

PRESCRIBED MINIMUM BENEFITS

What is Prescribed Minimum Benefits (PMB)?

In terms of the Medical Schemes Act, medical schemes have to cover the costs related to diagnosis, treatment and care of:

- Any emergency medical condition
- A limited set of ± 270 medical conditions and
- 26 chronic conditions

This is known as Prescribed Minimum Benefits (PMBs) and you are entitled to these benefits regardless of the medical scheme option you have selected.

Which 26 illnesses are covered?

Addison's Disease

Asthma

Bi-polar Mood Disorder

Bronchiectasis

Cardiac Failure

Cardiomyopathy Disease

Chronic Renal Disease

Coronary Artery Disease

Crohn's Disease

Chronic Obstructive Pulmonary Disorder

Diabetes Insipidus

Diabetes Mellitus Type 1 & 2

Dysrhythmias

Epilepsy

Glaucoma

Hemophilia

HIV/AIDS

Hyperlipidemia

Hypertension

Hypothyroidism

Multiple Sclerosis

Parkinson's Disease

Rheumatoid Disease

Schizophrenia

Systemic Lupus Erythematosus

Ulcerative Colitis

Your medical scheme can insist you only use certain healthcare providers when registering for a PMB. This called a Designated Service Provider (DSP).

What is a Designated Service Provider (DSP)?

It is a health care provider (doctor, pharmacist, hospital, etc.) that your medical scheme chose to meet the needs of your PMB condition. Should you choose not to use the DSP assigned by your medical scheme, you may have to pay a co-payment. If the DSP is not easy to get to from your work or home, you can visit any service provider and your medical scheme must carry the costs.

When you suffer an emergency condition, or are involved in an accident, you may go to the nearest healthcare facility for treatment, even if not a DSP.

How do I register for a PMB?

All medical schemes have PMB registration forms available. Should you be diagnosed with a PMB condition request the forms from your medical scheme and request your doctor to complete the forms. All PMB conditions must be registered with a medical scheme.

Why is it important to register for a PMB?

Should you not register your PMB condition all cost related to your chronic condition is paid from your medical savings account causing your medical saving account to run out of funds early in the year.

As soon as you have registered your PMB condition with your medical scheme ensure all accounts related to your PMB condition has the relevant ICD 10 code in order for your medical scheme to pay the accounts from the PMB benefits of the scheme.

Protocols and Formularies

Your medical scheme often has rules in place which will state which treatments and medicine they will cover and which not. These are called protocols and formularies. These are put in place to manage the member's use of benefits and reduce the risk to the schemes.

What happens if the formulary medication doesn't work for you?

Your doctor needs to write a motivation letter to your medical scheme requesting authorization to prescribe other medication that will suit you.

It is your responsibility to register your chronic condition as a PMB with your medical scheme on an annual basis. This should be done in January of each year or as soon as you have been diagnosed with a chronic condition.

For more information contact the Council for Medical Schemes at 012 431 0500 / 0861 123 267.

References: Board of healthcare funders of Southern Africa. Prescribed Minimum Benefits [online]. Available from: www.bhfglobal.com (Accessed 12 December 2012).