transmed
MEDICAL FUND

Working members and pensioners



2027 BENEFITS GUIDE

Welcome to Transmed Medical Fund's 2027 benefits guide.

This guide explains the different benefit plans and benefits and how to access them. Please read the guide carefully and keep it safe for future reference. To make it easier for you to find what you are looking for in the guide, please follow our easy-to-read colour codes.

The 2027 benefit and contribution changes come into effect once approved by the Council for Medical Schemes.

This guide does not replace the rules. The registered rules are legally binding, always take precedence and are available on request or on the Transmed website at www.transmed.co.za.

Link plan Select plan

FOR **ALL OUR** PEOPLE

Link plan Select plan

HOW TO CHANGE YOUR PLAN FOR 2027

This guide provides the process to follow should you wish to change your plan for 2027. A plan selection form has been enclosed. The form also contains a section to update your personal and contact details, which will enable the Fund to update our records and communicate effectively with you. The completed form must reach us by no later than **31 December 2026**.

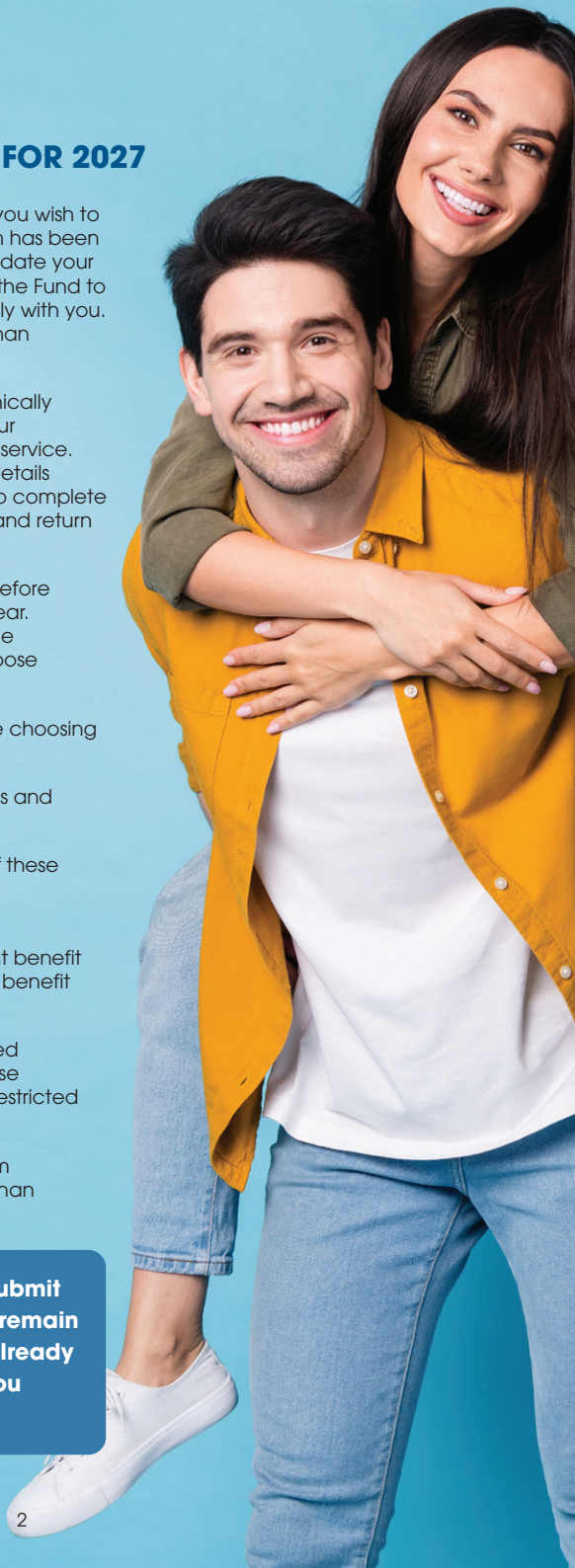
You can also change your benefit plan telephonically by calling **0800 450 010**. Remember to have your membership and ID numbers at hand to use this service. Should you need to update only your personal details without changing your plan, you are welcome to complete the relevant sections of the plan selection form and return it to **membership@transmed.co.za**.

Plan changes may only be made once a year before 1 January and take effect at the start of each year. Members therefore need to carefully consider the information provided in this guide in order to choose an appropriate benefit plan.

The following are a few points to consider before choosing a benefit plan for 2027:

- Review your current and future medical needs and those of your registered dependants.
- Compare the different benefit plans in light of these medical needs to determine the most suitable plan.
- Consider if you want to remain on your current benefit plan or if you need to consider an alternative benefit plan.
- Consider both the affordability of the increased contribution for the next twelve months (in case of a plan upgrade) and the impact of more restricted benefits (in case of a plan downgrade).
- Complete and submit your plan selection form (if applicable) to reach the Fund by no later than **31 December 2026**.

Please note that you do not need to submit the plan selection form if you want to remain on your current benefit plan or have already changed it telephonically, except if you need to update your contact details.



KEY TO GENERAL TERMS USED IN THIS BENEFITS GUIDE

*	Transmed rate	The Transmed rate is the fee payable during a benefit year in respect of a specific tariff or service
*1	Day-to-day services	The day-to-day benefit covers all routine services received out of hospital, other than those covered from insured benefits in terms of an authorisation or other defined benefits or limits
*2	Benefit year	A benefit year is the 12-month period for which benefits are valid and runs from January to December
*3	Lifetime benefit	A lifetime benefit is the benefit amount allowed for a specific treatment per lifetime while registered as a beneficiary
*4	Medication formulary	This is a list of medication that the Fund will cover in full (subject to applicable clinical protocols)
*5	Reference price	The reference price is the maximum price that the Fund will pay for a specific class of medication
*6	PMBs	Prescribed minimum benefits (PMBs) are a set of defined benefits to ensure that all medical scheme members have access to certain minimum health services, regardless of the benefit option they have selected
*7	Co-payment	A co-payment is a fee that is payable by a member directly to a service provider and is calculated as the difference between the price charged by the member's chosen service provider and the price negotiated with the designated/preferred service provider
*8	Fund exclusions	Services, procedures and consumables that are not covered by Transmed: • Accommodation in old age homes, frail care centres or similar institutions • All costs for operations, medication, treatment and procedures for cosmetic or psychological purposes • All costs for operations, medication, treatment and procedures related to weight reduction • Operations to reverse a sterilisation • Artificial insemination (GIFT or similar procedures) • Patent food, including baby food • Slimming preparations • Household remedies or preparations and herbal and natural remedies • Aphrodisiacs • Cosmetic soaps, shampoos and other topical applications • Sun screening and sun tanning agents • Cosmetic preparations, medicated or otherwise • Contact lens preparations • Holidays for recuperative purposes • Vitamin and mineral supplements
*9	UPFS	The uniform patient fee schedule is the tariff structure applicable to State hospitals/facilities
*10	OTC	Over-the-counter medication can be prescribed and dispensed by your pharmacist without a doctor's prescription

SUMMARY OF NETWORKS AND DESIGNATED SERVICE PROVIDERS

*11	DSP	A designated service provider is contracted by the Fund to provide certain treatment or services to members at a negotiated/preferred tariff
*12	Transmed private hospital network	The private hospital network consists of Netcare, Mediclinic, Life Healthcare and the National Hospital Network (NHN) groups; network list available at **www.transmed.co.za** **Select plan:** Transmed has negotiated a preferred rate with the private hospital network for specific admissions outlined in the benefit schedule
*13	Transmed pharmacy network	A network of pharmacies that Transmed has negotiated preferred rates with: • Clicks pharmacy group • MediRite pharmacy group (pharmacies in Shoprite/Checkers stores) • Dis-Chem pharmacies • Contracted independent pharmacies
*14	Universal Healthcare network	This is a network of providers that has been contracted to deliver a specific service to members on the **Link plan**
*15	ICON	The Independent Clinical Oncology Network is a network of oncologists that is the contracted DSP for cancer treatment
*16	DENIS	DENIS is contracted to manage dental benefits, including dental claims processing, on the **Select plan**
*17	PPN	Preferred Provider Negotiators is contracted to manage optical benefits, including optical claims processing, on the **Select plan**
*18	OMG	The Ophthalmology Management Group Limited is a network of ophthalmologists that is the contracted DSP for cataract surgery on all plans
*19	Universal Healthcare private hospital network	The private hospital network is contracted by Universal Healthcare for private hospital treatment for members on the **Link plan**

DAY-TO-DAY BENEFITS

Link plan

Members will receive their day-to-day services through the Universal Healthcare network*[14]. This includes all general practitioners (GPs) and pharmacies and dental and optical services.

