



SHUTTLE

2023 Benefit Guide

The Suremed Shuttle Plan is administered by Kaelo Prime Cure (Pty) Ltd Reg no 1997/017429/07.

This information is a guide only and does not replace the rules of the Scheme. In the event of any discrepancy between the summary and the rules, the rules will prevail. All benefits are covered at the Kaelo Prime Cure tariff based on the National Health Reference Price List (NHRPL) unless otherwise stated.

All benefits are annualised unless specified and pro-rated according to joining date. Subject to final Board approval and registration by the Council of Medical Schemes (CMS). CMS Registration No.: 1464.

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1. Insurer Requirements

Requirement	Logo / Wording
Logos	Suremed Kaelo Prime Cure
Disclaimer	<p>This information is a guide only and does not replace the rules of the Scheme. In the event of any discrepancy between the summary and the rules, the rules will prevail. All Benefits are covered at the Kaelo Prime Cure Agreed Rate based on the National Health Reference Price List (NHRPL) unless otherwise stated. All Benefits are annualised unless specified and pro-rated according to joining date.</p> <p>Subject to final Board approval and registration by the Council of Medical Schemes (CMS). CMS Registration No.: 1464. The Suremed Shuttle Plan is administered by Kaelo Prime Cure (Pty) Ltd Reg no 1997/017429/07. We are continuously improving our communications and content. The latest version of this document is available on www.kaelo.co.za.</p>
Footer	The Suremed Shuttle Plan is administered by Kaelo Prime Cure (Pty) Ltd Reg no 1997/017429/07.

2. What is Suremed Shuttle Plan

Suremed Shuttle Plan is a mobile app-enabled medical aid offering comprehensive in- and out-of-hospital Benefits, with contributions that ensure you are getting quality healthcare at the most cost-effective rate possible.

3. Key Terms and Definitions

Any words and expressions used in this Benefit Guide can refer to either singular or plural and to either gender. The words and expressions we use are defined as follows:

Definition	Meaning
Acute Medicine	Medicine prescribed (scripted medicine) by a Doctor to treat a short-term condition or illness.
Agreed Rate	The specific rate, or Rand amount that we will pay providers of healthcare services. This rate is agreed upon when providers join the Prime Cure Network.



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Definition	Meaning
Allied Healthcare Provider	Healthcare Providers that are registered with the Healthcare Professionals Society of South Africa to provide rehabilitative and therapeutic support services. Includes optometry, physiotherapy, occupational therapy, dietetics, psychology and speech and hearing therapy.
Antenatal	The medical care of women when they are pregnant.
Beneficiary	A member of the Suremed Health Medical Scheme, or a dependant of a member that receives Benefits under the plan.
Benefit	Details of available cover and limits of the plan.
Chronic Condition	A health condition or disease that lasts three months or longer and usually cannot be prevented by vaccines or cured by medicine, nor does it just disappear. A Chronic Condition needs to be treated with prescription medicine that is most often taken for a lifetime.
Chronic Medicine Benefit	The Chronic Medicine Benefit covers you for prescribed medicine on the Prime Cure Formulary for a list of defined Chronic Conditions. You need to apply to have your Chronic Medicine covered for your Chronic Condition.
Co-payment	An amount that you need to pay towards a Healthcare Service which is not covered. The amount can be specified in rands or as a percentage of the total amount.
Day-to-Day Benefit	Cover for a defined list of medical expenses out-of-hospital, such as GP visits, medicine, blood tests and X-rays, optometrists and dentists in the Prime Cure Network.
Designated Service Provider	Kaelo Prime Cure (Pty) Ltd, an accredited managed care organisation with registration number 1997/017429/07 is the Designated Service Provider for all Healthcare Services.
Doctor	A general practitioner, or Healthcare Provider who provides Treatment for patients with acute and chronic illness.
Exclusions	A list of services, conditions and events not covered under this plan.
Formulary	A list of approved medicines, codes and procedures covered under this Policy. This applies to Over-the Counter, Acute and Chronic Medicine, Radiology, Pathology, Dentistry, Optometry and procedures in the Doctor's rooms. Visit www.primecure.co.za for a list of formularies.
Healthcare Provider	A qualified medical practitioner, who is registered to practice with the Health Professions Council of South Africa (HPCSA).

