

ANNEXURE F PRESCRIBED MINIMUM BENEFITS

1. Definitions

- 1.1 "Prescribed Minimum Benefits" the benefits contemplated in section 29(1)(0) of the Act and consist of the provision of the diagnosis, treatment and care costs of:–
- 1.1.1 the Diagnosis and Treatment pairs in Annexure A of the regulations, subject to any limitations specified therein; and
- 1.1.2 any emergency medical condition (regulation 7)
- 1.1.3 "Prescribed minimum benefit condition" a condition contemplated in the Diagnosis and Treatment Pairs listed in Annexure A of the Regulations or any emergency medical condition (regulation 7).

2. Designation of service providers


The Scheme designates the following service providers(s) for the delivery of prescribed minimum benefits to its beneficiaries:

- 2.1 Netcare Hospital Network Facilities
- 2.2 Pharmacies located within Netcare Hospitals and Medicross facilities
- 2.3 NMS Health Specialist Network
- 2.4 National Renal Care
- 2.5 Netcare Oncology Network
- 2.6 Medicross Dental and GP Network
- 2.7 Netcare911 Pty Ltd
- 2.8 Baby Clinics located within Netcare Hospitals
- 2.9 NMS Radiology Network
- 2.10 NMS Pathology Network
- 2.11 Netcare Akeso Clinics

The above service provider(s) shall for the purpose of this Annexure be referred to as "designated service providers".

3. The Scheme will pay prescribed minimum benefits obtained from designated service providers at 100% of the cost in respect of diagnosis, treatment and care costs if those services are obtained from a designated service provider or involuntary obtained from any other Provider, no Scheme limit will apply.

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4. Prescribed minimum benefits voluntarily obtained from other providers: If a beneficiary voluntarily obtains diagnosis, treatment and care in respect of a prescribed minimum benefit condition from a provider other than a designated service provider, the benefit payable in respect of such service is subject to:
- 4.1. In the case of hospitalisation, a co-payment of 25% of the cost of the event.
- 4.2. All other healthcare services will be paid at 100% of the NMS tariff / or an amount equal to the rate which would have been paid to or at the preferred provider / or the amount claimed, whichever is the lesser.
5. Diagnostic tests for a non-confirmed PMB diagnosis will not be paid for under the PMB benefit unless they occur as a result of a qualifying emergency medical condition.

Where diagnostic tests and examinations are performed but do not result in confirmation of a PMB diagnosis, except for an emergency medical conditions, such diagnostic tests or examinations are not considered to be a PMB.

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