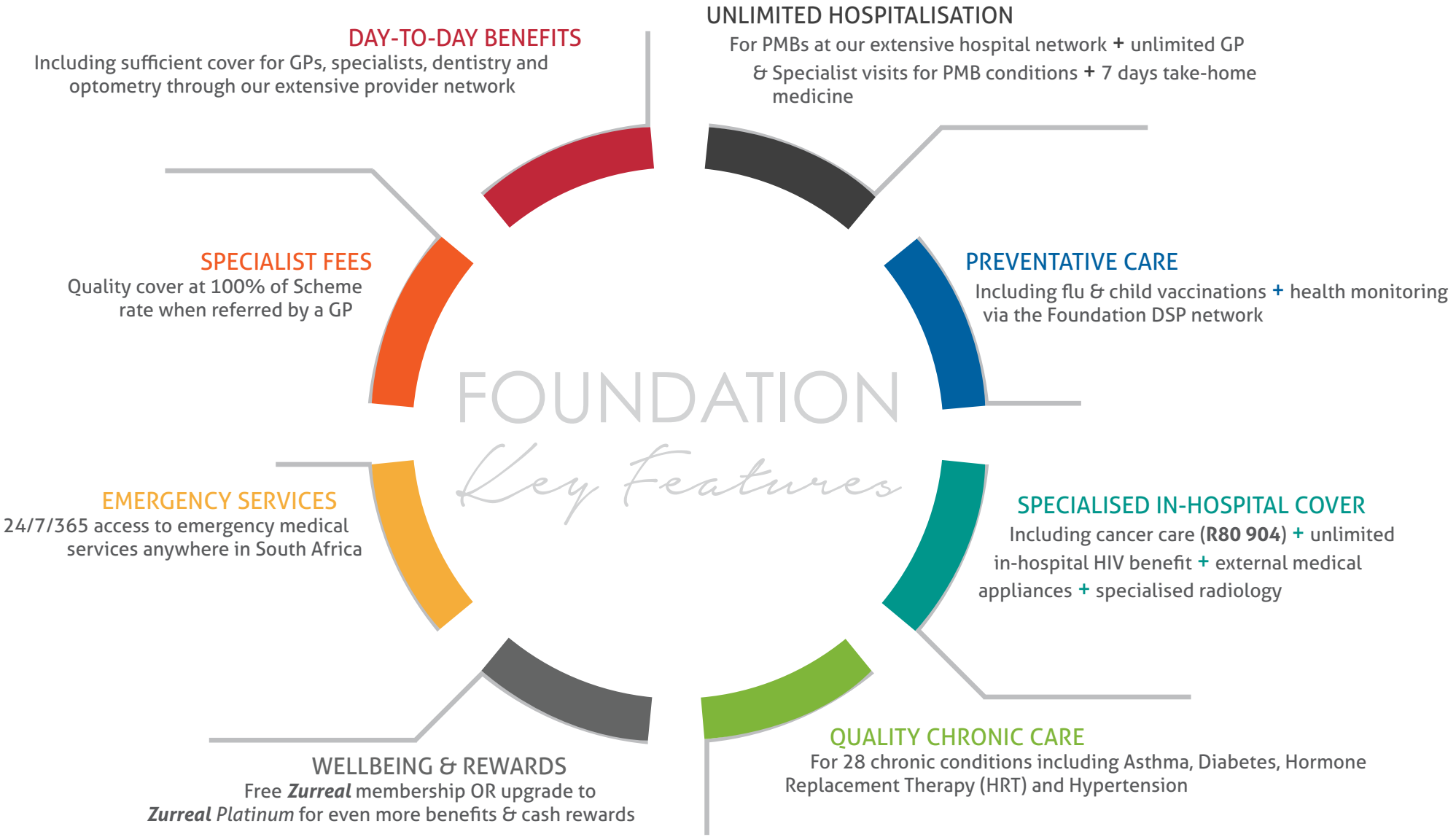
Resolution Health Medical Scheme

FOUNDATION

BENEFIT SCHEDULE

2018


DAY-TO-DAY BENEFITS
Including sufficient cover for GPs, specialists, dentistry and optometry through our extensive provider network
UNLIMITED HOSPITALISATION
For PMBs at our extensive hospital network + unlimited GP & Specialist visits for PMB conditions + 7 days take-home medicine
SPECIALIST FEES
Quality cover at 100% of Scheme rate when referred by a GP
PREVENTATIVE CARE
Including flu & child vaccinations + health monitoring via the Foundation DSP network
FOUNDATION
Key Features
EMERGENCY SERVICES
24/7/365 access to emergency medical services anywhere in South Africa
SPECIALISED IN-HOSPITAL COVER
Including cancer care (R80 904) + unlimited in-hospital HIV benefit + external medical appliances + specialised radiology
WELLBEING & REWARDS
Free Zurreal membership OR upgrade to Zurreal Platinum for even more benefits & cash rewards
QUALITY CHRONIC CARE
For 28 chronic conditions including Asthma, Diabetes, Hormone Replacement Therapy (HRT) and Hypertension

THINGS TO KEEP IN MIND WHEN READING YOUR BENEFIT SCHEDULE

To ensure that you get maximum bang for your benefit buck, we have summarised 4 key areas that may influence your benefit entitlement

1. Scheme protocols, rules and policies
2. Pre-authorisation
3. Designated Service Providers (DSP)
4. Co-payments and sub-limits; and PMBs

SCHEME RULES & PROTOCOLS

All benefits and the use of each are subject to Scheme protocols, rules and policies. It's very important that you familiarise yourself with your option's applicable rules, policies and protocols to make sure that you fully understand how your option works, what your benefit entitlements are and whether any criteria apply when you make use of your cover.

Because these protocols, rules and policies are influenced by various factors and are quite tricky to understand, we prefer to discuss them with our members and provide detailed information on how they will be applied to each unique case. If you have any questions, you can either visit us at the Scheme's head office in Randburg or get in touch with our Client Services team on **0861 796 6400** or **clientservices@resomed.co.za**.

Scheme rules are non-negotiable rules that cannot be changed. For example, Resolution Health's rules state that the Scheme will not fund cosmetic surgery. Because Resolution Health is wholeheartedly committed to the overall wellbeing of our members, your health and disease severity will, to a large extent, determine your benefit access and entitlement, the protocols applied as well as your unique care path (refer to the ***Patient Driven Care™*** section on **page 5**). In these instances, make sure that you discuss your individual needs with your Personal Health Coordinator who is like your very own personal banker for your wellbeing, to enjoy the maximum level of cover and benefits.

PRE-AUTHORISATION

Getting pre-authorisation from the Scheme is probably one of the easiest ways to gain seamless access to your benefits and avoid unnecessary delays. Because we like to empower our members and make it as effortless as possible for you to gain access to your benefits, our pre-authorisation call centre is available 24 hours a day, 7 days a week, 365 days a year.

It really is as simple as calling **0861 111 778** or sending an email to **preauth@resomed.co.za**. If you're unsure whether pre-authorisation applies to any of your benefits, rather get in touch with the team to double check.

MAKE SURE THAT YOU:

- » Get in touch with our pre-authorisation team 14 days before an elective procedure
- » Let the same team know within 48 hours after an emergency procedure
- » There is a 20% co-payment on late authorisations

REMEMBER that the Scheme will only fund those procedures that were pre-authorised so make sure that you ask your doctor if any additional items need to be added afterwards. If so, keep in mind that you have to let us know within 48 hours.