Definition	Meaning
Medical Emergency	The sudden, unexpected onset of a life-threatening health condition that requires immediate medical Treatment, where failure to provide medical Treatment will result in serious impairment to bodily functions, or serious dysfunction of a bodily organ or part, and would place the Insured Party's life in serious jeopardy. For the purposes of this Policy the term Medical Emergency does not include Accidental Harm.
Midwife	A nurse who is qualified to deliver babies and to guide pregnant women.
National Health Reference Price List (NHRPL)	The Benefit amount set annually by the Department of Health as a guideline for the rates that Healthcare Providers can charge for services.
Netcare 911	Netcare 911 EMS (Pty) Ltd, a wholly owned subsidiary of Netcare. Registration Number 1996/006591/07. Netcare 911 is the Designated Service Provider of emergency services, including stabilisation and transportation.
Over the Counter (OTC) Medicine	Medicine advised and dispensed by a pharmacist at a Prime Cure Network pharmacy for the Treatment of minor Illnesses and limited to the Prime Cure OTC Formulary.
Pathology	Laboratory examination of samples of blood (blood tests) and body tissues for diagnostic purposes.
Per Year	The period from 01 January to 31 December of any year.
Postnatal	The first 6 weeks after the birth of a baby.
Pre- authorisation	To get approval before using a Healthcare Service, or within 72 hours of using a Healthcare Service in the event of a Medical Emergency, in order for certain Benefits to apply.
Prescribed Minimum Benefits	The defined list of 271 diagnoses, 27 Chronic Conditions and any emergency medical condition which all medical schemes must cover according to the Medical Schemes Act of 1998 (Act No. 131 of 1998) and its Regulations.
Prime Cure Network	A list of accredited Healthcare Providers contracted by Kaelo Prime Cure (Pty) Ltd, to deliver Healthcare Services.
Qualifying Norms	A set of criteria used to determine if an Insured Party will have cover for certain Benefits.
Specialist	A Healthcare Provider who is highly skilled in a specific field and has been registered in terms of regulations relating to the Specialties and Sub Specialties in Medicine and Dentistry, published under Government Notice Number R.590 of 29 June 2001, as amended/replaced from time to time.



Definition	Meaning
Treatment	Any form of medical advice, diagnosis or care provided by a Healthcare Provider for the purpose of treating or monitoring the medical condition of an Insured Party.
Treatment Guidelines	A set of clinical rules to facilitate appropriate and cost-effective provision of relevant Healthcare Services.

4. Prescribed Minimum Benefits

What is a Prescribed Minimum Benefit?

Prescribed Minimum Benefit (PMB) conditions are a set of defined Benefits enacted under the Medical Schemes Act, 1998 (Act No. 131 of 1998). All medical schemes have to cover the costs of diagnosis, Treatment and care for a set of defined Benefits. This includes any Medical Emergency condition, a list of 27 Chronic Conditions and a set of 271 medical conditions.

In order to get cover for a Prescribed Minimum Benefit (PMB) condition, there are rules, defined by the Council for Medical Schemes (CMS). The rules that apply are listed below:

- Your medical condition must be on the defined list of conditions.
- To get access to Chronic Medicine, you must register your condition with us by completing a Chronic Medicine Benefit Form together with your treating provider
- Your Treatment must fall within the Treatment guidelines.
- You must visit a Prime Cure Network Healthcare Provider, which is the Designated Service Provider (DSP) for the Suremed Shuttle Plan, for your Treatment to be covered in full. This does not apply to an emergency. If you do not use a DSP, there may be a Co-payment for the service and you will be responsible for the difference between what we cover and the actual cost of the medical service.



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Chronic Disease List Conditions

We cover the following Chronic Conditions on the Suremed Shuttle Plan:

	Condition
A	Addison's disease, Asthma
B	Bipolar mood disorder, Bronchiectasis
C	Cardiac failure, Cardiomyopathy, Chronic Obstructive Pulmonary Disease (COPD), Chronic renal disease, Coronary artery disease, Crohn's disease
D	Diabetes insipidus, Diabetes Type 1, Diabetes Type 2, Dysrhythmia
E	Epilepsy
G	Glaucoma
H	Haemophilia, HIV, Hyperlipidaemia, Hypertension, Hypothyroidism
M	Multiple sclerosis
P	Parkinson's disease
R	Rheumatoid arthritis
S	Schizophrenia, Systemic lupus erythematosus
U	Ulcerative colitis

5. Your Network Provider



The Suremed Shuttle Plan is managed by Prime Cure. The Prime Cure Network is the Designated Service Provider (DSP) for all healthcare services, unless otherwise indicated. This includes an extensive network of doctors, pharmacies, dentists, optometrists and hospitals. When you visit a Healthcare Provider in the Prime Cure Network, you can display your digital membership card, which also contains the Prime Cure logo. This is available to view or download from the Suremed Shuttle App.

