

LMS

SUPPORTING YOUR HEALTH

Discovery
Health



LONMIN MEDICAL SCHEME

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BENEFIT
BROCHURE

3 EASY STEPS TO TAKE CARE OF YOURSELF

- 1 | **If you need medical care**
or medicine, go to Marikana Medical Services or our preferred providers. Remember to take your membership card and ID document with you.
- 2 | **If you need any information**
about your medical scheme benefits, go to the onsite consultant. Remember to take your membership card with you.
- 3 | **In case of an emergency**
call 014 571 2311 or 082 911 for help.



YOU CAN VISIT ONSITE CONSULTANTS AT:

- Eastern Platinum Clinic
- Andrew Saffy Memorial Hospital
- Karee Clinic

This brochure is a summary of the benefits and features of Lonmin Medical Scheme, pending formal approval from the Council for Medical Schemes.



LONMIN MEDICAL SCHEME

Benefit Schedule

You have cover for:	For you and your family if you go to Marikana Medical Services or are referred to a preferred provider.	For you and your family if you go to any other provider who is not part of the Scheme's network.
 General doctors' visits or services received from Allied Professionals	Go to Marikana Medical Services. Unlimited number of visits.	You and each member of your family on your membership can see the doctor four (4) times a year, subject to a R60 co-payment for each consultation. (This includes a doctor from a neighbouring country for example Swaziland and Lesotho). The Scheme will pay the account up to the Scheme Rate.
 Prescribed medicine	Go to Marikana Medical Services. Unlimited benefit.	Each Medical Practitioner consultation will include a prescription medicine benefit up to a maximum of R250 per visit, subject to your four (4) out-of-network visits. The Scheme will pay the account up to the Scheme Rate.
 Over-the-counter medication	Go to Marikana Medical Services.	Not a covered benefit.
 Chronic medicines	Get your approved chronic medicine from Marikana Medical Services or a network pharmacy. The Scheme will pay the account up the Scheme Medication Rate.	If you use a pharmacy that is not in the network, a 20% co-payment will apply.
 Hospital admissions	<p>Go to Marikana Medical Services. You will be referred to a private hospital for admission. Spinal benefits will be limited to R34 360 for one level and R68 650 for two or more levels, subject to Scheme clinical protocols.</p> <p>Private hospital accounts will be paid at 100% of the Scheme Rate and must be authorised by the Scheme.</p> <p>Remember to phone:</p> <ul style="list-style-type: none"> The mine emergency number: 014 571 2311 or 082 911 The Scheme for authorisation: 0860 104 883 	<p>For emergency admissions Go to your nearest medical facility. Once stabilised, the Scheme may transfer you to a network hospital.</p> <p>For non-emergency admissions We will pay 70% of the Scheme Rate to the hospital and you will be responsible for the difference. There is a limit of R29 380 for each member a year, and we pay blood tests and X-rays from this limit up to R8 590.</p> <p>Remember to phone:</p> <ul style="list-style-type: none"> The mine emergency number: 014 571 2311 or 082 911 The Scheme for authorisation: 0860 104 883
 Prescribed Minimum Benefits (PMB)	Go to the Marikana Medical Services or the closest facility if it is an emergency.	If you voluntarily use a facility or healthcare professional that the Scheme does not have an agreement with, the claims will be funded up to 70% of the Scheme Rate and you will be responsible for the difference. For an emergency, PMB claims will be paid in full.
 Dentistry	Go to Marikana Medical Services, who will refer you to a preferred provider. Unlimited benefit for conservative dentistry.	The Scheme will pay the accounts up to the Scheme Rate. If you are the only member, there is a limit of R730 a year. If you have one or more family members on your membership, there is a limit of R2 120 a year.
 Specialist visits	Go to Marikana Medical Services, they will refer you to a specialist. You can have four (4) visits on referral per member on your membership. Additional visits may be reviewed and approved by the clinical review team.	The Scheme will pay the accounts up to 70% of the Scheme Rate and you will need to pay the difference. There is a limit of R2 570 a year for each member on your membership.