CO-PAYMENTS & SUB-LIMITS

Co-payments and sub-limits are applied to a defined list of procedures. For a detailed overview, please refer to **page 14** (co-payments) and **page 16** (sub-limits)

DESIGNATED SERVICE PROVIDER (DSP)

Resolution Health has an extensive network of DSPs that includes private hospitals and medical doctors.

Our network spans all 9 provinces and is one of the industry's most impressive.

For a list of your option's network, simply visit www.resomed.co.za, get in touch with our call centre on **0861 796 6400** or email **clientservices@resomed.co.za**.

WHY SHOULD YOU MAKE USE OF YOUR OPTION'S DSP NETWORK?

We have special arrangements with each of these facilities to make sure that our members get maximum bang for their benefit buck. Resolution Health always suggests that you make use of this network when it comes to your healthcare needs to limit out-of-pocket expenses or avoid them altogether!

PRESCRIBED MINIMUM BENEFITS

WHAT ARE PRESCRIBED MINIMUM BENEFITS?

Prescribed Minimum Benefits, also known as PMBs, are a list of diseases or conditions that a medical scheme is required to fund. A detailed list can be found on the Council for Medical Schemes' website (www.medicalschemes.com).

FUNDING OF YOUR PMB CONDITION

Your PMB cover will be funded from your option's existing benefits first. Thereafter, your condition will be funded by the Scheme's risk pool and we'll require the following for you to enjoy extended cover from your treating provider:

- Confirmation of the clinical condition
- Relevant ICD10 code
- Supporting documentation
- Motivation from your doctor
- Applicable medical reports
- Any additional information requested by the Scheme

STRETCHING YOUR PMB COVER

The first thing you should do after being diagnosed is to get in touch with your Personal Health Coordinator to discuss your disease-specific care path (refer to **page 5** for more information). You can also substantially stretch your PMB benefits by making use of a hospital, doctor, specialist or any other healthcare professional that the Scheme has an agreement with. However, in a life threatening situation, you may go to any hospital, doctor or specialist but, as soon as you are able to access one of our network providers, you must do so to continue enjoying full cover for your condition.

GETTING THE MOST OUT OF YOUR PMB COVER

DO	OR YOU MAY
Always make use of our extensive provider and hospital networks	Have unforeseen out-of-pocket expenses
Ask whether your PMB cover is subject to a waiting period	Not be covered for your PMB condition
Understand the level of cover your option provides for your PMB condition	Not be covered at all
Understand the applicable Scheme rules, protocols and level of care that applies to your option and how it covers your PMB condition	Misunderstand your level of cover

PATIENT DRIVEN CARE™

A HELPING HAND FOR OUR HIGH-RISK MEMBERS

At Resolution Health, we're pretty much solely dedicated to helping our members stay as healthy as possible. So we developed the industry first ***Patient Driven Care***™ (***PDC***™) programme, our unique way of offering additional support to those members who sometimes need a helping hand when it comes to taking care of their health.

WHAT IS ***PATIENT DRIVEN CARE***™?

PDC™ is our unique way of helping our at-risk members to manage their health and benefits better so that they're always able to get the care they need when they need it most. These members will firstly be assigned a Personal Health Coordinator (PHC) who is like a personal banker for your wellbeing. Your PHC will help you along every step of the way, from developing a tailor-made care path based on your unique healthcare needs to giving you access to benefits that will help you stay as healthy as possible, for as long as possible.

WHAT IS A HEALTH EVENT?

Let's say you have high blood pressure or cholesterol. In this case, an example of a health event would be a heart attack. Similarly, various other chronic conditions can have extreme health events if left unmanaged and, in most cases, result in hospitalisation.

WHO QUALIFIES FOR THE ***PDC***™ PROGRAMME?

It's important to keep in mind that ***PDC***™ is a health management programme and not a medical scheme benefit. We have a sophisticated process, based on our advanced managed care principles and protocols, that quickly identifies members who could benefit from the helping hand the programme offers. Once identified, we start helping you to use your specific option's benefits better.

In some cases, we'll even unlock extra benefits that assist you to stay as healthy as possible, for as long as possible.

Resolution Health members who would ideally use the *PDC*™ programme include:

- Chronic patients (depending on the severity of your condition)
- Patients with an increased risk of having an adverse health event that may, for example, result in hospitalisation
- Patients who have had severe in-hospital or other acute health events
- Patients with rare diseases who need constant monitoring

HOW TO REGISTER FOR THE PROGRAMME

Registering for the *PDC*™ programme takes place in two ways:

- Our progressive clinical systems continuously monitor our members' claims patterns to quickly identify high risk patients. Should you be flagged as high risk on our system, you will be contacted by our friendly ***PDC***™ team who will discuss the programme with you and take you through the registration process.
- If you are suffering from a severe chronic disease, you can apply for registration on the programme. The application process is quick and easy and you can either call or email us by using the details below.

For more info, get in touch with our efficient team on **0861 796 6400** or e-mail **pdc@resomed.co.za**.

YOUR IN-HOSPITAL COVER

YOUR IN-HOSPITAL BENEFIT

REMEMBER to always get pre-authorisation for these benefits and that Scheme protocols, rules and policies always apply.

100% SCHEME RATE

As a Foundation member, you have unlimited cover for PMBs at our DSP hospitals. This includes the following, each of which is covered at 100% of Scheme Rate:

- Surgical operations & procedures
- Theatre fees
- Labour & recovery wards
- Ward accommodation
- Intensive care & high care units
- X-rays and pathology
- Physiotherapy
- Ultrasound scans (other than for pregnancy)
- Blood transfusions

It's important to remember that laparoscopic and similar endoscopic procedures must be authorised separately and to read **page 14** for a list of co-payments.

Important: If you use a non-network hospital for your care, you will have to pay **R4 110** from your own pocket when you are admitted to hospital. That's why it's better to make sure your facility is on our DSP list before you go for treatment.

GPs 100% of contracted rate

SPECIALISTS 100% of contracted rate

IN-HOSPITAL PROVIDER'S FEES

As a **Foundation** member, you have an unlimited in-hospital GP benefit for PMB conditions that covers both consultations and procedures. If you need the expert skills of a specialist, you can rest assured that you are covered for your PMB condition at up to 100% of the contracted rate.

MEDICINES

To help you along the road of recovery, your **Foundation** option will not only pay for the medicines dispensed and used in-hospital, but it will also cover a 7-day supply of medicines received when you are discharged from the hospital. **REMEMBER** that you need to get authorisation from the Scheme for all chronic medications or prescriptions that are for longer than 7 days.

YOUR IN-HOSPITAL COVER

Normal delivery
3 days & 2 nights

Caesarean section
4 days & 3 nights

MATERNITY CARE

Welcoming a baby to the family can be very stressful, and it's important that your medical scheme option has good maternity benefits. Luckily, your **Foundation** option will make sure that you and your baby's health are in good hands.

Share your happy news with us as soon as your pregnancy has been confirmed with a blood test and we'll register you on our unique Maternity Programme. Simply call our team on **0861 111 778** or email **maternity@resomed.co.za**.

