

# Corporate Network 2009

Launch Edition



LIBERTY HEALTH

*live well*

“Happiness is  
nothing more than  
good health  
and a bad memory.”

Albert Schweitzer



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# Entry-Level Range

Corporate Network forms part of Liberty Health Medical Scheme's comprehensive and affordable salary based, entry-level healthcare offering.

## Corporate Network

The Corporate Network option has four salary bands for contributions, making it the preferred option for employers requiring cover for their lower income earners.

Comprehensive day-to-day benefits are offered through an open national network of private providers. A full range of healthcare services is provided by the network and includes:

- General practitioners (GPs)
- Dentists
- Optometrists
- Basic radiology
- Pathology
- Medicines

The medication benefit is unlimited, provided it is prescribed by a Prime Cure network doctor from the Prime Cure formulary. The hospital benefit is limited to R600 000 per family per annum via a network of both private and public hospitals. A Prime Cure network provider must refer the patient to hospital, and pre-authorisation is required prior to admission.

## Prime Cure

Liberty Health Medical Scheme has partnered with Prime Cure, an accredited managed care organisation, to manage its Corporate Network.

Prime Cure's expanding national contracted network of providers currently consists of:

- 26 Prime Cure Medical Centres
- More than 2 450 general practitioners
- More than 817 optometrists
- Over 830 dentists
- National network of pathologists
- National network of radiologists
- Courier pharmacy
- National retail pharmacy network
- Allied healthcare providers
- More than 3 000 specialists servicing Prime Cure patients
- Public and private hospitals, including all major hospital groups



For more information regarding the network service providers visit [www.libmed.co.za](http://www.libmed.co.za) and access the Prime Cure link or contact our Call Centre on 0861 665 665.

Prime Cure delivers services through a comprehensive managed healthcare infrastructure comprising:

- Provider credentialing, accreditation and network management
- Provider and member reimbursement (claims administration and management)
- Clinical and financial risk management
- Member support services through our Call Centre
- Member education
- Chronic disease management (including HIV/AIDS)
- Case management and clinical intervention to ensure that appropriate services are delivered and quality controlled
- Chronic medicine management programme
- Hospital utilisation management

Providing a quality service, acting as gatekeeper and caretaker of the full healthcare service delivery programme, leaving members in safe hands.

“To ensure good health: eat lightly, breathe deeply, live moderately, cultivate cheerfulness, and maintain an interest in life.”

