Guide to Prescribed Minimum Benefits

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 Retail Medical Scheme.

Contact us

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

Overview

This document provides information about your Prescribed Minimum Benefits (PMB) for 2025. It tells you how the Scheme covers you for a list of conditions called PMB.

PMBs are common benefits that apply to all members of all registered medical schemes.

About some of the terms we use in this document

There are a number of terms we refer to in the document that you may not know. We give you the meaning of these terms:

Terminology	Description
Scheme rate	This is a rate set by the Scheme. We pay for healthcare services from hospitals, pharmacies, healthcare professionals and other providers of relevant health services at this rate.
Co-payment	Retail Medical Scheme pays service providers at a set rate, the Scheme Rate. If the service provider charges higher fees than this rate, you will have to pay the outstanding amount from your own pocket.
Waiting period	This can be imposed when you join the Scheme for the first time, if you were not a member of a medical scheme before. It can also happen if you join the Scheme more than 90 days after leaving your previous medical scheme. In both of these cases, the Scheme would impose a waiting period, during which you and your dependants will not have access to the Prescribed Minimum Benefits, no matter which conditions you might have. We will communicate with you at the time of applying for membership if waiting periods apply.
Formulary	This is the Scheme's approved medicine list.
Designated Service Provider (DSP)	A healthcare provider (for example doctor, specialist, pharmacist or hospital) who we have an agreement with to provide treatment or services at a contracted or agreed rate. You must use the services of a DSP for full cover for PMB treatment and care.
Reference Price	Non-formulary medicine that falls in the same medicine category and generic group as the formulary medicine, will be paid up to a Reference Price.

Retail Medical Scheme

Administered by Discovery Health

Understanding the Prescribed Minimum Benefits (PMB)

PMBs are guided by a set list of medical conditions as defined in the Medical Schemes Act of 1998

In terms of the Medical Schemes Act of 1998 (Act number 131 of 1998) and its regulations, all medical Schemes in South Africa have to cover the costs related to the diagnosis, treatment and care of:

- any life-threatening emergency medical condition; the sudden and, at the time unexpected onset of a health condition that requires immediate medical and surgical treatment, where failure to provide medical or surgical treatment would result in serious impairment to bodily functions or serious dysfunction of a bodily organ or part or would place the person's life in serious jeopardy.
  (*An emergency does not necessarily require a hospital admission. We may ask you for additional information to confirm the emergency.)*
- a defined set of 271 diagnoses, and
- 27 chronic conditions (Chronic Disease List (CDL) conditions), including HIV.

These conditions and their treatments are known as PMB.

All medical schemes in South Africa have to provide cover for PMB conditions. There are, however, certain requirements that must be met before you can benefit from these PMBs:

1. The condition must be part of the list of defined PMB conditions;
2. The treatment needed, must match the treatments in the defined benefits;
3. You must use the services of the Scheme's DSP.

More about meeting the PMB requirements

The medical condition must be part of the list of defined conditions for PMB

You may have to send the Scheme the results of your medical tests and investigations that confirm the diagnosis of the condition. This will allow us to identify that your condition qualifies as a PMB. Your treating doctor needs to provide the relevant documentation to assist us in confirming the diagnosis.

The treatment needed must match the treatments included in the defined benefits

There are standard treatments, procedures, investigations and consultations for each condition on the PMB list. These defined benefits are supported by thoroughly researched evidence, based on clinical protocols, medicine lists (formularies) and treatment guidelines.

Please refer to the Council for Medical Schemes website www.medicalschemes.co.za for a full list of the 271 diagnostic treatment pairs.

An example of a PMB provision

The following is an example of a PMB condition and the treatment that qualifies for PMB:

Provision	Provision Description	Treatment	ICD-10 code
236K	Iron deficiency; vitamin and other nutritional deficiencies – life-threatening	Medical management	D50.8 - Other iron deficiency anaemias

- The PMB Provision is **236K**. This is one of the listed 271 Provisions (listed 271 PMB conditions) as published in the Medical Schemes Act and Regulations.
- In this example the **Provision Description** lists "Iron deficiency; vitamin and other nutritional deficiencies – life-threatening". The provision states that the condition should be life-threatening. For this provision, if the diagnosis is not a life-threatening episode, the condition does not qualify for PMB funding.
- The **Treatment**, covered as a PMB for this provision includes medical management for example medicine, doctor consultations investigations, etc.
- In addition to the above information, the Council for Medical Schemes also provides **ICD-10 codes** (e.g. D50.8) that fall within the **236K Provision**, as per the last column in the above table. The ICD-10 codes are an industry guide as to which conditions may qualify for PMB cover, subject to them still meeting the **Provision Description** and **treatment** criteria.

For this example, in order to qualify for the out-of-hospital PMB (OHPMB) funding, you or your healthcare professional may apply for medical management of life-threatening iron deficiency; vitamin and other nutritional deficiencies. The criteria stated in the Provision description need to be met to qualify for OHPMB funding related to the treatment as outlined.

