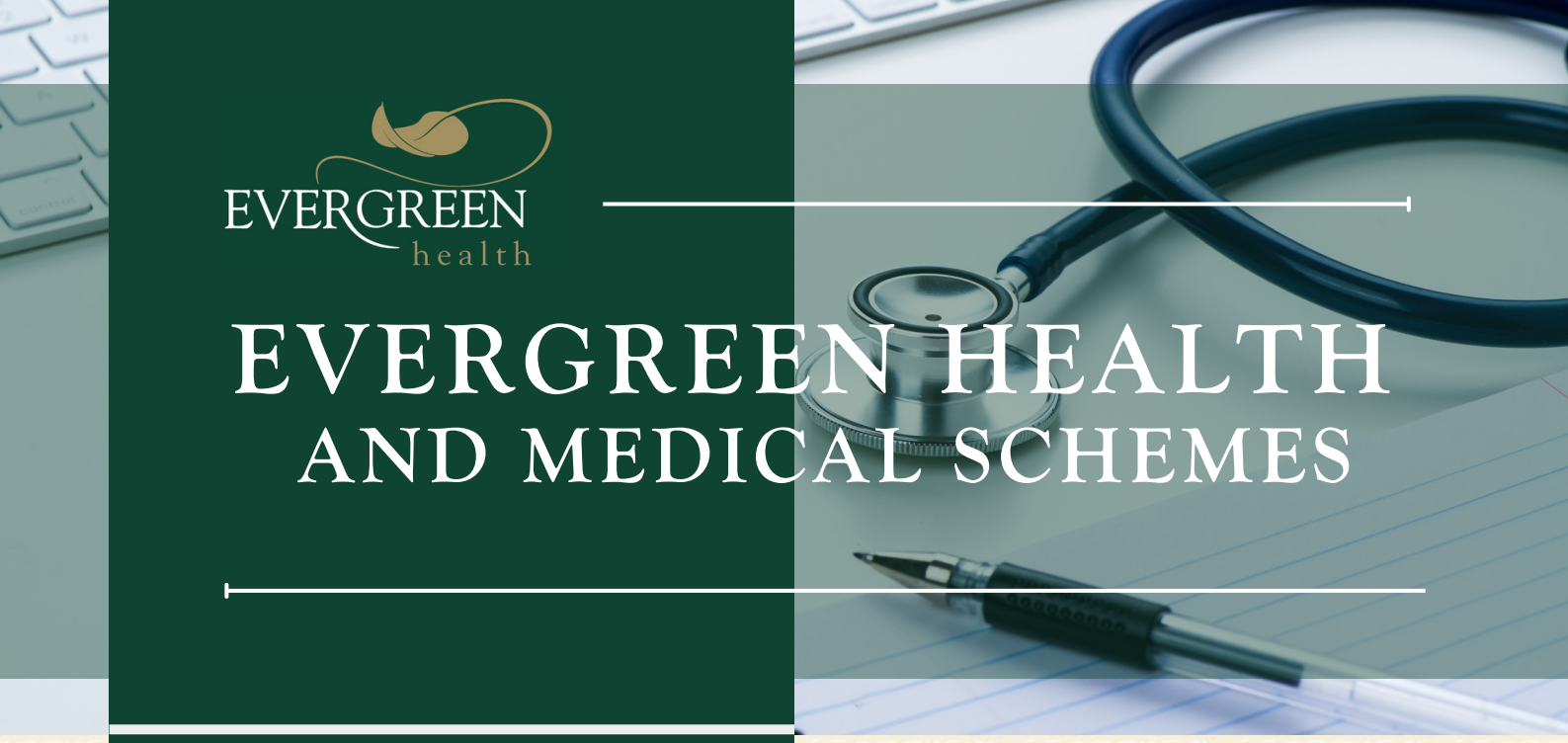

# EVERGREEN HEALTH AND MEDICAL SCHEMES

Aging can be an expensive life process, especially when medical aid benefits are not as substantial as they should be. It is therefore important to understand exactly what is included in your Medical Aid Plan.

**Medical support and assistance to Evergreen Residents.**

Many of us need support and assistance to carry out simple day to day tasks. Others may be totally incapacitated, and require professional 24-hour nursing care.

It can be possible to claim for pre-authorized medical services through your medical scheme using Evergreen Health, through one of the following processes:

- Sub-Acute Services- Evergreen Health has a Board of Healthcare Funders Practice number.
- Through Evergreen Health's partnership with Discovery Health.
- Services through one of Evergreen Health's Practice number service providers.
- Medical procedures through Evergreen Employed Nursing Practitioners.

All Medical Schemes in South Africa operate in accordance with the Medical Schemes Act 131 of 1989 and are regulated by the Council of Medical Schemes.

## DEFINITIONS:

**BHF**
Board of Healthcare Funders.

**Members**
Members of the scheme that benefit from the Home Care Services.

**Home Care Service**
The individualized care for Members in a member's own home following a hospital stay, or for the long-term care of a member where the care is provided in the member's home.