You can find details of your nearest network provider by calling Universal on **0861 686 278**.

Select plan

Dental and optical services are paid for from the respective dental and optical benefits. All other day-to-day services (except for services covered on an authorised PMB*[6] treatment plan), are paid for from the day-to-day limit.

Members may use any registered healthcare or service provider of their choice, except for dental and optical services, which are managed by the contracted providers.

HOSPITAL BENEFITS

Link plan

This plan provides hospital benefits for PMB*[6] conditions at State hospitals, the DSP*[11] for hospital services.

Members can utilise private facilities, subject to pre-authorisation, for the following admissions:

- admissions for emergency treatment in case of an accident or trauma
- admissions of children between the ages of one and 12 years for PMB*[6] conditions
- admissions for selected non-PMB conditions, e.g. functional endoscopic sinus surgery, tonsillectomies and adenoidectomies, sterilisations, strabismus (squint eye) repair and vasectomies.

Select plan

This plan provides hospital benefits for both PMB*6 and non-PMB conditions at State hospitals, the DSP*11 for hospital services.

Members can utilise private facilities, subject to pre-authorisation, for the following admissions:

- admissions for maternity
- admissions for children under 12 years for PMB*6 conditions
- admissions for medical emergencies, accidents or trauma
- admissions for psychiatric treatment
- admissions for certain dental procedures
- admissions for selected non-PMB conditions, e.g. functional endoscopic sinus surgery, tonsillectomies and adenoidectomies, grommets, sterilisations, strabismus (squint eye) repair and vasectomies
- admissions related to cancer treatment
- admissions for cataract surgery.

TRANSMED MEDICAL FUND RATE (TRANSMED RATE)

The Transmed rate* is the tariff that is payable during a benefit year in respect of a specific tariff or service.

If a member uses a service provider outside the DSP*11 network or who charges fees in excess of the Transmed rate*, the member may be responsible for making a co-payment*7.

It is therefore in a member's best interest to use network providers or to negotiate with non-contracted healthcare practitioners to charge the Transmed rate*.

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2027 CONTRIBUTIONS

Link plan

Monthly income	Member	Adult dependant**	Child dependant*
R0 - R2 000	1 456	1 239	437
R2 001 - R3 000	1 535	1 306	459
R3 001 - R4 000	1 611	1 370	484
R4 001 - R5 000	1 690	1 437	509
R5 001 - R6 000	1 769	1 504	532
R6 001 - R8 000	1 847	1 570	552
R8 001- R10 000	1 924	1 636	576
R10 001+	2 002	1 700	601

Select plan

Monthly income	Member	Adult dependant**	Child dependant*
R0 - R2 000	2 430	1 824	730
R2 001 - R3 000	2 589	1 941	777
R3 001 - R4 000	2 744	2 058	825
R4 001 - R5 000	2 902	2 175	870
R5 001 - R6 000	3 056	2 294	917
R6 001 - R8 000	3 213	2 411	963
R8 001- R10 000	3 369	2 527	1 012
R10 001+	3 527	2 644	1 058

Note the following:

* Child dependant contributions are payable for a maximum of four dependants.

* Child dependants older than 21 who are studying full- or part-time and are financially dependent on the member will pay child dependant contributions until the age of 24 (proof of registration at an accredited institution will be required).

** Dependants older than 21 (or 24 in the case of studying children) who are financially dependent on the member will pay adult dependant contributions.

BREAKDOWN OF BENEFITS

Day-to-day cover

Benefits	Link plan	Select plan
Day-to-day limit	Not applicable	Member without dependants: R8 720 Member with dependants: R11 930
1 **All other day-to-day benefits** 	**Only PMB*6** conditions Obtain from the Universal Healthcare network*14 Paid at the Transmed rate* Please call **0861 686 278**	Subject to the availability of funds in the day-to-day limit Paid at the Transmed rate*
2 **General practitioner (GP) consultations** 	**Network providers** Number of consultations per year: Member without dependants: 8 Member with 1 dependant: 12 Member with 2 dependants: 14 Member with 3 dependants: 15 **Non-network providers** 1 consultation at a non-network provider per beneficiary, up to a maximum of 2 consultations per family per year Limited to R1 460 per event Paid at the Transmed rate*	Subject to the availability of funds in the day-to-day limit Paid at the Transmed rate*
3 **Specialist consultations** 	3 specialist consultations per beneficiary per year, up to a maximum of 5 consultations per family per year, limited to a maximum amount of R4 400 for 1 beneficiary or R6 430 per family Pregnant beneficiaries are entitled to 2 additional specialist consultations per year Specialist consultations are subject to pre-authorisation and referral by a network GP A 30% co-payment*7 applies for voluntary consultations at specialists and consultations without pre-authorisation according to the agreed referral process Paid at the Transmed rate* **Pre-authorisation required** Please call **0861 686 278**	Subject to the availability of funds in the day-to-day limit Paid at the Transmed rate*
4 **Acute and over-the-counter (OTC) medication** 	**Acute medication benefit** Unlimited if according to the Universal medication formulary and obtained from accredited Universal pharmacies No benefit for medication dispensed or prescribed by a specialist if the referral process was not adhered to, unless a specialist consultation was as a result of an involuntary **PMB*6** consultation Paid at the Transmed rate*	**Acute medication benefit** Subject to the availability of funds in the day-to-day limit Paid at the Transmed rate*

Day-to-day cover (continued)

Benefits	Link plan	Select plan
4 **Acute and over-the-counter (OTC) medication** (continued)	Formulary reference pricing applies **Over-the-counter (OTC*[10]) medication benefit** of R360 per family per year, with a maximum of R160 per event Medication must be dispensed by a Universal network pharmacy or accredited service provider	Formulary reference pricing applies **Over-the-counter (OTC*[10]) medication benefit** of R1 750 per family per year, with a maximum of R325 per event The OTC benefit is subject to the availability of funds in the day-to-day limit Medication to be obtained from the Transmed pharmacy network*[13] to avoid non-network co-payments
5 **Pathology (out of hospital)**	Unlimited, subject to Universal network codes Subject to referral by Universal network GP or accredited service provider No benefit for pathology requested by specialist if the specialist referral process was not adhered to, unless the specialist consultation was as a result of an involuntary **PMB*[6]** consultation Paid at the Transmed rate*	Subject to the availability of funds in the day-to-day limit Paid at the Transmed rate*
6 **Radiology (out of hospital)**	Unlimited, subject to Universal network codes Pregnant beneficiaries are entitled to 2 pregnancy scans per pregnancy Subject to referral by Universal network GP or accredited service provider No benefit for radiology requested by specialist if the specialist referral process was not adhered to, unless the specialist consultation was as a result of an involuntary **PMB*[6]** consultation Paid at the Transmed rate*	Subject to the availability of funds in the day-to-day limit For MRI and CT scans, refer to benefit 28 on page 15 Paid at the Transmed rate*
7 **Optical benefits**	Obtained from the Universal Healthcare network*[14] **Examination** Limited to 1 examination per beneficiary per year	Benefit provided through PPN*[17] protocols **NETWORK BENEFIT** Optical benefits are subject to authorisation by PPN*[17] and clinical protocols/prescribed rules apply Beneficiaries can claim every 24 months **Examination** Limited to 1 consultation to the value of R989, including refraction, glaucoma screening, visual field screening and artificial intelligence for the detection of diabetic retinopathy