Your option includes 9 consultations at a midwife or GP. Visits to a specialist must be authorised by the Scheme. Your option also covers 2x 2D ultrasound scans throughout your pregnancy.

You are covered for both normal deliveries and emergency casesarean sections. Should your baby need special care, your Foundation option has them covered with a neonatal intensive care benefit.

ADDING BABY TO YOUR MEDICAL SCHEME COVER

Please **REMEMBER** to add your new-born or adopted baby to your medical scheme cover within 30 days of birth or adoption to ensure that their health is as well taken care of as yours. Simply complete the Registration of Additional Dependants form (available on **www.resomed.co.za**) and email a signed copy to **amend@resomed.co.za** or fax to **086 513 1438** along with a copy of the birth certificate or registration. The monthly child dependant premium will automatically be added to your next payment, no stress, no fuss.

OTHER IN-HOSPITAL BENEFITS

- Organ transplants: PMB cover at a Provincial hospital (in accordance with Public Sector Protocols, waiting lists and Regulation 8(3) of the Act)
- Internal prostheses: **R37 685** per family per year for PMBs
- Psychiatric disorders: Unlimited cover for PMB conditions at a DSP

PRE-AUTHORISATION

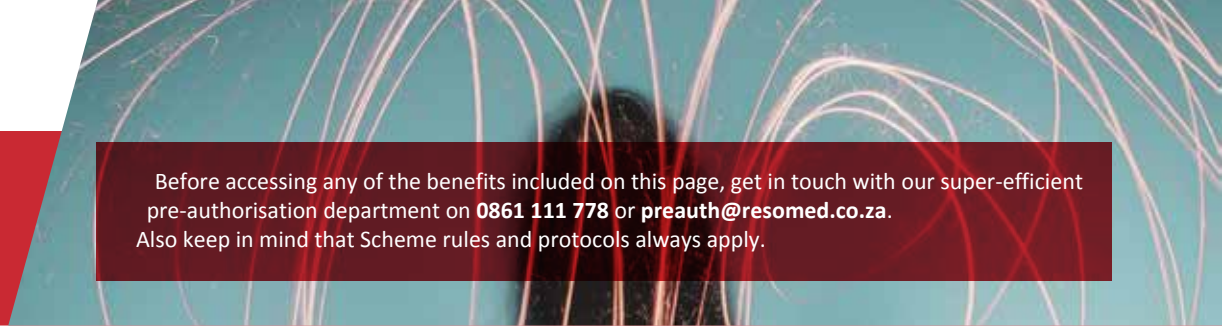
When it comes to non-emergencies, it's important to obtain pre-authorisation from us 14 days prior to your in-hospital procedure. This gives us, and you, enough time to request and submit any additional information that we may need.

Please ensure that you include the relevant documentation when you submit your pre-authorisation request. We've included a handy pre-authorisation check list on **page 15** to make the process as easy and stress free as possible!

In emergency situations, it's not always possible to obtain pre-authorisation first so, in these instances, we need you to get in touch with us within 48 hours or on the first working day after your admission. REMEMBER There is a 20% co-payment on all late authorisations.

For all your pre-authorisation needs, simply dial **0861 111 778** or send an email to **preauth@resomed.co.za**. To ensure that you are always able to take care of your health, our call centre team is available 24 hours a day, 7 days a week, 365 days a year.

ADDITIONAL COVER



Before accessing any of the benefits included on this page, get in touch with our super-efficient pre-authorisation department on **0861 111 778** or **preauth@resomed.co.za**.
Also keep in mind that Scheme rules and protocols always apply.

CANCER CARE

As a **Foundation** member, you have a cancer treatment benefit to the value of **R80 904** per member per year which includes anything from oncologists and chemotherapy to radiotherapy and cancer related blood tests at our DSP network. The tests will form part of your out-of-hospital benefits and, thereafter, will be covered as a PMB condition. We apply Reference Pricing and Generic Reference Pricing (GRP) to oncology-related medicines.

HIV CARE

Resolution Health has an advanced HIV Management Programme available to all members who are HIV positive which includes in-hospital care via our extensive hospital network. The programme includes consultations, blood tests, counselling and medication if you are HIV positive. To register, simply call **0861 111 778**, send an email to **care@resomed.co.za** or fax to **086 556 3855**.

If you are HIV positive, it's very important that you register for the programme to ensure that you gain access to the maximum amount of benefits.

Because we like to make your healthcare access as easy and stress free as possible, our HIV Management Programme includes a unique **Please Call Me** service manned by our dedicated HIV Helpline Consultant team who are available 24 hours a day, 7 days a week, 365 days a year. Simply send a **Please Call Me** to **082 584 0588** and we'll phone you right back. Taking care of your health has really never been this easy!

EXTERNAL MEDICAL APPLIANCES

The **Foundation** option provides balanced cover for PMB related external medical appliances and you and your family will have access to a **R1 973** annual benefit.

EMERGENCY SITUATIONS

Your **Foundation** option includes an emergency evacuation and ambulance service that is covered at 100% and provided by Netcare 911. Make sure that you save their number, **0861 112 162**, for quick and easy access when you need it. The service is available anywhere in South Africa with 24/7/365 access to emergency medical assistance.

Your medical evacuation benefit includes:

- Emergency telephonic medical advice
- Dispatch of ambulances and flights
- Arrangements for compassionate visits by a family member
- Arrangements for the escorted return of minors after an accident
- Repatriation to appropriate facility in your area of residence after an accident
- Referrals to doctors and other medical facilities
- The relaying of information to a family member or acquaintance
- Telephonic trauma counselling

SPECIALISED RADIOLOGY

Your radiology benefit includes cover for CT, MRI, PET and Nuclear Medicine scans for PMB conditions. You need to use a DSP to avoid having to pay towards these benefits.

OTHER CARE

- **Home nursing:** Only if you get pre-authorisation and if it's used instead of being in hospital
- **Dialysis:** For PMB conditions at preferred providers only

GETTING THE MOST OUT OF YOUR IN-HOSPITAL COVER

DO	OR YOU MAY
Give us a 14 day head's up prior to your elective in-hospital procedure	Have to postpone your procedure if we have any queries or received incomplete information
Ask your doctor to give you the relevant ICD10 or tariff codes and ensure that all treatments are included and authorised by the Scheme	Have unpaid bills later on as the Scheme will only pay for those ICD10 codes and treatments that were authorised
Ask about the applicable Scheme rules, protocols and policies that may apply to your benefits	Misunderstand your level of cover
Make use of our DSP hospitals and providers as far as possible to enjoy the maximum cover (available on **www.resomed.co.za** or from our Client Services team)	Only be covered at **100% of Scheme Rate** or face out-of-pocket expenses
Ask for generic medicine options as far as possible	Be required to pay a portion of your medicine bill
Check the co-payment and sub-limit list on **pages 14 & 16**	Not be aware of applicable out-of-pocket expenses or benefit limits
Register for Resolution Health's maternity or HIV programmes (if relevant)	Not gain access to the maximum amount of benefits available for your condition or have to receive treatment at a provincial facility (HIV)
Register you new-born baby or adopted dependant within 30 days of birth or adoption	Find that their benefits are only made available from the date of registration and not retrospectively from the date of birth or adoption
Take good care of your external medical appliances	Be left without cover in the 3-year benefit cycle
REMEMBER that it is your responsibility to take good care of your external appliances and to consider getting additional, private insurance to cover any maintenance, spares or accessories costs	Be out of pocket when expensive repairs or replacements are required as these costs are excluded from this benefit category
Make use of our leading ICON network for your oncology needs	Be required to pay a co-payment towards your treatment

CHRONIC MEDICATION

As a **Foundation** member, you enjoy quality cover for the 28 chronic conditions listed on the left of this page. It's important that you register your chronic condition with the Scheme, so ask your doctor or pharmacy to phone our pre-authorisation department on **0861 111 778**. They will need to give us the required ICD10 codes and relevant test results.

