CMScript
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Member of a medical scheme? Know your guaranteed benefits!
CMS Council for Medical Schemes

Prescribed Minimum Benefits

In terms of the Medical Schemes Act No. 131 of 1998, Prescribed Minimum Benefits (PMBs) are a set of specified healthcare benefits that medical schemes must cover by law. This cover includes funding for the diagnosis, treatment, and ongoing care for the listed conditions. PMBs are designed to protect members from high healthcare costs for serious illnesses or emergencies.

Why do we have PMBs?

PMBs were created for two main reasons:

1. To ensure continuous healthcare: Even if yearly benefits are depleted early in the year, the medical scheme must still cover the diagnosis, treatment, and ongoing care for PMB conditions. This ensures that members can receive the necessary care without interruption.
2. To ensure the right party pays: If a condition is a PMB, the medical scheme must cover the required treatment, even if treatment was received in a public hospital.

Other important reasons:

- To ensure everyone gets basic healthcare, regardless of age, health, or medical scheme benefit option.
- To ensure that medical schemes stay financially stable and help keep members healthier, reducing the risk of more expensive treatments in the future.

What do PMBs cover?

PMBs are divided into three main categories, covering a wide range of medical needs, from emergencies to long-term conditions.

1. **Chronic Conditions (Chronic Disease List)**
   PMBs cover treatment for 26 chronic conditions. Some of the common conditions included are Diabetes (Type 1 and Type 2), High blood pressure (Hypertension), and Asthma. Access information on CDLs here.

2. **Medical Emergencies**
   A medical emergency is a sudden condition that requires immediate medical attention and could pose a serious risk to your health or life. Examples include heart attack, stroke, and severe allergic reactions (anaphylaxis).

3. **Specified conditions (Diagnosis and Treatment Pairs (DTPs))**
   There are 271 specific medical diagnoses linked to particular treatments that must be funded by medical schemes. These conditions range from common illnesses like pneumonia to more complex issues such as cancer. Examples include appendicitis, tuberculosis, hip fractures, and major depression. Click here to access information on DTPs.

How do PMBs work?

PMBs ensure that members are not charged extra or face out-of-pocket payments when receiving treatment for the listed conditions. While PMBs guarantee necessary care without extra costs, members need to follow a few rules:

- **Use Designated Service Providers (DSPs)**

Medical schemes may have agreements with certain doctors or hospitals, called DSPs. To guarantee that the medical scheme covers the full cost, members need to make use of these DSPs for the treatment of their PMB conditions. If members visit a doctor or hospital that is not part of the DSP network, they might have to pay a portion of the costs (called a co-payment).

This can happen in two ways: either pay a percentage of the total cost of the treatment or pay the difference between what the medical scheme covers (the Scheme rate) and what the healthcare provider actually charges. Always check with the medical scheme and try to use the DSP network to avoid extra fees.

- **Notify the medical scheme (Pre-authorisation)**

This involves contacting the medical scheme to get approval for specific procedures or treatments related to Prescribed Minimum Benefit (PMB) conditions. This step ensures the treatment is covered, helping to avoid unexpected out-of-pocket payments. Pre-authorisation is essential to confirm that the treatment meets the scheme's guidelines and will be funded according to the benefits.

- **Follow treatment protocols**

For members with chronic PMB conditions, medical schemes provide a "basket of care," which outlines all the necessary consultations, tests, and treatments required for ongoing management of the condition. This basket of care must be shared with the treating doctor to ensure alignment with the prescribed treatment plan.

Members should follow the recommended treatment protocols, including taking medications as directed, attending follow-up appointments, and undergoing any necessary tests. Adhering to these protocols is essential for effective management and for ensuring that the medical scheme continues to cover the required care.

- **Use the formulary medication**

A medicine formulary is a list of medicines that the medical scheme covers in full for treating PMB conditions. Medical schemes use these formularies to ensure they cover the right medicines at the right cost. If a non-formulary medicine is prescribed, the medical scheme may apply a co-payment. Where none of the listed options work, (for example, a bad reaction), the doctor can apply for special approval.

- **Provide necessary documentation**

Members may need to submit certain documents, such as referral letters or test results, to verify their PMB condition and ensure funding for the condition.

- **Understand limitations**

While PMBs cover essential services, there may be limits on the number of visits or types of treatment covered. It is important to understand these limits to avoid unexpected costs. Members should make sure to obtain and review their medical scheme benefits every year. They should also educate themselves on the DSPs and get the formulary for their specific conditions. Understanding these details helps ensure that members use the correct providers and medications covered by their medical schemes, avoiding extra costs.

- **PMB level of care**

PMB level of care refers to the minimum healthcare services the medical scheme must legally cover for PMB conditions, regardless of the benefit option. This includes the diagnosis, the treatment and care, and must be funded in full by the medical scheme.

- **Emergency Care**

In a medical emergency, members can go to any hospital that is closest to them, even if it is not a DSP. The medical scheme has to cover emergency treatment until the member is stabilised. Afterwards, the medical scheme may request the member to transfer to a DSP hospital if the treating doctor approves such transfer.

A medical emergency is defined in the Medical Schemes Act as "the sudden and, at the time, unexpected onset of a 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 body organ or part or would place the person's life in serious jeopardy".

Patient Rights

Members have rights regarding PMBs, including:

- The right to appeal if a PMB treatment is denied.
- The right to access necessary treatments without being discriminated against based on age, health, or other factors.

How to lodge a Complaint

If members believe their medical scheme is not fulfilling its PMB obligations, they can:

- Follow the steps outlined by their medical scheme for filing complaints and appeals. Members are encouraged to exhaust their scheme's complaints process before lodging a complaint with the Council for Medical Schemes (CMS).
- Contact the CMS for assistance. Find our complaints procedure here.

Educational Resources

Members are encouraged to educate themselves further about PMBs and their rights. Useful resources include:

- The CMS website.
- Patient advocacy groups that provide information on navigating medical scheme systems.

Members should take the initiative to understand their rights and responsibilities regarding PMB coverage to make the most of their benefits. For detailed information and guidance, visit the official CMS website, which provides comprehensive resources on PMBs, including patient rights, coverage details, and how to lodge complaints.

The CMS has consumer education booklets in English, Afrikaans, Tswana, Venda and Zulu accessible to the public here.

References

Council for Medical Schemes, 2024. Why do we have PMBs? [online] Available at: https://www.medicalschemes.co.za/resources/pmb/#:~:text=Why%20do%20we%20have%20PMBs%3F&text=To%20ensure%20that%20healthcare%20is,treated%20at%20a%20state%20hospital [Accessed 8 October 2024].

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