

DE BEERS BENEFIT SOCIETY RULES

APPENDIX 1

PRESCRIBED MINIMUM BENEFITS (PMB'S)

1. DESIGNATION OF SERVICE PROVIDERS

The Society designates the following service providers for the delivery of prescribed minimum benefits to its beneficiaries:

- a. All Public Hospitals
- b. Clicks **direct**medicines
- c. Healthcare Pharmacy Kimberley
- d. Lime Acres Pharmacy
- e. Premier Mine Hospital Dispensary
- f. Namaqualand Pharmacy
- g. Dr HA Burger
- h. ER24

The above service providers shall, for the purposes of this Appendix and the Annexures be referred to as “designated service providers” or “DSPs”.

2. PRESCRIBED MINIMUM BENEFITS OBTAINED FROM DESIGNATED SERVICE PROVIDERS

100% of the cost in respect of diagnosis, treatment and care costs of prescribed minimum benefit conditions if those services are obtained from a designated service provider.

3. PRESCRIBED MINIMUM BENEFITS VOLUNTARILY OBTAINED FROM OTHER PROVIDERS

If a beneficiary voluntarily obtains diagnosis, treatment and care in respect of a prescribed minimum benefit condition from a provider other than a designated service provider, the benefit payable in respect of such service is subject to such benefit limitations as are normally applicable in terms of the relevant option chosen by the member.

4. PRESCRIBED MINIMUM BENEFITS INVOLUNTARILY OBTAINED FROM OTHER PROVIDERS

- a) If a beneficiary involuntarily obtains diagnosis, treatment and care in respect of a prescribed minimum benefit condition from a provider other than a designated service provider, the SOCIETY will pay 100% of the cost in relation to those prescribed minimum benefit conditions.
- b) For the purposes of paragraph (a), a beneficiary will be deemed to have involuntarily obtained a service from a provider other than a designated service provider, if –
 - (a) the service was not available from the designated service provider or would not be provided without unreasonable delay;
 - (b) immediate medical or surgical treatment for a prescribed minimum benefit condition was required under circumstances or at locations which reasonably precluded the beneficiary from obtaining such treatment from a designated service provider; or
 - (c) there was no designated service provider within reasonable proximity to the beneficiary's ordinary place of business or personal residence.
- c) Except in the case of an emergency medical condition, pre-authorisation shall be obtained by a member prior to involuntarily obtaining a service from a provider other than a designated service provider in terms of this paragraph, to enable the SOCIETY to confirm that the circumstances contemplated in paragraph (b) are applicable.

5. MEDICATION

- a) Where a prescribed minimum benefit includes medication, the SOCIETY will pay 100% of the cost of that medication if that medication is obtained from a designated service provider and complies with the Generic Reference Price list or is involuntarily obtained from a provider other than a designated service provider, *and*
 - i) the medication is included on the applicable formulary in use by the SOCIETY; or
 - ii) the formulary does not include a drug that is clinically appropriate and effective for the treatment of that prescribed minimum benefit condition.
- b.) Where a prescribed minimum benefit includes medication, benefit limitations normally applicable in terms of the benefit option chosen by the member will apply if –
 - i) that medication is voluntarily obtained from a provider other than a designated service provider, or
 - ii) the formulary includes a drug that is clinically appropriate and effective for the treatment of a prescribed minimum benefit condition suffered by a beneficiary, and that beneficiary knowingly declines the formulary drug and opts to use another drug instead.

6. PRESCRIBED MINIMUM BENEFITS OBTAINED FROM A PUBLIC HOSPITAL

Notwithstanding anything to the contrary contained in these rules, the SOCIETY shall pay 100% of the costs of prescribed minimum benefits obtained in a public hospital, without limitation.

7. DIAGNOSTIC TESTS FOR AN UNCONFIRMED PMB DIAGNOSIS

Where diagnostic tests and examinations are performed but do not result in confirmation of a PMB diagnosis, except for an emergency medical condition, such diagnostic tests or examinations are not considered to be a PMB.

8. CHRONIC CONDITIONS

The SOCIETY covers the full cost for services rendered in respect of the prescribed minimum benefits which includes the diagnosis, medical management and medication to the extent that it is provided for in terms of a therapeutic algorithm as prescribed for the specified chronic conditions.