Day-to-day cover

Benefits	Link plan	Select plan
7 **Optical benefits** (continued) 	**Frames/Spectacles/Lenses** 1 pair of single-vision or bifocal lenses and specified frame per beneficiary every 24 months, according to Universal Healthcare network*14 criteria **OR** **Contact lenses** Limited to R1 010 per beneficiary per cycle Please call **0861 686 278**	**Frames/Spectacles/Lenses** R1 465 towards frame and/or lens enhancements, together with 1 pair of clear, single-vision lenses to the value of R230 or clear, bifocal lenses to the value of R502 or clear, multifocal lenses to the value of R930 **OR** **Contact lenses** Limited to R1 645 **NON-NETWORK BENEFIT** Services out of network will have a co-payment*7 for the member's own account **Examination** Limited to 1 consultation to the value of R433 **Frames/Spectacles/Lenses** R1 172 towards frame and/or lens enhancements, together with 1 pair of clear, single-vision lenses to the value of R230 or clear, bifocal lenses to the value of R502 or clear, multifocal lenses to the value of R930 **OR** **Contact lenses** Limited to R1 645 Please call **0861 103 529**
8 **Basic dentistry** 	1 consultation, preventative treatment and general examination per year through a Universal Healthcare network*14 DSP Fillings, extractions and dental X-rays are subject to Universal protocols and applicable Universal dental codes Paid at the Transmed rate* Please call **0861 686 278**	Benefit provided through DENIS*16 Subject to protocols and limitations No annual limits, but only stated codes are covered Root canal limited to 1 per beneficiary per year Paid at the Transmed rate* Please call **0860 104 941**
9 **Specialised dentistry** 	No benefit	Benefit provided through DENIS*16 Subject to protocols and limitations Limited to R6 180 per family per year **Crowns** Limited to 1 per family every 2 years for beneficiaries 16 years and older Paid at the Transmed rate* **Pre-authorisation required** for all specialised procedures Please call **0860 104 941**
10 **Orthodontics** 	No benefit	Benefit provided through DENIS*16 Subject to protocols and limitations

Day-to-day cover (continued)

Benefits	Link plan	Select plan
10 **Orthodontics** (continued) 	No benefit	Limited to R12 290 per beneficiary younger than 18, once in a lifetime*3 Paid at the Transmed rate* **Pre-authorisation required** Please call **0860 104 941**
11 **Dentures** 	1 set of acrylic or plastic dentures per family every 2 years Limited to R5 140 per partial or full set of dentures Paid at the Transmed rate* Please call **0861 686 278**	Benefit provided through DENIS*16 Subject to protocols and limitations Subject to availability of funds in the specialised dentistry limit of R6 180 per family per year 1 set of dentures per beneficiary older than 21 every 4 years 1 set of chrome cobalt-frame dentures per beneficiary 21 years and older every 5 years Paid at the Transmed rate* **Pre-authorisation required** Please call **0860 104 941**
12 **Physiotherapy, occupational and remedial therapy and audiology** 	Obtained from the Universal Healthcare network*14 **Only PMB*6** conditions Paid at the Transmed rate* Please call **0861 686 278**	Subject to the availability of funds in the day-to-day limit Paid at the Transmed rate*
13 **Traditional healers** 	R1 970 per family per year, limited to R990 per event Applicable to healers registered with the Traditional Healer Council Members are liable for the upfront payment of practitioners; claim forms can be obtained from **0861 686 278** and submitted with receipts for refunds Paid at the Transmed rate*	No benefit

Chronic medication

14 **Chronic medication** (refer to chronic conditions covered on page 29) 	Paid at the Transmed rate* according to the network medication formulary, formulary reference pricing and protocols Only Universal network pharmacies Subject to pre-authorisation and registration on the Universal chronic medicine programme Please call **0861 686 278**	Paid at the Transmed rate* according to the PMB medication formulary*4 Reference pricing*5 applies Subject to pre-authorisation and registration on the chronic medication management programme Please call **0800 225 151**

Chronic medication

Benefits	Link plan	Select plan
15 **Pharmacies** 	Universal network pharmacies Please call **0861 686 278**	Transmed pharmacy network[*13] Members may be liable for a co-payment[*7] if a pharmacy outside the Transmed pharmacy network[*13] is used

Major medical cover

16 **Admissions to private hospitals for accidents/ trauma** 	Emergency admissions related to accidents or trauma (motor vehicle, bike or pedestrian) will be covered in a Universal Healthcare private hospital network[*19] hospital, subject to authorisation within 48 hours of the accident **Note: Refer to the definition of an emergency below, as per the Medical Schemes Act** Paid at the Transmed rate* **Pre-authorisation required** Please call **0861 686 278**	Admissions for medical emergencies, accidents or trauma will be covered in a Transmed private hospital network[*12] hospital **Note: Refer to the definition of an emergency below, as per the Medical Schemes Act** Paid at the Transmed rate* **Pre-authorisation required** Please call **0800 225 151**

An emergency is defined in terms of the Medical Schemes Act and the rules as the sudden and, at the time, unexpected onset of a health condition that requires immediate medical or 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 a person's life in serious jeopardy.

17 **Admissions to private hospitals for maternity** 	100% cover at a State hospital Benefit provided through Universal Healthcare network[*14] Paid at the Transmed rate* **Pre-authorisation required** Please call **0861 686 278** **Online antenatal course:** www.bellybabies.co.za Refer to page 26 for more information	Transmed private hospital network[*12] is the DSP[*11] Paid at the Transmed rate* Members with confirmed pregnancies must call **0800 225 151** to access the benefit **Pre-authorisation required** Please call **0800 225 151** **Online antenatal course:** www.bellybabies.co.za Refer to page 26 for more information
18 **PMB-related admissions to private hospitals for children** 	**PMB[*6]**-related admissions for children between 1 and 12 years old will be covered in a Universal Healthcare private hospital network[*19] hospital Paid at the Transmed rate* The co-payment[*7] for the voluntary use of a non-DSP will be the amount equal to the difference between the total cost incurred in respect of the hospital services, including all related medical services, and the cost that would have been payable to the DSP[*11] (State hospital) **Pre-authorisation required** Please call **0861 686 278**	**PMB[*6]**-related admissions for children who are under 12 years old will be covered in a Transmed private hospital network[*12] hospital Paid at the Transmed rate* A 30% co-payment[*7] applies for the voluntary use of a non-network hospital and is payable on the hospital claim **Pre-authorisation required** Please call **0800 225 151**

Major medical cover (continued)

Benefits	Link plan	Select plan
19 **Admissions to private hospitals for in-hospital dentistry** 	No benefit	Transmed private hospital network*12 is the DSP*11 Admission protocols apply Removal of impacted teeth Extensive conservative treatment for children under 6 Certain surgical procedures (fistula closure) Dental/Surgical procedures are subject to the availability of funds in the specialised dentistry limit The fee for the hospitalisation and anaesthetist is paid from major medical benefit if procedure is approved A 30% co-payment*7 applies for the voluntary use of a non-network hospital and is payable on the hospital claim Paid at the Transmed rate* **Pre-authorisation required** Please call **0800 225 151**
20 **Admissions to private hospitals related to non-PMB procedures** 	The following non-PMB-related procedures will be covered in a Universal Healthcare private hospital network*19 hospital: • functional endoscopic sinus surgery • tonsillectomies and adenoidectomies • sterilisations • vasectomies • strabismus (squint eye) repair Paid at the Transmed rate* The co-payment*7 for the voluntary use of a non-DSP will be the amount equal to the difference between the total cost incurred in respect of the hospital services, including all related medical services, and the cost that would have been payable to the DSP*11 (State hospital) **Pre-authorisation required** Please call **0861 686 278**	The following non-PMB-related procedures will be covered in a Transmed private hospital network*12 hospital: • functional endoscopic sinus surgery • tonsillectomies and adenoidectomies • grommets • sterilisations • vasectomies • strabismus (squint eye) repair Paid at the Transmed rate* A 30% co-payment*7 applies for the voluntary use of a non-network hospital and is payable on the hospital claim **Pre-authorisation required** Please call **0800 225 151**
21 **Admissions to psychiatric/ mental institutions** (including treatment for alcohol and substance abuse) 	**PMB*6** conditions are covered Limited to 21 days per beneficiary per year Paid at the Transmed rate* **Pre-authorisation required** Please call **0861 686 278**	**PMB*6** conditions are covered Limited to 21 days per beneficiary per year Paid at the Transmed rate* **Pre-authorisation required** Please call **0800 225 151**