You must use a provider in the Prime Cure Network to avoid Co-payments and claim rejections. In an emergency, you can go to any registered emergency medical facility. Once stabilised, you will be transferred to a Prime Cure Network hospital.

Find a healthcare provider in the Prime Cure Network. To find a provider in the Prime Cure Network, login to the Suremed Shuttle App or visit www.primecure.co.za



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6. Suremed Shuttle Mobile App

The Suremed Shuttle Plan is unique in that all Benefits are accessed via the Suremed Shuttle App. For non-emergencies, you must Pre-authorise your visits in the app, as described in the detailed Benefits. To download the Suremed Shuttle App, go to your app store and search for Suremed Shuttle. When you first open the app, you will be prompted to register. Use your membership number to register. It's also a good idea to nominate up to two Prime Cure Network GPs closest to you when you register to ensure you can access your GP visit Benefit when you need to.

7. Detailed Benefits

Hospital Benefits	
2023 Benefits	Description
Prescribed Minimum Benefits (PMBs)	Unlimited and covered at 100% of the cost of the service. All services to be delivered at a Prime Cure Network Hospital, alternatively through referral by a Prime Cure Designated Service Provider to an approved non-Designated Service Provider, where Pre-authorisation of the referral was obtained through the Prime Cure call centre on 0861 665 665.
Emergency Stabilisation and Transportation by Netcare 911	<p>Stabilisation and road or air transportation by Netcare 911 to an appropriate hospital casualty for Medical Emergencies. In the event of a Medical Emergency, members have access to any private or public Hospital for emergency medical care.</p> <p>In the event that a member is transported to a non-Prime Cure Network Hospital, the member will be transferred to a Prime Cure Network Hospital once stabilised. Non-emergency transport is not covered.</p>
Hospitalisation	<p>Hospitalisation in a general ward, high care ward or Intensive Care Unit (ICU) is unlimited and covered at 100% of the Prime Cure Agreed Rate at a Prime Cure Network Hospital.</p> <p>This includes services related to your hospitalisation, including Healthcare Providers, materials and medicine, hospital equipment and theatre fees. If you use Healthcare Providers that we have a payment arrangement with, we will</p>



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Hospital Benefits	
2023 Benefits	Description
	<p>pay for these services in full. We pay 100% of the Agreed Rate for other Healthcare Providers.</p> <p>Pre-authorisation is needed before admission for all non-emergency cases. For medical emergencies, Pre-authorisation is needed within 72 hours of admission. A Co-payment of R5 000 is applicable for elective (planned) admissions without Pre-authorisation.</p> <p>Sub-limits apply to:</p> <ul style="list-style-type: none"> • Internal prosthetics: Paid at cost up to a limit of R30 680 per family per year (unless PMB) • Other internal surgical implants: Paid at cost up to a limit of R4 160 per Family per year (unless PMB) • Combined in- and out-of-hospital radiology sub-limit (including MRI and CT scans): R9 800 per member R20 800 per family per year. • Combined in- and out-of-hospital appliance sublimit: R4 160 per family per year. <p>External prosthetics are not covered.</p> <p>Co-payments apply to certain procedures performed in hospital instead of in a day clinic. For a list of planned procedures and the associated Co-payments, view the <i>Planned procedures in a Day Clinic</i> section.</p>
Planned procedures in a Day Clinic	<p>Planned procedures are covered at 100% of the Prime Cure Agreed Rate and Pre-authorisation is needed before the admission. You must pay an upfront amount (Co-payment) of R2 000 for a list of planned procedures not done in a day clinic including:</p> <ul style="list-style-type: none"> • Gastroscopies • Colonoscopies • Sigmoidoscopies • Laparoscopies • Cystoscopies • Hysteroscopies • Arthroscopies

