

Your level of cover for pregnancy and childbirth

Who we are

Remedi is the medical scheme, registration number 1430, a not-for-profit organisation which is 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), which takes care of the administration of your membership of Remedi.

Contact us

You can call us on **0860 116 116** or visit www.yourremedi.co.za for more information.

Overview

This document tells you how Remedi Medical Aid Scheme covers you for pregnancy and childbirth. Read further to understand what is included and how to get the most out of your maternity benefits.

About some of the terms we use in this document

There may be some terms we refer to in the document that you may not be familiar with. We give you the meaning of these terms.

Terminology	Description
Prescribed Minimum Benefits (PMBs)	A set of conditions that all medical schemes must provide a basic level of cover for. This basic level of cover includes the diagnosis, treatment and costs of the ongoing care of these conditions.
Related accounts	Any account other than the hospital account for in-hospital care. This could be the gynaecologist and anaesthetist's account.
Shortfall or co-payment	Remedi Medical Aid Scheme pays service providers at a set Scheme Rate. If the doctor's accounts are higher than this rate, the member will have to pay the outstanding amount from his or her pocket.

The Maternity Benefit, at a glance

We pay for out-of-hospital consultations and tests from your maternity basket of care when authorised.

We pay certain expenses related to your pregnancy from the available funds in your maternity benefit. This includes midwife, GP or gynaecologist consultations and healthcare services such as amniocentesis and non-stress tests (a routine test for women pregnant with twins. It is a simple, safe way of checking on your babies' health), as well as pregnancy related blood tests and scans.

We pay for two 2D pregnancy scans for each pregnancy and any 3D and 4D scans will be paid up to the rate of a 2D scan only.

Your cover for your hospital stay depends on the type of delivery

You have cover for three (3) days and two (2) nights for a normal delivery and four (4) days and three (3) nights for a delivery by caesarean section. Where approved, we will give you an authorisation number to use when booking your bed at the hospital.

If you need to stay in hospital longer than the number of days we have approved, your doctor will need to send a letter to motivate why you need to stay in hospital longer.

If you decide to leave the hospital earlier, we will pay for home nursing from your Hospital Benefit. We will cover the same amount of days for home nursing as we would a normal hospital stay. Always confirm leaving hospital earlier with your healthcare professional and advise us to avoid possible short payments on claims.

We cover home births with a registered midwife

We pay for home births from your Hospital Benefit. We will cover the costs of a registered midwife with a valid practice number only.

We cover water births in hospital or at home

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

We cover medically necessary circumcisions from the Hospital Benefit

Please preauthorise the procedure with us by calling **0860 116 116**.

Circumcisions that are not medically necessary are covered from the available funds in your day-to-day benefits.

There are certain items we do not cover

We do not cover these items:

- Mother and baby packs that hospitals supply
- The bed-booking fee that some hospitals may require you to pay
- Your lodger or border fees if your baby needs to stay in hospital for longer and you choose to stay on
- The cost of a birthing pool for water births if you choose to hire a birthing pool outside of what is supplied. The cost of the birthing fee is included in the global fee for confinement.

Getting the most out of your maternity benefits

Tell us about your pregnancy as soon as you are 12 weeks pregnant

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

Understand your benefits

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

To access full cover for your hospitalisation as a PMB, you must use a doctor, specialist or other healthcare provider who we have an agreement with. We will pay the account in full up to the agreed Remedi Rate. If you choose to use a hospital or healthcare provider whom we do not have an agreement with, you will be responsible for any difference between what is charged and what we pay.

Pregnant mothers who need to be admitted during their pregnancy can apply to have their admission covered in full as a PMB. To access full cover for your hospitalisation as a PMB, you must use a doctor, specialist or other healthcare provider in the Remedi network. We will pay the account up to the Remedi Rate.

If you choose to use a hospital or healthcare provider who is not on our network, you will be responsible for any difference between what is charged and what we pay.

We will cover these out-of-hospital antenatal services in full

We will fund the following healthcare services in full without using your day-to-day benefits.

Consultations

Depending on your Option, we cover consultations at a GP and gynaecologist who are in the Remedi network in full. If you consult a midwife, you have full cover if you use a midwife who charges the Remedi Rate. You may have to make a co-payment on the consultation if you use a midwife who charges more than the Remedi Rate.

Remedi Standard Option

Members on the Standard Option may consult a gynaecologist or midwife. You will need to visit your Remedi Standard Option Network GP.

Remedi Comprehensive and Classic Option

Members on the Comprehensive and Classic Options have cover for consultations with a GP, gynaecologist or midwife, as well as tests and investigations.



Remedi Standard Option

Your tests and investigations are covered from your day-to-day benefits. We pay for two 2D pregnancy scans for each pregnancy and any 3D and 4D scans will be paid up to the rate of a 2D scan only. Ultrasound scans may be performed by your chosen GP or a registered Sonographer.

Remedi Comprehensive and Classic Options

For full cover make sure you use a healthcare provider who has agreed to charge the Remedi Rate. The tests you are covered for are:

What you are covered for?	The code(s) your healthcare provider will use
2D ultrasound scan in the second trimester of your pregnancy	3615
2D ultrasound scan in the third trimester of your pregnancy	3617
HIV Elisa	3932
Rubella	3946 or 3948
Grouping: Rh antigen	3709
Grouping: A, B, O antigens	3764 and 3765
RPR and TPHA	3949 and 3951
Glucose	4057
Haemoglobin	3762
BHCG	4450

You can use our MaPS tool (find a healthcare professional) on www.yourremedi.co.za or call us on **0860 116 116** to find healthcare providers where you will not have shortfalls.

Register your baby within 30 days of the birth

We automatically cover newborns under the parent's name up to the last day of the calendar month that he or she is born. For example, if your baby is born on 20 May, he or she will have automatic cover from 20 May until 31 May, under your name.

To ensure all necessary treatment for your baby is covered, it is advisable to register your baby on your medical aid within 30 days from the date of birth.

Your baby will be registered from their date of birth, however, contributions will only be charged from the first day of the month following the birth.

Complaints process

You may lodge a complaint or query with Remedi Medical Aid Scheme directly on 0860 116 116 or address a complaint in writing to the Principal Officer at the Scheme's registered address. Should your complaint remain unresolved, you may lodge a formal dispute by following the Remedi Medical Aid Scheme internal disputes process.

You may, as a last resort, approach the Council for Medical Schemes for assistance.
Council for Medical Schemes Complaints Unit, Block A, Eco Glades 2 Office Park, 420 Witch-Hazel Avenue, Eco Park, Centurion, 0157 / 0861 123 267 / complaints@medicalschemes.co.za / www.medicalschemes.co.za