

HIV Care Programme

Who we are

Retail Medical Scheme (referred to as "the Scheme"), registration number 1176, is a non-profit organisation, registered with the Council for Medical Schemes.

Discovery Health (Pty) Ltd (referred to as "the Administrator"), is a separate company and an authorised financial services provider (registration number 1997/013480/07). Discovery Health (Pty) Ltd administers the Scheme.

Contact us

You can call us on **0860 101 252** or visit www.retailmedicalscheme.co.za for more information.

This document gives you information about the Scheme's HIV Care Programme. It explains what the Scheme will pay, for HIV and AIDS-related hospital admissions and HIV medicine. We also give you information about the doctor consultations, laboratory tests and x-rays the Scheme covers.

About some of the terms we use in this document

You might come across some terms in the document that you may not know. Here are the terms with their meaning.

Terminology	Description
Day-to-day benefits	These are the funds available in the Medical Savings Account or Above Threshold Benefit on the Essential Plus Option. If you are registered on the Essential Option, these benefits are paid for by the Scheme from the limited Day-to-day Benefit.
Chronic Drug Amount (CDA)	The CDA is a maximum monthly amount we pay up to for a medicine class. This applies to medicine that is not listed on the medicine list (formulary). The Chronic Drug Amount includes VAT and the dispensing fee.
Scheme Rate	This is the rate that the Scheme sets for paying claims from healthcare professionals.
Payment arrangements	We have payment arrangements in place with certain providers, including GPs and Specialists to pay their claims in full.
Shortfall	Retail Medical Scheme pays service providers at the Scheme Rate. If the service providers charge higher fees than this Rate, you will have to pay the amount charged above the Rate from your pocket.
Premier Plus HIV GP	A Premier Plus HIV GP is a network GP who has contracted with us to provide you with high quality healthcare for your condition.

The HIV Care Programme at a glance

Your have access to clinically sound and cost-effective treatment

We base the HIV Care protocols on the Southern African HIV Clinicians' Society and South African Department of Health guidelines. Approval of HIV-related services is subject to Prescribed Minimum Benefit guidelines and your benefits.

We deal with each case with complete confidentiality

The HIV healthcare team respects your right to privacy and will always deal with any HIV and AIDS related query or case with complete confidentiality.

There is no overall limit for hospitalisation if you are registered on the HIV Care Programme

If you are registered on the HIV Care Programme, there is no limit to the hospital cover, but certain rules and criteria will apply. The Scheme Rules always inform us of how we pay for treatment.

You must always get approval if you have to be admitted to hospital.

Retail Medical Scheme covers a specified number of consultations and HIV-specific blood tests

If you are registered on the HIV Care Programme, the Scheme pays for four GP consultations and one specialist consultation for the management of HIV. This benefit applies to every person registered on the HIV Care Programme in the benefit year.

The Scheme also pays for HIV-specific blood tests when you are registered on the HIV Care Programme. These tests are a measure of how much of the HIV (viral load) is present in the blood and how well the immune system is functioning and are important in managing your response to treatment.

The specific tests are listed in the *Benefits available for your Option* section.

HIV drug test

You do not automatically qualify to have this test covered from the Scheme's risk benefits; you must request an authorisation for the test, irrespective of whether it is being done in-hospital or out-of-hospital. The authorisation process is used to ensure that you receive best-practice HIV care, based on clinical evidence, to ensure optimal quality of care and health outcomes. It is important to follow the authorisation process for every request.

If you have not registered on the HIV Care Programme, the test costs will be paid from your available day-to-day benefits. If you have run out of funds in your day-to-day benefits, you must pay for the test.

We pay for antiretroviral medicine from our HIV medicine list up to the Scheme Rate for medicines

If you have tested positive for HIV, you have cover for antiretroviral medicines that are on the Scheme's HIV medicine list (formulary). This includes treatment for the prevention of mother-to-child transmission, treatment of sexually transmitted infections and HIV-related (or AIDS-defining) infections. We will pay for supportive medicine that meets our requirements for cover (clinical entry criteria).