Hospital Benefits	
2023 Benefits	Description
	<ul style="list-style-type: none"> • Facet joint injections • Tonsillectomies, grommets and adenoidectomies in children • Impacted third molars
Hospitalisation alternatives (Step-down facilities and hospice)	<p>All services provided by sub-acute facilities, hospice and rehabilitation facilities.</p> <p>All nursing services and private nurse practitioners, including psychiatric nursing, but excluding midwife services. R11 440 per Beneficiary or per family per Year. Excludes frail care facilities.</p>
Specialised Radiology	<p>Combined in- and out-of-hospital limit of R9 800 per Beneficiary or R20 800 per family per year covered at 100% of the Agreed Rate at a Prime Cure Network Healthcare Provider. Includes cover for MRI, CAT, Galium scans, and Radioisotopes.</p> <p>In the case of out-of-hospital referrals for specialised radiology, Pre-authorisation is needed for the referring Healthcare Provider consultation.</p> <p>Pre-authorisation is needed for certain radiology tests by the attending doctor, as stipulated on the Kaelo Prime Cure Radiology Referral Form, which is available at www.primecure.co.za.</p> <p>Unless the scan forms part of a PMB diagnosis or care plan for a PMB condition according to Kaelo Prime Cure protocols, the scan is paid at the lower of the Agreed Rate or National Health Reference Price List (NHRPL) fees. The Benefit is subject to case management.</p> <p>PET Scans are not covered.</p>
X-rays and ultrasound scans	<p>Black and white X-rays and soft tissue ultrasound scans are unlimited and covered at 100% of the Agreed Rate, according to a list of Prime Cure approved codes.</p>

Hospital Benefits	
2023 Benefits	Description
Psychiatric hospitalisation	Psychiatric hospitalisation is covered for Prescribed Minimum Benefit Conditions only within the preferred provider network of private and public hospitals.
Maxillofacial Surgery	Covered at 100% of the Agreed Rate and limited to Prescribed Minimum Benefit conditions only and subject to Pre-authorisation. Surgery must be performed in a Prime Cure Network Hospital. Limited to R17 680 per family per year.
Dental Surgery	Limited to the removal of impacted third molars, and procedures related to sudden and unanticipated injury to teeth and mouth that requires urgent dental treatment after an accident or trauma for children under the age of 7 years. Subject to Pre-authorisation and case management. A Co-payment of R2 000 applies to impacted third molars when the procedure is performed in hospital or instead of in a day clinic or dentists' rooms.
Allied Healthcare Provider Treatment in Hospital	Consultations with allied healthcare professionals, such as physiotherapy and occupational therapy are covered at 100% of the Agreed Rate for Prescribed Minimum Benefit Conditions (PMB), where authorised by Prime Cure. No cover for non-PMB's.
Private Ward Cover	We will cover the cost of a private ward in a hospital in the Prime Cure Network at 100% of the Agreed Rate if required for medical reasons.
To take home medicine (TTO)	Medicine prescribed to take home post-discharge is covered provided the medicine is on the Prime Cure Medicine Formulary and is limited to seven days' supply. The medicine must be collected from the hospital pharmacy before discharge.

Day-to-Day Benefits	
2023 Benefits	Description
Prescribed Minimum Benefits (PMB)	Treatment for Prescribed Minimum Benefit (PMB) conditions is unlimited and covered in full (100% of cost) once the condition is registered with Prime Cure. All services must be delivered at a Prime Cure Network Healthcare Provider, alternatively through referral by a Prime Cure Network Healthcare Provider to a non-Network Provider, where Pre-authorisation of the referral was obtained through the Prime Cure call centre. Each condition must be managed according to Treatment Guidelines. Only conditions diagnosed as a PMB qualify for cover, subject to case management.
GP Visits	<p>GP visits in the Prime Cure Network are unlimited and covered at 100% of the Agreed Rate if you:</p> <ul style="list-style-type: none"> • Visit a nominated Prime Cure Network GP • Pre-authorise the visit in the Suremed Shuttle App by completing the Symptom Checker <p>You must nominate up to two GPs in the Prime Cure Network on the Suremed Shuttle App before you can request Pre-authorisation for a GP visit. You can change your nominated GP in the Suremed Shuttle App.</p> <p>The consultation includes minor medical procedures performed in the GP's rooms, subject to a list of approved procedures. If you do not Pre-authorise the visit, or you visit a non-nominated GP, you will be responsible for:</p> <ul style="list-style-type: none"> • The full account for non-Prescribed Minimum Benefit conditions • A 30% Co-payment on the account for Prescribed Minimum Benefit conditions.
Out-of-Network and after-hours GP visits	One visit per Beneficiary, or two visits per family per year at any registered emergency medical facility, non-Prime Cure Network GP or Prime Cure Network GP after hours. The consultation will be paid at cost, including any related accounts such as X-rays, blood tests and medicine up to a total limit of R1 145 per event. Authorisation must be obtained via the Suremed App within 72 hours of the visit. Visits to an emergency medical facility must meet the requirements of a Medical Emergency. Excludes facility fees.
Emergency Casualty Visits	Visits to any hospital casualty are unlimited and covered in full without any Co-payment in the event of a Medical Emergency. You can go to any

