The Screening and Prevention Benefit 2026

Who we are

Remedi is the medical scheme, registration number 1430, a not-for-profit organisation which is registered with the Council for Medical Schemes. Discovery Health (Pty) Ltd (referred to as "the Administrator") is a separate company and an authorised financial services provider (registration number 1997/013480/07), which takes care of the administration of your membership of Remedi.

Contact us

You can call us on **0860 116 116** or visit www.yourremedi.co.za for more information.

The Screening and Prevention Benefit

Overview

Your health journey matters to us, and taking the first step starts with knowing where you stand today.

With the Screening and Prevention Benefit on your Remedi benefit option, you have cover for a range of essential screening tests, including:

- A seasonal flu vaccination, available to members who are pregnant, registered for certain chronic conditions, and those older than 65.
- A pneumococcal vaccine, helping to prevent serious respiratory infections.

These benefits are designed to support early detection, so that medical conditions can be identified and treated at the right time, often before symptoms even begin. This gives you the best chance at long-term, positive health outcomes.

What you need to know:

- Your day-to-day benefits won't be affected when you use this benefit, so your cover goes further.
- Clinical entry criteria may apply, and some tests have set frequency limits. If you need additional tests beyond these limits, they will be funded from your available day-to-day benefits, where applicable.
- Your tests and vaccinations must be referred and done by a registered healthcare professional, and in some cases, must be performed within our provider networks.
- The benefit does not cover the cost of related consultations, unless they relate to a Prescribed Minimum Benefit (PMB) diagnosis. Otherwise, these consultations are paid for from your day-to-day benefits, where available.

About some of the terms we use in this document

There may be some terms we refer to in the document that you may not be familiar with. Here are the meanings of these terms.

TERMINOLOGY	DESCRIPTION
Day-to-day benefits	Your day-to-day benefits help cover the cost of routine healthcare needs like doctor visits, prescribed medicine, blood tests, and more. These benefits may include: • Money in your **Personal Medical Savings Account (PMSA)** • Cover from the Insured Out-of-hospital Benefit (IOH) • **Defined benefits** for specific day-to-day services, depending on your benefit option The amount of day-to-day cover you have depends on the benefit option you choose.
Remedi Rate	This is the rate we pay for healthcare services from hospitals, pharmacies, doctors, and other recognised healthcare professionals. It helps ensure consistency in how claims are paid and protects you from unexpected costs when using providers who charge within this rate.
Emergency medical condition	An **emergency** is when a sudden and unexpected health condition requires **immediate medical or surgical treatment**. Without urgent care, the condition could: • Seriously affects how your body works • Damage an organ or part of your body • Or put your life at serious risk Not all emergencies result in hospital admission – you may be treated in a **casualty unit** only. In some cases, we may ask for more information to confirm that it was a medical emergency, to ensure the correct benefits are applied.
ICD-10 code	A **clinical code**, also known as an **ICD-10 code**, is a medical classification used by healthcare professionals to describe your diagnosis. It includes information such as: • The disease or condition you have • Any symptoms or abnormal findings • Injuries, causes of illness, or related social factors These codes are part of a global system created by the **World Health Organization (WHO)** and help ensure accurate record-keeping, treatment, and claims processing.

TERMINOLOGY	DESCRIPTION
Personal Medical Savings Account (PMSA)	***Available on the Comprehensive Option*** Your **Personal Medical Savings Account (PMSA)** gives you access to funds to cover day-to-day healthcare expenses once your IOH is depleted. Some day-to-day expenses are only covered from the PMSA.
Prescribed Minimum Benefits (PMB)	In terms of the Medical Schemes Act 131 of 1998, all medical schemes must provide cover for specific essential healthcare services, known as Prescribed Minimum Benefits (PMBs). This means that we will pay for the diagnosis**,** treatment**,** and care of: • An emergency medical condition • A defined list of 271 medical conditions • A defined list of 27 chronic conditions How to access your PMB cover: The Council for Medical Schemes sets specific criteria to access PMB benefits. To qualify: • Your condition must appear on the list of approved PMB conditions. • The treatment you need must be part of the defined list of benefits. • You must use a designated service provider (DSP) in our network. (In an emergency, you can get care from any provider. Once you're stable, you may be moved to a hospital or provider in our network.) If you choose not to use a designated provider for a PMB condition, Remedi Medical Scheme will pay up to 80% of the Remedi Rate and you'll be responsible for the difference in cost. If your condition or treatment does not meet the PMB criteria, we will cover the costs according to the benefits available on your chosen benefit option.