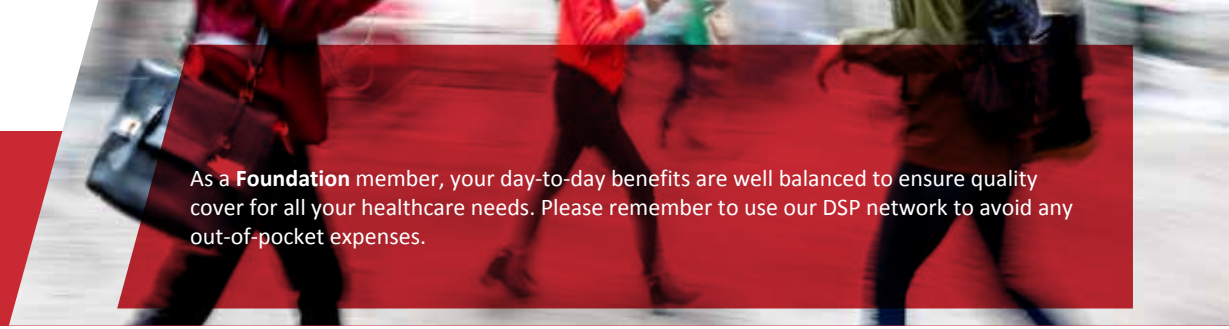
CHRONIC DISEASES & ADDITIONAL CHRONIC CONDITIONS LIST

1. Addison's Disease
2. Asthma
3. Benign Prostatic Hypertrophy
4. Bipolar Affective Mood Disorder
5. Bronchiectasis
6. Cardiac Dysrhythmia (Arrhythmia)
7. Cardiac Failure
8. Cardiomyopathy
9. Chronic Obstructive Pulmonary Disease (COPD)
10. Chronic Renal Disease
11. Crohn's Disease
12. Diabetes Insipidus
13. Diabetes Mellitus Type 1 & 2
14. Epilepsy
15. Glaucoma
16. Haemophilia
17. HIV
18. Hormone Replacement Therapy (HRT)
19. Hyperlipidaemia
20. Hypertension
21. Hypothyroidism
22. Ischaemic Heart Disease (Coronary Artery Disease)
23. Multiple Sclerosis
24. Parkinson's Disease
25. Rheumatoid Arthritis
26. Schizophrenia
27. Systemic Lupus Erythematosis
28. Ulcerative Colitis

GETTING THE MOST OUT OF YOUR CHRONIC MEDICATION BENEFITS

DO	OR YOU MAY
Get your medication from one of our DSP pharmacies who charge special rates (available on **www.resomed.co.za** or from our Client Services team)	Deplete your chronic medication benefit before the end of the year
Enquire about your specific condition's chronic basket (available on **www.resomed.co.za** or from our Pharmacy Benefit Management team)	Be required to contribute towards your medication cost
Opt for generic versions of your medication as far as possible to stretch every benefit Rand	Deplete your chronic medication benefit before the end of the year
Double check that your doctor or pharmacy has registered your chronic condition with the Scheme	Face out-of-pocket expenses
Ensure that your treating doctor includes the ICD10 code on your prescription	Have your medication declined as they do not correlate with your diagnosis
Ensure that you ask about and understand the Reference Pricing and Generic Reference Pricing (GRP) that may be applied to the medicine product on your prescription	Have unforeseen out-of-pocket expenses

DAY-TO-DAY BENEFITS



As a **Foundation** member, your day-to-day benefits are well balanced to ensure quality cover for all your healthcare needs. Please remember to use our DSP network to avoid any out-of-pocket expenses.

GENERAL PRACTITIONERS

As a **Foundation** member you and your family have access to quality day-to-day benefits like unlimited GP visits. **REMEMBER** that you will have to get pre-authorisation from us after 4 visits. You must try to use one of the **Foundation** option's DSPs at all times, but your option will cover a maximum of 2 visits per family to a GP who isn't part of our DSP network.

SPECIALIST VISITS

This benefit includes both consultations and room procedures. You can only visit a specialist if you are referred by your GP and must get pre-authorisation from us by calling **0861 111 778** or sending an email to **preauth@resomed.co.za**.

REMEMBER

if you use a Specialist that is not part of our DSP network, you may have to pay a co-payment.

OPTOMETRY

Your optometry benefit will ensure optimum vision at all times with the following included:

- 1 Consultation or examination per beneficiary
- **R1 104** benefit for 1 pair of single vision spectacles per beneficiary (including a frame and consultation)
- **R1 680** benefit for 1 pair of flat top bifocal spectacles per beneficiary (including a frame and consultation)

REMEMBER

Your optical benefits are available in a 24-month benefit cycle and to make use of our DSP network to get the most out of your cover.

DENTAL DAY-TO-DAY BENEFITS

As a **Foundation** member, your day-to-day benefits are well balanced to ensure quality cover for all your healthcare needs. Please remember to use our DSP network to avoid any out-of-pocket expenses.

CONSERVATIVE DENTISTRY

Taking care of your teeth has never been this easy. As a principal member only, your **Foundation** option includes a **R1 973** conservative dentistry benefit. If you have dependants on your medical scheme cover, this benefit increases to **R3 287**.

This provides for your complete day-to-day dental needs including:

- 2 Annual check-ups per beneficiary per annum
- 2 Emergency consultations per beneficiary per annum
- 8 Intra-oral x-rays per beneficiary per annum
- 1 Extra-oral x-ray per beneficiary per annum
- 1 Annual scale and polish treatment per beneficiary per annum
- 1 Fluoride treatment (per beneficiary younger than 12)
- Extractions covered up to 100% of Scheme Rate (pre-authorisation required for more than 5 extractions)
- Emergency root canal therapy covered at 100% of Scheme Rate
- 1 Set of acrylic dentures (full set, per jaw) per beneficiary (4-year cycle, pre-authorisation required and Scheme protocols apply)

SURGERY AND DENTAL HOSPITALISATION

Every now and again, your dental care may require hospitalisation. The **Foundation** option offers cover for PMB related care. **REMEMBER** to always get pre-authorisation, check the co-payment list on **page 14** for any applicable out-of-pocket expenses and that multiple hospital admissions are not covered.

ANXIOUS ABOUT YOUR VISIT TO THE DENTIST?

Going to the dentist can be scary for some of our members. Luckily, the **Foundation** option's dental benefits include sedation methods like laughing gas or sedative medications. You won't need to get pre-authorisation for this benefit. However, keep in mind that conscious intravenous sedation for surgical procedures do require pre-authorisation.

FILLINGS

This benefit includes 1 filling per tooth in a 1 year benefit cycle and is covered at 100% of Scheme Rate. In the unlikely event that you, or one of your dependants, need more than 5 fillings, we may request a copy of the treatment plan.