William Londen

## 2009 Benefits Schedule

In-Hospital Costs		
Benefits	Limits	Comments
Hospitalisation	<ul style="list-style-type: none"> <li>100% of Agreed Tariff</li> <li>Annual limit of R600 000 per family</li> </ul>	<ul style="list-style-type: none"> <li>Preferred Provider Network of private and public hospitals</li> <li>Subject to pre-authorisation and case management; R1 000 co-payment per admission if no pre-authorisation is obtained</li> </ul>
Emergency care	<ul style="list-style-type: none"> <li>100% of cost</li> </ul>	<ul style="list-style-type: none"> <li>Access to any private or public hospital for emergency medical care at 100% of the cost. Once stabilised, the member will be transferred to a DSP/DSPN hospital</li> </ul>
Accommodation in general, high care and ICU	<ul style="list-style-type: none"> <li>100% of Agreed Tariff</li> <li>Subject to OAL</li> </ul>	<ul style="list-style-type: none"> <li>Prime Cure reserves the right to transfer the member to an alternative DSP if an extended ICU stay is required and medically appropriate</li> </ul>
Theatre fees	<ul style="list-style-type: none"> <li>100% of Agreed Tariff</li> <li>Subject to OAL</li> </ul>	
Blood Transfusions & Blood Products	<ul style="list-style-type: none"> <li>100% of Agreed Tariff</li> <li>Limited to R12 000 per family per year</li> </ul>	<ul style="list-style-type: none"> <li>Subject to PMBs</li> </ul>
Maternal confinement and midwifery	<ul style="list-style-type: none"> <li>100% of Agreed Tariff</li> <li>Subject to OAL</li> </ul>	<ul style="list-style-type: none"> <li>Subject to pre-authorisation and case management</li> </ul>
Neonatal Care	<ul style="list-style-type: none"> <li>100% of Agreed Tariff</li> <li>Subject to OAL</li> <li>Limited to R29 700 per family</li> </ul>	<ul style="list-style-type: none"> <li>Subject to PMB confirmation for unlimited cover</li> <li>Subject to Prime Cure protocols and case management</li> <li>Subject to DOH guidelines</li> </ul>
Infertility	<ul style="list-style-type: none"> <li>100% of Agreed Tariff</li> <li>Subject to OAL</li> </ul>	<ul style="list-style-type: none"> <li>Subject to PMBs</li> </ul>
Surgical procedures and Maxillo-facial	<ul style="list-style-type: none"> <li>100% of Agreed Tariff</li> <li>Subject to OAL</li> <li>Limited to R12 000 per family</li> </ul>	<ul style="list-style-type: none"> <li>Subject to pre-authorisation and excludes hospital admission in respect of Osseo integrated implants</li> </ul>
Prescribed medicine (in-hospital)	<ul style="list-style-type: none"> <li>100% of Agreed Tariff</li> </ul>	
To Take Out Medication	<ul style="list-style-type: none"> <li>Limited to 7 days' supply</li> </ul>	<ul style="list-style-type: none"> <li>Subject to Prime Cure medicines formulary</li> </ul>
Physiotherapy, Occupational Therapy for PMB conditions	<ul style="list-style-type: none"> <li>100% of Agreed Tariff</li> <li>Subject to OAL</li> </ul>	<ul style="list-style-type: none"> <li>DSP only at 100% of cost</li> <li>Subject to confirmation of PMB diagnosis</li> </ul>
Clinical Technologists	<ul style="list-style-type: none"> <li>100% of Agreed Tariff</li> <li>Limited to R12 000 per family</li> <li>Subject to OAL</li> </ul>	
Radiology (incl MRI and CT)	<ul style="list-style-type: none"> <li>100% of Agreed Tariff</li> <li>Limited to R17 600 per family</li> <li>Subject to OAL</li> </ul>	<ul style="list-style-type: none"> <li>Subject to pre-authorisation</li> </ul>
Dental Services (in hospital)	<ul style="list-style-type: none"> <li>100% of Agreed Tariff</li> <li>Subject to OAL</li> </ul>	<ul style="list-style-type: none"> <li>Hospitalisation only for trauma, age &lt;7 years and impacted 3rd molars</li> <li>Day theatres and public sector hospitals only</li> </ul>
Psychiatric admissions	<ul style="list-style-type: none"> <li>100% of Agreed Tariff</li> <li>Limited to R5 550 per family</li> <li>Subject to OAL</li> </ul>	<ul style="list-style-type: none"> <li>Public hospitals / DSP</li> <li>Subject to pre-authorisation and registration on Disease Management Programme</li> </ul>

