



RULINGS ISSUED BY THE OFFICE OF THE REGISTRAR

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R v MEDIHELP MEDICAL SCHEME

This complaint concerned the Scheme's decision to impose a R12,000 co-payment for maternity services. The member submitted that she was informed by the Scheme, both telephonically and via the website, that her doctor was its network provider. She indicated that this information led her to believe that she would not incur a co-payment. However, she later discovered that her doctor was not a contracted Designated Service Provider (DSP) and she was required to pay additional fees privately.

In its response to the complaint, the Scheme argued that its nominated specialist network includes doctors based on selection criteria, without contractual agreements. It admitted that the member's doctor was its nominated network but not a contracted DSP. It stated that nominated providers can charge extra fees which must be paid by a member.

The Registrar's investigation found that the Scheme's correspondence to the member failed to distinguish between nominated and contracted providers, leading to the unexpected co-payment. The Scheme conceded that its system does not differentiate between contracted and nominated providers, and that its website suggested that using network providers would avoid co-payments. The Registrar found that this misrepresentation caused the member financial prejudice.

Citing Regulation 8(2) of the Medical Schemes Act ('the Act'), which states that co-payments should not apply unless a non-DSP was used involuntarily, the Registrar found that the Scheme was liable for the R12,000 co-payment. The Scheme was also directed to ensure that its systems align with provisions of the Act.