

Maternity Benefit

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 who is registered as an authorised financial services provider (registration number 1997/013480/07). Discovery Health (Pty) Ltd administers the Scheme.

About this document

This document tells you about how Retail Medical Scheme covers pregnancy and childbirth. Read further to understand what is included in your benefits and how to get the most out of your Maternity Benefits.

Out-of-Hospital Maternity Benefits

These healthcare services are covered from the Maternity Benefit at the Scheme Rate from the date of activation.

Your cover includes:

Antenatal Basket

- Eight ante-natal consultations with a midwife, GP, or gynaecologist. We will fund the GP, specialist, and midwife up to the Scheme Rate. Any costs charged above the Scheme Rate will be for your own cost.
- One non-invasive prenatal test (NIPT) or T21 Chromosome Test if you meet the entry criteria.
- A defined basket of pregnancy blood tests.
- Two 2D ultrasounds scans.
- 3D and 4D scans are paid up to the rate we pay for 2D scans.

Antenatal and Post-natal Basket

- Essential maternity-related external medical devices for you and your baby such as breast pumps or nebulisers must be registered products bought from appropriately registered providers, with a valid Board of Healthcare Funders (BHF) practice number. These items will be paid from the available funds in the day-to-day benefits. If you do not have day-to-day benefits or if they have run out of funds, you will have to cover the cost from your own pocket.
- 5 consultations to use during pregnancy, and/or up until baby's second birthday. Healthcare providers in the network will be covered in full & non-network providers will be covered up to Scheme Rate.
- Two consultations with a GP, gynaecologist, counsellor, or psychologist for mental healthcare services.
- One nutrition assessment with a dietician for the mother up to two years after the birth of your baby

Post-natal mom and baby basket

- One consultation with a midwife, GP or gynaecologist within 6 weeks of the delivery for any post-delivery complications.
- One consultation with a registered lactation specialist.
- Two visits with a GP, paediatrician or ENT for children under the age of 2 years who are registered on the Scheme.

If you are not registered on the Maternity Programme, or once you have used up your Maternity Benefit, we pay for out-of-hospital healthcare expenses related to your pregnancy from your available day-to-day benefits. If you do not have day-to-day benefits, or if you have run out of funds, you must pay for these costs yourself.

In-Hospital Maternity Benefits

We pay for the hospital account from the Hospital Benefit, subject to authorisation. All related accounts such as the gynaecologist, midwife, anaesthetist and other healthcare services will be paid at 100% of the Scheme Rate from the Hospital Benefit.

You have cover for 3 days and 2 nights for a normal delivery or 4 days and 3 nights for a caesarean section if approved. The day of the delivery is counted as day one.

If you need to stay in hospital longer than the number of days we have authorised, your doctor will need to send a letter with additional clinical information to support why you need to stay in hospital longer.

We cover home births with a registered midwife

Home births are covered from your Hospital Benefit. We will cover the cost of a midwife up to the maximum Scheme Rate for up to 2 days including the delivery. The midwife must be registered with a valid practice number.

We cover water births in-hospital or at home

If you choose to have a water birth in hospital, we will pay for up to 3 days and 2 nights, the cost of the birthing pool is included in your delivery. If you choose to hire one, you will be responsible for the payment of the birthing pool. If you choose to have a water birth at home, we will pay for the cost of the hire of a birthing pool from your Hospital Benefit. This must be hired from a provider who has a registered practice number.

If you choose to have a water birth or normal delivery at home, we will pay for up to 2 days midwifery care (including the delivery) from your Hospital Benefit up to the maximum Scheme Rate. The midwife must be registered with a valid practice number.

Home nursing

If your doctor is comfortable to discharge you and your baby earlier, you both may qualify for the postnatal service in the comfort of your home. It includes up to a maximum of three-day visits for a normal delivery and four-day visits for a caesarean section by a midwife after giving birth. We will cover the days for which you receive home nursing up to the number of days we would have covered in hospital. This is three days for a normal delivery and four days for a caesarean section. The day of the delivery is counted as the first day.

This service will be provided by Discovery Home Care and will be covered from the Hospital Benefit, if approved. Please contact homecare@retailmedicalscheme.co.za if you are interested in this service.

You must discuss your discharge plan with your healthcare professional and advise us, to avoid possible short payments on claims.

Treatment for neonatal jaundice

If your baby needs phototherapy for neonatal jaundice, we will pay for the use of the phototherapy lights from the Risk Benefit, if you confirm your benefits with us.

We cover medically necessary circumcisions from the Hospital Benefit

Please pre-authorise the procedure with us if it is done in hospital. You do not require an authorisation if the circumcision is done in the doctors rooms and it is covered from your Risk Benefit.

How we pay for medicines to take home

Essential Plus Option: We will pay for any prescribed schedule 3 and above medicines you need to take home from the available funds in your Medical Savings Account and Above Threshold Benefit.