Benefits	Limits	Comments
Pathology	<ul style="list-style-type: none"> <li>100% of Agreed Tariff</li> <li>Subject to OAL</li> <li>Limited to R17 600 per family</li> </ul>	
Radiotherapy and Chemotherapy	<ul style="list-style-type: none"> <li>100% of Agreed Tariff</li> <li>Limited to R120 000 per family</li> <li>Subject to OAL</li> </ul>	<ul style="list-style-type: none"> <li>Subject to confirmation of PMB diagnosis</li> <li>Subject to formulary oncology drugs only</li> <li>Subject to pre-authorisation and registration on Disease Management Programme / Case Management</li> <li>Public Sector hospital / DSP</li> <li>Subject to pre-authorisation</li> </ul>
Internal Prosthesis	<ul style="list-style-type: none"> <li>100% of Agreed Tariff</li> <li>Limited to R17 600 per family</li> <li>Subject to OAL</li> </ul>	
External Prosthesis	<ul style="list-style-type: none"> <li>No benefit</li> </ul>	
Medical and Surgical appliances	<ul style="list-style-type: none"> <li>100% of Agreed Tariff</li> <li>Limited to R5 550 per family</li> <li>Subject to OAL</li> </ul>	<ul style="list-style-type: none"> <li>Subject to pre-authorisation</li> </ul>
Renal Dialysis	<ul style="list-style-type: none"> <li>100% of Agreed Tariff</li> <li>Limited to R120 000 per family</li> <li>Subject to OAL</li> </ul>	<ul style="list-style-type: none"> <li>Public sector hospital / DSP</li> <li>Subject to pre-authorisation and registration on Disease Management Programme / Case Management</li> <li>Subject to DOH national guidelines</li> </ul>
Organ Transplant (including Immunosuppressive)	<ul style="list-style-type: none"> <li>100% of Agreed Tariff</li> <li>Limited to R120 000 per family</li> <li>Subject to OAL</li> </ul>	<ul style="list-style-type: none"> <li>Public sector hospital / DSP</li> <li>Subject to pre-authorisation and registration on Disease Management Programme / Case Management</li> <li>Subject to DOH national guidelines</li> </ul>
HIV treatment	<ul style="list-style-type: none"> <li>100% of Agreed Tariff</li> <li>Subject to OAL</li> </ul>	<ul style="list-style-type: none"> <li>Subject to case management and registration on Disease Management Programme</li> <li>Prime Cure will be entitled to arrange for the transfer of the patient to a DSPN facility (subject to the patient's clinical condition and the availability of DSP within reasonable proximity of the beneficiary's place of work and home) in the event of initial admission to a non-DSP private facility</li> </ul>
Alternatives to hospitalisation (incl step-down facilities)	<ul style="list-style-type: none"> <li>100% of Agreed Tariff</li> <li>Limited to R12 000 per family</li> <li>Subject to OAL</li> </ul>	<ul style="list-style-type: none"> <li>Subject to pre-authorisation and case management</li> <li>Out-of-hospital only</li> </ul>
Emergency Transport (through preferred provider)	<ul style="list-style-type: none"> <li>100% of Agreed Tariff</li> </ul>	<ul style="list-style-type: none"> <li>Preferred provider only</li> <li>Pre-authorisation required</li> </ul>
Inter-hospital transfers	<ul style="list-style-type: none"> <li>100% of Agreed Tariff</li> </ul>	<ul style="list-style-type: none"> <li>Preferred provider only</li> <li>Pre-authorisation required</li> <li>Transfer to a DSPN facility where emergency admission was obtained at a non-DSPN facility</li> </ul>

Day-to-Day benefits (out of hospital)

Benefits	Limits	Comments
PMBs	<ul style="list-style-type: none"> <li>100% of cost</li> </ul>	<ul style="list-style-type: none"> <li>Unlimited subject to case management</li> <li>Prime Cure approved DSP Network providers only (unless the service is provided on an involuntary basis)</li> </ul>
General Practitioner Consultations	<ul style="list-style-type: none"> <li>100% of Agreed Tariff</li> </ul>	<ul style="list-style-type: none"> <li>Prime Cure approved DSP Network providers</li> </ul>
Out-of-Network Visits	<ul style="list-style-type: none"> <li>100% of Agreed Tariff</li> <li>Limited to 1 visit per beneficiary or 2 visits per family and R650 per visit with a 20% co-payment</li> </ul>	<ul style="list-style-type: none"> <li>Unlimited without co-payment provided the episode meets the requirements of the Prime Cure definition on an emergency medical condition<sup>1</sup></li> <li>At any registered emergency medical facility</li> <li>Excluding facility fees</li> <li>Pre-authorisation is required from the Prime Cure Call Centre within 48 hours</li> </ul>
Emergency Visits	<ul style="list-style-type: none"> <li>100% of Agreed Tariff</li> </ul>	
<p><sup>1</sup> Emergency medical condition means the sudden, and at the time unexpected, onset of a life-threatening health condition that requires immediate medical or surgical treatment, where failure to provide medical or surgical treatment would result in serious impairment to bodily functions or serious dysfunction of a bodily organ or part, or would place the person's life in serious jeopardy.</p>		
Chronic medication illness / benefit	<ul style="list-style-type: none"> <li>100% of Agreed Tariff</li> </ul>	<ul style="list-style-type: none"> <li>Medication for the treatment of CDL-PMB chronic conditions</li> <li>Subject to a fixed Prime Cure medicine formulary</li> <li>DSP only</li> </ul>
Acute medication	<ul style="list-style-type: none"> <li>100% of Agreed Tariff</li> </ul>	<ul style="list-style-type: none"> <li>Subject to a fixed Prime Cure medicine formulary</li> <li>DSP or contracted dispensing providers</li> </ul>
OTC Medication	<ul style="list-style-type: none"> <li>100% of Agreed Tariff</li> <li>Limited to R165 per beneficiary per annum, maximum of R55 per event</li> </ul>	<ul style="list-style-type: none"> <li>Subject to a fixed Prime Cure medicine formulary</li> <li>DSP only</li> </ul>
Immunisation Flu vaccination	<ul style="list-style-type: none"> <li>1 per beneficiary per annum</li> </ul>	<ul style="list-style-type: none"> <li>Prime Cure designated service provider or pharmacy</li> </ul>
Specialists consultations	<ul style="list-style-type: none"> <li>5 consultations or R2 450 per family per year, maximum of 3 consultations or R1 800 per beneficiary for non-CDL-PMB conditions</li> <li>2 additional visits to an obstetrician &amp; gynaecologist per pregnancy</li> </ul>	<ul style="list-style-type: none"> <li>30% co-payment by member in case of voluntary use of non-DSP specialist services</li> <li>Pre-authorisation required for each visit and any other referrals or procedures</li> <li>Prime Cure General Practitioner has to refer a patient</li> </ul>
Essential dentistry	<ul style="list-style-type: none"> <li>100% of Agreed Tariff</li> <li>1 preventative treatment per annum</li> </ul>	<ul style="list-style-type: none"> <li>Prime Cure designated service providers</li> </ul>
Emergency out-of-network visits	<ul style="list-style-type: none"> <li>100% of Agreed Tariff</li> <li>1 event per beneficiary per year</li> </ul>	<ul style="list-style-type: none"> <li>Emergency pain and sepsis treatment and extractions only</li> </ul>