Visit Marikana Medical Services for all your healthcare needs. This will ensure that you are using your medical scheme correctly and save yourself any unnecessary medical costs.

 Advanced Illness Benefit (Oncology patients only)	Go to Marikana Medical Services for a referral to a specialist.	We will pay up to the Hospital Benefit limit per member on your membership for oncology patients who meet the Scheme's clinical entry criteria.
 Blood tests	Go to Marikana Medical Services. They might refer you to a private facility. Unlimited benefit if referred.	The Scheme will pay the accounts up to 50% of the Scheme Rate and you will need to pay the difference. There is a limit of R1 460 for blood tests and X-rays a year for each member on your membership.
 X-rays	Go to Marikana Medical Services so they can refer you to a radiologist if needed. Unlimited benefit if referred.	Go to a contracted doctor who will refer you to a radiologist if needed. The Scheme will pay the accounts up to 50% of the Scheme Rate. There is a limit of R1 460 for blood tests and X-rays a year for each member on your membership.
 Eye tests	Go to Marikana Medical Services. You and your dependants can have one eye test and one pair of glasses, single or bifocals, per person every two years through a preferred provider.	Go to a contracted optometrist. The Scheme will pay the accounts up to 50% of the Scheme Rate. There is a limit of R1 460 a year per family for eye tests only. Glasses are not covered.
 Physiotherapy Benefit	Go to Marikana Medical Services. Unlimited number of visits.	We will pay 50% of the cost Scheme Rate, if you have been referred by a medical practitioner, subject to an annual limit of R3 010 per family.
 External medical appliances and external prostheses	Go to Marikana Medical Services. There is a limit of R14 230 for all external medical appliances (wheelchairs, crutches, stockings, ring cushions, hearing aids etc.) and external prostheses per member on your membership.	The limit of R14 230 per member on your membership applies to external medical appliances and external prostheses.
 Internal prostheses (hips; knees; shoulders)	Go to Marikana Medical Services to be referred to a specialist. There is a limit of R38 520 per member on your membership.	We will pay up to R38 520 per member on your membership, in accordance with the Scheme Rules.
 Antenatal Benefit	Go to Marikana Medical Services. They can refer you. We will pay for four (4) visits to a GP, or gynaecologist and for two (2) 2D scans, if you have been referred by a MMS-appointed medical practitioner.	We will pay up to your limit for GPs or specialists.
 Cochlear implants	Limited to R273 200 per member on the membership per year. You need to be referred by Marikana Medical Services.	Limited to R273 200 per member on the membership per year. You need to be referred by Marikana Medical Services.
 Advanced wound care	Go to Marikana Medical Services to be referred to a provider. Preauthorisation is needed from the Scheme.	Go to Marikana Medical Services to be referred to a provider. Preauthorisation is needed from the Scheme.
 Ambulance services	Covered at 100% of the Scheme Rate if referred by Marikana Medical Services.	Covered at 100% of the Scheme Rate up to a limit of R1 800 per member on the membership per year.

EXPLANATION OF TERMS

Co-payment	An amount of money you need to pay upfront to the service provider.
Limit	The most you are allowed to use for a benefit in a year.
Scheme Rate	The highest amount of money the Scheme pays to healthcare professionals.
Designated Service Provider (DSP)	A healthcare provider (for example doctor, specialist, pharmacist or hospital) who we have an agreement with to provide treatment or services at a contracted rate. Failing to use the appointed Scheme DSP, except in case of an emergency, may lead to co-payments.

Income Band	Member	Adult dependant	Child dependant
R0 – R25 500	R1 560	R1 560	R780
R25 501+	R3 110	R3 110	R1 565



DISPUTES PROCESS

Who we are

Lonmin Medical Scheme (referred to as 'the Scheme'), registration number 1599, is a non-profit organisation, registered with the Council for Medical Schemes. Discovery Health (Pty) Ltd (referred to as 'the Administrator'), is a separate company and an authorised financial services provider (registration number 1997/013480/07), they administer the Lonmin Medical Scheme.