Tests covered by the Screening and Prevention Benefit

Your Screening and Prevention Benefit gives you access to certain screening tests that help identify health risks early when they are most treatable. These tests are paid for from this benefit and do not affect your day-to-day benefits.

However:

- Consultations and related costs are paid for by your available day-to-day benefits, unless the screening is linked to a PMB diagnosis.

- If you reach the frequency limit for a specific test, any further screening or preventive tests will be paid from your day-to-day benefits, where applicable.

Important to know:

We'll pay for these services as long as:

- You use appropriately registered healthcare professionals, with a valid Board of Healthcare Funders (BHF) registration number (where required),
- The test or treatment has a valid tariff or NAPPI code, an appropriate ICD-10 diagnosis code, and a price.

This approach ensures your screening benefits are used effectively and in line with the clinical standards that keep you well protected.

TEST	COVER
Breast cancer screening	Your Screening and Prevention Benefit covers breast cancer screening every year, which may include a mammogram and/or breast ultrasound, paid up to the Remedi Rate.
Pap smear	Your Screening and Prevention Benefit covers one pap smear every year, up to the Remedi Rate as an alternative to an HPV test once every three to five years depending on your HIV status. The cover therefore includes a: • Liquid-based cytology pap smear, • Standard pap smear, or • HPV test. These tests are an important part of protecting your health, helping detect early changes that could lead to cervical cancer if left untreated. Additional cover if you're at high risk. If you're considered at high risk, you continue to qualify for annual screening, starting from the year of your abnormal test result. You're considered high risk if: • You've had an abnormal Pap smear result, or • You're registered on the HIV*Care* Programme

TEST	COVER
Human Papilloma Virus (HPV) test	The Human Papilloma Virus (HPV) test is an alternative to a pap smear and plays a key role in detecting early risks of cervical cancer. Through your Screening and Prevention Benefit, you're covered for: • One HPV test every five years, or • One HPV test every three years if you're registered on the HIV*Care* Programme This cover is up to the Remedi Rate. You can choose either a pap smear or an HPV test, and the respective frequency limits will apply.
Prostate-Specific Antigen (PSA) test	**You are covered for one test per year**, paid up to the Remedi Rate**.**
Seasonal flu vaccine	You have cover for **one seasonal flu vaccination each year**, paid up to the **Remedi Rate,** if you are: • **Pregnant** • A **registered healthcare professional** • **65 years or older,** or • Registered for one of the following **chronic conditions:** • Asthma • Bronchiectasis • Cardiac failure • Cardiomyopathy • Chronic obstructive pulmonary disease (COPD) • Chronic renal disease • Coronary artery disease • Diabetes (type 1 or 2) • HIV If you do not meet these criteria, you can still get your flu vaccine. This will be covered from your **available day-to-day benefits**, where applicable.
Pneumococcal vaccine	You have cover for **up to two pneumococcal vaccine doses per lifetime**, paid up to the **Remedi Rate,** if you meet one of the following criteria: • You're **65 years or older**, or • You're registered on the **Chronic Illness Benefit** for: • Cardiac failure • Cardiomyopathy Your cover includes: • **One Pneumococcal Conjugate Vaccine (PCV) dose**, followed by