Day-to-Day Benefits	
2023 Benefits	Description
	registered Medical Emergency facility, provided the event meets the definition of a Medical Emergency. Authorisation is needed via the Suremed App within 72 hours of the visit by either the member, a family member or the Healthcare Provider.
Specialist Benefit	<p>Specialist visits for Prescribed Minimum Benefit (PMB) conditions are unlimited when clinically indicated and covered at 100% of the Agreed Rate.</p> <p>Visits for non-PMB conditions are covered at 100% of the Agreed Rate and limited to R3 715 per Beneficiary or R7 435 per family per year, unless additional Benefits are Pre-authorized by Prime Cure.</p> <p>This includes the consultation, any procedures performed in the specialist's rooms, and any referrals for X-rays, blood tests or other medical services.</p> <p>You can visit any specialist, but Pre-authorization must be obtained in the Suremed Shuttle App before each visit. If you do not get Pre-authorization, you will be responsible for a 30% Co-payment on the full account for PMB conditions. For non-PMB conditions, if you do not get Pre-authorization for the visit, you will be responsible for the full account.</p> <p>Any medicine prescribed by a specialist must be on the Prime Cure Medicine Formulary, and must be collected from a Prime Cure Network pharmacy to be covered.</p> <p>Consultations relating to cosmetic Treatment, impotence, infertility (except PMB), libido problems or sexual dysfunction are excluded from cover.</p>
Nurse Visits	Unlimited visits to a nurse in a Prime Cure Network Pharmacy Clinic for the Treatment of minor Illnesses such as coughs and colds. No Pre-authorization is needed to visit a clinic nurse.
Flu Vaccination	One flu vaccination per Beneficiary per year at a Prime Cure healthcare provider or pharmacy. Subject to the Kaelo Prime Cure protocol.

Day-to-Day Benefits	
2023 Benefits	Description
Acute Medicine	<p>Acute Medicine (scripted medicine) on the Prime Cure Acute Medicine Formulary is unlimited and covered at 100% of the Agreed Rate when prescribed by a nominated Prime Cure Network GP or Specialist, provided a Pre-authorisation was provided in the Suremed App for the referring provider visit. If no Pre-authorisation is obtained, you will be liable for a 30% Co-payment on the medicine. Medicine prescribed by a non-Prime Cure Network GP, or a non-nominated GP will incur a 30% Co-payment.</p> <p>Medicine must be collected from either the dispensing Prime Cure Network GP during the consultation or at a pharmacy in the Prime Cure Network, if the prescribing GP is a non-dispensing GP.</p> <p>Only medicine on the Kaelo Prime Cure Acute Medicine Formulary will be covered.</p>
Over the Counter (OTC) Medicine	<p>Over the Counter (OTC) Medicine on the Prime Cure Over the Counter (OTC) formulary for the treatment of minor illnesses and day-to-day ailments is covered at 100% of the Agreed Rate when collected at a Prime Cure Network Pharmacy with an annual limit of R450 per Beneficiary. Medicine is paid up to a maximum of R150 per event, with a maximum of three events per year.</p>
Chronic Medicine Benefit	<p>Unlimited cover for Chronic Medicine for the Treatment of Prescribed Minimum Benefit - Chronic Disease List Conditions when prescribed by a nominated Prime Cure Network GP.</p> <p>You must register to have your Chronic Medicine covered by completing a Chronic Medicine Benefit Application Form with your nominated Kaelo Prime Cure GP or a Specialist, in accordance with Kaelo Prime Cure Protocol. The Chronic Medicine Benefit Application Form can be found at www.primecure.co.za.</p> <p>Chronic Medicine on the Chronic Medicine Formulary is covered at 100% of the Agreed Rate once registered. Medicine must be collected at a Prime Cure</p>