General contact details

You can call us on **0860 104 883**.

How to file a complaint with the Lonmin Medical Scheme

- 1 | Contact our Call Centre with your complaint by
 - Calling 0860 104 883 (remember to ask for a reference number); or
 - Speak to your onsite consultant.
- 2 | If you have followed step 1 above and the complaint is not resolved to your satisfaction, please contact us again with the details of your query and reference number and request that your query is escalated to the consultant's team leader.
- 3 | If you have followed step 1 and 2 above and feel that your complaint is still not resolved, you can send the complaint to the Scheme's Fund Manager. You can get the Fund Manager's contact details from Marikana Medical Services.

When sending a complaint to the Scheme's Fund Manager, please ensure that you include full details of the complaint including the reference number.

If you do not have a reference number, please send the names of the people you dealt with and the dates when you lodged your complaint, made enquiries, or had discussions with the Call Centre.

- 4 | If the matter is still not resolved after referring the matter to the Scheme's Fund Manager, you can contact the Principal Officer. You can get the Principal Officer's contact details from Marikana Medical Services.
- 5 | Once you have exhausted all the internal processes of the Scheme as detailed in steps 1 to 4 above, you may declare a dispute by giving written notice to the Principal Officer. The Scheme will appoint a Disputes Committee to decide on the matter.

The Disputes Committee is an independent body. They are not part of the Scheme.

The process works like a legal arbitration:

1. You will be given the first opportunity to set out the details of your case.
 2. A representative of the Scheme will then have an opportunity to respond.
 3. The Disputes Committee will make their decision and let us know.
 4. You will receive written confirmation of the decision.
- 6 | If you have taken the steps above and this has failed to resolve the matter, you can file a formal complaint directly with the Council for Medical Schemes (CMS). The CMS will then make a ruling based on submissions from all parties involved.

Information regarding the Council for Medical Schemes

The Council for Medical Schemes (CMS) is a statutory body established in terms of the Medical Schemes Act 131 of 1998 to provide regulatory oversight to the medical scheme industry. The CMS's vision is to promote vibrant and affordable healthcare cover for all.

Complaints can be submitted to the CMS by letter, fax, email or in person at their offices from Mondays to Fridays (8:00AM - 4:30PM). More information about the CMS and the complaint form are available from www.medicalschemes.co.za.

Your complaints should be in writing, detailing the following: Full names, membership number, contact details and full details of the complaint with any documents or information that substantiate the complaint.

Council for Medical Schemes complaints line

Customer Care Centre: 0861 123 267 (0861 123 CMS) | Reception – Tel: 012 431 0500 Fax: 012 430 7644 | Email enquiries: information@medicalschemes.co.za, www.medicalschemes.co.za | Complaints – Fax: (086) 673 2466 | Email: complaints@medicalschemes.co.za | Postal address: Private Bag X34 Hatfield, 0028 | Physical address: Block A, Eco Glades 2 Office Park, 420 Witch-Hazel Avenue Eco Park, Centurion 0157



I WANT TO ADD MY FAMILY TO THE Lonmin Medical Scheme

What do I do?

- ▶ Go to the onsite consultant at Marikana Medical Services to help you fill in a form.

How will Marikana Medical Services and contracted doctors know that I am a member of Lonmin Medical Scheme?

- ▶ You need to have a membership card. Get your card from your onsite consultant.
- ▶ This is what your card looks like:



Your personal details will be on the back.

Reporting fraud

If you suspect someone of committing fraud, report all information to the medical scheme fraud hotline. You do not need to give your name.

- ▶ Toll-free phone: 0800 004 500
- ▶ Email: discovery@tip-offs.com

IMPORTANT NUMBERS

Call Centre 0860 104 883

Emergency 014 571 2311 or

082 911