Major medical cover

Benefits	Link plan	Select plan
22 **Admissions related to cancer treatment** 	State hospitals are the DSPs*11 If a State hospital is not accessible in terms of the set criteria, authorisation will be considered for admission to a hospital on the Universal Healthcare private hospital network*19 as the secondary DSP*11 Paid at the Transmed rate* The co-payment*7 for the voluntary use of a non-DSP will be the amount equal to the difference between the total cost incurred in respect of the hospital services, including all related medical services, and the cost that would have been payable to the DSP*11 (State hospital) **Pre-authorisation required** Please call **0861 686 278**	Transmed private hospital network*12 is the DSP*11 Paid at the Transmed rate* **Pre-authorisation required** Please call **0800 225 151**
23 **Cataract surgery** 	The OMG*18 network and State hospitals are DSPs*11 The co-payment*7 for the voluntary use of a non-DSP will be the amount equal to the difference between the total cost incurred in respect of the hospital services, including all related medical services, and the cost that would have been payable to the DSP*11 (State hospital) Paid at the Transmed rate* **Pre-authorisation required** Please call **0861 686 278**	The OMG*18 network and State hospitals are DSPs*11 A 20% co-payment*7 on the total hospital and associated provider costs applies for using a provider other than an OMG*18 network provider or the State In addition to cataract surgery, the following services will be covered, subject to pre-authorisation: • the consultation during which the diagnosis is made and confirmed • the related tests performed to make the diagnosis as per the applicable algorithm • medication administered as part of the procedure, as per the applicable algorithm • any other indicated services, as per the applicable algorithm Paid at the Transmed rate* **Pre-authorisation required** Please call **0800 225 151**
24 **Private hospital admissions not listed above** 	**Only PMB*6** conditions for major medical events are covered State hospitals are the DSPs*11 If a State hospital is not accessible in terms of the set criteria, authorisation will be considered for admission to a hospital on the Universal Healthcare private hospital network*19 as the secondary DSP*11 Paid at the Transmed rate*	**Only PMB*6** conditions for major medical events are covered State hospitals are the DSPs*11 If a State hospital is not accessible in terms of the set criteria, authorisation will be considered for admission to a hospital on the Transmed private hospital network*12 as the secondary DSP*11 Paid at the Transmed rate*

Major medical cover (continued)

Benefits	Link plan	Select plan
24 **Private hospital admissions not listed above** (continued) 	The co-payment*[7] for the voluntary use of a non-DSP will be the amount equal to the difference between the total cost incurred in respect of the hospital services, including all related medical services, and the cost that would have been payable to the DSP*[11] (State hospital) **Pre-authorisation required** Please call **0861 686 278**	The co-payment*[7] for the voluntary use of a non-DSP will be the amount equal to the difference between the total cost incurred in respect of the hospital services, including all related medical services, and the cost that would have been payable to the DSP*[11] (State hospital) **Pre-authorisation required** Please call **0800 225 151**
25 **State hospital admissions** 	State hospitals are the DSPs*[11] 100% cover according to the UPFS*[9] rate at a State hospital for **PMB*[6]** admissions only **Note:** Members using a State hospital for any non-PMB condition must be admitted as private patients and members will be personally liable for the payment of the account Please call **0861 686 278**	State hospitals are the DSPs*[11] 100% cover according to the UPFS*[9] rate at a State hospital for **PMB*[6]** and non-PMB admissions Please call **0800 225 151**
26 **Emergency treatment** (including consultations and procedures in an emergency room or casualty facility for **children** under 12 years of age) 	Refer to benefit 27	Paid at the Transmed rate* **Authorisation required within 1 working day of the emergency treatment** If no authorisation is obtained, services will be paid from the day-to-day limit, subject to the availability of funds **Pre-authorisation required** Please call **0800 225 151**
27 **Emergency treatment** (including consultations and procedures in hospital casualties) 	Paid at the Transmed rate* if life-threatening **Authorisation required within 1 working day of the emergency treatment** If no authorisation is obtained, the GP consultation and medication will be paid as per the out-of-network benefit; the facility fee will not be covered Please call **0861 686 278**	Paid at the Transmed rate* if life-threatening **Authorisation required within 1 working day of the emergency treatment** If no authorisation is obtained, services will be paid from the day-to-day limit, subject to the availability of funds Please call **0800 225 151**
28 **In-hospital radiology** 	**Only PMB*[6] conditions** **Basic radiology (X-rays)** Subject to case management and clinical protocols Universal formulary applicable Limited to R11 000 per family per year in hospital	**Only PMB*[6] conditions** **Basic radiology (X-rays)** Subject to case management and clinical protocols

Major medical cover

Benefits	Link plan	Select plan
28 **In-hospital radiology** (continued) 	**Advanced radiology (MRI, CT and PET scans)** Limited to R32 120 per family per year in and out of hospital Paid at the Transmed rate* **Pre-authorisation required** Please call **0861 686 278**	**Advanced radiology (MRI and CT scans)** In and out of hospital Paid at the Transmed rate* **Pre-authorisation required** Please call **0800 225 151**
29 **Prostheses** 	**Only PMB*6 conditions** Subject to case management, clinical protocols and individual prostheses limits Refer to annexure C on page 22 **Pre-authorisation required** Please call **0861 686 278**	**Only PMB*6 conditions** Subject to case management, clinical protocols and individual prostheses limits Refer to annexure C on page 22 **Pre-authorisation required** Please call **0800 225 151**
30 **Orthopaedic, surgical and medical appliances** 	Subject to case management, clinical protocols and individual appliances limits Refer to annexure B on page 21 **Pre-authorisation required** Please call **0861 686 278**	Subject to case management, clinical protocols and individual appliances limits Refer to annexure B on page 21 **Pre-authorisation required** Please call **0800 225 151**
31 **Organ transplants** 	Subject to case management and clinical protocols Harvesting cost of organs (both live and cadavers) is subject to **PMB*6** legislation **International donors** The cost of an international donor search and harvesting will be limited to R225 000 (irrespective of the rand/dollar/euro exchange rate) In all cases, special approval is required from the Principal Officer or his delegate before an international donor search can be funded and a confirmation of the non-availability of a suitable local donor is required Paid at the Transmed rate* **Pre-authorisation required** Please call **0861 686 278**	Subject to case management and clinical protocols Harvesting cost of organs (both live and cadavers) is subject to **PMB*6** legislation **International donors** The cost of an international donor search and harvesting will be limited to R225 000 (irrespective of the rand/dollar/euro exchange rate) In all cases, special approval is required from the Principal Officer or his delegate before an international donor search can be funded and a confirmation of the non-availability of a suitable local donor is required Paid at the Transmed rate* **Pre-authorisation required** Please call **0800 225 151**
32 **Dialysis** 	Unlimited at a State hospital If a State hospital is not accessible in terms of the set criteria, authorisation can be obtained for involuntary admission to a hospital on the Universal Healthcare private hospital network*19 or approved dialysis centres Paid at the Transmed rate*	100% at a State hospital or Transmed private hospital network*12 hospital or approved dialysis centre Paid at the Transmed rate*

Major medical cover (continued)