Day-to-Day Benefits	
2023 Benefits	Description
	<p>Network pharmacy. Medicine prescribed by a non-Prime Cure Network GP, or a non-nominated GP will incur a 30% Co-payment.</p> <p>Chronic Medicine prescribed by a Specialist out-of-hospital will only be covered at 100% of the Agreed Rate if you received Pre-authorisation for the visit to the referring Specialist.</p> <p>Non-Formulary medicine is excluded from cover, unless clinical motivation is received from an authorised specialist, for a Prescribed Minimum Benefit (PMB) or Chronic Disease List (CDL) condition in instances where the Chronic Condition cannot be controlled by a Formulary item. Subject to approval by Prime Cure.</p> <p>The following medicines are Exclusions and do not appear on the Prime Cure Medicine Formulary:</p> <ul style="list-style-type: none"> • Erythropoietin (unless the beneficiary is eligible for renal transplantation according to PMB protocols) • Infliximab and related biologicals (for inflammatory bowel disease and rheumatoid arthritis) • B-interferon (inter alia for multiple sclerosis).
HIV Programme	<p>Once diagnosed and registered on the Chronic Disease Management Programme for HIV, you have cover for a basket of Benefits according to the Prime Cure HIV Formulary and Treatment Guidelines including:</p> <ul style="list-style-type: none"> • Voluntary counselling and testing • Blood tests for monitoring of your condition including CD4, viral load, liver enzymes, cholesterol, glucose and urine tests • Antiretroviral (ARV) medicine • Post-exposure prophylaxis (PEP) • Prophylactic antibiotics and supplements • Treatment of opportunistic infections • Treatment support from clinical case managers, including counselling and compliance monitoring. <p>You must register by completing an HIV Disease Management Programme Registration form with your Prime Cure Network GP. The HIV Disease</p>

Day-to-Day Benefits	
2023 Benefits	Description
	Management Programme Application Form can be found at www.primecure.co.za .
Basic Dentistry	<p>Dental examinations One consultation with a Prime Cure Network Dentist for a full mouth examination per beneficiary per year. No Pre-authorisation is needed for a consultation. According to Prime Cure list of approved codes.</p> <p>Preventative treatments One preventative treatment which includes cleaning, scaling and polishing. Flouride treatment is also covered for children under the age of 7.</p> <p>Restorations, fillings and X-rays Additional consultations are unlimited, when clinically necessary and according to Prime Cure list of approved codes. Pre-authorisation is needed for certain procedures:</p> <ul style="list-style-type: none"> • Restorations (only front/anterior teeth are covered) – Pre-authorisation needed for 4 or more restorations • Fillings – white or amalgam fillings according to Prime Cure protocols. Pre-authorisation is needed for or 5 or more composite fillings • Extractions (where clinically necessary) – Pre-authorisation is needed for 5 or more extractions • X-rays – Pre-authorisation is required for 3 or more X-rays, up to a maximum of 4 per beneficiary per year.
Dentures	<p>Cover for one set of plastic or acrylic dentures per family at a dentist in the Prime Cure Network every 24 months. The Benefit is only applicable to beneficiaries over the age of 21 years. Pre-authorisation is needed before any work commences. Upfront Co-payment of 20% of the total account must be paid to the dentist and the laboratory (professional fee plus dental lab fee). According to Prime Cure list of approved codes.</p> <p>Prime Cure will reimburse the balance on completion, against an invoice from the dentist, together with a copy of the laboratory's invoice.</p>

Day-to-Day Benefits	
2023 Benefits	Description
Emergency Dentistry	Emergency pain and sepsis treatment and extractions only. <i>Pre-authorisation is needed.</i> Limited to one event per Beneficiary per year. According to Prime Cure list of approved codes and subject to case management. Any additional treatment will be for the member's own account.
Specialised Dentistry	Cover for removal of impacted third molars (wisdom teeth), paid at 100% of the Prime Cure Agreed Rate and limited to one event per Beneficiary per year in the dentist's rooms. <i>Pre-authorisation is needed</i> before the visit. Subject to case management and according to Prime Cure list of approved codes.
Eye Tests	One eye test per Beneficiary per year at a Prime Cure Network Optometrist. No Pre-authorisation is needed before the visit.
Glasses and Lenses	<p>One pair of glasses (one standard frame and one pair of single or bi-focal lenses) every 24-months. Single vision and bi-focal lenses are covered at 100% of the Agreed Rate. Multifocal lenses covered up to a limit of R2 500 per Beneficiary every 24 months, inclusive of optometric examination, frame and pair of lenses. <i>Pre-authorisation is needed.</i> Subject to availability at Prime Cure Network Optometrists only.</p> <p>The following are not covered:</p> <ul style="list-style-type: none"> • Contact lenses and contact lens solutions • Mirror or other graded tinted lenses • Accessories e.g. clip on sunglasses or other enhancements.
Allied Healthcare Professionals	Allied Healthcare Professionals, such as physiotherapy, is covered at 100% of the Agreed Rate for Prescribed Minimum Benefit Conditions only. There is no cover for non-PMB's. <i>Pre-authorisation is needed before the visit.</i> You must be referred by your nominated Prime Cure Network GP or a specialist, where the referring doctor consultation has been Pre-authorised. If you self-refer to providers, or if you do not Pre-authorise the visit, you will be responsible for 30% of the account.