Day-to-Day benefits (out of hospital)

Benefits	Limits	Comments
Denture benefit	<ul style="list-style-type: none"> <li>100% of Agreed Tariff</li> <li>1 set of acrylic dentures per family per 24 months</li> </ul>	<ul style="list-style-type: none"> <li>Benefit applicable to members over the age of 21 years</li> <li>According to a Prime Cure list of approved codes</li> <li>A co-payment is payable on all dentures, equal to 20% of the total fees charged by the dentist and laboratory (i.e. Professional fee plus Dental Lab fee)</li> </ul>
Specialised dentistry and Maxillo-facial	<ul style="list-style-type: none"> <li>No Benefit</li> </ul>	
Optometry benefit	<ul style="list-style-type: none"> <li>100% of Agreed Tariff</li> </ul>	
Eye examination	<ul style="list-style-type: none"> <li>100% of Agreed Tariff</li> <li>1 eye examination per annum</li> </ul>	
Spectacles & Frames	<ul style="list-style-type: none"> <li>100% of Agreed Tariff</li> <li>1 pair of spectacles with frame per beneficiary every 24 months</li> </ul>	<ul style="list-style-type: none"> <li>Prime Cure designated service providers</li> <li>Frames subject to the Prime Cure approved range of frames</li> <li>Qualifying norms apply</li> <li>An excess is payable by the member in respect of any frame not from the specified Prime Cure range</li> </ul>
Pathology	<ul style="list-style-type: none"> <li>100% of Agreed Tariff</li> </ul>	<ul style="list-style-type: none"> <li>Prime Cure designated service providers</li> <li>Subject to Prime Cure's Approved Pathology List of Codes</li> </ul>
Radiology	<ul style="list-style-type: none"> <li>100% of Agreed Tariff</li> </ul>	<ul style="list-style-type: none"> <li>Prime Cure designated service providers</li> <li>Subject to Prime Cure's Approved Pathology List of Codes</li> <li>Black &amp; white x-rays and soft tissue ultra sounds</li> <li>2 ultra sounds per pregnancy</li> </ul>
Specialised radiology (incl CT & MRI Scans)	<ul style="list-style-type: none"> <li>100% of Agreed Tariff</li> <li>R10 000 per family per annum (combined limit for in- and out-of-hospital)</li> </ul>	<ul style="list-style-type: none"> <li>Prime Cure designated service providers</li> <li>Pre-authorisation required</li> </ul>
Auxiliary services	<ul style="list-style-type: none"> <li>100% of Agreed Tariff</li> <li>R1 800 per family per year, maximum of R1 200 per beneficiary per year</li> </ul>	<ul style="list-style-type: none"> <li>Physiotherapy</li> <li>Occupational Therapy</li> </ul>
HIV/AIDS Benefits	<ul style="list-style-type: none"> <li>100% of Agreed Tariff</li> </ul>	<ul style="list-style-type: none"> <li>Subject to registration on the Prime Cure HIV/AIDS programme</li> <li>Prime Cure DSP only</li> <li>Voluntary counselling and testing</li> <li>Treatment support</li> <li>Pathology and monitoring</li> <li>Treatment of opportunistic infections</li> </ul>
Alcoholism and drug dependency (DOH)	<ul style="list-style-type: none"> <li>100% of Agreed Tariff</li> </ul>	<ul style="list-style-type: none"> <li>Prime Cure designated service providers</li> </ul>
Additional Services	<ul style="list-style-type: none"> <li>24 hour medical advice line</li> </ul>	