Benefits	Link plan	Select plan
32 **Dialysis** (continued)	The co-payment*7 for using a non-DSP voluntarily will be the amount equal to the difference between the total cost incurred in respect of the hospital services, including all related medical services and the cost that would have been payable to the DSP*11 (State hospital) **Pre-authorisation required** Please call **0861 686 278**	The co-payment*7 for the voluntary use of a non-DSP will be the amount equal to the difference between the total cost incurred in respect of the hospital services, including all related medical services, and the cost that would have been payable to the DSP*11 (State hospital) **Pre-authorisation required** Please call **0800 225 151**
33 **Oncology (cancer) treatment**	Paid at the agreed rate at a State hospital or through the Independent Clinical Oncology Network (ICON)*15 Unlimited benefit for treatment falling within tier 1 of the South African Oncology Consortium (SAOC) guidelines Limited to 1 PET scan per beneficiary per year and subject to the overall radiology limit A 20% co-payment*7 applies for using a provider other than an ICON*15 service provider or the State Oncology (cancer) medication to be obtained through the Universal oncology network A 20% co-payment*7 applies for obtaining oncology (cancer) medication from a non-oncology network service provider Subject to evidence-based clinical protocols Paid at the Transmed rate* **Pre-authorisation required** Please call **0861 686 278**	Paid at the Transmed rate* at a State hospital or through the Independent Clinical Oncology Network (ICON)*15 Unlimited benefit for treatment falling within tier 1 of the South African Oncology Consortium (SAOC) guidelines Limited to 1 PET scan per beneficiary per year A 20% co-payment*7 applies for using a provider other than an ICON*15 service provider or the State Oncology (cancer) medication to be obtained through the Transmed oncology network Reference pricing*5 is applicable to oncology (cancer) medication Subject to evidence-based clinical protocols Paid at the Transmed rate* **Pre-authorisation required** Please call **0800 225 151**
34 **Terminal care benefit**	**PMB*6** level of care Paid at the Transmed rate* **Pre-authorisation required** Please call **0861 686 278**	Subject to pre-authorisation (home assessment if indicated) Once-off limit of R25 000 per beneficiary; this is an additional benefit and the financial limit is not applicable to any services rendered that qualify for payment in terms of **PMB*6** legislation Applicable for treatment provided in an accredited facility (hospice/sub-acute/ homecare by a registered nurse) Paid at the Transmed rate* **Pre-authorisation required** Please call **0800 225 151**
35 **HIV and AIDS benefit**	Paid at 100% of cost if obtained from a DSP*11	Members are encouraged to register on the HIV YourLife programme

Major medical cover

Benefits	Link plan	Select plan
35 **HIV and AIDS benefit** (continued) 		Obtain medication from a Transmed pharmacy network*13 or courier pharmacy as per enrolment
	Members will be liable for a 20% co-payment*7 if a pharmacy outside the Universal network is used	Members may be liable for a co-payment*7 if a pharmacy outside the Transmed pharmacy network*13 is used
	Treatment is subject to compliance with clinical protocols	Reference pricing*5 applies
	Paid at the Transmed rate*	Paid at the Transmed rate*
	Pre-authorisation required Please call **0861 686 278**	**Pre-authorisation required** Please call **0860 109 793**
36 **Ambulance services** 	**Only PMB*6 conditions** Transfer protocols apply	Transfer protocols apply
	Paid at the Transmed rate*	Paid at the Transmed rate*
	Pre-authorisation required Please call **0800 115 750**	**Pre-authorisation required** Please call **0800 115 750**

Preventative care

37 **Contraceptive benefit** 	Subject to Universal protocols and guidelines	Only applicable to female beneficiaries
		Transmed pharmacy network*13 is the DSP*11
		Paid at the Transmed rate*
	Please call **0861 686 278**	Limited to medication used primarily for contraception
38 **Flu vaccination** 	Subject to Universal protocols and guidelines	Available to all beneficiaries
		Transmed pharmacy network*13 is the DSP*11
		Paid at the Transmed rate*
		Subject to the flu vaccination formulary*4
	Please call **0861 686 278**	Limited to one vaccination per beneficiary per year
39 **Human papillomavirus** (HPV) vaccination 	All beneficiaries between the ages of 9 and 26	All beneficiaries between the ages of 9 and 26
		Transmed pharmacy network*13 is the DSP*11
		Paid at the Transmed rate*
	Subject to the applicable formulary*4	Subject to the applicable formulary*4
	Please call **0861 686 278**	
40 **Pneumococcal vaccination** 	Subject to Universal protocols and guidelines	Available to high-risk beneficiaries and all beneficiaries over the age of 65 and children younger than 6
		Subject to an approved treatment plan
		Transmed pharmacy network*13 is the DSP*11
		Paid at the Transmed rate*
	Please call **0861 686 278**	Subject to the applicable formulary*4

Preventative care (continued)

Benefits	Link plan	Select plan
41 **Childhood immunisation**	Subject to Universal protocols and guidelines Please call **0861 686 278**	Transmed pharmacy network*13 is the DSP*11 Paid at the Transmed rate* Subject to the vaccination schedule of the Department of Health Subject to the applicable formulary*4
42 **Circumcision** (out of hospital/ in doctor's rooms)	Subject to Universal protocols and guidelines Please call **0861 686 278**	Limited to R2 900 per case No pre-authorisation required

Prescribed minimum benefits (PMBs)

	Hospitalisation Paid at UPFS*9 rate at a State hospital In the case of an emergency or if a State hospital is not accessible in terms of the set criteria, authorisation will be considered for admission to a hospital on the Universal Healthcare private hospital network*19 as the secondary DSP*11 and paid at the Transmed rate* The co-payment*7 for the voluntary use of a non-DSP will be the amount equal to the difference between the total cost incurred in respect of the hospital services, including all related medical services, and the cost that would have been payable to the DSP*11 (State hospital) **Pre-authorisation required** Please call **0861 686 278**	**Hospitalisation** Paid at UPFS*9 rate at a State hospital In the case of an emergency or if a State hospital is not accessible in terms of the set criteria, authorisation will be considered for admission to a hospital on the Transmed private hospital network*12 as the secondary DSP*11 and paid at the Transmed rate* The co-payment*7 for the voluntary use of a non-DSP will be the amount equal to the difference between the total cost incurred in respect of the hospital services, including all related medical services, and the cost that would have been payable to the DSP*11 (State hospital) **Pre-authorisation required** Please call **0800 225 151**
	Treatment plan services No benefit	**Treatment plan services** Paid at the Transmed rate* or at cost; healthcare providers of own choice may be used **Other services** Paid at 100% at a State hospital **Pre-authorisation required** Please call **0800 225 151**



Additional benefit

Benefits	Link plan	Select plan
Health Advisor	**Free access to Hello Doctor, a mobile phone-based service that gives you access to doctors 24 hours a day, 7 days a week.** You can get expert health advice from qualified South African medical doctors through your phone, tablet or computer, at absolutely no cost to you! **Just download the app, request a call and the doctor will phone you back within an hour.** Refer to page 26 for more information. hello doctor Powered by momentum	





ANNEXURE A: EARLY DETECTION BENEFIT

Screening test	Related condition	Frequency
Health-check benefit*: • Cholesterol (finger prick) • Glucose (finger prick) • Blood pressure • Body mass index	Cholesterol Diabetes mellitus Blood pressure	One test for all beneficiaries over the age of 25 per year
Total cholesterol (lipogram)	High cholesterol	One test for all beneficiaries over the age of 25 per year
Glucose (finger prick)	Diabetes mellitus	One test for all beneficiaries over the age of 25 per year
Prostate-specific antigen (PSA) level	Prostate cancer	One test for males over the age of 45 per year
Pap smear	Cervical cancer	One test for females over the age of 18 per year
Mammogram	Breast cancer	One test for females over the age of 40 per year
Faecal occult blood test (FOBT)	Colon cancer	One test for all beneficiaries over the age of 50 per year
Quantitative polymerase chain reaction (qPCR)	HIV – newborns	Once in a lifetime
HIV finger-prick screening test	HIV	All beneficiaries