Essential Option: We pay for any prescribed schedule 3 and above medicines you need to take home, from the Out-of-Hospital Benefit, subject to the applicable annual limit.

There are certain items we do not cover

- Mother-and-baby packs supplied by the hospital.
- The bed booking fee that some hospitals may need you to pay.
- Your lodging or boarding fees, if your baby needs to stay in-hospital for longer and you choose to stay on with the baby.
- The cost of a birthing pool for water births if you choose to hire a birthing pool from a non-registered practitioner.

How to activate the Maternity Benefit

The maternity and early childhood benefits will be effective from the date of activation.

You activate your maternity and early childhood benefits:

- When you create your pregnancy or baby profile on the My Pregnancy or My Baby programme on www.retailmedicalscheme.co.za, or
- When you preauthorise your pregnancy and delivery, or
- When you register your baby on the Scheme.

You can also call us on **0860 101 252** or visit www.retailmedicalscheme.co.za to activate your Maternity and early childhood benefits, to find out how you are covered, and to authorise your hospital admission.

Getting the most out of your maternity benefits

Tell us about your pregnancy

Retail Medical Scheme covers the birth of your baby either in hospital with a doctor or midwife or at home with the help of a midwife. It is important to call and notify us of your pregnancy as soon as you are 12 weeks pregnant or earlier, so that you always know how we cover you for your pregnancy-related healthcare services whether these are done in or out of hospital.

Make sure your baby is covered

Your baby will be registered on the Scheme from their date of birth, however contributions will only be charged from the first day of the month following the birth. To continue cover after the birth month, contributions for your baby must be paid from the first month following the baby's birth.

Example: A baby is born on 3 March. The mother is registered on the Scheme. The baby is covered until 31 March. If the baby needs cover from the 1st of April onwards, they must be registered on the Scheme.

To ensure all the necessary treatment for your baby is covered, it is advisable to register your baby on the Scheme as soon as possible after birth, but at least within 30 days from the date of birth to avoid underwriting and waiting periods.

Understand your benefits

Prescribed Minimum Benefits (PMBs) are a set of conditions which all medical schemes must provide a basic level of cover for. The Prescribed Minimum Benefit (PMB) regulations include funding for antenatal care where it is necessary to hospitalise the mother before she gives birth.

We pay for confirmed PMBs in full, from the hospital benefit subject to you meeting the requirements. Please refer to our PMB guide, visit www.retailmedicalscheme.co.za or call us on **0860 101 252** for more details about the PMB requirements and how you are covered.

We pay for benefits not included in the PMBs from your appropriate and available hospital benefit and day-to-day benefits, according to the rules of the Scheme.

How we cover In-Hospital claims

For confirmed PMBs we will cover the hospital account at 100% of the negotiated rate from the Core Benefit and related accounts in full at the agreed rate if you receive treatment from a Designated Service Provider (DSP). Treatment received from a non-designated service provider (non-DSP) may be subject to a co-payment if the healthcare provider charges more than what we pay.

We pay for benefits not included in the PMBs from your appropriate and available Core and Day-to-day Benefits, according to the Scheme Rules.

Using the designated healthcare service providers

You have cover for healthcare providers up to 100% of the Scheme Rate.

You can use www.retailmedicalscheme.co.za or call us on **0860 101 252** to find healthcare service providers who we have an agreement with for the Scheme.

All medical schemes must ensure that their members do not experience shortfalls when they use Designated Service Providers (DSPs). You must use healthcare providers who we have a payment agreement with so that you do not experience co-payments. Using a non-designated service provider (non-DSP) may result in a co-payment.

Some examples of DSPs you will have when admitted to hospital are:

- Specialists
- GPs
- Hospitals

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.

There are some circumstances where you do not have cover for PMBs

This can happen when you join a medical scheme for the first time, with no medical scheme membership before that. It can also happen if you join a medical scheme more than 90 days after leaving your previous medical scheme. In both these cases, the Scheme would impose a waiting period, during which you and your dependants will not have access to the PMBs, no matter what conditions you might have. We will communicate with you at the time of applying for membership if waiting periods apply.

There are a few instances when the Scheme will only pay a claim as a PMB

This happens when you have a waiting period or when you have treatments linked to conditions that are excluded by the Scheme. This can be a three-month general waiting period or a 12-month condition-specific waiting period. But you might have cover in full, if you meet the requirements stipulated by the PMB regulations.

Contact us

You can contact us on **0860 101 252** or visit our website at www.retailmedicalscheme.co.za for more information.

Queries or complaints

You may lodge a query or complaint with Retail Medical Scheme directly on 0800 101 252, address a complaint in writing to the Principal Officer at the Scheme's registered address. If your complaint remains unresolved, you may lodge a formal dispute by following the Scheme's internal disputes process. You can read more about the disputes process on www.retailmedicalscheme.co.za

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