Contributions				
Income level	Principal	Adult	Child	P+A+2*C
< R4 180	R 508	R 489	R 175	RI 347
R4 181 - R6 050	R 546	R 526	R 184	RI 440
R6 051 - R8 800	R 985	R 943	R 284	R2 496
> R8 800	RI 417	RI 356	R 433	R3 639

**Exclusions**

Day-to-Day

Medicine	Erythropoietin	Unless beneficiary is eligible for renal transplant according to PMB protocols
	Home oxygen therapy	
	Infliximab and related biologicals	
	B-interferon	
Optical	Contact lenses	
	Mirror or other graded tinted lenses	
	Accessories	
	Contact Lens Solutions	
Specialists (DOH)	Conditions relating to impotence, infertility, libido problems or sexual dysfunction.	
	Cosmetic procedures	
	consultations where pre-authorization is not obtained	

In-hospital

Surgical procedures	Hospital admission in respect of Osseo-integrated implants
Inter-hospital transfer	Excludes cover where the patient was voluntarily admitted for a non-PMB condition

DSPN Designated Service Provider Network  
 OAL Overall Annual Limits  
 OTC Over the counter  
 DOH Department of Health  
 PMB Prescribed Minimum Benefits

Please note:

- Planned hospital events must be pre-authorized at least 48 hours prior to admission.
- The described benefits are subject to clinical treatment protocols and medicine formularies
- Payment of claims will be declined if you visit a provider who is not on the Prime Cure Network.

“He who has  
health, has hope.  
And he who  
has hope, has  
everything.”

Proverb

# Frequently asked questions and answers

TAKE  
ACTION.  
MAKE  
CHANGE.

## Hospitalisation

Q: What must I do if I require hospitalisation?

A: All admissions to hospital require pre-authorisation 48 hours prior to admission and within 24 hours, or the next working day following an emergency admission. Pre-authorisation can be obtained by contacting the Call Centre on 0861 665 665. The hospital benefit is limited to R600 000 per family per annum at any Prime Cure network private or public hospital. The overall hospital limit does not apply in the case of admission for a Prescribed Minimum Benefit (PMB).

## Day-to-day

Q: Where do I obtain day-to-day benefits, such as general practitioner and dentist visits?

A: Information on approved Prime Cure network service providers is available from the Prime Cure Call Centre (0861 665 665), or on the Prime Cure website, [www.primecure.co.za](http://www.primecure.co.za).

Q: What do I need to do before seeing my doctor or dentist?

A: You should first find out if your doctor or dentist is on the Prime Cure network by contacting the Call Centre (0861 665 665). If your doctor or dentist is not on the network, you will be provided with information on the closest provider on the network in your area, together with the address and telephone number of the provider. You should then contact the provider directly by telephone to find out if you need to make an appointment. For each and every visit, you will be required to take along your medical scheme card and ID. Your service provider will require proof of identification for every beneficiary registered on the medical scheme, prior to seeing a doctor or dentist.

Please note: You may not lend your medical scheme card to anyone who is not one of your registered dependants as this is illegal.

Q: Can I visit any doctor I choose?

A: You may visit any general practitioner who is accredited on the Prime Cure network or any of the Prime Cure Medical Centres. Please contact the Call Centre (0861 665 665) to find out if your doctor is on the list. All clinically necessary general practitioner visits are covered at any of the Prime Cure network providers. However, your account will not be paid if you visit a provider who is not on the Prime Cure network.



**Q: What happens when I need to see a doctor late at night/after hours?**

A: In cases of medical emergencies only, members can visit their nearest medical facility, for instance when their general practitioner is unavailable (e.g. after hours) and where a medical condition is serious enough that it warrants immediate medical attention. Two visits per family per annum, limited to one visit per beneficiary (family member) per annum, are covered.