** Available at DSP pharmacies providing clinic services*

ANNEXURE B: ORTHOPAEDIC, SURGICAL AND MEDICAL APPLIANCES

Appliance	Limit (per beneficiary)
1. Wheelchairs (subject to clinical criteria) Non-motorised wheelchair **OR** Motorised wheelchair	R11 000 (once every five years)
2. Hand prosthesis	R10 000 (once every two years)
3. Arm prosthesis – below elbow	R26 000 (once every two years)
4. Arm prosthesis – above elbow	R120 000 (once every two years)
5. Above knee prosthesis	R150 000 (once every two years)
6. Below knee prosthesis	R120 000 (once every two years)
7. Silicone sleeve replacements for all artificial limbs	R20 000 (once per year)
8. Back brace following surgical procedures	R25 000 (once per year)
9. Walking aids	R2 800 (once per year)
10. Prosthetic eye	R25 000 (once every five years)



ANNEXURE C: INTERNAL PROSTHESES

Prosthesis	Sub-limit	Combined annual sub-limit
1. Cardiac stents (per stent) up to a maximum of three	R29 000	R92 000 per beneficiary per year
2. Cardiac valves (per valve)	R41 000	
3. Grafts (per graft)	R28 500	
4. Hernia mesh	R13 000	
5. Partial hip replacement	R36 000	
6. Total hip replacement	R67 760	
7. Hip revision	R50 000	
8. Total knee replacement	R81 000	
9. Knee revision	R45 000	
10. Partial knee replacement	R30 000	
11. Pacemaker and leads	R55 000	
12. Total shoulder replacement	R57 200	
13. Cervical and lumbar disc replacements	R35 000	
14. Spinal fusion (per procedure)	R67 000	
15. Non-specified items	R30 000	
16. Brain stimulator	R200 000	Per beneficiary per year
17. Endovascular aneurysm repair (EVAR), Anaconda and equivalents	R280 000	Per beneficiary per year
18. Pacemaker plus defibrillator	R280 000	Per beneficiary per year
19. Pacemaker (double chamber)	R120 000	Per beneficiary per year
20. Transcatheter aortic valve implantation (TAVI)	R295 000	Per beneficiary per year

Please note: *These prostheses are only reimbursed for* ***PMB[*6] conditions*** *on ALL benefit plans*

EX GRATIA

Ex gratia is an additional financial benefit that members can apply for when they experience financial hardship related to unforeseen medical expenses.

What you need to know about the application process

- The submission of an ex gratia application is not a guarantee that assistance will be granted.
- The committee won't consider any advance payment of medical treatment.
- Members are requested to provide full details of the financial assistance required, including cost involved and motivation for the necessity of expenses.
- The ex gratia committee meets once a month.
- A reply to your application could take up to 30 days and the decision will be issued in writing.
- The decision of the committee is final and no further correspondence regarding the application will be considered once the decision has been announced.

An application form can be obtained from **www.transmed.co.za** or from the customer service department on **0800 450 010**.

How to submit your application

Email: **exgratia@transmed.co.za**
Post: Ex Gratia Committee, PO Box 2269, Bellville 7535

HOSPITALISATION

Link plan

All management and authorisations will be provided by Universal Healthcare. Major medical cover is unlimited for PMB[*6] admissions when obtained from a State hospital. Admissions for non-PMB conditions, even at a State facility, will be treated as a private admission for the member's own account.

All hospitalisation is provided through State hospitals. **The co-payment[*7] for the voluntary use of a non-DSP hospital is the amount equal to the difference between the total cost incurred in respect of the hospital admission, including all related medical services, and the cost that would have been payable to the DSP[*11] (State hospital).** If a State hospital is not accessible in terms of the set criteria, authorisation will be considered for admission to a hospital on the Universal Healthcare private hospital network[*19] as the secondary DSP[*11].

Members on the **Link plan** can use a private hospital in the following situations, subject to pre-authorisation:

- In case of a medical emergency or when immediate medical or surgical treatment for a PMB[*6] condition was required and could not reasonably be obtained from the DSP[*11] (State hospital). An emergency is defined in terms of the Medical Schemes Act and the rules as the sudden and, at the time, unexpected onset of a health condition that requires immediate medical or 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 a person's life in serious jeopardy or trauma.
- In cases where the required service or procedure is covered by the Fund at the DSP[*11] (State hospital), but is not reasonably available at the time or could not be provided without an unreasonable delay. In such cases, members should use hospitals that form part of the Universal Healthcare private hospital network[*19].

- Emergency admissions related to accidents or trauma (motor vehicle/bike/pedestrian) will be covered in the Universal Healthcare private hospital network*19, subject to authorisation within 48 hours of the accident or trauma.
- PMB*6-related admissions for children between the ages of one and 12 will be covered in Universal Healthcare private hospital network*19 hospitals.
- The following non-PMB-related procedures in Universal Healthcare private hospital network*19 hospitals will be covered:
  - functional endoscopic sinus surgery
  - tonsillectomies and adenoidectomies
  - sterilisations
  - strabismus (squint eye) repair
  - vasectomies.

Select plan

Major medical cover is unlimited for PMB*6 and non-PMB-related admissions when obtained from a State hospital.

Private hospitalisation is limited to certain PMB*6 conditions and procedures where the State cannot provide the service or where the Fund has contracted a private provider to deliver the service. Such admissions must be pre-authorised in order to confirm the availability of benefits.

All hospitalisation is provided through State hospitals. **The co-payment*7 for the voluntary use of a non-DSP hospital is the amount equal to the difference between the total cost incurred in respect of the hospital admission, including all related medical services, and the cost that would have been payable to the DSP*11 (State hospital).** If a State hospital is not accessible in terms of the set criteria, authorisation will be considered for admission to a hospital on the Transmed private hospital network*12 as the secondary DSP*11.

Members on the **Select plan** can use a private hospital in the following situations, subject to pre-authorisation:

- Maternity
- In case of a medical emergency or when immediate medical or surgical treatment for a PMB*6 condition was required and could not reasonably be obtained from the DSP*11 (State hospital). An emergency is defined in terms of the Medical Schemes Act and the rules as the sudden and, at the time, unexpected onset of a health condition that requires immediate medical or 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 a person's life in serious jeopardy.
- In cases where the required service or procedure is covered by the Fund at the DSP*11 (State hospital), but is not reasonably available at the time or could not be provided without an unreasonable delay. In such cases, members should use hospitals that form part of the Transmed private hospital network*12.
- PMB*6-related admissions for children under 12 will be covered in Transmed private hospital network*12 hospitals.
- Admissions for medical emergencies, accidents or trauma will be covered in Transmed private hospital network*12 hospitals.
- Certain admissions for dental procedures.
- Admissions for the following non-PMB-related procedures in Transmed private hospital network*12 hospitals will be covered:
  - functional endoscopic sinus surgery
  - grommets
  - tonsillectomies and adenoidectomies

- sterilisations
- vasectomies
- strabismus (squint eye) repair.

- Admissions for psychiatric treatment.
- Admissions for cataract surgery.
- Admissions related to cancer treatment.

When will members be liable for the cost of using a private hospital/facility?

- When the service or procedure is not covered by the Fund, the member will be liable for the full account.
- When the member opts to use a private hospital/facility for a service or procedure that is available at the DSP[*11] (State hospital), the member will be liable for a co-payment[*7] equal to the difference between the fees charged and the equivalent cost that would have been payable to the DSP[*11] (State hospital).

Co-payment[*7] for the voluntary use of a non-DSP hospital/facility
The co-payment[*7] for using a private hospital/facility (non-DSP) could be very high. Contact the care managers, who will gladly guide you to an appropriate hospital that will assist you in keeping your portion of the cost as low as possible.

The following is an **example** of the impact the cost of using a private hospital/facility voluntarily can have on members.