**Home Care Service Fees**
The fee charged by the Registered Nurse for providing the Home Care Services to Members.

**Restricted Medical Scheme (Closed)**
Medical schemes that are restricted to the public and can only be joined by people working in a particular industry.

**Open Medical Schemes (Open)**
Medical Schemes that are open to the public- any person over the age of 18 years can join.

**National Health Reference Price List (NHRPL)**
This is the price list for Health Services published by the Council for Medical Schemes and is used as a guide to medical scheme and healthcare providers for reimbursement of Health Services rendered.

**Home Care**
Evergreen Health offers high-quality home-based care by Professional nurses and qualified screened care workers, whereby you receive care in the comfort and familiar surroundings of your home.

**You need to apply for these services**
Pre-Authorized services - you need to meet certain criteria before the services available will be paid for, as is the case with hospital admissions. This will ensure that appropriate medical care is paid for from your relevant medical scheme benefits.

**Medical Procedures at home**
Most medical procedures e.g., Wound Care, Stoma Care, IV therapy could be claimed through your medical aid scheme.

- You may not use privately procured consumables for the treatment.
- All procedures need to be pre-approved.
- You need to stick to your pre-approved treatment plan.

**Short-Term medical-related home services**
Most schemes provide limited benefits that cover the costs of private nursing at home, following post hospitalization or major medical event- stroke, heart attack or bone fracture.

**How your Home Care Treatment will be paid**
We will claim the cost of your home care directly from your medical scheme in line with the scheme rules and plan type through the following procedure;

- Registered Nurse and Doctor's motivation sent to Medical Scheme requesting authorization.
- Medical aid authorisation with an authorisation number and time period communicated to Evergreen Health.
- Cost of service (Procedure and Consumables). Medical Scheme negotiated service tariff charged.
- Evergreen Health submits original invoices and statement to the Medical scheme on a monthly basis

If your medical scheme does not cover the cost in full, you will be responsible to pay the difference between Evergreen's fee and the amount your medical scheme pays (Co-Payment).

The registered nurse will discuss your authorisation as well as a co-payment (If applicable) with you before service commencement.

**Get approval for your repeat medicine from your medical scheme:**
You or your Doctor must communicate directly with your medical scheme to get approval for repeat medicine. You must do this before asking Evergreen Health to administer the medicine.

Please indicate to the medical scheme if you and your doctors agree to the use of generic medicine for your prescription.

**Frail Care**
Open Medical Schemes do not cover the cost of long-term accommodation and care in a frail care facility, however they do pay for chronic medications, medical appliances, and GP and specialist consultation in line with a particular option's benefit structure.

Closed medical schemes may consider contributing toward a daily stay in the Frail Care Facility.

Long term Frail Care, either in a facility or through home-based nursing or assisted living, is not covered. If uncertain, please contact your Medical Scheme.

For clarity: The key word here is "long term". Medical schemes are simply not in a financial position to cover the cost of frail care, home based nursing or assisted living over an extended period.

**Sub-Acute (Step-Down facilities)**
Patients who are members of a medical scheme will require a letter of motivation from their doctor to the medical scheme, as well as authorization from their medical aid, which will be arranged by the case manager at the hospital as well as the Evergreen Health case manager.

Private patients, i.e. those who aren't members of a medical scheme, will require a letter of referral from their Doctor.

**Most medical schemes cover short-term stays at a Sub-Acute facility on all its options / plans. Cover is from in-hospital benefits, and depends on the plan subscribed.**

**Palliative Care (End of life care)**
Almost all medical schemes in South Africa provide unlimited benefits for end-of-life care. Care is covered in a Hospice, frail care facility or similar.

Contact your Village Manger when in need of any of the above services.

**FREQUENTLY ASKED QUESTIONS**

**How do I know whether or not my scheme has paid and what amount has been paid in respect of the claim?**
Payment of claim, which includes the dispatch to a member of a statement containing full particulars of the transaction, including the amount charged for every service and the amount of the benefit awarded for each service.

**Within what period of time must the scheme pay the claim.**
It should be paid within 30 days of receipt of the claim.

**Is a provider of Healthcare Services entitled to charge more than the fees determined by Medical scheme / the tariff specified in the NHRPL**
Yes, Healthcare providers are free to determine their own fees. Consequently, if an account is in excess of the fee determined by the rates of a medical scheme / NHRPL for a particular service, the difference is for the account of the member.

## GET IN TOUCH

**GAUTENG**
**Evergreen Broadacres Care Centre**
43 Frederick Rd, Broadacres Park,
Johannesburg, 2194

**WESTERN CAPE**
**Evergreen Muizenberg Care Centre**
Sunrise Blvd, Costa Da Gama,
Cape Town, 7945

EVERGREEN health

www.evergreenlifestyle.co.za
elizep@evergreenlifestyle.co.za
087 808 7000