Schemes, including HIV/AIDS. Medication is covered as per the formulary. You will enjoy full cover as soon as your doctor officially registers you on the Chronic Care Programme.

What medicines and laboratory tests are used?

Makoti has carefully selected a list of quality medicines for the treatment and prevention of diseases. To maintain your health, it is of the utmost importance to use all medicines exactly as prescribed. Irresponsible use of medication poses a number of health threats that can even result in death. The majority of the medicines on our list are proven quality generics. Should you wish to use a more costly alternative, you will be responsible for paying the additional cost directly to your pharmacy. Medication commonly requested that is not on the formulary, includes vitamins, laxatives, proton pump inhibitors and over-the-counter (OTC) medicines. Clinically appropriate laboratory tests are accessed subject to protocol and pre-authorisation.
Universal Healthcare (Pty) Ltd is responsible for registering the rules and benefits of the Makoti Medical Scheme. The scheme applies underwriting to all new entrants, as prescribed by the Medical Schemes Act.

A spouse or partner, biological children, adopted children and immediate family members that are dependent on the member for family care and support are eligible for cover.

**Cover for children as dependants**
Your children may remain on the Makoti Medical Scheme as your dependants until they become employed or reach the age of 21 years.

As soon as your children reach 21 years of age, their status must be converted to that of adult dependant.

**Adding adult dependants**
If you wish to add adult dependants, underwriting will be done according to the Medical Schemes Act.

**How many medical aid schemes can a person belong to?**
You may not belong to more than one medical aid.

**How often can I change my option?**
You may change your option once a year, at the end of the year. Any changes will become effective from 1 January of the next year. To do so, you must complete an Option Change Form that must reach Makoti by no later than 30 November.

**Your membership status and personal details**
Please report any changes regarding your membership or your personal information to your Human Resource department as soon as they occur. Changes can include:
- The birth or legal adoption of a child.
- The new ID number of a dependant.
- Passing away of a dependant.
- Removal of a dependant from your medical aid.
- Divorce.
- Addition of dependants.
- Change of option (this may only be done once a year by 30 November, to be effective from 1 January).
- Change of address.

Changes in dependant status must be recorded for a new card to be issued. To avoid delays in payment of any claims, you need to check all the details on your membership card and make sure they are correct. Any mistakes must be reported as soon as possible so that a new card can be issued to you. Change of status forms can be collected from your human resources department.

**Your membership card**
Each member is issued with a membership card. If your membership card is lost or stolen you can request a new card by sending an e-mail to membership@universal.co.za.
6. CONTRIBUTIONS

Your contribution to the Makoti Medical Scheme is deducted from your wages/salary. Your employer pays this contribution to the scheme each month in advance.

Please see contribution details at the back of this booklet.

Accounts
It is your responsibility as the member to ensure that Enablemed receives all accounts from Healthcare providers immediately. Accounts that are received four months after the service date will not be paid by the scheme and will be for your own account.

7. COMPLAINTS AND DISPUTES

You may lodge any complaints with the scheme in writing (makoti@universal.co.za) or telephonically (011 208 1000) to the scheme’s telephone line.

Our Call Centre agents will endeavour to assist you immediately. All unresolved telephonic or written complaints will be responded to in writing, within 30 days of receipt.

Any dispute that may arise between a member, prospective member, former member or a person claiming by virtue of such member and the scheme or an officer of the scheme, must be referred by the Principal Officer to the Disputes Committee (appointed by the Board of Trustees) for adjudication. On receipt of a request in terms of this rule, the Principal Officer must convene a meeting of the Disputes Committee by giving not less than 21 days notice in writing to the complainant and all the members of the Disputes Committee, stating the date, time and venue of the meeting and particulars of the dispute. The Disputes Committee may determine the procedure to be followed.

The parties to any dispute have the right to be heard at the proceedings, either in person or through a representative. An aggrieved person has the right to appeal to the Council for Medical Schemes (CMS) against the decision of the Disputes Committee. Such an appeal must be in the form of an affidavit and directed to the Council and should be lodged with the Registrar no later than three months after the date on which the decision was made. The CMS may be contacted telephonically on 0861 123 267 or via email at complaints@medicalschemes.com.
# Makoti Medical Scheme
## Benefit Summary

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Primary Option</th>
<th>Comprehensive Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall limit</td>
<td>No limit</td>
<td>No limit</td>
</tr>
<tr>
<td>General practitioner services</td>
<td>Unlimited</td>
<td>Unlimited</td>
</tr>
<tr>
<td>Medicines as per formulary (acute and chronic)</td>
<td>Unlimited</td>
<td>Unlimited</td>
</tr>
<tr>
<td>Chronic illness screening by general practitioner</td>
<td>Annual or when requested</td>
<td>Annual or when requested</td>
</tr>
</tbody>
</table>

## The Following Services Must Be Pre-Authorised on 0860 002 400

### Basic pathology and radiology
- **Radiology**: Chest Roentgenogram (CXR), suspected fractures of extremities and two obstetric sonars per pregnancy
- **Pathology**: PAP smear single slide, Glucose, Haemoglobin, HbA1c (for diabetes), White Cell Count (WCC), Platelets, Rapid Plasma Reagin (RPR), Blood Group
- Fully covered