Hospital/Facility	Total admission cost
State hospitals	R15 000
Transmed private hospital network[*12] or Universal Healthcare private hospital network[*19] facilities	R28 000
Other private hospitals/facilities	R32 000

Based on the table above, the impact on the member will be as follows:
- If a member uses a State hospital, the total admission cost of R15 000 will be covered by the Fund.
- If a member voluntarily uses a private hospital for a service or procedure that was available at a State hospital, cover for this type of admission is limited to R15 000 and the member will be liable for payment of any shortfalls directly to the hospital and other providers.
- If a member uses a Transmed private hospital network[*12] or Universal Healthcare private hospital network[*19] facility on a voluntary basis, the member will be liable for a co-payment[*7] equal to the difference between the total admission cost at a State hospital and at a Transmed private hospital network[*12] or Universal Healthcare private hospital network[*19] facility (R28 000 – R15 000 = R13 000).
- If a member uses any other private hospital on a voluntary basis, the member will be liable for a co-payment[*7] equal to the difference between the total admission cost at a State hospital and any other private hospital (R32 000 – R15 000 = R17 000).

Please note that the above is only an example of the calculation of a co-payment[*7] and is not based on a specific case or an indication of the difference in cost in an actual case.

Link plan Select plan



MAJOR MEDICAL BENEFITS AT PRIVATE HOSPITALS/FACILITIES FOR ALL PLANS

The following services may be obtained at private hospitals/facilities, subject to compliance with certain criteria:

- dialysis
- cancer treatment
- radiation therapy
- PMB*6-related services that some State hospitals are unable to provide.

The following criterion applies:

- Pre-authorisation must be obtained for the services above:
  - Link plan: **0861 686 278**
  - Select plan: **0800 225 151**.

The following benefit limit applies:

- Oncology (cancer) benefits are restricted to tier 1 of the South African Oncology Consortium (SAOC) guidelines.

BELLY BABIES FOR ALL PLANS

BellyBabies

Belly Babies antenatal course
Belly Babies is an online antenatal course made up of over 50 concise educational videos. Their goal is to provide expecting parents with expert antenatal and post-natal support while in the comfort of your own home. Consultants will help you quickly and conveniently prepare for a happy pregnancy, a safe birth and a wonderful time bonding with your newborn. Keep a lookout for the email with your login details to access the course.

Video-based Belly Babies Lactation Consultations
Belly Babies Lactation Consultations are here to help you and your baby thrive during your time breastfeeding. Experienced consultants can meet you on an online video platform to assist you with your specific challenges in establishing and maintaining a happy breastfeeding routine. Whether you are struggling to produce enough milk, have painful nipples or are worried about returning to work, skilled consultants are ready to assist. Let them assist you in giving your baby the best start in life!

To access this consultation, please visit **www.bellybabies.co.za**, select 'Book lactation consult', follow the steps and enter your voucher code to make a booking.

HEALTH ADVISOR – HELLO DOCTOR FOR ALL PLANS

hello doctor
Powered by momentum

Talk to a doctor on your phone, anytime, anywhere – for free.

As a Transmed member, you get free access to Hello Doctor, a mobile phone-based service that gives you access to a doctor 24 hours a day, seven days a week. You can get expert health advice from qualified South African medical doctors through your phone, tablet or computer, at absolutely no cost to you! Just download the app, request a call and the doctor will phone you back within an hour.

The following Hello Doctor platforms are available to access this service:

The website at **www.hellodoctor.co.za**:
You can log in to your personal profile on the Hello Doctor website using your access details and request a call back or simply send a text message to a doctor.
The app:
Download the Hello Doctor app by visiting the Apple App or Google Play stores. You can sign in using your access details and request a call back or send a text message to a doctor.
Unstructured supplementary service data (USSD):
You can **dial *120*1019# from your mobile phone** and follow the menu prompts to request a call back from a doctor or send a text message to the number that they provide.

ONCOLOGY (CANCER) TREATMENT FOR THE SELECT PLAN

The DSP*11 for oncology (cancer) treatment is the Independent Clinical Oncology Network (ICON*15) of private oncologists. Should a member consult an oncologist outside this network, a 20% co-payment*7 will be applicable to all services received from the non-network oncologist. The Transmed oncology network is the contracted DSP*11 for oncology (cancer) medication.

Pre-authorisation must be obtained for these services on **0800 225 151**. Please note that reference pricing*5 is applicable to oncology (cancer) medication.

Link plan members must please contact Universal on **0861 686 278** for benefit information.

CATARACT SURGERY FOR ALL PLANS

The Fund has a contract with the Ophthalmology Management Group (OMG*18) Limited for cataract surgery. The Fund reimburses the providers with a global fee for cataract surgery.

The global fee covers the following:
- the procedure, surgeon and anaesthetist's fees, equipment hire and hospital account; and
- the related post-operation consultation (within one month of the procedure).

Link plan

If an OMG*18 provider is accessible and the member voluntarily uses a non-DSP, the member will be liable for a co-payment*7. The co-payment*7 will be the amount equal to the difference between the total cost incurred in respect of the hospital services, including all related medical services, and the cost that would have been payable to the DSP*11 (State hospital).

Select plan

If an OMG*18 provider is accessible and the member voluntarily uses another provider at a private hospital/facility, the member will be liable for a 20% co-payment*7 on the total cost of the procedure. In addition to cataract surgery, the following services will be covered, subject to pre-authorisation:
- the consultation during which the diagnosis is made and confirmed
- the relevant tests performed to make the diagnosis, as per the applicable algorithm
- medication administered as part of the procedure, as per the applicable algorithm
- any other indicated services, as per the applicable algorithm.



PRESCRIBED MINIMUM BENEFITS (PMBs)

In terms of healthcare legislation, all medical schemes must provide benefits for certain conditions within prescribed guidelines. These benefits are known as PMBs and consist of the following:

- **The 270 diagnosis and treatment pairs (DTPs) PMBs – hospital PMBs**
  These are conditions for which schemes need to provide a benefit in hospital, as well as out-of-hospital diagnosis and treatment.

- **The 26 chronic disease list (CDL) PMBs – chronic PMBs**
  These are conditions for which schemes need to provide chronic condition treatment.

CHRONIC MEDICATION

What is a chronic condition?
A chronic condition is a disease that requires life-sustaining medication to be taken continuously for extended periods – normally for longer than three months. Examples of chronic conditions include: diabetes, asthma, high blood pressure (hypertension), epilepsy, cardiac failure, high cholesterol (hyperlipidaemia), Parkinson's disease, thyroid dysfunction and rheumatoid arthritis.

What is a chronic medication formulary?
A chronic medication formulary is a list of medication for chronic conditions that is approved by the Fund. The list is compiled to ensure that you receive the most appropriate, cost-effective and safest treatment for your chronic condition.

What is the chronic disease list (CDL)?

The CDL includes 26 common chronic conditions and medical schemes have to provide cover for the diagnosis, treatment and care of these conditions.

Chronic conditions covered

PMB chronic disease list (CDL) – chronic PMBs covered on all plans

- Addison's disease
- Asthma
- Bipolar mood disorder
- Bronchiectasis
- Cardiac (heart) dysrhythmias
- Cardiac (heart) failure
- Cardiomyopathy disease
- Chronic obstructive lung disease
- Chronic renal disease
- Coronary artery disease
- Crohn's disease
- Diabetes insipidus
- Diabetes mellitus type I
- Diabetes mellitus type II
- Epilepsy
- Glaucoma
- Haemophilia
- Hyperlipidaemia (cholesterol)
- Hypertension
- Hypothyroidism
- Multiple sclerosis
- Parkinson's disease
- Rheumatoid arthritis
- Schizophrenia
- Systemic lupus erythematosus
- Ulcerative colitis

PMB diagnosis and treatment pairs (DTPs) – hospital PMBs with chronic component covered on all plans

- Aplastic anaemia
- Benign prostatic hypertrophy
- Cardiac arrhythmias
- Cerebrovascular disorders (stroke)
- Cushing's disease
- Delusional disorders
- Depressive mood disorder
- Endometriosis
- Glomerular disease
- HIV/AIDS
- Hyperthyroidism
- Hyperparathyroidism/Hypoparathyroidism
- Menopausal syndrome
- Motor neuron disease
- Muscular dystrophy
- Pancarditis
- Paraplegia/Quadriplegia
- Pemphigus
- Peripheral artheriosclerotic disease
- Pituitary adenoma
- Polycystic ovarian disease (PCOS)
- Polyarteritis nodosa
- Pulmonary hypertension
- Sarcoidosis
- Thromboangiitis obliterans (TAO)
- Thrombocytopenia purpura
- Tuberculosis
- Valvular heart disease
- Venous thromboembolism

Additional benefits for medical management of CDL conditions will be provided through a generic treatment plan for Select plan members.

