

## GAP COVER

As you are aware, many doctors charge above the Topmed Tariff for their services. Whilst one can often meet the difference in respect of your day-to-day claims, it becomes increasingly difficult when you require hospitalisation.

One way to minimise the difference is to ensure that you are fully aware of what is going to be charged prior to receiving treatment, as doctors are required to notify you of their charges, particularly if they charge above the National Health Reference Price List (NHRPL). If there is a difference, we would suggest that you negotiate with your provider. Many providers are willing to provide a discount, particularly if you pay them upfront and then claim back from the Scheme.

Another alternative to assist you with this so called GAP (i.e. the difference between what the Scheme pays and what your doctor charges) is that there are several GAP Cover Products in the market place which will pay for these differences.

### note\*

For more information, it is suggested that you contact your Broker for assistance as he/she will be able to provide you with information on the various levels of cover available.

## Specialised Dentistry

The following specialised dental benefits must be pre-authorised:

- Crown and Bridge procedures
- Orthodontics
- Periodontics
- Implants
- Hospitalisation
- Intravenous Conscious Sedation

What is pre-authorisation?

Benefit pre-authorisation is the prior approval of any of the above listed specialised dental treatments.

How do I get pre-authorisation?

Call **0860 10 49 31**. Once authorisation has been obtained, cover for the treatment is subject to Scheme rules and benefit protocols.

What happens if I fail to apply for pre-authorisation?

If no pre-authorisation is obtained or if pre-authorisation is applied for after the treatment has been done, no benefit for such treatment will be paid. This does not apply to emergency hospital admissions.



## Wat gebeur indien ek nie voorafgoedkeuring verkry nie?

Ons wil graag al ons lede herinner - sekere voordele betaalbaar deur die Skema vereis dat u voorafgoedkeuring (PAR) verkry voordat u die behandeling ondergaan.

Indien u nie die betrokke voorafgoedkeuring sou verkry nie, sal die betaling van u eise afgekeur word, of in die geval van kroniese medikasie, sal u medikasie betaal word as akut en nie gekoppel word aan die korrekte kroniese voordeel nie.

Terwyl party lede dit mag sien as 'n onnodige stap, is die behoefte vir voorafgoedkeuring tweevoudig:

- Eerstens, dit is 'n manier om u te kan inlig wat gedek sal word en om die behandeling te verduidelik, indien u addisionele inligting sou benodig; en
- Tweedens, dit gee die Gesondheids Risiko Bestuursspan 'n geleentheid om u voordele op die mees gepaste manier te bestuur.

Voorafgoedkeuring is 'n kritieke gesondheidsbestuurswerktuig, veral in vandag se gesondheidsorgomgewing, waar kostes aanhoudend buite kontrole spiraal.

**So onthou, maak asseblief daardie oproep aangesien die reël is - GEEN PAR - GEEN BETALING!**

In 'n noodgeval, word daar van u of 'n familielid vereis dat 'n magtiging verkry word op die eerste beskikbare werksdag na die noodgeval.



## Network Corner



### Do you know where the closest Prime Cure Provider is?

If not, then simply SMS 33900 and Prime Cure will send you the details of the Prime Cure doctors in your area. The SMS must state the type of service provider and your city, e.g. DOCTOR DURBAN or DENTIST CAPE TOWN. You will receive an SMS back within one minute providing you with the details you require.

### Specialist Benefit

There has been some confusion around the provision of the Specialist Benefit that is available on the Network Option.

Prime Cure is contracted to the Scheme to pay for all your primary healthcare needs, acute and chronic medicines, etc, but does NOT cover any specialist benefits. Please note that they will also NOT pay for any treatment referred by a specialist. Prime Cure will only pay for medicines and x-rays/pathology tests, etc, if referred by your Prime Cure provider.

However, the Scheme is aware that from time to time you may need to see a specialist. Given this, Topmed provides a Specialist Benefit to cover the costs of the consultation and any procedure that the specialist may do in his room up to the limit of R1,650-00.

Please note that this amount is not intended to cover the cost of medication that your specialist may prescribe. This benefit is automatically provided to you and payable from the Scheme and is not managed by Prime Cure.

Should you see a specialist, please ensure that the specialist claims are forwarded directly to:

Topmed  
PO Box 2338  
Durban  
4000