When visiting a medical facility or healthcare provider that is not on the Prime Cure network, you will be required to pay for the consultation yourself, then submit the account to Prime Cure for reimbursement. There is a limit of R650 per event with a 20% co-payment by the member, which includes all services, but excludes facility fees (i.e. consultations, medicines, procedures, laboratory tests, x-rays, etc). In life-threatening, emergency situations only, no limit will be applicable on the services.

**Q: Can I go directly to a specialist without being referred by my doctor?**

A: No. Members have to first consult a general practitioner on the Prime Cure network, and will be referred to a specialist where necessary. Your general practitioner will be required to phone the Call Centre (0861 665 665) to obtain prior permission ('pre-authorisation') and a pre-authorisation number from Prime Cure before you visit the specialist. The specialist will need the pre-authorisation number in order to submit his account for payment. Failure to follow the correct procedure will result in you having to pay the specialist's account.

## Special procedures

**Q: What happens if I need an x-ray?**

A: Should you have visited a Prime Cure Medical Centre, the x-rays will usually be done on-site. If you have visited a Prime Cure network doctor, you will be referred to the nearest radiology facility.

**Q: What happens if I need a blood test?**

A: An approved list of blood tests and urine sample tests are covered and will be sent to an accredited Prime Cure laboratory for testing. A Prime Cure doctor must complete and sign a special pathology request form before any test can be performed. A wide selection of pathology tests are covered. Should your doctor request tests that are not listed on the Prime Cure list of pathology tests, you will be required to pay for these tests yourself. In cases of an emergency, blood and urine tests can be performed at the nearest pathology facility.



Q: If I am pregnant, can I go directly to a gynaecologist?

A: No. Members should consult their Prime Cure Medical Centre or network general practitioner, before a referral and pre-authorisation can be arranged. Your confinement will be covered in a private hospital on the Prime Cure hospital network only. For more details, please contact the Call Centre (0861 665 665).

## Dental

Q: Can I visit any dentist and what are the benefits?

A: No. Only services rendered by a dentist on the Prime Cure dental network are covered. The benefit consists of one preventative treatment per beneficiary per year that includes fluoride treatment for children under 12 years of age, cleaning, scaling and polishing. Basic dental procedures such as fillings, pain and sepsis treatment, infection control, and extractions under local anaesthetic are also covered, where clinically indicated.

The dentures benefit covers one (1) set of dentures per family per 24-month cycle with a 20% co-payment by members. Where necessary, acute medication based on the Prime Cure Dental formulary is covered.

Q: What happens when I need to see a dentist late at night/after hours?

A: In cases of emergencies only, members can visit their nearest dentist when a Prime Cure network dentist is not available (e.g. after hours) for a condition serious enough that it warrants immediate medical/dental attention. This benefit covers emergency extractions, pain and sepsis treatment only.

Q: What happens if I need specialised dentistry?

A: There are no benefits for crowns and bridges, root canal treatment, implants, cosmetic procedures or other specialised dentistry. Members will pay for these services themselves.

## Optometry

Q: What benefits are available for optometry?

A: You may only visit an optometrist who is accredited on the Prime Cure network. The benefit consists of one eye examination by an optometrist per annum and one pair of single vision or bifocal clear plastic lenses per beneficiary every 24 months. There are qualifying norms that need to be met before your spectacles will be prescribed by the optometrist. Should you want a more expensive frame, you will be required to pay the difference.

## Medication

**Q: Can I get any medication I want, and where can I obtain my medication?**

A: Only medication on the Prime Cure approved medicine list (medicine formulary) is covered. The list is available from Prime Cure on request or on our website ([www.primecure.co.za](http://www.primecure.co.za)). If you want medication that is not on the list, you will be required to pay for it yourself.

A medicine formulary is a list of medicines that guides the doctor in the treatment of specific medical conditions with medications that are not only of the highest quality, but also cost-effective and affordable. Both acute and chronic conditions are treated using medicines on the formulary. The medication formulary is continuously evaluated and updated by medical experts in order to ensure that it is consistent with the latest treatment guidelines.

You can obtain acute medicines from a dispensing general practitioner on the network, or from selected pharmacies. Chronic medicines are available from a courier pharmacy that will deliver the medicines to your nearest post office or network doctor each month, or from selected pharmacies on the Prime Cure pharmacy network. Please phone the Call Centre (0861 665 665) for the name and address of your closest dispensing doctor or pharmacy.