Day-to-Day Benefits	
2023 Benefits	Description
X-Rays and Ultrasound Scans	Black and white X-rays and soft tissue ultrasounds are covered at 100% of the Agreed Rate when referred by a nominated Prime Cure Network GP and when visiting a Prime Cure Network Radiologist. According to Prime Cure list of approved codes.
Blood Tests	Blood tests are unlimited and covered at 100% of the Agreed Rate at a Prime Cure Network pathology lab when requested by a nominated Prime Cure Network GP a specialist, where the referring doctor consultation has been Pre-authorized. According to the Prime Cure list of approved pathology codes.
Maternity Benefit	<p>Antenatal consultations You are covered for up to 8 visits at your gynaecologist, GP or midwife up to 100% of the Agreed Rate.</p> <p>Antenatal vitamins Antenatal vitamins are covered up to R110 per month, for a maximum of 9 months.</p> <p>Ultrasound scans and prenatal screening You are covered for up to two 2D ultrasound scans. 3D and 4D scans are paid up to the rate we pay for 2D scans.</p> <p>Blood tests You have cover for a defined basket of blood tests per pregnancy from the Maternity Programme. These tests include:</p> <ul style="list-style-type: none"> • Qualitative bHCG (to confirm pregnancy) • Glucose • HIV Elisa • Blood cross-matching (Rh Antigen) • Blood group (A, B and O antigen) • Hepatitis B <p>Delivery Cover for a normal vaginal delivery or emergency Caesarian section in a Prime Cure Network maternity hospital. An elective caesarean section <i>must be pre-authorized</i> and is subject to case management and second opinion, if required, by Prime Cure.</p>

Day-to-Day Benefits	
2023 Benefits	Description
	<p>Post-natal consultation You are covered for one six-week, follow-up consultation with a midwife, GP or gynecologist after the birth.</p> <p>Neonatal care Neonatal care is limited to cover in a Prime Cure Network hospital for Prescribed Minimum Benefit conditions and is subject to Prime Cure Treatment Guidelines. The hospital stay for the baby and mother needs to be Pre-authorized by calling the Prime Cure call centre on 0861 665 665.</p> <p>If you are admitted to a non-Prime Cure Network facility in a Medical Emergency, and additional Treatment is needed, Prime Cure will be entitled to arrange for transfer to a Prime Cure Network facility once stabilised.</p>
Additional Benefits	
Organ Transplant	Organ transplants are covered at 100% of the cost for Prescribed Minimum Benefit (PMB) conditions only. You must register your condition with us together with your allocated Prime Cure Healthcare Provider. <i>Treatment must be Pre-authorized</i> and is subject to confirmation of a PMB diagnosis and case management. Treatment must be provided in a Prime Cure-approved state facility.
Chemotherapy and Radiotherapy	Chemotherapy and radiotherapy are covered at 100% of the cost for Prescribed Minimum Benefit (PMB) conditions only. You must register your condition with us together with your allocated Prime Cure Healthcare Provider. <i>Treatment must be Pre-authorized</i> and is subject to confirmation of a PMB diagnosis and case management. Treatment must be provided in a Prime Cure-approved state facility.
Renal Dialysis	Renal dialysis is covered at 100% of the cost for Prescribed Minimum Benefit (PMB) conditions only. You must register your condition with us together with your allocated Prime Cure Healthcare Provider. <i>Treatment must be Pre-authorized</i> and is subject to confirmation of a PMB diagnosis and case

Day-to-Day Benefits	
2023 Benefits	Description
	management. Treatment must be provided in a Prime Cure-approved state facility.
Blood Transfusions	Blood transfusions are covered at 100% of the cost at a Prime Cure Healthcare Provider for Prescribed Minimum Benefit (PMB) conditions only. You must register your condition with us together with your allocated Prime Cure Healthcare Provider. <i>Treatment must be Pre-authorised</i> and is subject to confirmation of a PMB diagnosis and case management.
Clinical Psychology	Clinical psychologists are covered at 100% of the Agreed Rate for Prescribed Minimum Benefit (PMB) conditions only. You must be referred by your nominated Prime Cure Network GP or a Specialist, where Pre-authorisation for the referring doctor visit was obtained through the Suremed Shuttle app or the Prime Cure call centre. You must register your condition with us together with your allocated Prime Cure Healthcare Provider. <i>Treatment must be Pre-authorised</i> and is subject to confirmation of a PMB diagnosis and case management.

