Your cover for Designated Service Providers (DSPs) and providers who are not DSPs

Cover per benefit option

Remedi Standard Option

Specialists, including dentistry consultations for services relating to basic dentistry, are contracted at 100% of the Scheme Rate for both in-hospital and selected out-of-hospital claims. Specialists taking part in this benefit option's specialist network **agree not to balance bill,** or to charge co-payments, levies or other administrative fees.

If you consult with a non-DSP, balance billing may occur.

Unless PMB (please see table to follow), specialist benefits are paid up to 100% of the Scheme Rate and subject to the Overall Annual Limit (OAL) of R800 000 per family and a sub-limit will be applicable depending on your family size, as follows:

- Per main member R4 040
- Per adult dependant R2 540
- Per child dependant R820 up to a maximum of 3 children

General practitioners (GPs) are contracted at 100% of the GP Network Rate and members have access to an unlimited out-of-hospital benefit when consulting with a GP that is part of the Remedi Standard Option GP Network. **No balance billing is allowed and no services outside the Remedi GP Network are available**. Members must be referred by a chosen network GP before consulting with a specialist to receive access to benefits.

An Out-of-Area (OOA) benefit that consists of 3 visits up to a limit of R2,300 per family is available. This benefit allows members who are unable to visit or consult with their chosen GP in the Remedi GP Network, to see a GP that is not part of the network.

Members registered on this benefit option have no specialised dentistry benefits available and your detailed benefit brochure, available on the Remedi website (www.yourremedi.co.za), may be used to determine which specialists are covered for services on this benefit option.

Remedi Classic and Comprehensive Options

Specialists can choose between a Premier Rate arrangement and a Classic Direct payment arrangement to enter into an agreement with the Scheme.

Specialists on the **Premier Rate arrangements** for in-hospital and specific out-of-hospital claims, agree not to balance bill members. Specialists who enter a **Classic Direct payment arrangement** have the option of balance billing members directly for amounts above the Remedi Rate for out-of-hospital claims, while no balance billing is allowed for approved in-hospital claims.

General practitioners (GPs) are contracted at 100% of the Scheme Rate or according to the GP Premier Rate arrangements. GPs have the option of balance billing members directly for amounts above the Remedi Scheme Rate or the GP Premier Rate arrangements in line with the preferred provider agreements with the Scheme.

Members registered on the Comprehensive and Classic Options are covered for GP and specialist benefits from the Insured Out-of-Hospital (IOH) benefit up to 100% of Scheme Rate and depending on the benefit option you are registered on and the size of your family, your IOH Benefit limits will be as follows:

Benefit Option	Main member	Per adult	Per child up to 3 children
Comprehensive	R13 830	R8 160	R2 300
Classic	R12 260	R7 230	R2 040

* The values are reflected as per 2026 registered benefit rules.

An additional 3 GP consultations for members with no dependants and 6 GP consultations for members with a family registered on the **Comprehensive Option**, are available **when a provider in the Remedi GP Network is used** – provided the above benefit limits, as well as the funds in the Personal Medical Savings Account (PMSA), have been exhausted.

*Members registered on the **Classic Option** receive cover for specialised dentistry as part of the IOH Benefit limit. In contrast, the **Comprehensive Option** have a standalone specialised dentistry limit.*

For more information about your dental benefits please consult page 29 of the Remedi benefit brochure*. You can find this document by visiting* www.yourremedi.co.za *and navigating to Find a document > Benefit brochures.*

We encourage you to use our MAPS (Find a healthcare provider) Tool, which is available at www.yourremedi.co.za or the Remedi app, to locate your nearest contracted provider. The tool will indicate whether no cover, partial cover or full cover applies, depending on the benefit option you are registered on.

Where non-PMB conditions are funded at 100% of Scheme Rate, it is important to understand how Remedi pays for your PMB consultations and diagnoses obtained out-of-hospital. The table below can be used to determine whether your claim will be paid at cost, Scheme Rate or a percentage of the Scheme Rate or agreed rate for the treatment and diagnosis of **PMB conditions out-of-hospital**.

	Rate if DSP is used	Rate if involuntarily uses a non-DSP or non-Direct Payment Agreement provider(DPA)	Rate if you choose to use a non-DSP or non-Direct Payment Agreement provider(DPA)
Cover for out-of-hospital PMB consultations and diagnoses			
Chronic Disease List (CDL) consultations with KeyCare or Premier Rate Specialists and Premier Rate GPs or Remedi GP Network	Up to 100% of agreed rate.	Cost paid in full.	Up to 100% of Scheme Rate for Remedi Comprehensive and Classic and up to 100% of Scheme Rate for Remedi Standard. Co-payments may be applicable if the provider charges more than the Scheme Rate.
CDL and DTPMB OOH diagnosis received from KeyCare or Premier Rate Specialists and Premier Rate GPs or Remedi GP Network	Cost paid in full, subject to the Scheme's diagnostic basket of care and dependent on application to the Scheme for CDL and DTPMB cover.		Up to 100% of Scheme Rate if voluntarily using a non-DSP for Remedi Comprehensive and Classic and up to 100% of Scheme Rate for Remedi Standard, subject to the Scheme's diagnostic basket of care and dependent on making application to the Scheme for CDL and DTPMB cover.
Out-of-hospital oncology (cancer) treatment received from Premier Rate oncologists or contracted with the Scheme or from GPs registered on the Remedi GP Network who is a South African Oncology Consortium (SAOC) member	Up to 100% of agreed rate.	Cost paid in full.	Up to 100% of the Scheme Rate.
HIV out-of-hospital consultations obtained from Premier Rate or KeyCare specialists or from Remedi Standard Option GPs as contracted with the Scheme	Up to 100% of agreed rate.	Cost paid in full.	Up to 100% of the Scheme Rate.

	Rate if DSP is used	Rate if involuntarily uses a non-DSP or non-Direct Payment Agreement provider(DPA)	Rate if you choose to use a non-DSP or non-Direct Payment Agreement provider(DPA)
HIV voluntary counselling and testing (VCT) is covered at any provider contracted with the Scheme, such as the Scheme's preferred pharmacies, Dis-Chem and Clicks	Up to 100% of agreed rate.	Cost paid in full.	Up to 100% of the Scheme Rate.
Diagnostic Treatment Pairs Prescribed Minimum Benefits (DTPPMB) Out-of-Hospital (OOH) consultations for Remedi Comprehensive and Classic Options: Premier Rate Specialists Premier Rate GPs	Up to 100% of agreed rate.	Cost paid in full.	Up to 100% of the Scheme Rate. Co-payments may be applicable if the provider charges more than the Scheme Rate.
Diagnostic Treatment Pairs Prescribed Minimum Benefits (DTPPMB) Out-of-Hospital (OOH) consultations for Remedi Standard Option: KeyCare Specialists Remedi Standard GP Network	Up to 100% of agreed rate.	Cost paid in full.	Up to 100% of the Scheme Rate. Co-payments may be applicable if the provider charges more than the Scheme Rate.

Contact us

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

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