**Q: How does the self-medication 'OTC' pharmacy benefit work?**

A: With the over-the-counter ('OTC') benefit, you can obtain selected medicines for common ailments such as for a headache or an upset stomach (i.e. medicines that do not require a prescription from your doctor) at selected pharmacies. The benefit is limited to R165 per year per beneficiary, with a maximum cover of R55 each time you make use of the service. You can make use of this benefit no more than three times per year per beneficiary. The benefit only includes medication listed on the Prime Cure 'self-medication' medicine formulary.

**Q: Which chronic illnesses are covered, and where do I get my chronic medication?**

A: You are required to register your chronic illness before you are able to obtain your chronic medicines. Twenty-seven (27) illnesses are covered for chronic medicines. Your Prime Cure network doctor, after confirming the diagnosis, is required to register your chronic illness by telephoning the Call Centre (0861 665 665).

Once you have been registered for a chronic illness and your doctor has prescribed medication on the Prime Cure medicine formulary, you can obtain your first month's medicine from a selected pharmacy on the Prime Cure pharmacy network. Details of pharmacies are available from the Call Centre. Thereafter, you will have the choice of either obtaining chronic medicine on a monthly basis from an accredited pharmacy, or from a courier pharmacy who will deliver the medicine to your local post office or your network doctor.

**Q: What should I do when a specialist gives me a prescription for medication?**

A. You can obtain the medicines from selected Prime Cure network pharmacies, provided the medication is listed on the Prime Cure medicine formulary. A list of the participating pharmacies is available from the Prime Cure Call Centre on 0861 665 665 or on the website, [www.primecure.co.za](http://www.primecure.co.za).

It is strongly advisable that you ask the specialist to contact the Prime Cure call centre (0861 665 665) before prescribing your treatment or access the Prime Cure website, [www.primecure.co.za](http://www.primecure.co.za) in order to ensure that only medication on the Prime Cure formulary is prescribed.

## HIV/AIDS

Q: What do I do if I am HIV-positive?

A: You should visit a general practitioner on the Prime Cure network who will confirm your HIV status in confidence, and provide you with counselling and support. To obtain benefits such as anti-retroviral medication, your doctor will be required to register you on the Prime Cure Disease Management Programme.

All information will be kept confidential. You will need to comply with certain requirements, such as regularly taking medication strictly according to your doctor's instructions, and undergoing regular check-ups and blood tests to continue receiving benefits under the programme.

Q: Will I receive cover for Anti-Retroviral Therapy (ART)?

A: ART is covered according to the Prime Cure treatment protocol. HIV-positive patients are required to first consult their Prime Cure network doctor, who will confirm the diagnosis and then register you on the HIV Disease Management Programme. Once registered, ART medication is available from selected pharmacies. Please contact the Call Centre (0861 665 665) for more information.

Q: How will my condition be monitored?

A: Selected Prime Cure network doctors receive advanced training in HIV management. When you are registered on the HIV Disease Management Programme, your doctor will follow evidence-based guidelines in monitoring and treating your condition. Monitoring includes regular medical check-ups; pathology tests to monitor response to treatment and interactive discussions to ensure that you are informed and comfortable with your treatment and management plan.

Q: Do all HIV-positive patients receive ART?

A: Extensive studies have proved that a patient will benefit from ART when the medication is started at a specific stage in your illness: when the CD4 blood count is less than 250 cells/mm<sup>3</sup>. However, you should register on an HIV Disease Management Programme even if you are not at the stage where you require ART. You will still need regular clinical check-ups and pathology tests to monitor your health.

Q: What happens if I do not take my ART medication as prescribed?

A: Clinically your state of health will deteriorate and you will become very ill. The doctor will educate and assist you on how to take your medication. If you are found to be non-compliant despite active assistance by our clinical personnel, you may forfeit this benefit and will then have to go to a state facility.

Thank you for taking the time to familiarise yourself with Liberty Health Medical Scheme's Corporate Network option.

For further information or to become a member,  
please call **0860 002 163**  
or visit **[www.libmed.co.za](http://www.libmed.co.za)**

This is a marketing overview and summary of the Liberty Health Medical Scheme, services and complementary products.

Every attempt has been made to ensure complete accuracy. However, in the event of a conflict between this brochure and the registered Rules of the Scheme, the rules will prevail. E & OE.