TEST	COVER
	• **One Pneumococcal Polysaccharide Vaccine (PPSV) dose**, given at least **one year later** If you don't meet these criteria, you can still get vaccinated — the cost will be covered from your **available day-to-day benefits**, where applicable.
HIV blood tests such as the Rapid, ELISA and Western blot	You have access to an **unlimited number of HIV screening tests**, covered up to the **Remedi Rate.**
Health Check	You are covered for one **Health Check each year**, at a **pharmacy in our Wellness Network**, paid up to the Remedi **Rate.** This check includes a group of important health screenings: • **Blood glucose** • **Blood pressure** • **Cholesterol** • **Body Mass Index (BMI)** • **Weight assessment** • **HIV screening** These simple tests can help detect early signs of health risks and give you the chance to act early. • If you choose to have more than one Health Check in a year, additional tests will be paid from your **available day-to-day benefits,** where applicable. • You are also covered for this benefit **even if you are in a waiting period.**
Health Check for seniors (over 65 years)	If you're 65 years or older, you have cover for: - One falls risk assessment per year; - Hearing and visual screening at a pharmacy in our Wellness Network, paid up to the Remedi Rate. This age-appropriate screening helps assess your risk of falling so that you can take proactive steps to stay mobile, confident, and independent. Additional cover may apply.

TEST	COVER
	Depending on your screening results and if you meet the Scheme's clinical entry criteria, you may also qualify for an additional assessment when referred to a Premier Plus GP. If you choose to have more than one screening in a year, any extra tests will be paid from your available day-to-day benefits, where applicable.
Bowel screening tests	To support early detection of bowel cancer, members aged 45 to 75 have cover for one stool screening test every two years, paid up to the Remedi Rate. If you're considered at high risk You may qualify for additional colonoscopy screening if you have a personal or family (first-degree relative) history of: • Colorectal cancer or advanced adenoma before age 60 • Polyposis syndromes, such as: • Adenomatous polyposis • Familial adenomatous polyposis • Sessile serrated adenomatous polyposis • Hereditary nonpolyposis colorectal cancer (HNPCC) • Peutz-Jegher syndrome • A positive stool screening test result Easy, private self-sampling at no additional cost You can collect an easy-to-use self-sampling kit from a participating pharmacy, GP, or pathology laboratory and return it to any of these locations when you're ready. • No doctor's referral is needed • You can complete the test in the privacy of your home • There is no additional cost to you • Cover is still subject to the Screening and Prevention Benefit rules Colonoscopy screening is paid up to one test every ten years for members 55 and over if performed in doctors' rooms.

TEST	COVER
Preventative dental examination	To support dental hygiene, one preventative dental examination per person is covered, which includes: - Oral examination - Infection control - Prophylaxis polishing and - Fluoride treatment

Important things to remember

To ensure your screening tests and vaccinations are covered, they must be:

- Referred and performed by a registered healthcare professional**, and**
- Done at a provider in our Wellness Network**, where applicable**

Please note:

- The **Screening and Prevention Benefit does not cover the cost of consultations** linked to the screening tests. These consultations will be paid from your **available day-to-day benefits** unless they are related to a **PMB diagnosis.**
- If your healthcare professional **charges more than the Remedi Rate** or is **not part of our Wellness Network**, you may need to pay the difference between what was charged and what we cover.

What you need to do to find a healthcare provider

- To find a pharmacy in our Wellness Network or a GP in the Premier Plus Network, visit www.yourremedi.co.za under **Medical aid** > **Find a healthcare provider** or click on **Find a healthcare provider** in the Remedi app.
- Have the tests at a registered healthcare professional and make sure your pathology and radiology tests have been appropriately referred. You can visit any pathologist or radiologist to have the tests done.

Complaints process

You may lodge a complaint or query with Remedi Medical Aid Scheme directly on **0860 116 116** or address a complaint in writing to the Principal Officer at the Scheme's registered address. Should your complaint remain unresolved, you may lodge a formal dispute by following the Remedi Medical Aid Scheme internal disputes process.

You may, as a last resort, approach the Council for Medical Schemes for assistance.
Council for Medical Schemes Complaints Unit, Block A, Eco Glades 2 Office Park, 420 Witch-Hazel Avenue, Eco Park, Centurion, 0157 / 0861 123 267 / complaints@medicalschemes.co.za / www.medicalschemes.co.za