Our Case Managers will coordinate the processing of your HIV medicine applications and monitor your use of antiretroviral treatment to ensure the treatment is effective.

No HIV waiting period, called a condition-specific waiting period, will apply for preventive treatment in a case of sexual assault, mother-to-child transmission, trauma or for workman's compensation cases. We pay for the treatment according to national treatment guidelines, and you must pre-authorise the treatment. In these cases, you do not need to register on the HIV Care Programme to receive the preventive treatment benefits, unless it is for prevention of mother-to-child transmission of the HI virus.

We provide cover for nutritional feeds to prevent mother-to-child transmission

Nutritional feeds (milk formula) are covered for babies born to HIV-positive mothers from the date of birth for six months, according to the HIV nutritional and mother-to-child prevention milk formula list (formulary).

Getting the most out of your benefits

Register on the HIV Care Programme to access comprehensive HIV benefits

You need to register on the Scheme's HIV Care Programme to access the benefits available on the HIV Care Programme. Call us on **0860 101 252**, or email HIV_Diseasemanagement@retailmedicalscheme.co.za to register.

The HIV Care team will only speak to you, as the patient or your treating doctor about any HIV-related query.

Use approved medicine on our medicine list

The Scheme does not pay for experimental, unproven or unregistered treatment or care, or for care provided by unregistered healthcare providers.

MediRite is the Scheme's Preferred Service Provider for medicine. If you obtain the medicine from a MediRite pharmacy, they will charge for the medicine at the Scheme Rate.

You can go to any pharmacy, but your claims will only be paid in full if your healthcare provider charges the Scheme Medicine Rate. You will be responsible to pay any shortfall from your pocket for medicines not on the list, or if the pharmacy charges more than the Scheme Medicine Rate.

Benefits of using a Premier Plus HIV GP to manage your condition

When you register for our HIV Care Programme and choose a Premier Plus HIV GP to manage your condition, you are covered for the care you need, which includes additional cover for social workers.

Use a healthcare provider who participates in our arrangements

You have full cover for GPs who are on the Premier Plus HIV GP Network and specialists who have a payment arrangement with us. The Scheme will pay the account up to the agreed Scheme rate.

If you don't use a healthcare provider who we have an arrangement with, you will be responsible for any shortfall between what the provider charges and what the Scheme pays.

- You must use a Premier Plus HIV Network GP to manage your condition to avoid a 20% co-payment

MaPS tool (Medical and Provider Search) on www.retailmedicalscheme.co.za helps you find medical services and providers where you will be covered without a co-payment.

Go to www.retailmedicalscheme.co.za for more details.

Tell us about where you'll be having your treatment and who your treating doctor is, and we'll confirm if we have an agreement with the healthcare provider. If you choose to have your treatment at a provider who we have an arrangement with, there will be no shortfall in payment. Remember, benefits offered on your Option still apply in this case.

Take your HIV medicine as prescribed and send us your test results when we ask for them

We will only pay for your HIV treatment if the Scheme has approved it, and you follow the treatment as set out in treatment plan. Once you've registered on the HIV Care Programme, you'll need to send us follow-up tests, when we ask for them, for us to assist you in the ongoing management of your condition.

HIV or AIDS is a Prescribed Minimum Benefit condition

Prescribed Minimum Benefit cover

The Prescribed Minimum Benefits are guided by a set list of medical conditions set out in the Medical Schemes Act of 1998. These conditions include 270 defined diagnoses and their associated treatments as well as 27 chronic conditions.

All medical schemes in South Africa have to include the Prescribed Minimum Benefits in the benefit options they offer to their members. There are however certain requirements that a member must meet before they can benefit from the Prescribed Minimum Benefits.

These are the requirements that apply to access Prescribed Minimum Benefits

- Your condition must be part of the set list of defined conditions for Prescribed Minimum Benefits. You may need to send us the results of your medical tests and investigations that confirm the diagnosis of your medical condition;
- The treatment you need must match the treatments included as part of the defined benefits for your medical condition;
- You must use a doctor, specialist or other healthcare provider with whom the Scheme has negotiated a specific payment arrangement. There are some cases where this is not necessary, for example in the case of a life-threatening emergency.