Any application for treatment that is not listed in the "treatment" provision for a condition, cannot be considered as PMB if it does not form part of the prescribed treatment that forms part of PMB level of care. Speak to your healthcare professional to ensure that all criteria for treatment is met before applying for PMB cover.

The Scheme is only required to provide cover for the treatment, procedures, investigations and consultations that are given for each specific condition on the PMB list. If you need treatment that is not on the list and send additional clinical information that thoroughly explains why the treatment is needed, the Scheme will review it and may choose to approve the funding as PMB treatment. If the appeal is declined, you have the right to contact us to lodge a formal dispute.

Retail Medical Scheme pays for specific healthcare services related to approved PMB conditions, such as consultations, blood tests and other investigative tests, without using your day-to-day benefits. We will inform you of your entitlement to PMB cover when your condition and treatment has been approved.

How we cover medicine for the 27 chronic illness conditions

We pay medicine on the medicine list (formulary) up to the Retail Medicine Rate. There will be no co-payment for medicine selected from the medicine list.

If a medicine, which is not on the medicine list, is approved, we will pay for it up to a Chronic Drug Amount (CDA) or Reference Price. You may have a co-payment if the medicine costs more than the CDA or Reference Price.

Use a Designated Service Provider

To ensure you will have full cover for your medical care, you should use hospitals, doctors, specialists and other healthcare providers who we have an agreement with. These providers are the Schemes DSPs.

The Scheme's DSP will only charge up to the negotiated rates and you will then not have to make co-payments.

You can use the Find a healthcare professional tool on www.retailmedicalscheme.co.za or call us on **0860 101 252** to find a DSP, with whom we have an agreement, near you.

There are some cases where it is not necessary to meet these requirements but you will still have full cover. An example of this is in a life-threatening emergency.

How the Scheme manages PMB claims

There are different types of claims for PMB Benefits, such as claims for hospital admissions, chronic conditions and other conditions treated out of hospital, listed under the PMB.

In most cases, we automatically recognise you are entitled to PMB when we receive and process your claims. There are however times when you need to apply for us to pay for your treatment or care as a PMB. Once your healthcare professional confirms the diagnosis as a PMB condition, you can apply for cover for claims to be funded as a PMB from the Core Benefits, without having to use your day-to-day benefits.

We require additional clinical information from your healthcare professional for requests for funding of any treatment that falls outside the standard treatment for the PMB condition. If a treatment that falls outside the defined benefits is not approved, it will be paid for from the available benefits according to your chosen benefit option. If your benefit option does not cover these expenses, you will be responsible to pay for it.

Instances where you do not have PMB cover

There are some circumstances where you do not have cover for the PMB. This applies when you have no previous medical scheme membership when you join the Scheme or if you join after your date of employment at Shoprite, and it is then more than 90 days after leaving your previous medical scheme.

In both these cases, the Scheme will impose waiting periods during which you will not have access to the PMB, no matter which of those conditions you might have.

How to apply for PMB cover

If you want to apply for out-of-hospital PMB, or for cover for your chronic illness condition, you should:

1. Download and print an **"Application for out-of-hospital management of a Prescribed Minimum Benefit condition"** or **"The Chronic Illness Benefit Application"** form, available on www.retailmedicalscheme.co.za.
2. You can also call **0860 101 252** to request any of the above forms;
3. Complete the relevant application form with the assistance of your healthcare professional;
4. Send the completed, signed application form, along with any additional medical information, by email to PMB_APP_FORMS@retailmedicalscheme.co.za.

Once we receive the application form, and it meets the PMB requirements, we will automatically pay the associated investigations, treatment and consultations for the diagnosis and treatment of your condition from the Core Benefits. If you want to apply for in-hospital PMB, you should call us on **0860 101 252** to request authorisation.

Get the most out of your benefits

Elective admissions for PMB conditions and procedures are covered in full if you choose to use a DSP hospital and DSP treating doctors. Where your primary treating doctor is a DSP, reimbursement will be made in full without any co-payments for any required anaesthetic services you may need during your admission.

The below conditions need to be met for full cover for these providers:

- You are being admitted for a procedure for a PMB condition
- Your chosen hospital or day facility is on the PMB network for your benefit option
- Your primary treating doctor is on the PMB network for your option.

If all of the above conditions are met your hospital, doctor and anaesthetist accounts will be covered in full.

Cover for COVID-19

The WHO Global Outbreak Benefit provides cover for global disease outbreaks recognised by the World Health Organization (WHO) such as COVID-19. This benefit offers cover for out-of-hospital management and appropriate supportive treatment related to the management of acute COVID-19 and long COVID. Please visit our website www.retailmedicalscheme.co.za under Documents > Find a document for more information.

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.