HOW TO GET THE MOST OUT OF YOUR DAY-TO-DAY BENEFITS

DO		OR YOU MAY
Visit our DSPs as far as possible for your day-to-day needs	➤	Run out of benefits before the end of the year or face potential out-of-pocket expenses
Make sure that you are fully aware of the Scheme protocols, rules and policies	➤	Be required to make a personal contribution
Obtain pre-authorisation as indicated	➤	Be required to make a personal contribution

ADDITIONAL OUT-OF-HOSPITAL BENEFITS

As a **Foundation** member, your additional out-of-hospital benefits must be accessed at a DSP, and include:

RADIOLOGY & PATHOLOGY

This benefit excludes specialised radiology which forms part of your in-hospital benefits. It is limited to PMBs and subject to the DSP list of tests.

PSYCHOLOGY & PSYCHIATRIC TREATMENT

Your psychology and psychiatric treatment benefit includes cover for PMB conditions at our DSP network.

PHYSIOTHERAPY

Care is provided for PMB conditions.

ACUTE MEDICATION

Your acute medication benefit allows you to enjoy quality cover at our DSPs and pharmacies. You will need to make use of medicines on the **Foundation** medicine list, which is available on www.resomed.co.za or by calling our Call Centre on **0861 796 6400**. If your doctor does not dispense medicines from his/her rooms, there is a script price limit of **R99**. Each beneficiary can use this benefit up to 4 times per year.

PREVENTATIVE CARE BENEFITS

Resolution Health believes that prevention is better than cure. That is why we have included great preventative care benefits on the **Foundation** option to help you stay as healthy as possible, for as long as possible.

When you visit one of our DSPs, the following preventative tests are covered as part of the consultation:

- Blood pressure*
- Blood sugar*
- Cholesterol*
- Body Mass Index*

YOUR PREVENTATIVE CARE BENEFIT DOESN'T STOP THERE.

The Foundation option also includes:

- 1 HIV test per beneficiary per year
- 1 Pap smear per beneficiary per year
- 1 PSA test per beneficiary per year (over the age of 45 years)
- 1 Flu vaccination per beneficiary per year
- Childhood immunisations as recommended by the Department of Health up to 18 months
- Unlimited access to Nurse Helpline, inluding a Rape Crisis Centre (**086 111 2162**)

YOUR MONTHLY CONTRIBUTIONS

MONTHLY INCOME	PRINCIPAL MEMBER	ADULT DEPENDANT	CHILD DEPENDANT
R0 - R4 840	R961	R961	R289
R4 841 – R7 470	R1 151	R1 151	R397
R7 471 – R10 210	R1 492	R1 492	R476
R10 211+	R2 255	R2 255	R774

***CHILD DEPENDANT DEFINITION:**
A dependant below the age of 21 is considered a Child Dependant. The definition of a child dependant excludes spouses and life partners.

***STUDENT DEPENDANT DEFINITION:**
A dependant who is aged between 21-25 who is studying at an accredited tertiary institution is considered a Student Dependant. To qualify for the child rate, proof of student status must be supplied annually.

Your monthly contributions are paid in advance and due on the 5th of every month. If we haven't received your contributions by this date, we'll send you a reminder via your preferred method of communication. Also, please let us know if you have made a late payment by either getting in touch with our Call Centre team or sending an email to **contributions@resomed.co.za**.

LATE PAYMENTS

REMEMBER that, should we not have received payment by the 15th of the month, you run the risk of having your benefits suspended or membership cancelled. Should we not receive payment by the next payment run, we may process a double debit to ensure your account is brought up to date and your benefits will immediately be reinstated the moment all premiums have been paid. Keep in mind that, during this time where your account reflects an arrear amount, you will not have access to your option's benefits.

ENSURING NO HICCUPS

DO	OR YOU MAY
Ensure that we receive your monthly contributions by no later than the 5th of every month	Run the risk of having your benefits suspended or membership cancelled
Notify us if you've made a late payment so that we can make a note on our system	Receive regular payment reminders and follow up messages
Settle arrear amounts as quickly as possible	Not have access to your benefits with your membership eventually cancelled

*CO-PAYMENTS

The **Foundation** option includes **minimal co-payments**, enabling you to always put your health first. Below a detailed overview of the co-payments applicable to **Foundation** members:

Excision nail bed, Skin lesions, Tympanoplasty	R1 984
Myringotomy , Tonsillectomy and Adenoidectomy	R2 313
Circumcision, Colonoscopy, Sigmoidoscopy, Protoscopy, Cystoscopy, Dental Admissions, Gastroscopy	R2 642
Hysteroscopy	R2 971
Arthroscopy, Conservative Back / Spine Treatment, Endometrial Ablation, Hernia Repair, Hysterectomy, Laparoscopic Procedures, Urinary Incontinence Repair, Varicose Veins	**R3 957**
Nasal Surgery (including endoscopy)	**R5 942**
*Joint Replacements, Rotator Cuff Surgery	**R7 550**
*Spinal Surgery	**R8 255**
Reflux Surgery	**R11 343**

You will not be held liable for a co-payment if the procedure is performed out-of-hospital, except for specialised radiology. You will also not have to pay the co-payment if it's related to the only or most suitable treatment available for a PMB condition. If your procedure is subject to 2 related co-payments, you will only pay for the larger amount with the second co-payment falling away. However, if it's 2 unrelated co-payments, both will apply. Benefits restricted to Designated Service Providers (DSPs). Non-DSP hospitals incur an added R4 110 co-payment

* Subject to PMB

CLAIMS PROCEDURE CHECKLIST

If your medical service provider prefers that you submit your claims directly to Resolution Health, simply send a copy of the signed claim form to:

clientservices@resomed.co.za

Resolution Health
PO Box 1555
Fountainebleau
2032

Please use the check list below to ensure that your submission is complete, making it all the easier for us to process the claim as quickly as possible:

	✔
Membership number	☐
Option name	☐
Principal member's name and surname	☐
Patient's name and surname	☐
Practice number	☐
Doctor's individual registration number	☐
Date of doctor's visit	☐
Nature and cost of your visit	☐
Relevant diagnostic and tariff codes	☐
Original or copy of receipt	☐

REMEMBER that your claim cannot be older than 4 months, so make sure that you submit the relevant documentation as soon as possible. If your claim is related to the treatment of injuries or expenses recovered from a 3rd party, please attach a statement with a detailed description of the event.

Resolution Health processes claims payments twice a month or at our discretion. You will receive a comprehensive claims statement after every payment run that will include a detailed description of any irregularities as and when relevant. You or your service provider will have 60 days to correct these irregularities and resubmit the claim to the Scheme for payment.

Also important to keep in mind is that all claims must correspond to Scheme rules so **REMEMBER** to confirm that your claim is in line with all other benefit schedule stipulations, protocols and policies to ensure a smooth and stress free claiming process. Visit www.resomed.co.za or call our friendly call centre on **0861 796 6400** to obtain a detailed list of applicable Scheme exclusions.

PRE-AUTHORISATION CHECK LIST

Getting pre-authorisation from the Scheme is a quick and easy process, especially if you use our rather handy check list below.