Summary of designated service providers (DSPs) for chronic and oncology medication and formularies

Benefits	Link plan	Select plan
Chronic medication DSPs	Universal pharmacy network • Clicks pharmacy group • Dis-Chem pharmacies • MediRite pharmacy group (pharmacies in Shoprite/Checkers stores) • Contracted independent pharmacies	Transmed pharmacy network*13 • Clicks pharmacy group • Dis-Chem pharmacies • MediRite pharmacy group (pharmacies in Shoprite/Checkers stores) • Contracted independent pharmacies
Oncology (cancer) medication DSPs	Universal oncology medicine network	Transmed oncology network
Chronic medication formulary	Universal chronic condition list and formulary*4 This formulary*4 only covers PMB*6 CDL conditions listed	PMB*6 condition list and medication formulary*4 This formulary*4 only covers PMB*6 conditions

MEMBERSHIP

Transmed Medical Fund is a medical scheme that is open to employees and pensioners of the Transnet Group, its subsidiaries and former subsidiaries.

Dependants

In terms of the Fund's rules, the following persons may be registered as dependants, provided that they are not a member or a registered dependant of a member of any other medical scheme.

Your spouse

This refers to a member's wife, husband or partner. If you are divorced, your former spouse cannot be registered as a dependant.

Your immediate family/spouse's immediate family

This refers to a parent, brother or sister in respect of whom the member/spouse is liable for family care and support.

Your children

This refers to a member's natural child, stepchild, a legally adopted child, an illegitimate child, a child in the process of being legally adopted or placed in foster care, a child for whom the member has a duty of support or a child placed in the custody of the member or his/her spouse or partner.

Note the following:

- Child dependant contributions are payable for a maximum of four dependants.
- Child dependants older than 21 who are studying full- or part-time and are financially dependent on the member will pay child dependant contributions until the age of 24 (proof of registration at an accredited institution will be required).
- Dependants older than 21 (or 24 in the case of studying children) who are financially dependent on the member will pay adult dependant contributions.

Dependants of deceased members

The dependants of a deceased member, who are registered with the Fund as dependants at the time of the member's death, will be entitled to membership of the Fund without any new restrictions, limitations or waiting periods.

Membership amendments

A member must complete a membership amendment form and submit it to the Fund within 30 days of the change in the following instances:

- when you register/cancel the membership of dependants
- when a member divorces his/her spouse
- when registered dependants no longer qualify as dependants
- when there are any changes to a member's residential and/or postal address, email address, cell phone number or other telephone numbers and banking details.

Continuation of membership

Members will retain their membership of the Fund with their registered dependants, if any, in the event that they retire from the employment of the employer or if employment is terminated by the employer on account of age, ill health or another disability.

The Fund will inform the members of their right to continue membership and of the contribution payable from the date of retirement or termination of their employment. Unless members inform the Fund in writing of their desire to cancel their membership, they will continue to be members of the Fund, subject to the rules.

Termination of membership

Ceasing employment

When members terminate their employment with a participating employer, membership will continue until the last day of the calendar month in which employment is terminated, provided that the full contribution due is paid to the Fund.

Resignation

Members may terminate their membership by giving one calendar month's written notice. This will also terminate the membership of their registered dependants. All rights to benefits will cease except for claims in respect of services rendered prior to resignation.

Waiting periods

The Fund applies a waiting period, which is often referred to as underwriting. The rules of the Fund stipulate two types of waiting periods to be imposed when a member/dependant joins the Fund:

1. a general waiting period of three months
2. a condition-specific waiting period of 12 months for certain pre-existing conditions (e.g. nine months for an existing pregnancy).

Late-joiner penalties

Medical schemes can impose late-joiner penalties on individuals who join after the age of 35 and who have never been members of, or haven't belonged to, a medical scheme for a specified period of time. Depending on the number of years that they have not belonged to a medical scheme, late-joiner penalties will be added to members' monthly contributions. It is calculated as a percentage of the contribution and can range from 5% to 75%. Late-joiner penalties are applied to discourage members from only joining medical schemes when they are older or ill, as this will make medical schemes unaffordable.

How to claim

All accounts must reach the Fund not later than the last day of the fourth month following the month in which the services were rendered. Claims received after this date will not be paid.

Ensure that all accounts contain the following details:

- Your membership number
- Your initials and surname
- The patient's name and dependant code as it appears on the principal member's membership card
- The date on which the service was rendered
- The name and practice number of the healthcare provider
- The referring healthcare provider's practice number (on specialist accounts)
- The tariff code(s)
- The required ICD-10 code(s)
- The patient's ID number or date of birth

How to submit your claim

Email: **claims@transmed.co.za**
Post: Transmed Claims Department
PO Box 2269
Bellville
7535

Update your banking details

Fraud risk has forced Transmed to stop any refunds to members by cheque. It is therefore of the utmost importance that you ensure your banking details are updated with the Fund. If you have not received a refund in the past year or if your banking details have changed recently, you must ensure that the updated details reach Transmed within 30 days of the change, as stipulated in the Transmed rules. The Fund will not be liable if the member has neglected to follow this rule and money is deposited into an incorrect bank account.

To update your banking details, the following information is required:

- a copy of your ID; and
- a bank account statement or letter from the bank with a bank stamp as confirmation (not older than three months).

Please remember to include your membership number in the communication.

Complaint and dispute resolution process

Transmed takes pride in delivering excellent service and strives to have open communication with its members. Please note that there is a formal complaint and dispute resolution process that can be followed when you are dissatisfied with services rendered by the Fund. Any enquiry must first be directed to the Administrator of the Fund. This can be done by calling the customer service department toll free on **0800 450 010** or by sending an email to **enquiries@transmed.co.za**.

Should you not be satisfied with the response to your enquiry, you can email **complaints@transmed.co.za**. Should you still not be satisfied with the response to your enquiry, you can direct your complaint to the Fund at **fundmanagement@transmed.co.za**.

If your complaint is still not resolved, you can contact the Regulator, who will evaluate your complaint as an independent entity.

Complaints department at the Council for Medical Schemes

Customer Care: **0861 123 267**
Email: **complaints@medicalschemes.co.za**

IMPORTANT CONTACT DETAILS

	Link plan	Select plan
Customer service department	Universal Healthcare **0861 686 278** **transmed@universal.co.za**	**0800 450 010** **enquiries@transmed.co.za**
Membership and contributions	**0800 450 010**	**0800 450 010**
Hospital and major medical pre-authorisation	Universal Healthcare **0861 686 278**	**0800 225 151**
Disease programmes	Universal Healthcare **0861 686 278**	**0800 225 151**
Ambulance authorisation	**0800 115 750**	**0800 115 750**
HIV/AIDS	Universal Healthcare **0861 686 278**	HIV YourLife programme **0860 109 793**
Optical services	Universal Healthcare **0861 686 278**	PPN **0861 103 529**
Dental services	Universal Healthcare **0861 686 278**	DENIS **0860 104 941**
Fraud hotline	**0800 000 436**	**0800 000 436**
WhatsApp	**031 574 3913**	**031 574 3913**

Postal address

Transmed Medical Fund
PO Box 2269
Bellville
7535

Website

www.transmed.co.za

transmed
MEDICAL FUND