HIV infection is classified as a Prescribed Minimum Benefit condition for members who qualify for cover. However, only certain treatment qualifies for funding from this benefit, according to certain guidelines.

More information on our approach to Prescribed Minimum Benefits is available at www.retailmedicalscheme.co.za.

Your doctor can appeal for additional cover

We cover certain basic out-of-hospital treatment related to HIV infection as a Prescribed Minimum Benefit. You can ask for cover for additional treatment through an appeals process if your condition requires this. Once we have approved the additional treatment, we will pay the claims for those treatments in full if your doctor participates in one of our payment arrangements. You may be responsible to pay part of the claim if your doctor does not participate in one of our payment arrangements.

We pay for all other out-of-hospital treatments from the available funds in your day-to-day benefits. If you have run out of benefits, you will be responsible to pay for those claims from your pocket.

Benefits available on the Essential and Essential Plus Option

Hospital admissions

Cover for all costs while you are in hospital, is not automatic. When you know you are going to a hospital, you need to tell us before you are admitted. You must pre-authorise your admission to hospital at least 48 hours before you need to be admitted. Please phone the Discovery Care Hospital Services on **0860 101 252** and follow the prompts to obtain approval.

When you contact us, please have specific information about your procedure and admission available, so that we are able to assist you.

GP and specialist consultations

If you have registered on the HIV Care Programme, we pay for four GP consultations (with a GP in the Premier Plus HIV GP Network), including one specialist consultation for HIV per person, each year. The Scheme may pay for more consultations including those for paediatricians, should further consultations be clinically necessary.

To avoid a 20% co-payment, you must use a Premier Plus HIV Network GP to manage your condition. If you haven't registered on the HIV Care Programme, we pay for the consultation from available funds in the day-to-day benefits. We pay these claims up to the Scheme Rate. You will be responsible to pay any shortfall from your pocket.

HIV antiretroviral and HIV supportive medicine

If your approved medicine is on our HIV medicine list (formulary), we will pay for it in full up to the Scheme Rate for medicines at a pharmacy that charges at the Scheme Rate.

We cover approved antiretroviral medicine that is not on the HIV medicine list up to a set Chronic Drug Amount (CDA). You will be responsible to pay any shortfall from your pocket.

You have cover for some multivitamins and vaccinations, as shown below. Flu vaccinations will be paid from the Scheme's Screening and Prevention Benefit.

Medicine name	NAPPI code
Multivitamin forte	715460001
Multivitamin orange	838500005
Multivitamin	799173002
Herberbio hbv sgl dose 1ml adult	701659001

HIV-monitoring blood tests

When you are registered on the HIV Care Programme, we cover the following blood tests up to the Scheme Rate:

Test	Number of tests we cover for each person for the year
CD4 count	4
Viral load	4
ALT	3
Full blood count (FBC)	4
Fasting lipogram	1
Fasting glucose	1
Urea and electrolytes (U&E) and creatinine	1
Liver function test (LFT)	1
HIV drug resistance test (genotype)	1 (The Scheme will only cover this test if we have approved funding before the test is done)

If you are not registered on the HIV Care Programme, we pay these costs from available funds in your day-to-day benefits.

Complaints process

You may lodge a complaint or query with Retail Medical Scheme directly on **0860 101 252** or address a complaint in writing to the Principal Officer at the Scheme's registered address. Should your complaint remain unresolved, you may lodge a formal dispute by following the Retail Medical Scheme internal disputes process.

You may as a last resort, approach the Council for Medical Schemes for assistance.

Council for Medical Schemes Complaints Unit, Block A, Eco Glades 2 Office Park, 420 Witch-Hazel Avenue, Eco Park, Centurion, 0157 / **0861 123 267** / complaints@medicalschemes.co.za / www.medicalschemes.co.za.