



**Naspers
Benefit
2011**



**Cover for medicine and treatment of
chronic conditions**

Benefit summary 2011

Cover for medicine and treatment of chronic conditions

This document gives you information about the Chronic Illness Benefit. It explains how Naspers Medical Fund (the Fund) pays for approved chronic medicines.

You'll find information on the conditions covered on both options, the Prescribed Minimum Benefits and cover for the diagnosis and management of your chronic condition.

We also explain how we cover medicine for the Additional Disease List conditions on the N Option Plus.

Benefits available for your plan option

N Option Plus

Chronic Disease List conditions covered

- Addison's disease
- Asthma
- Bipolar mood disorder
- Bronchiectasis
- Cardiac failure
- Cardiomyopathy
- Chronic obstructive pulmonary disease (COPD)
- Chronic renal disease
- Coronary artery disease
- Crohn's disease
- Diabetes insipidus
- Diabetes Type 1
- Diabetes Type 2
- Dysrhythmias
- Epilepsy
- Glaucoma
- Haemophilia
- HIV and AIDS (antiretroviral therapy)
- Hyperlipidaemia
- Hypertension
- Hypothyroidism
- Multiple sclerosis (MS)
- Parkinson's disease
- Rheumatoid arthritis
- Schizophrenia
- Systemic lupus erythematosus
- Ulcerative colitis

Medicines for approved Chronic Disease List conditions

The Chronic Illness Benefit covers approved medicine for the Prescribed Minimum Benefit conditions up to the MMAP (Maximum Medical Aid Price) or the Fund Rate, subject to the following sublimits:

Member	-	R11 000
Family	-	R19 650

Please note that all the medication to treat your chronic conditions, both the Prescribed Minimum Benefit conditions and additional disease list conditions, accumulate to this limit. Should this limit be exhausted, the medicine to treat Prescribed Minimum Benefit conditions will continue to be covered.

Tests to diagnose your approved Chronic Disease List condition

We pay diagnostic tests like blood tests and x-rays listed in the treatment guidelines from the Chronic Illness Benefit. We will only pay if the claim for the diagnosis is relevant at the time of your application for cover from the Chronic Illness Benefit (CIB) and if you have been diagnosed 120 days prior to your registration on the benefit.

We will pay these claims only if we have approved the condition as one of the Prescribed Minimum Benefit conditions. We pay blood tests and x-rays listed, up to a maximum of the Fund Rate.

GP consultations related to your approved Chronic Disease List condition

We pay four (4) consultations a year related to your approved condition at a GP in the Discovery GP network. We'll pay up to 100% of the Fund Rate if you do not use a GP in the Discovery Health GP Network and you will be responsible to pay the difference from your pocket.

Specialist consultations related to your approved Chronic Disease List condition

We pay up to a maximum of 100% of the Fund Rate for consultations related to your approved condition at a specialist participating in the payment arrangement provided that a specialist consultation was required in the treatment guidelines.

Naspers Medical Fund's designated service providers for the diagnosis and management of chronic disease list conditions

Our designated service providers (DSPs) for tests and procedures in our treatment guidelines for the approved chronic conditions are all specialists who participate in our direct payment arrangement; and any GP participating in the Discovery Health GP Network.

Additional chronic conditions covered on N Option Plus

You have access to cover for medicine for additional chronic conditions listed on the Additional Disease List.

Additional Disease List conditions

- Alzheimer's disease
- Attention Deficit Disorder
- Allergic Rhinitis where it forms part of a patient's asthma treatment
- Chronic back problems
- Clinical depression
- Cystic fibrosis
- Gastro-oesophageal reflux
- Gout
- Organ transplant
- Osteoporosis
- Psoriasis

There is no medicine list for the Additional Disease List conditions. We pay approved medicines for these conditions up to the MMAP or 100% of the Fund Medication Rate, subject to the following sublimits:

Member	-	R11 000
Family	-	R19 650

Please note that all the medication to treat your chronic conditions, both the Prescribed Minimum Benefit conditions and additional disease list conditions, accumulate to this limit. Should this limit be exhausted, you will be responsible for the cost of the medicine used to treat the conditions on the additional disease list.