8. Contributions

2023 Contributions			
Payroll Bands	Principle Member	Adult Dependant	Child Dependant
R0 – R9 000	R 1 029	R 1 029	R 549
R9 0001 – R13 000	R 1 371	R 1 371	R 714
R13 001 – R17 000	R 2 057	R 2 057	R 1 057
R17 000 – R30 000	R 2 200	R 2 200	R 1 114
R30 000+	R 2 343	R 2 343	R 1 200

9. Exclusions

Notwithstanding the statutory requirements regarding the Prescribed Minimum Benefits (PMBs), Prime Cure shall not provide any of the following services or Benefits as part of the Suremed Shuttle Benefit Option:

- The treatment of medical conditions or injuries sustained by a Beneficiary or co-insured Dependant not included in the Suremed Shuttle Option
- All services not obtained through a Prime Cure Network Healthcare Provider, or referrals not Pre-authorised, or not provided in terms of the Prime Cure Treatment Guideline or Formulary subject to Prescribed Minimum Benefit (PMB) conditions.
- All surgical procedures or treatment for cosmetic purposes, reconstructive surgery, which shall, without limitation, include health care services related to obesity and related complications, port-wine stains, otoplasty for bat ears, keloid scars (not impairing function), hair removal, blepharoplasties (eyelid surgery), nasal reconstruction (including septoplasties, osteotomies and nasal tip surgery).
- The Medical Advisory Committee shall have the sole discretion to determine whether a particular surgical procedure or Treatment is cosmetic in nature and as such excluded.
- Recuperative treatment of any nature at a non-registered facility.

Health care services relating to:

- Wilful self-inflicted illness or injury except for PMBs
- Health care services required as a consequence of, (except for PMB):



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All Benefits are annualised unless specified and pro-rated according to joining date. Subject to final Board approval and registration by the Council of Medical Schemes (CMS). CMS Registration No.: 1464.



- Injuries sustained resulting from participation in wilful and material actions or omission in contravention of any statutory or Common law provision
 - Participation in acts or war
 - Participation in a terrorist activity
 - Injuries or medical conditions resulting from riot, civil commotion, rebellion or insurrection
 - Experimental, unproven or unregistered treatment
 - Injury or illness that occurred beyond the borders of the Republic of South Africa
 - Any complication that may arise from any exclusion listed under exclusions and limitations
 - Frail care treatment
 - Surgery, treatment or items not medically indicated or essential.
- Health care services required during any compulsory waiting period as applied by the Medical Scheme
 - Medical examinations initiated by employers
 - Except for PMBs, treatment for injuries where another party is responsible for payment, the member is however entitled to such Benefits as would have applied, provided that on receipt of payment in respect of medical expenses, the Member will reimburse the fund and money paid out by the fund in respect of the Benefit
 - Dental extractions for non-medical purposes
 - The provision of gold inlays in dentures or gold crowns.
 - The provision of medical, surgical or other appliances, unless specifically stated otherwise
 - The supply of any pharmaceuticals or consumables not on the Prime Cure Formulary (PMB rules apply).

The following medicines are specifically excluded from cover by Prime Cure in respect of Chronic Disease List (CDL) conditions (covered by Medical Scheme):

- Erythropoietin (unless the Beneficiary is eligible for renal transplantation).
- Interferons
- Immunoglobulins
- PET scan procedures
- Medicine classified as Biologicals or biotechnological substances unless part of approved treatment Protocols



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- Unregistered medications and off-label usage of registered medications
- Anabolic steroids
- Appetite suppressants
- Vitamins and mineral supplements in Non-PMB cases
- Performance enhancers otherwise not specified
- Infertility drugs not included in the PMB treatment plan
- Deep Brain Stimulator devices for Parkinson's Disease and Epilepsy
- Implant devices for chronic pain management
- Iron chelating agents for chronic use
- Human immunoglobulins for chronic use
- Polysomnograms and CPAP titrations, except PMB
- Refractive surgery
- Audiometry
- Professional/extreme sport injuries – unless a PMB.
- Benefits in respect of medicines obtained on prescription from a Prime Cure Network Healthcare Provider are limited to the prescribed quantities, but in any event to not more than one month's supply thereof.

Voluntary use of Non-DSP

Should a Beneficiary voluntarily choose not to make use of a Designated Service Provider (DSP), a Co-payment equal to the difference between the Prime Cure Agreed Rate and the tariff of the Non-DSP, will apply, and/or as per Medical Scheme rules.



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