### Specialist services
- As per PMBs in State hospitals
- Private specialists covered in full

### Hospitalisation
- As per PMBs in State hospitals
- Private hospitals covered in full

### HIV/AIDS
- Fully covered
- Fully covered

## Other Services

<table>
<thead>
<tr>
<th>Service</th>
<th>Primary Option</th>
<th>Comprehensive Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambulance for medical emergencies</td>
<td>Fully covered</td>
<td>Fully covered</td>
</tr>
<tr>
<td>Clinical psychology</td>
<td>PMB only</td>
<td>8 consultations per family per year</td>
</tr>
<tr>
<td>Hearing aids</td>
<td>PMB only</td>
<td>R2 440 per beneficiary every 4 years</td>
</tr>
<tr>
<td>External prostheses</td>
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<td>R2 400 per family every year</td>
</tr>
<tr>
<td>Physiotherapy and occupational therapy</td>
<td>PMB only</td>
<td>20 consultations per family per year</td>
</tr>
<tr>
<td>Optometry</td>
<td>R700 per beneficiary every 24 months, including full cost of eye test</td>
<td>R1 850 per beneficiary every 24 months, including full cost of eye test</td>
</tr>
</tbody>
</table>

## Dentistry

<table>
<thead>
<tr>
<th>Service</th>
<th>Primary Option</th>
<th>Comprehensive Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic prevention, fillings and extractions</td>
<td>Fully covered</td>
<td>Fully covered</td>
</tr>
<tr>
<td>Specialised dentistry</td>
<td>In State hospitals</td>
<td>R2 500 per family per year</td>
</tr>
<tr>
<td>Dentures</td>
<td>No benefit</td>
<td>1 set every 4 years per beneficiary</td>
</tr>
</tbody>
</table>
## Contribution Table

**Effective 1 January 2016**

### PRIMARY OPTION

<table>
<thead>
<tr>
<th>Salary band rand per month</th>
<th>Principal member</th>
<th>Adult dependant</th>
<th>Child dependant</th>
</tr>
</thead>
<tbody>
<tr>
<td>R 0 – 3 000</td>
<td>212</td>
<td>212</td>
<td>139</td>
</tr>
<tr>
<td>R 3 001 – 6 000</td>
<td>225</td>
<td>225</td>
<td>150</td>
</tr>
<tr>
<td>R 6 001 – 8 000</td>
<td>500</td>
<td>413</td>
<td>184</td>
</tr>
<tr>
<td>R 8 001 – 11 000</td>
<td>537</td>
<td>435</td>
<td>198</td>
</tr>
<tr>
<td>R 11 001 – 15 000</td>
<td>576</td>
<td>462</td>
<td>210</td>
</tr>
<tr>
<td>R 15 000 +</td>
<td>619</td>
<td>481</td>
<td>222</td>
</tr>
</tbody>
</table>

### COMPREHENSIVE OPTION

<table>
<thead>
<tr>
<th>Salary band rand per month</th>
<th>Principal member</th>
<th>Adult dependant</th>
<th>Child dependant</th>
</tr>
</thead>
<tbody>
<tr>
<td>R 0 – 8 000</td>
<td>1 360</td>
<td>1 172</td>
<td>452</td>
</tr>
<tr>
<td>R 8 001 – 11 000</td>
<td>1 573</td>
<td>1 310</td>
<td>513</td>
</tr>
<tr>
<td>R 11 001 – 15 000</td>
<td>1 696</td>
<td>1 423</td>
<td>550</td>
</tr>
<tr>
<td>R 15 001 +</td>
<td>1 859</td>
<td>1 594</td>
<td>605</td>
</tr>
</tbody>
</table>

### Space for your personal details

- **Your medical aid number:**
- **Tel:**
- **Doctor:**
- **Tel:**
- **Dentist:**
- **Tel:**
- **Pharmacy:**
- **Tel:**
- **Hospital:**
- **Tel:**
- **Additional telephone numbers:**
- **Tel:**
- **Tel:**

### In case of an emergency

Contact Enablemed 24-hour Call Centre on: 0860 002 400

Or Lifemed Ambulance Services on: 0861 086 911

This booklet serves as a guide to your scheme’s rules and contains extracts of the main rules for easy reference.

**PLEASE NOTE:** The rules of the scheme override the extracts in this booklet.
Definitions

**Acute medication**
Medicine that is used for the treatment of short term illnesses such as flu.

**Chronic medication**
Medicine that is prescribed for an ongoing period longer than 3 months to manage a chronic condition such as diabetes.

**PMB’s**
Prescribed Minimum Benefits (PMB) are a set of defined benefits to ensure that all medical scheme members have access to certain minimum health services. PMBs are a feature of the Medical Schemes Act, in terms of which medical schemes have to cover the costs related to the diagnosis, treatment and care of:
- any emergency medical condition;
- a limited set of 270 medical conditions (defined in the Diagnosis Treatment Pairs);
- and 26 chronic conditions (defined in the Chronic Disease List).

**Step down facilities**
Treatment facilities when a member has recovered well enough not to be treated in hospital but still needs care. The Scheme can request the doctor to move the member out of hospital to a step down facility.

**Accredited provider**
Enablemed has a network of doctors that they have contracted and accredited to deliver healthcare services.

**Healthcare protocols**
Healthcare protocols are medical guidelines documented to assist with decisions and criteria regarding diagnosis, management, and treatment in specific areas of healthcare to ensure best clinical outcomes.

**Makoti Medical Scheme tariff**
This is the maximum amount per procedure that the Scheme will pay for services provided by the healthcare providers.