REMEMBER

» Get in touch with our pre-authorisation team **14 days before an elective procedure**
» Let the same team know within **48 hours after an emergency procedure**

REMEMBER that the Scheme will only **fund those procedures that were pre-authorised** so make sure that you ask your doctor if any additional items need to be added afterwards. If so, keep in mind that you have to let us know **within 48 hours.**

preauth@resomed.co.za

0861 111 778

	✔
Member number	☐
Dependant code or date of birth	☐
Referring provider practice number	☐
Treating provider practice number	☐
Facility practice number (hospital or clinic rooms procedure)	☐
Diagnosis code, ICD 10 code or reason for admission	☐
Co-morbidities or pre-existing medical condition	☐
Tariffs or proposed procedure	☐
Date of service	☐
Relevant clinical information, motivation, previous treatment history, x-rays, radiology reports or injury report where indicated	☐

*EXTERNAL MEDICAL APPLIANCES

Annual limit: **R1 973** per family

Crutches (annual)	**R775**
Elastic stockings for control of varicose veins (annual)	**R775**
Leg, arm and neck supports (annual)	**R775**
Orthopaedic footwear (annual)	**R775**
Glucometers (3-year cycle)	**R775**
Nebulisers / humidifiers (3-year cycle)	**R775**
External breast prosthesis after mastectomy (annual)	**R1 086**
Back supports (annual)	**R1 973**
Wheelchairs (3-year cycle)	**R1 973**
CPAP Machine (3-year cycle only at DSPs)	**R1 973**
Artificial eyes (5-year cycle)	**R1 973**
Artificial larynx (5-year cycle)	**R1 973**
Artificial limbs (5-year cycle)	**R1 973**
Disposable bladder and intestinal excretion bags (annual)	**R1 973**
Hearing aids (annual, 3-year lifespan / appliance)	**R1 973**
Home oxygen (annual, only at DSPs)	**R1 973**
Sleep apnoea monitors (infants < 1-year and only at pharmacy, 1 / beneficiary / life)	**R1 973**

* Subject to PMB

PROSTHESIS BENEFIT

Overall plan limit	**R37 685**	
Knee	R29 804	
Hip	R29 804	
Shoulder / Elbow / Ankle	R37 685	
External fixator	R37 685	
***Spinal Fusion**	**Cervical**	**Lumbar dorsal**
1 Level	R21 026	R23 706
2 Levels	R32 315	R37 685
3 Levels	R37 685	R37 685
4 Or more levels	R37 685	R35 554
Coronory Stents		
1 Stent	R23 706	
2 Stents	R37 685	
Total	**R37 685**	
Pelvic floor	R7 828	
Hernia mesh	R2 353	
Intraocular lens (each)	R2 353	

* Subject to PMB

CHILDHOOD VACCINATIONS

At birth	OPV(1) Oral Polio Vaccine, BCG Bacilles Calmette Vaccine
6 Weeks	OPV(2) Oral Polio Vaccine, DTP/Hib(1) Diptheria, Tetanus, Pertussis & Haemophilus influenza Type B vaccine, Heb B(1) Hepatitis Vaccine, PCV(1) Pneumococcal Conjugated Vaccine
10 Weeks	OPV(3) Oral Polio Vaccine, RV (1) Rotavirus Vaccine, DTP/Hib(2) Diptheria, Tetanus, Pertussis & Haemophilus influenza Type B vaccine, Heb B(2) Hepatitis Vaccine, PCV(2) Pneumococcal Conjugated Vaccine
14 Weeks	OPV(4) Oral Polio Vaccine, RV (2) Rotavirus Vaccine, DTP/Hib(3) Diptheria, Tetanus, Pertussis & Haemophilus influenza Type B vaccine, Heb B(3) Hepatitis Vaccine, PCV(3) Pneumococcal Conjugated Vaccine,
9 Months	Measles Vaccine(1)
18 Months	OPV(5) Oral Polio Vaccine, DTP Diptheria, Tetanus, Pertussis Measels Vaccine (2)

IMPORTANT INFORMATION ABOUT YOUR BENEFITS

CHANGING OPTIONS

It's important to look at your healthcare needs at the end of every year and decide which Resolution Health option is best suited to your evolving healthcare needs. Option changes can be made annually at the end of the year by completing an Option Change Form (available on **www.resomed.co.za** or from our friendly Call Centre consultants on **0861 796 6400**) and making sure we receive the completed form by no later than **08 December 2017.** Completed forms can be submitted:

- Online: **www.resomed.co.za**
- By email: **optionchange2018@resomed.co.za**
- By post: Resolution Health, PO Box 1555, Fountainebleau, 2032

BENEFITS THAT RUN IN CYCLES

Most of your option's benefits are annual, meaning that you can access these benefits over a calendar year. However, certain benefits run over an extended period like external medical appliances, orthodontics, optical benefits and cochlear implants and may only be available once in several years or once in a lifetime.

PRO-RATING OF BENEFITS

When joining the Scheme during the year, all benefits (except hospitalisation), including those that have Rand limits, are pro-rated in proportion to the period of membership for the year.

SERVICE PROVIDER RATES

Some service providers may charge rates that are more than your option's benefit rate, making it very important that you **confirm what your provider charges before making use of their services. REMEMBER** that Resolution Health will fund up to your option's benefit rate limit (including PMBs) and, if your provider charges over and above that rate, the outstanding amount will be for your personal account.

Also keep an eye on what you're being charged for. Some service providers charge members for additional procedure codes or the unbundling of service tariffs not approved by the Scheme. You can speak to our friendly pre-authorisation department on **0861 111 778** or email them on **preauth@resomed.co.za** for advice as you may not be liable for these additional costs.

BENEFITS THAT ARE DEPLETED

Once your benefits are depleted, you will only be covered for those conditions that are clinically proven to be a PMB. **REMEMBER** that Scheme protocols always apply and that pre-authorisation, as well as proof of PMB status, is required to confirm your cover.

YOU & YOUR MEMBERSHIP

MEMBERSHIP CARDS

Your Resolution Health membership card is used to identify you as a member of the Scheme and allows you to access your benefits when making use of a medical service provider. The card can only be used by you and while you are a member of Resolution Health. **REMEMBER**, it's illegal to let someone who is not a member use your card. The unauthorised use of a membership card is considered a fraudulent activity and will result in your membership being cancelled immediately.

You will be issued with **2 membership cards per family,** or one card if you are an individual member. If you need additional cards, please submit a request by:

- Emailing **cardrequest@resomed.co.za**
- Calling **0861 796 6400**
- Visiting **www.resomed.co.za** to download the necessary form

DEPENDANTS

To be a dependant on your medical scheme cover, a person must:

- Be an immediate family member and / or financially dependent on you
- Not receive an income of more than the maximum social pension per month
- Not belong to another medical scheme

DEATH OF A PRINCIPAL MEMBER

If you are a dependant and the Principal Member passes away, you can continue to pay the contributions and:

- Retain your membership without any new restrictions, limitations or waiting periods
- If orphaned (according to the definition in the Scheme's rules), remain a member until you become a member of the Scheme in your own right, or are accepted onto another medical scheme

CHANGING YOUR PERSONAL DETAILS

We want to stay in touch with you and make sure that you're always in the know when it comes to Resolution Health and your cover. Make sure that we always have your latest contact details on file to avoid missing important things like your statements, membership and option information as well as other news on your healthcare benefits. Please make sure we always have your latest:

- E-mail address (note that statements are sent electronically to all members with email addresses)
- Cell phone number for SMS notifications
- Claims refund banking details
- Contribution banking details

REMEMBER that it's up to you to make sure that we have your latest contact details and the Scheme cannot be held responsible if you do not receive information because your details are outdated.