Tests and consultations to diagnose your approved Additional Disease List condition

We pay diagnostic tests like blood tests and x-rays and consultations from available funds in the Medical Savings Account and Above Threshold Benefit. We pay these claims up to a maximum of 100% of the Fund Rate.

N Option Basic

Chronic Disease List conditions covered

- | | | |
|--|---|--------------------------------|
| • Addison's disease | • Coronary artery disease | • Hyperlipidaemia |
| • Asthma | • Crohn's disease | • Hypertension |
| • Bipolar mood disorder | • Diabetes insipidus | • Hypothyroidism |
| • Bronchiectasis | • Diabetes Type 1 | • Multiple sclerosis (MS) |
| • Cardiac failure | • Diabetes Type 2 | • Parkinson's disease |
| • Cardiomyopathy | • Dysrhythmias | • Rheumatoid arthritis |
| • Chronic obstructive pulmonary disease (COPD) | • Epilepsy | • Schizophrenia |
| • Chronic renal disease | • Glaucoma | • Systemic lupus erythematosus |
| | • Haemophilia | • Ulcerative colitis |
| | • HIV and AIDS (antiretroviral therapy) | |

Medicines for approved Chronic Disease List conditions

The Chronic Illness Benefit covers approved medicine for the Prescribed Minimum Benefit conditions up to the MMAP or Fund Medication Rate.

Tests to diagnose your approved Chronic Disease List condition

We pay diagnostic tests like blood tests and x-rays listed in the treatment guidelines from the Chronic Illness Benefit. We will only pay if the claim for the diagnosis is relevant at the time of your application for cover from the Chronic Illness Benefit (CIB) and if you have been diagnosed 120 days prior to your registration on the benefit.

We will pay these claims only if we have approved the condition as one of the Prescribed Minimum Benefit conditions. We pay blood tests and x-rays listed, up to a maximum of the Fund Rate.

GP consultations related to your approved Chronic Disease List condition

We pay four (4) consultations a year at a GP participating in the Discovery Health GP Network. We'll pay up to 100% of the Fund Rate if you do not use a GP in the Discovery Health GP Network and you will be responsible to pay the difference from your pocket.

Specialist consultations related to your approved Chronic Disease List condition

We pay for a limited number of specialist consultations as listed in the treatment guidelines in full, if you see a specialist who has agreed to participate in our direct payment arrangements applicable to your plan option. If you see any other specialist you will be responsible to pay the claim from your pocket.

Naspers Medical Fund's designated service providers for the diagnosis of chronic conditions.

Our designated service providers (DSPs) for tests and procedures in our treatment guidelines for the approved chronic conditions are all specialists who participate in our direct payment arrangement applicable to your plan option; and any GP participating in the Discovery Health GP Network.

If you choose not to use our designated service provider, we will only pay up to 100% of the Fund Rate for your GP claims. You will be responsible for the full cost if you use a specialist who is not on the direct payment arrangement.

What you need to know

1. The list of conditions and the benefits available to treat the listed chronic conditions depend on your plan option. Please ensure that you check the conditions and the benefits applicable to your plan option.
2. For a condition to be covered from the Chronic Illness Benefit, there are certain criteria that you need to meet. This ensures that you receive sustainable funding for cost-effective treatment.
3. Although a condition may be defined as chronic, it may not qualify for cover from the Chronic Illness Benefit.
4. You must apply for your chronic condition to be covered from the Chronic Illness Benefit. We will only pay for the medicine and treatment from the Chronic Illness Benefit if your condition and medicine is approved.
5. We update the Chronic Illness Benefit application form with the information we need to correctly and efficiently assess the application for chronic cover. Your doctor will need to complete all the relevant sections in the form.

6. You may appeal for additional funding for medicines, consultations, pathology and radiology. We will review the individual circumstances of the case, however it's important to note that an appeals process doesn't guarantee a positive outcome and neither does it change the way we cover Prescribed Minimum Benefits.

What you need to do

1. If you are diagnosed with a chronic condition, check whether the condition is covered on your plan option.
2. If your option covers your chronic condition, download the Chronic Illness Benefit application form for the applicable year (e.g. 2011) from www.nasmed.com or request a copy from 0860 627 633 (NASMED)

Take the application form to your doctor who will need to complete the relevant list of conditions. The benefits available to treat the listed chronic conditions depend on your plan type. Please ensure that you check the conditions and the benefits applicable to your option.