HOW TO UPDATE YOUR DETAILS

It's quick and easy. Simply:

- Log into your member portal on **www.resomed.co.za** and update your details
- Give us a call on **0861 796 6400**

YOU & YOUR MEMBERSHIP

ADDING & REMOVING DEPENDANTS

You can register or deregister dependants at any time by visiting **www.resomed.co.za** to download the applicable form or call us on **0861 796 6400**. Use the handy check lists below of things we need to ensure a smooth and quick process.

NEW-BORNS AND ADOPTIONS

Once added, **REMEMBER** that contributions will be due from the first day of the month following the birth or adoption. **REMEMBER** to complete the registration process within 30 days of birth or adoption to avoid benefits only being available from the date of registration and not retrospectively from the date of birth or adoption. The below documents can be sent to **amend@resomed.co.za** or faxed to **086 513 1438**.

REGISTRATION OF DEPENDANT

- » Birth certificate ☐
- » Children over 21 ☐

The required documents listed below can be sent to **amend@resomed.co.za** or faxed to **086 513 1438**. ☐

Registration of Dependant form ☐

Proof of full-time student status from a registered institution (submitted annually up to maximum age of 25 years) ☐

An affidavit confirming that the dependant is financially dependent on the main member ☐

Handicapped children: Physician report to confirm disability ☐

REMOVING A DEPENDANT

It's important to give us 1 calendar month's notice of any event that changes the status of a dependant which may result in them no longer being entitled to any benefits

The below documents can be sent to **resignations@resomed.co.za** or faxed to **086 513 1438**

Deregistration of Dependants form ☐

1 Calendar month's notice ☐

ENDING YOUR MEMBERSHIP

Your Resolution Health membership can be ended for any of the following reasons:

Voluntary termination	By giving 1 calendar month's written notice
Death	By submitting a copy of the death certificate
Resignation from employment	If Scheme membership is a condition of employment you cannot resign without written consent from your employer
Failure to pay contributions	Membership and benefits end on the date of resignation, unless you decide to continue as a Resolution Health member in your private capacity. Members who do not pay all amounts due to the Scheme will have their membership ended in terms of the rules of the Scheme
Employer resignation from the Scheme	If your employer decides to resign from the Scheme they will need to give us 1 calendar month's written notice. If they do not join another scheme as an employer group, you will no longer be a member of Resolution Health from the date they resign, unless you decide to continue as a member in your private capacity
Abuse of privileges, fraud and non-disclosure of information	We will terminate the membership, or exclude a member or dependant(s) from benefits, for any abuse of the benefits, fraud or non-disclosure of information

EXCLUSIONS

THE FOLLOWING EXCLUSIONS ARE APPLICABLE TO THE **FOUNDATION** OPTION:

With due regard to the Prescribed Minimum Benefits in either a Public Care System or at the facilities of one of the Scheme's Designated or Preferred Service Providers, as contemplated in Regulation 8 of the Regulations promulgated in terms of the Act, or provided for in a Benefit Option, the Scheme's liability is limited to the cost of medical services as defined in the Act and provided for in the Rules of the Scheme and, further subject to the provisions of Rule 1.3 of Annexure B, expenses in connection with any of the following shall not be paid by the Scheme:

1. Compensation for pain and suffering, loss of income, funeral expenses or claims for damages.
2. Expenses incurred for recuperative or convalescent holidays.
3. Services not considered appropriate in terms of Managed Healthcare Principles, or that are not life saving, life sustaining or life supporting, The Scheme reserves the right to determine such instances in general or for specific instances at any time, at its discretion. The following conditions, procedures, treatment and apparatus will specifically be excluded:
   - **3.1** Any breast reduction or augmentation or breast reconstruction unless related to diagnosed malignancy in the affected breast (subject to Scheme protocols). Prophylactic mastectomy only considered for BRCA mutations. Reconstruction following prophylactic mastectomy will not be funded.
   - **3.2** Gynaecomastia;
   - **3.3** Hyperhidrosis;
   - **3.4** Eximer laser and radial keratotomy;
   - **3.5** Phakic implants;
   - **3.6** Bariatric surgery and other treatments, services or charges for or related to obesity;
   - **3.7** Keloid and scar revision and any other cosmetic procedures and treatments;
   - **3.8** Dynamic spinal devices;
   - **3.9** CT or virtual colonoscopy;
   - **3.10** Change of sex operations and procedures;
   - **3.11** Growth hormone;
   - **3.12** Sleep and hypnosis therapy;
   - **3.13** Elective Caesarean section (except Supreme Option);
   - **3.14** Cancer treatment outside network protocols;
   - **3.15** Medicines not registered with or used outside their Medicines Control Council registration or proprietary preparations;
   - **3.16** Medication outside the formulary;
   - **3.17** Pre-hospital admissions;
   - **3.18** Nasal reconstruction;
   - **3.19** Bat-ears;
   - **3.20** Removal of skin blemishes;
   - **3.21** Liposuction;
   - **3.22** Face-lift and eyelid procedures.
4. Exercise programmes.
5. Kilometre charges and travelling expenses with the exception of ambulance services.
6. Examinations and tests for the purpose of application for insurance policies, school camp, visa, employment, emigration or immigration, admission to schools or universities, medical court reports, as well as fitness examinations and tests.
7. Charges for appointments not kept or writing of scripts.
8. Accommodation in convalescent, old age homes, frail care or similar institutions.
9. Costs associated with Vocational Guidance, Child Guidance, Marriage Guidance, School Therapy or attendance at Remedial Education Schools or Clinics.
10. Purchase of:
    - **10.1** applicators, toiletries, sunglasses and/or lenses for sunglasses and beauty preparations
    - **10.2** patented foods/medicines, special foods and nutritional supplements including baby foods
    - **10.3** remedies for the treatment of infertility
    - **10.4** tonics, slimming preparations, appetite suppressants and drugs as advertised to the public for the specific treatment of obesity. Further all cost escalations and /or increases for any services accessioned by or in relation to obesity
    - **10.5** sunscreen and sun tanning lotions
    - **10.6** soaps and shampoos (medicinal or otherwise)
    - **10.7** household and biochemical remedies including complementary and alternative medications, which are not registered, prescribed or promoted by the medical profession with or without evidence to support benefit (Scheme protocols and assessment will apply).
    - **10.8** cosmetic products (medicinal or otherwise)
    - **10.9** antihabit-forming products
    - **10.10** vitamins and multi-vitamins unless prescribed by a person legally entitled to prescribe and for a specific diagnoses registered and authorised by the scheme
    - **10.11** remedies for body building purposes or exercise and sport specific enhancers
    - **10.12** aphrodisiacs
    - **10.13** household bandages, cotton wool, dressings and similar aids.
11. Infertility, sterility, artificial insemination of a person as defined in the Human Tissue Act, (Act 65 of 1983), as well as vaso-vasostomies (reversal of sterilisation procedures), subject to Prescribed Minimum Benefits.
12. Diagnostic tests and examinations performed that do not result in confirmation of the diagnosis of a prescribed minimum benefit (PMB) condition, unless such condition qualifies as a bona-fide emergency medical condition. Diagnostic tests will only be funded up to and inclusive of the minimum tests required to exclude a PMB condition.
13. Repair of hearing aid and medical apparatus.
14. Experimental, unproven or unregistered treatment or practices.
15. Donor costs in respect of an organ transplant will not be covered by the Scheme unless the recipient is a member of the scheme for a PMB related transplant.
16. Interest and legal costs on outstanding accounts.
17. Oral contraception on Foundation and Hospital options.
18. Dental surgery exclusions
    - **18.1** Bone augmentations
    - **18.2** Sinus lifts
    - **18.3** Bone and tissue regeneration
    - **18.4** Gingivectomies
    - **18.5** Surgical procedures associated with dental implantology
    - **18.6** Oral hygiene instructions
    - **18.8** Professionally applied topical fluoride in adults
    - **18.8** Nutritional and tobacco counselling
    - **18.9** Root canal treatment on third molars (wisdom teeth) and primary teeth
    - **18.10** Ozone therapy
    - **18.11** Soft base to new dentures
    - **18.12** Apisectomies in-hospital
    - **18.13** Orthognathic surgery
19. Subject to the Prescribed Minimum Benefits the Foundation option has the following additional condition and procedure exclusions:
    - **19.1** Dental hospitalisation;
    - **19.2** Joint replacements and rotator cuff surgery;
    - **19.3** Back and neck surgery and conservative treatment including rhizotomies;
    - **19.4** Gastro-oesophageal reflux and hiatal hernia surgery and treatment;
    - **19.5** Functional nasal surgery;
    - **19.6** External abdominal hernias;
    - **19.7** Bunion and ingrown toenail surgery;
    - **19.9** Entropion, ectropion, eyelid, pterygium and strabismus surgery;
    - **19.9** Corneal cross-linking;
    - **19.10** Polysomnogram;
    - **19.11** Admissions for skin lesions;
    - **19.12** Cochlear implants;
    - **19.13** Implanted neurological devices, processors and procedures;
    - **19.14** Laparoscopies;
    - **19.15** Hyperbaric oxygen;
    - **19.16** Neonatal Respiratory Syncytial Virus prophylaxis;
    - **19.17** The costs related to any complication or review of these conditions and treatments;
    - **19.19** No other benefits for any other confirmed conditions not listed in the Council for Medical Schemes' PMB ICD_{10} list (Publication 2014) or treatments not available in the Public Care System.

DEFINITIONS

Above Threshold Benefit (ATB): The benefits available to Millennium members once the MSA savings amount has been depleted and the Self Payment Gap (SPG) amount has been paid from the members own pocket
Acute condition: Illness that requires short-term treatment
Annual sub-limit: A set amount allocated to a benefit
Casualty Benefit: A benefit available on certain options which can be used to cover visits to the casualty ward
Chronic conditions: Illness that requires ongoing treatment
Chronic Disease List (CDL): A list of 25 conditions which all medical schemes must cover and form part of PMBs
Clinical motivation: A motivation from your doctor explaining why a certain medicine or procedure is required such as test results and x-rays
Chronic Medicines List (CML): A list of medicines to treat the 25 CDL conditions for each option or plan
Confinement: Having a baby
Contributions: Your medical scheme fees that you pay every month
Co-payment: An amount listed for certain treatments or procedures which are not covered by the medical scheme and which you will have to cover from your own pocket
Dependant: Family members who share your medical scheme
Designated Service Provider (DSP): A Provider who is part of our extensive network
Emergency services: The ambulance service (Netcare 911) that we use in case of a medical emergency
Flexi Benefit: An amount set aside for Progressive Flex members to cover certain treatments
ICD 10 code: A unique treatment code used by doctors or facilities when submitting a claim to the Scheme
ICON: Independent Clinical Oncology Network
Immunisation: Injections given to prevent illnesses
Late Joiner Penalties: An additional fee payable on top of your monthly contribution when you join a medical scheme late in life and have not been a member of a medical scheme before or for more than a year
Medical Savings Account (MSA): An allocated amount of your contributions on the Millennium option that is set aside for you to manage and use on health services as you require. The amount rolls over every year, earns interest and is transferred if you change medical schemes
Maximum Medical Aid Price (MMAP): The maximum amount Resolution Health will pay for a medicine as advertised by Medikredit (www.medikredit.co.za)
Network Providers: Service Providers working together and forming a group or network. Members on some options must use these network providers.
Non-disclosure: Not telling us something about your health condition
Option: Either the Hospital, Foundation, Progressive Flex, Millennium or **Supreme** plan
Over-The-Counter medicine (OTC): Medication you can get at your pharmacy without a prescription
***Patient Driven Care™ (PDC™)*:** A unique approach to treating at-risk Resolution Health patients that gives them appropriate access to the amount of care they need to stay healthier for longer
Practice Number: A unique identification number which your doctor or service provider has
Pre-authorisation: Permission from Resolution Health before going for treatment, tests, etc.
DSPs: Doctors, pharmacies or hospitals who provide care to our members as per a contracted agreement. All members are advised to make use of DSP as far as possible
Designated provider network: A network of healthcare providers who provide care to our members as per a contracted agreement
Prescribed Minimum Benefits (PMBs): A list of 271 conditions, including 27 chronic conditions, that all medical schemes have to cover
Preventative Care: Care that aims to stop you from getting sick or suffering an event like flu, a stroke, heart attack or hospitalisation
Principal Member: The main member of the Scheme who pays the monthly fees
Pro-rated benefits: The portion of benefits you are entitled to based on how long you have been a member of the Scheme during any benefit year
Prosthesis: An artificial device implanted into the body
Prostate-Specific Antigen (PSA): A blood test for men which determines possible prostate cancer risk
Resolution Health Chronic Conditions: An additional list of chronic conditions which Resolution Health funds from the Chronic Medication benefit
Scheme exclusions: A list of things the Scheme does not cover or pay for
Scheme Protocols: Guidelines that determine how we fund your care
Scheme Rate: The amount Resolution Health pays for a particular medicine or medical service
Scheme Rules: The rules of the medical scheme, including all policies, protocols and medicine lists
Service Provider: Doctor or healthcare facility
Self Payment Gap (SPG): The amount a Millennium option member needs to pay in between their MSA's available funds before they can access their Above Threshold Benefit (ATB)
Statement: A document which details the benefits you have used and payments processed by the Scheme
Termination: Ending of agreement
Zurreal: A free wellbeing and rewards programme available to all Resolution Health members and stakeholders that offers lifestyle benefits and aims to help individuals and families to live healthier, happier lives
Zurreal** Platinum*: The ultimate wellbeing and rewards programme available to Resolution Health members which includes all the benefits of ***Zurreal programme with added extras such as an Education Rebate, Gym Rebate and much more

NOTES

NOTES

CONTACT DETAILS

HEAD OFFICE
Boskruin Office Park
President Fouche Ave
Boskruin
www.resomed.co.za

PO Box 1075
Fontainbleau
2032

Chronic Medication Authorisation
(Doctors & Pharmacies only)
0861 796 6400

Evacuation & Ambulance Assistance
Netcare 0861 112 162

HIV / AIDS
0861 111 778

Pre-Authorisation
0861 111 778
preauth@resomed.co.za